



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, July 28, 2022 at 9:30 a.m.**

1. Call to Order

Meeting was called to order at 9:37 a.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Penny Holland, CNO; Paul Bruning, Director of Clinics; Michelle Romero, Infection Prevention; Lorraine Noble, DON; 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 Corcoran to approve the consent calendar.
AYES: Directors McGrath, Swanson, Satchwell and Corcoran
Nays: None
Not present: Director Whitfield

- **Public Comment:** None

6. Auxiliary Report

Director McGrath.

7. Staff Reports

A. Infection Control/ COVID-19

Michelle Romero

Michelle reported Covid cases are still very active, with one positive resident in the Portola SNF yesterday. We are still testing residents and staff weekly.

B. Chief Nursing Officer Report

Penny Holland

Penny reported the Phillips rep will be out this week to tour the hospital for the new central monitoring system placement. We are looking forward to the Cerner EMR implementation. We are expecting the State any day and doing CMS rounds to prepare. We are also looking in the area for staff housing.

C. SNF Director of Nursing

Lorraine Noble

Lorraine reported the current census is 48. We are looking at possible admissions for Loylton but can't currently admit in Portola due to Covid. We recently lost a nurse due to housing and need nurses. We have one travel nurse and 2 travel CNA's. Seven out of eight CNA students applied to work for EPHC. We have hired three full time, one part-time and two more will be taking the exam. We have a new CNA class starting on Monday. One resident in the Portola

SNF has tested positive for Covid, we are still screening and antigen testing. We have one pending issue with the State at the Loyalton SNF.

D. Chief Financial Officer Report

Katherine Pairish

See attached June financial reports. The audit will be final in September, it is currently in draft form as there will be some adjustments. The proposed 22-23 budget has an 11% increase in revenue and a 6% increase in expenses.

E. Director of Clinics

Paul Bruning

Paul reported he is projecting 3% growth; we have been above this level almost every month. We have exceeded in patient visits and next year project 5% growth. We are still expanding the urgent access clinic with two new NP's; Kathryn Bynum will be in Loyalton on Fridays and also in Portola. Brenda Churchman will be working with Dana Culp in the urgent access clinic. Wanted to give a shout out to Dana Culp who has successfully defended and is now an PhD. We have some new hires; staffing is mostly stable.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL PLAN OVERVIEW:

EPHC successfully completed the fiscal year on June 30th exceeding budgeted forecasts for operating revenue and net income. Overall operating revenue exceeded budget by 4.2m and represents a 6.3m improvement over the 2020/21 fiscal year. All service lines saw year over year growth with significant volume improvements in inpatient and outpatient services.

Expenses for the year were higher than anticipated due to the ongoing supply costs related to COVID, labor costs, and investment in organizational infrastructure i.e., technology, equipment replacement, and non-capital improvements.

We anticipate additional significant revenue growth in the upcoming 2022/23 fiscal year through expanded urgent access clinic hours, SNF census growth, and inpatient volume and have budgeted accordingly for this expectation.

On July 14th the Cerner EMR project was launched with a two-day leadership alignment meeting held with EPHC management staff. The project build, training, and implementation will continue through the end of the calendar year with a go-live date scheduled for January 9th. The new single source solution will coordinate medical record information and organizational data across all business units. Dashboard and benchmarking information from the system will be implemented into our QA, committee, and Board reporting process beginning in February. A project steering committee has been formed to manage the implementation process and will be meeting weekly starting on August 2nd.

CUSTOMER SERVICE INITIATIVE:

Due to community COVID cases, all planned staff workshop training activities through our Service Excellence Advisors were placed on hold. Both the Service Excellence Council and Oasis subcommittee teams continued to meet virtually to work on various patient experience projects to include phone response, community communication, and our service recovery program. If COVID case rates continue to remain high in the community, the staff workshop training will be scheduled and completed virtually. A team video outlining our 5-star initiative was developed and will be submitted as part of the annual conference being held in November. Our summer edition newsletter is also in production and will be mailed to community members in a few weeks. Our electronic patient satisfaction survey project was implemented on July 1st, and patients across all service lines will now have electronic access to provide feedback on their experience. Data from these surveys will be tabulated and provided in a dashboard format by Survey Solutions monthly, and reviewed by the QA, SEC, and other subcommittees.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period

Project Committee

EPHC has multiple projects either completed, in process, or planned over the next several months. These projects were reviewed with the Planning committee and include the following:

- Flooring replacement – The hospital flooring replacement project is awaiting the receipt of materials and then installation will begin. Once completed the replacement flooring at the Loyalton SNF will be initiated.
- Parking lot installation – The parking area adjacent to the Portola SNF paving project was completed in early July. This will provide safer parking for employees and is part of the pre-planning for the rehabilitation wellness center.
- Loyalton Clinic – The contractor bid with McCuen Construction was accepted. The project timeline will be 7 months for completion.
- X-Ray room replacement – Design plans are currently pending completion by Aspen Street and will then be forwarded to HCAI for approval. This is expected to take 2 months and then installation can be completed.
- IT/SNF restroom project – The design plans for the installation of two new restrooms has been approved. Engineering is recruiting contractors to initiate this project.
- 3D mammography unit – The unit has been ordered through Phillips and will be installed once received from the manufacturer. We expect delivery in October due to supply chain delays.
- SNF window replacement, dryer replacement, and oven replacement – all items have been installed.
- Central monitoring unit – We will be meeting with Phillips on 7/26 to review a replacement central monitoring system for the hospital. We have added this expense to the capital budget for the 2022/23 fiscal year.

Operationally we have had one of the best years despite many challenges. We have increased our service lines and are sharing more information with the community.

Director Corcoran asked if the old Loyalton Clinic could be used for housing. Doug responded that we may use the building for EMS staffing which would provide more space in the skilled nursing building for therapy.

Director Satchwell mentioned Plumas Pines townhomes are often available for lease in the winter. Doug stated we are also looking at another property in town.

9. Policies

Public Comment: None

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

Roll Call Vote: AYES: Directors: McGrath, Corcoran, Swanson, and Satchwell

Nays: None

Absent: Director Whitfield

10. Committee Reports

A. Finance Committee: Director Swanson reported a long finance committee meeting and recommends approval of the proposed budget. The only possible concern or uncertainty is the potential drop in revenue during the Cerner EMR transition. This should not affect the overall budget. Katherine advised management has met with all department managers and will meet again quarterly to stay on budget. Director Swanson stated our cash position is very good, even if we have a dip during the transition period.

Motion: Director Swanson made a motion to approve the budget and capitol purchases, which was seconded by Director Corcoran.

Public Comment: None

Roll Call Vote: AYES: Directors McGrath, Swanson, Corcoran and Satchwell

Nays: None

Absent: Director Whitfield

B. Planning Committee: Director Satchwell stated she and Director McGrath met with Doug, there are many different exciting projects in process. Director McGrath stated it is a slow process due to the difficulty in finding workers to complete the projects.

Doug stated the building industry is projected to slow, which will hopefully make it easier to find contractors for our projects. We have put a significant infusion into our Radiology department, new flooring in the hospital, windows have been replaced on the Loyalton campus and we are working on a new awning between the ED and Radiology buildings.

Director McGrath stated we have spent less on capital improvements and felt we have been moving in a positive direction.

C. QA Committee: Director McGrath reported a recent meeting yesterday. Amazing work is being done in multiple departments, which is being monitored very well. We have taken a big step in the right direction.

11. Public Comment

None.

12. Board Closing Remarks

Director McGrath expressed her appreciation to all the departments; we are seeing a huge difference in the bottom line.

Open Session recessed at 10:15 a.m.

13. Closed Session

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

- Provisional 1 Year Appointments
 - Churchman, Brenda NP Clinic
 - Harrison, Monique MD Tele Psychiatry
- Active 2 Year Appointments
 - Bossi, Eric MD Tele Psychiatry

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

C. Closed Session pursuant to Government Code section 54956.9(d)(2): Conference with Legal Counsel-Exposure to Litigation: 1 matter

14. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 11:05 am.

A. ACTION: Staff privileges were approved by a vote of four Ayes.

B. ACTION: None

C. ACTION: The Board approved a Settlement Agreement and General Release of All Claims between the District and Lori Tange. The terms of the agreement are confidential. The Agreement was unanimously approved by all Board members present.

15. Adjournment

Meeting adjourned at 11:06 a.m.