**1. Call to Order**

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

**2. Roll Call**

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

Staff in attendance: Doug McCoy, CEO; Lorraine Noble, Director of Nursing Portola; Tamara Santella, Director of Nursing Loyalton; Penny Holland, Chief Nursing Officer; Tracy Studer, Director of Clinics; Jim Burson, Director of Rehabilitation; Joanna Garneau, Program Manager; Shawna Leal, Patient Experience Manager; and Barbara Sokolov, Foundation Manager/Executive Assistant/Clerk of the Board.

**3. Board Comments**

None

1. **Public Comment**

None

1. **Consent Calendar**

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

**Roll Call Vote:** AYES: Directors Hughes, Swanson, Corcoran, Satchwell

Nays: None

Not present: Director McGrath (arrived 5:41 p.m.)

* **Public Comment**: None

1. **Auxiliary Report**

Doug gave report: $7500 net profit in February. He will submit a list of funding requests. The Auxiliary funded the Lab Analyzer. Overall, Nifty Thrifty is doing very well.

1. **Staff Reports**
2. Chief Nursing Officer Report Penny Holland

See March BOD report.

1. SNF Director of Nursing Lorraine Noble

See March BOD report. Also announced the Long-Term Care Workshop featuring April

Shepherd and Kelly Carroll on April 24th sponsored by Plumas Bank.

1. Director of Clinics Tracy Studer

See March BOD report.

1. Director of Rehabilitation Jim Burson

See March BOD report.

Jim also shared that it was the 4-year anniversary of the Therapy and Wellness Center in its present location, begun the week after lockdown. Doug was the guest speaker. Also discussed successful reduction of cancellations.

1. Program Manager Joanna Garneau

See March BOD report. Joanna thanked Sesha. Linda recognized the hard work of grant writing and thanked Joanna.

1. Chief Financial Officer Katherine Pairish

**Summary**

This report will cover year-to-date financials through February 29, 2024, compared to year-to-date through February 28, 2023.

Total Patient Revenues were higher than last year by $1,986,857. This represents a 6% increase. Total Operating Expenses were higher than last year by $302,276. This represents a 1% increase. Our bottom line improved over last year by $1,320,708 or 30%.

**Revenues (Year-to-Date)**

Overall, total Inpatient Revenues were higher than last year by $875,745, with Skilled Nursing Revenues higher than last year by $977,290. Pro Fees were higher than last year by $171,196. Total Outpatient Revenues were higher than last year by $1,104,848 and Clinic Revenues were less than last year by $164,932.

**Expenses (Year-to-Date Current Year Compared to Year-to Date Last Year)**

Salaries and Benefits: Combined Salaries and Benefits were higher by $317,068.

Purchased Services: Purchased Services were less by $443,785.

Professional Fees: Professional Fees where higher by $136,954

Repairs & Maintenance: Repairs & Maintenance were less by $29,041.

Utilities: Utilities were higher by $145,394.

Supplies: Supplies were less by $85,275.

Depreciation Expense: Depreciation Expense was higher by $96,254.

Other Expenses: Other Expenses were higher by $111,232. These include training, travel, and dues and subscriptions.

**Revenue Cycle**

Gross Accounts Receivable as of February 29, 2024 was $17 million. This is an 86% increase over last year. We are continuing to work towards reducing this balance.

**Balance Sheet**

Total Cash decreased 20.29%. Net AR increased 44.20% and Net Fixed Assets increased 10.02%. Total Liabilities decreased 33.25%.

**Additional Information**

Days cash on hand on February 29, 2024, was 111. February 28, 2023, days cash on hand was 133. We have spent $1,829,448 on capital equipment so far this year. We funded $1,883,653 in IGT’s in February and another $889,691 this month. We expect to receive $8,657,566 funds before the end of the fiscal year. Our Fund Balance increased by $4,457,681 or 20.07%.

1. **Chief Executive Officer Report** Doug McCoy

**OPERATIONAL OVERVIEW:**

EPHC is evaluating changing from the planned Cerner installation of the long-term care EMR module and moving to the Point Click Care platform this year. Point Click Care (PCC) has acquired our current LTC software provider (AHT) and will sunset that product at the end of 2024. A detailed vetting process has been in place since the announcement, and we are working with Cerner to extract the LTC services from our subscription.

From July-December 2023, EPHC has been providing financial compensation to the Beckwourth Fire District to support their ongoing volunteer response to all EMS medical calls. This funding has been used to provide an on-call stipend for BFD volunteers which has assisted with retention and recruitment for the department. Funding assistance was scheduled to end on December 31st based on the November election results for the new fire district. Although the ballot initiative was successful, the Fire District is not expected to receive additional funding until after the fiscal year. To ensure continued response by BFD for EMS medical calls, I have extended the MOU until the end of our fiscal year in order for both organizations to collaborate on future grant or County funding.

**2024 SRATEGIC OBJECTIVES – UPDATE (Through February 29th)**

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 February YTD we have had 12 new hires which annualized represents a decrease of 30 hires over 2023. This is anticipated given a lower amount of open positions listed, but will increase in April with the initiation of our next CNA training program. We have had 13 terminations during the period which included a decrease of 50% from January to February and annualized is at the same level over 2023 results. We were awarded a $15,000 flex care grant in March and will use the funding to provide leadership and communication training to managers, supervisors, and team lead staff. The onsite training sessions will be held June 3rd-5th and a follow up session in August.
* Exceed the net income budget for the 2023/24 fiscal year and achieve positive net income performance.
  + Through February our net income performance is exceeding budget and $1,320,708 over the same period last year. The remaining IGTs were funded in February and March with receipt anticipated by May. The total IGT funding will be approximately 8.6m with a 5.5m increase to net income.
* Increase days cash on hand to the June 2023 performance level (200) by July 1, 2024.
  + February days cash on hand was expected to decrease due to the IGT funding ($1.88m), and a similar decrease will occur in March with the second IGT funded for $889,691. With the ongoing collection of A/R post Cerner implementation and the receipt of IGT funding before the fiscal year end, we continue to be on track to achieve our 200-day target.
* Secure grant funding for CalAim program expansion to include additional office/client meeting areas.
  + Grant information has been submitted and a funding decision is pending mid-year.
* Add additional provider/community services to the Loyalton Clinic campus. Explore grant opportunities for dental services.
  + The dental services grant application draft is currently under final review and will be submitted by 3/30. We have engaged an outside recruitment company for assistance with physician candidates for our Portola and Loyalton clinic locations.
* Increase patient experience survey responses over 2023 totals and meet 4-5 star national certification standards.
  + Through February we have received 112 surveys across all service lines. This represents an annualized total of 672 surveys which is under our goal of 1000. To increase the number of responses we have initiated two action plans. First, the admitting department will manage the survey tablets for lab and radiology and request feedback from patients upon conclusion of scheduled services. Second, additional signage and a raffle drawing program have been established in the Rehabilitation department and clinics to encourage patient feedback. We have seen a significant increase in responses in March for the clinics and anticipate an increase in overall responses in the following months.
* 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 central monitoring system remains on target to be operational in early April.
  + The fire panel replacement which has had multiple completed delays will be fully installed by April 12th. The badge reader project which was to follow the installation of the fire panel will be completed by April 30th.
  + New handrails are being installed at the Loyalton SNF in advance of starting the flooring replacement and will be fully installed by April 15th.
* Completion of all NPC/SPC seismic reporting requirements for 2024 and receipt of grant funding to offset costs through the SRHRP grant program.
  + All February reporting requirements were met. There has not been any legislative modifications to the 2030 requirements for rural hospitals, but discussions continue with the Hospital Association.

**COMPLIANCE PROGRAM**:

There were no compliance reviews initiated for the period of February 17th through March 25th.

1. **Policies**

Public Comment: None.

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

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

Nays: None

1. **Committee Reports** Board Members
   1. Finance Committee

Finance Committee Chair Swanson welcomed Linda Satchwell to the Committee. Appreciated the finance education provided by Katherine & Doug. Really good report from Katherine. Remarkably consistent performance. Thanks team! Director Satchwell thanked Doug and Katherine for making the

extra effort to accommodate increased understanding.

1. **Public Comment**

None.

1. **Board Closing Remarks**

Director Satchwell thanked everyone for their positivity, enthusiasm, creativity, and inclusiveness of

Community. Director Corcoran expressed his thanks to all, especially the staff who report regularly

to increase his knowledge about EPHC.

**Open Session recessed at 6:05 p.m.**

1. **Closed Session**
2. Pursuant Hearing (Health and Safety Code 32155)

*Subject Matter: Staff Privileges*

Clinic

* Hibler, John D.O - 2 year appointment
* Potter, Christina FNP - 2 year appointment
* Hoffman, Daniel DDS - 2 year appointment
* Mannikko, Daniel DDS - 1 year appointment
* Fletcher, Sarah MD - **60 day extension of privileges to finish reappointment application**

Tele- Radiology

* Jama, Abdullahi MD - 1 year appointment

Tele-Psych

* Adams, Ninos MD - 1 year appointment
* Brahmbhatt, Hetal MD - 1 year appointment
* Mischiu, Radu MD - 1 year appointment
* Cole, Barry MD - 1 year appointment

1. Public Employee Performance Evaluation (Government Code Section 54957) Subject Matter: *CEO*
2. Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1)Case Name Unspecified: (disclosure would jeopardize settlement negotiations)
3. **Open Session Report of Actions Taken in Closed Session**

The Board returned at approximately 6:40 p.m.

**A: ACTION-** The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 13.A.

**B:** **No Action taken**

**C: No Action taken**

1. **Adjournment**

Meeting adjourned at 6:45 p.m.