Northern Inyo Healthcare District Board of Directors	July 15, 2015
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CALL TO ORDER

The meeting was called to order at 5:30 pm by Denise Hayden, Vice

President.

PRESENT

Denise Hayden, Vice President D. Scott Clark, M.D., Secretary Peter Watercott, Treasurer

John Ungersma, M.D., Member at Large

ALSO PRESENT

Victoria Alexander-Lane, Chief Executive Officer

Mark Robinson, M.D., Chief of Staff Sandy Blumberg, Executive Assistant

ABSENT

M.C. Hubbard, President

OPPORTUNITY FOR PUBLIC COMMENT

Ms. Hayden announced that persons in the audience may speak on any items not on the agenda for this meeting, on any matter within the jurisdiction of the District Board. Speakers will be limited to a maximum of two minutes each, and members of the audience will also have the opportunity to address the Board on every item listed on the agenda.

The following persons spoke during public comment:

- Randy Short
- Eric Richman, O.D.
- Cindy Freeman

CONSENT AGENDA

Ms. Hayden called attention to the Consent Agenda for this meeting, which contained the following items:

- Approval of minutes of the June 17 2015 regular meeting
- Approval of minutes of the June 30 2015 special meeting
- Approval of minutes of the July 2 2015 special meeting
- Approval of the financial and statistical reports for the month of May 2015

Questions on the financial and statistical reports were asked and answered by Chief of Fiscal Services Carrie Petersen. It was moved by D. Scott Clark, M.D., seconded by Peter Watercott, and unanimously passed to approve all five Consent Agenda items as presented.

CHIEF EXECUTIVE OFFICER'S REPORT

TELEMEDICINE UPDATE

Chief Executive Officer Victoria Alexander-Lane provided an update on progress made toward establishing telemedicine services at Northern Inyo Hospital (NIH). Telemedicine is being pursued in order to help prevent residents from traveling out of the area to receive services, and to help make services more available to those who do cannot afford to pay.

LAFCO UPDATE

Ms. Alexander-Lane also noted that the Inyo County Local Agency Formation Commission (LAFCO) is moving forward in the process of taking legal action against Southern Mono Healthcare District for incursion

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	into Northern Inyo Healthcare District bound has agreed to support this legal action.	laries. Hospital Administration
PHYSICIAN RECRUITMENT	Ms. Alexander-Lane reported that Interim Rural Health Clinic (RHC) Director William Hooper M.D. will come on board in August, as will pediatrician Louisa Salisbury M.D. and general surgeon Allison Robinson M.D	
CELTIC LEASING TERMINATION	Ms. Alexander-Lane also reported that the hospital's equipment agreement with Celtic Leasing will be terminated and the hospital will buy out the remainder of the cost of the equipment.	
STRATEGIC PLANNING UPDATE	Ms. Alexander-Lane provided a quarterly update on Northern Inyo Healthcare District's Strategic Plan, and reported that excellent progress is being made toward achieving the goals set for this year. Progress has been made in the areas of providing customer service training for hospital staff; development of the RHC as a Patient Centered Medical Home; on expansion of services; and on collection of patient satisfaction data.	
MANAGEMENT TRAINING	The 7 Habits of Highly Effective People training for hospital managers is in progress and will be completed in the next month.	
CHIEF OF STAFF REPORT MEDICIAL STAFF APPOINTMENT	Chief of Staff Mark Robinson M.D. reported following careful review, consideration, and approval by the appropriate committees, the Medical Executive Committee recommends appointment to the NIH Provisional Active Medical Staff for Emergency Medicine Physician Anne Goshgarian, M.D It was moved by Doctor Clark, seconded by John Ungersma M.D. and unanimously passed to approve the Medical Staff privileging of Doctor Anne Goshgarian as recommended.	
HOSPITAL WIDE POLICIES AND PROCEDURES	Doctor Robinson also stated following careful approval by the appropriate committees the Norecommends approval of the following hospit procedures: 1. Fluoride Varnish Application 2. Administration of Drugs: Patient's Or 3. Drug Shortages or Outages 4. Medication Over-Ride Policy 5. Single Dose vs. Multi-Dose Vial Police 6. Recall: Drugs	Medical Executive Committee tal wide policies and wn Medications

7. DI Mammography Infection Control Policy

Guidelines

12. Foley Removal Protocol

8. Admission of a Patient with a Communicable Disease
9. Adult Immunization in the Healthcare Worker – Version 3
10. Prevention and Treatment of Pertussis in Hospital Employees
11. Prevention of Catheter Associated Urinary Tract Infections

Northern Inyo Healthcare District Board of Directors July 15, 2015 Regular Meeting Page 3 of 5 It was moved by Mr. Watercott, seconded by Doctor Clark, and unanimously passed to approve all 12 hospital wide policies and procedures as presented. **2014 DRAFT** Doctor Robinson also reported the Medical Executive Committee additionally recommends approval of the 2014 Draft Antibiogram. It was **ANTIBIOGRAM** moved by Doctor Ungersma, seconded by Doctor Clark, and unanimously passed to approve the 2014 Draft Antibiogram as presented. **CHIEF NURSING** Chief Nursing Officer Kathy Decker, RN provided a monthly status report OFFICER REPORT and update on the hospital's Nursing Department, noting that Kathryn Erickson RN will retire soon after providing 30 years of excellent service to the hospital and its' patients. CHIEF PERFORMANCE Chief Performance Excellence Officer Maria Sirois provided a monthly **EXCELLENCE REPORT** report on Performance Excellence activities, including an update on Lean Six Sigma training. She additionally reported the NIH patient portal is up and running and can be accessed through the NIH website. Chief Human Relations Officer Georgan Stottlemyre gave a presentation on COMPENSATION **DURING LEAVE OF** compensation available to NIH employees during a leave of absence. Ms. **ABSENCE** Stottlemyre's presentation included information regarding Family and **PRESENTATION** Medical Leave; Pregnancy Disability Leave; State Disability; and additional leaves available to hospital employees including Paid Time Off (PTO) and vacations. Ms. Stottlemyre additionally referenced the applicable laws and eligibility factors relevant to the different types of leaves, as well as explaining wage replacement for hospital employees. Brief discussion of ADA (Americans with Disabilities Act) rights also took place, and Ms. Stottlemyre stated she will look into the subject of long term illness as it relates to the ADA. BENEFIT COST Chief of Fiscal Services Carrie Petersen provided an overview of benefits **PRESENTATION** available to hospital employees including health insurance; pension; vacation; and paid time off; and reviewed the associated costs incurred by the District. Currently, the highest benefit cost is for health insurance; followed by pension plans; then followed by the cost of paid time off including vacation. **NEW BUSINESS PURCHASE OF** Director of Diagnostic Imaging Patty Dickson called attention to a proposal to implement changes in the NIH Nuclear Medicine Radiopharmacy (the **EQUIPMENT FOR** RADIOPHARMACY "hot lab") for an approximate cost of \$60,000.00. Following review of the need for the upgrade it was moved by Doctor Ungersma, seconded by Doctor Clark, and unanimously passed to approve the upgrade to the NIH Radiopharmacy as requested.

NIH Foundation Executive Director Greg Bissonette called attention to a

First 5 Grant proposal with the County of Inyo to expand the hospital's

INYO COUNTY FIRST 5

GRANT PROPOSAL

NEST program, including expansion of breastfeeding support and education for patients. It was moved by Mr. Watercott, seconded by Doctor Ungersma, and unanimously passed to approve the First 5 Grant proposal with Inyo County as presented.

2015-2016 FISCAL YEAR BUDGET

Chief of Fiscal Services Carrie Petersen called attention to a proposed update to the 2015/2016 Fiscal Year budget which results in an improved bottom line for the hospital. She noted improvements have been made in the areas of waste reduction and management of resources, and additionally stated she cannot propose a budget that does not include a decrease to the percentage of employee benefits cost that is currently running at approximately 80%. Her goal for the upcoming year is to hold benefits to 65% of employee salaries and wages. Following review of the information provided, Ms. Petersen requested approval of the proposed (revised) budget projections which now result in a positive \$265,000 for the fiscal year. It was moved by Doctor Clark, seconded by Doctor Ungersma, and unanimously passed to approve the revised 2015/2016 fiscal year budget as presented.

NIH FOUNDATION BOARD MEMBER APPROVAL

NIH Foundation Executive Director Greg Bissonette stated approval of a new NIH Foundation Board member will be tabled to the next meeting of the District Board.

MILLIMAN ACTUARIAL VALUATION

Chief Human Relations Officer Georgan Stottlemyre called attention to the District Retirement Plan Actuarial Valuation as of January 1 2015 provided by Milliman Inc. It was moved by Mr. Watercott, seconded by Doctor Clark, and unanimously passed to approve the Milliman Actuarial Valuation as of January 1 2015 as presented.

PERSONNEL POLICY: LEAVES OF ABSENCE, LEAVE DONATION

Ms. Stottlemyre then called attention to a revised Personnel Policy titled Leaves of Absence – Leave Donation which allows for donated hours being converted to dollars at the time they are transferred, creating a more fair and equitable method for employees to donate paid time off (PTO) to their coworkers. It was moved by Mr. Watercott, seconded by Doctor Ungersma, and passed to approve the proposed update to the Leaves of Absence – Leave Donation policy as presented.

PERSONNEL POLICY: BENEFITS – TUITION REIMBURSEMENT

Ms. Stottlemyre also called attention to a revised Personnel Policy titled *Benefits – Tuition Reimbursement* which helps provide educational assistance for hospital employees. It was moved by Mr. Watercott, seconded by Doctor Clark, and unanimously passed to approve the revised Personnel Policy titled *Benefits – Tuition Reimbursement* as presented.

PERSONNEL POLICY: BENEFITS, PAID SICK LEAVE

Ms. Stottlemyre then called attention to a proposed Personnel Policy titled Benefits – Paid Sick Leave which allows for sick leave benefits for eligible per diem employees as required by law. It was moved by Doctor Ungersma, seconded by Mr. Watercott, and unanimously passed to approve the proposed Personnel Policy titled Benefits- Paid Sick Leave as presented.

D. Scott Clark, M.D., Secretary

Attest: