



**EASTERN PLUMAS HEALTH CARE DISTRICT  
REGULAR MEETING OF THE BOARD OF DIRECTORS  
MINUTES  
Thursday, January 25, 2024 at 5:00 p.m.**

**1. Call to Order**

Meeting was called to order at 5:17 p.m.

**2. Roll Call**

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

Staff in attendance: Doug McCoy, CEO; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyaltan; Penny Holland, Chief Nursing Officer; Tracy Studer, Director of Clinics; and Barbara Sokolov, Executive Assistant/Clerk of the Board.

**3. Board Comments**

Director Swanson asked if some questions raised by Director Satchwell prior to the meeting had been addressed. Director Satchwell replied that they had been and that she was satisfied with the response provided.

**4. Public Comment**

None

**5. Consent Calendar**

- **ACTION:** Motion was made by Director McGrath, seconded by Director Hughes 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 very good news: December 2023's net profit was \$12, 607.42. Year-end balance: \$99, 339.00

**7. Auditor Presentation**

Jerrel Tucker, JWT & Associates      I/D

- **Audit Results**

Jerrel Tucker presented his findings from the June 30, 2023, audit stating that EPHC had another good, strong year. He thanked Katherine and her team for getting everything to him in a timely manner. He indicated that reasons EPHC was so strong, and had key financial markers of a very successful, small hospital, included the good buildup of cash reserves and thoughtful growth to increase revenue. See full Audit Report in the January BOD Meeting Packet.

**8. Committee Reports**

Board Members

I/D/A

**A. Finance Committee**

- Acceptance of Fiscal Year Audit Report

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Director Swanson reported that an in-depth presentation of the Audit Report took place in the Finance Committee meeting. Looked good, finances are strong, no problems indicated.

**ACTION:** Director Swanson moved to accept the fiscal year audit report, Director Corcoran seconded.

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

Nays: None

**9. Staff Reports**

A. Chief Financial Officer

Katherine Pairish

See January BOD report and below.

**Summary**

Total Patient Revenues year-to-date were under budget by \$543,893. Total Operating Revenues were over budget by \$1,797,240 as the HQAF IGT was over budget by \$1,153,870. Total Operating Expenses were over budget by \$152,422. Net Income was over budget by \$1,810,160.

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

Overall, total Inpatient Revenues were under budget by \$234,761, with Skilled Nursing Revenues over budget by \$261,129. Pro Fees were over budget by \$132,411. Total Outpatient Revenues were under budget by \$227,311 and Clinic Revenues were under budget by \$205,232.

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

Salaries and Benefits: Combined Salaries and Benefits were over budget by \$573,404.

Purchased Services: Purchased Services were under budget by \$488,942.

Professional Fees: Professional Fees were under budget by \$183,167.

Repairs & Maintenance: Repairs & Maintenance were over budget by \$60,968.

Utilities: Utilities were over budget by \$69,793.

Supplies: Supplies were over budget by \$202,435.

Depreciation Expense: Depreciation Expense was under budget by \$71,817.

Other Expenses: Other Expenses were over budget by \$157,772. These include training, travel, and dues and subscriptions.

**Revenue Cycle**

Gross Accounts Receivable as of December 31, 2023 was \$21 million. The increase is due to the Cerner transition. We are working on catching up on payment posting.

**Balance Sheet**

Total Cash decreased 18.76%. Net AR increased 83.12% and Net Fixed Assets increased 11.74%. Total Liabilities decreased 32.69%.

**Additional Information**

Days cash on hand on December 31, 2023, was 138. December 31, 2022, days cash on hand was 169. We have spent \$1,175,460 on capital equipment so far this year. Included in the current year-to-date operating income is \$2,245,289 for the HQAF IGT that was returned to us in November. As mentioned above, this was \$1,153,870 over the budgeted amount of \$1,091,419. We will be funding the remaining IGT's in February for approximately \$2,695,200 and will net approximately \$5,692,200 in return. We expect to receive those funds before the end of the fiscal year.

Compared to the six months ended December 31, 2022, our Gross Patient Revenue is up 8% with total Operating Expenses being up 1%.

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- B. Chief Nursing Officer Report Penny Holland  
See January BOD report. Penny stated that 2 RNs resigned due to a family situation but that one traveler was joining EPHC as permanent full-time.
- C. SNF Director of Nursing Lorraine Noble  
See attached report.
- D. Director of Clinics Tracy Studer  
See January BOD report. Tracy thanks the BOD for being amazing, approachable public servants and stewards of EPHC. She lost one dental assistant due to relocation. For QA in the Clinics they'll be working on the processes for appointments. She shared that the new Loyalton Clinic would be seeing its first patients on 2/12.

**10. Chief Executive Officer Report**  
**OPERATIONAL OVERVIEW:**

Doug McCoy

January 1<sup>st</sup> represents the mid-year point of the fiscal year and conclusion to operations in 2023. Our Cerner EMR transition was the most challenging operational issue for 2023. Outside of the COVID pandemic, it has utilized the most management and staff hours over any other initiative in the last 5 years. Even with 18+ months of planning, we did not anticipate the impact of the transition to multiple areas of business operation. However, I commended the staff for their efforts to implement the various systems and look forward to enhanced efficiencies in 2024. Although implementation was the key focus for 2023, there were a number of operational successes in the calendar year.

- Human Resources – 102 new team members joined EPHC in 2023 which was an increase of 26 over the prior year. Staff leaving the organization within the first year of employment dropped 33% and the overall number of terminations remained consistent with 2022. Employee engagement events were held monthly with most months having 2 to 3 events for staff at all campuses and shifts. Our focus on recruitment/retention resulted in a significant decrease in traveler expense, the addition of five new providers (4 ED physicians and one clinic PA), and several key department positions.
- Patient Experience – 923 patient satisfaction surveys were received during 2023. The Service Excellence Council and each Department Director continue to review the statistics monthly and have established a QA performance metric for monitoring.
- Programs and Services – The Loyalton Medical Clinic was completed and licensed in 2023 and will be operational on February 12<sup>th</sup>. EPHC became an extended care management provider for CalAim with the department growing to 3 FTEs and is continuing to build a strong client base. Our 3D mammography program was initiated and our MindRay central monitoring equipment is on campus and scheduled for implementation this quarter. The new lab analyzer provided through the EPHC Auxiliary was acquired and will be completely operational this month.
- Projects – The ED Physician house was fully renovated over the summer which will be beneficial to our new ED providers. The Loyalton call system was replaced and the new fire panel for the Portola campus is close to completion. The hospital flooring project was completed, and preparation work was done to prepare for the installation at Loyalton. We received our two disaster trailers through grant funding, as well as our new transportation van, and vehicles for engineering and CalAim.
- Foundation Board – The EPHC Foundation Board was restarted with a highly diverse and experienced membership group. Their first funding project for the replacement ambulance has been very successful, and they will be instrumental in identifying additional grant funding for other important projects to help the community.

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- Our mid-year financial performance is exceeding expectation both to the budget and year-over-year (see financial report). The focus on patient satisfaction and employee enrichment has provided an increase in patient visits and a decrease in annualized spending.

### **2024 STRATEGIC OBJECTIVES**

For the 2024 calendar year we have several strategic objectives to improve operations and our care delivery to the community. These will be monitored monthly with progress reports provided to the Board.

- Reduce annualized turnover by 7% with emphasis on the reduction of turnover within the first 12 months of employment.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
- Implementation of our disaster recovery plan for all IT infrastructure systems.
- Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
- Complete key projects – X-ray room replacement, Loyalton flooring project, EMS use of current Loyalton Clinic, MindRay installation, badge reader/security system, SNF basement project.
- Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.

### **COMPLIANCE PROGRAM:**

There were no compliance reviews initiated for the period of December 5th through January 22<sup>nd</sup>.

#### **11. Board Attorney Contract Rate Adjustment**

Doug McCoy

Doug explained that the last increase was in May 2021. He recommended acceptance of a 12% increase which would raise consultation fees from \$250 to \$280 per hour and litigation fees from \$325 to \$365 per hour beginning March 1, 2024.

**ACTION:** Motion was made by Director McGrath, seconded by Director Satchwell to approve this rate increase.

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

Nays: None

#### **12. Policies**

Public Comment: None.

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

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

Nays: None

#### **13. Public Comment**

None.

#### **14. Board Closing Remark**

Director Corcoran said that he was proud to serve EPHC and that it was pleasant working with everyone. He expressed his thanks to all. All other Directors echoed his sentiments. Director Satchwell shared that she was proud and happy for the community. Director McGrath expressed her gratitude for the dedication of EPHC employees.

Open Session recessed at 6:27 p.m.

**15. Closed Session**

A. Pursuant Hearing (Health and Safety Code 32155)

*Subject Matter: Staff Privileges*

- Provisional 1 Year Appointments

Ensign, Lars

Emergency Dept

- Active 2 Year Appointments

Coll, Shawni

Clinic/OB/GYN

Little, Amy

Emergency Dept.

Katz, Marina

Tele Psych

Sangdahl, Christopher

Tele Psych

Trenkle, Darcy

Tele Psych

Zolcik, Wojciech

Tele Psych

Lucchesi, Archana

Tele Radiology

Jean-Baptiste, Ryan

Tele Radiology

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

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

The Board returned at approximately 6:45 p.m.

**A: ACTION-** The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 15.A.

**B: No Action taken**

**17. Adjournment**

Meeting adjourned at 6:50 p.m.