



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

**Thursday, April 28, 2022 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, Board Member; Teresa Whitfield, Board Member; Linda Satchwell, Board Member; and Augustine Corcoran, Board Member

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Michelle Romero, Infection Prevention/ Employee Health; Penny Holland, CNO; Lori Tange, HR Director; Paul Bruning, Director of Clinics; Cindy Leland, Clinic Support Manager, and Susan Horstmeyer, Executive Assistant/ Clerk of the Board.

**3. Board Comments**

Director McGrath welcomed Guy McNett from PDH to our meeting. Mr. McNett reported Indian Valley will be consolidating with PDH and noted everyone in the county is pulling together.

**4. Public Comment**

Josh Hart with Plumas Wired spoke regarding the Verizon cell tower project and his concerns regarding operational conflicts/ issues as it relates to RF and a Helipad. Mr. Hart felt these issues could have been addressed earlier. He was also concerned regarding the tower height and a possible switch to 5G from 4G. He stated the FCC guidelines have no bearing on the hospital, which should do more to object to the location.

Director McGrath responded that she did not agree as to the seriousness of the concerns and stated the Board will monitor the situation very closely.

**5. Consent Calendar**

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

AYES: Directors: McGrath, Swanson, Whitfield, Satchwell and Corcoran

Nays: None

Not present: None

**6. Auxiliary Report**

Director McGrath reported many donations are coming in and going out, things are going well.

Public Comment: None

**7. Staff Reports**

A. Infection Control/ COVID-19

Michelle Romero

Michelle reported things are stable, there was a slight increase in Influenza cases earlier this month. We are currently seeing a slight increase in Covid-19 cases this week. The clinic has booster shots available. Covid-19 cases are rising nationwide; we will probably see the same locally.

B. Chief Nursing Officer Report

Penny Holland

Penny reported things are stable, we have one traveler on night shift on the Acute floor, we need a full-time replacement. Radiology is trying to replace Ramon; we have a traveler filling in and a new person coming on board. Our new interim lab manager, Rich, is here for six months and we have 3 full-time CLS's coming on Monday. We obtained a new Cepheid lab machine which will be able to test for C.difficile and Norovirus. Respiratory is fully staffed. We are reviewing the employee survey results.

Donna reported we are using a new pacemaker app with Medtronic, which works on tablets and allows the device to function properly.

C. SNF Director of Nursing

Lorraine Noble

Lorraine was not present to report.

D. HR Director

Lori Tange

Lori reported new unemployment claims have returned to pre-pandemic levels. The current labor market is very tight. The HR department met with managers on April 9<sup>th</sup> to review the employee survey results, create action plans and wins. Each department will be meeting with HR to go over their department's survey results. We want employees to feel their voices are heard and acted upon.

Director Whitfield asked a question about the blue section of the pie charts. Lori answered that the blue section denotes an employee who did not answer a question because they are likely a new employee.

Director Whitfield asked what events have been planned for the upcoming Nurses week. Lori replied that the schedule has not allowed for a meeting with the nursing department at this time.

E. Chief Financial Officer Report

Katherine Pairish

See attached March financial reports. Katherine reported EPHC is doing very well.

F. Director of Clinics

Paul Bruning

Paul reported March as our best revenue month in the last four years. We have exceeded our 3% growth goals and exceeded our Telemed goals in the last month by 1000. The urgent access program started last week and has resulted in 10-15 patients per day. Our in office dispensing of medications (antibiotics, etc.) will start in a week or so. We met with the Portola Pharmacy personnel to discuss prescriptions for Loyalton. We are conducting our bi-annual review of our Rural Health Care status. Our new clinic support manager, Cindy, has started. Doug and Paul met with Sierra County Public Health regarding the future Loyalton Clinic. We are collecting RFP's for the Loyalton Clinic remodel project; we hope to have it for the Board's review at the next meeting.

Director Whitfield asked about our online patient portal. Paul responded that our portal is not very user friendly; we will push the Cerner portal once we have switched over to their EMR.

Director Satchwell commented that the Urgent Access hours were a great addition to our services. The Facebook add was also very good.

**8. Chief Executive Officer Report**

Doug McCoy

Doug shared what he provided at last night's City Council meeting. We will be working within the City's conditional use permit. There have been multiple meetings between the City and EPHC regarding our concerns. We have also discussed the situation with MedTrans and determined there will not be any operational issues for the helicopter. We will continue our EMF testing at various locations on campus. We would like to recognize the communication with the City regarding this issue.

**OPERATIONAL PLAN OVERVIEW**

March operating performance YTD continues to remain above year-over-year performance. March revenues were over March 2021 by 13.6% with all business units showing improvement with the exception of acute revenue which was down 8.2%. Operating expenses rose sharply as the result of multiple factors including traveler related costs, commodity price increases, construction project costs, and the early implementation of the 2022 annual staff increases. We continue to see growth in both outpatient rehabilitation and swing bed census volumes resulting from additional marketing activities. Our Clinics posted their highest performance outcomes over a four- year period in the month of March and have expanded service hours to assist with same day patient needs.

The Loyalton Clinic, hospital/Loyalton SNF floor renovation, and Rehabilitation Wellness Center projects are continuing as planned. The contractor bidding process has been initiated for both the clinic and flooring renovation projects. Additional approved projects that are in process include the resident window replacement and installation of new dryers in the Loyalton SNF, purchase of a UPS back up system for the CT unit in Radiology to prevent equipment damage due to power loss/surge issues, an upgrade to the Loyalton fire panel, and the purchase of a lab analyzer through a CA grant program.

EPHC initiated a new CNA class which began on April 11th with eight students enrolled including two current EPHC employees. We look forward to their successful graduation from the program in May and joining us as EPHC team members upon completion of their program.

**CUSTOMER SERVICE INITIATIVE:**

On March 28th and 29th, we held an onsite leadership training with Custom Learning Systems as part of our 2022 patient experience strategic plan. Sessions were held on a variety of topics to include development of our Service Excellence Council, Oasis team selection and implementation, and training with our Service Excellence Advisors.

The Oasis (organizationally advanced service improvement system) teams are comprised of EPHC management staff with a purpose of selecting 1-3 major projects for development and implementation based on identified patient/employee needs. The three Oasis teams each have a specific focus area: sentence starters and behaviors (i.e. customer relations), onboarding and retention, and 'winning back' patients. At the conclusion of the project development and implementation, the teams will formally present their results and the practice will become part of the EPHC operating plan. The Oasis team process will continue throughout the remainder of this year. Two of the three teams have already completed their first meetings in April and will be developing their project activity and scope. The third team will be meeting within the next couple of weeks.

Our newly developed Service Excellence Council is comprised of 60% management staff and 40% direct care staff. The Council will act as the 'hub' of information from both the Oasis teams and Service Excellence Advisors and will also guide to ensure the EPHC Service Excellence process takes place effectively. The first meeting of the Council took place on April 14th and was very successful. Jim Burson was appointed as Chairman for the Council and will lead that team going forward.

Our Service Excellence Advisors are direct care or front line staff members who will be providing the patient experience workshop presentations to all EPHC team members and new hires. This group was specifically selected based on their enthusiasm and capability to help lead our important initiative. The members are:

Kim Voigt – Dietary  
Lynn Correll – Business Office  
Brittney Valjalo – Rehabilitation  
Linda Fain – Purchasing  
Debbie Espana – Loyalton SNF  
Julie Adami – Portola SNF  
Phoebe Griffin – Dental  
Rebecca Mason – Clinics  
April Downs – Clinics  
Tracy Studer – Behavioral Health  
Britanie Strei – Human Resources  
Vanessa Zeigler – Loyalton SNF  
Renee Baldaras – Portola SNF

We will be having a final training with this group on April 25th and 26th including a graduation ceremony. Staff workshops led by our SEA teams will then be initiated across the campus. I am very impressed with the effort and commitment shown by all of these teams to make our patient experience initiative as successful as possible.

Our 1<sup>st</sup> quarterly Newsletter was mailed to the community this week, the next will be this summer. Thank you to BigFish for the design.

The Seismic retrofit situation is ongoing. There is a Senate Bill, SB 1339, which will re-write the requirements. Many upgrades have already taken place. The deadline may be pushed out and the legislation re-worked. We will know more later this year.

Director McGrath asked if CAH's would be excluded in the legislation. Doug responded that critical access and single story hospitals are not yet excluded from the requirement. Many facilities have made modifications which moved them from a SPC1 designation to SPC2 and resulted in improved disaster preparedness.

Director Satchwell stated the Rural hospital original funding was in the 1950's with the Hill Burton Act. Doug commented that he will bring this up and that the current seismic retrofit requirement is a \$100 billion unfunded cost to California hospitals.

**9. Policies**

Director Whitfield commented on a couple corrections to the policies, a spelling error for Anti-venom, and an issue with the Critical lab values policy as it relates to one value being critical at low level.

Public Comment: None

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

**Roll Call Vote:** AYES: Directors McGrath, Swanson, Whitfield, Satchwell and Corcoran  
Nays: None

**10. Committee Reports**

Finance Committee: Director Swanson reported a 21% increase in revenue, we are in a good financial place.

Public Comment: None

**11. Public Comment**

None.

**12. Board Closing Remarks**

Director McGrath commented she was glad to see improvements, employees coming on and not leaving. The administration has things on a positive path, which is exciting.

Director Corcoran thanked Director Whitfield for her expertise on policies.

Director Satchwell stated she was happy to see Guy McNett joining our meeting and agreed with his comments that hospitals need to work together. Doug McCoy commented that we have had a great collaboration with other hospitals, especially during Covid-19. We have worked very closely with PDH during our lab staff shortage and their electrical issues. Director McGrath agreed how important collaboration is. Director Satchwell stated she is pleased to see leaders who are willing to collaborate and be creative. Director McGrath emphasized the need to keep the collaboration going.

**Open Session recessed at 10:20 a.m.**

**13. Closed Session**

**A. Hearing (Health and Safety Code 32155)**

Subject Matter: Staff Privileges

- Provisional 2 Year Appointments
  - Mohammed, Sameer MD

Tele Psychiatry

**B. Conference with Legal Counsel-Exposure to Litigation (Government Code Section 54956.9(d)(2):  
*1 Matters***

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

**14. Open Session Report of Actions Taken in Closed Session**

The Board returned at approximately 11:16 am.

**ACTION:** Staff privilege was approved.

**15. Adjournment**

Meeting adjourned at 11:17 a.m.

DRAFT