



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

Thursday, October 26, 2023 at 5:00 p.m.

1. Call to Order

Meeting was called to order at 5:00 p.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Penny Holland, Chief Nursing Officer; Tamara Santella, Director of Nursing Loyaltan; Tracy Studer, Director of Clinics; Jim Burson, Director of Rehabilitation; Barbara Sokolov, 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, Satchwell
Nays: None

- **Public Comment:** None

6. Auxiliary Report

Director McGrath reported that the Auxiliary is running smoothly and is very busy.

7. Staff Reports

A. Chief Nursing Officer Report

Penny Holland

See October BOD report. Penny also shared that 100 flu vaccines had been administered in Graeagle, fewer than usual. She was waiting for the state survey, currently at Enloe, and overdue at EPHC. Another Swing patient came in today, another one will be coming on Monday.

B. SNF Directors of Nursing

Lorraine Noble/Tamara Santella

See October BOD report. Tamara also informed the meeting that they currently had 8 applications for the upcoming CNA class.

C. Director of Clinics

Tracy Studer

See October BOD report. Tracy also reported that all clinics did really well in the CDPH/Partnership audit. Lots of camaraderie among staff who worked well together for a good outcome. Tahoe Forest OB will be in person, not telehealth, 11/8. The orthopedic PA has been postponed until April 2024.

D. Chief Financial Officer

Katherine Pairish

Katherine reported that there were no formal financials this month due to ongoing Cerner issues but her team was now able to post payments into system for the first quarter and was

working diligently to get caught up. As of September 30th, cash on hand was 142/last year 166 – difference due to operational deficit from funding IGTs. IGT funds will come back in 2 weeks with \$1.5 million net cash, the equivalent of 15 days cash on hand. Year to date, \$12.5 million revenue, last year \$11.7 million, \$672,000 or 5.7% increase. 5% increase in net revenue over last year. 4% decrease in overhead. Katherine also shared that the auditor was here the first week of the month and would have his full audit presentation ready for the January meeting.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL OVERVIEW:

The California legislature has concluded with over 900 bills signed by Governor Newsom. Several have implications for EPHC and rural hospitals across the state including:

- SB 525 – establishes a minimum wage for health care workers under three specific parameters. For the 77 hospitals to include EPHC under one of the three parameters, the minimum wage will be set at \$18 beginning in June of 2024 with a 3.5% annual adjustment to the minimum wage floor until at rate of \$25 per hour is met in 2033.
- SB 616 – increases the required sick time allocation to employees from 24 hours annually to 40 hours.
- AB 242 – permanently allows CAHs to hire and employ physicians directly, sunseting a pilot program that was set to expire this year. There was also federal legislation enacted to add California and Texas as the final states to participate in physician loan forgiveness programs through HSRA.
- AB 40 – requires emergency medical services (EMS) to establish a patient offload time standard not to exceed 30 minutes. This legislation does not impact EPHC as our ambulance offload times are immediate but does prevent extended delays in acceptance of ambulance patients to the ER in metropolitan areas.
- AB 977 – approval is still pending on this bill, but it would extend the penalties for violence committed against first responders and emergency room personnel. It would also allow for the posting of notices that a threat or assault against hospital personnel is a crime and could result in a felony conviction. The Hospital Association supports this bill as a deterrent to potential threats against hospital personnel across the state.

EPHC has submitted two program grants in October which will benefit the organization and our patients. The first is a CALOES grant for funding to enhance security hardening on campus. This would include additional exterior lighting, camera installation, and expanded door security for both the Portola and Loyalton campuses. The second is a 5-year program to enhance health care equity and access to MediCal recipients. This funding would come through our upcoming contract with Partnership Health Plan and include focused HEDIS measures, data collection, and patient outreach. We hope to have an approval for both programs by the end of the year as funds would be initiated in 2024.

The support from Serrano Associates for the collection of outstanding claims from Anthem is proceeding well. We anticipate collection of commercial accounts dating back to January 2022 to be resolved including interest payments by December of this year.

The EPHC Foundation Board conducted their October meeting with an emphasis on fundraising for the remounting project for our ambulance. The Board also authorized a contribution of funds for the SNF angel tree program which provides Christmas gifts to the residents of both the Portola and Loyalton campuses. An extensive discussion was held reviewing the development of a community needs assessment for grant funding opportunities. The Board continues to develop long range goals to assist EPHC in continuing and expanding services to the community, and we are very excited with the work they have accomplished in a short period of time.

PATIENT EXPERIENCE/EMPLOYEE ENGAGEMENT:

EPHC received 774 patient experience surveys during the first three quarters of the calendar year. This level of feedback provides statistically significant information and evaluation of our services and opportunities for improvement. Overall performance was provided to the QA Committee on October 11th, and the results indicate a high level of patient satisfaction across all service lines.

Our Service Excellence Council has continued to implement and monitor our strategic initiatives for both patient experience and employee engagement. The Council implemented a process improvement reporting system on our employee intranet site to gather improvement activities that have been implemented by various departments which can be used by the entire organization. These will be reported to the Board on an annual basis. The Council will also be implementing an employee enrichment site which will gather feedback and recommendations from staff regarding our engagement activities in support of our recruitment/retention strategies. Four Service Excellence Advisors have been added for 2024 and will continue to act as liaisons for all staff for future initiatives.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of September 23rd through October 20th.

Doug also emphasized that the Cerner roll out has been challenging on many levels. EPHC was the first in line of all facilities in the area. The Cerner team assigned to EPHC was green and often used 3rd party contractors. This has meant lots of unexpected additional labor on EPHC's side including daily revenue reconciliation meetings that checked all activities from the previous day to make sure Cerner was processing them correctly. Now things are working smoothly enough to dissolve this process. The transition has made financial reporting and projections for the last quarter difficult. What is known is that revenue is up 5% and expenses are down 4%, even with decreases in SNF revenue and meal break penalties. Tamara & Lorraine have kept the SNF census up; Penny has increased the hospital census and successful patient outcomes; Tracy has minimized workflow impacts in the Clinics; Katherine's team has continued to work diligently. Doug commends all! He is also looking forward to seeing how Cerner's reporting features can further efficiencies throughout the organization.

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, Hughes, Swanson, Corcoran, Satchwell.

Nays: None

10. Committee Reports

Board Members

I/D/A

A. Finance Committee

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
October 26, 2023 MINUTES - Continued

Director Swanson reported that the Finance Committee had a good discussion and that they are pleased that even with the disruptions of COVID and Cerner, the organization is on stable, prosperous financial footing.

11. Public Comment

None.

12. Board Closing Remarks

Director Swanson noted the decrease in public attendance at the meetings since the change in time. Director McGrath said that there was also a decrease in public attendance years ago when the meetings were changed to the evening.

Open Session recessed at 5:42 p.m.

13. Closed Session

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

- Provisional 1 Year Appointments
 - Adam Ouimet, MD ED
- Active 2 Year Appointments
 - Irene Wojek, PMHNP Clinic
 - David Cohen, MD Tele Radiology
 - Erik Olsen, MD Tele Radiology
 - Debbie Chang, MD Tele Psych
 - Vasileios Panagopoulos, MD Tele Psych
 - Donghui Wei, MD Tele Psych

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

14. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 6:15

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.

15. Adjournment

Meeting adjourned at 6:16 p.m.