



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

Thursday, December 1, 2022 at 9:30 a.m.

1. **Call to Order**

Meeting was called to order at 9:30 a.m.

After the meeting was called to order, the Board Chair, Gail McGrath, briefly paused the meeting at 9:31 a.m. and newly elected Director Marcia Hughes took the oath of office. After she was sworn in, Director McGrath called the meeting back to order at 9:40 a.m.

2. **Roll Call**

Gail McGrath, Board Chair; Augustine Corcoran, Vice Chair; Linda Satchwell, Board Member; Paul Swanson, Board Member; Marcia Hughes, Board Member; Teresa Whitfield also responded.

Staff in attendance: Doug McCoy, CEO; Tracy Studer, Director of Clinics; Michelle Romero, Infection Prevention; Donna Dorsey, ER Manager; Jennifer Vimbor, Director of Nutritional Services; Jim Burson, Director of Rehabilitation; and Barbara Sokolov, Executive Assistant/Clerk of the Board.

3. **Board Comments**

Gail McGrath introduced Marcia Hughes as new member of the Board of Directors.

4. **Public Comment**

None

5. **Consent Calendar**

- **ACTION:** Motion was made by Director Swanson, seconded by Director McGrath to approve the consent calendar.  
AYES: Approved unanimously by the Board of Directors.  
Nays: None
- **Public Comment:** None

6. **Auxiliary Report**

Director McGrath reported on the thrift store financials and scholarship fund. Ending balance \$91,733; income of \$12k for the month.

7. **Staff Reports**

A. Infection Control/COVID-19

Michelle Romero

See attached report. Lots of testing for Flu/RSV. Number of cases are up. One swab to test for all 3 (Flu/RSV/COVID-19).

B. Chief Nursing Officer Report

Penny Holland

See attached report. Penny was not present, Doug reported on her behalf. He noted that the floor remodel in the ER was complete and remodel of common areas about half-way done. H1 Visa delays were impacting arrival of lab manager and lab scientist. In response to question from Director Satchwell, Doug responded that both were eager to start work here, that he had been working with the embassy in the Philippines, and that final documents had been submitted.

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- C. SNF Director of Nursing Lorraine Noble  
See attached report. Lorraine was not present, Doug reported on her behalf. He stated that they were in the process of interviewing for the DON position in Loyalton and could be extending an offer to a candidate as early as next week. Noted that they were evaluating the call lights in Loyalton and whether to fix the wiring problem or replace the system. Happy to report no positive COVID-19 cases in the SNF.
- D. Director of Nutritional Services Jennifer Vimbor  
See attached report. Explained changes she has implemented re: dysphagia diets and menus. Directors Corcoran and McGrath expressed thanks. Director Satchwell asked for clarification re: dysphagia. Jennifer explained that it referred to oral motor disorders impacting swallowing, chewing, and texture change. Doug added that we have no skin breakdowns or weight loss among patients in our facilities and that is due to the high quality of care provided by Jennifer, Lorraine, and Penny.
- E. Director of Rehabilitation Jim Burson  
See attached report. Jim noted that his last report was in September in accord with his reporting schedule.
- F. Director of Clinics Tracy Studer  
See attached report. Noted that Shawna Leal was assisting with the tablet set up. Tracy has used them and was impressed with the immediate feedback they will provide.
- G. Chief Financial Officer Report Katherine Pairish  
See attached financial reports. Katherine was not present, Doug reported on her behalf. Additionally explained that with regard to Gross AR \$600,000 was outstanding with Anthem which was contributing to Days AR at 64 as well as to decline in cash on hand. IGT funding expected in May/June. Balance sheet still strong overall. Director McGrath asked what had caused the issue with Anthem. Doug responded that Anthem claimed the wrong form was used but that was not in the contractual agreement and not an adequate explanation for their delays.

**8. Chief Executive Officer Report**

Doug McCoy

**OPERATIONAL PLAN OVERVIEW:**

The Cerner EMR implementation project has had a timeline change due to resource challenges for our vendor and unexpected delays in the build for our finance and medical records systems. After consultation with our EPHC steering committee and the Cerner project team, we have set April 3<sup>rd</sup> as our official go-live date. This will allow us to begin the quarter under the new system and prevent challenges with a mid-month conversion.

Our first system testing event will be held the week of November 28<sup>th</sup>. This event will evaluate the current status of the system and identify any areas of concern or needed modifications. The second testing event will be held the week of January 23<sup>rd</sup> followed by 6 weeks of user training for all EPHC staff prior to our go-live implementation date.

EPHC has submitted our updated seismic compliance plan to HCAI for preliminary review and access to grant funding for engineering assessments and other related costs. The Planning Committee met on November 8<sup>th</sup> to review options presented by Aspen Street, and further discussion will be held with the Board in January.

Joanna Garneau who took on the role as our Program Manager has successfully submitted two significant applications for grant funding for EPHC. CalAim is a state initiative providing a variety of community-based resources for MediCal beneficiaries in each county. EPHC has applied to be

an Enhanced Care Manager (ECM) facility for this program which would include providing case management support to community members as well as health care services. EPHC also applied for the test-to-treat equity grant which would provide funding for pandemic emergency services and equipment. Joanna is also preparing our 2023-24 QIP program metrics for submission in addition to completing the audit requirements for our 2021-22 program funding.

The hospital flooring installation project began last week starting in the ED and Lab areas. ED services are temporarily relocated while this work is completed, and then we will begin installation in the common area hallways. The Loyaltan clinic continues to be on schedule with sheetrock installation starting 11/15. We continue to monitor the supply chain delays for receipt of the 3D mammogram and x-ray systems.

Barbara Sokolov who joined our administration team last month has been gathering information for recruitment and enhancement to our EPHC Foundation Board. We plan to have new officers selected and reestablish meetings in the first quarter of 2023. After an initial meeting with Plumas Rural Services, she and I will be meeting with their leadership on December 2<sup>nd</sup> to discuss partnership opportunities that are available to include Foundation events and CalAim initiatives.

#### **CUSTOMER SERVICE INITIATIVE:**

The Service Excellence Advisor team completed their customer service workshop training sessions for all staff on November 11<sup>th</sup>. Feedback from the participants was very positive and the SEA team did a great job in presenting the materials. Following last training session, the SEA team participated in the CLS annual conference the week of November 13<sup>th</sup>. The conference provided additional training and resources for EPHC to use as we continue our implementation initiative. Several of the conference sessions focused on improving employee engagement and satisfaction, and selected members of the EPHC team have created a committee to implement those recommendations beginning in December.

In addition to the conference training sessions CLS also recognized performance achievements from health care systems across the country. Due to the size of most rural facilities, a coalition of state associations, CMS survey reporting agencies, and providers have created a system for recognition of rural hospitals which mirrors the current CMS HCAHPS survey standards. These standards benchmark patient satisfaction across all hospital systems using a star rating system. Under the current system, a hospital would be required to have 100 HCAHPS patient surveys submitted which most rural systems including EPHC are unable to obtain based on volume. In order to benchmark rural hospitals, the same system was created using at least 24 submitted surveys. Our goal when we embarked on our customer service initiative was to achieve a 5-star CMS rating. Although we were unable to reach the 24 survey submission requirement, we were informed that of the HCAHPS survey submitted for 2022, EPHC was at a 5-star status. Our goal for 2023 will be to maintain this service level and increase our patient responses in order to officially be recognized as a 5-star hospital.

EPHC had two team members receive recognition at the conference as national finalists for their efforts in our strategic initiative implementation. Shawna Leal was acknowledged for the Customer Service Excellence Employee award for her work as our implementation coordinator, and Dana Culp was recognized as our provider champion for her work engaging our providers in our program. We are very proud of their recognition and leadership in this initiative.

#### **COMPLIANCE PROGRAM:**

There were no compliance reviews initiated for the period October 27<sup>th</sup>-November 23<sup>rd</sup>.

**9. Policies**

Public Comment: None

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

**Roll Call Vote:** AYES: Approved unanimously by the Board of Directors.

Nays: None

Teresa Whitfield made the following recommendations:

Administration of Medications: IV bag and IV tubing need labels

Authenticated Provider Signatures: need print out of signatures for staff for verification

Birads: also a critical value for radiology/combine with radiology

Controlled Medications: need list/awareness of meds that cause false positives for opiates

CT: IV contrast, 20 gauge IV or bigger needed

Covid Prevention: best policies on this that she has seen. Cudos to Michelle Romero

**10. Committee Reports**

Finance Committee: Director Swanson reported on debt service, long-term financials, and projects. No action or recommendation to Board of Directors.

**11. Public Comment**

None.

**12. Board Closing Remarks**

Director McGrath stated that many projects were coming together to make for smoother functions and processes and that it was an exciting time at EPHC.

**Open Session recessed at 10:17 a.m.**

**13. Closed Session**

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

- Provisional 1 Year Appointments
  - Debbie Chang, MD

Tele Psychiatry

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

C. Pursuant to Health and Safety Code Section 32106, Report Involving Trade Secret, Report Will Concern Proposed New Facilities, Estimated Date of Public Disclosure June 2023

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

The Board returned at approximately 10:41 am.

**A: ACTION-1** provider approved for privileges

**B: No Action taken**

**C: No Action taken**

**15. Adjournment**

Meeting adjourned at 10:42 a.m.