



REGULAR MEETING OF THE BOARD OF DIRECTORS  
AGENDA

Thursday, February 25, 2021 at 9:30 a.m.  
Portola Medical Clinic Conference Room, Portola, CA

ATTENTION: As permitted by Governor Newsom’s Executive Order N-29-20 proclaiming a State of Emergency in the State of California, the February 25, 2021 Board of Directors meeting will be held in a virtual setting. The Board meeting location at the EPHC Clinic Conference Room will not be accessible to the public. The meeting is accessible to the public via Hangouts Meet (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 Jessica Folchi at [jessica.folchi@ephc.org](mailto:jessica.folchi@ephc.org) who will swiftly resolve such request.

The Board meeting is accessible to the public via live streaming at: [meet.google.com/wii-fpej-upu](https://meet.google.com/wii-fpej-upu)  
Or by phone at: 1.407.440.0269 PIN: 720 083 054#

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
1. <b><u>Call to Order</u></b>	Gail McGrath	A	
2. <b><u>Roll Call</u></b>	Gail McGrath	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>	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. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. 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.			
5. <b><u>Consent Calendar</u></b>	Gail McGrath	I/D/A	
A. Agenda			1-2
B. Meeting Minutes of 2.4.21 Board Meeting			3-7
C. Meeting Minutes of 2.4.21 Finance Committee			8-9
D. Approve Resolutions – Surplus Property			
• Resolution 289 – Ambulance			10
• Resolution 290 - AMSCO Sterilizer			11
• Resolution 291 – Steam Boiler			12
6. <b><u>Oath of Office</u></b>	Gail McGrath		13
A. Augustine Corcoran, Director			
7. <b><u>Auxiliary Report</u></b>	Gail McGrath	I/D	
8. <b><u>Staff Reports</u></b>			

Regular Meeting of the Board of Directors of Eastern Plumas Health Care  
**February 25, 2021 AGENDA – Continued**

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- |            |  |                  |       |       |
|------------|--|------------------|-------|-------|
| <b>A.</b>  | Infection Control/COVID-19   | Michelle Romero  | I/D   |       |
| <b>B.</b>  | Chief Nursing Officer Report   | Penny Holland    | I/D   |       |
| <b>C.</b>  | HR Director Report   | Lori Tange       | I/D   |       |
| <b>D.</b>  | Chief Financial Officer Report   | Katherine Parish | I/D   | 14-25 |
| <b>E.</b>  | SNF Director of Nursing Report   | Lorraine Noble   | I/D   |       |
| <b>9.</b>  | <b><u>Chief Executive Officer Report</u></b>   | Doug McCoy       | I/D/A | 26-34 |
| <b>10.</b> | <b><u>Policies</u></b>   |                  | I/D/A | 35-37 |
| <b>A.</b>  | Policy Review  |                  |       |       |
|            | The CAH Committee recommends the following for approval by the Board of Directors:<br><u>Annual Policy Review</u>  |                  |       |       |
|            | <ul style="list-style-type: none"><li>• Infection Prevention, Skilled Nursing, Pharmacy, Radiology, etc.</li></ul>   |                  |       |       |
| <b>11.</b> | <b><u>Committee Reports</u></b>  | Board Members    | I/D   |       |
| <b>A.</b>  | Finance Committee  |                  |       |       |
| <b>12.</b> | <b><u>Board Closing Remarks</u></b>  | Board Members    | I/D   |       |
| <b>13.</b> | <b><u>Closed Session</u></b>   | Gail McGrath     | I/D/A |       |
| <b>A.</b>  | Public Employee Performance Evaluation (Government Code Section 54957)<br><i>CEO</i>   |                  |       |       |
| <b>B.</b>  | Hearing (Health and Safety Code 32155)<br><i>Subject Matter: Staff Privileges</i>  |                  |       |       |
|            | <ul style="list-style-type: none"><li>• <b>Provisional 1 Year Appointment</b><ul style="list-style-type: none"><li>○ Cynthia Willson, PA                      Orthopedics</li><li>○ Tatiana Fields, PA                      Orthopedics</li><li>○ Daniel Coll, PA                      Orthopedics</li></ul></li><li>• <b>Courtesy 2 Year Re-Appointment</b><ul style="list-style-type: none"><li>○ Dr. Milind Dhond, M.D.                      Cardiology</li></ul></li></ul> |                  |       |       |
| <b>14.</b> | <b><u>Open Session Report of Actions</u></b><br><b>Taken in Closed Session</b>   | Gail McGrath     | I     |       |
| <b>15.</b> | <b><u>Adjournment</u></b>  | Gail McGrath     | A     |       |

*The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is March 25, 2021 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, February 4, 2021 at 3:30 p.m.**

*Rescheduled from January 28, 2021 cancelled due to inclement weather*

**1. Call to Order**

Meeting was called to order at 3:30 p.m.

**2. Roll Call**

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

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Lori Tange, Human Resources Director; Rhonda Grandi, Director of Clinics; Donna Dorsey, ER Manager; Penny Holland, CNO; Lorraine Noble, SNF DON; and Jessica Folchi, Executive Assistant

**3. Board Comments**

No Board comment was received.

**4. Public Comment**

Dr. Hibler, MD has been a dermatologist at EPHC for 4 years. He sent a letter to the Board several months ago with his concerns about the clinic and feels like the issues have not been addressed. He added to his list of concerns of a lack of requested blankets and the size of his office.

Christina Potter, Clinical Manager FNP, shared that there has been issues with the clinic restructuring. She said that every day has been a struggle. She feared retaliation with sharing her concerns.

Dr. Phen, MD, (previous Medical Director) also shared that there has been significant issues with the clinic restructuring.

**5. Consent Calendar**

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

AYES: Directors Swanson and Satchwell

NAYS: None

**6. Auxiliary Report**

Gail McGrath reported that the Nifty Thrifty had a \$5,000 net profit for the month of December. Ending balance for the year was \$98,000 which is \$30,000 less than 2019 due to the numerous closures and issues associated with COVID-19. There is \$9,000 for the memorial/scholarship fund.

**7. Staff Reports**

Staff reported on COVID-19 response and actions being taken.

- Infection Control/COVID-19 Michelle Romero
  - EPHC has been working with Public Health to administer COVID vaccines. 72 employees have been vaccinated with their 2<sup>nd</sup> dose, total of 105 employees have received a vaccination. 25 Loyalton SNF residents have been vaccinated, 2 refused. 19 Portola SNF residents have been vaccinated, 5 refused. 64 doses have been administered to the 75+ year

Regular Meeting of the Board of Directors of Eastern Plumas Health Care  
**February 4, 2021 MINUTES - Continued**

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old community. Plumas County Public Health has an online system for community members to sign up. Planning on receiving 200 doses next week.

- Chief Nursing Officer Report Penny Holland
  - The hospital is COVID ready. Endoscopy will resume next week with full PPE.
- Clinic Director Report Rhonda Grandi
  - Rhonda Grandi declined her prepared report stating that public comment should not be used to discuss ongoing issues and that proper chain of command should be followed.
- HR Director Report Lori Tange
  - Lori Tange reported that HR's focus has been on supporting, providing resources, and consultation for new managers. Consistent hiring through the last few months with a 5% turnover rate for Q3. In-depth review of staffing challenges to meet organizational objectives with HR goals as part of the static plan.
- Chief Financial Officer Report Katherine Pairish
  - See attached December financial reports.
- SNF Director of Nursing Report Lorraine Noble
  - Lorraine Noble reported that no residents have contracted COVID and 86% of residents are fully vaccinated. Average census for 2020 was 54 residents with a goal of 56, 96% to goal. Portola SNF will be full by March, but the CNA shortage in Loyalton does not allow any additional residents. Survey from the state is currently on hold and will restart in the summer. January survey showed no deficiencies.

**8. Chief Executive Officer Report**

Doug McCoy

Overall operations for Q4 were off plan due to lower SNF and inpatient volume, higher labor costs for traveler positions/overtime resulting from increased employee COVID cases and costs for COVID testing. YTD COVID testing and related supplies through December were \$372,000 which was unexpected during the budgeting process. However, we continue to exceed both budgeted revenues and net income YTD.

A strategic plan for the remainder of the fiscal year is under development with scheduled completion on 2/3/21. A second strategic plan will be developed for both FY 21/22 and a 3-year plan in April. This plan and associated dashboards will be provided to the Board as well as presented in subsequent monthly Board meetings beginning in February. Strategies under development for the remaining two quarters of this fiscal year will include:

- SNF census and inpatient revenue growth strategies.
- New program development and addition of specialty services/providers.
- Capital spending plans for additional revenue providing equipment, property acquisitions, and renovations.
- Labor recruitment and retention.
- Staff education and certification programs.
- Development of a Community Advisory Committee and recruitment of new Foundation Board members.
- Expense reductions and efficiency opportunities
- Implementation strategies for our 'Ignite the Patient Experience' customer service program scheduled for 3/2-3/3.

The COVID vaccine program was initiated with initial and booster vaccines provided to over 100 direct care employees. 100% of vaccines received were provided to staff and residents, with an additional 50 employees scheduled to receive vaccine once it is provided by the County. The first community vaccination event was held on 1/21 with 60 doses administered to the tier 1-B group (75+ years of age). We have the capability to administer vaccines weekly to community members

but continue to see supply chain delays for delivery of vaccine to Plumas County. Currently both the County and State are unable to accurately predict when additional vaccine will be available for distribution, and we continue to be in communication with the County daily for updates.

**QUALITY/REGULATORY:**

A COVID compliance review of the SNF campuses by CDPH was completed on 12/8 for the third consecutive month. No deficiencies were identified, and we continue to avoid any transmissions to residents of either SNF campus. QA data for Q4 was reviewed on 1/20/21. Our key improvement metrics include quietness in the hospital area, several inpatient documentation areas, admission checklists, and SNF fall rates. A replacement wander guard system has been installed at the Loyalton SNF campus to assist with resident safety. Ongoing SNF documentation reviews by our consultant continue in advance of our annual survey.

**CAPTIAL PROJECTS:**

Ongoing campus improvement projects have been either completed or initiated to improve our customer presentation and service delivery.

- Addition of emergency generators to both the Loyalton and Graeagle Clinics.
- Architectural design proposals are in process for an ED expansion project.
- Loyalton ambulance building roof replacement has been completed.
- SNF telemedicine units have been installed for behavioral health visits.
- Hospital nurses station refurbishment project.
- Replacement of oxygen room flooring.
- Replacement of SNF boiler burner system.
- Repairs and certification of the outpatient therapy building HVAC system.
- Exterior security camera bid for both Portola and Loyalton campuses.

**MEDICAL STAFF UPDATES**

Dr. Robert Adams will be joining EPHC as a fulltime employee on February 8<sup>th</sup> adding clinic coverage to his ED schedule as well as a planned appointment as Vice Chief of Staff. Dr. Dan Stoll has accepted the position of Clinic Medical Director on January 1<sup>st</sup> and joined the Medical Executive Committee (MEC). Christina Potter is now providing clinical leadership to all three clinics and was added as a member to MEC representing the mid-levels.

**COMPLIANCE PROGRAM**

EPHC is working with VanRein Compliance on a proposal to provide third party consultation and documentation to meet our compliance program/policy requirements. Support would include HIPAA risk assessments, assessment reports and remediation plans, employee education on Stark, HIPAA, and anti-kickback regulations, development of required evidence binders for business associate agreements, and other compliance related consultation. In addition, EPHC has contracted with ECG to provide fair market valuations for provider contracting and current contract reviews to ensure compliance with all agreements.

**9. Policies**

Discussion was held, 2 policies were decided to go back to CAH for review: Outpatient Quality Assurance & Program Evaluation and Patient Appointment Failure. All other policies presented were approved.

**ACTION:** Motion was made by Director Whitfield, seconded by Director Swanson to approve the policies as submitted expect for the 2 identified.

AYES: Directors McGrath and Satchwell.

NAYS: None



- **Courtesy 2 Year Re-Appointment**

- |                          |                      |
|--------------------------|----------------------|
| ○ Dr. Mindy Cooper-Smith | Pathology            |
| ○ Dr. Daniel Stoll       | Family Medicine      |
| ○ Dr. Rob Adams          | Family Medicine      |
| ○ Dr. Charles Cox        | Internal Medicine    |
| ○ Allison O'Brien, PA    | Physicians Assistant |

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

The Board returned at approximately 5:51 p.m. Action was taken to approve all staff privileges presented.

**16. Adjournment**

Meeting adjourned at 5:54 p.m.

DRAFT

**EASTERN PLUMAS HEALTH CARE DISTRICT  
MEETING OF THE STANDING FINANCE COMMITTEE  
OF THE BOARD OF DIRECTORS  
MINUTES**

**Thursday, February 4, 2021 at 2:30 p.m.**  
*Rescheduled from January 28, 2021 due to inclement weather*

**1. Call to Order**

Meeting was called to order at 2:30 p.m.

**2. Roll Call**

Present: Paul Swanson, M.D., Board Member

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Jerrel Tucker, Auditor; and Jessica Folchi, Executive Assistant

**3. Consent Calendar**

The consent calendar was approved as submitted.

Motion: Doug McCoy, Seconded by: Director Swanson

**4. Board Comments**

Finance Committee will ask the Board to approve to pay off the Plumas Bank loan of \$373,899.

**5. Public Comments**

None.

**6. Auditor Presentation**

Jerrel Tucker presented his finding from the June 30, 2020 audit which has been delayed due to COVID-19. Overall, he is impressed with where EPHC currently stands financially.

**7. CFO Report**

**Report of December Financials  
Summary**

We are half way through the 20/21 fiscal year. Year-to-date total Patient Revenue was \$19,733,147. This was \$235,862 over budget. Total Operating Expenses were \$14,527,690 and over budget by \$171,355. Year-to-date Net Income was \$133,881. Included in Other Operating Revenue was \$1,802,250 in PRIME IGT payments. Also included in Other Operating Revenue was \$130,471 in QA Fees and \$84,317 for COVID SHIP grant. Included in Total Operating Expenses was \$184,204 for COVID supplies and \$177,000 for COVID testing.

**Revenues**

Year-to-Date Inpatient Revenue was under budget by \$113,810. Outpatient Revenue was over budget by \$378,347. Clinic Revenue was under budget by \$28,675. Ambulance revenue picked up in December. That department posted revenue for the month in the amount of \$296,108. This was under budget by \$36,992. Billable runs in December were 77. We budgeted 84.

**Expenses**

**Salaries and Benefits:** Year-to-Date Combined Salaries and Benefits were over budget by \$8,807.

**Professional Fees:** Year-to-Date Professional Fees were under budget by \$73,056.

**Repairs & Maintenance:** Year-to-Date Repairs & Maintenance were under budget by \$128,430.



Supplies: Year-to-Date Supplies were over budget by \$71,110.

Purchased Services: Year-to-Date Purchased Services were over budget by \$325,821. This included architectural fees, payments to our outside lab for COVID testing and travelers.

Depreciation Expense: Year-to-Date Depreciation Expense was under budget by \$6,926.

Other Expenses: Other expenses were under budget by \$48,253. These include training, travel, and dues and subscriptions.

**Revenue Cycle**

Gross Accounts Receivable ended the month at \$5.4M. Gross Accounts Receivable days at December 31, 2020 were 50. We budgeted 45 and best practice is 55.

**Balance Sheet**

Total Assets at December 31, 2020 were \$33,868,093 - An increase of \$13,926,331 over last year. Included in total cash and current liabilities is \$12,522,049 total funding for Medicare Advance Payments, HHS Stimulus, and PPP loan.

**Additional Information**

As mentioned, included in Other Operating Revenue for the month of December was \$84,317 for a COVID SHIP grant. We used these monies to purchase our COVID testing machine and screens for separation of patients in the various waiting areas. Days cash on hand at December 31, 2020 was 263. Without the Medicare Advance, HHS Stimulus and PPP funds, days cash on hand would be 100. December 31, 2019 days cash on hand was 78. We funded \$1,060,994 for HQAF6 IGT and will receive returned funds of approximately \$2,121,988 in March, 2021.

**8. Adjournment**

Meeting adjourned at 3:22 p.m.

**RESOLUTION NO. 289**

Eastern Plumas Health Care District

Resolution of the Board of Directors  
of the Eastern Plumas Health Care  
District to Declare the 2003 Ford Type I Ambulance as  
Surplus Property

WHEREAS, the Eastern Plumas Health Care Board of Directors is authorizing Eastern Plumas Health Care to classify the 2003 Ford Type I Ambulance as surplus which is no longer used. The engine has a cracked head so it is not in operating condition.

WHEREAS, this Board of Directors is authorizing the disposal of this property by public auction, sale, donated or destroyed.

NOW THEREFORE, BE IT RESOLVED, that the Chief Executive Officer or in his or her absence, or incapacitation, the Chief Financial Officer may authorize the auction, sale, donation or destruction of the above mentioned property and may execute associated paperwork without further approval of the Board of Directors.

Passed, approved and adopted by the Board of Directors of Eastern Plumas Health Care, Plumas County, California at a regular meeting held on the 25th day of February, 2021 by the following roll call vote:

Chairman McGrath \_\_\_\_\_ Vice-Chairman Swanson \_\_\_\_\_ Director Whitfield \_\_\_\_\_.  
Director Satchwell \_\_\_\_\_ Director Corcoran \_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Gail McGrath, Chairman

\_\_\_\_\_  
, Secretary

**RESOLUTION NO. 290**

Eastern Plumas Health Care District

Resolution of the Board of Directors  
of the Eastern Plumas Health Care  
District to Declare the Eagle 3000 AMSCO Sterilizer as  
Surplus Property

WHEREAS, the Eastern Plumas Health Care Board of Directors is authorizing Eastern Plumas Health Care to classify the Eagle 3000 AMSCO Sterilizer as surplus which is no longer used.

WHEREAS, this Board of Directors is authorizing the disposal of this property by public auction, sale, donated or destroyed.

NOW THEREFORE, BE IT RESOLVED, that the Chief Executive Officer or in his or her absence, or incapacitation, the Chief Financial Officer may authorize the auction, sale, donation or destruction of the above mentioned property and may execute associated paperwork without further approval of the Board of Directors.

Passed, approved and adopted by the Board of Directors of Eastern Plumas Health Care, Plumas County, California at a regular meeting held on the 25th day of February, 2021 by the following roll call vote:

Chairman McGrath \_\_\_\_\_ Vice-Chairman Swanson \_\_\_\_\_ Director Whitfield \_\_\_\_\_.  
Director Satchwell \_\_\_\_\_ Director Corcoran \_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Gail McGrath, Chairman \_\_\_\_\_, Secretary

**RESOLUTION NO. 291**

Eastern Plumas Health Care District

Resolution of the Board of Directors  
of the Eastern Plumas Health Care  
District to Declare the 30KW Steam Boiler as  
Surplus Property

WHEREAS, the Eastern Plumas Health Care Board of Directors is authorizing Eastern Plumas Health Care to classify the 30KW Steam Boiler as surplus which is no longer used.

WHEREAS, this Board of Directors is authorizing the disposal of this property by public auction, sale, donated or destroyed.

NOW THEREFORE, BE IT RESOLVED, that the Chief Executive Officer or in his or her absence, or incapacitation, the Chief Financial Officer may authorize the auction, sale, donation or destruction of the above mentioned property and may execute associated paperwork without further approval of the Board of Directors.

Passed, approved and adopted by the Board of Directors of Eastern Plumas Health Care, Plumas County, California at a regular meeting held on the 25th day of February, 2021 by the following roll call vote:

Chairman McGrath \_\_\_\_\_ Vice-Chairman Swanson \_\_\_\_\_ Director Whitfield \_\_\_\_\_.

Director Satchwell \_\_\_\_\_ Director Corcoran \_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Gail McGrath, Chairman

\_\_\_\_\_  
, Secretary



For the office of Eastern Plumas Health Care Board of Directors,

I \_\_\_\_\_ do solemnly swear or affirm that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature: \_\_\_\_\_

Term of Office: 12/4/2021 Beginning 12/2/2022 Ending

Subscribed and sworn to before me, 2/25/2021  
Month, Day, Year

\_\_\_\_\_  
Official Signature

Chairman of the Board  
Title

\_\_\_\_\_  
Date

**Eastern Plumas Health Care**  
**Financial Statements – Board Report**  
**January 2021**

**Summary**

Total Patient Revenue for the month of January was under budget by \$360,276. Total Operating Expenses for the month of January were over budget by \$23,452. Year-to-date Net Loss was \$496,681. We budgeted for a Net Loss of \$2,108,153. PRIME IGT came back \$1,262,250 greater than what was budgeted and Contractual Adjustments were less than budget by \$523,245. Both of these had a positive impact on the bottom line for the seven months ended January 31, 2021.

**Revenues**

Year-to-Date Inpatient Revenue was under budget by \$251,427. Outpatient Revenue was over budget by \$225,956. Clinic Revenue was under budget by \$98,943.

**Expenses**

Salaries and Benefits: Year-to-Date Combined Salaries and Benefits were over budget by \$48,594.

Professional Fees: Year-to-Date Professional Fees were under budget by \$97,378.

Repairs & Maintenance: Year-to-Date Repairs & Maintenance were under budget by \$182,593.

Supplies: Year-to-Date Supplies were over budget by \$20,439.

Purchased Services: Year-to-Date Purchased Services were over budget by \$426,378. This included architectural fees, payments to our outside lab for COVID testing and travelers.

Depreciation Expense: Year-to-Date Depreciation Expense was under budget by \$10,699.

Other Expenses: Other expenses were under budget by \$57,197. These include training, travel, and dues and subscriptions.

**Revenue Cycle**

Gross Accounts Receivable ended the month at \$5.3M. Gross Accounts Receivable days at January 31, 2021 were 51. We budgeted 45 and best practice is 55.

**Balance Sheet**

We paid off the Plumas Bank loan in February. The balance sheet will reflect the payoff in February in the amount of \$375,341.

**Additional Information**

Our cash position is good. Days cash on hand at January 31, 2021 was 257. Without the Medicare Advance, HHS Stimulus and PPP funds, days cash on hand would be 111. January 31, 2020 days cash on hand was 63. We will continue to work on the strategic/operating plan to determine the return on investment for some of the larger projects such as a new Rehab building, EPHC-owned MRI and Loyalton clinic relocation.

Year-to-date we have paid \$395,495 for COVID supplies and testing.

We received good news regarding the HQAF6 IGT that was funded in December. The actual return of funds will be \$3,395,202; \$1,273,214 more than expected. We will receive these funds sometime in February.

Eastern Plumas Health Care  
Income Statement  
For the Month of January 2021

	% Net Pt Revenue	Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Actual	Year-to-Date Budget	\$ Variance
<b>1 REVENUE</b>								
2 Inpatient Revenue - Acute		\$ 129,129	\$ 141,907	\$ (12,778)		\$ 656,250	\$ 570,033	\$ 86,217
3 Inpatient Revenue - Acute Pro Fees		\$ 10,074	\$ 14,215	\$ (4,141)		\$ 52,194	\$ 60,670	\$ (8,476)
4 Inpatient Revenue - Swing Bed		\$ 10,000	\$ 20,000	\$ (10,000)		\$ 672,000	\$ 590,480	\$ 81,520
5 Inpatient Revenue - SNF		\$ 625,600	\$ 681,331	\$ (55,731)		\$ 4,524,400	\$ 4,769,333	\$ (244,933)
6 Inpatient Revenue - Ancillary		\$ 121,467	\$ 176,436	\$ (54,969)		\$ 894,101	\$ 1,059,856	\$ (165,755)
7 Inpatient Revenue		\$ 896,270	\$ 1,033,889	\$ (137,619)		\$ 6,798,945	\$ 7,050,372	\$ (251,427)
8 Outpatient		\$ 1,657,638	\$ 1,810,028	\$ (152,390)		\$ 12,987,678	\$ 12,761,722	\$ 225,956
9 Clinics		\$ 351,251	\$ 421,518	\$ (70,267)		\$ 2,851,683	\$ 2,950,626	\$ (98,943)
<b>10 Total Patient Revenue</b>		\$ <b>2,905,159</b>	\$ <b>3,265,435</b>	\$ <b>(360,276)</b>		\$ <b>22,638,306</b>	\$ <b>22,762,720</b>	\$ <b>(124,414)</b>
11 Contractual Allowances		\$ (1,169,064)	\$ (1,265,112)	\$ 96,048		\$ (7,976,281)	\$ (8,499,526)	\$ 523,245
12 Charity Discounts		\$ -	\$ (8,501)	\$ 8,501		\$ (22,218)	\$ (56,945)	\$ 34,727
13 Other Allowances		\$ (11,649)	\$ (13,175)	\$ 1,526		\$ (102,882)	\$ (89,252)	\$ (13,630)
14 Bad Debt		\$ (54,909)	\$ (56,629)	\$ 1,720		\$ (484,555)	\$ (408,576)	\$ (75,979)
<b>15 Total Deductions</b>		\$ <b>(1,235,622)</b>	\$ <b>(1,343,417)</b>	\$ <b>107,795</b>		\$ <b>(8,585,936)</b>	\$ <b>(9,054,299)</b>	\$ <b>468,363</b>
<b>16 Net Patient Revenue</b>		\$ <b>1,669,537</b>	\$ <b>1,922,018</b>	\$ <b>(252,481)</b>		\$ <b>14,052,370</b>	\$ <b>13,708,421</b>	\$ <b>343,949</b>
17 % of Gross Revenue		57.47%	58.86%	-1.39%		62.07%	60.22%	1.85%
18 Meaningful Use Revenue		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
19 Quality Payments		\$ 101,208	\$ -	\$ 101,208		\$ 172,114	\$ 68,970	\$ 103,144
20 IGT Payments		\$ -	\$ -	\$ -		\$ 1,802,250	\$ 540,000	\$ 1,262,250
21 Other Operating Revenue		\$ 5,042	\$ 5,582	\$ (540)		\$ 100,861	\$ 39,074	\$ 61,787
<b>22 Total Operating Revenue</b>		\$ <b>1,775,787</b>	\$ <b>1,927,600</b>	\$ <b>(151,813)</b>		\$ <b>16,127,595</b>	\$ <b>14,356,465</b>	\$ <b>1,771,130</b>
<b>23 EXPENSES</b>								
24 Salaries and Wages	64.9%	\$ (1,083,822)	\$ (1,067,102)	\$ (16,720)	52.8%	\$ (7,425,520)	\$ (7,399,514)	\$ (26,006)
25 Employee Benefits	26.9%	\$ (449,467)	\$ (426,402)	\$ (23,065)	21.2%	\$ (2,985,139)	\$ (2,962,551)	\$ (22,588)
26 Professional Fees - Medical	12.2%	\$ (203,514)	\$ (201,734)	\$ (1,780)	9.7%	\$ (1,359,403)	\$ (1,412,138)	\$ 52,735
27 Professional Fees - Other	0.8%	\$ (13,801)	\$ (39,903)	\$ 26,102	0.5%	\$ (64,536)	\$ (109,179)	\$ 44,643
28 Supplies	8.6%	\$ (143,001)	\$ (193,674)	\$ 50,673	9.8%	\$ (1,376,348)	\$ (1,355,909)	\$ (20,439)
29 Purchased Services	17.0%	\$ (284,018)	\$ (183,461)	\$ (100,557)	11.2%	\$ (1,576,039)	\$ (1,149,661)	\$ (426,378)
30 Insurance	1.9%	\$ (31,636)	\$ (30,734)	\$ (902)	1.6%	\$ (218,939)	\$ (215,137)	\$ (3,802)
31 Rental and Leases	0.3%	\$ (5,122)	\$ (5,181)	\$ 59	0.3%	\$ (35,854)	\$ (36,267)	\$ 413
32 Repairs and Maintenance	2.3%	\$ (38,289)	\$ (92,452)	\$ 54,163	3.0%	\$ (418,207)	\$ (600,800)	\$ 182,593
33 Utilities and Telephone	4.8%	\$ (80,476)	\$ (56,335)	\$ (24,141)	3.4%	\$ (473,789)	\$ (429,911)	\$ (43,878)
34 Depreciation Amortization	6.5%	\$ (108,941)	\$ (112,713)	\$ 3,772	5.5%	\$ (776,694)	\$ (787,393)	\$ 10,699
35 Other Expenses	2.0%	\$ (33,975)	\$ (42,919)	\$ 8,944	2.1%	\$ (293,283)	\$ (350,480)	\$ 57,197
<b>36 Total Operating Expenses</b>	<b>148.3%</b>	\$ <b>(2,476,062)</b>	\$ <b>(2,452,610)</b>	\$ <b>(23,452)</b>	<b>121.0%</b>	\$ <b>(17,003,751)</b>	\$ <b>(16,808,940)</b>	\$ <b>(194,811)</b>
<b>37 Income From Operations</b>	<b>-41.9%</b>	\$ <b>(700,275)</b>	\$ <b>(525,010)</b>	\$ <b>(175,265)</b>	<b>-6.2%</b>	\$ <b>(876,156)</b>	\$ <b>(2,452,475)</b>	\$ <b>1,576,319</b>
38 Tax Revenue	-3.3%	\$ 55,875	\$ 50,417	\$ 5,458	-2.7%	\$ 385,664	\$ 352,919	\$ 32,745
39 Non Capital Grants and Donations	0.0%	\$ -	\$ -	\$ -	0.0%	\$ 6,000	\$ 1,500	\$ 4,500
40 Interest Income	-1.8%	\$ 29,553	\$ 40,000	\$ (10,447)	-0.8%	\$ 117,597	\$ 120,000	\$ (2,403)
41 Interest Expense	1.1%	\$ (19,160)	\$ (21,205)	\$ 2,045	1.1%	\$ (150,174)	\$ (148,472)	\$ (1,702)
42 Non-Operating Income (Expenses)	-0.2%	\$ 3,444	\$ 2,625	\$ 819	-0.1%	\$ 20,388	\$ 18,375	\$ 2,013
43 Total Non-Operating Gain (Loss)	-4.2%	\$ 69,712	\$ 71,837	\$ (2,125)	-2.7%	\$ 379,475	\$ 344,322	\$ 35,153
<b>44 Net Income</b>	<b>-37.8%</b>	\$ <b>(630,563)</b>	\$ <b>(453,173)</b>	\$ <b>(177,390)</b>	<b>-3.5%</b>	\$ <b>(496,681)</b>	\$ <b>(2,108,153)</b>	\$ <b>1,611,472</b>
45 Operating Margin %		-39.43%	-27.24%	-12.20%		-5.43%	-17.08%	11.65%
46 Net Margin %		-35.51%	-23.51%	-12.00%		-3.08%	-14.68%	11.60%
47 Payroll as % of Operating Expense		61.92%	60.89%			61.23%	61.65%	

**Eastern Plumas Health Care  
Income Statement  
13-Month Trend Ended January 31, 2021**

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
<b>1 REVENUE</b>													
2 Inpatient Revenue - Acute	\$ 171,236	\$ 125,134	\$ 85,618	\$ 95,497	\$ 144,892	\$ 26,344	\$ 30,231	\$ 60,895	\$ 128,427	\$ 79,032	\$ 73,326	\$ 155,211	\$ 129,129
3 Inpatient Revenue - Acute Pro Fees	\$ 13,523	\$ 8,439	\$ 6,682	\$ 7,643	\$ 13,599	\$ 2,313	\$ 2,261	\$ 5,676	\$ 8,106	\$ 6,251	\$ 6,075	\$ 13,751	\$ 10,074
4 Inpatient Revenue - Swing Bed	\$ 82,000	\$ 144,000	\$ 142,000	\$ 26,000	\$ 76,000	\$ 106,000	\$ 72,000	\$ 64,000	\$ 116,000	\$ 214,000	\$ 124,000	\$ 72,000	\$ 10,000
5 Inpatient Revenue - SNF	\$ 580,715	\$ 564,290	\$ 702,000	\$ 685,481	\$ 702,400	\$ 665,600	\$ 675,200	\$ 658,000	\$ 649,200	\$ 666,800	\$ 622,800	\$ 626,800	\$ 625,600
6 Inpatient Revenue - Ancillary	\$ 249,633	\$ 216,529	\$ 158,777	\$ 88,350	\$ 121,483	\$ 103,581	\$ 43,453	\$ 61,668	\$ 164,986	\$ 196,554	\$ 145,340	\$ 160,632	\$ 121,467
7 Inpatient Revenue	\$ 1,097,107	\$ 1,058,392	\$ 1,095,077	\$ 902,971	\$ 1,058,374	\$ 903,838	\$ 823,145	\$ 850,239	\$ 1,066,719	\$ 1,162,637	\$ 971,541	\$ 1,028,394	\$ 896,270
8 Outpatient	\$ 2,074,128	\$ 1,745,624	\$ 1,522,040	\$ 1,056,061	\$ 1,630,764	\$ 1,782,275	\$ 2,120,138	\$ 2,124,611	\$ 1,891,075	\$ 1,885,289	\$ 1,657,368	\$ 1,651,561	\$ 1,657,638
9 Clinics	\$ 482,947	\$ 401,216	\$ 366,644	\$ 190,902	\$ 262,399	\$ 400,119	\$ 419,597	\$ 395,680	\$ 441,672	\$ 466,443	\$ 388,798	\$ 388,242	\$ 351,251
10 Total Patient Revenue	\$ 3,654,182	\$ 3,205,232	\$ 2,983,761	\$ 2,149,934	\$ 2,951,537	\$ 3,086,232	\$ 3,362,880	\$ 3,370,530	\$ 3,399,466	\$ 3,514,369	\$ 3,017,707	\$ 3,068,197	\$ 2,905,159
11 Contractual Allowances	\$ (1,282,191)	\$ (1,222,002)	\$ (701,666)	\$ (1,266,196)	\$ (594,082)	\$ (1,005,169)	\$ (1,142,215)	\$ (937,672)	\$ (1,117,578)	\$ (1,404,731)	\$ (1,207,637)	\$ (1,127,945)	\$ (1,169,064)
12 Charity Discounts	\$ (17,173)	\$ (21,867)	\$ (19,909)	\$ 316	\$ (37,472)	\$ (9,302)	\$ 52	\$ 5,618	\$ (387)	\$ (17,460)	\$ (10,381)	\$ 340	\$ -
13 Other Allowances	\$ 195	\$ (19,450)	\$ (20,579)	\$ (36,818)	\$ (32,604)	\$ (10,376)	\$ (9,799)	\$ (20,517)	\$ (18,670)	\$ (9,611)	\$ (10,349)	\$ (22,283)	\$ (11,649)
14 Bad Debt	\$ (68,011)	\$ (128,749)	\$ (73,472)	\$ 9,850	\$ (11,610)	\$ (38,433)	\$ (60,875)	\$ (97,443)	\$ (68,022)	\$ (97,996)	\$ (40,383)	\$ (64,925)	\$ (54,909)
15 Total Deductions	\$ (1,367,180)	\$ (1,392,068)	\$ (815,626)	\$ (1,292,848)	\$ (675,768)	\$ (1,063,280)	\$ (1,212,837)	\$ (1,050,014)	\$ (1,204,657)	\$ (1,529,798)	\$ (1,268,750)	\$ (1,214,813)	\$ (1,235,622)
16 Net Patient Revenue	\$ 2,287,002	\$ 1,813,164	\$ 2,168,135	\$ 857,086	\$ 2,275,769	\$ 2,022,952	\$ 2,150,043	\$ 2,320,516	\$ 2,194,809	\$ 1,984,571	\$ 1,748,957	\$ 1,853,384	\$ 1,669,537
17 % of Gross Revenue	62.59%	56.57%	72.66%	39.87%	77.10%	65.55%	63.93%	68.85%	64.56%	56.47%	57.96%	60.41%	57.47%
18 Meaningful Use Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19 Quality Payments	\$ -	\$ -	\$ -	\$ 50,221	\$ -	\$ 218,130	\$ -	\$ -	\$ 108,036	\$ 321	\$ -	\$ -	\$ 101,208
20 IGT Payments	\$ -	\$ -	\$ -	\$ 3,814,192	\$ 4,014,605	\$ -	\$ -	\$ -	\$ 12,268	\$ 523,267	\$ 1,262,250	\$ -	\$ -
21 Other Operating Revenue	\$ 87,337	\$ 7,257	\$ 23,753	\$ 4,205	\$ 11,686	\$ 4,310	\$ 2,466	\$ 72,275	\$ 7,239	\$ 11,284	\$ 5,193	\$ 94,931	\$ 5,042
22 Total Operating Revenue	\$ 2,374,339	\$ 1,820,421	\$ 2,191,888	\$ 4,725,704	\$ 6,302,060	\$ 2,245,392	\$ 2,152,509	\$ 2,392,791	\$ 2,322,352	\$ 2,519,443	\$ 3,016,400	\$ 1,948,315	\$ 1,775,787
<b>23 EXPENSES</b>													
24 Salaries & Wages	\$ (1,097,449)	\$ (1,016,424)	\$ (1,075,743)	\$ (998,179)	\$ (1,016,136)	\$ (995,825)	\$ (1,035,560)	\$ (1,054,164)	\$ (1,016,621)	\$ (1,116,843)	\$ (1,050,070)	\$ (1,068,440)	\$ (1,083,822)
25 Employee Benefits	\$ (480,361)	\$ (409,547)	\$ (411,107)	\$ (380,632)	\$ (370,086)	\$ (370,344)	\$ (447,500)	\$ (394,504)	\$ (355,947)	\$ (422,165)	\$ (418,457)	\$ (497,099)	\$ (449,467)
26 Professional Fees - Medical	\$ (215,399)	\$ (177,198)	\$ (180,813)	\$ (137,063)	\$ (180,277)	\$ (202,588)	\$ (191,796)	\$ (198,153)	\$ (189,821)	\$ (212,565)	\$ (184,524)	\$ (183,832)	\$ (203,514)
27 Professional Fees - Other	\$ (23,302)	\$ (6,787)	\$ (13,418)	\$ (14,813)	\$ (15,440)	\$ (7,839)	\$ (5,249)	\$ (17,370)	\$ (6,578)	\$ (4,945)	\$ (7,855)	\$ (3,937)	\$ (13,801)
28 Supplies	\$ (201,587)	\$ (178,750)	\$ (199,522)	\$ (151,729)	\$ (148,196)	\$ (68,715)	\$ (188,428)	\$ (179,795)	\$ (201,692)	\$ (197,269)	\$ (239,863)	\$ (226,299)	\$ (143,001)
29 Purchased Services	\$ (129,258)	\$ (122,930)	\$ (178,158)	\$ (143,265)	\$ (127,556)	\$ (300,736)	\$ (164,166)	\$ (194,035)	\$ (192,446)	\$ (281,199)	\$ (214,397)	\$ (245,778)	\$ (284,018)
30 Insurance	\$ (29,409)	\$ (29,409)	\$ 39,081	\$ (29,409)	\$ (29,409)	\$ (29,073)	\$ (31,217)	\$ (31,217)	\$ (31,217)	\$ (31,217)	\$ (31,078)	\$ (31,357)	\$ (31,636)
31 Rental and Leases	\$ (6,572)	\$ (6,572)	\$ (6,572)	\$ (6,572)	\$ (8,236)	\$ (5,122)	\$ (5,122)	\$ (5,122)	\$ (5,122)	\$ (5,122)	\$ (5,122)	\$ (5,122)	\$ (5,122)
32 Repairs and Maintenance	\$ (79,176)	\$ (118,832)	\$ (60,726)	\$ (77,954)	\$ (66,261)	\$ (59,178)	\$ (61,400)	\$ (83,704)	\$ (43,013)	\$ (63,115)	\$ (76,045)	\$ (52,642)	\$ (38,289)
33 Utilities and Telephone	\$ (70,304)	\$ (53,351)	\$ (56,319)	\$ (61,926)	\$ (72,718)	\$ (84,492)	\$ (39,007)	\$ (77,351)	\$ (48,639)	\$ (67,242)	\$ (77,007)	\$ (84,068)	\$ (80,476)
34 Depreciation Amortization	\$ (92,104)	\$ (92,414)	\$ (92,896)	\$ (89,455)	\$ (90,127)	\$ (187,118)	\$ (109,142)	\$ (107,956)	\$ (108,633)	\$ (113,490)	\$ (113,761)	\$ (114,772)	\$ (108,941)
35 Other Expenses	\$ (36,159)	\$ (19,374)	\$ (70,938)	\$ (22,667)	\$ (28,402)	\$ (184,222)	\$ (32,616)	\$ (91,542)	\$ (31,347)	\$ (34,884)	\$ (30,394)	\$ (38,524)	\$ (33,975)
36 Total Operating Expenses	\$ (2,461,080)	\$ (2,231,588)	\$ (2,307,131)	\$ (2,113,664)	\$ (2,152,844)	\$ (2,495,252)	\$ (2,311,203)	\$ (2,434,913)	\$ (2,231,076)	\$ (2,550,056)	\$ (2,448,573)	\$ (2,551,870)	\$ (2,476,062)
37 Income From Operations	\$ (86,741)	\$ (411,167)	\$ (115,243)	\$ 2,612,040	\$ 4,149,216	\$ (249,860)	\$ (158,694)	\$ (42,122)	\$ 91,276	\$ (30,613)	\$ 567,827	\$ (603,555)	\$ (700,275)
38 Tax Revenue	\$ 50,417	\$ 50,417	\$ 50,417	\$ 50,417	\$ 50,417	\$ 50,417	\$ 50,417	\$ 55,875	\$ 55,875	\$ 55,875	\$ 55,875	\$ 55,875	\$ 55,875
39 Non Capital Grants and Donations	\$ 205,200	\$ 7,038	\$ -	\$ 786	\$ 62,038	\$ -	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -
40 Interest Income	\$ 32,244	\$ 1	\$ -	\$ 18,890	\$ -	\$ -	\$ 50,064	\$ -	\$ -	\$ 37,921	\$ -	\$ -	\$ 29,553
41 Interest Expense	\$ (26,280)	\$ (26,223)	\$ (26,264)	\$ (29,891)	\$ (27,418)	\$ (6,387)	\$ (22,044)	\$ (22,139)	\$ (22,078)	\$ (21,663)	\$ (21,817)	\$ (21,275)	\$ (19,160)
42 Non-Operating Income (Expenses)	\$ 425	\$ -	\$ 376	\$ 21,100	\$ 2,844	\$ 2,801	\$ 3,325	\$ 2,653	\$ 20	\$ -	\$ 7,880	\$ 3,125	\$ 3,444
43 Total Non-Operating Gain (Loss)	\$ 262,006	\$ 31,233	\$ 24,529	\$ 61,302	\$ 87,881	\$ 46,831	\$ 82,762	\$ 36,389	\$ 33,817	\$ 72,133	\$ 41,938	\$ 42,725	\$ 69,712
44 Net Income	\$ 175,265	\$ (379,934)	\$ (90,714)	\$ 2,673,342	\$ 4,237,097	\$ (203,029)	\$ (75,932)	\$ (5,733)	\$ 125,093	\$ 41,520	\$ 609,765	\$ (560,830)	\$ (630,563)
45 Operating Margin %	-3.65%	-22.59%	-5.26%	55.27%	65.84%	-11.13%	-7.37%	-1.76%	3.93%	-1.22%	18.82%	-30.98%	-39.43%
46 Net Margin %	7.38%	-20.87%	-4.14%	56.57%	67.23%	-9.04%	-3.53%	-24.00%	5.39%	1.65%	20.21%	-28.79%	-35.51%
47 Payroll as % of Operating Expense	64.11%	63.90%	64.45%	65.23%	64.39%	54.75%	64.17%	59.50%	61.52%	60.35%	59.97%	61.35%	61.92%



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

	FYE as of 1/31/21	FYE 1/31/2020	FYE 1/31/2019	FYE 1/31/2018	FYE 2021-2020	
					\$ Change	% Change
<b>Assets</b>						
Current Assets						
Cash	\$ 514,487	\$ 679,698	\$ 675,154	\$ 872,994	\$ (165,210)	-24.31%
Short-term Investments (LAIF)	\$ 19,058,959	\$ 4,222,626	\$ 2,769,467	\$ 1,918,790	\$ 14,836,333	351.35%
<b>Total Cash and Equivalents</b>	<b>\$ 19,573,447</b>	<b>\$ 4,902,324</b>	<b>\$ 3,444,621</b>	<b>\$ 2,791,784</b>	<b>\$ 14,671,123</b>	<b>299.27%</b>
Patient Accounts Receivable	\$ 5,339,328	\$ 5,674,445	\$ 5,622,728	\$ 5,944,470	\$ (335,118)	-5.91%
Accounts Receivable Reserves	\$ (1,985,254)	\$ (2,057,781)	\$ (2,326,814)	\$ (2,240,857)	\$ 72,528	-3.52%
<b>Net Accounts Receivable</b>	<b>\$ 3,354,074</b>	<b>\$ 3,616,664</b>	<b>\$ 3,295,914</b>	<b>\$ 3,703,613</b>	<b>\$ (262,590)</b>	<b>-7.26%</b>
% of Gross Account Receivables	62.8%	63.7%	58.6%	62.3%		
Inventory	\$ 258,921	\$ 216,446	\$ 229,621	\$ 200,598	\$ 42,475	19.62%
Other Assets	\$ 924,998	\$ 123,498	\$ 123,805	\$ 527,358	\$ 801,500	649.00%
Total Other Assets	\$ 1,183,919	\$ 339,944	\$ 353,426	\$ 727,956	\$ 843,974	248.27%
<b>Total Current Assets</b>	<b>\$ 24,111,439</b>	<b>\$ 8,858,932</b>	<b>\$ 7,093,961</b>	<b>\$ 7,223,353</b>	<b>\$ 15,252,507</b>	<b>172.17%</b>
Fixed Assets						
Land	\$ 1,123,344	\$ 1,120,209	\$ 948,686	\$ 948,686	\$ 3,135	0.28%
Buildings	\$ 14,819,921	\$ 14,143,123	\$ 14,087,815	\$ 10,400,251	\$ 676,797	4.79%
Capital Equipment	\$ 14,299,907	\$ 13,526,429	\$ 12,571,544	\$ 12,401,975	\$ 773,478	5.72%
In Progress	\$ -	\$ 944,433	\$ 434,440	\$ 2,675,516	\$ (944,433)	-100.00%
Total Plant & Equipment	\$ 30,243,171	\$ 29,734,194	\$ 28,042,485	\$ 26,426,428	\$ 508,977	1.71%
Accumulated Depreciation	\$ (20,948,896)	\$ (19,620,243)	\$ (18,392,487)	\$ (17,416,085)	\$ (1,328,653)	6.77%
<b>Net Fixed Assets</b>	<b>\$ 9,294,275</b>	<b>\$ 10,113,951</b>	<b>\$ 9,649,998</b>	<b>\$ 9,010,343</b>	<b>\$ (819,676)</b>	<b>-8.10%</b>
<b>Total Assets</b>	<b>\$ 33,405,714</b>	<b>\$ 18,972,883</b>	<b>\$ 16,743,959</b>	<b>\$ 16,233,695</b>	<b>\$ 14,432,831</b>	<b>76.07%</b>
<b>LIABILITIES AND RETAINED EARNINGS</b>						
Current Liabilities						
Accounts Payable	\$ 725,553	\$ 748,560	\$ 1,112,325	\$ 1,220,194	\$ (23,007)	-3.07%
Accrued Payroll & Benefits	\$ 1,027,884	\$ 805,504	\$ 1,242,415	\$ 1,271,691	\$ 222,379	27.61%
Other Current Liabilities	\$ 12,527,617	\$ 274,436	\$ 23,831	\$ 1,117,182	\$ 12,253,180	4464.85%
<b>Total Current Liabilities</b>	<b>\$ 14,281,053</b>	<b>\$ 1,828,501</b>	<b>\$ 2,378,571</b>	<b>\$ 3,609,067</b>	<b>\$ 12,452,552</b>	<b>681.03%</b>
Long-Term Liabilities						
Loans	\$ 5,751,726	\$ 6,162,184	\$ 6,494,355	\$ 3,553,332	\$ (410,458)	-6.66%
Capitalized Leases	\$ -	\$ -	\$ 50,156	\$ 160,803	\$ -	0.00%
<b>Total Long Term Liabilities</b>	<b>\$ 5,751,726</b>	<b>\$ 6,162,184</b>	<b>\$ 6,544,511</b>	<b>\$ 3,714,135</b>	<b>\$ (410,458)</b>	<b>-6.66%</b>
Deferred Revenue	\$ -	\$ -	\$ 252,857	\$ 660,195	\$ -	0.00%
<b>TOTAL LIABILITIES</b>	<b>\$ 20,032,779</b>	<b>\$ 7,990,685</b>	<b>\$ 9,175,939</b>	<b>\$ 7,983,397</b>	<b>\$ 12,042,094</b>	<b>150.70%</b>
<b>Fund Balance</b>	<b>\$ 13,372,935</b>	<b>\$ 10,982,198</b>	<b>\$ 7,568,021</b>	<b>\$ 8,250,299</b>	<b>\$ 2,390,737</b>	<b>21.77%</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>\$ 33,405,714</b>	<b>\$ 18,972,883</b>	<b>\$ 16,743,959</b>	<b>\$ 16,233,695</b>	<b>\$ 14,432,831</b>	<b>76.07%</b>

EASTERN PLUMAS HEALTH CARE  
ACTIVITY SUMMARY  
FOR THE MONTH OF JANUARY 2021

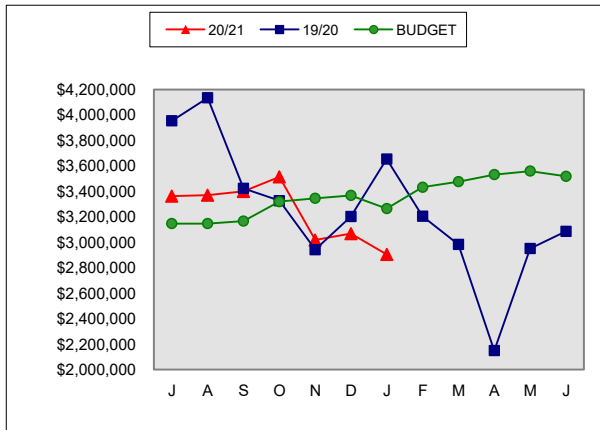
		MONTH TO DATE			YEAR TO DATE	
		CURRENT MONTH	PRIOR MONTH	PRIOR YEAR MONTH	Jul-20	Jul-19
		Jan-21	Dec-20	Jan-20	- Jun-21	- Jun-20
1	Acute Inpatient					
	Admissions	12	12	17	64	96
	Discharges	13	11	18	63	97
2	Observations Admissions	14	5	8	48	60
3	Endoscopy	0	0	19	92	138
4	Ambulatory Services	108	170	22	383	162
5	Ambulance	78	77	101	490	610
6	Emergency Visits	201	228	321	1741	2330
7	Lab Procedures	3412	2467	3025	25084	20802
8	Diagnostic Imaging					
	CT Scan	133	115	149	1004	1129
	Mammography	13	29	41	268	334
	MRI	6	9	23	105	133
	Radiology Procedures	211	206	333	1643	2151
	Ultrasound	54	58	79	509	545
9	Respiratory	92	55	255	477	1456
10	Cardiology	112	111	223	980	1499
11	Physical Therapy	881	1059	1126	7424	4935
12	Occupational Therapy	385	441	511	2973	2795
13	ACUTE CARE					
14	Acute Patient Days	40	45	51	205	351
15	Acute ADC	1.29	1.45	1.70	0.95	1.63
16	% Occupancy Acute	14.34%	16.13%	18.89%	10.59%	18.14%
17	Avg Length of Stay	3.2	3.5	3.2	3.2	3.7
18	Swing Bed Days	5	36	42	336	466
19	Swing Bed ADC	0.16	1.16	1.35	1.56	2.17
20	Avg Length of Stay	5.00	20.50	6.60	21.00	13.30
21	Observations Hours	246	70	200	876	1440
22	Observations ADC	0.33	0.09	0.27	0.20	0.33
23	Total ADC	1.78	2.71	3.37	2.71	4.77
	SKILLED NURSING UNIT					
24	Patient Days	1564	1567	1587	11305	11497
25	SNF Average Census	50.45	50.55	51.19	52.58	53.47
26	% Occupancy SNF	76.44%	76.59%	77.57%	79.67%	81.02%
	TOTAL					
27	Patient Days	1609	1648	1680	11846	12314
28	Average Daily Census	51.90	53.16	54.19	55.10	57.27

**EASTERN PLUMAS HEALTH CARE  
ACTIVITY SUMMARY  
FOR THE MONTH OF JANUARY 2021**

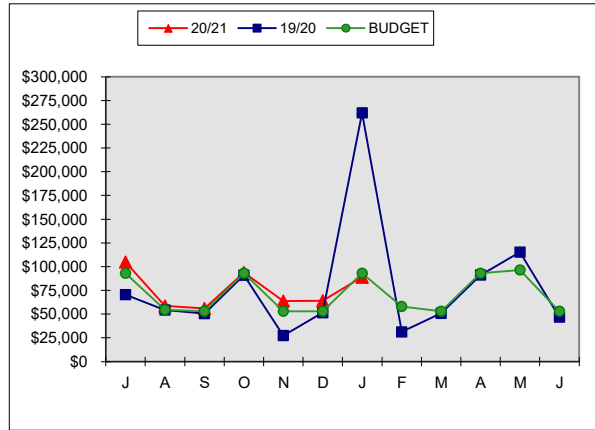
	MONTH TO DATE			YEAR TO DATE	
	CURRENT MONTH Jan-21	PRIOR MONTH Dec-20	PRIOR YEAR MONTH Jan-20	Jul-20 - Jun-21	Jul-19 - Jun-20
<b>Provider Visits</b>					
Adams, Robert	0	0	0	2	3
Adkins, Stacia	74	53	90	530	645
Aggarwal, Shruti	0	0	91	0	885
Ball, Donald	0	0	34	0	220
Brooks, Michael	61	66	67	509	505
Bugna, Eric	45	46	67	355	363
Coll, Shawni	0	14	10	29	37
Corvera, Amanda	0	0	0	1	0
Cox, Charles	0	0	5	8	52
Dhond, Millind	60	42	65	373	366
Dupuis, William	59	82	0	416	0
Ettinger, Victor	14	13	16	105	98
Farias, Ginger	1	1	5	27	35
Feil, Frederick	0	0	24	69	136
Flapan, Wendy	0	0	0	0	294
Foley, Trish	72	75	73	495	462
Freitas, Paul	0	1	0	3	10
Gould, Roxanne	7	15	75	106	290
Grier, Barnett	164	170	222	1261	1272
Hibler, John	39	64	111	445	737
Hill, Beth	0	0	200	658	1115
Hoffman, Daniel	151	184	209	1221	1705
Hunt, Ben	14	8	22	94	143
Jaquez, Robin	28	27	67	219	420
Mills, William	1	2	2	7	5
Morrison, Mary	138	130	0	920	525
Muto-Isolani, Antonio	0	2	0	7	0
Nielsen, Marc	0	1	0	5	14
Ouyang, Debra	0	0	7	0	36
Phen, Lovsho	79	105	149	852	965
Potter, Christina	242	238	266	1712	1593
Prichard, Gail	0	0	0	0	1
Printz, Richard	15	7	12	53	61
Robinson, Ken	0	2	5	23	40
Sapir, Leora	143	160	110	855	610
Scott, John	0	0	0	0	64
Skiles, Sunny	2	6	5	32	55
Spencer, Christine	51	95	85	528	534
Stoll, Daniel	107	119	146	795	888
Streit, Cara	0	0	0	18	14
Sturgis, Cristy	0	0	0	0	63
Swanson, Paul	26	6	6	40	23
Taylor, Peter	0	0	0	22	23
Thompson, Steven	18	0	0	35	14
Vo, Quang	5	8	6	47	55
Walters, Marc	1	1	1	13	8
Williams, Anne	0	0	0	0	35
Wojek, Irene	104	112	95	712	590
<b>Total</b>	<b>1721</b>	<b>1855</b>	<b>2348</b>	<b>13602</b>	<b>16009</b>
<b>Clinics</b>					
Graeagle Medical Clinic	202	211	301	1517	1967
Loyalton Medical Clinic	283	306	335	2104	2104
Pine Street Dental Clinic	0	0	0	0	0
Pine Street Medical Clinic	0	0	0	0	103
Portola Dental Clinic	291	334	374	2273	2703
Portola Medical Clinic	718	742	1136	6168	7634
Behavioral Health	162	176	168	1109	1053
Telemed	65	86	34	431	445
<b>Total</b>	<b>1721</b>	<b>1855</b>	<b>2348</b>	<b>13602</b>	<b>16009</b>

# EASTERN PLUMAS HEALTH CARE MONTHLY FINANCIAL GRAPHS FOR THE YEAR ENDED JUNE 30, 2021

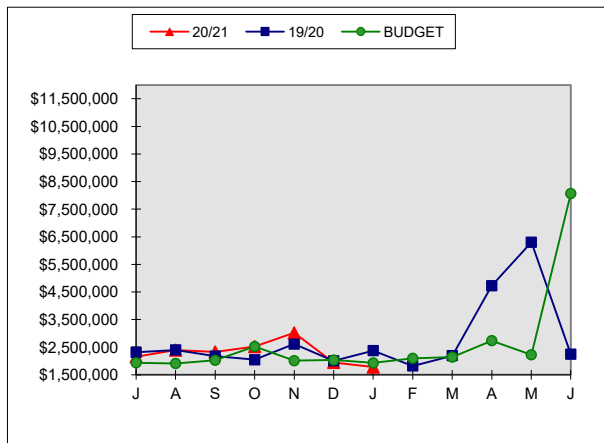
## 1. GROSS PATIENT REVENUE



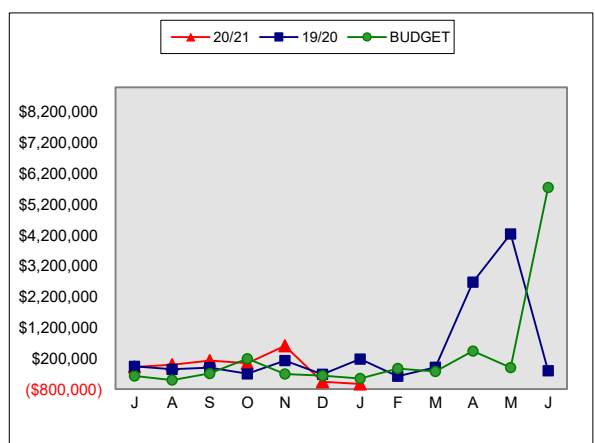
## 4. NON-OPERATING INCOME



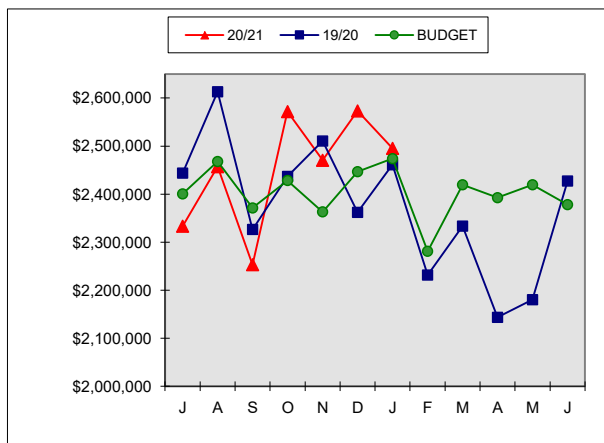
## 2. ESTIMATED NET REVENUE



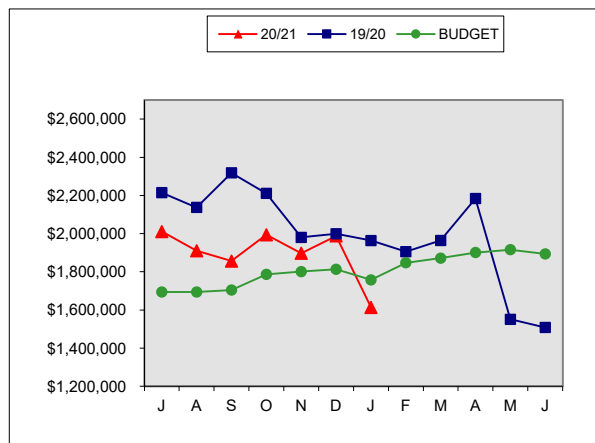
## 5. NET INCOME (LOSS)



## 3. OPERATING EXPENSES

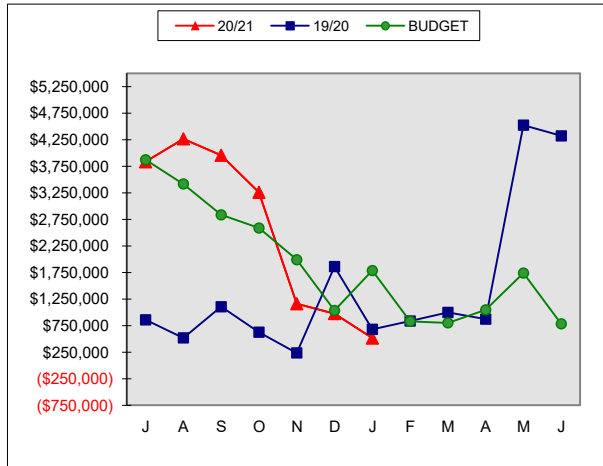


## 6. CASH RECEIPTS

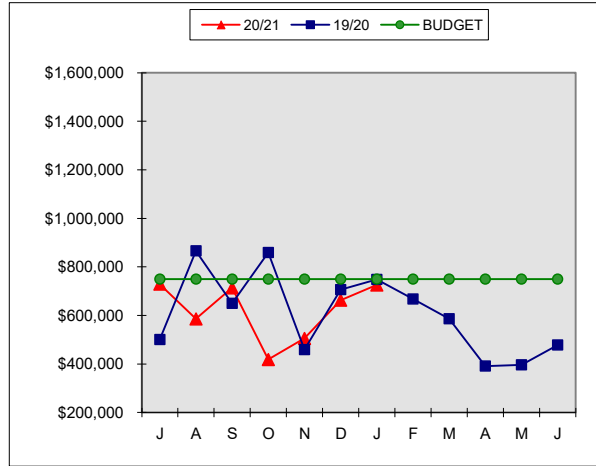


**EASTERN PLUMAS HEALTH CARE  
MONTHLY FINANCIAL GRAPHS  
FOR THE YEAR ENDED JUNE 30, 2021**

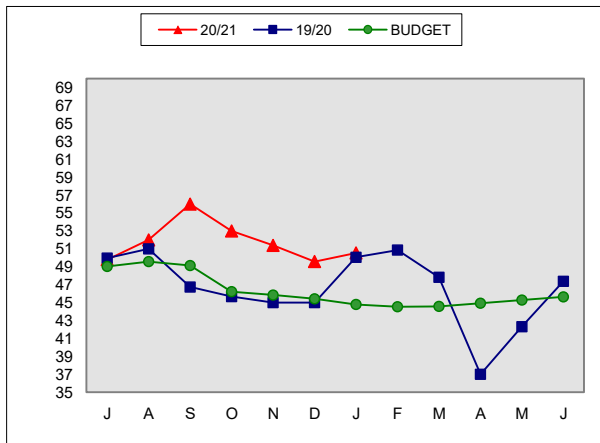
**7. OPERATING CASH**



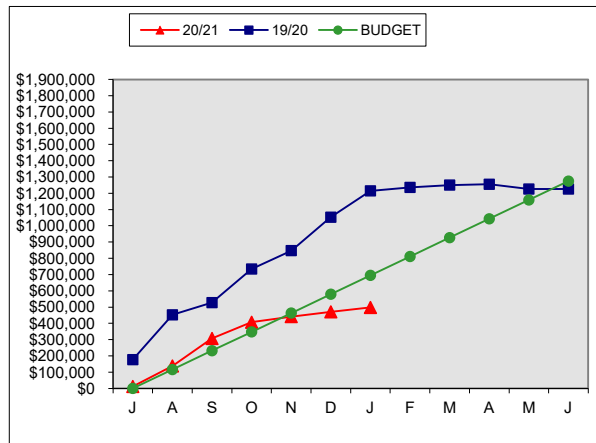
**10. ACCOUNTS PAYABLE**



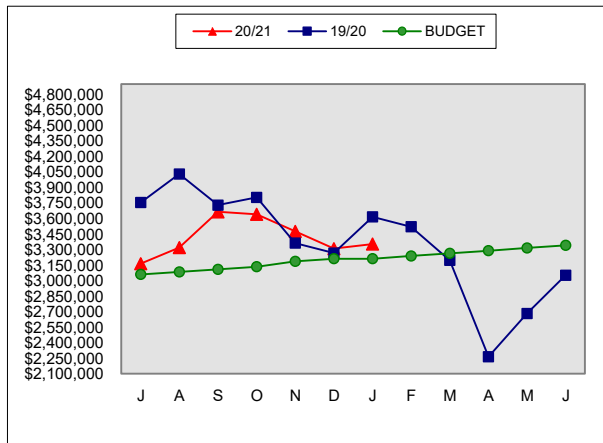
**8. ACCOUNTS RECEIVABLE-DAYS**



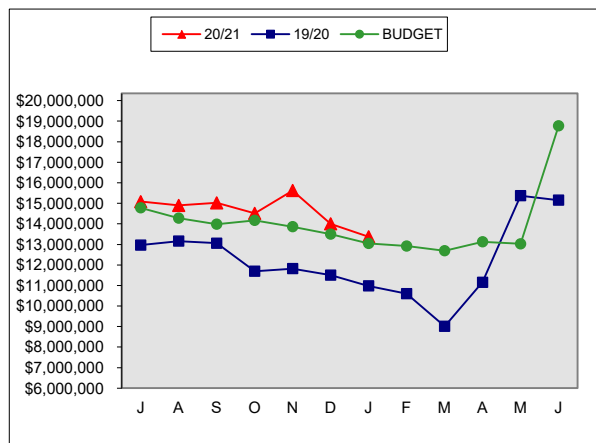
**11. CAPITAL EXPENDITURES-YTD**



**9. ACCOUNTS RECEIVABLE, NET**

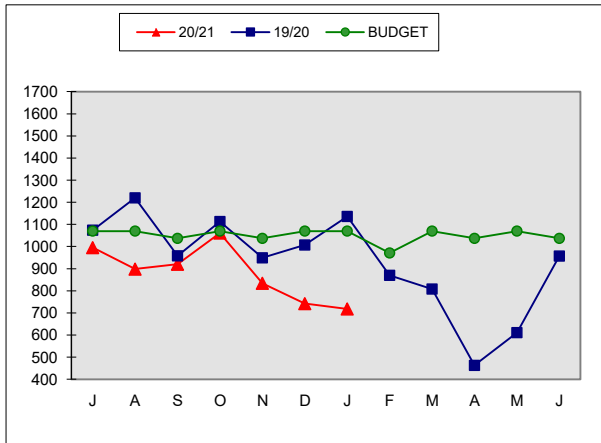


**12. FUND BALANCE + NET INCOME (LOSS)**

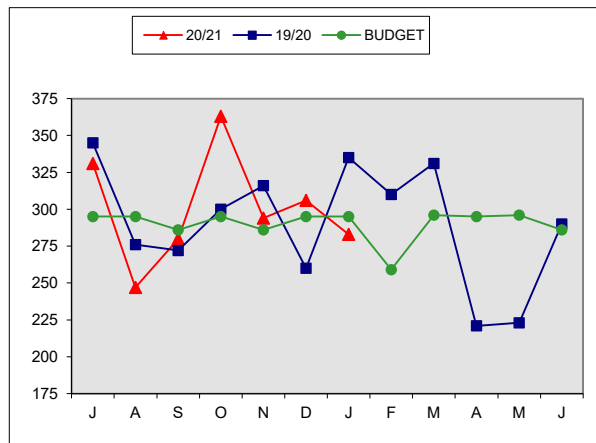


EASTERN PLUMAS HEALTH CARE  
MONTHLY FINANCIAL GRAPHS  
FOR THE YEAR ENDED JUNE 30, 2021

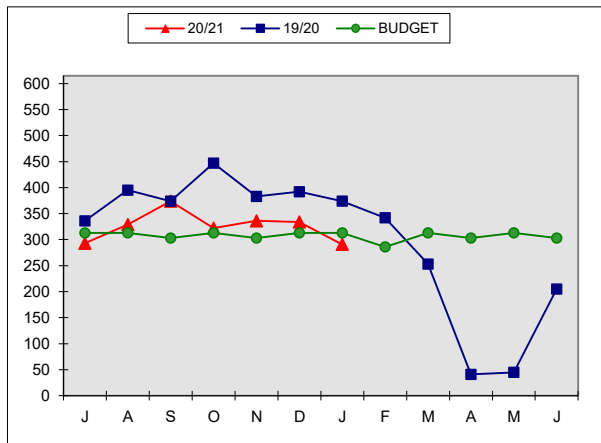
**13. PORTOLA MEDICAL CLINIC VISITS**



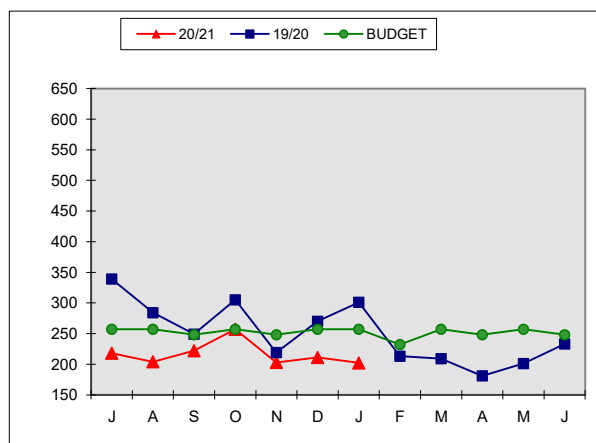
**16. LOYALTON MEDICAL CLINIC VISITS**



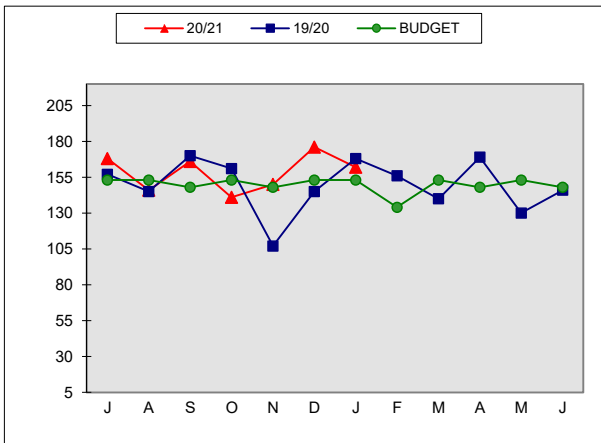
**14. PORTOLA DENTAL CLINIC VISITS**



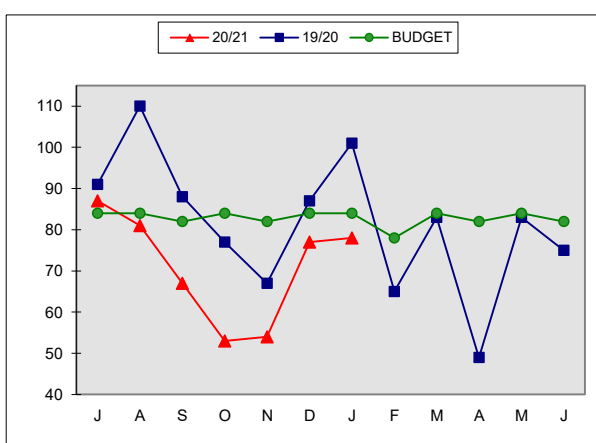
**17. GRAEAGLE MEDICAL CLINIC VISITS**



**15. BEHAVIORAL HEALTH VISITS**

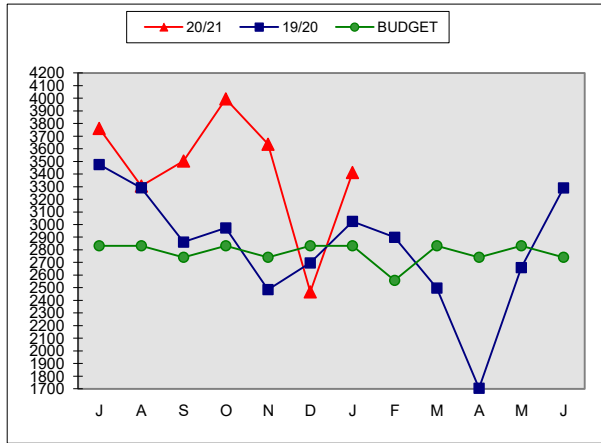


**18. AMBULANCE RUNS**

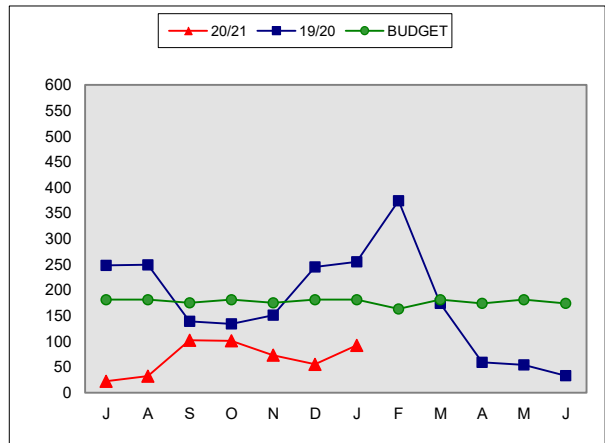


**EASTERN PLUMAS HEALTH CARE  
MONTHLY FINANCIAL GRAPHS  
FOR THE YEAR ENDED JUNE 30, 2021**

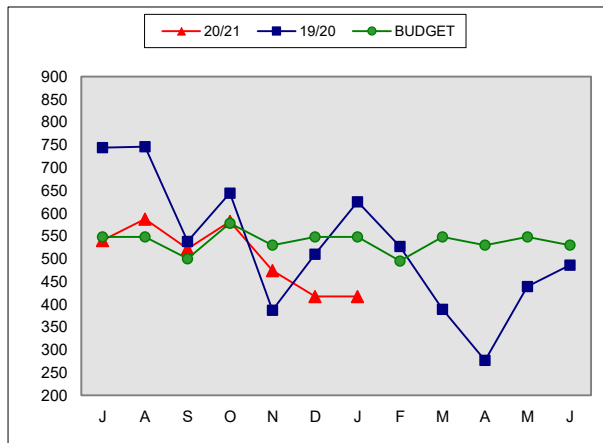
**19. LABORATORY PROCEDURES**



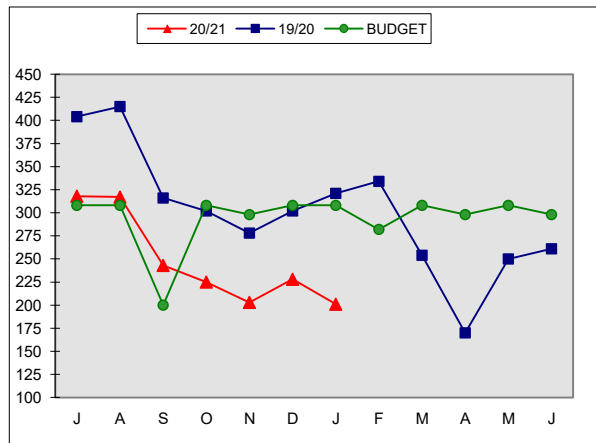
**22. RESPIRATORY PROCEDURES**



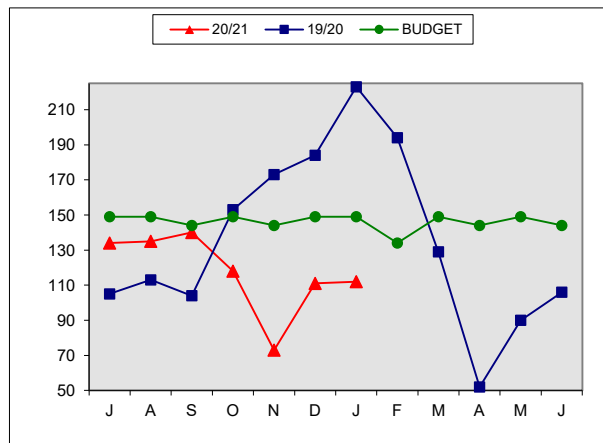
**20. RADIOLOGY PROCEDURES**



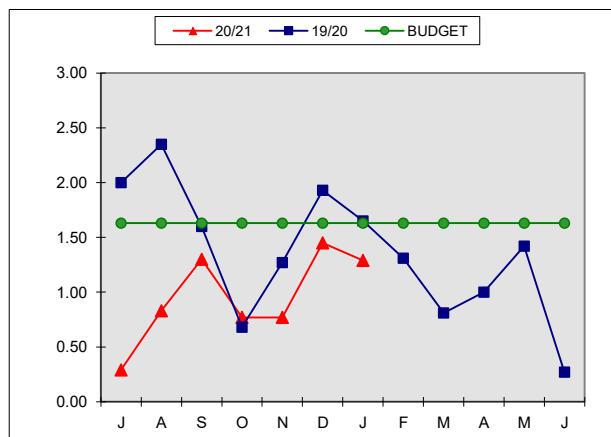
**23. EMERGENCY ROOM VISITS**



**21. ECGS**

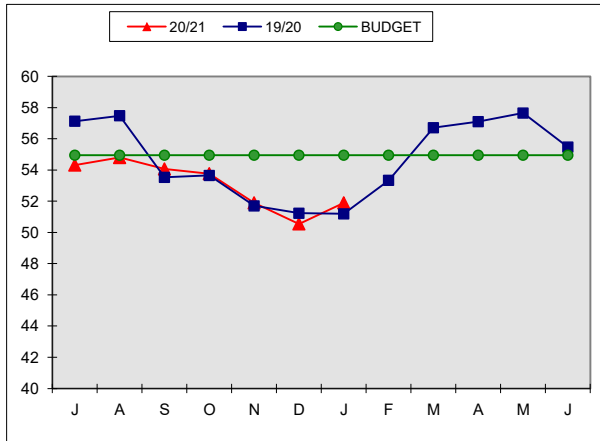


**24. AVERAGE DAILY CENSUS - ACUTE**

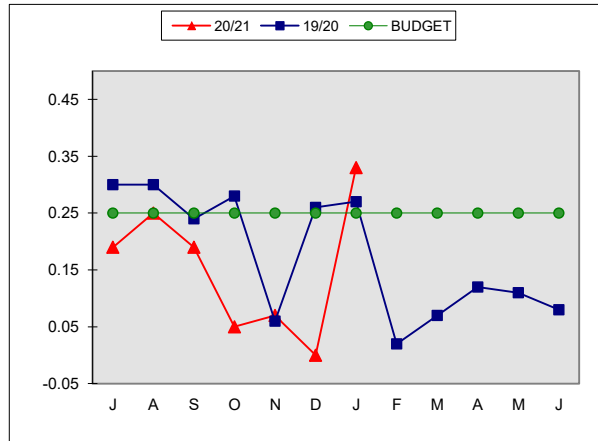


EASTERN PLUMAS HEALTH CARE  
MONTHLY FINANCIAL GRAPHS  
FOR THE YEAR ENDED JUNE 30, 2021

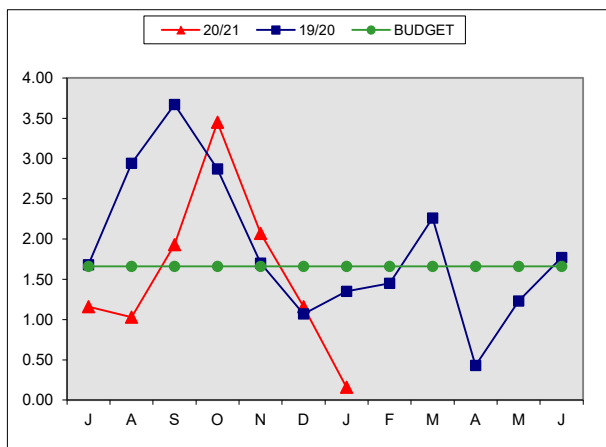
**25. AVERAGE DAILY CENSUS - SNF**



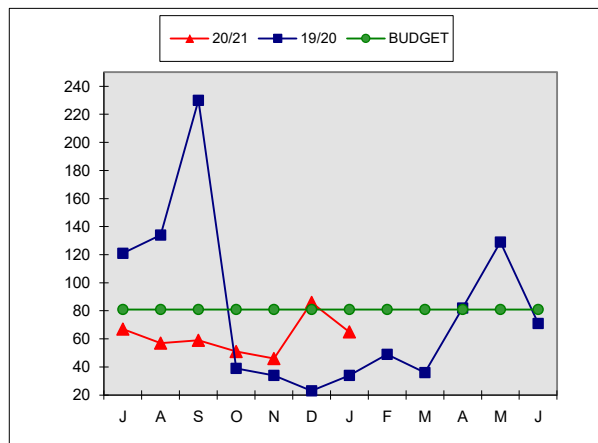
**28. AVERAGE DAILY CENSUS - OBSERVATION**



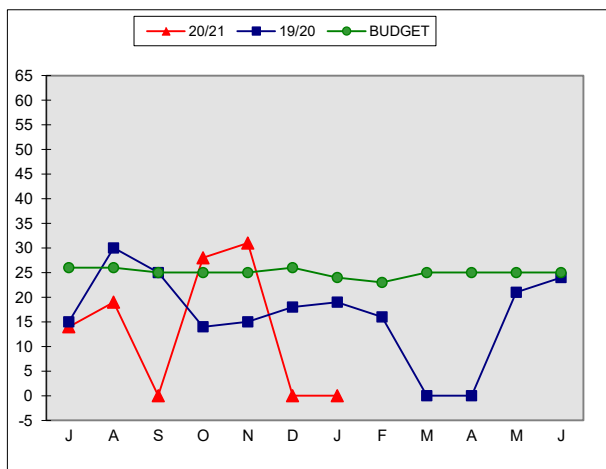
**26. AVERAGE DAILY CENSUS-SWING**



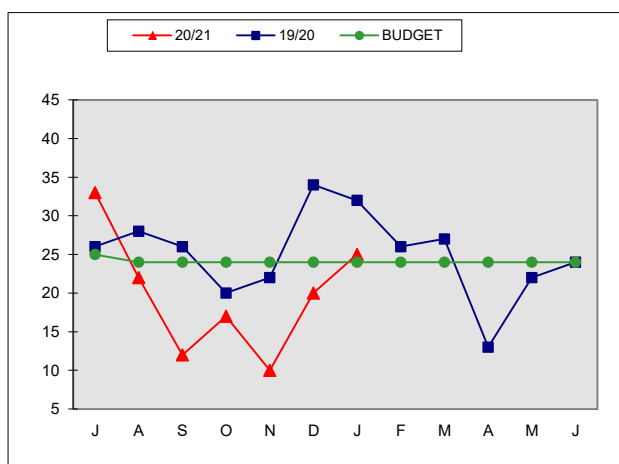
**29. TELEMEDICINE VISITS**



**27. ENDOSCOPY PROCEDURES**



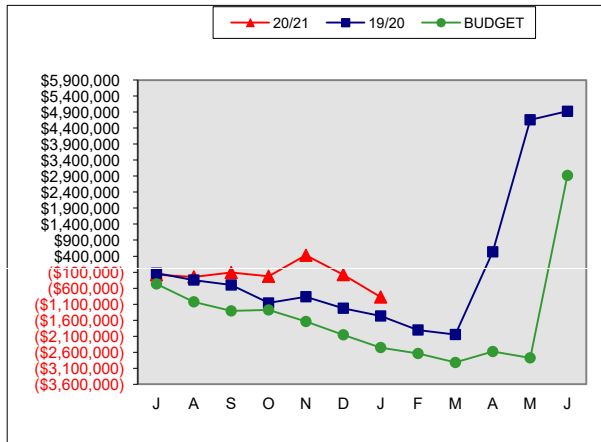
**30. EMERGENCY DEPARTMENT TRANSFERS**



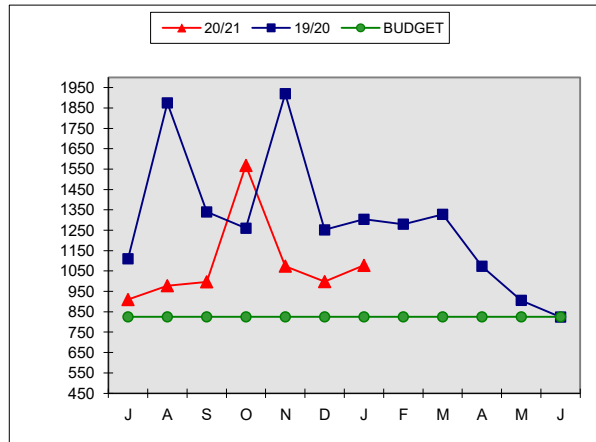


**EASTERN PLUMAS HEALTH CARE  
MONTHLY FINANCIAL GRAPHS  
FOR THE YEAR ENDED JUNE 30, 2021**

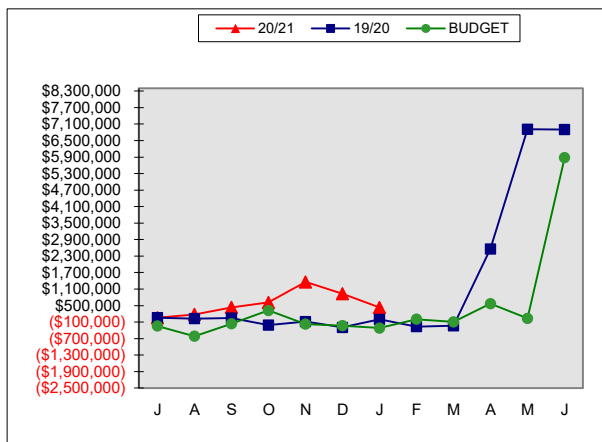
**31. YEAR TO DATE OPERATING INCOME (LOSS)**



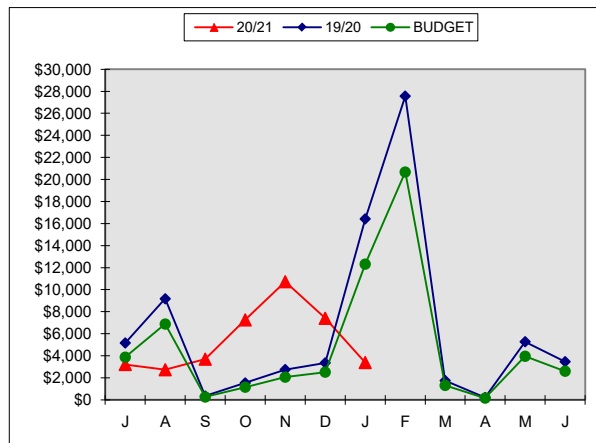
**34. OVERTIME HOURS**



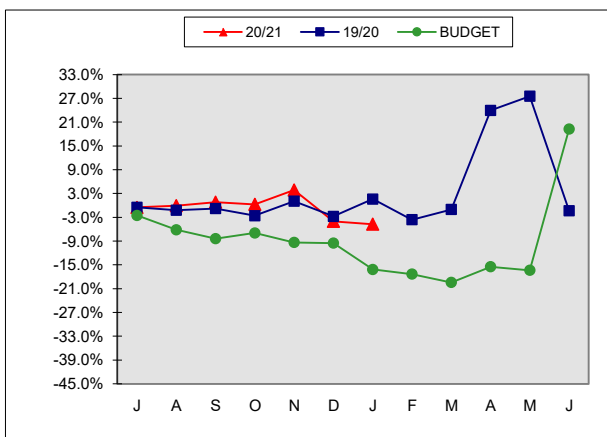
**32. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION**



**35. DENIALS**



**33. RETURN ON EQUITY**





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

**Date: February 25, 2021**

**OPERATIONAL PLAN OVERVIEW:**

EPHC is trending well with the operational plan for the final two quarters of the fiscal year that was presented on February 4<sup>th</sup>. With few exceptions all February action items are either completed or in progress and listed in the attachment for Board review. Overall SNF census has increased by 3 ADC since the beginning of the month and outpatient, ancillary, and clinic volume remains strong. We are pending receipt of the plan proposals from Aspen Street for the ED expansion project and Loyalton clinic building relocation opportunity.

The 'Ignite the Patient Experience' training for all EPHC staff and providers which was planned for 3/2-3/3 was postponed due to ongoing COVID restrictions. It has been rescheduled for 5/18-5/19 which will coincide with our 3-year leadership strategic planning event. We are hopeful that the COVID restrictions will not limit the onsite training planned for that date. A patient experience portal has been added to the EPHC website for customer feedback and testimonials. We will post at least 10 testimonial statements monthly both online and throughout the EPHC campus.

Telemed units were installed at both SNF campuses for behavioral health therapy as well as patient/visitor interaction. EPHC will be provided with a demonstration on the EPIC EMR system on 2/26, and we have already received a demonstration and cost estimate for an upgrade to our AHT SNF software for electronic documentation.

There has been a change in Clinic leadership with Rhonda Grandi retiring after 5 years of service to EPHC. Rhonda has made significant operational and financial improvements to the clinics over her tenure and we appreciate her dedicated service to our organization. In the interim I will be overseeing clinic operations and working directly with Dr. Stoll and Christina Potter until a new director has been hired. Additional clinic recruitment continues for a front office lead and PA/NP with strong candidates currently undergoing final interviews.

The COVID community vaccine program continued in February with 64 residents (age 75+) receiving both 1<sup>st</sup> and 2<sup>nd</sup> doses, and 190 residents receiving their initial dose. 240 doses are expected to arrive on campus this week based on weather issues in the Midwest, and it is anticipated that all 75+ residents requesting vaccination will be completed this week. Public Health has also been vaccinating teachers and child care workers during this period. 5200 letters were mailed from EPHC to community members

outlining the process for vaccine registration, vaccine information, and FAQs regarding immunization. We anticipate community members age 65+ will begin receiving vaccinations as early as the 1<sup>st</sup> week of March (pending State receipt and distribution).

We are currently evaluating two new programs to add to our community offerings. An initial presentation has been made by Psychiatric Medical Care to provide outpatient group behavioral health services in conjunction with our current behavioral health program. This program would include both onsite and virtual group therapy sessions three times per week overseen by a psychiatrist and LCSW. The program will require a space allocation which is currently under review. We are also reviewing a community health program utilizing our EMT staff to provide home based health checks/screenings on patients at high risk due to significant medical issues. A similar program is being utilized through PDH with a high level of success.

EPHC would like to thank the Auxiliary for their generous donation to assist us in replacing our DEXA bone density scanner. This is a critical part of our radiology services, and we appreciate their ongoing support of our campus.

**QUALITY/REGULATORY:**

An abbreviated standard SNF survey was conducted on January 29<sup>th</sup>. No deficiencies were identified. CMS/CDPH continues to hold all annual surveys due to COVID restrictions. Life safety and clinical documentation reviews continue in order to prevent or reduce deficiencies per our operational plan.

## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status
<p><b>Quality and Customer Service</b> Provide the highest level of quality patient care to meet the EPHC mission through exceptional patient experience, efficient care delivery, and regulatory compliance.</p>	1. SNF annual survey results below CA State average and no citation over 'E' S/S	1. Total deficiencies under the CA State average and no citation over 'E' S/S	March 31, 2021	DON, CNO, CEO	CMS/CDPH annual surveys continue to be on hold due to COVID. Mock survey chart reviews continue through outside vendor.
		2. No more than 3 Life Safety citations at a level 'D' S/S	March 31, 2021	Plant Ops Mgr	Plant manager completed site reviews for necessary corrections. Will monitor correction completion weekly.
		3. Meet 95% RN SNF coverage requirements for Q1 and 100% for Q2.		DON	
	2. Implementation of 'ITPE' program throughout EPHC to include training for current and new staff, and measurable impact to positive customer experience	1. Training for all staff, providers, and Board members.	May 19, 2021	CEO	Date modified to May 18-19 due to COVID
		2. HCAHPS survey response rate increase of 50% over 2020 average.	June 30, 2021	QA Manager, Pt Exp Mgr	
		3. Patient satisfaction tracking system implemented in SNFs with 85% positive results received quarterly. Increase family response rate to 65%.	March 31, 2021	DON, Pt Exp Mgr	
		4. Positive customer response rate to increase by 20% over 2020 average.	June 30, 2021	Pt Exp Mgr	
		5. (10) customer testimonials posted to EPHC website, Kaleidoscope display, and Facebook page per month.	March 31, 2021	Public Relations/Pt Exp Mgr	Patient Experience Survey posted to website on 2/22/21
		6. 'ITPE' training and expectations added to new hire and department orientation	May 31, 2021	Pt Exp Mgr	Date modified due to COVID restrictions for presentation
	3. Upgrade AHT software for electronic order entry	1. Complete vendor demonstration project	January 31, 2021	DON/SNF Medical Director	Completed
		2. Review cost and IT software integration	February 15, 2021	IT Mgr/CFO	Completed - decision pending EPIC demonstration project
		3. Review EPIC product demonstration and option for SNF EMR solution	February 24, 2021	Exec Team	
	4. Complete Price Transparency mandate (CMS)	1. Access to Patient Liability Estimator	March 31, 2021	CFO and Finance Team	In process
	5. Implement behavioral health tele-med program for both SNF campuses.	1. Install telehealth units at both campuses	February 20, 2021	CEO, IT Manager	Completed 2/19
		2. Complete training of staff and providers on telehealth program and initiate treatments.	March 1, 2021	Behavioral Health Team	Scheduled for 2/26
6. Ensure optimal standards of care are being met by Medical Providers.	1. Obtain an Memorandum of Understanding with an equivalent medical facility or medical group to perform routine peer reviews of like providers.	March 31, 2021	CNO, CEO		
	2. Obtain, inservice and implement software to assist with appropriate admissions, treatment and length of stay per current standards of care.	March 31, 2021	CNO, ER Manager, Medical Director	Bid received and approved. Pending software installation	

## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status
	7. Promote continuity of excellent, reliable, patient care through stable staffing.	1. Seek a staffing model that has more full time and part time staff as opposed to travelers and casual per diems.  2. If this model fails to fill staffing holes, institute call or float positions.	June 30, 2021	CNO, SNF DON, ER Manager	
<b>Medical Staff</b> Recruit and retain qualified medical/clinical professionals to consistently serve the needs of the community	1. Recruit and hire a qualified FNP or PA in the clinics to meet primary care and walk-in/acute episodic needs	1. Successful candidate hired, credentialed and onboarded.	June 30, 2021	Clinic Director, HR	Initial interview process completed. Finalists scheduled for second review with leadership and Clinic Medical Director
	2. Promote emotional health of all EPHC staff.	1. Coordinate mental health services through Behavioral Health to staff members either individually or as a group.	June 30, 2021	CNO, Clinic Director, HR Director	
<b>Human Resources</b> Align organizational objectives with Human Resource initiatives in key focus areas in recruitment, staffing, retention, smart technology, performance management, skills development, workforce agility and resiliency. Build workforce capabilities to maximize internal talent pool.	1. Grow performance capabilities and performance assesment through an improved evaluation and assesment process including semi-annual informal review.	- Delivery of department survey/feedback to gain input on desired performance evaluation tool (form). - Identify critical competencies within each job family. - Incorporate competency development milestones into Annual Performance evaluation process	June 30, 2021	HR/ Department Mangers	
	2. Utilize technology to increase productivity, drive efficiency and create simplification of processes.	- Train managers in the full-cycle recruiting process to include interview skills, ability to attract and retain highly qualified candidates during screening and interview process, recognizing unconscious bias, and promoting EPHC's competitive total compensation package. Grow manager involvement in <a href="https://www.recruiting.com">recruiting.com</a> tool to deselect unqualified candidates or communication pathway to HR. - Collect and analyze data to better understand recruiting candidate selection or disqualification. - Move HR processes away from paper and towards electronic automation. - Explore HRIS for a comprehensive recruiting management system, employee self-service.	June 30, 2021- December 2021	HR/ Department Mangers	

## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status
	3. Recruitment/Staffing/Retention efforts	<ul style="list-style-type: none"> <li>- Identification of 1-3 primary quality recruiting firms with demonstrated success in CAH recruitment of providers and critical positions.</li> <li>- Meet with department managers monthly or bi-monthly to identify key positions for recruitment efforts.</li> <li>- Amplify hiring urgency with recruiters.</li> <li>- Create new employee referral and/or hiring bonus program for current critical staffing shortages.</li> <li>- Continue employee engagement efforts.</li> <li>- Create data analysis for summer referral program results</li> <li>- Review benchstrength of critical department workforce and conduct a deep dive into Acute and ER staffing challenges. Maximize scheduling deficiencies through outside-the-box approach through utilization of internal talent.</li> <li>- Evaluate shift and staffing challenges to better understand fluctuations.</li> <li>- Succession planning</li> </ul>	<p>May- June 2021</p> <p>- Annually/Ongoing</p>	HR/ Executive Team/ Department Managers/Recruiting Firm (s)	
	4. Training	<ul style="list-style-type: none"> <li>- Workers Compensation process (internal process)</li> <li>- Identification of HR processes as it relates to management training needs, for example, Leaves of Absence, performance management and accountability, employment law, HR processes, disciplinary activities, etc.</li> <li>- Manager survey to understand challenges and support needs.</li> <li>- Annual Performance Evaluation (new form) training, and Performance Assessment guide.</li> <li>- Help department managers build a Performance Expectation Model to address no-shows/call outs/gossip/negativity/agility/skill development</li> </ul>	April, 2021	Human Resources/Employee Health/Billing/Dept Managers	
	5. HR Policy/Employee Manual	75 % completion mid-year	7/1/2021 (final Dec 2021)	HR/ Legal Counsel	
	6. HR Needs analysis	Hire FT HR Assistant	February- July 2021	HR Director/HR Team	
	7. Certify and implement SNF CNA training program.	1. Recruit and certify 6 CNA students	May 1, 2021	DON, DSD	
		2. Develop retention strategies for new students to meet retention target of 75% in year one.	May 1, 2021	DON, HR Director, DSD	

## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status
	8. Increase employee engagement through week long recognition events quarterly	Establish event schedule and daily activities/gift items using December holiday model which received positive campus wide feedback.	March 31, 2021 then quarterly	Exec Team, Executive Assistant	
	9. Implement annual employee engagement survey process	Review industry models and select survey format to be used throughout EPHC.	June 1, 2021	Exec Team	
<b>Financial Performance</b> Maintain and grow the financial position of the organization, meet regulatory requirements, and increase efficiencies to meet operational objectives.	1. Trubridge RCM implementation	Reduction in hours needed to complete daily deposit	March 31, 2021	Controller/CFO	Started
	2. Improvements to Business Office/HIM Building	Allow for COVID distancing requirements and add break and meeting rooms	September 1, 2021	Maintenance/CFO	
	3. Increase swing bed census	Schedule presentations to Case Management Departments at Renown, St. Mary's, Northern Nevada, and Tahoe Forest on EPHC rehab and clinical capabilities.	April 30, 2021 based on COVID restrictions	Case Manager, CEO, CNO, Rehab Director	
<b>Market Position</b> Maximize community confidence and referral source knowledge regarding the services provided by EPHC and increase utilization across all lines of business.	1. Develop and market SNF respite program	1. Develop program to include amenities, services, and care delivery/admissions process	March 31, 2021	DON, CEO, CNO	
		2. Develop print and electronic marketing materials to distribute to the public and County Social Service agencies	March 31, 2021	Public Relations	
		3. Admit two respite admissions per month	April 30, 2021	DON	
		4. Present program to EPHC providers and County Social Services to generate referral volume	March 31, 2021	CEO, DON, CNO, SNF Medical Director	
	2. Increase SNF census by 4 ADC through increased short term rehab admissions	1. Develop a marketing campaign to highlight therapy services, specialties and equipment.	March 15, 2021	Rehab Director, Public Relations	SNF census has increased by 3 ADC since Feb 1st.
		2. Develop provider specific marketing materials to increase hospital and direct referrals	March 15, 2021	Public Relations	
		3. Meet with area hospital case managers to present capabilities and therapy programs	March 31, 2021	CEO, DON, Rehab Director	
	3. Complete feasibility study for EPHC Home Health Program	Review state requirements, needs assessment, and ROI for Home Health program	March 31, 2021	Exec Team	
	4. Add additional specialty services	1. Complete a community needs assessment for additional specialty services	May 31, 2021	Patient Exp Mgr, Exec Team	
		2. Complete an ROI for needs assessment results	June 15, 2021	CEO/CFO	
3. Initiate recruitment for specialty providers		June 30, 2021	Exec Team		

## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status	
	5. Implement originating site telemedicine services with Renown Regional Medical Center pursuant to Master Telemedicine Agreement	1. New Telemedicine Coordinator hired	January 30, 2021	Clinical Manager	Complete - April Downs started 1/29/21	
		2. New Telemedicine Coordinator to complete all Renown Telemedicine trainings for presentation of various types of patients to distant site providers	April 30, 2021	Clinic Director, Clinical Manager		
		3. Begin scheduling and facilitation of telemedicine services with Renown	May 1, 2021	Clinic Director, Clinical Manager		
<b>Affiliations</b> Establish representation of EPHC on community boards and advisory committees to promote EPHC services and health care initiatives throughout the community.	1. Add EPHC membership to community organizations, boards, and government councils	1. Board member position on Portola Rotary	February 1, 2021	CEO	Completed - term begins 7/1	
			2. Request addition to any City Council committees related to community health needs	February 28, 2021	CEO	Completed - EPHC currently represented on fire safety council
			3. Request addition to any County committees related to community health needs	February 28, 2021	CEO	Completed
	2. Collaborate with Sierra Nevada Journeys Program	1. Have EPHC represented on SNJs Board of Directors	March 31, 2021	CEO	Introductory meeting completed 1/29. Follow up meeting with SNJ CEO completed 2/16.	
		2. Set schedule for EPHC involvement in community initiatives based on COVID restrictions	April 30, 2021	CEO		
<b>Capital Equipment</b> Procure necessary equipment to expand services and increase operational efficiencies.	1. Complete cost analysis and ROI for EPHC owned MRI equipment	1. Present analysis and ROI to Board for review	April 29, 2021	Radiology Mgr, CEO, CFO		
	2. Establish a safer and more efficient medical record system.	1. Research other EMR systems or design consistent workarounds with our current EMR to safeguard patients from harm.	June 30, 2021	CNO, ER Manager	EPIC demonstration presentation scheduled for 2/24/21	
	3. Auxillary capital request	1. Identify capital purchase need and submit proposal to auxillary for funding.	March 15, 2021	CFO	Done - Auxiliary donated \$40,000 towards new Dexa bone density machine replacement.	
	4. Implement a HRIS software system	1. Review product demonstrations and cost estimates for HRIS implementation to increase efficiency.	May 1, 2021	HR Director, CFO		



## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status
<b>Community Engagement</b> Promote community awareness and confidence in EPHC care delivery, assess community needs for expansion of additional services, and engage community members in future strategic planning.	1. Create EPHC Advisory Committee with 3-5 active community members to meet monthly	1. Recruit Advisory Committee members	March 15, 2021	CEO	Final candidate list for recruitment will be completed by 2/26
		2. Set monthly Advisory Committee schedule, charter, and Board reporting process	March 25, 2021	CEO	
	2. Revitalize EPHC Foundation membership and meetings	1. Recruit new Foundation members and review charter	March 15, 2021	CEO/CFO	Final candidate list for recruitment will be completed by 2/26
		2. Develop meeting schedule/goals and objectives	March 25, 2021	CEO/CFO	
		3. Identify at least (2) key foundation fundraising events and schedule dates based on COVID restrictions.	March 25, 2021	Public Relations, Foundation membership	
	3. Increase public awareness of EPHC programs and outcomes	1. Publish EPHC updates 2x per month in Portola and Loyalton newspapers	February 28, 2021	CEO	
		2. Update website monthly on EPHC updates	February 28, 2021	Public Relations	
	4. Create virtual community wellness educational presentations	1. Develop topic and speaker list	March 31, 2021	CEO, Public Relations, Mgt Team	
		2. Develop event calendar and promote through news media, website, and community postings	March 31, 2021	Public Relations	
		3. Coordinate EPHC community efforts with local groups and Government agencies	1. Develop 2021 calendar of community events EPHC will support, required staff/supplies, and marketing activities	March 31, 2021	Public Relations
		2. Improve relations with law enforcement to better our mutual support of each other in caring for behavioral health and violent patients.	February 5, 2021	Emergency Room Manager	Postponed by CHP - revised meeting date pending
		3. Work with Plumas/Sierra County Health Department to obtain recent Community Health Assessment.	February 28, 2021	CNO	<a href="https://www.plumascounty.us/DocumentCenter/View/28306/2020-Plumas-County-Community-Health-Assessment">https://www.plumascounty.us/DocumentCenter/View/28306/2020-Plumas-County-Community-Health-Assessment</a>
<b>Physical Plant/Acquisitions</b> Expand EPHC services through additional acquisitions and improve care delivery/patient satisfaction through improvements to existing physical plant operations.	1. Complete feasibility/ROI for Loyalton Clinic relocation project	1. Complete architectural drawings and construction cost estimates	February 28, 2021	CEO	Pending receipt from Aspen Street Architects
		2. Complete financial ROI and Board approval for purchase	March 25, 2021	CEO/CFO	
		3. Acquire contractor bids and initiate construction based on Board approval.	April 15, 2021	Plant Ops Mgr	
		4. Develop plan for repurposing existing clinic space.	April 15, 2021	Exec Team	
	2. Installation of replacement SNF boilers in Q1 of 21-22 FY	Complete architectural plans and OSHPD permitting for SNF boiler replacement	June 30, 2021	Plant Ops Mgr	
	3. Prepare flooring replacement plan for Loyalton SNF and Portola Acute to be installed in Q1 of 21-22 FY	Acquire (3) vendor bids to include installation schedule and flooring selection early in 2021/22 fiscal year.	May 31, 2021	Plant Ops Mgr	
	4. Utilize 2nd floor of Commercial St.	1. Complete needs assessment for building use	February 28, 2021	Exec Team	Site review completed 2/12.

## EPHC Operating Plan Outline January- June 2021

Goals	Objectives	Measurements/ Actions	Timing	Responsibility	Status	
	building for EPHC/community needs	2. Based on assessment, complete architectural plan for construction needs	March 31, 2021	CEO		
		3. Obtain contractor bids and construction schedule	April 15, 2021	Plant Ops Mgr		
		5. Complete ED expansion and physician office project	1. Complete architectural plans for expansion proposal	March 15, 2021	CEO	Pending receipt from Aspen Street Architects
			2. Obtain and review cost bids for project	April 15, 2021	Plant Ops Mgr	
			3. Generate construction plan and vendor bids for project completion	April 30, 2021	Plant Ops Mgr/CEO/CFO	
		6. Review proposed rehab expansion project		May 31, 2021	CEO, CFO, Rehab Mgr	Initial review with CFO/Rehab Director was favorable. Will review again after receipt of Feb financial trend report.
		7. Upgrade training space	Review space options to improve new hire and staff training room - location and equipment. Upgrade area to improve employee satisfaction and training efficiency.	March 31, 2021	IT Manager, Exec Team	IT area construction will be initiated by 3/1 to increase security and space availability

# 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 January 27, 2021 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>• Administration</li><li>• BioMedical</li><li>• Employee Health</li><li>• Infection Prevention</li><li>• Laboratory</li><li>• Nursing</li><li>• Pharmacy</li><li>• Radiology</li><li>• Skilled Nursing</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

<b>PolicyStat ID</b>	<b>Title</b>	<b>Area</b>
8949220	Risk Management Plan	Administration
8970000	Condition of Electrical Outlets	BioMedical
9079498	Annual Employee Health Evaluation	Employee Health
9079500	Cleaning and Sanitizing Shared Equipment	Infection Prevention
9079505	Corrugated Cardboard Policy	Infection Prevention
9079517	Enhanced Standard Precautions	Infection Prevention
8949187	Exposure Control Plan	Infection Prevention
9079502	Hand Hygiene	Infection Prevention
9079491	Influenza Outbreak Management	Infection Prevention
9079504	Influenza Prevention	Infection Prevention
9079515	Isolation Precautions (Transmission-Based Precautions)	Infection Prevention
9079511	Management of Clostridium difficile Infection	Infection Prevention
8949199	MRSA Surveillance Program	Infection Prevention
9079494	Outbreak Preparedness, Detection and Management	Infection Prevention
9079509	Pre-Employment Evaluation Policy	Infection Prevention
9079499	Standard Precautions	Infection Prevention
9079510	Statement of Authority for Infection Control	Infection Prevention
9079531	Water Management Plan	Infection Prevention
9079496	Work Restrictions For Communicable Diseases (Return to work)	Infection Prevention
8949208	Waived Testing	Laboratory
9079497	Verbal and Telephone Orders	Nursing
9079508	Wound Management Policy	Nursing
9079492	“Beyond Use Dating” of Pharmaceuticals	Pharmacy
9079489	High Alert Medications	Pharmacy
7438218	Radiation Physicist Services	Radiology
7438260	Use of Imaging Services Equipment by Technologist	Radiology
9079486	Bed Hold	Skilled Nursing
9079526	Comfort Care/Palliative Care	Skilled Nursing
9079487	Discharge Planning	Skilled Nursing
9079519	Family Council	Skilled Nursing
9079525	Informed Consent for Use of Psychotherapeutic Drugs,	Skilled Nursing

Physical Restraints and Prolonged Use of Devices

9079536	Resident Council	Skilled Nursing
9079524	Resident Trust	Skilled Nursing
9079535	Social Services	Skilled Nursing
9079522	Theft and Loss	Skilled Nursing
9079768	Transfers Between Facility and Hospital	Skilled Nursing
9079788	Waiting List for Skilled Nursing Placement	Skilled Nursing