



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, June 27, 2024 at 5:00 p.m.
Portola Medical Clinic Conference Room, Portola, CA

The June 27, 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>

	<u>Presenter(s)</u>	<u>I/D/A</u>	<u>Page(s)</u>
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 5.23.24 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. Director of Rehabilitation	Jim Burson/Max Barroso	I/D	11
E. Chief Financial Officer	Katherine Parish	I/D	12-16
8. <u>Chief Executive Officer Report</u>	Doug McCoy	I/D/A	17-19
9. <u>Policies</u>		I/D/A	20-21
Policy Review			

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

Annual Policy Review

SNF, Ambulance, Rehabilitation, Pharmacy, Administration, Dietary, Infection Prevention, Lab

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
June 27, 2024 AGENDA – Continued

- 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
- Vo, Quang M.D. - Tele-med – Rheumatology – 2 year appointment
 - Jauquez, Robin N.P – 2 year appointment
- ED**
- Pine, Daniel M.D - Emergency room – 2 year appointment
- Tele Radiology**
- Hwang, Janice M.D - 1 year appointment
 - Khan, Gulam M.D - 1 year appointment
 - Amundson, Janet M.D. - 2 year appointment
 - Anand, Neil M.D - 2 year appointment
 - Coll, Jonathan M.D. - 2 Year appointment
 - Kato, Kambrie M.D - 2 Year appointment
 - Mischiu, Oana M.D - 2 Year appointment
 - Pollock, Max M.D - 2 Year appointment
 - Riad, Shareef M.D. - 2 Year appointment
 - Yamamoto, Shota M.D - 2 Year appointment
- B. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*
C. Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1)
Case Name Unspecified: (disclosure would jeopardize settlement negotiations)
- 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 July 25, 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, May 23, 2024 at 5:00 p.m.

1. Call to Order

Meeting was called to order at 5:00 p.m.

2. Roll Call

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

Staff in attendance: Lorriane Noble, Director of Nursing Portola; 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 Corcoran to approve the consent calendar.

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

Nays: None

- **Public Comment:** None

6. Auxiliary Report

Gross sales for April \$14, 445. Net sales this year \$23, 758. Doing great, very busy!

Gail McGrath

7. Staff Reports

A. Chief Nursing Officer

See May BOD report. Penny was absent, Donna Dorsey tried reporting remotely but a bad connection made that unsuccessful.

Penny Holland

B. SNF Directors of Nursing

See May BOD report. Tamara also reported that the guard rails had been corrected, the flooring replacement was starting, and that the EPHC's Skilled Nursing Facilities had received a 5 Star Facility Rating from CMS!! Congratulations all around.

Tamara Santella

C. Director of Clinics

See May BOD report. Tracy congratulated Lorraine and Tamara. In addition, Tracy shared that she was seeking a second dermatologist to meet need. Nurse Practitioners could be used for follow up care. Director Satchwell suggested contacting PDH. Tracy will reach out.

Tracy Studer

D. Chief Financial Officer

Katherine Pairish

Summary

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

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
May 23, 2024 MINUTES - Continued

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. Katherine also shared that there had been a 37% reduction in AR as of today, \$12 million. IGTs expected to come in at \$6 million.

8. Chief Executive Officer Report

Doug McCoy

Doug was not present so Director Swanson read Doug's report. Jim Burson thanked the Board of Directors, welcomed Max Barroso as the new Director of Rehabilitation, and expressed his confidence in him.

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 STRATEGIC 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.

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
May 23, 2024 MINUTES - Continued

- 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.

9. Policies

Public Comment: None.

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

Roll Call Vote: AYES: Directors Swanson, Satchwell, Hughes, McGrath, Corcoran.
Nays: None

10. Committee Reports

Board Members

A. Finance Committee

Finance Committee Chair Swanson reported that we were on track to meet goal of rebuilding to 200 days cash on hand and noted that Katherine's presentation had reinforced the importance of IGTs.

11. Public Comment

None.

12. Board Closing Remarks

Director Corcoran, speaking as a representative of Sierra County, thanked EPHC for the new Loyalton Clinic – a huge and important benefit to the community! Director McGrath added that it was years in the making and that Loyalton had been very patient. Director Satchwell thanked Tracy for her positive impact on the Clinics. Tracy remarked that she had been a CNA in Loyalton in high school so opening the Loyalton Clinic is like coming full circle for her!

The Board also thanked Lorraine and her staff for including them in the Portola SNF's uplifting Employee Enrichment – chai tea, cookies, and a special "thank you for making a difference".

Directors Satchwell and Swanson thanked Jim Burson for his positive impact and expressed that he will be missed. They extended a warm welcome to Max Barroso.

Open Session recessed at 5:40 p.m.

13. Closed Session

A. Pursuant 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 Taken in Closed Session

The Board returned at approximately 6:10 p.m.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to Bugna, Colpitts, Morrison, Drake, Moser, Hur, and Lotan.

B: No Action taken

15. Adjournment

Meeting adjourned at 6:15 p.m.

Eastern Plumas Health Care
Board Report
Penny Holland CNO

6/27/2024

ER has been incredibly busy and the acute floor has been slow. At this time we need to have two traveling nurses work to keep enough staff for patient care in the ER and cover vacations. We have had multiple nurse interviews but hiring has been slow.

Michelle Romero has graduated from RN school and passed the board so she is officially an RN-will be maintaining Infection Prevention and will be helping in Endoscopy and hopefully helping with other nursing duties as able.

The Lab had a CLIA inspection in May we only had two deficiencies which have been sent off, as of this week we had to make some small changes to the plan of corrections.

Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 6/20/2024
by Lorraine Noble RN & Tamara Santella RN

CENSUS:

	January	Febuary	March	April	May
LOYALTON	33.09	33.5	33	33	32.70
-actual census for month					
admits	0	1	0	0	1
discharges	1	1	2	0	2
PORTOLA	26.70	27	26.97	26.83	26.77
-actual census for month					
admits	1	0	0	1	1
discharges	0	0	1	1	1
TOTAL CENSUS for month	59.79	60.50	59.97	59.83	59.47

STAFFING: *FYI-12 SNF Staff Members attended the Leadership Training Class 6/17 & 6/18

Nursing assistant class: 7 students- 5 now C.N.A.s

- 2 hired in Portola, (1 fulltime, 1 perdiem)
- 3 hired in Loyalton, (3 full time)
- 1 still working as a resident companion in Loyalton
- 1 moved out of the area

Portola Campus:

- 2 full time C.N.A. positions are open at present
- 2 full time Nurse positions open at present. (plan to hire new LVN as soon as state board is passed)
- 3- Traveler nurses now working and will be working through the transition to point click care.

Loyalton Campus:

- 2 full time Nurse position open
- 3 C.N.A. positions open
- 2- Traveler nurses working
- 3-Traveler C.N.A.s working

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 Resident and Family Council meetings.
- Loyalton is in the process of developing a Family Council.

STATE ISSUES: Last State and Federal survey was 5/2022. No visits from state in May.

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics
Thursday June 27, 2024

Recruiting staff from Tacore Medical, Inc., toured all Eastern Plumas Health Care clinics on June 18, 2024. The tour started with a visit to Christina Potter, FNP, at the Loyalton Medical Clinic and a conversation of physician needs in the Loyalton area. We then traveled to Portola and met with Doug McCoy for more conversation, followed by a tour of the Portola Medical Clinic. The final stop was at the Graeagle Medical clinic. The Tacore representatives were impressed with each of our clinic sites and recognized the differences at each clinic site.

Some examples:

1. Loyalton has an aging population as well as some newcomers to the community who have school aged children.
2. The Portola Medical Clinic is much larger than the other clinics with more staff and patient load.
3. Graeagle providers see a good share of patients each day and during the busier summer months, their patient numbers increase.

Learning the needs of our communities will help Tacore find the right fit in a new physician for our clinics.

On June 24, 2024, a prospective dentist was interviewed for the dental clinic in Portola. Additionally, Mariana Ugarte, dental supervisor, is in contact with Rick Thomas in IT. Together, they will create a method for completing patient surveys at dental visits as well.

A new registration clerk has been hired; she will start on July 9th or sooner. We are looking forward to having her at the Portola Medical Clinic and at the Graeagle Medical Clinic or the Loyalton Medical Clinic if needed for registration clerk coverage.

Eastern Plumas Health Care

Board Report

Max Barroso- Director of Rehabilitation

Date: June 27, 2024

Reporting for March, April, May

1. On June 4th, Jennifer Weissensee saw her first Pediatric client at our newly opened clinic on the Loyalton SNF campus. Jenn, an Occupational Therapist, is working with Stan's engineering crew to put some final touches on it. We are grateful to them, as well as to Administration, for their hard work and support to make the clinic happen!
2. The Outpatient census over the last 3 months is flat year over year. New patient referrals, for the same time period, are up 47%.
3. Same Day Cancellations and No Shows for March through May averaged 1.13 per day; our lowest recorded period since we started tracking this in January of 2021. We attribute this accomplishment to an updated New Patient Welcome form along with the practice of verbally reviewing it with the patient on their first visit and obtaining their signature.
4. Survey collection, another Quality Indicator we are measuring, remains steady at 8 per month with our goal being 7 per month. We are raising this number to 10 surveys per month, effective July.

Eastern Plumas Health Care
Financial Statements – Board Report
May 2024

Summary

This report will cover the eleven months ended May 31, 2024, compared to the eleven months ended May 31, 2023.

Net Patient Revenues were higher than last year by \$2,882,280. Total Operating Revenue was higher than last year by \$5,394,023. This is due to the receipt of IGT's in the amount of \$11,554,741 that were higher than last year by \$4,941,978. Total Operating Expenses were higher than last year by \$1,179,619. Our bottom line improved over last year by \$2,219,386. 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 \$939,808, with Skilled Nursing Revenues posting higher by \$1,037,886. Pro Fees were lower by \$488,849. Total Outpatient Revenues were higher by \$2,327,922 and Clinic Revenues were higher by \$103,399.

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

Salaries and Benefits: Combined Salaries and Benefits were higher by \$507,513.

Purchased Services: Purchased Services were lower by \$343,840.

Professional Fees: Professional Fees were higher by \$273,319.

Repairs & Maintenance: Repairs & Maintenance were higher by \$109,949.

Utilities: Utilities were higher by \$259,579.

Supplies: Supplies were higher by \$48,397.

Depreciation Expense: Depreciation Expense was higher by \$121,199.

Other Expenses: Other Expenses were higher by \$174,064. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of May 31, 2024 was \$11 million. This is a 16.78% decrease from last year.

Balance Sheet

Total Cash increased 19.42%. Net AR decreased 27.66% and Net Fixed Assets increased 4.33%. Total Liabilities decreased 33.22%. Our Fund Balance increased by \$4,399,438 or 15.51%.

Additional Information

Days cash on hand on May 31, 2024, was 186. May 31, 2023, days cash on hand was 159. We have spent \$2,033,946 on capital equipment so far this year.

We plan to present the budget for the 2024/2025 fiscal year at the July Board meeting.

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

% Net Pt

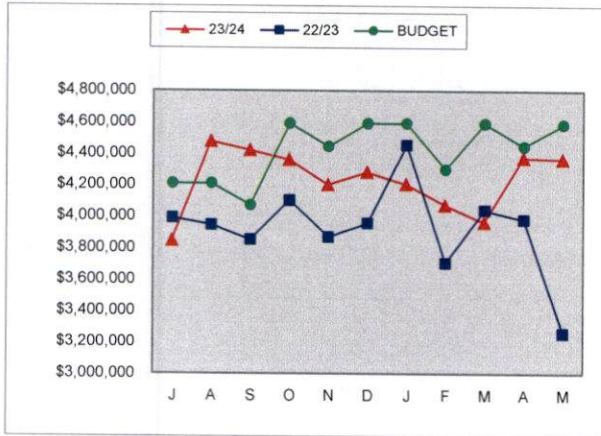
	Revenue	Year- to-Date 5/31/24	Year- to-Date 5/31/23	\$ Variance
1	REVENUE			
2	Inpatient Revenue	\$ 1,695,771	\$ 2,357,349	\$ (661,578)
3	Inpatient Revenue - Swing Bed	\$ 1,926,000	\$ 1,362,500	\$ 563,500
4	Inpatient Revenue - SNF	\$ 9,824,640	\$ 8,786,754	\$ 1,037,886
	Inpatient Revenue	\$ 13,446,411	\$ 12,506,603	\$ 939,808
5	All Pro Fees	\$ 3,420,852	\$ 3,909,701	\$ (488,849)
7	Outpatient Revenue	\$ 24,473,523	\$ 22,145,601	\$ 2,327,922
8	Clinics	\$ 5,187,533	\$ 5,084,134	\$ 103,399
9	Total Patient Revenue	\$ 46,528,319	\$ 43,646,039	\$ 2,882,280
11	Contractual Allowances	\$ (17,688,074)	\$ (15,367,720)	\$ (2,320,354)
12	Charity Discounts	\$ (104,469)	\$ (128,699)	\$ 24,230
13	Other Allowances	\$ (338,740)	\$ (288,067)	\$ (50,673)
14	Bad Debt	\$ (682,028)	\$ (805,297)	\$ 123,269
15	Total Deductions	\$ (18,813,312)	\$ (16,589,783)	\$ (2,223,529)
16	Net Patient Revenue	\$ 27,715,007	\$ 27,056,256	\$ 658,751
17	% of Gross Revenue	59.57%	61.99%	-2.42%
18	Meaningful Use Revenue	\$ -	\$ -	\$ -
19	Quality Payments	\$ 217,539	\$ 320,462	\$ (102,923)
20	IGT Payments	\$ 11,554,741	\$ 6,612,763	\$ 4,941,978
21	Other Operating Revenue	\$ 150,238	\$ 254,021	\$ (103,783)
22	Total Operating Revenue	\$ 39,637,525	\$ 34,243,502	\$ 5,394,023
23	EXPENSES			
24	Salaries and Wages	58.2% \$ (16,137,026)	\$ (15,901,124)	\$ (235,902)
25	Employee Benefits	19.1% \$ (5,281,891)	\$ (5,010,280)	\$ (271,611)
26	Professional Fees - Medical	11.7% \$ (3,255,873)	\$ (2,949,006)	\$ (306,867)
27	Professional Fees - Other	0.7% \$ (183,282)	\$ (216,830)	\$ 33,548
28	Supplies	9.3% \$ (2,582,688)	\$ (2,534,291)	\$ (48,397)
29	Purchased Services	18.4% \$ (5,089,931)	\$ (5,433,771)	\$ 343,840
30	Insurance	1.5% \$ (414,536)	\$ (425,057)	\$ 10,521
31	Rental and Leases	0.4% \$ (106,953)	\$ (66,993)	\$ (39,960)
32	Repairs and Maintenance	3.0% \$ (819,551)	\$ (709,602)	\$ (109,949)
33	Utilities and Telephone	4.5% \$ (1,240,948)	\$ (981,369)	\$ (259,579)
34	Depreciation Amortization	4.2% \$ (1,163,269)	\$ (1,042,070)	\$ (121,199)
35	Other Expenses	2.9% \$ (812,640)	\$ (638,576)	\$ (174,064)
36	Total Operating Expenses	133.8% \$ (37,088,588)	\$ (35,908,969)	\$ (1,179,619)
37	Income From Operations	9.2% \$ 2,548,937	\$ (1,665,467)	\$ 4,214,404
38	Tax Revenue	-2.2% \$ 596,200	\$ 507,680	\$ 88,520
39	Non Capital Grants and Donations	-1.2% \$ 343,012		\$ 343,012
40	Interest Income	-1.9% \$ 537,990	\$ 324,668	\$ 213,322
41	Interest Expense	0.7% \$ (190,061)	\$ (215,449)	\$ 25,388
42	Non-Operating Income (Expenses)	-0.5% \$ 131,048	\$ 2,796,308	\$ (2,665,260)
43	Total Non-Operating Gain (Loss)	-5.1% \$ 1,418,189	\$ 3,413,207	\$ (1,995,018)
44	Net Income	14.3% \$ 3,967,126	\$ 1,747,740	\$ 2,219,386
45	Operating Margin %		6.43%	-4.86%
46	Net Margin %		10.01%	5.10%
47	Payroll as % of Operating Expense		57.75%	58.23%

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

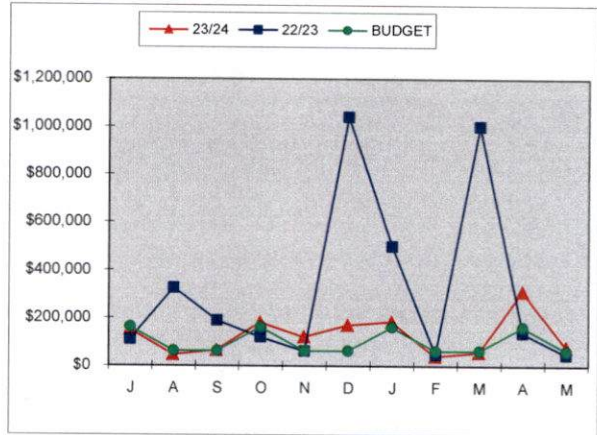
	FYE	FYE	FYE	FYE	FYE 2024-2023	
	as of 5/31/24	5/31/2023	5/31/2022	5/31/2021	\$ Change	% Change
Assets						
Current Assets						
Cash	\$ 854,827	\$ 229,465	\$ 652,012	\$ 1,077,983	\$ 625,362	272.53%
Short-term Investments (LAIF)	\$ 19,087,212	\$ 16,470,234	\$ 26,696,060	\$ 19,430,015	\$ 2,616,978	15.89%
Total Cash and Equivalents	\$ 19,942,039	\$ 16,699,699	\$ 27,348,072	\$ 20,507,998	\$ 3,242,340	19.42%
Patient Accounts Receivable	\$ 11,166,807	\$ 13,417,671	\$ 6,706,313	\$ 6,388,815	\$ (2,250,864)	-16.78%
Accounts Receivable Reserves	\$ (4,849,522)	\$ (4,685,309)	\$ (2,371,828)	\$ (2,515,011)	\$ (164,213)	3.50%
Net Accounts Receivable	\$ 6,317,285	\$ 8,732,362	\$ 4,334,484	\$ 3,873,804	\$ (2,415,077)	-27.66%
% of Gross Account Receivables	56.6%	65.1%	64.6%	60.6%		
Inventory	\$ 571,428	\$ 487,239	\$ 543,369	\$ 266,921	\$ 84,189	17.28%
Other Assets	\$ 99,080	\$ 255,101	\$ 251,926	\$ 468,891	\$ (156,021)	-61.16%
Total Other Assets	\$ 670,508	\$ 742,340	\$ 795,295	\$ 735,812	\$ (71,832)	-9.68%
Total Current Assets	\$ 26,929,832	\$ 26,174,401	\$ 32,477,852	\$ 25,117,615	\$ 755,431	2.89%
Fixed Assets						
Land	\$ 1,166,344	\$ 1,166,344	\$ 1,123,344	\$ 1,123,344	\$ -	0.00%
Buildings	\$ 15,591,789	\$ 15,227,340	\$ 14,931,290	\$ 14,837,671	\$ 364,449	2.39%
Capital Equipment	\$ 16,832,789	\$ 15,900,831	\$ 14,966,558	\$ 14,485,490	\$ 931,958	5.86%
In Progress	\$ 905,041	\$ 2,604,545	\$ 457,567	\$ 13,230	\$ (1,699,504)	-65.25%
Total Plant & Equipment	\$ 34,495,962	\$ 34,899,060	\$ 31,478,758	\$ 30,459,735	\$ (403,097)	-1.16%
Accumulated Depreciation	\$ (22,356,318)	\$ (23,262,801)	\$ (22,356,761)	\$ (21,323,427)	\$ 906,483	-3.90%
Net Fixed Assets	\$ 12,139,645	\$ 11,636,259	\$ 9,121,998	\$ 9,136,307	\$ 503,386	4.33%
Total Assets	\$ 39,069,476	\$ 37,810,660	\$ 41,599,849	\$ 34,253,922	\$ 1,258,817	3.33%
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	\$ 825,453	\$ 709,713	\$ 722,581	\$ 429,517	\$ 115,740	16.31%
Accrued Payroll & Benefits	\$ 1,119,564	\$ 1,813,814	\$ 1,730,506	\$ 1,389,829	\$ (694,250)	-38.28%
Other Current Liabilities	\$ 182,487	\$ 2,404,977	\$ 5,924,447	\$ 12,298,333	\$ (2,222,490)	-92.41%
Total Current Liabilities	\$ 2,127,504	\$ 4,928,504	\$ 8,377,534	\$ 14,117,679	\$ (2,801,000)	-56.83%
Long-Term Liabilities						
Loans	\$ 4,185,121	\$ 4,524,743	\$ 4,825,835	\$ 5,242,987	\$ (339,622)	-7.51%
Capitalized Leases	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Total Long Term Liabilities	\$ 4,185,121	\$ 4,524,743	\$ 4,825,835	\$ 5,242,987	\$ (339,622)	-7.51%
Deferred Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
TOTAL LIABILITIES	\$ 6,312,625	\$ 9,453,247	\$ 13,203,369	\$ 19,360,666	\$ (3,140,622)	-33.22%
Fund Balance	\$ 32,756,851	\$ 28,357,413	\$ 28,396,480	\$ 14,893,256	\$ 4,399,438	15.51%
TOTAL LIABILITIES AND FUND BALANCE	\$ 39,069,476	\$ 37,810,660	\$ 41,599,849	\$ 34,253,922	\$ 1,258,816	3.33%

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

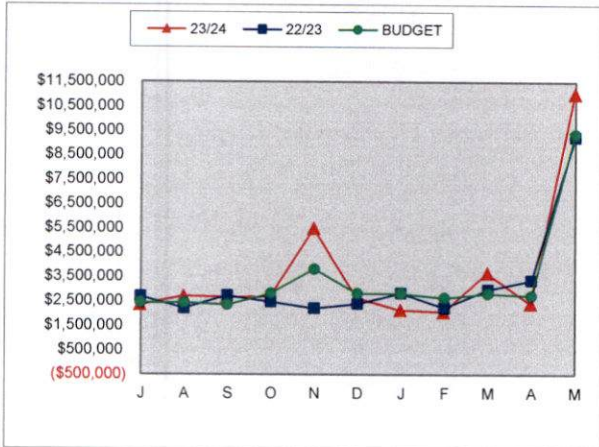
1. GROSS PATIENT REVENUE



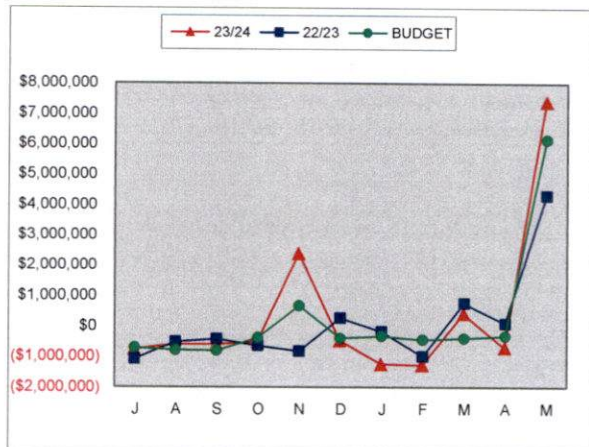
4. NON-OPERATING INCOME



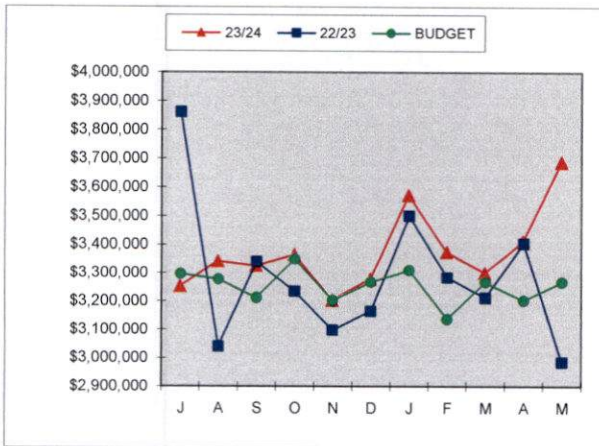
2. ESTIMATED NET REVENUE



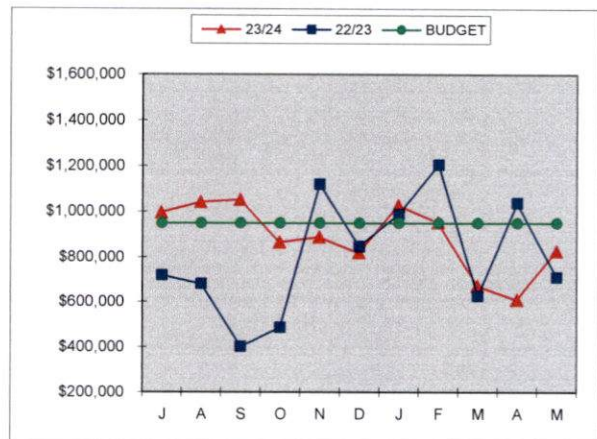
5. NET INCOME (LOSS)



3. OPERATING EXPENSES

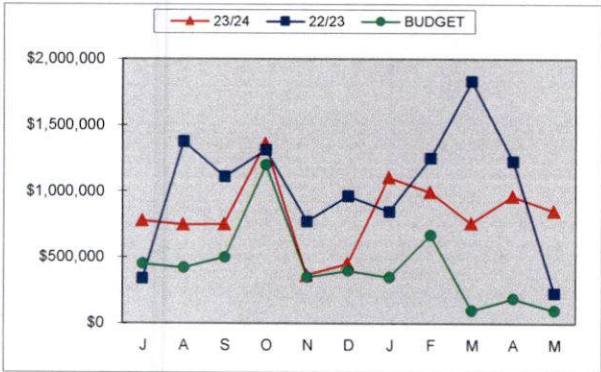


6. ACCOUNTS PAYABLE

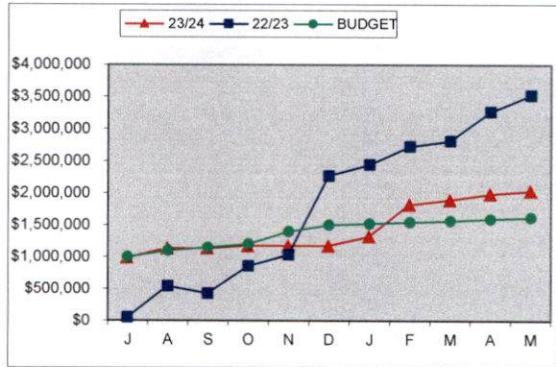


**EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2024**

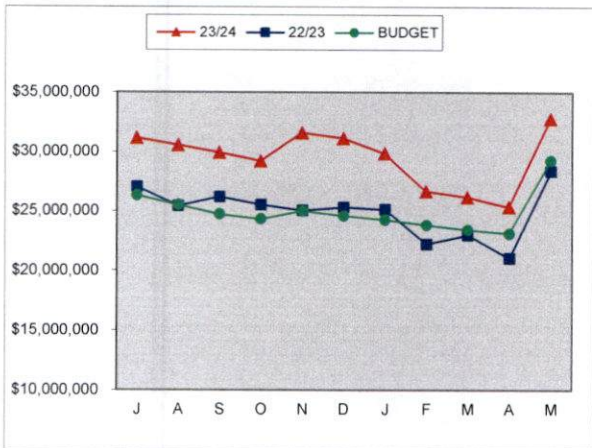
7. OPERATING CASH



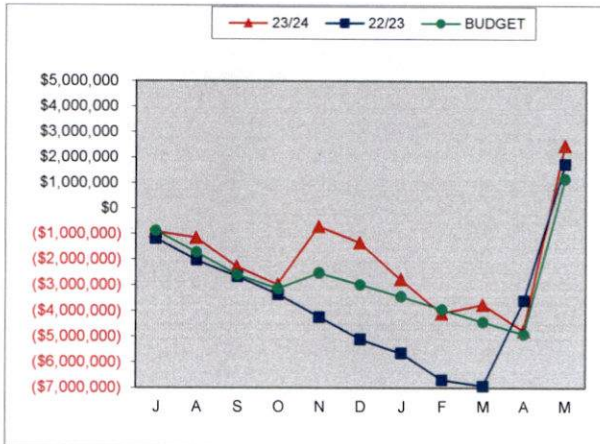
10. CAPITAL EXPENDITURES-YTD



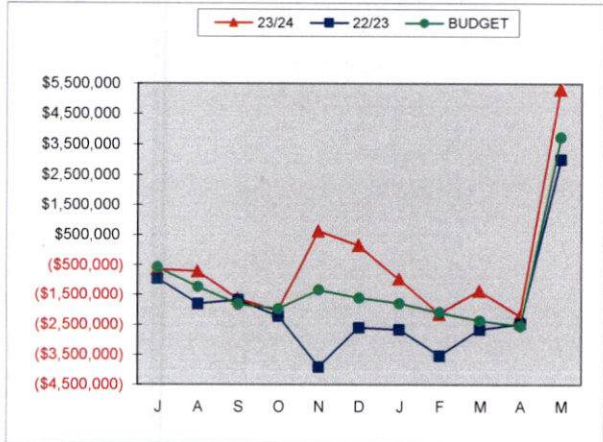
8. FUND BALANCE + NET INCOME (LOSS)



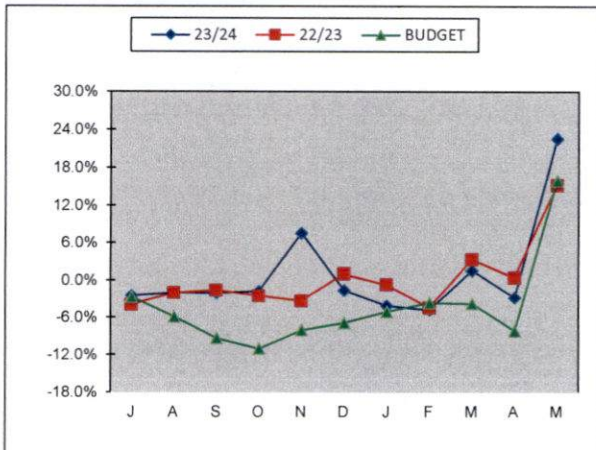
11. YEAR TO DATE OPERATING INCOME (LOSS)



9. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



12. RETURN ON EQUITY





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

Date: June 27, 2024

OPERATIONAL OVERVIEW:

With one month remaining in the fiscal year, we continue to see positive trending in our organizational goals outlined below. In addition to our strategic initiatives, we will be working on several key projects throughout the summer. Beginning in early July we will begin the implementation process to convert our SNFs to Point Click Care as their EMR system. PCC is the industry leader in SNF EMR software and through our demonstration projects we feel will be a better system versus the Cerner SNF module.

Due to age and several years of challenging weather, we will be focusing expense spending on roof repairs to several of our facilities in Portola and the Loyalton SNF. We also plan to start the Loyalton flooring replacement, parking lot resurfacing, and painting of the building exterior within the next 30 days, with completion by September.

2024 SRATEGIC OBJECTIVES – UPDATE (Through May 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 May we had 34 new hires and 31 terminations. This represents a 25% turnover percentage which increased by 1.4% over the prior month. Terminations have decreased over the same period (Jan-May) of last year by 21.6% and turnover within the first 6 months of employment has decreased by 25%. We held a leadership/communications training workshop on June 17-18 with 37 participants across the organization. Participants also completed a DISC leadership style analysis and were provided coaching on adapting the results into improved workplace communication.
- Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
 - Through May our net income performance is exceeding budget by \$1.71m and is \$2.21m over the same period last year. There are some small remaining IGTs expected to be paid in June. As of the June mid-month report, we will exceed our goal for the current fiscal year. Based on information from the District Hospital Leadership Forum, we are anticipating a 4m decrease in IGT funding for next year. We are modifying our budget proposal to account for this adjustment and will be presenting the budget for Board review in July.

- Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
 - May days cash on hand was 186 versus 159 for the same period in 2023. Based on June projections, we are forecasting that we will fall short of our 200 day goal but be significantly over the June 2023 fiscal year end of 166 days. The A/R outstanding balance has decreased significantly over the past 8 months when we reached a high of approximately 24 million outstanding. The following outlines the ongoing positive trend in A/R reduction:

▪ December 2023	21 million
▪ January 2024	17 million
▪ February 2024	17 million
▪ March 2024	15 million
▪ April 2024	13 million
▪ May 2024	11 million
▪ June (as of 6/20)	10.7 million
- 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 have engaged a physician recruitment company to assist us in identifying at least 2 primary care/internal medicine physicians to provide services at both PMC and LMC. We have not received information from the state as to the status of the dental grant selection or funding process for 2024, or if it will be moved to 2025 due to CA budget deficits.
- Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
 - 465 total surveys were received through May across all lines of service. This maintains our annualized trend from April of 1,116 surveys and would exceed our 2023 total of 953. The Rehabilitation Department increased the one survey metric below national average and currently has all metrics at or above 99% for top box ratings. Radiology has scored 100% in all categories for the last 90 days, and our emergency department and clinics continued to exceed 3 of 4 national benchmarks YTD. We are working with our dental software company (Dentrix) to add an electronic survey platform to receive patient responses. We continue to share the recent 5-star SNF status through CMS.gov with our family council and community partners.
- 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.
 - We have met with the Loyalton flooring installation company and anticipate a start date within the next 30 days. Completion of the project will take 45-60 days and require some concrete removal and replacement to level the floor in several areas. We continue to see delays in receipt of contractor bids for the x-ray room replacement, but hope to be in receipt of a new proposal before the end of July. Due to needed roof repairs, we will be postponing the modification of the old LMC building for EMS use. Based on Portola SNF family council feedback, we

are working on a project to create an outdoor resident/family area which would take place prior to work on 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.
 - We met with Aspen Street Architects on 6/12 to review our progress for both NPC and SPC standards. Engineering testing will be required to complete our proposal which has been submitted to HCAI, but we are waiting to determine if SB 1432 which would delay the seismic standards will progress through subcommittees for a vote. We will be packaging both the prior plan development and proposed engineering costs for submission to obtain grant funding through the SRHRP program.

COMPLIANCE PROGRAM:

There were no external compliance concerns raised from May 20th through June 21st.

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 May 22, 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: SNF Ambulance Rehabilitation Pharmacy Administration Dietary Infection Prevention Lab	
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
Activities for Swing Bed Patients	SNF
Ambulance Cleaning Decontamination	Ambulance
Ambulance Dress Code and Appearance Standards	Ambulance
Ambulance Restocking & Expiration Checks	Ambulance
Bed Hold	SNF
Blood Flow Restriction Therapy	Rehab
Director of Staff Development Recordkeeping	SNF
Discharge Planning	SNF
Driver Requirements	Ambulance
Drug Samples	Pharmacy
Family Council	SNF
Field Trip	SNF
Guidelines for Appropriate Health Care Decision-Making	Administration
Hot Beverage Temperatures	Dietary
Influenza Outbreak Management	Infection Prevention
Influenza, Pneumococcal and COVID-19 Immunizations in Skilled Nursing Facility	SNF
Isolation Precautions (Transmission-Based Precautions)	Infection Prevention
Laboratory Testing for Therapeutic Drug Levels for SNF Residents	SNF
Management of Clostridium difficile Infection	Infection Prevention
Minimum Data Set and Resident Assessment Instrument Process	SNF
Minimum Data Set/Resident Assessment Instrument	
Time Schedule	SNF
Neurological Assessment and Neuro Checklist for Residents	SNF
Outbreak Preparedness, Detection and Management	Infection Prevention
Physical Restraints	SNF
Pre-Employment Evaluation Policy	Infection Prevention
Quality Assessment and Performance Improvement Program	SNF
Resident Care Fall Policy	SNF
Resident Council	SNF
Resident Safety	SNF
Resident Trust	SNF
Skilled Nursing Facility Activity Program	SNF
Smoking for Residents	SNF
Social Services	SNF
Theft and Loss	SNF
Transfers Between Facility and Hospital	SNF
Waived Testing	Lab