



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, June 22, 2023 at 9:00 a.m.
Portola Medical Clinic Conference Room, Portola, CA

The June 22, 2023 Board of Directors meeting will be held in both a virtual and an in-person setting for the general public. The Board meeting location at the Portola Medical Clinic Conference Room will be accessible to the public. The meeting is also accessible to the public via Zoom (See the connection information below). Public comment will be accepted on any item on the agenda as called for by the Board chair until the close of public comment for each item.

Any person with a disability may submit a request for reasonable modification or accommodation to the above-described means for accessing and offering comment at the meeting to Barbara Sokolov at barbara.sokolov@ephc.org who will swiftly resolve such request.

The Board meeting is accessible to the public via Zoom:

Meeting ID: 841 0499 5766 Passcode: 988920 Dial In: +1 669 900 6833 US (San Jose)
<https://us06web.zoom.us/j/84104995766?pwd=aVlvMjV2T3p2WHljOGVKNWtndDdxdz09>

	<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	
• 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 5.25.23 Regular Board Meeting			3-6
C. Meeting Minutes of 5.25.23 Finance Committee			7-9
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	Tamara Santella/Lorraine Noble	I/D	11
C. Director of Clinics Report	Tracy Studer	I/D	12
D. Director of Rehabilitation	Jim Burson	I/D	13
E. Chief Financial Officer	Katherine Pairish	I/D	
8. <u>Chief Executive Officer Report</u>	Doug McCoy	I/D/A	14-15

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
June 22, 2023 AGENDA – Continued

9. **Policies** I/D/A 16-17
A. Policy Review
The CAH Committee recommends the following for approval by the Board of Directors:
Annual Policy Review
 - Ambulance, Nursing, Administration, EOCC, Pharmacy, Infection Prevention, Dietary, Radiology, SNF
10. **Committee Reports** Board Members I/D/A
A. Finance Committee
11. **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.
12. **Board Closing Remarks** Board Members I/D
13. **Closed Session** Augustine Corcoran I/D/A
A. Hearing (Health and Safety Code 32155)
Subject Matter: Staff Privileges

B. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*
14. **Open Session Report of Actions** Augustine Corcoran I
Taken in Closed Session
15. **Adjournment** Augustine Corcoran

The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is July 27, 2023 at the Portola Medical Clinic Conference Room, 480 1st Avenue, Portola, CA 96122



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, May 25, 2023 at 9:00 a.m.**

1. Call to Order

Meeting was called to order at 9:01 a.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Penny Holland, Chief Nursing Officer; Tracy Studer, Director of Clinics; Donna Dorsey, ER Manager; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; Barbara Sokolov, Executive Assistant/Clerk of the Board.

3. Board Comments

Director Satchwell made a statement about her remote participation due to COVID-19 exposure.

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 McGrath, Corcoran, Hughes, Swanson, Satchwell

Nays: None

- **Public Comment:** None

6. Auxiliary Report

At the end of April, \$130,051 in account, \$8885 in Memorial Fund. Regular donations, sales are good.

7. Staff Reports

A. Chief Nursing Officer Report

Penny Holland

See May BOD report. Penny also explained that she was working to stabilize staffing in the lab and to decrease travelers. She shared that Jennifer Vimbor had been certified in diabetes prevention and that she may offer diabetes prevention classes.

B. SNF Directors of Nursing

Tamara Santella/Lorraine Noble

See May BOD report. New CNA class starting July 10.

C. Director of Clinics

Tracy Studer

See May BOD report. Tracy also shared that the Anthem audit was starting Wednesday and Thursday of next week.

D. Chief Financial Officer

Katherine Pairish

Due to the Cerner transition and impacts to revenue cycle reporting, April financial statements are still in development and will be unavailable for reporting this month. A narrative summary report was prepared for the Finance Committee Meeting. Discussed recent receipt of \$4.6 million in IGTs, more than anticipated, and its positive impact on cash on hand; 2023/24

budget assumptions; sources of revenue; and steps being taken to resolve issues with recalcitrant payor.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL OVERVIEW:

EPHC has been operational on the new Cerner system for the past 6 weeks and we continue to work through some operational challenges and orientation to the system. Overall, the implementation continues to go well however we have identified several improvement areas are being addressed. Clinic providers have reported their workflows and patient volumes are operating at 75% of pre-implementation levels. This was anticipated but we are addressing some needed improvements including larger computer monitors for exam rooms, additional order set builds for lab and diagnostic services, additional EPHC staff for data migration, and training assistance.

We will have Cerner staff on site the week of May 23rd for additional training for our finance and HIM departments to address some current workflow challenges and revenue cycle issues. The long term care (SNF) module launch started on May 4th and is expected to go live in October. We are doing additional community education on access to the new Cerner patient portal which requires staff assistance to complete. Patient access to medical record information prior to April 3rd will still require a log in to the Centriq system as we are unable to migrate the historic data into Cerner. This has caused confusion for patients who are seeking their information in Cerner for pre-April services, or those who have not visited EPHC since the transition. We are hoping this additional community education will limit customer frustration and improve access.

At the end of May we will be having an onsite training by Cerner to review the reporting system which will provide data extraction and trending across the organization. We intend to utilize these reports to enhance our quality assurance program, committee presentations, and Board reporting. Historically this information was difficult to obtain or unavailable, so we are anxious to initiate this module within Cerner to assist with quality and leadership decision making for the organization. In order for the reporting function to be utilized we required data to be populated into the new system which is the reason for the June 1st start to this process.

We are in the final phases of planning for the opening of the Loyaltan clinic. We received approval for the license transition from the current clinic and are finalizing the remaining equipment needs before announcing the ribbon cutting ceremony and grand opening.

The EPHC Foundation initially meeting on April 28th was very successful with 9 members in attendance. The varied work backgrounds and experience of the Board members will be valuable to the initiative development and success of the Board moving forward. Initiatives discussed based on community needs included multi-generational day care, our Rehabilitation & Wellness project, and the coordination of EPHC and community agency resources.

EPHC leadership has intensified efforts since the beginning of the year with employee engagement initiatives to recognize staff and improve retention. In addition to the employee retention bonuses that were provided at the end of April, we have also hosted a variety of events to include recognition of nurse's week, hospital week, administrative professionals' day, Laboratory staff week, and emergency services week. These activities included an on-site coffee truck, meal events, and employee gifts to recognize the excellent performance provided by our departments. We have future events occurring at least monthly along with a summer party planned in mid-June and our annual holiday festivities. We

have seen a three-year trend of reduced organization turnover from 2021 to current and continue to receive positive feedback on the impact from these engagement activities.

The 3D mammogram installation is complete and the require federal/state testing for final certification has been completed. Additional projects currently in process include the anticipated OSHPD/HCAI approval on the x-ray room installation, replacement of the facility fire panel, remodel of the physician house, renovation of the materials management/ED physician charting area, and exterior painting and flooring project for the Loyalton SNF.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of April 21st through May 19th.

Doug also shared that the first Cal Aim patients were being seen and the New Hire orientation was being revitalized. Director Satchwell suggested Lauren Westmoreland do a piece in the *Plumas News* about the new 3D Mammography now available.

9. Policies

Public Comment: None.

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

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

10. Committee Reports

Board Members

I/D/A

A. Finance Committee

Director Swanson reported that Katherine had provided an excellent summary report. The Finance Committee has full confidence in hospital operations under the leadership of Katherine and Doug. Some challenges but zero significant concerns. Keeping an eye on additional revenue streams.

11. Public Comment

None.

12. Board Closing Remarks

Board Chair Corcoran thanked everyone.

Open Session recessed at 9:41 a.m.

13. Closed Session

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

Provisional 1 Year Appointments

- Drake Jr., Macarthur, MD Tele Radiology
- Moser, Michael, MD Tele Radiology

Active 2 Year Appointments

- Bynum, Katherine, NP Clinic
- Bowns, Shannon, MD Tele Radiology

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- Jacobs, David, MD Tele Radiology
- Nalaboff, Kenneth, MD Tele Radiology
- Reuss, Peter, MD Tele Radiology
- Roeder, Zachary, MD Tele Radiology

B. Pursuant to Government Code Section 54957.6, Conference with Labor Negotiations, District designated negotiators: As designated in agenda item 11, above; Unrepresented employee: Chief Executive Officer.

C. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*

14. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 10:55 am.

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

B: No Action Taken.

C: No Action Taken.

15. Employment Agreement of CEO Augustine Corcoran I/D/A
The BOD unanimously approved a 4-year Employment Agreement with CEO, Douglas A. McCoy.

16. Adjournment

Meeting adjourned at 10:59 a.m.

**EASTERN PLUMAS HEALTH CARE DISTRICT
MEETING OF THE STANDING FINANCE COMMITTEE
OF THE BOARD OF DIRECTORS
MINUTES
Thursday, May 25, 2023 at 8:00 a.m.**

1. Call to Order

Meeting was called to order at 8:11 a.m.

2. Roll Call

Present: Paul Swanson, M.D., Committee Chair/Board Member; Augustine Corcoran, Board Chair.

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

3. Consent Calendar

The consent calendar items were approved as submitted.
Motion: Director Corcoran, seconded by Director Swanson.

4. Board Comments

None.

5. Public Comments

None.

6. CFO Report

Katherine Pairish, CFO

Overview:

Due to the Cerner transition and impacts to revenue cycle reporting, April financial statements are still in development and will be unavailable for reporting this month. A narrative report is being provided and we will resume routine financial reporting in June.

IGT Summary:

Due to the restructuring of the IGT payment process for fiscal year 2022/23, we anticipated a reduction in IGT receipts. Below is a 5-year trend for IGT annual payments:

Year	Net Cash From IGTs
17/18	\$ 4,867,833
18/19	\$ 6,508,925
19/20	\$ 3,625,962
20/21	\$ 4,803,313
21/22	\$ 4,422,470
22/23	\$ 3,309,677
	\$ 27,538,180
Average	\$ 4,589,696.60

Meeting of the Standing Finance Committee of Eastern Plumas Health Care
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Our 2022/23 payments represent a 1.28m reduction in IGT receipts over the 5-year average which has been a key contributor to the decrease in days cash on hand during this fiscal year. We anticipate the receipt of \$2,206,670 (included in the 22/23 chart above) before the close of the current fiscal year. The timing of the IGT funding process and collection of the remaining IGT funds for the current fiscal year should resume in 2024.

Days Cash On Hand:

With the receipt of the remaining 2.2m IGT funding, we are forecasting our year end days cash on hand to be 164. This would represent a 29-day improvement over the March 2023 financial statements. We continue to meet with the leadership of Anthem to resolve the outstanding accounts receivable balances owed to EPHC for this fiscal year. Additional cash receipts from these efforts will also improve the days cash on hand through June 30th 2023.

Long Term Debt:

EPHC continues to reduce the organization's debt service ratio through the reduction of long-term debt. The 5-year trend outlined below shows the reduction of debt while we continue to make significant capital improvements to the organization. These improvements include the addition of the new Loyaltan Clinic, hospital/radiology equipment, and hospital/SNF renovations. We will continue the debt reduction efforts into FY 2023/24.

Year End	Balance	Change	Comment
2019	\$6,385,854		
2020	\$5,984,773	\$(401,081)	
2021	\$5,207,354	\$(777,419)	Paid off Plumas Bank \$375,341 (Interest rate = 6.5%)
2022	\$4,796,184	\$(411,170)	
2023	\$4,476,934	\$(319,250)	Estimate

2023/24 Budget Assumptions:

As we prepare for the completion of the 2023/24 operating budget, we continue to monitor several legislative and economic developments which could impact EPHC operations. SB 525 adjusting the minimum wage for all CA hospitals is currently under committee review in the Senate and would significantly increase labor costs to the organization. Inflationary rates for the three-year

Meeting of the Standing Finance Committee of Eastern Plumas Health Care
May 25, 2023 MINUTES - Continued

period 2020-2022 have increased 14%, and we are anticipating additional increases on supply costs, utilities, etc. for next year. Based on recent census growth in several areas of our operation we will be using the following assumptions to mitigate the impact of these proposed cost increases.

- SNF Census Portola = 26 = \$4,745,000 gross. Increase \$315,500 over projected 2023.
- SNF Census Loyaltan = 31 = \$5,657,500 gross. Increase \$831,250 over projected 2023.
- Other Revenue Departments average 5% growth.
- IGT's (Known) = approximately \$4,500,000.
- Overhead – Increase wages 3% effective 7/1/23.
- Additional utilization of grant funding opportunities.
- Budget as close to breakeven as possible.

Discussion: Good news: EPHC received \$4.6 million in IGTs, more than anticipated, and that will increase cash on hand for the fiscal year. Conversation about what profit and loss looks like with IGTs removed. Doug stated that net zero without IGTs was the goal. Also discussed budget assumptions for 2023/24. Katherine noted that a budget presentation was likely for July.

7. **Adjournment**

Meeting adjourned at 8:56 a.m.

Eastern Plumas Health Care
Board Report
Penny Holland CNO

6/22/2023

I cannot be present for Board meeting today as we are doing endoscopy procedures all week. To up - date on endoscopy procedures we do approximately 25-30 procedures a month in a week's time.

COVID vaccine is no longer a requirement for hospitals, SNF and clinics.

Michelle is still reporting COVID cases to CDPH as required.

Heading into the summer months fully staffed planning on double staffing on the holiday weekends for better coverage in the ER. We have hired two RN per diems which is always a plus.

Thank you

Penny

Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 05/17/2023
 by Lorraine Noble, RN & Tamara Santella, RN

Financials and Productivity:

	FEBRUARY	MARCH	APRIL	MAY	JUNE
LOYALTON-actual census for month	27	28	31	31	30
admits	0	1	1	2	Planning admit
discharges	0	0	0	2	1
PORTOLA-actual census for month	25.71	26.61	27	27	27
admits	3	1	1	0	0
discharges	2	1	0	0	0
TOTAL CENSUS for month	52.88	55.54	58	57.9	57 at present

53.78 Census for 1st quarter of 2023
 55.39 Census for the 2nd quarter thus far 2023
 57 is the current census

- Began construction to replace flooring and walls. Looks great!

Staffing:

- Both SNF units continue to use Traveling Nurses , 2 are currently employed.
- We have one traveling C.N.A. working in Loyalton at present.
- CNA class starting July 10th.

State Issues:

- 5 self reported incidents.
- 1 complaint from an anonymous person.

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics

06-22-2023

The Anthem remote chart audit was successfully completed May 31st and June 1st. All sites passed the remote chart audit with one medical record corrective action plan due on July 3, 2023.

The onsite Anthem audit took place June 12th and June 13th. All sites passed. Each site has a critical element corrective action plan due on June 23rd and a site review corrective action plan due July 3, 2023.

A Zoom connection demo was held June 15, 2023 at 1:00 PM with Tahoe Forest Hospital. The demonstration allowed staff at EPHC and TFH to feel secure in our Telehealth equipment and Zoom process prior to having a Telehealth OB patient in the room.

Licensing for the new Loyalton Medical Clinic has been slowed due to the HVAC system not being in place. A message has gone out to McCuen construction asking for the ETA for the new unit. Meetings with Wipfli have been postponed at this time and will resume when the HVAC is enroute to Loyalton.

Eastern Plumas Health Care
Board Report
Jim Burson-Director of Rehabilitation

Date: June 22, 2023

1. We currently have staff openings for a Physical Therapist and a Speech Pathologist. I continue to work with HR and Big Fish Creations to fill these posts.
2. The Inpatient therapy census is lower by 17% since my report in March. The change was NOT unexpected, given the challenges associated with conversion to a new Electronic Health Record.
3. The Outpatient census is down by an average of 27% year over year for March, April and May. The unprecedented weather and clinical staff openings are contributing factors.
4. The Therapy and Wellness Center recently acquired its own free-standing Language Translation device. This has significantly enhanced the patient experience by allowing them to see and/or hear the translator clearly during a therapy session. We are grateful to Finance for the purchase. As well, we are working with EPHC providers, including our Cardiologist, to offer a Cardiac Rehab program at the Therapy and Wellness Center. We currently have a couple of pilot patients and expect a full roll out in August.
5. Outpatient Same Day Cancellations have improved slightly since my last report. It was 2.29 per day and it is now 2.21 over the fiscal year to date. Our goal is 2.0 per day. As well, we've had an easier time filling these vacancies since implementing a 24-hour cancellation policy.



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

Date: June 22, 2023

OPERATIONAL OVERVIEW:

Our Cerner post-implementation activities continue with the organization having been on the system for 10 weeks. We continue to make modifications or corrections to the system as we identify items that were not addressed in the production build. The additional training received for revenue cycle and billing processes was helpful in resolving problems with cash posting and coding corrections. We still have not completed the full integration of the G/L system which continues to delay the close of month end financials for both April and May. The SNF module build is proceeding as scheduled with implementation planned for October. Seneca District Hospital also converted to Cerner the first week of June and our two organizations have been sharing information and assistance to optimize the system.

Senate Bill SB 525 passed the Senate and is awaiting House and Governor approval. The bill has been amended to phase in the adjustment to the hospital minimum wage over a four-year period beginning in January of 2024. We will be recalculating the increase in labor costs associated with the first phase of implementation and revise our 2023/24 fiscal budget proposal accordingly.

EPHC PROJECTS:

The Loyalton Clinic licensure filing is complete with the exception of the final OSHPD architectural certification letter. The roof HVAC system will need to be installed to complete this process and had been on back order through the contractor with an estimated arrival date of late May. Plant Operations is working with the contractor on a revised date for installation so we can then move forward with an opening date for clinic operations.

The physician call house will have a full renovation starting on 6/19. The project will include flooring, cabinets, paint, etc. and is projected to take 4 weeks. In the interim a RV has been secured for temporary housing and will be placed on campus for the ED physicians to utilize.

We have selected Mind-Ray as our vendor to purchase a new central monitoring system. The system specifications and IT requirements have been reviewed and we have requested Cerner to initiate an interface build to automate the data into our EHR system. We anticipate delivery and installation of the system in Q4 this year.

The initial engineering assessment for seismic compliance under SPC-4D (structural) was reviewed with EPHC leadership and presented to the HCAI Seismic Compliance Unit.

Options were proposed on possible ways to use current exterior sheathing and gyp board to reduce additional interior construction costs. Additional HCAI meetings will be held to finalize proposal options and reduce organizational costs as much as possible.

PATIENT EXPERIENCE/EMPLOYEE ENGAGEMENT:

Leadership completed the annual audit of our patient experience initiative activities for the past year. The Board of Directors has been provided with specific report information to include the following:

- 5 of 10 HCHAPS domain scores increased over the prior year.
- 6 of 10 HCHAPS scores are above the 85th percentile.
 - Current 2023 HCHAPS hospital rating is 10 of 10 (100% top box).
- Clinic scores are at the 91st percentile.
 - Current 2023 top box recommendation ratings are 87%.
- Swing bed scores are at the 100th percentile.
- Current 2023 Laboratory rating was 75% top box (9 or 10)
- Current 2023 Outpatient Therapy rating was 85% top box (9 or 10)
- Customer service training completed by our EPHC Service Excellence Advisors was rated 5 of 5 by EPHC staff attendees.
- Employee turnover decreased 10% over the prior year.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of May 20th through June 19th.

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 May 24, 2023 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: Annual Policy Review: <ul style="list-style-type: none">• Ambulance• Nursing• Administration• EOCC• Pharmacy• Infection Prevention• Dietary• Radiology• SNF	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve CAH Committee Consent Agenda as presented.	
LIST OF ATTACHMENTS: List attached.	

Policy List:**Title****Area**

Ambulance Non-Patient Passenger	Ambulance
Assessment/Reassessment Policy	Nursing
Call Off Policy	Administration
Central Line Insertion, Use, Maintenance and Removal	Nursing
Code Pink/Purple Infant/Child Abduction	EOCC
Daily Ambulance Inspection	Ambulance
Determining Patient Acuity Levels for Staffing	Nursing
Environmental Monitoring Sterile Supplies	Nursing
Fire Camp	Ambulance
Floor Stock	Pharmacy
Gastrointestinal Illness (Norovirus) Outbreak Management	Infection Prevention
Hot Beverage Temperatures	Dietary
Inter-Facility Transfers	Ambulance
Mammography Clinical Image Quality (Enhancing Quality Using the Inspection Process)	Radiology
Medication Security While Ambulance is Out of EPHC Custody	Ambulance
Non-Emergent Patient Transportation	Ambulance
Norcal EMS Policies and Procedures	Ambulance
Referral Services List	Nursing
Scabies & Lice	Infection Prevention
Security Policy (Biometric Safe)	Ambulance
Standard Precautions	Infection Prevention
Temporary Absence of Resident	SNF
Transfer of Mother and Newborn After Delivery	Nursing
Unusual Occurrences in Skilled Nursing	SNF
Use of Restraints	Nursing