

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

Thursday, February 4, 2021 at 3:30 p.m.

Rescheduled from January 28, 2021 cancelled due to inclement weather

1. Call to Order

Meeting was called to order at 3:30 p.m.

2. Roll Call

Board: Gail McGrath, Board Chair; Paul Swanson, M.D., Vice Chair; Teresa Whitfield, Board Member; and Linda Satchwell, Board Member

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Lori Tange, Human Resources Director; Rhonda Grandi, Director of Clinics; Donna Dorsey, ER Manager; Penny Holland, CNO; Lorraine Noble, SNF DON; and Jessica Folchi, Executive Assistant

3. Board Comments

No Board comment was received.

4. Public Comment

Dr. Hibler, MD has been a dermatologist at EPHC for 4 years. He sent a letter to the Board several months ago with his concerns about the clinic and feels like the issues have not been addressed. He added to his list of concerns of a lack of requested blankets and the size of his office.

Christina Potter, Clinical Manager FNP, shared that there has been issues with the clinic restructuring. She said that every day has been a struggle. She feared retaliation with sharing her concerns.

Dr. Phen, MD, (previous Medical Director) also shared that there has been significant issues with the clinic restructuring.

5. Consent Calendar

ACTION: Motion was made by Director Whitfield, seconded by Director McGrath to approve all items on the consent calendar.

AYES: Directors Swanson and Satchwell

NAYS: None

6. Auxiliary Report

Gail McGrath reported that the Nifty Thrifty had a \$5,000 net profit for the month of December. Ending balance for the year was \$98,000 which is \$30,000 less than 2019 due to the numerous closures and issues associated with COVID-19. There is \$9,000 for the memorial/scholarship fund.

7. Staff Reports

Staff reported on COVID-19 response and actions being taken.

- Infection Control/COVID-19 Michelle Romero
 - EPHC has been working with Public Health to administer COVID vaccines. 72 employees have been vaccinated with their 2nd dose, total of 105 employees have received a vaccination. 25 Loyaltton SNF residents have been vaccinated, 2 refused. 19 Portola SNF residents have been vaccinated, 5 refused. 64 doses have been administered to the 75+ year

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old community. Plumas County Public Health has an online system for community members to sign up. Planning on receiving 200 doses next week.

- Chief Nursing Officer Report Penny Holland
 - The hospital is COVID ready. Endoscopy will resume next week with full PPE.
- Clinic Director Report Rhonda Grandi
 - Rhonda Grandi declined her prepared report stating that public comment should not be used to discuss ongoing issues and that proper chain of command should be followed.
- HR Director Report Lori Tange
 - Lori Tange reported that HR's focus has been on supporting, providing resources, and consultation for new managers. Consistent hiring through the last few months with a 5% turnover rate for Q3. In-depth review of staffing challenges to meet organizational objectives with HR goals as part of the static plan.
- Chief Financial Officer Report Katherine Pairish
 - See attached December financial reports.
- SNF Director of Nursing Report Lorraine Noble
 - Lorraine Noble reported that no residents have contracted COVID and 86% of residents are fully vaccinated. Average census for 2020 was 54 residents with a goal of 56, 96% to goal. Portola SNF will be full by March, but the CNA shortage in Loyalton does not allow any additional residents. Survey from the state is currently on hold and will restart in the summer. January survey showed no deficiencies.

8. Chief Executive Officer Report

Doug McCoy

Overall operations for Q4 were off plan due to lower SNF and inpatient volume, higher labor costs for traveler positions/overtime resulting from increased employee COVID cases and costs for COVID testing. YTD COVID testing and related supplies through December were \$372,000 which was unexpected during the budgeting process. However, we continue to exceed both budgeted revenues and net income YTD.

A strategic plan for the remainder of the fiscal year is under development with scheduled completion on 2/3/21. A second strategic plan will be developed for both FY 21/22 and a 3-year plan in April. This plan and associated dashboards will be provided to the Board as well as presented in subsequent monthly Board meetings beginning in February. Strategies under development for the remaining two quarters of this fiscal year will include:

- SNF census and inpatient revenue growth strategies.
- New program development and addition of specialty services/providers.
- Capital spending plans for additional revenue providing equipment, property acquisitions, and renovations.
- Labor recruitment and retention.
- Staff education and certification programs.
- Development of a Community Advisory Committee and recruitment of new Foundation Board members.
- Expense reductions and efficiency opportunities
- Implementation strategies for our 'Ignite the Patient Experience' customer service program scheduled for 3/2-3/3.

The COVID vaccine program was initiated with initial and booster vaccines provided to over 100 direct care employees. 100% of vaccines received were provided to staff and residents, with an additional 50 employees scheduled to receive vaccine once it is provided by the County. The first community vaccination event was held on 1/21 with 60 doses administered to the tier 1-B group (75+ years of age). We have the capability to administer vaccines weekly to community members

but continue to see supply chain delays for delivery of vaccine to Plumas County. Currently both the County and State are unable to accurately predict when additional vaccine will be available for distribution, and we continue to be in communication with the County daily for updates.

QUALITY/REGULATORY:

A COVID compliance review of the SNF campuses by CDPH was completed on 12/8 for the third consecutive month. No deficiencies were identified, and we continue to avoid any transmissions to residents of either SNF campus. QA data for Q4 was reviewed on 1/20/21. Our key improvement metrics include quietness in the hospital area, several inpatient documentation areas, admission checklists, and SNF fall rates. A replacement wander guard system has been installed at the Loyalton SNF campus to assist with resident safety. Ongoing SNF documentation reviews by our consultant continue in advance of our annual survey.

CAPTIAL PROJECTS:

Ongoing campus improvement projects have been either completed or initiated to improve our customer presentation and service delivery.

- Addition of emergency generators to both the Loyalton and Graeagle Clinics.
- Architectural design proposals are in process for an ED expansion project.
- Loyalton ambulance building roof replacement has been completed.
- SNF telemedicine units have been installed for behavioral health visits.
- Hospital nurses station refurbishment project.
- Replacement of oxygen room flooring.
- Replacement of SNF boiler burner system.
- Repairs and certification of the outpatient therapy building HVAC system.
- Exterior security camera bid for both Portola and Loyalton campuses.

MEDICAL STAFF UPDATES

Dr. Robert Adams will be joining EPHC as a fulltime employee on February 8th adding clinic coverage to his ED schedule as well as a planned appointment as Vice Chief of Staff. Dr. Dan Stoll has accepted the position of Clinic Medical Director on January 1st and joined the Medical Executive Committee (MEC). Christina Potter is now providing clinical leadership to all three clinics and was added as a member to MEC representing the mid-levels.

COMPLIANCE PROGRAM

EPHC is working with VanRein Compliance on a proposal to provide third party consultation and documentation to meet our compliance program/policy requirements. Support would include HIPAA risk assessments, assessment reports and remediation plans, employee education on Stark, HIPAA, and anti-kickback regulations, development of required evidence binders for business associate agreements, and other compliance related consultation. In addition, EPHC has contracted with ECG to provide fair market valuations for provider contracting and current contract reviews to ensure compliance with all agreements.

9. Policies

Discussion was held, 2 policies were decided to go back to CAH for review: Outpatient Quality Assurance & Program Evaluation and Patient Appointment Failure. All other policies presented were approved.

ACTION: Motion was made by Director Whitfield, seconded by Director Swanson to approve the policies as submitted expect for the 2 identified.

AYES: Directors McGrath and Satchwell.

NAYS: None

- **Courtesy 2 Year Re-Appointment**

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| ○ Dr. Mindy Cooper-Smith | Pathology |
| ○ Dr. Daniel Stoll | Family Medicine |
| ○ Dr. Rob Adams | Family Medicine |
| ○ Dr. Charles Cox | Internal Medicine |
| ○ Allison O'Brien, PA | Physicians Assistant |

15. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 5:51 p.m. Action was taken to approve all staff privileges presented.

16. Adjournment

Meeting adjourned at 5:54 p.m.

DRAFT