



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, April 25, 2024 at 5:00 p.m.
Portola Medical Clinic Conference Room, Portola, CA

The April 25, 2024 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 who will swiftly resolve such request.

The Board meeting is accessible to the public via Zoom:

Meeting ID: 863 9753 5882 Passcode: 932796 Dial In: +1 669 900 6833 US (San Jose)
<https://us06web.zoom.us/j/86397535882?pwd=MtMvugrK08xORhG3zp5f5AsMI21D5Y.1>

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
1. <u>Call to Order</u>	Augustine Corcoran	A	
2. <u>Roll Call</u>	Augustine Corcoran	I	
3. <u>Board Comments</u>	Board Members	I/D/A	
• Deletions/Corrections to the Posted Agenda			
4. <u>Public Comment</u>			
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. <u>Consent Calendar</u>	Augustine Corcoran	I/D/A	
A. Agenda			1-2
B. Meeting Minutes of 3.28.24 Regular Board Meeting			3-7
6. <u>Auxiliary Report</u>	Gail McGrath	I/D/A	
7. <u>Staff Reports</u>			
A. SNF Directors of Nursing Report	Lorraine Noble/Tamara Santella	I/D	8
B. Director of Clinics Report	Tracy Studer	I/D	9
C. Chief Financial Officer	Katherine Pairish	I/D	10-14
8. <u>Chief Executive Officer Report</u>	Doug McCoy	I/D/A	15-16
9. <u>Discuss possible action for partnership with Beckwourth Peak Fire District on the QRV Program</u>	Doug McCoy	I/D/A	
10. <u>Policies</u>		I/D/A	17-18
Policy Review			
The CAH Committee recommends the following for approval by the Board of Directors:			

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
April 25, 2024 AGENDA – Continued

Annual Policy Review

Ambulance, Nursing, SNF, Radiology, Pharmacy, BOD, Administration, EOCC, HIM, Infection Prevention, Clinic, ER, Lab, Dietary

- | | | |
|---|-----------------------|-------|
| 11. <u>Committee Reports</u> | Board Members | I/D/A |
| A. Finance Committee | | |
| 12. <u>Public Comment</u> | Members of the Public | I |
| <p>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.</p> | | |
| 13. <u>Board Closing Remarks</u> | Board Members | I/D |
| 14. <u>Closed Session</u> | Augustine Corcoran | I/D/A |
| A. Hearing (Health and Safety Code 32155)
<i>Subject Matter: Staff Privileges</i> | | |
| <u>Clinic</u> | | |
| <ul style="list-style-type: none">Fletcher, Sarah MD - 2 Year Appointment | | |
| <u>Tele-Psych</u> | | |
| <ul style="list-style-type: none">Malik, Asif MD - 1 Year AppointmentSutherland-Stolting, Amanda MD - 2 Year AppointmentKodjo, Kodjovi MD - 1 Year AppointmentMohammed, Sameer MD - 2 year Appointment | | |
| B. Public Employee Performance Evaluation (Government Code Section 54957): <i>CEO</i> | | |
| C. Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1))
Case Name Unspecified: (disclosure would jeopardize settlement negotiations) | | |
| 15. <u>Open Session Report of Actions</u> | Augustine Corcoran | I |
| Taken in Closed Session | | |
| 16. <u>Adjournment</u> | Augustine Corcoran | A |

The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is May 23, 2024 at the Portola Medical Clinic Conference Room, 480 1st Avenue, Portola, CA 96122



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, March 28, 2024 at 5:00 p.m.**

1. Call to Order

Meeting was called to order at 5:02 p.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; Penny Holland, Chief Nursing Officer; Tracy Studer, Director of Clinics; Jim Burson, Director of Rehabilitation; Joanna Garneau, Program Manager; Shawna Leal, Patient Experience Manager; and Barbara Sokolov, Foundation Manager/Executive Assistant/Clerk of the Board.

3. Board Comments

None

4. Public Comment

None

5. Consent Calendar

- **ACTION:** Motion was made by Director Swanson, seconded by Director Satchwell to approve the consent calendar.

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

Nays: None

Not present: Director McGrath (arrived 5:41 p.m.)

- **Public Comment:** None

6. Auxiliary Report

Doug gave report: \$7500 net profit in February. He will submit a list of funding requests. The Auxiliary funded the Lab Analyzer. Overall, Nifty Thrifty is doing very well.

7. Staff Reports

A. Chief Nursing Officer Report
See March BOD report.

Penny Holland

B. SNF Director of Nursing

Lorraine Noble

See March BOD report. Also announced the Long-Term Care Workshop featuring April Shepherd and Kelly Carroll on April 24th sponsored by Plumas Bank.

C. Director of Clinics

Tracy Studer

See March BOD report.

D. Director of Rehabilitation

Jim Burson

See March BOD report.

Jim also shared that it was the 4-year anniversary of the Therapy and Wellness Center in its present location, begun the week after lockdown. Doug was the guest speaker. Also discussed successful reduction of cancellations.

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- E. Program Manager Joanna Garneau
See March BOD report. Joanna thanked Sesha. Linda recognized the hard work of grant writing and thanked Joanna.
- F. Chief Financial Officer Katherine Pairish

Summary

This report will cover year-to-date financials through February 29, 2024, compared to year-to-date through February 28, 2023.

Total Patient Revenues were higher than last year by \$1,986,857. This represents a 6% increase. Total Operating Expenses were higher than last year by \$302,276. This represents a 1% increase. Our bottom line improved over last year by \$1,320,708 or 30%.

Revenues (Year-to-Date)

Overall, total Inpatient Revenues were higher than last year by \$875,745, with Skilled Nursing Revenues higher than last year by \$977,290. Pro Fees were higher than last year by \$171,196. Total Outpatient Revenues were higher than last year by \$1,104,848 and Clinic Revenues were less than last year by \$164,932.

Expenses (Year-to-Date Current Year Compared to Year-to Date Last Year)

Salaries and Benefits: Combined Salaries and Benefits were higher by \$317,068.

Purchased Services: Purchased Services were less by \$443,785.

Professional Fees: Professional Fees were higher by \$136,954

Repairs & Maintenance: Repairs & Maintenance were less by \$29,041.

Utilities: Utilities were higher by \$145,394.

Supplies: Supplies were less by \$85,275.

Depreciation Expense: Depreciation Expense was higher by \$96,254.

Other Expenses: Other Expenses were higher by \$111,232. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of February 29, 2024 was \$17 million. This is an 86% increase over last year. We are continuing to work towards reducing this balance.

Balance Sheet

Total Cash decreased 20.29%. Net AR increased 44.20% and Net Fixed Assets increased 10.02%. Total Liabilities decreased 33.25%.

Additional Information

Days cash on hand on February 29, 2024, was 111. February 28, 2023, days cash on hand was 133. We have spent \$1,829,448 on capital equipment so far this year. We funded \$1,883,653 in IGT's in February and another \$889,691 this month. We expect to receive \$8,657,566 funds before the end of the fiscal year. Our Fund Balance increased by \$4,457,681 or 20.07%.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL OVERVIEW:

EPHC is evaluating changing from the planned Cerner installation of the long-term care EMR module and moving to the Point Click Care platform this year. Point Click Care (PCC) has acquired our current LTC software provider (AHT) and will sunset that product at the end of 2024. A detailed vetting process has been in place since the announcement, and we are working with Cerner to extract the LTC services from our subscription.

From July-December 2023, EPHC has been providing financial compensation to the Beckwourth Fire District to support their ongoing volunteer response to all EMS medical calls. This funding has been used to provide an on-call stipend for BFD volunteers which has assisted with retention and recruitment for the department. Funding assistance was scheduled to end on December 31st based on the November election results for the new fire district. Although the ballot initiative was successful, the Fire District is not expected to receive additional funding until after the fiscal year. To ensure continued response by BFD for EMS medical calls, I have extended the MOU until the end of our fiscal year in order for both organizations to collaborate on future grant or County funding.

2024 STRATEGIC OBJECTIVES – UPDATE (Through February 29th)

For the 2024 calendar year we have several strategic objectives to improve operations and our care delivery to the community. These will be monitored monthly with progress reports provided to the Board.

- Reduce annualized turnover by 7% with emphasis on the reduction of turnover within the first 12 months of employment.
 - Through February YTD we have had 12 new hires which annualized represents a decrease of 30 hires over 2023. This is anticipated given a lower amount of open positions listed, but will increase in April with the initiation of our next CNA training program. We have had 13 terminations during the period which included a decrease of 50% from January to February and annualized is at the same level over 2023 results. We were awarded a \$15,000 flex care grant in March and will use the funding to provide leadership and communication training to managers, supervisors, and team lead staff. The onsite training sessions will be held June 3rd-5th and a follow up session in August.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
 - Through February our net income performance is exceeding budget and \$1,320,708 over the same period last year. The remaining IGTs were funded in February and March with receipt anticipated by May. The total IGT funding will be approximately 8.6m with a 5.5m increase to net income.
- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
 - February days cash on hand was expected to decrease due to the IGT funding (\$1.88m), and a similar decrease will occur in March with the second IGT funded for \$889,691. With the ongoing collection of A/R post Cerner implementation and the receipt of IGT funding before the fiscal year end, we continue to be on track to achieve our 200-day target.
- Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
 - Grant information has been submitted and a funding decision is pending mid-year.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
 - The dental services grant application draft is currently under final review and will be submitted by 3/30. We have engaged an outside recruitment company for assistance with physician candidates for our Portola and Loyalton clinic locations.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - Through February we have received 112 surveys across all service lines. This represents an annualized total of 672 surveys which is under our goal of 1000. To increase the number of responses we have initiated two action plans. First, the admitting department will manage the survey tablets for lab and radiology and request feedback from patients upon conclusion of scheduled services. Second, additional signage and a raffle drawing program have been established in the Rehabilitation department and clinics to encourage patient feedback. We have seen a significant increase in responses in March for the clinics and anticipate an increase in overall responses in the following months.
- Complete key projects – X-ray room replacement, Loyalton flooring project, EMS use of current Loyalton Clinic, MindRay installation, badge reader/security system, SNF basement project.

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- The MindRay central monitoring system remains on target to be operational in early April.
- The fire panel replacement which has had multiple completed delays will be fully installed by April 12th. The badge reader project which was to follow the installation of the fire panel will be completed by April 30th.
- New handrails are being installed at the Loyaltan SNF in advance of starting the flooring replacement and will be fully installed by April 15th.
- Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.
 - All February reporting requirements were met. There has not been any legislative modifications to the 2030 requirements for rural hospitals, but discussions continue with the Hospital Association.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of February 17th through March 25th.

9. Policies

Public Comment: None.

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

Roll Call Vote: AYES: Directors Hughes, Swanson, McGrath, Corcoran, Satchwell.
Nays: None

10. Committee Reports

Board Members

A. Finance Committee

Finance Committee Chair Swanson welcomed Linda Satchwell to the Committee. Appreciated the finance education provided by Katherine & Doug. Really good report from Katherine. Remarkably consistent performance. Thanks team! Director Satchwell thanked Doug and Katherine for making the extra effort to accommodate increased understanding.

11. Public Comment

None.

12. Board Closing Remarks

Director Satchwell thanked everyone for their positivity, enthusiasm, creativity, and inclusiveness of Community. Director Corcoran expressed his thanks to all, especially the staff who report regularly to increase his knowledge about EPHC.

Open Session recessed at 6:05 p.m.

13. Closed Session

A. Pursuant Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

Clinic

- Hibler, John D.O - 2 year appointment
- Potter, Christina FNP - 2 year appointment
- Hoffman, Daniel DDS - 2 year appointment
- Mannikko, Daniel DDS - 1 year appointment
- Fletcher, Sarah MD - **60 day extension of privileges to finish reappointment application**

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Tele- Radiology

- Jama, Abdullahi MD - 1 year appointment

Tele-Psych

- Adams, Ninos MD - 1 year appointment
- Brahmbhatt, Hetal MD - 1 year appointment
- Mischiu, Radu MD - 1 year appointment
- Cole, Barry MD - 1 year appointment

- B.** Public Employee Performance Evaluation (Government Code Section 54957) Subject Matter: *CEO*
- C.** Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1) Case Name Unspecified: (disclosure would jeopardize settlement negotiations)

14. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 6:40 p.m.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 13.A.

B: No Action taken

C: No Action taken

15. Adjournment

Meeting adjourned at 6:45 p.m.

**Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 4/16/2024
by Lorraine Noble RN & Tamara Santella RN**

CENSUS

Portola Campus:

March census was 26.97.

1-discharge.

Loyalton Campus:

March census was 33.

2-discharges.

STAFFING

April 1st was the start of the nursing assistant class which will graduate in May. We have 7 students.

Portola Campus:

- 3- Traveler nurses now working.
- 1 full time RN has been hired for night shift and is to start in June. 1 full time LVN is being hired and a mentorship will be done with this new nurse as soon as state boards are passed.

Loyalton Campus:

- Has 1 Full time Nurse position open at present and 3 C.N.A. positions open
- 4 Travelers working, 1-LVN and 3-C.N.A.s

FAMILY COUNCIL:

- Portola's Family Council meets the 2nd Thursday of the month at 2pm directly after the Resident Council meets. The LTC Ombudsman attends both meetings.
- Loyalton is in the process of developing a Family Council.

STATE ISSUES:

- Last State and Federal survey was 5/2022. Surveys have changed to every 30 months unless facility has received citations. Then survey to be yearly.
- State Surveyor was here on 3/11/24 and investigated 3 self reported incidents in Portola and 4 in Loyalton. No deficiencies for all.
- 4 new facility reported incidents for Loyalton in which state will follow-up with a visit.

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics

Thursday April 25, 2024

The new Loyalton Medical Clinic was surveyed by Sandra Day from CMS on Monday, April 15, 2024. The entire staff were involved including Christina Potter, FNP, Erin Bautista, LVN and Donna Morris, who has worked as a temporary registration clerk there. All of the preparation for this survey paid off with only one correction noted by the surveyor.

A new registration clerk/insurance auditor, Kate Graves has been added to the medical clinic staff. Kate has worked in the dental department in Portola for the past several years. Her interest and understanding of patient insurance drew her to applying for this vacancy in the medical clinic. Kate started on Monday, April 8, 2024, and already has grasped many details in patient registration and insurance audits. The insurance auditor role is to review patient insurance for upcoming appointments. Any questions regarding the insurance, or issues pertaining to it will be addressed. This will allow for a level of comfort for the patient and for EPHC clinics knowing the insurance has been reviewed prior to the appointment.

The second registration clerk hired in March will have her first day with the EPHC clinics on Tuesday, May 7, 2024. This new staff member has experience as a referral coordinator and is also a certified medical assistant.

Patient surveys have increased significantly since during March and April. This is due to the diligence of the front office staff and the addition of a monthly drawing for coffee.

Eastern Plumas Health Care
Financial Statements – Board Report
March 2024

Summary

This report will cover the nine months ended March 31, 2024, compared to budget.

Net Patient Revenues were lower than budget by \$438,685. Total Operating Revenue was over budget by \$1,354,332. Included in this amount is \$2,866,410 in IGT's. We budgeted \$1,091,419, posting \$1,774,991 over budget.

Revenues (Year-to-Date Current Year Compared to Year-to-Date Budget)

Overall, Total Inpatient Revenues were lower than budget by \$497,936, with Skilled Nursing Revenues posting higher than budget by \$546,266. Pro Fees were lower than budget by \$49,477. Total Outpatient Revenues were lower than budget by \$947,632 and Clinic Revenues were lower than budget by \$322,439. When compared to year-to-date at this time last year, Total Revenues were over by \$1,883,346. Total Expenses were lower by \$387,848 and Net Income was higher by \$950,318.

Expenses (Year-to-Date Current Year Compared to Year-to-Date Budget)

Salaries and Benefits: Combined Salaries and Benefits were lower by \$560,771.

Purchased Services: Purchased Services were higher by \$971,635.

Professional Fees: Professional Fees were lower by \$219,770.

Repairs & Maintenance: Repairs & Maintenance were higher by \$142,338.

Utilities: Utilities were higher by \$171,801.

Supplies: Supplies were higher by \$220,263.

Depreciation Expense: Depreciation Expense was less by \$123,339.

Other Expenses: Other Expenses were higher by \$151,869. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of March 31, 2024 was \$15 million. This is a 56% increase over last year.

Balance Sheet

Total Cash decreased 18.19%. Net AR increased 38.99% and Net Fixed Assets increased 9.77%. Total Liabilities decreased 29.18%. Our Fund Balance increased by \$3,197,590 or 13.92%.

Additional Information

Days cash on hand on March 31, 2024, was 109. March 31, 2023, days cash on hand was 135. We have spent \$1,895,127 on capital equipment so far this year. We have funded a total of \$3,529,202 in IGT's. We expect to receive the return funds on IGT's before the end of the fiscal year for approximately \$8,290,511. We anticipate our days cash on hand at the end of the fiscal year will be around 200.

Budget season is upon us. Doug and I will be working closely with the department managers to propose the 24/24 budget and we plan present the final budget to the Board at the July meeting.

Eastern Plumas Health Care
Income Statement
DRAFT
For the Month of March 2024

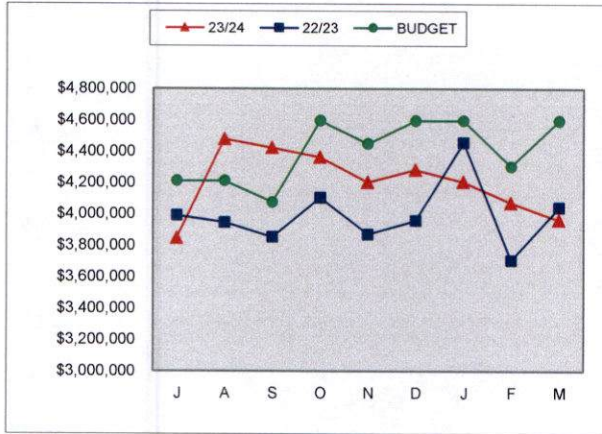
	% Net Pt Revenue	Month-to-Date Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Year-to-Date Actual	Year-to-Date Budget	\$ Variance
1 REVENUE								
2 Inpatient Revenue		\$ 84,844	\$ 243,985	\$ (159,141)		\$ 1,329,089	\$ 2,164,388	\$ (835,299)
3 Inpatient Revenue - Swing Bed		\$ 210,000	\$ 227,517	\$ (17,517)		\$ 1,539,000	\$ 1,747,903	\$ (208,903)
4 Inpatient Revenue - SNF		\$ 873,239	\$ 824,227	\$ 49,012		\$ 7,995,029	\$ 7,448,763	\$ 546,266
5 Inpatient Revenue		\$ 1,168,083	\$ 1,295,729	\$ (127,646)		\$ 10,863,118	\$ 11,361,054	\$ (497,936)
6 All Pro Fees		\$ 247,206	\$ 334,719	\$ (87,513)		\$ 2,776,353	\$ 2,825,830	\$ (49,477)
7 Outpatient Revenue		\$ 2,006,100	\$ 2,404,034	\$ (397,934)		\$ 19,925,595	\$ 20,873,227	\$ (947,632)
8 Clinics		\$ 540,851	\$ 558,292	\$ (17,441)		\$ 4,224,358	\$ 4,546,797	\$ (322,439)
9 Total Patient Revenue		\$ 3,962,240	\$ 4,592,774	\$ (630,534)		\$ 37,789,424	\$ 39,606,908	\$ (1,817,484)
11 Contractual Allowances		\$ (1,939,835)	\$ (1,685,094)	\$ (254,741)		\$ (13,584,389)	\$ (14,948,417)	\$ 1,364,028
12 Charity Discounts		\$ (12,264)	\$ (9,986)	\$ (2,278)		\$ (57,893)	\$ (88,586)	\$ 30,693
13 Other Allowances		\$ (22,877)	\$ (32,380)	\$ 9,503		\$ (163,072)	\$ (287,239)	\$ 124,167
14 Bad Debt		\$ 929,495	\$ (65,194)	\$ 994,689		\$ (718,423)	\$ (578,334)	\$ (140,089)
15 Total Deductions		\$ (1,045,481)	\$ (1,792,654)	\$ 747,173		\$ (14,523,777)	\$ (15,902,576)	\$ 1,378,799
16 Net Patient Revenue		\$ 2,916,759	\$ 2,800,120	\$ 116,639		\$ 23,265,647	\$ 23,704,332	\$ (438,685)
17 % of Gross Revenue		73.61%	60.97%	12.65%		61.57%	59.85%	1.72%
18 Meaningful Use Revenue		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
19 Quality Payments		\$ 106,655	\$ -	\$ 106,655		\$ 48,926	\$ -	\$ 48,926
20 IGT Payments		\$ 621,121	\$ -	\$ 621,121		\$ 2,866,410	\$ 1,091,419	\$ 1,774,991
21 Other Operating Revenue		\$ 4,591	\$ 8,849	\$ (4,258)		\$ 48,741	\$ 79,641	\$ (30,900)
22 Total Operating Revenue		\$ 3,649,126	\$ 2,808,969	\$ 840,157		\$ 26,229,724	\$ 24,875,392	\$ 1,354,332
23 EXPENSES								
24 Salaries and Wages	40.9%	\$ (1,191,717)	\$ (1,453,419)	\$ 261,702	51.8%	\$ (12,042,850)	\$ (12,893,546)	\$ 850,696
25 Employee Benefits	25.0%	\$ (728,883)	\$ (575,199)	\$ (153,684)	23.2%	\$ (5,392,593)	\$ (5,102,668)	\$ (289,925)
26 Professional Fees - Medical	10.5%	\$ (305,002)	\$ (319,839)	\$ 13,837	11.4%	\$ (2,651,249)	\$ (2,878,555)	\$ 227,306
27 Professional Fees - Other	0.6%	\$ (18,292)	\$ (11,594)	\$ (6,698)	0.6%	\$ (138,919)	\$ (131,383)	\$ (7,536)
28 Supplies	7.0%	\$ (203,635)	\$ (202,969)	\$ (666)	8.9%	\$ (2,065,306)	\$ (1,845,043)	\$ (220,263)
29 Purchased Services	17.9%	\$ (523,326)	\$ (346,478)	\$ (176,848)	17.6%	\$ (4,089,936)	\$ (3,118,301)	\$ (971,635)
30 Insurance	-1.0%	\$ 30,216	\$ (44,089)	\$ 74,305	1.4%	\$ (324,507)	\$ (396,801)	\$ 72,294
31 Rental and Leases	0.3%	\$ (8,550)	\$ (6,535)	\$ (2,015)	0.2%	\$ (58,070)	\$ (58,815)	\$ 745
32 Repairs and Maintenance	2.4%	\$ (69,970)	\$ (49,651)	\$ (20,319)	2.5%	\$ (590,348)	\$ (448,010)	\$ (142,338)
33 Utilities and Telephone	4.3%	\$ (126,696)	\$ (91,882)	\$ (34,814)	4.3%	\$ (998,741)	\$ (826,940)	\$ (171,801)
34 Depreciation Amortization	3.6%	\$ (104,998)	\$ (119,195)	\$ 14,197	4.1%	\$ (949,412)	\$ (1,072,751)	\$ 123,339
35 Other Expenses	1.6%	\$ (47,636)	\$ (47,480)	\$ (156)	3.0%	\$ (687,653)	\$ (535,784)	\$ (151,869)
36 Total Operating Expenses	113.1%	\$ (3,299,489)	\$ (3,268,331)	\$ (31,158)	128.9%	\$ (29,989,584)	\$ (29,308,597)	\$ (680,987)
37 Income From Operations	12.0%	\$ 349,637	\$ (459,362)	\$ 808,998	-16.2%	\$ (3,759,860)	\$ (4,433,205)	\$ 673,345
38 Tax Revenue	-1.9%	\$ 54,200	\$ 54,167	\$ 33	-2.1%	\$ 487,800	\$ 487,500	\$ 300
39 Non Capital Grants and Donations	-0.1%	\$ 1,500	\$ 12,500	\$ (11,000)	-0.8%	\$ 181,904	\$ 112,500	\$ 69,404
40 Interest Income	0.0%	\$ 638	\$ -	\$ 638	-1.8%	\$ 408,057	\$ 300,000	\$ 108,057
41 Interest Expense	0.6%	\$ (16,930)	\$ (15,200)	\$ (1,730)	0.7%	\$ (156,397)	\$ (136,800)	\$ (19,597)
42 Non-Operating Income (Expenses)	-0.6%	\$ 18,029	\$ 11,215	\$ 6,814	-0.5%	\$ 105,399	\$ 101,289	\$ 4,110
43 Total Non-Operating Gain (Lo	-2.0%	\$ 57,376	\$ 62,682	\$ (5,306)	-4.4%	\$ 1,026,763	\$ 864,489	\$ 162,274
44 Net Income	14.0%	\$ 407,013	\$ (396,680)	\$ 803,693	-11.7%	\$ (2,733,097)	\$ (3,568,716)	\$ 835,619
45 Operating Margin %		9.58%	-16.35%	25.93%		-14.33%	-17.82%	3.49%
46 Net Margin %		11.15%	-14.12%	25.28%		-10.42%	-14.35%	3.93%
47 Payroll as % of Operating Expense		58.21%	62.07%			58.14%	61.40%	

Eastern Plumas Health Care
Comparative Balance Sheets - Board Report
DRAFT
Dates as Indicated

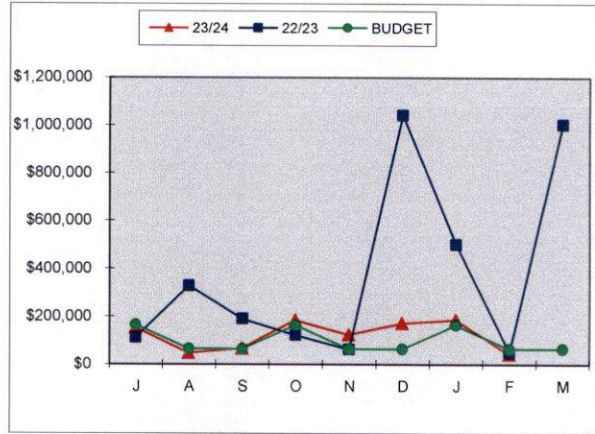
	FYE	FYE	FYE	FYE	FYE 2024-2023	
	as of 3/31/24	3/31/2023	3/31/2022	3/31/2021	\$ Change	% Change
Assets						
Current Assets						
Cash	\$ 761,031	\$ 1,830,953	\$ 2,024,044	\$ 2,269,585	\$ (1,069,922)	-58.44%
Short-term Investments (LAIF)	\$ 10,859,002	\$ 12,372,845	\$ 27,375,475	\$ 19,408,959	\$ (1,513,843)	-12.24%
Total Cash and Equivalents	\$ 11,620,033	\$ 14,203,798	\$ 29,399,520	\$ 21,678,544	\$ (2,583,765)	-18.19%
Patient Accounts Receivable	\$ 15,316,348	\$ 9,800,849	\$ 6,125,606	\$ 5,595,788	\$ 5,515,499	56.28%
Accounts Receivable Reserves	\$ (7,184,620)	\$ (3,950,057)	\$ (2,180,364)	\$ (2,044,606)	\$ (3,234,563)	81.89%
Net Accounts Receivable	\$ 8,131,728	\$ 5,850,792	\$ 3,945,242	\$ 3,551,182	\$ 2,280,936	38.99%
% of Gross Account Receivables	53.1%	59.7%	64.4%	63.5%		
Inventory	\$ 598,274	\$ 481,936	\$ 463,263	\$ 262,163	\$ 116,338	24.14%
Other Assets	\$ 209,250	\$ 628,353	\$ 356,313	\$ 708,882	\$ (419,103)	-66.70%
Total Other Assets	\$ 807,524	\$ 1,110,289	\$ 819,576	\$ 971,044	\$ (302,765)	-27.27%
Total Current Assets	\$ 20,559,285	\$ 21,164,880	\$ 34,164,337	\$ 26,200,770	\$ (605,594)	-2.86%
Fixed Assets						
Land	\$ 1,166,344	\$ 1,166,344	\$ 1,123,344	\$ 1,123,344	\$ -	0.00%
Buildings	\$ 15,220,840	\$ 15,218,416	\$ 14,825,536	\$ 14,837,671	\$ 2,424	0.02%
Capital Equipment	\$ 16,474,468	\$ 15,320,049	\$ 14,959,356	\$ 14,372,618	\$ 1,154,419	7.54%
In Progress	\$ 3,388,244	\$ 2,479,652	\$ 561,516	\$ -	\$ 908,592	36.64%
Total Plant & Equipment	\$ 36,249,896	\$ 34,184,460	\$ 31,469,751	\$ 30,333,632	\$ 2,065,435	6.04%
Accumulated Depreciation	\$ (24,043,453)	\$ (23,064,112)	\$ (22,172,599)	\$ (21,141,289)	\$ (979,341)	4.25%
Net Fixed Assets	\$ 12,206,443	\$ 11,120,349	\$ 9,297,152	\$ 9,192,343	\$ 1,086,094	9.77%
Total Assets	\$ 32,765,728	\$ 32,285,229	\$ 43,461,489	\$ 35,393,114	\$ 480,499	1.49%
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	\$ 670,344	\$ 625,949	\$ 942,266	\$ 583,163	\$ 44,395	7.09%
Accrued Payroll & Benefits	\$ 1,539,070	\$ 2,335,142	\$ 1,644,297	\$ 1,214,883	\$ (796,072)	-34.09%
Other Current Liabilities	\$ 144,653	\$ 1,777,435	\$ 6,527,224	\$ 12,557,012	\$ (1,632,782)	-91.86%
Total Current Liabilities	\$ 2,354,067	\$ 4,738,525	\$ 9,113,787	\$ 14,355,058	\$ (2,384,458)	-50.32%
Long-Term Liabilities						
Loans	\$ 4,240,255	\$ 4,572,887	\$ 4,876,989	\$ 5,310,940	\$ (332,632)	-7.27%
Capitalized Leases	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Total Long Term Liabilities	\$ 4,240,255	\$ 4,572,887	\$ 4,876,989	\$ 5,310,940	\$ (332,632)	-7.27%
Deferred Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
TOTAL LIABILITIES	\$ 6,594,322	\$ 9,311,412	\$ 13,990,776	\$ 19,665,999	\$ (2,717,090)	-29.18%
Fund Balance	\$ 26,171,406	\$ 22,973,816	\$ 29,470,713	\$ 15,727,115	\$ 3,197,590	13.92%
TOTAL LIABILITIES AND FUND BALANCE	\$ 32,765,728	\$ 32,285,229	\$ 43,461,489	\$ 35,393,114	\$ 480,499	1.49%

EASTERN PLUMAS HEALTH CARE MONTHLY FINANCIAL GRAPHS FOR THE YEAR ENDED JUNE 30, 2024

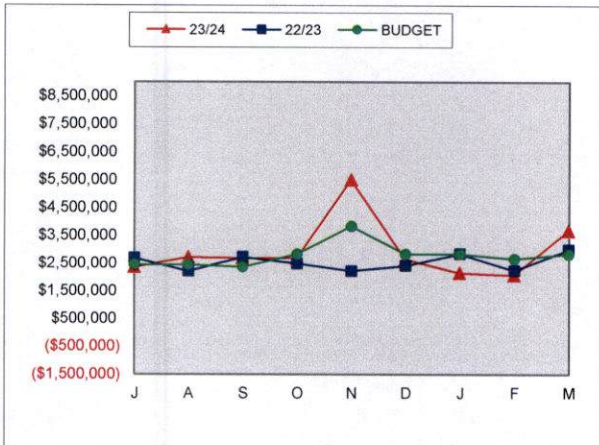
1. GROSS PATIENT REVENUE



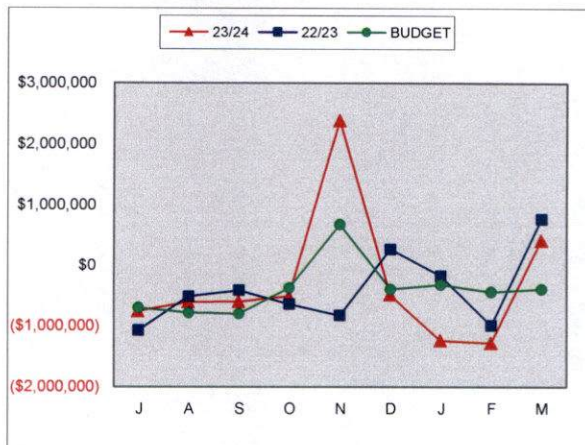
4. NON-OPERATING INCOME



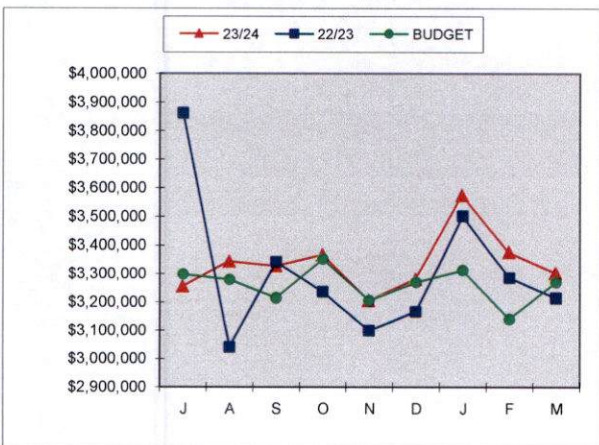
2. ESTIMATED NET REVENUE



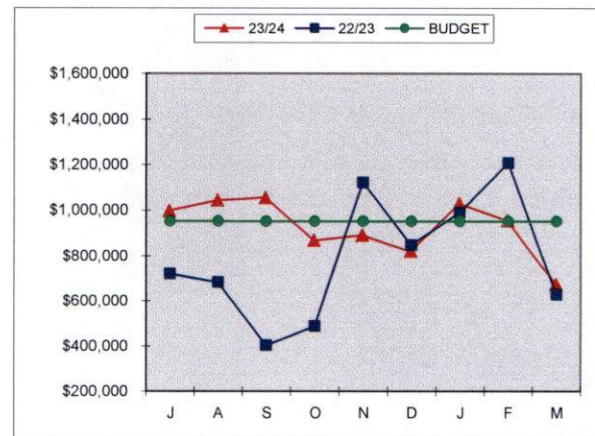
5. NET INCOME (LOSS)



3. OPERATING EXPENSES

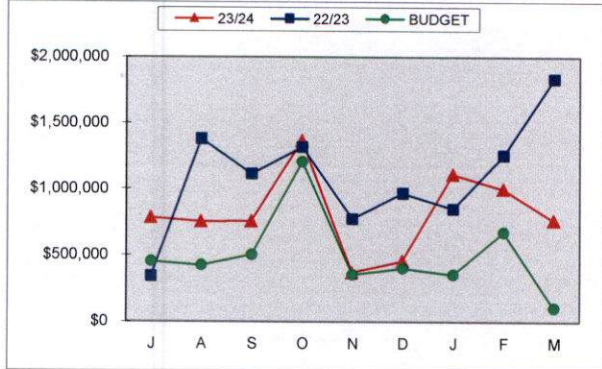


6. ACCOUNTS PAYABLE

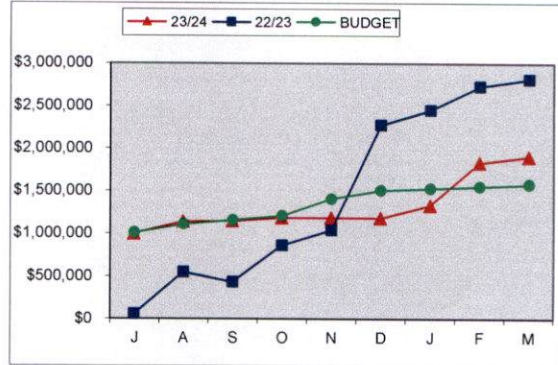


**EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2024**

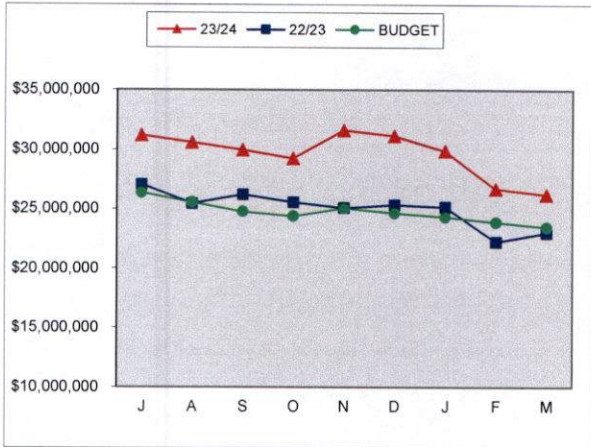
7. OPERATING CASH



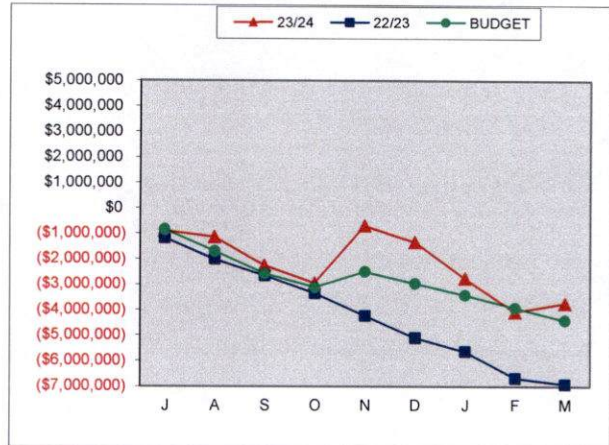
10. CAPITAL EXPENDITURES-YTD



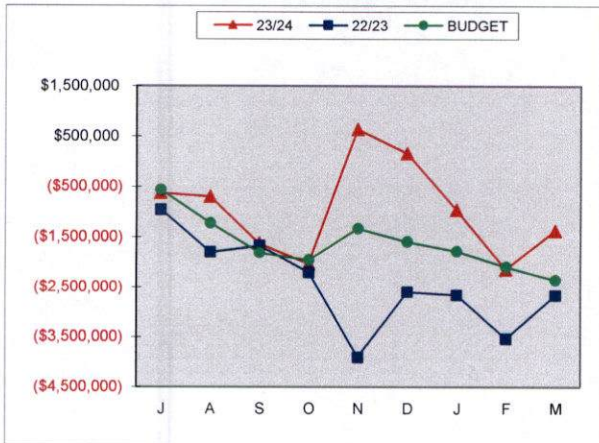
8. FUND BALANCE + NET INCOME (LOSS)



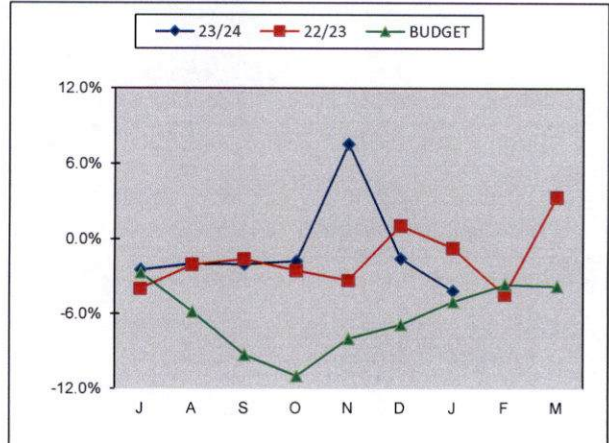
11. YEAR TO DATE OPERATING INCOME (LOSS)



9. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



12. RETURN ON EQUITY





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

Date: April 25, 2024

OPERATIONAL OVERVIEW:

The first quarter of 2024 was successful for the organization, and we continue to trend well with our key strategic initiatives for this year. The billing office continues to focus on reducing the A/R post-Cerner implementation and has decreased receivables by 8m since November of last year. We had two key projects completed in April and have shifted resources to our ongoing Loyalton SNF renovation project and completion of the pediatric out-patient occupational therapy program. The Loyalton Clinic received their final CMS certification inspection, and we await the annual recertification inspection for both the SNFs and hospital. The lab CLIA inspection is scheduled to occur in the next few weeks.

There are several key legislative bills for review in the current session including AB 3282 for the sale of the Portola courthouse, SB 1423 which would provide an alternative cost-based reimbursement methodology for critical access hospitals, and SB 1432 which would amend current seismic compliance standards. We are monitoring all of these bills through the Hospital Association.

2024 STRATEGIC OBJECTIVES – UPDATE (Through March 31st)

For the 2024 calendar year we have several strategic objectives to improve operations and our care delivery to the community. These will be monitored monthly with progress reports provided to the Board.

- Reduce annualized turnover by 7% with emphasis on the reduction of turnover within the first 12 months of employment.
 - Through March we had 16 new hires and 19 terminations. This represents a 25.5% turnover percentage which would be a decrease over the prior year. Terminations within 6 months is trending at the same level as 2023 and continues to be a QA focus for the organization. Leadership and team communication training will be presented by Black Diamond Leadership through a grant beginning on 6/17 with additional follow up sessions occurring through September.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
 - Through March our net income performance is exceeding budget by \$835,000 and is \$950,000 over the same period last year. All remaining IGTs for the fiscal year have been funded as of 3/31 with payment receipt scheduled for May/June. April trending continues to indicate that we will successfully accomplish this initiative by the end of the fiscal year.
- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.

- March days cash on hand is 109 which was the expected result from the large IGT funding payments. We expect to remain at this level until June but feel very confident that we will achieve our 200 days goal by 6/30.
- Implementation of our disaster recovery plan for all IT infrastructure systems.
 - The new wireless option for phone capabilities to ensure connectivity in the event of an internet failure testing process was delayed in order for IT to focus on the completion of the MindRay central monitoring system installation. Beta testing will resume and be completed before the end of the fiscal year.
- Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
 - The path-cited grant application was submitted in February for funding to create CalAim office space on the second floor of the Nifty Thrifty building owned by the EPHC Foundation. We continue to wait for a response which is expected in the summer. Additional USDA equipment grants are being completed for an EMS storage facility and security hardening equipment.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
 - The Loyalton Clinic CMS survey was successfully completed in April with one minor finding for correction. The EPHC Foundation completed and submitted the dental service grant on April 1st to generate funding for a dental expansion. Due to the State budget deficit, it is unclear if funding will be available in 2024 or pushed to the 2025 fiscal year.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - 260 total surveys were received through March across all lines of service. This trend would provide 1,040 surveys on an annualized basis and meet our goal for responses. Our emergency department and clinics have met or exceeded 3 of 4 national benchmarks, with therapy and radiology meeting or exceeding all 4 indicators. Although our annualized response rate would achieve our goal, this continues to be the primary challenge we are having, and all departments have implemented action plans to increase survey completion.
- Complete key projects – X-ray room replacement, Loyalton flooring project, EMS use of current Loyalton Clinic, MindRay installation, badge reader/security system, SNF basement project.
 - The MindRay installation project was completed and went live in early April. The fire panel project was also completed in April and will be followed by the lobby badge reader installation. Flooring is currently being ordered for the Loyalton SNF and the new handrail installation project is 50-75% complete. Our focus will be on completing the Loyalton floor before we proceed to relocation of the EMS team to the former LMC and the SNF basement project.
- Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.
 - SB 1432 which would delay the seismic standards is currently in discussion during this legislative session and supported by the California Hospital Association. We are monitoring this development closely before proceeding with the next phase of our seismic plan.

COMPLIANCE PROGRAM:

There was one external compliance concern raised in April which is currently under review.

AGENDA ITEM COVER SHEET

ITEM	CAH Committee Consent Agenda
RESPONSIBLE PARTY	Donna Dorsey, RN, BSN Emergency Room Manager
ACTION REQUESTED?	For Board Action
BACKGROUND: During the March 27, 2024 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: Annual Policy Review: <ul style="list-style-type: none">• Ambulance• Nursing• SNF• Radiology• Pharmacy• BOD• Admin• EOCC• HIM• Infection Prevention• Clinic• ER• Lab• Dietary	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve CAH Committee Consent Agenda as presented.	
LIST OF ATTACHMENTS: List attached.	

Policy List:

Title	Area
Ambulance Controlled Substance	Ambulance
Care of the Suicidal/Homicidal Patient	Nursing
Comfort Care/Palliative Care	SNF
Communications of Mammography Results to Primary Care Provider	Radiology
Compounding Sterile Preparations	Pharmacy
Controlled Substances Administration Records	Pharmacy
Corporate Compliance Program	BOD
Disclosure of Sentinel/Adverse Event	Admin
Evacuation	EOCC
Law Enforcement Requests for Medical Information	HIM
Linen Management	IP
Mammography Clinical Image Quality (Enhancing Quality Using the Inspection Process)	Radiology
Medical record Abbreviations and Symbols	HIM
Offsite Radiologist Protocol for Diagnostic Mammogram	Radiology
Patient Appointment Failure	Clinic
Radiation Physicist Services	Radiology
Radiologist Availability	Radiology
Review and Signature of Radiologist Mammography Exam Count	Radiology
Non-Emergent Patient Transportation	ER
Rules of Good Practice for Mammography	Radiology
STAT Laboratory Procedures	Lab
Statement of Authority for Infection Control	IP
Terminal Cleaning	IP
Unintended Weight Change	Dietary
Use of Imaging Services Equipment by Technologist	Radiology
Verbal and Telephone	Nursing