



REGULAR MEETING OF THE BOARD OF DIRECTORS  
AGENDA

Thursday, July 27, 2023 at 9:00 a.m.  
Portola Medical Clinic Conference Room, Portola, CA

The July 27, 2023 Board of Directors meeting will be held in both a virtual and an in-person setting for the general public. The Board meeting location at the Portola Medical Clinic Conference Room will be accessible to the public. The meeting is also accessible to the public via Zoom (See the connection information below). Public comment will be accepted on any item on the agenda as called for by the Board chair until the close of public comment for each item.

Any person with a disability may submit a request for reasonable modification or accommodation to the above-described means for accessing and offering comment at the meeting to Barbara Sokolov at [barbara.sokolov@ephc.org](mailto:barbara.sokolov@ephc.org) who will swiftly resolve such request.

The Board meeting is accessible to the public via Zoom:

Meeting ID: 841 0499 5766    Passcode: 988920    Dial In: +1 669 900 6833 US (San Jose)  
<https://us06web.zoom.us/j/84104995766?pwd=aVlvMjV2T3p2WHljOGVKNWtndDdxzd09>

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
1. <b><u>Call to Order</u></b>	Augustine Corcoran	A	
2. <b><u>Roll Call</u></b>	Augustine Corcoran	I	
3. <b><u>Board Comments</u></b>	Board Members	I/D	
• Deletions/Corrections to the Posted Agenda			
4. <b><u>Public Comment</u></b>			
There will be an opportunity for public comment on each agenda item listed with an “A” for action. Comments will be limited to three minutes per individual.			
5. <b><u>Consent Calendar</u></b>	Augustine Corcoran	I/D/A	
A. Agenda			1-2
B. Meeting Minutes of 6.22.23 Regular Board Meeting			3-6
6. <b><u>Discussion and Possible Action</u></b>	Board Members	I/D/A	
to change time of BOD meeting and date & time of Finance Committee Meeting			
7. <b><u>Auxiliary Report</u></b>	Gail McGrath	I/D/A	
8. <b><u>Staff Reports</u></b>			
A. Chief Nursing Officer Report	Penny Holland	I/D	
B. SNF Directors of Nursing Report	Tamara Santella/Lorraine Noble	I/D	7
C. Director of Clinics Report	Tracy Studer	I/D	8
D. Program Manager	Joanna Garneau	I/D	9
E. Chief Financial Officer	Katherine Pairish	I/D	10-11
9. <b><u>Chief Executive Officer Report</u></b>	Doug McCoy	I/D/A	12-13

Regular Meeting of the Board of Directors of Eastern Plumas Health Care  
July 27, 2023 AGENDA – Continued

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- 10. Policies** I/D/A 14-15  
**A. Policy Review**  
The CAH Committee recommends the following for approval by the Board of Directors:  
Annual Policy Review
- Clinic, IT, Nursing, EH, Pharmacy, Infection Prevention, Admitting, Purchasing, BOD, Radiology, HIM, EOCC, Lab
- 11. Committee Reports** Board Members I/D/A  
**A. Finance Committee**
- 12. Public Comment** Members of the Public I  
This is an opportunity for members of the public to address the Board on items which are not on the agenda. Comments are limited to three minutes ordinarily, unless the Board Chair indicates a different amount will be allotted. Comments should be limited to matters within the jurisdiction of the Board. The Board Chair may choose to acknowledge the comment, or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting. Like any other member of the hospital district, an employee or a contracted employee can address the Board in the proper forum at the proper time. However, the Board will not hear personnel issues or grievances, or matters that affect the employees personally.
- 13. Board Closing Remarks** Board Members I/D
- 14. Closed Session** Augustine Corcoran I/D/A  
**A. Hearing (Health and Safety Code 32155)**  
*Subject Matter: Staff Privileges*
- Provisional 1 Year Appointments
    - Plessas, Michael PA Clinic
    - Sipherd, Ryan MD Emergency Department
  - Active 2 Year Appointments
    - Churchman, Brenda NP Clinic
    - Harrison, Monique MD Tele Psychiatry
- B. Public Employee Performance Evaluation (Government Code Section 54957): CEO**
- C. Pursuant to Health and Safety Code Section 32106, Report Involving Trade Secret, Report Will Concern Proposed New Facilities, Estimated Date of Public Disclosure January 2024**
- 15. Open Session Report of Actions** Augustine Corcoran I  
Taken in Closed Session
- 16. Adjournment** Augustine Corcoran

*The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is August 24, 2023 at the Portola Medical Clinic Conference Room, 480 1<sup>st</sup> Avenue, Portola, CA 96122*



**EASTERN PLUMAS HEALTH CARE DISTRICT  
REGULAR MEETING OF THE BOARD OF DIRECTORS  
MINUTES  
Thursday, June 22, 2023 at 9:00 a.m.**

**1. Call to Order**

Meeting was called to order at 9:00 a.m.

**2. Roll Call**

Augustine Corcoran, Board Chair; Gail McGrath, Board Member; Paul Swanson, M.D., Board Member; Marcia Hughes, Board Member.

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Tracy Studer, Director of Clinics; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; Jim Burson, Director of Rehabilitation; Barbara Sokolov, Executive Assistant/Clerk of the Board.

**3. Board Comments**

None

**4. Public Comment**

None

**5. Consent Calendar**

- **ACTION:** Motion was made by Director Corcoran, seconded by Director McGrath to approve the consent calendar.  
**Roll Call Vote:** AYES: Directors McGrath, Corcoran, Hughes, Swanson  
Nays: None  
Not present: Director Satchwell
- **Public Comment:** None

**6. Auxiliary Report**

Gross ending balance \$137,765.00, \$9457.00 in Memorial Fund. Regular donations, sales are good.

**7. Staff Reports**

**A. Chief Nursing Officer Report**

Penny Holland

See June BOD report. Doug reported for Penny who was not present. He added that the lab manager was back and staff was more stable. Mind Ray had been chosen for the Central Monitoring System and should be installed mid-4<sup>th</sup> quarter. Also installing bedside monitoring in the ED in increase efficiency in charting.

**B. SNF Directors of Nursing**

Tamara Santella/Lorraine Noble

See June BOD report. Tamara reported. 3 residents passed. They are having weekly meetings re: the Cerner build. Tamara has experience with the system from PDH and is excited for the change. They have 10 students in the CNA class.

**C. Director of Clinics**

Tracy Studer

See June BOD report. Tracy also shared that an updated expected delivery date of June 28<sup>th</sup> for the HVAC unit to the new Loyalton Clinic will speed installation, licensing, and opening. She also thanked her team for the great audit preparation.

**D. Director of Rehabilitation**

Jim Burson

See June BOD report. Jim added that he was interviewing a Physical Therapist on July 10<sup>th</sup>. He also shared that June revenue increased 7% year over year after winter decline. He explained the Cardiac Rehab would be using the Mayo Clinic Rochester Model.

E. Chief Financial Officer

Katherine Pairish

Due to the Cerner transition and impacts to revenue cycle reporting, May financial statements are still in development and will be unavailable for reporting this month. The Finance Committee meeting was canceled as a result, the first cancelation in 3 years. Jerrel Tucker will be here the 2<sup>nd</sup> week of September for the audit of the 2023 fiscal year.

## 8. Chief Executive Officer Report

Doug McCoy

### OPERATIONAL OVERVIEW:

Our Cerner post-implementation activities continue with the organization having been on the system for 10 weeks. We continue to make modifications or corrections to the system as we identify items that were not addressed in the production build. The additional training received for revenue cycle and billing processes was helpful in resolving problems with cash posting and coding corrections. We still have not completed the full integration of the G/L system which continues to delay the close of month end financials for both April and May. The SNF module build is proceeding as scheduled with implementation planned for October. Seneca District Hospital also converted to Cerner the first week of June and our two organizations have been sharing information and assistance to optimize the system.

Senate Bill SB 525 passed the Senate and is awaiting House and Governor approval. The bill has been amended to phase in the adjustment to the hospital minimum wage over a four-year period beginning in January of 2024. We will be recalculating the increase in labor costs associated with the first phase of implementation and revise our 2023/24 fiscal budget proposal accordingly.

### EPHC PROJECTS:

The Loyalton Clinic licensure filing is complete with the exception of the final OSHPD architectural certification letter. The roof HVAC system will need to be installed to complete this process and had been on back order through the contractor with an estimated arrival date of late May. Plant Operations is working with the contractor on a revised date for installation so we can then move forward with an opening date for clinic operations.

The physician call house will have a full renovation starting on 6/19. The project will include flooring, cabinets, paint, etc. and is projected to take 4 weeks. In the interim a RV has been secured for temporary housing and will be placed on campus for the ED physicians to utilize.

We have selected Mind-Ray as our vendor to purchase a new central monitoring system. The system specifications and IT requirements have been reviewed and we have requested Cerner to initiate an interface build to automate the data into our EHR system. We anticipate delivery and installation of the system in Q4 this year.

The initial engineering assessment for seismic compliance under SPC-4D (structural) was reviewed with EPHC leadership and presented to the HCAI Seismic Compliance Unit. Options were proposed on possible ways to use current exterior sheathing and gyp board to reduce additional interior construction costs. Additional HCAI meetings will be held to finalize proposal options and reduce organizational costs as much as possible.

**PATIENT EXPERIENCE/EMPLOYEE ENGAGEMENT:**

Leadership completed the annual audit of our patient experience initiative activities for the past year. The Board of Directors has been provided with specific report information to include the following:

- 5 of 10 HCHAPS domain scores increased over the prior year.
- 6 of 10 HCHAPS scores are above the 85<sup>th</sup> percentile.
  - Current 2023 HCHAPS hospital rating is 10 of 10 (100% top box).
- Clinic scores are at the 91<sup>st</sup> percentile.
  - Current 2023 top box recommendation ratings are 87%.
- Swing bed scores are at the 100<sup>th</sup> percentile.
- Current 2023 Laboratory rating was 75% top box (9 or 10)
- Current 2023 Outpatient Therapy rating was 85% top box (9 or 10)
- Customer service training completed by our EPHC Service Excellence Advisors was rated 5 of 5 by EPHC staff attendees.
- Employee turnover decreased 10% over the prior year.

**COMPLIANCE PROGRAM:**

There were no compliance reviews initiated for the period of May 20th through June 19th.

Doug also shared that SB 525, an unfunded mandate, would add an additional \$150k in labor costs to raise all to \$21 pre/hour. The tiered approach a positive for rural hospitals. Costs of the meal break penalties are still significant: \$370k annually. He reported that Dr. Baldwin, dentist renting the Loyalton property, would be leaving and that the vacated space offered the possibility of expanding dentistry and/or therapy there. He would be speaking with the Auxiliary about using the funds they've raised to invest in priority areas. Doug praised the SEA Workshop leaders for their exceptional performance, many with no previous public speaking or teaching experience. He also mentioned the EPHC Summer party and BBQ to be held July 15<sup>th</sup> at the Lost Marbles Ranch in the Sierra Valley. Director Corcoran said he was inspired by the report as it shows EPHC to be thriving, dynamic, and building. Director McGrath concurred. Doug also reported that he hoped that more advanced reporting tools from Cerner would be available soon.

**9. Policies**

Public Comment: None.

Director Hughes noted that the policies were very well-written. Doug praised Donna for making the policy review robust.

**ACTION:** Motion was made by Director Hughes, seconded by Director Swanson to approve all policies.

**Roll Call Vote:** AYES: Directors McGrath, Corcoran, Hughes, Swanson.

Nays: None

Not present: Director Satchwell

**10. Committee Reports**

Board Members

I/D/A

A. Finance Committee

No meeting.

**11. Public Comment**

None.

**12. Board Closing Remarks**

Board Chair Corcoran thanked everyone.

**Open Session recessed at 9:42 a.m.**

**13. Closed Session**

A. Hearing (Health and Safety Code 32155)

*Subject Matter: Staff Privileges*

B. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*

**14. Open Session Report of Actions Taken in Closed Session**

The Board returned at approximately 10:55 am.

**A: No Action Taken.** There were no privileges to approve.

**B: No Action Taken.**

**15. Adjournment**

Meeting adjourned at 10:40 a.m.

DRAFT

Eastern Plumas Health Care  
Nursing Division  
Skilled Nursing Facilities  
Board Report 07/21/2023  
by Lorraine Noble RN & Tamara Santella RN

Financials and Productivity:

	February	March	April	May	June	July
<b>LOYALTON</b>	<b>27.17</b>	<b>28.93</b>	<b>30.22</b>	<b>30.93</b>	<b>30.33</b>	<b>29.90</b>
-actual census for month						
admits	1	2	1	1	1	1
discharges	0	0	0	2	1	1
<b>PORTOLA</b>	<b>25.71</b>	<b>26.61</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>
-actual census for month						
admits	1	1	0	0	0	0
discharges	1	0		0	0	0
<b>TOTAL CENSUS for month</b>	<b>52.88</b>	<b>55.54</b>	<b>57.22</b>	<b>57.93</b>	<b>57.33</b>	<b>56.90</b>

57 is the current census.

Staffing:

- Both SNF units continue to use 3 Traveling Nurses.
- We have one traveling C.N.A. working in Loyalton at present.
- Nursing Assistant Training Program started July 10<sup>th</sup> with 9 students and runs until August 15<sup>th</sup>.

State Issues:

We have 7 pending self reported incidents that we are waiting for the state to visit on. No annual survey as of yet. They came in May 2022 for the last survey.

Eastern Plumas Health Care  
Board Report  
Tracy Studer Director of Clinics

07-27-2023

The Zoom connection demonstration held June 15, 2023 provided areas of success and areas that require additional thoughts. The talented staff at the Portola Medical Clinic performed assigned tasks without flaw. Our Telehealth Coordinator, our Medical Assistant and our IT department planned appropriately, making sure all of the technical components worked. The six OB patients scheduled were seen between 9 AM and 1230 PM electronically by the Tahoe Forest obstetrician. Questions remain in when this Telehealth program will be implemented 100%. The EPHC clinic staff and Tahoe Forest Women's Center staff are in communication with each other to determine when OB Telehealth appointments will be most useful for the expectant mothers and the providers.

A lot of time has been dedicated to the new Loyalton Medical Clinic. Rick Thomas and Christina Potter have assessed the final list of technical needs for the new clinic. The EPHC engineering crew are setting up new exam tables and deciding correct wall placement of otoscope and blood pressure devices. The new HVAC has arrived but an installation date is yet to be scheduled.

Recently, additional Cerner training has been completed and more training is being planned for clinic front office registration staff. The entire staff remain determined to learn, teach others when appropriate, and make corrections in Cerner so the new system can be used to its full potential.

Michael Plessas, a Physician Assistant, has been hired to work Wednesday, Thursday and Friday in the Portola Medical Clinic. We are very excited welcome Michael as a new provider to our community.

Additional Anthem audit items were submitted on Monday, July 17, 2023 and I anticipate those being the final corrections needed to be sent.



Eastern Plumas Health Care  
Board Report  
Joanna Garneau, Program Manager

Thursday, July 27, 2023

- California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM)
  - CalAIM Overview
    - Currently serving 3 patients
    - Conducting outreach on 37 patients
  - CalAIM Funding
    - \$608,014 through DHCS Providing Access and Transforming Health Capacity and Infrastructure Transition, Expansion, and Development (PATH CITED)
      - \$299,530.77 received at end of June
        - \$175,000 toward Cerner implementation, purchase of SUV, program build costs, ECM Case Manager salary and benefits Q1 and Q2
        - Requisitioned \$50,065.64 for ECM Case Manager salary and benefits Q3, Program Manager salary offset Q2 and Q3
        - Remaining amount to be requisitioned throughout 2023 and 2024
      - Submitted application for \$500,000 to purchase Dr. Lee's Dental building
        - Would be for purchase of Dr. Lee's Dental building, including office furniture, supplies, paving parking area, and compassion and empathy training for EPHC employees and CalAIM community partners
- COVID-19 Test to Treat Equity grant
  - EPHC received \$433,927.70
    - Purchased and received posts, barriers, and signs
    - Ordered two large shelters, one small shelter, two trailers
  - Final \$22,838.30 expected end of August
    - Truck purchase
    - Funding Overview
      - Project Total Cost: \$498,737.40
      - CDPH total funding \$456,766
      - EPHC to contribute \$41,971.40
      - EPHC's contribution is 8.42%

**EASTERN PLUMAS HEALTH CARE  
OPERATING BUDGET  
JULY 1, 2023 TO JUNE 30, 2024**

	FYE JUNE 30, 2024 BUDGET			PERCENTAGE OF TOTAL REVENUE
	REVENUE DEPARTMENTS	OVERHEAD DEPARTMENTS	TOTAL	
PATIENT REVENUE	\$53,989,926	\$37,475	\$54,027,401	
PRIME GRANT		\$0	\$0	
OTHER OPERATING REVENUE	\$63,214	\$0	\$63,214	
GOVERNMENT CONTRACTUALS	(\$14,635,913)		(\$14,635,913)	-27%
ALL OTHER CONTRACTUALS	(\$5,596,085)		(\$5,596,085)	-10%
BAD DEBT & ADMINISTRATIVE ADJUSTMENTS	(\$1,291,404)		(\$1,291,404)	-2%
INTER GOVERNMENTAL TRANSFERS	\$5,935,574		\$5,935,574	11%
<b>NET REVENUE</b>	<b>\$38,465,312</b>	<b>\$37,475</b>	<b>\$69,678,443</b>	<b>129%</b>
SALARIES	\$12,233,639	\$4,396,871	\$16,630,510	31%
BENEFITS	\$4,691,634	\$2,076,063	\$6,767,697	13%
SUPPLIES	\$1,728,400	\$725,254	\$2,453,654	5%
PROFESSIONAL FEES	\$3,913,017	\$95,852	\$4,008,869	7%
REPAIRS & MAINTENANCE	\$357,747	\$239,217	\$596,964	1%
PURCHASED SERVICES	\$2,028,888	\$2,673,992	\$4,702,880	9%
UTILITIES & TELEPHONE	\$125,470	\$977,116	\$1,102,586	2%
INSURANCE	\$25,286	\$503,783	\$529,069	1%
RENT & LEASE	\$41,964	\$36,456	\$78,420	0%
INTEREST		\$182,654	\$182,654	0%
DEPRECIATION & AMORTIZATION	\$790,849	\$639,486	\$1,430,335	3%
OTHER EXPENSES	\$176,231	\$499,560	\$675,791	1%
<b>TOTAL DIRECT EXPENSES</b>	<b>\$26,113,125</b>	<b>\$13,046,304</b>	<b>\$39,159,429</b>	<b>72%</b>
<b>OPERATING INCOME</b>	<b>\$12,352,187</b>	<b>(\$13,008,829)</b>	<b>(\$656,642)</b>	<b>-1%</b>
PROPERTY TAX			\$650,000	1%
CONTRIBUTIONS			\$150,000	0%
RENTS			\$85,680	0%
NONOPERATING INCOME			\$460,000	1%
<b>TOTAL NONOPERATING INCOME</b>			<b>\$1,345,680</b>	
<b>NET INCOME</b>			<b>\$689,038</b>	<b>1%</b>
IGT'S FUNDED			\$ (2,967,787)	
<b>NET INCREASE (DECREASE) TO FUND BALANCE</b>			<b>(\$2,278,749)</b>	

**EASTERN PLUMAS HEALTH CARE  
CAPITAL BUDGET  
JULY 1, 2023 TO JUNE 30, 2024**

<b>DEPARTMENT</b>	<b>ITEM</b>	<b>COST</b>	<b>FUNDING SOURCE</b>
PURCHASING	TRANSPORT WHEELCHAIR VAN	\$ 100,000	OPERATING CAPITAL
DATA/IT	WOWS, FIREWALL, PRINTER/PC REFRESH, NEW CLINIC INFRASTRUCTURE	\$ 270,652	OPERATING CAPITAL
ACUTE/EMERGENCY	MIND RAY CENTRAL MONITORY SYSTEM	\$ 310,000	OPERATING CAPITAL
ACUTE/EMERGENCY	BEDSIDE ULTRASOUND MACHINE	\$ 35,000	OPERATING CAPITAL
AMBULANCE	LUCAS DEVICE	\$ 48,000	OPERATING CAPITAL
AMBULANCE	INTUBATION EQUIPMENT	\$ 18,000	
AMBULANCE	REMOUNT	\$ 236,890	
ENGINEERING:			
SNF - LOYALTON	FLOORING	\$ 90,000	OPERATING CAPITAL
LOYALTON	NEW DIGIAL SIGN	\$ 24,000	OPERATING CAPITAL
PORTOLA	FIRE ALARM PANEL REPLACEMENT	\$ 90,000	OPERATING CAPITAL
PORTOLA	LOBBY BADGE READERS	\$ 12,000	OPERATING CAPITAL
PORTOLA	TRAILER FOR BACK HOE & SKIDSTEER	\$ 5,000	OPERATING CAPITAL
RADIOLOGY	PHILIPS XRAY ROOM	\$ 341,668	OPERATING CAPITAL
DENTAL	MISC	\$ 126,094	OPERATNG CAPITAL
SNF - PORTOLA	5 BEDS	\$ 11,400	OPERATNG CAPITAL
CLINICS	AUTO CALL BACK SYSTEM	\$ 20,000	OPERATING CAPITAL
PURCHASING	FLOORING/REMODEL	\$ 50,000	OPERATING CAPITAL
	<b>TOTAL</b>	<b>\$ 1,788,704</b>	
LESS FUNDING FROM OUTSIDE SOURCES		\$ (150,000)	AUXILIARY
CASH REQUIREMENT FROM EPHC		<u>\$ 1,638,704</u>	



**Eastern Plumas Health Care  
Board Report  
Executive Summary**

**Date: July 27, 2023**

**OPERATIONAL OVERVIEW:**

The Cerner project continues to be the main campus priority as we approach the 120-day mark since implementation. We have been having daily revenue reconciliation meetings to ensure accuracy in documentation, coding, charge capture, and functionality of all aspects of the revenue cycle process. Based on these meetings we will be entering into a contract with a third-party consulting firm to assist with additional training and support to avoid potential claim denials and improve our account receivable billing and collections. We anticipate this support to begin the week of 7/24 and continue for 8-10 weeks. The G/L module performance impacting our ability to close financials for April-June has improved, however we do not expect year end financial reports to be available until August.

The HVAC system for the new Loyalton Clinic has been delivered and is expected to be installed by 7/28. Exam tables and computer equipment has been received, and we will be meeting on 7/24 to set a ribbon cutting event date followed by initiating clinic operations.

While our Emergency Department has been very busy in July, our hospital census has been lower than anticipated. Skilled nursing census continues to remain high with the Portola campus at 100% capacity. The addition of two nurses in Loyalton and the upcoming graduating CNA class will allow additional census growth at the Loyalton campus. Lab traveler expense has been reduced with additional staff hired and overall traveler expense is down across the campus versus the first four month of this year.

**PATIENT EXPERIENCE/EMPLOYEE ENGAGEMENT:**

We have elected to discontinue our contracted relationship with Custom Learning Systems and continue our patient experience initiative independently going forward. Our leadership team is confident that we can sustain the program and build on our current systems while refocusing the CLS contract funds for other EPHC initiatives.

Our 2023 mid-year performance metrics include:

- Emergency Department: Recommendation rating – 65% top box, 85% favorable
- HCAHPS (Hospital): Hospital rating 100% top box, 94% top box for doctor/nursing communication
- CHCAHPS (Clinics): 88% very satisfied, 11% satisfied (99% favorable)

- Outpatient Therapy: Satisfaction rating – 88% top box, 99% favorable
- Skilled Nursing: Recommendation rating – 100% top box

Three successful employee engagement events including the EPHC summer picnic were held in July. We have received positive feedback from staff on these events and will continue to hold at least one event monthly. A committee was formed to revise and reinstitute our new hire orientation process which we anticipate beginning in August. We have several high-quality new hires joining EPHC across several departments including finance, dental, therapy, and nursing. Our new CNA class also started this month with 9 students enrolled in the program.

**COMPLIANCE PROGRAM:**

There were no compliance reviews initiated for the period of June 21th through July 21<sup>st</sup>.

# AGENDA ITEM COVER SHEET

<b>ITEM</b>	CAH Committee Consent Agenda
<b>RESPONSIBLE PARTY</b>	Donna Dorsey, RN, BSN Emergency Room Manager
<b>ACTION REQUESTED?</b>	For Board Action
<b>BACKGROUND:</b> During the June 28, 2023 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
<b>SUMMARY/OBJECTIVES:</b> Approval of the following consent agenda items: Annual Policy Review: <ul style="list-style-type: none"><li>• Clinic</li><li>• IT</li><li>• Nursing</li><li>• EH</li><li>• Pharmacy</li><li>• Infection Prevention</li><li>• Admitting</li><li>• Purchasing</li><li>• BOD</li><li>• Radiology</li><li>• HIM</li><li>• EOCC</li><li>• Lab</li></ul>	
<b>SUGGESTED DISCUSSION POINTS:</b> None	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve CAH Committee Consent Agenda as presented.	
<b>LIST OF ATTACHMENTS:</b> List attached.	

**Policy List:****Title****Area**

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Access to Clinical Programs for EPHC Patients Participating in State-Approved Marijuana Programs	Clinic
Backup, Disaster and Data Recovery Plan	IT
Care After Death & Organ/Tissue Procurement	Nursing
Discharge Instructions	Nursing
Fall Prevention and Post Fall Guidelines	Nursing
Injury & Illness Prevention Program (IIPP)	EH
Loss of Communication Emergency Procedure	IT
MDRO (Multidrug-Resistant Organism) Control Plan	Infection Prevention
Multi-dose Vials	Pharmacy
Patient Admission – Acute	Nursing
Patient Identification	Nursing
Patient Valuables	Admitting
Purchase Authorization	Purchasing
Pharmaceutical Destruction	Pharmacy
Post-Exposure Policy	Infection Prevention
Quality Assessment and Performance Improvement Plan (QA/IP)	BOD
Radiation Exposure/Monitoring Safety of Employees	Radiology
Radiation Monitoring Badge	Radiology
Recording Policy	HIM
Respirator Fit Testing Policy	Infection Prevention
Respiratory Protection Program	Infection Prevention
Retention & Destruction of Health Information	HIM
Self Medications (Bedside Medications)	Pharmacy
Shelter In Place	EOCC
Sterile Packaging & Event-Related Shelf Life	Nursing
Surveillance and Reporting	Infection Prevention
Thyroid Protocol	Lab
Time Out Process	Nursing
Using & Disclosing the Minimum Necessary Protected Health Information (HIPAA)	HIM