**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

1. **Public Comment**

None

1. **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

1. **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.

1. **Staff Reports**
2. 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.

1. 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.

1. Chief Financial Officer Katherine Pairish

**Summary**

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

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 where 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.

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

**OPERATIONAL OVERVIEW:**

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 Loyalton SNF renovation project and completion of the pediatric out-patient occupational therapy program. The Loyalton 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 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 SRATEGIC 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 remining 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 of 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. 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.

1. **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.

1. **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

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

 Finance Committee Chair Swanson remarked on Katherine’s excellent report that highlighted the long-

 term solid financial base of the organization. .

1. **Public Comment**

None.

1. **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.**

1. **Closed Session**
2. 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
1. Public Employee Performance Evaluation (Government Code Section 54957): *CEO*
2. Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1)

Case Name Unspecified: (disclosure would jeopardize settlement negotiations)

1. **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**

1. **Adjournment**

Meeting adjourned at 6:25 p.m.