



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

Thursday, April 22, 2021 at 9:30 a.m.

1. Call to Order

Meeting was called to order at 9:32 a.m.

2. Roll Call

Board: Gail McGrath, Board Chair; Paul Swanson, M.D., Vice Chair; Teresa Whitfield, Board Member; Linda Satchwell, Board Member; and Augustine Corcoran, Board Member.

Staff in attendance: Doug McCoy, CEO; and Jessica Folchi, Executive Assistant

3. Board Comments

No comment was received.

4. Consent Calendar

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

AYES: Directors McGrath, Whitfield, and Corcoran

NAYS: None

5. Auxiliary Report

Director McGrath reported that the Nifty Thrifty has been receiving a ton of donations.

6. Staff Reports

A. Infection Control/COVID-19

Michelle Romero

Michelle Romero reported that Plumas County is now in the "Orange Tier" and Sierra County is in the "Yellow Tier." Plumas County Public Health has taken over the vaccine distribution and the MyTurn Platform. 55% of employees and 85% of SNF residents are vaccinated.

Visitors with restrictions are now allowed in SNF and Acute.

Discussion was held by the Board about ways to increase the staff vaccination rates including sending out more educational information to employees, possibly offering an incentive, or one on one conversations to dispel any misinformation.

B. Chief Nursing Officer Report

Penny Holland

Penny Holland recognized all the work staff and Infection Prevention has done to educate the staff, keep COVID out of the SNF, and distribute vaccines to the community. Penny Holland also reported that 5 new nurses have recently been hired, there are seeing about 3 new patients per week, and training is being done for the new ultrasound wand for deep veins.

C. HR Director Report

Lori Tange

Lori Tange gave a job market update. In April, there have been 8 new hires, 6 CNA students, and 2 recruiting agencies that specialize in critical access hospitals as well as a virtual job fair that week. An employee satisfaction survey is planned to kick off in June with expected results by September.

Director Whitfield asked if the employee satisfaction survey was going to be hosted by an outside company to ensure the results could not be altered.

D. Chief Financial Officer Report

Katherine Pairish

E. See attached March financial reports. Budget will be ready to present in June or July.

7. **Chief Executive Officer Report**

Doug McCoy

A. Disclosure to place an offer on 701 Main Street in Loyalton, CA as the future site of the Loyalton Medical Clinic.

B. **OPERATIONAL PLAN OVERVIEW:**

After a low revenue performance to start 2021, March posted revenue was the highest for the 2020/21 fiscal year to date. Continued strong volumes in outpatient rehab and ancillary services along with increased performance in clinic volume helped increase overall revenue by 30% over February and 22% over January. Increased revenues and an IGT payment of \$1,697,607 resulted in a significant positive net income and variance to budget for the month.

EPHC continues to support Plumas County in weekly COVID vaccination clinics, and as of early April community members over the age of 18 are receiving vaccinations. We had been holding hospital beds for a potential surge in COVID patients in late 2020 and early 2021, but as of early March swing beds were reopened which will help with increased revenues for April. Based on CMS guidelines, patient visitation was reestablished, and we continue to have a zero-transmission rate for all acute and SNF patients.

After several postponements due to COVID, our 'Ignite the Patient Experience' on-site training event will be held on May 18-19. This program will add more structure and processes to our customer service program and is designed to also increase employee engagement and retention. Small focus group meetings will be facilitated by the Custom Learning Solutions team to include providers, board members, line staff, and department managers. The program has also been redesigned with a focus on building community confident in health care institutions as a result of the pandemic and specific implementation strategies.

Our new patient experience/feedback program continues to grow with a new customer survey process initiated in several departments including rehab, lab, and all three clinics. Comment cards are shared with employees and included in review of employee of the quarter candidates and posted on the EPHC website. We look forward to continued growth in this program to share valuable feedback with the community and be part of our ongoing quality assurance process.

The budget process for FY 2021/22 has been initiated and will continue through June with a Board presentation to be made in July. Based on the state increases in COVID cases from Oct-Dec and the vaccination process starting in January, we will again be making our best assumptions for the COVID impact on revenue growth and related expenses for the budget year. Several factors under consideration will be the testing and future vaccination requirements, impact to insurance rates (to include the 2020 fire issues), etc.

PERSONNEL CHANGES:

After more than 12 years of service with EPHC Dr. Phen retired on 3/31. We sincerely appreciate her years of dedicated service to the members of our community and the residents of our skilled nursing facilities. Dr. Phen's patients will now be seen by Dr. Adams and our other new providers joining EPHC in the next few weeks. We are pleased to announce that Joanna Garneau joined us as the clinic front office manager in late March and continue our recruitment process for a clinic director which we hope to have completed in the next few weeks. We have also added several new nursing staff members to the hospital and started our SNF CNA training program on 4/12.

EPHC held a mid-March employee engagement event that was well received by staff. Our next weeklong event is scheduled for the week of May 10th in advance of our 'Ignite the Patient Experience' training session on 5/18.

EMR/IT:

Our EMR vendor (CPSI) announced that they will be sunsetting their Centriq EMR system on January 1, 2023 and exchanging it with their Thrive system. This will require a significant transition for all departments currently using the Centriq platform. In advance of that transition EPHC is reviewing other EMR systems to determine the best option going forward. Product demonstrations have already been presented by AHT and Point Click Care for the SNF EMR system, and Cerner will be onsite to discuss their product on 4/20 with a live demo scheduled for 5/10. We anticipate the review of all EMR platforms to take 90-120 days and then decide and begin the contracting/implementation process at the end of the first quarter of the new fiscal year.

Recent health care industry cyber security threats have resulted in a review of our systems and process to prevent ransomware attacks or data breaches. We have completed a cyber risk assessment and intend to transition EPHC from a Google platform to a Microsoft based system for email and other related software packages. We anticipate this process to take 90-120 days and will save on the current annual spend in the first two years of implementation. Additional campus IT security measures have been implemented by Pro Technical to include enhanced security of our server room areas, addressing email threats and education with staff, etc.

QUALITY/REGULATORY:

An abbreviated standard SNF survey was conducted In March for 8 self-reported incidents. No deficiencies were identified. CMS/CDPH has lifted the COVID restrictions for annual survey to be reinitiated, and we are expecting that process to occur for the campus in the next 90 days.

8. Policies

Director Whitfield questioned the details in the policy "Inappropriate Patient Behavior." Joanna Garneau, Front Office Lead, is going to be taking point on this policy to make sure it is being implemented correctly with a new tracking system.

ACTION: Motion was made by Director Whitfield, seconded by Director Satchwell to approve the policies as submitted.

AYES: Directors McGrath, Corcoran, and Swanson.

NAYS: None

9. Committee Reports

A. Finance Committee: Director Swanson reported that discussion was held regarding the cost of travelers compared to increased wages and bonus to hire more employees.

B. Quality Assurance Committee: Director Whitfield reported that the QA committee is on track and commended SNF for the improvements they have made.

10. Board Attorney Contract Rate Adjustment

Doug McCoy presented a request from legal counsel, Steve Gross of Porter Simon, for a rate increase from \$200 per hour to \$250 per hour. There has been no rate increase since 2007; the new rate represents a 2% increase over the last 14 years.

ACTION: Motion was made by Director Swanson, seconded by Director Satchwell to approve the rate increase.
AYES: Directors McGrath, Corcoran, and Whitfield.
NAYS: None

11. Public Comment

No comment was received.

12. Board Closing Remarks

Director Whitfield called attention to the letter the Board wrote and submitted to Plumas County regarding the proposed asphalt mine. Based on the long standing relationship EPHC has had with Porter Simon, Director Whitfield recommended review of other legal counsel options to compare services and costs. Director Whitfield inquired about conflicts of interest given representation of both EPHC and the City of Portola by Porter Simon. Administration reviewed the process used by both parties to avoid any conflict of interest matters

Open Session recessed at 10:30 a.m.

13. Closed Session

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

Subject Matter: CEO

Discussion was held on a privileged item.

B. Conference with Real Property Negotiators (Government Code Section 54954.5)

No resolution is needed

C. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

• **Provisional 1 Year Appointment**

- Kwame Buabeng, MD Tele-Psychiatrist
- Dana Culp, NP-C Family Practice
- Catherine Colpitts, MD Family Medicine

14. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 11:34 am. Action was taken to approve all staff privileges presented.

15. Adjournment

Meeting adjourned at 11:36 a.m.