



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

Thursday, February 22, 2024 at 5:00 p.m.

1. Call to Order

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

2. Roll Call

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

Not present: Linda Satchwell, Board Member

Staff in attendance: Doug McCoy, CEO; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyaltan; 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 Hughes 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

None

7. Foundation Report

Patty Clawson, Foundation Board Chair & Barbara Sokolov, Foundation Manager, gave an update. Foundation Board Vice Chair, Pat McCarthy, was also in attendance. The Foundation will be presenting quarterly unless something pressing comes up.

Barbara gave a quick recap: The Foundation has a board of nine. In addition to Patty & Pat, also serving on the Foundation board are Linda Judge, Jeanne Tansey, and Paula Johnston plus Doug, Katherine, and Barbara as ex-officio members, and Gail McGrath as a non-voting member and representative from the hospital board. Full bios can be accessed on the EPHC website.

This board came together last spring and has been building from the ground up, since the Foundation had been inactive since 2019, and is working on several projects.

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Patty gave an update on the Foundation's recent campaign, since November, to fund the remount of one of EPHC's ambulances. Used newsletter, social media, mailing to vendors. Direct appeal to Firetrucks Unlimited, covered shipping costs of ambulance to and from Henderson, NV. Fundraising effort to associated vendors and community of EPHC has netted approximately \$35k in cash and in-kind contributions. We were delighted to receive \$5k from Plumas Bank and even more delighted that Rachelle Ramelli, VP, is leading a community effort for matching funds. We continue to drive this campaign for the ongoing maintenance and expansion of EPHC's ambulance program.

Barbara shared that the Foundation was currently exploring a dental grant to extend services to Loyalton and also exploring fundraising to support child and adult daycare as well as the establishment of a Grateful Patient Program and regular fundraising mailings to residents, property owners, and businesses in our community.

Patty and Barbara reminded everyone that the Foundation is here to serve EPHC. If you or your depts have fundraising ideas or specific needs that could benefit from our fundraising efforts, please let us know.

8. Staff Reports

- A. Chief Nursing Officer Report Penny Holland
See February BOD report. Penny also shared that Mike Duehring has accepted the lab manager position.
- B. SNF Director of Nursing Tamara Santella
See February BOD report.
- C. Director of Clinics Tracy Studer
See February BOD report. Tracy shared that the Clinics are prioritizing increasing the number of surveys and increasing provider availability. The official Loyalton Grand Opening celebration will be held on May 15th.
- D. Chief Financial Officer Katherine Pairish

Summary

We are seven months into the fiscal year. This report will cover year-to-date through January 31, 2024, compared to year-to-date through January 31, 2023.

Total Patient Revenues were higher than last year by \$1,617,237. This represents a 6% increase. Total Operating Expenses were higher than last year by \$182,634. This represents a 1% increase. Our bottom line improved over last year by \$1,610,335 or 47%.

Revenues (Year-to-Date)

Overall, total Inpatient Revenues were higher than last year by \$852,659, with Skilled Nursing Revenues higher than last year by \$816,156. Pro Fees were higher than last year by \$133,661. Total Outpatient Revenues were higher than last year by \$813,581 and Clinic Revenues were less than last year by \$192,664.

Expenses (Year-to-Date Current Year Compared to Year-to Date Last Year)

Salaries and Benefits: Combined Salaries and Benefits were higher by \$303,398.

Purchased Services: Purchased Services were less by \$432,710. This includes traveler expenses that were less than last year by \$646,377.

Professional Fees: Professional Fees were higher by \$75,952.

Repairs & Maintenance: Repairs & Maintenance were less by \$19,279.

Utilities: Utilities were higher by \$145,200.

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Supplies: Supplies were less by \$99,331.

Depreciation Expense: Depreciation Expense was higher by \$93,232.

Other Expenses: Other Expenses were higher by \$76,417. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of January 31, 2024 was \$17 million. The business office made great strides in posting payments in Cerner. Gross Accounts Receivable at the end of November 2023 was \$19 million. December's balance was \$21 million.

Balance Sheet

Total Cash decreased 18.65%. Net AR increased 56.83% and Net Fixed Assets increased 11.34%. Total Liabilities decreased 31.23%.

Additional Information

Days cash on hand on January 31, 2024, was 132. January 31, 2023, days cash on hand was 163. We have spent \$1,325,035 on capital equipment so far this year. Included in the current year-to-date operating income is \$2,245,289 for the HQAF IGT that was returned to us in November. We will be funding the remaining IGT's in February and March for approximately \$2,695,200 and will net approximately \$5,692,200 in return. We expect to receive those funds before the end of the fiscal year. Our Fund Balance increased by \$4,697,387 or 18.6%.

9. Chief Executive Officer Report

Doug McCoy

OPERATIONAL OVERVIEW:

The first 6 weeks of 2024 have been busy and productive for EPHC with the opening of the new Loyalton Clinic, Foundation funding efforts, grant submissions, and additions of new team members. This quarter we have or will be submitting grant applications for CalAim expansion funding, the Partnership HQIP program, safety and security programming, process improvement initiatives, dental services, and Equity Practice Transformation (EPT). Each of these grant programs offer improvement or expansion of existing EPHC services or quality performance incentive payments for organizational activities.

The census across all service lines continues to trend above the prior year as does the overall financial performance for the organization. In January, we developed several key strategic objectives for 2024. Updates for each through January are outlined below.

2024 STRATEGIC OBJECTIVES – UPDATE (Through January 31st)

For the 2024 calendar year we have several strategic objectives to improve operations and our care delivery to the community. These will be monitored monthly with progress reports provided to the Board.

- Reduce annualized turnover by 7% with emphasis on the reduction of turnover within the first 12 months of employment.
 - For January we had 9 new hires and 9 terminations. Annualized this would be an increase of 6 new hires and 28 terminations over 2023, and an increase of 8% to our turnover rate. 8 of 9 terminations were within 12 months of employment which remains a focus area in our employee engagement. Department managers have created a specific QA measure for turnover improvement beginning in January and will monitor and report monthly. Organizational activities include increased communication with employees, ongoing improvement modifications to new hire orientation, and increased utilization of our HR consultant group for employee grievance resolution.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.

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- Through January our net income performance is exceeding budget by \$863,000 and is 1.6m over the same period last year. The remaining IGT funding for the fiscal year is not expected to be received until May/June 2024 which will significantly add to this positive variance by year end.
- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
 - January days cash on hand is 132 which is a decrease of 5 days over the prior month. The lack of IGT payments and an increase in costs due to the two holidays included in the January payroll cycle caused the expected decrease over December. We will see an additional decrease in February with the funding of one of three IGTs, but forecast that the end of year days cash will increase to 200+ by fiscal year end.
- Implementation of our disaster recovery plan for all IT infrastructure systems.
 - A new wireless option for phone capabilities to ensure connectivity in the event of an internet failure is currently in testing mode. This would allow for incoming hospital/clinic calls if the phone system, which is internet based, were not functioning. We anticipate this trial to be completed in the next 60-90 days.
- Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
 - A path-cited grant application was submitted on 2/15 for funding to create CalAim office space on the second floor of the Nifty Thrifty building owned by the EPHC Foundation. We anticipate a decision on our application in late summer of this year.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
 - The Loyalton Clinic started operations on 2/12 and we plan to request a CMS onsite licensure survey to occur within 6 weeks. The EPHC Foundation is leading the efforts to apply for a dental service grant due March 31st to generate funding for a dental expansion in that location.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - 55 total surveys were received in January across all lines of service. Our emergency department significantly outperformed national averages on all scoring categories including a 93.1% overall experience rate. This was the highest scoring performance month for the ED since EPHC initiated the EDCAHPS program. The clinic is also outperforming all national benchmarks for 2024.
- Complete key projects – X-ray room replacement, Loyalton flooring project, EMS use of current Loyalton Clinic, MindRay installation, badge reader/security system, SNF basement project.
 - The MindRay installation project started on 2/12 with a joint review of the EPHC wifi system which is fully compliant with their equipment. Additional milestone activities are scheduled through go-live in April. The fire panel project is in the final phases of completion and then the badge reader system for the hospital will be installed.
- Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.
 - All January reporting requirements were met. The legislature is considering a modification to the 2030 requirements for rural hospitals, but we will continue following our current timeline schedule.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of January 23rd through February 16th.

Director Hughes asked Doug about the reasons for the 9 terminations. Doug said that taking a deep dive to figure out which were avoidable and which were out of EPHC's hands would be useful.

10. Policies

Public Comment: None.

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

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

11. Committee Reports Board Members
A. Finance Committee

Finance Committee did not meet due to absence of members. Director Swanson reported the figures looked good and the cash plan was also good.

12. Public Comment
None.

13. Board Closing Remark
Doug informed the Board that the QA and Planning BOD subcommittee meetings would be held in compliance with the Brown Act. Gail and Marcie commended everyone for their good work!

Open Session recessed at 5:42 p.m.

14. Closed Session
A. Pursuant Hearing (Health and Safety Code 32155)
Subject Matter: Staff Privileges

Active 2 Year Appointments

- | | |
|----------------------------|------------|
| • Barnett Grier, MD | Clinic |
| • William Mills, MD | ED |
| • Yehonatan Borenstein, MD | Tele Psych |

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

15. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 6:12 p.m.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 14.A.

B: No Action taken

16. Adjournment

Meeting adjourned at 6:14 p.m.