



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

**Thursday, October 28, 2021 at 9:30 a.m.**

**1. Call to Order**

Meeting was called to order at 9:30 a.m.

**2. Roll Call**

Board: Gail McGrath, Board Chair; Paul Swanson, Vice Chair; Teresa Whitfield, Board Member; Linda Satchwell, Board Member; and Augustine Corcoran, Board Member

Staff in attendance: Doug McCoy, CEO; Susan Horstmeyer, Interim Executive Assistant; Lori Tange, HR Director; and Paul Bruning, Director of Clinics.

**3. Board Comments**

None.

**4. Consent Calendar**

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

AYES: Directors: Satchwell, McGrath and Whitfield

Nays: None

**5. Auxiliary Report**

No report.

**6. Staff Reports**

**A. HR Director**

Lori Tange

Lori reported on unemployment rates in 2021 compared to 2020. Social media is being utilized to highlight our bonuses and incentive programs. Our current most significant challenge is filling CNA positions, in part due to the shortages in the nursing workforce. We are continuing to adjust to the Paycom transition. Discussion took place regarding the new hire process, vaccines and staffing agency utilization to fill open positions.

**B. Director of Clinics**

Paul Bruning

Paul reported an increase in Truckee patients at the Graeagle clinic due to primary care physicians retiring from Tahoe Forest. We will be doing additional advertising to help meet this need. Upon anticipated approval we will be pursuing vaccines for children at the Graeagle clinic. We are working on bringing on an Ortho PA one day per week and adding this option to the Loylton Clinic once the remodel is completed. Reported on trends, productivity and revenue for the providers and clinic. We are conducting an audit of E & M codes to improve our margins. There was discussion regarding the use of Telemedicine and changes in its use during the pandemic.

**C. Clinical Report**

Doug McCoy

Doug McCoy reported our nursing administrative staff are in Graeagle today for the Covid vaccine booster drive through. Our recent drive through Covid testing rate has been around 50% positive. One Portola SNF resident has tested positive for Covid and was subsequently

moved to the Loyalton facility for care. We continue to receive new equipment, including a new EKG machine. Lorraine Noble is utilizing the Emergency Staffing Plan to meet her needs.

7. **Operational and Financial Report**

Doug McCoy

**Summary**

We are three months into the fiscal year and Eastern Plumas Health Care continues to do well. Year-to-date gross patient revenues were over budget by \$1,024,412. Year-to-date net income was over budget by \$1,051,643.

For the month of September, gross patient revenues were over budget by \$629,378. Net patient revenues were over budget by \$206,625.

Total operating expenses were under budget by \$9,987.

**Revenues**

Inpatient revenues were under budget by \$114,442. Outpatient revenues were over budget by \$691,569 and Clinic revenues were over budget by \$52,251.

**Expenses**

**Salaries and Benefits:** Combined Salaries and Benefits were under budget by \$18,932.

**Professional Fees:** Professional Fees were under budget by \$748.

**Repairs & Maintenance:** Repairs & Maintenance were over budget by \$38.

**Supplies:** Supplies were over budget by \$17,023.

**Purchased Services:** Purchased Services were over budget by \$11,206.

**Depreciation Expense:** Depreciation Expense was over budget by \$6,413.

**Other Expenses:** Other expenses were under budget by \$9,771. These include training, travel, and dues and subscriptions.

**Revenue Cycle**

Gross Accounts Receivable ended the month at \$6.8M. Gross Accounts Receivable days on September 30, 2021 were 54. We budgeted 55 and best practice is 55.

**Balance Sheet**

Total Assets increased by \$4,134,197, compared to September 30, 2020, or 17.14% (not including the funds received for CARES Act, Medicare Advance, and PPP).

**Additional Information**

Days cash on hand on September 30, 2021, was 303. Without the CARES Act, Medicare Advance, and PPP funds, days cash on hand would be 217. September 30, 2020, days cash on hand was 117 without CARES, Medicare, and PPP.

Since the onset of COVID as of September 30, 2021, we have spent \$1,424,505 on COVID testing and supplies. In the current month, we have spent \$99,053.

We continue to wait on the SBA for final approval of forgiveness of the PPP loan (\$3,139,282). HHS has extended the due date for Provider Relief Fund reporting until November 30, 2021. We are collecting time sheets from employees that summarize their time spent on COVID-related tasks. We will report as soon as we have collected and summarized our data.

**Operational Plan Overview:**

EPHC financial performance for the first quarter of the 2021-22 fiscal year showed continued growth over the same quarter of 2020, and exceeded the budgeted forecast. Net income for the quarter exceeded budget by \$1.05m due to stronger than expected patient revenue also exceeding budget by \$1.02m. For September net revenue exceeded plan by \$217,000 with net

income over budget by \$227,000. Clinic visits increased year over year by 16% while outpatient therapy increased by 30% with the addition of three new therapists. ER visits increased by 33% with lab procedures up 27% over the same period last year. Although the increase in community COVID cases caused an increase in supply and testing expense (\$99,000), the overall operating expense for the quarter was under budget by \$9,987.

EPHC continues to strengthen our financial position to address the ongoing expenses related to the pandemic and preparation for our clinic and rehabilitation expansion plans. Total assets excluding CARES act or other COVID funding increased by 4.13m or 17% over the prior year, while liabilities decreased by 1.003m or 4.99% for the same period. Given the strong balance sheet performance, we have recommended to the Finance Committee to pay off two long-term loans with Bank of the West and TIAA for a total of \$71,904. These payments will result in a \$3,000 annual savings in interest expense and continue to improve our debt-to-equity ratio. As a result of the successful balance sheet management, we will be able to fund out capital budget plan for 2021-22 without negatively impacting our cash position for the fiscal year.

Due to the wildfires and the increase in COVID related activities, the next phase of staff training for our customer service initiative scheduled for late September was postponed. EPHC will be sending six team leaders to the national Custom Learning Systems conference on November 8<sup>th</sup> and will be rescheduling the campus staff training following the completion of the conference. EPHC will also be selecting several members of the organization to participate in the LEAD Academy leadership training program conducted through the California Hospital Association.

**Project Update:**

The Loyalton clinic replacement project plans have been completed and will be submitted to the city for approval. Public notices for contractor bidding were published for both the acute and Loyalton flooring projects, as well as the SNF chiller system. An additional public notice will be published for the Loyalton project upon the receipt of plan approval. The IT renovation project was completed and the exterior parking lot resurfacing project was approved for completion.

**QUALITY/REGULATORY:**

There have not been any significant regulatory activities to report for the last 30 days. We continue to maintain compliance with the Plan of Correction submitted in June for the 96-hour length of stay requirement for in-patient hospitalized patients.

**8. Approve Resolution**

- Resolution 294-Ambulance #6: A motion was made by Director Whitfield and seconded by Director Swanson to approve this resolution. The resolution received an AYE vote from each of the directors: McGrath, Swanson, Whitfield, Satchwell and Corcoran.
- Resolution 295-AB 361: A motion was made by Director Swanson and seconded by Director Corcoran to approve this resolution. The resolution received an AYE vote from each of the directors: McGrath, Swanson, Whitfield, Satchwell and Corcoran.

**9. Policies**

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

