



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

Thursday, June 22, 2023 at 9:00 a.m.

1. Call to Order

Meeting was called to order at 9:00 a.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CFO; Tracy Studer, Director of Clinics; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; 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 Corcoran, seconded by Director McGrath to approve the consent calendar.
Roll Call Vote: AYES: Directors McGrath, Corcoran, Hughes, Swanson
Nays: None
Not present: Director Satchwell
- **Public Comment:** None

6. Auxiliary Report

Gross ending balance \$137,765.00, \$9457.00 in Memorial Fund. Regular donations, sales are good.

7. Staff Reports

- A. Chief Nursing Officer Report Penny Holland
See June BOD report. Doug reported for Penny who was not present. He added that the lab manager was back and staff was more stable. Mind Ray had been chosen for the Central Monitoring System and should be installed mid-4th quarter. Also installing bedside monitoring in the ED in increase efficiency in charting.
- B. SNF Directors of Nursing Tamara Santella/Lorraine Noble
See June BOD report. Tamara reported. 3 residents passed. They are having weekly meetings re: the Cerner build. Tamara has experience with the system from PDH and is excited for the change. They have 10 students in the CNA class.
- C. Director of Clinics Tracy Studer
See June BOD report. Tracy also shared that an updated expected delivery date of June 28th for the HVAC unit to the new Loyalton Clinic will speed installation, licensing, and opening. She also thanked her team for the great audit preparation.
- D. Director of Rehabilitation Jim Burson

See June BOD report. Jim added that he was interviewing a Physical Therapist on July 10th. He also shared that June revenue increased 7% year over year after winter decline. He explained the Cardiac Rehab would be using the Mayo Clinic Rochester Model.

E. Chief Financial Officer

Katherine Parish

Due to the Cerner transition and impacts to revenue cycle reporting, May financial statements are still in development and will be unavailable for reporting this month. The Finance Committee meeting was canceled as a result, the first cancelation in 3 years. Jerrel Tucker will be here the 2nd week of September for the audit of the 2023 fiscal year.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL OVERVIEW:

Our Cerner post-implementation activities continue with the organization having been on the system for 10 weeks. We continue to make modifications or corrections to the system as we identify items that were not addressed in the production build. The additional training received for revenue cycle and billing processes was helpful in resolving problems with cash posting and coding corrections. We still have not completed the full integration of the G/L system which continues to delay the close of month end financials for both April and May. The SNF module build is proceeding as scheduled with implementation planned for October. Seneca District Hospital also converted to Cerner the first week of June and our two organizations have been sharing information and assistance to optimize the system.

Senate Bill SB 525 passed the Senate and is awaiting House and Governor approval. The bill has been amended to phase in the adjustment to the hospital minimum wage over a four-year period beginning in January of 2024. We will be recalculating the increase in labor costs associated with the first phase of implementation and revise our 2023/24 fiscal budget proposal accordingly.

EPHC PROJECTS:

The Loyalton Clinic licensure filing is complete with the exception of the final OSHPD architectural certification letter. The roof HVAC system will need to be installed to complete this process and had been on back order through the contractor with an estimated arrival date of late May. Plant Operations is working with the contractor on a revised date for installation so we can then move forward with an opening date for clinic operations.

The physician call house will have a full renovation starting on 6/19. The project will include flooring, cabinets, paint, etc. and is projected to take 4 weeks. In the interim a RV has been secured for temporary housing and will be placed on campus for the ED physicians to utilize.

We have selected Mind-Ray as our vendor to purchase a new central monitoring system. The system specifications and IT requirements have been reviewed and we have requested Cerner to initiate an interface build to automate the data into our EHR system. We anticipate delivery and installation of the system in Q4 this year.

The initial engineering assessment for seismic compliance under SPC-4D (structural) was reviewed with EPHC leadership and presented to the HCAI Seismic Compliance Unit. Options were proposed on possible ways to use current exterior sheathing and gyp board to reduce additional interior construction costs. Additional HCAI meetings will be held to finalize proposal options and reduce organizational costs as much as possible.

PATIENT EXPERIENCE/EMPLOYEE ENGAGEMENT:

Leadership completed the annual audit of our patient experience initiative activities for the past year. The Board of Directors has been provided with specific report information to include the following:

- 5 of 10 HCHAPS domain scores increased over the prior year.
- 6 of 10 HCHAPS scores are above the 85th percentile.
 - Current 2023 HCHAPS hospital rating is 10 of 10 (100% top box).
- Clinic scores are at the 91st percentile.
 - Current 2023 top box recommendation ratings are 87%.
- Swing bed scores are at the 100th percentile.
- Current 2023 Laboratory rating was 75% top box (9 or 10)
- Current 2023 Outpatient Therapy rating was 85% top box (9 or 10)
- Customer service training completed by our EPHC Service Excellence Advisors was rated 5 of 5 by EPHC staff attendees.
- Employee turnover decreased 10% over the prior year.

COMPLIANCE PROGRAM:

There were no compliance reviews initiated for the period of May 20th through June 19th.

Doug also shared that SB 525, an unfunded mandate, would add an additional \$150k in labor costs to raise all to \$21 pre/hour. The tiered approach a positive for rural hospitals. Costs of the meal break penalties are still significant: \$370k annually. He reported that Dr. Baldwin, dentist renting the Loyaltan property, would be leaving and that the vacated space offered the possibility of expanding dentistry and/or therapy there. He would be speaking with the Auxiliary about using these funds they've raised to invest in priority areas. Doug praised the SEA Workshop leaders for their exceptional performance, many with no previous public speaking or teaching experience. He also mentioned the EPHC Summer party and BBQ to be held July 15th at the Lost Marbles Ranch in the Sierra Valley. Director Corcoran said he was inspired by the report as it shows EPHC to be thriving, dynamic, and building. Director McGrath concurred. Doug also reported that he hoped that more advanced reporting tools from Cerner would be available soon.

9. Policies

Public Comment: None.

Director Hughes noted that the policies were very well-written. Doug praised Donna for making the policy review robust.

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

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

Nays: None

Not present: Director Satchwell

10. Committee Reports

Board Members

I/D/A

A. Finance Committee

No meeting.

11. Public Comment

None.

12. Board Closing Remarks

Board Chair Corcoran thanked everyone.

Open Session recessed at 9:42 a.m.

13. Closed Session

A. Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

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 10:55 am.

A: No Action Taken. There were no privileges to approve.

B: No Action Taken.

15. Adjournment

Meeting adjourned at 10:40 a.m.