

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
AGENDA**

**Thursday, December 7, 2023 at 5:00 p.m.  
Portola Medical Clinic Conference Room, Portola, CA**

The December 7, 2023 Board of Directors meeting will be held in both a virtual and an in-person setting for the general public. The Board meeting location at the Portola Medical Clinic Conference Room will be accessible to the public. Remote location: 95 Deer Creek Crossing, Clio, CA. The meeting is also accessible to the public via Zoom (See the connection information below). Public comment will be accepted on any item on the agenda as called for by the Board chair until the close of public comment for each item.

Any person with a disability may submit a request for reasonable modification or accommodation to the above-described means for accessing and offering comment at the meeting to Barbara Sokolov at [barbara.sokolov@ephc.org](mailto:barbara.sokolov@ephc.org) who will swiftly resolve such request.

The Board meeting is accessible to the public via Zoom:

**Meeting ID:** 895 4448 6481    **Passcode:** 820848    **Dial In:** +1 669 900 6833 US (San Jose)  
<https://us06web.zoom.us/j/89544486481?pwd=NFI5SkRlZmhGWittVUE5U0hyM0J4dz09>

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
<b>1. <u>Call to Order</u></b>	Augustine Corcoran	A	
<b>2. <u>Roll Call</u></b>	Augustine Corcoran	I	
<b>3. <u>Board Comments</u></b>	Board Members	I/D	
• Deletions/Corrections to the Posted Agenda			
<b>4. <u>Public Comment</u></b>			
There will be an opportunity for public comment on each agenda item listed with an "A" for action. Comments will be limited to three minutes per individual.			
<b>5. <u>Consent Calendar</u></b>	Augustine Corcoran	I/D/A	
A. Agenda			1-2
B. Meeting Minutes of 10.26.23 Regular Board Meeting			3-6
C. Meeting Minutes of 10.26.23 Finance Committee			7-8
<b>6. <u>Auxiliary Report</u></b>	Gail McGrath	I/D/A	
<b>7. <u>Staff Reports</u></b>			
A. Chief Nursing Officer Report	Penny Holland	I/D	9
B. SNF Directors of Nursing Report	Lorraine Noble/Tamara Santella	I/D	10
C. Director of Clinics Report	Tracy Studer	I/D	11
D. Director of Rehabilitation	Jim Burson	I/D	12-13
E. Program Manager	Joanna Garneau	I/D	14-15
F. Chief Financial Officer	Katherine Parish	I/D	16-18
<b>8. <u>Chief Executive Officer Report</u></b>	Doug McCoy	I/D/A	19
<b>9. <u>Approve Resolution</u></b>	Augustine Corcoran/Doug McCoy	I/D/A	20
• Resolution 299 – Ambulance Chassis			

**10. Policies** I/D/A 21-22

**A. Policy Review**

The CAH Committee recommends the following for approval by the Board of Directors:

Annual Policy Review

- Radiology, Lab, Nursing, EOCC, Dietary, Pharmacy, HR, Admitting, HIM, Clinic, Administration, Materials Management, Infection Prevention

**11. Committee Reports** Board Members I/D/A

**A. Finance Committee**

**12. Public Comment** Members of the Public I

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Comments are limited to three minutes ordinarily, unless the Board Chair indicates a different amount will be allotted. Comments should be limited to matters within the jurisdiction of the Board. The Board Chair may choose to acknowledge the comment, or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting. Like any other member of the hospital district, an employee or a contracted employee can address the Board in the proper forum at the proper time. However, the Board will not hear personnel issues or grievances, or matters that affect the employees personally.

**13. Board Closing Remarks** Board Members I/D

**14. Closed Session** Augustine Corcoran I/D/A

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

*Subject Matter: Staff Privileges*

- Brinley West, FNP-C Clinic

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

**15. Open Session Report of Actions** Augustine Corcoran I  
Taken in Closed Session

**16. Adjournment** Augustine Corcoran A

*The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is January 25, 2024 at the Portola Medical Clinic Conference Room, 480 1<sup>st</sup> Avenue, Portola, CA 96122*



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

**Thursday, October 26, 2023 at 5:00 p.m.**

**1. Call to Order**

Meeting was called to order at 5:00 p.m.

**2. Roll Call**

Present: Paul Swanson, M.D., Board Member; Marcia Hughes, Board Member; Augustine Corcoran, Board Chair; Gail McGrath, Board Member; Linda Satchwell, Board Member

Staff in attendance: Doug McCoy, CEO; Penny Holland, Chief Nursing Officer; Tamara Santella, Director of Nursing Loyaltan; Tracy Studer, Director of Clinics; Jim Burson, Director of Rehabilitation; Barbara Sokolov, Executive Assistant/Clerk of the Board

**3. Board Comments**

None

**4. Public Comment**

None

**5. Consent Calendar**

- **ACTION:** Motion was made by Director McGrath, seconded by Director Swanson to approve the consent calendar.  
**Roll Call Vote:** AYES: Directors Hughes, Swanson, McGrath, Corcoran, Satchwell  
Nays: None
- **Public Comment:** None

**6. Auxiliary Report**

Director McGrath reported that the Auxiliary is running smoothly and is very busy.

**7. Staff Reports**

**A. Chief Nursing Officer Report**

Penny Holland

See October BOD report. Penny also shared that 100 flu vaccines had been administered in Graeagle, fewer than usual. She was waiting for the state survey, currently at Enloe, and overdue at EPHC. Another Swing patient came in today, another one will be coming on Monday.

**B. SNF Directors of Nursing**

Lorraine Noble/Tamara Santella

See October BOD report. Tamara also informed the meeting that they currently had 8 applications for the upcoming CNA class.

**C. Director of Clinics**

Tracy Studer

See October BOD report. Tracy also reported that all clinics did really well in the CDPH/Partnership audit. Lots of camaraderie among staff who worked well together for a good outcome. Tahoe Forest OB will be in person, not telehealth, 11/8. The orthopedic PA has been postponed until April 2024.

**D. Chief Financial Officer**

Katherine Pairish

Katherine reported that there were no formal financials this month due to ongoing Cerner issues but her team was now able to post payments into system for the first quarter and was

working diligently to get caught up. As of September 30<sup>th</sup>, cash on hand was 142/last year 166 – difference due to operational deficit from funding IGTs. IGT funds will come back in 2 weeks with \$1.5 million net cash, the equivalent of 15 days cash on hand. Year to date, \$12.5 million revenue, last year \$11.7 million, \$672,000 or 5.7% increase. 5% increase in net revenue over last year. 4% decrease in overhead. Katherine also shared that the auditor was here the first week of the month and would have his full audit presentation ready for the January meeting.

## **8. Chief Executive Officer Report**

Doug McCoy

### **OPERATIONAL OVERVIEW:**

The California legislature has concluded with over 900 bills signed by Governor Newsom. Several have implications for EPHC and rural hospitals across the state including:

- SB 525 – establishes a minimum wage for health care workers under three specific parameters. For the 77 hospitals to include EPHC under one of the three parameters, the minimum wage will be set at \$18 beginning in June of 2024 with a 3.5% annual adjustment to the minimum wage floor until at rate of \$25 per hour is met in 2033.
- SB 616 – increases the required sick time allocation to employees from 24 hours annually to 40 hours.
- AB 242 – permanently allows CAHs to hire and employ physicians directly, sunseting a pilot program that was set to expire this year. There was also federal legislation enacted to add California and Texas as the final states to participate in physician loan forgiveness programs through HSRA.
- AB 40 – requires emergency medical services (EMS) to establish a patient offload time standard not to exceed 30 minutes. This legislation does not impact EPHC as our ambulance offload times are immediate but does prevent extended delays in acceptance of ambulance patients to the ER in metropolitan areas.
- AB 977 – approval is still pending on this bill, but it would extend the penalties for violence committed against first responders and emergency room personnel. It would also allow for the posting of notices that a threat or assault against hospital personnel is a crime and could result in a felony conviction. The Hospital Association supports this bill as a deterrent to potential threats against hospital personnel across the state.

EPHC has submitted two program grants in October which will benefit the organization and our patients. The first is a CALOES grant for funding to enhance security hardening on campus. This would include additional exterior lighting, camera installation, and expanded door security for both the Portola and Loyaltan campuses. The second is a 5-year program to enhance health care equity and access to MediCal recipients. This funding would come through our upcoming contract with Partnership Health Plan and include focused HEDIS measures, data collection, and patient outreach. We hope to have an approval for both programs by the end of the year as funds would be initiated in 2024.

The support from Serrano Associates for the collection of outstanding claims from Anthem is proceeding well. We anticipate collection of commercial accounts dating back to January 2022 to be resolved including interest payments by December of this year.

The EPHC Foundation Board conducted their October meeting with an emphasis on fundraising for the remounting project for our ambulance. The Board also authorized a contribution of funds for the SNF angel tree program which provides Christmas gifts to the residents of both the Portola and Loyaltan campuses. An extensive discussion was held reviewing the development of a community needs assessment for grant funding opportunities. The Board continues to develop long range goals to assist EPHC in continuing and expanding services to the community, and we are very excited with the work they have accomplished in a short period of time.

#### PATIENT EXPERIENCE/EMPLOYEE ENGAGEMENT:

EPHC received 774 patient experience surveys during the first three quarters of the calendar year. This level of feedback provides statistically significant information and evaluation of our services and opportunities for improvement. Overall performance was provided to the QA Committee on October 11th, and the results indicate a high level of patient satisfaction across all service lines.

Our Service Excellence Council has continued to implement and monitor our strategic initiatives for both patient experience and employee engagement. The Council implemented a process improvement reporting system on our employee intranet site to gather improvement activities that have been implemented by various departments which can be used by the entire organization. These will be reported to the Board on an annual basis. The Council will also be implementing an employee enrichment site which will gather feedback and recommendations from staff regarding our engagement activities in support of our recruitment/retention strategies. Four Service Excellence Advisors have been added for 2024 and will continue to act as liaisons for all staff for future initiatives.

#### COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of September 23rd through October 20th.

Doug also emphasized that the Cerner roll out has been challenging on many levels. EPHC was the first in line of all facilities in the area. The Cerner team assigned to EPHC was green and often used 3rd party contractors. This has meant lots of unexpected additional labor on EPHC's side including daily revenue reconciliation meetings that checked all activities from the previous day to make sure Cerner was processing them correctly. Now things are working smoothly enough to dissolve this process. The transition has made financial reporting and projections for the last quarter difficult. What is known is that revenue is up 5% and expenses are down 4%, even with decreases in SNF revenue and meal break penalties. Tamara & Lorraine have kept the SNF census up; Penny has increased the hospital census and successful patient outcomes; Tracy has minimized workflow impacts in the Clinics; Katherine's team has continued to work diligently. Doug commends all! He is also looking forward to seeing how Cerner's reporting features can further efficiencies throughout the organization.

#### 9. Policies

Public Comment: None.

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

**Roll Call Vote:** AYES: Directors McGrath, Hughes, Swanson, Corcoran, Satchwell.

Nays: None

#### 10. Committee Reports

A. Finance Committee

Board Members

I/D/A

Director Swanson reported that the Finance Committee had a good discussion and that they are pleased that even with the disruptions of COVID and Cerner, the organization is on stable, prosperous financial footing.

**11. Public Comment**

None.

**12. Board Closing Remarks**

Director Swanson noted the decrease in public attendance at the meetings since the change in time.

Director McGrath said that there was also a decrease in public attendance years ago when the meetings were changed to the evening.

**Open Session recessed at 5:42 p.m.**

**13. Closed Session**

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

*Subject Matter: Staff Privileges*

- Provisional 1 Year Appointments
  - Adam Ouimet, MD ED
- Active 2 Year Appointments
  - Irene Wojek, PMHNP Clinic
  - David Cohen, MD Tele Radiology
  - Erik Olsen, MD Tele Radiology
  - Debbie Chang, MD Tele Psych
  - Vasileios Panagopoulos, MD Tele Psych
  - Donghui Wei, MD Tele Psych

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

**14. Open Session Report of Actions Taken in Closed Session**

The Board returned at approximately 6:15

**A: ACTION-** The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 13.A.

**B: No Action Taken.**

**15. Adjournment**

Meeting adjourned at 6:16 p.m.

**EASTERN PLUMAS HEALTH CARE DISTRICT  
MEETING OF THE STANDING FINANCE COMMITTEE  
OF THE BOARD OF DIRECTORS**

**MINUTES**

**Thursday, October 26, 2023 at 4:00 p.m.**

**1. Call to Order**

Meeting was called to order at 3:59 p.m.

**2. Roll Call**

Present: Paul Swanson, M.D., Committee Chair/Board Member; Augustine Corcoran, Board Chair.

Staff in attendance: Doug McCoy; Barbara Sokolov, Katherine Pairish, CFO; Executive Assistant/Clerk of the Board.

**3. Consent Calendar**

The consent calendar items were approved as submitted.

Motion: Director Corcoran, seconded by Director Swanson.

**4. Board Comments**

None.

**5. Public Comments**

None.

**6. CFO Report**

Katherine Pairish, CFO

Katherine explained that Cerner delays were still impacting reporting but that next month she would have reports for the last quarter of the fiscal year, July 1st to September 30<sup>th</sup>, as well as a summary of high-level financials as of September 30<sup>th</sup>. Doug elaborated that delays in the Cerner build pertaining to the general ledger and billing and coding had created a backlog in posting which restricts closing. But there is no cash issue, just a backlog in posting that Katherine's team is working diligently to get caught up on. Katherine also shared that while this delay in posting effects aging AR days, it does not impact the cash balance. Days cash on hand is at 142, the decrease is due to operating every month at a deficit. \$694,616 used to fund IGTs will be returned November 6<sup>th</sup> at \$2.245 million, which is a \$1.5 million increase in cash, equivalent to 15 days. Another \$1.5 million in IGTs will come in 2/24, double the amount funded. Gross revenue, expenses, and overhead are all better overall than last year. Doug shared that first quarter performance this year was \$700,000 better than last year, assuming we collect all the revenue generated. Trending high SNF census and lower inpatient census, decreases in expenses (travelers, legal fees, and architectural fees) and increases in overall revenue, have EPHC on track for a successful year.

Katherine shared that the auditor had been at EPHC for 3.5 days the first week of October. The final audit report and presentation would be ready for the January BOD meeting. She is anticipating a positive outcome.

Doug said that daily revenue reconciliation meetings over the last several months had resulted in positive benefits in billing and coding: 90 days ago more than \$4 million had been held up due to coding issues, now down to \$380,000. AR days had peaked at 110 and are slowly dropping. Doug credits Innova, Katherine and her team, and Cerner fixes. He anticipates 162 days cash on hand by end of the year.

Doug also shared that the Minimum Wage Law had been signed but had almost no impact on EPHC because only 8 employees are below \$18 per hour and are slated to go above that after successfully completing 90 days of employment. Will keep an eye on whether \$25/hour in Sacramento pulls potential employees from this area. He reported that funding from the Equity and Practice Transformation Program, that seeks to increase access to Medi-Cal, should bring in \$600,000 beginning in 2024 and that the Managed Care Payer Tax should bring in higher Medi-Cal reimbursement and thus increase revenue as well. Scott Coffin, the former Anthem executive, is working to help EPHC recoup close to \$300k in stalled Anthem payments and has offered to help with other managed care reimbursements.

Katherine remarked that she was encouraged to see the organization in such a good financial position and the EPHC is in a great position overall. On her side of the parking lot, employees are happy and stable and this translates to a good financial picture. Taryn Russell, the new Financial Services Manager, who onboarded in just shy of a month ago, has been an excellent addition. She knows Cerner and worked for HRG (healthcare Resource Group) so brings expertise in health care revenue cycle management. Brittney Valjalo has taken on a new role as Revenue Cycle Specialist and is working on streamlining registration processes.

Doug noted that even with SNF reimbursement losses, \$450k year over year, and meal break penalties (\$100k per quarter), EPHC is \$700k ahead of last year. Katherine added that they key was staying on top of it all and good navigation.

Dr. Swanson asked if the funding for the first IGT of \$690,616 represented a four-fold return and Katherine responded that that was correct.

For some context, Doug informed the meeting that Plumas District Hospital did not post financials for a full year after Cerner and Seneca has had similar issues. Audited financials in the next 60 days will allow some comparisons and benchmarks. Katherine also shared that the CFO/CEO networks among rural hospitals is tight and important.

Dr. Swanson said that this comparative information was validating and that he appreciates Doug and Katherine's leadership.

**7. Adjournment**

Meeting adjourned at 4:55 p.m.



Eastern Plumas Health Care  
Board Report  
Penny Holland CNO

12/7/2023

Staffing is stable, maintaining average of 3 swing patients a day.

Still working on getting Mindray, our central monitoring system, up and running, waiting on IT work to be done.

We have contracted with a company called Pipeline which is our new 24 hour pharmacy verification source. Before medications can be given on acute they must be verified. We have had Pharmacist Raymond Duro and Linday Smoot doing this for us for the last 10 plus years and with a new law in California the pharmacist must reside in the state of California which forced us to contract with a company.

Currently seeing little COVID outbreaks in SNF but have been able to isolate and stop the spread.

Eastern Plumas Health Care  
Nursing Division  
Skilled Nursing Facilities  
Board Report 11/30/2023  
by Lorraine Noble RN & Tamara Santella RN

CENSUS FOR 2023- *please note that the census on 11/30/23 = 60*

JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
99%	100%	105%	108%	109%	108%	98%	97%	98%	97%	101%	
53 Goal	53	53	53	53	53	59	59	59	59	59	59
52.51 Census	52.88	55.48	57.22	57.93	57.33	57.96	57.38	58	57	59.66	
		101%			108%			98%			
		Qtr 1			Qtr 1			Qtr 1			Qtr 1

**Staffing:**

- Portola campus has two full time nurse positions posted and a C.N.A. position posted – they are all for night shift
- Loyalton is using one traveling nurse and one traveling C.N.A.
- C.N.A. class scheduled to start April 1<sup>st</sup>, 2024.
- 2<sup>nd</sup> Provider position has yet to be filled to support Medical Director

**State Issues:** No annual state survey as of yet. Last one was 5/2022

**FYI: State Activity-**

11/03/2023 State visit –*please note that 8 of these incidents were self reported by the facility*

- Complaint # 867064 for unusual occurrence in Loyalton on 10/18/23-have not received response from state
- Complaint #866481 “ anonymous” for staffing in Loyalton- have not received response from state

11/09/2023 State visit

- Complaint #858956 for resident to resident abuse report in Portola- no deficiencies 11/15/23
- Complaint #864009 for fall with injury in Loyalton- no deficiencies 11/15/23
- Complaint#863795 for resident to resident abuse report in Loyalton-no deficiencies 11/15/23
- Complaint # 863780 for resident to resident abuse report in Loyalton- no deficiencies 11/15/23
- Complaint # 863593 for resident to resident abuse report in Loyalton-no deficiencies 11/15/23
- Complaint # 869273 for fall with injury in Portola- no deficiencies 11/15/23

Eastern Plumas Health Care  
Board Report  
Tracy Studer Director of Clinics

Thursday, December 7, 2023

CDPH and Wipfli meeting held 11-30-2023 at 1:30 pm regarding the application for the new Loyalton Medical Clinic.

New Loyalton Medical Clinic HVAC system in place and functioning properly. The illuminated outdoor business sign has been installed in front of the new clinic.

Tahoe Forest Hospital Women's Center physician will be in person at PMC on December 13, 2023. Tahoe Forest Women's Center is planning another Telehealth trial to be held on January 10, 2024.

Partnership Health audit corrections submitted on Monday, November 27, 2023. The corrections will now go to CDPH for review.

Eastern Plumas Health Care  
Board Report  
Jim Burson-Director of Rehabilitation

Date: December 7, 2023

Reporting for September, October, November

1. Barbara McCabe, PT, will join our staff on a per diem basis this month. Barbara is the Quincy Home Health Physical Therapist and would also like to help us cover inpatient P.T. vacations and absences, as well as census growth. She brings 26 years of experience to our Rehab team and we are excited to bring her on board!
2. Our Inpatient/SNF therapy census has grown over the last 3 months by about 35%. We are thankful for an increase in the Swing Bed census and we are pleased to see the Nursing Facilities numbers grow, as well! Happily, we are staffed to handle this surge and now have an additional per diem therapist to accommodate further growth.
3. The Outpatient census for October is up 10% year over year. Our new patient referrals are up 23.5% over this time last year, as well. Our new Physical Therapist, Max Barroso, has been delivering wonderful care to our Outpatient and Inpatient populations.
4. We continue recruiting for a part-time Speech/Language Pathologist. A sign-on bonus is now being offered and we have expanded our reach through internet and social media outlets. As a reminder, we do have a

Swallow Evaluation SLP contracted to provide this service should the need arise.

5. Thanks to Stan Peiler and the Loyaltan Engineering and Maintenance crew, we are making progress on remodeling for the Pediatric Occupational Therapy clinic and we have the necessary equipment and furnishings at this point. We may start seeing patients in January. Our office has a waiting list.
6. Our Cardiac Program that launched in August has a census of 5. This program was a request of our medical providers and we are happy to be of service! The team, which includes Jennifer and Nicole from Dietary, 3 of our P.T. staff and Sue, our Office Manager, meet to fine tune the program and to communicate specific patient needs.
7. Same Day Cancellations for September and October continued to be under our goal of 2.0 at 1.75 per day. We will continue to emphasize continuity of care and communication with our patients to optimize their outcomes.

Eastern Plumas Health Care  
Board Report  
Joanna Garneau, Program Manager

Thursday, December 7, 2023

- California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM)
  - “It's days like today that put how much you have helped me into perspective. I know I already told you thank you. But when I look at what ‘my team’ consisted of before you and Joanna I am honestly shocked I am still alive. So Thank you.”  
-ECM Member October, 2023
  - CalAIM Overview
    - Currently serving 10 members, served 12 total since May 2023
    - Conducting outreach on 3 members
    - In final stages of hiring second ECM Case Manager
      - Currently 5 candidates
      - Will assist with outreach and new services
  - CalAIM Funding
    - \$608,014 through DHCS Providing Access and Transforming Health Capacity and Infrastructure Transition, Expansion, and Development (PATH CITED)
      - \$299,530.77 received at end of June 2023
        - \$175,000 toward Cerner implementation, purchase of SUV, program build costs, ECM Case Manager salary and benefits Q1 and Q2
      - \$50,065.64 received November 7, 2023
        - ECM Case Manager salary and benefits Q3, Program Manager salary offset Q2 and Q3
      - \$72,109.61 requisitioned October 2023
        - ECM Case Manager salary and benefits, second SUV
      - Remaining amount to be requisitioned throughout 2023 and 2024
    - Application for \$500,000 PATH CITED R2, denied, will reapply for Round Three funding early 2024
      - Purchase of Dr. Lee’s Dental building, including office furniture, supplies, paving parking area, and compassion and empathy training for EPHC employees and CalAIM community partners
    - Application for \$138,240 through IPP (Incentive Payment Program)
      - Billing, referrals, ride along companions, Program Manager, and Care Clinician
  - De-escalation training
    - 6 employees to attend onsite training to become trainers, end of January 2024
    - They will assist with training all EPHC employees
    - \$12,300 through CalAIM’s PATH CITED funding
  - CalAIM Videos and Article

- California's Opportunity to Transform Medi-Cal
      - <https://www.youtube.com/watch?v=N2U0hMzByMQ>
    - What is CalAIM?
      - <https://www.youtube.com/watch?v=4bzMQ-XueP0>
    - On the Brink of Homelessness, San Diego Woman Wins the Medi-Cal Lottery
      - <https://kffhealthnews.org/news/article/on-brink-homelessness-san-diego-woman-wins-medi-cal-lottery-calaim/>
- COVID-19 Test to Treat Equity grant
  - EPHC received \$456,766
    - Purchased and received posts, barriers, and signs
    - Ordered two large shelters, one small shelter, two trailers
    - Purchased and received 2018 Ford F250 to haul trailers
    - Funding Overview
      - Project Total Cost: \$487,756.66 (down from \$498,737.40)
      - CDPH total funding \$456,766
      - EPHC to contribute \$30,990.66 (down from \$41,971.40)
      - EPHC's contribution 6.35% (down from 8.42%)
- DHCS Quality Incentive Pool (QIP) Audit
  - EPHC was audited for the measure: Tobacco Screening and Cessation
    - Included live virtual audit of Centriq
    - Thanks to Sessa Edupuganti, IT Analyst
    - Received full potential award, reported on two measures, needed to achieve on one
  - Tobacco
    - Target rate 1: 78.48%, achieved 80.00% (patients identified as tobacco users, who received cessation intervention)
    - Target rate 2: 89.11%, achieved 90.81% (of patients who had 2 medical or 1 preventative care visit(s), who was screened for tobacco and received cessation if identified as a tobacco user)
  - Second measure was Depression Screening and Follow Up
- Additional applications
  - USDA Grant
    - \$50,000 approved for assistance with SNF transportation van purchase
    - Van arrived yesterday, Wednesday, December 6
  - DHCS's Equity and Practice Transformation (EPT) Direct Payments Program (clinic)
    - Potential for up to \$600,000 in direct payments through December 2025
  - California State Nonprofit Security Grant Program (CSNSGP)
    - \$150,831 for Portola campus (security camera system, parking lot lighting, magnetic door locks, badge reader, on-site security training)
    - \$102,852 for Loyalton campus (security camera system, parking lot lighting)

**Eastern Plumas Health Care**  
**Financial Statements – Board Report**  
**September 2023**

**Summary**

Total Patient Revenues for the first quarter of the current fiscal year were over budget by \$232,667. Total Operating Revenues were over budget by \$447,616. Total Operating Expenses were over budget by \$129,223. Net Income was over budget by \$294,982.

**Revenues (Year-to-Date)**

Overall, total Inpatient Revenues were under budget by \$220,794, with Skilled Nursing Revenues over budget by \$52,064. Pro Fees were over budget by \$120,885. Total Outpatient Revenues were over budget by \$229,229 and Clinic Revenues were over budget by \$103,347.

**Expenses (Year-to-Date)**

**Salaries and Benefits:** Combined Salaries and Benefits were over budget by \$352,703.

**Purchased Services:** Purchased Services were under budget by \$318,299.

**Professional Fees:** Professional Fees were under budget by \$87,591.

**Repairs & Maintenance:** Repairs & Maintenance were over budget by \$54,352.

**Utilities:** Utilities were over budget by \$7,954.

**Supplies:** Supplies were over budget by \$124,971.

**Depreciation Expense:** Depreciation Expense was under budget by \$43,468.

**Other Expenses:** Other Expenses were over budget by \$105,568. These include training, travel, and dues and subscriptions.

**Revenue Cycle**

Gross Accounts Receivable as of September 30, 2023 was \$17.5 million. The increase is due to the Cerner transition. We are working on catching up on payment posting and sending bills out timelier.

**Balance Sheet**

Total Cash decreased 33.34%. Net AR increased 90.99% and Net Fixed Assets increased 31.01%. Total Liabilities decreased 35.71%.

**Additional Information**

Days cash on hand on September 30, 2023, was 142. September 30, 2022, days cash on hand was 206. Our cash position is still very strong. We have spent \$785,224 on capital equipment so far this year. We funded the HQAF IGT in October in the amount of \$694,616 and received \$2,245,289 back in November. We netted \$1,550,673 and anticipate our days cash on hand at the end of November to be 150.

Our auditor will present the audit report at the January Board meeting.



Eastern Plumas Health Care  
Income Statement  
DRAFT  
For the Month of September

	% Net Pt Revenue	Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Actual	Year-to-Date Budget	\$ Variance
<b>1 REVENUE</b>								
2 Inpatient Revenue		\$ 202,800	\$ 236,125	\$ (33,325)		\$ 451,858	\$ 724,102	\$ (272,244)
3 Inpatient Revenue - Swing Bed		\$ 177,000	\$ 129,802	\$ 47,198		\$ 402,000	\$ 402,614	\$ (614)
4 Inpatient Revenue - SNF		\$ 898,464	\$ 842,452	\$ 56,012		\$ 2,633,324	\$ 2,581,260	\$ 52,064
		\$ 1,278,264	\$ 1,208,379	\$ 69,885		\$ 3,487,182	\$ 3,707,976	\$ (220,794)
5 All Pro Fees		\$ 326,086	\$ 277,175	\$ 48,911		\$ 970,888	\$ 850,003	\$ 120,885
7 Outpatient Revenue		\$ 2,387,799	\$ 2,178,453	\$ 209,346		\$ 6,909,818	\$ 6,680,589	\$ 229,229
8 Clinics		\$ 427,583	\$ 407,958	\$ 19,625		\$ 1,354,419	\$ 1,251,072	\$ 103,347
9 Total Patient Revenue		\$ 4,419,732	\$ 4,071,964	\$ 347,768		\$ 12,722,307	\$ 12,489,640	\$ 232,667
11 Contractual Allowances		\$ (1,661,819)	\$ (1,630,737)	\$ (31,082)		\$ (4,783,587)	\$ (5,000,925)	\$ 217,338
12 Charity Discounts		\$ (9,848)	\$ (9,664)	\$ (184)		\$ (28,348)	\$ (29,636)	\$ 1,288
13 Other Allowances		\$ (31,932)	\$ (31,334)	\$ (598)		\$ (91,918)	\$ (96,094)	\$ 4,176
14 Bad Debt		\$ (64,294)	\$ (63,091)	\$ (1,203)		\$ (185,070)	\$ (193,479)	\$ 8,409
15 Total Deductions		\$ (1,767,893)	\$ (1,734,826)	\$ (33,067)		\$ (5,088,923)	\$ (5,320,134)	\$ 231,211
16 Net Patient Revenue		\$ 2,651,839	\$ 2,337,138	\$ 314,701		\$ 7,633,384	\$ 7,169,506	\$ 463,878
17 % of Gross Revenue	60.00%		57.40%	2.60%		60.00%	57.40%	2.60%
18 Meaningful Use Revenue		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
19 Quality Payments		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
20 IGT Payments		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
21 Other Operating Revenue		\$ 3,940	\$ 8,849	\$ (4,909)		\$ 10,285	\$ 26,547	\$ (16,262)
22 Total Operating Revenue		\$ 2,655,779	\$ 2,345,988	\$ 309,792		\$ 7,643,669	\$ 7,196,053	\$ 447,616
<b>23 EXPENSES</b>								
24 Salaries and Wages	50.0%	\$ (1,325,757)	\$ (1,406,613)	\$ 80,856	52.9%	\$ (4,039,132)	\$ (4,313,445)	\$ 274,313
25 Employee Benefits	21.1%	\$ (560,071)	\$ (556,666)	\$ (3,405)	21.3%	\$ (1,628,678)	\$ (1,707,068)	\$ 78,390
26 Professional Fees - Medical	11.0%	\$ (292,243)	\$ (319,839)	\$ 27,597	11.4%	\$ (871,926)	\$ (959,517)	\$ 87,591
27 Professional Fees - Other	0.4%	\$ (10,963)	\$ (11,594)	\$ 630	0.5%	\$ (96,221)	\$ (94,781)	\$ (1,440)
28 Supplies	8.8%	\$ (232,461)	\$ (202,969)	\$ (29,492)	9.9%	\$ (752,199)	\$ (627,228)	\$ (124,971)
29 Purchased Services	18.0%	\$ (478,276)	\$ (346,478)	\$ (131,798)	17.8%	\$ (1,357,735)	\$ (1,039,436)	\$ (318,299)
30 Insurance	1.7%	\$ (44,089)	\$ (44,089)	\$ 0	1.7%	\$ (132,257)	\$ (132,267)	\$ (0)
31 Rental and Leases	0.2%	\$ (5,750)	\$ (6,535)	\$ 785	0.3%	\$ (20,006)	\$ (19,605)	\$ (401)
32 Repairs and Maintenance	4.2%	\$ (112,605)	\$ (49,651)	\$ (62,953)	2.7%	\$ (204,454)	\$ (150,102)	\$ (54,352)
33 Utilities and Telephone	3.4%	\$ (90,905)	\$ (91,882)	\$ 977	3.7%	\$ (283,600)	\$ (275,646)	\$ (7,954)
34 Depreciation Amortization	3.9%	\$ (103,768)	\$ (119,195)	\$ 15,426	4.1%	\$ (314,116)	\$ (357,584)	\$ 43,468
35 Other Expenses	2.5%	\$ (67,322)	\$ (56,518)	\$ (10,804)	3.6%	\$ (275,124)	\$ (169,556)	\$ (105,568)
36 Total Operating Expenses	125.4%	\$ (3,324,211)	\$ (3,212,029)	\$ (112,182)	129.9%	\$ (9,915,458)	\$ (9,786,235)	\$ (129,223)
37 Income From Operations	-25.2%	\$ (668,432)	\$ (866,041)	\$ 197,610	-29.8%	\$ (2,271,789)	\$ (2,590,182)	\$ 318,393
38 Tax Revenue	-2.0%	\$ 54,200	\$ 54,167	\$ 33	-2.1%	\$ 162,600	\$ 162,501	\$ 99
39 Non Capital Grants and Donations	-0.9%	\$ 22,838	\$ 12,500	\$ 10,338	-0.3%	\$ 22,838	\$ 37,500	\$ (14,662)
40 Interest Income	0.0%	\$ 19	\$ -	\$ 19	-1.5%	\$ 113,152	\$ 100,000	\$ 13,152
41 Interest Expense	0.7%	\$ (17,616)	\$ (15,200)	\$ (2,416)	0.7%	\$ (53,151)	\$ (45,600)	\$ (7,551)
42 Non-Operating Income (Expenses)	-0.2%	\$ 5,785	\$ 11,215	\$ (5,430)	-0.3%	\$ 19,547	\$ 33,996	\$ (14,449)
43 Total Non-Operating Gain (Loss)	-2.5%	\$ 65,226	\$ 62,682	\$ 2,544	-3.5%	\$ 264,986	\$ 288,397	\$ (23,411)
44 Net Income	-22.7%	\$ (603,206)	\$ (803,360)	\$ 200,153	-26.3%	\$ (2,006,803)	\$ (2,301,785)	\$ 294,982
45 Operating Margin %		-25.17%	-36.92%	11.75%		-29.72%	-35.99%	6.27%
46 Net Margin %		-22.71%	-34.24%	11.53%		-26.23%	-31.99%	5.73%
47 Payroll as % of Operating Expense		56.73%	61.12%			57.16%	61.52%	

**Eastern Plumas Health Care**  
**Comparative Balance Sheets - Board Report**  
**DRAFT**  
**Dates as Indicated**

	FYE as of 9/30/23	FYE 9/30/2022	FYE 9/30/2021	FYE 9/30/2020	FYE 2024-2023	
					\$ Change	% Change
<b>Assets</b>						
<b>Current Assets</b>						
Cash	\$ 750,708	\$ 1,108,211	\$ 794,314	\$ 3,956,247	\$ (357,503)	-32.26%
Short-term Investments (LAIF)	\$ 14,083,327	\$ 21,145,756	\$ 24,896,638	\$ 17,491,494	\$ (7,062,430)	-33.40%
<b>Total Cash and Equivalents</b>	<b>\$ 14,834,035</b>	<b>\$ 22,253,968</b>	<b>\$ 25,690,952</b>	<b>\$ 21,447,741</b>	<b>\$ (7,419,933)</b>	<b>-33.34%</b>
Patient Accounts Receivable	\$ 17,499,493	\$ 7,419,944	\$ 6,796,822	\$ 5,623,261	\$ 10,079,549	135.84%
Accounts Receivable Reserves	\$ (8,568,094)	\$ (2,743,587)	\$ (2,446,967)	\$ (1,958,570)	\$ (5,824,507)	212.30%
<b>Net Accounts Receivable</b>	<b>\$ 8,931,399</b>	<b>\$ 4,676,357</b>	<b>\$ 4,349,856</b>	<b>\$ 3,664,691</b>	<b>\$ 4,255,042</b>	<b>90.99%</b>
<b>% of Gross Account Receivables</b>	<b>51.0%</b>	<b>63.0%</b>	<b>64.0%</b>	<b>65.2%</b>		
Inventory	\$ 558,494	\$ 481,936	\$ 363,772	\$ 262,990	\$ 76,558	15.89%
Other Assets	\$ 394,239	\$ 296,456	\$ 240,598	\$ 253,487	\$ 97,783	32.98%
<b>Total Other Assets</b>	<b>\$ 952,733</b>	<b>\$ 778,392</b>	<b>\$ 604,370</b>	<b>\$ 516,477</b>	<b>\$ 174,341</b>	<b>22.40%</b>
<b>Total Current Assets</b>	<b>\$ 24,718,167</b>	<b>\$ 27,708,716</b>	<b>\$ 30,645,177</b>	<b>\$ 25,628,909</b>	<b>\$ (2,990,550)</b>	<b>-10.79%</b>
<b>Fixed Assets</b>						
Land	\$ 1,166,344	\$ 1,166,344	\$ 1,123,344	\$ 1,123,344	\$ -	0.00%
Buildings	\$ 15,220,840	\$ 14,931,290	\$ 14,850,753	\$ 14,675,399	\$ 289,550	1.94%
Capital Equipment	\$ 15,928,706	\$ 14,943,774	\$ 14,730,902	\$ 14,142,101	\$ 984,932	6.59%
In Progress	\$ 3,176,862	\$ 761,338	\$ 418,669	\$ 111,695	\$ 2,415,525	317.27%
<b>Total Plant &amp; Equipment</b>	<b>\$ 35,492,752</b>	<b>\$ 31,802,745</b>	<b>\$ 31,123,668</b>	<b>\$ 30,052,539</b>	<b>\$ 3,690,007</b>	<b>11.60%</b>
Accumulated Depreciation	\$ (23,408,157)	\$ (22,578,795)	\$ (21,611,246)	\$ (20,497,931)	\$ (829,362)	3.67%
<b>Net Fixed Assets</b>	<b>\$ 12,084,595</b>	<b>\$ 9,223,950</b>	<b>\$ 9,512,422</b>	<b>\$ 9,554,608</b>	<b>\$ 2,860,645</b>	<b>31.01%</b>
<b>Total Assets</b>	<b>\$ 36,802,762</b>	<b>\$ 36,932,667</b>	<b>\$ 40,157,599</b>	<b>\$ 35,183,516</b>	<b>\$ (129,905)</b>	<b>-0.35%</b>
<b>LIABILITIES AND RETAINED EARNINGS</b>						
<b>Current Liabilities</b>						
Accounts Payable	\$ 1,052,772	\$ 401,226	\$ 939,464	\$ 713,633	\$ 651,546	162.39%
Accrued Payroll & Benefits	\$ 1,408,682	\$ 2,218,371	\$ 1,141,487	\$ 1,041,420	\$ (809,689)	-36.50%
Other Current Liabilities	\$ 51,183	\$ 3,418,938	\$ 11,914,157	\$ 12,520,738	\$ (3,367,755)	-98.50%
<b>Total Current Liabilities</b>	<b>\$ 2,512,637</b>	<b>\$ 6,038,535</b>	<b>\$ 13,995,108</b>	<b>\$ 14,275,791</b>	<b>\$ (3,525,898)</b>	<b>-58.39%</b>
<b>Long-Term Liabilities</b>						
Loans	\$ 4,403,403	\$ 4,719,823	\$ 5,107,196	\$ 5,885,264	\$ (316,420)	-6.70%
Capitalized Leases	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
<b>Total Long Term Liabilities</b>	<b>\$ 4,403,403</b>	<b>\$ 4,719,823</b>	<b>\$ 5,107,196</b>	<b>\$ 5,885,264</b>	<b>\$ (316,420)</b>	<b>-6.70%</b>
Deferred Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
<b>TOTAL LIABILITIES</b>	<b>\$ 6,916,040</b>	<b>\$ 10,758,358</b>	<b>\$ 19,102,304</b>	<b>\$ 20,161,055</b>	<b>\$ (3,842,318)</b>	<b>-35.71%</b>
<b>Fund Balance</b>	<b>\$ 29,886,722</b>	<b>\$ 26,174,309</b>	<b>\$ 21,055,295</b>	<b>\$ 15,022,462</b>	<b>\$ 3,712,413</b>	<b>14.18%</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>\$ 36,802,762</b>	<b>\$ 36,932,667</b>	<b>\$ 40,157,599</b>	<b>\$ 35,183,516</b>	<b>\$ (129,905)</b>	<b>-0.35%</b>



**Eastern Plumas Health Care  
Board Report  
Executive Summary**

**Date: December 7, 2023**

**OPERATIONAL OVERVIEW:**

The Finance Department has made significant gains in cash posting this month resulting in the completion of financial results for the first quarter and estimates for both October and November. Although the Cerner implementation was challenging for Q1, EPHC remained ahead of budget and improved over the previous year. SNF census remained at or above budget while clinic and outpatient services exceeded expectations for the period. EPHC funded and received the most recent IGT with higher-than-expected reimbursement which will assist with our days cash on hand for the remainder of the calendar year. We anticipate a strong first half fiscal year report to be provided at the January Board meeting.

The EPHC Foundation Board has been very active, selecting the ambulance remount project as the current fundraising initiative. The Board has done end of year fundraising outreach to our EPHC vendors and community members/businesses in an effort to raise funds with receipt of the new ambulance expected in February of 2024. The USDA approved a grant to fund 50% of a new patient transport van and we expect delivery before year end.

The Loyalton clinic is close to opening with a large LED sign installed in early November. We have met with CDPH and they have indicated that the license will be issued without the need for an onsite survey. We expect receipt of the license within the next two weeks and can then initiate our grand opening event and begin operations. Following the opening we will have the CMS survey completed which is expected to occur 6-8 weeks after we begin operations.

We are proceeding with the replacement of the lab analyzer and will be going with a similar model from the current vendor to reduce operational delays and related implementation costs. The analyzer has been funded through the EPHC Auxiliary and we appreciate their assistance with procuring this important piece of equipment. The Mind Ray central monitoring system installation project is scheduled to begin January 8<sup>th</sup> with an anticipated completion time of 60-90 days to include on-site network assessments, equipment installation, and training.

We also began installation of the replacement fire panel project which includes replacement of all electronic smoke detectors, etc. The installation process has been more complicated than anticipated, but we expect completion to occur before the end of the month. Once fully installed, we will begin the installation of the hospital badge readers for the doors leading to both the ED and acute areas which will increase our security program.

**COMPLIANCE PROGRAM:**

There were no compliance reviews initiated for the period of October 21st through December 4th.

**RESOLUTION NO. 299**

Eastern Plumas Health Care District

Resolution of the Board of Directors  
of the Eastern Plumas Health Care  
District to Declare Ambulance Chassis 2012 Ford (last four of VIN 0724)  
Surplus Property

WHEREAS, the Eastern Plumas Health Care Board of Directors classifying the chassis of the 2012 Ford Ambulance (last four of VIN 0724) as surplus because it is mechanically unreliable as it has had ongoing mechanical failures.

WHEREAS, this Board of Directors is authorizing the disposal of this property by public auction, sale, donated or destroyed.

NOW THEREFORE, BE IT RESOLVED, that the Chief Executive Officer or in his or her absence, or incapacitation, the Chief Financial Officer may authorize the auction, sale, donation or destruction of the above-mentioned property and may execute associated paperwork without further approval of the Board of Directors.

Passed, approved and adopted by the Board of Directors of Eastern Plumas Health Care, Plumas County, California at a regular meeting held on the 7<sup>th</sup> day of December 2023 by the following roll call vote:

Chair Corcoran \_\_\_\_\_ Vice-Chair Satchwell \_\_\_\_\_ Director Hughes \_\_\_\_\_

Director Satchwell \_\_\_\_\_ Director Swanson \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Augustine Corcoran, Chair

\_\_\_\_\_  
Linda Satchwell, Vice Chair

## AGENDA ITEM COVER SHEET

<b>ITEM</b>	CAH Committee Consent Agenda
<b>RESPONSIBLE PARTY</b>	Donna Dorsey, RN, BSN Emergency Room Manager
<b>ACTION REQUESTED?</b>	For Board Action
<b>BACKGROUND:</b> During the October 25, 2023 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
<b>SUMMARY/OBJECTIVES:</b> Approval of the following consent agenda items: Annual Policy Review: <ul style="list-style-type: none"><li>• Radiology</li><li>• Lab</li><li>• Nursing</li><li>• EOCC</li><li>• Dietary</li><li>• Pharmacy</li><li>• HR</li><li>• Admitting</li><li>• HIM</li><li>• Clinic</li><li>• Administration</li><li>• Materials Management</li><li>• Infection Prevention</li></ul>	
<b>SUGGESTED DISCUSSION POINTS:</b> None	
<b>SUGGESTED MOTION/ALTERNATIVES:</b> Move to approve CAH Committee Consent Agenda as presented.	
<b>LIST OF ATTACHMENTS:</b> List attached.	

**Policy List:**

<b>Title</b>	<b>Area</b>
Contents of Medical Records and Mammography Reports	Radiology
Critical Values	Lab
Do Not Resuscitate Orders	Nursing
Fire Watch	EOCC
General Food Preparation	Dietary
Hazardous Materials Management	EOCC
Medication Distribution	Pharmacy
Narcotic Administration Records	Pharmacy
New Employee Orientation and Safety Training	HR
Nutritional Screening for Referrals to the Acute Care	
Registered Dietitian Nutritionist	Dietary
Offsite Radiologist Protocol for Diagnostic Mammogram	Radiology
Patient Diet Orders	Dietary
Patient Rights and Responsibilities	Admitting
Recommended Operating Procedures for Medical X-rays	Radiology
Recordkeeping – Mammograms	Radiology
Release of a Minor	Nursing
Release of Protected Health Information	HIM
Review of Signature of Radiologist Mammography	
Exam Count	Radiology
Routine Mammographic Views and Image Identification	Radiology
Rural Health Clinic Policy and Procedure	
Manual (Rev-All Clinics)	Clinic
Sentinel/Adverse Event	Administration
STEMI Alert	Nursing
Stock Rotation	Materials Management
Transport of Medical Waste/Laboratory Samples	EOCC
Transport of Medical Equipment To and From	
Other Facilities	EOCC
Visiting Animals Policy	Infection Prevention
Workplace Violence Prevention, Reporting and	
Recordkeeping	EOCC