



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, July 27, 2023 at 9:00 a.m.**

1. Call to Order

Meeting was called to order at 9:17 a.m.

2. Roll Call

Present: Augustine Corcoran, Board Chair; Paul Swanson, M.D., Board Member; Marcia Hughes, Board Member; Linda Satchwell, Board Member

Absent: Gail McGrath, Board Member

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Penny Holland, Chief Nursing Officer; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; Joanna Garneau, Program Manager; 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 Swanson to approve the consent calendar.
Roll Call Vote: AYES: Directors Corcoran, Hughes, Swanson, Satchwell
Nays: None
Not present: Director McGrath
- **Public Comment:** None

6. Discussion and Possible Action Board Members I/D/A

to change time of BOD meeting and date & time of Finance Committee Meeting

- **ACTION:** Motion was made by Director Swanson, seconded by Director Corcoran to change the time of Finance Committee Meeting to 4:00 pm and the BOD meeting to 5:00 p.m. on the fourth Thursdays of the month except for November (no meeting) and December (first Thursday).
Roll Call Vote: AYES: Directors Corcoran, Hughes, Swanson, Satchwell
Nays: None
Not present: Director McGrath

7. Auxiliary Report

None.

8. Staff Reports

- A. Chief Nursing Officer Report Penny Holland
Penny reported that staffing was stable. Acuity numbers were up in the ER and an additional ER Tech was needed. DeeDee will be attending Emergency Preparedness training in

Sacramento and completed an EMT course to help with staffing. Congrats to DeeDee! Mind Ray, the Central Monitoring System, has been shipped and they are awaiting delivery. Director Corcoran thanked and congratulated DeeDee.

- B. SNF Directors of Nursing Tamara Santella/Lorraine Noble
See July BOD report. She noted that they now have 8 students in the CNA class.
- C. Director of Clinics Tracy Studer
See July BOD report. Tracy was absent so Doug reported. He shared that the HVAC unit would be installed in the new Loyalton Clinic this week, awaiting architect and permits then licensing. Very close to grand opening date. Discussed possible uses for Dr. Baldwin's dental practice at that property. He also noted that Clinic providers were at 100% capacity post Cerner.
- D. Program Manager Joanna Garneau
See July BOD report. Joanna also reported that she would be increasing outreach to EPHC departments to increase internal CalAIM referrals. She and Venissa will also be doing outreach to senior apartments in Loyalton and Quincy as well. Director Satchwell asked if the SUV was for home visits. Joanna explained that they meet patients where they live to assess the full individual picture. She also noted that they would be receiving a funded \$12,000 de-escalation training in the fall. In addition, she has requested funding for compassion and empathy training. She reported that the program has connected 2 individuals with IHS, dentist, optometrist, and close to securing housing. Will share stories next time. The BOD expressed support and enthusiasm.
- E. Chief Financial Officer Katherine Pairish
Due to the Cerner transition and impacts to revenue cycle reporting, no financial statements are available for reporting this month. Katherine shared that Taryn Russell would be joining EPHC as Patient Financial Services Manager in mid to late September. She will report directly to Katherine and supervise and direct the business office and its staff. The consultant that has come in to help with Cerner processes has been a great help so far. The review of the budget for the 2023-2024 fiscal year has been postponed pending Finance Committee approval.

9. Chief Executive Officer Report

Doug McCoy

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 21st.

Kudos to Lorraine and Tamara for the 57 SNF census and the retention of students from the CNA class. Doug shared that he had a meeting with Partnership today. He reported on the MCO tax that would increase Medi-Cal reimbursement and address issues re: low payments for the last 12-15 years; the full impact would be felt in 2025, some in 2024. Doug also said he was closely watching the Minimum Wage Bill and pending changes for a federal match for seismic support.

Director Corcoran said that he was gratified to see the patient experience numbers. Director Satchwell asked about an Employee Satisfaction Survey. Doug replied that he was working on one that built trust and was transparent and simple.

10. Policies

Public Comment: None.

Director Hughes asked about the QA Committee Policy and noted that no meetings had been held for two quarters. Penny said she would schedule soon and Donna noted that they were reinventing the format. Director Hughes also noted that the policies Radiation Exposure/Monitoring Safety of Employees and Radiation Monitoring Badge had the wrong date (2019) for next review.

ACTION: Motion was made by Director Corcoran, seconded by Director Swanson to approve all policies with the above corrections.

Roll Call Vote: AYES: Directors Corcoran, Hughes, Swanson, Satchwell

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
July 27, 2023 MINUTES - Continued

Nays: None

Not present: Director McGrath

11. Committee Reports

Board Members

I/D/A

A. Finance Committee

Director Corcoran reported that further discussion was needed to approve the budget for FY 2023-2024.

12. Public Comment

None.

13. Board Closing Remarks

Board Chair Corcoran said he felt good about EPHC's status and continued smooth sailing. Director Satchwell remarked on how positive the reports were. Both thanked everyone.

Open Session recessed at 10:17 a.m.

14. Closed Session

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 Taken in Closed Session

The Board returned at approximately 10:40 am.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 14.A.

B: No Action Taken.

C: No Action Taken.

16. Adjournment

Meeting adjourned at 10:45 a.m.