

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

Thursday, December 3, 2020 at 9:30 a.m.

1. Call to Order

Meeting was called to order at 9:35 a.m.

2. Roll Call

Board: Gail McGrath, Board Chair; Paul Swanson, M.D., Vice Chair; Teresa Whitfield, Board Member; Harvey West, Board Member

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Lori Tange, Human Resources Director; Rhonda Grandi, Director of Clinics; Donna Dorsey, ER Manager; Penny Holland, CNO; Lorraine Noble, SNF DON; and Jessica Folchi, Executive Assistant

Absent: Nichole Johnson, Board Member

3. Board Comments

No Board comment was received.

4. Public Comment

No comment was received.

5. Consent Calendar

ACTION: Motion was made by Director McGrath, seconded by Director Swanson to approve all items on the consent calendar.

AYES: Directors Swanson and Whitfield

Abstention: Director Johnson

NAYS: None

6. Auxiliary Report

Nothing to report.

7. Staff Reports

Staff reported on COVID-19 response and actions being taken.

- Chief Nursing Officer Report Penny Holland
 - Penny Holland reported that there will be no elective procedures at the hospital in December due to COVID. Average of 2 swing patients per week and the traffic in the ER is picking up due to potential COVID. Beginning on December 14th, all patient care employees will be COVID tested due to a new state mandate. EPHC will be receiving 2 rounds of vaccines this month from Plumas County Public Health.
- Clinic Director Report Rhonda Grandi
 - Rhonda Grandi expressed concerns that the new Clinic Restructure is detrimental to patient care. The clinics are still averaging 1.9 new patients per day and resuming telehealth visits with the raise in COVID cases. Mrs. Grandi has been exploring new funding sources that hinge on the currently vacant Patient Care Coordinator position.
- HR Director Report Lori Tange
 - Lori Tange reported that there were 6 full time hires in October and November and another 6 set to start in December. This quarter has had a 3% turnover rate: 18% annualized.

Market wage scale review is in process and incentives have been added for hard to schedule shifts on the nights and weekends.

- Chief Financial Officer Report Katherine Pairish
 - See attached October financial reports.
- SNF Director of Nursing Report Lorraine Noble
 - Lorraine Noble reported that no residents have contracted COVID and weekly testing remains for everyone. Only compassionate care visits are allowed currently once family has a negative COVID test. Visits are being conducted via Skype, Facetime, and as the glass doors. Debbie Gilmer is retiring from the Activities Assistant position after 35 years. Dr. Phen is also retiring this month.

8. Chief Executive Officer Report

Doug McCoy

Overall operations for October we off plan for the first time during the fiscal year due to higher than anticipated labor costs for traveler positions/overtime resulting from increased employee COVID cases and costs for COVID testing. Overall revenue met October projections to include the receipt of IGT revenue which had also been budgeted for the month. EPHC continues to operate with a positive net income for the fiscal year and is exceeding budgeted expectations by 1.06M year to date.

COVID case rates both locally and in the surrounding counties increased significantly during November. While testing continues on a weekly basis for all SNF employees, weekly testing will be initiated for all hospital employees beginning in December per CDC guidelines. We are having continued challenges in accessing testing kits for our lab equipment, and continue to send most tests to PDH or Lab Corp. To date we continue to prevent any positive results for SNF residents and have increased additional PPE utilization to include N95 and face mask use in patient care areas starting in December. Hospital, SNF, and outpatient service access has been modified to increase screening and restrict visitation in all areas. All EPHC staff and management meetings will be held virtually until case rates decrease to acceptable levels.

Due to the increased rates in both Plumas and Washoe County, our scheduled 'Ignite the Patient Experience' training session scheduled for 12/8-12/10 has been rescheduled for 3/3-3/4.

QUALITY/REGULATORY:

A COVID compliance review of the SNF campuses by CDPH was completed on 11/10. No deficiencies were identified. QA data has been included in the Board packet for tracking/trending results for Q1 of the fiscal year (July-September). HCAHPS scores for overall hospital rating are 80% versus the state average of 69%. ER metrics are at or above both state and national averages with a 96% recommendation rate. Our key improvement metric is quietness in the hospital area. A visual decibel monitor has been installed in the nursing area to identify and remind staff to properly manage noise levels to improve patient satisfaction.

CAPTIAL PROJECTS:

Ongoing campus improvement projects have been either completed or initiated to improve our customer presentation and service delivery.

- Replacement of Portola SNF windows – Bid approved
- Remodel of the lobby/entrance – carpet installation to be completed the week of 11/30.
- Loyalton ambulance building roof replacement – Bid approved
- Graeagle and Loyalton clinic generators – Bid approved and a grant was submitted 10/30 for funding coverage.
- Repair of all acute patient room wall heating units – Bid approved
- SNF boiler repair project completed
- Central supply remodel project completed pending flooring replacement.
- Loyalton wander guard replacement system ordered with installation anticipated by mid-December.

- Employee access badge readers installed at four locations to prevent unauthorized access (COVID prevention)

MEDICAL STAFF CONTRACT VALUATIONS (FMV)

EPHC has initiated an agreement through our District Counsel with ECG Management Consulting to provide a contract review and ongoing fair market valuation (FMV) for all independent physician contracts. This process will ensure our corporate compliance with payment rates, contract language, and terms for both new and existing independent contractor agreements. FMV and contract reviews will begin December 1, 2020.

VERIZON TOWER PROJECT

Due to community concerns raised during the City Council public hearings, EPHC has initiated monthly RF testing across the campus to monitor levels prior to and after the installation of the proposed cell tower. RF levels from multiple locations will be logged and reported monthly through EOCC. November results reported in the safe range for the five locations tested. To decrease community exposure, EPHC initiated a full replacement of fluorescent lighting to LED. Through November 35% of the campus had been completed. Due to cost and labor, the remaining fixtures will be changed over the next 90 days and reported through EOCC.

Safety issues regarding helicopter landing have been reviewed with REMSA/Care Flight leadership. They have reported that the tower proposal does not present a current risk. However, EPHC has contacted a FAA consulting group recommended by Care Flight to review our landing area and provide recommendations. We will be coordinating with Care Flight during this review process to ensure the highest level of safety is maintained.

9. Policies

Discussion was held, approved with minor changes.

ACTION: Motion was made by Director Whitfield, seconded by Director McGrath to approve the policies as submitted with minor changes.

AYES: Directors Swanson and West

NAYS: None

ABSENT: Director Johnson

10. Committee Reports

A. QA Committee: Director McGrath reported that she is impressed with how robust the information and participation is in the QA Committee.

B. Finance Committee: Director Swanson reported that revenue is up and indicators are looking good.

11. Board Closing Remarks

Director West announced his resignation from the Board due to personal issues effective immediately. Director McGrath asked Director West as his final act to look into the issues with the parking and snow removal at the Graeagle Clinic.

Open Session recessed at 10:30 a.m.

12. Closed Session

A. Public Employee Performance Evaluation (Government Code Section 54957)

Subject Matter: CEO

Discussion was held on a privileged item.

13. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 11:26. No action taken during closed session.

14. Adjournment

Meeting adjourned at 11:28 a.m.

DRAFT