

July 17 2019 Regular Meeting

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AGENDA

NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS REGULAR MEETING

**July 17, 2019 at 5:30 p.m.
2957 Birch Street, Bishop, CA**

1. Call to Order (at 5:30 pm).
2. At this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board (*Members of the audience will have an opportunity to address the Board on every item on the agenda. Speakers are limited to a maximum of three minutes each*).
3. Strategic Plan update, Finance and Market Share Committee report (*information item*).
4. New Business (*action items*):
 - A. Board Officer election for remainder of 2019 calendar year
 - B. Outpatient Infusion Use of Pastoral Room during Pharmacy construction
 - C. District-wide Quality Assurance and Performance Improvement (QAPI) Plan
5. Reports (*information items*):
 - A. Chief Executive Officer Report
 - B. Chief Operating Officer Report
 - C. Chief Nursing Officer Report
 - D. Pediatric Readiness Assessment results
 - E. Chief Financial Officer Report
 - F. NIHD Defined Benefit Plan funding report
 - G. Quarterly Medical Staff Services Pillars of Excellence Report
 - H. Eastern Sierra Emergency Physicians Quarterly Report
6. Chief of Staff Report, William Timbers, MD:
 - A. Vice Chief of Staff for 2019-2020 Medical Staff year (*action item*).
 - B. Approval of *Crash Cart and Defibrillator Check Policy and Procedure* (*action item*).
 - C. Medical Staff Appointments (*action items*):
 1. James Fair III, MD (*emergency medicine*) – Provisional Active Staff
 2. Anna Rudolphi, MD (*emergency medicine*) – Provisional Active Staff
 - D. Temporary Privileges for 120 days (*action items*):
 1. Shiva Shabnam, MD (*internal medicine*) – Locums/Temporary Staff

2. Sumon Syed, MD (*internal medicine*) – Locums/Temporary Staff
- E. Reappointment to new Staff category (*action item*):
 1. Stefan Schunk, MD (*internal medicine*) – change from Locums/Temporary Staff to Provisional Active Staff. Privileges active through December 31, 2020.
- F. Extension of privileges for an additional 60 days (*action items*):
 1. Ruhong Ma, DO (*internal medicine/hospitalist*)
 2. Michael Rhodes, MD (*internal medicine/hospitalist*)
- G. Advancements (*action items*):
 1. Farres Ahmed, MD (*radiology*) – advancement from Provisional Consulting Staff to Consulting Staff
 2. Jared Kasper, MD (*radiology*) – advancement from Provisional Consulting Staff to Consulting Staff
 3. Erik Maki, MD (*radiology*) – advancement from Provisional Consulting Staff to Consulting Staff
- H. Medical Staff Resignations (*action items*):
 1. Ivan Anderson, MD (*cardiology*) – effective 6/1/2019
 2. Steve Dong, MD (*urology*) – effective 7/20/2019
 3. Thomas Nylk, MD (*cardiology*) – effective 6/27/2019
 4. Irin Pansawira, OD (*optometry*) – effective 6/30/2019
 5. Jacqueline Theis, OD (*optometry*) – effective 6/30/2019
 6. Cecilia Rhodus, MD (*pediatrics*) – effective 6/4/2019
- I. Physician Recruitment and Retention (*information item*).

Consent Agenda (*action items*)

7. Approval of minutes of the June 19 2019 regular meeting
8. Reports from Board members (*information items*).
9. Adjournment to closed session to/for:
 - A. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
 - B. Conference with Labor Negotiators; Agency Designated Representative: Irma Moisa;

Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).

C. Confer with Legal Counsel regarding threatened litigation, 1 matter pending (*pursuant to Government Code Section 54956.9(d)(2)*).

D. Conduct Public employee performance evaluation, Chief Executive Officer (*pursuant to Government Code Section 54957*).

10. Return to open session and report of any action taken in closed session.

11. Adjournment.

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact administration at (760) 873-2838 at least 48 hours prior to the meeting.

CEO Report

July 17, 2019

As another fiscal year comes to a close there are several areas I would like to highlight for the Board that have occurred over the past two months.

1. First a reminder that you are all welcome to join the staff in celebration at our Annual Employee Picnic. This year it will be moved to the Bishop City Park and Pool. While we are all familiar with the event and the fun that is had by staff and their family I would like to turn attention to the background work that goes into this event. In years past a lion's share of the planning work has fallen upon a few select people who were either charged with this as one of his/her responsibilities or volunteered to help out. This year the Special Events Committee has had full ownership and done a tremendous amount of work in transitioning from our traditional event and location to a new level of experience.
2. As regards the District facility, after years of discussion, planning and then redirection of funds, the District has finally begun the process of parking lot maintenance. Several large sections of the parking lot have been repaired while others have been refinished including in front of the hospital, around the ED area and the PMA parking lot (done in partnership with PMA ownership).
3. Human Resources continues its transition to a more electronic based service to the staff. This includes access to employee payroll information, benefits management and soon storage of employee files. Typically this is a process years in the making with staff changes post transition. To the credit of the HR team this occurred after a staffing model change and during a high stress time when focus and energy were demanded elsewhere.
4. Healthcare Access- our Telehealth program is now stable although not as large in number of specialties as we had hoped. The Adventist program is functioning with Cardiology, endocrinology, Rheumatology & Infectious Disease. Establishment of the Renown Cardiology is being led by Dr. Hathaway with a goal of this past March but with delays obviously. Finally, it looks as if in August we will have a finalized contract with a Urology service to provide 4-5days a month of onsite coverage and surgical care.

Submitted July 17, 2019

Kevin S. Flanigan, MD MBA

NIHD Board of Director's Monthly Meeting

Chief Operating Officer Report

July 17, 2019

While all areas continue to focus on day-to-day workflow and workforce needs, Athena & related system navigation, specialized department projects and budget preparation, additional highlights for June included:

NIHD Regulatory Oversight

The Lab Joint Commission survey took place April 23 – 26th; NIHD received 9 findings requiring corrective action to be complete/submitted by July 1, 2019. The corrective action plan was submitted on June 27th.

CDPH Diagnostic Imaging Survey took place on June 17th and June 19th (split survey dates). There were zero findings in this survey and is considered to be a perfect survey! Recognition to the entire DI team and to Patty Dickson who provided key survey preparation details is emphasized.

Points of Interest:

Community Workplace Safety Taskforce Meeting – Next meeting is July 25th – Partnering between NIHD, Toiyabe Indian Health and Tribal Resources, Wild Iris, Inyo County Office of Education, Inyo County HHS, City of Bishop Chief of Police, Bishop Care Center, Dwayne's, Chamber of Commerce, Sterling Heights and Bishop School District. June focus was on graphic design development and selection of the "Safe Town" logo for signage to provide consistent messaging when the sign is present:

1. Participates in the Community Workplace Safety Taskforce; community safety collaboration of Eastern Sierra partners;
2. The safety & wellbeing of anyone who enters the business (staff, patients, students, visitors etc) is a top priority

Graphic design choices have now been narrowed down to one logo and the designer is working on the color scheme options. More to come.

Elder Abuse Health & Resource Fair – June was Elder and Dependent Adult Abuse Awareness Month. Therapists from our Rehab Services team and our Registered Dietician team (Denice Hynd and Lindsey Hughes) participated in the Elder Abuse Awareness Health & Resource Fair in Bishop on June 15th.

Toiyabe Health Fair – NIHD Registered Dieticians, Denice Hynd and Lindsey Hughes, and Rehab Services, Raychel Hosch and Steven Messmore, participated in the June 29th community health fair. Both teams promoted health and wellness through activity and healthy food choices including a demonstration on "how much sugar is in your drink?". Additional NIHD staff

NIHD Board of Director’s Monthly Meeting

Chief Operating Officer Report

July 17, 2019

supported the event through attendance and participation in the many booths depicting varying forms of health related topics and services provided in our Eastern Sierra community.

Safety –

The Safety Huddle meets Monday through Friday (except on holidays) at 8:00am. This group of leaders and designees report on departmental volumes for the day, organizational safety concerns that have occurred within the last 24 hours, are currently happening and/or are anticipated to occur within the next 24 hours and local/state/national happenings that the District should be aware of. In the month of June, there were 38 safety related concerns, ideas or events that were reported and worked through the Safety Huddle. These ranged from violent behavior risks, fall risks, unlocked doors, signage issues, parking & speeding, food recalls, system downtimes, equipment issues and so forth.

Employee Occupational Safety meets as an ad hoc of the Safety Committee with a focus of providing feedback/recommendations to Safety Committee on occupational safety efforts for NIHD workforce.

The most recent meeting inspiration included *“If you put good people in bad systems, you get bad results. You have to water the flowers you want to grow – Stephen Covey*

This group is currently working on the following agenda items:

- Video Taping of Ergonomics/Safe Patient Handling Training
- Departmental Ergonomic Assessments
- Cal-OSHA Hazard Assessments
- Musculoskeletal Injury Prevention Plan

Monthly Operations’ Team Meeting – June 18, 2019

Meeting Objectives(s): Communication, Collaboration & Education Amongst Operations’ Team Members

<i>Pillar</i>	<i>Agenda</i>	
1. People	<p>“When you show deep empathy toward others, their defensive energy goes down, and positive energy replaces it. That’s when you can get more creative in solving problems.” –<i>Stephen R. Covey</i></p> <ul style="list-style-type: none"> • Welcome • Employee Engagement • Candidate Interviews 	<p>Kelli Davis Group Discussion Information Item</p>
2. Quality	<ul style="list-style-type: none"> • Patient Experience Committee Update • “8 Ways to Improve Patient Satisfaction, Patient Experience” 	<p>Updates from Members – Group Discussion</p>

NIHD Board of Director’s Monthly Meeting

Chief Operating Officer Report

July 17, 2019

3. Growth	<ul style="list-style-type: none"> • Leadership – “Think Win-Win” – Habit #4: Working effectively with others to achieve optimal results 	Group Discussion
4. Finance	<ul style="list-style-type: none"> • Finance & Market Share • What Is Value Based Health Care? 	Updates from Members – Group Discussion
5. Round Table	<ul style="list-style-type: none"> • Upcoming Department Events/Changes <ul style="list-style-type: none"> - Success Stories - Projects - Challenge Areas/Need for Support - Staffing – Incoming/Departing 	Group Discussion “Improving our communities, one life at a time: One Team. One Goal. Your Health.”



New Team Members –

6/3/19	Madalyn Cleland	Diagnostic Imaging Clerk
6/3/19	LaTanya Leonard	Certified Coder
6/3/19	Hannah Alston	Talent Pool
6/11/19	Jeanine McDonnell	Physical Therapist - Traveler
6/17/19	Sara Rouvinen	Radiology Tech II
6/17/19	Han “Ed” Kwon	Pharmacist

Chief Nursing Officer Board Report

July 2019

Language Services: Jose Garcia, Manager-working on implementation of scheduling program to meet live interpreter needs for Limited English Proficiency Spanish patients. Should roll out by 10/1/19.

Perioperative Services: Ann Wagoner, DON –

Surgery & Sterile Processing: Ruth Sladky, Manager - Da Vinci Xi robot is “operational”.

PACU & Outpatient Infusion: Nicole Eddy, Manager – Laser room is being moved to PACU from Infusion. Getting ready for pharmacy building project, planning for relocation of patients who require outpatient services/infusions.

ED & Inpatient Services: Allison Partridge, DON – leading two project teams: charge capture of materials via JumpStock program and point-of-care glucose monitoring project. Work continues using front-line staff members.

ED: Gina Riesche, Nurse Manager and Jenny Bates, Assistant Nurse Manager- Pediatric Readiness data provided, great improvement. Site visit from Beta Healthcare, risk reduction in pediatric care. ED Physicians have gone to 8 hour shift to promote patient care and support the department and excellence in care.

ICU & Medical Surgical: Justin Nott, Manager and Abby Don, Assistant Nurse Manager – Abby began new role as ANM as of 7/8/19. Med/Surg continues to have open positions and has been training new graduate nurses. ICU just completed training for second nurse, Brooklyn Burley. Partnership with Glendale Adventist for offsite training was utilized for 6 weeks.

OB: Shelley Samm, Nurse Manager – Continues to have quarterly drills for emergency readiness. Recently did drill on moving emergency C/sections from perinatal department to the OR.

Infection Control: Robin Christensen, Infection Preventionist – Brett Gutierrez is beginning cross training to IC under Robin Christensen. Water management plan continues with the addition of a hospital volunteer, Steve Jennings. Running water in unused areas weekly will prevent Legionella bacteria within the water system of the hospital. Sharp’s Committee meets again in July, with product and process review to decrease incidences of employee exposures to blood/body fluids via sharps injuries.

Quality/Clinical Informatics: Robin Christensen, Manager – Athena summer update preparation is in full swing. First quarter (calendar year) inpatient and outpatient quality report for CMS, Meaningful Use and Hospital Compare data is being pulled and uploaded. Last quarter quality team reported on outpatient data for the first time at NIHD.

Employee Health: Marcia Male, EH Specialist –to assure alignment with CDC guideline, review and revision of policies continues. Influenza vaccine administration planning for Fall 2019 is happening.

Submitted by,

Tracy Aspel, BSN, RN

**Pediatric Readiness Quality Improvement
Emergency Department Assessment**

Report Date: 5/23/2019 2:54:58 PM



Hospital Name: Northern Inyo Hospital,
California

Hospital Volume: Low: <1,800 pediatric patients
(average of 5 or fewer a day)

Current Assessment Date: 5/23/2019

Respondent Name: Gina Riesche BSN, RN,CEN, Manager Emergency
Department/ Disaster preparedness

Respondent Contact Info: (760)873-2620, gina.riesche@nih.org

Previous Assessment Date: 1/23/2012

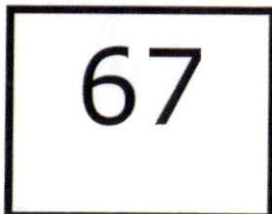
Respondent Name: ,

Respondent Contact Info: ,

We encourage you to **print** or **export this report to pdf** as you will not have access to the report after exiting this screen (see the buttons above). If you have any **questions or concerns** about this report, please contact Patty Schmuhl, Pediatric Readiness Information Coordinator, at Patricia.Schmuhl@hsc.utah.edu.

This score represents the essential components needed to establish a foundation for pediatric readiness. Not all of the questions on the assessment are scored. The score is in no way inclusive of all the components recommended for pediatric readiness; it represents a suggested starting point for hospitals. We encourage you to carefully review the [Guidelines for Care of Children in the Emergency Department](#) to develop a comprehensive pediatric readiness program for your hospital. The scoring criteria was developed by a group of clinical experts through a modified-delphi process.

YOUR SCORE AND COMPARATIVE SCORES:



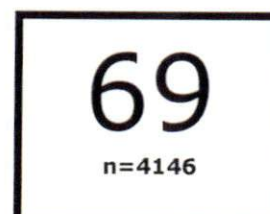
**YOUR PREVIOUS
SCORE OUT OF 100
(1/23/2012)**



**YOUR CURRENT
SCORE OUT OF 100
(5/23/2019)**



**2013-14 AVERAGE
SCORE OF SIMILAR
PEDIATRIC ED VOLUME
HOSPITALS**



**2013-14 AVERAGE
SCORE OF ALL
PARTICIPATING
HOSPITALS**





ANALYSIS OF YOUR SECTION SCORES:







Below are your scores* for each section of the assessment. The scores are based on the weighted assessment items for each section. The weighted assessment items that you indicated were present or were missing from your ED, for each section, during the last two assessment periods are listed to the right of the section name.

The KPI column stands for "Key Performance Indicator" which is included in order to give a quick view of performance measurement over time. This allows for prioritization of areas for improvement.

* The sum of the sectional scores below may vary slightly from your actual overall readiness score above due to rounding.

LEGEND:

 No Change, Readiness Met
  Positive Change
  No Change
  Negative Change

SECTION SCORES:	Previous: 1/23/2012	Current: 5/23/2019	Points Possible	Difference	KPI
Guidelines for Administration and Coordination (19pts)	0.0	19.0	19	19.0	
Physicians, Nurses, and Other Health Care Providers Who Staff the ED (10pts)	10.0	5.0	10	-5.0	
Guidelines QI/PI in the ED (7 pts)	0.0	6.5	7	6.5	
Guidelines for Improving Pediatric Patient Safety in the ED (14pts)	10.5	14.0	14	3.5	
Guidelines for Policies, Procedures, and Protocols for the ED (17pts)	11.5	17.0	17	5.5	
Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED (33pts)	30.8	33.0	33	2.2	

ANALYSIS OF ALL WEIGHTED QUESTIONS BY SECTION:



Below are your scores for each weighted question of the assessment. The weighted assessment items that you indicated were present or were missing from your ED, for each section, during the last two assessment periods are listed to the right of the question name.

LEGEND:

 No Change, Readiness Met
  Positive Change
  No Change
  Negative Change

Guidelines for Administration and Coordination of the ED for the Care of Children

YOUR SCORE:
19.0 out of 19

	1/23/2012	5/23/2019	Points Possible	Difference	KPI
Physician Coordinator	0.0	9.5	9.5	9.5	
Nurse Coordinator	0.0	9.5	9.5	9.5	

Physicians, Nurses, and Other Health Care Providers Who Staff the ED

YOUR SCORE:
5.0 out of 10






	1/23/2012	5/23/2019	Points Possible	Difference	KPI
Physician Competency Evaluations	5.0	0.0	5.0	-5.0	
Nurse Competency Evaluations	5.0	5.0	5.0	0.0	

- You indicated that specific pediatric competency evaluations ARE NOT required of physicians staffing the ED.

IMPORTANCE: Competency evaluations, such as for sedation and analgesia, ensure that physicians have the knowledge and skills to provide optimal clinical care for children. Such competency evaluations may be required by accreditation organizations such as the Joint Commission or required by local hospital credentialing.

Guidelines QI/PI in the ED

YOUR SCORE:
6.5 out of 7

	1/23/2012	5/23/2019	Points Possible	Difference	KPI
Does your ED have a pediatric patient care-review process?	0.0	5.0	5.0	5.0	
Identification of quality indicators for children	0.0	0.0	0.5	0.0	
Collection and analysis of pediatric emergency care data	0.0	0.5	0.5	0.5	
Development of a plan for improvement in pediatric emergency	0.0	0.5	0.5	0.5	
Re-evaluation of performance using outcomes-based measures	0.0	0.5	0.5	0.5	

- You indicated that the identification of quality indicators for children IS NOT included in your ED's QI/PI plan.

IMPORTANCE: Quality indicators for children allow for review of processes known to affect outcome, such as adherence to clinical care guidelines or prompt reporting of vital sign abnormalities. Quality indicators can then be collected and used to assist with root cause analyses and plans for improvement.

Guidelines for Improving Pediatric Patient Safety in the ED

**YOUR SCORE:
14.0 out of 14**

	1/23/2012	5/23/2019	Points Possible	Difference	KPI
Record and Weigh in Kg	0.0	3.5	3.5	3.5	
Temperature, heart rate, and respiratory rate recorded	1.4	1.4	1.4	0.0	
Blood pressure monitoring available based on severity of illness	1.4	1.4	1.4	0.0	
Pulse oximetry monitoring available based on severity of illness	1.4	1.4	1.4	0.0	
Written procedure in place for notification of physicians when abnormal vital signs	1.4	1.4	1.4	0.0	

Process in place for the use of pre-calculated drug dosing	3.5	3.5	3.5	0.0	✓
Process in place that allows for 24/7 access to interpreter services in the ED	1.4	1.4	1.4	0.0	✓

Guidelines for Policies, Procedures, and Protocols for the ED

**YOUR SCORE:
17.0 out of 17**

	1/23/2012	5/23/2019	Points Possible	Difference	KPI
Triage policy that specifically address ill and injured children	0.00	2.12	2.12	2.12	↑
Policy for pediatric patient assessment and reassessment	1.70	1.70	1.70	0.00	✓
Policy for immunization assessment and management of the under-immunized child	1.70	1.70	1.70	0.00	✓
Policy for child maltreatment	0.00	1.70	1.70	1.70	↑
Policy for death of the child in the ED	0.00	1.70	1.70	1.70	↑
Policy for reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight	1.70	1.70	1.70	0.00	✓
Policy for promoting family-centered care	2.12	2.12	2.12	0.00	✓
Hospital disaster plan addresses issues specific to the care of children	2.12	2.12	2.12	0.00	✓
Inter-facility transfer guidelines	2.12	2.12	2.12	0.00	✓

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED

**YOUR SCORE:
33.0 out of 33**

	1/23/2012	5/23/2019	Points Possible	Difference	KPI
Is the ED staff trained on the location of all pediatric equipment and medications?	1.000	1.000	1.000	0.000	✓
Is there a daily method used to verify the proper location and function of pediatric equipment and supplies?	1.000	1.000	1.000	0.000	✓
Is a medication chart, length-based tape, medical software, or other system readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications?	1.000	1.000	1.000	0.000	✓
Neonatal blood pressure cuff	0.550	0.550	0.550	0.000	✓
Infant blood pressure cuff	0.550	0.550	0.550	0.000	✓
Child blood pressure cuff	0.550	0.550	0.550	0.000	✓
Defibrillator with pediatric and adult capabilities including pads/paddle	0.550	0.550	0.550	0.000	✓
Pulse oximeter with pediatric and adult probes	0.550	0.550	0.550	0.000	✓
Continuous end-tidal CO2 monitoring device	0.550	0.550	0.550	0.000	✓
22 gauge catheter-over-the-needle	0.550	0.550	0.550	0.000	✓
24 gauge catheter-over-the-needle	0.550	0.550	0.550	0.000	✓
Pediatric intra-osseous needles	0.550	0.550	0.550	0.000	✓
IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate	0.550	0.550	0.550	0.000	✓
Umbilical vein catheters (3.5F or 5.0F)	0.000	0.550	0.550	0.550	↑
Central venous catheters (any two sizes in range, 4F-7F)	0.550	0.550	0.550	0.000	✓
Endotracheal tubes: cuffed or uncuffed 2.5 mm	0.557	0.557	0.557	0.000	✓
Endotracheal tubes: cuffed or uncuffed 3.0 mm	0.557	0.557	0.557	0.000	✓

Endotracheal tubes: cuffed or uncuffed 3.5 mm	0.557	0.557	0.557	0.000	✓
Endotracheal tubes: cuffed or uncuffed 4.0 mm	0.557	0.557	0.557	0.000	✓
Endotracheal tubes: cuffed or uncuffed 4.5 mm	0.557	0.557	0.557	0.000	✓
Endotracheal tubes: cuffed or uncuffed 5.0 mm	0.557	0.557	0.557	0.000	✓
Endotracheal tubes: cuffed or uncuffed 5.5 mm	0.557	0.557	0.557	0.000	✓
Endotracheal tubes: cuffed or uncuffed 6.0 mm	0.557	0.557	0.557	0.000	✓
Laryngoscope blades: straight, size 00	0.557	0.557	0.557	0.000	✓
Laryngoscope blades: straight, size 0	0.557	0.557	0.557	0.000	✓
Laryngoscope blades: straight, size 1	0.557	0.557	0.557	0.000	✓
Laryngoscope blades: straight, size 2	0.557	0.557	0.557	0.000	✓
Laryngoscope blades: curved, size 2	0.557	0.557	0.557	0.000	✓
Pediatric-sized Magill forcep	0.557	0.557	0.557	0.000	✓
Nasopharyngeal airways: infant-size	0.557	0.557	0.557	0.000	✓
Nasopharyngeal airways: child-size	0.557	0.557	0.557	0.000	✓
Oropharyngeal airways: size 0 (50mm)	0.557	0.557	0.557	0.000	✓
Oropharyngeal airways: size 1 (60mm)	0.557	0.557	0.557	0.000	✓
Oropharyngeal airways: size 2 (70mm)	0.557	0.557	0.557	0.000	✓
Oropharyngeal airways: size 3 (80mm)	0.557	0.557	0.557	0.000	✓
Stylets for pediatric/infant-sized endotracheal tube	0.557	0.557	0.557	0.000	✓
Tracheostomy tubes: size 3.0 mm	0.000	0.557	0.557	0.557	↑
Tracheostomy tubes: size 3.5 mm	0.557	0.557	0.557	0.000	✓

Tracheostomy tubes: size 4.0 mm	0.557	0.557	0.557	0.000	✓
Bag-mask device, self inflating: infant, 450 ml	0.557	0.557	0.557	0.000	✓
Masks to fit bag-mask device adaptor: neonate	0.557	0.557	0.557	0.000	✓
Masks to fit bag-mask device adaptor: infant	0.557	0.557	0.557	0.000	✓
Masks to fit bag-mask device adaptor: child	0.557	0.557	0.557	0.000	✓
Clear oxygen masks: standard infant	0.557	0.557	0.557	0.000	✓
Clear oxygen masks: standard child	0.557	0.557	0.557	0.000	✓
Non-rebreather masks: infant-sized	0.557	0.557	0.557	0.000	✓
Non-rebreather masks: child-size	0.557	0.557	0.557	0.000	✓
Nasal cannulas: infant	0.557	0.557	0.557	0.000	✓
Nasal cannulas: child	0.557	0.557	0.557	0.000	✓
Laryngeal mask airways: size 1	0.000	0.557	0.557	0.557	↑
Laryngeal mask airways: size: 1.5	0.000	0.557	0.557	0.557	↑
Laryngeal mask airways: size: 2	0.557	0.557	0.557	0.000	✓
Laryngeal mask airways: size: 2.5	0.557	0.557	0.557	0.000	✓
Laryngeal mask airways: size: 3	0.557	0.557	0.557	0.000	✓
Suction catheters: at least one in range 6-8F	0.557	0.557	0.557	0.000	✓
Suction catheters: at least one in range 10-12F	0.557	0.557	0.557	0.000	✓
Supplies/kit for pediatric patients with difficult airways (supraglottic airways of all sizes, needle cricothyrotomy supplies, surgical cricothyrotomy kit)	0.557	0.557	0.557	0.000	✓

For more information, please go to www.PediatricReadiness.org.

Northern Inyo Healthcare District DB Plan Funding

Rich Wright, Principal & Consulting Actuary

JUNE 7, 2019



Northern Inyo County Local Hospital District Retirement Plan

Defined Benefit Plan

- Established March 1, 1975
- Provides monthly retirement income at retirement age
 - 2.5% x Average Monthly Compensation x Years of Service
 - Average Monthly Compensation is determined over a 36 month period
- Participants may elect a lump sum payout in lieu of monthly payments
- Vesting
 - 50% after 5 years of service
 - Increases by 10% for each additional year until 100% vested after 10 years
- Closed to new participants on January 1, 2013

Compensation

Included in 36 Month Average

- Wages
- Shift differential
- Standby pay
- 50% of unused and unpaid sick time existing at time of termination or retirement, and accrued after April 26, 1997

Benefit Example

Participant J

- Age 45
- 10 years of service
- Average monthly compensation of \$5,000

Current Accrued Benefit

- $2.5\% \times 10 \text{ years} \times \$5,000 = \$1,250$
- Payable monthly starting at age 65

Projected Benefit Assuming Service to Age 65

- Assume average monthly compensation of \$8,000 at age 65
- $2.5\% \times 30 \text{ years} \times \$8,000 = \$6,000$
- Payable monthly starting at age 65

DB Plan Participants

As of January 1	2015	2016	2017	2018	2019
Active	267	228	201	180	162
Vested Terminations	58	70	71	70	68
Retirees ¹	<u>49</u>	<u>58</u>	<u>72</u>	<u>82</u>	<u>92</u>
Total	374	356	344	332	322

¹ Paid by annuities purchased from New York Life Insurance Company.

Plan Assets

<i>in millions</i>	2014	2015	2016	2017	2018
Actives and Vested Terms					
Beginning Balance	\$33.83	\$30.47	\$28.70	\$25.37	\$24.05
Contributions	4.24	3.79	4.50	5.47	6.30
Investment income	1.77	0.98	0.98	0.97	0.51
Annuity purchases and lump sum distributions	(9.17)	(5.94)	(7.96)	(6.98)	(8.08)
Expenses	(0.05)	(0.05)	(0.06)	(0.06)	(0.06)
NYL Experience Adjustment	<u>(0.15)</u>	<u>(0.54)</u>	<u>(0.79)</u>	<u>(0.73)</u>	<u>(0.63)</u>
Ending Balance	\$30.47	\$28.70	\$25.37	\$24.05	\$22.08
Retirees					
NYL Pension Account ¹	\$20.14	\$24.14	\$29.94	\$36.28	\$42.25

¹ Dedicated to providing monthly benefits for the annuities purchased from New York Life.

DB Funding 101 - Definitions

Actuarial Accrued Liability (AAL)

- Equals the present value of retirement benefits expected to be paid in the future and attributed to service to date
- Includes future salary increases assumed to occur until expected retirement age
- Does not include future service

Present Value of Accrued Benefit (PVAB) / Accumulated Benefit Obligation (ABO)

- Equals the present value of retirement benefits expected to be paid in the future and attributed to service to date
- Does not include future salary increases
- Does not include future service

DB Funding 101 - Definitions

Service Cost (SC) / Normal Cost (NC)

- Equals the present value of benefits attributed to one year of service
- Includes future salary increases assumed to occur until expected retirement age
- Can be divided by one year's of compensation and expressed as % of pay

ABO Normal Cost (ABO NC)

- Equals the increase in the present value of accrued benefits attributed to one year of service and one year's compensation increase
- Does not include future salary increases

Unfunded Actuarial Accrued Liability (UAAL)

- Equals the Actuarial Accrued Liability less Plan Assets

Simplified Example – Participant J

Actuarial Accrued Liability

- Use current service and projected average monthly compensation at 65
- $2.5\% \times 10 \text{ years} \times \$8,000 = \$2,000$ monthly benefit at age 65
- Present value = \$100,000

Present Value of Accrued Benefit

- Use current service and average monthly compensation
- $2.5\% \times 10 \text{ years} \times \$5,000 = \$1,250$ monthly benefit at age 65
- Present value = \$62,500

Service Cost / Normal Cost

- $2.5\% \times 1 \text{ years} \times \$8,000 = \$200$ monthly benefit at age 65
- Present value = \$10,000

Historical Funding

<i>in millions</i>	2015 ¹	2016	2017	2018	2019
Actuarial Accrued Liability ²	\$49.1	\$62.5	\$57.1	\$56.4	\$55.2
Plan Assets ^{2,3}	<u>32.6</u>	<u>31.0</u>	<u>28.5</u>	<u>26.4</u>	<u>24.8</u>
Unfunded AAL	\$16.5	\$31.5	\$28.6	\$30.0	\$30.4
Funded % ⁴	66.4%	49.6%	49.9%	46.8%	45.0%
Service Cost	\$2.2	\$2.7	\$2.2	\$2.1	\$1.8
As % of DB Compensation	12.2%	17.3%	16.5%	16.4%	15.3%

¹ Investment return assumption was 6.25% for 2015, and lowered to 5% for 2016 and later.

² Actuarial Accrued Liability and Plan Assets are only for Actives and Vested Terminations.

³ Plan Assets include contributions receivable

⁴ Retirees are 100% funded by the purchase of annuities from New York Life.

DB Employer Contributions

Funding Policy

- Target 110% funding of Present Value of Accrued Benefits
- Funding period is 10 years from January 1, 2018

Employer Contribution

- ABO Normal Cost, plus
- Amortization of target shortfall over 10 years from January 1, 2018
- Adjusted for interest based upon the expected timing of employer contributions

Historical Employer Contributions

<i>in Millions</i>	2015 ¹	2016	2017	2018	2019
PVAB / ABO	\$35.5	\$45.3	\$43.0	\$42.7	\$40.6
Target Funding at 110% ²	\$44.4	\$49.8	\$47.3	\$46.9	\$44.7
Plan Assets	<u>32.6</u>	<u>31.0</u>	<u>28.5</u>	<u>26.4</u>	<u>24.8</u>
Target Shortfall	\$11.8	\$18.8	\$18.8	\$20.5	\$19.9
ABO Normal Cost	\$2.6	\$3.4	\$2.8	\$2.7	\$3.0
Amortization of Shortfall ³	<u>1.1</u>	<u>1.7</u>	<u>1.7</u>	<u>2.5</u>	<u>2.7</u>
Employer Contribution ⁴	\$3.9	\$5.3	\$4.7	\$5.5	\$5.9
As % of DB Compensation	22.1%	33.6%	34.9%	42.3%	50.8%

¹ Investment return assumption was 6.25% for 2015, and lowered to 5% for 2016 and later.

² For 2015, the Funding Target was 125% of the PVAB/ABO.

³ For 2015, 2016 and 2017, the Funding Period was 20 years from 2012. For 2018 and 2019, the Funding Period is 10 years from 2018.

⁴ Includes adjustment for interest to reflect timing of contributions.

Projected DB Employer Contributions

<i>in Millions</i>	2019	2020 (est.)	2021 (est.)	2022 (est.)
PVAB / ABO	\$40.6	\$38.9	\$37.0	\$34.9
Target Funding at 110%	\$44.7	\$42.8	\$40.7	\$38.4
Plan Assets	<u>24.8</u>	<u>24.4</u>	<u>24.0</u>	<u>23.5</u>
Target Shortfall	\$19.9	\$18.4	\$16.7	\$14.9
ABO Normal Cost	\$3.0	\$2.9	\$2.8	\$2.7
Amortization of Shortfall	<u>2.7</u>	<u>2.7</u>	<u>2.8</u>	<u>2.8</u>
Employer Contribution ¹	\$5.9	\$5.9	\$5.8	\$5.8
As % of DB Compensation	50.8%	51.9%	53.1%	54.4%

¹ Includes adjustment for interest to reflect timing of contributions.

Questions

Rich Wright
Principal & Consulting Actuary



TO: NIHD Board of Directors
FROM: William Timbers, MD, Chief of Medical Staff
DATE: July 15, 2019
RE: Medical Executive Committee Report

The Medical Executive Committee met on this date. Following careful review and consideration, the Committee agreed to recommend the following to the NIHD Board of Directors:

- A. Vice Chief of Staff for 2019-2020 Medical Staff Year (*action item*)
- B. Policies and Procedures (*action item*)
 - 1. *Crash Cart and Defibrillator Check Policy*
- C. Medical Staff Appointments (*action items*)
 - 1. James Fair III, MD (*emergency medicine*) – provisional active staff
 - 2. Anna Rudolphi, MD (*emergency medicine*) – provisional active staff
- D. Temporary Privileges for 120 days (*action items*)
 - 1. Shiva Shabnam, MD (*internal medicine*) – locums/temporary staff
 - 2. Sumon Syed, MD (*internal medicine*) – locums/temporary staff
- E. Reappointment to New Staff Category (*action item*)
 - 1. Stefan Schunk, MD (*internal medicine*) – change from locums/temporary staff to provisional active staff. Privileges active through December 31, 2020.
- F. Extension of privileges for an additional 60 days (*action items*)
 - 1. Ruhong Ma, DO (*internal medicine/hospitalist*)
 - 2. Michael Rhodes, MD (*internal medicine/hospitalist*)
- G. Advancements (*action items*)
 - 1. Farres Ahmed, MD (*radiology*) – advancement from provisional consulting staff to consulting staff
 - 2. Jared Kasper, MD (*radiology*) – advancement from provisional consulting staff to consulting staff
 - 3. Erik Maki, MD (*radiology*) - advancement from provisional consulting staff to consulting staff
- H. Resignations (*action items*)
 - 1. Ivan Anderson, MD (*cardiology*) – effective 6/1/2019
 - 2. Steve Dong, MD (*urology*) – effective 7/20/2019
 - 3. Thomas Nylk, MD (*cardiology*) – effective 6/27/2019
 - 4. Irin Pansawira, OD (*optometry*) – effective 6/30/2019
 - 5. Jacqueline Theis, OD (*optometry*) – effective 6/30/2019
 - 6. Cecilia Rhodus, MD (*pediatrics*) – effective 6/4/2019

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Crash Cart and Defibrillator Check Policy*	
Scope: NIHD	Manual: Cardiovascular, Circulation (OXC), CPM - Respiratory, Oxygen
Source: Director of Emergency Services	Effective Date: 6/30/16

PURPOSE:

To ensure availability of all drugs, equipment, and supplies necessary to initiate advanced life-support measures and ensure uniformity of emergency carts throughout Northern Inyo Hospital.

POLICY:

1. Insuring that the adult crash carts' and Broselow carts' contents are complete, not outdated, or damaged will be the responsibility of each department.
 - a. A staff member will check the adult crash cart every shift while the unit is open. The Broselow Cart will be checked daily. If the unit is closed, the staff member will write closed under the day with no check. If the unit opens in an emergency, the adult crash cart and Broselow cart will be checked within one hour of the unit reopening.
 - b. The adult crash cart and Broselow cart will be checked monthly by a designated staff member for out dates on the last week of every month The date will be updated in the expiration spreadsheet which is found in the following folder H:\Shared\Crash_Cart_Checklist. The items that are due to expire within the next month will be replaced and the spreadsheet will be updated with the expiration date that will expire next.
2. Each department will be responsible to provide all items not under the responsibility of Pharmacy or Cardiopulmonary Department. Items needed to restock the carts will be scanned and requisitioned from Purchasing to be charged to that unit. Pharmacy supplies will be in a sealed tray with the earliest expiration date marked on the outside of the package. Two sealed trays will be stored for quick restocking after use. Respiratory supplies will be checked by respiratory staff with earliest out dates marked on the outside of the package, or bag according to their department procedure.
3. Pharmacy shall be responsible for maintaining all pharmaceuticals in the adult crash carts and Broselow carts. This will include drawers one and two and part of drawer five on the adult crash cart and drawer one on the Broselow cart. Pharmacy will have the contents of drawer one and two on the adult crash cart placed in four locked drawer inserts with the earliest outdate marked. Drawer five on the adult crash cart contains a sealed tray with IV fluids with the earliest expiration marked on the outside of the package. The Broselow cart will have one locked insert with the earliest expiration date marked on the insert. Pharmacy will check for outdates on the last week of every month, replace supplies as needed and update on spreadsheet.
4. Respiratory will be responsible for all items located in the bottom drawer of the adult crash cart and the respiratory items in the bottom drawer of the Broselow cart. On the Broselow cart, this will include an intubation roll for pediatric patients, and on the adult crash cart it will include a locked intubation roll for adult patients. Respiratory will be responsible to have marked the outside of all packages, and develop a process to ensure all outdated supplies are replaced prior to the expiration date. It will also be the responsibility to ensure all intubation equipment is in good working order. Respiratory will check for outdates on the last week of every month, replace supplies as needed and update in spreadsheet.
5. All adult crash cart carts will be checked as per the following:

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Crash Cart and Defibrillator Check Policy*	
Scope: NIHD	Manual: Cardiovascular, Circulation (OXC), CPM - Respiratory, Oxygen
Source: Director of Emergency Services	Effective Date: 6/30/16

- a. The defibrillator and cardiac monitor shall be checked and appropriately documented for performance on both battery and electrical current once a shift, which will be no more than twice a day. On units that are closed, the defibrillator will be checked immediately upon reopening and no later than one hour after opening. Any days where the unit was closed will be marked on the check sheet with closed and a line drawn through the day's checks boxes.
 - b. The defibrillator will remain plugged into an electrical outlet at all times, except during battery testing.
 - c. Clinical Engineering will be contacted immediately when a defibrillator problem is detected. A loaner defibrillator shall be obtained from Biomedical Engineering.
 - d. The adult crash cart lock will be checked once a shift while units are opened. The last three numbers on the lock will be written into the adult crash cart checklist. If the locks are changed, the new number will be placed on the checklist. No other method of listing the numbers will be used.
 - e. All external contents of cart shall be checked and verification documented once a shift, which will be no more than twice a day. On units that are closed, the external contents will be checked immediately upon reopening and no later than one hour after opening. Any days where the unit was closed will be marked on the check sheet with closed.
 - f. All adult crash carts will be kept free from clutter and only that which is needed for operation and approved by the Resuscitation Committee may be kept in and on the carts.
 - g. All carts must be kept uniform according to the approved adult crash cart supply list.
6. Both Broselow carts will be checked per the following:
- a. All non-medication containing drawers on the Broselow cart will be secured with a yellow securement device, and the last three numbers of each drawer's securement device will be individually checked and documented daily on the Broselow cart checklist. the contents will be rechecked and a new yellow securement device placed on the drawer and the new number will be documented on the Broselow cart checklist.
 - b. All external contents of Broselow cart shall be checked and verification documented once a day.
 - c. Both Broselow carts will be kept free from clutter and only that which is needed for operation and approved by the Resuscitation Committee may be kept in and on the carts.
 - d. Both Broselow carts must be kept uniform according to the approved Broselow crash cart supply list.
7. Request for change in adult crash cart and Broselow cart contents, shall be reviewed by the Resuscitation Committee.

REFERENCE:

TJC (2016) Comprehensive Accreditation Manual for Critical Access Hospitals.

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Crash Cart and Defibrillator Check Policy*	
Scope: NIHD	Manual: Cardiovascular, Circulation (OXC), CPM - Respiratory, Oxygen
Source: Director of Emergency Services	Effective Date: 6/30/16

Standard PC 02.01.09 and Standard PC 02.01.1. Joint Commission Resources. Oakbrook, Illinois.

CROSS REFERENCE P&P: Emergency Medication and Code Blue Crash Cart Policy

Approval	Date
Resuscitation Committee	6/5/19
CCOC	6/24/19
Emergency Room Services	7/10/19
Medical Executive Committee	7/15/19
Board	
Last Board of Director review	6/21/17

Developed: 04/2013 AS

Reviewed: 5/17 la,

Revised: 05/2016 AS, 6/19gr

- CALL TO ORDER The meeting was called to order at 5:31 pm by Mary Mae Kilpatrick, President.
- PRESENT Mary Mae Kilpatrick, President
Jean Turner, Vice President
Robert Sharp, Secretary
M.C. Hubbard, Member-at-Large
Jody Veenker, Board Member
Kevin S. Flanigan MD, MBA, Chief Executive Officer
Kelli Davis MBA, Chief Operating Officer
John Tremble, Chief Financial Officer
Tracy Aspel RN, BSN, Chief Nursing Officer
Allison Robinson MD, Chief of Staff
- AD HOC COMMITTEE REPORT AND APPOINTMENT OF NEW BOARD MEMBER Ms. Kilpatrick announced that the agenda for this meeting would be re-ordered to address agenda item 6H first, *Ad Hoc Committee Report and Appointment of Board Member for District Zone 1*. On behalf of the Ad Hoc Committee formed for the purpose of making a recommendation to appoint a representative for Northern Inyo Healthcare District (NIHD) Zone 1, Robert Sharp reported that the Committee had two excellent applicants for the position. Following careful consideration a recommendation is being made to appoint Ms. Jody Veenker to fill the District Zone 1 Board vacancy. It was moved by M.C. Hubbard, seconded by Jean Turner, and unanimously passed to approve the appointment of Ms. Jody Veenker to be the representative for Northern Inyo Healthcare District Zone 1. Ms. Veenker then took her oath of office and was seated as a member of the NIHD Board of Directors.
- OPPORTUNITY FOR PUBLIC COMMENT Ms. Kilpatrick stated at this time 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 three minutes each, and members of the audience will have an opportunity to address the Board on every item on the agenda. The following persons commented on negotiations between Northern Inyo Healthcare District and the American Federation of State, County, and Municipal Employees, (AFSCME) in order of appearance:
- Lori Archer, RN
 - Heleen Welvaart, RN
 - Eva Judson, RN
 - Tracy David, RN
- Dr. Flanigan read aloud an anonymous correspondence received from “the silent majority” of NIHD employees, regarding general concerns of hospital staff. Following the reading of the letter, Ms. Tori Boyd (NIHD Surgery Tech I) and Ms. Toni Rhodes (NIHD Surgery Tech III) identified themselves as the authors of that letter.

STRATEGIC PLAN
UPDATE, QUALITY
AND PERFORMANCE
COMMITTEE

The NIHD Quality and Performance Committee provided an update on progress made toward achieving the quality and performance-related goals of the District's Strategic Plan. The report which was provided by Robin Christensen, RN and Stacy Brown, MD included the following:

- A 98% flu vaccination rate was achieved for NIHD staff during the last flu season. This rate is above both state and national averages. Planning is already underway to meet the next (upcoming) flu season head on.
- The group's 2nd area of focus is sepsis identification and education, with the goal being to improve patient outcomes and decrease the number of patients presenting to the hospital for severe sepsis or septic shock. Community outreaches on this topic will include a Healthy Lifestyles Talk provided by Dr. Brown; distribution of educational materials in the community (in English and Spanish); and media campaigns involving radio, newspaper, and other published forms of advertisement.

CHIEF OF STAFF
REPORT

Chief of Staff Allison Robinson MD reported the Medical Executive Committee recommends approval of the following slate of Medical Staff Officers and Service Chiefs for the 2019/2020 year:

1. *Chief of Staff – William Timbers, MD*
2. *Immediate Past Chief of Staff – Allison Robinson, MD*
3. *Chief of Emergency Room Service – Sierra Bourne, MD*
4. *Chief of Medicine – Nickoline Hathaway, MD*
5. *Chief of Obstetrics – Martha Kim, MD*
6. *Chief of Pediatrics – Charlotte Helvie, MD*
7. *Chief of Radiology – Edmund Pillsbury, MD*
8. *Chief of Surgery – Robbin Cromer-Tyler, MD*
9. *Member-at-Large – Stacey Brown, MD*

It was moved by Ms. Turner, seconded by Ms. Hubbard, and unanimously passed to approve the proposed slate of Medical Staff Officers and Service Chiefs for the 2019/2020 year as presented.

POLICY AND
PROCEDURE
APPROVALS

Doctor Robinson also reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following District-wide policies and procedures:

1. *Patient Safety Attendant or 1:1 Staffing Guidelines*
2. *High Alert Medications: Preparation, Dispensing, Storage*
3. *Newborn Blood Glucose Monitoring*
4. *Neonatal Death, Fetal Demise & Spontaneous Abortion Procedure*
5. *Nursing Management of Preeclampsia*
6. *Pediatric Standards of Care and Routines*
7. *Removal of Placenta from Hospital per Patient's Request*
8. *Infection Prevention Plan*
9. *Vendor Credentialing*

10. *Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program*
11. *Healthcare Worker Health Screening and Maintenance Requirements*
12. *Skilled Nursing Facilities*
13. *Standards of Care ICU*
14. *Definition and Limitations of Direct Access Physical Therapy Care*
15. *Standards of Care in the Outpatient Infusion Unit*

It was moved by Ms. Hubbard, seconded by Mr. Sharp, and unanimously passed to approve policies and procedures 1 through 15 as presented, with a correction being made to gender references included in the *Skilled Nursing Facilities* policy.

PERINATAL CRITICAL INDICATORS UPDATE

Doctor Robinson also requested approval of an update to *Perinatal Critical Indicators for 2019*. It was moved by Ms. Hubbard, seconded by Mr. Sharp, and unanimously passed to approve the updates to *Perinatal Critical Indicators for 2019* as requested.

CORE PRIVILEGE FORM UPDATE, FAMILY MEDICINE

Doctor Robinson additionally requested approval of the following:

- Core Privilege form update - *Family Medicine*

It was moved by Mr. Sharp, seconded by Ms. Turner, and unanimously passed to approve the updated Core Privilege form update - *Family Medicine* as requested.

MEDICAL STAFF APPOINTMENTS

Doctor Robinson stated following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following Medical Staff appointments:

1. Samantha Jeppsen, MD (*emergency medicine*) – Provisional Active Staff
2. Carly Harvey, MD (*radiology*) – Provisional Consulting Staff

It was moved by Ms. Hubbard, seconded by Ms. Turner, and unanimously passed to approve both Medical Staff appointments as requested.

TEMPORARY PRIVILEGES

Doctor Robinson also reported the Medical Executive Committee recommends approval of Temporary Privileges for 60 days for the following:

- Ruhong Ma, DO (*internal medicine*) – Locums/Temporary Staff

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the Temporary Privileges for 60 days of Ruhong Ma, DO as requested.

EXTENSION OF PRIVILEGES

Doctor Robinson additionally reported the Medical Executive Committee recommends approval of the extension of privileges for an additional 60 days for the following:

1. Kristina Jong, MD (*radiology, breast imaging*) – effective 6/7/19
2. Michael Rhodes, MD (*internal medicine/hospitalist*) – effective

6/24/19

3. Joseph BenPerlas, MD (*internal medicine/hospitalist*) – effective 5/23/19

It was moved by Mr. Sharp, seconded by Jody Veenker, and unanimously passed to approve all 3 extensions of privileges as requested.

ADDITIONAL
PRIVILEGES

Doctor Robinson also stated the Medical Executive Committee recommends granting additional privileges to the following:

- Uttama Sharma, MD (*family medicine*) – chemotherapy in consultation with oncologist

It was moved by Ms. Hubbard, seconded by Ms. Turner, and unanimously passed to approve the granting of additional privileges for Uttama Sharma, MD as requested.

MEDICAL STAFF
RESIGNATION

Doctor Robinson additionally stated the Medical Executive Committee recommends acceptance of the following Medical Staff resignation:

- Sun Kim, MD (*urology*) – effective 5/2/19

It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to approve the resignation of Sun Kim, MD as recommended.

NEW BUSINESS

60-DAY EXTENSION OF
2018/2019 OPERATING
BUDGET

Chief Financial Officer John Tremble provided an overview of the District's 2019/2020 revenue and expense budget projections, and requested a 60-day extension of the current operating budget through 8/31/19. Mr. Tremble explained that implementation of new computer systems has created significant challenges for the NIHD Accounting Department, and it is hoped that in 60 days the fiscal department will be better able to assess the financial information needed for the budgeting process. Mr. Tremble also stated that a recommendation is being made to authorize a 4% price increase for most patient services for the upcoming fiscal year, and a 60% increase to the District's swing bed rate. Following review of the information provided it was moved by Ms. Hubbard, seconded by Ms. Turner, and unanimously passed to approve a 60-day extension of the current District operating budget and a 4% price increase for most patient services as requested.

DISTRICT BOARD
RESOLUTION 19-04,
APPROPRIATIONS
LIMIT FOR 2019/2020

Mr. Tremble also called attention to proposed District Board Resolution 19-04 and corresponding calculations made to establish NIHD's annual appropriations limit for 2019/2020 in the amount of \$651,078.09. It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve District Board Resolution 19-04 and an annual appropriations limit of \$651,078.09 as requested.

DISTRICT BOARD
RESOLUTION 19-05,
FUNDING OF 401(A)
RETIREMENT PLAN

Mr. Tremble additionally called attention to proposed District Board Resolution 19-05, which recommends a 7% contribution to the NIHD 401(a) Retirement Plan on behalf of eligible participants. It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to

approve District Board Resolution 19-05 authorizing a 7% funding contribution for the NIHD 401(a) Retirement Plan for eligible participants as requested.

PROPOSED SURPRISE
BILLING LEGISLATION

Mr. Tremble also noted that legislation is currently being considered relating to surprise healthcare billing, and that it may have a future negative financial impact on air ambulance services.

RQI MASTER SERVICES
AGREEMENT

Chief Nursing Officer Tracy Aspel, RN called attention to an RQI (Resuscitation Quality Improvement) Program Master Services Agreement for high quality CPR training for District Staff. The RQI system was developed in association with the American Heart Association to assist in the continuous improvement of resuscitation skills provided by healthcare workers, and the total cost of the 3-year agreement is \$90,112.80. It was moved by Ms. Hubbard, seconded by Ms. Turner, and unanimously passed to approve the RQI Program Master Services Agreement as requested.

EMPLOYEE
ENGAGEMENT
SURVEY RESULTS

Chief Executive Officer Kevin S. Flanigan, MD, MBA addressed the topic of results of the Districts' recently conducted Employee Satisfaction Survey (ESS). Doctor Flanigan stated that the survey tool previously used by the District changed when the company that provided it was taken over as part of a business merger. The intent of the District's ESS is to measure workforce engagement in an anonymous way, however upon review of this year's results it became clear that the tool did not provide the results in an entirely anonymous manner. District leadership has decided not to publish this year's results in the interest of anonymity, and they will work to ensure a quality survey is conducted in the upcoming year. Dr. Flanigan reviewed the results of the portion of the survey which maintained the confidentiality of respondents, noting that they indicate that the District's ESS scores were similar or slightly lower than prior year scores.

PHARMACY
CONSTRUCTION
UPDATE

Doctor Flanigan reported that after several years of effort the Hospital Pharmacy Construction project is finally moving forward at a more rapid pace. Improvement is being seen largely as a result of District Board members speaking to legislators in Sacramento as part of this year's Association of California Healthcare Districts (ACHD) Legislative Day. It is possible that the Pharmacy project will be completed by the December 2019 deadline, or that it will be close enough to completion to prevent a disruption of services.

DETERMINATION OF
DATE FOR BOARD
SELF ASSESSMENT

Brief discussion took place regarding choosing a date for review of the NIHD Board of Directors' annual self-assessment. Saturday, July 13 2019 was chosen to be the date for the self-assessment review, which will be held from 10am to 3pm in the NIHD Board Room.

OLD BUSINESS

ATHENA UPDATE

Doctor Flanigan provided an overview of the history and current status of the District's Athena Health Information System (HIS) implementation. Athena has experienced layoffs and a re-organization that has affected delivery of services, causing Dr. Flanigan to take a more active part in overseeing the details of the project for the time being. Collection of data for the District's Fiscal and Pharmacy Departments remains a main area of concern, and the District continues to diligently address its "gaps list" with Athena. District leadership is currently looking at potential alternative solutions and HIS products, and is reaching out to other facilities for additional input. Doctor Flanigan noted that the Athena product functions better in a clinic setting than it does in a hospital setting.

PHASE III BUDGET
MANAGEMENT

Doctor Flanigan also addressed the topic of possible early retirement packages being offered to District Staff, the proposed "Phase III" of the District's recent Reduction in Workforce (RIF) implemented for budget management. At this time District Leadership has not found a way to offer early retirements in a fiscally responsible way, effectively putting the possibility 'on hold' for the time being.

CONSENT AGENDA

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

- Approval of minutes of the May 15 2019 regular meeting
- Approval of minutes of the May 28 2019 special meeting
- Policy and Procedure annual approvals

It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to approve all 3 Consent Agenda items as presented, with housekeeping corrections being made to the minutes of the May 15 regular meeting.

BOARD MEMBER
REPORTS

Ms. Kilpatrick asked if any members of the Board of Directors wished to comment on any items of interest. Director Hubbard praised a *Senior Health and Resource Fair* that was recently held, and stated that the two weeks of District Staff appreciation events were outstanding. Director Kilpatrick reported that she and Dr. Flanigan will participate in interviews to select a successor for Pat West at Pioneer Home Health, and she thanked District staff for arranging a tour of the Joseph House for members of the NIHD Foundation Board.

ADJOURNMENT TO
CLOSED SESSION

At 8:08 pm Ms. Kilpatrick announced the meeting would adjourn to Closed Session to allow the Board of Directors to:

- A. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32101*).
- B. Conference with Labor Negotiators; Agency Designated Representative: Irma Moisa; Employee Organization: AFSCME

Council 57 (*pursuant to Government Code Section 54957.6*).

- C. Conduct public employee performance evaluation, Chief Executive Officer (*pursuant to Government Code Section 54957*).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 10:42 pm the meeting returned to Open Session. Ms. Kilpatrick reported the Board took action to reprimand Dr. Flanigan for reading an unapproved and un-reviewed anonymous letter during the Public Comment portion of this meeting, without the foreknowledge of the District Board. Ms. Kilpatrick stated that the Board in no way condones anonymous letters being read during Public Comment, and that they will not allow Dr. Flanigan's actions to set precedent for future meetings. The motion to reprimand was carried by a vote of 5 to 0.

The Board additionally took action to extend the Chief Executive Officer's (CEO's) current contract for an additional two years past the remaining two years of the agreement, and to add 2-4 weeks per year of specific time to practice offsite to utilize his medical licenses. The extension of the CEO's contract was carried by a vote of 5 to 0.

ADJOURNMENT

The meeting was adjourned at 10:44 pm.

Mary Mae Kilpatrick, President

Attest:

Robert Sharp, Secretary