

**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
Thursday, January 15, 2015
10:00 A.M.
EPHC Education Center, Portola, CA**

Agenda

REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting please contact the Clerk of the Board at (530) 832-6564. Notification 72 hours prior to the meeting will enable the Eastern Plumas Health Care to make reasonable arrangements to ensure accessibility.

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
1. Call to Order	Gail McGrath	A	
2. Roll Call	Gail McGrath	I	
3. Consent Calendar	Gail McGrath	A	
(A) Agenda			1-2
(B) Meeting Minutes of 12.4.14 Standing Finance Committee			3
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4. Board Chair Comments	Gail McGrath	I/D	
5. Board Comments	Board Members	I	
6. Public Comment	Members of the Public	I	
7. Auxiliary Report	Katie Tanner	I/D	
• Auxiliary By-Laws			12-23
8. Chief of Staff Report	Eric Bugna, MD	I/D	
9. Committee Reports	Board Members	I/D	
• Finance Committee			
10. Director of Nursing Report	Linda Jameson	I/D	
11. Director of Clinic Report	Bryan Gregory	I/D	

12. IT Report	Rick Boyd	I/D	
13. Recommendation for Approval of Policies		I/D/A	
• Pupil Dilation Protocol			
• MERP			
• IIPP			
14. Chief Financial Officer Report	Jeri Nelson	I/D	
• November/December Financials			24-46
• ICD 10 Conversion Report			
15. Chief Executive Officer Report	Tom Hayes	I/D	
• Operations Plan 2014-15			47-51
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• Performance Management Program/Organizational Goals			54-55
• Other			
16. Closed Session	Gail McGrath	I/D/A	
I. Closed Session, pursuant to Health and Safety Code 32155, to review reports on Quality Assurance.			
II. Closed Session, pursuant to Government Code Section 54957 to consider the following privileges and appointments to the medical staff:			
a. Recommendation for One Year Provisional Privileges			
• Dr. Christine Lajeunesse—Extension Provisional (6 Months)			
b. Recommendation for Two Year Provisional Privileges			
• Donald Ball, MD (Med Staff)			
• Mark Cope, CRNA (Allied Health)			
c. Approval of Virtual Radiology Schedule 1			
17. Open Session Report of Actions Taken in Closed Session	Gail McGrath	I	
18. Adjournment	Gail McGrath	A	

**EASTERN PLUMAS HEALTH CARE DISTRICT
SPECIAL MEETING OF THE STANDING FINANCE COMMITTEE
OF THE BOARD OF DIRECTORS
Thursday October 23, 2014
8:30 A.M.
EPHC's Administrative Conference Room**

Minutes

- 1. Call to Order:** The meeting was called to order at 8:35 am by Dr. Paul Swanson
- 2. Roll Call:**
Present: Paul Swanson, M.D., Janie McBride
Staff: Tom Hayes, CEO, Jeri Nelson, CFO, Linda Jameson DON, Alanna Wilson,
Administrative Assistant
Guest: None
- 3. Approval of Agenda:** The agenda was approved as submitted.
- 4. Board Comments:** None
- 5. Public Comments:** None
- 6. CFO Report**
 - **October 2014 Financials:** Mr. Hayes reported on behalf of Ms. Nelson that revenue was close to budget. Expenses for the month of October were good. The clinic volume was up, however acute and skilled nursing were down. AR days remain high at 65. Ms. Nelson reported that Managed MediCal money is taking a while to come in. They have up to 3 years to make payments on what we are submitting now.
 - **Other:** A discussion was held regarding the managed MediCal system and how they pay. The organization needs to continue to take advantage of different programs that are available to bring in more revenue.

Adjournment: The meeting was adjourned at 9:48 a.m.

Approval

Date

**EASTERN PLUMAS HEALTH CARE DISTRICT
SPECIAL MEETING OF THE BOARD OF DIRECTORS
Thursday, December 4, 2014
10:00 A.M.
EPHC Education Center, Portola, CA**

Minutes

1. Call to Order.

The meeting was called to order at 10:00 am by Gail McGrath.

2. Roll Call.

Present: Gail McGrath, Jay Skutt, Lucie Kreth, Janie McBride and Paul Swanson

Absent: None

Staff: Tom Hayes, CEO, Jeri Nelson, CFO, Dr. Bugna, Chief of Staff, and Alanna Wilson, Administrative Assistant.

Visitors: Approximately 2 visitors were present at the start of the meeting

3. Consent Calendar.

Dr. Swanson motioned to accept the consent calendar as submitted. A second was made by Mr. Skutt. None opposed, the motion was approved.

4. Roll Call- Removed from Agenda

5. Board Chair Comments.

None

6. Board Comments.

None

7. Public Comment.

None

8. Annual Organizational Meeting

A) Resolution 245: Meeting Dates for 2015.

Ms. McGrath briefly explained Resolution 245-meeting dates for 2015. Special meetings in Loyalton and Greenville were discussed and will be scheduled as needed. Ms. McGrath moved to adopt Resolution 245. A second was made by Ms. McBride. After a brief discussion, the motion was passed by a roll call vote with no opposition.

B) Election of Officers

Mr. Skutt motioned to keep the current appointments. A second was provided by Dr. Swanson. None opposed, the motion was approved.

C) Confirmation and/or Reconsideration of Subcommittee Assignments

Ms. McGrath motioned to keep the current appointments in place. A second was provided by Ms. McBride. None opposed, the motion was approved.

9. Adjournment. Ms. McGrath adjourned the meeting at 10:10 am.

Approval

Date

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

Thursday, September 25, 2014

10:00 A.M.

EPHC Education Center, Portola, CA

Minutes

- 1. Call to Order.**
The meeting was called to order at 10:10 am by Gail McGrath.
- 2. Roll Call.**
Present: Dr. Paul Swanson, Janie McBride, Lucie Kreth, Gail McGrath and Jay Skutt
Staff: Tom Hayes, CEO, Jeri Nelson, CFO, Eric Bugna MD, and Alanna Wilson, Administrative Assistant.
Visitors: Approximately 2 visitors were present at the start of the meeting
- 3. Consent Calendar.**
Mr. Skutt motioned to approve the consent calendar. A second was made by Dr. Swanson. None opposed, the motion was approved.
- 4. Board Chair Comments.**
None
- 5. Board Comments.**
Mr. Skutt discussed the recent Special District Association meeting and the information he received regarding LAFCO while attending.
- 6. Public Comment.**
None
- 7. Resolution 246:**
Mr. Hayes briefly discussed resolution 246 to establish a new Rural Health Clinic. Ms. McGrath motioned to adopt Resolution 246. A second was made by Ms. Kreth, The motion was passed by a roll call vote with no opposition.
- 8. Resolution 247:**
Mr. Hayes briefly discussed resolution 247. Mr. Skutt motioned to adopt Resolution 247 to revise the Conflict of Interest Policy. A second was made by Dr. Swanson. The motion was passed by a roll call vote with no opposition.
- 9. Auxiliary Report**
Ms. Tanner reported that the Nifty Thrifty The lobby hours for October were 16.3. For November they were 12-3/4 hours. The November hours for the Nifty Thrifty had not been calculated at the time of the Board Meeting.

10. Chief of Staff Report

Dr. Bugna stated that over the last year he sees the organization working and aiming for the same goals. A brief discussion was had by all present regarding the positive direction the organization is headed in.

11. Committee Reports

- **Finance Committee**

Dr. Swanson briefly discussed the finance meeting. Ms. Nelson will give more details in her report.

12. Director Of Nursing Report: Ms. Jameson reported the following:

- Ms Jameson reported that the flu vaccine clinic was very successful this year. Graeagle administered 257 vaccines and Portola had 350.
- The hospital recently took part in an educational Ebola drill which was very educational.
- Ms. Jameson reported that Dr. Dhond had installed a pacemaker in November and Dr. Porot will be adding availability to his schedule for epidurals.
- Ms. Jameson discussed the patient satisfaction survey in both the hospital and long term care units. Overall the hospital is receiving positive feedback.
- Ms. Jameson reported on the fundraiser this weekend for the EPHC Gives Back program.

13. Clinic Report: Mr. Gregory reported the following:

- Mr. Gregory reported that the organization will have two new providers joining us in the month of December, Dr. Syed Mustafa and Elsie Taylor PA.
- Patients will start receiving mailers as part of a recall system being put into place.
- The digital x-ray machine for the Dental Clinic has been installed and will be put to use the second week in December. Wednesdays in the clinic will be child only days.
- The Portola and Graeagle clinics did well in terms of volume in the month of November.
- Mr. Gregory will be implementing a Patient Satisfaction Survey in the clinics and will report the results at the January board meeting.

14. Recommendation for Approval of Policies:

None

15. CFO Report:

- Ms. Nelson reported that October was a great month for revenue. However, we are currently struggling with higher contractuals with the MediCal managed care system and the payments tied to those. The state has up to 3 years to make those payments.

16. CEO Report: Mr. Hayes reported the following:

- Mr. Hayes discussed the CEO and Board Member job description and evaluation forms. The Board will review these at the upcoming retreat being held in January.
- A brief discussion was held regarding the 34 acre parcel and possible interest from a buyer.

- Mr. Hayes discussed the upcoming CHA Rural Health Symposium being held in February.
- Mr. Hayes discussed that we will be discontinuing the general surgery program for the near future because of difficult CRNA availability.
- Mr. Hayes discussed the upcoming Legislative Meeting in Quincy. It will be a chance to speak with Legislative aides regarding local Health Care issues. The Board and Exec team are invited to attend.

17. Closed Session.

Ms. McGrath announced the Board would move into closed session at 12:13 a.m.; pursuant to Health and Safety Code 32155 and Government Code Section 54957.

18. Open Session Report of Actions Taken in Closed Session.

The Board returned at approximately 1:00 pm and announced

- I. With respect to Health and Safety Code 32155, to review reports on Quality Assurance
No reportable action.
- II. With respect to Government Code Section 54957 to consider the following privileges and appointments to the medical staff.
 - a. Mr. Skutt motioned to approve the following privileges and appointments to the medical staff as submitted. A second was provided by Ms. McBride. None opposed, the motion was approved.
 - a. Recommendation for One Year Provisional Privileges**
 - **Syed Mustafa, MD-90 days**
 - **Elsie Taylor, PA**
 - b. Dr. Swanson motioned to approve the following privileges and appointments to the medical staff as submitted. A second was provided by Ms. Kreth. None opposed, the motion was approved.

b. Recommendation for One Year Provisional Privileges

- **Dr. Shawni Coll-OB/Gyn**
- **Dr. Thompson-OB/Gyn**
- **Dr. Kenneth Robinson-Hospital/ER**
- **Dr. Eric Goldberg-Radiology**
- **John Evans, FNP-Allied Health**
- **Teresa Donaldson-CRNA Allied Health-Retiring Dec. 31, 2014**

c. Ms. Kreth motioned to approve the following privileges and appointments to the medical staff as submitted. A second was provided by Ms. McBride. None opposed, the motion was approved.

c. Updated Schedule 1-Virtual Radiology

III. Adjournment. Ms. Mc Grath subsequently adjourned the meeting at 12:31 p.m.

Approval

Date

EASTERN PLUMAS HEALTH CARE DISTRICT
SPECIAL BOARD RETREAT
Wednesday, January 14, 2015
10:00 A.M.
EPHC ACR
Minutes

1. Call to Order.

The meeting was called to order at 10:15 am by Gail McGrath

2. Roll Call.

Present: Gail McGrath, Dr. Paul Swanson, Janie McBride, Lucie Kreth, Jay Skutt, and Tom Hayes.

3. Approval of Agenda.

Ms. McBride motioned to accept the Agenda as submitted. A second was made by Mr. Skutt. None opposed, the motion was approved.

4. Board Comments.

None

5. Review of Board Job Description

The Board thoroughly reviewed the two Board Job Descriptions sent out. Changes were made to consolidate the two into one document. A draft job description will be prepared and reviewed at another special planning session to be scheduled in February.

6. Board Self Assessment

After considerable discussion of the Board self assessment process, it was agreed that the check list forms used in the past were not helpful and too time consuming to complete. Instead a new form will be completed based on the new job description. The evaluation criteria to be used will include “very effective”, “effective”, “needs improvement”, and “comments”. When the forms are filled out, the member will be strongly encouraged to note in the comments section what needs to be improved.

7. CEO Job Description

The Board reviewed both the CEO Job Description as well as the CEO Evaluation form. It was agreed that the evaluation form will no longer be completed and the CEO evaluation will instead be a review of what has been accomplished during the year as well as a discussion about goals for the coming year, where are we going, etc.

8. Closed Session

Ms. McGrath announced the Board would move into closed session at 1:30 p.m., pursuant to Health and Safety Code 32155.

The Board returned to open session at approximately 2:25 pm:

- I. With respect to Health and Safety Code 32155, to review reports on Quality Assurance. No reportable action.

9. The meeting was adjourned at 2:30 pm

Approval

Date

EASTERN PLUMAS HEALTH CARE AUXILIARY

BYLAWS – AMENDED 2015

ARTICLE I: DEFINITIONS

- A. ~~%Auxiliary+~~means Eastern Plumas Health Care Auxiliary, P.O. Box 735, Portola, CA 96122.
- B. ~~%Executive Board+~~means the elected officers of the Auxiliary.
- ~~C. %Board of Directors+means elected officers and all committee Chairpersons.~~
- ~~D.C.~~ ~~%Facilities+~~means the thrift store and other facilities and services operated by the Auxiliary.
- ~~E.D.~~ ~~%Hospital+~~means EPHC, EPHC Foundation and EPHC Board of Trustees.

ARTICLE II: NAME

The name of this organization shall be EASTERN PLUMAS HEALTH CARE AUXILIARY.

ARTICLE III: ORGANIZATION, PURPOSE AND POWERS

- A. ORGANIZATION.
 - 1. EPHC Auxiliary is an arm of EPHC District and accountable to the EPHC Board of Trustees.
 - 2. Charitable provision. This organization is organized exclusively for charitable purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code.
 - 3. Notwithstanding any other provision of these articles, the organization shall not carry on any other activities not permitted to be carried on: (a) by any organization exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue code of 1986 (or corresponding provision of any future United States Internal Revenue law) or, (b) by an organization contributions to which are deductible under section 170(c) (2) of the Internal Revenue code of 1986 (or corresponding provision of any future United States Internal Revenue Law).

4. No substantial part of the activities of this organization shall consist of carrying on propaganda or otherwise attempting to influence legislation, and the organization shall not participate or intervene in any political campaign (including the publishing or distribution of any statements) on behalf of any candidate for public office.

B. PURPOSE

1. The purpose of this organization is to render service to Eastern Plumas Health Care District, its patients and community, and to assist them in promoting the health and welfare of the community in accordance with objectives established by the governing board of Eastern Plumas Health Care District.

C. POWERS:

1. The powers of the Executive Board include, but are not necessarily limited to, the following:
 - a. To prescribe the duties and powers of the officers, chairpersons, and members of the Auxiliary; to establish such committees as may be appropriate and to appoint members to those offices; to determine the number of and appoint all such committee members.
 - b. To establish, maintain and operate, or provide assistance in the operation of the thrift store or any other programs, services and facilities and activities for the benefit of the Auxiliary or the people served by the Auxiliary.

ARTICLE IV: MEMBERSHIP

- A. Membership in the auxiliary is open to all persons who are interested in Eastern Plumas Health Care and who are willing to conform to the bylaws and policies of the Auxiliary. All memberships shall be renewed annually in May by the payment of dues.

B. TYPES OF MEMBERSHIP:

1. Active Members shall be those who ~~regularly participate in active service programs of the Auxiliary, or who serve on standing or special committees, or have attended at least two meetings of the General Membership within the last year.~~ are current in payment of dues.
2. ~~Associate Members shall be those interested in the purpose of the Auxiliary, but do not participate as active members.~~

~~3. Junior Members shall be those teen-age volunteers who work at the hospital or the thrift store under the supervision of the adult chairperson. All of this group shall be approved by the Board of Directors of the Auxiliary.~~

4.2. _____ Life Members shall be those honored with a life membership, or those who have contributed the sum of \$100.00, or more, to the Auxiliary.

C. VOTING PRIVILEGES

1. All active members in good standing shall have the right to participate in and vote at General Membership meetings of the Auxiliary.

D. RESIGNATION

~~1. The resignation of a member shall be in writing and become effective upon the delivery of same to the President, Secretary or Treasurer, and its acceptance by the organization's Executive Board, providing that all indebtedness of such member is paid or waived by the action of the Executive Board. Nonpayment of dues shall constitute the resignation of a member.~~

ARTICLE V: DUES AND CONTRIBUTIONS

A. AMOUNT OF DUES:

1. Active ~~and associate~~ member dues shall be collected annually in May, the amount to be set by the Executive Board ~~of Directors~~ at the March meeting.

~~2. Junior members' dues shall be collected annually in May, the amount to be set by the Board of Directors at the March meeting.~~

~~3.2.~~ _____ Life Members pay a one-time minimum of \$100.00.

B. REINSTATEMENT:

1. Any person whose membership has been terminated for nonpayment of dues may be reinstated by paying dues in full for the current year.

C. All dues or contributions paid or made to the Auxiliary become the property of the Auxiliary and the members or contributors shall have no further claim or rights thereto.

ARTICLE VI: EXECUTIVE BOARD

A. GENERAL POWERS

1. The Executive Board is the governing body of the Auxiliary. All Auxiliary powers shall be exercised by or under the direction of the Executive Board. The Executive Board is authorized to make appropriate delegations of its powers and authority to officers and volunteers. The Executive Board shall evaluate the performance of its officers and members and also its own performance.

B. OPERATION OF FACILITIES

1. The Executive Board shall be responsible for the operation of the facilities owned, leased or operated by the Auxiliary, according to the best interests of the public health, and shall make and enforce all rules, regulations, contracts and bylaws necessary for the administration, governance, protection and maintenance of the facilities under the Auxiliary management and all property belonging thereto.
2. EPHC Auxiliary operations are subject to supervision and ultimate approval of EPHC Board of Trustees.
3. EPHC Auxiliary shall maintain reasonable financial controls under the auspices of EPHC Board of Trustees.

C. NUMBER AND QUALIFICATION

1. The ~~Executive~~ Board shall consist of ~~six (6)~~five (5) members, each to be a member of good standing.
2. The Executive Board of the Auxiliary shall consist of the President, First and Second Vice-Presidents, ~~Recording~~ Secretary, ~~Corresponding Secretary~~, and Treasurer, elected by the majority vote of the members in good standing present and voting at the February meeting.
3. The Executive Board shall be elected at the February meeting for a one year term and shall be installed in May at the Annual Meeting.
4. In case of a vacancy occurring during the year, the Executive Board shall appoint a member to fill the post, except for the Presidency, which shall be filled by the First Vice-President.
5. The majority of the members of the Executive Board shall constitute a quorum.

ARTICLE VII: BOARD OF DIRECTORS

~~A. Shall consist of the Executive Board and all Chairpersons of Standing Committees appointed by the President. The administrator of the hospital and the director of volunteer services shall be ex officio members of the Board of Directors.~~

~~B.~~ D. DUTIES OF EXECUTIVE OFFICERS

1. The **President** shall be the chief executive officer of the Auxiliary, and of the Executive Board of Directors and shall have the supervision of the general management of the organization. The President shall appoint the ~~Parliamentarian,~~ chairpersons of such ad hoc committees as occasion may demand, plus chairmen-chairpersons caused by vacancies, shall be an ex officio member of all standing committees of the Auxiliary, except the nominating committee, and shall counter-sign all checks (see exceptions in Article XI-C). In the event of an emergency, ~~the President shall be empowered to act for, together with all other elected officers, (The Executive Board) to act for~~ the Executive Board of Directors in emergencies, with such action to be ratified at the next Executive Board meeting. The President may expend up to \$500 without approval. The President shall work closely with the hospital administrator and the director of volunteer services. The President shall give, or appoint someone to give, a report at the regular meetings of the Board of Directors of Eastern Plumas Health Care District.
2. The **First Vice-President** shall be in charge of all arrangements and programs at all general membership meetings and in the absence of the President shall have executive powers and perform the duties of the President.
3. The **Second Vice-President** shall act as membership chairperson. The Second Vice-President shall keep and maintain a membership book-list containing the names and addresses of each member. ~~Termination of any membership shall be recorded in this book together with the date on which the membership ceased.~~ In the absence of the President and First Vice-President, the Second Vice-President shall have executive powers and perform the duties of the President.
4. The **Recording-Secretary** shall keep records of all meetings of the organization and of the Executive Board of Directors in record books belonging to the Auxiliary. These records shall be stored in an agreed upon location. The Recording-Secretary shall retain custody of all such records and shall perform such other duties as usually pertain to that

office. The Secretary will also be responsible for the Auxiliary's correspondence.

~~5. The **Corresponding Secretary** is responsible for the Auxiliary's general correspondence and acknowledges all gifts for the patients and the Auxiliary. The Corresponding Secretary shall be the Sunshine Chairperson.~~

~~6.5. _____~~ The **Treasurer** shall be responsible to keep accurate records of all financial affairs of the Auxiliary, shall render a monthly financial report to the Auxiliary-Executive Board, and shall provide an audited-annual report at the end of the fiscal year to the Chief Financial Officer at Eastern Plumas Health Care. The Treasurer shall have charge of finances under the control and supervision of the Executive Board-of-Directors. All monies or funds of any kind shall be recorded through the Treasurer's books. All expenditures, other than routine operating expenditures, must be approved by the Executive Board-of-Directors. The **President** may expend up to \$100.00~~500.00~~ of these funds without approval of the Executive Board-of-Directors.

~~C. E. _____~~ All actions of the Executive Board of-Directors are subject to the approval of the Eastern Plumas Health Care District. With the above limitation, management and control of property, funds and the affairs of the Auxiliary shall be administered by the Executive Board of-Directors on behalf of the membership. The Executive Board of-Directors shall adopt its own rules of procedure consistent with these bylaws.

~~D. F. _____~~ All contracts or documents made, accepted or executed by the Executive Board shall be signed by the President or President's representative.

~~E. G. _____~~ Regular meetings of the Executive Board of-Directors shall be held once a month, with the exception of December, unless otherwise established by the Executive Board-of-Directors, at such time and place as the Executive Board of-Directors and/or the President may determine.

~~F. H _____~~ Special meetings of the Executive Board of-Directors may be held at any time and place determined by the President, and, in addition shall be or when called when requested in writing by not fewer than four (4)~~three (3)~~ members of the Executive Board-of-Directors.

~~G.~~ I. The majority of the members of the Executive Board ~~of Directors~~ shall constitute a quorum at any meeting of the Board. In the absence of a quorum no decisions binding on the Auxiliary may be made.

~~H.~~ J. There shall be a written notice of regular meetings of the Executive Board ~~of Directors~~. For special meetings, there shall be at least 48 hours prior notice.

ARTICLE ~~VIII~~VII: GENERAL MEMBERSHIP MEETINGS

- A. There shall be quarterly meetings of the Auxiliary membership.
- B. The time and place of the meetings will be determined by the First Vice-President.
- C. The annual meeting shall be held in May of each year with the installation of officers, annual reports of officers, standing committees and such other business as may properly come before the meeting.
- D. The voting members present shall constitute a quorum at any meeting of the Auxiliary.
- E. All members shall be given two weeks notice of the quarterly meeting date. At least ten days prior notice shall be given for special meetings.

ARTICLE ~~IX~~VIII: STANDING AND AD HOC COMMITTEES

- A. Standing committees of the Auxiliary shall be appointed by the President for a term of one year and may be re-appointed to the same office. The President shall appoint all chairpersons, with the approval of the Executive Board ~~of Directors~~.
- B. Each standing committee chairperson, in conference with the President, shall appoint members to the committee chaired.
- C. The chairperson of each standing committee shall be responsible for making regular reports to the Executive Board ~~of Directors and submitting a summary report in writing to the general membership at the Annual Meeting in May.~~
- D. The President of the Auxiliary may appoint ad hoc committees necessary to carry out the purposes of the organization. Ad hoc committees shall be automatically dissolved when they have discharged their functions.

- E. The President may remove chairpersons for conflict of interest or for causing divisions among members of the committee or of the Auxiliary. A first and second warning shall be given.

ARTICLE XIX: DUTIES OF STANDING COMMITTEES

A. **The Nominating Committee** shall be composed of at least three active members in good standing, one of whom shall serve as chairperson. The ~~Executive Board of Directors~~ shall appoint the committee at the June meeting of the ~~Executive Board of Directors~~.

1. The committee shall function throughout the fiscal year (May 1 . April 30).
2. At the regular meeting in February this committee shall present the name of at least one active member of the Auxiliary for each office.
3. Additional members may be placed in nomination from the floor, providing they are in good standing, and have given consent for their names to be placed in nomination.
4. Members of the Nominating Committee may be candidates for office.

B. The Historian

1. The Historian shall be appointed by the President.
2. The Historian shall keep the history of the organization up-to-date, and keep a scrapbook of newspaper clippings, pictures and items pertinent to the Auxiliary's history.

C. Thrift Store Day--Chairpersons

1. The Thrift Store Day--Chairpersons shall be appointed by the President.
2. The Day--Chairpersons are responsible for all activities listed under their duties in the thrift store book of Policies and Procedures. The President may remove any Day--Chairperson with a conflict-of-Interest or who is causing divisions among the members of the Auxiliary. A first and second warning shall be given.

D. Thrift Store ~~Personnel Director~~Manager(s)

1. The Thrift Store ~~Personnel Director~~Manager(s) shall be appointed by the President.

2. The duties of the Thrift Store ~~Personnel Director~~ Manager(s) are listed in the policies and procedures book for the Thrift Store.

E. The Other Committees are:

- ~~1. Art~~
- 2.1. Blood Bank Drive
- 3.2. Crafts EPHC Lobby
- 4.3. EPHC Liaison Historian
- 5.4. Patient Services Newsletter
- 6.5. Nifty Thrifty Publicity
- 7.6. Pink Patter Refreshments
- 8.7. Publicity Scholarship
- 9.8. Memorials Social Media
9. Telephone
10. Thrift Store

- F. The President shall appoint ad hoc committees as needs arise. Such committees are to be disbanded when their duties have been concluded.

1. Examples of Ad Hoc Committees:

- a. Fashion Show
- b. Health Fair

ARTICLE XI: MEETINGS

- A. Regular meetings of the General Membership shall be held quarterly in May, August, November and February. The time and place is to be set by the First Vice-President.
- B. Regular meetings of the Executive Board ~~of Directors~~ shall be held monthly. The time and place is to be set by the President.
- C. Special meetings of the General Membership or of the Executive Board ~~of Directors~~ may be called by the President or upon written petition signed by not fewer than four (4) three (3) members of the Executive Board ~~of Directors~~.

ARTICLE XII: FUNDS

- A. All fund-raising activities, other than regular membership dues, shall be subject to the approval of the Executive Board ~~of Directors~~.

- B. The proceeds from all fund-raising, other than membership dues, shall be expended only for purposes approved by the Executive Board ~~of Directors~~.
- C. All checks drawn against organization funds shall be signed by the Treasurer and countersigned by the President. In the absence of the Treasurer or the President, or both, checks shall be signed and countersigned by any two of the ~~following: President, Treasurer, Recording Secretary or an active member~~ Executive Board. All bank accounts of the Auxiliary shall be established by resolution of the Executive Board ~~of Directors~~ of the Auxiliary.
- D. The President may expend up to \$~~400.00~~500.00 of these funds without approval of the Executive Board ~~of Directors~~ of the Auxiliary.
- E. ~~MEMORIAL SCHOLARSHIP~~ FUNDS
 - 1. ~~Shall consist of all~~ Scholarship funds come from memorial donations.
 - 2. Memorial Scholarship Funds shall be expended for EASTERN PLUMAS HEALTH CARE DISTRICT equipment and improvements only on the approval of the Executive Board ~~of Directors~~.
 - ~~2-3.~~ Exceptions to Scholarship Guidelines shall be considered on an as-needed basis.
- F. GENERAL FUNDS:
 - 1. Shall consist of all undesignated funds.
- G. **The property of this organization is irrevocably dedicated to charitable purposes and no part of the net income or assets of this organization shall ever inure to the benefit of any director, officer or private person.**
- H. **Upon the dissolution or winding up of the organization, its assets remaining after payment or provision for payment, of all debts and liabilities of this organization shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under IRC Section 501(c)(3).**

ARTICLE XIII FISCAL YEAR

- A. The fiscal year of the Auxiliary shall commence May 1, and shall end on April 30.

ARTICLE ~~XIV~~XIII: PARLIAMENTARY AUTHORITY

- A. Robert's Rules of Order (Revised) shall be the authority upon all questions not covered in these bylaws.

ARTICLE XIV: AMENDMENTS

These bylaws may be repealed or amended by the affirmative vote of a majority of those present and voting at any regular or special meeting of the Auxiliary, provided notice of the proposed alteration, repeal or amendment accompanies a notice of the meeting (regular or special) mailed to the membership at least two weeks in advance of the meeting. No amendment to these bylaws shall be effective until approved by the Governing Board of the Eastern Plumas Health Care District.

ARTICLE ~~XV~~XVI: APPROVAL

- A. These bylaws shall become effective immediately by a majority vote of the Auxiliary members present and voting, and after approval of the Board of Directors of EASTERN PLUMAS HEALTH CARE DISTRICT OR their Administrator.

ADOPTED BY:

EASTERN PLUMAS HEALTH CARE AUXILIARY

Carla J. Hardin
PRESIDENT

November 17, 2004
DATE

APPROVED BY:

EASTERN PLUMAS HEALTH CARE DISTRICT

| Aggie Keese

PRESIDENT

| November 16, 2004

DATE

EASTERN PLUMAS HEALTH CARE DISTRICT

MEMORANDUM

Date: December 18, 2014
To: Board of Directors
From: Jeri Nelson, Chief Financial Officer
Subject: Summary of Financial Results – November 2014

Table 1. Consolidated Financial Results – November 2014

	Actual	Budget	Variance
Total Revenue	\$2,897,753	\$2,992,077	\$(94,324)
Contractual Adjustments	\$1,065,812	\$1,112,906	\$(47,094)
Bad Debt/Admin Adjustments	\$105,037	\$146,390	\$(41,353)
Net Revenue	\$1,726,904	\$1,732,781	\$(5,877)
Total Expenses	\$1,731,444	\$1,845,128	\$(113,684)
Operating Income (Loss)	\$(4,539)	\$(112,347)	\$107,808
Non-Operating Income(Expense)	\$71,888	\$47,654	\$24,234
Net Income (Loss)	\$67,349	\$(64,694)	\$132,043

Table 2. Consolidated Financial Results – Five Months Ended November 2014

	Actual	Budget	Variance
Total Revenue	\$16,223,347	\$16,115,450	\$107,897
Contractual Adjustments	\$6,582,068	\$6,060,515	\$521,553
Bad Debt/Admin Adjustments	\$551,724	\$788,366	\$(236,642)
Net Revenue	\$9,089,556	\$9,266,569	\$(177,013)
Total Expenses	\$9,089,774	\$9,249,040	\$(159,266)
Operating Income (Loss)	\$(218)	\$17,529	\$(17,747)
Non-Operating Income (Expense)	\$300,987	\$263,269	\$37,718
Net Income (Loss)	\$300,769	\$280,798	\$19,971

We've had positive net income each of the five months and that is no small accomplishment. Graph 5 shows last year's results and compared to where we were this time last year, we have improved our financial position by \$545,000. Patient revenues are up almost \$1 million due to increased days in Swing (105); Skilled Nursing (439); and clinic visits (843). Expenses are up \$500 thousand mostly for salaries, benefits and professional fees relating to the increased services. Operating income this year is almost at breakeven, leaving us with our contributions and property tax money to use towards needs other than expenses. Cash collections were low in November causing AR days to increase to 69. We're managing vendor payments and looking to improve cash flow as claim processing improves.

**EASTERN PLUMAS HEALTH CARE
STATEMENT OF REVENUE & EXPENSE
FOR THE MONTH ENDED
NOVEMBER 30, 2014**

	CURRENT PERIOD			YEAR TO DATE			ANNUAL
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	BUDGET
OPERATING REVENUE							
INPATIENT ROUTINE	169698	166790	2908	669442	856640	-187198	2044000
INPATIENT ANCILLARY	168314	154187	14127	611169	791911	-180742	1889551
TOTAL INPATIENT	<u>338012</u>	<u>320978</u>	<u>17034</u>	<u>1280611</u>	<u>1648551</u>	<u>-367940</u>	<u>3933551</u>
SWING ROUTINE	24000	13530	10470	234000	68503	165497	164000
SWING ANCILLARY	15521	13810	1711	196904	69919	126985	167390
TOTAL SWING BED	<u>39521</u>	<u>27340</u>	<u>12181</u>	<u>430904</u>	<u>138422</u>	<u>292482</u>	<u>331390</u>
SKILLED NURSING ROUTINE	480900	546055	-65155	2560950	2784081	-223131	6643000
SKILLED NURSING ANCILLARY	104905	84645	20260	407779	431911	-24132	1031720
TOTAL SKILLED NURSING	<u>585805</u>	<u>630700</u>	<u>-44895</u>	<u>2968729</u>	<u>3215992</u>	<u>-247263</u>	<u>7674720</u>
OUTPATIENT SERVICES	1873783	2006898	-133115	1.1E+07	1.1E+07	386825	25683225
TOTAL PATIENT REVENUES	<u>2837121</u>	<u>2985915</u>	<u>-148794</u>	<u>1.6E+07</u>	<u>1.6E+07</u>	<u>64103</u>	<u>37622886</u>
OTHER OPERATING REVENUE	60633	6162	54471	74602	30808	43794	73940
TOTAL REVENUE	<u>2897753</u>	<u>2992077</u>	<u>-94324</u>	<u>1.6E+07</u>	<u>1.6E+07</u>	<u>107897</u>	<u>37696826</u>
=====							
DEDUCTIONS FROM REVENUE							
BAD DEBT/ADMINISTRATIVE ADJ'S	105037	146390	-41353	551724	788366	-236642	1843700
CONTRACTUAL ADJUSTMENTS	1065812	1112906	-47094	6582068	6060515	521553	14125128
TOTAL DEDUCTIONS	<u>1170849</u>	<u>1259296</u>	<u>-88447</u>	<u>7133792</u>	<u>6848881</u>	<u>284911</u>	<u>15968828</u>
NET REVENUE	<u>1726904</u>	<u>1732781</u>	<u>-5877</u>	<u>9089556</u>	<u>9266569</u>	<u>-177013</u>	<u>21727998</u>
=====							
OPERATING EXPENSES							
SALARIES	799903	808608	-8705	4100977	4138460	-37483	9837081
BENEFITS	215142	244272	-29130	1124263	1232928	-108665	2947482
SUPPLIES	95890	191043	-95153	735793	824666	-88873	1971908
PROFESSIONAL FEES	258994	249252	9742	1333035	1260304	72731	2983407
REPAIRS & MAINTENANCE	37307	44006	-6699	210994	220031	-9037	528074
PURCHASED SERVICES	113331	94694	18637	521531	474972	46559	1139334
UTILITIES/TELEPHONE	57648	59425	-1777	292461	291537	924	704146
INSURANCE	33763	34975	-1212	160644	174874	-14230	419698
RENT/LEASE EXPENSE	14813	15109	-296	78247	75547	2700	181312
DEPRECIATION/AMORTIZATION	66504	76943	-10439	338125	384714	-46589	923314
INTEREST EXPENSE	20690	18115	2575	105574	90575	14999	217379
OTHER EXPENSES	17459	8684	8775	88131	80432	7699	150673
TOTAL EXPENSES	<u>1731444</u>	<u>1845128</u>	<u>-113684</u>	<u>9089774</u>	<u>9249040</u>	<u>-159266</u>	<u>22003808</u>
OPERATING INCOME (LOSS)	<u>-4539</u>	<u>-112347</u>	<u>107808</u>	<u>-218</u>	<u>17529</u>	<u>-17747</u>	<u>-275810</u>
=====							
MISCELLANEOUS	3	3083	-3080	33707	15417	18290	37000
CONTRIBUTIONS	28218	0	28218	35971	25000	10971	200000
PROPERTY TAX REVENUE	43667	44570	-903	231309	222852	8457	534845
NON-OPERATING INCOME (EXPENSE)	<u>71888</u>	<u>47654</u>	<u>24234</u>	<u>300987</u>	<u>263269</u>	<u>37718</u>	<u>771845</u>
NET INCOME (LOSS)	<u>67349</u>	<u>-64694</u>	<u>132043</u>	<u>300769</u>	<u>280798</u>	<u>19971</u>	<u>496035</u>
=====							

STATISTICAL DATA	CURRENT PERIOD			YEAR TO DATE			ANNUAL
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	BUDGET
ACUTE INPATIENT ADMISSIONS	19	21	-2	84	105	-21	250
ACUTE PATIENT DAYS	57	60	-3	232	306	-74	730
SKILLED NURSING PATIENT DAYS	1374	1560	-186	7289	7956	-667	18980
SWING BED DAYS	12	7	5	117	35	82	82
E.R. VISITS	262	254	8	1608	1515	93	3530
CLINIC VISITS	2112	2251	-139	11120	11115	5	26617

**EASTERN PLUMAS HEALTH CARE
COMPARATIVE BALANCE SHEET
FOR THE MONTHS ENDED**

	OCTOBER 2014	NOVEMBER 2014	CHANGE
ASSETS			
CURRENT ASSETS			
CASH	\$ 128,121	\$ (153,001)	\$ (281,122)
LAIF SAVINGS	\$ 1,112,866	\$ 1,112,866	\$ -
ACCOUNTS RECEIVABLE NET	\$ 4,198,346	\$ 4,219,112	\$ 20,766
ACCOUNTS RECEIVABLE OTHER	\$ 670,484	\$ 933,716	\$ 263,232
INVENTORY	\$ 237,249	\$ 237,249	\$ -
PREPAID EXPENSES	\$ 105,083	\$ 99,300	\$ (5,783)
TOTAL CURRENT ASSETS	<u>\$ 6,452,149</u>	<u>\$ 6,449,242</u>	<u>\$ (2,907)</u>
PROPERTY AND EQUIPMENT			
LAND AND IMPROVEMENTS	\$ 934,164	\$ 934,164	\$ -
BUILDINGS AND IMPROVEMENTS	\$ 10,147,957	\$ 10,147,957	\$ -
EQUIPMENT	\$ 10,331,116	\$ 10,356,611	\$ 25,495
IN PROGRESS	\$ 326,708	\$ 365,101	\$ 38,393
	<u>\$ 21,739,945</u>	<u>\$ 21,803,833</u>	<u>\$ 63,888</u>
ACCUMULATED DEPRECIATION	<u>\$ 14,331,892</u>	<u>\$ 14,396,392</u>	<u>\$ 64,500</u>
TOTAL PROPERTY AND EQUIPMENT	<u>\$ 7,408,053</u>	<u>\$ 7,407,441</u>	<u>\$ (612)</u>
COSTS OF ISSUANCE NET	\$ 11,173	\$ 11,083	\$ (90)
TOTAL	<u>\$ 13,871,375</u>	<u>\$ 13,867,766</u>	<u>\$ (3,609)</u>
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
LEASES PAYABLE	\$ 87,874	\$ 79,888	\$ (7,986)
ACCOUNTS PAYABLE	\$ 1,497,398	\$ 1,294,843	\$ (202,555)
ACCRUED PAYROLL/RELATED TAXES	\$ 761,253	\$ 938,083	\$ 176,830
OTHER CURRENT LIABILITIES	\$ 373,228	\$ 364,747	\$ (8,481)
TOTAL CURRENT LIABILITIES	<u>\$ 2,719,753</u>	<u>\$ 2,677,561</u>	<u>\$ (42,192)</u>
LEASES PAYABLE	\$ 238,948	\$ 238,948	\$ -
CITY OF PORTOLA	\$ 322,407	\$ 320,326	\$ (2,081)
USDA LOANS	\$ 3,838,793	\$ 3,812,108	\$ (26,685)
DEFERRED REVENUE	\$ 167,670	\$ 167,670	\$ -
MEDI-CAL LTC	\$ 1,729,804	\$ 1,729,804	\$ -
TOTAL LIABILITIES	<u>\$ 9,017,375</u>	<u>\$ 8,946,417</u>	<u>\$ (70,958)</u>
FUND BALANCE	\$ 4,620,580	\$ 4,620,580	\$ -
NET INCOME (LOSS)	\$ 233,420	\$ 300,769	\$ 67,349
TOTAL	<u>\$ 13,871,375</u>	<u>\$ 13,867,766</u>	<u>\$ (3,609)</u>

**EASTERN PLUMAS HEALTH CARE
BALANCE SHEET
FOR THE MONTH ENDED
NOVEMBER 30, 2014**

ASSETS

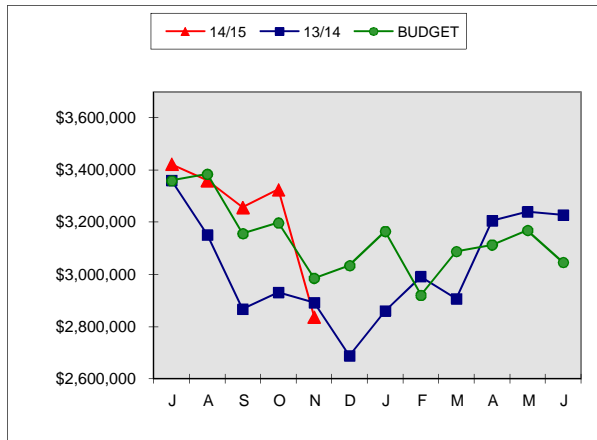
CURRENT ASSETS	
CASH	-153,001
INVESTMENTS	1,112,866
ACCOUNTS RECEIVABLE NET	4,219,112
ACCOUNTS RECEIVABLE OTHER	933,716
INVENTORY	237,249
PREPAID EXPENSES	<u>99,300</u>
TOTAL CURRENT ASSETS	6,449,242
PROPERTY AND EQUIPMENT	
LAND AND IMPROVEMENTS	934,164
BUILDINGS AND IMPROVEMENTS	10,147,957
EQUIPMENT	10,356,611
IN PROGRESS	<u>365,101</u>
TOTAL PROPERTY AND EQUIPMENT	21,803,834
ACCUMULATED DEPRECIATION	<u>14,396,393</u>
NET PROPERTY AND EQUIPMENT	7,407,441
COSTS OF ISSUANCE NET	11,083
TOTAL	13,867,766
	=====

LIABILITIES AND FUND BALANCE

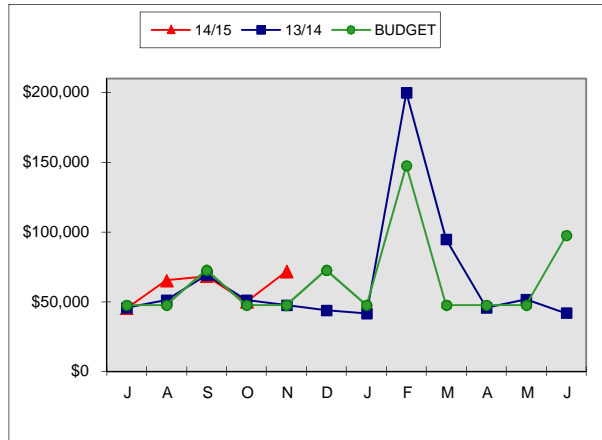
CURRENT LIABILITIES	
LEASES PAYABLE	79,888
ACCOUNTS PAYABLE	1,294,843
ACCRUED PAYROLL/RELATED TAXES	938,083
OTHER CURRENT LIABILITIES	<u>364,747</u>
TOTAL CURRENT LIABILITIES	2,677,562
LEASES PAYABLE	238,948
USDA REPAIRS & DEFEASANCE	21,158
CITY OF PORTOLA- PROPERTY LOAN	320,326
USDA LOANS SNF	3,312,548
PLUMAS BANK LOAN LOYALTON	478,401
USDA LOAN LOYALTON & PORTOLA	0
DEFERRED REVENUE	167,670
LTC MEDI-CAL NET	<u>1,729,804</u>
TOTAL LIABILITIES	8,946,417
FUND BALANCE	4,620,580
NET INCOME (LOSS)	300,769
TOTAL	13,867,766
	=====

EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

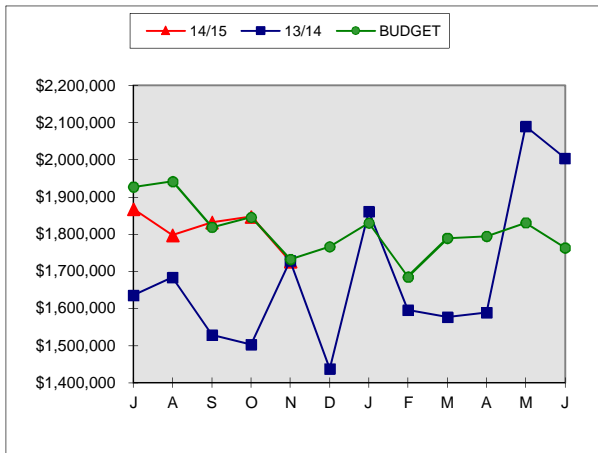
1. GROSS PATIENT REVENUE



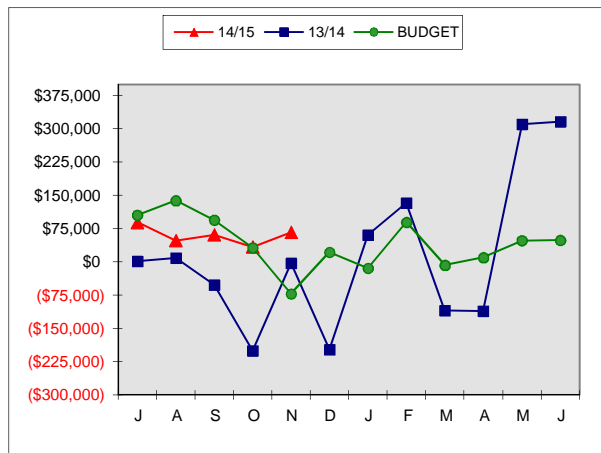
4. NON-OPERATING INCOME



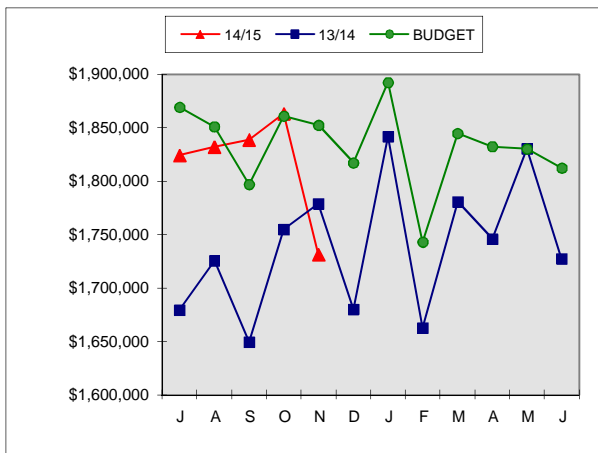
2. ESTIMATED NET REVENUE



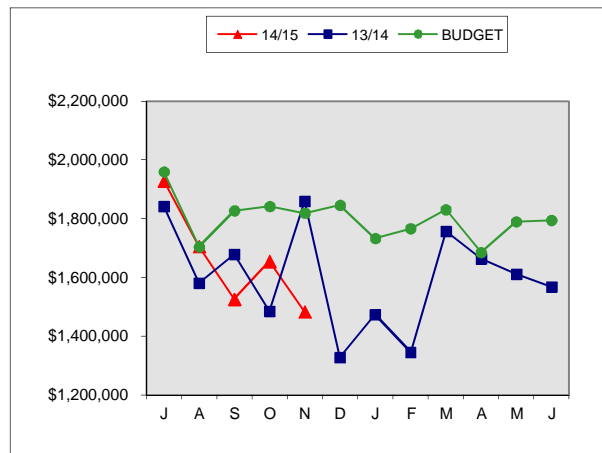
5. NET INCOME (LOSS)



3. OPERATING EXPENSES

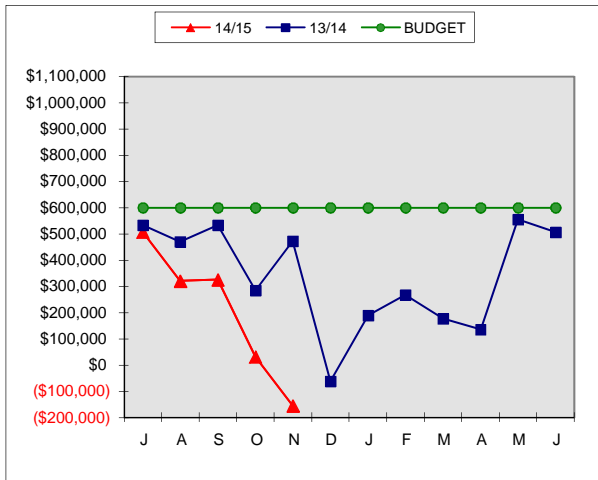


6. CASH RECEIPTS

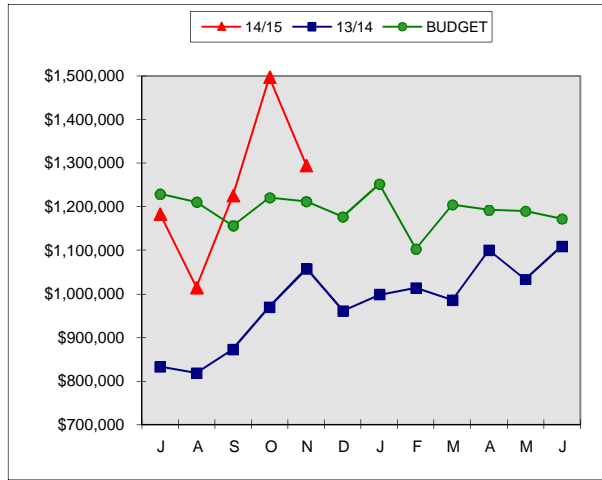


EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2015

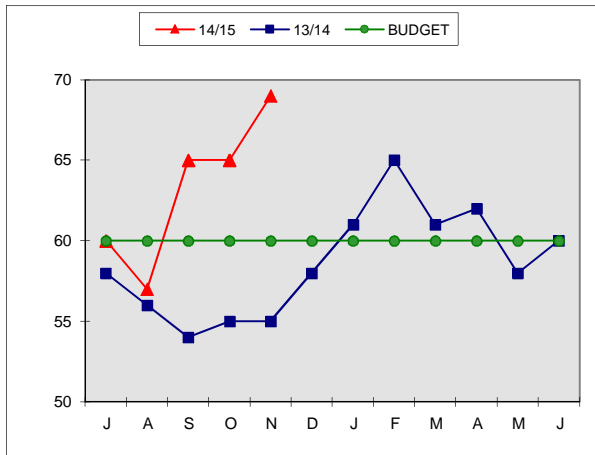
7. OPERATING CASH



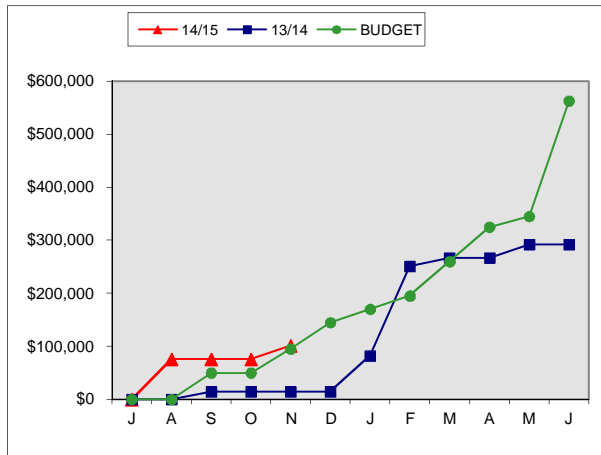
10. ACCOUNTS PAYABLE



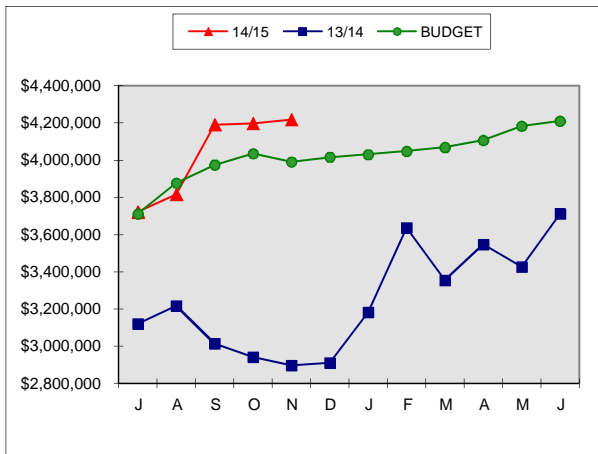
8. ACCOUNTS RECEIVABLE-DAYS



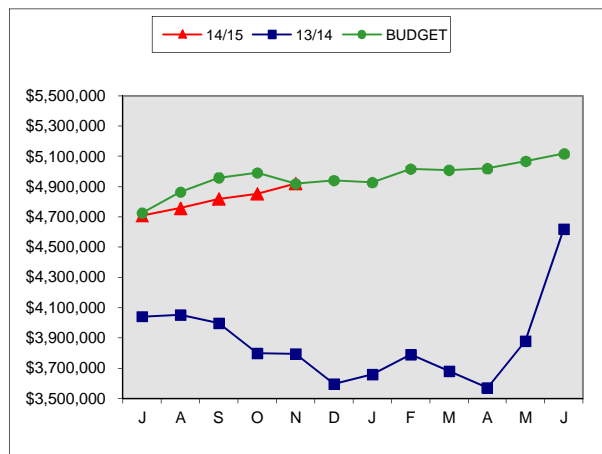
11. CAPITAL EXPENDITURES-YTD



9. ACCOUNTS RECEIVABLE, NET

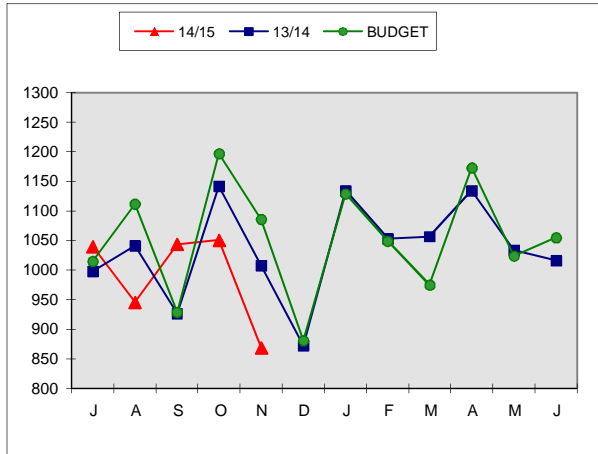


12. FUND BALANCE + NET INCOME (LOSS)

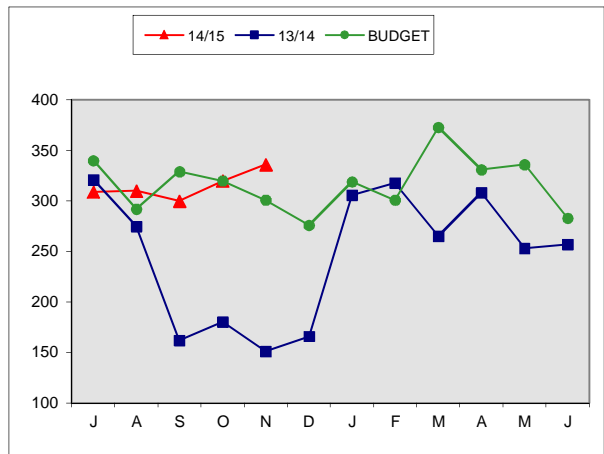


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

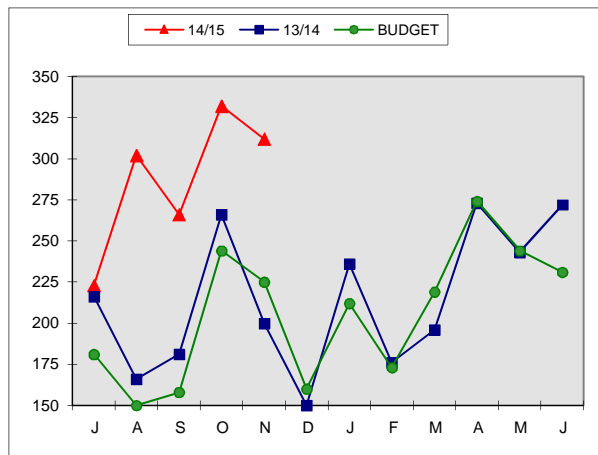
13. PORTOLA MEDICAL CLINIC VISITS



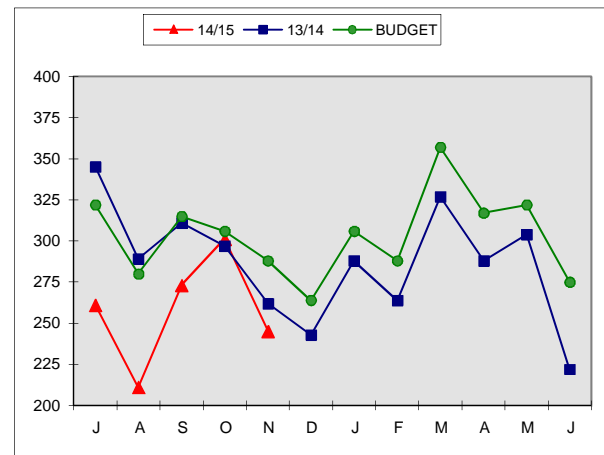
16. LOYALTON MEDICAL CLINIC VISITS



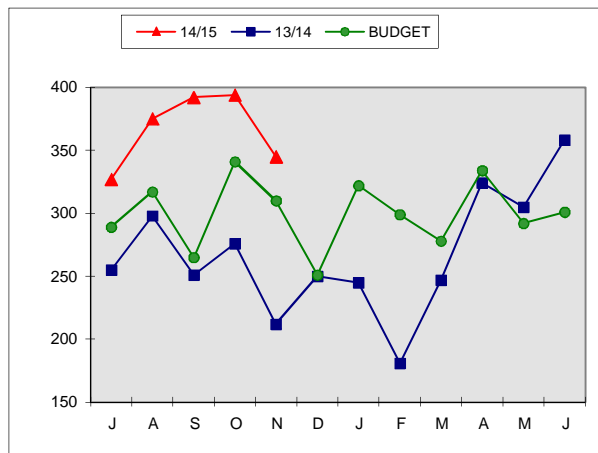
14. PORTOLA DENTAL CLINIC VISITS



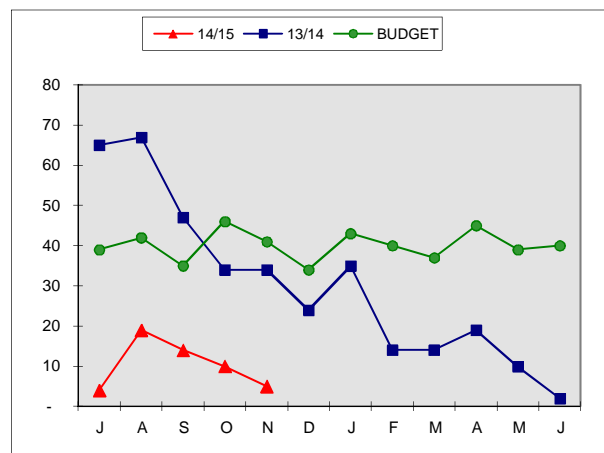
17. INDIAN VALLEY MEDICAL CLINIC VISITS



15. GRAEAGLE MEDICAL CLINIC VISITS

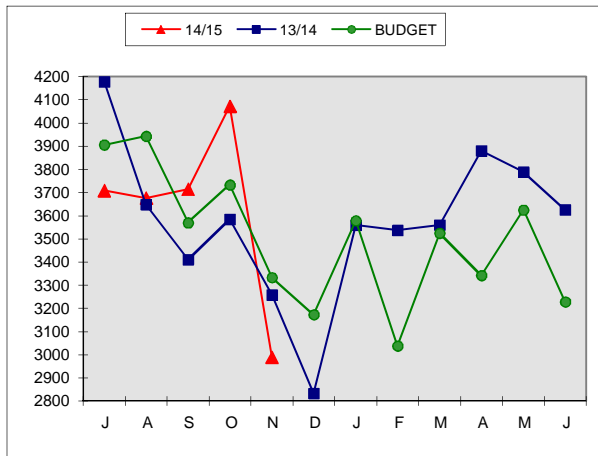


18. PORTOLA ANNEX VISITS

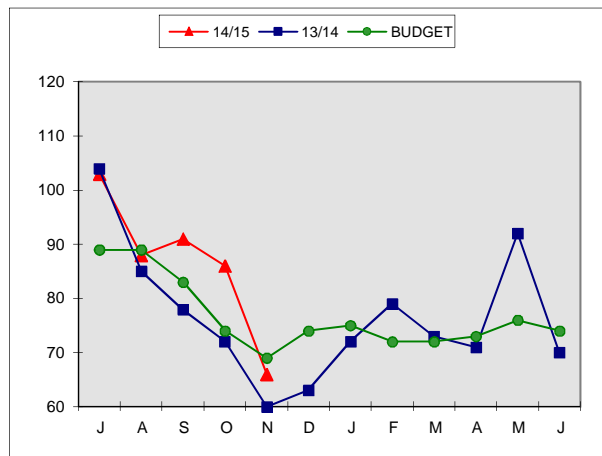


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

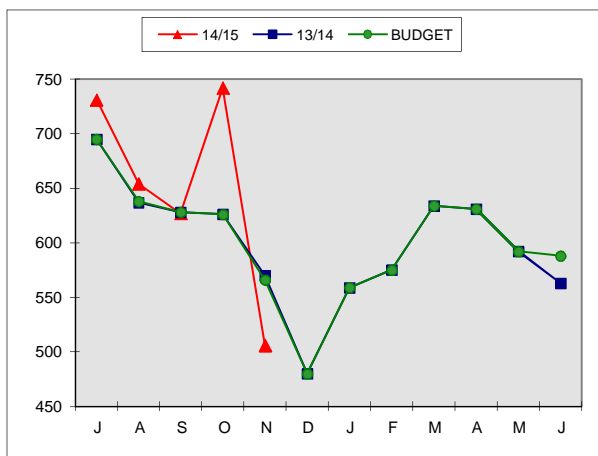
19. LABORATORY PROCEDURES



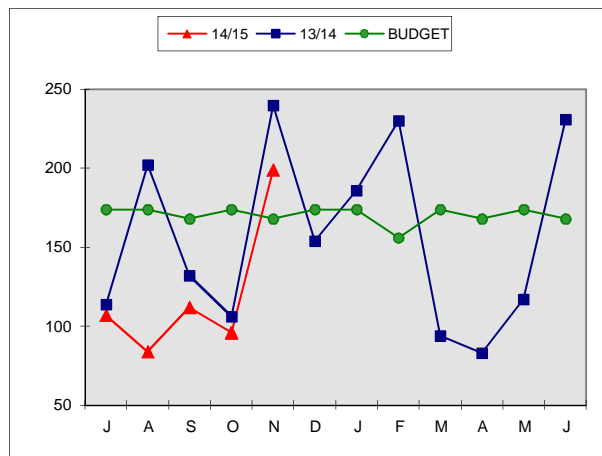
22. AMBULANCE RUNS



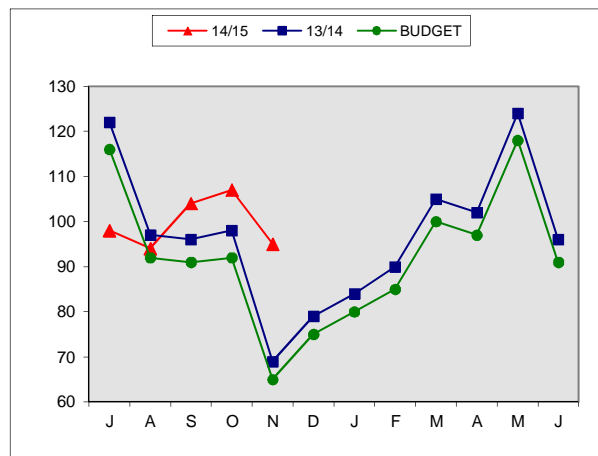
20. RADIOLOGY PROCEDURES



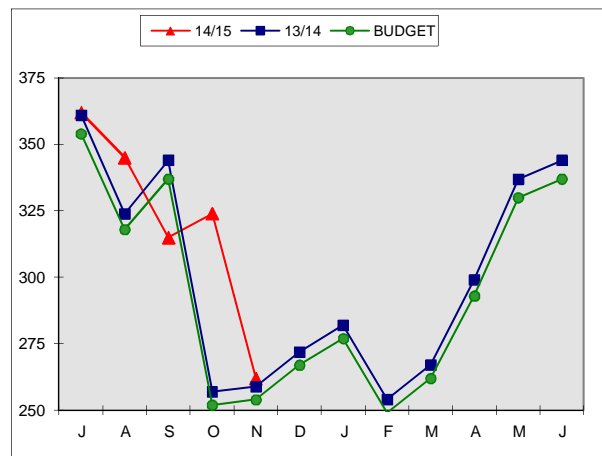
23. RESPIRATORY PROCEDURES



21. ECGS

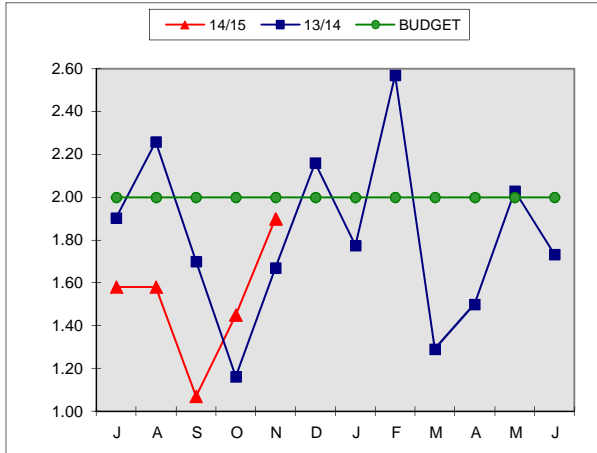


24. EMERGENCY ROOM VISITS

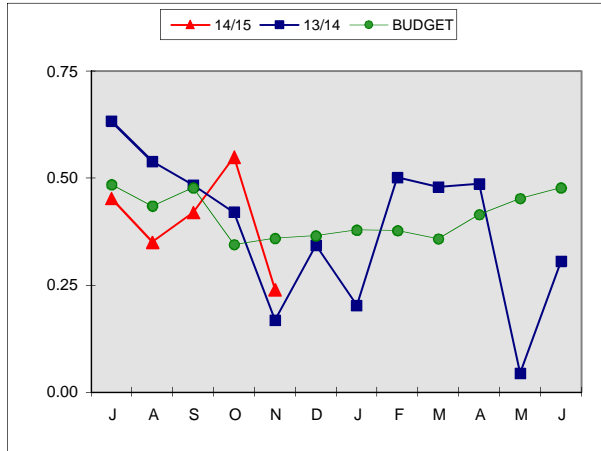


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

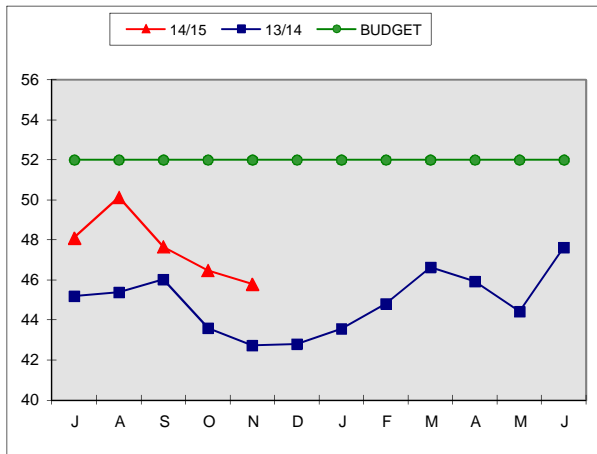
25. AVERAGE DAILY CENSUS - ACUTE



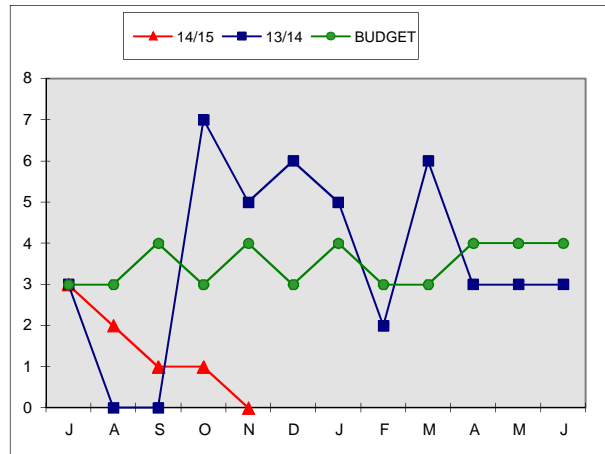
28. AVERAGE DAILY CENSUS - OBSERVATION



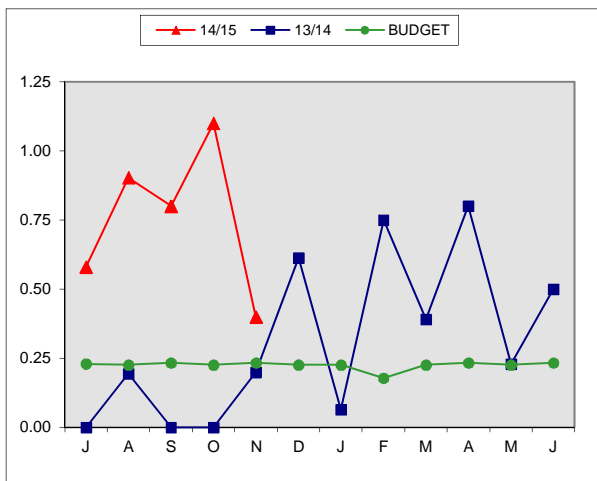
26. AVERAGE DAILY CENSUS - SNF



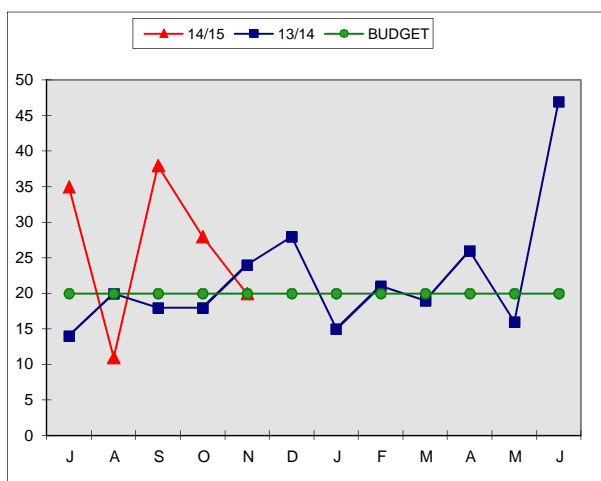
29. SURGERIES - IN & OUTPATIENT



27. AVERAGE DAILY CENSUS-SWING

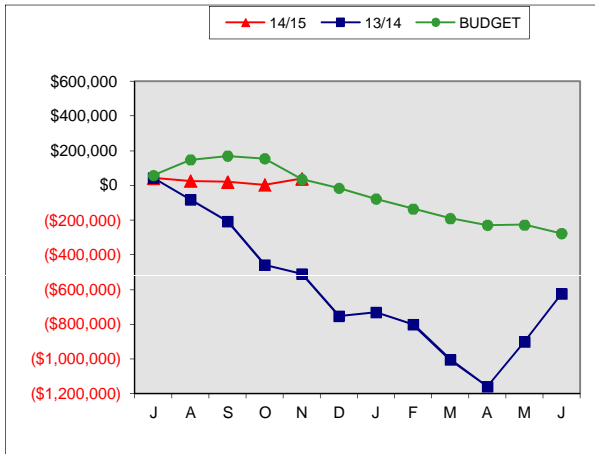


30. ENDOSCOPY PROCEDURES

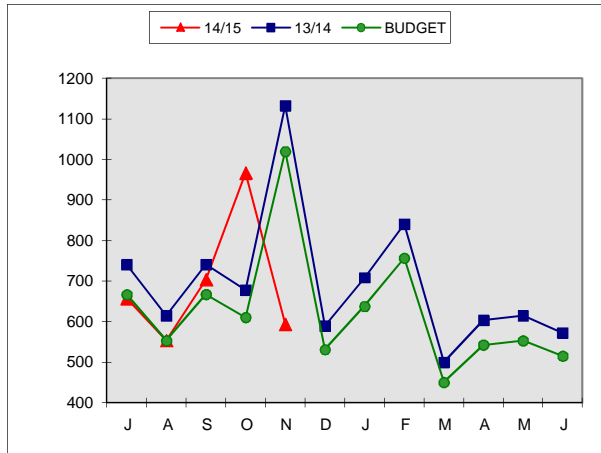


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

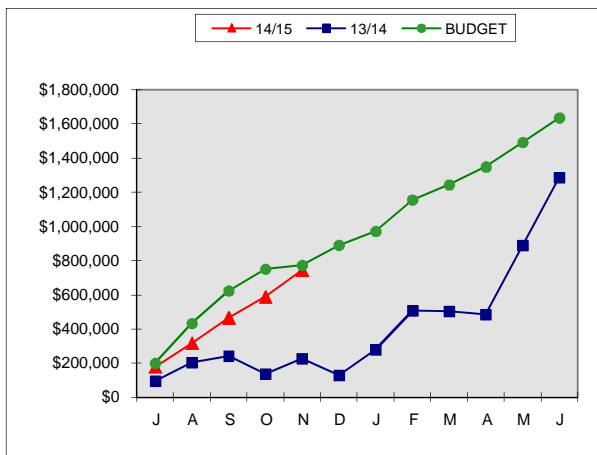
31. YEAR TO DATE OPERATING INCOME (LOSS)



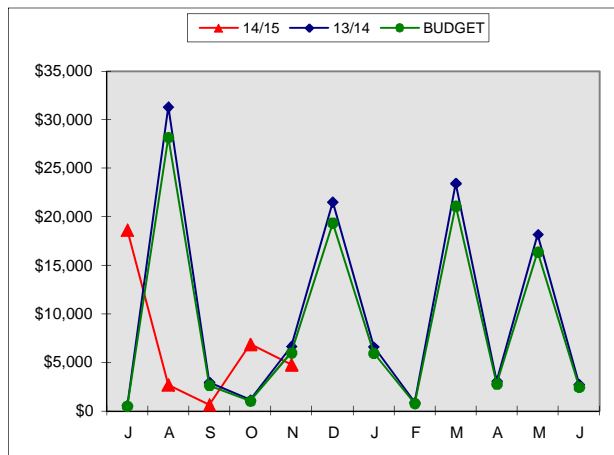
34. OVERTIME HOURS



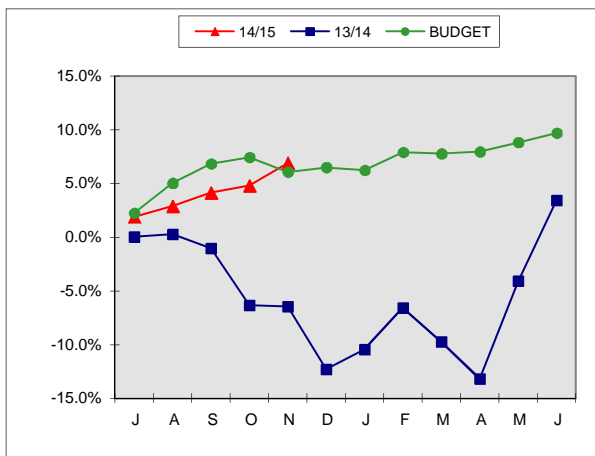
32. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



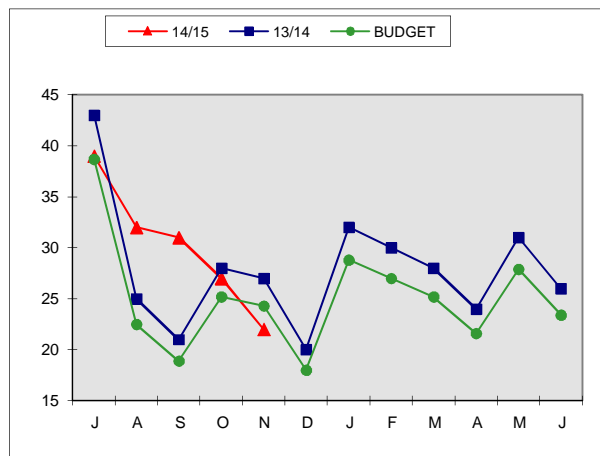
35. DENIALS



34. RETURN ON EQUITY



36. EMERGENCY DEPARTMENT TRANSFERS



EASTERN PLUMAS HEALTH CARE DISTRICT

MEMORANDUM

Date: January 15, 2015

To: Board of Directors

From: Jeri Nelson, Chief Financial Officer

Subject: Summary of Financial Results – December 2014

Table 1. Consolidated Financial Results – December 2014

	Actual	Budget	Variance
Total Revenue	\$3,058,757	\$3,040,432	\$18,325
Contractual Adjustments	\$1,315,288	\$1,125,253	\$190,035
Bad Debt/Admin Adjustments	\$31,523	\$148,602	\$(117,079)
Net Revenue	\$1,711,946	\$1,766,577	\$(54,631)
Total Expenses	\$1,819,115	\$1,824,094	\$(4,979)
Operating Income (Loss)	\$(107,170)	\$(57,517)	\$(49,653)
Non-Operating Income(Expense)	\$60,882	\$72,654	\$(11,772)
Net Income (Loss)	\$(46,288)	\$15,137	\$(61,425)

Table 2. Consolidated Financial Results – Six Months Ended December 2014

	Actual	Budget	Variance
Total Revenue	\$19,282,104	\$19,155,883	\$126,221
Contractual Adjustments	\$7,897,356	\$7,185,768	\$711,588
Bad Debt/Admin Adjustments	\$583,247	\$936,968	\$(353,721)
Net Revenue	\$10,801,501	\$11,033,146	\$(231,645)
Total Expenses	\$10,908,889	\$11,073,134	\$(164,245)
Operating Income (Loss)	\$(107,388)	\$(39,987)	\$(67,401)
Non-Operating Income (Expense)	\$361,869	\$335,923	\$25,946
Net Income (Loss)	\$254,481	\$295,935	\$(41,454)

Our first loss month this year and it is due primarily to contractual adjustments. Bad debt surprises me at 38% under budget. I am told we are working these accounts and not falling behind. Contractual adjustments reflect a Medicare interim rate adjustment for this fiscal year totaling \$131,000. Patient revenue and statistics look good in all major areas. Swing, SNF, Laboratory, Diagnostic Imaging and Clinic volumes all up. Expenses overall under budget and well maintained in salaries and supplies. Cash receipts exceeded \$2 million, a first for us in December which is never a good collection month! This brought A/R days to 65 and our goal is to get back in the 55-60 range by year end. Accounts payable remained at \$1.3 million, a reflection of our higher spending and cash constraints. Finally, we see our Medicare cost report money for last year coming our way. \$533,000 will be deposited in our bank account on Monday. We have to pay back the \$131,000 for this year and the rest will replenish our savings account.

**EASTERN PLUMAS HEALTH CARE
STATEMENT OF REVENUE & EXPENSE
FOR THE MONTH ENDED
DECEMBER 31, 2014**

DESCRIPTION	CURRENT PERIOD			YEAR TO DATE			ANNUAL
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	BUDGET
OPERATING REVENUE							
INPATIENT ROUTINE	131246	174353	-43107	800688	1030994	-230306	2044000
INPATIENT ANCILLARY	107103	161179	-54076	718271	953090	-234819	1889551
TOTAL INPATIENT	238349	335532	-97183	1518959	1984083	-465124	3933551
SWING ROUTINE	46000	13530	32470	280000	82033	197967	164000
SWING ANCILLARY	29601	13810	15791	226505	83729	142776	167390
TOTAL SWING BED	75601	27340	48261	506505	165761	340744	331390
SKILLED NURSING ROUTINE	528150	563991	-35841	3089100	3348072	-258972	6643000
SKILLED NURSING ANCILLARY	78474	88276	-9802	486253	520187	-33934	1031720
TOTAL SKILLED NURSING	606624	652266	-45642	3575353	3868259	-292906	7674720
OUTPATIENT SERVICES	2134975	2E+06	115842	13603476	1.3E+07	502667	25683225
TOTAL PATIENT REVENUES	3055549	3E+06	21278	19204294	1.9E+07	85381	37622886
OTHER OPERATING REVENUE	3208	6162	-2954	77811	36970	40841	73940
TOTAL REVENUE	3058757	3E+06	18325	19282104	1.9E+07	126221	37696826
=====							
DEDUCTIONS FROM REVENUE							
BAD DEBT/ADMINISTRATIVE ADJ'S	31523	148602	-117079	583247	936968	-353721	1843700
CONTRACTUAL ADJUSTMENTS	1315288	1E+06	190035	7897356	7185768	711588	14125128
TOTAL DEDUCTIONS	1346812	1E+06	72957	8480603	8122736	357867	15968828
NET REVENUE	1711946	2E+06	-54631	10801501	1.1E+07	-231645	21727998
=====							
OPERATING EXPENSES							
SALARIES	823101	835168	-12067	4924079	4973628	-49549	9837081
BENEFITS	228461	247492	-19031	1352724	1480420	-127696	2947482
SUPPLIES	100888	156669	-55781	836681	981335	-144654	1971908
PROFESSIONAL FEES	243226	231264	11962	1576260	1491568	84692	2983407
REPAIRS & MAINTENANCE	48620	44006	4614	259614	264037	-4423	528074
PURCHASED SERVICES	162108	94694	67414	683639	569667	113972	1139334
UTILITIES/TELEPHONE	64329	57974	6355	356790	349511	7279	704146
INSURANCE	33763	34975	-1212	194407	209849	-15442	419698
RENT/LEASE EXPENSE	14587	15109	-522	92834	90656	2178	181312
DEPRECIATION/AMORTIZATION	66591	76943	-10352	404716	461657	-56941	923314
INTEREST EXPENSE	20572	18115	2457	126145	108690	17455	217379
OTHER EXPENSES	12870	11684	1186	101000	92117	8883	150673
TOTAL EXPENSES	1819115	2E+06	-4979	10908889	1.1E+07	-164245	22003808
OPERATING INCOME (LOSS)	-107170	-57517	-49653	-107388	-39987	-67401	-275810
=====							
MISCELLANEOUS	14215	3083	11132	47922	18500	29422	37000
CONTRIBUTIONS	3000	25000	-22000	38971	50000	-11029	200000
PROPERTY TAX REVENUE	43667	44570	-903	274975	267423	7552	534845
NON-OPERATING INCOME (EXPENSE)	60882	72654	-11772	361869	335923	25946	771845
NET INCOME (LOSS)	-46288	15137	-61425	254481	295935	-41454	496035
=====							

	CURRENT PERIOD			YEAR TO DATE			ANNUAL
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	BUDGET
STATISTICAL DATA							
ACUTE INPATIENT ADMISSIONS	17	21	-4	101	126	-25	250
ACUTE PATIENT DAYS	43	62	-19	275	368	-93	730
SKILLED NURSING PATIENT DAYS	1509	1612	-103	8798	9568	-770	18980
SWING BED DAYS	23	7	16	140	42	98	82
E.R. VISITS	317	267	50	1925	1782	143	3530
CLINIC VISITS	2104	1866	238	13224	12981	243	26617

**EASTERN PLUMAS HEALTH CARE
COMPARATIVE BALANCE SHEET
FOR THE MONTHS ENDED**

	NOVEMBER 2014	DECEMBER 2014	CHANGE
ASSETS			
CURRENT ASSETS			
CASH	\$ (153,001)	\$ 71,849	\$ 224,850
LAIF SAVINGS	\$ 1,112,866	\$ 1,112,866	\$ -
ACCOUNTS RECEIVABLE NET	\$ 4,219,112	\$ 3,810,181	\$ (408,931)
ACCOUNTS RECEIVABLE OTHER	\$ 933,716	\$ 1,105,156	\$ 171,440
INVENTORY	\$ 237,249	\$ 237,249	\$ -
PREPAID EXPENSES	\$ 99,300	\$ 93,518	\$ (5,782)
TOTAL CURRENT ASSETS	<u>\$ 6,449,242</u>	<u>\$ 6,430,819</u>	<u>\$ (18,423)</u>
PROPERTY AND EQUIPMENT			
LAND AND IMPROVEMENTS	\$ 934,164	\$ 934,164	\$ -
BUILDINGS AND IMPROVEMENTS	\$ 10,147,957	\$ 10,147,957	\$ -
EQUIPMENT	\$ 10,356,611	\$ 10,356,611	\$ -
IN PROGRESS	\$ 365,101	\$ 366,464	\$ 1,363
	<u>\$ 21,803,833</u>	<u>\$ 21,805,196</u>	<u>\$ 1,363</u>
ACCUMULATED DEPRECIATION	<u>\$ 14,396,392</u>	<u>\$ 14,462,894</u>	<u>\$ 66,502</u>
TOTAL PROPERTY AND EQUIPMENT	<u>\$ 7,407,441</u>	<u>\$ 7,342,302</u>	<u>\$ (65,139)</u>
COSTS OF ISSUANCE NET	\$ 11,083	\$ 10,993	\$ (90)
TOTAL	<u>\$ 13,867,766</u>	<u>\$ 13,784,114</u>	<u>\$ (83,652)</u>
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
LEASES PAYABLE	\$ 79,888	\$ 72,586	\$ (7,302)
ACCOUNTS PAYABLE	\$ 1,294,843	\$ 1,294,629	\$ (214)
ACCRUED PAYROLL/RELATED TAXES	\$ 938,083	\$ 924,820	\$ (13,263)
OTHER CURRENT LIABILITIES	\$ 364,747	\$ 368,522	\$ 3,775
TOTAL CURRENT LIABILITIES	<u>\$ 2,677,561</u>	<u>\$ 2,660,557</u>	<u>\$ (17,004)</u>
LEASES PAYABLE	\$ 238,948	\$ 238,948	\$ -
CITY OF PORTOLA	\$ 320,326	\$ 318,244	\$ (2,082)
USDA LOANS	\$ 3,812,108	\$ 3,793,830	\$ (18,278)
DEFERRED REVENUE	\$ 167,670	\$ 167,670	\$ -
MEDI-CAL LTC	\$ 1,729,804	\$ 1,729,804	\$ -
TOTAL LIABILITIES	<u>\$ 8,946,417</u>	<u>\$ 8,909,053</u>	<u>\$ (37,364)</u>
FUND BALANCE	\$ 4,620,580	\$ 4,620,580	\$ -
NET INCOME (LOSS)	\$ 300,769	\$ 254,481	\$ (46,288)
TOTAL	<u>\$ 13,867,766</u>	<u>\$ 13,784,114</u>	<u>\$ (83,652)</u>

**EASTERN PLUMAS HEALTH CARE
BALANCE SHEET
FOR THE MONTH ENDED
DECEMBER 31, 2014**

ASSETS

CURRENT ASSETS

CASH	71,849
INVESTMENTS	1,112,866
ACCOUNTS RECEIVABLE NET	3,810,181
ACCOUNTS RECEIVABLE OTHER	1,105,156
INVENTORY	237,249
PREPAID EXPENSES	<u>93,517</u>
TOTAL CURRENT ASSETS	<u>6,430,817</u>

PROPERTY AND EQUIPMENT

LAND AND IMPROVEMENTS	934,164
BUILDINGS AND IMPROVEMENTS	10,147,957
EQUIPMENT	10,356,611
IN PROGRESS	<u>366,464</u>
TOTAL PROPERTY AND EQUIPMENT	<u>21,805,197</u>
ACCUMULATED DEPRECIATION	<u>14,462,894</u>
NET PROPERTY AND EQUIPMENT	<u>7,342,303</u>

COSTS OF ISSUANCE NET	10,993
-----------------------	--------

TOTAL	13,784,114
	=====

LIABILITIES AND FUND BALANCE

CURRENT LIABILITIES

LEASES PAYABLE	72,586
ACCOUNTS PAYABLE	1,294,629
ACCRUED PAYROLL/RELATED TAXES	924,820
OTHER CURRENT LIABILITIES	<u>368,522</u>
TOTAL CURRENT LIABILITIES	<u>2,660,557</u>

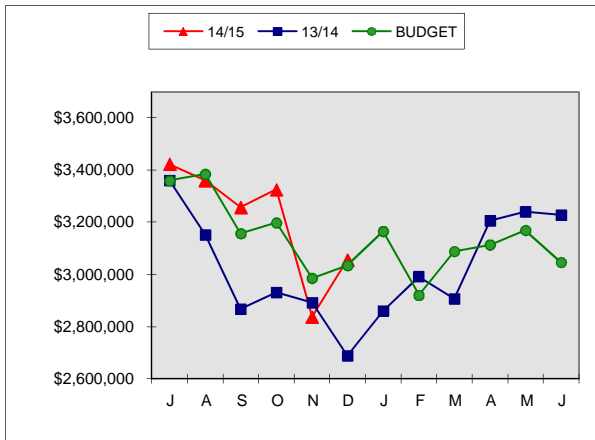
LEASES PAYABLE	238,948
USDA REPAIRS & DEFEASANCE	0
CITY OF PORTOLA- PROPERTY LOAN	318,244
USDA LOANS SNF	3,316,146
PLUMAS BANK LOAN LOYALTON	477,684
USDA LOAN LOYALTON & PORTOLA	0
DEFERRED REVENUE	167,670
LTC MEDI-CAL NET	<u>1,729,804</u>
TOTAL LIABILITIES	<u>8,909,053</u>

FUND BALANCE	4,620,580
NET INCOME (LOSS)	254,481

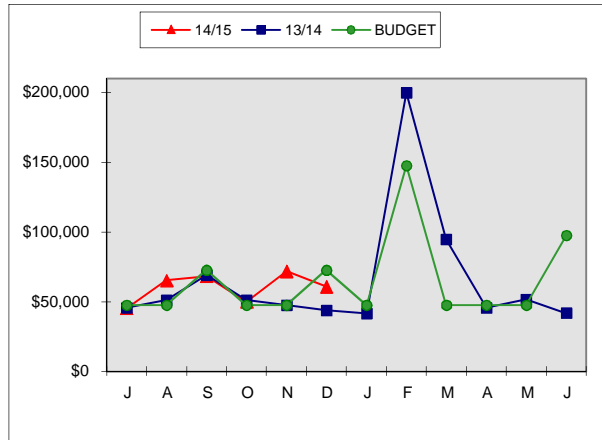
TOTAL	13,784,114
	=====

EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

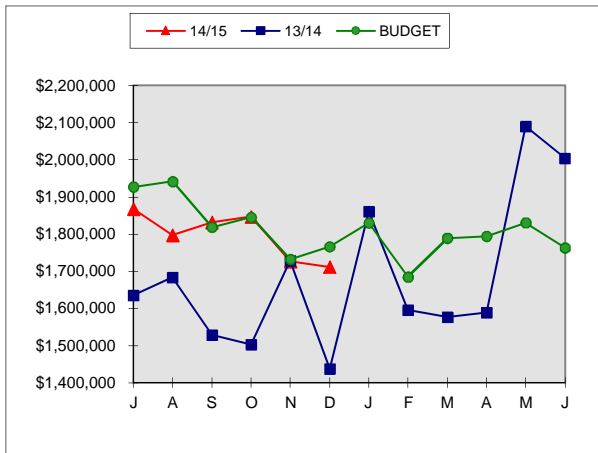
1. GROSS PATIENT REVENUE



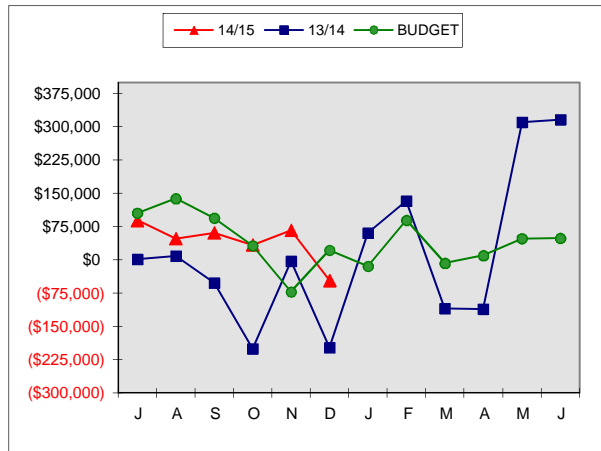
4. NON-OPERATING INCOME



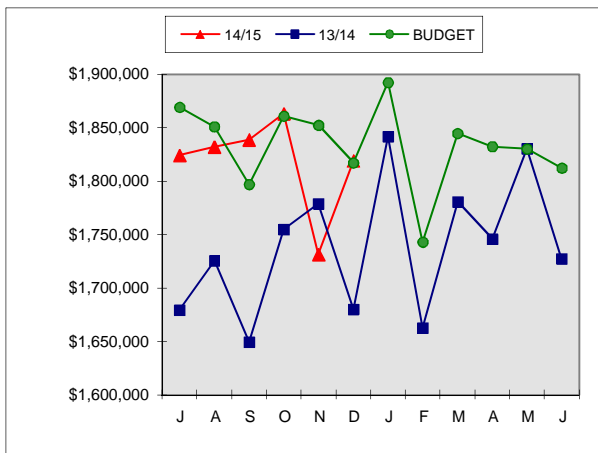
2. ESTIMATED NET REVENUE



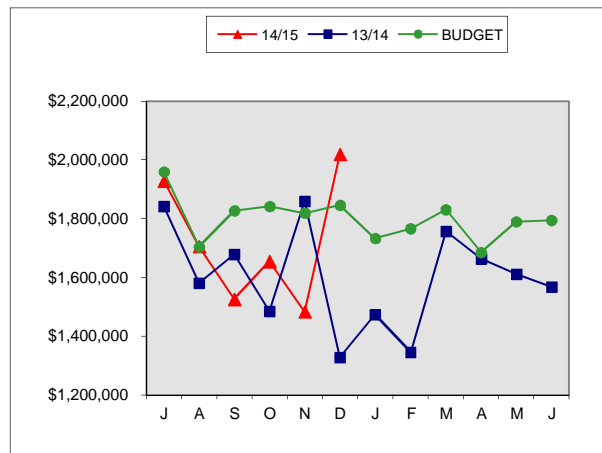
5. NET INCOME (LOSS)



3. OPERATING EXPENSES

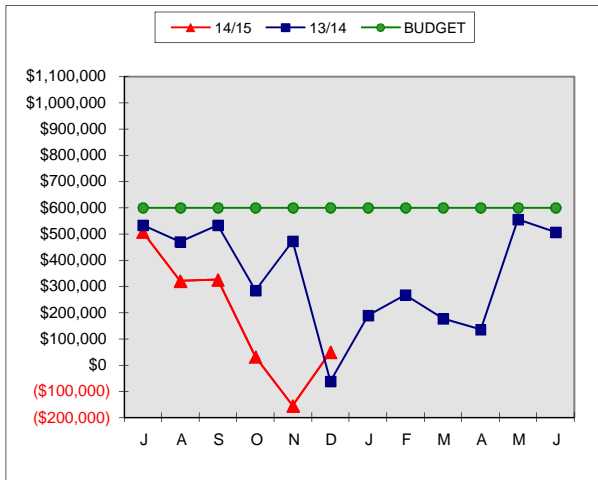


6. CASH RECEIPTS

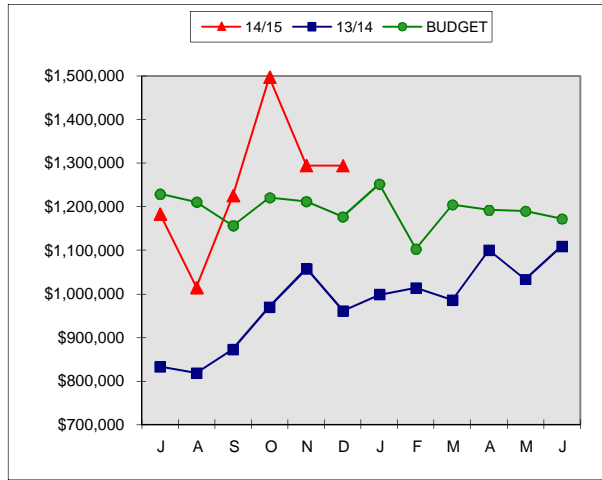


EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2015

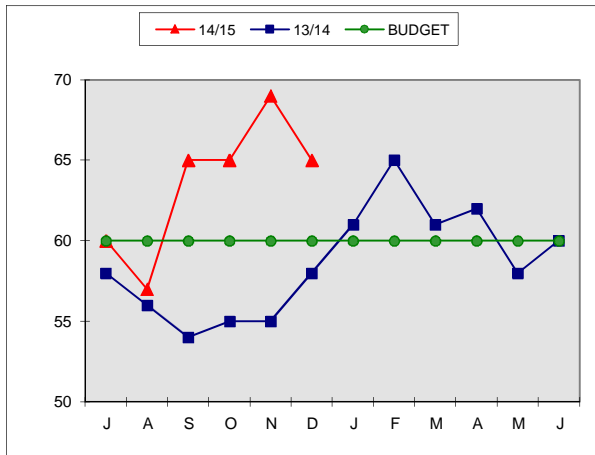
7. OPERATING CASH



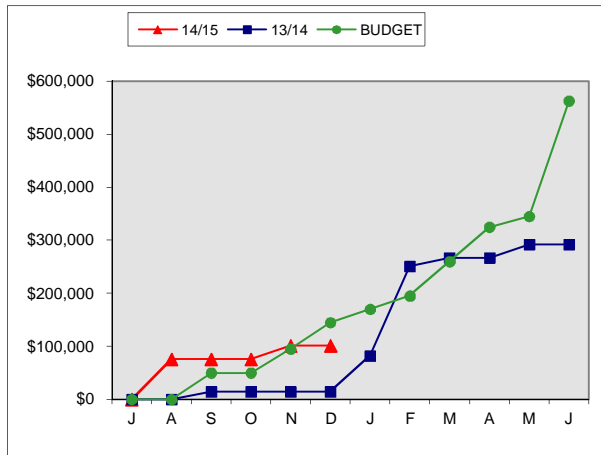
10. ACCOUNTS PAYABLE



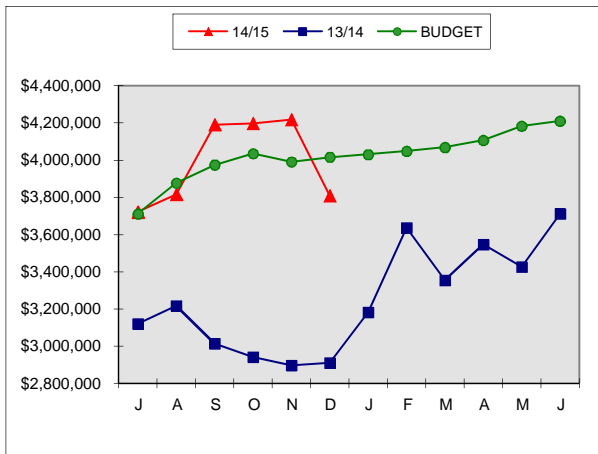
8. ACCOUNTS RECEIVABLE-DAYS



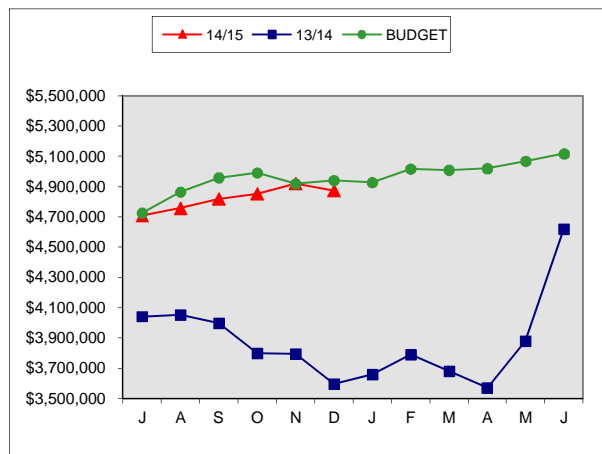
11. CAPITAL EXPENDITURES-YTD



9. ACCOUNTS RECEIVABLE, NET

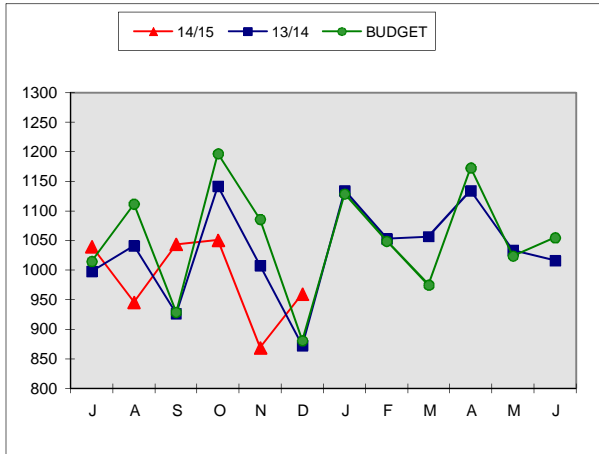


12. FUND BALANCE + NET INCOME (LOSS)

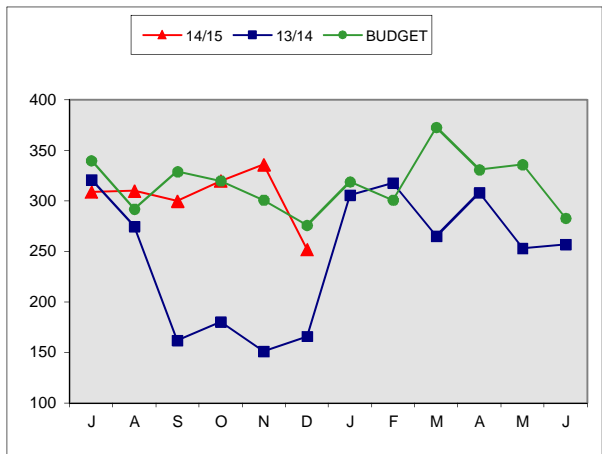


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

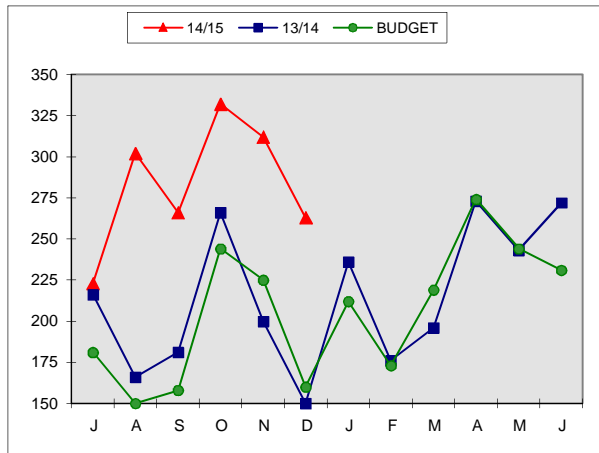
13. PORTOLA MEDICAL CLINIC VISITS



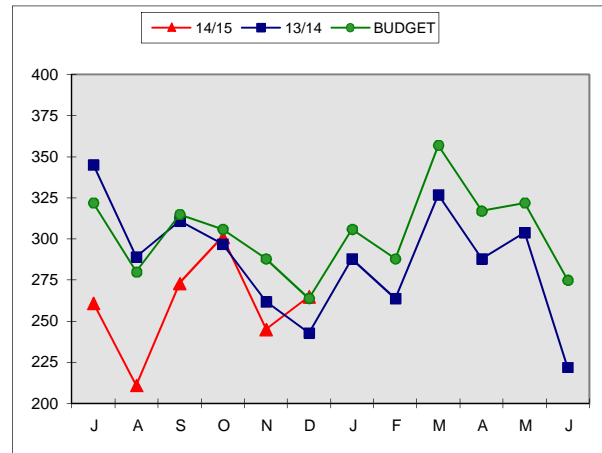
16. LOYALTON MEDICAL CLINIC VISITS



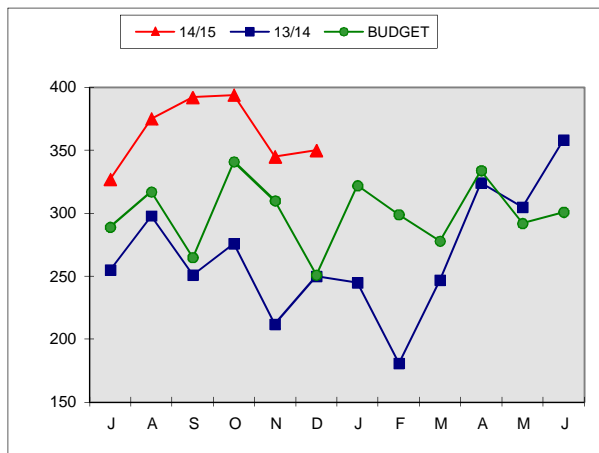
14. PORTOLA DENTAL CLINIC VISITS



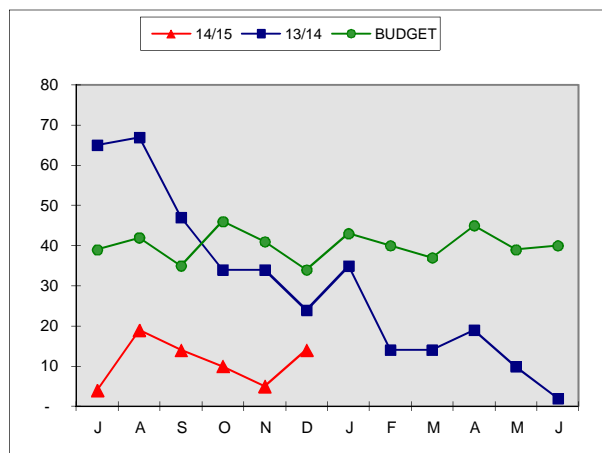
17. INDIAN VALLEY MEDICAL CLINIC VISITS



15. GRAEAGLE MEDICAL CLINIC VISITS

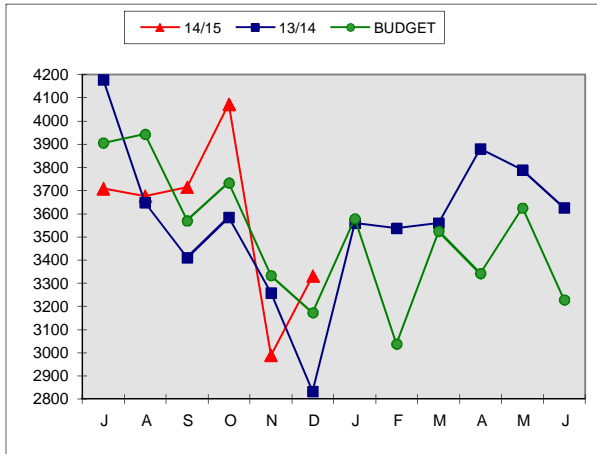


18. PORTOLA ANNEX VISITS

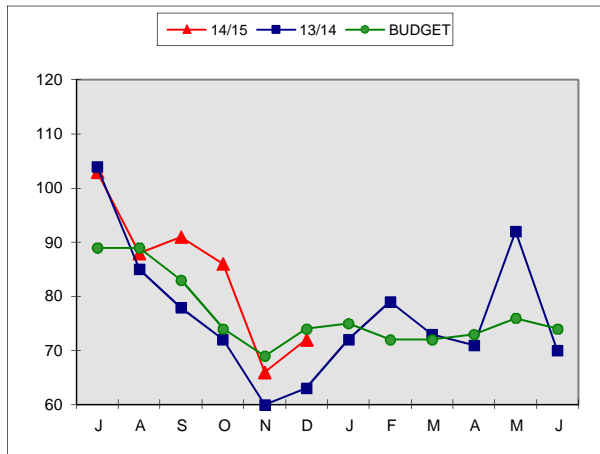


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

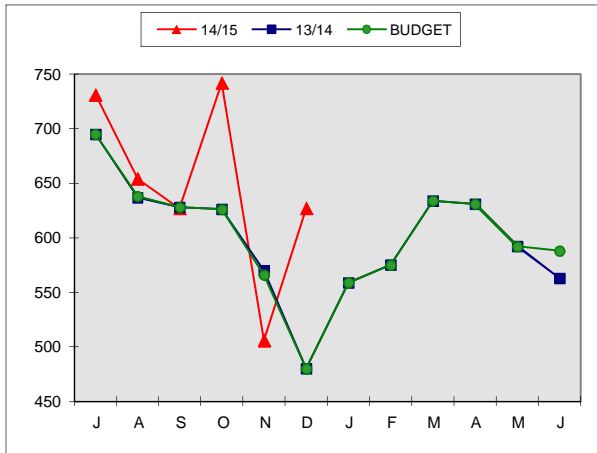
19. LABORATORY PROCEDURES



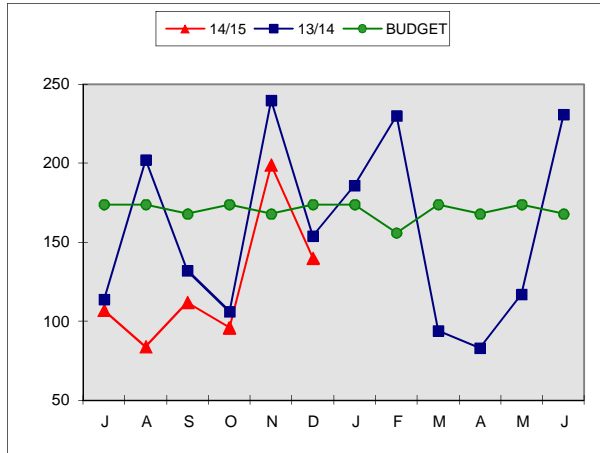
22. AMBULANCE RUNS



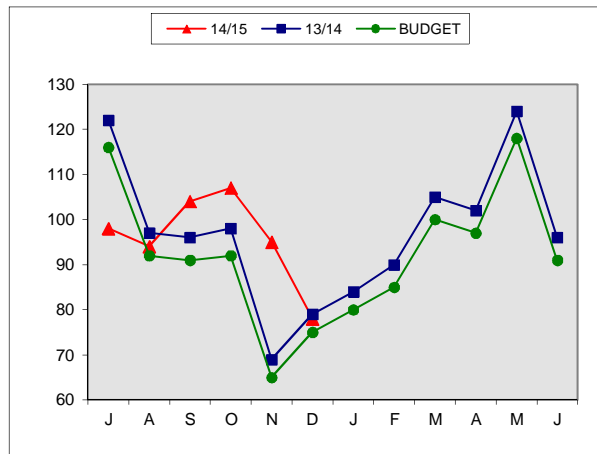
20. RADIOLOGY PROCEDURES



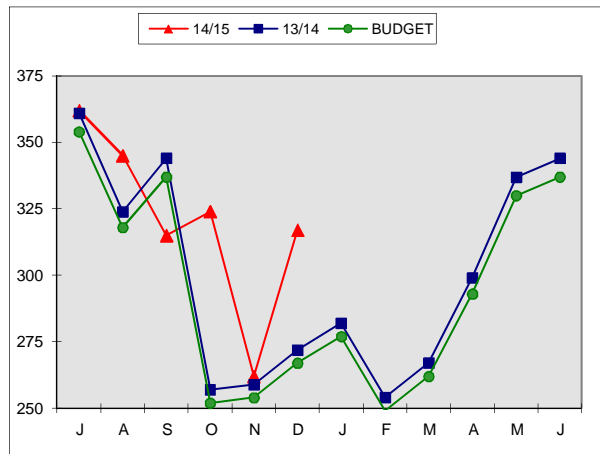
23. RESPIRATORY PROCEDURES



21. ECGS

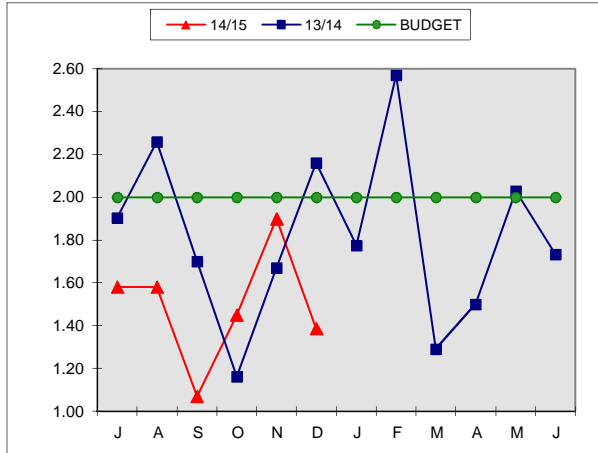


24. EMERGENCY ROOM VISITS

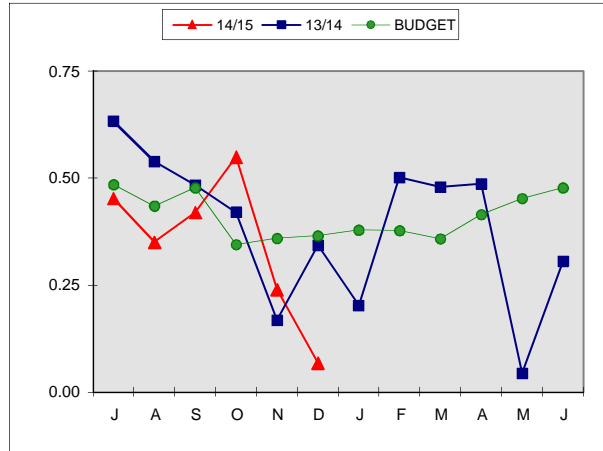


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

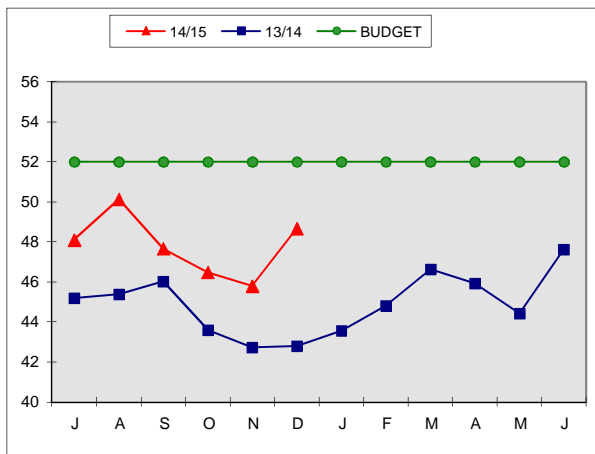
25. AVERAGE DAILY CENSUS - ACUTE



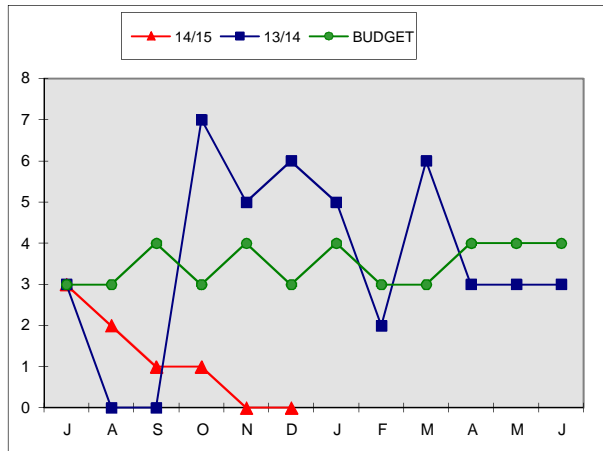
28. AVERAGE DAILY CENSUS - OBSERVATION



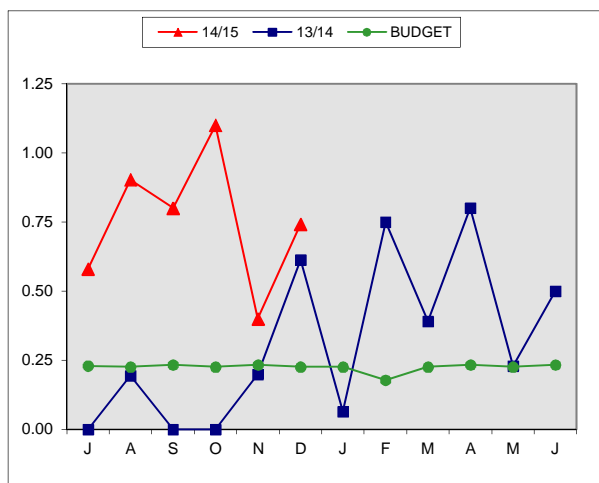
26. AVERAGE DAILY CENSUS - SNF



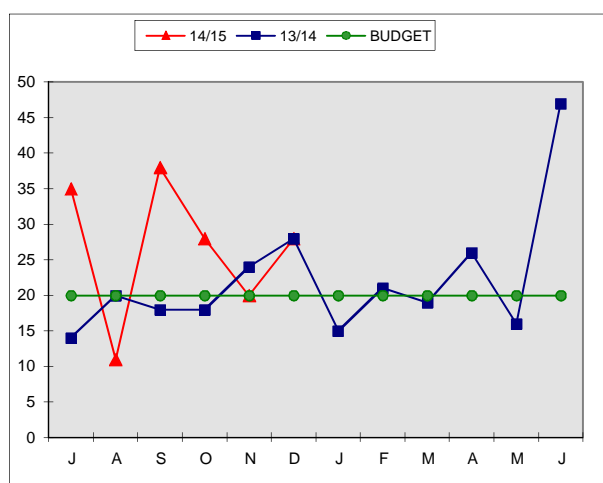
29. SURGERIES - IN & OUTPATIENT



27. AVERAGE DAILY CENSUS-SWING

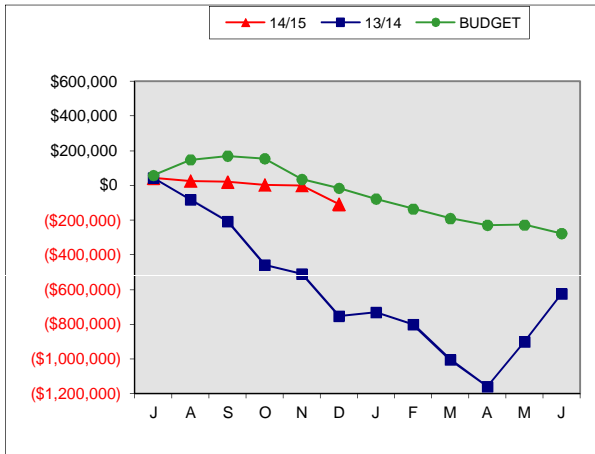


30. ENDOSCOPY PROCEDURES

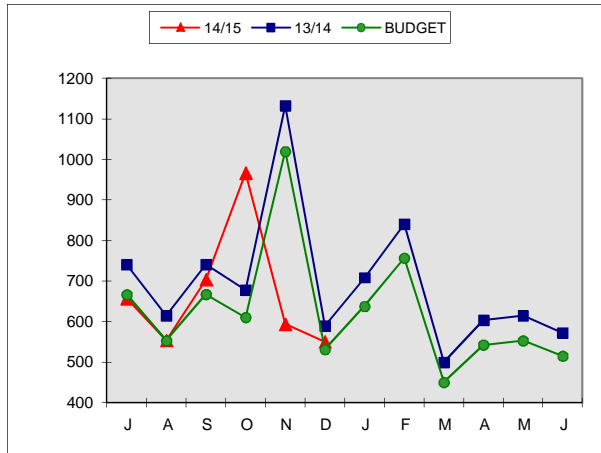


EASTERN PLUMAS HEALTH CARE
 MONTHLY FINANCIAL GRAPHS
 FOR THE YEAR ENDED JUNE 30, 2015

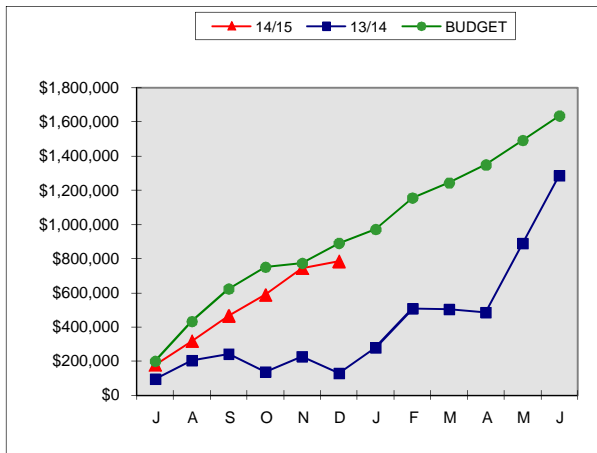
31. YEAR TO DATE OPERATING INCOME (LOSS)



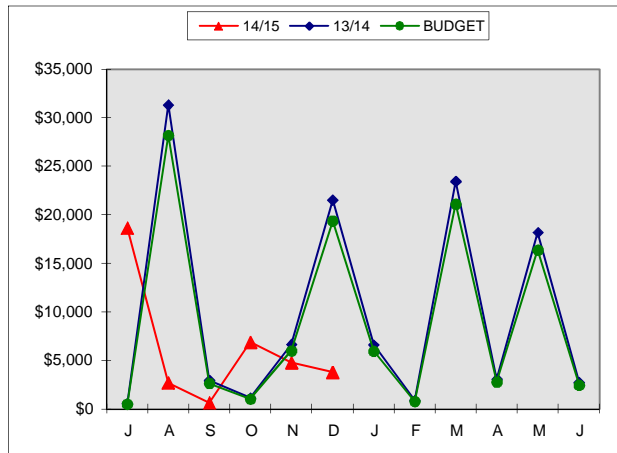
34. OVERTIME HOURS



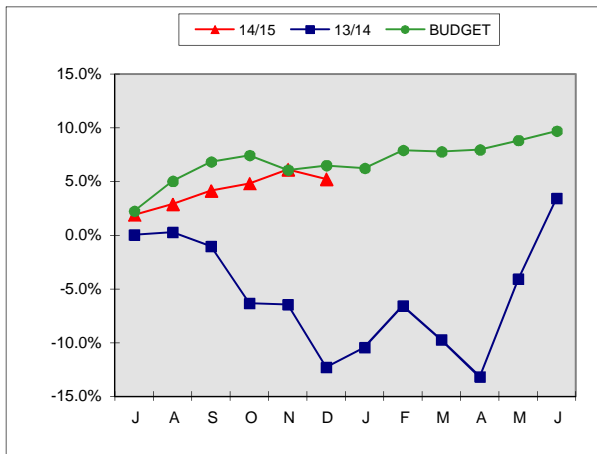
32. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



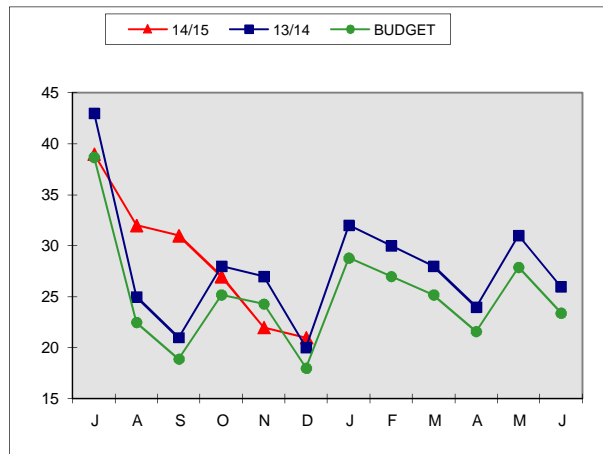
35. DENIALS



34. RETURN ON EQUITY



36. EMERGENCY DEPARTMENT TRANSFERS





2014-2015 OPERATIONS PLAN

EASTERN PLUMAS HEALTH CARE

Prepared by:

Thomas P. Hayes
Chief Executive Officer

Updated January 2015

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INTRODUCTION

The following is the Operations Plan for the 2014-2015 fiscal year. Responsible individuals are listed at the end of each item.

OPERATIONS

1. Expand swing bed census by one patient per day compared to past year census. Responsibility, Linda Jameson. **Swing bed census has increased by 70 days vs. last year.**
2. Expand DP/SNF census at both facilities to 26 patients per day on average compared to last year. Responsibility, Linda Jameson, Lorraine Noble, Sue Whitfield. **Census at Portola facility currently at 26. Loyaltan census at 24, as of January 15, 2015.**
3. Request exemption for DP/SNF Medi-Cal retroactive claw back. Based on frontier status of hospital. If unsuccessful, negotiate longer payback period. Responsibility, Tom Hayes, Jeri Nelson. Exemption requested but no response. **Awaiting DHS confirmation regarding exact amount of payback. Also, awaiting results of lawsuit hearing.**
4. Implement Healthland conversion to Centrique (3rd quarter, 2015). Responsibility, Rick Boyd. **Planning for Centrique conversion underway.**
5. Achieve 2015/2016 budget net income. **Actual net income year to date is \$254,481.00 vs. budget of \$295,935.00.**

HUMAN RESOURCES

1. Develop and implement new performance improvement program for employee evaluations. Responsibility, Lori Crown. **System developed and training currently being completed for implementation.**
2. Implement management training program for directors and front line supervisors. Responsibility, Lori Crown. **Several training sessions completed. Additional training programs to be scheduled.**
3. Evaluate the possibility of establishing campus wide no smoking policy at EPHC. Responsibility, Lori Crown. **Incomplete. Will complete by fiscal year end.**
4. Implement benefit changes for short term disability, dental, vision programs. Responsibility, Lori Crown. **Completed.**

FACILITES

1. Develop plans (with architects) for replacement of boiler systems within hospital. Also, develop financing options for project. Responsibility, Tom Hayes, Jeri Nelson. **Awaiting analysis as to whether Biomass is feasible.**
2. Develop and implement plan for ADA facility compliance changes. Responsibility, Tom Hayes, Stan Pieler. Plan developed. **Several changes completed in parking lot work. Additional work to be implemented summer 2015.**
3. Obtain lot line adjustment for 36 acre parcel based on facility master plan. Responsibility, Tom Hayes. **Civil engineer working on. To be completed spring 2015.**
4. Obtain OSHPD approval and install nurse call system at Portola Campus. Responsibility, Tom Hayes. **Contract awarded to vendor. Currently awaiting OSHPD approval before installation can begin.**

CLINIC AND HOSPITAL

1. Recruit permanent full time Internal Medicine physician for Portola Clinic. Responsibility, Bryan Gregory, Tom Hayes. **IM physician recruited for 90 day contract. To be evaluated in April 2015.**
2. Expand visits to all clinics for wellness/prevention programs. Responsibility, Bryan Gregory. **Clinic visits in Portola and Greenville less than last year. Visits in Graeagle and Loyalton higher. Overall visits to all clinics exceed last year.**
3. Expand surgery program at EPHC with new general surgeon. Responsibility, Bryan Gregory, Linda Jameson. **Surgeon recruited but not successful. Discontinuing general surgery program until further notice due to low volume.**
4. Develop new epidural program for EPHC with Dr. Porot. Responsibility, Bryan Gregory, Linda Jameson. **Completed. Epidural program underway.**
5. Expand cardiac services within hospital with Dr. Dhond (pacemaker, defibrillators, etc.). Responsibility, Bryan Gregory, Linda Jameson **Completed.**

MISCELLANEOUS

1. Update and revise board policy manual. Responsibility, Tom Hayes. **In process. Board subcommittee to meet in February.**
2. Implement a more structured hospital and board compliance program. Responsibility, Jeri Nelson, Tom Hayes. **No progress.**
3. Revise and update medical staff bylaws. Responsibility, Tom Hayes, Medical Executive committee. **In process with Medical Staff.**



setting the course

The 30th Annual Rural Health Care Symposium

The seas are changing.

For rural hospitals, change is coming swiftly. It's going to take all hands on deck and a strong team to implement ACA while continuing to meet the needs of rural communities.

Your destination is in sight, but how will you lead your team there? This two-day executive-level program will provide you with innovative ideas, insights and tools to set your facility on a course to success. Topics for this year's program include:

- **Considerations for alliance and collaboration – evaluating your services**
- **Federal rural health policy – what to expect regarding value-based purchasing and the bundled payment initiative**
- **Generating excellence – leadership role in transforming the culture of your organization**
- **Challenging patients in the ED – management and transitions for vulnerable populations**
- **Good governance – how trustees can help their hospitals prosper**
- **And much more.**

Make plans to attend today and don't forget to invite your trustees to this year's event.

WEDNESDAY, FEBRUARY 18

3:00 – 6:00 pm | **Symposium Check-In/Registration**

3:30 – 6:00 pm

Rural Healthcare Center Advisory Board Meeting

The Rural Healthcare Center's leadership conducts its first quarterly meeting of 2015. All symposium attendees are welcome to attend.

6:00 – 7:00 pm

Welcome Reception

Gather together and visit with colleagues at this informal event.

THURSDAY, FEBRUARY 19

8:00 – 9:00 am | **Symposium Check-In/Registration**

9:00 – 9:15 am

Opening and Welcome

Jim Raggio, Chair, Rural Healthcare Center Advisory Board and Chief Executive Officer, Lompoc Valley Medical Center; and Peggy Broussard Wheeler, Vice President, Rural Health Care and Governance, California Hospital Association

9:15 – 10:30 am | **Keynote Session**

Succeeding Through Collaboration, Alliances and Networks

Rich McKeown, Chief Executive Officer, Leavitt Partners

Rural hospitals are encountering pressures — health reform, economic and political — that are driving rural providers to reshape business behaviors in response to this changing environment. Affiliation may be one potential solution. This session will describe the eight elements necessary to create successful alliances and explain how to find the right allies, and create a framework to lead and prosper.

10:45 am – 12:00 pm | **General Session**

Health and Human Services Region IX Update

Melissa Stafford Jones, Region IX Director, US Department of Health and Human Services

Listen to the newly-appointed Region IX director provide an update on federal health care policy and share perspectives on the challenges facing rural hospitals. Bring your questions for this interactive session.



12:00 – 1:15 pm | Hosted Luncheon

Legislative and Regulatory Update

William J. Emmerson, DDS, Senior Vice President, State Relations and Advocacy, California Hospital Association

In this annual update, participants will hear about the political landscape and CHA's state and federal advocacy priorities for 2015. Find out how CHA plans to protect rural hospitals' interests.

1:30 – 3:00 pm | General Session

Federal Rural Health Policy – Advocacy in Action



Brock Slabach, MPH, FACHE, Senior Vice President, Member Services, National Rural Health Association

Big changes are on the national horizon for rural health care. This presentation will illustrate the current landscape for rural health and outline what to expect in coming years. Participants will learn how to prepare for value-based purchasing and bundled payments, and hear the latest on the CARE Act – pending legislation to improve rural health care and

develop innovative delivery models.

3:30 – 4:30 pm | General Session

Creating an Organization of Excellence



Victor Buzachero, Corporate Senior Vice President for Innovation, Human Resources and Performance Management, Scripps Health

This session will explain how to unify your hospital's perspective and practices to a single focus: to be the best hospital it can be. Hear a recognized leader in operational excellence explain the four crucial elements required for culture change – alignment, accountability, communications and leadership –

and the steps to create a workplace of choice that exceeds patient and leadership expectations.

4:30 – 5:30 pm | General Session

Managing Challenging Patients in Your ED

M. Steven Lipton, Partner, Hooper Lundy and Bookman, PC; and Linda Garrett, JD, Risk Management Services

For a small ED, a challenging patient can stress the entire department. This session will describe the common issues an ED faces when treating patients with mental illness, substance use disorders and homelessness, and how to appropriately manage these patients throughout their stay. Presenters will clarify common misconceptions surrounding 5150s, EMTALA, consent for treatment and more. Participants will take home a checklist with practical tips for patient management.

5:30 – 6:30 pm

Reception

Relax with colleagues while enjoying wine and hors d'oeuvres.

FRIDAY, FEBRUARY 20

7:30 – 8:30 am | Continental Breakfast

Rural Health Care Clinic Association Update

Gail Nickerson, Director of Clinic Services, Adventist Health, and Founder of the California Association of Rural Health Clinics

8:30 – 10:00 am | General Session

Annual CEO Panel Discussion

Moderator, Steven Rousso, MBA, MPA, Principal, HFS Consultants; John McCormick, President/CEO, Oak Valley Hospital District; Jim Raggio, Chief Executive Officer, Lompoc Valley Medical Center; Linda Wagner, Chief Executive Officer, Seneca Healthcare District; and Victoria Alexander-Lane, Chief Executive Officer, Northern Inyo Hospital

In this popular annual session, CEOs will discuss how they plan to “set the course” to meet the needs of their rural communities. Topics include: financial and operational improvement, board alignment, meaningful use advances and facility improvement to meet seismic standards.

10:15 – 11:15 am | General Session

Best Practices in the Boardroom



Karma Bass, MPH, FACHE, Principal, Via Healthcare Consulting

Rural trustee roles and responsibilities have shifted with recent industry changes and challenges. This session will detail what top-performing boards are doing to ensure they stay abreast of current requirements and provide leadership during these turbulent times. Participants will leave with real-world ideas and solutions to some of the small and rural hospital board's most pressing issues.

11:15 am – 12:15 pm | General Session

Update on Expanded Coverage and Impact on Rural Hospitals



Amber Kemp, Vice President, Health Care Coverage, California Hospital Association

This session will provide an update on the implementation of the ACA coverage expansion and how it is impacting rural hospitals in California. Discussions will also cover recent developments in the state's Medi-Cal waiver and other financing mechanisms, as well as sharing information about the move from providing care to managing health.

Plan now to join us in Redondo Beach

Organizational Goals/Performance Management 2015

Financial:

1. Increase volumes over last year within all areas of the hospital and clinics
 - In-patients, Swing beds
 - Procedures-Epidurals, Cardiac, Colonoscopy
 - Ancillary services, Lab, X-ray, Imaging
 - Clinic visits, Primary Care and Specialty-Neurology, Dermatology and Urology
 - Dental
 - SNF, 26 patients at each facility
2. Maintain expenses at budgeted levels or lower.
3. Reduce overtime to minimal levels 10 % decrease.
4. Reduce denials by 25 percent.
5. Reduce A/R days to 55 days.

Community:

1. Establish a new Rural Health Clinic for Dental and Primary Care.
2. Recruit full time permanent primary care physician. (IM or FP)
3. Continue to offer community outreach clinic specials throughout the year. (i.e. diabetes screening, skin cancer, etc.)

Compliance:

1. Maintain 100% compliance with CDPH and MediCare regulations in the acute care and DP/SNF departments.
2. Implement DSRIP program with state.
3. Enhance and expand hospital compliance program.
4. Maintain all existing QA indicators at 95% compliance.

Employees:

1. Retain all physicians and maintain coverage continuity in all clinics, and acute care hospital.
2. Achieve a 90% participation rate for employee satisfaction survey.
3. Increase routine and regular communication to staff and providers.
4. Complete safety training in all high risk departments.

Patient:

1. Implement average patient satisfaction survey in Acute Care, ER, Clinic, and Outpatient Services.

Organizational Development:

1. Successfully convert to Centrique by end of 3rd Quarter of 2015.
2. Complete management training programs for front line supervisors and managers.
3. Complete implementation of Performance Management Program for all employees.