BOARD OF DIRECTORS MEETING
Lower Umpqua Hospital District (LUHD)
Wednesday, September 30, 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#

LOWER UMPQUA HOSPITAL DISTRICT

MINUTES

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

Others in attendance include Stephanie Miller, Jennifer Green, Melissa Cribbins, Hospital Attorney, Elise Dumo, Dr. Jason Sargent, Julia Floyd, Jen Anderson, Holly Tavernier, Kaley Sweet, Mary Chambers, Renae Mefferd, Deanna Prater, and Tabitha Myers.

Employees and members of the public joining virtually include Tonya Galliher, UFCW representative, a caller from 541-514-8066, and other unidentified LUHD employees.

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 September 30, 2026
   B. Board of Directors Meeting Minutes August 26, 2026
   C. Committee Minutes
      1. CQC Consent Agenda – September 10, 2026
      2. Quality Steering Committee Minutes – May 13, 2026
      3. Financial Advisory Committee Minutes – August 25, 2026

IV. **Motion:** Young moved to approve the Consent Agenda; Bridge seconded. Motion passed (5-0) with the following vote: Kresky – Yes, Aasen – Yes, Bridge – Yes, Young – Yes, Fraley - Yes.

V. REPORTS
   A. Quality and Risk Management – Tabitha Myers
      1. See report.
   B. Compliance – Renae Mefferd
      1. See report.
   C. Employee Health/Infection Control/Safety – Deanna Prater
      1. See report.
   D. Nursing Services – Julia Floyd
      1. See report.
   E. Medical Staff – Dr. Jason Sargent
      1. See report.
   F. Development/Foundation – Kaley Sweet
      1. See report.
   G. Human Resources – Holly Tavernier
      1. See report.
   H. Ancillary Services – Jen Anderson

1. See report.

I. Finance – Elise Dumo
   1. See August Financial Performance summary and Financial statements

J. CEO – Jennifer Green
   1. See report.
   2. Dr. Abanulo agreed to a one-year contract extension.
   3. Region 6 Collaborative: partnership with area healthcare facilities to discover common challenges and solutions.

VI. NEW BUSINESS

A. Policy – ADMB_1610 Proctoring and Observation

Motion: Bridge moved to approve new policy ADMB_1610 Proctoring and Observation as presented. Aasen seconded. Motion passed (5-0) with the following vote: Kresky – Yes, Aasen – Yes, Bridge – Yes, Young – Yes, Fraley - Yes.

B. Capital Request – Vacuum Pump Assembly

Motion: Young moved to approve Vacuum Pump Assembly capital request in the amount of $112,694 as presented. Aasen seconded. Motion passed (5-0) with the following vote: Kresky – Yes, Aasen – Yes, Bridge – Yes, Young – Yes, Fraley = Yes.

C. Board Bylaws – Update committee name

Motion: Aasen moved to approve the Board Bylaws update as presented. Young seconded. Motion passed (5-0) with the following vote: Kresky – Yes, Aasen – Yes, Bridge – Yes, Young – Yes, Fraley = Yes.

D. Upcoming:
   1. Board Meeting: Wednesday Oct. 28, 2026, 7:30 am

Kreskey closed the regular session at 8:15 am.

VII. 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:

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

VIII. RETURN TO REGULAR SESSION

Kreskey called the regular session to order at 9:23 am.

No further board action was required.

IX. ADJOURNMENT

Board Chair Kreskey requested a motion to adjourn the board meeting.

Motion: Young moved to adjourn the meeting. Bridge seconded the motion. Motion passed (5-0) with the following vote: Kresky – Yes, Aasen – Yes, Bridge – Yes, Young – Yes, Fraley - Yes.

Board Chair Kreskey declared the meeting adjourned at 9:24 am.

Signatures next page

APPROVED THIS 28th day of October 2026

Ronald Kreskey, Chair

Brenda Fraley, Secretary

Director of Quality/Risk Management Update

LUHD Board of Directors
September 30, 2026

Regulatory

- DNV Annual NIAHO® / ISO 9001 Stage 1 Survey – Corrective Action Plan returned for clarification on one (1) finding. Clarification due on Sept. 20th.

Quality

- Survey on Patient Safety (SOPS®) – Pending benchmarking report.

Risk Management

Incident / Unusual Occurrence Reports

August 2026 - 26 incidents - 1 reported anonymous (4%)

Meditech Classifications:

- 12 Medication events
- 2 Admission/Transfer/Discharge
- 2 Equipment
- 2 Surgical Incident
- 2 Safety/ Security
- 2 Fall
- 1 Lab
- 1 Complaint / Grievance
- 1 Radiology
- 1 Behavior (patient family member)
- 1 Nutrition & Dietary

Grievances - Grievance Committee (quarterly) next meeting to be held October 27th

August 2026 - 4 grievances

- 2 Care concern
- 1 Complaint about provider
- 1 Billing Issue

Respectfully submitted,

Tabitha Myers BSN, RN, CPHQ
Director of Quality/Risk Management

Compliance Program Update

LUHD Board Meeting
September 30, 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 (08/26/2026)

- 0 reports received by third party vendor (anonymous hotline or website)
- 1 report received in person.
    - 1 Reported directly to Compliance Officer.
        - Researched and determined unfounded complaint.

Respectfully submitted,

Renae Mefferd, RN
Compliance Officer

INFECTION CONTROL/EMPLOYEE HEALTH & SAFFETY

Employee Health-

- Influenza vaccinations for Healthcare workers now available. Blackjack themed Kick-off Events October 1st and 6th, 2026 in Employee Health. Education on importance of good hand hygiene and ways to boost immunity.

Infection Control-

- Preparing for cold and flu season

Emergency Preparedness-

- Health and Safety Committee completed annual Hazard Vulnerability Assessment. Summary of past year's events and newly identified top threats.

8.2026

TOP 10 HVA	RANK
Cyber threat /terrorism	1
Water Disruption	2
Workplace Violence / Threat	3
HVAC Failure	4
Sewage Failure	5
Infectious Disease Outbreak	6

Safety-

- 2026 Annual Safety and Security Assessment - completed

Respectfully submitted,

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

CNO UPDATE

LUHD Board of Directors
September 30, 2026

Current openings

Nursing
- One Full-time RN DAYS
- One Full-time RN NOCs

Respiratory Therapy
- One Full-time RT

Pharmacy
- One Full-time Pharmacist
- One Per diem Pharmacy Tech

EMS
- One Per diem EMT/Paramedic

Service Line Updates

Interventional Pain Management
- Volume has surpassed expectations with a full schedule through October.
- Planning for an increase in procedures at the clinic.
- Working through space, scheduling and staffing plans.

Cataracts
- Slow start with a plan to build volume.

Process Improvement

Unit Based Practice Councils (UBPCs) – ACU/ED and Surgery Services
- Working on unit specific issues.
- Tasked with helping develop solutions for DNV findings specific to their areas, i.e., gathering home medication list and pain assessment/reassessment within 1 hour of medication administration.

Total Joint Patient Education
- Nursing and Rehab Services developing education workflows for their respective areas.
- Goal to develop Total Joint Education class for patients and care partners to attend prior to surgery date.
- Goal to develop Preop Clinic

Respectfully submitted,

Julia Floyd, BSN RN CPHQ RHCNOC
Chief Nursing Officer

Lower Umpqua
Hospital District
600 Ranch Road
Reedsport, OR 97467

541-271-2171

September 30, 2026

LUHD BOARD OF DIRECTORS: MEDICAL STAFF REPORT

A new Meditech feature “Expanse Now” is being looked at to offer expanded EMR access to clinicians at LUHD. This includes secure access via phone app and the ability to seamlessly integrate photos into patient clinical notes.

Medical staff approved a new proctoring policy and evaluation forms. This is to standardize when a clinician is required by medical staff to show competence with procedures.

No official actions were taken during executive session.

Regards,

Jason Sargent, DO

Chief of Staff: Lower Umpqua Hospital

Medical Director: Dunes Family Health Care

LOWER UMPQUA HOSPITAL DISTRICT

CHIEF DEVELOPMENT OFFICER

Board of Directors

September 30, 2026

MARKETING & COMMUNICATIONS

- Toast of the South Coast - Voting Complete, Award Announcements January 5, 2027
- ***Live Here, Care Here*** marketing campaign, developing standardized marketing templates to ensure communications are recognizable as LUHD

SERVICE PROMOTION AND PATIENT INFORMATION

- New Rack Card - LUHD Site Map and Service Details
- Created print and digital materials promoting vaccine availability through LUH Pharmacy and DFHC
- Cataracts Postcard - targeted email campaign
- Fall Partners in Care - In Progress

WEBSITE PROJECT

- Current work is focused on behind the scenes improvements, including website organization, navigation, mapping of services and improving how we are found online. Visual updates will come later after foundational improvements are made.

PROJECT UPDATE

- MRI - In the Bid phase, Public bid opening scheduled for 10/14
- DEXA - In Progress, Lenity to submit plans to OHA and City 10/9
- RHTP -
  - Transformation Awards - OHSU to disperse through Office of Proposal and Award Management (OPAM)
  - Catalyst Awards - 50% of EMS (Year 1) Award received, and CMS Approval

COMMUNITY OUTREACH & EVENTS

- Upcoming Events
  - Legacy Wall Celebration - Saturday, October 17th at 10:00am
  - DFHC Flu Clinics - Every Thursday in October

FAMILY RESOURCE CENTER

- Services for September overall lower - mostly Sunrise and application assistance
- Accepting Applications for the Free Dental Clinic Oct. 16 & 17
- Presenting at LUMA on Thursday Oct. 1

Lower Umpqua Hospital Foundation

LOWER UMPQUA HOSPITAL FOUNDATION

Board of Directors

September 30, 2026

GENERAL INFORMATION

- No Meeting in September

GRANTS

- Regional Infrastructure Fund Opportunity - Application submitted for DFHC

EVENT UPDATE

- Reedsport 5K Salmon Run
    - Event took place on September 12th, 78 participants

Next Meeting is October 14th at 11:30am @ LUH Business Office Conference Room

CHIEF HUMAN RESOURCES OFFICER REPORT

Board of Directors
September 30, 2026

Employee Hiring & Recruitment:

July/August: (As of 9/23/2026):

- 3) CNA (Umbarger, Woehlert, Buley-Padilla)
- Housekeeper (Markley)
- 2) Scheduling Clerk (Woodward, Bruce)

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

- Patient Account Representative III
- FT RN, Night Shift
- 2) FT RN, Day Shift
- 1) FT Respiratory Therapist
- FT Licensed PT Assistant
- FT Occupational Therapist
- FT Physical Therapist (2)
- FT CNA-Emergency Department
- FT CT/MRI/X-Ray Tech (2)

Provider Recruitment:

- General Surgery – Dr. Harriett Barrat has signed her contract, waiting on Oregon License.
- Gynecology – Dr. John McKenna will be starting in January 2027.

Employee Turnover:

- The third quarter turnover rate will be reported in October.

High School Program, External Meetings, Trainings:

- We are still anticipating having 4 students the second semester of the year from RCCS.

Other:

- We continue to work through the findings of our Amazing Workplace Survey and will be setting up meetings with departments soon.
- 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
September 30, 2026

- **Clinical Informatics**
  - Continuing work to establish the interface between MealSuite and Meditech to support acute care patient meal ordering, advancing workflow efficiency and integration of dietary services with the electronic health record.

- **Rehabilitation**
  - We will be welcoming Traveling OT, Julianna Wittrup on September 28, 2026 for a 6 month contract.

  - We will also welcomed Traveling PTA, Lauren Koester on September 14, 2026

- **Dietitian**
  - Traveling Registered Dietitian, Sumayah Aryan, RD tentatively will join October 5, 2026 to cover a planned absence of our dietitian.

Respectfully submitted,

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

Board of Directors Report
September 30, 2026

August 2026 Financial Performance Summary

Summary

August patient activity was strong, with Gross Charges above budget; however, higher contractual deductions and a lower collection rate resulted in Net Patient Revenue below plan. Retail Pharmacy and other revenue provided favorable offsets. LUHD continues to maintain strong liquidity but improving reimbursement yield and controlling targeted expenses remain key priorities.

Main Takeaways

- Gross Charges: $7.32M, $291K above budget (+4.1%).
- Net Patient Revenue: $3.02M, $509K below budget (-14.4%), driven by a 41.2% collection rate versus 50.2% budget.
- Unbilled Receivables: increased $1.08M to $3.59M, highlighting an opportunity to improve billing turnaround.
- Retail Pharmacy: $398K, $35K above budget (+9.7%). Other revenue was supported by Nursing Home revenue, cafeteria revenue and vendor rebates.
- Operating Expenses: $4.29M, $90K above budget (+2.1%). Purchased Services were $53K over budget; Repairs & Maintenance were $31K over budget, primarily associated with Surgery activity.
- Operating Loss: $622K versus budgeted loss of $66K. Net deficit: $368K versus budgeted surplus of $165K.
- YTD Net Deficit: $511K versus budgeted surplus of $330K, an $841K unfavorable variance. This is due to accumulation of planned Medicare takeback.

Where Are We?

Lower Umpqua Hospital District remains in a strong financial position:

- $9.83M unrestricted cash
- 3.25 current ratio with 75 Days Cash on Hand
- $18.02M fund balance
- $1.07M in total debt

Areas of Opportunity

1. Improve reimbursement yield by addressing contractual deductions, payer mix, denials and collections.
2. Reduce unbilled receivables through improved documentation, coding and billing turnaround.
3. Preserve liquidity and working capital while operating results recover.

Conclusion

LUHD maintains a strong balance sheet, but operating performance remains below plan due to large Medicare takeback. Patient activity is favorable; the primary challenge is converting that activity into expected net revenue. Improving reimbursement yield, reducing unbilled receivables, managing targeted expenses and protecting cash remain the highest priorities for returning performance toward budget.

Board of Directors Report

September 30, 2026

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Operations:

[1] Gross Charges for August were $7.32 million, compared with a budget of $7.03 million, resulting in a favorable variance of $290,633 (4.1%). August volume exceeded budget and improved from July.

[2] The collection rate was approximately 41.2%, below the budgeted rate of approximately 50.2% and lower than July's 46.6%.

[3] As a result, Net Patient Revenue was $3.02 million, falling short of budget by $509,477 (14.4%).

[4] Non-Patient Revenue totaled $503,365, exceeding budget by $47,753 (10.5%). Favorable non-patient revenue partially offset the patient revenue shortfall.

[5] Retail Pharmacy revenue was $397,767, exceeding budget by $35,267 (9.7%) and remained a key contributor to favorable non-patient revenue performance during the month.

[6] Total Revenue for August was $3.67 million, compared with a budget of $4.13 million, resulting in an unfavorable variance of $466,725 (11.3%). Lower-than-budgeted patient revenue more than offset favorable non-patient revenue performance.

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[7] Total Expenses for August were $4.29 million, compared with a budget of $4.20 million, resulting in an unfavorable variance of $89,745 (2.1%).

[8] LUHD generated an operating loss of $622,304, compared with a budgeted operating loss of $65,835. This represents an unfavorable variance of $556,469. The operating margin for August was approximately (17.0%) compared with a budgeted margin of approximately (1.6%).

[9] Non-operating revenue totaled $254,592, exceeding budget by $23,605 (10.2%), primarily supported by interest income and tax revenue.

[10] LUHD reported a net deficit of $367,713 for August. Compared with the budgeted surplus of $165,153, the overall variance was $532,866 unfavorable. Total margin for the month was approximately (10.0%).

[11] Through the first two months of FY 2026-27, the District reported a year-to-date net deficit of $510,883 compared with a budgeted surplus of $330,305, an unfavorable variance of $841,188. August results were primarily impacted by the lower collection rate and patient revenue shortfall, while favorable non-patient and non-operating revenue provided a partial offset.

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Balance Sheet:

[1] Cash, Unrestricted totaled $9.83 million, consisting of $5.19 million in unrestricted operating cash and $4.64 million related to ERTC proceeds. Total unrestricted cash decreased by $418,905 from July 2026 and was $5.13 million higher than August 2025. The District continues to maintain a strong liquidity position.

[2] Net Patient Accounts Receivable totaled $6.39 million, compared with $6.32 million in July 2026, an increase of $66,357 (1.1%). Compared with August 2025, net receivables increased $827,684 (14.9%).

[3] The estimated net realizable value of patient accounts receivable reflects a collection percentage of approximately 39.9%, compared with 43.1% in July 2026 and 43.0% in August 2025. The decline in the estimated collection rate is consistent with the higher contractual deductions recorded during August.

[4] Total Other Accounts Receivable was $1.74 million, increasing $160,834 (10.2%) from July 2026 and $80,448 (4.8%) from August 2025. The increase was primarily attributable to tax receivables.

[5] Tax Receivables increased by $206,163 during the month to $853,664 and were approximately $764 higher than August 2025.

[6] Inventory totaled $675,995, increasing $7,717 from July 2026 and $106,074 from August 2025. Total Current Assets were $20.11 million, essentially flat with July, decreasing $21,622, and $3.92 million higher than August 2025.

[7] Gross Property, Plant and Equipment increased by $30,101 during August, while Construction in Progress increased by $29,957.

[8] Third-party settlements improved by $82,462 during the month, from a net payable position of $750,202 in July to $667,740 in August. Restricted cash increased by $615,484 to $1.32 million.

[9] Total Assets were $25.28 million at August 31, 2026, an increase of $648,788 from July 2026 and $5.47 million from August 2025.

[9] We have assets totaling $24.49 million.

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Liabilities and Fund Balance:

[1] Accounts Payable totaled $1.37 million at August 31, 2026, an increase of $524,380 (62.2%) from July 2026. Compared with August 2025, Accounts Payable increased $364,124 (36.3%), reflecting vendor payment timing and operating activity.

[2] Accrued Liabilities were $265,238, a decrease of $200,771 from July 2026 and $12,719 lower than August 2025, reflecting the timing of accrued operating expenses and month-end settlements.

[3] Accrued Payroll was $2.27 million, decreasing $18,796 from July 2026 but remaining $297,686 higher than August 2025.

[4] Provider Tax increased by $145,000 during the month to $1.16 million, compared with $1.01 million in July 2026 and $160,000 in August 2025. The increase over the prior year reflects the timing of provider tax accruals and expected settlement activity.

[5] Total Current Liabilities were $6.19 million, an increase of $1.06 million from July 2026 and $2.73 million higher than August 2025. This results in a Current Ratio of approximately 3.25.

[6] Total Debt, including Commercial Debt and GASB lease liabilities, was $1.07 million, compared with $1.12 million in July 2026 and $1.58 million in August 2025. Debt decreased $503,720 from the prior year due to scheduled principal repayments and continued debt reduction efforts.

[7] Total Liabilities were $7.27 million at August 31, 2026, compared with $6.25 million at July 31, 2026 and $5.04 million at August 31, 2025. The increase from July was primarily attributable to higher Accounts Payable and deferred grant revenue.

[8] Total Fund Balance was $18.02 million at August 31, 2026, compared with $18.38 million at July 31, 2026. Despite the August deficit, Total Fund Balance remains $3.25 million higher than August 2025.

[9] Liabilities and Fund Balance combined totaled $25.28 million, compared with $19.81 million one year ago, an increase of approximately $5.47 million. Total Fund Balance represents approximately 71% of total capitalization, supporting continued financial flexibility.

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Dashboard:

Shows the results of several Key Indicators. Based on the August balance sheet

[1] Total Unrestricted Cash was $9.83 million.

[2] Days Cash on Hand is 75 exceeding budgeted of 45 days.

[3] The Current Ratio is 3.25 with $20.11 million in current assets and $6.19 million in current liabilities.

[4] Productivity is 99.8%.

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Graphs

LUHD
UNAUDITED OPERATING STATEMENT
Through 2 Periods Ended August 31, 2026

		CURR MO BUDGET	2026 AUG	CM VAR-$	CM VAR-%	2025 AUG	YTD BUDGET	YTD ACTUAL	YTD VAR-$	YTD VAR-%	YTD LY
Revenue											
[1]	**Patient Revenue**										
	Gross Charges	$7,027,110	$7,317,743	$290,633	4.1%	$6,918,471	$14,054,221	$14,279,493	$225,272	1.6%	14,091,072
	Deductions	($3,499,664)	($4,299,774)	($800,110)	22.9%	($3,488,278)	($6,999,328)	($8,019,551)	($1,020,223)	14.6%	(7,099,303)
[3]	**Net Patient Revenue**	$3,527,446	$3,017,969	($509,477)	-14.4%	$3,430,193	$7,054,892	$6,259,942	($794,950)	-11.3%	6,991,769
[2]		50.20%	41.24%			49.58%	50.20%	43.84%			49.62%
	Provider Tax	$150,000	$145,000	($5,000)	-3.3%	$80,000	$300,000	$290,000	($10,000)	-3.3%	160,000
	Net After Provider Tax	$3,677,446	$3,162,969	($514,477)	-14.0%	$3,510,193	$7,354,892	$6,549,942	($804,950)	-10.9%	7,151,769
		52.33%	43.22%			50.74%	52.33%	45.87%			50.75%
	Non-Patient Revenue										
	Misc Revenue	$93,113	$105,598	$12,486	13.4%	$63,011	$186,225	$174,325	($11,900)	-6.4%	158,085
[5]	**Retail Pharmacy**	$362,500	$397,767	$35,267	9.7%	$348,630	$725,000	$815,474	$90,474	12.5%	718,171
	Other Recoveries										
[4]	**Total Non-Patient Revenue**	$455,613	$503,365	$47,753	10.5%	$411,641	$911,225	$989,799	$78,574	8.6%	876,256
[6]	**Total Revenue**	$4,133,059	$3,666,334	($466,725)	-11.3%	$3,921,834	$8,266,117	$7,539,741	($726,376)	-8.8%	8,028,025
Operating Expenses											
	Payroll	$1,710,071	$1,716,045	$5,974	0.3%	$1,549,648	$3,420,142	$3,466,128	$45,986	1.3%	3,198,880
	Supplies	$646,267	$653,629	$7,362	1.1%	$634,628	$1,292,535	$1,303,656	$11,121	0.9%	1,203,678
	Benefits	$583,759	$603,071	$19,312	3.3%	$516,943	$1,167,518	$1,218,179	$50,661	4.3%	1,076,782
	Professional Fees	$447,706	$439,346	($8,360)	-1.9%	$425,885	$895,412	$875,433	($19,979)	-2.2%	858,321
	Purchased Services	$242,229	$294,843	$52,614	21.7%	$260,521	$484,459	$550,704	$66,245	13.7%	527,634
	Provider Tax	$150,000	$145,000	($5,000)	-3.3%	$80,000	$300,000	$290,000	($10,000)	-3.3%	160,000
	Contract Labor	$123,412	$108,158	($15,254)	-12.4%	$213,483	$246,824	$226,340	($20,484)	-8.3%	350,084
	Depreciation	$53,358	$52,596	($762)	-1.4%	$58,340	$106,716	$103,294	($3,422)	-3.2%	116,681
	Repairs & Maintenance	$44,116	$75,030	$30,914	70.1%	$46,166	$88,233	$128,913	$40,680	46.1%	83,087
	Rentals & Leases	$42,294	$42,816	$522	1.2%	$43,716	$84,588	$83,451	($1,137)	-1.3%	82,113
	Utilities	$35,041	$27,220	($7,821)	-22.3%	$39,624	$70,081	$54,913	($15,168)	-21.6%	61,064
	GASB Depreciation	$34,438	$34,998	$560	1.6%	$36,244	$68,877	$69,996	$1,119	1.6%	72,488
	Insurance	$34,042	$35,059	$1,017	3.0%	$32,088	$68,083	$70,118	$2,035	3.0%	64,176
	Minor Equipment	$15,601	$21,581	$5,980	38.3%	$26,418	$31,203	$50,948	$19,745	63.3%	33,752

LUHD
UNAUDITED OPERATING STATEMENT
Through 2 Periods Ended August 31, 2026

		CURR MO BUDGET	2026 AUG	CM VAR-$	CM VAR-%	2025 AUG	YTD BUDGET	YTD ACTUAL	YTD VAR-$	YTD VAR-%	YTD LY
	Dues and Subscriptions	$13,119	$24,143	$11,024	84.0%	$10,741	$26,238	$45,420	$19,182	73.1%	12,824
	Education/Training	$11,292	$4,804	($6,488)	-57.5%	$324	$22,583	$10,101	($12,482)	-55.3%	2,361
	GASB Interest Expense	$3,917	$3,376	($541)	-13.8%	$1,426	$7,833	$8,012	$179	2.3%	9,939
	Advertising	$3,917	$4,281	$364	9.3%	$4,563	$7,833	$7,052	($781)	-10.0%	8,575
	Travel	$2,167	$2,178	$11	0.5%	$1,385	$4,333	$3,488	($845)	-19.5%	4,496
	Licenses & Fees	$2,148	$464	($1,684)	-78.4%	$1,356	$4,296	$928	($3,368)	-78.4%	4,970
[7]	Total Operating Expenses	$4,198,893	$4,288,638	$89,745	2.1%	$3,983,499	$8,397,787	$8,567,074	$169,287	2.0%	7,931,905
[8]	Income / (Loss) from Operations	($65,835)	($622,304)	($556,469)	845.3%	($61,665)	($131,669)	($1,027,333)	($895,664)	680.2%	96,120
	Operating Margin:	-1.59%	-16.97%			-1.57%	-1.59%	-13.63%			1.20%
	Non-Operating Revenue / (Expense)										
	Interest	($1,167)	($1,021)	$146	-12.5%	($1,561)	($2,333)	($2,053)	$280	-12.0%	(3,063)
	Sale of Assets	$0	$0	$0	NA	$0	$0	$0	$0	NA	0
	Donations	$175	$0	($175)	-100.0%	$0	$350	$0	($350)	-100.0%	0
	Grants	$0	$1,737	$1,737	NA	$5,823	$0	$7,935	$7,935	NA	5,823
	Interest Income	$13,000	$34,896	$21,896	168.4%	$20,507	$26,000	$72,610	$46,610	179.3%	36,379
	Taxes	$218,979	$218,979	($0)	0.0%	$216,936	$437,958	$437,958	($0)	0.0%	433,872
[9]	Total Non-Op Inc / (Exp)	$230,987	$254,592	$23,605	10.2%	$241,705	$461,975	$516,451	$54,476	11.8%	473,011
[10]	Net Surplus / Deficit	$165,153	($367,713)	($532,866)	-322.7%	$180,040	$330,305	($510,883)	($841,188)	-254.7%	569,131
	Total Margin:	4.0%	-10.0%			4.6%	4.0%	-6.8%			7.1%
[11]	2026 MEDICARE PAYABLE ADUSTMENTS							$0			
	2026 MEDICAID PAYABLE ADJUSTMENTS		$0					$0			
	SURPLUS/DEFICIT PRIOR TO ADJUSTMENTS		($367,713)					($510,883)			

LUHD
BALANCE SHEET - ASSETS
Unaudited
August 31, 2026

		2026 JUL	2026 AUG	2025 AUG	CHANGE FM Prior Month	CHANGE FM Prior Year
	Assets					
	Current Assets					
	Cash, Unrestricted excl YTD Tax Receipts	*$5,610,174*	**$5,191,269**	$4,674,657	*($418,905)*	*$516,612*
	Cash, Unrestricted excl ERTC Receipts		**$4,642,008**			
	Cash, Unrestricted from Tax Receipts YTD	*$0*	**$0**	$29,080	*$0*	*($29,080)*
[1]	**Total Cash, Unrestricted**	*$10,252,182*	**$9,833,277**	*$4,703,737*	*($418,905)*	*$5,129,540*
	Patient Accounts Receivable	*$14,676,627*	**$16,003,428**	$12,916,892	*$1,326,801*	*$3,086,536*
	Less Allowance	*($8,357,447)*	**($9,617,891)**	($7,359,039)	*($1,260,444)*	*($2,258,852)*
[2]	**Net Patient Accounts**	*$6,319,180*	**$6,385,537**	$5,557,853	*$66,357*	*$827,684*
[3]		*43.06%*	**39.90%**	43.03%		
	Other A/R					
[4]	**A/R Other**	*$840,532*	**$795,203**	$715,519	*($45,329)*	*$79,684*
	Edward Hulton (Net)	*$93,645*	**$93,645**	$93,645	*$0*	*$0*
[5]	**A/R Taxes**	*$647,501*	**$853,664**	$852,900	*$206,163*	*$764*
	Total Other A/R	*$1,581,678*	**$1,742,512**	$1,662,064	*$160,834*	*$80,448*
	Inventory	*$668,278*	**$675,995**	$569,921	*$7,717*	*$106,074*
	Provider Tax	*$1,014,809*	**$1,159,809**	$160,000	*$145,000*	*$999,809*
	Prepaid Expenses	*$297,103*	**$314,478**	$234,176	*$17,375*	*$80,302*
	ERTC Receivable	*$0*	**$0**	$3,770,975	*$0*	*($3,770,975)*
[6]	**Total Current Assets**	*$20,133,230*	**$20,111,608**	$16,191,841	*($21,622)*	*$3,919,767*
	Fixed and Non-Current Assets					
[7]	**Property, Plant & Equip**	*$18,702,586*	**$18,732,687**	$17,966,868	*$30,101*	*$765,819*
	Construction in Progress	*$90,228*	**$120,185**	$89,222	*$29,957*	*$30,963*
	Less Accumulated Depr	*($15,024,067)*	**($15,076,663)**	($14,494,489)	*($52,596)*	*($582,174)*
	GASB assets	*$2,114,247*	**$2,114,246**	$2,131,530	*($1)*	*($17,284)*
	Less GASB Accumulated Depr	*($1,342,821)*	**($1,377,819)**	($1,080,516)	*($34,998)*	*($297,303)*
	Net P, P & E	*$4,540,173*	**$4,512,636**	$4,612,615	*($27,537)*	*($99,979)*
	Other Non-Current Assets					
	Restricted Cash	*$709,469*	**$1,324,953**	$429,616	*$615,484*	*$895,337*
[8]	**Third-Party Settlements**	*($750,202)*	**($667,740)**	($974,065)	*$82,462*	*$306,325*
	Total Non-Current Assets	*($40,733)*	**$657,213**	($544,449)	*$697,946*	*$1,201,662*
	Total Fixed and Non-Current Assets	*$4,499,439*	**$5,169,849**	$3,615,743	*$670,410*	*$1,554,106*
[9]	**Total Assets**	*$24,632,669*	**$25,281,457**	$19,807,584	*$648,788*	*$5,473,873*

LUHD
BALANCE SHEET - LIABILTIES AND FUND BALANCE
Unaudited
August 31, 2026

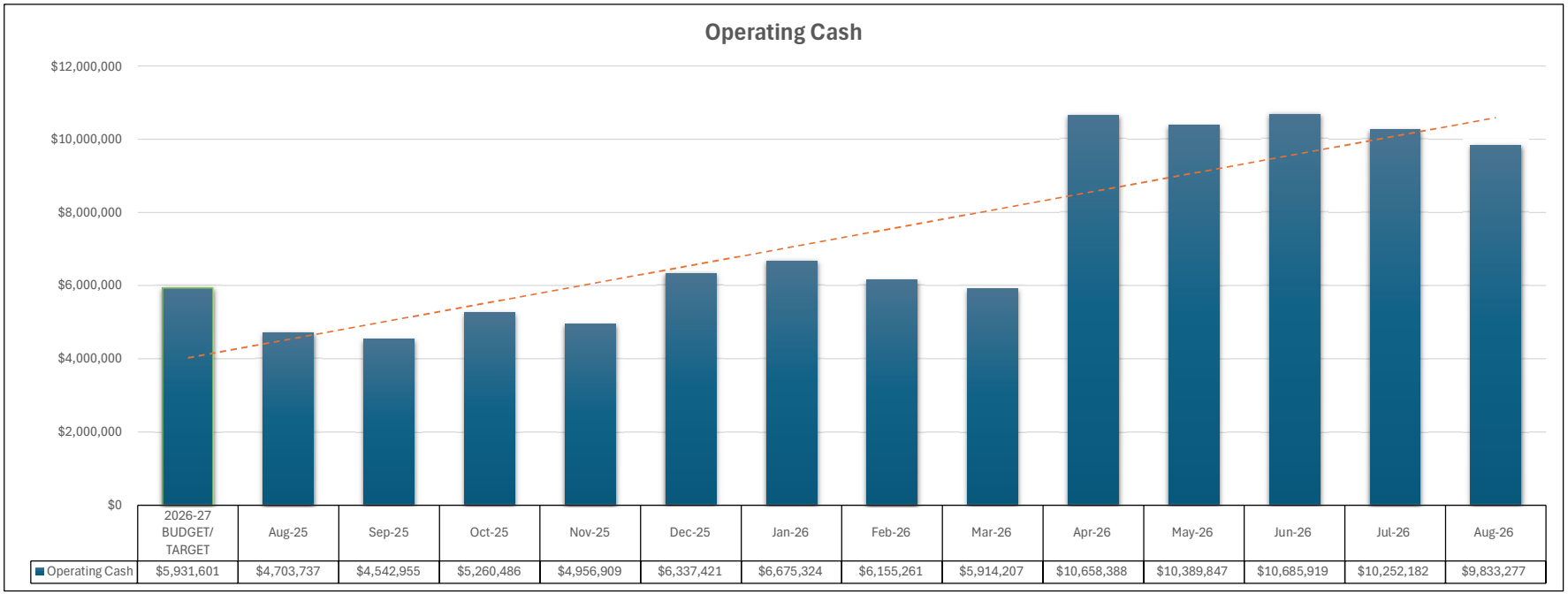
		2026 JUL	2026 AUG	2025 AUG	CHANGE FM Prior Month	CHANGE FM Prior Year
	Liabilities & Fund Balance					
	Current Liabilities					
[1]	**Accounts Payable**	*$842,814*	**$1,367,194**	*$1,003,070*	*$524,380*	*$364,124*
[2]	**Accrued Liabilities**	*$466,009*	**$265,238**	*$277,957*	*($200,771)*	*($12,719)*
	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	*$287,136*	**$291,577**	*$258,665*	*$4,441*	*$32,912*
[3]	**Accrued Payroll**	*$2,284,083*	**$2,265,287**	*$1,967,601*	*($18,796)*	*$297,686*
	Medicare Advance Pmt	*$0*	**$0**	*$0*	*$0*	*$0*
	SBA PPP Loan	*$0*	**$0**	*$0*	*$0*	*$0*
	Deferred Revenue:Misc Small Grants	*$142,138*	**$750,402**	*$0*	*$608,264*	*$750,402*
[4]	**Provider Tax**	*$1,014,809*	**$1,159,809**	*$160,000*	*$145,000*	*$999,809*
[5]	**Total Current Liabilities**	*$5,130,634*	**$6,193,152**	*$3,462,495*	*$1,062,518*	*$2,730,657*
	Long-Term Liabillities					
	Total Commercial Debt	*$452,612*	**$432,364**	*$672,614*	*($20,248)*	*($240,250)*
	Total GASB Debt	*$665,839*	**$640,070**	*$903,538*	*($25,769)*	*($263,468)*
[6]	**Total Debt**	*$1,118,451*	**$1,072,434**	*$1,576,154*	*($46,017)*	*($503,720)*
	Other Liabilities					
	Tail	*$0*	**$0**	*$0*	*$0*	*$0*
[7]	**Total Liabilities**	*$6,249,085*	**$7,265,585**	*$5,038,649*	*$1,016,500*	*$2,226,936*
	Fund Balance					
	Fund Balance	*$18,526,754*	**$18,526,754**	*$14,788,692*	*$0*	*$3,738,062*
	Current Operations	*($143,170)*	**($510,882)**	*$569,131*	*($367,712)*	*($1,080,013)*
[8]	**Total Fund Balance**	*$18,383,584*	**$18,015,872**	*$14,768,935*	*($367,712)*	*$3,246,937*
[9]	**Total Liabilities & Fund Balance**	*$24,632,669*	**$25,281,457**	*$19,807,584*	*$648,788*	*$5,473,873*

DASHBOARD LEGEND

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

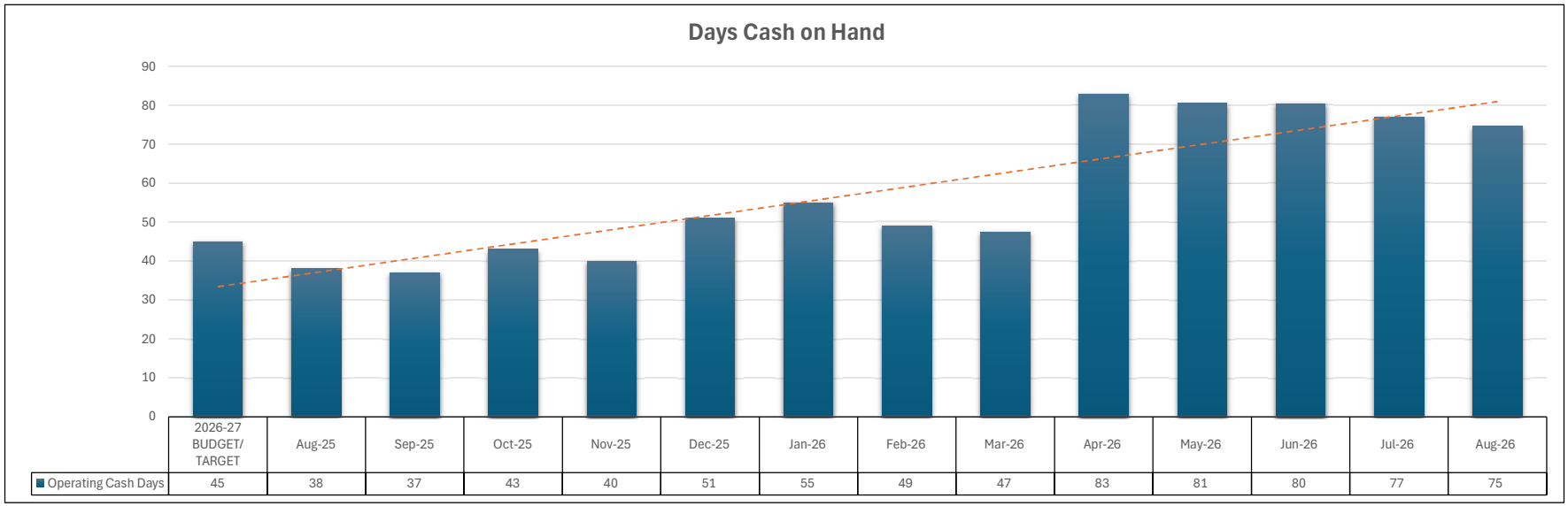
	FINANCIAL HEALTH INDICATORS	2026-27 BUDGET/TARGET	Aug-26	Jul-26	Jun-26	May-26	Apr-26	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25
	Patient Days	253	257	253	251	244	237	251	242	241	239	224	264	252	215
	Average Daily Census	8.2	8.3	8.4	8.4	7.9	7.9	8.1	8.6	7.8	7.7	7.5	8.5	8.4	6.9
	Operating Room Cases	54	45	54	49	26	63	40	48	43	34	24	39	39	39
	ER Services	463	528	524	474	482	392	417	374	406	428	393	436	429	503
	Clinic Visits (Dunes/RMC)	1,611	1,261	1,536	1,273	1,541	1,466	1,397	1,266	1,607	1,307	1,269	1,598	1,510	1,484
	OP Visits (Excl ED & Clinics)	2,222	1,785	1,916	1,761	1,805	1,969	1,753	1,701	1,741	1,743	1,583	1,528	1,910	1,773
[1]	Operating Cash	$5,931,601	$9,833,277	$10,252,182	$10,685,919	$10,389,847	$10,658,388	$5,914,207	$6,155,261	$6,675,324	$6,337,421	$4,956,909	$5,260,486	$4,542,955	$4,703,737
[2]	Days Cash on Hand	45	75	77	80	81	83	47	49	55	51	40	43	37	38
	Days in AR	55	67	62	66	73	71	70	66	65	62	59	59	58	58
[3]	Current Ratio	3.3	3.3	3.9	4.4	4.3	4.6	4.6	4.9	4.5	4.6	4.3	4.7	4.4	4.7
	Net Patient Revenue	$3,527,618	$3,017,969	$3,241,973	$3,899,389	$3,353,737	$3,375,094	$3,230,814	$3,187,993	$3,590,542	$3,571,515	$3,015,071	$3,846,280	$2,967,263	$3,430,194
	Operating Expense	$4,198,893	$4,288,638	$4,278,436	$4,286,886	$4,313,974	$4,142,836	$4,019,881	$3,903,234	$3,982,740	$4,165,810	$3,755,499	$4,058,101	$3,964,785	$3,983,499
	Hospital Gain/Loss	$165,153	($367,713)	($143,170)	$498,944	($340,552)	$1,048,300	$64,721	$101,273	$430,905	$214,009	$85,564	$872,439	($32,473)	$180,041
[4]	Productivity	100.0%	99.8%	99.9%	93.4%	95.4%	97.6%	97.3%	97.7%	97.3%	100.3%	98.1%	96.6%	97.8%	101.5%

[1]



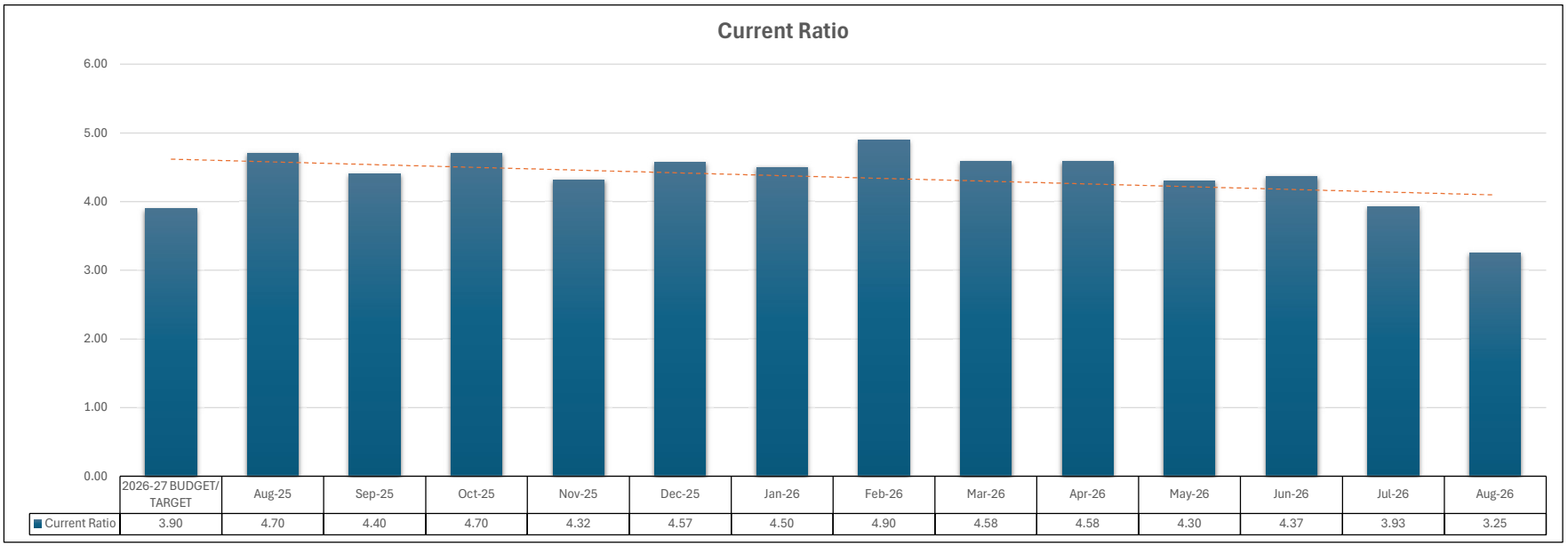
	2026-27 BUDGET/ TARGET	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Operating Cash	$5,931,601	$4,703,737	$4,542,955	$5,260,486	$4,956,909	$6,337,421	$6,675,324	$6,155,261	$5,914,207	$10,658,388	$10,389,847	$10,685,919	$10,252,182	$9,833,277

[2]



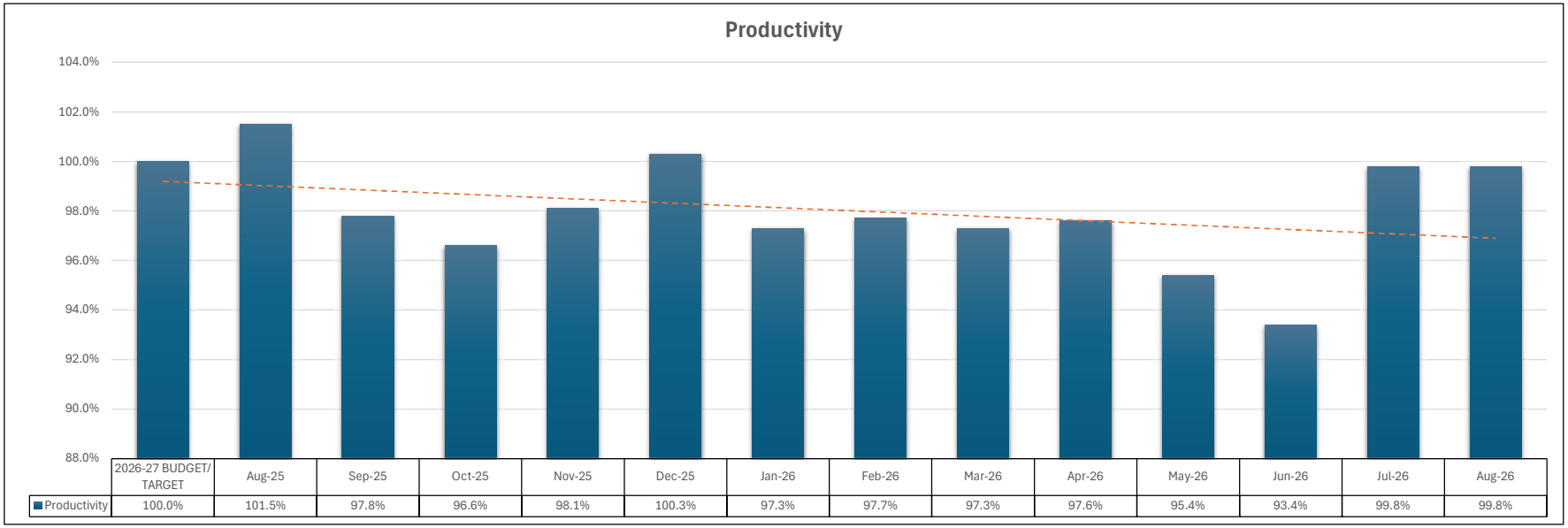
	2026-27 BUDGET/ TARGET	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Operating Cash Days	45	38	37	43	40	51	55	49	47	83	81	80	77	75

[3]



	2026-27 BUDGET/ TARGET	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Current Ratio	3.90	4.70	4.40	4.70	4.32	4.57	4.50	4.90	4.58	4.58	4.30	4.37	3.93	3.25

[4]



	2026-27 BUDGET/ TARGET	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Productivity	100.0%	101.5%	97.8%	96.6%	98.1%	100.3%	97.3%	97.7%	97.3%	97.6%	95.4%	93.4%	99.8%	99.8%

CEO REPORT

Board of Directors
September 30, 2026

General Surgeon Recruitment: Dr. Harriet Barrett signed contract. February 1, 2026, start date.

GYN Surgeon Recruitment: Dr. John McKenna signed letter of intent. Start mid-January. Will work 2 weeks/month. Contract in process.

Chris Dotson: Signed a new two-year contract through November 2028.

Cascade High Value Network: Clinically Integrated Network: Waiting on HCMO (Oregon Health Care Market Oversight Program) final approval. Initial orientation session with leaders and key stakeholders completed on September 15, second repeat session scheduled for September 28.

Cataract: Continues to be a slow ramp up. I met with both Dr. Bob Mans & Dr.Justin Mans on September 18th to discuss low volumes and barriers. Will develop program flyer and update referral form.

Community Forums: Planning for November. Will have several dates during day and evening times. Will use this information and survey sent out prior to complete our Community Health Needs Assessment (CHNA) report.

Sleep Studies: Referrals from PCP's being sent to iRhythm for home sleep studies. This allowed for immediate access to care for our local patients without needing to change or add additional work volume internally. Once Respiratory Therapy staffing stabilizes, we will evaluate our RT dept placing distributing equipment to patients to obtain revenue from this.

Respectfully submitted,

Jennifer Green BSN, RN, RHCNOC, RHCEOC
Chief Executive Officer

NEW BUSINESS

LOWER UMPQUA HOSPITAL DISTRICT

BOARD ACTION REQUEST

BOARD MEETING DATE:

September 30, 2026

AGENDA ITEM SUBJECT:

New policy: *ADMB_1610 Proctoring and Observation for Credentialed Staff / Medical Staff*

BACKGROUND:

- To ensure patient safety and verify clinican competency through a structured, fair, and consistent process for the evaluation of clinical performance when privileges are initially granted, expanded, or when concerns regarding competency arise.
- The purpose of proctoring is to evaluate and document a clinician's clinical competence, judgment, technical skill, and ability to safely perform authorized privileges. Proctoring is an educational and evaluative process designed to support quality patient care and facilitate credentialing and privileging decisions.
- This was approved by Medical Staff on 9/18/2026.

FISCAL IMPACT:

No fiscal impact

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 new Policy *ADMB_1610 Proctoring and Observation for Credentialed Staff / Medical Staff* as presented.

NAME / TITLE: Proctoring and Observation for Credentialed Staff / Medical Staff Policy		REFERENCE # ADMB_1610
		PAGE: 1
DEPARTMENT: Medical Staff		OF: 4
APPROVED BY: LUHD Board of Directors		
EFFECTIVE DATE: 9/30/2026	LAST REVIEW DATE:	

A. **Purpose:**

The purpose of a proctoring and observation program is to assure that clinicians applying for medical staff privileges practice in a safe manner, within the standard of care for their subspecialties.

B. **Policy:**

It is the responsibility of the hospital and its Medical Staff to provide a safe environment where patients receive care from qualified clinicians. The Chief Medical Officer and Medical Executive Committee will determine when observation or proctoring are necessary.

C. DEFINITIONS:

1. **Observation** is evaluation of the diagnostic, therapeutic, or procedural skills of a clinician to confirm their competency within the Lower Umpqua Hospital. Observation is used when credentialing documentation suggests competence for a privilege, such as when new clinicians are appointed the staff, but additional information or a period of evaluation is needed to confirm competence within the local setting. Observation can also be used to assess clinicians with low volumes at reappointment. Observation also includes an assessment of the appropriateness of the procedure.

2. **Proctoring** is the informed direct observation and evaluation of the diagnostic and therapeutic or surgical skills of a clinician to determine whether they are qualified to receive unrestricted privileges for specific procedures. Proctoring is not intended to service as a substitute for training. Proctoring may include verbal or hands-on instruction.

3. Proctoring includes review of hospital records and may also include review of office records to assist in the assessment of the quality and effectiveness of care as necessary to assess the individual's competence. It may also include examination of the patient.

4. Observing and proctoring are methods which may be used in a clinicians ongoing professional practice evaluation (OPPE) form.

5. **A mentoring plan** may also be developed for clinicians returning to hospital-based practice, as well as those whose volumes for certain procedures may fall below levels needed to assure competence. Mentoring may include observation and/or proctoring.

D. Evaluation Requirements:

1. Evaluation requirements may be specified within privilege lists or may be required by the Chief Medical Officer or Medical Executive Committee. The Chief Medical Officer or Medical Executive Committee has discretion to accept prior training and experience when establishing requirements.

2. Obtaining reviewer(s) is the responsibility of the clinician requesting the privilege/procedure. Partners or those with whom the clinician shares call are encouraged to act as reviewers, but reviewers must be approved by the Chief Medical Officer or Medical Executive Committee, as outlined below.

a) Observation for core procedures is generally completed by clinician partners.
b) Proctoring may be provided by a currently credentialed staff member, or by a non-staff member who has been vetted and approved by the hospital to proctor the specific procedure(s).
c) If special procedures are being requested, a review plan must be submitted by the applicant.
d) If clinician is a solo clinician, a review plan must be submitted by the applicant.

E. QUALIFICATIONS OF REVIEWERS and PROCTORS:

1. Observers must currently hold unrestricted privileges in the same specialty at Lower Umpqua Hospital District. Unless specifically approved by the Chief Medical Officer or Medical Executive Committee, the reviewer must not be in a current mentoring plan and must have exercised privileges at Lower Umpqua Hospital District over the past year with no identified patient care concerns.

2. Proctors must currently hold unrestricted privileges at Lower Umpqua Hospital District for the procedure(s) being reviewed. Unless specifically approved by the Chief Medical Officer or Medical Executive Committee, the proctor must not be in a current mentoring plan and must have exercised the specific privilege at Lower Umpqua Hospital District over the past year with no identified patient care concerns. The proctor is not required to hold the same specialty privileges as the clinician being reviewed, but they must have training and expertise in the area subject to the proctoring.

OR

3. A proctor with established skills for the procedure may be brought from outside Lower Umpqua Hospital District. This proctor must provide all required documents to verify training and competency, as well as malpractice insurance which will cover their proctoring role at Lower Umpqua Hospital District. The clinician proposing to bring the proctor is responsible to assure that the appropriate ‘Proctor Request’ application (obtained from the Medical Staff Office) is completed; this takes a minimum of two weeks to process. The Chief

Medical Officer and Chief Executive Officer must approve the outside proctor. If a current staff member is qualified to proctor, this is preferred over bringing an outside proctor.

F. **PROCESS**

1. **New staff members** – As a general guideline, new staff members requesting surgical or procedural privileges may be required to have up to two procedures observed within their first three months on staff, as determined by the circumstances and scope of requested privileges. Privilege lists may specify, or the Chief Medical Officer or Medical Executive Committee may recommend observation or proctoring for additional specific privileges. As needed, the Chief Medical Officer or designee may identify clinicians qualified to serve as observers or proctors. Any observation or proctoring plan, including the applicable time period, will generally be communicated in writing to the applicant, and the appropriate hospital department(s) may be notified by Medical Staff Services.

2. **Currently credentialed individual requesting an additional privilege** – Clinicians seeking a new privilege requests the privilege on the approved form (contact Medical Staff Office). If observation or proctoring is a requirement for the privilege, the requesting clinician will be asked to submit the reviewer(s) name(s). The privilege and reviewer requests will be promptly reviewed by one of the following: Chief Medical Officer, Medical Executive Committee or Chief Executive Officer. If approved, the requesting clinician and reviewer(s) will be notified in writing of approval to schedule cases with the reviewer, the minimum number of cases to be performed, as well as the time period in which the review must be accomplished. The appropriate hospital department(s) will be notified by Medical Staff Services. If the reviewer is not approved, Medical Staff Services will provide a list of those qualified to review.

3. **Special review requirements** – If questions arise regarding the performance of a privilege or portion of a privilege, the Chief Medical Officer or Medical Executive Committee may work together with the staff member to assign a new reviewer. The privilege, reviewer, case numbers, and/or the time period in which the review process must be accomplished will be communicated in writing to the staff member and the reviewer, and the appropriate hospital department(s) will be notified by Medical Staff Services.

4. **Expiration of request** – Proctoring for specific procedures must be completed within the time specified (maximum of one year unless otherwise specified), or the request will expire. The clinician will be required to submit a new privilege request is the applicant plans to begin performing the procedure at a future date.

G. RESPONSIBILITES OF THE REVIEWER:

1. A proctor has the responsibility to intervene and assume care of the patient if they feel there is an immediate risk of patient harm. The proctor and the clinician being reviewed must immediately inform the Chief Medical Officer or designee in this event.

2. Promptly following each case, the reviewer will complete and submit the attached ***Proctor or Observer Confidential Report*** to Medical Staff Services.

H. RESPONSIBILITES OF THE REVIEWED CLINICIAN:

1. It is the responsibility of the individual who is being reviewed to assure that their procedures are reviewed in accordance with this policy, to make arrangements for the proctoring to take place, and to assure review forms are returned to the Medical Staff Office within 7 days of the procedure.
2. The clinician being reviewed shall inform each patient of the presence and role of a proctor and include this information on the informed consent.
3. Should the proctor intervene in a case, the clinician being reviewed will notify the CMO or designee within 7 days.

I. RESPONSIBILITES OF THE HOSPITAL AND MEDICAL STAFF:

1. Minimum numbers of required reviewed procedures will be communicated to the requesting clinician. Medical Executive Committee or Chief Medical Officer may require the involvement of more than one reviewer if it is determined that the opinions of multiple individuals should be used to evaluate the individual's competence.

2. To assure that any patient care performance problem is detected as soon as possible, review forms should be provided to Medical Staff Services promptly following each case. The Medical Staff Office will notify the designee if any concerns are noted by the reviewer.

3. At the completion of the review process, one of several actions may be taken:
   a) Observation or proctoring requirements may be extended for an additional period of time and/or number of cases if the caseload has been insufficient to render a judgment on the clinician’s competence.
   b) Privileges may be denied or restricted if the Chief Medical Officer or Medical Executive Committee determines that the performance has been below current standards or the granting of unrestricted privileges could place patient at unnecessary risk (see applicable Medical Staff Bylaws and/or Fair Hearing Plan).

4. The final decision regarding privileging for the requested procedure or patient management will be communicated to the clinician in writing. Medical Staff Services will maintain appropriate documentation of the review and results in the clinician’s credentials file.

LOWER UMPQUA
HOSPITAL DISTRICT

PROCTOR REQUEST APPLICATION

Section 1 – Physician Information

- **Full Name:** _____
- **Degree/Credentials:** _____
- **Specialty/Subspecialty:** _____
- **Medical Staff Status:** ☐ Active ☐ Associate ☐ Other: _____
- **Primary Practice Location:** _____
- **Phone:** _____ **Email:** _____

Section 2 – Proctoring Details

- **Procedure(s) / Clinical Activity to be Proctored:**

  _____
  _____
  _____
  _____

- **Reason for Proctoring:**

☐ Initial Privileging

☐ Re-Privileging

☐ Ongoing Professional Practice Evaluation (OPPE)

☐ Other: _____

- **Requested Proctor Name (if applicable):** _____
- **Specialty of Proctor:** _____
- **Proposed Date(s) of Proctoring:** _____
- **Location(s):** _____

Section 3 – Physician Attestation

I hereby request proctoring for the above-listed procedure(s) and agree to comply with all Medical Staff Bylaws, Rules, and Regulations. I understand that the proctor's role is to

LOWER UMPQUA
HOSPITAL DISTRICT

PROCTOR REQUEST APPLICATION

observe and evaluate my performance and that the proctor will submit a written report to the Medical Staff Office.

Signature of Physician: _____ **Date:** _____

Section 4 – Chief Medical Officer or designee Approval

☐ Approved ☐ Not Approved

Comments:

_____

_____

_____

_____

Signature: _____ **Date:** _____

_____

Section 5 – Medical Staff Office Use Only

- Date Received: _____
- Proctor Assigned: _____
- Date(s) Completed: _____
- Report Received: ☐ Yes ☐ No
- Notes:

  _____

  _____

  _____

  _____

LOWER UMPQUA HOSPITAL DISTRICT

PLEASE RETURN TO MEDICAL STAFF SERVICES VIA INTERDEPARTMENTAL MAIL,

OR FAX TO 541-271-6324

(RETURN WITHIN 7 DAYS OF PROCEDURE)

PROCTOR or OBSERVER CONFIDENTIAL EVALUATION

At the conclusion of each case, complete this form in its entirety and submit to Medical Staff Services. If you need additional space or wish to provide explanatory remarks, please attach additional page(s).

Patient ID: _____ Date of Procedure_____

Procedure/Treatment: _____

Practitioner being reviewed: _____

Check one: ☐ Observer ☐ Proctor

	Yes	No	N/A
Was the procedure or treatment medically indicated?			
Was a complete, relevant, and timely H&P performed and documented (documentation required prior to the procedure)?			
If a surgery or procedure was evaluated: • Was the appropriate technique selected and performed? • Was appropriate pre-procedure checklist and time out completed together with hospital staff?			
Were there complications? *If yes, please describe:*			
If there were complications, were they identified and managed appropriately?			
Were appropriate medications ordered in the correct dosage, strength, and route?			
If a consultation or assistance was needed, was it obtained in a timely manner?			
Was the patient's outcome satisfactory?			
At any time during the case or observation did you feel the patient's well being was or could have been jeopardized? *If yes, please provide detail*.			
Was documentation complete?			
Did the practitioner demonstrate effective communication with the care team?			

LOWER UMPQUA
HOSPITAL DISTRICT

Please comment regarding any 'no' rating:

_____

_____

_____

_____

_____

Relative to this case, what is your overall assessment of the practitioner's ability to competently perform the treatment or procedure?

	Above Average	Average	Below Average	Unable to Assess
Knowledge				
Judgment				
Technical Skills				

Reviewer: Please provide your recommendation to the Medical Executive Committee, as follows:

☐ Competency for the specific requested privilege is confirmed.

☐ Practitioner would benefit from additional training or extension of proctored/observed cases. Please provide your recommendation:

_____

_____

_____

☐ Do not recommend approving privilege (either core privilege or specific privileges) for this procedure at this time. Please provide comments:

_____

_____

_____

Reviewer Signature_____ Date_____

Printed Name: _____

LOWER UMPQUA HOSPITAL DISTRICT

BOARD ACTION REQUEST

BOARD MEETING DATE:

September 30, 2026

AGENDA ITEM SUBJECT:

Capital request – vacuum pump assembly

BACKGROUND:

- Existing system installed in 1981 is not National Fire Protection Association (NFPA) compliant.
- This is a steam-driven vacuum pump, and it is challenging to fine tune the boilers for proper function. There are multiple electrical issues.
- Surgery relies on vacuum pumps to run critical equipment.
- System is at risk of failure which puts patient safety at risk.

FISCAL IMPACT:

Cost is $112,694.00

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 the capital request for new vacuum pump assembly in the amount of $112,694.00 as presented.

LOWER UMPQUA HOSPITAL DISTRICT
A52 - CAPITAL REQUEST FORM

GENERAL INFORMATION

Requesting Department: Plant Operations

Requested By: Shawn Spurgeon

Description of Item: Powerx Vacuum Pump Assembly (Suction throughout the Hospital) It is a 3 pump setup and one pump will run the whole Hospital. The second one would come on if for some reason the first pump would not come on. The 3 pump is for redundancy.

Explanation of Need:
(If Urgent or Emergent. explain why here as well):
Our Vacuum Pumps were installed in 1981 and are not compliant with NFPA requirements.We are constantly adjusting the oilers for our Vacuum Pumps. To much and you fill boiler room with smoke not enough oil and the pumps will seize. We have had multiple electrical issues. What if it failes during a surgery, they have to get the portable which is in the Recovery Room. How long does that take? This is Serious and needs to be Replaced.

Check if Urgent / Emergent: [X]

Budgeted Item? [ ] Yes [X] 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	Quantity	Total Bid Amount	Choice*
Rogers Machinery	1	$97,694	1st
M.P.P> Piping, Inc	1	$100,836	2nd
			3rd

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

ADDED OPERATING COSTS

Training Costs: **Total Cost:** N/A

Revised 12/14/2021

ADDED OPERATING COSTS (Continued)

New Staff Required: **Cost and FTE per Year:** **FTE:** | **Cost per Year:** N/A

Incremental Increase in Supply Costs: **Cost per Year:** N/A
**If this item is replacing an existing item, enter the approximate annual supplies cost here:* $ _____

***New Service Agreements:** **Cost per Year:** N/A
**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:
Current electrical will have to be replaced - Elkhorn's bid is $10,620. I am adding buffer there is still a couple unknowns with the electrical.

Estimated Additional ONE TIME Costs (if any): $15,000

Estimated Additional ANNUAL Costs (if any):

Shawn Sparks — 9-14-2026
Director's Signature — Date

IT DEPARTMENT REVIEW:

Comments: NO I-T Needs Associated

Estimated Additional ONE TIME Costs (if any): Ø

Estimated Additional ANNUAL Costs (if any): Ø

9/14/2026
Director's Signature — Date

ADMIN TEAM REVIEW:

Comments:

Capital Cost: $112,694
Training: N/A
Net Annual Costs: #VALUE!

9/24/26
CEO's Signature — Date

TOTAL ESTIMATED COST (Approved by Admin Team): $112,694

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

Live Meeting: ☐ **AMOUNT APPROVED (Approved by Board):**

or

Telephone Poll: ☐

Date

ROGERS
MACHINERY
COMPANY, INC.

COMPRESSORS, PUMPS, BLOWERS,
VACUUM SYSTEMS & ENERGY AUDITS

June 1, 2026

Lower Umpqua Hospital
600 Ranch Road
Reedsport, OR 97467

(PHONE 541/662-1206)

sspurgeon@luhonline.co

Attention: Shawn Spurgeon

Subject: Powerex Vacuum Pump Assembly

As requested, we are pleased to quote:

ITEM 1: BASE MODEL NUMBER: VPT1004XP1

SYSTEM CAPACITY: 154 SCFM @ 19" Hg

HORSEPOWER: 30 HP Total (10HP x 3)

RECEIVER SIZE/CONFIGURATION: 120 Gal./Vertical

ELECTRICAL: 208V, 3PH, 60Hz.

(MUST VERIFY VOLTAGE WHEN ORDERING.)

**System performance shown with one pump module in reserve per NFPA 99*

GENERAL DESCRIPTION

The Powerex medical vacuum system is designed to create a suction system to remove unwanted fluids or gases from Hospital working areas. The medical vacuum system package is compliant with the NFPA 99 requirements for medical vacuum and is operationally tested prior to shipment. The package shall include multiple vacuum pumps and associated equipment, one ASME tank and one medical control panel. Each pump is factory piped to a common intake manifold. Vibration isolation pads are included with the system.

DETAILED PRODUCT DESCRIPTION:

ROTARY VANE VACUUM PUMP

Three oil sealed carbon-fiber vanes are housed in the pump rotor. As the rotor turns, centrifugal force pushes the vanes against the cylinder wall to help form suction. The rotor and pump housings are made of cast iron and machined with precision tolerances to provide increased vane life and reliability. Oil is used for lubrication and cooling and also helps seal the suction system. Lubrication oil is separated from the vapor as the materials are pumped through the exhaust compartment. The exhaust process shocks and expands the material through a 30 micron cartridge coalescing filter. The vapor is vented to the atmosphere and the oil is trapped for automatic recycling. Inlet filtration is required to prevent solid particles from entering the pump. Powerex provides polyester inline filters to 5 micron as standard.

VACUUM RECEIVER

The system shall include an ASME rated air receiver rated for 200 PSIG and full vacuum. The tank shall be equipped with a vacuum gauge, by-pass valves, a tank sight gauge and a manual drain.

PREMIUM NFPA CONTROL PANEL

The control system provides automatic lead/lag activation based on demand and automatic alternation of all pumps in order to equalize the amount of usage among the available pumps. The control panel shall include:

- A color touch screen panel which displays the operating status of the unit. The touch screen will display pump status, pump faults, pump run hours, system pressure, system alarms and service alert notifications for the pumps.
- Building automation communication gateway, with BacNet® protocol. Ethernet port for connection to BacNet® /IP server or direct connection to facility Ethernet for viewing of system operations and status via device IP-address.
- A PLC controller that includes logic programmed to appropriately manage start-stop, lead-lag and other pump operations.
- UL508A listed control panel in a NEMA 12 enclosure.

SYSTEM CONNECTIONS

The system is supplied with a remote intake connection and flexible connectors for both intake and discharge. All piping complies with current NFPA 99 requirements.

OSHPD SEISMIC CERTIFIED

This system has been tested and certified in accordance with California's Office of Statewide Health Planning and Development (POSHPD), California Building Code (CBC) 2013, and International Building Code (IBS) 2012.

ITEM 1: TOTAL NET PRICE..... $67,888.00
Shipping Point: Harrison, Ohio

ITEM 2: RECOMMENDED INTEGRATED MEDICAL VACUUM FILTRATION (ADDER)

Integrated inlet filtration designed to remove solid, liquid, and bacterial contamination as small as 0.3 micron through HEPA-grade filters. Each inlet canister to contain two ports with a translucent sight tube and drain valve to detect and drain liquid accumulation.

ITEM 2: TOTAL NET PRICE..... $3,314.00
Shipping Point: Harrison, Ohio

ITEM 3: CURTIUS PLUMBING AND MECHANICAL (SERVICES)

Provide labor, materials and equipment to complete the replacement of the existing medical vacuum equipment as described below:

- Demolish and dispose of existing equipment
- Remove existing 3" PVC vacuum exh. to roof and replace with new 4" metallic exhaust
- Pipe new pumps to new remote tank
- Connect new vacuum inlet to existing system inlet
- OHA permit and application
- Electrical connections by others

ITEM 3: NET PRICE.....$22,692.00

ITEM 4: ESTIMATED FREIGHT

Shipping from Powerex Harrison Ohio to Lower Umpqua Hospital Reedsport Oregon

ITEM 4: NET PRICE.....$3,800.00

TOTAL NET PRICE ALL EQUIPMENT.....$97,694.00

The estimated time of delivery on the equipment quoted is six to eight (6-8) weeks after receipt of the order, subject to confirmation at the time of sale.

Due to the volatility of tariffs on finished goods and on products we use to produce in the US, prices quoted are subject to import and tariff charges and may change at any time. Prices will be confirmed at the time of order entry.

Our terms of payment are subject to approved credit. Prices quoted do not include any customs or duty fees, Federal, State or local taxes.

ALL TERMS SUBJECT TO CREDIT APPROVAL

SECTION	ORDER AMOUNT	TERMS
B.	$25,000 to $149,999	30% Down payment (net on receipt of invoice) Remainder due Net 30 (thirty) days from shipment

Other Terms and Conditions

Mechanical installation, rigging, unloading, electrical installation, wiring, plumbing, seismic calculations, and anchorages are not included in the above-quoted prices and will be supplied by others unless stated above. Products or services not expressly stated in this document are out of project scope. Cancellation and storage charges may apply. See our terms and conditions at https://cdn.shopify.com/s/files/1/0044/3373/9869/files/Rogers-K-TermsConditions-01312019_13e13be6-25ef-47c8-8cef-871c88c6c2ff.pdf?v=1720632378

All prices quoted are firm for thirty (30) days from this date. Our terms of payment are net 30 days, subject to approved credit. Prices quoted do not include any customs or duty fees, Federal, State or local taxes.

Thank you for your continued interest in our equipment. Please contact us if you have any questions or want additional information.

Best regards,

ROGERS MACHINERY COMPANY, INC.

Douglas Moody

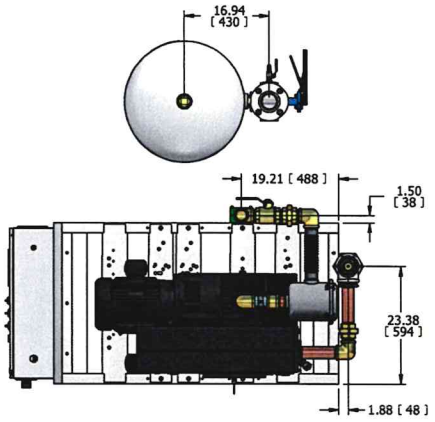
Douglas Moody

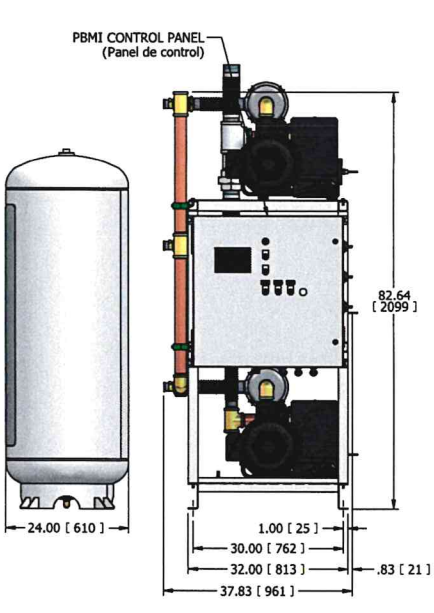
DXM:DXM
Enclosures
\\Hdc-srv-file\rmc\18\SALES\QUOTES\Powerex\Lower_Umpqua_Hospital_VPT1004_042026.docx
cc:
Ben Hart
Rich Lowes
Tim Bounds

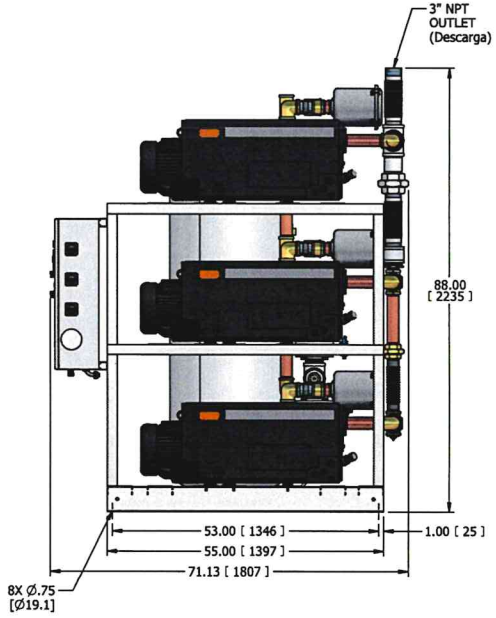
VPT1004xP1-SPL

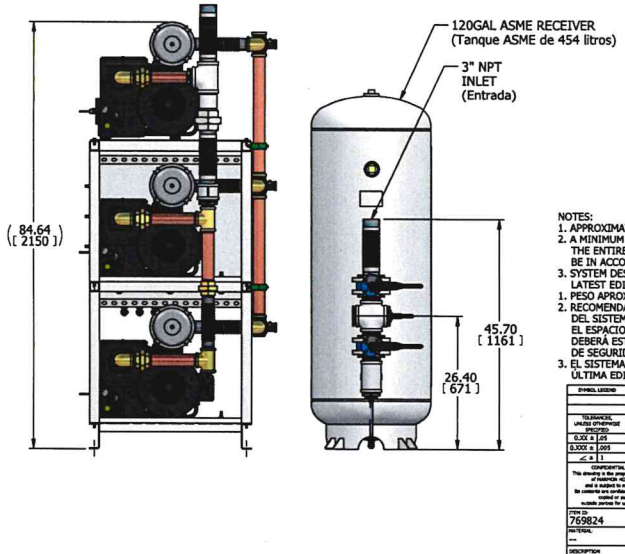
10HP VACUUM 120G TRIPLEX PREMIUM SPL LAYOUT

REVISION NOTES	
DESCRIPTION	ECN
RELEASE FOR SUBMITTAL	PXEC0729









NOTES:
1. APPROXIMATE WEIGHT: 2747 LBS
2. A MINIMUM OF 24" CLEARANCE IS RECOMMENDED AROUND THE ENTIRE UNIT. CLEARANCE FOR CONTROL PANEL SHALL BE IN ACCORDANCE WITH OSHA/NEC REQUIERMENTS.
3. SYSTEM DESIGNED IN COMPLIANCE WITH U.S. NFPA '99, LATEST EDITION.
1. PESO APROXIMADO: 1246 kg
2. RECOMENDAMOS QUE EL ESPACIO LIBRE ALREDEDOR DEL SISTEMA DEBE SER COMO MÍNIMO 24" (600 mm). EL ESPACIO LIBRE PARA EL TABLERO DE CONTROL DEBERÁ ESTAR DE ACUERDO CON LOS REQUERIMIENTOS DE SEGURIDAD DE LA OSHA/NEC.
3. EL SISTEMA ESTÁ DISEÑADO DE ACUERDO CON LA ÚLTIMA EDICIÓN DE LA NFPA 99.

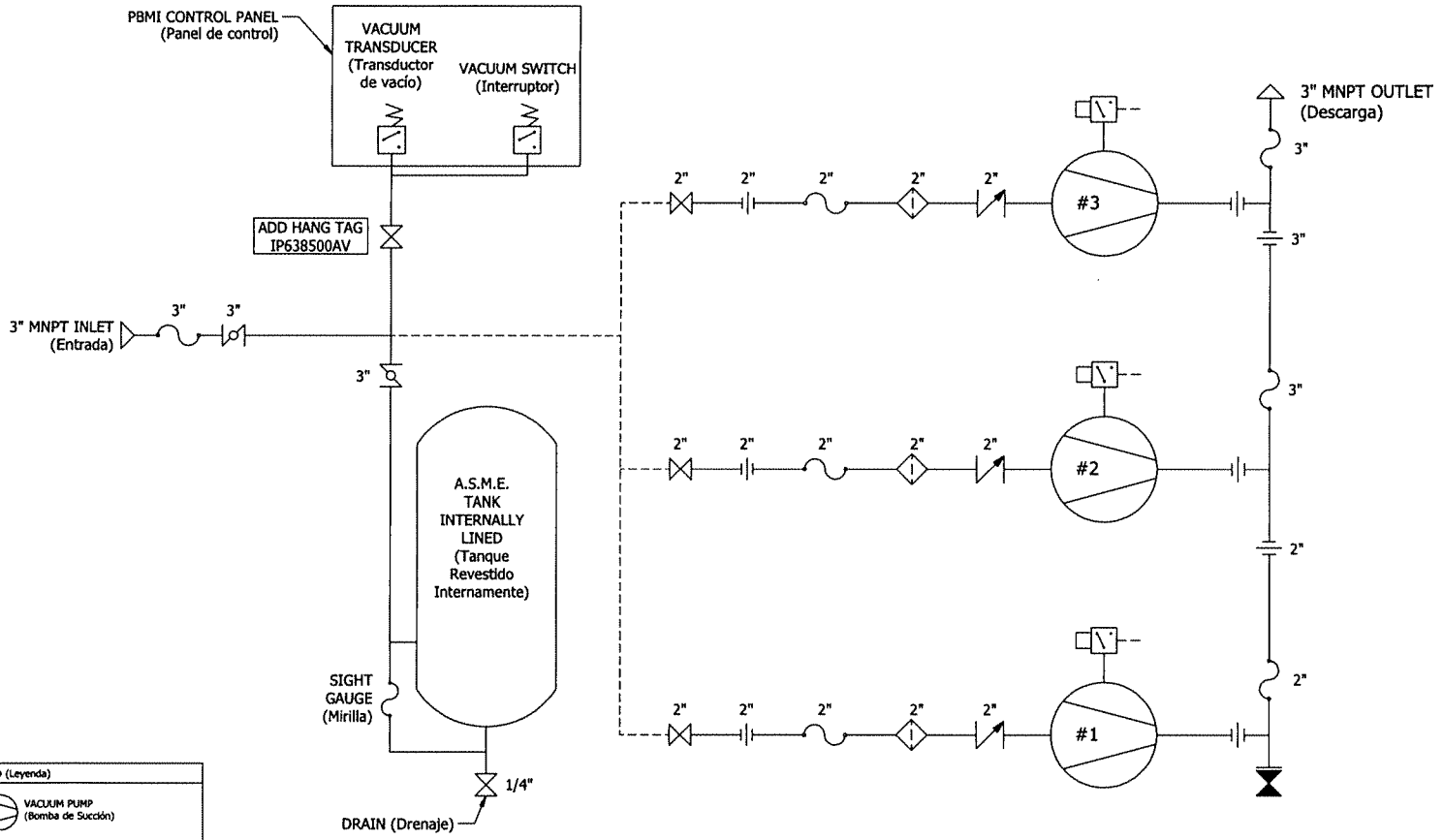
SYMBOL LEGEND		DRAWINGS TO CONFORM TO CURRENT REVISION OF THE FOLLOWING ANSI STANDARDS: Y14.5 MULTI AND SECTIONAL VIEW SINGLE Y14.5 DIMENSIONING AND TOLERANCING
TOLERANCES, UNLESS OTHERWISE SPECIFIED: 0.XX ± .05; 0.XXX ± .005; ∠ ± 1	SOLID EDGE DRAWING	DO NOT SCALE DRAWING FOR DIMENSIONS
	INCH [mm]	SHEET 1 OF 2 — SCALE 1:8
CONFIDENTIAL DISCLOSURE: This drawing is the property of POWEREX INC. of HARRISON HOLDINGS, INC. and is subject to return on demand. Its contents are confidential and must not be traded or exploited to outside parties for use or examination.	AUTHOR: Huy,Ryan	REVISION DATE: 05/20/26 — APPROVALS ON FILE IN PLM
ITEM ID: 769824	POWEREX 1700 PRODUCTION DRIVE, HARRISON OH 45030 (800) 765-7674	
MATERIAL: ---		
DESCRIPTION: 10HP VACUUM 120G TRIPLEX PREMIUM SPL LAYOUT	DRAWING NUMBER: VPT1004xP1-SPL	REVISION: A — SIZE: D

POWEREX®

VPT1004xP1-SPL

10HP VACUUM 120G TRIPLEX PREMIUM SPL LAYOUT

REVISION NOTES	
DESCRIPTION	ECN
RELEASE FOR SUBMITTAL	PXEC0729



LEGEND (Leyenda)

- CHECK VALVE (Válvula Cheque)
- BALL VALVE (Válvula de Bola)
- INTAKE FILTER (Filtro admisión)
- GAUGE (Manómetro)
- UNION (Unión)
- DRAIN COCK (Grifo de Drenaje)
- AIR LINE (Tubería de Aire)
- VACUUM PUMP (Bomba de Succión)
- BUTTERFLY VALVE (Válvula de Mariposa)
- FLEX HOSE (Manguera flexible)
- TEMPERTURE SWITCH (Interruptor temperatura)
- VACUUM SWITCH/TRANSDUCER (Interruptor/Transductor vacío)
- SOLENOID VALVE (Válvula solenoide)
- CONDENSATE LINE (Línea de Condensado)

SOLID EDGE DRAWING

DO NOT SCALE DRAWING FOR DIMENSIONS

INCH (mm) | SHEET 2 OF 2 | SCALE 1:1

AUTHOR	REVISION DATE	APPROVED (IF FILE IS PLP)
Huy,Ryan	05/20/26	

Item No 769824

DESCRIPTION: 10HP VACUUM 120G TRIPLEX PREMIUM SPL LAYOUT

DRAWING NUMBER: VPT1004xP1-SPL | REVISION: A | SIZE: D

Elkhorn Electric, LLC.

6080 N Fork Smith River Rd
Reedsport, OR 97467
Ph 541-271-6869 or 541-361-9364
E-mail: jhtrain7479@gmail.com
CCB#226735

Lower Umpqua Hospital
Vacuum pump electrical

July 20, 2026

Proposal for labor, permit and materials for electrical work as follows:

Elkhorn Electric, LLC will remove power, conduit, and supporting electrical equipment for the old vacuum system in boiler room. We will install power for the new vacuum system provided by Rogers Machinery Company. The power will be supplied by boiler room panel. New wire and conduit will be installed to the new equipment.

All the above for the sum of: $10,620.00

Ten thousand six hundred twenty & 00/100 ..... Dollars

Payment schedule: $10,620.00 due upon completion.

Thank you for choosing Elkhorn Electric, LLC.

Jon Train, Owner

Accepted by _____, July____, 2026

_____ By initialing here I acknowledge that I have received, reviewed and approve acceptance of the Oregon CCB required form "Information Notice to Owner about Construction Liens" on contracts over $2,000.00. If your contract is below $2,000.00 please just write N/A on line to follow_____

*Prices may be subject to change. Prices are good for 15 days from the date at the top of the bid.

We gladly accept checks or credit cards. There will be a 3% service charge for credit card transactions.

LOWER UMPQUA HOSPITAL DISTRICT

BOARD ACTION REQUEST

BOARD MEETING DATE:
September 30, 2026

AGENDA ITEM SUBJECT:
Board of Directors Bylaws - update Quality Assurance Committee name

BACKGROUND:
- The Quality Assurance Committee name needs to be updated in the of the Board of Directors bylaws to reflect the actual name in use at LUHD.
- The correct committee name is Quality Steering Committee.
- At the August 5, 2026 meeting, the Quality Steering Committee discussed and voted to request the board change the committee name in its bylaws.
- Redline of board bylaws Page 8 Section 5 reflects this change.

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 that the Quality Assurance Committee is updated to the Quality Steering Committee in the Board of Directors Bylaws as requested.

Section 5. Quality Steering ~~Assurance~~ Committee

The Quality Steering ~~Assurance~~ Committee will review and summarize quality assurance issues and activities to the Board of Directors. Members are responsible to become more aware of current issues in quality assurance and trends in care, serving as a resource body to the Board of Directors.

This committee shall consist of two board members, one of which shall be the Chair of this committee. This committee will meet as necessary. (Amended 3/01, 4/08, 9/26)

Section 6. Budget Committee

A Budget Committee shall be formed and governed under provisions of ORS 294.305 through 294.565 (Amended 3/14) known as the local Budget Law. The Budget Committee shall consist of the members of the Board of Directors of the District and a like number of additional members appointed by the Board from the public, each of whom shall be a registered voter within the District and none of whom shall be officers, employees or agents of the District.

Section 7. Vacancies, Eligibility, Terms of Appointment, Quorum and Attendance (excluding the Budget Committee governed by the provisions of the Local Budget Law).

All committee members and committee officers shall be appointed to committees for a term of one year during the Annual Meeting of the Board (Amended 07/23). Committee member and officer vacancies shall be filled by the same method employed during the Annual Meeting with new members and officers serving until the current one-year term expires. All committee members shall be eligible for reappointment provided they continue to meet all committee membership requirements. A simple majority shall constitute a quorum of any committee. Faithful attendance and participation in Board Committee meetings are expected, giving all matters attention and careful judgment. (amended 07/23)

ARTICLE VII
ADMINISTRATION

Section I.

The Administrator is the Chief Executive Officer of the Hospital, appointed by the Board of Directors. The Administrator has full responsibility and authority to operate the Hospital in all of its activities and Departments subject to such policies as may be adopted and such directives as may be issued by the Board of Directors. The Administrator acts as the duly authorized representative of the Board of Directors in all matters in which the Board has not formally designated some other person to act. The Administrator is fully accountable to the Board of Directors for the operation of the hospital to assure that quality of patient care and services are provided. Such accountability is exercised, in part, through direct supervision of the activities of the Department Heads.

In terms of medical practice in the hospital, the responsibility of the Administrator is to