



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, February 27, 2025 at 4:00 p.m.
Portola Medical Clinic Conference Room, Portola, CA

The February 27, 2025 Board of Directors meeting will be held in 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. 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.

	<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 1.23.25 Special Organizational Meeting			3-4
C. Meeting Minutes of 1.23.25 BOD Meeting			5-9
6. <u>Auxiliary Report</u>	Gail McGrath	I/D/A	
7. <u>Staff Reports</u>			
A. Chief Nursing Officer Report	Penny Holland	I/D	10
B. SNF Directors of Nursing Report	Lorraine Noble/Tamara Santella	I/D	11
C. Director of Clinics Report	Tracy Studer	I/D	12
D. Chief Financial Officer	Katherine Pairish	I/D	
E. Program Manager	Joanna Garneau	I/D	13-14
F. Director of Ancillary Services	Megan McCrory	I/D	15-16
8. <u>Chief Executive Officer Report</u>	Doug McCoy	I/D/A	17-18
9. <u>Resolution 301</u>	Doug McCoy	I/D/A	
Termination of CalPERS Contract			

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
February 27, 2025 AGENDA – Continued

10. **Policies** I/D/A 19-20
A. Policy Review
The CAH Committee recommends the following for approval by the Board of Directors:
Annual Policy Review
HIM, Administration, Dietary, Nursing, Radiology, SNF
11. **Committee Reports** Board Members I/D/A
A. Finance Committee
12. **Public Comment** 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. 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.
13. **Board Closing Remarks** Board Members I/D
14. **Closed Session** Augustine Corcoran I/D/A
A. Hearing (Health and Safety Code 32155)
Subject Matter: Staff Privileges
Clinic - Cardiology
 - Dhond, Milind MD - year appointment
Emergency Room
 - Landeck, Scott MD - 2 year appointment
B. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*
15. **Open Session Report of Actions** Augustine Corcoran I
Taken in Closed Session
16. **Adjournment** Augustine Corcoran A

The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is March 27, 2025 at the Portola Medical Clinic Conference Room, 480 1st Avenue, Portola, CA 96122



**EASTERN PLUMAS HEALTH CARE DISTRICT
SPECIAL ORGANZATIONAL MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, January 23, 2025**

1. Call to Order

Meeting was called to order at 5:08 pm

2. Swear in Newly Elected Directors

Board Chair Corcoran swore in re-elected Board Member Director Swanson
Director Satchwell was not present, will be sworn in at a later time

3. Roll Call

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

Staff in attendance: Doug McCoy, CEO, Katherine Pairish, CFO; Penny Holland, CNO; and Barbara Sokolov, Executive Assistant/Clerk of the Board.

4. Consent Calendar

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

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

Nays: None

Not present: Director Satchwell

- **Public Comment:** None

5. Board Chair Comments

Director Corcoran welcomed the BOD to the first meeting of the year and thanked them for their service to EPHC and the community. He is looking forward to another successful, harmonious year working together.

6. Board Comments

Director McGrath said that it has been a pleasure serving on the BOD since 2005, watching EPHC grow and become better every year, retaining key staff, and knowing that we've come a long way. Director Swanson concurred with these sentiments, has weathered ups and downs, values this strong period and looks forward to continuing this path. Director Hughes agreed.

7. Public Comment

No comment was received.

8. Annual Organizational Meeting

A. Election of Officers

1. Chairman. *Current Officer: Augustine Corcoran*

2. Vice Chairman. *Current Officer: Linda Satchwell*

3. Secretary. *Current Officer: Marcia Hughes*

B. Confirmation and/or Reconsideration of Subcommittee Assignments

1. Quality Assurance (Standing). *Current Directors: Gail McGrath, Marcia Hughes*
2. Finance (Standing). *Current Directors: Paul Swanson, Linda Satchwell*
3. Planning (Standing). *Current Directors: Gail McGrath, Augustine Corcoran*

C. Confirmation and/or Reconsideration of Meeting Dates &/or Times

ACTION: After some discussion, it was determined the current officers and subcommittee assignments would remain the same. Meeting times would change beginning in February: Finance Committee will begin at 3:00 pm and Board of Directors will begin at 4:00 pm. Motion was made by Director Corcoran, seconded by Director Hughes.

Roll Call Vote: AYES: McGrath, Swanson, Hughes, and Corcoran
Nays: None
Not present: Director Satchwell

9. Adjournment

Meeting adjourned at 5:21 pm



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, January 23, 2025 at 5:00 p.m.**

1. Call to Order

Meeting was called to order at 5:30 p.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Lorraine Noble, Director of Nursing, Portola; Penny Holland, Chief Nursing Officer; Tracy Studer, Director of Clinics; 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 McGrath, seconded by Director Swanson to approve the consent calendar.

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

Nays: None

Not present: Director Satchwell

- **Public Comment:** None

6. Auxiliary Report

Director McGrath reported that the Auxiliary had \$90,000 in the bank, \$13,000 more than in 2018, and continues to increase its earnings, all for the benefit of the community and the hospital. Old EPHC maintenance truck was now available to Nifty Thrifty to use to increase furniture inventory and sales.

7. Auditor Presentation

Jerrel Tucker, JWT & Associates I/D

- **Audit Results**

Jerrel Tucker presented his findings from the June 30, 2024 audit stating that EPHC had another good, strong year and was a stable, well-funded organization. He thanked Katherine and her team for getting everything to him in a timely manner. He indicated that reasons EPHC was so strong, and had key financial markers of a very successful, small hospital, included the good buildup of cash reserves and thoughtful growth to increase revenue. See full Audit Report in the January BOD Meeting Packet.

8. Committee Reports

Board Members

I/D/A

A. Finance Committee

- Acceptance of Fiscal Year Audit Report

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
January 23, 2025 MINUTES - Continued

Director Swanson reported that an in-depth presentation of the Audit Report took place in the Finance Committee meeting. Looked good, finances are strong, no problems indicated.

ACTION: Director Swanson moved to accept the fiscal year audit report, Director Corcoran seconded.

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

Nays: None

Not present: Director Satchwell

9. Staff Reports

A. Chief Financial Officer

Katherine Pairish

Summary

We are halfway through our fiscal year. Total Patient Revenues were less than last year by \$1,010,596 with Net Patient Revenues less than last year by \$1,610,419.

Total Operating Revenue was lower than last year by \$3,451,755 or 19%. This due to the timing of the HQAF IGT. Last year we received \$2,245,289. The current year HQAF IGT funding and receipt of the funds has been delayed. Operating Expenses were higher than last year by \$1,527,401 or 8%.

Revenues (Year-to-Date December 2024 Compared to Year-to-Date December 2023)

Total Inpatient Revenues were higher by \$536,243, with Skilled Nursing Revenues posting higher by \$42,222. Pro Fees were lower by \$126,358. Total Outpatient Revenues were lower by \$602,179, and Clinic Revenues were higher by \$254,184.

Expenses (Year-to-Date December 2024 Compared to Year-to-Date December 2023)

Salaries and Benefits: Combined Salaries and Benefits were higher by \$417,424 or 4%.

Purchased Services: Purchased Services were higher by \$997,869 or 39%.

Professional Fees: Professional Fees were higher by \$103,400 or 6%.

Repairs & Maintenance: Repairs & Maintenance were lower by \$18,480 or 5%.

Utilities: Utilities were higher by \$128,966 or 21%.

Supplies: Supplies were lower by \$57,548 or 4%.

Depreciation Expense: Depreciation Expense was higher by \$28,874 or 4%.

Other Expenses: Other Expenses were lower by \$102,606 or 19%. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of December 31, 2024, was \$7.2 million. This is a 66% decrease from December 2023. AR Days as of December 31, 2024, was 53.

Balance Sheet

Total cash decreased \$1,530,610 or 11%. Net AR decreased \$5,821,309 or 63% and Net Fixed Assets increased \$301,671 or 2%. Total Liabilities increased \$215,766 or 3%.

Additional Information

Days cash on hand on December 31, 2024, was 123. December 31, 2023, days cash on hand was 138.

B. Chief Nursing Officer Report

See January BOD report.

Penny Holland

C. SNF Director of Nursing

See attached report. CAN class will be starting in March.

Lorraine Noble

D. Director of Clinics

See January BOD report.

Tracy Studer

10. Chief Executive Officer Report
OPERATIONAL OVERVIEW:

Doug McCoy

EPHC has completed the first half of the 2024/25 fiscal year and initiated several action items for the remaining six months along with development of our 3-year plan through 2028. Due to several factors including a cap on SNF census growth while flooring renovations were completed in Loyalton, the loss of our MRI vendor in September, impacts of the fire season to outpatient revenue, and lower than expected hospital census, our financial performance missed target for the six-month period. However initial IGT funding has been received in January, and other initiatives such as the implementation of the 340B program have been operationalized this month. Our financial forecast for the remaining months of the fiscal year show a significant improvement in net income and cash receipts, and we anticipate exceeding the performance metrics provided during the December presentation.

EPHC along with 4 other CAHs in our area have finalized a contract with Heritage to provide mobile MRI services after lengthy negotiations with several providers. A proposal to purchase a MRI coach on behalf of the CAH collective will be presented at the January Board meeting and can be operationalized within 12-15 months.

We have made some changes to our organizational structure beginning in January including combining HR and Payroll services into a Personnel Services Department which will increase efficiencies, expand use of our software technology, and increase our recruitment/retention efforts. We have also added a Director of Ancillary Services position to assist the CEO with the research and analysis for additional service line expansion, child and adult day care programs, and staff housing. We conducted time studies in administrative departments to determine additional opportunities to improve efficiencies and manage costs.

There has been significant progress made on the recruitment of additional providers to expand our availability to community members. We have an accepted full-time offer from a primary care physician for LMC, and offers made for a full-time dentist, part time primary care physician for PMC, and interest expressed from an orthopedic PA, dentist, and two dental hygienists.

2024 STRATEGIC OBJECTIVES – YEAR END OUTCOMES

Below are the final outcomes for our 2024 calendar year initiatives.

- Reduce 2024 annualized turnover by 7% with emphasis on the reduction of turnover within the first 12 months of employment.
 - Overall terminations for 2024 were reduced by 24.4% over the prior year. This goal was met and represent the lowest turnover volume over the past 5 years.
- Exceed the net income budget for the 2024/25 fiscal year and achieve positive net income performance.
 - This goal was not met for the first 6 months of the fiscal year through December 2024. 100% of all IGT funding in addition to various programs, i.e. directed hospital payment program, 340B, etc. are all scheduled to be received in the second half of the fiscal year.
- Increase days cash on hand monthly over the 2023 performance level and maintain at 150 or higher each month. Reduce A/R days to a goal of 60.
 - A/R days have been reduced to 53 as of December which exceeded our goal. Days cash on hand for December was 123 but reflects IGT funding in November/December. Receipt of the IGT payments in January is expected to increase days cash above 150.
- Maximize grant funding and other sources (QIP, EPT, HQIP, etc.) to offset impacts from 2024/24 CA budget deficit issues.
 - The 340B program has been initiated as of January 1, 2025 and will include cash receipts monthly going forward. Grant funds received in the first half of the fiscal year were approximately \$2,000,000 and will be used during the 2025 calendar year. The clinics have

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
January 23, 2025 MINUTES - Continued

- implemented a new process for QIP management and expanded the reported metrics which should result in achievement of QIP payments starting next year.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
 - We have accepted or pending offers to 7 clinic providers in both Loyalton and Portola, and received a 290K grant to expand dental services in Loyalton.
 - Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - We received 1155 patient experience surveys during 2024 which was an increase of 190 responses from the previous year. This goal was achieved, and we will continue our efforts for 2025.
 - Complete key projects – X-ray room replacement, Loyalton flooring project, SNF external resident/family area.
 - Projects completed in 2024 include the Loyalton flooring/remodeling project, new X-ray room, portable x-ray system, Loyalton parking lot resealing, hospital security badge reader system, MindRay cardiac monitoring system, and the implementation of the Point Click Care software system for the SNFs.
 - Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.
 - EPHC leadership continues to work with HCAI on the SRHRP application process for cost reimbursement for the 2030 seismic requirements.

New strategic objectives which correlate to the 3-year strategic plan presented during the December meeting will be added and reported on monthly beginning in February.

COMPLIANCE PROGRAM:

There were no external compliance concerns raised from December 1, 2024 to January 15, 2025. The HIPAA compliance program through HIPAA Trek has reviewed EPHC policies and processes and all recommendations have been implemented. Annual compliance training, payroll documentation (I-9s, etc.), and acknowledgement of the new EPHC employee handbook will be completed by all staff by 1/31/2025.

Doug also introduced Megan McCrory, who has been hired as the Director of Ancillary Services.

11. Approve MRI Consortium

Doug McCoy

Doug explained that the MRI Consortium would provide an essential service in the most cost-effective way.

ACTION: Motion was made by Director McGrath, seconded by Director Satchwell to approve the MRI Consortium and proceed with purchase of MRI trailer.

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

Nays: None

Not present: Director Satchwell

12. Policies

Public Comment: None.

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

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

Nays: None

Not present: Director Satchwell

13. Public Comment

None.

14. Board Closing Remarks

Thanks to all! Looking forward to the year ahead.

Open Session recessed at 6:30 p.m.

15. Closed Session

A. Pursuant Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

Clinic/ED

- Adams, Robert D.O. - 2 Year Appointment

Clinic

- Howard, Kristy - 2 Year Appointment
- Stoll, Daniel M.D. - 2 Year Appointment

Surgery

- Cox, Charles M.D. - 2 Year Appointment

Tele Radiology

- Hedayati, Amir M.D. - 1 Year Appointment
- Hermann, Mathew M.D. - 2 Year Appointment
- Klein, Matthew D.O. - 2 Year Appointment
- Sharif, Ali M.D. - 1 Year Appointment

B. Public Employee Performance Evaluation (Government Code Section 54957) Subject Matter: *CEO*

16. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 6:45 p.m.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 15.A.

B: No Action taken

17. Adjournment

Meeting adjourned at 6:50 p.m.

Eastern Plumas Health Care
Board Report
Penny Holland CNO

2-27-2025

We have filled our full time acute night position with a new nurse that lives in Roseville but will stay up here when she is scheduled. One of our long time nurse that works per diem referred her to the job.

We have interviewed multiple nurses but most have declined the job offer due to our location to where they live.

Donna and I will have travelled to Sacramento to visit with the head of the Board on Registered Nurses to look into ways we can draw in more applicants or mentor nurses over the Nevada border. More to come on this because this note is being written before the meeting.

We have the FRC students back for the spring semester to train on the floor and skilled nursing. Had a meeting with their teacher and FRC is trying to get a grant to train LVN to RN students at FRC instead of them going all the way to Butte College. We are trying to contact the Dean of Butte to find out more. We do have a lot of LVNs that wish to become RNs and are trying to support that any way we can.

**Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 02/17/2025
Lorraine Noble RN & Tamara Santella RN**

CENSUS

Loyalton: January census (36.1) 92.8% occupancy

Portola: January census (26.1) 96.7% occupancy

STAFFING

March 3rd will be the start of our new Nursing Assistant Class. 7 applicants have been interviewed for the class and are in the on boarding process at this time.

Portola Campus:

- **1- Traveler nurse working until 2/25/25.**
- **1 traveler C.N.A. here until 5/2025**
- **1 per diem position posted for Nursing**

Loyalton Campus:

- **Has 2 Full time Nurse positions open at present and 6 C.N.A. positions open**
- **7 Travelers working, 2-LVN and 5-C.N.A.s**

STATE ISSUES: State has been to both campuses over the past 6 weeks.

- **Loyalton, 1/7/25 received a deficiency for infection control F881.**
- **Loyalton, 1/30/25 resident to resident , self reported- no deficiency**
- **Portola, 2/11/25 anonymous complaint of Noro virus outbreak-no deficiency**
- **Loyalton, 2/11/2025 self reported unusual occurrence- no deficiency .**
- **Loyalton, 2/11/2025 anonymous complaint- no results from state as of yet.**

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics
February 27, 2025

- Exciting news for our clinics. Dr. Lillegraven will be joining us at EPHC! ETA is late April, 2025. Heather Willis, Credentialing Coordinator has helped with his California Medical License, as well as a letter submitted on his behalf from HCAI (Health Care Access and Information).
- Dr. Michelle Pourtabib, Family Medicine, has accepted a position at EPHC clinics and will work 2 days per week. Her estimated start date is April 7, 2025.
- We are learning more about the support offered by Partnership Health. Amanda Escareno has sought after and successfully obtained iPads and stands for interpretation services through Stratus. The Stratus language interpretation service has been used for years at EPHC. Partnership provides the same Stratus service at no charge to EPHC. This will save EPHC approximately \$33, 000.00 per year.
- On February 18-19, 2025, I attended the 32nd Annual Spring HPSA (Health Provider Shortage Area) Workshop. Megan McCrorey, Ancillary Services Coordinator, attended as well. EPHC Clinics will submit applications for each clinic site to be NHSC active again. The application cycle will be open sometime in the spring of 2025. A highlight for me was a meeting with Ivanna Evans, Federal Policy Unit Manager for HCAI, who will help expedite Dr. Lillegraven's California Medical License. I received her letter on 2-21-2025 to be submitted to the State. Dr. Lillegraven could have his license in two weeks.
- EPT- Equity Practice and Transformation. Great ideas for efficiency in scheduling and building appropriate patient volume for providers.
- Our Provider Meeting was held on 2/20/2025. The providers have discussed required screenings and continue to share documentation preferences that will help achieve up to four Primary Measures for the QIP grant.
- Dr. Mannikko, has successfully completed his first two weeks of full time dentistry at EPHC Dental Clinic. The Dental Team had a meeting on 2/20/2025, in which Dr. Mannikko participated and provided input to strengthen dental workflow.
- Lois Welch, Interim Dental Supervisor, is leaving us today. Meeting held 2-27-2025 on the possibility of opening a dental clinic in Loyalton.

Eastern Plumas Health Care
Board Report
Joanna Garneau, Program Manager

Thursday, February 27, 2025

- California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM)
 - Program Details
 - Expanded to serve entire youth population, ages 0-21
 - Populations served:
 - Adults and children at risk for avoidable hospital or emergency stays
 - Adults at risk for long-term care
 - People moving from a nursing home to the community
 - Adults and children with special needs
 - Adults and teens who are pregnant or have a new baby
 - Children and youth involved in Child Welfare
 - Celebrated our **100th enrollment** on January 28, 2025!
 - Currently serving 89 members, served 109 total since April 2023
 - Conducting outreach for 25 community members
 - Community Relationships Through CalAIM
 - Built great relationships for referrals with Tahoe Forest, PDH, Beckwourth Fire, Plumas Rural Services, CalOES, and more!
 - Quarterly Plumas Sierra Community Resource Team collaborative, facilitated by EPHC's CalAIM, includes 65 community stakeholders
 - Next meeting is Thursday, April 3 at 8:30am
 - CalAIM Funding to date
 - Awarded: \$1,743,984 through DHCS PATH CITED (Providing Access, and Transforming Health Capacity and Infrastructure Transition, Expansion, and Development)
 - Requisitioned and approved to receive \$87,734.02 for labor, Nifty Thrifty design costs, IT equipment, 5% indirect costs
 - Applying for: additional approx. \$210,000
 - 4th Care Manager, IT Equipment, 3rd SUV, Training
 - Received and closed: \$608,014 through DHCS PATH CITED
 - SUVs, labor and benefits two care managers, IT equipment, training
 - Received and closed: \$36,000 through IPP for CalAIM billing and referral support
- DHCS Quality Incentive Pool (QIP)
 - 2023 PY6 live, virtual audit complete and no reportable issues
 - Achieved on one measure: Kidney Health Evaluation for Patients with Diabetes
 - 2024 PY7 applying population criteria to reports, should know where we stand by mid-March
 - 2025 PY8 working with Clinic Providers to grow our measure attestation from two to three or four, increasing potential program payout from \$1.3 million to \$1.6 - \$1.9 million
 - Created process using Recommendations for tracking in Cerner, thank you.IT

- Additional Quality Programs – year end and mid-year reporting for:
 - Promoting Interoperability: nets ≈ \$200,000 annually
 - Partnership programs
 - ECM QIP – earned \$11,010 for Q1 – Q3 2024, unearned 2024 = \$12,340
 - Hospital QIP – stand to earn \$6,250 for 2024/2025, potentially leaving \$18,750 unearned
 - Primary Care Provider QIP – earning \$15,181, unearned 2024 = \$57,367
- USDA – grants in progress:
 - \$50,000 towards HIM / HR modular replacement
 - \$12,318 trailer for disaster response / heavy equipment (split deck, tilt bed)

New Service Line Updates

Megan McCrorey, MSN, RN, RHCEOC
Director of Ancillary Services

1. Hospice

- We have obtained multiple quotes for a feasibility study to assess the viability of establishing a hospice program. Given current uncertainties, this study will be essential in guiding our decision.
- The State of California currently has a moratorium on new hospice licenses. However, exceptions may be granted in areas without existing hospice services. If the feasibility study supports program viability, we will submit a letter to CDPH requesting permission to apply for a new hospice license.
- Home health has been ruled out due to staffing demands and an unfavorable reimbursement model. Instead, we are exploring a model within our Rural Health Clinic (RHC) where nurses could provide home visits for homebound patients, billing these as RHC clinic visits rather than traditional home health services.
- A similar model is being implemented at Mayers Memorial, where hospice nurses perform home visits to help offset hospice program costs.
- The volunteer group Quincy Hospice has expressed strong interest in partnering with us, offering supportive care while we manage medical services.

2. Senior Life Solutions

- A Senior Life Solutions representative visited our facility, and we have identified a suitable space for the program beneath the Skilled Nursing Facility (SNF).
- This program would offer critical behavioral health services to seniors in our community while also generating revenue for the hospital.
- Converting this space into a patient care area would allow it to be included in our cost report, optimizing financial benefits.
- Minor renovations would be required, including the addition of bathrooms, drop ceilings, paint, and carpeting.
- If we proceed with the service agreement, we anticipate launching the program in fall 2025.

3. Child Care Center

- We continue to collaborate with Bright Horizons, a company that would manage the child care program.
- A staff survey was conducted to assess interest and needs, and results are attached for review.
- The program aims to serve both hospital staff and the broader community.
- Recognizing that the program may operate at a financial loss, we are actively exploring cost-effective solutions to minimize the impact.
- Space remains a primary challenge. Options under consideration include revisiting the courthouse location or placing a modular unit on hospital property.

- **Community Impact:** Addresses the broader childcare deficit.

By launching an on-site daycare, EPHC can significantly enhance employee satisfaction, retention, and its standing within the community. This initiative aligns with EPHC's mission and addresses a critical childcare shortage in Plumas County.



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

Date: February 27, 2025

OPERATIONAL OVERVIEW:

EPHC is closely following the budget reconciliation discussions on capitol hill along with weekly input from the California Hospital Association and District Hospital Leadership Forum regarding the potential cuts to the MediCaid program. The main area of concern is changes proposed to the FMAP (Federal Medical Assistance Percentage) which, if passed, would significantly reduce federal funding to California, and impact the supplemental payments received by EPHC. We have contacted Congressman Kiley's office to request his support in minimizing cuts to both MediCaid and Medicare funding, which account for 72% of the revenue received to the District. We have developed multiple strategies to address these potential cuts and offset the organizational impact and will continue to monitor and advocate on behalf of the rural hospitals in our area.

The consortium contract for MRI services with Heritage has been finalized, and we will be hosting their team on February 19th to begin preparations to resume contracted MRI services. A joint agreement with the CAH consortium for the purchase of an MRI trailer is being developed by the law firm of BBK and we expect the purchase process to begin in the next 3-4 months with receipt of the trailer next year.

Our employment offers to two new primary care providers were accepted and we anticipate having them join EPHC in late spring. Dr. Lillegraven has accepted a full-time role at LMC, and Dr. Pourtabib is planning to join PMC on a 2-day per week basis. We will be introducing both physicians to the community via our quarterly newsletter in April. Our offer to an orthopedic PA for PMC is pending acceptance which we hope to receive by the end of the month.

We received payment on the rate range IGT through California Health & Wellness in January and from Anthem in February which is our largest IGT of the fiscal year. This has put our days cash on hand above 160 while our A/R days continue to remain between 52-55 days. We will be funding the QIP IGT on March 7th and the HQAF IGT on April 8th and expect receipt of those payments before the end of the fiscal year for a net gain of 1.8 million.

2025 SRATEGIC OBJECTIVES

Significant progress has been made to operationalize the Senior Life Solutions program at EPHC. We hosted their leadership team on February 12th and have identified a location on campus along with completion of a financial proforma. The program will provide additional mental health services for our area and is financially sustainable regardless of federal

reimbursement changes. We plan to finalize the contract in the next few weeks followed by renovation of the lower level of the Portola SNF where the program will be placed. The program will start approximately 90-120 days after completion of the agreement during which time their organization will be hiring the therapists and office staff.

An employee survey was conducted for childcare needs with 180+ responses received. The data confirmed that our initiative to develop a program was still needed within our current employee group as well as future recruitment efforts. Data has been gathered on forecasted operating costs and external management companies specializing in childcare and educational programming. Current proforma data shows a significant net operating loss for this service so we are continuing research on grant programs and community fundraising which could help sustain a program long term. Outreach to our State Senate contacts revealed that Governor Newsom vetoed the congressional bill for the sale of the Portola courthouse so that property is unavailable for consideration at this time. There is a potential for the Senate to present another bill to the legislature in the summer, and we will continue to monitor that activity.

Research by our new Director of Ancillary Services on home health has determined that the service is not financially feasible at this time. However, hospice service research has shown both a need in the community and potential for sustainability. We will continue to progress with further analysis to include regulatory requirements, licensing, and financial proforma estimates.

The Sierra County School District has approached EPHC on utilizing the former Loyalton Medical Clinic for administrative use on a temporary basis. We feel that a partnership would be beneficial and support the agency while making use of the unoccupied space while we continue developing a master plan for replacement of the building. The agency also has interest in exploring expansion of their adult education programming with emphasis on medical services which would be beneficial to both of our organizations.

COMPLIANCE PROGRAM:

There were no reported compliance issues from January 23rd through February 19th. EPHC completed state required staff and management training on HR related items and updated all I-9 employee paperwork as part of our compliance initiative as of January 31st.

Policy List:

Title	Area
Breach Notification for Covered Entities	HIM
Contracts: Processing and Execution Thereof	Admin
De-Identification of PHI	HIM
Designated Record Set	HIM
Familiar Persons' Confidentiality Requirements	HIM
Food Brought in From Outside Sources	Dietary
Hospital Visiting Hours	Nursing
Implants	Radiology
Information Blocking	HIM
Informed Consent for Use of Psychotherapeutic Drugs	SNF
Limited Data Set and data Use Agreement	HIM
Minimum Necessary Standard	HIM
Privacy Complaints	HIM
Provider Peer Review	Admin
Sanctions And Mitigations For Privacy And Security Violations	HIM
Sexual Assault Victim Care	Nursing
Use And Disclosure of PHI For Deceased Individuals	HIM
Use and Disclosure of PHI For Marketing And Sale of PHI	HIM
Verification Requirements	HIM

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 January 22, 2025 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 HIM, Administration, Dietary, Nursing, Radiology, SNF	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve CAH Committee Consent Agenda as presented.	
LIST OF ATTACHMENTS: List attached.	