



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES**

Thursday, September 23, 2021 at 9:30 a.m.

1. Call to Order

Meeting was called to order at 9:30 a.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Susan Horstmeyer, Interim Executive Assistant; Michelle Romero, Infection Control; Donna Dorsey, ER Manager; Lorainne Noble, DON; Katherine Pairish, CFO; and Paul Bruning, Director of Clinics.

3. Board Comments

None.

4. Consent Calendar

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

AYES: Directors Swanson, Satchwell and Corcoran

Nays: None

5. Auxiliary Report

Director McGrath reported they have been very busy with many donations and supplies for fire victims.

6. Staff Reports

A. Infection Control/COVID-19

Michelle Romero

Michelle Romero reported a continuing large volume of patients needing testing for Covid-19. Since the last Board meeting, we have tested just over 360 patients-70 of which have been positive. Our drive-thru testing is going well, and we are testing an average of 12-15 patients per day at the drive through.

Earlier this month we did have a disruption in supply of our rapid PCR tests and had to send most tests to LabCorp during that time. That disruption has been resolved, and we now have an adequate supply of testing kits for staff and patients.

Unvaccinated SNF & Hospital staff are testing twice weekly, and unvaccinated clinic staff are testing once weekly. Fully vaccinated staff are still testing weekly in the SNF. We currently have no staff members out with Covid, and no Covid positive patients on the acute floor.

Plumas County is out of the J& J vaccine until next week at the earliest. We were able to get several vials of J&J from Sierra County, and we plan on using those for staff who have yet to comply with the vaccine mandate.

We are offering a third dose of mRNA vaccines at our clinics for immunocompromised patients, per CDC guidance. Boosters of Pfizer are currently being reviewed by the CDC and will hopefully issue final guidance by the end of this week. Once that happens, we will be administering Pfizer boosters to eligible staff members and patients.

We are also preparing for flu season. Our Graeagle drive-thru will be on October 19th from 11am-1pm, or until vaccines run out. Portola drive-thru will be on October 20th, and Loyalton will be on October 27th. We have ordered both regular flu vaccine and high-dose, and are waiting to get our vaccines in. Once they arrive, we will begin offering them to patients and staff.

B. Chief Nursing Officer Report

Penny Holland

Donna Dorsey reported the last of the new equipment arrived. We now have new cardiac monitors for the ED, Acute and Skilled Nursing departments, which has boosted morale of staff. Two nurses, Rene Balderas and Kate Cooke will complete their wound care program in January. Staffing is stable with the addition of a new night nurse. Jennifer Vimbor has finished her diabetic education program.

C. SNF Director of Nursing

Lorraine Noble

Doug McCoy reported a strong census. Due to the staffing challenges, we will be pursuing a CNA class advertisement as well as a paid hospitality aide program. There have not been any transmissions of Covid 19 or regulatory findings within the last 30 days.

D. Chief Financial Officer Report

Katherine Pairish

See attached July financial reports.

E. Director of Clinics Report

Paul Bruning

Adding a dental hygienist to the staff as our current hygienist is booked until February. Working with Bill in the lab to start a point of care urine drug screen. Starting a vaccine program for children at the Graeagle clinic. Continuing to work with the property owner of the Graeagle clinic for the installation of previously purchased generator. Working on adding more Telemed specialists. Working with Katherine Pairish to develop a dashboard for the doctors.

7. **Chief Executive Officer Report**

Doug McCoy

OPERATIONAL PLAN OVERVIEW:

August total patient revenue of 4.26M surpassed the monthly total for all reporting periods during the past five years. It also exceeded the prior months revenue by \$82,000 which had been the previous high for the same 5-year period. Patient revenue and volume have increased monthly since February.

Expenses for the month exceeded expectations due to the high volume of community COVID testing, and supplies/equipment to service the increased demand. These costs will be applied to the CARES Act funding and offset later in the fiscal year. Both inpatient and outpatient revenues exceeded budget while clinic revenue was slightly off budget due to provider vacations.

Through the first quarter of the fiscal year (July-Sept) we have had 34 new hires versus 27 employee separations. We have expanded recruitment efforts to include additional traveler companies, increased advertising, and reinstated recruitment incentives. Of those separations, 23% were per diem employees with limited hours. The overall gain of employees through the quarter has helped to stabilize several departments or allow for expanded services (i.e. outpatient rehabilitation).

EPHC continues to prepare for the September 30th implementation of the California vaccine mandate executive order. Through September 16th we have reduced the number of employees not covered under the mandate from 105 to 27 through either vaccination or an approved exemption request. This has increased our compliance rate from 65.5% to 89.5% and we expect continued improvement in the final weeks of September. We are also preparing for the anticipated CMS change to the final rule which would require all health care facilities to mandate vaccinations and tie compliance to federal funding sources. The CMS final rule documentation is expected to be announced in late October.

August-September community COVID case rates have continued to exceed any previous monthly totals since the beginning of the pandemic. To address the increased volume of cases and testing requests, EPHC initiated a daily drive through testing program in addition to testing completed through the lab and clinic locations. As of last week, Plumas County reported case rates at 35 per 100,000 which while decreasing, remains much higher than earlier in the pandemic. EPHC has increased utilization of N-95 masking in patient care areas to prevent in-house transmissions. We continue to have prevented an in-house case from occurring in any of our locations.

PROJECT UPDATE:

EPHC and Aspen Street Architects have completed the final revisions to the project plans for both the Loyalton Clinic replacement and Rehabilitation/Wellness Center. We anticipate contactor bidding to be initiated for the Loyalton project during the next quarter. Renovations to the IT areas should be completed by mid-October creating a more efficient work station area and provide additional square footage to be used for potential community service programs. Bids have been received for the hospital and Loyalton SNF flooring project and will be provided for Board approval during the October meeting.

QUALITY/REGULATORY:

There has not been any significant regulatory activity to report for the last 30 days. We continue to maintain compliance with the Plan of Correction submitted in June for the 96-hour length of stay requirement for in-patient hospitalized patients.

8. Policies

ACTION: Motion was made by Director Whitfield, seconded by Director Cocoran to approve all policies.

AYES: Directors McGrath, Swanson and Satchwell

Nays: None

9. Committee Reports

A. Finance Committee: Director Swanson reported on the implementation of a tracking tool to monitor labor hours associated with the pandemic.

10. Public Comment

No comments.

11. Board Closing Remarks

None

Open Session recessed at 10:09 a.m.

12. Closed Session

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

Subject Matter: CEO

Discussion was held on a privileged item.

B. Hearing (Health and Safety Code 32155)

Subject matter: Staff Privileges

Provisional 1 Year Appointments

Sherman, Judith MD

Tele Psychiatry

Provisional 2 Year Appointments

Micheal Brooks, DPM

Podiatry

Roxanne Gould, DDS

Dentistry

Richard Printz, MD

Gynecology

Cara Stret,, MD

Obstetrics

Peter Taylor, MD

Obstetrics

Muto-Isolani, Antonio, MD

Emergency

Nielsen, Marc, DO

Emergency

Swanson, Paul, MD

Emergency

C. Review of pending litigation (Health & Safety Code 54956): Worker's Compensation Case # 21001403

13. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 11:59 am.

ACTION: Motion was made by Director Corcoran, seconded by Director Satchwell to approve all provisional appointments under closed session Item B.

Ayes: Directors Corcoran, Satchwell, McGrath & Whitfield.

Abstain: Director Swanson

14. Adjournment

Meeting adjourned at 12:46 p.m.