

SHERMAN COUNTY HEALTH DISTRICT
Board of Directors Meeting
March 14th, 2024
Meeting Time: 5:30 PM
Meeting Pursuant to ORS 440

AGENDA ITEMS SUBJECT TO CHANGE

Call to order

Visitor's comments on agenda items (Discussion to be regarding agenda items only):

Consent Items:

- A. Approval of the minutes from February 2024 Board Meeting
- B. Financial Report/ Payment of Bills for February 2024
- C. Patient Report for February 2024

PA & Administration Report

Old Business:

- A. 109 Scott Street
- B. Job Posting

New Business

- A. SDAO/SDIS Public Meeting Training -Vector Solutions
- B. PCPCH Review
- C. Parking Lot Request

Good of the Order

Adjournment

NEXT MEETING DATE THURSDAY, APRIL 11TH, 2024

Send minutes with Agenda

** If necessary, an Executive Session may be held pursuant to ORS 192.660(2): (a) Employment; (c) Medical; (d) Labor Negotiations; (e) Property; (f) Records Exempt by Law from Public Inspection; (h) Legal Rights; (i) Personnel

Link to join meeting via Microsoft Teams:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmRhNjMwZGYtYWVhMS00YmE2LTk4ZDUtMmVmNTNiNTdkNzEy%40thread.v2/0?context=%7b%22Tid%22%3a%22305d8b27-224a-478e-813d-0336f923605a%22%2c%22Oid%22%3a%22590ba976-21e2-421b-908c-0f9d352e75dc%22%7d

Sherman County Health District Board of Directors Meeting Minutes

Regular Board Meeting

February 8, 2024
Moro, Oregon

Present:

Board Members: President Bert Perisho, Vice President Jayme Mason (absent), Director Janice Strand, Director Mike McArthur, Director Linda Cornie

Staff: Caitlin Blagg, District Administrator

Visitor:

Call to Order: President Perisho called the meeting to order at 5:30 p.m.

Visitor's comments on agenda items (Discussion to be regarding agenda items only):

Consent Items

- A. **REGULAR MEETING MINUTES:** After reviewing the minutes from the January 11th, 2024, Regular Board meeting, **Director McArthur made a motion to accept the minutes as written. Director Cornie seconded. No discussion. Motion carried (unanimous).**
- B. **FINANCIAL REPORT:** Handed out was a financial report put together by District Administrator Blagg stating the District's cash on hand as of the end of January 2024 was \$767,503.91. Also presented was a Profit & Loss statement as of January 2024 and year-to-date budget vs actual report. The check register for January 2024 was gone over to explain some of the different costs. **Director McArthur made a motion to accept the financial report for January 2024. Director Strand seconded. No discussion. Motion carried (unanimous).**
- C. **PATIENT REPORT:** The patient report for January 2024 was given to the Board members for review. The average provider patient per day number was 7.13 and the average number of Medical Assistant visits per day was 3.69. These nursing visits were only the visits that were scheduled as a nursing visit; they do not include any 'add on labs' that clinicians might have requested as part of an office visit.

PA-C & Administration Report

- A. **Caitlin Blagg, District Administrator:** District Administrator Blagg let the Board know that Regence BlueCross BlueShield came to a contractual agreement with Providence Health. Now, Regence Blue Cross Blue Shield is in negotiations with Legacy Health and if they cannot, effective April 1, 2024, Legacy Health Systems will no longer be in network with BCBS. This will have a negative effect on our BCBS members because many of them rely on Legacy services for ED visits, hospital stays and specialists.

Ms. Blagg stated that she has heard rumors that the renters at 109 are in the process of buying a house. No official notice has been given. The Board gave verbal permission to Ms. Blagg to allow her to propose 109 to Center for Living in lieu of the apartment spaces.

Ms. Blagg stated that the new exam chair was here and lovely.

Tammy Gaskey reached out to Ms. Blagg regarding a blood drive. Ms. Blagg reached out to American Red Cross and response was that ‘upper management has decided to suspend drives in rural areas due to fiscal reasons and no guarantee of donors.’ Ms. Blagg sent the response to Sen. Wyden and Rep. Smith’s office to let them know of the lack of rural support from ARC.

Regarding the solar project, Director McArthur stated that the companies do not want to come to rural areas because there is so much work in the more urban areas. He is continuing to escalate this up the chain of command with MCEDD and Energy Trust.

Old Business

- A. GARAGE OVER 109 SCOTT STREET:** District Administrator Blagg informed the Board that Bill with Integrity Roofing has gotten back to her about the roof at 109, and we are waiting a day for him to come out and look at the roof to give an estimate.
- B. JOB POSTING:** Ms. Blagg has the MA/Referral job posted on the clinic website and in The Times Journal. She has not yet posted it anywhere else. No applications have been received. Admittedly, Ms. Blagg stated she had not spent as much time on this as she had originally planned due to the PCPCH site visit.

New Business

- A. PCPCH SITE VISIT:** Ms. Blagg informed the board that the PCPCH site visit is complete and we ‘did not qualify for an improvement plan.’ Ms. Blagg attested to 170 points and the PCPCH program was able to qualify 140. To remain a Tier 3 we had to have 130+ points.
- B. 2024 HAZARD VULNERABILITY ASSESSMENT:** Ms. Blagg gave the Board the 2024 version of the Hazard Vulnerability Assessment. This is a requirement of the Emergency Preparedness Plan for Rural Health Certification. A notable change to the 2024 version was the required addition of “Pandemic/Epidemic/Emerging Infectious Disease” to the Naturally Occurring Events.

Good of the Order:

None

Adjourn

Director Cornie made a motion to adjourn the meeting. Director Strand seconded. The meeting was adjourned at 6:06 p.m.

The next Board Meeting will be on Thursday, March 14th, 2024, at 5:30 pm, in the Administration Office.

Respectfully submitted,

Caitlin Blagg
District Administrator

Board President
Bert Perisho

Director
Janice Strand

Director
Linda Cornie

Vice-President
Jayme Mason

Director
Mike McArthur

Date

Sherman County Medical Clinic
Profit & Loss
July 2023 through February 2024

	Jul '23 - Feb 24
Ordinary Income/Expense	
Income	
CLINIC INCOME	
IV Therapy	3,205.00
Capitation2	31,980.18
EHR Payments	95,627.95
Managed Care Reimbursement-Wraps	10,167.49
Medicare Settlement-Cost Report	7,554.00
Total CLINIC INCOME	148,534.62
COMMUNITY SERVICE FEES	29,297.38
COUNTY TAXES	578,594.84
INTEREST	14,197.85
PCPCH	63,679.00
MISCELLANEOUS INCOME	
Records Request	190.50
MISCELLANEOUS INCOME - Other	4,935.84
Total MISCELLANEOUS INCOME	5,126.34
OFC/APT RENT	26,412.00
PHARMACY	
DME/Medical Supply	166.00
PHARMACY - Other	3,150.63
Total PHARMACY	3,316.63
RECEIVED GRANTS/LOANS	
Phone Triage Reimbursement	2,772.00
Total RECEIVED GRANTS/LOANS	2,772.00
Total Income	871,930.66
Gross Profit	871,930.66
Expense	
PERSONAL SERVICES	
EMPLOYEE PAYROLL EXPENSES	
Physician Assistant - EH	106,149.40
Administrator - CB	49,095.23
Medical Asst/ Referrals JM	37,918.00
Receptionist - LVD	32,447.40
Billing Clerk - BvB	28,203.90
Community Care Worker/ MA - SP	26,795.26
Employee Insurance and Benefits	
District Contribution to IRA	11,356.65
Employee Insurance	56,515.99
Flex Fees	600.00
Total Employee Insurance and Benefits	68,472.64
P/R Taxes	21,968.58
Unemployment	1,095.73

Sherman County Medical Clinic
Profit & Loss
July 2023 through February 2024

	<u>Jul '23 - Feb 24</u>
Total EMPLOYEE PAYROLL EXPENSES	372,146.14
Total PERSONAL SERVICES	372,146.14
MATERIALS AND SERVICES	
PROPERTY TAX	1,041.40
CONTRACTED HEALTH CARE COST	
Supervising Physician	14,000.00
Total CONTRACTED HEALTH CARE COST	14,000.00
ADMINISTRATION AND AUDIT	
Audit	15,085.00
Bank Service Charges	
Credit Card Fee	1,932.82
Monthly Maintenance Fee	0.50
Bank Service Charges - Other	6.29
Total Bank Service Charges	1,939.61
Licenses and Permits	876.00
Miscellaneous	
Advertisement*	1,054.60
Bonus	1,050.00
Payroll Processing	1,200.10
Petty Cash	190.00
Miscellaneous - Other	1,859.45
Total Miscellaneous	5,354.15
Office Supplies	3,833.22
Postage and Delivery	2,930.98
Refunds	
Refund to Ins2	340.08
Total Refunds	340.08
Total ADMINISTRATION AND AUDIT	30,359.04
EDUCATION AND TRAINING	
Trainings, Registrations, Dues	4,457.45
Travel/ Meals/ Lodging	
Meals	360.16
Total Travel/ Meals/ Lodging	360.16
Total EDUCATION AND TRAINING	4,817.61
UTILITIES	
Electric	3,798.59
Garbage	484.50
Hazardous Waste Disposal	1,260.63
Propane/Generator	244.74
Shredding/Paper Disposal	514.93
Telephone	3,219.10
Water and Sewer	1,968.00
109 Scott Street	

Sherman County Medical Clinic
Profit & Loss
July 2023 through February 2024

	Jul '23 - Feb 24
Garbage 109	549.81
Water/Sewer 109	984.00
Total 109 Scott Street	1,533.81
Total UTILITIES	13,024.30
MEDICAL SUPPLIES	
IV Therapy Expense	3,989.57
Phone Triage	3,440.00
Flu/Pneumonia Vaccine	3,890.93
MEDICAL SUPPLIES - Other	12,136.19
Total MEDICAL SUPPLIES	23,456.69
PHARMACY2	2,880.72
INSURANCE AND LEGAL FEES	
Clinic Insurance	
Dishonesty Bond	250.00
Liability	15,215.00
Workers Comp	1,732.60
Total Clinic Insurance	17,197.60
Legal Fees	121.98
Total INSURANCE AND LEGAL FEES	17,319.58
BUILDING SUPPLIES/ MAINTENANCE	
Janitorial	1,615.00
Maintenance Work	566.39
BUILDING SUPPLIES/ MAINTENANCE - Other	2,798.08
Total BUILDING SUPPLIES/ MAINTENANCE	4,979.47
COMPUTER, SOFTWARE, EMR	
Computer Equipment and Software	10,896.41
Total COMPUTER, SOFTWARE, EMR	10,896.41
EHR SYSTEM	
Billing Clearinghouse	1,743.54
EHR SYSTEM - Other	5,392.71
Total EHR SYSTEM	7,136.25
Total MATERIALS AND SERVICES	129,911.47
CAPITAL OUTLAY*****	
Building Remodel	14,958.45
Medical Equipment	2,754.00
Total CAPITAL OUTLAY*****	17,712.45
DEBT SERVICE	
Mortgage-Interest	6,231.92
Mortgage Principal	4,332.38
Total DEBT SERVICE	10,564.30

Sherman County Medical Clinic
Profit & Loss
July 2023 through February 2024

	Jul '23 - Feb 24
Total Expense	530,334.36
Net Ordinary Income	341,596.30
Net Income	341,596.30

Sherman County Medical Clinic
Balance Sheet
As of February 29, 2024

	Feb 29, 24
ASSETS	
Current Assets	
Checking/Savings	
CHECKING	35,113.08
OREGON TREASURY INV. POOL	711,059.90
Total Checking/Savings	746,172.98
Total Current Assets	746,172.98
TOTAL ASSETS	746,172.98
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
PAYROLL LIABILITIES	
125 Health Insurance - Blagg	1,804.65
Flex 125 - Blagg	131.76
Flex 125 - Haines	969.48
Flex 125 - Mayfield	261.74
Flex 125 - Dornbirer	118.84
Flex 125 - von Borstel	-130.76
IRA - Haines	200.00
PAYROLL LIABILITIES - Other	2,679.60
Total PAYROLL LIABILITIES	6,035.31
Total Other Current Liabilities	6,035.31
Total Current Liabilities	6,035.31
Total Liabilities	6,035.31
Equity	
Retained Earnings	398,541.37
Net Income	341,596.30
Total Equity	740,137.67
TOTAL LIABILITIES & EQUITY	746,172.98

Sherman County Medical Clinic
February 2024

Date	Num	Name	Memo	Amount	Description
02/01/2024		Dr. Kristen G. Dillon	December 2023	-1,675.00	Payroll
02/02/2024		QUILL	Toner	-377.98	Toner
02/02/2024		NorthAmerican Bankcard	January 2024	-223.09	Credit Card Fee
02/05/2024		Olympia Pharmacy		-572.10	IV Therapy Expense
02/05/2024		The Dirty Cowgirl Saloon	Staff Lunch	-92.00	Staff Lunch
02/06/2024		Empower Pharmacy		-218.79	Pharmacy
02/06/2024		DIR	Cover for new Exam Table	-295.00	Cover for Exam Table
02/06/2024		ASI-FLEX	Flex Reimbursement	-822.00	Flex Reimbursement
02/06/2024		Empower Pharmacy		-318.79	Pharmacy
02/08/2024		Merrill Lynch		-1,265.00	IRA Contributions
02/08/2024	9899	CASH		-190.00	Petty Cash
02/08/2024	9900	JERRILEA MAYFIELD		-22.99	Bleach and Water
02/08/2024	9901	Erin Haines		-1,495.00	CME
02/08/2024	9902	Two Dogs Plumbing		-268.25	Pipe Repair 109
02/08/2024		Empower Pharmacy		-191.56	Pharmacy
02/08/2024		Scribd	RCH Template Fee	-11.99	Template Fee
02/09/2024		NorthWest Payroll Solutions	#504	-150.00	Payroll Processing
02/09/2024	504			-11,366.33	Payroll
02/10/2024		ASI-FLEX	January 2024	-75.00	Flex Fees
02/12/2024			Funds Transfer	30,000.00	Transfer
02/12/2024		Empower Pharmacy		-102.30	Pharmacy
02/12/2024		Empower Pharmacy		-191.56	Pharmacy
02/13/2024		FedEx		-130.02	Postage - Refunded
02/13/2024		Amazon.com	Trash Can	-49.99	Trash Can
02/14/2024		IRS		-3,977.80	Federal Taxes
02/14/2024		Oregon Department of Revenue		-926.13	State Taxes
02/15/2024		Amazon.com		-48.58	Trash Can and Brace
02/16/2024		Dr. Kristen G. Dillon	January 2024	-1,750.00	Payroll
02/16/2024	Conf1153	STERICYCLE		-140.07	Hazardous Waste
02/16/2024	Conf1154	FoneMed		-475.00	Phone Triage
02/16/2024	Conf1155	Visa		-703.41	EHR System
02/16/2024	Conf1156	THE DALLES DISPOSAL		-100.38	Garbage
02/16/2024	Conf1157	THE DALLES DISPOSAL		-77.99	Garbage 109
02/16/2024	90574	BANK OF EASTERN OR.		-1,400.00	Mortgage
02/16/2024	90573	SDIS		-7,243.15	Employee Insurance
02/16/2024	90575	Blue Mountain Networks LLC		-383.92	Telephone
02/17/2024		Microsoft Office 360	MS Office Subscription	-24.00	MS Office Subscription
02/19/2024		Amazon.com	Trash Can	-49.99	Trash Can
02/19/2024		Amazon.com	Vinyl Pillow Cases	-8.68	Pillow Cases
02/20/2024		Olympia Pharmacy		-464.40	IV Therapy Expense
02/20/2024		FedEx		-65.10	Postage - Refunded

Sherman County Medical Clinic
February 2024

Accrual Basis

02/20/2024		Amazon.com	Trash Can	-12.99	Trash Can
02/21/2024		ASI-FLEX	Flex Reimbursement	-349.99	Flex Reimbursement
02/22/2024		FedEx	LabCorp	-130.20	Postage - Refunded
02/23/2024	505			-11,261.24	Payroll
02/23/2024		NorthWest Payroll Solutions	#505	-50.00	Payroll Processing
02/26/2024		Merrill Lynch		-1,265.00	IRA Contributions
02/28/2024		IRS		-3,960.26	Federal Taxes
02/28/2024		Oregon Department of Revenue		-926.13	State Taxes
02/29/2024	Conf1161	KATRINA WILSON	9 hours @ \$15/hr	-135.00	Janitorial
02/29/2024	Conf1162	Meriplex Solutions	Tech Support	-510.00	Tech Support
02/29/2024	Conf1163	PACIFIC POWER		-655.00	Electric
02/29/2024	Conf1164	Inovalon Provider, Inc.		-195.14	Billing Clearinghouse
02/29/2024	90576	Impact Office Systems	Copier Fees	-216.74	Copier Fees
02/29/2024		Dragon	Dictation Software	-79.00	Dictation Software
02/29/2024		BANK OF EASTERN OR.		-6.29	Bank Service Charge - Refunded
				-27,696.32	
				-27,696.32	
		_____ President	_____ Vice President		
		Bert Perisho	Jayme Mason		
		_____ Director	_____ Director		
		Janice Strand	Mike McArthur		
		_____ Director	_____ Date		
		Linda Cornie			

Sherman County Medical Clinic
2016-2017 Profit & Loss Budget vs. Actual

July 2023 through June 2024

	Jul '23 - Jun 24	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
CLINIC INCOME				
IV Therapy	3,205.00			
Capitation2	31,980.18			
EHR Payments	97,377.43			
Managed Care Reimbursement-Wraps	10,167.49			
Medicare Settlement-Cost Report	7,554.00			
CLINIC INCOME - Other	0.00	200,820.00	-200,820.00	0.0%
Total CLINIC INCOME	150,284.10	200,820.00	-50,535.90	74.8%
COMMUNITY SERVICE FEES	29,297.38	20,447.00	8,850.38	143.3%
COUNTY TAXES	578,594.84	308,182.00	270,412.84	187.7%
INTEREST	14,197.85	5,951.00	8,246.85	238.6%
PCPCH	63,679.00			
MISCELLANEOUS INCOME				
Records Request	190.50			
MISCELLANEOUS INCOME - Other	4,935.84			
Total MISCELLANEOUS INCOME	5,126.34			
OFC/APT RENT	26,412.00	21,600.00	4,812.00	122.3%
PHARMACY				
DME/Medical Supply	166.00			
PHARMACY - Other	3,150.63	2,557.00	593.63	123.2%
Total PHARMACY	3,316.63	2,557.00	759.63	129.7%
RECEIVED GRANTS/LOANS				
Phone Triage Reimbursement	2,772.00			
Total RECEIVED GRANTS/LOANS	2,772.00			
Total Income	873,680.14	559,557.00	314,123.14	156.1%
Gross Profit	873,680.14	559,557.00	314,123.14	156.1%
Expense				
PERSONAL SERVICES				
EMPLOYEE PAYROLL EXPENSES				
Physician Assistant - EH	112,402.24			
Administrator - CB	51,987.23			
Medical Asst/ Referrals JM	40,151.60			
Receptionist - LVD	34,365.81			
Billing Clerk - BvB	30,241.50			
Community Care Worker/ MA - SP	28,373.66			
Employee Insurance and Benefits				
District Contribution to IRA	11,356.65			
Employee Insurance	63,759.14			
Flex Fees	675.00			
Employee Insurance and Benefits - Other	0.00	183,162.00	-183,162.00	0.0%
Total Employee Insurance and Benefits	75,790.79	183,162.00	-107,371.21	41.4%
P/R Taxes	23,223.10	38,039.00	-14,815.90	61.1%
Unemployment	1,095.73	13,479.00	-12,383.27	8.1%
Unemployment to Former Employee	0.00	25,000.00	-25,000.00	0.0%
EMPLOYEE PAYROLL EXPENSES - Other	0.00	554,906.00	-554,906.00	0.0%
Total EMPLOYEE PAYROLL EXPENSES	397,631.66	814,586.00	-416,954.34	48.8%
PERSONAL SERVICES - Other	0.00	814,586.00	-814,586.00	0.0%
Total PERSONAL SERVICES	397,631.66	1,629,172.00	-1,231,540.34	24.4%
MATERIALS AND SERVICES				
PROPERTY TAX	1,041.40	2,364.00	-1,322.60	44.1%
CONTRACTED HEALTH CARE COST				
Supervising Physician	14,000.00			
CONTRACTED HEALTH CARE COST - Ot...	0.00	31,950.00	-31,950.00	0.0%
Total CONTRACTED HEALTH CARE COST	14,000.00	31,950.00	-17,950.00	43.8%
ADMINISTRATION AND AUDIT				
Audit	15,085.00			
Bank Service Charges				
Credit Card Fee	1,932.82			
Monthly Maintenance Fee	0.50			
Bank Service Charges - Other	0.00			
Total Bank Service Charges	1,933.32			
Licenses and Permits	876.00			
Miscellaneous				
Advertisement*	1,054.60			
Bonus	1,050.00			
Payroll Processing	1,250.10			
Petty Cash	190.00			
Miscellaneous - Other	1,859.45			
Total Miscellaneous	5,404.15			
Office Supplies	3,963.13			
Postage and Delivery	2,930.98			
Refunds				
Refund to Ins2	340.08			
Total Refunds	340.08			
ADMINISTRATION AND AUDIT - Other	0.00	71,885.00	-71,885.00	0.0%
Total ADMINISTRATION AND AUDIT	30,532.66	71,885.00	-41,352.34	42.5%
EDUCATION AND TRAINING				
Trainings, Registrations, Dues	4,457.45			
Travel/ Meals/ Lodging				
Meals	360.16			
Total Travel/ Meals/ Lodging	360.16			
EDUCATION AND TRAINING - Other	0.00	10,394.00	-10,394.00	0.0%
Total EDUCATION AND TRAINING	4,817.61	10,394.00	-5,576.39	46.3%
UTILITIES				

Sherman County Medical Clinic
2016-2017 Profit & Loss Budget vs. Actual

July 2023 through June 2024

	Jul '23 - Jun 24	Budget	\$ Over Budget	% of Budget
Electric	3,798.59			
Garbage	539.63			
Hazardous Waste Disposal	1,260.63			
Propane/Generator	244.74			
Shredding/Paper Disposal	514.93			
Telephone	3,219.10			
Water and Sewer	2,214.00			
109 Scott Street				
Garbage 109	627.80			
Water/Sewer 109	1,107.00			
Total 109 Scott Street	1,734.80			
UTILITIES - Other	0.00	17,857.00	-17,857.00	0.0%
Total UTILITIES	13,526.42	17,857.00	-4,330.58	75.7%
MEDICAL SUPPLIES				
IV Therapy Expense	3,989.57			
Phone Triage	3,915.00			
Flu/Pneumonia Vaccine	3,890.93			
MEDICAL SUPPLIES - Other	12,714.89	40,308.00	-27,593.11	31.5%
Total MEDICAL SUPPLIES	24,510.39	40,308.00	-15,797.61	60.8%
PHARMACY2	2,880.72	5,557.00	-2,676.28	51.8%
INSURANCE AND LEGAL FEES				
Clinic Insurance				
Dishonesty Bond	250.00			
Liability	15,215.00			
Workers Comp	1,732.60			
Total Clinic Insurance	17,197.60			
Legal Fees	121.98			
INSURANCE AND LEGAL FEES - Other	0.00	20,453.00	-20,453.00	0.0%
Total INSURANCE AND LEGAL FEES	17,319.58	20,453.00	-3,133.42	84.7%
BUILDING SUPPLIES/ MAINTENANCE				
Janitorial	1,815.00			
Maintenance Work	566.39			
BUILDING SUPPLIES/ MAINTENANCE - ...	2,798.08	9,720.00	-6,921.92	28.8%
Total BUILDING SUPPLIES/ MAINTENANCE	4,979.47	9,720.00	-4,740.53	51.2%
COMPUTER, SOFTWARE, EMR				
Computer Equipment and Software	10,896.41			
COMPUTER, SOFTWARE, EMR - Other	0.00	23,545.00	-23,545.00	0.0%
Total COMPUTER, SOFTWARE, EMR	10,896.41	23,545.00	-12,648.59	46.3%
EHR SYSTEM				
Billing Clearinghouse	1,743.54			
EHR SYSTEM - Other	6,111.49	10,315.00	-4,203.51	59.2%
Total EHR SYSTEM	7,855.03	10,315.00	-2,459.97	76.2%
MATERIALS AND SERVICES - Other	0.00	243,348.00	-243,348.00	0.0%
Total MATERIALS AND SERVICES	132,359.69	487,696.00	-355,336.31	27.1%
CAPITAL OUTLAY*****				
Building Remodel	14,958.45	105,000.00	-90,041.55	14.2%
Medical Equipment	2,754.00	20,000.00	-17,246.00	13.8%
Office Equipment	0.00	20,000.00	-20,000.00	0.0%
CAPITAL OUTLAY***** - Other	0.00	145,000.00	-145,000.00	0.0%
Total CAPITAL OUTLAY*****	17,712.45	290,000.00	-272,287.55	6.1%
DEBT SERVICE				
Mortgage-Interest	6,231.92	9,255.00	-3,023.08	67.3%
Mortgage Principal	4,332.38	7,545.00	-3,212.62	57.4%
DEBT SERVICE - Other	0.00	16,800.00	-16,800.00	0.0%
Total DEBT SERVICE	10,564.30	33,600.00	-23,035.70	31.4%
OPERATING CONTINGENCY*****	0.00	68,895.00	-68,895.00	0.0%
Total Expense	558,268.10	2,509,363.00	-1,951,094.90	22.2%
Net Ordinary Income	315,412.04	-1,949,806.00	2,265,218.04	-16.2%
Net Income	315,412.04	-1,949,806.00	2,265,218.04	-16.2%

Provider Patient Report

2023-2024	Number of Office Visits	Open/Days Provider was in	Provider Absent # of Days (Personal Leave)	Clinic Related Leave	Provider Coverage	Reason for Provider Leave or Clinic Closed	Average Patients per	Notes
July	100	20/12	4			Personal	8.33	No Fridays, 1 Holiday
August	148	23/17.5	1.5			Personal	8.46	No Fridays
September	121	20/15	5				8.07	No Fridays, 1 Holiday
October	117	17/22	1			Personal	6.88	No Fridays
November	112	17.5/15	0.5			Personal	7.47	No Fridays, 3.5 Holiday
December	100	20/11.5	3.5			Personal	8.7	No Fridays, 1 Holiday, 3 Personal, .5 sick
January	114	19/16	0				7.13	No Fridays, 2 Holidays, 2 Closed for Weather, 2 Closed Early
February	154	20/16	0				7.7	No Fridays, 1 Holiday
March								
April								
May								
June								
Total:	966		15.5	0	0			
						Annual Average number of visits/day:	5.23	
		Number of Visits:	2022-2023	1429	7.69			
			2021-2022	1388	7.58			
			2020-2021	1219	6.64			
			2019-2020	1536	8.4			
			2018-2019	1428	6.78			
			2017-2018	1537	6.60			
			2016-2017	1625	7.19			
			2015-2016	1912	8.22			
			2014-2015	2091	9.63			
			2013-2014	1952	8.85			

MA Patient Report

2023-2024	Number of Nursing visits	Number of Days	Average Nursing Visits per day	
July	55	12	4.58	
August	61	17.5	3.49	
September	47	15	3.13	
October	112	17	6.59	Flu Shot Clinic
November	75	15	5.00	
December	53	11.5	4.61	
January	59	16	3.69	
February	66	16	4.13	
March			#DIV/0!	
April			#DIV/0!	
May			#DIV/0!	
June			#DIV/0!	
Total:	528	120	4.40	
Previous Years Totals:				
2014-2015	1276	220	5.8	
2015-2016	1084	236.5	4.58	
2016-2017	1150	227.75	5.05	
2017-2018	1131	232.5	4.86	
2018-2019	887	214	4.14	
2019-2020	732	184	3.98	
2020-2021	1830	179.6	10.19	Covid Vaccine
2021-2022	1255	183.75	6.83	
2022-2023	820	186.5	4.4	



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Site Visit Report

Sherman County Medical Clinic

Site Visit Date: January 31, 2024

Site Visitors: Becky Velasco, Suzanne Jefferson & Dr. Heather Whetstone

Site Visit Summary

Verification Summary Sheet

Attestation Verification Details

Patient Interview Feedback

Clinical Transformation Consultant Report

"The Mission of the PCPCH program is to be a trusted partner in primary care, creating collaboration with stakeholders to set the standard for transformative, whole-person, and evidence-based care."

"A sustainable, innovative, and collaborative primary care system that is foundational to better health, better care, and lower costs for all Oregonians."

Site Visit Summary

Application Submitted:	2/15/2023
Tier and Points Attested:	Tier 3 with 170 points
Verified during Site Visit:	Tier 3 with 140 points
Unverified Must-Pass Measures:	N/A
Additional Unverified Measures:	1.A.1, 2.B.1, 2.C.1, 2.F.1, 3.D.2 (verified as 3.D.1), 6.A.1
PCPCH Recognition Expires:	2/15/2025

Verification Summary Sheet - 2020 Recognition Criteria

Core Attribute 1: Access to Care	Verified	Needs Attention	Unverified
1.A.1 In-Person Access			5
1.C.0 Telephone and Electronic Access	Must-Pass		
1.D.1 Same Day Access	5		
1.E.1 Electronic Access	5		
1.G.1 Alternative Access	5		
1.G.2 Alternative Access	10		
Core Attribute 2: Accountability	Verified	Needs Attention	Unverified
2.A.0 Performance and Clinical Quality	Must-Pass		
2.A.1 Performance and Clinical Quality	5		
2.B.1 Public Reporting			5
2.C.1 Patient and Family Involvement in QI			5
2.D.1 Quality Improvement		5	
2.E.1 Ambulatory Sensitive Utilization	5		
2.F.1 PCPCH Staff Vitality			5
Core Attribute 3: Comprehensive, Whole Person Care	Verified	Needs Attention	Unverified
3.A.1 Preventive Services	5		
3.B.0 Medical Services	Must-Pass		

3.C.0 Behavioral Health Services	Must-Pass		
3.C.1 Behavioral Health Services	5		
3.D.1 Comprehensive Health Assessment and Intervention	5		
3.D.2 Comprehensive Health Assessment and Intervention			10
3.E.2 Preventive Services Reminders	10		
3.F.1 Oral Health Services	5		
Core Attribute 4: Continuity	Verified	Needs Attention	Unverified
4.A.0 Personal Clinician Assigned	Must-Pass		
4.A.3 Personal Clinician Assigned	15		
4.B.0 Personal Clinician Continuity	Must-Pass		
4.C.0 Organization of Clinical Information	Must-Pass		
4.D.2 Clinical Information Exchange	10		
4.E.0 Specialized Care Setting	Must-Pass		
4.F.1 Planning for Continuity	5		
4.G.2 Medication Reconciliation	10		
Core Attribute 5: Coordination and Integration	Verified	Needs Attention	Unverified
5.A.1 Population and Data Management	5		
5.C.1 Complex Care Coordination	5		
5.F.0 End of Life Planning	Must-Pass		
5.F.1 End of Life Planning	5		
Core Attribute 6: Person and Family Centered Care	Verified	Needs Attention	Unverified
6.A.0 Meeting Language and Cultural Needs	Must-Pass		
6.A.1 Meeting Language and Cultural Needs			5
6.B.1 Education and Self-Management Support	5		
6.C.0 Experience of Care	Must-Pass		
6.C.1 Experience of Care	5		
6.D.1 Communication of Rights, Roles and Responsibilities	5		

Total Points Verified: 140

Tier Level: 3

Attestation Verification Details: Unverified Measures

Core Attribute 1: Access to Care

“Health care team, be there when we need you.”

Standard 1.A In-Person Access

Measure 1.A.1 PCPCH regularly tracks timely access and communication to clinical staff and care teams.

This measure requires that practices track data related to timely access to care and timely communication with clinical staff. Sherman County Medical Clinic is not currently tracking metrics in either of these categories. The specifications and documentation required for this measure are on p. 14-15 of the TA Guide.

Core Attribute 2: Accountability

“Take responsibility for making sure we receive the best possible care.”

Standard 2.B Public Reporting

Measure 2.B.1 PCPCH participates in a public reporting program for performance indicators and data collected for public reporting programs is shared with providers and staff within the PCPCH.

A practice is meeting this measure if they participate in the Comagine public reporting program and regularly share the reported metrics data with all practice staff. Sherman County Medical Clinic does not participate in the Comagine public reporting program. The specifications and documentation required for this measure are on p. 37-38 of the TA Guide.

Standard 2.C Patient and Family Involvement in Quality Improvement

Measure 2.C.1 PCPCH involves patients, families, and caregivers as advisors on at least one quality or safety initiative per year.

A practice is meeting this measure if it has convened a group of diverse patients, families, and/or caregiver advisors at least once within the last 12 months to provide feedback and guidance on how the practice can improve on a specific area of focus. Sherman County Medical Clinic holds an annual meeting where they discuss progress and goals, among other things. Practice staff and one patient attended the 2023 meeting. To meet the measure, the clinic would need to involve more than just one patient in their annual meeting or other focus group, and feedback from the patients needs to be clearly documented. The specifications and documentation required for this measure are on p. 39-40 of the TA Guide.

Standard 2.F PCPCH Staff Vitality

Measure 2.F.1 PCPCH uses a structured process to identify opportunities to improve the vitality of its staff.

A practice is meeting this measure if it has an ongoing strategy for addressing staff vitality, including methods to gather feedback from employees, how results are shared with staff, and actions taken by the practice that directly impact staff vitality based on the employee feedback. Sherman County Medical Clinic gathers feedback from staff verbally during staff meetings and documents it in the minutes. However, they could not provide evidence of having implemented vitality improvement activities addressing any of the documented

concerns or suggestions brought up by staff. The specifications and documentation required for this measure are on p. 55-56 of the TA Guide.

Core Attribute 3: Comprehensive Whole-Person Care

“Provide or help us get the health care, information, and services we need.”

Standard 3.D Comprehensive Health Assessment and Intervention

Measure 3.D.2 PCPCH tracks referrals to community-based agencies for patients with health-related social needs.

A practice is meeting this measure if it assesses patients for health-related social needs, tracks referrals to community-based agencies, and can describe its process for following up with the agencies and/or patients to identify barriers to completing referrals. Sherman County Medical Clinic was unable to provide evidence of regularly tracking referrals to community agencies and following up with agencies and/or patients to ensure the patient was connected with the resource. Notably, the clinic’s community health worker reported that tracking was not “officially” happening. However, the clinic regularly screens all patients for health-related social needs using standardized screening tools. Because of this, they meet the specifications for measure 3.D.1 and are being awarded that measure in lieu of this one.

The specifications and documentation required for measure 3.D.2 are on p. 74-75 of the TA Guide.

Core Attribute 6: Person and Family Centered Care

“Recognize that we are the most important part of the care team.”

Standard 6.A Meeting Language and Cultural Needs

Measure 6.A.1 PCPCH provides written patient materials in non-English languages spoken by populations served at the clinic.

A practice is meeting this measure if it provides vital and routinely used documents in all languages spoken by more than 30 households or the top two non-English languages of the practice’s patient population. Sherman County Medical Clinic has only one non-English language spoken by its patients (Spanish), and it is only spoken by five patients. Unfortunately, this means the clinic’s patient population lacks the language diversity needed to meet the basic requirements of this measure. The specifications and documentation required for this measure are on p. 125 of the TA Guide.

Attestation Verification Details: Needs Attention

*Measure(s) will not be verified in future if no changes are made.

Core Attribute 2: Accountability

“Take responsibility for making sure we receive the best possible care.”

Standard 2.D Quality Improvement

Measure 2.D.1 PCPCH uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency, and patient experience.

A practice is meeting this measure if it uses performance data to identify improvement opportunities and plans, documents, and implements improvement activities within the practice based on this data. Sherman County Medical Clinic provided documentation of an improvement plan around blood pressure checks and hypertension control, but staff did not know about this project and could not recall having seen the data. Staff spoke about several other informal improvement projects that did not use performance data. At a future site visit, the practice should be able to provide clear documentation of a quality improvement project and the data used to monitor progress. Relevant staff should know about the project. The specifications and documentation required for this measure are on p. 44 of the TA Guide.

Patient Interview Feedback

Two patients participated in the Patient Focus Group. They have been coming to the clinic from 4-20 years.

Core Attribute 1: Access

Patients said it has been very easy to get an appointment. The longest they've had to wait for an appointment was a few days. Patients were aware that they could call the clinic after-hours and receive medical advice, if needed.

Core Attribute 3: Whole Person Care

Patients receive reminders about their annual wellness visits – via phone calls, letters, and the patient portal. The screenings or preventive services they receive include lab work, testing for vitamin deficiencies, completing the shingles vaccine, annual Blood Pressure checks, and physicals for CDL driving certifications. Patients feel like Erin and other clinical staff are always checking with them on their whole-person health, including weight loss, healthy lifestyle changes such as increased physical activity, alcohol use, and smoking. Both patients also felt like their Erin and the other clinic staff cared about their mental health and wellbeing.

Core Attribute 4: Continuity

Patients said they complete a full medication reconciliation at least annually, and sometimes during subsequent check-ups.

Core Attribute 5: Coordination and Integration

Both patients had been referred to a specialist. One patient said, "Erin referred me for a nerve problem in my leg. It took a long time to get in, but the clinic was very helpful in getting appointments scheduled." The second patient had gotten surgery on their hip and felt like all that care was well coordinated. Patients felt like the specialists they were referred to see knew why they had been referred, and when they came back to see Erin, she knew the outcomes of those specialty visits. Patients also felt like labs and routine tests were easy to complete – and that their lab and test results were clearly communicated to them. "I appreciate that the clinic is not in a hurry. They have the time to take you through the conversation of what your lab and test results are showing. They call and ask you to come in if you have an abnormal result. If the result is normal, they still follow up with you to let you know everything looks ok."

Core Attribute 6: Person and Family-Centered Care

Patients feel like it is easy to get information and educational materials regarding their health care. "I've been able to contact Erin and she'll call me back and leave a message or email me." The other patient said, "the information flow through the clinic goes smoothly. It helps when employees are part of the community."

Patients were aware of the patient surveys they've been sent over the years and have completed some of them.

Opportunities Identified by Patients

Patients feel like Sherman County Medical Clinic does a great job in serving the needs of the local community. They liked that the clinic participates in a local family picnic event every year and that they always have a

booth at the County Fair Board. “The clinic makes it a point to be part of the community. They also have a really good Facebook page.”

“It seems like some CCO patients aren’t covered at this clinic. EOCCO is east of us, but we travel westward for services.”

Patient Quotes

“I really appreciate the accessibility and the quality of care that I get here. The specialists I’ve seen recognize Erin and know that if she’s sending me to them, there’s a good reason for it. I gain confidence every time I got to a specialist and they know Erin. She’s reputable.”

“I love the clinic staff here! They really create a community within a community.”

“The personal nature of care that I get here is excellent. I like the accessibility of the clinic and that all of the staff in the clinic are committed to high quality care. It’s a well run clinic.”

Clinical Transformation Consultant Report

To enhance the assessment and collaboration aspects of the PCPCH site visit and foster further transformation, a community-based Clinical Transformation Consultant participated in the site visit day. This consultant, a clinician with extensive experience working within an Oregon PCPCH, provided the following assessment and recommendations, and is available to work with the clinic over the next 6 months to overcome barriers, implement improvement strategies, and meet established goals.

BRIEF OVERVIEW OF KEY CLINICAL ASPECTS OF THE PRACTICE

Clinic Name:	Sherman County Medical Clinic
Location:	Moro, Oregon
Site Visit Date:	1/31/2024
Clinical Transformation Consultant	Heather Whetstone MD

Overview of the Practice:

Sherman County Medical Clinic is a small rural practice. It is part of the larger governmental body of the Sherman County Public Health District. It provides primary care to patients ages four and older, though their pediatric volume is very low. There is usually only one provider on site, Erin Haines PA-C, though Dr. Kristen Dillon sees patients at least once per month. There are a total of six staff members- a receptionist, a community care coordinator/CHW, a medical assistant, the district administrator, and the providers. Staff are cross trained to cover most roles.

There are no mental health services at the clinic (or within the county), but there are onsite dental services (a dental hygienist) once a month.

They have approximately 1,200 active patients. Their payor mix is approximately 15% Medicaid, 15% Medicare, 65% commercial insurance, and 5% self-pay. Their population speaks almost exclusively English, with a handful of patients who speak Spanish.

Practice strengths include:

- Staff stability (low turnover) and flexibility (cross trained)
- Strong relationships with patients and a robust sense of community
- Ability to quickly innovate and implement new ideas/workflows

Current barriers and challenges the practice is facing include:

- Rural location limits access to specialty care, mental health, dental services, community resources
- Lack of other medical resources (e.g. imaging, PT/OT/SLP, etc)
- Lack of access to emergency and inpatient care and general patient mistrust of medical care in The Dalles (the closest hospital)
- Lack of funding to expand beyond basic primary care

- Because of a small patient population, quality data tends to have low denominators. This can substantially impact whether they meet benchmarks (i.e. a few patients can significantly swing their numbers)

The practice's future goals:

- Long term, they hope for onsite x-ray, increased access to local specialists (so their patients don't have to drive all the way to Portland), access to onsite BH and comprehensive dental
- Short term, they hope that the Mid-Columbia Center for Living (MCCFL) moves into vacant space in the 2nd floor of their building to provide much needed mental health in the county.

Other key clinical aspects of the practice important to note:

In general, having a small rural clinic presents many challenges to service expansion; however, it also can be beneficial in making quick adaptations to clinic workflows or trying new processes. Because there are only 6 staff members at the clinic, they can more effectively come to consensus on changes and implement new processes rapidly.

The impact of COVID was also somewhat lessened by their small size. They were able to maintain their staff numbers and return to normal clinic operations much faster than other larger clinics could.

Because of their small community and patient population, staff really seem to know their patients. Their community care coordinator/CHW is also able to do outreach and screenings at their local care facility.

Sherman County Medical Clinic is motivated to expand their PCPCH goals and have asked for assistance in ways of meeting more standards. We discussed current standards that could be improved upon to meet a higher point level, standards that the clinic may already be meeting but were not attested to, and new standards in the 2024 PCPCH update that the clinic could prepare for in their next application.

Currently the clinic does not have a formalized quality improvement team in place. By setting aside time for a more formalized QI meeting (i.e. scheduled with recorded minutes), they would likely be able to achieve additional points related to this work (Standard 2.D). During these meetings, they can review quality data, assess the status of ongoing quality improvement initiatives, and develop new improvement projects. Results from quality work could be displayed in an area accessible to patients to show them how the clinic is always working to improve and provide high quality care.

Along a similar theme, the clinic could also incorporate quantitated feedback related to staff satisfaction into this meeting and develop corresponding staff vitality improvement projects (Standard 2.F).

Looking ahead, the new PCPCH 2025 PCPCH Standards will include a must-pass measure that assesses whether staff are trained in delivering culturally appropriate and trauma-informed care. Sherman County Medical Clinic can prepare for this by arranging qualifying trainings for staff before their next attestation. Further resources are provided below.

SUMMARY AND KEY OPPORTUNITIES:

- Overall, Sherman County Medical Clinic is a small but resilient primary care home. Low staff turnover and strong patient relationships make them a respected and trustworthy destination for healthcare.
- A rural setting and the lack of ancillary health care services pose considerable challenges to delivering comprehensive primary care. However, these limitations should not stop Sherman County Medical Clinic from continuing to think outside of the box to achieve additional PCPCH Standards. In some ways, with fewer individuals to obtain buy-in, a small clinic staff can make it easier to implement innovative workflows.

RESOURCES:

Based on our discussions during the Site Visit, here are some resources to assist your team.

Staff vitality resources:

[PCPCH Standard 2.F: Staff Vitality](#) - This summary contains a link to an [Institute for Healthcare Improvement \(IHI\) team vitality instrument](#) that is hospital-based staff focused but could be adapted to your location.

Quality Improvement

The Institute for Healthcare Improvement has been a leader in QI work across the country, and they have resources on PDSA and other QI activities that are available at:

<http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>

Cultural Competency

The OHA provides resources on trainings for all health roles: <https://www.oregon.gov/oha/ei/pages/ccce.aspx> and https://www.oregon.gov/oha/EI/CCCE%20Non%20Meeting%20Documents/CCCE%20Registry-Approved_021224.pdf

Additional practice resources are available at the Patient-Centered Primary Care Home Program website under [Resources and Technical Assistance](#)