Table of Contents

Attachment A: 006 – Adventist-MCMC
Information Request for One-Year Follow-up Review

Pursuant to ORS 415.501(19) and OAR 409-070-0080, Mid-Columbia Medical Center dba Adventist Health Columbia Gorge ("AHCG") provides the following information in response to OHA's letter dated July 12, 2024:

1. **Per conditions 2.k.i. and 2.m.ii. of the order, provide information reporting on the allocation of the Capital Commitment, as outlined in Section 3.1 of the Agreement:**

    a. **Capital Expenditures**

A copy of the Capital Investment Plan, including Urgent Capital Needs, was provided to HCMO on May 6, 2024. A Schedule of capital expenditures accompanied the Capital Investment Plan. The Schedule listed items and projects approved and purchased in both 2023 and 2024. Some items have already been purchased, while others are still progressing through the normal purchasing process, or ongoing projects being supported by the appropriate teams (IT, Facilities, etc.).

Since the closing of the affiliation between Adventist Health and AHCG in June 2023, Adventist Health has invested more than $2.1 million on Urgent Capital Needs as defined in the Affiliation Agreement. Capital expenditures so far have included $167k on regulatory findings requiring correction, $112k for information technology security needs, $1.8 million for replacement of surgical and diagnostic imaging equipment. In addition, to date Adventist has agreed to fund at least $7.4 million more toward AHCG's needed capital expenses.

    b. **Funding MCMC's net operating losses**

Net Operating Losses for the twelve months ending 12/31/23 were -$20,891,279. This includes Net Operating Losses of $7,280,319 for the period following closing of the affiliation (i.e. 6/1/23 – 12/31/23). As of June 1, 2024, Adventist Health has funded more than $15.1 million of AHCG's Net Operating Losses.

    c. **Establishing, reestablishing, expanding, or retaining medical service lines**

AHCG is actively working on sustaining our Women's Health and Oncology service lines. To this end, we have hired a 1.0 FTE OB/GYN physician who started September 2024.

We are also continuing to focus on sustaining our Medical Oncology program. We recently retained a locum physician to provide Medical Oncology services for one year. We are also actively recruiting to fill an Advanced Practice Provider position and a second Physician/Medical Director position.

    d. **Hiring, replacing, or retaining MCMC providers or staff**

We have successfully retained a majority of our medical staff in our transition to Adventist Health

Columbia Gorge. In addition, we are onboarding several new ED physicians over the next three months and will have fully restaffed our ED by November 2024. In the interim, we have supplemented our ED with locum physicians. We have also hired several primary care providers to fill vacant positions.

2. **Provide a detailed description of (including the rationale for) all changes in the following areas for MCMC since June 1, 2023:**

    a. **Operations**

All AHCG leaders have transitioned to using Adventist Health management software tools and leadership development training. All AHCG staff have been onboarded and transitioned to the Adventist Health timekeeping system.

Multiple positions throughout the organization have been or are currently being reassessed against market data for compensation to ensure that we are competitive.

    b. **Structure**

Adventist Health has instituted an organization-wide restructure which established a dedicated Oregon Service Area, with a specified President (Kyle King, President, Adventist Health Portland and President, Adventist Health Oregon Service Area).

AHCG departments that have joined shared services for Adventist Health include: Patient/Visitor Services, Accounts Payable, Revenue Cycle, Compliance, Accounting, Payroll, Health Information Management, Contracting, Marketing, Property Management and Information Technology. Other areas, including Provider Recruitment and Provider Payroll, are joining Oregon Service Area shared services.

    c. **Policies**

The organization is in the process of transitioning or has already transitioned to Adventist Health's system-wide policies.

    d. **Executive leadership**

See 2.b. above. AHCG no longer has a dedicated onsite President. The position has been replaced with an onsite Administrator who reports to the Adventist Health Oregon Service Area President.

AHCG also no longer has a dedicated Chief Information Officer, but instead utilizes a shared Information Technology leader.

    e. **Board members**

All former Mid-Columbia Medical Center governing board members were invited to serve on AHCG's new Community Board following the closing, and all were offered a six-year extension of their term. One member recently resigned, and the Governance Committee of the Community Board will began a nomination/selection process to fill that position. All other members are unchanged.

3. **Provide a copy of all organizational charts in effect since June 1, 2023, for MCMC and Adventist.**

Please see attached PDF documents (4).

4. **Describe all plans by Adventist for the construction or opening of new MCMC facilities, the closing of any facilities, or the expansion, conversion, or modification of existing facilities in Oregon. In doing so, provide expected timelines for all plans.**

AHCG is modifying space within the hospital to create a larger pharmacy area, including a more patient-friendly retail pharmacy space, in addition to a new hood/clean room that meets USP 797 standards. Estimated completion: Spring 2025.

In addition, Adventist Health has included AHCG in a system-wide initiative to improve energy efficiencies in both HVAC and lighting. Estimated completion: Fall 2024.

We are also completing required modifications in the surgical suite for the installation of new washer-sterilizers. Estimated completion: Fall 2024.

5. **Describe any plans for expansion of existing services or programs or addition of new services or programs at MCMC locations. Please address all services, including but not limited to:**

    a. **Primary care**

AHCG has successfully recruited providers to fill previously open positions in Family Medicine, Internal Medicine and Pediatrics. Additional recruitment is underway for Pediatrics at this time, while locum providers are covering the volume needs.

    b. **Oncology**

See 1.c. above. AHCG is actively working to fill our remaining open Medical Oncology positions. Meanwhile, a locum physician has joined our Medical Oncology team, supported on a part-time basis by two physicians from the OHSU Knight Cancer Institute.

    c. **Obstetrics**

See 1.c. above. A new employed physician is joining the organization in September 2024.

    d. **Physical medicine and rehabilitation**

AHCG continues to recruit physical therapists and occupational therapists when replacements are needed. There has been no change to these services in the past 18 months.

6. **Provide the following updated financial information for MCMC:**

    a. **Most current monthly statement of operations, showing:**

        i. **Net patient revenues**

ii. **Operating expenses, actual vs. projected**
iii. **Purchased service/ contract labor expenses, actual vs. projected**

Please see attached PDF document.

b. **All service and contract labor expenses from January 1, 2019 to current**

Please see attached PDF document.

c. **Most recent balance sheet, including corpus, cash and cash equivalent balance**

Please see attached PDF document.

d. **Most recent Liquidity Statement**

N/A.

e. **Six-month forecast for net patient revenue (by inpatient and outpatient) operating expenses**

Please see attached PDF document.

7. **Describe any changes to the assets or liabilities of MCMC since June 1, 2023.**

Since the closing of the affiliation, current assets have increased while current liabilities have decreased.

- As of May 31, 2023, total current assets were $30.2M, of which $6.4M was in cash. Total Assets were $93.7M. Total current liabilities were $31.3M, and total liabilities and net Assets were $93.7M.

- As of May 31, 2024, total current assets were $47.5M, of which $14M was in cash. Total assets were $101.5M. Total current liabilities were $19.4M, and total liabilities and net assets were $101.5M.

One notable item on the May 31, 2023 balance sheet was that a substantial portion of MCMC's non-current debt had been moved to the current (i.e. short term portion). This was due to a loan holder calling for the full payment of the loan immediately due to noncompliance with the covenant restrictions of the loan. Following the closing of the affiliation, the total value of the loan was paid in full by Adventist Health on 6/14/2023 in the amount of $8.3M.

8. **Describe any changes to billing and payment practices by MCMC providers since June 1, 2023. In doing so, provide the date the changes went into effect, if applicable.**

a. **Describe any changes to how MCMC bills for facility fees. In doing so, provide the date the changes went into effect, if applicable.**

No changes since June 1, 2023.

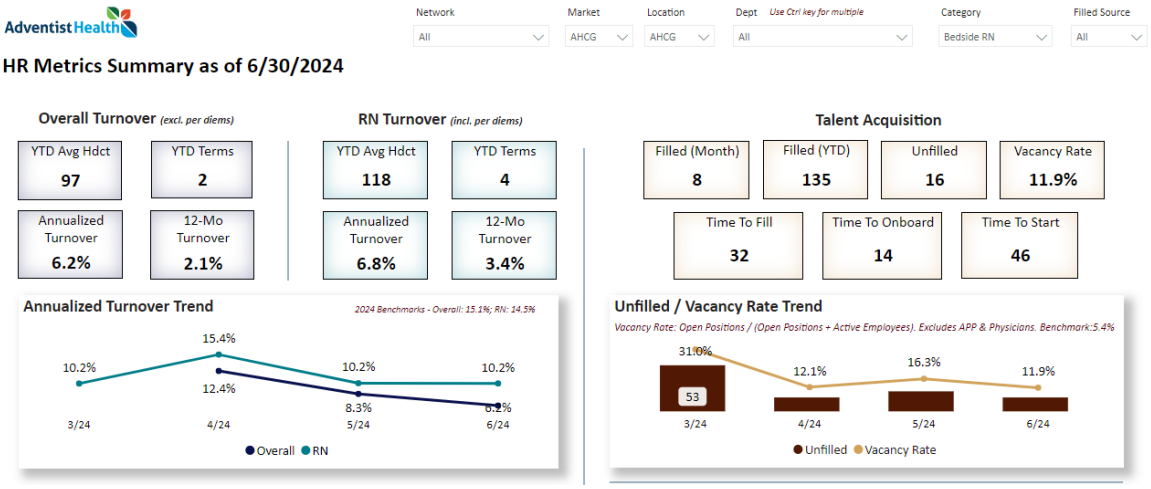
9. **Describe progress to date on planned activities for improving MCMC's financial performance described in the Entities' responses to OHA's supplemental information request dated March 9, 2023. Include data, metrics, and documentation to support your responses. Please address the following areas:**

    a. **Physician recruitment**

See 1.c. and d., as well as 5.a.-d. above.

    b. **Replacing locums/travel nurses with employed nurses**

- Robust marketing campaigns for recruitment.
- Expanding hiring of nursing new graduates through increasing number of preceptors and offering programs to provide new graduates onboarding and training support.
- Driving down nurse turn over through programs and initiatives such as Adventist Health nurse residency program, leadership rounding, and shared accountability councils.
- AHCG is sending nurses to Adventist Health Transition in Practice programs. This provides robust education and training in specialty areas such as Intensive Care Unit, Obstetric Unit, and the Emergency Department. To date, nine AHCG nurses have been through this program.
- AHCG has successful moved from over 20 travel/contract nurses in January 2024 to 5 contract nurses in July 2024.



    c. **Recruitment of medical assistants and other clinical support personnel**

AHCG has established a training program for medical assistants and has successfully filled 95% of open medical assistant positions over the course of 15 months.

AHCG is currently moving toward a centralized ambulatory registration team, which will allow the organization to reduce the number of required front desk personnel and reduce open positions.

AHCG has also reorganized ambulatory nurses under a designated nurse leader to create consistency in patient and staff support, improve efficiency in clinical operations and reduce turnover.

d. **Other efforts to stabilize outpatient service lines**

In the past 12 months, AHCG has successfully recruited two primary care and nine specialty providers, with additional recruiting efforts underway.

AHCG recently changed templates for primary care providers to achieve best practices throughout standards and increase access to care. The template changes have increased available primary care appointments by 9,000 visits/year.

e. **Integration of revenue cycle and budgeting functions**

Currently we are 15 months into a 20-month transition plan. Due to AHCG's use of Epic, our electronic medical record and revenue cycle systems continue to be stand-alone, with the same processes and roles that were in place at time of the affiliation. Adventist Health has made the decision to move to Epic organization-wide, with implementation planned for 2026. At that time, we anticipate the AHCG revenue cycle and team will integrate into a single system-wide function.

f. **Moving MCMC to Adventist system-wide sourcing of supplies and services**

Effective March 1, 2024, AHCG transitioned to Vizient, Adventist Health's Group Purchasing Organization (GPO) for purchasing needs.

Effective April 1, 2024, AHCG transitioned to Adventist Health's Enterprise Reporting Platform (ERP).

10. **Identify each instance in which, following closing of the transaction, the entities proposed renegotiating a contract with a health plan and, in each instance, identify the proposal(s) made by the entities, the counter-proposals made by the health plan, and the final outcome of the negotiations.**

Since the closing, AHCG is currently evaluating its Managed Care contracts and has not proposed or engaged in negotiations with any health plans. AHCG has been approached by Regence BCBS and Aetna for rate reductions to their PPO product lines. AHCG has declined these requests.

11. **Describe any changes to MCMC's insurance contracts since June 1, 2023. In your response, please specify:**

    a. **Any changes to insurance plans accepted by MCMC providers.**
    b. **Any changes to MCMC providers' contracted rates.**
    c. **Any changes to MCMC providers' network status.**
    d. **Any changes to MCMC services included in contracts.**
    e. **Any changes to MCMC locations included in contracts.**

As stated above, all payor contracts are being reviewed by the Adventist Health corporate contracting team. There have been no material changes since June 1, 2023.

12. **Provide copies of all written agreements in effect between MCMC and Adventist Health.**

The Affiliation Agreement is currently the only written agreement.

13. **Provide a detailed description of progress on Provider Recruitment Initiatives outlined in Exhibit 3.13 of the definitive agreement, including:**

    a. **Completion of a provider needs survey. Provide a summary of the survey results.**

The organization has just kicked off a Culture Survey assessment to be conducted across the organization. AHCG has been included in that survey and report out process.

    b. **Identification of recruitment assistance resources. Describe the resource identified.**

Provider recruitment assistance is being provided by the Adventist Health Oregon Service Area team. Recruitment assistance for of all other employed positions is provided by Adventist Health Corporate Shared Services.

    c. **Completion of a provider satisfaction survey. Provide a summary of the survey results.**

As stated in 13.a. above, a Culture Survey across the organization is currently underway.

    d. **Any actions taken in response to the results of the provider satisfaction survey**

TBD.

    e. **Development of a recruitment and retention plan. Please provide a copy of the plan if available.**

We are in the process of formulating a plan with assistance from our Adventist Health Corporate support team.

    f. **Development of a post-hire check-in and support program**

We are in the process of formulating a plan with assistance from our Adventist Health Corporate support team.

14. **Describe any changes to standard staff compensation or employment terms for MCMC providers since June 1, 2023, including benefits, incentives, bonuses, or**

any other type of compensation.

a. **Provide copies of all executive and staff compensation policies (both past and current) since June 1, 2023.**

Effective 1/1/2024, all AHCG employees including providers moved to the Adventist Health benefit plans. The change involved every type of benefit and every benefit platform, from medical insurance and dental insurance to retirement plans to life insurance and time off methods and policies. The plans are very typical of other larger health systems benefit models.

Effective 4/1/2024, provider payroll transitioned to the Adventist Health Physician Services (AHPS) model and payroll platform Oracle. Prior to 4/1/2024, providers were paid monthly on the 10th day of the month. Following the change to Oracle, providers are now paid semi-monthly.

Effective 7/1/2024, all employment agreements for providers were transitioned to the AHPS contracts and compensation models. The models vary by specialty, inpatient and ambulatory types of providers, and by payment arrangements. AH compensation models adhere to commercial reasonableness, meet federal and state requirements, are within fair market value as defined by four provider survey benchmarks and meet all compliance requirements.

A total of 74 provider employment contracts have been transitioned to the Adventist Health Physician Services standard contract model. There are a multitude of compensation policies for all employed staff.

15. **Provide detailed information as to how many employees left MCMC since June 1, 2023.**

a. **Identify how many MCMC employees left voluntarily or resigned. In doing so, identify the employment position, title, qualification/specialty, and reason(s) for such departure.**

Since June 1, 2023, AHCG had 178 voluntary terminations. The turnover rate between 6/1/23-12/31/23 was 11%. Our annual turnover rate has remained generally consistent. However, our turnover numbers still remained under the national average. The following table outlines the annual turnover rates since 2021.

Year	AHCG Turnover Rate	National Average Rate
2021	20.3%	25.9%
2022	24.3%	22.7%
2023	20.3%	20.7%
2024	14.5% *as of 7/24	20.7%

AHCG generally cannot comment on specific reasons for employee terminations; however, with the exception of the eliminated positions described in 15.b. below, all voluntary terminations and vacated roles appear within expected norms for AHCG and similar organizations.

b. **Identify how many employment positions were eliminated since June 1, 2023. In doing so, identify each employment position, aggregate compensation amount paid (including fringe benefits), and the basis for such elimination.**

President – replaced with Administrator Confidential

Chief Information Officer – position eliminated	$237,619
Foundation Program Officer – position eliminated	$71,323
Community Care Coordinator – grant funding ended	$0

c. **Describe any steps taken to prevent further departures and explain how these steps are expected to retain staff.**

- The affiliation has stabilized the AHCG organization and promoted a greater sense of security in staff's roles.
- We have increased efforts in leadership development.
- We have emphasized management rounding as a method to foster communication and trust and strengthen relationships among staff.
- AHCG has implemented an annual culture survey through Gallup., to be followed by action plans based on an interactive process that includes frontline employees, leaders and Human Resources.
- We have leveraged access to stronger market data to improve consistency in our compensation program, with opportunities to adjust as market data supports.
- We have implemented a daily safety huddle to help identify and respond to safety concerns quickly and to celebrate safety practices.
- AHCG has implemented "Just Culture" training to promote openness and shared accountability.
- AHCG has instituted a program called "Recognizing Exceptional Improvements" to reward employee innovation, safety and efficiency efforts.

16. **Describe any new partnerships or initiatives for MCMC since June 1, 2023.**

In addition to ongoing recruiting and employee engagement efforts described above, AHCG is actively planning and considering potential initiatives to stabilize OB-GYN and Oncology programs.

17. **Describe any and all plans of, interest in, or efforts undertaken by Adventist to bring about any acquisition, joint venture, alliance, or merger of any kind in Oregon since June 1, 2023.**

N/A.

18. **Provide current MCMC policies related to medical aid in dying; pregnancy termination; contraceptive care; and health care for trans and gender diverse people, including gender-related care.**

Please see attached PDF documents.

19. **Provide the following information about the MCMC Community Board (as identified in section 2.2 of the Affiliation Agreement):**

a. **Charter or governance documents**

Please see attached PDF documents.

b. **Member roster**

Please see attached PDF documents.

c. **Meeting minutes for all meetings since June 1, 2023**

Please see attached PDF documents.

20. **Describe any changes to community benefit, financial assistance, or charity care spending by MCMC since June 1, 2023. Provide current policies.**

Since July 1, 2024 when House Bill 3320 became effective, all patients, regardless of balance, are presumptively screened for Financial Assistance and charity-level benefits. Any and all approvals are applicable for the following 12-months on a rolling basis.

21. **Describe Adventist's involvement in decisions affecting MCMC and related to:**
    a. **Management,**
    b. **Operations, and**
    c. **Patient care**

As a full member of the Adventist Health system, AHCG is continuing to transition to Adventist Health tools, structures, standards and protocols, processes, policies and organizational models. We are fortunate to now have access to a variety of platforms and tools that allow for high quality patient care, management of day to day operating functions and leadership tools which we did not have in the past. While patient care and operations continue to be provided and directed locally, our patients, caregivers, and community are benefiting from this facility being part of Adventist Health.

22. **Please confirm the date that Celilo Cancer Center services were restored.**

As previously reported, Medical Oncology services at Celilo were restored as of 5/6/2024.

23. **Describe current operations at Celilo Cancer Center, including:**

    a. **Number and FTE of staff/ providers**

Medical Oncology: 1 FTE provider, 11.5 FTE Support Staff
Radiation Oncology: 1 FTE provider, 7.2 FTE Support Staff

    b. **# of Patients Served**

Medical Oncology: April 2023 – December 2023

Visit Service Area Name	DepartmentName	Visit Department Name	Patient (Distinct Count)	Visit (Distinct Count)
Mid Columbia Medical Ctr		MCMC MEDONC CELILO	266	817
Mid Columbia Medical Ctr			**266**	**817**

Medical Oncology: January 2024 – Current

Visit Service Area Name	DepartmentName	Visit Department Name	Patient (Distinct Count)	Visit (Distinct Count)
Mid Columbia Medical Ctr		MCMC MEDONC CELILO	322	758
Mid Columbia Medical Ctr			**322**	**758**

Radiation Oncology: April 2023 – December 2023

Visit Service Area Name	DepartmentName	Visit Department Name	Patient (Distinct Count)	Visit (Distinct Count)
Mid Columbia Medical Ctr		MCMC RADONC CELILO	331	591
Mid Columbia Medical Ctr			**331**	**591**

Radiation Oncology: January 2024 – Current

Visit Service Area Name	DepartmentName	Visit Department Name	Patient (Distinct Count)	Visit (Distinct Count)
Mid Columbia Medical Ctr		MCMC RADONC CELILO	339	563
Mid Columbia Medical Ctr			**339**	**563**

c. **Types of services are offered**

Full scope Radiation Oncology services, Non-Chemo infusions, Chemotherapy, Immunotherapy, Laboratory services, Medical Oncology and Hematology services.

d. **How staffing, patient volume, and services offered compares to pre-closing**

- 4-day week versus 5-day week for Medical Oncology; 5-day week for Radiation Oncology pre- and post-affiliation.
- Non-critical services no longer offered on-site, including massage therapy and acupuncture.
- Breast nurse navigation services limited.
- Provider appointment availability down 75% compared to pre-closing.
- Lacking internal nutrition and social worker referral options.

e. **Any delays or challenges in restoring services**

AHCG has experienced difficulty in recruiting a permanent physician for Medical Oncology.

f. **Strategies implemented to address delays and challenges**

- OHSU Knight Cancer Institute (“KCI”) providers visit Celilo Cancer Center on a part-time basis to see Oncology and Hematology patients and deliver care locally.
- Locum physician retained for a 1-year contract to build the practice back up and maintain consistency in patient care as we pursue a permanent physician.
- AHCG’s Radiation Oncologist has assumed the role of interim medical director of

Medical Oncology to oversee services as we pursue a permanent medical director.

- Locum nurse practitioners retained to oversee the Infusion center and fill gaps when KCI providers are not in clinic.
- Utilized outside resources to offer acupuncture support for patients.
- Hired a Social Support Specialist in lieu of a dedicated Social Worker to support patients.
- Created workflow to offer outpatient nutrition support to patients.

24. **Provide pricing lists for MCMC for 2022 and 2023. In doing so, include:**
    a. **Standard charges (Chargemaster pricing)**
    b. **Average charges by patient group**
    c. **Shoppable services pricing**
    d. **Unavailable shoppable services pricing**

Please refer to www.MCMC.net for chargemaster pricing and shoppable services.

25. **The annual compliance report states that on May 6, 2024, AHCG and Adventist Health completed and submitted a copy of the Urgent Capital Needs Plan to OHA. OHA did not receive this submission. The copy OHA received is from March 2023. Please provide an updated version.**

As indicated in 1.a. above, a copy of the Urgent Capital Needs Plan was provided to OHA on 5/6/24. This is the latest version.

26. **Describe progress on all activities to integrate MCMC into Adventist Health, including:**

    a. **EHR tools and systems**

AHCG will remain on OHSU's instance of EPIC until Adventist Health establishes EPIC across all its facilities, currently planned for 2026.

    b. **Quality and safety management systems and processes**

AHCG remains on Press Ganey for patient satisfaction, remains on Verge for quality management, and has transitioned from Verge to Converge for safety management.

    c. **Billing and payment systems and processes**

AHCG continues to utilize the same billing platform (via EPIC module) as in the past for billing, for both hospital services and physician services.

    d. **Clinical standards and protocols**

AHCG has transitioned to Adventist Health's clinical standards and protocols.

    e. **Other areas of integration**

See various responses provided above.

27. **Provide an updated version of the Clinical Staffing Spreadsheet titled "Monthly FTE Variance (Actual vs. Budget)" that was provided as Exhibit B to the February 13, 2023 response to OHA's third supplemental information request. In doing so, please include the 2023 Actual and 2024 Budgeted FTE.**

The remaining requests pertain to the data workbook enclosed as Attachment B, with each tab reflecting the corresponding RFI. Further instructions are provided in the first tab of the data workbook. Please provide responses to the following RFIs within the data workbook itself.

28. **Provide the name and address for all MCMC facilities, clinics, and other locations in Oregon. In doing so, provide:**

    a. **A description of all changes to practice locations in Oregon since June 1, 2023.**

Practice locations have not changed.

    b. **Effective date for all changes (e.g. date of opening / date of closing / date of name change).**

Practice locations have not changed.

29. **Payment and financial assistance amounts, including but not limited to total payments, per patient and per visit median paid amounts, and payments by payer type.**

Please see attached PDF document.

30. **Unique count of patients by setting and for MCMC overall for 2021, 2022, and 2023. In doing so, include service location and payer type.**

Please see attached PDF document.

31. **Demographic Information for patient for 2021, 2022, and 2023. In doing so, provide a unique count of patients by setting and for MCMC overall.**

Please see attached PDF document.

32. **Total number of patients by zip code for 2021, 2022, and 2023. In doing so, provide a unique count of patients by setting and for MCMC overall.**

Please see attached PDF document.

33. **Count of visits and services by facility and type of visit for 2021, 2022, and 2023.**

Please see attached PDF document.

34. **Staffing Counts and FTE, by budgeted, actual, employed, and contracted positions.**

Please see attached PDF document.

AdventistHealth Columbia Gorge

Organizational Chart
January 2024

Board of Directors

President
Dennis Knox, FACHE

Chief Human Resources Officer
Cheri McCall

- **Human Resources** — Cheri McCall
- **Great N Small** — Jessica Hoffman
- **Planetree** — Kim Boothe
- **Spiritual Care** — Katie Wagner
- **Professional Development**
- **Gift Shop** — Vesta Smith
- **Volunteers** — Jamie Mitchell

Chief Information Officer
Dale Lepper

- **Information Technology** — Dale Lepper
  - **Informatics** — Kimberly Darnielle
- **IT Analyst Manager** — Jimmy Spowehn
- **Communications** — Annali Cross
- **Health Information Management** — Karen Jones
- **Engineering** — Joe Abbas
  - **BioMed**

Chief Financial Officer
Wendy Apland

- **Controller** — Paul Merklin
  - **Accounts Payable**
  - **Payroll**
- **Provider/Payor Credentialing**
- **Patient Visitor Services** — Stacy Marsh
- **Supply Chain** — Tiffany Savery
- **Revenue Cycle** — Brad Beekman
  - **Coding**
  - **Patient Accounts**
- **Financial Planning & Analysis** — Katie Bomberger
- **Reimbursement**
- **Compliance**

Chief Nursing Officer
Jayme Mason, MSN, RN, BSN

- **Case Management & Utilization Review Quality Resources Clinical Education** — Amy Schanno-Sugg
- **Inpatient Nursing Acute Care ICU/Telemetry First Impressions School Nurses** — Rhianna Hurff
- **Surgical Services** — Carol Mitchell
- **Visiting Health Services** — Garrett Boothe
- **Emergency Services & Emergency Management** — Dawn OpBroek
- **Security**
- **Trauma Coordinator Emergency Manager** — Stefanie Boen
- **Cardio-Pulmonary** — Valetta Pate
- **House Supervisor**

Chief Operating Officer
Camie Overton, FACHE

- **Diagnostic Imaging** — Joe Abbas
- **Pharmacy** — Amanda Cummings
  - **Dietician Services**
- **Laboratory Services** — Angela Gehers
- **Dietary** — Gerald Gander
- **Environmental Services** — Randy Scruggs
- **Physical Medicine, Wellness & Rehabilitation** — Lindsay Lederer

Chief Medical Officer
Jayant Eldurkar, MD

- **Celilo Cancer Center** — Amanda Cummings
- **Ambulatory Clinics** — Nick Dills – Dir Ops
  - **Medical Specialties** — Sheila Oldfield, PM
    Sleep Medicine
    Sleep Solutions
    Neurology
    Immediate Care
    Occupational Health
    Employee Health
  - **Surgical Specialties** — Brooke Timmer, PM
    CRWC
    ENT
    General Surgery
    Orthopedics
    Urology
    Cardiology
  - **Primary Care** — Carlisa Sprague, PM
    Behavioral Health
    Internal Medicine
    Family Medicine
    Pediatrics
- **Medical Staff Four Cornerstones**
  - **Hospital-Based Practice** — Jayant Eldurkar, MD
  - **Surgical Specialties** — Jeffrey Mathisen, MD
  - **Medical Specialties** — Jayant Eldurkar, MD
  - **Primary Care** — Jane Corboy, MD

Mid-Columbia Health Foundation — Amanda Evans

Business Development — Travis Dray

- **Outreach** — TBD
- **Marketing** — Jennifer Zimmerlee

Dennis Knox

President

AdventistHealth Columbia Gorge

Organizational Chart
April 2024

Board of Directors

President
Dennis Knox, FACHE

Mid-Columbia Health Foundation
Amanda Evans

Marketing and Communications
Jennifer Zimmerlee

Director, Human Resources
Cheri McCall

- **Human Resources** — Cheri McCall
- **Great N Small** — Jessica Hoffman
- **Planetree** — Kim Boothe
- **Spiritual Care** — Katie Wagner
- **Gift Shop** — Vesta Smith
- **Volunteers** — Jamie Mitchell

Finance Officer
Wendy Apland

- **Controller**
  - **Accounts Payable**
  - **Payroll**
- **Revenue Cycle** — Brad Beekman
  - **Coding**
  - **Patient Accounts**
- **Financial Planning & Analysis** — Katie Bomberger
- **Reimbursement**
- **Compliance**
- **Communications** — Annali Cross
- **Health Information Management** — Karen Jones
- **Provider/Payor Credentialing**
- **Patient Visitor Services** — Stacy Marsh
- **Supply Chain** — Tiffany Savery
- **Area IT Lead** — Jimmy Spowehn
- **Engineering** — Joe Abbas

Patient Care Executive
Jayme Mason, MSN, RN, BSN

- **Case Management & Utilization Review**
  Quality Resources
  Clinical Education
  Epic Informatics
  Amy Schanno-Sugg
- **Inpatient Nursing**
  Acute Care
  ICU/Telemetry
  First Impressions
  School Nurses
  Rhianna Hurff
- **Surgical Services** — Carol Mitchell
- **Visiting Health Services** — Garrett Boothe
- **Emergency Services & Emergency Management** — Dawn OpBroek
- **Security**
- **Trauma Coordinator**
  Emergency Manager
  Stefanie Boen
- **Cardio-Pulmonary** — Valetta Pate
- **House Supervisor**

Operations Executive
Camie Overton, FACHE

- **Diagnostic Imaging** — Joe Abbas
- **Pharmacy** — Amanda Cummings
  - **Dietician Services**
- **Laboratory Services** — Angela Gehers
- **Dietary** — Gerald Gander
- **Environmental Services** — Randy Scruggs
- **Physical Medicine, Wellness & Rehabilitation** — Lindsay Lederer
- **Ambulatory Clinics** — Nick Dills – Dir Ops
  - **Medical Specialties** — Sheila Oldfield
    Sleep Medicine
    Sleep Solutions
    Neurology
    Immediate Care
    Occupational Health
    Employee Health
  - **Surgical Specialties** — Brooke Timmer
    CRWC
    ENT
    General Surgery
    Orthopedics
    Urology
    Cardiology
  - **Primary Care** — Carlisa Sprague
    Behavioral Health
    Internal Medicine
    Family Medicine
    Pediatrics
- **Celilo Cancer Center** — Amanda Cummings

Medical Officer
Jayant Eldurkar, MD

- **Medical Staff Four Cornerstones**
  - **Hospital-Based Practice** — Jayant Eldurkar, MD
  - **Surgical Specialties** — Jeffrey Mathisen, MD
  - **Medical Specialties** — Jayant Eldurkar, MD
  - **Primary Care** — Jane Corboy, MD

Dennis Knox

President

AdventistHealth Columbia Gorge

Organizational Chart
May 2024

Board of Directors

President Adventist Health's Oregon Service Area
Kyle King

Interim Adminstrator
Camie Overton, FACHE

Director, Human Resources
Cheri McCall

- **Human Resources** — Cheri McCall
- **Great N Small** — Jessica Hoffman
- **Planetree** — Kim Boothe
- **Spiritual Care** — Terry Johnsson
- **Gift Shop** — Vesta Smith
- **Volunteers** — Jamie Mitchell

Financial Officer
Wendy Apland

- **Controller**
  - **Accounts Payable**
  - **Payroll**
- **Revenue Cycle** — Brad Beekman
  - **Coding**
  - **Patient Accounts**
- **Director of Financial Planning & Analysis** — Cori Dolan
- **Reimbursement**
- **Compliance**
- **Communications** — Annali Cross
- **Health Information Management** — Karen Jones
- **Provider/Payor Credentialing**
- **Patient Visitor Services** — Stacy Marsh
- **Supply Chain** — Tiffany Savery
- **Area IT Lead** — Jimmy Spowehn
- **Engineering**

Patient Care Executive
Jayme Mason, MSN, RN, BSN

- **Case Management & Utilization Review Quality Resources Clinical Education Epic Informatics** — Amy Schanno-Sugg
- **Inpatient Nursing Acute Care ICU/Telemetry First Impressions School Nurses** — Rhianna Hurff
- **Surgical Services** — Carol Mitchell
- **Visiting Health Services** — Garrett Boothe
- **Emergency Services & Emergency Management** — Dawn OpBroek
  - **Security**
  - **Trauma Coordinator Emergency Manager** — Stefanie Boen
  - **Cardio-Pulmonary** — Maria Carbantes-Salguero
  - **House Supervisor**

Operations Executive
Camie Overton, FACHE

- **Diagnostic Imaging** — Joe Abbas
- **Pharmacy** — Amanda Cummings
  - **Dietician Services**
- **Laboratory Services** — Angela Gehers
- **Dietary** — Gerald Gander
- **Environmental Services** — Randy Scruggs
- **Physical Medicine, Wellness & Rehabilitation** — Lindsay Lederer
- **Ambulatory Clinics** — Nick Dills, Dir Ops
  - **Medical Specialties** — Sheila Oldfield
    Sleep Medicine
    Sleep Solutions
    Neurology
    Immediate Care
    Occupational Health
    Employee Health
  - **Surgical Specialties** — Brooke Timmer
    RWC
    ENT
    General Surgery
    Orthopedics
    Urology
    Cardiology
  - **Primary Care** — Carlisa Sprague
    Behavioral Health
    Internal Medicine
    Family Medicine
    Pediatrics
- **Celilo Cancer Center** — Amanda Cummings

Medical Officer
Jayant Eldurkar, MD

- **Medical Staff Four Cornerstones**
- **Hospital-Based Practice** — Jayant Eldurkar, MD
- **Surgical Specialties** — Jeffrey Mathisen, MD
- **Medical Specialties** — Jayant Eldurkar, MD
- **Primary Care** — Jane Corboy, MD

Mid-Columbia Health Foundation — Amanda Evans

Marketing — Jennifer Zimmerlee

Interim Administrator

AdventistHealth Columbia Gorge

Organizational Chart
June 2023

Board of Directors

President
Dennis Knox, FACHE

Chief Human Resources Officer
Cheri McCall

- **Human Resources** — Cheri McCall
- **Great N Small** — Valerie Kendrick
- **Planetree** — Kim Boothe
- **Spiritual Care** — Katie Wagner
- **Professional Development**
- **Gift Shop** — Vesta Smith
- **Volunteers** — Anne Copper

Chief Information Officer
Dale Lepper

- **Information Technology** — Dale Lepper
  - **Informatics** — Kimberly Darnielle
- **IT Analyst Manager** — Jimmy Spowehn
- **Communications** — Annali Cross
- **Health Information Management** — Karen Jones
- **Engineering** — Joe Abbas
  - **BioMed**

Chief Financial Officer
Wendy Apland

- **Controller** — Paul Merklin
  - **Accounts Payable**
  - **Payroll**
- **Provider/Payor Credentialing**
- **Patient Visitor Services** — Stacy Marsh
- **Supply Chain** — Tiffany Savery
- **Revenue Cycle** — Brad Beekman
  - **Coding**
  - **Patient Accounts**
- **Financial Planning & Analysis** — Katie Bomberger
- **Reimbursement** — Ron Walton
- **Compliance**

Chief Nursing Officer
Jayme Mason, MSN, RN, BSN

- **Case Management & Utilization Review, Quality Resources, Clinical Education** — Amy Schanno-Sugg
- **Inpatient Nursing, Acute Care, ICU/Telemetry, First Impressions, School Nurses** — Rhianna Hurff
- **Surgical Services** — Carol Mitchell
- **Visiting Health Services** — Garrett Boothe
- **Emergency Services & Emergency Management** — Dawn OpBroek
- **Security**
- **Trauma Coordinator, Emergency Manager** — Stefanie Boen
- **Cardio-Pulmonary** — Valetta Pate
- **House Supervisor**

Chief Operating Officer
Camie Overton, FACHE

- **Diagnostic Imaging** — Schon Schmidt
- **Pharmacy** — Amanda Cummings
  - **Dietician Services**
- **Laboratory Services** — Cindy Champion, Interim
- **Dietary** — Gerald Gander
- **Environmental Services** — Randy Scruggs
- **Physical Medicine, Wellness & Rehabilitation** — Lindsay Lederer
- **Medical Specialties/ Surgical Specialties** — Nick Dills - Dir
  - CRWC
  - General Surgery
  - Orthopedics
  - Urology
  - ENT
  - Sleep Medicine
  - Sleep Solutions
  - Neurology
  - Cardiology
  - Immediate Care
  - Occupational Health
  - Employee Health
- **Primary Care** — Carlisa Sprague, Interim
  - Internal Medicine
  - Family Medicine
  - Pediatrics
  - Behavioral Health
  - Endocrinology
  - Nephrology

Chief Medical Officer
Jayant Eldurkar, MD

- **Celilo Cancer Center** — Amanda Cummings
- **Medical Staff Four Cornerstones**
  - **Hospital-Based Practice** — Jayant Eldurkar, MD
  - **Surgical Specialties** — Jeffrey Mathisen, MD
  - **Medical Specialties** — Jayant Eldurkar, MD
  - **Primary Care** — Jane Corboy, MD

- **Mid-Columbia Health Foundation** — Amanda Evans
- **Business Development** — Travis Dray
  - **Outreach** — TBD
  - **Marketing** — Jennifer Zimmerlee

Dennis Knox

President

AdventistHealth

Financial Reporting Controllership
Volume & Income Statement Trend
AH Columbia George Jun-24

Month-to-Date						Year-to-Date				
Actual	Budget	Variance	% of Budget			Actual	Budget	Variance	% of Budget	PY
[redacted]				**Revenue**		[redacted]				
				Inpatient						
				Outpatient						
				Emergency						
				Clinic						
				Other						
				Gross Patient Revenue						
				Deductions						
				Inpatient						
				Outpatient						
				Emergency						
				Clinic						
				Other						
				Total Deductions						
				Net Patient Revenue						
				Premium Revenue						
				Other Revenue						
				Net Assets Released from Restrictions for Ops						
				Total Operating Revenue						
				EBIDA Expenses						
				Salaries and Wages						
				Employee Benefits						
				Contract Labor						
				Professional Fees						
				Supplies						
				Purchased Services						
				Capitated Purchased Services						
				Shared Services						
				Travel, Dues, and Subscriptions						
				Leases and Rentals						
				Utilities						
				Insurance						
				Other Expense						
				Total EBIDA Expense						
				EBIDA						
				EBIDA Margin						

[redacted]

Interest Expense
Depreciation and Amortization

Total Expenses

Operating Gain (Loss)
Operating Margin

Investment Income
Gain (Loss) on Acquisitions and Divestures
Other Non-Operating Gains (Losses)
Income From Non-Controlling Interests

Net Income
Profit Margin

[redacted]

MCMC
MID-COLUMBIA MEDICAL CENTER

Statement of Operations For 2023 Period 05 (May 2023)
Entity
Department: ALL - ALL
Location: MCMC Top Level

	Current Month							Year-to-Date						
	May 2023 Actuals	May 2023 Budget	Variance $	Variance %	May 2022 Actuals	Variance $	Variance %	May 2023 YTD Actuals	May 2023 YTD Budget	Variance $	Variance %	May 2022 YTD Actuals	Variance $	Variance %
REVENUE														
Gross Patient Revenue														
PATIENT REVENUE-IP														
PATIENT REVENUE-OP														
PATIENT REVENUE-EMERGENCY														
PATIENT REVENUE														
Total Deductions														
Deduction %														
Net Patient Revenue														
Net Revenue %														
Total Other Revenue														
TOTAL REVENUES														
Operating Expenses														
SALARIES AND WAGES														
PAYROLL TAXES AND EMPLOYEE BENEFIT														
SUPPLIES														
PROFESSIONAL FEES														
PURCHASED SERVICES														
INSURANCE EXPENSE														
MARKETING														
UTILITIES														
RENT LEASES														
REPAIRS AND MAINTENANCE														
OTHER MISCELLANEOUS EXPENS														
Total Operating Expenses														
EBITDA														
EBITDA %														
Depreciation & Interest														
DEPRECIATION AMORTIZATION														
NON-OP INTEREST EXPENSE														
Total Depreciation & Interest														
Operating Margin														
Op Margin %														
NON OP-INVESTMENT INCOME														
MCHF DISTRIBUTIONS														
GAIN LOSS SALE OF PROPERTY PLANT EQU														
NON OP-INCOME TAX														
Total Margin														

MCMC
MID-COLUMBIA MEDICAL CENTER

Statement of Operations For 2023 Period 12 (December 2023)
Entity: MCMC Top Level
Department: ALL - ALL
Location: MCMC Top Level

	Current Month							Year-to-Date						
	Dec 2023 Actuals	Dec 2023 Budget	Variance $	Variance %	Dec 2022 Actuals	Variance $	Variance %	Dec 2023 YTD Actuals	Dec 2023 YTD Budget	Variance $	Variance %	Prior Dec 2022 YTD Actuals	Variance $	Variance %
REVENUE														
Gross Patient Revenue														
PATIENT REVENUE-IP														
PATIENT REVENUE-OP														
PATIENT REVENUE-EMERGENCY														
PATIENT REVENUE														
Total Deductions														
Deduction %														
Net Patient Revenue														
Net Revenue %														
Total Other Revenue														
TOTAL REVENUES														
Operating Expenses														
SALARIES AND WAGES														
PAYROLL TAXES AND EMPLOYEE BENEF														
SUPPLIES														
PROFESSIONAL FEES														
PURCHASED SERVICES														
INSURANCE EXPENSE														
MARKETING														
UTILITIES														
RENT LEASES														
REPAIRS AND MAINTENANCE														
OTHER MISCELLANEOUS EXPENS														
Total Operating Expenses														
EBITDA														
EBITDA %														
Depreciation & Interest														
DEPRECIATION AMORTIZATION														
NON-OP INTEREST EXPENSE														
Total Depreciation & Interest														
Operating Margin														
Op Margin %														
NON OP-INVESTMENT INCOME														
MCHF DISTRIBUTIONS														
GAIN LOSS SALE OF PROPERTY PLANT E														
NON OP-INCOME TAX														
Total Margin														

[redacted]

Adventist Health

Finance Reporting Controllership
Balance Sheet
AH Columbia George Jun-24

	May-24	Jun-24	Month Change	Year Change
ASSETS		*$ in thousands*		
Current Assets				
Cash and Cash Equivalents	[redacted]			
Marketable Securities				
Assets whose use is Limited:				
Board Designated				
Held by Trustees				
Donor Restricted				
Patient Accounts Receivable:				
Gross Receivable				
Allowance for Contractuals				
Allowance for Uncollectables				
Net Patient Accounts Receivable				
Receivables from Third Party Payors				
Other Receivables				
Intra-System Financing Receivables				
Inventories				
Prepaid Expenses & Other Current Assets				
Total Current Assets				
Other Assets				

Intra-System Financing Receivables
Notes Receivable
Marketable Securities
Assets whose use is limited:
  Board Designated
  Held by Trustees
  Donor Restricted
Long-Term Investments
Other Long-Term Assets
Total Other Assets

Property and Equipment
Land and Improvements
Buildings and Improvements
Equipment

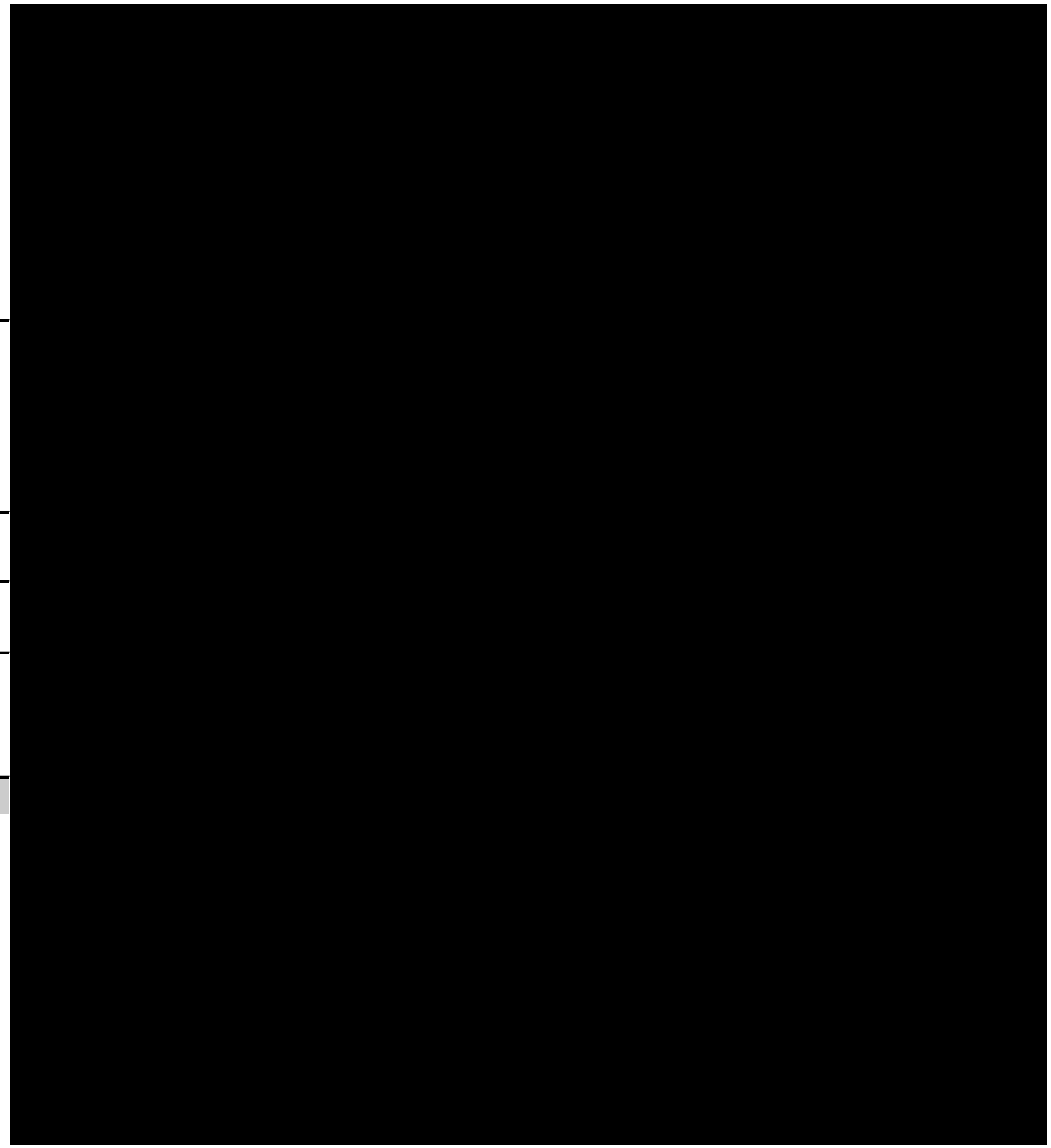
Less: Accumulated Depreciation

Construction in Progress
Property and Equipment, Net

Right of Use Assets, Net

Total Assets

LIABILITIES AND NET ASSETS
Current Liabilities
Banks Checks Outstanding
Accounts Payable
Accrued Compensation and Related Payab
Accrued Interest
Liabilities to Third Party Payors
Other Current Liabilities
Operating Leases (Current)



Intra-System Short Term Financing	[redacted]
Other Short-Term Financing	
Current Maturities of Long-Term Debt	
Total Current Liabilities	
Long-Term Debt	
Other Non-Current Liabilities	
Operating Leases (Noncurrent)	
Total Liabilities	
Net Assets without Restrictions	
Controlling	
Noncontrolling	
Net Assets with Restrictions	
Total Net Assets	
Total Liabilities and Net Assets	

MID-COLUMBIA MEDICAL CENTER

Balance Sheet
Entity: MCMC Top Level
Period: May 2023

	FY 2023M05_YTD (May 2023)	PRIOR Year (May 2022)
ASSETS		
Current Assets		
CASH	[redacted]	
AR		
AR ALLOWANCES		
INVENTORY		
PREPAID		
AR OTHER		
Total Current Assets		
Board Designated		
BOARD DESIGNATED2		
Total Board Designated		
Property, Plant and Equipment		
MAJOR MOVEABLE EQUIPM		
LAND AND LAND IMPROVEM		
FIXED BUILDING EQUIPMEN		
CONSTRUCTION IN PROGRE		
BUILDINGS		
ACCUMULATED DEPRECIAT		
Total Property, Plant & Equipment		
Other Assets		
NOTES RECEIVABLE		
OTHER ASSETS2		
INTANGIBLE ASSETS		
Total Other Assets		
ASSETS - ASSETS		

	FY 2023M05_YTD (May 2023)	PRIOR YTD (May 2022)
LIABILITIES		
Current Liabilities		
ACCOUNTS PAYABLE	[redacted]	
PR RELATED		
PATIENT CREDIT BALANCES		
OTHER ACCRUED LIABILITIE		
MEDICARE AND WELFARE F		
MARGIN LOAN		
CURRENT PORTION OF LT D		
INTERCOMPANY		
Total Current Liabilities		
Non-Current Liabilities		
LT DEBT-LEASE		
LT DEBT-LOAN		
OTHER NON-CURRENT LIABI		
Total Non-Current Liabilities		
LIABILITIES		
NET ASSETS		
NET ASSETS		
Total Net Assets		
Total Liabilities & Net Assets		

Mid-Columbia Medical Center d/b/a AHCG

Six Month Projection ending 12/31/2024

	July	August	September	October	November	December	Total 2024
Revenue							
Patient Revenue IP							
Patient Revenue OP							
Patient Revenue ED							
Patient Revenue							
Deductions							
Contractual Allowance IP							
Contractual Allowance OP							
Contractual Allowance ED							
Contractual Allowance Other							
Total Deductions							
Net Patient Revenue							
Other Revenue							
Total Other Revenue							
Total Operating Revenue							
Operating Expenses							
Salaries and Wages							
Payroll Taxes and Employee Benefits							
Supplies							
Professional Fees							
Purchased Services							
Insurance Expense							
Marketing							
Utilities							
Rent Leases							
Repairs and Maintenance							
Other Misc Expense							
Total Operating Expenses							
EBITDA							
Depreciation Amortization							
Non OP Interest Expense							
Total Depreciation and Interest							
Operating Margin							
Non OP Investment Income							
MCHF Distributions							
Gain Loss Sale of Property Plant Equipm							
Non OP Income Tax							
Total Non-Operating Income (Expenses)							
Total Margin							
Hours							
Productive Hours							
Non-Productive Hours							
Total Hours							
FTEs							
Productive FTEs							
Non-Productive FTEs							
Total FTEs							

Mid-Columbia Medical Center d/b/a AHCG

Six Month Projection ending 12/31/2024

	July	August	September	October	November	December	Total 2024
UOS							
Patient Days							
Adjusted Discharges							
Adjusted Patient Days							
Discharges							
Inpatient							
Outpatient							
Other							
Total UOS							
Profitability							
Operating Margin							
Excess Margin							
Ratios							
Productive Hours per UOS							
Non-Productive Hours per UOS							
Productive FTEs per UOS							
Non-Productive FTEs per UOS							
Salaries and Wages per UOS							
Total Operating Revenue per UOS							
Total Expenses per UOS							

Community Board
Clinical Committee Charter

Purpose

The Clinical Committee (the "**Committee**") of the Adventist Health Columbia Gorge (the "Corporation") Community Board (the "**Board**") assists the Board in ensuring the health and well-being of the communities it serves by:

- Overseeing the quality of clinical care, patient safety and customer service provided throughout the organization and along the entire care continuum, including evaluating and improving the quality of care rendered in the hospital.

- Assists the Board in approving medical policies that pertain to physician credentialing, privileging and peer review.

- Assists the Board in approving clinical policies, procedures, plans, and protocols.

Authority, Duties and Responsibilities

With support from staff, and subject to the Board's oversight and authority to take action, the Board delegates the following responsibilities to the Committee:

A. Working closely with Medical Staff to review and approve medical staff appointments, reappointments, or clinical privilege applications for any person as a member of the medical staff unless that person's application presents any question or doubt as to whether the person would be a member of the medical staff. The Committee approvals will be forwarded to the Community Board for ratification. As an exception to this process, should timing be a factor and the Committee cannot meet before credentialing or privileging approvals are required, the request can go directly to the Community Board for approval.

B. Reports and provides list of all approved policies/procedures related to medical staff that were approved by the Committee during regular meetings or in between regularly scheduled quarterly Community Board meetings for ratification by the Board**.**

C. Review and recommend to the Board for approval and ratification, all recommendations of the medical staff policies, actions, rules, and regulations.

D. In coordination with System and hospital clinical teams, develop a comprehensive, data-driven plan to provide quality care and patient safety for the community. Submit plan to the Board for review, revisions, and approval. Oversight of the Quality Assurance and Performance Improvement (QAPI) plan through its periodic review, including:

    - The development of a plan to implement and maintain the QAPI program
    - The review of the progress of QAPI projects
    - The determination of annual QAPI projects
    - Evaluation of the effectiveness of improvement actions that the hospital has implemented
    - Ensuring that clear expectations for safety are established and communicated hospital-wide, as well as allocating adequate resources to carry out the functions of the QAPI program requirements
    - Review the plan and submit to the Board for review, revisions and approval

E. Monitor clinical quality, provider and patient satisfaction, risk management, physician engagement/satisfaction, patient safety, service line performance and alignment, and employee engagement. Recommend appropriate and timely action plan when indicators cross established thresholds.

F. Review and recommend policies and standards across the continuum of care for patient experience including**:**
   - Quality, patient safety and satisfaction
   - Clinical outcomes
   - Health status for population served
   - Triennial review of all clinical policies and procedures

G. Review and recommend policies and standards for cost efficiency, such as the adoption of evidence-based medicine and providing the appropriate level of care.

H. Review of Medical Staff Bylaws at least annually and approve said Bylaws any time changes are made.

I. Annual review of the following:
   - Contract compliance (contracts for provision of care, treatments and services provided to patients)
   - Evaluations of environment of care, life safety and emergency management
   - Risk management plan

J. Monitor a dashboard of key performance indicators compared to organizational goals and industry benchmarks. Report in summary fashion to the full Board at each meeting, including an in-depth annual review, of the following:
   - Progress on major performance improvements and patient safety goals (quarterly or twice a year)
   - Patient experience (quarterly and an annual in-depth report)
   - Physician experience, engagement, and satisfaction (at least annually)
   - Patient safety culture – including all culture scores (at least annually with an in-depth report) and accreditation (when received)
   - Audit of peer review process (at least every two years)

K. Review reportable adverse events, and**,** if appropriate, recommend corrective action.

L. Monitor summary reports of the acute care medical staff quality and patient safety activities.

M. Review management's corrective action plans with regard to negative variances and serious errors and report as necessary to the Corporation.

N. Ensure compliance with legal, regulatory and accreditation standards for quality of care, patient safety, and patient satisfaction.

O. Make recommendations to the Board on matters relating to the quality of care, patient safety, customer service, environment of care**,** and organizational culture.

P. Review recommendations that management and medical staff have forwarded to the Board for dealing with the quality and environment of care.

Q. Review the effectiveness of the acute care medical staff's ongoing peer review (i.e. professional practice evaluations, focused professional practice evaluations, and case review).

R. Monitor physician perceptions and satisfaction and oversee physician engagement, education, and development.

S. Review and monitor the physician recruitment plan and assess it against the community's need for adequate access to physician care both for quality and quantity.

T. Serve as a forum for education and discussion of acute care medical staff relationships and concerns.

U. If there is a Community Well-Being Committee, the Clinical Committee will work closely with it on common objectives and initiatives.

Membership, Appointment and Terms

- The Board Chair, designated vice chair, or ex-officio vice chair, as designated by the Board, and the key clinical leaders will serve as ex-officio members of the Committee. The hospital Medical Officer will serve as the "**Committee Secretary**" and the primary staff support to the Committee will be either the Community Board admin or assigned to another individual by clinical leadership. The Committee staff support, if not the Community Board admin, will work directly with that individual to ensure adherence to the Community Board processes.

- In addition to its ex-officio members, the Committee will include a minimum of three Board members, one of whom the Board shall designate to act as Committee Chair. Additional committee members may be Community Board members, hospital or Adventist Health employees with expertise related to the Committee's purpose or hospital medical staff providers. The medical staff providers who can be appointed as members can be the Chief of Staff, immediate past Chief of Staff and one ambulatory medical staff provider. Only individuals or roles identified here may be members of this Committee. Medical Staff providers who fall into the categories above should have joint approval of the Medical Officer and Chief of Staff before being recommended for Committee membership. Patient Care Executives, Directors of Medical Staff Services, and Directors of Quality Management may be regular committee invitees.

- The Committee chair, recommended by the Committee and approved by the Board, should be a non-clinician.

- The Committee will recommend, for review and recommendation the appointment or re-appointment of Committee members to the Governance Committee.

- The membership term is for one year, which may be renewed.

- Each member and regular invitee shall sign a conflict of interest form, certifying that each has read, understood and is in complete compliance with, and agrees to continue to comply with, the Board's conflict of interest policy.

- The Committee, the Committee Chair, the Committee Secretary or the Board may from time-to-time invite outside experts to meet with the Committee. These individuals would not be voting members of any committee or privileged to confidential information.

- The Committee Chair shall be responsible for assuring that the Committee coordinates its activities with other Board committees whose responsibilities intersect with or otherwise relate to those of this Committee, in order to enhance Board and Committee oversight and decision-making.

Meetings and Minutes

- The proceedings and records of the Clinical Committee are confidential in nature and protected by peer review privilege described under applicable law.

- The Committee will meet monthly. The meetings that occur in months when the Community Board is not meeting may be done virtually or via telephone.

- Regular meetings of the Clinical Committee shall consist of those meetings reflected on the Corporation's annual calendar. Special meetings of the Committee for any purpose or purposes may be called at any time by the hospital president or chair with as much notice as possible to members. The meeting appointment will be considered as the meeting notice for all meetings.The Committee shall meet monthly or as often as needed to handle necessary approvals.

- The Committee Secretary will collaborate with the Committee Chair to set meeting agendas.

- A majority of the Committee members, with at least half of the Committee's Board members, constitutes a quorum for the transaction of Committee business. No act of the Committee will be valid unless approved by the vote of a majority of its members with a quorum present.

- At least five days, but no more than 14 days, before each meeting, the Committee Secretary will ensure that an agenda and meeting materials are posted onto the Board portal. Confidentiality of materials must be taken into account when sending any materials over email, which is not recommended.

- The Committee Secretary shall keep regular minutes of proceedings and copies be delivered to all members of the Committee for review and approval at the next scheduled meeting. The Committee minutes and summary report will also be provided to the Community Board for approval at the meeting directly following the Committee meeting.

- The approved minutes shall be filed in the president's office.

MID-COLUMBIA MEDICAL CENTER
A Planetree Patient-Centered Hospital

MID-COLUMBIA MEDICAL CENTER 1700 East 19th Street | The Dalles, OR 97058	SCOPE: Organization-Wide
SUBJECT/TITLE: ***DEATH with DIGNITY ACT***	
DEPARTMENT: Ethics Committee	OWNER: Ethics Committee

PURPOSE: This policy provides guidance regarding Physician-Assisted Suicide.

Policy:
Death with Dignity, also known as "Physician Assisted Suicide" allows a terminally ill patient to end their life through voluntary informed consent self-administration of a lethal dose of medication that is prescribed by a physician for that purpose.

Since Mid-Columbia Medical Center's mission is to provide exceptional health services and experiences through person centered care, "Physician Assisted Suicide" is not a practice allowed on the campus of MCMC, or at any of its clinics or properties. However, MCMC can:

- Offer the services of the Ethics Committee for consultation, whether or not the patient is currently hospitalized.
- Allow the prescription to be filled at our pharmacy, if the patient currently is employed with MCMC or is a family member of an employee that has this benefit.

MCMC will not:

- Allow an 'on duty' employee, other than a physician, to counsel or make recommendations to a patient concerning this law.
- Require any staff member to participate in any aspect of this practice if it is against his/her own personal beliefs and agency. This includes:
  - The pharmacist or pharmacy staff filling the prescription
  - Any visiting health staff, that is caring for the patient in the home.

In accordance with ORS 127.815, a physician must write the prescription for the lethal dose of medication and deliver the prescription personally or by mail to the pharmacy that would dispense the medication. A verbal order given to a staff member or written in the patient's medical record is not a valid prescription.

The use of the MCMC Medical Ethics Committee and Pharmacy for any aspect of Physician Assisted Suicide must be done in full compliance with Oregon law and regulations, and must be documented in the patient's chart. In accordance with the ORS, no disciplinary actions may be undertaken against a member of the medical staff performing Physician Assisted Suicide when accomplished within the provisions of the law.

Nothing in this policy shall be construed to authorize a physician or any other person to end a patient's life by lethal injection, mercy killing or active euthanasia. Actions taken in accordance Oregon law shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide.

Approving Committees:
Ethics Committee

References:
ORS 127.815
Oregon Death with Dignity Act 1994/1997

Review / Revision Date	Title	Description of Change
11/25/1997	Ethics Committee	Original Policy

MID-COLUMBIA MEDICAL CENTER	PAGE 2 of 2
SUBJECT/TITLE: ***LIFE SUPPORT CERTIFICATION for PRIVILEGES***	

1/2001, 1/2004, 4/2006, 1/2009, 1/2012	Ethics Committee	Reviewed
11/2014	Ethics Committee	Revised
7/3/2020	CNO	Reviewed
7/2021	Medical Staff Office	Reformatted
8/23/21	Ethics Committee	Approved

MID-COLUMBIA MEDICAL CENTER
A Planetree Patient-Centered Hospital

MID-COLUMBIA MEDICAL CENTER 1700 East 19th Street The Dalles, OR 97058	SCOPE: Ambulatory Clinics
SUBJECT/TITLE: ***Protocol: Management of Depo Provera***	
DEPARTMENT: Columbia River Women's Center, MCMC Water's Edge Clinic, MCMC Family Medicine	OWNER: Ambulatory Policy Committee

Skill Level:
RN, LPN, MA

Definition:
Allow staff to manage Depo Provera contraception to reduce unintended pregnancies.

Exclusion Criteria:
Patients who have not been seen at CRWC, Internal Medicine or Family Medicine within the last year OR
1. Patient has never received a Depo Provera injection at the clinic previously OR
2. Interval since last injection is greater than 14 weeks 6 days.

Subjective/Objective Findings:
1. Patient requesting to continue receiving Depo Provera as a birth control method.
2. The patient's last injection date less than 15 weeks ago.
3. Patient was seen within the last 12-24 months for an office visit.

Plan of Care:
1. Assess:
   a. Date of last Depo Provera injection
   b. Weight
   c. Date of last office visit by Provider.
2. If the last injection within 10 to 14 weeks and 6 days, administer Depo Provera. Patient does not need any additional contraceptive protection with this option.
3. If last injection >15 weeks the following options are available:
   a. Consult provider *or*
   b. Repeat Depo Provera if it is **reasonably certain that the patient is not pregnant**. This includes no symptoms of pregnancy, has a negative pregnancy urine test in office, and meets one of the following:
      i. has not had sexual intercourse after 15 weeks from last injection
      ii. has been correctly and consistently using a reliable method of contraception after 15 weeks from last injection
      iii. is fully or nearly fully breastfeeding (>85% feeds are breastfeeds), amenorrhoeic and < 6 months post-partum.
      iv. if any of these options apply and Depo Provera given, patient will need to be instructed to use back up birth control of choice for 7 days following injection.
   c. If it is **not reasonably certain that the patient is not pregnant**, document last sexual intercourse. The following options are available:
      i. Offer prescription for emergency contraception if unprotected intercourse ≤ 5 days ago
      AND/OR
      ii. If desired by patient Depo Provera can be given if negative urine pregnancy test and patient understands there is a small risk they could still be pregnant. Current evidence does not suggest Depo Provera will affect the fetus.
         - Patient must repeat a urine pregnancy test in 2 weeks and contact us if positive.
         - Patient will need to abstain from sexual intercourse or use additional contraceptive protection for 7 days following injection

iii. **OR**
iv. Have patient abstain or correctly and consistently use a reliable method of contraception with each episode of intercourse for the next 2 weeks and return to clinic for a pregnancy test. If test is negative, provide Depo Provera injection. Patient will need to abstain from intercourse or use additional contraceptive protection for the 7 days following injection.

d. Instruct patient to return to clinic:
i. 11-13 weeks for repeat injection.
ii. If the patient has heavy vaginal bleeding or other side effects.
iii. If patient wants to change to different contraceptive method
iv. Advise patient to schedule health maintenance exam at appropriate interval

Sources:

U.S. Selected Practice Recommendations for Contraceptive Use, 2013: World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition. Center for Disease Control Recommendations and Reports. 62(RR05): 1-46.

Medical Director/Provider Signature	**Date**

Review/Revision Date	Title	Description of Change
Created 7/2017		
Reviewed 9/2019, 1/2020	MCOC Policy Procedure and Protocol Committee	
Reviewed 4/2021, 4/2022	Ambulatory Policy Committee	
Reviewed 4/2023	Ambulatory Policy Committee	

MID-COLUMBIA MEDICAL CENTER
A Planetree Patient-Centered Hospital

MID-COLUMBIA MEDICAL CENTER 1700 East 19th Street The Dalles, OR 97058	SCOPE: Ambulatory Clinics
SUBJECT/TITLE: ***Protocol: Pregnancy testing prior to starting Contraception***	
DEPARTMENT: Columbia Crest Medical Clinic, MCMC Family Medicine, Water's Edge Medical Clinic, Columbia River Women's Center; other Ambulatory Clinics	OWNER: Ambulatory Policy Committee

Skill Level:

RN, LPN, MA (requires documented competency per CLIA regulations)

Purpose:

Allow staff to order urine pregnancy test prior to initiating contraception in the clinic (Depo Provera [see depo provera protocol for further guidance], intrauterine device [IUD] insertion, or Nexplanon) to facilitate efficient workflow and expedite patient care.

Subjective/Objective Findings:

1. Patient requesting contraception and scheduled for an appointment.
2. Patient intending to get Depo Provera, IUD insertion, or Nexplanon.
3. Last intercourse (unprotected or protected) is documented in the rooming note, along with current method of contraception.

Plan of Care

1. Have patient leave urine sample upon rooming.
2. Perform urine Hcg for pregnancy confirmation per laboratory policy or allow laboratory technician to perform.
3. If performed by RN/LPN/MA, order POC90000003 HCG URINE (Manual), POC document on paper lab log and in Enter/Edit results including provider name in result routing.
4. Verbally relay results to provider.

Medical Director/Provider Signature	**Date**

Review/Revision Date	Title	Description of Change
Created 7/2017		
Reviewed 7/2019	MCOC Policy Procedure and Protocol Committee	
Revised 6/2020	Ambulatory Policy Committee	Added department to include additional Ambulatory clinics
Reviewed 7/2021, 9/2022, 8/2023	Ambulatory Policy Committee	

MID-COLUMBIA MEDICAL CENTER
A Planetree Patient-Centered Hospital

MID-COLUMBIA MEDICAL CENTER 1700 East 19th Street The Dalles, OR 97058	SCOPE: Org Wide
SUBJECT/TITLE: ***Transgender Affirming Healthcare Policy***	
DEPARTMENT: Patient Care	OWNER: Director of Inpatient Nursing Services

Purpose and/or Policy Statement:

This policy provides guidance for staff regarding transgender, gender non-conforming, and gender nonbinary individuals visiting and accessing care at Mid-Columbia Medical Center (MCMC) to ensure all individuals experience encounters that are safe, professional, respectful and affirming.

Definitions:

1. Gender Expression: The way a person expresses gender through dress, grooming habits, mannerisms and other characteristics.
2. Gender Identity: An individual's inner sense of being male, female, or another gender. Gender identity is not necessarily the same as sex assigned or presumed at birth.
3. Gender Nonbinary/Genderqueer: A term used by people who identify their gender as being somewhere on the continuum between, or outside of, the binary gender system; genderqueer people may or may not also identify as transgender.
4. Transgender: An umbrella term used to describe people whose gender identity, one's inner sense of being male, female or something else, differs from their assigned or presumed sex at birth.

Expectations of care:

1. When a transgender patient presents for healthcare, they will be addressed and referred to on the basis of their self-identified gender, using their affirmed pronoun and name, regardless of patient's appearance, surgical or treatment history, legal name, or sex assigned at birth. If a patient's family member suggest that the patient is of a gender different from which the patient self-identifies, the patient's view should be honored.
2. Protocol for interaction with Transgender Patients
   a. Address patients by phone or in person without using terms that indicate gender. For example, instead of asking "how may I help you, sir? You can ask, "How may I help you?"
   b. Refer to patients using the first and last name provided to you. Once a patient has given the name they use, it is important for staff to use this name in all interactions.
   c. Avoid gender specific terms when talking with others about a patient until the patient has confirmed their pronouns
3. Patients should not be asked about transgender status, sex assigned at birth, or transition related procedures unless such information is directly relevant to the patient's care. If it is necessary to the patient's care for a healthcare provider to inquire about such information, the provider should explain to the patient:
   a. Why the requested information is relevant to the patient's care;
   b. That the information will be kept confidential but some disclosures of the information may be permitted or; and
   c. That the patient should consult the hospital's Notice of Privacy Practices for details concerning permitted disclosures of patient information.

4. Transgender and gender nonconforming patients have the right to refuse to be examined, observed, or treated by students or any other facility staff when the primary purpose is educational or informational rather than therapeutic without jeopardizing the patient's access to medical care
5. Recording Gender in the Electronic Health Record and Admitting/Registration Records
    a. Allowing departments throughout MCMC the ability to document patients' sex assigned at birth and current gender identity will give providers important information on which to base clinical decisions and improve the quality of care for patients. Recording gender identity and affirmed names/pronouns contributes to patient-centered care and will help patients feel more comfortable and welcome when interacting with front-line staff. To the maximum extent possible, any patient-facing content (wrist bands, labels, letters, etc) should reflect the patient's affirmed name and gender identity.
6. Room Assignments
    a. Transgender patient will be assigned to single occupancy if available. If single occupancy room is unavailable, transgender patients will be assigned to rooms based on their self-identified gender, regardless of whether this self-identified gender accords with their physical appearance, surgical or treatment history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in hospital records.
7. Access to Restrooms
    a. MCMC shall provide a safe and inclusive environment for all MCMC members, patients, and visitors by ensuring that individuals may use Gender Designated Facilities that best align with their gender identity and expression
8. Consent for medical and surgical services:
    a. It is acceptable for patients to sign an informed consent form for medical and surgical services using their affirmed name, which should be recorded in the patient's medical record. When using other consent forms, document in a progress note that the patient has signed the consent form using their affirmed name. The affirmed name, if documented in the record, is also acceptable to use during the 'pre procedural pause" mandated prior to any surgical procedure.

Procedure:

References:

Review/Revision Date	Title	Description of Change
9/23/22	Director of Inpatient Nursing	Development of policy

Community Board
Governance Committee Charter

Purpose

The Governance Committee (the "**Committee**") of Adventist Health Columbia Gorge Community Board (the "**Board**") is responsible for recommending to the full Board the policies, processes, and procedures related to:

- Board development
- Board effectiveness
- Board membership
- Any other governance matters
- Continuous improvement of its processes, procedures, materials, meetings and other functions to enhance its contribution to the full Board.

Authority, Duties and Responsibilities

With support from staff, and subject to the Board's ultimate oversight and authority to take action, the Board delegates the following responsibilities to the Committee:

A. Board Orientation

- With assistance from the System Governance Office, implement a System aligned orientation program for newly-appointed members to the Board, as well as all Board committees
- Assign mentors to new Board and committee members

B. Board Education and Development

- Recommend Board and committee member education, training and development topics to System Governance Office
- Schedule Board education topics specific to your market and provided at market level in the annual Board calendar

C. Board Evaluation

- Provide input into the System directed process to be used by the Board for the self-assessment/performance evaluation of the following:
  - Board as a whole
  - Individual directors
  - Committees
  - Committee chairs
- Conduct board self-assessments/performance evaluations as per cadence provided by the System
- Report out a high-level summary to the Board, including recommendations for improvement
- Ensure every committee reviews its charter on an annual basis
- Monitor and recommend improvements or changes to the ongoing governance process and procedures of the Board in order to enhance overall effectiveness

D. Board Composition

- Be familiar with competencies and personal attributes needed by the Board and use that information as a guideline for recruitment and recommendation of Board members
- Consider a “gap analysis” to identify succession planning/recruitment needs
- Through the System Governance Office, regularly update a list of potential Board members regardless of whether a current vacancy exists (i.e. maintain an active pipeline of potential candidates)
- Oversee a process for vetting the fitness of prospective nominees
- Oversee a plan for enhancing Board diversity, competence and independence
- Evaluate the performance of individual Board members eligible for reelection
- Make recommendations on nominations for appointments or reappointments on the Board to the Legal Board for approval. This is to be done annually and as vacancies arise

E. Committee Composition

- Assess the Board’s committee composition and identify needs that could be met by the appointment of additional committee members
- Seek nominations from management, the Board and other stakeholders for potential members to serve on the committee
- Vet candidates following the nomination and selection process for appointment
- Recommend nominees for the committee to the Board for approval

Membership, Appointment and Terms

- The Board Chair or designated Vice Chair, ex-officio Vice Chair, and the market president will serve as ex-officio members of the Committee. The market president will serve as the “**Committee Secretary**” and be the primary staff support to the Committee.

- In addition to its ex-officio members, the Committee will include a minimum of two Board members. The ex-officio Vice Chair of the Community Board shall serve as chair of the Committee. Additional Committee members may be Community Board members, hospital or Adventist Health employees with expertise related to the Committee’s purpose or hospital medical staff providers.

- The Committee will recommend the appointment or re-appointment of Committee members.

- The membership term is for one year, which may be renewed.

- Each member and regular invitee shall sign a conflict of interest form, certifying that each has read, understood and is in complete compliance with, and agrees to continue to comply with, the Board’s conflict of interest policy.

- The Committee, the Committee Chair, the Committee Secretary or the Board may from time-to-time invite outside experts to meet with the Committee. These individuals would not be voting members of any committee or privileged to confidential information.

- The Committee Chair shall be responsible for assuring that the Committee coordinates its activities with other Board committees whose responsibilities intersect with or otherwise relate to those of this Committee, in order to enhance Board and Committee oversight and decision-making.

Meetings and Minutes

- Regular meetings of the Governance Committee shall consist of those meetings reflected on the Corporation's annual calendar. Special meetings of the Committee for any purpose or purposes may be called at any time by the hospital president or chair. The Committee shall meet at least quarterly.

- The Committee Secretary will collaborate with the Committee Chair to set meeting agendas.

- A majority of the Committee members, with at least half of the Committee's Board members, constitutes a quorum for the transaction of Committee business. No act of the Committee will be valid unless approved by the vote of a majority of its members with a quorum present.

- For meetings not on the annual calendar, the Committee Secretary will deliver notice via appointment of the time and place of the meeting to all Committee members and regular invitees at least 7 days in advance. For meetings on the annual calendar, the notice will be considered as the meeting appointment.

- At least 5 days, but no more than 14 days, before each meeting, the Committee Secretary will post an agenda and meeting materials onto the Board portal. Confidentiality of materials must be taken into account when sending any materials over email.

- The Committee Secretary shall keep regular minutes of proceedings and copies be delivered to all members of the Committee for review and approval at the next scheduled meeting. The Committee minutes and summary report will also be provided to the Community Board for approval at the next meeting directly following the Committee meeting.

- The approved minutes shall be filed in the president's office.

CONFIDENTIAL

Adventist Health Columbia Gorge
2024 Community Board

Name	[redacted]	Term Expires
Kerry Heinrich		
Kyle King **6/27**		
Paul Cardosi, MD Member, AHCG Board **12/2**		12/31/25
Frank Toda Member, AHCG Board 4/5		12/31/24
Michele Spatz Member, AHCG Board 4/28		12/31/24
Robb Van Cleave, Chair Member, AHCG Board 1/8		12/31/24
Bill Ketchum Member, AHCG Board 7/23		12/31/27
Victor Mondragon Member, AHCG Board 6/14		12/31/25
Sue Knapp Member, AHCG Board **9/14**		12/31/26
Nolan Young Member, AHCG Board 1/25		12/31/27

updated 3/7/2024

BOARD OF DIRECTORS
Minutes of Meeting
Wednesday, August 23rd, 2023
In-Person/ ZOOM Meeting

Board Members Present: Joyce Newmyer**,** Dennis Knox; Robb Van Cleave, Board Chair; Paul Cardosi, MD
ZOOM Board Member Attendees: Frank Toda, PhD; Victor Mondragon; Sue Knapp; Janet Hamada; Michele Spatz; Bill Ketchum
Board Members Not in Attendance via ZOOM/ In person: Kerry Heinrich, Nolan Young
Also Present: Jayant Eldurkar, MD; Wendy Apland, CFO; Katie Wagner; Analene Pentopoulos, MD, Medical Staff President
ZOOM Attendees: Lisa Grant, MD, Medical Staff Secretary
Not in Attendance via ZOOM/ In Person: Jayme Mason, CNO; Camie Overton, COO; Keith Stelzer, MD, Past Medical Staff President

I. Call to Order and Welcome: Joyce Newmyer called the meeting to order at: 5:15pm

II. Prayer and Planetree Moments:

- Dr. Eldurkar: Dr. Corboy, Chair of Primary Care, and her husband took it upon themselves to go and pull weeds in the front of our Family Medicine clinic.
- [redacted]
- Janet: Had a co-worker that needed to be seen In Occupational Health. Debbie Erlenbush, the Occupational Medicine Coordinator was unbelievably incredible, kind, and professional.
- Katie Wagner: Opened the Board Meeting with a prayer.

III. Consent Agenda: Joyce Newmyer, Vice-Chair

A. Medical Staff Business and Committee Meeting Minutes:
A MOTION *was made by Dr. Paul Cardosi to accept the Medical Staff Business and Committee meeting minutes as presented. Robb Van Cleave seconded the motion. Motion was carried and approved by the board.*

B. Minutes Approval:
June 28,2023 AHCG Board Meeting
July 24,2023 AHCG Executive Session
A MOTION *was made by Dr. Paul Cardosi to accept the minutes as presented. Robb Van Cleave seconded the motion. Motion was carried out and approved by the Board.*

Joyce introduced Kiki Gonzalez and Cheryl Stalis. Kiki and Cheryl are both part of the Adventist Health Governance Team, in Roseville.

IV. New Business

A. System News: Joyce Newmyer

- OHSU and Legacy will be merging. We are watching this transition closely.
- Spent yesterday at Beverly Hospital (located in LA area) as they are joining Adventist Health. This hospital is located closely to White Memorial. White Memorial needs more beds, and this is a way to do that without starting from the ground up.
- Adventist is in conversations with the State of California regarding managing the hospital in Madera. This hospital is currently closed. There will be more to come on this.
  - Robb: Is there a corporate strategy on expansion?
  - Joyce: Yes, there is. The strategy is to get top line revenue to spread the required tax dollar out over enough hospitals so that it is not onerous for anyone. Scope and scale matter.
- We are in discussions with 4 other hospitals on the West Coast. Once MCMC made the decision to join Adventist people have been reaching out to discuss the possibilities.
- During Hurricane Hilary White Memorial lost power in one of their buildings. All patients were able to be moved to other buildings or transferred out if needed. It looks like the Hurricane Hilary flooded one of the switches.
- We are just beginning our budget process. Wendy has been working hard with the rest of the CFO group within the system to get all of the pieces to fit together. This budget will be presented here to the Community Board.
- Capital Dollars: We are moving forward with the Capital requests that were outlined in Dennis' Board report.
- Eric Davis will be joining the Adventist Health Columbia Gorge Community Board; he is the CFO for the Seventh Day Adventist Oregon Conference.
- Questions:
  - Dr. Pentopoulos: When will the fetal monitoring be approved? When will Provider job postings from AHCG post on AH website?
    Dennis: I will let you know where this falls on the Capital list.
    Dr. Eldurkar: The Provider Postings are being worked on. Once we are on Adventist Health's software we will show up on their website. In the meantime, we are working on a hyperlink. This is being discussed and addressed weekly.
  - Michele: What is the Community Boards role in the budget process?
    Joyce: The Community Board's role is: to be knowledgeable of the budget, to challenge the budget assumptions if they think they are wrong or unrealistic, to approve the budget for local implementation.

B. CEO Report: Dennis Knox

- Focal Increase was well received. Thank you!
- Immediate Care: In the past we have had trouble staffing the Immediate Care and have had to close or close early. Currently we have physicians wanting shifts, and not enough shifts to give!
  - We have exceeded our budgeted volume every month, minus January.

- Our last official 2023 Board Meeting for AHCG will be November. Currently scheduled for the day before Thanksgiving, will likely be moved to the week prior.
- School Bond Resolution: Spoke with Julie Drefky regarding the School Bond that will be on the ballot this fall.
  A Lengthy discussion ensued regarding the School Bond Resolution.
  Dr. Frank Toda made a motion to support the School Bond Resolution. Robb Van Cleave seconded the motion. Michele Spatz abstained. Motion passed.
- BE- Board Effect will be the new Board Portal. Board Effect is a Board Meeting Management tool that is used by Adventist Health. In the next couple of months you will be getting the information and the transition will take place.
- Just Culture: This survey will be administered September 12th encompassing all employees.
- EHR transition: Met with AH IT yesterday. The goal is to get AHCG on the AHPL contract by the end of the year.
- In 3 weeks our Executive team, Dr. Pentopoulos, and Dr. Corboy will be attending the Oregon Network Adventist Health Physician Leadership Retreat.

C. CMO Report: Jayant Eldurkar, MD

- Dr. Burke, System CMO, is working to get us provider help in the ER.
- Our Quality Department is working on how to improve our Press Ganey scores. A large focus is being put on physician engagement.
- Hired a new Medical Staff Services Manager, Debra Brown. We are excited to have her on the team!
- Dr. Kim Humann has agreed to be the co-medical director of our Wellness Committee. We will have a meeting next week to plan for getting these meetings going.
- Recruitment: Currently recruiting for OB, Occ Med, EM, Primary Care. Audra has attended multiple jobs fairs.
- Clinical Staff Survey: Jessica Rodda has created a newsletter to send monthly to the Clinicians.

D. Medical Staff Update: Dr. Analene Pentopoulos

Decision was made at the Med Staff meeting to decrease the number of meetings to potentially increase more involvement.

- **Credentialing/Recredentialing**
  A MOTION *was made by Robb Van Cleave to accept the Credentialing/Recredentialing as presented. Dr. Paul Cardosi seconded the motion. Motion was carried and approved by the board.*
- **Annual Bylaw Review**
  A robust discussion took place regarding the changes that were proposed and presented in the Board Packet. Michele Spatz will send her questions/ edits to review and get clarification on.
  A MOTION *was made by Michele Spatz to accept the Annual Bylaw Review subject to ensuring the language is consistent with the System Board, and that they will reappear next month*

consent agenda. Dr. Frank Toda seconded the motion. Motion was carried and approved by the Board.

E. Change of Officer: Wendy Apland

- Upon the date of the Affiliation John Beaman was named CFO of AHCG. This notice provided the removal of John Beaman as the CFO, and added Wendy Apland as the CFO.

V. Old Business

VI. Committee Reports and Recommendations

A. Board Quality and Safety Committee:

- Dr. Paul Cardosi presented a report, included in the Board Packet. This report highlighted the Quality and Safety dashboard. The Board discussed the report and asked clarifying questions.
- Dr. Paul Cardosi shared a trifold handout regarding a Just Culture algorithm.
- We will be distributing a survey to the Board prior to the Board Retreat that we will review at the Board Retreat.

***A MOTION** was made by Michele Spatz to accept the Board Quality and Safety Committee as presented. Janet Hamada seconded the motion. Motion was carried and approved by the Board.*

B. **Finance Update:** Wendy Apland

July was a month of vacation. Volumes were low on both inpatient and outpatient sides. Our gross charges were off, our deductions were slightly higher, our expenses were favorable (however did not match the decline in revenue).

***A MOTION** was made by Dr. Paul Cardosi to accept the financial report as presented. Dr. Frank Toda seconded the motion. Motion was carried and approved by the Board.*

VII. Meeting adjourned: Joyce Newmyer adjourned the meeting at 7:23pm.

Respectfully Submitted by
Katie Cummings, Executive Assistant

_____
Dennis Knox, Secretary

BOARD OF TRUSTEES
Minutes of Meeting
Wednesday, February 28, 2024
In Person/ TEAMS Meeting

Board Members Present: Joyce Newmyer, Board Vice-Chair; Robb Van Cleave, Board Vice- Chair; Dennis Knox; Paul Cardosi, MD; Sue Knapp; Bill Ketchum
TEAMS Board Member Attendees: Victor Mondragon; Michele Spatz; Eric Davis; Janet Hamada
Board Members Not in Attendance via TEAMS/ In person: Kerry Heinrich, President and CEO; Frank Toda, PhD; Nolan Young
Also Present: Camie Overton, COO; Jayant Eldurkar, MD , CMO; Wendy Apland, CFO; Jayme Mason, CNO; Lisa Grant, MD, Medical Staff President; Analene Pentopoulos, MD, Medical Staff Past President
TEAMS Attendees: Sonia Shishido, DO, Medical Staff Vice- President

I. Call to Order: Joyce Newmyer called the meeting to order at: 5:17pm

II. Prayer and Planetree Moments:

- Joyce started the meeting with a short prayer.
- Wendy: We had a wonderful onboarding event the past 2 weeks, one of the main things I noticed was the vast array of how people rang their bell as they completed their onboarding officially welcoming each employee to Adventist Health. It was a wonderful display of celebration.
- Dennis: Welcome to Eric Davis, our newest Board Member! We had the opportunity to meet at his office and welcomed him to the Board.
- Joyce: During the onboarding event it was so wonderful to see how many people had multiple decades of years of service. We also had people from all over Adventist here to help with this event.
- Camie: Austin, one of our lab techs, took the time to help a fellow co-worker get to her car and clean the snow off during one of our snowstorms.
- Jayme: Our safety huddle has being going well. I am impressed to see how everyone is coming together and working hard to keep our patients safe.

III. Consent Agenda: Joyce Newmyer, Board Vice-Chair

A. Medical Staff Business and Committee Meeting Minutes:
November 18, 2023
December 20, 2023
January 17, 2024
A MOTION *was made by Sue Knapp to accept the Medical Staff Business and Committee meeting minutes as presented. Michele Spatz seconded the motion. Motion was carried and approved by the Board.*

B. Minutes Approval:
November 15, 2023 AHCG Board Meeting Minutes
January 17, 2024 AHCG Board/ELT Meeting Minutes

***A MOTION** was made by Sue Knapp to accept the AHCG Board minutes as presented. Michele Spatz seconded the motion. Motion was carried out and approved by the Board.*

IV. New Business

A. System Updates: Joyce Newmyer

- At 3:45am PST there will be a press release that there are 2 hospitals that are joining Adventist Health. Both of these hospitals have incredibly strong operations and are financially self-sustaining. A press release will be issued shortly after the announcement.
- [redacted]

B. CEO Report: Dennis Knox

- Looking at having a joint job fair with our Community Partners.
- Held a Provider Town Hall last Wednesday, and an additional 2 Provider Town Halls this week to discuss their contracts. We are working on getting individual meeting set up with all Providers that would like to meet to discuss their contract specifically.
- [redacted]
- We have a Compliance Report related to the system affiliation transaction that needs to be submitted by April 1st to the OHA. We will have to do this every 12 months for the next 10 years. [redacted]

C. CMO Report: Jayant Eldurkar, M.D.

- Happy to report that we have coming on board 2 ER Physicians, 1 FT OB/Gyn, and a casual provider to help Dr. Grant in Neurology.

D. Medical Staff Update: Lisa Grant, M.D.

- **Credentialing/Recredentialing**
  ***A MOTION** was made by Paul Cardosi, M.D. to accept the Credentialing/Recredentialing as presented. Bill Ketchum seconded the motion. Motion was carried and approved by the board.*
- **Policies, Rules and Regs, Bylaw Approval**
  Bylaw: Emeritus Status
  ***A MOTION** was made by Robb Van Cleave to accept the Bylaw: Emeritus Status (with language change of Board of Trustees to Community Board). Michele Spatz seconded the motion. Motion was carried and approved by the Board.*
  Privilege List: OB/Gyn, Primary Care MD/DO, APP

A MOTION *was made by Paul Cardosi, M.D. to accept the Privilege List: OB/Gyn, Primary Care MD/DO, APP (with Signature Line changed from MCMC to AHCG). Michele Spatz seconded the motion. Motion was carried and approved by the Board.*

V. Old Business

VI. Committee Reports and Recommendations

A. Board Quality and Safety Committee: Paul Cardosi, M.D. presented a report that was posted in Board Effect.
A MOTION *was made by Bill Ketchum to accept the Board Quality and Safety Committee report as presented. Sue Knapp seconded the motion. Motion was carried and approved by the Board.*

B. **Clinical Committee Charter of Community Board:** Board Vice-Chair, CMO, and 3 additional Board Members need to be a part of the Committee. In the clinical committee charter it states that a clinician can not chair the Clinical Committee. Joyce stated that this is not the case and we can still have a clinician chair this committee. Joyce recommended that Michele Spatz join the clinical committee. Michele accepted the nomination.
A MOTION *was made by Robb Van Cleave to accept the Clinical Committee Charter as presented. Michele Spatz second Clinical Committee Charter. Motion was carried and approved by the Board.*

C. Finance Committee: Wendy Apland
Wendy gave a financial update. Her analogy for January…"3 alarm fire". January was a tough month with the weather which resulted in cancelations. Our plan was to be at $25M in gross patient revenue and we were at $23M. We had a large reduction in our 340B program, our expenses were higher than plan, and volumes were low. We had a negative $1.9 EBIDA. We are meeting next week to work on a back to budget plan.

VII. Meeting adjourned: Joyce Newmyer adjourned the meeting at 6:47 pm.

Respectfully Submitted by
Katie Cummings, Executive Assistant

_____
Dennis Knox, Secretary

BOARD OF DIRECTORS
Minutes of Meeting
Wednesday, June 28, 2023
ZOOM Meeting

Board Members Present: Dennis Knox; Robb Van Cleave, Board Chair; Paul Cardosi, MD; Michele Spatz
ZOOM Board Member Attendees: Joyce Newmyer; Frank Toda, PhD; Victor Mondragon; Sue Knapp; Nolan Young
Board Members Not in Attendance via ZOOM/ In person: Janet Hamada; Bill Ketchum
Also Present: Camie Overton, COO; Jayant Eldurkar, MD
ZOOM Attendees: Analene Pentopoulos, MD, Medical Staff President; Keith Stelzer, MD, Past Medical Staff President, Lisa Grant, MD, Medical Staff Secretary
Not in Attendance via ZOOM/ In Person: Wendy Apland, CFO; Jayme Mason, CNO

I. Call to Order and Welcome: Joyce Newmyer called the meeting to order at: 5:17pm.

- Joyce welcomed everyone to the first Adventist Health Columbia Gorge Board Meeting and started the meeting with a prayer.
- Thrilled that Robb Van Cleave agreed to stay on the Board as Vice-Chair with me. Kerry Heinrich will be Chair. We have another vice-chair joining us, likely to be the CFO of the Oregon Conference of the Seventh day Adventist.
- Enjoyed Dennis' Board Report and would like to share with some others in our system and suggest that they do the same.
- Every quarter Joyce will provide an operational report for the Oregon Network.

II. Planetree Moments:

- Dennis: The June 14th Celebration had a profound impact on our community. We anticipated that we had close to 900 people attend this event. Special shout-out to Travis Dray and Jennifer Zimmerlee for the endless work they put into this event.
- Robb: I had someone stop me in Goldendale that asked, "Is your photo hanging on the wall in the hospital in The Dalles?" This person said that they have always had wonderful experiences at the hospital. This interaction reinforces to value of a community board and hospital.
- Michele: It was phenomenal to walk into Kelly Commons and be a part of the June 14th Celebration. It made me excited for our future. KUDOS to the staff that kept it together with the gale force winds.
- Michele: I called one of the clinics to schedule an appointment and the person that answered the phone "Adventist Health Columbia Gorge, formerly known as Mid-Columbia Medical Center." Really felt good to hear this.
- Camie: As our organization felt great loss this past week, I noticed how everyone was checking on each other and supporting each other.
    - Paul: I had 3 people come and check on me, and that was important. Gave me a good feeling, in the midst of some sad.

- Joyce: During the June 14th event I had multiple times where I found myself choking up a bit. I looked around the crowd and saw groups from Corporate, Columbia Gorge, Portland, Tillamook all huddled together. All working together like one team. It was powerful!

III. Consent Agenda: Joyce Newmyer, Vice-Chair

A. Medical Staff Business and Committee Meeting Minutes:
A MOTION *was made by Robb Van Cleave to accept the Medical Staff Business and Committee meeting minutes as presented. Dr. Paul Cardosi seconded the motion. Motion was carried and approved by the board.*

B. Minutes Approval:
May 24, 2023 MCMC Board Meeting
May 24, 2023 Executive Session
A MOTION *was made by Robb Van Cleave to accept the minutes as presented. Dr. Paul Cardosi seconded the motion. Motion was carried out and approved by the Board.*

IV. New Business

A. System News: Joyce Newmyer

- The same day MCMC joined Adventist Health we had Bakersfield Heart Hospital join the Adventist system. This hospital will not remain a Heart Hospital, it will probably be a multi-specialty hospital. We also acquired Visalia Medical Group.
- If there is any breaking news between Board Meetings Joyce will share this with Dennis.

B. CEO Report: Dennis Knox

- Saturday we held the 38th annual Mid-Columbia Health Foundation Golf tournament. We had 92 golfers, new sponsors, and wonderful weather. This tournament netted $20K which will go towards helping our cancer patients.
- The SOMOS event is kicking off tonight at K&K orchards. We have 2 more events scheduled on July 6th and July 13th. We are hosting a food drive of non-perishable items to distribute at these events.
- Happy to announce that we have all of our primary care patients paneled. New patients will be scheduled according to their need and availability.
- [redacted]
- OHSU's Dr. Brian Duty and Jenny Tomka came to visit AHCG. They came to get a better understanding of the needs that we have here.
- Deborah Phillips, our MCMC Board Counsel, has let us know of her desire to retire from the MCMC Board. She has been with us for almost 3 years and has done a tremendous job. She declined to attend tonight- not wanting to be in the limelight. We are going to be gifting her a MCMC logo Jacket.

- Michele: Deborah did comment that this Board is the most professional board that she has been on.

- The majority of Community Boards meet at 12:00pm. This is something that we could consider.
  - Robb: I am happy to do whatever suits Joyce's schedule.
  - Joyce: These meetings could take 2 hours. Shorter if they meet more often. The lunchtime meeting may be challenging for the physician representation. Both Tillamook and Portland meet for lunch. However, I do not have a preference.

C. CMO Report: Jayant Eldurkar, MD

- June 14th Celebration: So nice to meet people from Adventist Tillamook, Adventist Portland, and the corporate office.
- Dennis Lippert M.D. and his team sent a nice floral arrangement following the untimely passing of Dr. Nichol. Dennis Lippert has a provider that is willing to come out and help here.
- Interviewed a Medical Oncology Nurse Practitioner. This candidate is not a candidate for us, however having him come in person was invaluable, and helpful in our interview process.
  - [redacted]
  - Robb: In terms of the clinics, are we back to where we want to be?
  - Dr. Eldurkar: Depends. Our Primary Care is getting up to speed. We have paneled all of our patients. Some of our specialty clinics are filled up, and some are not. We are close!
  - Camie: We are looking at what we can do to hire support staff and remote employment opportunities.
  - Dr. Frank Toda: I noticed in the Columbia Gorge News that the College has a new president. This may be a good opportunity to build a bridge to develop co-training of RN's, CNA's, CMA's. Some community colleges are offering Bachelor's Degree, BSN.

D. Med Staff Update: Dr. Analene Pentopoulos

- Currently working on revising the bylaws. There is a new requirement for DEA requiring that providers do 8 hours of CME. This CME is about Opioid prescribing.
  Robb: The bylaws seem to be constantly revised, I suspect that is how it should be.
  Dr. Pentopoulos: Correct. These revisions will keep us up to date. There will be minor tweaks, and will not be a major overhaul like last time.
- **Credentialing/Recredentialing**
  A MOTION *was made by Michele Spatz to accept the Credentialing/Recredentialing as presented. Dr. Frank Toda seconded the motion. Motion was carried and approved by the board.*

V. Old Business

VI. Committee Reports and Recommendations

A. Board Quality and Safety Committee: Dr. Paul Cardosi presented a report, included in the Board Packet. This report highlighted the Quality and Safety dashboard and the Culture of Safety Survey Results.
A MOTION *was made by Dr. Frank Toda to accept the Board Quality and Safety Committee as presented. Nolan Young seconded the motion. Motion was carried and approved by the Board.*

Robb: Have we reached out to Max Janasik with One Community Health regarding the merger?
Dr. Eldurkar: We did discuss the partnership with Adventist Health, he was very happy for us. They are constantly trying to partner with us, in fact he gave me the name of an OB provider that could potentially help us.
Dr. Stelzer: One Community Health does send us patients for specialty care, and we do send them urgent dental care patients.
Joyce: Dr. Gingrich's dad was a part of the Portland governing board, a surgeon in Portland, and partner of Dr. Rippey. He has been very ill. Just got news that he is off the ventilator and doing well (Cindy Nutter gave me permission to share)
Dennis: The official Board dates are 4 weeks in advance of the corporate Board in Roseville. We have 2 more meetings for this year- August 23, and November 22. In between those times we need to meet with an Executive Committee (Dennis, Joyce, Robb, VP Finance in S.D.A Conference) in July, October, December to review the credentialing.
Dennis: Do the Community Boards typically have a board retreat?
Joyce: Some do and some don't. Many of the hospital presidents insist to have these, while others state that they do not have time for this.
Michele: Does the community board have a part of developing the strategic plan?
Joyce: Absolutely. We attempt to have all community board strategic plans support the corporate plan.
Robb: Does the Board need to expand to include more physicians?
Michele: Is this something that we need to pause on?
Joyce: If we are looking to expand the Board, we typically present them in the fall and then it goes forward to the system Board. Formalizing a Governance Committee. This committee is responsible for filling board positions.

VII. Meeting adjourned: Joyce Newmyer adjourned the meeting at 6:52pm.

Respectfully Submitted by
Katie Cummings, Executive Assistant

_____
Dennis Knox, Secretary

BOARD OF TRUSTEES
Minutes of Meeting
Wednesday, November 15, 2023
In person/ TEAMS Meeting

Board Members Present: Joyce Newmyer, Board Vice-Chair**;** Dennis Knox; Robb Van Cleave, Board Vice-Chair; Paul Cardosi, MD; Bill Ketchum; Janet Hamada
TEAMS Board Member Attendees: Victor Mondragon; Michele Spatz, Frank Toda, PhD; Sue Knapp; Nolan Young
Board Members Not in Attendance via ZOOM/ In person: Kerry Heinrich, Board Chair
Also Present: Camie Overton, COO; Jayant Eldurkar, MD, CMO; Analene Pentopoulos, MD, Medical Staff President
TEAMS Attendees: Sonia Shishido, DO, Medical Staff Secretary
Not in Attendance via ZOOM/ In Person: Jayme Mason, CNO; Keith Stelzer, MD, Past Medical Staff President; Lisa Grant, MD, Medical Staff Vice- President

I. Call to Order: Joyce Newmyer called the meeting to order at: 5:17pm

II. Prayer and Planetree Moments:

- Dr. Cardosi: A nurse who used to work here was recently seen in our ED during the final days of her life. During her time in the ED this nurse continued to comfort the staff that worked here- asking how their day was and making their day brighter. She had a large impact on those around even in her final moments.
- Camie: Celilo has two new employees that expressed their gratitude to the team for the warm welcome, the care and attention to their orientation, and their experience thus far.
- Joyce: Four months ago one of our Board Members in Portland father passed away, just yesterday her mom had an MI. She was brought into the hospital and had time to say her goodbyes. This Board member shared how the hospital gave her a Strip in the bottle. When a patient passes they print a small piece of the heartbeat and put it in the bottle with a signed note to give to the family.
- Wendy: My mother and my mother-in-law have both had wonderful care at Adventist Health Sonora.

Joyce opened with prayer.

III. Consent Agenda: Joyce Newmyer, Vice-Chair

A. Medical Staff Business and Committee Meeting Minutes:
A MOTION *was made by Paul Cardosi, MD to accept the Medical Staff Business and Committee meeting minutes as presented. Michele Spatz seconded the motion. Motion was carried and approved by the board.*

B. Minutes Approval:
September 22, 2023 AHCG Board Meeting
October 20 AHCG Executive Session
A MOTION *was made by Robb Van Cleave to accept the September 22, 2023 and October 20, 2023 minutes as presented. Janet Hamada seconded the motion. Motion was carried out and approved by the Board.*

IV. New Business

A. System Updates: Joyce Newmyer

- [redacted]
- We are diligently working on our budget process and have a gap to close. Our goal is to finalize the budget prior to the end of the year.

B. CEO Report: Dennis Knox

- Next week is Thanksgiving, thank you Dr. Pentopoulos for moving the Med Exec meeting so that we could move the Board meeting up a week.
- Yesterday Jayme Mason and Dawn OpBroek attended KODL Coffee Break with Al Wynn to discuss the Emergency Department: volumes, wait times, patient loads.
- Strategic Plan:
    - Strategic Plan will be rolled out to Leadership shortly after Thanksgiving.
    - On December 12th and December 14th, we will ask for employee engagement and give them their AHCG t-shirt at this time.
- The school bond did fail.
- Temporary signage will start going up soon.
- ELT (minus Camie) went to Roseville on October 24th and 25th. This was a transformational event. Kerry did an exclusive presentation on Adventist Health Mission and Vision.
- On November 3rd Wendy and I attended an Operational Field Review to share our strategies, our risks, and our growth initiatives.
    - Our number one growth objective is to grow our Primary Care.
    - Continuing our partnership with Knight Cancer Institute.
    - Discussed rebuilding our Ob/Gyn service line.
    - Looking to implement a Labor tool. Bill Kilmer, and Melissa Hosey from Corporate will start this process on December 11th.
    - Discussed House Bill 2697- Nurse Staffing Law.
- Pathfinder 2 study will be onsite December 9th-14th. This is largely due to our partnership with Knight Cancer. This is a tool that will be used to find cancers early through a simple blood test.
- Thank you to Cheri and the Human Resources staff for all of their efforts with open enrollment. Cheri and her team reached out to 193 employees that had not enrolled with benefits close to the deadline.
- November 30 we are honoring 105 employees at our Years of Service celebration.
- Festival of Trees will be taking place on December 1st

C. CMO Report: Jayant Eldurkar, MD

- We reached 100% compliance for our flu vaccine. Would like to recognize our Employee Health Department, Medical Staff Office, Managers and Clinicians for helping in this.
- AHCG provider job postings will be added on to the Corporate AH website. Our Marketing Team worked hard to update our Providers Photos and Bios.
- Working with our Marketing Team on a Primary Care campaign.
- Dr. Kim Humann returned in June, she is going to be taking the lead on Provider Wellness Committee

- Medical Staff Meetings will meet 4 times a year- 2 onsite in the morning, and 2 offsite in the evening.
- Recruiting: We have an offer out to ER doctor. We have a site visit next week with another ER doctor. We are continuing to recruit for Medical Oncology, and OB/Gyn.

D. Med Staff Update: Dr. Analene Pentopoulos

- **Credentialing/Recredentialing**
  A MOTION *was made by Dr. Paul Cardosi to accept the Credentialing/Recredentialing as presented. Robb Van Cleave seconded the motion. Motion was carried and approved by the board.*
- **Policies, Rules and Regs, Bylaw Approval**
  Annual Bylaws Revisions
  A MOTION *was made by Michele Spatz to accept the Annual Bylaws Revisions as presented. Sue Knapp seconded the motion. Motion was carried and approved by the board.*
  Policy: DI Tech Job Requirements
  Camie will review the policy for typos.
  A MOTION *was made by Michele Spatz to accept the Policy: DI Tech Job Requirements with typos corrected. Bill Ketchum seconded the motion. Motion was carried and approved by the board.*
  Privilege List: APP – Addition of Endometrial Biopsies
  A MOTION *was made by Robb Van Cleave to accept the Privilege List: APP – addition of Endometrial Biopsies as presented. Janet Hamada seconded the motion. Motion was carried and approved by the board.*

E. **Review the Board Assessment:** Joyce reviewed the Board Assessment results. A lengthy discussion ensued.

V. Old Business

VI. Committee Reports and Recommendations

A. Board Quality and Safety Committee: Dr. Paul Cardosi presented a report, included in the Board Packet.
A MOTION *was made by Robb Van Cleave to accept the Board Quality and Safety Committee report. Michele Spatz seconded the motion. Motion was carried and approved by the board.*

B. Finance Update: Wendy Apland
Wendy shared that even though numbers were down, our gross charges were higher than they had been. We had a lot of good additional payments. Our expenses were favorable. Weather Forecast: Fireworks! I am pleased with the financial results from this month.

VII. Meeting adjourned: Joyce Newmyer adjourned the meeting at 7:50pm.

Respectfully Submitted by
Katie Cummings, Executive Assistant

_____
Dennis Knox, Secretary

BOARD OF TRUSTEES
Minutes of Meeting
Friday, September 22, 2023
In-person Meeting

Board Members Present: Joyce Newmyer, Board Vice-Chair; Dennis Knox; Robb Van Cleave, Board Vice-Chair; Bill Ketchum; Sue Knapp; Michele Spatz; Victor Mondragon; Paul Cardosi, M.D.; Janet Hamada
Board Members Not in Attendance via ZOOM/ In person: Frank Toda, PhD; Nolan Young
Also Present: Jayant Eldurkar, MD; Wendy Apland, CFO; Camie Overton, COO; Jayme Mason, CNO; Cheri McCall CHRO; Dale Lepper, CIO; Travis Dray, Director of New Business Development

I. **Call to Order:** Joyce Newmyer called the meeting to order at: 4:03pm

II. **Consent Agenda: Joyce Newmyer, Vice-Chair**
   A. **Medical Staff Business and Committee Meeting Minutes**
   B. **August 23, 2023 Board Meeting Minutes**

   A MOTION *was made by Bill Ketchum to accept the consent agenda as presented. Sue Knapp seconded the motion. Motion was carried and approved by the Board.*

III. **New Business: Joyce Newmyer, Vice-Chair**
   A. **Credentialing and Credentialing**
   B. **Policy: DNR, Practitioner Orders for Life-Sustaining Treatment and End-of-life Decision Making**

   A MOTION *was made by Paul Cardosi, M.D. to accept the new business as presented. Bill Ketchum seconded the motion. Motion was carried and approved by the Board.*

   C. **Discussed moving the Board Meeting from November 22nd to November 15th.**
   All approved and change will be made.

IV. **Meeting adjourned:** Joyce Newmyer adjourned the meeting at 4:10pm.

Respectfully Submitted by
Katie Cummings, Executive Assistant

_____
Dennis Knox, Secretary

☒ Systemwide Standard Policy
☐ Systemwide Model Policy

Standard Policy No. 11927
Approval Pathway: Nonclinical
Department: Revenue Cycle

STANDARD POLICY: FINANCIAL ASSISTANCE POLICY

POLICY SUMMARY/INTENT:

Adventist Health facilities are built on a team of dedicated health care professionals - physicians, nurses, technicians, management, trustees, volunteers, and many other devoted health care workers. Together, these individuals serve to protect the health of their communities. Their ability to serve requires a special relationship built on trust and compassion. Through mutual trust and goodwill, Adventist Health and patients will be able to meet their responsibilities. This policy is designed to strengthen that relationship and make sure patients receive services regardless of their ability to pay.

This policy describes Adventist Health's Financial Assistance (both Charity Care and Discounted Care) policy. Adventist Health does not discriminate, and is fair in reviewing and assessing eligibility for Financial Assistance for community members who may be in need of financial help. Adventist Health provides financial assistance to patients and families when they are unable to pay, all or part, of their medical bill. This policy describes how Adventist Health reviews a patient's financial resources to determine if financial assistance can be provided.

The intent of this policy is to comply with applicable federal, state and local laws and regulations.

DEFINITIONS

1. **Allowable Medical Expenses** - All family members' medical expenses that are eligible for federal income tax deduction, even if the expenses are more than the medical expense deduction allowed by the IRS. Paid and unpaid bills may be included
2. **Amount Generally Billed (AGB)** - The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentages for each hospital facility are updated annually.
3. **Application Period** – The period during which Adventist Health must accept and process an application for financial assistance under its Financial Assistance Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Adventist Health provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
4. **Billed Charges** - Charges for items and services provided by Adventist Health as published in the Charge Description Master (CDM) and available at www.adventisthealth.org website under Patient Resources, Healthcare Costs and Charges page.
5. **Charge Description Master** - A list of items and services, along with their individual prices and codes, used to bill for services.
6. **Charity Care** - Free or Discounted Care provided when the patient is not expected to pay a bill or is expected to pay only a small amount of the patient's payment obligation for items and services provided by Adventist Health. Charity Care is based on financial need.
7. **Discounted Care** - A deduction from the payment obligations for items and services that is given for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patient or uninsured patient.
8. **Extraordinary Collection Action (ECA)** - ECAs are legal or judicial actions taken to receive payment from a patient for care covered under the hospital facility's Financial Assistance Policy. Selling a patient's debt to another company for collection purposes without adequate protections in place is also an ECA. Other examples include garnishing a patient's wages and adverse credit reporting.
9. **Emergency Medical Care** - Refers to Emergency Services and Care, as defined in the Adventist Health Emergency Medical Treatment and Labor Act policy (EMTALA) #AD-06-019-S.
10. **Essential Living Expenses (ELE)** - The following expenses are considered Essential Living Expenses: rent or house payment and maintenance, food, household supplies, laundry and cleaning, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, repairs and installment payments, and other extraordinary expenses.
11. **Family Members** –
    a. Family Members, of persons **18 years or older**, include a spouse, domestic partner, as defined by the state where the facility is licensed, and dependent children under 26 years, whether living at home or not.
    b. Family Members of **persons under 18 years** include parents, caretaker relatives, and other children of the parent or caretaker relative who are less than 26 years of age of the parent or caretaker relative.
12. **FAP** – The Adventist Health Financial Assistance Policy.
13. **Federal Income Tax Return** - The Internal Revenue Service (IRS) form/s used to report taxable income. The IRS form must be a copy of the signed and dated forms sent to the IRS.
14. **Federal Poverty Level (FPL)** - The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under it's statutory authority.
15. **Financial Assistance** - The reductions in payment obligation afforded to Adventist Health patients if such patients qualify for assistance under this policy or the Financial Assistance for Uninsured Patients policy.

16. **High Medical Costs** - Defined as any of the following

    a. Annual Out-of-Pocket expenses, incurred by an individual at an Adventist Health hospital, that exceeds the lesser of ten percent (10%) of the patient's current family income or family income in the prior 12 months.

    b. Annual Out-of-Pocket expenses that are more than ten percent (10%) of the patient's family income, if the patient provides documentation of their medical expenses paid by the patient, or the patient's family, in the prior 12 months.

17. **Household Income** - Cumulative income of all Family Members who live in the same household as the patient, or at the home address the patient uses on income tax returns, or on other government documents. This includes the following:

    a. Gross wages, salaries, tips, etc.

    b. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income

    c. Interest, dividends, royalties, income from rental properties, estates and trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources

18. **Limited English Proficiency (LEP) Group** - A group of people who either do not speak English, or who are unable to effectively communicate in English because it is not their native language. The size of the group is the lesser of either 1,000 individuals, or five percent (5%) of the community served by the facility, or the non-English speaking populations likely to be, affected or encountered, by the facility. The facility may use any reasonable method to determine the number, or percentage, of LEP patients that may be affected, encountered, or are served by the facility.

19. **Medically Necessary** - A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to either (a) protect life, to prevent significant illness or significant disability, (b) to alleviate severe pain, or (c) to prevent, diagnose or treat an illness, injury, condition or disease, the symptoms of an illness, injury, condition or disease, and (d) meets accepted standards of medicine.

20. **Out-of-Pocket Costs** - Costs which the patient pays from personal funds.

21. **Patient Financial Services (PFS)** - The Adventist Health department responsible for billing, collecting, and processing payments.

22. **Payment Plan** - A series of payments, made over a period of time, to pay the patient's payment obligation for items and services provided by Adventist Health. Monthly payments cannot be more than ten percent (10%) of a patient's monthly family income, excluding deductions for Essential Living Expense.

23. **Plain Language** - Writing designed to ensure the reader understands quickly, easily, and completely as possible. Plain language strives to be easy to read, understand and use.

24. **Presumptive Financial Assistance** - When Adventist Health staff may assume a patient will qualify for 100% Financial Assistance based on information given to them, e.g., homelessness, etc.

25. **Qualifying Patient** - Patient who meets the financial qualifications for Financial Assistance as defined in Section C below.

26. **Reasonable Payment Plan** - A payment plan negotiated between Adventist Health and a patient takes into consideration the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan, the hospital shall establish a payment plan with monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses (as defined above).

27. **Self Pay Patient** - A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital. Self-pay patients may include charity care patients.

28. **Self-Pay Liability** - Any balance due by the person who is responsible for payment. This could be a patient, or the patient's guarantor (not a third-party payer).

29. **Third-Party Coverage** - A policy of insurance or other prepaid coverage purchased for protection against certain events, such as health, automobile and general liability insurance, etc.

30. **Uninsured Patient** - Patients who do not have insurance to cover the services received.

31. **Underinsured Patient** - A patient who does not have enough insurance or prepaid coverage to cover the services received.

POLICY: COMPLIANCE – KEY ELEMENTS

Adventist Health is committed to providing Financial Assistance to patients who seek Emergency Medical Care, or Medically Necessary Care, but have limited, or no means, to pay for that care. Financial Assistance is comprised of both Charity Care (free care) and/or Discounted Care. Adventist Health will provide, without discrimination, Emergency Medical Care, or Medically Necessary Care as defined in this policy, to persons regardless of their ability to pay, their eligibility under this policy, or their eligibility for government assistance.

Accordingly, this written policy:

1. includes eligibility criteria for Financial Assistance – Charity Care (free) and Discounted Care (reduction in the patient's payment obligation);
2. describes the basis for how Adventist Health calculates the amount charged to patients who qualify for Financial Assistance under this policy;
3. describes how patients apply for Financial Assistance;
4. describes how the Adventist Health hospital or other Adventist Health facility will publicize this policy in the community it serves; and
5. describes how the Adventist Health hospital or other Adventist Health facility limits the amount billed to patients who qualify for Financial Assistance
6. includes a list of physician and other providers who provide emergency or other medically necessary care in the hospital facility that specifies which providers are covered by the FAP and which are not.

Charity Care and Discounted Care are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Financial Assistance. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

A. **COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:**

1. Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Adventist Health will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Adventist Health patients in a non-discriminatory manner, pursuant to each Adventist Health hospital's EMTALA policy (see AH Model Policy AD-06-109-S "EMTALA – Compliance with EMTALA").

    a. **Qualifying Care Under This Policy includes:**

        i. Emergency Medical Care, or other Medically Necessary Care, provided at Adventist Health owned and operated facilities listed in Appendix B

        ii. Emergency department physician services that the Adventist Health facility bills for on the physicians' behalf.

        iii. Note: Emergency room physicians, who provide emergency medical services in an Adventist Health general acute care facility are excluded from this policy unless listed as a "Covered Provider" in the documentation from Appendix D. California requires these physicians to have their own financial assistance policies. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs, should contact that physician's office and ask about their Financial Assistance policy.

        iv. An emergency physician who provides emergency medical services at an Adventist Health hospital in California is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

        v. A California small and rural hospital, as defined in California Health and Safety Code section 124840, may establish eligibility levels for financial assistance and charity care at less than 400 percent of the federal poverty level as appropriate to maintain their financial and operational integrity.

    b. **Communication of Financial Assistance**

        i. Adventist Health gives patient's information about Financial Assistance in different ways, including, but not limited to:

            I. Clearly and conspicuously placing public notices in Emergency Rooms, Admitting and Registration Offices, Billing Offices, Patient Financial Services Departments, other public places and other outpatient settings, including observation units;

            II. Placing information in the Adventist Health Conditions of Registration Form;

            III. Printing information in Adventist Health Post-Discharge Billing Statement. This includes information about how patients can obtain more information about financial assistance along with the internet link for the Financial Assistance Policy;

            IV. Posting a "plain language summary" of the Financial Assistance Policy on all Adventist Health websites and offering a paper copy if the "plain language summary" to patients as part of the intake or discharge process.

            V. Prominently displaying information on Adventist Health facility websites, with a link to the Financial Assistance Policy itself;

            VI. Placing, in a "plain language" brochure, mailings, and at other community locations.

            VII. For patients of Adventist Health's California hospitals, a written notice shall be provided to all patients admitted to the hospital as well as patients who receive emergency or outpatient care and who may be billed for that care, but who were not admitted. the written notice will further be clearly and conspicuously placed in areas in section A.1.b.i.I of this Policy

                A. The written notice shall include:

                    1. Availability of the hospital's discount payment and charity care policies, including information about eligibility

                    2. Contact information for a hospital employee or office from which the person may obtain further information about these policies.

                    3. The internet address of the Health Consumer alliance (https://healthconsumer.org)

                    4. A statement that there are organizations that will help the patient understand the billing and payment process

                    5. Information regarding Covered California and Medi-Cal presumptive eligibility (if the California hospital participates in the presumptive eligibility program)

                    6. The notice shall also include the internet address for the Adventist Health Hospital's shoppable services (as per 45 CFR 180.60

                B. The written notice shall be provided at the time of service if the patient is conscious and able to receive written notice at the time. if the patient is not able to receive notice at the time of service, the notice shall be provided during the discharge process. It the patient is not admitted, the written notice shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving written notice, the hospital shall mail the notice to the patient within 72 hours of providing services.

VIII. For patients of Adventist Health's California hospitals, a written notice shall be provided to a patient without health coverage follows:

A. A written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, based upon an average length of stay and services provided for the person's diagnosis

B. Information about its financial assistance and charity care policies and contact information for a hospital employee or office from which the person may obtain further information about these policies

C. An application form for financial assistance or charity care.

D. The estimate may be provided during normal business office hours.

E. This does not apply to patients who received emergency services

ii. Notices written correspondence, and other documents including the Financial Assistance Policy, Financial Assistance application, and the plain language summary of the Financial Assistance Policy are provided to patients in their primary language, when the patient is identified as being within a Limited English Proficiency (LEP) group. In addition to the above, Adventist Health personnel may use their discretion to give individual notice of financial assistance to patients who appear to be at risk of not being able to pay their bill. Referral of patients for financial assistance may be made by any member of the medical, or facility, staff. A request for financial assistance may also be made by the patient, his or her guardian, or family member. Requests are subject to applicable privacy laws.

a. The written notices will contain information about availability of the hospital's discount payment and charity care policies. This includes information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies

iii. A hospital may provide electronically (for example, on an electronic screen, by email, or by providing the direct Website address, or URL, of the Web page where the document or information os posted) any document or information that is provided in the form of a paper copy to any individual who indicates he of she prefers to receive or access the document or information electronically.

iv. Individuals can get information about the Financial Assistance Policy, a copy of our Plain Language Summary, and an application in different languages, free of charge, by:

a. Going to the registration area, emergency room, or admissions areas

b. Speaking with an Adventist Health facility financial counselor

c. Going to the website for Adventist Health: https://www.adventisthealth.org/patient-resources/financial-assistance/

d. Calling us at 1-844-827-5047 (or local hospital – See appendix B of this policy)

e. Writing to: Adventist Health, ATTN: Financial Assistance, P.O. Box 677000, Paradise, CA 95967

f. Patients may get a paper copy of this Financial Assistance Policy upon request by contacting any of the five contacts listed above

c. **Eligibility Criteria for Financial Assistance**

i. **Patients who are:** (a) uninsured (including a Self-Pay Patient, or underinsured with High Medical Costs, (b) have a Household income at or below 400 percent of the federal poverty level, and (c) are unable to pay for their care are eligible for financial assistance if they qualify under the Financial Assistance Policy. Decisions on whether a patient will be granted financial assistance are based on a patient's financial need. Race, color, national origin, citizenship, religion, creed, gender, sexual preference, gender identity and expression, age, or disability are not considered.

ii. For patients on Medicaid (called "Medi-Cal" in California) the patient's Share of Cost (SOC) amounts are not eligible for financial assistance. The SOC amounts are set by the State. States require patients to pay the SOC as a condition of receiving Medicaid/Medi-Cal covered services.

iii. A patient described in section(A)(1)(c)(i) may qualify for Financial Assistance under this policy, if they meet one of the following criteria:

I. Income: Household Income is at, or below, 400% of the FPL.

II. Expenses: Patients who do not meet the income criteria, may be eligible for financial assistance based on essential living expenses and resources. The following two (2) qualifications must both apply:

A. Essential Living Expenses: Exceed fifty percent (50%) of the Household Income; and

B. Resources: The patient’s excess medical expenses (the amount that Allowable Medical Expenses are greater than 50% of annual Household Income) must be greater than available Qualifying Assets.

III. Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts and other liabilities for medically necessary hospital services except for Medicaid SOC

A. Please see tables under Sections d.iii and d.ivii for eligibility criteria

d. **Financial Assistance Levels:** Basis for Calculating Amounts Charged to Patients

i. There is a limit to the amount an individual who is eligible for Financial Assistance may be charged. That individual may not be charged more than the Amount Generally Billed (AGB) for emergency or other medically necessary care. Adventist Health does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy. Appendix C

describes the specific AGB methodology used for each Adventist Health hospital facility.

ii. Charity Care and Discounted Care: Documentation of Household income shall differ depending on whether the hospital is determining eligibility for charity care or discounted payment.

I. For purposes of determining eligibility for charity care, documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans. A hospital may require waivers or releases from the patients or patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold the monetary assets, to verify their value. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Service Code, or non-qualified deferred compensation plans. Furthermore, the first ten thousand dollars ($10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of patient's monetary assets over the first ten thousand dollars ($10,000) be counted in determining eligibility.

II. For purposes of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs and income tax returns.

III. Eligibility for discounted payments or charity care may be determined at any time the hospital is in receipt of information.

iii. For patients of Adventist Health's California hospitals, a hospital shall further limit expected payment for services it provides to a patient who meets the criteria in section (A)(1)(c) to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. It the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, the hospital shall establish an appropriate discounted payment. Patients eligible for financial assistance pursuant to the section shall not be required to undergo an independent dispute resolution process. Adventist Health shall provide charity care (zero patient responsibility) for Self-Pay Patients at or below 200% or less of the Federal Poverty Level.

iv. For patients of non-California hospitals and Adventist Health Physician Network patients. The discount is based on the percentages in the following tables:

I. Emergency and Medically Necessary Care for Uninsured and Insured Patients

Uninsured Patients		
Household Income	**Patient Responsibility**	**Oregon All Locations Amounts Charged**
200% or less of the Federal Poverty Level	Zero	Zero
> 200% to 300% of the Federal Poverty Level	50% of the Amount Generally Billed	25% of the Amount Generally Billed
> 300% to 350% of the Federal Poverty Level	75% of the Amount Generally Billed	50% of the Amount Generally Billed
> 350% to 400% of the Federal Poverty Level	75% of the Amount Generally Billed	75% of the Amount Generally Billed
> 400% of the Federal Poverty Level	Please refer to the Financial Assistance for Uninsured Patients Policy	Please refer to the Financial Assistance for Uninsured Patients Policy

Patients with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Costs		
Household Income	**Amounts Charged**	**Oregon All Locations Amounts Charged**
400% or less of the Federal Poverty Level	The Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, the patient obligation is zero.	Any patient liability after amounts paid by the patient's insurer failed to pay AGB shall follow the FPL groupings and minimum % discounts from AGB applied as outlined in the table above for uninsured patients.
>400% of the Federal Poverty Level	Not covered under the Financial Assistance Policy, the patient is responsible for their cost sharing obligation amount.	Not covered under the Financial Assistance Policy, the patient is responsible for their Self-Pay Liability amount.

II. Non-Emergency and non-Medically Necessary Care for Uninsured and Insured Patients:

Uninsured Patients	
Household Income	**Amounts Charged**
200% or less of the Federal Poverty Level	Zero
>200% to 400% of the Federal Poverty Level	50% of the Amount Generally Billed

>400% of the Federal Poverty Level	Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy

Patients with Commercial Insurance or Non-Contracted Managed Care Plan and High Medical Costs	
Household Income	**Patient Liability**
400% or less of the Federal Poverty Level	The Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, patient obligation is zero.
>400% of the Federal Poverty Level	Not covered under the Financial Assistance policy; the patient is responsible for their Self-Pay Liability amount.

v. **How Patients Apply for Financial Assistance:**

i. To be considered for Financial Assistance under this policy, a patient or guarantor must:

I. Work with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs;

II. Submit a true, accurate, and complete confidential → Financial Assistance Application within the Application Period;

III. Provide a copy of patient's or guarantor's most recent pay stub (or certify that he or she is currently unemployed);

IV. Provide a copy of patient's or guarantor's most recent Federal Income Tax Return (including all schedules)

ii. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan, if they have third-party insurance or health plan. Failure to do so, may result in a denial of financial assistance.

iii. Human dignity, and stewardship, are considered in the application process for deciding financial need and granting financial assistance.

iv. Adventist Health shall not use any information given by a patient regarding monetary assets, pay stubs or income tax returns, in connection with his or her application, for any collection activities of Adventist Health. Information provided by the patient about their household income will only be used to evaluate whether the patient qualifies for financial assistance under this policy.

v. Adventist Health shall not deny financial assistance under its FAP based on a patient's failure to provide information or documentation unlessthe information or documentation is described in teh FAP or FAP application form.

vi. For patients of Adventist Health's California hospitals, a patient shall no be denied financial assistance that would be available pursuant to the policy published on the California Department of Health Care Access and information's internal website at the time of service.

vi. **Eligibility for Other Government Programs**

i. The facility will make reasonable efforts to help the patient find insurance options including:

I. Private health insurance, including coverage offered through the Health Benefit Exchange;

II. Medicare; or

III. The Medicaid program, the Children's Services program, or other state-funded programs designed to provide health coverage. If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for a facility financial assistance program, neither application will stop eligibility for the other program.

ii. Upon receiving a complete FAP application from a patient who the hospital believes may qualify for Medicaid, the hospital shall postpone determining whether the patient is FAP-eligible for the care until after the patient's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.

vii. **Presumptive Financial Assistance Eligibility**

i. Presumptive Financial Assistance takes place when Adventist Health staff may assume a patient will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc.

I. A staff or management member of the Patient Financial Services Department will complete an internal Financial Assistance Application for a patient, to include:

A. The reason the patient, or patient's guarantor, cannot apply on his/her own behalf; and

B. The patient's documented medical or socio-economic reasons that stop the patient, or patient's guarantor, from completing the application.

II. Financial assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship. The reason for presumptive eligibility will be reflected in the transaction code used to adjudicate the patient's the patient's claim. Additional

patient notes may be included. Examples of the exceptions where documentation requirements are waived include but are not limited to:

A. The patient's medical record that documents they are homeless;

B. It is verified that the patient expired with no known estate or spouse;

C. The patient is currently in jail or prison;

D. The patient qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medicaid, County Indigent Health, AFDC, Food Stamps, WIC, etc.;

E. The patient meets another public benefit program's requirement that are similar to Adventist Health's Financial Assistance program;

F. Adventist Health tried to get a payment from the patient, and is not able to do so;

G. The patient has not completed a Financial Assistance Application;

H. The patient does not respond to requests for documentation;

I. An independent credit-based financial assessment tool indicates indigence

J. An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:

1. Patient has an active Medicaid plan

2. Patient is eligible for Medicaid

3. or patients with current active Medicaid coverage will have assistance applied for past dates of service

K. Any other information required by the Financial Assistance Application

III. If the patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP, the hospital facility shall

1. Notify the individual regarding the basis for presumptive FAP-eligibility determination and the way to apply for more generous assistance available under FAP.

2. Give the patient a reasonable period of time to apply for more generous assistance before initiating extraordinary collection actions to obtain the discounted amount owed for the care; and

3. If the patient submits a complete FAP application seeking more generous assistance during the Application Period, determine whether the patient is eligible for a more generous discount and otherwise meets the requirements with respect to that complete FAP application.

ii. Non-covered and denied service provided to Medicaid eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for and forms of patient financial liability besides SOD and all charges related to services not covered , including all denials, are charity care. Examples may include, but not limited to:

A. Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, nut receive other hospital care)

B. Medicaid-pending accounts

C. Medicaid of other indigent care program denials

D. Charges related to days exceeding a length-of-stay limit

E. Medicaid claims (including out of state Medicaid claims) with "no payments"

1. Any service provided to a Medicaid eligible patient with no coverage and no payment

iii. If the patient does not or cannot respond to the application process, then the patient's account will be screened using the presumptive eligibility information outlined above to make an individual assessment of financial need. The above information helps Adventist Health make an informed decision on the financial need of a patient by using the best estimates available if the patient does not or cannot provide the requested information.

I. Adventist Health facilities use a third-party to conduct electronic reviews of patient information to assess financial need. These reviews use a healthcare industry-recognized model that is based on public record databases. This predictive model uses public record data to calculate a socio-economic and financial capacity score. It includes estimates of income,(and for California, assets and liquidity). The electronic technology compares each patient using standards that are analogous to the standards in the formal application process.

II. Electronic technology will be used after all other eligibility, and payment sources, have been tried before a patient account is considered bad debt and turned over to a collection agency. This ensures Adventist Health facilities screen all patients for Financial Assistance before taking any collection actions.

III. The electronic eligibility review data that supports the financial need to qualify at 200% FPL, or less, will only be applied to past patient balances.

iv. Patient accounts granted presumptive eligibility will be reclassified under the Financial Assistance policy, Adventist Health will not:

I. send them to collection agencies, debt buyers, or other assignees that is not a subsidiary or affiliate of Adventist Health;

II. subject them to further collection actions;

III. notify them of their qualification; or

IV. include them in the facility's bad debt expense

viii. **Eligibility Period**

i. The Financial Assistance adjustment will be applied to all eligible patient account balances, including those received before the application approval date.

ii. The financial assistance approval is good for180 days after the approval is granted.

iii. For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient is seeking financial assistance to pay those bills

ix. **Appeal Regarding Application of This Policy**

i. Patients may submit a written a request for reconsideration to the Finance Officer (FO) of the Adventist Health Facility at which they received services when:

I. they believe their Financial Assistance Application was not approved according to this policy; or

II. they disagree with the way the policy was applied to their case

ii. The FO will be the final level of appeal.

iii. Appeal must be submitted within 90 days of the date of the decision letter.

x. **Agreements with other Parties** - If Adventist Health sells or refers and individual's debt related ot care to another party, Adventist Health will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care. At a minimum such an agreement must provide the following:

i. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care until either the hospital facility determined whether the individual is FAP-eligible based on a complete FAP application and otherwise met the requirements OR the individual has failed to respond to the requests for additional information and/or documentation within a reasonable period of time given to respond to such request.

ii. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period and is determined to be FAP-eligible for the care, the party will do the following in a timely manner:

I. Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has not obligation to pay, the party and the Adventist Health facility together more than the individual is required to pay for the care as a FAP-eligible individual

II. if applicable and if the party (rather than the hospital facility) has the authority to do so, take all reasonably available measures to reverse any ECA (other than the sale of a debt or a lien that a hospital facility is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the hospital facility provided care) taken against the individual.

iii. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care as described in Paragraph A(j)(iii)(1) of the Financial Assistance Policy.

iv. The party shall be required to comply with Adventist Health's definition and application of a reasonable payment plan, as that term is defined in the Financial Assistance Policy

v. If the party refers or sells the debt to yet another party during the Application Period, the party will obtain a written agreement from that other party including all of the other elements described in this Paragraph k.

xi. **Documentation**

i. Confidential Financial Assistance Application

xii. **List of Covered Providers**

i. The list of Covered and Non-covered Providers who deliver Emergency Medical Care, and other Medically Necessary Care will be updated at least quarterly.

ii. See Appendix D of the Policy for a link to the lists of Covered and Non-covered Providers

iii. See Appendix B of the Policy for the physical address where to get a free copy of the Covered and Non-covered Providers list.

iv. Section B of the Policy describes how this list will be made available.

xiii. **Authorized Body**

i. Adventist Health Finance Cabinet will review any subsequent changes to this policy and recommend approval to the Adventist Health Board of Directors.

ii. The Adventist Health Board of Directors shall adopt the policy for the hospital facility.

APPENDIX A: 2023 FEDERAL POVERTY LEVELs (FPL)

2023 FEDERAL POVERTY LEVELs (FPL)

Persons in Family	48 Contiguous States and the District of Columbia	Alaska	Hawaii
1	$14,580	$18,210	$16,770
2	$19,720	$24,640	$22,680
3	$24,860	$31,070	$28,590
4	$30,000	$37,500	$34,500
5	$35,140	$43,930	$40,410
6	$40,280	$50,360	$46,320
7	$45,420	$56,790	$52,230
8	$50,560	$63,220	$58,140
For each additional person, add	$5,140	$6,430	$5,910

Source: http://www.aspe.hhs.gov/poverty/

APPENDIX B: Covered Facility List

Covered Facility List

List of Adventist Health facilities covered under this policy:

Doing Business As (DBA)	Address	Phone Number
Adventist Health Bakersfield	2615 Chester Avenue Bakersfield, CA 93301	661-395-3000
Adventist Health Castle	640 Ulukahiki Street Kailua, HI 96374	808-263-5500
Adventist Health Clear Lake	15630 18th Avenue Clearlake, CA 95422	707-994-6486
Adventist Health Delano	1401 Garces Highway Delano, CA 93215	661-725-4800
Adventist Health Feather River	5125 Skyway Road Paradise, CA 95969	530-872-2000
Adventist Health Glendale	1509 Wilson Terrace Glendale, CA 91206e	818-409-8000
Adventist Health Hanford	115 Mall Drive Hanford, CA 93230	559-582-9000
Adventist Health Howard Memorial	1 Marcela Drive Willits, CA 95490	707-459-6801
Adventist Health Lodi Memorial	975 S. Fairmont Avenue Lodi, CA 95240	209-334-3411
Adventist Health Mendocino Coast	700 River Drive Fort Bragg, CA 95437	707-961-1234

Adventist Health Physicians Network or Adventist Health Medical Foundation Clinics	Please use contact address for the nearest AH facility	Please use phone listed for nearest AH Facility
Adventist Health Reedley	372 W. Cypress Avenue Reedley, CA 93654	559-638-8155
Adventist Health Rideout	726 4th Street Marysville, CA 95901	530-749-4300
Adventist Health Selma	1141 Rose Avenue Selma, CA 93662	559-891-1000
Adventist Health Simi Valley	2975 North Sycamore Drive Simi Valley, CA 93065	805-955-6000
Adventist Health Sonora	1000 Greenley Road Sonora, CA 95370	209-536-5000
Adventist Health St. Helena	10 Woodland Road St. Helena, CA 94574	707-963-3611
Adventist Health Tehachapi Valley	1100 Magellan Drive Tehachapi, CA 93561	661-823-3000
Adventist Health Tillamook	1000 Third Street Tillamook, OR 97141	503-842-4444
Adventist Health Tulare	869 N. Cherry Street Tulare, CA 93274	559-688-0821
Adventist Health Ukiah Valley	275 Hospital Drive Ukiah, CA 95482	707-462-3111
Adventist Health Vallejo	525 Oregon Street Vallejo, CA 94590	707-648-2200
Adventist Health White Memorial	1720 East Cesar E. Chavez Ave. Los Angeles, CA 90033	323-268-5000
Adventist Health Home Care	Please Call for the Information	844-827-5047

APPENDIX C - Amount Generally Billed (AGB) for facilities in California:

Amount Generally Billed (AGB) for facilities in California:

AGB Table #1:

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHBD	Adventist Health Bakersfield	All services	5/1/2023	15%

AHCL	Adventist Health Clear Lake	All services	5/1/2023	41%
AHDL	Adventist Health Delano	All services	5/1/2023	26%
AHGL	Adventist Health Glendale	All services	5/1/2023	14%
AHHF	Adventist Health Hanford	All services	5/1/2023	21%
AHHM	Adventist Health Howard Memorial	All services	5/1/2023	29%
AHLM	Adventist Health Lodi Memorial	All services	5/1/2023	12%
AHMC	Adventist Health Mendocino Coast	All services	5/1/2023	51%
AHRD	Adventist Health Reedley	All services except Rural Health Clinics – See Appendix D	5/1/2023	21%
AHRO	Adventist Health and Rideout	All services	5/1/2023	21%
AHSV	Adventist Health Simi Valley	All services	5/1/2023	14%
AHSR	Adventist Health Sonora	All services	5/1/2023	14%
AHSH	Adventist Health St. Helena	All services	5/1/2023	14%
AHTV	Adventist Health Tehachapi Valley	All services	5/1/2023	31%
AHTR	Adventist Health Tulare	All Services	5/1/2023	21%
AHUV	Adventist Health Ukiah Valley	All services	5/1/2023	24%
AHWM	Adventist Health White Memorial	All services	5/1/2023	13%
AHPN	Adventist Health Physician Network	All Services	5/1/2023	36%

Amount Generally Billed (AGB) for facilities in Oregon, Washington and Hawaii:

AGB Table #2

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHCS	Adventist Health Castle	All services except Physician Clinics - See Below Table 3	5/1/2023	42%
AHTM	Adventist Health Tillamook	All Services	5/1/2023	56%

AGB Table #3

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHHC	Adventist Health Home Care	All Services	5/1/2023	61%

APPENDIX D: Sliding Scale – Adventist Health Reedley – Rural Health Clinics

Sliding Scale – Adventist Health Reedley – Rural Health Clinics

A completed Sliding Scale attestation must be submitted, and any qualification is valid for 90 days from the date of qualification.

Adventist Health Reedley – RHC Visit			
Nominal Amounts	**$30.00**	**$45.00**	**$60.00**
Family Size	50% of nominal amount	75% of nominal amount	100% of nominal amount
	100% of the 2023 FPL	150% of the 2023 FPL	200% of the 2023 FPL
1	$14,580	$21,870	$29,160
2	$19,720	$29,580	$39,440
3	$24,860	$37,290	$49,720
4	$30,000	$45,000	$60,000
5	$35,140	$52,710	$70,280
6	$40,280	$60,420	$80,560
7	$45,420	$63,220	$90,840
8	$50,560	$75,840	$101,120
Additional Person	$5,140	$7,710	$10,280

APPENDIX E : Covered and Noncovered Provider's List

Covered and Noncovered Provider's List

The list of Covered and Noncovered Providers who provide Emergency Medical Care or other Medically Necessary Care, in each Adventist Health hospital facility, is maintained in the supplemental document called, PFS-112 Financial Assistance Covered and Noncovered Physicians List". This list is updated quarterly and is published on the Adventist Health website at the links in the following table.

Patients may get a free hard copy of the "PFS-112 Financial Assistance Covered and Noncovered Physicians List" at the facility addresses listed in Appendix B, above.

Below are the links to the lists of Covered and Non-Covered Providers included in this supplemental document:

Facility Abbreviation	Facility
Adventist Health Bakersfield	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHBD-501R-FAP-Providers.pdf
Adventist Health Castle	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCS-501R-FAP-Providers.pdf
Adventist Health Clear Lake	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCL-501R-FAP-Providers.pdf
Adventist Health Delano	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHDL-501R-FAP-Providers.pdf
Adventist Health Glendale	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHGL-501R-FAP-Providers.pdf
Adventist Health Hanford	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHF-501R-FAP-Providers.pdf
Adventist Health Howard Memorial	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHM-501R-FAP-Providers.pdf

Adventist Health Lodi Memorial	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHLM-501R-FAP-Providers.pdf
Adventist Health Mendocino Coast	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf
Adventist Health Physician Network	To be determined
Adventist Health and Rideout	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHRO-501R-FAP-Providers.pdf
Adventist Health Simi Valley	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSV-501R-FAP-Providers.pdf
Adventist Health Sonora	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSR-501R-FAP-Providers.pdf
Adventist Health Tehachapi Valley	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTV-501R-FAP-Providers.pdf
Adventist Health Tillamook	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTM-501R-FAP-Providers.pdf
Adventist Health Ukiah Valley	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf
Adventist Health Home Care Services	To be determined
Adventist Health White Memorial	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHWM-501R-FAP-Providers.pdf

MANUAL(S):

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

www.ftc.gov
http://www.aspe.hhs.gov/poverty/
www.ftc.gov
www.adventisthealth.org
Financial Assistance Policy - Facility Application Letter (English)
EMTALA - Compliance With EMTALA
Charity Care/Financial Assistance Application Form - Confidential (English)
Charity Discount Application - ENG
Charity Discount Application - SPN
CA Health and Safety Code Sec. 127405 (a)(1)(B), as amended by AB 1020 (2021)
ORS 442.612(7)
IRS Section 501(r)
CA Health & Safety Code Sec. 127410 (b) by AB 532
https://healthconsumer.org

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

Financial Assistance for Uninsured Patients
Self Pay Billing and Collection Policy

FEDERAL REGULATIONS:

Other

https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r

ACCREDITATION:

CALIFORNIA:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1020;
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB532

HAWAII:

No specific state requirements noted. Corporate policy applies as written.

OREGON:

https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/HB4020,
https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB3076

WASHINGTON:

No specific state requirements noted. Corporate policy applies as written.

REFERENCES:

AUTHOR: Patient Financial Services
APPROVED: Revenue Cycle Governance 9/18/2015; Exec Cabinet 12/1/2014; Board Approved 12/15/2015
EFFECTIVE DATE: 12/29/2015
REVIEWED: 11/12/14; REVISION: 12/21/09, 1/25/11, 6/3/2011, 1/27/11, 5/13/13, 2/3/14, Nov 2014 (SB1276), 1/22/15 (revised FPL); 12/17/2015 (501(r)) 3/1/2017
DISTRIBUTION: PFS Directors, CFOs

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER:

Longo, Kevin K - Chief Compliance Officer

ENTITY POLICY OWNER:

Not applicable

COLLABORATION:	**Miller, Amy K - Director, Revenue Cycle Compliance** **Snyder, Mona A - Director, Revenue Cycle-Home Care CBO** **Kanne, Claudia G - Regional Director, Compliance** **Esquivel, Lori - Director, Patient Access** **Oldes, Jodi L - Regulatory Specialist** **Hoops, Jessica M - Legal Support Assistant** **Brooksher, Cheryl A - Director, Business Intelligence** **Desai, Nirali A - System Director, Accreditation, Regulatory, and Licensing** **Williams, Shelly J - Financial Analyst** **Fiore, Colleen A - Sr. Application Analyst** **Avila, Serena L - Administrative Coordinator** **Liebowitz, Jacalyn - System Chief Nursing Officer** **Janosz, Sarah M - Program Manager, Polices and Procedures**
APPROVED BY:	
ADVENTIST HEALTH SYSTEM/WEST:	**(03/22/2023) Nonclinical Policy Review Team - Revenue Cycle, (03/30/2023) Finance Core Team, (Not yet approved) AH System Board**
ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:	
ENTITY:	**Not applicable**
ENTITY INDIVIDUAL:	**Not applicable**
REVIEW DATE:	
REVISION DATE:	**05/02/2019, 05/10/2019, 04/20/2020, 04/22/2020, 04/24/2020, 10/14/2020, 05/03/2021, 06/06/2021, 01/05/2022, 05/02/2022, 07/18/2022, 01/08/2023**
NEXT REVIEW DATE:	
APPROVAL PATHWAY:	**Nonclinical**

Mid-Columbia Medical Center
Monthly FTE Variance (Actual vs Budget)
10. Financial and Staffing information.
Responses to questions as follows:

Departments	Actual FTE 2021	Actual FTE 2022	Actual FTE 2023	2023 Budgeted FTE's	2024 Budgeted FTE's	Variance 2022 Actual to 2021 Actual	Variance 2022 Actual to 2023 Budget
		10 (b)	Q27 Added	10 (c)	Q27 Added	10 (d)	10 (e)
Total 11-210-15 - 210-Acute Care	23.73	19.20	18.31	21.60	21.24	(4.53)	2.40
Total 11-230-15 - 230-Bone Density	0.23	0.11	0.22	0.20	0.18	(0.12)	0.09
Total 11-235-35 - 235-Cardiac Outpatient	2.98	0.85	2.72	2.68	2.89	(2.13)	1.83
Total 11-250-15 - 250-Cardio-Pulmonary	8.55	7.44	7.93	8.11	6.17	(1.11)	0.67
Total 11-255-15 - 255-Case Management	9.34	12.05	11.73	12.02	11.65	2.71	(0.03)
Total 11-265-15 - 265-CT Scan	4.40	3.35	2.98	3.05	5.68	(1.05)	(0.30)
Total 11-275-35 - 275-Diabetes Center	1.48	0.74	1.42	1.33	1.67	(0.74)	0.59
Total 11-280-15 - 280-Dietitian	1.61	2.38	1.24	1.54	0.63	0.77	(0.84)
Total 11-285-35 - 285-Echo	1.97	1.51	1.54	2.33	1.93	(0.46)	0.82
Total 11-290-15 - 290-Emergency	19.07	18.77	18.68	17.24	20.53	(0.30)	(1.53)
Total 11-290-99 - 290-Emergency - Providers	8.55	7.98	4.82	5.37	5.50	(0.57)	(2.61)
Total 11-295-15 - 295-Endoscopy	3.77	3.85	5.32	4.42	4.82	0.08	0.57
Total 11-315-60 - 315-Home Health	38.88	34.38	30.75	34.29	32.83	(4.50)	(0.09)
Total 11-320-15 - 320-Hospitalists	7.91	10.07	7.09	6.00	6.86	2.16	(4.07)
Total 11-325-15 - 325-ICU-CCU	24.02	16.29	14.21	20.82	22.46	(7.73)	4.53
Total 11-330-15 - 330-Imaging	1.87	2.01	1.71	2.00	3.00	0.14	(0.01)
Total 11-335-15 - 335-Inpatient Rehab	9.71	6.95	0.60	7.68	-	(2.76)	0.73
Total 11-345-15 - 345-Lab	22.10	20.87	16.26	18.45	19.67	(1.23)	(2.42)
Total 11-350-15 - 350-Mammography	1.98	2.54	1.68	2.10	2.59	0.56	(0.44)
Total 11-355-32 - 355-Medical Oncology	18.12	17.15	10.81	19.40	10.20	(0.97)	2.25
Total 11-360-35 - 360-Mind-Body	0.01	-	-	-	-	(0.01)	-
Total 11-365-15 - 365-MRI	2.90	2.67	2.04	2.18	2.34	(0.23)	(0.49)
Total 11-380-15 - 380-Nuclear Medicine	0.94	0.92	0.91	1.00	0.86	(0.02)	0.08
Total 11-385-35 - 385-Nutrition	0.39	0.07	0.34	0.38	0.65	(0.32)	0.31
Total 11-390-15 - 390-Obstetrics	12.08	12.71	13.32	13.15	12.86	0.63	0.44
Total 11-408-15 - 408-Inpatient Occupational Therapy	1.39	1.60	1.39	1.42	1.22	0.21	(0.18)
Total 11-410-35 - 410-Outpatient Occupational Therapy	2.05	2.02	2.52	2.52	2.90	(0.03)	0.50
Total 11-412-15 - 412-Inpatient Physical Therapy	3.13	2.51	2.77	3.25	3.00	(0.62)	0.74
Total 11-420-15 - 420-Pathology	3.04	2.22	3.01	2.48	2.96	(0.82)	0.26
Total 11-420-99 - 420-Pathology - Provider	-	0.82	1.97	1.75	1.75	0.82	0.93
Total 11-430-15 - 430-Pharmacy	18.18	16.91	16.23	17.17	15.74	(1.27)	0.26
Total 11-431-32 - 431-Anticoagulation Clinic	1.69	1.83	1.78	1.79	1.40	0.14	(0.04)
Total 11-435-35 - 435-Physical Therapy	11.23	9.24	13.20	17.40	16.16	(1.99)	8.16
Total 11-437-65 - 437-Physical Occupational Speech Therapy	4.81	3.79	0.09	-	-	(1.02)	(3.79)
Total 11-440-35 - 440-Physical Medicine and Rehab	7.52	8.12	2.44	2.00	1.95	0.60	(6.12)
Total 11-450-35 - 450-Pulmonary	0.99	0.32	0.97	0.89	1.10	(0.67)	0.57
Total 11-455-32 - 455-Radiation Oncology	7.35	6.89	6.31	7.74	7.83	(0.46)	0.85
Total 11-460-15 - 460-Radiology	7.62	3.96	4.68	4.76	5.50	(3.66)	0.80
Total 11-465-15 - 465-Recovery	3.68	2.62	3.73	3.60	3.52	(1.06)	0.98
Total 11-470-15 - 470-Same Day Surgery	7.09	6.85	7.41	6.81	6.82	(0.24)	(0.04)
Total 11-475-15 - 475-School Nurses	2.55	2.83	4.01	3.60	3.70	0.28	0.77
Total 11-480-35 - 480-Sleep Center	10.75	11.10	10.44	10.47	10.05	0.35	(0.63)
Total 11-485-35 - 485-Sleep Solutions	4.03	2.81	3.01	3.01	3.66	(1.22)	0.20
Total 11-495-35 - 495-Speech Therapy	2.11	1.18	2.94	2.67	3.02	(0.93)	1.49
Total 11-505-15 - 505-Sterilization	2.83	2.56	2.87	2.93	2.81	(0.27)	0.37
Total 11-510-15 - 510-Surgery	14.99	13.58	15.08	14.66	16.89	(1.41)	1.08
Total 11-517-15 - 517-Ultrasound	4.11	3.22	2.14	4.41	2.60	(0.89)	1.19
Total 11-535-35 - 535-Orthopaedics X-Ray	0.82	0.25	0.41	0.67	0.95	(0.57)	0.42
Total 11-535-65 - 535-Orthopaedics X-Ray	0.27	0.15	0.12	0.33	0.20	(0.12)	0.18
Total 11-540-15 - 540-Network Dietitian	2.68	2.70	2.42	1.69	1.64	0.02	(1.01)
Total 11-830-50 - 830-Employee Health	1.71	1.11	1.16	1.97	1.54	(0.60)	0.86
Total 11-930-15 - 930-COVID	14.82	2.46	0.03	-	-	(12.36)	-
Total 11-935-15 - 935-Vaccine Clinic	2.66	-	-	-	-	(2.66)	-
Total 23-220-20 - 220-Behavioral Health	5.70	5.95	6.93	5.94	2.20	0.25	(0.01)
Total 23-310-20 - 310-Family Medicine	29.64	23.89	30.34	31.64	29.30	(5.75)	7.75
Total 25-260-25 - 260-Columbia River Womens Clinic	16.20	15.70	15.18	14.02	15.32	(0.50)	(1.68)
Total 26-245-65 - 245-Cardiology	1.95	1.53	0.86	0.97	0.97	(0.42)	(0.56)
Total 26-300-45 - 300-ENT	3.54	4.18	4.75	5.05	4.61	0.64	0.87
Total 26-375-65 - 375-Neurology	1.75	0.87	0.75	1.47	0.45	(0.88)	0.60
Total 26-400-50 - 400-Occupational Health	8.76	6.95	6.54	6.51	5.74	(1.81)	(0.44)
Total 26-405-65 - 405-Orthopaedics	1.01	2.03	1.78	3.09	3.25	1.02	1.06
Total 26-500-35 - 500-Sports Medicine	3.00	1.77	-	-	-	(1.23)	(1.77)
Total 26-515-25 - 515-Surgical Clinic	9.55	9.58	11.81	11.48	11.87	0.03	1.90
Total 26-525-40 - 525-Urology	11.81	12.34	12.82	9.18	10.29	0.53	(3.16)
Total 26-525-65 - 525-Urology	2.16	1.58	2.03	3.63	4.52	(0.58)	2.05
Total 47-220-55 - 220-Behavioral Health	1.60	1.76	1.73	2.00	5.76	0.16	0.24
Total 47-375-55 - 375-Neurology	4.13	4.07	1.73	3.71	-	(0.06)	(0.36)
Total 47-425-55 - 425-Pediatrics	12.68	12.61	15.06	14.36	16.10	(0.07)	1.75
Total 48-220-35 - 220-Behavioral Health	1.47	1.27	0.48	1.40	1.40	(0.20)	0.13
Total 48-245-35 - 245-Cardiology	12.46	11.76	11.93	10.08	11.47	(0.70)	(1.68)
Total 48-340-35 - 340-Internal Medicine	22.11	20.14	26.21	27.70	24.86	(1.97)	7.56
Total 48-370-35 - 370-Nephrology	-		-	-	-	-	-
Total 48-372-35 - 372-Endocrinology	0.59	0.75	0.02	-	-	(0.12)	(0.75)
Total 48-405-35 - 405-Orthopaedics	13.67	13.79	14.27	13.91	12.77	(0.01)	0.12
Total 48-520-35 - 520-Immediate Care	8.23	13.28	8.95	7.61	8.21	4.85	(5.67)
Total Departments	**542.71**	**484.31**	**463.93**	**501.09**	**485.21**	**(58.40)**	**16.78**

Locations and Facilities

List all facilities, clinics, and other locations associated with MCMC. Inlcude current address. Add rows for any new locations or locations not listed.

Location Name	Changes to Practice	Description of services	Street Address	City	State	Zip	Date of Change
Mid-Columbia Medical Center		Full IP and OP, ED Dept, Pharmacy Hospital Services	1700 E 19th St	The Dalles	OR	97058	
Celilo Cancer Center		Cancer Center	1800 E 19 St	The Dalles	OR	97058	
Columbia River Women's Center		Womans Health Clinic	1810 E 19th St	The Dalles	OR	97058	
MCMC Surgical Center		Surgical and Lab Services	1810 E 19th St	The Dalles	OR	97058	
Columbia Gorge Urology		Urology Clinic	1805 E 19th St	The Dalles	OR	97058	
Occupational Medicine	Moved Locations	Occupational Medicine Clinic	550 Lone Pine Blvd	The Dalles	OR	97057	23-Jul
Columbia Gorge ENT & Allergy	Moved Locations	ENT and Allergy Clinic	551 Lone Pine Blvd	The Dalles	OR	97058	23-Jul
Columbia Gorge Medical Clinic	Name is "Columbia Crest Medical Clinic"	Multi Speciality Clinic Building including Pediatrics	1935 E 19th Street	The Dalles	OR	97058	All ways been named "Crest" vs "Gorge"
MCMC Family Medicine		Family Medicine and Behavorial Health Clinic	1620 E 12th St	The Dalles	OR	97058	
Water's Edge Medical Center		Multi Speciality Clinic Building	551 Lone Pine Blvd	The Dalles	OR	97058	
Visiting Health Services	Moved Locations	Home Health Services Office	1935 E 19th Street	The Dalles	OR	97058	Jun-23
MCMC Specialty Clinics at Nichols Landing		Multi Speciality Clinic Building	33 Nichols Parkway	Hood River	OR	97031	

Payments

Provide payment amounts in dollars. For charity care/ financial assistance, provide the amount of free, subsidized, or reduced price care provided to patients for the time period. Total payments should include payer- and patient-paid amounts. Total payments for patients with Medicare and Medicaid

	Median payment amounts			Total Payments							Charity Care	
Facility	Median payment per visit	Median patient paid amount per visit	Median payment per patient	Total Payments for patients with Medicare	Total Payments for patients with Medicaid	Total Payments for dual Medicare/Medicaid Patients	Total Payments for patients with Commercial	Total Payments for uninsured patients	Total payments for patients with other coverage	Total Payments	Median payment amount	Total Charity Care
All MCMC Practices and Locations				[redacted]								
2021												
2022												
2023												
Main Hospital												
2021												
2022												
2023												
Celilo Cancer Center												
2021												
2022												
2023												
Columbia River Women's Center												
2021												
2022												
2023												
Surgical Center												
2021												
2022												
2023												
Columbia Gorge Urology												
2021												
2022												
2023												
Occupational Medicine												
2021												
2022												
2023												
Columbia Gorge ENT and Allergy												
2021												
2022												
2023												
Columbia Gorge Medical Clinic												
2021												
2022												
2023												
MCMC Family Medicine												
2021												
2022												
2023												
Water's Edge Medical Center												
2021												
2022												
2023												
Visiting Health Services												
2021												
2022												
2023												
MCMC Specialty Clinics at Nichols Landing												
2021												
2022												
2023												

Notes:

Facility	Total number of unique patients served	Number of patients served					
		Count of Medicaid patients (excluding Duals)	Medicare patients (excluding Duals)	Count of dual Medicaid/ Medicare patients	Count of Commercial patients	Count of Self-Pay patients	Count of other patients
All MCMC Practices and Locations							
2021	30728	3428	4204	7762	296	2981	4828
2022	36763	3866	4067	7925	262	3081	5506
2023	36511	3599	5744	8453	316	3014	6318
Main Hospital							
2021	18062	3208	4204	7412	296	2981	
2022	17704	3614	3931	7544	262	3081	
2023	17774	4015	4067	8082	316	3014	
Celilo Cancer Center:							
2021	3948	104	782	886	14	94	329
2022	3754	101	712	813	14	210	377
2023	3114	102	614	716	13	209	376
Columbia River Women's Center: 3100020008							
2021	3572	595	215	810	17	791	891
2022	3623	675	263	938	26	761	1034
2023	3506	739	247	986	27	720	1208
Surgical Center: 3100020004,3100080021,3100390007							
2021	8565	960	1634	2594	63	1086	1740
2022	2869	915	1653	2568	77	1086	1927
2023	2691	944	1477	2421	86	994	2193
Columbia Gorge Urology 3100040001,31000390004							
2021	3502	170	974	1144	22	357	514
2022	3478	159	982	1141	26	363	584
2023	3739	166	1024	1190	35	405	698
Occupational Medicine: 3100060001, 3100070008,							
2021	791	0	0	0	0	86	285
2022	726	0	0	0	0	86	295
2023	601	0	0	0	0	36	125
Columbia Gorge ENT and Allergy:							
2021	1517	3244	1174	3596	189	2165	2223
2022	1872	2751	1187	3931	162	2187	2596
2023	2836	2427	1275	4514	186	2233	3047
Columbia Gorge Medical Clinic 310004							
2021	1398	127	390	517	16	97	288
2022	1442	115	381	496	13	95	343
2023	1351	136	393	529	23	88	388
MCMC Family Medicine: 3100010001, 3100030001							
2021	8352	1401	956	2357	53	1651	1790
2022	7250	1284	860	2144	47	1460	1739
2023	7524	1574	891	2465	75	1454	2403
Water's Edge Medical Center:							
2021	33833	2531	4668	7198	181	895	4625
2022	32128	2828	4516	7344	196	796	5215
2023	31308	3208	4312	7520	243	737	6270
Visiting Health Services							
2021							
2022							
2023							
MCMC Specialty Clinics at Nichols Landing:3100390002, 3100390011, 3100390001, 3100390004, 31001002, 3100390007 / 310039							
2021	1095	1925	3039	4963	103	259	3068
2022	854	1853	2892	4745	128	268	3313
2023	12782	1881	2737	4618	126	225	3744

WE DEPARTMENTS
MCMC BH IM WE [3100080022]
MCMC CARDIAC REHAB WE [3100080005]
MCMC CARDIOLOGY WE [3100080002]
MCMC DIABETES EDUC WE [3100080006]
MCMC ECHO WE [3100080014]
MCMC ENDOCRINOLOGY WE [3100080023]
MCMC IMMEDIATE CARE WE [3100470001]
MCMC INTERNAL MED WE [3100080001]
ZZMCMC NEPHROLOGY WE 3100080019
MCMC LAB PHLEB WE [3100080015]
MCMC NUTRITION WE [3100080010]

MCMC ORTHOPEDICS WE [3100080021]
MCMC PULM REHAB WE [3100080004]

MCMC RADIOLOGY WE [3100080016]
MCMC SLEEP DME WE [3100080017]
MCMC SLEEP MEDICINE WE [3100080003]
MCMC ST WE [3100080013]
MCMC OT WE [3100080012]
MCMC PT WE [3100080011]
MCMC ORTHOPEDICS WE [3100080021]
MCMC IMMEDIATE CARE WE [3100470001]

	Zip Code	All MCMC practices and locations			Inpatient			Emergency Department			Other Outpatient		
		2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Total number of patients by zip code	97058	13640	13105	13083	847	879	791	4593	5261	5011	6220	5832	6279
	98620	3000	2885	2946	164	174	126	461	466	421	1428	1318	1347
	97031	2207	2029	1949	41	30	21	130	140	110	545	460	487
	98672	1017	943	953	8	19	9	8	19	9	268	248	233
	97021	898	844	852	39	40	34	224	244	223	377	332	402
	97063	746	686	694	51	43	46	219	265	259	398	385	371
	98617	674	650	652	41	44	36	209	226	214	347	338	347
	98635	636	577	591	36	48	30	158	164	140	287	247	241
	97065	431	408	414	28	22	23	139	139	119	222	214	211
	97037	408	378	392	32	41	32	144	153	129	220	206	217
	97823	431	403	385	37	34	31	126	149	138	297	267	262
	97039	336	349	361	28	20	23	88	113	112	183	181	184
	97040	391	318	321	10	8	4	67	48	41	125	111	117
	97812	368	352	318	34	26	21	121	115	117	202	194	182
	97041	282	282	282	3	7	8	24	22	24	92	76	70
	98610	273	273	259	5	8	10	12	9	14	69	65	51
	98673	189	187	208	15	12	18	73	69	92	100	85	92
	98648	240	199	187	4	5	4	11	11	11	60	39	35
	97050	194	194	178	24	18	14	71	80	82	106	90	99
	98605	181	160	177	5	2	5	12	20	12	48	47	50
	98613	177	169	168	6	8	10	30	32	28	73	72	73
	97029	169	177	164	16	15	5	39	50	53	93	91	82
	98628	161	159	151	7	10	7	33	38	47	75	60	65
	98650	152	140	125	5	5	1	3	8	3	47	35	28
	97014	102	126	123	0	11	1	12	17	13	21	35	28
	97838	157	151	119	2	5	1	12	17	12	21	35	28
	98651	123	121	117	0	1	4	5	5	6	36	29	33
	98619	95	89	88	6	1	3	7	6	9	30	28	35
	97830	82	64	74	6	6	2	16	22	19	54	37	45
	98602	79	71	71	6	5	6	17	13	18	32	27	38
	97044	72	69	61	1	0	0	8	2	2	21	15	14
	97818	64	57	58	0	0	0	3	9	1	18	15	19
	99356	52	58	52	5	0	4	15	4	16	24	26	30
	98639	52	53	48	1	3	2	1	6	5	11	15	12
	97801	80	72	48	4	3	2	15	12	12	17	9	8
	98623	58	49	44	0	1	0	4	4	1	13	10	10
	97844	31	45	43	0	0	1	8	3	4	7	12	15
	98670	30	28	38	0	1	2	7	7	14	17	13	17
	97836	56	47	34	2	1	1	9	9	6	17	13	17
	97882	35	28	29	0	0	1	3	6	2	4	9	6
	97843	38	29	28	0	0	0	2	3	2	8	10	12
	97033	23	23	28	1	4	2	6	11	8	11	10	11
	97756	27	22	19	6	2	1	14	13	14	10	11	9
	97055	19	20	18	2	3	0	16	16	8	8	12	4
	97702	17	12	15	2	0	0	7	4	7	6	3	4
	99322	12	14	14	1	0	1	2	1	1	3	3	7
	97874	10	9	13	1	1	2	1	3	3	4	5	6
	98682	22	15	13	0	0	2	2	3	8	7	4	5
	98671	13	16	13	0	1	0	2	9	4	2	8	4
	97875	22	17	12	0	0	0	1	1	0	3	1	2
	97223	12	12	13	2	0	0	5	2	0	4	4	4
	97060	13	16	13	0	1	0	3	7	3	2	3	3
	97754	20	12	11	2	0	1	8	6	9	10	3	3
	97233	13	13	10	2	0	0	14	9	10	3	3	7
	97086	7	5	10	0	0	0	1	7	1	2	2	2
	97239	23	11	9	0	1	0	5	8	5	2	3	2
	97301	9	8	9	1	1	1	9	3	7	4	3	2
	98604	8	8	10	0	1	0	4	2	7	1	3	3
	97080	19	13	9	2	0	0	8	10	8	6	3	4
	99336	7	7	9	0	0	0	3	6	5	5	2	5
	97206	15	9	9	1	2	1	7	9	7	1	1	3
	97308	7	7	9	0	1	1	2	4	6	4	3	6
	97217	7	7	9	0	1	0	8	6	1	3	2	1
	97201	9	5	8	1	0	0	6	3	4	4	2	2
	98683	17	10	9	2	2	1	8	6	3	6	1	4
	97304	7	11	8	1	0	1	2	4	3	3	2	1
	97741	19	14	8	0	0	0	9	10	6	5	5	1
	97220	11	8	8	2	1	0	7	10	5	2	1	2
	97068	12	8	9	0	0	1	3	1	3	3	2	2
	97071	8	10	8	1	1	0	2	7	4	5	4	4
	97128	8	7	8	0	2	0	2	5	6	1	4	4
	98662	11	10	9	1	1	0	7	11	4	4	4	2
	97701	15	9	7	0	0	1	7	7	5	4	3	5
	97216	11	5	7	3	0	0	7	3	5	6	2	2
	97202	14	11	6	0	1	0	12	5	2	5	4	1
	97045	14	13	6	1	4	0	7	10	10	3	4	4
	30434	3	3	3	0	0	1	2	3	3	2	1	1
	97868	4	3	7	0	1	1	1	3	3	2	1	3
	97321	11	8	5	0	0	1	1	2	2	4	3	1
	98607	11	10	5	0	0	0	6	4	9	6	2	2
	63901	2	2	2	1	1	0	1	2	2	2	2	2
	99362	9	5	6	0	2	0	2	6	4	4	2	2
	97266	10	10	7	3	1	0	4	5	2	5	6	3
	97330	13	9	5	0	1	2	8	5	4	7	2	1
	97128	8	7	8	0	2	0	2	5	6	1	4	4
	97404	8	8	6	1	1	0	6	4	1	4	3	1
	99504	2	3	2	0	0	0	2	2	0	2	1	0
	97013	6	2	6	2	0	2	1	3	5	3	1	4
	97741	19	14	8	0	0	0	9	10	6	5	5	1
	97367	8	6	4	1	0	0	2	3	1	4	5	2
	97230	7	5	4	2	1	0	10	10	4	3	3	1
	97124	12	9	7	1	2	0	7	3	7	4	4	4
	97070	12	7	6	0	0	0	5	4	3	7	3	2
	97209	13	7	7	1	0	2	16	3	4	3	0	1
	97016	2	3	2	0	0	0	2	2	0	2	1	0
	97206	16	10	9	1	2	1	7	9	7	1	1	3
	99352	14	9	7	0	0	0	4	4	1	4	2	2
	97103	9	9	5	1	1	1	2	3	1	2	4	1
	97402	6	4	4	0	0	0	3	2	0	3	1	0
	97850	19	13	6	0	0	0	3	8	3	3	4	3
	99354	3	4	3	1	0	0	3	2	1	2	2	2
	83651	4	3	4	0	0	0	1	1	1	4	0	1
	98033	1	1	1	1	0	0	4	1	1	1	1	1
	97236	13	8	5	2	0	0	6	7	7	7	2	2
	97067	7	5	4	0	0	0	4	1	1	1	1	3
	97229	10	10	7	0	0	0	7	2	4	3	3	1
	97224	10	5	5	0	1	0	6	2	2	5	4	1
	98642	7	6	3	0	0	0	6	1	4	3	3	1
	98663	3	3	4	0	0	2	2	5	2	2	2	3
	97913	4	1	1	0	0	0	1	0	0	1	0	0
	97820	2	2	2	1	0	0	1	0	1	1	1	0
	98632	11	8	4	0	1	0	4	13	1	4	2	1
	97027	9	3	3	1	0	1	3	0	1	4	1	1

Patient Demographics

Provide a unique count of patients by setting and for MCMC overall. Patients should be counted once per year per location. Patients who received services at multiple locations should be

	All MCMC practices and locations			Inpatient			Emergency Department			Other Outpatient		
	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Sex												
Female	16579	15672	15267	927	918	772	4221	4631	4333	7909	7145	7385
Male	14148	13132	13092	755	764	651	4164	4576	4214	5098	4701	4903
Other												
Unknown	1											
Age group at the time of last service												
0-18	5188	5081	4922	229	240	197	1302	1647	1608	927	838	833
19-24	1510	1335	1302	64	72	51	650	617	571	395	344	359
25-34	3124	2811	2632	176	194	145	1095	1122	1078	1021	926	854
35-44	3433	3103	3072	110	82	90	976	1131	1051	1280	1118	1142
45-54	3469	3226	3145	119	104	79	864	913	849	1634	1514	1618
55-64	4970	4438	4237	218	183	167	1132	1129	1024	2591	2285	2328
65+	9721	9398	9581	766	810	700	2417	2706	2433	5278	4958	5263
Unknown												
Race (Count individuals in each race category they report)												
American Indian or Alaska Native	647	621	604	58	54	54	298	319	322	296	230	249
Asian	216	201	152	5	3	5	45	52	44	73	68	66
Black or African American	178	194	175	14	9	9	73	73	86	63	62	51
Hispanic or Latino	3468	3276	3373	150	161	1	1076	1313	1371	1181	1086	1183
Native Hawaiian or Pacific Islander	266	263	231	23	2	12	97	150	108	99	98	87
White	28778	26798	26767	1579	1563	1317	7694	8468	7912	12328	11253	11718
Unreported	1317	1353	857	52	74	41	373	379	209	415	371	262
Language Service Needs												
Did not receive interpretation or translation services	27834	26337	25937	1621	1617	1346	7958	8702	8055	12257	11105	11527
Received Spanish interpretation or translation services	605	627	634	39	33	49	304	351	357	254	271	294
Received other language interpretation or translation services	122	124	113	6	4	7	52	54	53	47	42	48
Unreported	310	278	367	5	8	12	57	78	96	133	124	146

Patient Demographics

Provide a unique count of patients by setting and for MCMC overall. Patients should be counted once per year per location. Patients who received services at multiple locations should be

	All MCMC practices and locations			Inpatient			Emergency Department			Other Outpatient		
	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Sex												
Female	16579	15672	15267	927	918	772	4221	4631	4333	7909	7145	7385
Male	14148	13132	13092	755	764	651	4164	4576	4214	5098	4701	4903
Other												
Unknown	1											
Age group at the time of last service												
0-18	5188	5081	4922	229	240	197	1302	1647	1608	927	838	833
19-24	1510	1335	1302	64	72	51	650	617	571	395	344	359
25-34	3124	2811	2632	176	194	145	1095	1122	1078	1021	926	854
35-44	3433	3103	3072	110	82	90	976	1131	1051	1280	1118	1142
45-54	3469	3226	3145	119	104	79	864	913	849	1634	1514	1618
55-64	4970	4438	4237	218	183	167	1132	1129	1024	2591	2285	2328
65+	9721	9398	9581	766	810	700	2417	2706	2433	5278	4958	5263
Unknown												
Race (Count individuals in each race category they report)												
American Indian or Alaska Native	647	621	604	58	54	54	298	319	322	296	230	249
Asian	216	201	152	5	3	5	45	52	44	73	68	66
Black or African American	178	194	175	14	9	9	73	73	86	63	62	51
Hispanic or Latino	3468	3276	3373	150	161	1	1076	1313	1371	1181	1086	1183
Native Hawaiian or Pacific Islander	266	263	231	23	2	12	97	150	108	99	98	87
White	28778	26798	26767	1579	1563	1317	7694	8468	7912	12328	11253	11718
Unreported	1317	1353	857	52	74	41	373	379	209	415	371	262
Language Service Needs												
Did not receive interpretation or translation services	27834	26337	25937	1621	1617	1346	7958	8702	8055	12257	11105	11527
Received Spanish interpretation or translation services	605	627	634	39	33	49	304	351	357	254	271	294
Received other language interpretation or translation services	122	124	113	6	4	7	52	54	53	47	42	48
Unreported	310	278	367	5	8	12	57	78	96	133	124	146

	Zip Code	All MCMC practices and locations			Inpatient			Emergency Department			Other Outpatient		
		2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
Total number of patients by zip code	97058	13640	13105	13083	847	879	791	4593	5261	5011	6220	5832	6279
	98620	3000	2885	2946	164	174	126	461	466	421	1428	1318	1347
	97031	2207	2029	1949	41	30	21	130	140	110	545	460	487
	98672	1017	943	953	8	19	9	8	19	9	268	248	233
	97021	898	844	852	39	40	34	224	244	223	377	332	402
	97063	746	686	694	51	43	46	219	265	259	398	385	371
	98617	674	650	652	41	44	36	209	226	214	347	338	347
	98635	636	577	591	36	48	30	158	164	140	287	247	241
	97065	431	408	414	28	22	23	139	139	119	222	214	211
	97037	408	378	392	32	41	32	144	153	129	220	206	217
	97823	431	403	385	37	34	31	126	149	138	297	267	262
	97039	336	349	361	28	20	23	88	113	112	183	181	184
	97040	391	318	321	10	8	4	67	48	41	125	111	117
	97812	368	352	318	34	26	21	121	115	117	202	194	182
	97041	282	282	282	3	7	8	24	22	24	92	76	70
	98610	273	273	259	5	8	10	12	9	14	69	65	51
	98673	189	187	208	15	12	18	73	69	92	100	85	92
	98648	240	199	187	4	5	4	11	11	11	60	39	35
	97050	194	194	178	24	18	14	71	80	82	106	90	99
	98605	181	160	177	5	2	5	12	20	12	48	47	50
	98613	177	169	168	6	8	10	30	32	28	73	72	73
	97029	169	177	164	16	15	5	39	50	53	93	91	82
	98628	161	159	151	7	10	7	33	38	47	75	60	65
	98650	152	140	125	5	5	1	3	8	3	47	35	28
	97014	102	126	123	0	11	1	12	17	13	21	35	28
	97838	157	151	119	2	5	1	12	17	12	21	35	28
	98651	123	121	117	0	1	4	5	5	6	36	29	33
	98619	95	89	88	6	1	3	7	6	9	30	28	35
	97830	82	64	74	6	6	2	16	22	19	54	37	45
	98602	79	71	71	6	5	6	17	13	18	32	27	38
	97044	72	69	61	1	0	0	8	2	2	21	15	14
	97818	64	57	58	0	0	0	3	9	1	18	15	19
	99356	52	58	52	5	0	4	15	4	16	24	26	30
	98639	52	53	48	1	3	2	1	6	5	11	15	12
	97801	80	72	48	4	3	2	15	12	12	17	9	8
	98623	58	49	44	0	1	0	4	4	1	13	10	10
	97844	31	45	43	0	0	1	8	3	4	7	12	15
	98670	30	28	38	0	1	2	7	7	14	17	13	17
	97836	56	47	34	2	1	1	9	9	6	17	13	17
	97882	35	28	29	0	0	1	3	6	2	4	9	6
	97843	38	29	28	0	0	0	2	3	2	8	10	12
	97033	23	23	28	1	4	2	6	11	8	11	10	11
	97756	27	22	19	6	2	1	14	13	14	10	11	9
	97055	19	20	18	2	3	0	16	16	8	8	12	4
	97702	17	12	15	2	0	0	7	4	7	6	3	4
	99322	12	14	14	1	0	1	2	1	1	3	3	7
	97874	10	9	13	1	1	2	1	3	3	4	5	6
	98682	22	15	13	0	0	2	2	3	8	7	4	5
	98671	13	16	13	0	1	0	2	9	4	2	8	4
	97875	22	17	12	0	0	0	1	1	0	3	1	2
	97223	12	12	13	2	0	0	5	2	0	4	4	4
	97060	13	16	13	0	1	0	3	7	3	2	3	3
	97754	20	12	11	2	0	1	8	6	9	10	3	3
	97233	13	13	10	2	0	0	14	9	10	3	3	7
	97086	7	5	10	0	0	0	1	7	1	2	2	2
	97239	23	11	9	0	1	0	5	8	5	2	3	2
	97301	9	8	9	1	1	1	9	3	7	4	3	2
	98604	8	8	10	0	1	0	4	2	7	1	3	3
	97080	19	13	9	2	0	0	8	10	8	6	3	4
	99336	7	7	9	0	0	0	3	6	5	5	2	5
	97206	15	9	9	1	2	1	7	9	7	1	1	3
	97308	7	7	9	0	1	1	2	4	6	4	3	6
	97217	7	7	9	0	1	0	8	6	1	3	2	1
	97201	9	5	8	1	0	0	6	3	4	4	2	2
	98683	17	10	9	2	2	1	8	6	3	6	1	4
	97304	7	11	8	1	0	1	2	4	3	3	2	1
	97741	19	14	8	0	0	0	9	10	6	5	5	1
	97220	11	8	8	2	1	0	7	10	5	2	1	2
	97068	12	8	9	0	0	1	3	1	3	3	2	2
	97071	8	10	8	1	1	0	2	7	4	5	4	4
	97128	8	7	8	0	2	0	2	5	6	1	4	4
	98662	11	10	9	1	1	0	7	11	4	4	4	2
	97701	15	9	7	0	0	1	7	7	5	4	3	5
	97216	11	5	7	3	0	0	7	3	5	6	2	2
	97202	14	11	6	0	1	0	12	5	2	5	4	1
	97045	14	13	6	1	4	0	7	10	10	3	4	4
	30434	3	3	3	0	0	1	2	3	3	2	1	1
	97868	4	3	7	0	1	1	1	3	3	2	1	3
	97321	11	8	5	0	0	1	1	2	2	4	3	1
	98607	11	10	5	0	0	0	6	4	9	6	2	2
	63901	2	2	2	1	1	0	1	2	2	2	2	2
	99362	9	5	6	0	2	0	2	6	4	4	2	2
	97266	10	10	7	3	1	0	4	5	2	5	6	3
	97330	13	9	5	0	1	2	8	5	4	7	2	1
	97128	8	7	8	0	2	0	2	5	6	1	4	4
	97404	8	8	6	1	1	0	6	4	1	4	3	1
	99504	2	3	2	0	0	0	2	2	0	2	1	0
	97013	6	2	6	2	0	2	1	3	5	3	1	4
	97741	19	14	8	0	0	0	9	10	6	5	5	1
	97367	8	6	4	1	0	0	2	3	1	4	5	2
	97230	7	5	4	2	1	0	10	10	4	3	3	1
	97124	12	9	7	1	2	0	7	3	7	4	4	4
	97070	12	7	6	0	0	0	5	4	3	7	3	2
	97209	13	7	7	1	0	2	16	3	4	3	0	1
	97016	2	3	2	0	0	0	2	2	0	2	1	0
	97206	16	10	9	1	2	1	7	9	7	1	1	3
	99352	14	9	7	0	0	0	4	4	1	4	2	2
	97103	9	9	5	1	1	1	2	3	1	2	4	1
	97402	6	4	4	0	0	0	3	2	0	3	1	0
	97850	19	13	6	0	0	0	3	8	3	3	4	3
	99354	3	4	3	1	0	0	3	2	1	2	2	2
	83651	4	3	4	0	0	0	1	1	1	4	0	1
	98033	1	1	1	1	0	0	4	1	1	1	1	1
	97236	13	8	5	2	0	0	6	7	7	7	2	2
	97067	7	5	4	0	0	0	4	1	1	1	1	3
	97229	10	10	7	0	0	0	7	2	4	3	3	1
	97224	10	5	5	0	1	0	6	2	2	5	4	1
	98642	7	6	3	0	0	0	6	1	4	3	3	1
	98663	3	3	4	0	0	2	2	5	2	2	2	3
	97913	4	1	1	0	0	0	1	0	0	1	0	0
	97820	2	2	2	1	0	0	1	0	1	1	1	0
	98632	11	8	4	0	1	0	4	13	1	4	2	1
	97027	9	3	3	1	0	1	3	0	1	4	1	1

Provide a count of vists and services by facility and type of visit for each time period. Unique patients may have multiple visits or services.

Facility	Number of inpatient visits/ discharges (if applicable)	Number of inpatient surgeries (if applicable)	Number of births (if applicable)	Other inpatient (if applicable)	Number of ED visits (if applicable)	Number of ambulatory surgery visits (if applicable)	Number of clinic visits (if applicable)	Number of other outpatient visits (if applicable)	Number of total outpatient visits (if applicable)
All MCMC Practices and Locations									
2021	2019	502	212		13198		93124		
2022	2031	533	225		14686		83858		
2023	1685	472	183		13589		83680		
Main Hospital									
2021	2019	502	212		13198				
2022	2031	533	225		14686				
2023	1685	472	183		13589				
Celilo Cancer Center									
2021							6330		
2022							3979		
2023							1977		
Columbia River Women's Center									
2021							7501		
2022							7014		
2023							6728		
Surgical Center									
2021							3934		
2022							4224		
2023							3649		
Columbia Gorge Urology									
2021							2893		
2022							2825		
2023							2693		
Occupational Medicine									
2021							2271		
2022							2020		
2023							1437		
Columbia Gorge ENT and Allergy									
2021							1888		
2022							2450		
2023							3588		
Columbia Gorge Medical Clinic									
2021							9596		
2022							8988		
2023							8484		
MCMC Family Medicine									
2021							17925		
2022							15195		
2023							16744		
Water's Edge Medical Center									
2021							35558		
2022							32401		
2023							33815		
Visiting Health Services									
2021							20014		
2022							16011		
2023							14247		
MCMC Specialty Clinics at Nichols Landing									
2021							5228		
2022							4762		
2023							4565		

Notes:

Staffing

Provide the number of staff and full time equivalent (FTE) for the time period and categories listed.

All MCMC	May 2023									May 2024							
	Number of staff		FTE			Primary Practice Location		Budget vs. Actual		Number of staff	FTE			Primary Practice Location		Budget vs. Actual	
Position/Category	Number of staff	Number of staff from previous column who were still employed as of 5/1/2024	Employed FTE	Contracted FTE	Unfilled/open FTE	Columbia Gorge Region FTE	Other areas FTE	Budgeted FTE	Actual FTE	Number of staff	Employed FTE	Contracted FTE	Unfilled/open FTE	Columbia Gorge Region FTE	Other areas FTE	Budgeted FTE	Actual FTE
All Registered Nurses, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists			116.47			116.47	0		116.47	173	120			120	0	129	120
Travel Nurses							0		0		0			0	0		0
Certified Nursing Assistants, Licensed Practical Nurses, Medical Assistants			66.24			66.24	0		66.24	75	66			66	0	67	66
All Nurse Practitioners and Physician Assistants			20.23			20.23	0		20.23	29	21			21	0	19	21
Primary Care NPs and PAs			13.56			13.56	0		13.56	17	13			13	0	14	13
All Physicians (MD, DO)			37.17			37.17	0		37.17	49	39			39	0	38	39
Primary Care Physicians			4.26			4.26	0		4.26	8	5			5	0	4	5
Pharmacists			9.36			9.36	0		9.36	11	9			9	0	10	9
Certified Pharmacy Technicians			5.57			5.57	0		5.57	4	3			3	0	6	3
Medical Imaging Technologists			14.29			14.29			14.29	26	19			19		25	19
Counselors, Therapists			5.19			5.19	0		5.19	3	3			3	0	0	3
Licensed Clinical Social Workers, Clinical Social Work Associates, Non-clinical social workers			4.67			4.67	0		4.67	5	4			4	0	5	4
Occupational Therapists, Physical Therapists, Therapy Assistants			27.79			27.79	0		27.79	32	25			25	0	33	25
Respiratory Therapists, Polysomnographic Technologists			5.79			5.79	0		5.79	4	4			4	0	5	4
Licensed Dieticians			4.92			4.92	0		4.92	3	1			1	0	4	1
Other Technicians and Technologists			19.99			19.99	0		19.99	21	17			17	0	21	17
Other Clinical			109.05			109.05	0		109.05	178	154			154	0	160	154
Other Non-clinical			205.77			205.77	0		205.77	124	108			108	0	100	108