



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

Thursday, May 26, 2022 at 9:30 a.m.

1. **Call to Order**

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

2. **Roll Call**

Paul Swanson, Board Member; Teresa Whitfield, Board Member; Linda Satchwell, Board Member; and Augustine Corcoran, Board Member

Not present: Gail McGrath, Board Chair

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Lorraine Noble, DON; Michelle Romero, Infection Prevention/ Employee Health; Donna Dorsey, ER Manager; Paul Bruning, Director of Clinics; Cindy Leland, Clinic Support Manager, Erika Scutt-Johnson, Payroll; Britanie Strei, Human Resources Assistant; Shawna Leal, ITPE; and Susan Horstmeyer, Clerk of the Board.

3. **Board Comments**

None

4. **Public Comment**

None

5. **Consent Calendar**

- **ACTION:** Motion was made by Director Swanson, seconded by Director Whitfield to approve items "A" through "C", the agenda and meeting minutes, on the consent calendar.  
AYES: Directors: Corcoran, Swanson, Whitfield, and Satchwell  
Nays: None  
Not present: McGrath
- **ACTION:** Motion was made by Director Swanson, seconded by Satchwell to approve item "D" on the consent calendar, which switches the date and location of the next meeting to June 30<sup>th</sup>, 2022 at the Portola Campus.  
AYES: Directors: Corcoran, Swanson, Whitfield and Satchwell.  
Nays: None  
Not present: McGrath
- **Public Comment:** None

6. **Auxiliary Report**

None

7. **Staff Reports**

A. Infection Control/ COVID-19

Michelle Romero

Michelle reported Covid-19 cases are up this month (27% for May, April was 4%). We have had an outbreak in both of our skilled nursing facilities and 29 staff members out with Covid-19.

Director Satchwell asked if these cases are less severe than in the previous spikes in cases? Michelle replied they are less severe at this point.  
Director Satchwell asked about extra precautions which can be taken?  
Michelle replied we are testing and moving all meetings from in person to virtual.

B. ER Manager

Donna Dorsey

Donna reported we are looking at a central monitoring system (Phillips or GE). The Ipad is setup to link with Medtronic for a quick check. The acute floor is very full and the ER is stable. Jennifer Vimbor has been helping PDH per our MOU. We had a meeting yesterday with Phillips regarding the possibility of an MRI machine.

C. SNF Director of Nursing

Lorraine Noble

Lorraine reported the census is 47, we were planning to admit a couple patients from Acute but due to Covid cases we are on hold for at least two weeks. Looking at restructuring staffing in Loyalton. The CNA class completed and the graduates have been put to work as nursing assistants (four in Portola and three in Loyalton), they will receive a \$2500 sign on bonus. We currently have four travelers. The State Annual Survey last week resulted in 2 minor deficiencies, no patient care issues, very proud of staff. Life Safety conducted an inspection yesterday. We are waiting on a part for our fire alarm system. Covid zones and required PPE in the skilled nursing facilities were reported in response to the increase in Covid cases. Everyone is being screened at entry, wearing N95s and keeping distance from others. Group meetings have been suspended. We have not received any complaints from any residents or their family members.

Director Satchwell congratulated Lorraine and her staff on a great State survey.

Director Whitfield asked if we can admit to Swing beds instead of SNF? Donna responded that we don't have a place to put patients due to the need for Covid private rooms. Employees are using proper PPE to reduce transmission.

Doug commented the Covid prevalence/ high transmission risk is likely related to the elimination of the mask mandate, he asked the community to please take precautions.

Director Corcoran asked if we can advertise these recommendations. Doug responded we are using our website and social media. Corcoran stated he would talk to the Sierra Booster about getting information to the public. Lauren Westmoreland responded via Zoom chat and Doug advised he would put her in touch with staff regarding this matter.

D. HR Director

Lori Tange

Lori was not present to report. Doug reported on recruitment and retention since January 2022, there have been 18 separations and 26 new hires. Our annualized turnover is 16.6% and the national hospital rate is 25.9%. Of the 18 employees who have left 26% were per diems in nursing (not full time), 28% relocated out of the area, 11% were involuntary, 11% were in dietary and 5% were in each of the other departments. Of our new hires, 40% are in nursing. We have an excellent group of CNA students, at least half of which plan to go on to be an LVN or RN. Our key challenge is staffing in the lab, which is currently fully staffed with travelers. Our department managers are working on employee engagement and reviewing the employee survey results. Paul Bruning is researching modular structures for potential employee housing.

Director Satchwell asked if we are doing exit interviews. Britanie Strei replied this option is available in Paycom, some complete this task and others do not.

E. Chief Financial Officer Report Katherine Pairish  
See attached April financial reports.

F. Director of Clinics Paul Bruning  
Paul reported the retinal camera has been obtained through a grant and put into service. In office dispensing of medications has been made available but not yet utilized.

**8. Chief Executive Officer Report**

- Doug McCoy
- Service Excellence Advisors Erica Scutt-Johnson/ Britanie Strei  
Erica reported they are very excited to be involved in this program. Britanie stated she is excited to be part of this initiative. There are fourteen SEAs who represent a very good pool of front line employees who will be rolling the program out to all employees this summer. Erica advised the roll out is scheduled to take place from June 21<sup>st</sup> into August. There are four teams who will cover both campuses to accommodate the mandatory 1.5 hour class which will cover five attributes.

Doug expressed his appreciation to Erica and Britanie for taking the time to report for the SEAs and for their work on this initiative along with Shawna Leal and Paul Bruning.

Director Corcoran stated he was impressed with this program.

- CEO Report Doug McCoy  
**OPERATIONAL PLAN OVERVIEW:**  
April operating performance YTD continues to exceed the prior year by 5.9m for revenue and 3.06m for net income. All business units reported monthly revenue over budget with the exception of the skilled nursing facilities which have had census impacted since the beginning of the year due to staff availability. Earlier this week eight students graduated the CNA program and will be filling positions immediately. Ongoing recruitment continues to replace traveler staffing in both nursing and lab services.

Contractor RFPs (requests for proposal) were posted via public notice for several projects including the Loyaltan Clinic but we were unsuccessful in receiving project bids. Direct recruitment of contractors was then initiated with some interest expressed. An RFP from at least one contractor is currently in development along with bidding from several subcontract vendors. Labor force, supply chain, and contractor availability continue to be challenges in initiating some key campus projects.

Architectural designs, plans, and permits are in process for the x-ray room replacement and installation of restrooms in the SNF basement area. The 3D mammogram system was ordered with delivery anticipated in the next several months. We obtained \$270,000 in grant funding which will be used for the recently purchased lab equipment and supplies along with \$90,000 for the restroom installation project.

A meeting was held with Mayor Pro Tem Tom Cooley to participate in a fire safety grant through the City of Portola. The grant funds will offset services provided to thin and

remove trees and other fuel sources from the 30-acre parcel owned by EPHC. This program will take 12-14 months to complete and will help reduce fire danger to the campus.

Due to labor challenges for our EMR vendor, the Cerner implementation date has been postponed. We had a scheduled project launch date of June 6, however that date will be moved to late July or August. We are working closely with our Cerner project team to finalize new dates and implementation schedule. We anticipate receipt of a contract addendum by June 1<sup>st</sup>.

**CUSTOMER SERVICE INITIATIVE:**

Our customer service initiative continues to progress well with several initiatives completed this month. Our Service Excellence Advisors completed their training and will begin providing workshops to all staff in late June. We have expanded our patient satisfaction survey process by automating surveys for the clinics, rehabilitation, SNFs, Radiology, and Lab in addition to the HCAHPS and EDCAHPS for the hospital. These new surveys will be initiated July 1<sup>st</sup> and be added to our QA review monthly. The Oasis teams and Service Excellence Council are continuing their meetings and development of key initiative projects. The next training session with Custom Learning Systems will be held on June 13<sup>th</sup> and 14<sup>th</sup> to include all managers, Service Excellence Advisors, and project teams.

**COMPLIANCE PROGRAM:**

EPHC has not had any HIPAA or billing compliance issues reported for May. The Finance team is continuing their work on the price transparency requirements under AB 1020.

**QUALITY/QA:**

EPHC is proud to report the results of the recent CDPH recertification survey for our skilled nursing units. The survey was completed on May 19<sup>th</sup> with only two minor deficiencies cited. In addition, there were no patient care issues identified during the survey process. The state average is 10 deficiencies per survey so our results place EPHC in the top 10% for 2022. We would like to recognize Lorraine Noble, her management team, and the nursing/support staff for achieving this result!

**9. Approve Resolution**

Augustine Corcoran/ Doug McCoy

**Resolution 297-GE 9800 C-arm.** Doug stated this piece of equipment has been out of service long term and is not in our strategic plan. Director Swanson asked for the purchase price and purchase date. Katherine replied it was purchased around 2012 at an unknown cost, it would be fully depreciated at this point. Dr. Dhond used this item at one point but the usage was not enough to justify the cost. Donna stated we don't have physicians licensed to use this piece of equipment.

**Public Comment:** None

**ACTION:** Motion was made by Director Whitfield, seconded by Director Swanson to approve the resolution to classify the C-arm as surplus.

**Roll Call Vote:** Ayes: Directors Corcoran, Swanson, Whitfield and Satchwell

Nays: None

Not present: McGrath

**10. Policies**

Public Comment: None

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

**Roll Call Vote:** AYES: Directors: Corcoran, Swanson, Whitfield, and Satchwell

Nays: None

Not present: McGrath

**11. Committee Reports**

Finance Committee: Director Swanson reported there was discussion regarding the possibility of purchasing an MRI, no action taken.

Public Comment: None

**12. Public Comment**

None.

**13. Board Closing Remarks**

Director Whitfield expressed her thanks to Lauren Westmoreland for passing information on to the community asking for vigilance until all Covid-19 variants have passed.

**Open Session recessed at 10:22 a.m.**

**14. Closed Session**

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

Subject Matter: Staff Privileges

- Provisional 1 Year Appointments
  - Daniels, Trevor PsyD
- Active 2 Year Appointments
  - Bugna, Eric, DO
  - Jaquez, Robin NP
  - Morrison, Mary PA
  - Colpitts, Catherine DO
  - Culp, Dana NP

TelePsychology

Clinic

Clinic

Clinic

Clinic

Clinic

**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 11:25 am.

**ACTION:** Staff privileges were approved.

**16. Adjournment**

Meeting adjourned at 11:26 a.m.