



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, June 30, 2022 at 9:30 a.m.**

1. Call to Order

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

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Penny Holland, CNO; Paul Bruning, Director of Clinics; Jim Burson, Director of Rehab Services; and Susan Horstmeyer, Clerk of the Board.

3. Board Comments

None

4. Public Comment

None

5. Consent Calendar

- **ACTION:** Motion was made by Director Satchwell, seconded by Director Corcoran to approve the consent calendar.

AYES: Directors McGrath, Satchwell and Corcoran

Nays: None

Not present: Directors Swanson and Whitfield

- **Public Comment:** None

6. Auxiliary Report

Director McGrath stated Doug McCoy recently met with the Auxiliary members. At the end of May 2022 the auxiliary had an account balance of \$176,000. The auxiliary decided to donate \$126,000 to EPHC for a new mammogram.

7. Staff Reports

A. Infection Control/ COVID-19

Michelle Romero

Penny Holland provided a report on behalf of Michelle. Covid cases are still rising in the community and among EPHC staff, most departments have been effected. On July 12th the infant Modera vaccine will become available. Our SNF residents are tested weekly for Covid, we have not had any positive tests since May.

B. ER Manager

Donna Dorsey

Penny Holland provided a report on behalf of Donna. We have a new case manager, Tracy Studer, who transferred from the clinic. We are in need of a new central monitoring system. Our previously scheduled meeting with Phillips to discuss a new system was postponed due to the rise in Covid cases.

C. SNF Director of Nursing Lorraine Noble
Penny reported on behalf of Lorraine. Our new CNA class will start in July, which will hopefully allow us to increase staff and ultimately increase the resident census.

D. HR Director Lori Tange
Lori was not present to report. Doug reported the next CNA class will begin on July 9th, with 9 applicants many of whom are internal. It is exciting to see an uptick in overall applications, we have had 11 new hires in the last 30 days.. Our lab manager, Rich, is working to secure an H1B Visa candidate, which would provide us a 3-5 year commitment. Covid cases have had a significant impact on our overtime costs.

Linda Satchwell asked about 4 recent candidates. Doug responded that we have had an increase in environmental services applications in the last week or so.

E. Chief Financial Officer Report Katherine Pairish
See attached May financial reports. We are working with managers of all departments to fine tune the budget, which will be presented at next month's meeting. Our goal is to reduce overhead and increase revenue.

Linda Satchwell asked about the high cost of salaries and benefits. Katherine responded that this is largely due to wage increases. Doug stated we have had to increase staff for new services as well as increase our overtime payments due to employees quarantining. Katherine stated Covid reporting is still in process.

F. Director of Rehab Services Jim Burson
Jim Burson reported the 2nd complete fiscal year for our Rehab department. We have seen a patient volume growth of 38% year over year, which is a 51% increase. Our staffing also grew in 2022 to keep up with patient needs. We are on track to grow our net income by 6%. We will be should have construction documents to the county for permitting by August for the new Wellness Center.

G. Director of Clinics Paul Bruning
Paul reported he is hoping to finish the year strong and has been reviewing the data for gaps. Our clinic has had 580 visits to the urgent access where we average about 12 patients per day. Of these patients 49% do not have a regular PCP, some are from outside the area. We have hired another NP to expand our ability to see enough patients. We have the opportunity to establish new patients for our PCP's. We will be expanding the Loyalton Clinic by adding another part time NP. We only received one bid from a general contractor for the Loyalton Clinic remodel. We hope to have a decision on this in the next week.

Gail McGrath stated she is very glad to see urgent access doing well.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL PLAN OVERVIEW:

May performance was off plan due to increased supply and traveler cost along with lower SNF volume as we continue to recruit for additional positions. Labor cost for overtime was also higher than expected due to position coverage for COVID related cases among our staff members. COVID case rates have risen sharply in the community although symptoms have

been milder with few hospitalizations. 2022/23 budget preparation continues with emphasis on decreasing the reliance on external travelers specifically in the Lab. Overall annualized turnover rates continue to be lower than the national hospital averages, however the ongoing opportunities for remote work positions is creating a challenge to fill positions in various administrative departments.

The Loylton Clinic project has experienced several delays due to lack of contractor bidding. The public notices posted by EPHC did not elicit any proposals so contractors which had experience in the past with EPHC or those referred have been contacted directly. Bid will be opened and reviewed once that process is completed. The Loylton SNF has received several upgrades over the past 30 days to include replacement of the dryer units, kitchen oven, replacement fire panel, and work has been started to replace the resident windows. The permitting process for the x-ray room replacement and IT bathroom project have been approved and are pending implementation. The parking area behind the Portola SNF will be paved within the next 30 days to improve employee parking and allow access for additional programs to be implemented in the SNF basement. Engineering has identified trees within 100 feet of the campus to be removed as part of the fire prevention plan for the campus. EPHC has also partnered with the City of Portola and Cal Fire to remove fuel sources from the acreage to the SW portion of the campus.

EPHC would like to thank the Auxiliary for their generous contribution for the purchase of a new 3D mammography system. This new equipment will enhance the services EPHC provides for women's health and continues to show the commitment made by the EPHC Auxiliary to improve the health care delivery services to the community. We are very grateful for this wonderful donation and look forward to receiving the new system within the next 60 days.

Our Cerner EMR implementation is still on hold awaiting confirmation from the vendor that they have secured their project team workforce. We had anticipated receipt of a new contract addendum at the beginning of the month, however the acquisition of Cerner by Oracle has been the explanation for the delay in receipt. We continue to monitor the progress with our account manager and hope to have the project launch begin in early August.

CUSTOMER SERVICE INITIATIVE:

Our customer service initiative continues however our employee excellence training hosted by our Service Excellence Advisors was placed on hold due to the rise in community COVID cases and our campus management program limiting small or large group in-person meetings. Once we have lifted our restrictions training will resume or be initiated in a virtual format. The facility Oasis project teams and Service Excellence Council continue to meet virtually to move the program and associated projects forward. I was able to experience our services as a patient recently and was extremely impressed with the excellent care I was provided by several departments including admissions, nursing, radiology, respiratory, and our EMS team. We continue to receive positive community feedback on our patient experiences and appreciate the work our team members are doing to continue moving our initiative forward. The next issue of our quarterly newsletter will be sent in mid-July and will highlight the additional service expansion and equipment that we will be providing.

COMPLIANCE PROGRAM:

EPHC had one HIPAA compliance investigation conducted in the past 30 days. Upon review and consultation with our HIPAA risk management consultant the investigation was concluded as unsubstantiated.

QUALITY/QA:

The corrective action plans for the May SNF recertification survey were completed and submitted to CDPH. Based on the POCs submitted for the two facility deficiencies and three life safety tags received, we anticipated clearance from CDPH based on desk review. The next quarterly QA meeting will be held on July 27th.

We are looking into an LED sign system to place near Hwy 70 to provide the community with valuable information about our services.

Linda Satchwell stated CalTrans has regulations about signage on the highway. Doug responded that we are working with the city, which has been very cooperative and has two properties with power we may be able to use for the LED sign.

Gail McGrath stated she recently experience wonderful care at our facility, thank you to everyone who makes that happen.

Augustine Corcoran stated he completely agrees, his family has always received great care.

9. Approve Resolution

Augustine Corcoran/ Doug McCoy

Resolution 298-Ambulance: 2003 Ford F350.

Public Comment: None

ACTION: Motion was made by Director Whitfield, seconded by Director Corcoran to approve the resolution to classify the 2003 Ford Ambulance as surplus.

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

10. Policies

Public Comment: None

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

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

11. Committee Reports

Finance Committee: Director Corcoran reported Katherine Pairish provided the financial report.

Director Swanson stated he felt EPHC has done remarkably well given the challenges of Covid.

Public Comment: None

12. Public Comment

None.

13. Board Closing Remarks

Director McGrath expressed her appreciation to everyone for their good work, it is very rewarding from her standpoint. Keep up the great work!

Open Session recessed at 10:13 a.m.

14. Closed Session

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

- Provisional 1 Year Appointments
 - Baldini, David MD Emergency
 - Bynum, Kathryn NP Clinic
 - Bownds, Shannon MD Tele Radiology
 - Jacobs, David MD Tele Radiology
 - Nalaboff, Kenneth MD Tele Radiology
 - Reuss, Peter MD Tele Radiology
 - Roeder, Zachary MD Tele Radiology
- Active 2 Year Appointments
 - Hill, Sarah "Beth" PA Clinic
 - Pine, Daniel MD ED
 - Robinson, Ken MD ED
 - Ward, Christopher DO ED
 - Morneau, Leonard MD Tele Radiology
 - Deeing, Michole MD Tele Radiology
 - Abadie, Briana MD Tele Radiology
 - Amundson, Janet MD Tele Radiology
 - Anand, Neil MD Tele Radiology
 - Coll, Jonathan MD Tele Radiology
 - Fortuna, Robert MD Tele Radiology
 - Frederiksen, Ryan MD Tele Radiology
 - Furubayashi, Jill MD Tele Radiology
 - Kato, Kambrie MD Tele Radiology
 - Mischiu, Oana MD Tele Radiology
 - Pollock, Max MD Tele Radiology
 - Riad, Shareef MD Tele Radiology
 - Schoellerman, Manal MD Tele Radiology
 - Sohal, Ravinder MD Tele Radiology
 - Yamamoto, Shota MD Tele Radiology

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 10:31 am.

ACTION: Staff privileges were approved.

16. Adjournment

Meeting adjourned at 10:31 a.m.

DRAFT