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

### Thursday, January 23, 2014 10:00 A.M.

### **EPHC Education Center, Portola, CA**

 $\underline{\textit{Agenda}}$  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.

	Presenter(s)	I/D/A	Page(s)
1. Call to Order	Gail McGrath	A	<del></del>
2. Roll Call	Gail McGrath	I	
3. Consent Calendar (A) Agenda (B) Meeting Minutes of 12.5.2013 (C) Meeting Minutes of 12.5.2013 (D) Meeting Minutes of 1.3.2014 S	Regular Board Meeting special Board Meeting	J	1-2 3-4 5-8 9-12
<ul> <li>4. Board Chair Comments</li> <li>ACHD Annual Meeting,5/28-</li> <li>CHA Rural Health Care Sympton</li> <li>Board Self Evaluation</li> </ul>			n in San Diego
5. Board Comments	Board Members	I	
6. Public Comment	Members of the Pu	ıblic I	
7. Auxiliary Report	Katie Tanner	I/D	
8. Chief of Staff Report	Eric Bugna, MD	I/D	
<ul><li>9. Committee Reports</li><li>Standing Finance Committee</li></ul>	Board Members Skutt/ McBride	I/D	
10. Director of Nursing Report	Linda Jameson	I/D	
11. Clinic Report	Bryan Gregory	I/D	

### 12. Recommendation for Approval of **Policies and Privilege Cards**

I/D/A

- AD075 Revised Sentinel Event Management
- AD026 Revised Event Reporting

	EH013 Revised Influenza Vaccination of PH049 Revised Medication Distribution PH053 Revised Automatic Renal Dosin PH054 Revised Automatic Renal Dosin SNF98 Revised Abuse Prevention SNF99 Revised Elder or Dependent Add SNF99A Revised Guidelines for Elder & SNF Resident Fall Policy SNF Resident Post Fall Policy IC5027 Medical Supplies in Patient Roc LAB Precision Xceed Pro Paint of CHR001 New Hire Process QA Quality Review/Complaint Pol PH052 Medication Warmer Cabinet Annual Review of Employee Health Pol Annual Review of Infection Control Pol	g g g Service App A ult Abuse Reporting & Dependent Adult Abuse oms Care System for Blood of icy and Form	use Glucose der				
13. (	Chief Financial Officer Report December Financials Other	Jeri Nelson	I/D	17-26			
14. (	Chief Executive Officer Report  DHCS certification surveys update-SNF Project List Operations Plan Update Other	Tom Hayes VACUTE	I/D	27-29 30-34			
<b>15.</b> (I.	Closed Session Close Session, pursuant to Government Performance Expectations and Evaluation						
II.	Closed Session, pursuant to Health and Quality Assurance.	Safety Code 32155, to	review reports	on			
III.	Closed Session, pursuant to Government following privileges and appointments		o consider the				
	<ul><li>A. Recommendation for Two Year Courtesy Privileges</li><li>Charles Cox, MD (Gastroenterology)</li></ul>						
16. (	Open Session Report of Actions Taken in Closed Session	Gail McGrath	Ι				
<b>17.</b> A	Adjournment	Gail McGrath	A				

### EASTERN PLUMAS HEALTH CARE DISTRICT SPECIAL MEETING OF THE BOARD OF DIRECTORS

### Thursday, December 5, 2013 10:00 A.M.

### **EPHC Education Center, Portola, CA**

### **Minutes**

### 1. Call to Order.

The meeting was called to order at 10:02am by Gail McGrath.

### 2. Roll Call.

Present: Gail McGrath, Jay Skutt and Lucie Kreth.

Absent: Janie McBride

Staff: Tom Hayes, CEO, Jeri Nelson, CFO, and Tiffany Williams, Administrative Assistant.

Visitors: Approximately 3 visitors were present at the start of the meeting

### 3. Consent Calendar.

Ms. McGrath motioned to accept the consent calendar as submitted with the following changes; Remove #4 from the agenda. A second was made by Ms. Kreth. 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 243: Meeting Dates for 2014.

Ms. McGrath briefly explained Resolution 243-meeting dates for 2014. Special meetings in Loyalton and Greenville were discussed and will be scheduled as needed. Ms. McGrath moved to adopt Resolution 243. A second was made by Mr. Skutt. After a brief discussion, the motion was passed by a roll call vote with no opposition.

### B) Election of Officers

- 1. **Gail McGrath-Chairman**. After a brief discussion Mr. Skutt motioned to keep Ms. McGrath as Chairman, a second was provided by Ms. Kreth.
- 2. **Jay Skutt-Vice-Chairman**. Ms. McGrath stated that Ms. McBride did not want to be considered for the Vice-Chair position at this time. Ms. McGrath motioned to nominate Ms. Skutt for the Vice-Chair position. A second was provided by Ms. Kreth.
- 3. **Lucie Kreth-Secretary.** After a brief discussion Ms. McGrath motioned to keep Ms. Kreth as Secretary, a second was provided by Ms. Skutt. None opposed, the motions were approved.

	Board Vacancy has been filled before making any changes. A second was provide by Mr. Skutt. None opposed, the motion was approved.	1
9.	Adjournment. Ms. McGrath adjourned the meeting at 10:10 am.	
App	roval Date	

C) Confirmation and/or Reconsideration of Subcommittee Assignments

Ms. McGrath motioned to keep the current appointments in place, and wait until the

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

### Thursday, December 5, 2013 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: Gail McGrath, Lucie Kreth, and Jay Skutt

Absent: Janie McBride

Staff: Tom Hayes, CEO, Jeri Nelson, CFO and Tiffany Williams, Administrative Assistant.

Visitors: Approximately 4 visitors were present at the start of the meeting

### 3. Consent Calendar.

Mr. McGrath stated that she would like to remove 16. II A. from the agenda. She explained that we are waiting for the required peer reviews that had not been received. Ms. McGrath motioned to accept the consent calendar as submitted with the above mentioned change. Mr. Skutt stated that he would like to see more details in the Board minutes; he would like to see the minutes expanded to include questions asked by the Board members. After discussion, a second was made by Mr. Skutt. None opposed, the motion was approved.

### 4. Board Chair Comments.

Ms. McGrath stated that Ms. McBride was out of town. She also noted that that the Board is truly missing Mr. Fites who recently passed away.

### 5. Board Comments.

Ms. Skutt stated that he attended the recent Plumas County Special Districts Association meeting. The PCSDA is questioning the need for them to continue due to lack of participation of local special districts. He stated that they are looking for more participation and continued support. Ms. Skutt explained that they could assist in Brown Act training as well as fundraising. Mr. Skutt stated that Mr. Fites had attended these meeting in the past, and that he would attend the quarterly meetings in the future.

### 6. Public Comment.

None

### 7. Auxiliary Report

None.

### 8. Committee Reports

### **Finance Committee**

Mr. Skutt stated that the Finance Committee met on Tuesday, Ms. McBride was out of town. He stated that our financials are experiencing a very concerning downward trend in volume and revenue. He stated that the committee reviewed the overtime report in detail. The Ambulance department is the largest contributor to overtime, which is due to the 24 hour

shifts. Other departments that are contributing to the overtime are being looked at. He stated that it is unlikely that we will finish the year with a profit.

There was also discussion regarding the Affordable Care Act.

Ms. McGrath asked if the downward trend in volume is being seen in other small hospitals. Mr. Hayes stated that there is a nationwide downward trend in utilization at all hospitals. Also, increased regulatory scrutiny have increased out expenses.

Clinic volumes in Loyalton remain down, Christina Potter, FNP is still on leave.

Ms. Jameson stated that Plumas District Hospital length of stay numbers are skewed due to the Obstetrics and C-Section stays.

### 9. Director of Nursing Report

Ms Jameson reported the following:

- Dr. Dhond is revisiting the idea of providing pacemaker insertions but we will need a new C Arm to provide this service. Dr. Dhond is also looking into an updated ultrasound software for outpatient cardiac services.
- We are awaiting our final California Department of Public Health Skilled Nursing Survey. She explained that we had hired a temporary Director of Nursing for the Portola Campus that did not work out. Pam Valencia (previous state surveyor) is providing consultation regarding policies and chart audits. Ms. Jameson stated that she will be providing Susan Whitfield, Skilled Nursing DON, with some leadership help. She also reported that they are educating staff regarding policies as well as the process of how to answer questions asked of the State.
- We are pending an Acute resurvey as well and have improved on all Quality Indicators. She also stated that we had a State Surveyor on campus yesterday completing an investigation on the self report on the shooting incident.
- Tracy Allara, RN Manager is staffing both ER and Acute nights and will be moving to days.

### 10. Clinic Report

Mr. Hayes introduced Bryan Gregory, Practice Managment Specialist from DoctorsXL as the new Clinic Director. Bryan stated that he has 13 years experience in healthcare. Mr. Gregory reported the following:

- Dr. Christine Lajeunesse, Urologist, is scheduled to begin working in the Indian Valley Medical Clinic on January 6, 2014.
- Dr. Collins has resigned and will be leaving in December. We will be filling in with Tele-Neurology until a permanent solution can be found.
- We are currently looking for a female provider to assist with female physicals in Indian Valley.
- Graeagle and Loyalton clinics will be opening on Thursdays.
- We are working on expanding the Oncology program with Tahoe Forest.
- The telemedicine program now has dedicated spaces in Loyalton and Portola medical clinics.

- A Diabetic Education Class is being offered free to the public by the Diabetic educator from the telemedicine program.
- We are providing customer service classes for staff.
- Beginning in January the dental clinic will be open five days per week.
- We are recruiting a full time male internal medicine provider for early to late spring.
- Melanie Buckley, PA will be adding an extra day per month for dermatology care.

### 11. Board Vacancy

The Board discussed the draft vacancy notice provided in board packet. After discussion Ms. McGrath motioned to approve the Notice of Vacancy. A second was provided by Ms. Kreth. None opposed, the motion was approved

### 12. Policies and Procedures

Ms. McGrath stated that Ms. McBride had reviewed the following policies and privilege card:

- Cardiology Privilege Card
- HIM Policy and Procedure Binder
- Security Management Program
- PH051 Beyond Use Dating of Pharmaceuticals
- PH052 First Dose Review
- Revision: Acute Unit Patient Acuity Tool

After a brief discussion Ms. McGrath motioned to approve the listed policies. A second was made by Ms. Kreth. None opposed, the motion was approved.

### 13. CFO Report:

Mr. Nelson acknowledged the new members of the EPHC team, Ms. Jameson and Mr. Gregory. Ms. Nelson stated that this is going to be a challenging year. With the Affordable Care Act this will be a year of significant change and learning. For the month, we had an operational loss of \$251,044 mostly due to continuing low volumes.

### 14. Declaration of Surplus Property:

• 2001 Ford Ambulance

Mr. Hayes reported that the Hospital is getting a new ambulance, which has been ordered and should be available soon. Mr. Hayes stated that he would like to get rid of the 2001 Ford Ambulance following the Board Policy #95-1, Disposition of Surplus Property. Once declared surplus property we can then solicit and evaluate bids and then authorize the transfer. After a brief discussion, Mr. Skutt made a motion to declare the 2001 Ford Ambulance surplus property. A second was provided by Ms. Kreth. None opposed, the motion passed.

### **15. CEO Report**: Mr. Hayes reported on the following items

- **DHCS certification surveys update- SNF/Acute:** Mr. Hayes stated that Ms. Jameson provided an update during her report.
- Employee satisfaction survey plan: After the DHCS surveys have been completed, Mr. Hayes stated that he will be meeting with department heads to develop a plan for the 2013 employee satisfaction surveys. Ms. Jameson stated that Plumas District Hospital used Survey Monkey, an online survey program and was well received.

- **Boiler update:** The fuel lines for the boiler have been replaced and are now running cleaner. We are waiting for a proposal from the Architect for boiler replacement which will take into account the Master Plan.
- **Guide to Common ACA Questions:** Mr. Hayes briefly discussed the ACA hand out which was provided in the Board packet. Ms. McGrath asked about Covered California and asked if we can provide a hand out regarding our services when people are signing up.

### Other

- o Cathy Conant, HR Director, is retiring in February. We have started the recruitment process.
- We are waiting to recruit a Portola SNF DON until after the DHCS survey is complete.
- o Extended leave changes will be implemented in January.
- The Security Management Policy has been updated and several changes have been made. Panic locks have been added at the Portola Clinic, 911 speed dial has been added to phones, we hired a security guard for several weeks, security cameras and better outside lighting are being discussed, and employees are receiving Management of Aggressive Behavior training through Alpha Fund.

### 16. Closed Session.

Ms. McGrath announced the Board would move into closed session at 11:45 a.m., pursuant to Health and Safety Code 32155 and Government Code Section 54957.

### 17. Open Session Report of Actions Taken in Closed Session.

The Board returned at approximately 12:30 pm and announced with respect to Government Code Section 54957, The Board reviewed the Medical Staff file as submitted including but not limited to: privileges, peer review, background, malpractice claims information, and AMA/Education.

Ms. McGrath motioned to approve the following privileges and appointments to the medical staff as submitted.

- A. Removed from agenda.
- B. Recommendation for Two Year Courtesy Privileges
  - Alma C. Blanco-Reyes, DDS (Dentistry)

A second was provided by Mr. Skutt. None opposed, the motion approved.

The Board returned to Open Session at approximately 12:25 pm No other reportable action.

18.	Adjournment.	Ms. McGrath subseq	uently adjourn	ed the meeting at 12:25 p.m.
Appro	val			Date

### EASTERN PLUMAS HEALTH CARE DISTRICT SPECIAL MEETING OF THE BOARD OF DIRECTORS

### Friday, January 3, 2014 9:00 A.M.

### **EPHC Education Center, Portola, CA**

### **Minutes**

### 1. Call to Order.

The meeting was called to order at 9:00am by Gail McGrath.

### 2. Roll Call.

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

Absent: None

Staff: Tom Hayes, CEO, and Tiffany Williams, Administrative Assistant. Visitors: Approximately 7 visitors were present at the start of the meeting

### 3. Consent Calendar.

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

### 4. Board Chair Comments.

Ms. McGrath stated that the purpose of the meeting today is to fill the vacant position on the Board of Directors. Ms. McGrath explained that the purpose of the Board is to provide oversight to EPHC.

Ms. McGrath also stated that the Board is looking for a long term commitment and explained that there is a lot involved with a Critical Access Hospital and there is a 8-10 year learning curve.

Ms. McGrath explained that there are 11 Regular Board Meetings each year and occasionally a Special Meeting is required. We have three standing committee; Planning, QA, and Finance and from time to time an Adhoc Committee.

We can only select one candidate but are hopeful the other candidates will participate on committees and the Advisory Council.

Ms. McGrath introduced the candidates: Dr. Paul Swanson, Jim Murphy, Kent Stacy and Nic Beddoe. Ms. McGrath apologized to Mr. Beddoe. She explained that after consulting with council yesterday Mr. Beddoe can not be considered for the Board due to a Conflict of Interest because his wife is an EPHC employee.

### 5. Board Comments.

Ms. Kreth stated that she enjoys participating on the EPCH Board. Each Board member work well together and respects the talents of other Board Members.

Ms. McBride stated that it is a commitment to be on the Board.

Mr. Skutt stated the importance of the job. It is important to the community for the Hospital to continue.

Ms. McGrath stated that it is very rewarding to be part of the Board. We are doing the best we can for the future of the community.

### 6. Public Comment.

None

7. Interviews, Possible Appointment of Candidate to fill the Board Vacancy, Oath.

Mr. Hayes stated that he spoke to Steve Gross, Attorney regarding each candidate and potential conflicts of interest. Mr. Hayes reported the following:

Mr. Beddoe has a conflict and can not be considered due to his wife being an employee of EPHC.

There is a specific Health and Safety Code which provides an exemption for Dr. Paul Swanson, ER Medical Director. Health and Safety Code 32111 allows members of the District's Medical Staff to be on the Board of Directors. His contract renewal would have to be brought to the Board for any changes and he would need to recuse himself from any discussion and votes.

Mr. Stacy whose wife, Anne Williams, MD is a member of the Medical Staff has a potential conflict when her contract is renewed. Due to an Evergreen clause to Dr. Williams contract which renews automatically each year, it allows Mr. Stacy to serve on the Board until the contract is changed. If Dr. Williams' contract was to be amended, revised, or renewed Mr. Stacy could not recuse himself but instead would need to resign from the Board to avoid a conflict.

Ms. McGrath reviewed the interview questions as a whole and stated that the appointment would be for the remainder of the term ending in December 2014. If appointed the Board member would need to file a Declaration of Candidacy filing prior to the August 8<sup>th</sup> deadline to continue on the Board. She explained the requirement of Ethics Training every two years and the completion of form 700 annually.

Ms. McGrath asked Mr. Murphy to begin.

• Mr. Jim Murphy introduced himself and stated that he has live in Plumas County for 16 years. His career was as Police Chief and most recently City Manager of Portola. He state he is impressed by the changes in the Hospital Board over the last eight years. The Board successfully turned around the negative view of EPHC and are making decisions that are being handled in a professional way.

Mr. Murphy stated that he had reviewed EPHC's prior minutes and agenda's so he is familiar with the current issues. He is familiar with the Brown Act which can get complicated at times. He also stated that he has served on the Leadership Advisory Council and participated in developing EPHC's Strategic Plan.

Ms. McBride asked if he is willing to go to periodic training. Mr. Murphy answered that he is very willing to get what ever training is necessary.

Mr. Skutt asked Mr. Murphy what the community is looking for that we do not offer now. Mr. Murphy answered that providing more services, specialist and enhancing existing services.

• **Dr. Paul Swanson** introduced himself and stated that he has worked at EPHC since 2002 as an ER Doctor, Assistant ER Director, and the last two years as ER/Hospitalist Director. He has also served as a member of the Medical Executive Committee for the last four years.

Mr. Skutt asked if Dr. Swanson felt there would be any issues regarding employees coming to him with employee issues. Dr. Swanson stated that he does not feel there would be an issue. If boundaries are set he can follow them.

Ms. McBride asked if he is willing to go to training. Dr. Swanson answered that he is willing to get what ever training is necessary..

• Mr. Kent Stacy introduced himself and stated that he is retired from the technology industry and has lived in Plumas County for three years. Mr. Stacy stated he would bring operation and technology experience and would like to contribute to the community. He stated that his wife is a Doctor on the EPHC Medical Staff and he majored in Hard Science in college both give him insight into the medical field. He stated that he is committed to the community and would commit to the Board long term.

Mr. Stacy explained that he has worked in management all of his career and has a great appreciation of the chain of command. Mr. Stacy described governance as the Board setting goals and provides research and the CEO executes the Boards set goals.

Mr. Stacy is willing to travel and train but does not want to do that full time. He stated he is not familiar with the current issues of EPHC and is not familiar with the Brown Act. He also stated that he could not see himself marketing to the patient base but could see himself helping with technology.

Mr. Skutt asked for specific items he would like to make happen if selected. Mr. Stacy answered that he would like to improve operations, technology, accuracy, timeliness, and profitability. He would like to increase cost effectiveness.

Ms. McGrath thanked the candidates and stated that this is a nice dilemma to have. All of the candidates have amazing value in terms of helping EPHC. Ms. McGrath stated that the candidates can stay while the Board discusses if they like, but she has arranged for Ms. Jameson, DON to provide a tour of the Hospital. All of the candidates stated that they were willing to go on the Hospital tour while the Board discussed there decision.

Ms. Kreth stated that she has always wanted a member of the Medical Staff on the Board. A Medical Staff member can bring a lot to the Board and Dr. Paul Swanson would be a huge asset and he is committed to EPHC.

Ms. McBride stated that Mr. Murphy has been in the community for a long time and Mr. Stacy is qualified as well. Ms. McBride also agreed that Dr. Paul Swanson would be a great asset.

Mr. Murphy is very knowledgeable and not afraid to voice his opinion and is a strong personality.

Mr. Skutt stated that Mr. Stacy could really benefit EPHC on a Committee.

Ms. Jameson returned from the Hospital tour with the candidates. Ms. McGrath once again thanked the candidates for their interest and participation.

Ms. McBride made a motion to appoint Dr. Paul Swanson the vacant position on the EPHC Board for the remaining term ending December 2014. A second was made by Ms. Kreth. The motion was approved by the following roll call vote:

Chairman McGrath <u>AYE</u>	Secretary Kreth	AYE
Vice-Chairman Skutt AYE	Director McBride_	AYE

Dr. Paul Swanson was subsequently sworn in by Chairman McGrath.

8.	Adjournment.	Ms. McGrath adjourned the m	neeting at 10:35 am.
Appro	val		Date



### **Rural Health Care Symposium**

Momentum — Gaining traction toward ACA Implementation

February 27 – 28, 2014 Rancho Bernardo Inn, San Diego, CA



### Wednesday, February 26, 2014

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 2014. 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 27, 2014

9:00 – 9:15 am

### **Opening and Welcome**

Charles Harrison, Chair, Rural Healthcare Center Advisory Board and Chief Executive Officer, San Bernardino Mountains Community Hospital; and Peggy Broussard Wheeler, Vice President, Rural Health Care and Governance, California Hospital Association

### 9:15 - 10:30 am Keynote Session

### A New Rural Health Care Model

Ira Moscovice, PhD, Director, Principal Investigator, University of Minnesota Rural Health Research Center Health care reform has stimulated the development of new organizational relationships between rural health care providers. Research supports these partnering models as a way to thrive in rural markets. What relationship options work best for rurals? This session will discuss recent research assessing relationships between and among rural providers and how these may support and sustain them through ACA implementation.

### 10:45 am - 12:00 pm General Session

### Community Care Organizations — An Rx for Rural Health Care

Steve Hyde, Principal, Stroudwater Associates

Community Care Organizations (CCOs) are a well-tested solution that can work in a rural market. By aggregating multiple hospital markets to manage population health rural providers can improve quality and patient outcomes, reduce costs and capture a chunk of savings in the process. Rural leadership and trustees will learn what to consider when implementing a CCO from developing market feasibility studies to negotiating with payers. Find out how this innovative model can work in your community.

### 12:00 – 1:15 pm Hosted Luncheon

### **Legislative and Regulatory Update**

C. Duane Dauner, President/CEO, California Hospital Association

In this annual update, participants will hear about the political landscape and CHA's advocacy state and federal priorities for 2014. Find out how CHA plans to protect rural hospitals' interests.

### 1:15 – 3:15 pm General Session

### **Transformational Leadership**

Larry Walker, President, The Walker Company

Health care is undergoing dramatic transformation requiring new insights and continual adaptation and innovation by hospitals and health systems. To advance successfully through the complexity and uncertainty hospital leaders and trustees must become transformative thinkers and leaders. This interactive session will explore what it means to practice transformative governance and highlight the vital skills and expertise required in providing purposeful and powerful governing leadership in your organization.

### 3:30 - 4:30 pm General Session

### **Advancing Quality and Patient Safety in Rural Communities**

Julianne Morath, RN, MS, President and Chief Executive Officer, Hospital Quality Institute
The Hospital Quality Institute (HQI) was formed less than a year ago to advance and accelerate

patient safety and quality care for all Californians. A tall order since California is a large, geographically diverse state with less than noteworthy ratings from national quality watchdogs. But HQI leadership has a vision and plan to turn that around. Find out how hospital leadership and trustees can lead the change process by focusing on the patient as customer and promoting evidence -based practices.

### 4:30 - 5:30 pm General Session

### Changing Reimbursement in Rural Hospitals — The Oregon Experience

Eric Shultz, Manager, Government Programs, HFS Consultants

In 2012, CMS approved a new 1115 Medicaid Demonstration Waiver for Oregon rural hospitals that would integrate health care services within community-based Coordinated Care Organizations (CCOs). CMS granted the state \$1.9 billion over five years to seed CCO implementation. Transfer to the new care delivery system has had numerous consequences, including elimination of Medicaid cost-based reimbursement in July 2014. This presentation will give participants an insider's look into how Oregon's rural hospitals are meeting this challenge and offer lessons learned for California's rural hospitals.

### 5:30 - 7:00 pm

### **Exhibitor Fair and Reception**

Meet with rural industry vendors displaying the latest products and services while enjoying wine and hors d'oeuvres.

### Friday, February 28, 2014

### 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

### **Breakfast Roundtables**

Join your peers to exchange ideas or ask industry leadership for updates on challenging issues. Roundtable topics to be announced.

### 8:30 – 10:00 am General Session

### **Annual CEO Panel Discussion**

Moderator, Steven Rousso, MBA, MPA, Principal, HFS Consultants and Rural Chief; Executive Officers to be announced

In this popular annual session, CEOs will share their successes and challenges of transforming operations to implement the ACA. Efforts to align key stakeholders — hospital leadership, boards and physicians — will also be explored.

### 10:15 - 11:15 am General Session

### **Covered California Arrives**

Amber Kemp, Vice President, Health Care Coverage, California Hospital Association
Covered California, our state's health insurance marketplace, opened for applications mid-October.
A steady stream of visitors to the site has produced significant numbers of applications for health insurance and lots of questions, too. Hear an update on the Covered California marketplace and Medi-Cal expansion and find out how hospitals may participate as Certified Enrollment Entities to provide in-person enrollment assistance.

### 11:15 am - 12:15 pm General Session

### Telehealth—Care Booster for Rural Communities

Kelley Evans, Senior Counsel, Dignity Health; Alan Shatzel, DO, Medical Director, Dignity Health Telemedicine Network; and Eric Brown, President and Chief Executive Officer, California Telehealth Network

Telemedicine provides access to real-time quality care and specialized services that would otherwise be unavailable to our rural communities. This session will help rural leadership understand how to maximize telemedicine and telehealth services and share insights and updates on telehealth usage nationwide. Learn about new monies available to help set up or boost your existing programs.

© 2013 California Hospital Association

Privacy Policy

Contact Us

### EASTERN PLUMAS HEALTH CARE DISTRICT

### **MEMORANDUM**

**Date:** January 14, 2014

**To:** Board of Directors

From: Jeri Nelson, Chief Financial Officer

**Subject:** Summary of Financial Results – December 2013

Table 1. Consolidated Financial Results – December 2013

	Actual	Budget	Variance
<b>Total Revenue</b>	\$2,690,166	\$3,144,524	\$(454,358)
Contractual Adjustments	\$1,143,246	\$1,398,697	\$(255,451)
Bad Debt/Admin Adjustments	\$108,302	\$159,360	\$(51,058)
Net Revenue	\$1,438,619	\$1,586,467	\$(147,848)
<b>Total Expenses</b>	\$1,680,410	\$1,694,210	\$(13,800)
Operating Income (Loss)	\$(241,791)	\$(107,743)	\$(134,048)
Non-Operating Income(Expense)	\$43,798	\$75,333	\$(31,535)
Net Income (Loss)	\$(197,993)	\$(32,410)	\$(165,583)

Table 2. Consolidated Financial Results – Six Months Ended December 2013

	Actual	Budget	Variance
<b>Total Revenue</b>	\$17,929,531	\$19,964,649	\$(2,035,118)
Contractual Adjustments	\$7,519,553	\$8,986,715	\$(1,467,162)
Bad Debt/Admin Adjustments	\$892,119	\$1,005,118	\$(112,999)
Net Revenue	\$9,517,859	\$9,972,816	\$(454,957)
<b>Total Expenses</b>	\$10,269,005	\$10,237,541	\$31,464
Operating Income (Loss)	\$(751,146)	\$(264,725)	\$(486,421)
Non-Operating Income (Expense)	\$308,372	\$452,000	\$(143,628)
Net Income (Loss)	\$(442,774)	\$187,275	\$(630,049)

Low patient volumes combined with low cash collections has put a strain on our reserves. Healthcare reform is in full swing and we are feeling the impact. Despite the declining services and reimbursements, I'm encouraged that we're facing the transitions realistically and we will prevail. Daily lessons, learning from the changes, will make us stronger. Graph 25 & 28, yeah! Keep admitting. Inpatient average length of stay YTD is 3.53 days; great as long as we stay under 4 days.

We have been approved as a Covered Entity with California's new insurance exchange, making us the only resource in this part of the county. We have seen 650 Managed Medi-Cal patient encounters since November 1 which translates to \$350,000 in Accounts Receivable. Payments are trickling in. Patients are being advised of the changes in their benefits and we are also working with Partnership Health in Lassen County to accommodate that patient population.

17

### EASTERN PLUMAS HEALTH CARE STATEMENT OF REVENUE & EXPENSE FOR THE MONTH ENDED DECEMBER 31, 2013

DESCRIPTION		Cl	JRR	ENT PERIO	D				ΥE	AR TO DATE				ANNUAL
		ACTUAL		BUDGET	٧	ARIANCE		ACTUAL		BUDGET	١	/ARIANCE		BUDGET
ODEDATING DEVENUE														
OPERATING REVENUE INPATIENT ROUTINE	\$	188,861	\$	186,550	\$	2,311	Φ	939,625	\$	1,103,117	\$	(163,492)	Ф	2,186,989
INPATIENT ANCILLARY	\$	178,597	\$	218,608	\$	(40,011)	-	898,087	\$	1,292,961	\$	(394,874)		2,160,969
TOTAL INPATIENT	\$	367,458	\$	405,158	\$	(37,700)		1,837,712	\$	2,396,079	\$	(558,367)		4,750,169
						, , ,						, , ,		
SWING ROUTINE	\$	38,000	\$	64,020		(26,020)		. ,	\$	388,155	\$	(326,155)		776,000
SWING ANCILLARY	\$	25,681	\$	40,411	\$	(14,730)	_	53,950	\$	245,019	\$	(191,069)	_	489,835
TOTAL SWING BED	\$	63,681	\$	104,431	\$	(40,750)	\$	115,950	\$	633,174	\$	(517,224)	\$	1,265,835
SKILLED NURSING ROUTINE	\$	446,250	\$	520,607	\$	(74,357)	\$	2,818,550	\$	3,090,528	\$	(271,978)	\$	6,132,000
SKILLED NURSING ANCILLARY	\$	60,346	\$	73,485	\$	(13,139)	\$	491,573	\$	436,253	\$	55,320	\$	865,566
TOTAL SKILLED NURSING	\$	506,596	\$	594,092	\$	(87,496)	\$	3,310,123	\$	3,526,781	\$	(216,658)	\$	6,997,566
OUTPATIENT SERVICES	\$	1,751,866	\$	2,035,727	\$	(283,861)	\$	12,628,840	\$	13,377,917	\$	(749,077)	\$	25,953,805
TOTAL PATIENT REVENUES	\$	2,689,601	\$	3,139,408	\$	(449,807)		17,892,625	\$	19,933,951	\$		\$	38,967,375
		, ,		, ,		, , ,		, ,				, , ,	·	, ,
OTHER OPERATING REVENUE	\$	565	\$	5,116	\$	(4,551)		36,906	\$	30,698	\$	6,208	\$	61,396
TOTAL REVENUE	\$ ==:	2,690,166 =======	\$ ==	3,144,524 ========	\$ ==	(454,358)	\$ ==	17,929,531	\$ ==	19,964,649	\$ ==	(2,035,118)	\$ ==	39,028,771
DEDUCTIONS FROM REVENUE														
BAD DEBT/ADMINISTRATIVE ADJ'S	\$	108,302	\$	159,360	\$	(51,058)	\$	892,119	\$	1,005,118	\$	(112,999)		1,950,550
CONTRACTUAL ADJUSTMENTS	\$	1,143,246	\$	1,398,697	\$	(255,451)	\$	7,519,553	\$	8,986,715	\$	(1,467,162)	\$	17,440,309
TOTAL DEDUCTIONS	\$	1,251,548	\$	1,558,057	\$	(306,509)	\$	8,411,672	\$	9,991,833	\$	(1,580,161)	\$	19,390,859
NET REVENUE	\$	1,438,619	\$	1,586,467	\$	(147,848)	\$	9,517,859	\$	9,972,816	\$	(454,957)	\$	19,637,912
	==:		==	=======	==	=======	==	=======	==	======	==	=======	==	======
OPERATING EXPENSES														
SALARIES	\$	760,189	\$	768,395	\$	(8,206)	-	4,657,005	\$	4,575,845	\$	,	\$	9,050,380
BENEFITS	\$	226,935	\$	223,889	\$	-,	\$	1,267,906	\$	1,339,513	\$	(71,607)		2,668,005
SUPPLIES PROFESSIONAL FEES	\$ \$	122,528 224,298	\$ \$	144,217 220,020	\$ \$	(21,689) 4,278	-	855,400 1,441,422	\$ \$	853,303 1,423,652	\$ \$	2,097 17,770	\$ \$	1,700,608 2,788,765
REPAIRS & MAINTENANCE	Ф \$	37,691	Ф \$	48,052	Ф \$	(10,361)	-	222,983	φ \$	288,314	φ \$	(65,331)		576,628
PURCHASED SERVICES	\$	86,945	\$	70,663	\$	, , ,	\$	574,914	\$	426,675	\$	148,239	\$	865,194
UTILITIES/TELEPHONE	\$	58,867	\$	52,006	\$	6,861		302,286	\$	330,041	\$	(27,755)		715,360
INSURANCE	\$	31,804	\$	33,125	\$	(1,321)	-	190,825	\$	198,232	\$	(7,407)		396,464
RENT/LEASE EXPENSE	\$	15,785	\$	16,618	\$	(833)		92,473	\$	99,705	\$	(7,232)		199,411
DEPRECIATION/AMORTIZATION	\$	71,092	\$	75,742	\$	(4,650)	-	432,344	\$	454,450	\$	(22,106)		908,899
INTEREST EXPENSE	\$	27,571	\$	20,948	\$	, , ,	\$	140,032	\$	125,687	\$	14,345	\$	251,373
OTHER EXPENSES	\$	16,704	\$	20,536	\$	(3,832)	\$	91,415	\$	122,123	\$	(30,708)		244,488
TOTAL EXPENSES	\$	1,680,410	\$	1,694,210	\$	(13,800)	\$	10,269,005	\$	10,237,541	\$	31,464	\$	20,365,575
OPERATING INCOME (LOSS)	\$	(241,791)		(107,743)		(134,048)		(751,146)		(264,725)		(486,421)	\$	(727,663)
or Environment (Edda)	-	========		========		:=====		=======		=======		=======		======
MISCELLANEOUS	\$	1,003	\$	2,625	\$	(1,622)		17,434	\$	15,750	\$	1,684	\$	31,500
CONTRIBUTIONS	\$	-	\$	25,000	\$	(25,000)		28,500	\$	150,000	\$	(121,500)		300,000
PROPERTY TAX REVENUE	\$	42,795	\$	47,708	\$	(4,913)	\$	262,438	\$	286,250	\$	(23,812)	\$	572,500
NON-OPERATING INCOME (EXPENSE)	\$	43,798	\$	75,333	\$	(31,535)	\$	308,372	\$	452,000	\$	(143,628)	\$	904,000
NET INCOME (LOSS)	\$	(197,993)		(32,410)	\$	(165,583)	\$	(442,774)		187,275	\$	(630,049)	\$	176,337
, ,	==:	=======================================		=======================================		======	==	=======	==	======	==	=======	==	======

DESCRIPTION	CU	RRENT PERIO	D	١	EAR TO DATE		ANNUAL
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	BUDGET
STATISTICAL DATA							
ACUTE INPATIENT ADMISSIONS	16	31	(15)	95	184	(89)	365
ACUTE PATIENT DAYS	67	70	(3)	333	414	(81)	821
SKILLED NURSING PATIENT DAYS	1,275	1,488	(213)	8,125	8,832	(707)	17,520
SWING BED DAYS	19	32	(13)	31	194	(163)	388
E.R. VISITS	272	282	(10)	1,817	1,810	7	3,488
CLINIC VISITS	1,706	2,009	(303)	11,983	13,693	(1,710)	26,802

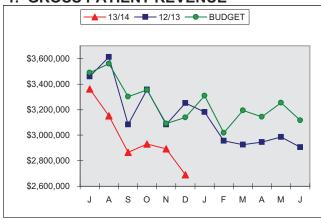
### EASTERN PLUMAS HEALTH CARE COMPARATIVE BALANCE SHEET FOR THE MONTHS ENDED

	N	OVEMBER 2013	DECEMBER 2013	C	CHANGE
ASSETS					
CURRENT ASSETS	•	474.007	<b>(40.000)</b>	Φ.	(404 505)
CASH LAIF SAVINGS	\$	474,667	\$ (16,868) \$ 1,110,187	\$	(491,535)
ACCOUNTS RECEIVABLE NET	\$ \$	1,110,187 2,896,513	\$ 1,110,187 \$ 2,909,367	\$ \$	- 12,854
ACCOUNTS RECEIVABLE NET	\$	575,775	\$ 2,909,307	\$	136,793
INVENTORY	\$	213,700	\$ 213,700	\$	100,700
PREPAID EXPENSES	\$	106,627	\$ 78,083	\$ \$	(28,544)
TOTAL CURRENT ASSETS	\$	5,377,469	\$ 5,007,037	\$	(370,432)
TOTAL CONNENT ASSETS	Ψ	3,377,409	ψ 3,007,037	Ψ	(370,432)
PROPERTY AND EQUIPMENT					
LAND AND IMPROVEMENTS	\$	934,164	\$ 934,164	\$	-
BUILDINGS AND IMPROVEMENTS	\$	10,080,726	\$ 10,080,726	\$	-
EQUIPMENT	\$	10,046,523	\$ 10,046,523	\$ \$	-
IN PROGRESS	\$	175,946	<u>\$ 211,273</u>		35,327
	\$	21,237,359	\$ 21,272,686	\$	35,327
ACCUMULATED DEPRECIATION	\$	13,557,685	<u>\$ 13,628,525</u>	\$	70,840
TOTAL PROPERTY AND EQUIPMENT	\$	7,679,674	\$ 7,644,161	\$	(35,513)
COSTS OF ISSUANCE NET	\$	12,648	\$ 12,396	\$	(252)
TOTAL	\$	13,069,791	\$12,663,594	\$	(406,197)
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES					
LEASES PAYABLE	\$	62,988	\$ 43,872	\$	(19,116)
ACCOUNTS PAYABLE	\$	1,057,690	\$ 961,845	\$	(95,845)
ACCRUED PAYROLL/RELATED TAXES	\$	922,476	\$ 873,363	\$	(49,113)
OTHER CURRENT LIABILITIES	\$	368,396	\$ 368,729	\$	333
TOTAL CURRENT LIABILITIES	\$	2,411,550	\$ 2,247,809	\$	(163,741)
LEASES PAYABLE	\$	308,063	\$ 308,063	\$	_
CHFFA LOAN	\$	27,127	\$ 20,383	\$	(6,744)
CITY OF PORTOLA	\$	345,976	\$ 343,949	\$	(2,027)
USDA LOANS	\$	4,287,522	\$ 4,251,830	\$	(35,692)
DEFERRED REVENUE	\$	335,339	\$ 335,339	\$	-
MEDI-CAL LTC	\$	1,557,125	\$ 1,557,125	\$	-
TOTAL LIABILITIES	\$	9,272,702	\$ 9,064,498	\$ \$ \$	(208,204)
FUND BALANCE	\$	4,041,870	\$ 4,041,870	Ф	
NET INCOME (LOSS)	φ \$	(244,781)	\$ 4,041,670 \$ (442,774)	\$ \$	(197,993)
	Ψ	(211,701)	Ψ (112,117)	Ψ	(101,000)
TOTAL	\$	13,069,791	\$12,663,594	\$	(406,197)

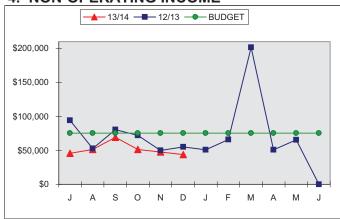
### EASTERN PLUMAS HEALTH CARE BALANCE SHEET FOR THE MONTH ENDED DECEMBER 31, 2013

DESCRIPTION	CURRENT YEAR				
ASSETS					
CURRENT ASSETS CASH INVESTMENTS ACCOUNTS RECEIVABLE NET ACCOUNTS RECEIVABLE OTHER INVENTORY PREPAID EXPENSES TOTAL CURRENT ASSETS	\$ \$ \$ \$ \$ \$	(16,868) 1,110,187 2,909,367 712,568 213,700 78,083 5,007,036			
PROPERTY AND EQUIPMENT LAND AND IMPROVEMENTS BUILDINGS AND IMPROVEMENTS EQUIPMENT IN PROGRESS TOTAL PROPERTY AND EQUIPMENT ACCUMULATED DEPRECIATION NET PROPERTY AND EQUIPMENT	\$ \$ \$ \$ \$ \$ \$ \$	934,164 10,080,726 10,046,523 211,273 21,272,687 13,628,525 7,644,162			
COSTS OF ISSUANCE NET	\$	12,396			
TOTAL	\$ ====	12,663,594			
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES LEASES PAYABLE ACCOUNTS PAYABLE ACCRUED PAYROLL/RELATED TAXES OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES	\$ \$ \$	43,872 961,845 873,363 368,729 2,247,809			
LEASES PAYABLE USDA REPAIRS & DEFEASANCE CHFFA - EMR & ENDO EQUIP LOAN CITY OF PORTOLA- PROPERTY LOAN USDA LOANS SNF USDA LOAN LOYALTON USDA LOAN LOYALTON USDA LOAN LOYALTON & PORTOLA DEFERRED REVENUE LTC MEDI-CAL NET TOTAL LIABILITIES	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	308,063 256,003 20,383 343,949 3,447,359 490,517 57,951 335,339 1,557,125 9,064,498			
FUND BALANCE NET INCOME (LOSS)	\$ \$	4,041,870 (442,774)			
TOTAL	\$ ====	12,663,594			

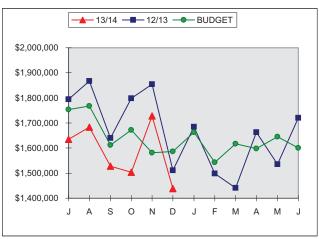
### 1. GROSS PATIENT REVENUE



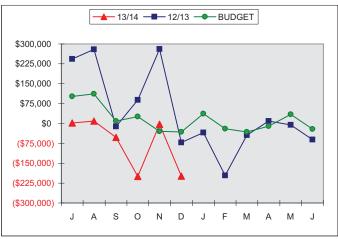
### 4. NON-OPERATING INCOME



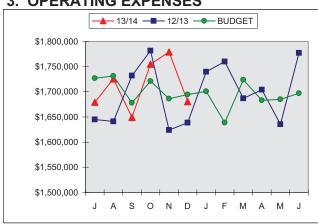
### 2. ESTIMATED NET REVENUE



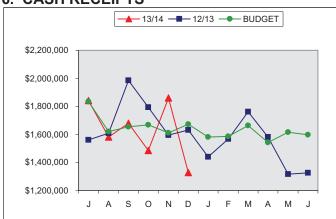
### 5. NET INCOME (LOSS)



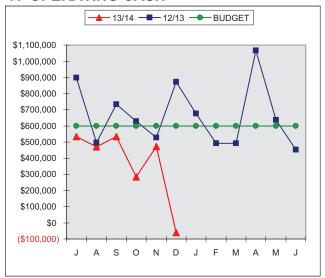
### 3. OPERATING EXPENSES



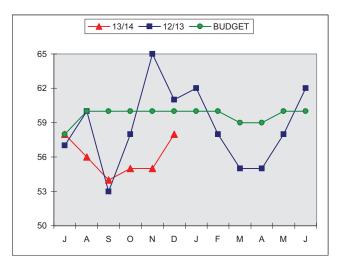
### 6. CASH RECEIPTS



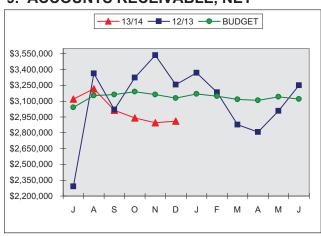
### 7. OPERATING CASH



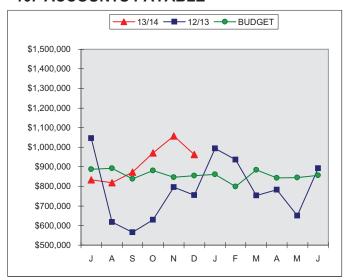
### 8. ACCOUNTS RECEIVABLE-DAYS



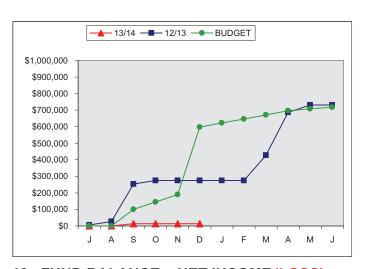
### 9. ACCOUNTS RECEIVABLE, NET



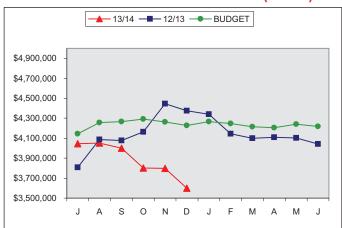
### 10. ACCOUNTS PAYABLE



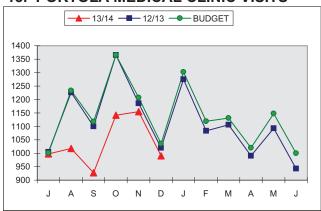
### 11. CAPITAL EXPENDITURES-YTD



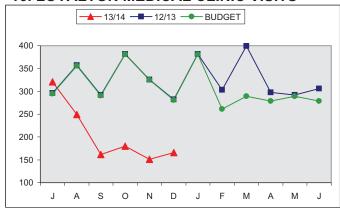
### 12. FUND BALANCE + NET INCOME (LOSS)



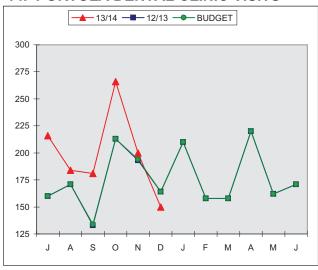
### 13. PORTOLA MEDICAL CLINIC VISITS



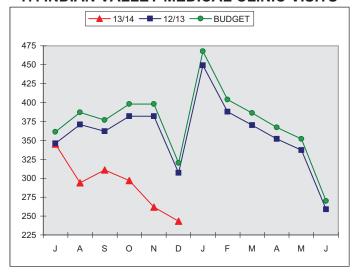
### 16. LOYALTON MEDICAL CLINIC VISITS



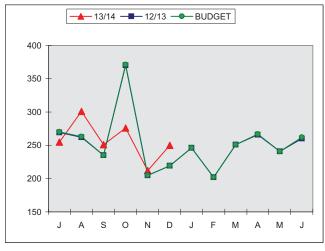
### 14. PORTOLA DENTAL CLINIC VISITS



### 17. INDIAN VALLEY MEDICAL CLINIC VISITS



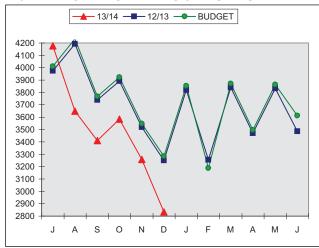
### 15. GRAEAGLE MEDICAL CLINIC VISITS



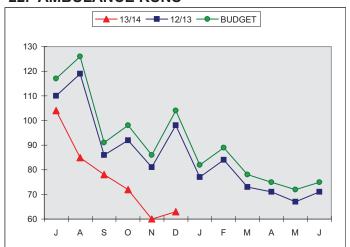
### 18. PORTOLA ANNEX VISITS



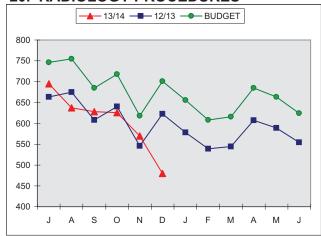
### 19. LABORATORY PROCEDURES



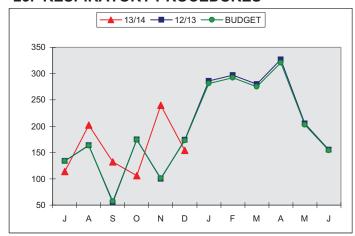
### 22. AMBULANCE RUNS



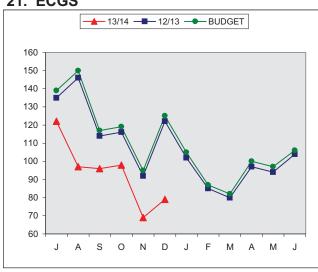
### 20. RADIOLOGY PROCEDURES



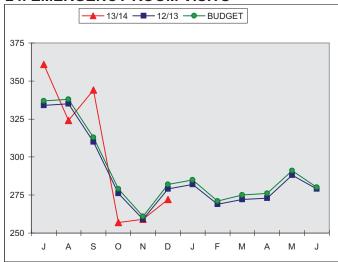
### 23. RESPIRATORY PROCEDURES



### **21. ECGS**



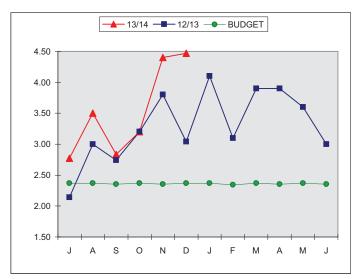
### 24. EMERGENCY ROOM VISITS



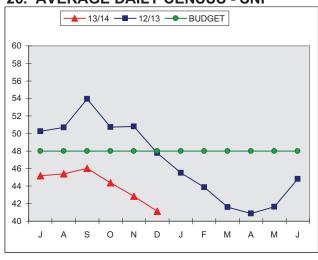
### 25. AVERAGE DAILY CENSUS - ACUTE

### 13/14 **■** 12/13 **●** BUDGET 4.00 3.50 3.00 2.50 2.00 1.50 1.00 D Ν

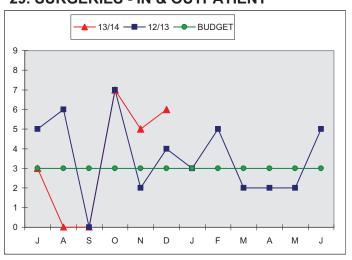
### 28. AVERAGE LENGTH OF STAY - ACUTE



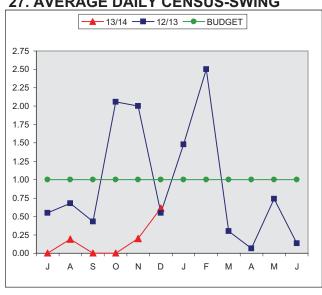
### 26. AVERAGE DAILY CENSUS - SNF



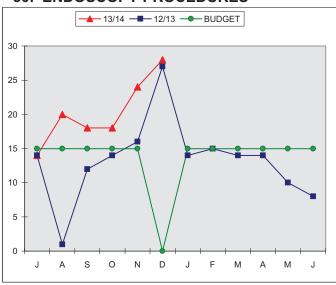
### 29. SURGERIES - IN & OUTPATIENT



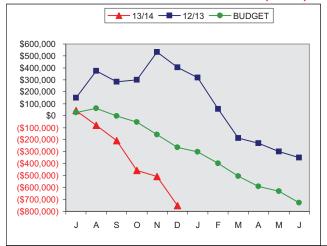
### 27. AVERAGE DAILY CENSUS-SWING



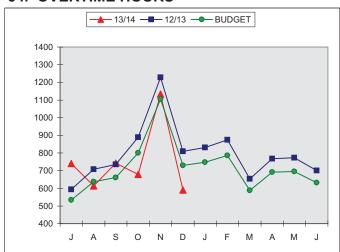
### 30. ENDOSCOPY PROCEDURES



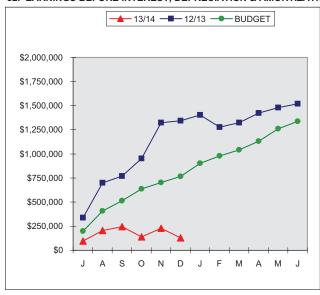
### 31. YEAR TO DATE OPERATING INCOME(LOSS)



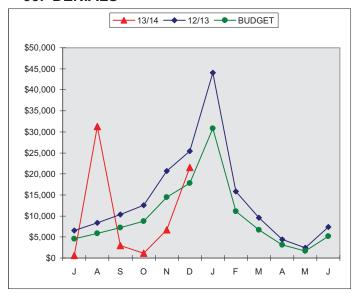
### 34. OVERTIME HOURS



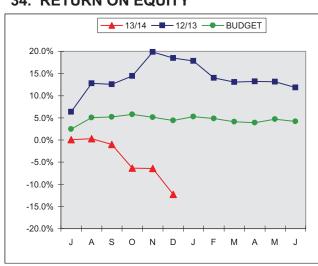
### 32. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



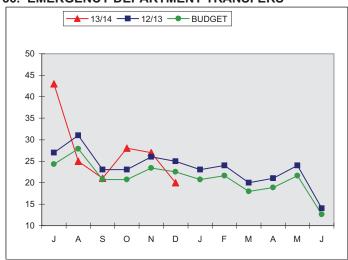
### 35. DENIALS



### 34. RETURN ON EQUITY



### **36. EMERGENCY DEPARTMENT TRANSFERS**



### EPHC Project List Portola

		1	7.0		, ,
ED Center, Kitchen: Removal of old equipment, painting and repair of cabinets.	Install eaves on Business Office building. Repair windows.	Boiler repairs, fuel lines	Surplus equipment, disposal of equipment	Boiler replacement Plan	Project Description Install Generators or UPS backup at clinics:
6/14	Spring/Summer 2014	11/13	6/14	9/14	Projected Completion date Summer 2013(Portola)
Minor	?	\$45,000.00	\$0.00	To be determined	Approximate Cost \$2,000.00
Removal of old kitchen equipment completed. Painting and repair of cabinets in kitchen area to be completed as time permits.	Completed minor repairs on roof to seal leaks. Windows replaced and reinstalled. Paint exterior of building in summer.	Completed repairs to primary boiler including replacement of fuel lines and tube replacements.	Currently in the process of disposing of all unused and surplus equipment from basement, Nifty Thrifty, Loyalton.	Planning Committee and architect to begin analyzing options and developing a plan for replacement.	Update Completed

Page 1

# EPHC Project List Portola

Project Description	Projected Completion date	Projected  Completion date   Approximate Cost	Update
ED Center, roof and paint. Repair and replace shingles (composition over shingles)	8/14	Minor	In-house staff to complete.
Medical records, replace flooring	10/14		Replace broken and worn-out tiles. Use in house staff.
Master Plan Infrastructure issues	To be determined	To be determined	Complete miscellaneous repairs as identified in master plan.
<ul> <li>Main Hospital negative grade</li> <li>Boiler replacement</li> <li>Boiler building negative grade</li> <li>SNF deck posts and stem wall shield</li> <li>Air handling equipment replacement</li> <li>Smoke detector in air supply ducts</li> </ul>			

Updated 01/20/2014

Page 2

# EPHC Project List Loyalton

Project Description	Project Completion Date	Approximate Cost	Update
Repair damage to main entrance overhang.	Spring 2014	minor	Not urgent. Exploring costs to repair stucco.
Relocate Clinic to hospital.	6/14	?	Still developing scope of project and evaluating specific OSHPD requirements.  Project to be considered in 2014
Chiller: replacement or other alternative	Undetermined	\$275,000.00	Future project.
Removal of old x-ray equipment	2nd quarter/2014		Remove old x-ray equipment, clean up x-ray room.
Install double door on dietary back entrance	2nd quarter/2014	\$2,400.00	Replace and install new double doors on back entrance.
Install vent to outside dry storage area	Summer/2014	Minor	Minor project. Install vent.
Replace shingles on Loyalton ambulance barn	Summer/Fall 2014	;	To be completed by in-house staff.
Reseal of cooling towers	To be determined	?	Scope of project to be determined
Loyalton Hallway floor, repair and level out	Summer/2014		Repair uneven concrete floor in corridor.

Page 3



### 2013-2014 OPERATIONS PLAN EASTERN PLUMAS HEALTH CARE

Prepared by:

Thomas P. Hayes Chief Executive Officer

> Update January 2014 August 2013

### TABLE OF CONTENTS

INTRODUCTION	3
QUALITY	3
FACILITIES	3
OPERATIONS	3
FINANCES	3
COMMUNITY RELATIONS/STRATEGIC PLANNING	4
CLINICS	4
LOYALTON CAMPUS	4

### INTRODUCTION

The following is the Operations Plan for the 2013-2014 fiscal year. Responsible individuals are listed at the end of each item.

### **OUALITY**

- 1. Conduct a periodic (quarterly) review to measure ongoing compliance with DHCS Plans of Correction for DP/SNF and Acute. (LJ) SNF resurvey conducted 12/18/13 and Hospital was compliant. Will conduct ongoing (semi annual) review/mock surveys to measure compliance. Awaiting resurvey of Acute.
- 2. Continue development of additional QA indicators in all departments and annual review of QA program by Administration and Board. (Melonie Bates, LJ) Completed. This is an ongoing process to develop new QA measures.
- 3. Evaluate accreditation options for acute care services. (TPH) To be completed by fiscal year end.
- 4. Continue annual measurement of employee satisfaction. Achieve at least 65% participation. (TPH, CC) Next survey to be conducted summer 2014.
- 5. Create an in house mentoring program for new employees, managers, and physicians to drive long term recruitment and retention. (All) Incomplete.

### **FACILITIES**

- 1. Complete installation of portable generator in the Portola Clinic (TPH) Completed
- 2. Complete an analysis for Board review of options available for replacing the EPHC Campus boilers. Propose a plan, with financial estimates for review by the Board. (TPH, Planning Committee) Awaiting proposal from architect.
- 3. Complete miscellaneous remodel projects as outlined on projects list. (TPH) Ongoing.
- 4. Develop plan for addressing Master Plan recommendations, to include lot line adjustment for property, short and long term infrastructure needs, roll out of Master Plan to community, and long term financing requirements. (TPH, Planning Committee) Incomplete.

### **OPERATIONS**

- 1. Replace HR Director (due to retirement of Cathy Conant) by February 2014. (TPH) Currently recruiting.
- 2. Evaluate the efficacy of the surgery program at EPHC. (TPH, LJ, Nelson) To be completed by second quarter 2014.
- 3. Implement Healthland Centrique EMR upgrade by 4th quarter, 2014 depending on readiness of Healthland. (RB, JN) Awaiting specific date from Healthland to complete.
- 4. Remove and dispose of all surplus major and minor equipment at EPHC, Portola and Loyalton campuses, and Nifty Thrifty building. (TPH) Ongoing.
- 5. Implement management training program for managers and supervisors. (CC) To be implemented in 2014.
- 6. Expand patient census in each DP/SNF Units. (LJ, Sue Whitfield) Patients now being admitted as of 12/24/13 after approval by DHCS.

### **FINANCES**

- 1. Achieve 2013/2014 budgeted profit margin. (All) Year to date performance has not met budget due to low volumes.
- 2. Establish and implement a process to assist patients and community members to enroll in health plans offered by California Covered and newly implemented Medi-Cal managed care program. (JN) Ongoing. Representatives were onsite in October 2013. EPHC also now has ability in house to enroll people.
- 3. Add direct deposit for employee pay checks. (Nelson) Completed.
- 4. Negotiate long term payback of DP/SNF retroactive amounts with DHCS. (TPH, JN) Still awating DHCE decision regarding when pay back will begin.

### COMMUNITY RELATIONS/STRATEGIC PLANNING

1. Update Strategic Plan. (TPH) Leadership group to reconvene in spring to discuss and revise.

2. Schedule and hold community meetings to review and discuss Master Plan for EPHC. (TPH) Will schedule in 2014.

### **CLINICS**

- 1. Recruit for permanent/fulltime Internal Medicine physician. (TPH, Bryan Gregory) Process of recruitment started in cooperation with DoctorsXL.
- 2. Evaluate overall operations of Portola Clinic to include evaluation of provider and staff productivity, patient wait times, patient satisfaction, etc. (TPH, Bryan Gregory) Clinic manager currently analyzing all phases of the Portola Clinic Operation and implementing changes as indicated.

### **LOYALTON CAMPUS**

1. Prepare a detailed plan of the advantages, disadvantages of moving Loyalton Clinic within the hospital. (TPH) To be evaluated in 2014.