



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, May 23, 2024 at 5:00 p.m.
Portola Medical Clinic Conference Room, Portola, CA

The May 23, 2024 Board of Directors meeting will be held in both a virtual and an in-person setting for the general public. The Board meeting location at the Portola Medical Clinic Conference Room will be accessible to the public. The meeting is also accessible to the public via Zoom (See the connection information below). Public comment will be accepted on any item on the agenda as called for by the Board chair until the close of public comment for each item.

Any person with a disability may submit a request for reasonable modification or accommodation to the above-described means for accessing and offering comment at the meeting to Barbara Sokolov at barbara.sokolov@ephc.org who will swiftly resolve such request.

The Board meeting is accessible to the public via Zoom:

Meeting ID: 863 9753 5882 Passcode: 932796 Dial In: +1 669 900 6833 US (San Jose)
<https://us06web.zoom.us/j/86397535882?pwd=MtMvugrK08xORhG3zp5f5AsMI21D5Y.1>

	Presenter(s)	I/D/A	Page(s)
1. <u>Call to Order</u>	Augustine Corcoran	A	
2. <u>Roll Call</u>	Augustine Corcoran	I	
3. <u>Board Comments</u>	Board Members	I/D/A	
• Deletions/Corrections to the Posted Agenda			
4. <u>Public Comment</u>			
There will be an opportunity for public comment on each agenda item listed with an "A" for action. Comments will be limited to three minutes per individual.			
5. <u>Consent Calendar</u>	Augustine Corcoran	I/D/A	
A. Agenda			1-2
B. Meeting Minutes of 4.25.24 Regular Board Meeting			3-7
6. <u>Auxiliary Report</u>	Gail McGrath	I/D/A	
7. <u>Staff Reports</u>			
A. Chief Nursing Officer	Penny Holland	I/D	8
B. SNF Directors of Nursing Report	Lorraine Noble/Tamara Santella	I/D	9
C. Director of Clinics Report	Tracy Studer	I/D	10
D. Chief Financial Officer	Katherine Pairish	I/D	11-15
8. <u>Chief Executive Officer Report</u>	Doug McCoy	I/D/A	16-17
9. <u>Policies</u>		I/D/A	18-19

Policy Review

The CAH Committee recommends the following for approval by the Board of Directors:

Annual Policy Review

Pharmacy, Infection Prevention, EOCC, SNF, BioMed, Nursing, HR, Lab, Administration, ER

10. Committee Reports Board Members I/D/A
 A. Finance Committee

11. Public Comment Members of the Public I
 This is an opportunity for members of the public to address the Board on items which are not on the agenda. Comments are limited to three minutes ordinarily, unless the Board Chair indicates a different amount will be allotted. Comments should be limited to matters within the jurisdiction of the Board. The Board Chair may choose to acknowledge the comment, or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting. Like any other member of the hospital district, an employee or a contracted employee can address the Board in the proper forum at the proper time. However, the Board will not hear personnel issues or grievances, or matters that affect the employees personally.

12. Board Closing Remarks Board Members I/D

13. Closed Session Augustine Corcoran I/D/A

A. Hearing (Health and Safety Code 32155)
Subject Matter: Staff Privileges

Clinic

- Bugna, Eric M.D. 2 Year appointment
- Colpitts, Catherine D. O. 2 Year appointment
- Jaquez, Robin N.P. 2 Year appointment
- Morrison, Mary N.P. 2 Year appointment

Tele Radiology

- Drake Jr., Macarthur M.D. 2 Year appointment
- Moser, Michael M.D. 2 Year appointment
- Hur, Jane M.D. 1 year appointment
- Lotan, Roi M.D 1 year appointment

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

14. Open Session Report of Actions Augustine Corcoran I
 Taken in Closed Session

15. Adjournment Augustine Corcoran A

The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is June 27, 2024 at the Portola Medical Clinic Conference Room, 480 1st Avenue, Portola, CA 96122



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

1. Call to Order

Meeting was called to order at 5:02 p.m.

2. Roll Call

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

Staff in attendance: Doug McCoy, CEO; Tamara Santella, Director of Nursing Loyalton; Tracy Studer, Director of Clinics; Barbara Sokolov, Foundation Manager/Executive Assistant/Clerk of the Board; and Heather Willis, Credentialing Coordinator.

3. Board Comments

None

4. Public Comment

None

5. Consent Calendar

- **ACTION:** Motion was made by Director McGrath, seconded by Director Swanson to approve the consent calendar.

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

Nays: None

Not present: Directors Hughes & Satchwell

- **Public Comment:** None

6. Auxiliary Report

Gail McGrath

Things are great at the Nifty Thrifty! Sun is out, donations are coming in. Second floor boxes will be cleared 5/7. Roger Sprehn, Barbara Sokolov, and Stan Peiler coordinating.

7. Staff Reports

A. SNF Director of Nursing

Tamara Santella

See April BOD report. Also shared that all CNA students in current class interested in working for EPHC and that the State was on campus today.

B. Director of Clinics

Tracy Studer

See April BOD report. In addition, Tracy has completed the correction from recent survey and sent it back today. Involved some expired supplies which is not unusual. The ribbon cutting for the new Loyalton Clinic will be from 1-2 on 5/15. Food from local restaurants plus Leonards and White's snack packs and gift cards from the Hardware Store. Director McGrath shared that people from Loyalton had told her how nice they thought the new clinic was.

C. Chief Financial Officer

Katherine Pairish

Summary

This report will cover the nine months ended March 31, 2024, compared to budget.

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
April 25, 2024 MINUTES - Continued

Net Patient Revenues were lower than budget by \$438,685. Total Operating Revenue was over budget by \$1,354,332. Included in this amount is \$2,866,410 in IGT's. We budgeted \$1,091,419, posting \$1,774,991 over budget.

Revenues (Year-to-Date Current Year Compared to Year-to-Date Budget)

Overall, Total Inpatient Revenues were lower than budget by \$497,936, with Skilled Nursing Revenues posting higher than budget by \$546,266. Pro Fees were lower than budget by \$49,477. Total Outpatient Revenues were lower than budget by \$947,632 and Clinic Revenues were lower than budget by \$322,439. When compared to year-to-date at this time last year, Total Revenues were over by \$1,883,346. Total Expenses were lower by \$387,848 and Net Income was higher by \$950,318.

Expenses (Year-to-Date Current Year Compared to Year-to-Date Budget)

Salaries and Benefits: Combined Salaries and Benefits were lower by \$560,771.

Purchased Services: Purchased Services were higher by \$971,635.

Professional Fees: Professional Fees were lower by \$219,770.

Repairs & Maintenance: Repairs & Maintenance were higher by \$142,338.

Utilities: Utilities were higher by \$171,801.

Supplies: Supplies were higher by \$220,263.

Depreciation Expense: Depreciation Expense was less by \$123,339.

Other Expenses: Other Expenses were higher by \$151,869. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of March 31, 2024 was \$15 million. This is a 56% increase over last year.

Balance Sheet

Total Cash decreased 18.19%. Net AR increased 38.99% and Net Fixed Assets increased 9.77%. Total Liabilities decreased 29.18%. Our Fund Balance increased by \$3,197,590 or 13.92%.

Additional Information

Days cash on hand on March 31, 2024, was 109. March 31, 2023, days cash on hand was 135. We have spent \$1,895,127 on capital equipment so far this year. We have funded a total of \$3,529,202 in IGT's. We expect to receive the return funds on IGT's before the end of the fiscal year for approximately \$8,290,511. We anticipate our days cash on hand at the end of the fiscal year will be around 200.

Budget season is upon us. Doug and I will be working closely with the department managers to propose the 24/24 budget and we plan present the final budget to the Board at the July meeting.

Director McGrath raised a question about confusing patient billing and Katherine answered that she would be happy to go over bills with any patient. Doug added that bills were being scrubbed for accuracy and he was highly confident of that process.

8. Chief Executive Officer Report
OPERATIONAL OVERVIEW:

Doug McCoy

The first quarter of 2024 was successful for the organization, and we continue to trend well with our key strategic initiatives for this year. The billing office continues to focus on reducing the A/R post-Cerner implementation and has decreased receivables by 8m since November of last year. We had two key projects completed in April and have shifted resources to our ongoing Loylton SNF renovation project and completion of the pediatric out-patient occupational therapy program. The Loylton Clinic received their final CMS certification inspection, and we await the annual recertification inspection for both the SNFs and hospital. The lab CLIA inspection is scheduled to occur in the next few weeks.

There are several key legislative bills for review in the current session including AB 3282 for the sale of the Portola courthouse, SB 1423 which would provide an alternative cost-based reimbursement methodology for

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
April 25, 2024 MINUTES - Continued

critical access hospitals, and SB 1432 which would amend current seismic compliance standards. We are monitoring all of these bills through the Hospital Association.

2024 STRATEGIC OBJECTIVES – UPDATE (Through March 31st)

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.
 - Through March we had 16 new hires and 19 terminations. This represents a 25.5% turnover percentage which would be a decrease over the prior year. Terminations within 6 months is trending at the same level as 2023 and continues to be a QA focus for the organization. Leadership and team communication training will be presented by Black Diamond Leadership through a grant beginning on 6/17 with additional follow up sessions occurring through September.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
 - Through March our net income performance is exceeding budget by \$835,000 and is \$950,000 over the same period last year. All remaining IGTs for the fiscal year have been funded as of 3/31 with payment receipt scheduled for May/June. April trending continues to indicate that we will successfully accomplish this initiative by the end of the fiscal year.
- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
 - March days cash on hand is 109 which was the expected result from the large IGT funding payments. We expect to remain at this level until June but feel very confident that we will achieve our 200 days goal by 6/30.
- Implementation of our disaster recovery plan for all IT infrastructure systems.
 - The new wireless option for phone capabilities to ensure connectivity in the event of an internet failure testing process was delayed in order for IT to focus on the completion of the MindRay central monitoring system installation. Beta testing will resume and be completed before the end of the fiscal year.
- Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
 - The path-cited grant application was submitted in February for funding to create CalAim office space on the second floor of the Nifty Thrifty building owned by the EPHC Foundation. We continue to wait for a response which is expected in the summer. Additional USDA equipment grants are being completed for an EMS storage facility and security hardening equipment.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
 - The Loyalton Clinic CMS survey was successfully completed in April with one minor finding for correction. The EPHC Foundation completed and submitted the dental service grant on April 1st to generate funding for a dental expansion. Due to the State budget deficit, it is unclear if funding will be available in 2024 or pushed to the 2025 fiscal year.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - 260 total surveys were received through March across all lines of service. This trend would provide 1,040 surveys on an annualized basis and meet our goal for responses. Our emergency department and clinics have met or exceeded 3 of 4 national benchmarks, with therapy and radiology meeting or exceeding all 4 indicators. Although our annualized response rate would achieve our goal, this continues to be the primary challenge we are having, and all departments have implemented action plans to increase survey completion.
- 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.
 - The MindRay installation project was completed and went live in early April. The fire panel project was also completed in April and will be followed by the lobby badge reader installation.

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Flooring is currently being ordered for the Loyalton SNF and the new handrail installation project is 50-75% complete. Our focus will be on completing the Loyalton floor before we proceed to relocation of the EMS team to the former LMC and the 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.
 - SB 1432 which would delay the seismic standards is currently in discussion during this legislative session and supported by the California Hospital Association. We are monitoring this development closely before proceeding with the next phase of our seismic plan.

COMPLIANCE PROGRAM:

There was one external compliance concern raised in April which is currently under review.

Director McGrath inquired about January's terminations. Doug replied that some were per diems and relocations.

Doug commended the ED for 100% top box scores for 4 straight months and commended Lorraine for setting up the Family Council in the SNF and mentioned plans to expand outdoor area for residents.

9. Discuss possible action for partnership with Beckwourth Peak Fire

District on the QRV Program

Doug McCoy

I/D/A

Doug McCoy provided an update on the current MOU with the Beckwourth Fire Department which expires on June 30th. The MOU was intended to provide temporary assistance to maintain volunteer fire response to 911 medical assistance calls until the Beckwourth Peak Consolidated Fire District initiated operations July 1st. Although this partnership has been successful, there has not been a funding source EPHC received or would receive in the future to continue the agreement. In addition, due to the lack of any funding provided to EPHC, we would be unable to provide similar agreements to other fire departments within the EPHC District. The Board concurred that an ongoing agreement was not sustainable. EPHC will offer support to all fire departments in the District in identifying potential grant funding options to support fire response for medical calls.

10. Policies

Public Comment: None.

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

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

Nays: None

Absent: Directors Satchwell & Hughes

11. Committee Reports

Board Members

A. Finance Committee

Finance Committee Chair Swanson remarked on Katherine's excellent report that highlighted the long-term solid financial base of the organization. .

12. Public Comment

None.

13. Board Closing Remarks

Director McGrath was pleased to see that everything was humming along! Director Corcoran thanked everyone for their efforts and participation.

Open Session recessed at 5:50 p.m.

14. Closed Session

A. Pursuant Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

Clinic

- Fletcher, Sarah MD - 2 Year Appointment

Tele-Psych

- Malik, Asif MD - 1 Year Appointment
- Sutherland-Stolting, Amanda MD - 2 Year Appointment
- Kodjo, Kodjovi MD - 1 Year Appointment
- Mohammed, Sameer MD – 2 year Appointment

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

B. Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1))

Case Name Unspecified: (disclosure would jeopardize settlement negotiations)

15. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 6:20 p.m.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 14.A.

B: No Action taken

C: No Action taken

16. Adjournment

Meeting adjourned at 6:25 p.m.

Eastern Plumas Health Care
Board Report
Penny Holland CNO

5/23/2024

Gearing up for the summer with extra staffing from 11am-11pm for a safe ER during increased census in the ER. Starting to see 25 plus people in the ER with some having high acuity. Donna and I feel extra staff during summer months helps with overall patient satisfaction and employee satisfaction.

Due to loss of a few per diem employees leaving we have had to work on finding two travelers for coverage of both the ER and Acute. We want to give vacations to full time employees and we feel to keep everyone positive we must provide vacation when we can.

The Lab had their biannual inspections and of the writing of this report have not received anything. We will be needing to add another CLS to the lab one of our CLS must leave because his wife could not find a job in the area. The lab remains stable. Awaiting the finalizing of the new Lab analyzer, waiting on IT to build an interface in June.

We have secured the Lobby in the hospital by limiting access to the ER and Acute. People must have a badge to pass the fire doors in the lobby now which keeps the staff a little safer. DeeDee had done a security risk assessment and this has been on our list of projects for a long time.

On Wednesday May 15th we held the QA Board Committee Meeting.

Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 5/17/2024
by Lorraine Noble RN & Tamara Santella RN

CENSUS

	January	Febuary	March	April
LOYALTON -actual census for month	33.09	33.5	33	33
admits	0	1	0	0
discharges	1	1	2	0
PORTOLA -actual census for month	26.70	27	26.97	26.83
admits	1	0	0	1
discharges	0	0	1	1
TOTAL CENSUS for month	59.79	60.50	59.97	59.83

STAFFING

7 students have graduated. They are now in the testing phase. We have been having the students work as "Resident Companions" to learn the units.

Portola Campus:

- 3- Traveler nurses now working.
- 1 full time RN has been hired for night shift and is to start in June. 1 full time LVN is being hired and a mentorship will be done with this new nurse as soon as state boards are passed.

Loyalton Campus:

- Has 1 Full time Nurse position open at present and 3 C.N.A. positions open
- 4 Travelers working, 1-LVN and 3-C.N.A.s

FAMILY COUNCIL:

- Portola's Family Council meets the 2nd Thursday of the month at 2pm directly after the Resident Council meets. The LTC Ombudsman attends both meetings.
- Loyalton is in the process of developing a Family Council.

STATE ISSUES:

- Last State and Federal survey was 5/2022. Surveys have changed to every 30 months unless facility has received citations. Then survey to be yearly.
- State Surveyor was here on 4/24/24 and investigated 6 incidents. We received one deficiency for not reinstalling the guard rails in a timely manner.

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics
Thursday May 23, 2024

The ribbon cutting for the new Loyalton Medical Clinic was held on Wednesday, May 15, 2024. The community members were excited and appreciative. The day was beautiful, sunny and warm. Christina Potter and I welcomed the job of cutting the ribbon, with Doug McCoy and Dr. Swanson holding the ends of the ribbon. I would like to say thank you to Nicole Johnson from the Sierra Booster, and Patty and Michael Clawson from Big Fish advertising for being there to capture moments with photos and videos. Thank you to Barbara Sokolov who kept the ribbon cutting needs in motion while I was on my vacation.

Staffing remains a focus for the clinics. We will hire two registration clerks and two medical assistants. The jobs are posted on the EPHC job site.

An agreement was signed and sent to Tacore Medical, a physician recruiting group based in Texas. Their company will help EPHC find one to two qualified physicians to work in our clinics.

Eastern Plumas Health Care
Financial Statements – Board Report
April 2024

Summary

This report will cover the ten months ended April 30, 2024, compared to the ten months ended April 30, 2023.

Net Patient Revenues were higher than last year \$3,160,500. Total Operating Revenue was higher than last year by \$2,598,928. Total Operating Expenses were higher than last year by \$394,031. Our bottom line improved over last year by \$155,160. Last year included \$2,665,773 in recognition of final Cares Act monies.

Revenues (Year-to-Date Current Year Compared to Year-to-Date Prior Year)

Total Inpatient Revenues were higher by \$1,254,132, with Skilled Nursing Revenues posting higher by \$1,419,268. Pro Fees were higher by \$105,463. Total Outpatient Revenues were higher by \$ 1,854,530 and Clinic Revenues were higher by \$60,691.

Expenses (Year-to-Date Current Year Compared to Year-to-Date Prior Year)

Salaries and Benefits: Combined Salaries and Benefits were higher by \$195,007.

Purchased Services: Purchased Services were lower by \$446,388.

Professional Fees: Professional Fees were higher by \$215,330.

Repairs & Maintenance: Repairs & Maintenance were higher by \$855.

Utilities: Utilities were higher by \$201,595.

Supplies: Supplies were lower by \$13,732.

Depreciation Expense: Depreciation Expense was higher by \$113,093.

Other Expenses: Other Expenses were higher by \$123,697. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of April 30, 2024 was \$13 million. This is a 29% increase over last year.

Balance Sheet

Total Cash decreased 21.30%. Net AR increased 22.91% and Net Fixed Assets increased 6.36%. Total Liabilities decreased 36.62%. Our Fund Balance increased by \$2,335,215 or 10.15%.

Additional Information

Days cash on hand on April 30, 2024, was 116. April 30, 2023, days cash on hand was 166. We have spent \$1,988,854 on capital equipment so far this year. We have funded \$3,632,466 in IGT's.

Eastern Plumas Health Care
Income Statement
DRAFT
Year-to-Date Comparative

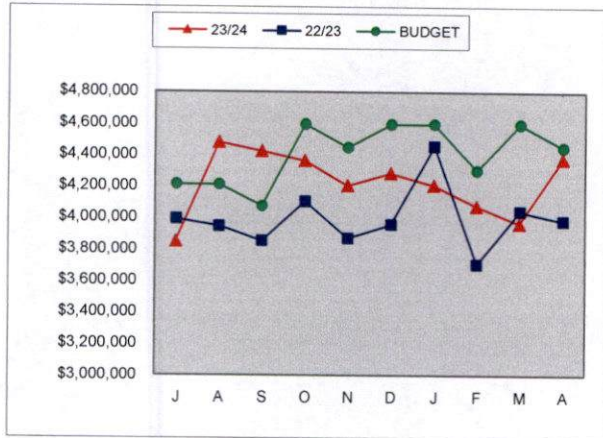
		% Net Pt				
			Revenue	Year- to-Date 4/30/24	Year- to-Date 4/30/23	\$ Variance
1	REVENUE					
2	Inpatient Revenue		\$	1,545,812	2,124,448	\$(578,636)
3	Inpatient Revenue - Swing Bed		\$	1,728,000	1,314,500	\$413,500
4	Inpatient Revenue - SNF		\$	8,931,268	7,512,000	\$1,419,268
	Inpatient Revenue		\$	12,205,080	10,950,948	\$1,254,132
5	All Pro Fees		\$	3,067,862	2,962,399	\$105,463
7	Outpatient Revenue		\$	22,144,613	20,290,083	\$1,854,530
8	Clinics		\$	4,744,913	4,684,222	\$60,691
9	Total Patient Revenue		\$	42,162,468	38,887,652	\$3,274,816
11	Contractual Allowances		\$	(15,679,524)	(15,336,566)	\$(342,958)
12	Charity Discounts		\$	(92,919)	(124,697)	\$31,778
13	Other Allowances		\$	(301,287)	(281,458)	\$(19,829)
14	Bad Debt		\$	(606,620)	(823,313)	\$216,693
15	Total Deductions		\$	(16,680,350)	(16,566,034)	\$(114,316)
16	Net Patient Revenue		\$	25,482,118	22,321,618	\$3,160,500
17	% of Gross Revenue			60.44%	57.40%	3.04%
18	Meaningful Use Revenue		\$	-	-	\$-
19	Quality Payments		\$	48,926	340,923	\$(291,997)
20	IGT Payments		\$	2,866,410	3,133,691	\$(267,281)
21	Other Operating Revenue		\$	226,169	228,463	\$(2,294)
22	Total Operating Revenue		\$	28,623,623	26,024,695	\$2,598,928
23	EXPENSES					
24	Salaries and Wages	52.5%	\$	(13,372,070)	(13,667,870)	\$295,800
25	Employee Benefits	23.4%	\$	(5,960,226)	(5,469,419)	\$(490,807)
26	Professional Fees - Medical	11.6%	\$	(2,955,569)	(2,691,395)	\$(264,174)
27	Professional Fees - Other	0.6%	\$	(157,494)	(206,338)	\$48,844
28	Supplies	9.2%	\$	(2,333,589)	(2,347,321)	\$13,732
29	Purchased Services	18.0%	\$	(4,577,707)	(5,024,095)	\$446,388
30	Insurance	1.4%	\$	(368,596)	(384,948)	\$16,352
31	Rental and Leases	0.3%	\$	(82,366)	(61,440)	\$(20,926)
32	Repairs and Maintenance	2.7%	\$	(683,445)	(682,590)	\$(855)
33	Utilities and Telephone	4.4%	\$	(1,114,541)	(912,946)	\$(201,595)
34	Depreciation Amortization	4.1%	\$	(1,051,402)	(938,309)	\$(113,093)
35	Other Expenses	2.9%	\$	(743,339)	(619,642)	\$(123,697)
36	Total Operating Expenses	131.1%	\$	(33,400,344)	(33,006,313)	\$(394,031)
37	Income From Operations	-18.7%	\$	(4,776,721)	(6,981,618)	\$2,204,897
38	Tax Revenue	-2.1%	\$	542,000	507,680	\$34,320
39	Non Capital Grants and Donations	-1.1%	\$	293,012		\$293,012
40	Interest Income	-2.1%	\$	537,237	324,724	\$212,513
41	Interest Expense	0.7%	\$	(173,282)	(195,277)	\$21,995
42	Non-Operating Income (Expenses)	-0.5%	\$	138,408	2,749,985	\$(2,611,577)
43	Total Non-Operating Gain (Loss)	-5.2%	\$	1,337,375	3,387,112	\$(2,049,737)
44	Net Income	-13.5%	\$	(3,439,346)	(3,594,506)	\$155,160
45	Operating Margin %			-16.69%	-26.83%	10.14%
46	Net Margin %			-12.02%	-13.81%	1.80%
47	Payroll as % of Operating Expense			57.88%	57.98%	

Eastern Plumas Health Care
Comparative Balance Sheets - Board Report
DRAFT
Dates as Indicated

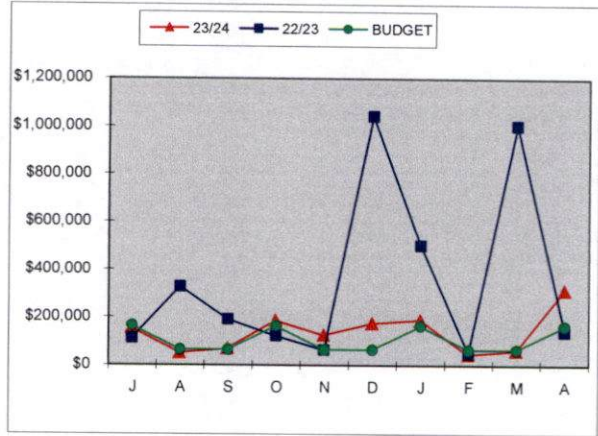
	FYE	FYE	FYE	FYE	FYE 2024-2023	
	as of 4/30/24	4/30/2023	4/30/2022	4/30/2021	\$ Change	% Change
Assets						
Current Assets						
Cash	\$ 965,557	\$ 1,226,263	\$ 1,756,207	\$ 843,846	\$ (260,706)	-21.26%
Short-term Investments (LAIF)	\$ 11,387,212	\$ 14,470,234	\$ 26,696,060	\$ 19,930,015	\$ (3,083,022)	-21.31%
Total Cash and Equivalents	\$ 12,352,769	\$ 15,696,497	\$ 28,452,267	\$ 20,773,861	\$ (3,343,727)	-21.30%
Patient Accounts Receivable	\$ 13,115,520	\$ 10,151,067	\$ 6,474,802	\$ 6,237,689	\$ 2,964,453	29.20%
Accounts Receivable Reserves	\$ (6,397,585)	\$ (4,685,309)	\$ (2,266,408)	\$ (2,245,553)	\$ (1,712,276)	36.55%
Net Accounts Receivable	\$ 6,717,935	\$ 5,465,758	\$ 4,208,394	\$ 3,992,136	\$ 1,252,177	22.91%
% of Gross Account Receivables	51.2%	53.8%	65.0%	64.0%		
Inventory	\$ 593,807	\$ 483,131	\$ 480,718	\$ 269,801	\$ 110,676	22.91%
Other Assets	\$ 49,730	\$ 262,850	\$ 206,450	\$ 705,676	\$ (213,120)	-81.08%
Total Other Assets	\$ 643,538	\$ 745,981	\$ 687,168	\$ 975,477	\$ (102,444)	-13.73%
Total Current Assets	\$ 19,714,242	\$ 21,908,236	\$ 33,347,829	\$ 25,741,474	\$ (2,193,994)	-10.01%
Fixed Assets						
Land	\$ 1,166,344	\$ 1,166,344	\$ 1,123,344	\$ 1,123,344	\$ -	0.00%
Buildings	\$ 15,220,840	\$ 15,218,416	\$ 14,825,536	\$ 14,837,671	\$ 2,424	0.02%
Capital Equipment	\$ 16,553,294	\$ 15,771,426	\$ 14,965,529	\$ 14,462,563	\$ 781,868	4.96%
In Progress	\$ 3,403,146	\$ 2,485,696	\$ 563,321	\$ 10,500	\$ 917,450	36.91%
Total Plant & Equipment	\$ 36,343,624	\$ 34,641,882	\$ 31,477,730	\$ 30,434,077	\$ 1,701,742	4.91%
Accumulated Depreciation	\$ (24,131,043)	\$ (23,159,040)	\$ (22,263,594)	\$ (21,237,232)	\$ (972,003)	4.20%
Net Fixed Assets	\$ 12,212,581	\$ 11,482,842	\$ 9,214,136	\$ 9,196,845	\$ 729,739	6.36%
Total Assets	\$ 31,926,823	\$ 33,391,078	\$ 42,561,965	\$ 34,938,320	\$ (1,464,255)	-4.39%
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	\$ 608,348	\$ 1,045,911	\$ 657,160	\$ 386,192	\$ (437,563)	-41.84%
Accrued Payroll & Benefits	\$ 1,620,545	\$ 2,385,444	\$ 1,654,682	\$ 1,263,623	\$ (764,899)	-32.07%
Other Current Liabilities	\$ 134,807	\$ 2,395,696	\$ 6,215,619	\$ 12,600,825	\$ (2,260,889)	-94.37%
Total Current Liabilities	\$ 2,363,700	\$ 5,827,051	\$ 8,527,461	\$ 14,250,640	\$ (3,463,351)	-59.44%
Long-Term Liabilities						
Loans	\$ 4,212,741	\$ 4,548,860	\$ 4,854,357	\$ 5,278,051	\$ (336,119)	-7.39%
Capitalized Leases	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Total Long Term Liabilities	\$ 4,212,741	\$ 4,548,860	\$ 4,854,357	\$ 5,278,051	\$ (336,119)	-7.39%
Deferred Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
TOTAL LIABILITIES	\$ 6,576,441	\$ 10,375,911	\$ 13,381,818	\$ 19,528,691	\$ (3,799,470)	-36.62%
Fund Balance	\$ 25,350,382	\$ 23,015,167	\$ 29,180,147	\$ 15,409,629	\$ 2,335,215	10.15%
TOTAL LIABILITIES AND FUND BALANCE	\$ 31,926,823	\$ 33,391,078	\$ 42,561,965	\$ 34,938,320	\$ (1,464,255)	-4.39%

EASTERN PLUMAS HEALTH CARE MONTHLY FINANCIAL GRAPHS FOR THE YEAR ENDED JUNE 30, 2024

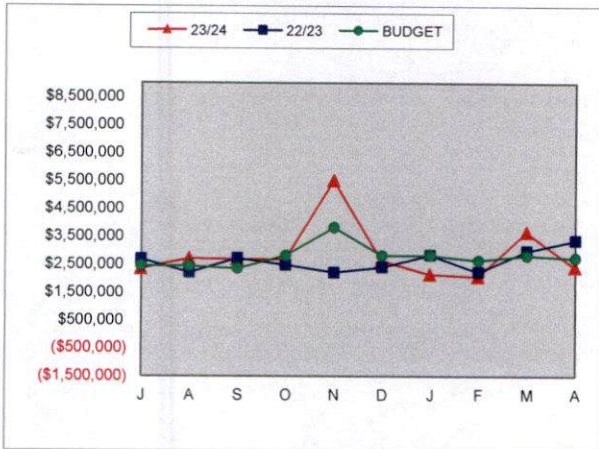
1. GROSS PATIENT REVENUE



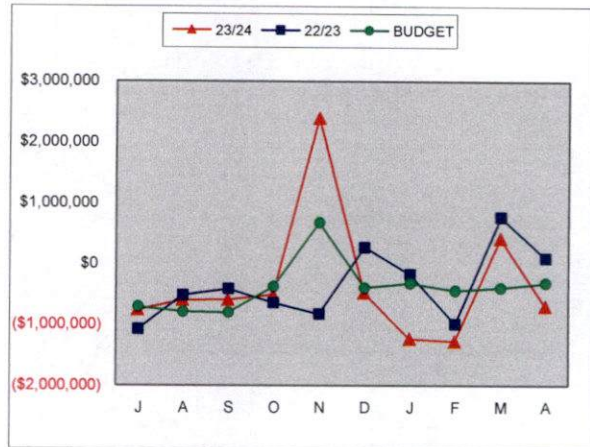
4. NON-OPERATING INCOME



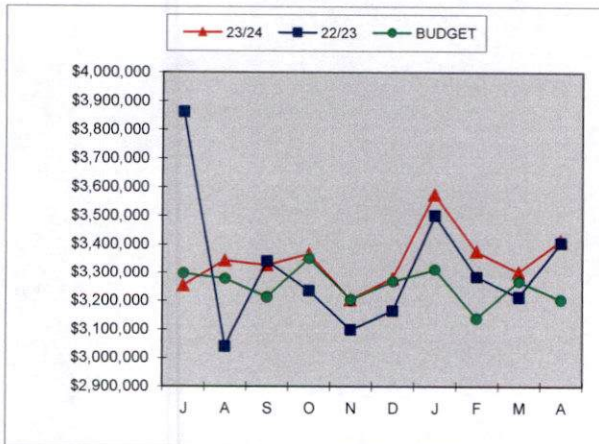
2. ESTIMATED NET REVENUE



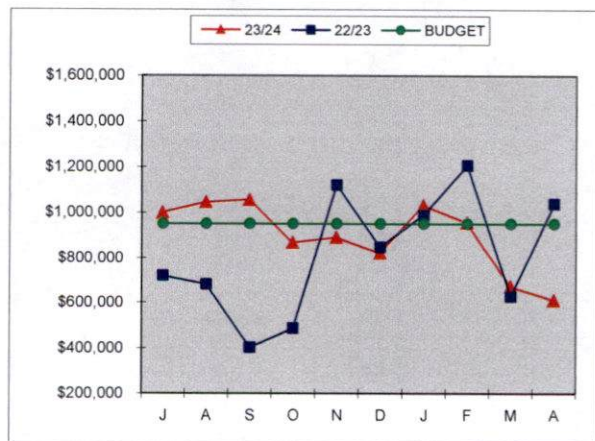
5. NET INCOME (LOSS)



3. OPERATING EXPENSES

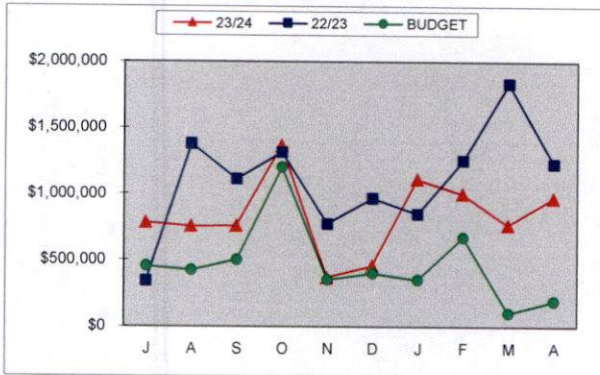


6. ACCOUNTS PAYABLE

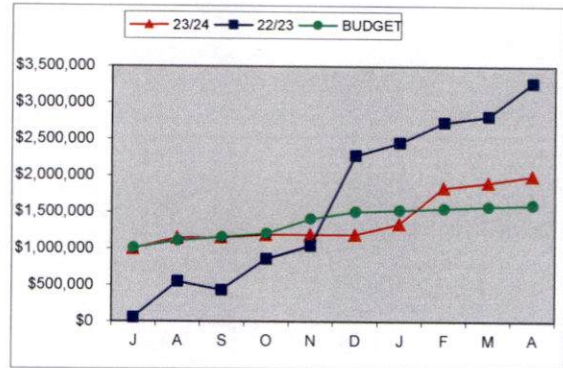


**EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2024**

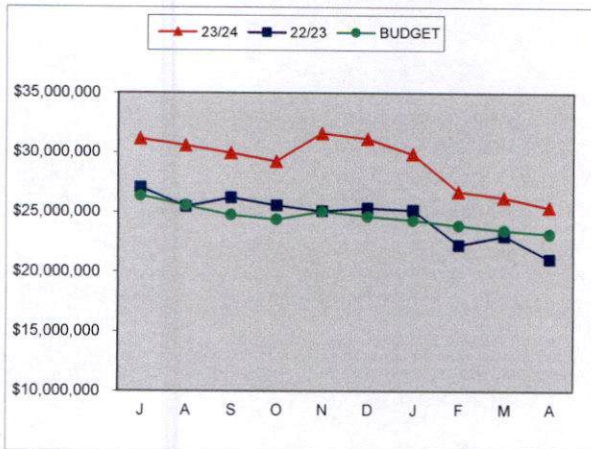
7. OPERATING CASH



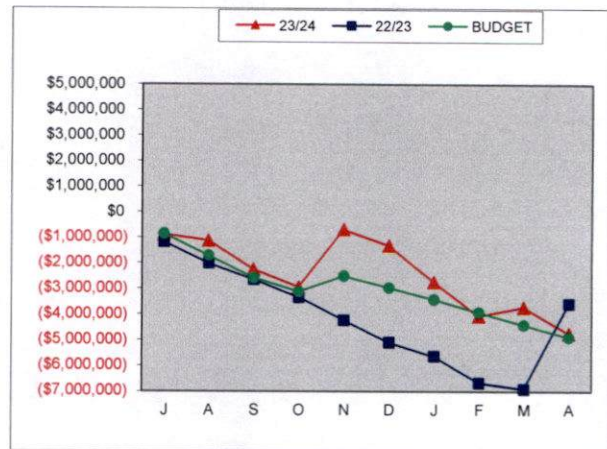
10. CAPITAL EXPENDITURES-YTD



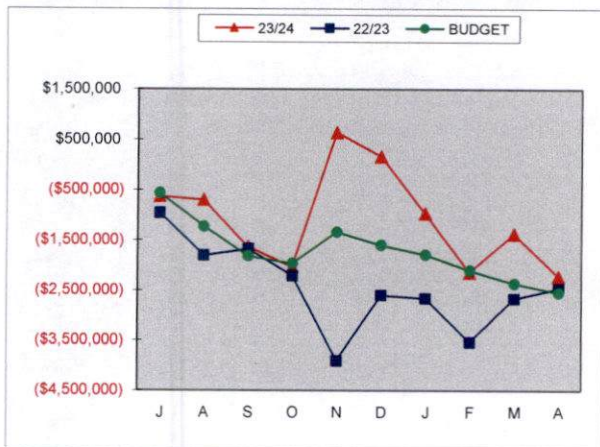
8. FUND BALANCE + NET INCOME (LOSS)



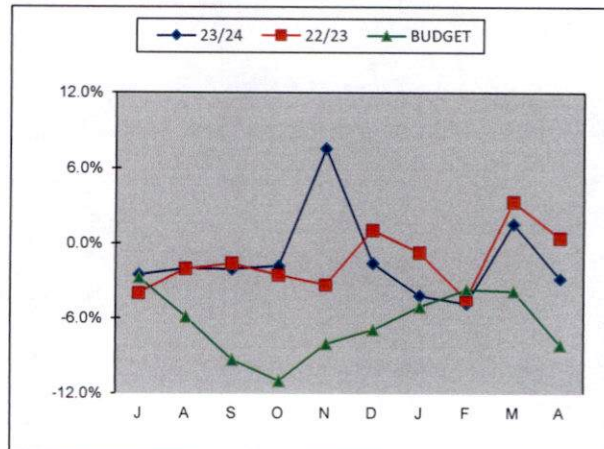
11. YEAR TO DATE OPERATING INCOME (LOSS)



9. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



12. RETURN ON EQUITY





**Eastern Plumas Health Care
Board Report
Executive Summary**

Date: May 23, 2024

OPERATIONAL OVERVIEW:

After 30 years of excellent service, Jim Burson announced his retirement as our Rehabilitation Services Director effective June 29th. Jim has been an exceptional leader, and through his vision we have a 5-star rehabilitation team. Max Barroso has been promoted to the position and will be working with Jim through June for a seamless transition. Max will be a great addition to our team!

The EPHC Foundation Board hosted an appreciation luncheon for the volunteers from the EPHC Auxiliary on May 13th. We are very appreciative to both groups for their dedication and service to our organization and the community. Their support continues to help EPHC in our mission to deliver the highest quality care to our patients!

2024 SRATEGIC OBJECTIVES – UPDATE (Through April 30th)

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.
 - Through April we had 22 new hires and 24 terminations. This represents a 23.6% turnover percentage which decreased by 2% over the prior month. Terminations within 6 months trended lower through April and remains a focus for the organization. We have over 25 staff registered for the leadership/team building training scheduled for mid-June and look forward to the positive impact to our initiative. We are looking forward to our 2nd annual EPHC summer picnic at Lost Marbles Ranch in mid-June.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
 - Through April our net income performance is exceeding budget by \$450,000 and is \$155,000 over the same period last year. 3.26m in IGTs have been received through mid-May and we anticipate the remaining funds to be received before the end of the fiscal year. We continue to be on target to meet our financial objective for this year.
- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
 - April days cash on hand is 116. With the IGT receipts for May, we will see a significant increase in days cash for May. We continue to trend and expect to reach our 200-day goal by the end of the fiscal year.

- Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
 - The path-cited grant application was submitted in February for funding to create CalAim office space on the second floor of the Nifty Thrifty building owned by the EPHC Foundation. We continue to wait for a response which is expected in the summer. Additional USDA equipment grants are being completed for an EMS storage facility and security hardening equipment. There are no additional updates for April.
- Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
 - We had a very successful grand opening celebration and ribbon cutting event at LMC on May 15th. Attendees included three City Council representatives, a representative from the Sierra County Board of Supervisors, as well as a representative from Senator Dahle's office. It appears more likely that potential approval and funding for the dental grant submitted in April may be delayed until next year due to the budget deficit.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - 372 total surveys were received through April across all lines of service. This trend increases our annualized responses from 1,040 to 1,116 surveys on an annualized basis and would exceed our 2023 total of 953. Our emergency department and clinics continued to exceed 3 of 4 national benchmarks, with our SNF and radiology departments exceeding all national averages. We will be adding some additional representatives to our Service Excellence Council in June.
- 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.
 - Two of the six projects have now been completed with the badge reader security system installation completed on May 13th. The Loyalton SNF handrails are fully installed, and we are getting closer to initiating the flooring replacement project. We are waiting for a secondary contractor bid for the x-ray room replacement in order to begin that project. Based on feedback from the Portola SNF family council, we are developing a plan to utilize the SNF basement area for family access and develop external areas for residents to enjoy with families. Based on patient/family feedback, we are reviewing options to increase lighting in the main parking lot and will be replacing the exterior hospital entry doors to provide easier access to the campus.
- Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.
 - SB 1432 which would delay the seismic standards is currently in discussion during this legislative session and supported by the California Hospital Association. We are monitoring this development closely before proceeding with the next phase of our seismic plan.

COMPLIANCE PROGRAM:

There was one external compliance concern raised in April which was resolved without any compliance findings.

AGENDA ITEM COVER SHEET

ITEM	CAH Committee Consent Agenda
RESPONSIBLE PARTY	Donna Dorsey, RN, BSN Emergency Room Manager
ACTION REQUESTED?	For Board Action
BACKGROUND: During the April 24, 2024 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors.	
SUMMARY/OBJECTIVES: Approval of the following consent agenda items: Annual Policy Review: <ul style="list-style-type: none">• Pharmacy• Infection Prevention• EOCC• SNF• BioMed• HR• Nursing• Lab• Administration• ER	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve CAH Committee Consent Agenda as presented.	
LIST OF ATTACHMENTS: List attached.	

Policy List:

Title	Area
Administration of Medications	Pharmacy
"Beyond Use Dating" of Pharmaceuticals	Pharmacy
Cleaning and Sanitizing Shared Equipment	Infection Prevention
Code Yellow – Bomb Threat	EOCC
Compassionate Access to Medical Cannabis for Terminal Patients	SNF
Condition of Electrical Outlets	BioMed
Conscious (Moderate) Sedation	Nursing
Continuing Education Program for Nurses	Nursing
Corrugated Cardboard Policy	Infection Prevention
Ebola Response Plan	Infection Prevention
Enhanced Standard Precautions	Infection Prevention
Exposure Control Plan	Infection Prevention
High Alert Medications	Pharmacy
Licensure and Certification Verification and Control	HR
Loss of Electrical Power	EOCC
Lippincott Procedures for all Nursing Procedures	Nursing
Medication Management Administration	Pharmacy
MRSA Surveillance Program	Infection Prevention
Reference Laboratories	Lab
Risk Management Plan	Administration
Safe Medical Device Act	Administration
Safety Rules or Code of Safe Practices	EOCC
Stroke Alert	ER
Waiting List for Skilled Nursing Placement	SNF
Water Management Plan	Infection Prevention
Work Restrictions for Communicable Diseases (Return to Work)	Infection Prevention
Wound Management Policy	Nursing