



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, June 24, 2021 at 9:30 a.m.**

1. Call to Order

Meeting was called to order at 9:31 a.m.

2. Roll Call

Board: Gail McGrath, Board Chair; Paul Swanson, M.D., Vice Chair; Teresa Whitfield, Board Member; Linda Satchwell, Board Member; and Augustine Corcoran, Board Member.

Staff in attendance: Doug McCoy, CEO; Jessica Folchi, Executive Assistant; Penny Holland, CNO; Donna Dorsey, ER Manager; and Lorraine Noble, DON.

3. Board Comments

No comment was received.

4. Consent Calendar

ACTION: Motion was made by Director Satchwell, seconded by Director Whitfield to approve all items on the consent calendar.

AYES: Directors McGrath, Swanson, and Corcoran

NAYS: None

5. Auxiliary Report

Director McGrath reported a \$4000 profit for the month of May and they have been very busy at Nifty Thrifty.

6. Staff Reports

A. Infection Control/COVID-19

Michelle Romero

Michelle Romero reported that the lobby is now open. SNF staff is being tested weekly and hospital non-vaccinated staff are tested weekly. All the vaccines are being offered in the clinics and will be offered shortly in the ER as well. The Norovirus has been cured in the SNF. There has been an increase in staff taking the vaccine.

B. Chief Nursing Officer Report

Penny Holland

Penny Holland reported working with the Renown neuroscience major to better treat stroke patients. They are actively seeking swing patients.

C. SNF Director of Nursing

Lorraine Noble

Lorraine Noble reported she has been working on the floor and on the new EMR.

D. Human Resources Director Report

Lori Tange

Lori Tange reported eight new hires in process as well as a new HR program coming in the next month or two.

E. Chief Financial Officer Report

Katherine Pairish

See attached May financial reports.

7. Chief Executive Officer Report

Doug McCoy

OPERATIONAL PLAN OVERVIEW:

Overall net income YTD remains positive through May and 3.41m ahead of budget. Inpatient revenue was consistent with the prior month, and the two-month trend was the highest

throughout the 2020/21 fiscal year. The increase was due to continued swing bed revenue improvement (20% over the prior month) and increases in SNF ADC and revenue rate. A three-year financial performance trend report was presented at the annual Board retreat and reflected a 5.4% revenue increase and 13.4% net income improvement over the prior year. These improvements were inclusive of 800k in unplanned COVID related costs and various department hiring scale adjustments to improve access to staffing.

EPHC completed contracting with Custom Learning Solutions for a three-year partnership for implementation of our 'Ignite the Patient Experience' initiative. A draft strategic implementation plan was initiated on June 10th and will be finalized to incorporate our activities during this process. Two key committees will be launched in July as part of our initiative. The Community Advisory Panel will provide operational recommendations from a seven-member team representing each of the EPHC service areas. The Service Excellence Committee will be comprised of both department and management staff across the organization to assist with strategy implementation, recommendations, and training to the organization on our 5-star initiative. We are excited to initiate these important committees and look forward to their ongoing insight and support of this process. Prior to our launch of this initiative in mid-May, we have seen a significant increase in customer satisfaction feedback through our new customer review process. The patient grievance rate has decreased by 90% in the second quarter of the calendar year versus the first quarter through the implementation of several initiatives including implementation of the Patient Experience Department.

The Loyaltan property purchase was completed at the beginning of June, and we are finalizing the design plans for the project. Contractor bidding will be initiated upon plan completion and we anticipate opening the project in June of 2022. Community feedback on the project has been extremely positive, and we look forward to continuing the relationship with the current tenants. The project will double the number of exam rooms and increase our clinic offerings to the members of the community.

To meet additional community needs and position EPHC properly for the future we are also reviewing additional projects to include a permanent outpatient and wellness building, refurbishment of the IT/training area, and refurbishment plan for both the hospital and SNF units. Decisions on key legislation regarding the 2030 seismic requirements are expected during the summer legislative session which will assist with our 3-year planning on these projects.

In June all EPHC clinic locations initiated COVID vaccine distributions during business hours. All patients who have not been vaccinated are provided an opportunity to receive any of the three current vaccine offerings and receive education from the providers on the benefits of vaccinations in order to increase the community vaccination rate. EPHC has successfully vaccinated 2,249 individuals through 20 clinics held since the beginning of the year, and we anticipate these rates to continue increasing through the new RHC process.

EMR/IT:

We continue to review potential EMR replacement systems given the sunseting of our current EMR at the end of 2022. The single solution product through Cerner continues to be the leading option based on the interoperability across all service lines. EPIC is a leading market system, however we continue to have challenges in identifying a third party organization to host the system for EPHC. Based on the required implantation requirement of a new EMR system (10-12 months), we recommend that the Board approve a resolution to proceed with final review of the Cerner contract proposal by our legal department and sign an agreement to initiate the attached implementation plan.

EPHC will complete the migration from Google to Microsoft 365 in early July ahead of the original estimated plan. This migration will also require a change in the internet platform from

Google. Both of these transitions will increase our cyber security and reduce overall costs over the next several years.

The Human Resources Department has evaluated a HRM program to complete employee engagement surveys and replace our current performance evaluation process. The system is under final review by IT for interface capabilities with our payroll software. Based on successful completion of these reviews we would anticipate launching the new system in the first quarter of the fiscal year.

QUALITY/REGULATORY:

EPHC delivered the plan of correction on June 10th for the CMS report received May 21st regarding the 96-hour in-patient requirement for the 2018/19 fiscal year. Based on internal review both the 2019-20 and 2020-21 fiscal years are under the 96-hour threshold. We have alleged compliance with the requirement for the last two fiscal years and anticipate CMS placing EPHC into substantial compliance with the requirement.

8. Approve Resolutions

- Resolution 292-Therapy & Wellness Facility

ACTION: Motion was made to approve by Director Swanson, seconded by Director Satchwell to approve the resolutions as submitted.

AYES: Directors Whitfield, Corcoran, and McGrath.

NAYS: None

- Resolution 293-EMR System Purchase

ACTION: Motion was made to approve by Director Whitfield, seconded by Director Swanson to approve the resolutions as submitted.

AYES: Directors Satchwell, Corcoran, and McGrath.

NAYS: None

9. Policies

Director Whitfield questioned the minor policy details to be reviewed.

ACTION: Motion was made by Director McGrath, seconded by Director Satchwell to approve the policies as submitted.

AYES: Directors Whitfield, Corcoran, and Swanson.

NAYS: None

10. Committee Reports

A. Finance Committee: Director Swanson reported the positive outlook for the Therapy & Wellness Center and things are going well overall.

11. Public Comment

Carol Mero from the Home Health Agency would like a collaborative relationship with EPHC. Dr. Swanson will reach out to her directly to better discuss the specific details of this relationship.

12. Board Closing Remarks

Director McGrath was very pleased with the direction we are headed.

Open Session recessed at 10:48 a.m.

13. Closed Session

A. Public Employee Performance Evaluation (Government Code Section 54957)

Subject Matter: CEO

Discussion was held on a privileged item.

14. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 12:30 pm. No action was taken.

15. Adjournment

Meeting adjourned at 12:32 p.m.

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