

# Board Meetings

## July 19, 2023 Regular Board Meeting

### Agenda

<b>Agenda</b> .....	<b>2</b>
<b>Chief Financial Officer Report</b>	
<b>Financial and Statistical Reports</b> .....	<b>5</b>
<b>RSM Update</b>	
<b>RSM Update</b> .....	<b>10</b>
<b>Revised Amendment No. 2 to the Northern Inyo Healthcare District 401(a) Retirement Plan</b>	
<b>Northern Inyo Healthcare District_Amendment No. 2 to 401(a) DC Plan-c1</b> .....	<b>23</b>
<b>Chief of Staff Report</b>	
<b>MEC Report</b> .....	<b>26</b>
<b>Consent Agenda</b>	
<b>6.21.2023 Regular Board of Directors Meeting Minutes</b> .....	<b>32</b>
<b>CMO Report</b> .....	<b>35</b>
<b>Compliance Department Quarterly Report</b> .....	<b>37</b>
<b>Department Reports</b> .....	<b>88</b>
<b>Policies</b> .....	<b>118</b>
<b>Policies - Biennial Review</b> .....	<b>125</b>



**AGENDA**  
**NORTHERN INYO HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS REGULAR MEETING**

**July 19, 2023 at 5:30 p.m.**

Northern Inyo Healthcare District invites you to join this meeting:

**TO CONNECT VIA ZOOM:** *(A link is also available on the NIHD Website)*  
<https://zoom.us/j/213497015?pwd=TDIIWXRuWjE4T1Y2YVFWbnF2aGk5UT09>  
Meeting ID: 213 497 015  
Password: 608092

**PHONE CONNECTION:**  
888 475 4499 US Toll-free  
877 853 5257 US Toll-free  
Meeting ID: 213 497 015

The Board is again meeting in person at 2957 Birch Street Bishop, CA 93514. Members of the public will be allowed to attend in person or via zoom. Public comments can be made in person or via zoom.

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1. Call to Order (at 5:30 pm).
2. **Public Comment:** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are **limited to three (3) minutes per speaker**, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. New Business:
  - A. Ad Hoc Committee Reports *(Board will provide this information)*
    - a. Governance (Jean Turner)
    - b. HR (Mary Mae Kilpatrick)
    - c. Finance (Melissa Best-Baker)
    - d. Compliance (Jody Veenker)
  - B. Chief Executive Officer Report *(Board will receive this report)*
    - a. Bi-monthly Town Hall

- b. Chief Medical Officer Update
  - c. Anesthesia Department, resignation and staffing update
  - d. New Urologist and General Surgeon
  - e. Accountable Care Organization (ACO) Update
  - f. Beta Insurance Review
  - g. Legislation, hospital revenue
  - h. Contract Savings
- C. Chief Financial Officer Report
- a. Financial & Statistical Reports (*Board will consider the approval of these reports*)
  - b. FY 2023 Budget extension (*Board will consider approval of the extension of the FY23 Budget*)
  - c. FY2022 Audit Deficiencies Follow up (*Board will receive this report*)
  - d. TAG Update (*Board will receive this report*)
  - e. PMA Building Move Update (*Board will receive this report*)
- D. RSM Update, Interim CEO Stephen DelRossi (*Board will receive this report*)
- E. Revised Amendment No. 2 to the Northern Inyo Healthcare District 401(a) Retirement Plan (*Board will consider the approval of this amendment*)
- F. Chief Nursing Officer/Chief Operations Officer Report (*Board will receive this report*)
4. Chief of Staff Report, Sierra Bourne MD:
- A. Medical Staff Appointments (*Board will consider the approval of these Medical Staff Appointments*)
    - a. Amy Do-Nguyen, MD (*emergency medicine*) – Active Staff
    - b. Clayton Davis, DO (*urology*) – Active Staff
    - c. Zachary Franks, DO (*radiology*) – Courtesy Staff
    - d. Cali Kirkham-Garcia, MD (*emergency medicine*) – Active Staff
    - e. Scott Kobner, MD (*emergency medicine*) – Active Staff
    - f. Conner Wiles, MD (*general surgery*) – Active Staff
  - B. Medical Staff Resignations (*Board will consider the approval of these Medical Staff Resignations*)
    - a. Nancy Fong, FNP (*family practice*)
  - C. Policies (*Board will consider the approval of these Policies and Procedures*)
    - a. *DI CT Radiation Safety Policy*
    - b. *Nursing Bedside Swallow Screen*
  - D. Medical Executive Committee Report (*Board will receive this report*)
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***Consent Agenda***

***All matters listed under the consent agenda are considered routine***

***and will be enacted by one motion unless any member of the Board wishes to remove an item for discussion.***

5. Approval of minutes of the June 21, 2023 Regular Board Meeting (*Board will consider the approval of these minutes*)
6. Chief Medical Officer Report (*Board will consider accepting this report*)
7. Compliance Department Quarterly Report (*Board will consider accepting this report*)
8. Department Reports (*Board will consider accepting this report*)
9. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures*)
  - a. *Leaves of Absence – Leave Donation*
  - b. *District Competency Plan*
10. Approval of Policies and Procedures – Biennial Review, no changes required (*Board will consider the approval of these Policies and Procedures*)
  - a. *Chief Executive Officer Compensation Philosophy*
  - b. *Compensation of the Chief Executive Officer*
  - c. *Authority of the Chief Executive Officer for Contracts and Bidding*
  - d. *Basis of Authority Role of Directors*
  - e. *Reimbursement of Expenses*

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11. Reports from Board Members (*Board will provide this information*)
  12. Public comments on closed session items.
  13. Adjournment to Closed Session to/for:
    - a. Conference with Legal Counsel – Anticipated Litigation. Government Code 54956.9(d)(4).  
Number of potential cases (1).
    - b. Conference with Legal Counsel – Existing Litigation. Government Code 54956.9(d)(1).  
Name of case: Tillemans v. NIHD
    - c. Conference with Legal Counsel – Anticipated Litigation. Government Code 54956.9(d)(2).  
Number of potential cases (4).
    - d. Public Employee Performance Evaluation pursuant to Government Code Section 54957(b)(1).  
Title: Interim CEO
  14. 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.*



Northern Inyo Healthcare District  
May 2023 – Financial Summary

	PY		PY		Budget	PY		PY		Budget
	<u>MONTH</u>	<u>MONTH</u>	<u>BUDGET</u>	<u>Variance</u>	<u>Variance</u>	<u>YTD</u>	<u>YTD</u>	<u>BUDGET</u>	<u>Variance</u>	<u>Variance</u>
IP Gross Revenue	3,261,629	4,083,934	3,267,991	(822,305)	(6,362)	34,660,937	35,138,637	34,515,134	(477,700)	145,803
OP Gross Revenue	13,355,732	12,009,784	11,723,216	1,345,948	1,632,515	133,144,537	117,571,115	125,722,196	15,573,422	7,422,341
Clinic Gross Revenue	1,526,050	1,264,841	1,249,439	261,209	276,611	15,509,478	13,114,496	13,329,447	2,394,981	2,180,030
Net Patient Revenue	8,362,915	8,490,752	7,918,693	(127,837)	444,222	82,948,802	86,177,864	84,935,520	(3,229,061)	(1,986,718)
Cash Net Revenue % of Gross	46%	49%	49%	-3%	-3%	45%	52%	49%	-7%	-4%
IP Days	244	246		(2)		2,293	2,448		(155)	
IP Days w/o Newborns	214	203		11		2,017	2,144		(127)	
OP Visits	3,962	3,565		397		39,989	40,215		(226)	
RHC Visits	2,680	2,892		(212)		29,194	30,667		(1,473)	
NIA Clinic Visits	1,877	1,670		207		18,696	18,002		694	
Surgeries IP	27	23		4		210	210		-	
Surgeries OP	96	104		(8)		1,113	893		220	
Diagnostic Imaging	2,191	2,075		116		22,189	21,520		669	
Emergency	815	861		(46)		9,015	7,904		1,111	
Rehab	949	649		300		8,252	8,941		(689)	
Nursing Visits	227	241		(14)		2,696	3,114		(418)	
Observation Hours	1,733	2,401		(668)		19,760	19,865		(105)	
<b>REVENUE</b>										
<b>Payor mix</b>										
Blue Cross	17.21%	26.42%		-9.21%		19.23%	21.53%		-2.30%	
Commercial	6.15%	4.07%		2.08%		6.02%	5.55%		0.47%	
Medicaid	34.04%	28.05%		5.99%		27.17%	28.72%		-1.55%	
Medicare	41.37%	35.37%		6.00%		44.74%	41.91%		2.83%	
Self-pay	0.00%	0.81%		-0.81%		2.53%	1.47%		1.06%	
Workers' Comp	1.23%	5.28%		-4.05%		0.31%	0.82%		-0.51%	
<b>DEDUCTIONS</b>										
Contract Adjust	8,271,575	8,244,588	7,273,301	26,987	998,273	86,463,309	74,210,629	77,462,807	12,252,681	9,000,502
Bad Debt	1,264,180	717,209	788,589	546,972	475,591	8,885,782	7,869,407	8,398,706	1,016,375	487,076
Write-off	245,437	362,952	260,063	(117,515)	(14,626)	4,874,514	2,721,620	2,769,744	2,152,894	2,104,770
Other		(1,164,315)		1,164,315	-	187,687	(15,061,442)	-	15,249,129	187,687
<b>CENSUS</b>										
Patient Days	244	246		(2)		2,293	2,448		(155)	
Adjusted Days	1,394	1,046		348		12,130	11,552		578	
Employed FTE	335	363		(28)		338	349		(11)	
Contract FTE	36	47		(11)		40	41		(1)	
Total FTE	371	410		(39)		378	390		(12)	
EPOB	1.7	2.0		(0.3)		1.5	1.8		(0.3)	
<b>DENIALS</b>										
Consistent with run-rate										
<b>CHARITY</b>										
under review										

Northern Inyo Healthcare District  
May 2023 – Financial Summary

	<u>MONTH</u>	<u>PY MONTH</u>	<u>BUDGET</u>	<u>PY Variance</u>	<u>Budget Variance</u>	<u>YTD</u>	<u>PY YTD</u>	<u>BUDGET</u>	<u>PY Variance</u>	<u>Budget Variance</u>
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**BAD DEBT**

More accounts are being identified as bad debt

**CASH**

March, April, May, June saw approximately \$750k increase over the prior twelve months. This is due to increased effective in the revenue cycle.

**SALARIES**

Per Adjust Bed Day	\$ 2,131	\$ 2,638		\$ (507)		\$ 2,470	\$ 2,478		\$ (8)	
Total Salaries	\$ 2,970,074	\$ 2,758,891	\$ 2,861,801	\$ 211,183	108,273	\$ 29,955,689	\$ 28,621,418	\$ 30,925,914	\$ 1,334,271	(970,225)

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Total salaries increased due to PTO and severance payout for separated employees

**BENEFITS**

Per Adjust Bed Day	\$ 1,438	\$ 2,062		\$ (625)		\$ 2,040	\$ 2,052		\$ (12)	
Total Benefits	\$ 2,004,037	\$ 2,157,043	\$ 2,286,394	\$ (153,006)	(282,357)	\$ 24,739,723	\$ 23,700,972	\$ 24,707,802	\$ 1,038,751	31,921

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Current month versus prior year current month saw a decrease in total dollars as FTE count was lower

**PROFESSIONAL FEES**

Per Adjust Bed Day	\$ 2,125	\$ 2,778		\$ (653)		\$ 2,569	\$ 2,385		\$ 184	
Total Physician Fee	\$ 1,229,279	\$ 1,492,258		\$ (262,979)		\$ 15,376,135	\$ 13,954,284		\$ 1,421,851	
Total Contract Labor	\$ 821,563	\$ 1,034,682		\$ (213,119)		\$ 8,895,949	\$ 8,408,752		\$ 487,197	
Total Other Pro-Fees	\$ 911,305	\$ 378,600		\$ 532,706		\$ 6,894,344	\$ 5,190,160		\$ 1,704,184	
Total Professional Fees	\$ 2,962,147	\$ 2,905,540	\$ 2,795,600	\$ 56,607	166,547	\$ 31,166,428	\$ 27,553,197	\$ 30,210,514	\$ 3,613,231	955,914

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Total Physician fee higher due to 401k contributions -accrual was not released - will be released in May

**PHARMACY**

Per Adjust Bed Day	\$ (69)	\$ 280		\$ (349)		\$ 255	\$ 328		\$ (74)	
Total Rx Expense	\$ (96,169)	\$ 292,996	\$ 323,699	\$ (389,165)	(419,869)	\$ 3,089,633	\$ 3,794,604	\$ 3,498,043	\$ (704,971)	(408,410)

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Missing accrual - approximately \$300k

**MEDICAL SUPPLIES**

Per Adjust Bed Day	\$ 232	\$ 329		\$ (96)		\$ 365	\$ 304		\$ 61	
Total Medical Supplies	\$ 323,953	\$ 343,886	\$ 394,227	\$ (19,933)	(70,274)	\$ 4,430,086	\$ 3,513,842	\$ 4,260,196	\$ 916,244	169,890

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Total spend consistent with run-rate

**EHR SYSTEM**

Per Adjust Bed Day	\$ 237	\$ 117		\$ 120		\$ 152	\$ 115		\$ 37	
Total EHR Expense	\$ 330,555	\$ 122,781	\$ 116,462	\$ 207,775	214,093	\$ 1,846,503	\$ 1,325,504	\$ 1,258,539	\$ 520,999	587,964

Payments in arrears for changes made to Cerner - expected to increase for June

**OTHER EXPENSE**

Per Adjust Bed Day	\$ 500	\$ 637		\$ (137)		\$ 710	\$ 618		\$ 91	
Total Other	\$ 697,199	\$ 665,957	\$ 831,889	\$ 31,242	(134,690)	\$ 8,608,762	\$ 7,144,641	\$ 8,989,763	\$ 1,464,120	(381,002)

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Total payments consistent with prior year

**DEPRECIATION AND AMORTIZATION**

Per Adjust Bed Day	\$ 247	\$ 327		\$ (80)		\$ 309	\$ 328		\$ (19)	
Total Depreciation and Amortization	\$ 344,450	\$ 341,988	\$ 379,565	\$ 2,462	(35,115)	\$ 3,747,414	\$ 3,788,439	\$ 4,101,752	\$ (41,025)	(354,338)

Adjusted bed days were higher, lowering the employees per occupied from an average of 2.0 to 1.7

Total dollar consistent with run-rate.

**Northern Inyo Healthcare District  
Income Statement  
Fiscal Year 2023**

	7/31/2022	7/31/2021	8/31/2022	8/31/2021	9/30/2022	9/30/2021	10/31/2022	10/31/2021	11/30/2022	11/30/2021	12/31/2022	12/31/2021	1/31/2023	1/31/2022
<b>Gross Patient Service Revenue</b>														
Inpatient Patient Revenue	3,986,305	2,774,294	3,395,933	2,563,061	1,938,350	3,193,923	2,813,064	3,361,605	3,474,955	3,958,181	3,417,547	2,404,683	3,898,882	3,708,290
Outpatient Revenue	11,474,649	11,563,898	12,619,549	10,530,380	11,643,340	10,677,079	12,337,627	10,581,296	12,582,796	10,120,970	11,309,707	11,882,529	11,943,811	8,803,380
Clinic Revenue	1,112,050	1,074,051	1,281,637	1,155,594	1,298,041	1,126,962	1,312,937	1,206,362	1,616,268	1,137,285	1,602,344	1,136,568	1,552,193	1,448,892
<b>Gross Patient Service Revenue</b>	<b>16,573,004</b>	<b>15,412,242</b>	<b>17,297,119</b>	<b>14,249,034</b>	<b>14,879,730</b>	<b>14,997,964</b>	<b>16,463,628</b>	<b>15,149,263</b>	<b>17,674,019</b>	<b>15,216,437</b>	<b>16,329,598</b>	<b>15,423,780</b>	<b>17,394,886</b>	<b>13,960,561</b>
<b>Deductions from Revenue</b>														
Contractual Adjustments	(6,172,708)	(4,886,114)	(7,321,120)	(6,636,885)	(6,082,559)	(6,880,919)	(9,137,803)	(7,559,945)	(8,553,896)	(7,207,126)	(8,204,159)	(7,224,448)	(7,536,311)	(6,081,113)
Bad Debt	(1,834,762)	(1,956,168)	(831,081)	(524,864)	(1,268,812)	(120,841)	589,809	115,976	(134,138)	(132,762)	(2,354,124)	(266,596)	(687,018)	(599,855)
A/R Writeoffs	(378,045)	(6,801)	(717,468)	(138,222)	(739,907)	(70,088)	(325,216)	(73,605)	(338,106)	(181,117)	(344,283)	(286,045)	(380,030)	(211,549)
Other Deductions from Revenue	497,912	67,000	(67,000)	67,000	-	67,000	950	67,000	17,166	67,000	410	91,038	-	91,039
<b>Deductions from Revenue</b>	<b>(7,887,603)</b>	<b>(6,782,083)</b>	<b>(8,936,670)</b>	<b>(7,232,972)</b>	<b>(8,091,278)</b>	<b>(7,004,848)</b>	<b>(8,872,259)</b>	<b>(7,450,574)</b>	<b>(9,008,974)</b>	<b>(7,454,005)</b>	<b>(10,902,156)</b>	<b>(7,686,051)</b>	<b>(8,603,358)</b>	<b>(6,801,478)</b>
<b>Other Patient Revenue</b>														
Incentive Income	-	34,766	-	(35,500)	-	665	-	24,456	-	1,619	-	10	-	(24,026)
Other Oper Rev - Rehab Thera Serv	5,303	17,014	4,367	18,560	4,346	13,352	10,361	15,820	7,875	15,908	3,545	2,625	566	8,388
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Patient Revenue	5,303	51,780	4,367	(16,940)	4,346	14,017	10,361	40,275	7,875	17,528	3,545	2,635	566	(15,638)
<b>Net Patient Service Revenue</b>	<b>8,690,703</b>	<b>8,681,939</b>	<b>8,364,816</b>	<b>6,999,123</b>	<b>6,792,798</b>	<b>8,007,133</b>	<b>7,601,730</b>	<b>7,738,965</b>	<b>8,672,921</b>	<b>7,779,959</b>	<b>5,430,987</b>	<b>7,740,364</b>	<b>8,792,094</b>	<b>7,143,445</b>
<b>Cost of Services - Direct</b>														
Salaries and Wages	2,175,027	2,138,510	2,269,022	2,212,918	2,195,439	2,099,073	2,179,142	2,131,194	2,262,511	2,303,918	2,158,750	2,726,796	2,338,917	2,346,958
Benefits	2,008,070	1,618,760	1,759,698	1,635,349	1,801,034	1,795,655	1,669,695	1,801,576	1,754,398	2,059,894	1,064,181	2,085,215	1,867,561	2,199,930
Professional Fees	1,381,538	1,415,923	1,438,889	1,354,663	1,650,775	1,487,469	1,797,498	1,766,505	1,963,643	1,340,719	1,652,265	1,388,736	1,652,745	1,452,179
Contract Labor	655,016	455,352	622,813	541,517	1,451,288	491,195	1,024,423	527,022	1,493,476	449,716	(20,338)	434,773	1,001,828	865,229
Pharmacy	211,326	274,517	671,932	354,714	54,166	344,942	136,557	405,802	596,330	392,006	268,920	380,870	360,384	286,978
Medical Supplies	315,752	277,812	290,221	255,157	578,033	358,049	366,356	369,855	474,848	451,788	448,838	497,972	476,757	184,989
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	107,979	112,267	230,353	114,869	220,408	132,491	183,047	112,342	146,908	108,392	54,304	115,958	126,194	119,346
Other Direct Expenses	546,374	589,703	667,228	544,051	808,934	585,893	572,765	689,732	793,341	618,316	471,021	679,861	598,990	643,886
<b>Total Cost of Services - Direct</b>	<b>7,401,082</b>	<b>6,882,843</b>	<b>7,950,156</b>	<b>7,013,237</b>	<b>8,760,076</b>	<b>7,294,767</b>	<b>7,929,482</b>	<b>7,804,027</b>	<b>9,485,455</b>	<b>7,724,749</b>	<b>6,097,940</b>	<b>8,310,179</b>	<b>8,423,377</b>	<b>8,099,494</b>
<b>General and Administrative Overhead</b>														
Salaries and Wages	360,265	319,290	365,276	323,708	370,478	319,740	381,872	305,823	373,439	355,039	373,193	412,400	401,590	361,734
Benefits	356,264	283,420	312,157	299,665	316,570	312,500	1,160,994	243,511	302,169	322,152	(788,291)	382,695	262,752	335,529
Professional Fees	535,217	342,533	190,076	351,845	318,029	177,703	265,196	194,953	274,630	188,260	191,161	360,435	291,948	225,696
Contract Labor	30,218	78,500	52,224	69,031	92,958	44,534	57,021	87,853	156,142	111,853	(102,132)	102,071	(25,859)	103,502
Depreciation and Amortization	318,087	370,335	332,153	358,995	334,828	347,178	362,317	358,655	346,018	347,192	340,523	369,148	342,452	334,665
Other Administrative Expenses	79,314	234,811	164,310	117,308	199,538	140,164	119,767	134,758	314,165	154,566	152,489	190,884	191,302	158,172
<b>Total General and Administrative Overhead</b>	<b>1,679,363</b>	<b>1,628,889</b>	<b>1,416,196</b>	<b>1,520,552</b>	<b>1,632,402</b>	<b>1,341,820</b>	<b>2,347,167</b>	<b>1,325,552</b>	<b>1,766,564</b>	<b>1,479,063</b>	<b>166,944</b>	<b>1,817,634</b>	<b>1,464,185</b>	<b>1,519,298</b>
<b>Total Expenses</b>	<b>9,080,446</b>	<b>8,511,732</b>	<b>9,366,352</b>	<b>8,533,790</b>	<b>10,392,477</b>	<b>8,636,587</b>	<b>10,276,649</b>	<b>9,129,578</b>	<b>11,252,019</b>	<b>9,203,811</b>	<b>6,264,884</b>	<b>10,127,813</b>	<b>9,887,562</b>	<b>9,618,792</b>
Financing Expense	183,196	179,672	182,350	179,585	180,796	176,035	182,190	138,640	178,894	136,649	183,171	101,007	180,418	227,252
Financing Income	64,203	173,785	431,229	173,785	247,716	173,785	247,716	173,785	247,716	173,785	247,716	173,785	247,716	173,785
Investment Income	74,115	23,766	23,389	86,876	(18,154)	20,534	99,582	20,443	16,704	16,045	50,390	27,865	124,884	6,662
Miscellaneous Income	484,508	499,440	(364,949)	1,105,828	146,486	9,508,790	10,519	384,016	68,632	407,081	2,271,115	2,688,686	485,200	844,798
<b>Net Income (Change is Financial Position)</b>	<b>49,888</b>	<b>687,526</b>	<b>(1,094,218)</b>	<b>(417,762)</b>	<b>(3,404,427)</b>	<b>8,897,620</b>	<b>(2,499,292)</b>	<b>(951,010)</b>	<b>(2,424,941)</b>	<b>(963,590)</b>	<b>1,552,152</b>	<b>401,879</b>	<b>(418,086)</b>	<b>(1,677,354)</b>
Operating Income	(389,742)	170,207	(1,001,537)	(1,534,666)	(3,599,679)	(629,454)	(2,674,919)	(1,390,614)	(2,579,099)	(1,423,852)	(833,897)	(2,387,449)	(1,095,469)	(2,475,347)

**Northern Inyo Healthcare District  
Income Statement  
Fiscal Year 2023**

	2/28/2023	2/28/2022	3/31/2023	3/31/2022	4/30/2023	4/30/2022	5/31/2023	5/31/2022	2023 YTD	2022 YTD	Comments
<b>Gross Patient Service Revenue</b>											
Inpatient Patient Revenue	2,545,535	2,908,927	3,633,689	3,231,022	2,295,049	2,950,716	3,261,629	4,083,934	34,660,937	35,138,637	
Outpatient Revenue	11,030,636	8,539,211	12,610,463	11,061,511	12,236,228	11,801,078	13,355,732	12,009,784	133,144,537	117,571,115	
Clinic Revenue	1,266,634	1,067,009	1,550,929	1,246,889	1,390,394	1,250,044	1,526,050	1,264,841	15,509,478	13,114,496	
<b>Gross Patient Service Revenue</b>	<b>14,842,805</b>	<b>12,515,147</b>	<b>17,795,080</b>	<b>15,539,422</b>	<b>15,921,672</b>	<b>16,001,838</b>	<b>18,143,411</b>	<b>17,358,560</b>	<b>183,314,951</b>	<b>165,824,248</b>	
<b>Deductions from Revenue</b>											
Contractual Adjustments	(6,829,397)	(5,364,554)	(9,900,790)	(6,807,575)	(8,452,990)	(7,317,362)	(8,271,575)	(8,244,588)	(86,463,309)	(74,210,629)	
Bad Debt	(1,387,069)	(1,071,017)	525,913	(1,307,312)	(240,320)	(1,288,758)	(1,264,180)	(717,209)	(8,885,782)	(7,869,407)	
A/R Writeoffs	(234,813)	(417,884)	(721,088)	(362,354)	(450,123)	(611,004)	(245,437)	(362,952)	(4,874,514)	(2,721,620)	
Other Deductions from Revenue	-	1,910,955	38	67,000	(637,163)	2,121,000	-	399,000	(187,687)	5,015,032	
<b>Deductions from Revenue</b>	<b>(8,451,279)</b>	<b>(4,942,500)</b>	<b>(10,095,928)</b>	<b>(8,410,241)</b>	<b>(9,780,597)</b>	<b>(7,096,123)</b>	<b>(9,781,192)</b>	<b>(8,925,748)</b>	<b>(100,411,293)</b>	<b>(79,786,624)</b>	
<b>Other Patient Revenue</b>											
Incentive Income	-	(16)	-	-	-	-	-	-	-	1,974	
Other Oper Rev - Rehab Thera Serv	1,660	11,929	5,396	(10,570)	1,029	(12,701)	696	57,940	45,144	138,265	
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	
Other Patient Revenue	1,660	11,913	5,396	(10,570)	1,029	(12,701)	696	57,940	45,144	140,240	
<b>Net Patient Service Revenue</b>	<b>6,393,187</b>	<b>7,584,561</b>	<b>7,704,549</b>	<b>7,118,611</b>	<b>6,142,104</b>	<b>8,893,013</b>	<b>8,362,915</b>	<b>8,490,752</b>	<b>82,948,802</b>	<b>86,177,864</b>	
<b>Cost of Services - Direct</b>											
Salaries and Wages	1,959,005	2,047,905	2,511,015	2,305,644	2,962,848	2,108,120	2,543,864	2,403,672	25,555,539	24,824,707	
Benefits	1,681,176	1,799,225	1,831,123	1,750,987	1,865,932	1,630,456	1,780,302	1,813,625	19,083,171	20,190,670	
Professional Fees	1,942,950	1,498,674	1,716,884	1,493,507	1,923,375	1,432,688	1,615,480	1,746,507	18,736,042	16,377,570	
Contract Labor	219,870	971,010	788,024	976,833	500,915	783,328	758,950	950,945	8,496,264	7,446,919	
Pharmacy	327,171	362,249	333,474	330,943	225,543	368,587	(96,169)	292,996	3,089,633	3,794,604	
Medical Supplies	203,442	159,263	485,465	244,786	466,422	370,285	323,953	343,886	4,430,086	3,513,842	
Hospice Operations	-	-	-	-	-	-	-	-	-	-	
EHR System Expense	138,908	112,757	160,195	148,178	147,652	126,124	330,555	122,781	1,846,503	1,325,504	
Other Direct Expenses	531,119	646,224	651,545	655,135	530,520	368,774	495,063	650,384	6,666,901	6,671,960	
<b>Total Cost of Services - Direct</b>	<b>7,003,641</b>	<b>7,597,308</b>	<b>8,477,724</b>	<b>7,906,014</b>	<b>8,623,208</b>	<b>7,188,362</b>	<b>7,751,998</b>	<b>8,324,795</b>	<b>87,904,139</b>	<b>84,145,775</b>	
<b>General and Administrative Overhead</b>											
Salaries and Wages	368,344	334,886	458,763	363,951	520,721	344,920	426,210	355,219	4,400,151	3,796,711	
Benefits	272,374	310,036	2,870,040	310,978	367,789	366,397	223,735	343,418	5,656,553	3,510,302	
Professional Fees	278,757	198,574	260,367	159,404	403,951	443,120	525,104	124,351	3,534,436	2,766,875	
Contract Labor	27,901	95,420	27,375	116,407	21,225	68,926	62,613	83,737	399,685	961,834	
Depreciation and Amortization	344,315	298,932	341,803	331,373	340,467	329,978	344,450	341,988	3,747,414	3,788,439	
Other Administrative Expenses	172,710	157,128	163,294	163,160	182,836	208,881	202,135	138,354	1,941,860	1,798,186	
<b>Total General and Administrative Overhead</b>	<b>1,464,400</b>	<b>1,394,976</b>	<b>4,121,641</b>	<b>1,445,273</b>	<b>1,836,989</b>	<b>1,762,222</b>	<b>1,784,248</b>	<b>1,387,068</b>	<b>19,680,099</b>	<b>16,622,346</b>	
<b>Total Expenses</b>	<b>8,468,041</b>	<b>8,992,284</b>	<b>12,599,365</b>	<b>9,351,287</b>	<b>10,460,197</b>	<b>8,950,584</b>	<b>9,536,246</b>	<b>9,711,863</b>	<b>107,584,238</b>	<b>100,768,121</b>	
Financing Expense	172,904	472,448	180,509	218,276	178,979	204,403	183,480	210,496	1,986,886	2,244,461	
Financing Income	247,716	148,687	247,716	173,785	247,716	173,785	247,716	173,785	2,724,874	1,886,534	
Investment Income	41,183	4,964	40,992	(1,624)	158,772	39,227	56,107	2,912	667,964	177,668	
Miscellaneous Income	1,810,358	856,972	5,590,718	1,871,757	236,130	823,579	137,633	931,497	10,876,349	19,922,445	
<b>Net Income (Change is Financial Position)</b>	<b>(148,502)</b>	<b>(869,548)</b>	<b>804,101</b>	<b>(407,035)</b>	<b>(3,854,455)</b>	<b>774,617</b>	<b>(915,356)</b>	<b>(323,414)</b>	<b>(12,353,135)</b>	<b>5,151,929</b>	
Operating Income	(2,074,854)	(1,407,724)	(4,894,817)	(2,232,677)	(4,318,093)	(57,571)	(1,173,331)	(1,221,111)	(24,635,436)	(14,590,258)	





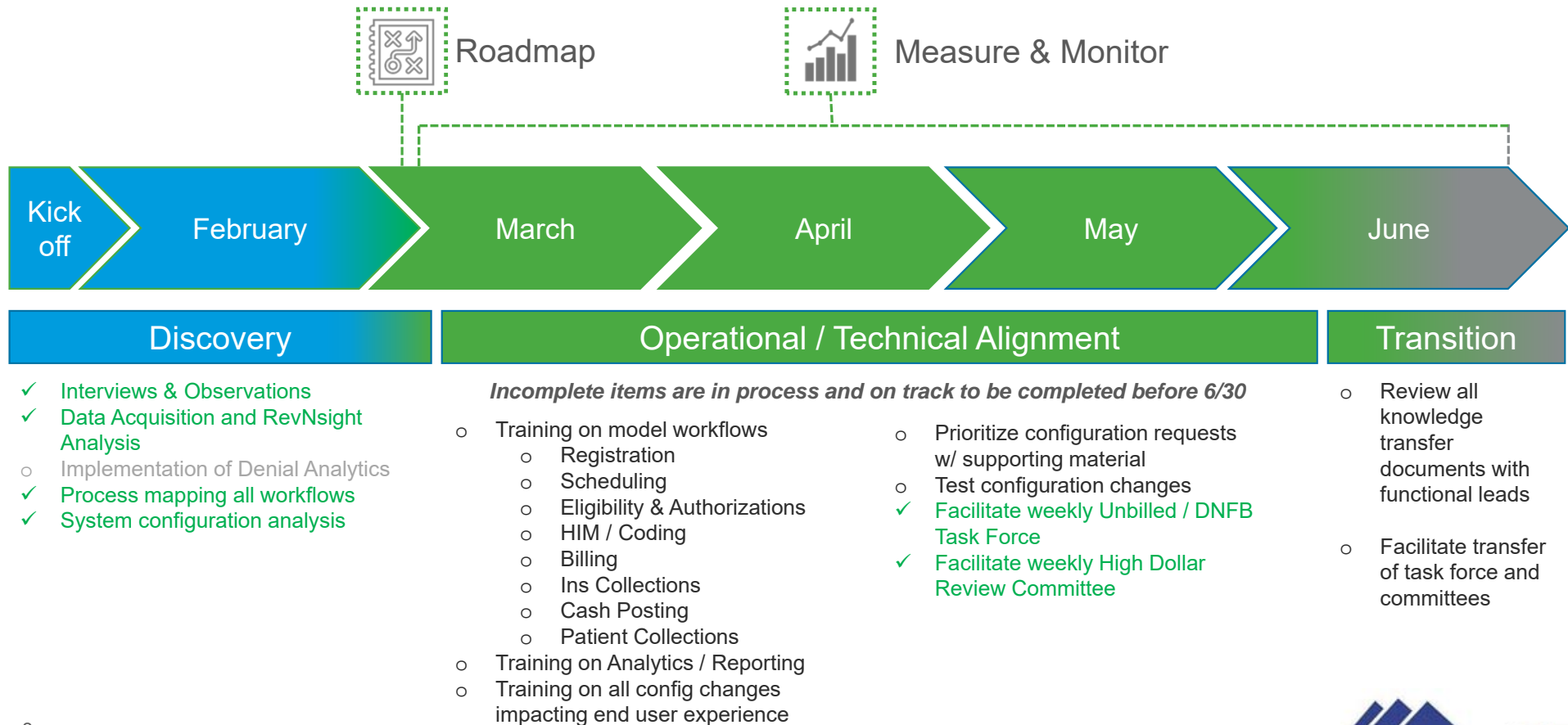
# Northern Inyo Healthcare District Revenue Cycle / Margin Improvement

## RSM Slides – NIH Board Meeting

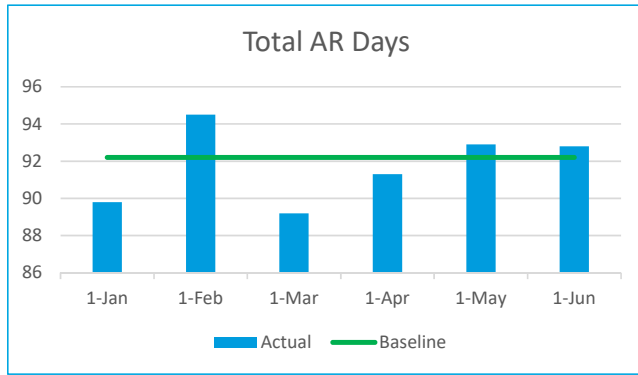
July 19, 2023



# RSM Activities - Timeline

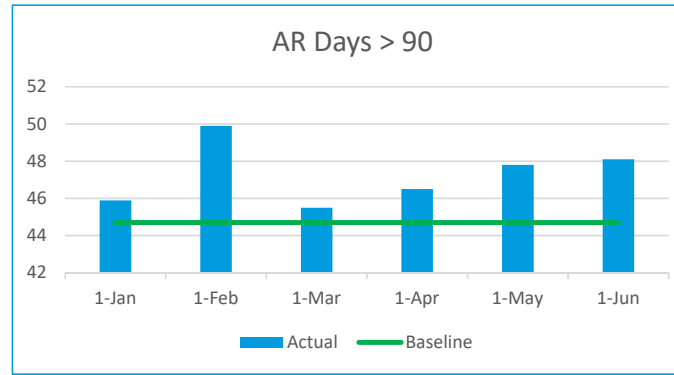


# 2/1/23 to 6/30/23 NIH has collected \$3.3M Above Q4 2022 Average



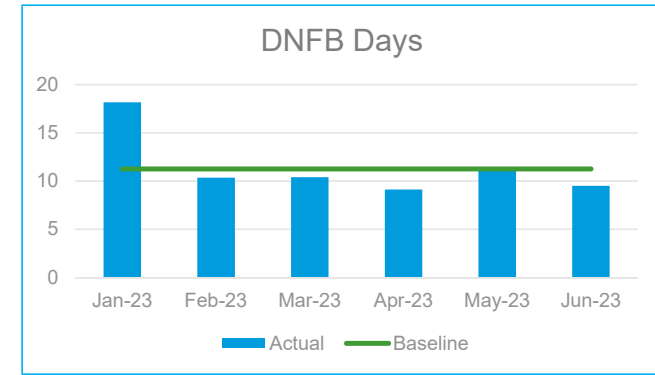
**Baseline A/R Days (92.2)** are defined as outstanding A/R as of 12/31/22

Month	Metric	Status
January 2023	89.8	Green
February 2023	94.5	Red
March 2023	89.2	Green
April 2023	91.3	Green
May 2023	92.9	Red
June 2023	92.8	Red



**Baseline A/R > 90 Days (44.71)** are defined as outstanding A/R as of 12/31/22

Month	Metric	Status
January 2023	45.9	Red
February 2023	49.9	Red
March 2023	45.5	Red
April 2023	46.5	Red
May 2023	47.8	Red
June 2023	48.1	Red

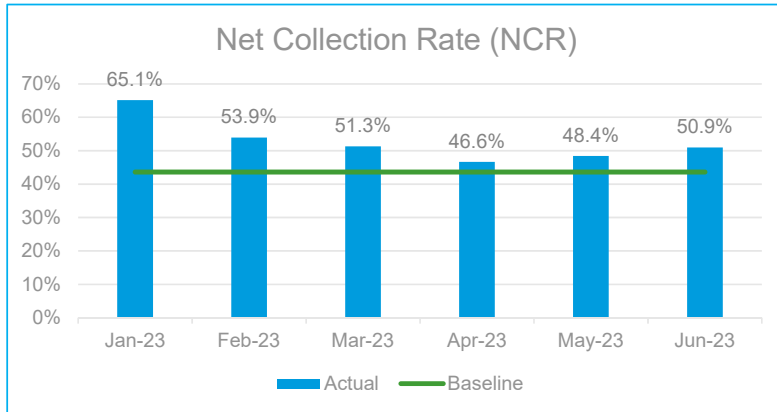


**DNFB Days (11.25)** are defined as outstanding A/R as of 12/31/22

Month	Metric	Status
January 2023	18.1	Red
February 2023	10.4	Green
March 2023	10.4	Green
April 2023	9.12	Green
May 2023	11.35	Red
June 2023	9.5	Green

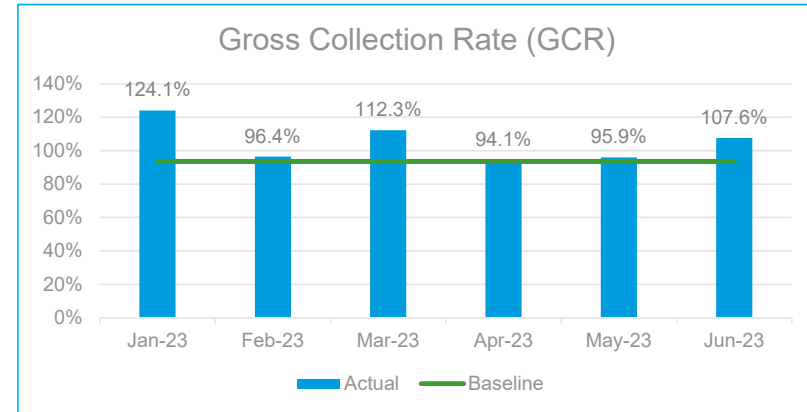


# 2/1/23 to 6/30/23 NIH has collected \$3.3M Above Q4 2022 Average



**Baseline Net Collection Rate (43.6%)** is defined as percent of payments over charges for Q4 2022.

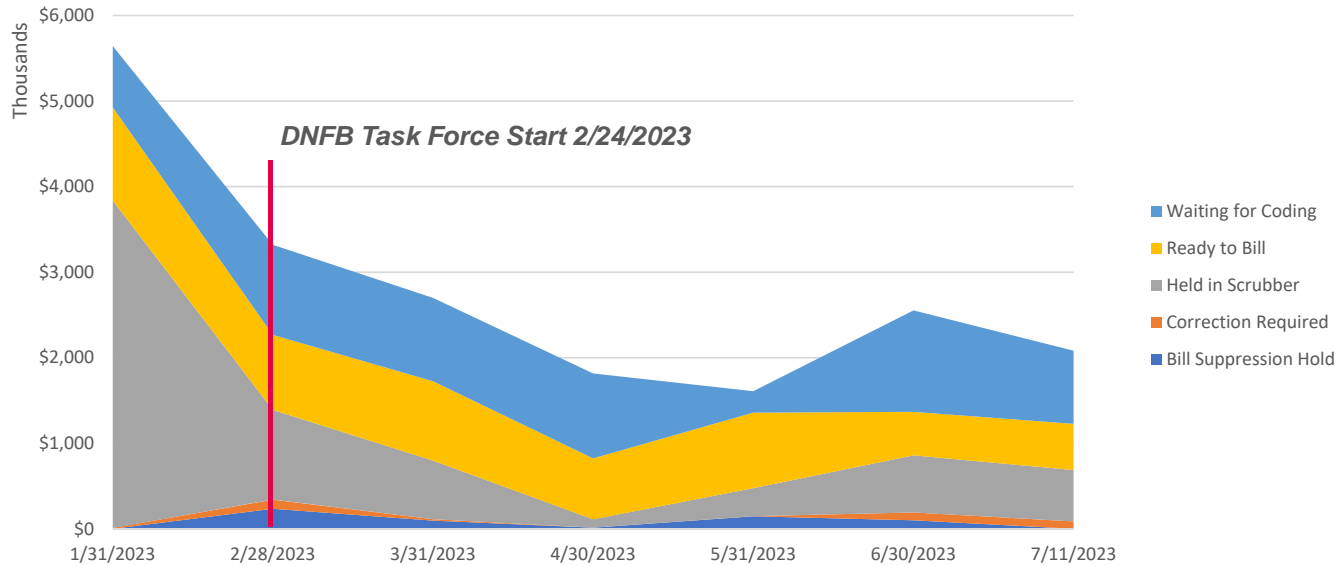
Month	Metric	Status
January 2023	65.1%	●
February 2023	53.9%	●
March 2023	51.3%	●
April 2023	46.6%	●
May 2023	48.4%	●
June 2023	59.9%	●



**Baseline Gross Collection Rate (93.6%)** is defined as percent of payments & adjustments over charges for Q4 2022.

Month	Metric	Status
January 2023	124.1%	●
February 2023	96.4%	●
March 2023	112.3%	●
April 2023	94.1%	●
May 2023	95.9%	●
June 2023	107.6%	●

# DNFB Trending by DNFB Reason



**Total DNFB Dollars have decreased \$1.2M (36%) over the course of the project**

\*Excludes Standard Delay\*

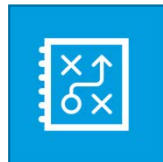
Report Date	Bill Suppression Hold	Correction Required	Held in Scrubber	Ready to Bill	Waiting for Coding	Grand Total
1/31/2023	\$ 137,800	\$ 10,946	\$ 3,827,287	\$ 1,087,567	\$ 716,512	\$ 5,642,312
2/28/2023	\$ 234,402	\$ 107,584	\$ 1,047,576	\$ 878,271	\$ 1,052,563	\$ 3,320,396
3/31/2023	\$ 95,878	\$ 17,297	\$ 683,594	\$ 928,733	\$ 973,742	\$ 2,699,243
4/30/2023	\$ 12,710	\$ 475	\$ 98,497	\$ 711,631	\$ 993,047	\$ 1,816,360
5/31/2023	\$ 145,512	\$ 2,122	\$ 327,754	\$ 882,822	\$ 250,979	\$ 1,609,189
6/30/2023	\$ 99,513	\$ 90,904	\$ 668,038	\$ 509,498	\$ 1,185,097	\$ 2,553,049
7/11/2023	\$ 31,928	\$ 86,069	\$ 600,624	\$ 541,078	\$ 854,819	\$ 2,915,666

# DNFB Summary



## Keys to Success

- DNFB Task Force – Coordinated conversations with all departments involved in pre-bill activities
- Ongoing review of both Cerner edit failures and clearinghouse rejections
- Fixed admission source errors in collaboration with Cerner



## Next Steps

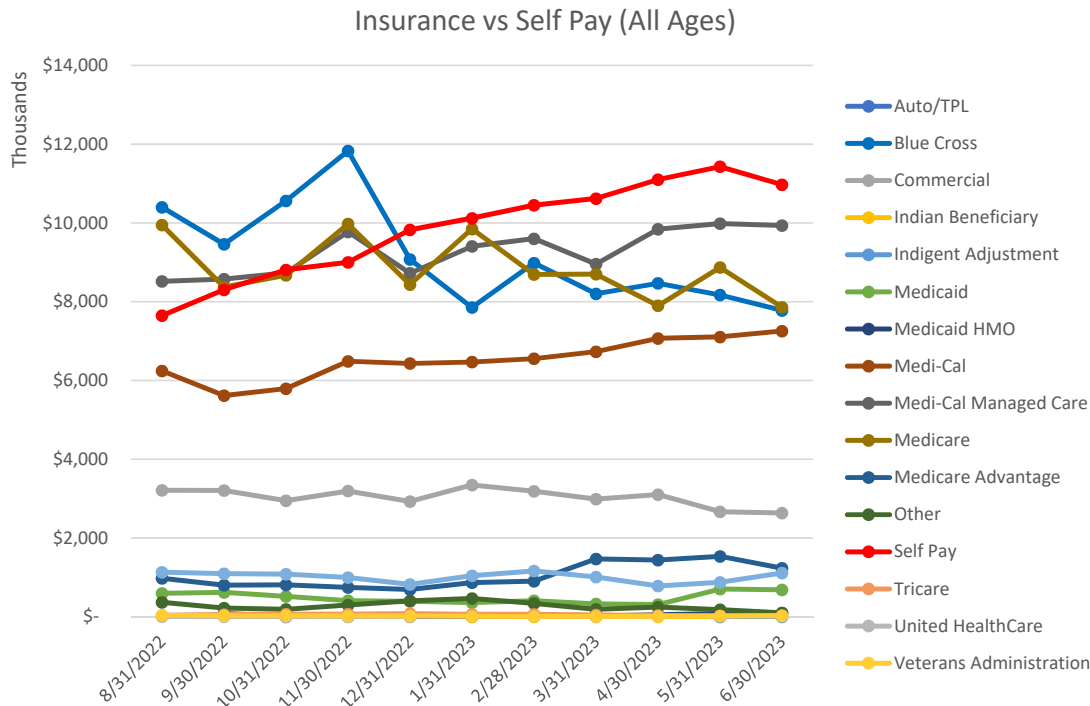
- Evaluate reduction of standard delay to 4 days
- Establish a Clinical Documentation Improvement program to improve charge capture, collectability and timeliness
- Optimize Cerner clinicals including PowerNotes, MPages, documentation templates, facility and clinic charge ticket, and provider shortcuts
- Optimize Cerner / 3M Integration



## Barriers to Success

- Untimely provider documentation
- Clinic leadership resistance to holding physicians accountable
- Coders are not receiving the outpatient coding edits within the embedded encoder (SR 449988579 )
- Lab orders missing diagnosis

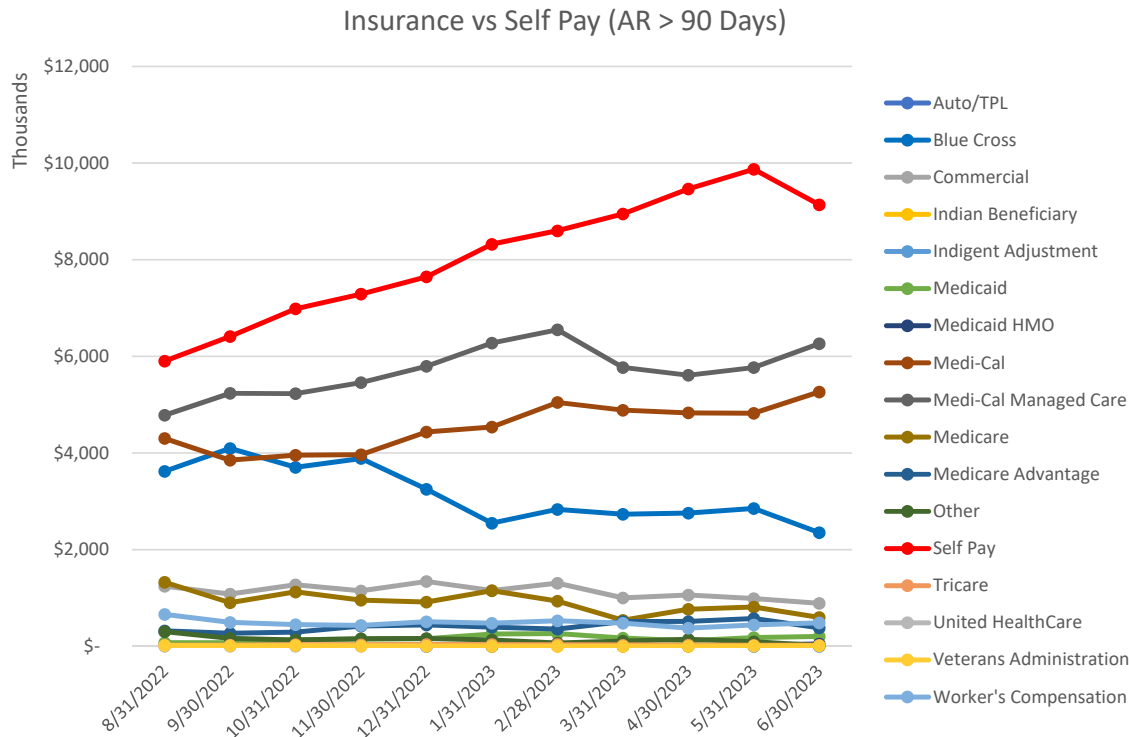
# ATB Trending – Total AR (Insurance vs. Self Pay)



Financial Class	8/31/2022	6/30/2023	Difference
Self Pay	\$ 7,648,912	\$ 10,969,354	\$ 3,320,441
Medi-Cal Managed Care	\$ 8,516,277	\$ 9,933,455	\$ 1,417,178
Medi-Cal	\$ 6,243,294	\$ 7,255,653	\$ 1,012,359
Medicare Advantage	\$ 979,442	\$ 1,232,007	\$ 252,566
Medicaid HMO	\$ (22,498)	\$ 93,776	\$ 116,274
Medicaid	\$ 597,660	\$ 685,553	\$ 87,893
Indigent Adjustment		\$ 118	\$ 118
Tricare	\$ 37,149	\$ 36,336	\$ (812)
United HealthCare	\$ 1,902		\$ (1,902)
Veterans Administration	\$ 37,051	\$ 22,463	\$ (14,587)
Worker's Compensation	\$ 1,130,658	\$ 1,111,840	\$ (18,818)
Other	\$ 367,623	\$ 101,108	\$ (266,516)
Commercial	\$ 3,214,145	\$ 2,636,666	\$ (577,479)
Medicare	\$ 9,945,917	\$ 7,860,032	\$ (2,085,885)
Blue Cross	\$ 10,396,608	\$ 7,780,142	\$ (2,616,466)
<b>Total Self Pay</b>	<b>\$ 7,648,912</b>	<b>\$ 10,969,354</b>	<b>\$ 3,320,441</b>
<b>Total Insurance</b>	<b>\$ 41,445,228</b>	<b>\$ 38,749,150</b>	<b>\$ (2,696,078)</b>

**Self-Pay A/R is up \$3.3M**  
**Insurance A/R is down \$2.70M**

# ATB Trending (Insurance vs. Self Pay > 90)



Financial Class	8/31/2022	6/30/2023	Difference
Self Pay	\$ 5,902,867	\$ 9,136,870	\$ 3,234,003
Medi-Cal Managed Care	\$ 4,782,373	\$ 6,263,649	\$ 1,481,276
Medi-Cal	\$ 4,302,164	\$ 5,265,018	\$ 962,854
Medicaid	\$ 74,556	\$ 205,471	\$ 130,915
Medicaid HMO	\$ (25,630)	\$ 49,574	\$ 75,204
Medicare Advantage	\$ 319,414	\$ 383,338	\$ 63,924
Tricare	\$ 23,688	\$ 23,853	\$ 165
Indigent Adjustment		\$ 118	\$ 118
United HealthCare	\$ 1,902		\$ (1,902)
Veterans Administration	\$ 20,765	\$ 12,354	\$ (8,411)
Worker's Compensation	\$ 662,241	\$ 486,338	\$ (175,903)
Other	\$ 303,542	\$ 16,805	\$ (286,736)
Commercial	\$ 1,245,342	\$ 890,137	\$ (355,205)
Medicare	\$ 1,327,446	\$ 599,151	\$ (728,295)
Blue Cross	\$ 3,622,015	\$ 2,352,908	\$ (1,269,107)
<b>Total Self Pay</b>	<b>\$ 5,902,867</b>	<b>\$ 9,136,870</b>	<b>\$ 3,234,003</b>
<b>Total Insurance</b>	<b>\$ 16,659,817</b>	<b>\$ 16,548,714</b>	<b>\$ (111,103)</b>

**Self-Pay A/R > 90 is up \$3.2M**  
**Insurance A/R > 90 is down \$111K**

# ATB – Summary



## Keys to Success

- Executive commitment to driving lasting change
- High Dollar Task Force – Coordinated conversations to identify obstacles and remove barriers to cash
- Vendor Inventory Reconciliation
- Itemized Bill Printing
- Med-Plan / Hauge group's ability to drive cash



## Barriers to Success

- Capturing accurate TAR information prior to billing
- Historical lack of transparency and accountability for AR Vendors
- Limited Self Pay resolution strategy
- Lack of consistent and coordinated denial remediation strategy



## Next Steps

- Monitor and measure vendor alignment to service level expectations and performance metrics
- Create productivity expectations, measure and report these weekly
- Complete setup of Med-Plan, Hauge group, and Novus as early out or bad debt vendors
- Implement Cerner Contract Management
- Two SR's have been submitted to resolve the TAR information problem
  - SR 449684150 – Registration pop-up creation
  - SR 450108627 – Missing TAR Work Item Creation

# RSM has realized \$3.3M of \$20M total cash opportunity for NIH

Issue / Task	Lever	Status	Project to Date Performance	
<b>Cash Acceleration Activities</b>				
High Dollar Task Force	Cash & Efficiency	In Process	\$	998,643
Novus Data Exchange	Cash & Efficiency	Completed - Novus to work backlog	\$	970,236
Terminated Users Work Queue Redesign	Workflow	SR Ticket Logged	\$	-
Denial Task Force	Cash & Efficiency		\$	-
Itemized Bill Printing	Workflow	Completed - OS Health to work denials	\$	310,000
DNFB Task Force	Cash & Efficiency	In Process	\$	987,434
Voided Benefit Order Workqueue	Training	SR Ticket Logged	\$	-
			<b>Total: \$</b>	<b>3,266,312</b>
<b>Operational Support Activities</b>				
Financial Transaction Alias Audit	Technical Configuration	Complete		
General Ledger Aliasing Design	Technical Configuration	Complete		
Pending Registration Modification Holds Training	Training	Complete		
AR At Risk Analysis	Reporting	Complete		
835 Remittance Posting Rules Configuration	Technical Configuration	Complete		
Registration Conversation Audit	Technical Configuration	In Process		
Access Management Workflow Audit	Workflow	In Process		
Case Management Process Design	Workflow	In Process		
Cash Posting and Reconciliation Process Redesign	Workflow & Training	In Process		
Charge Configuration Audit	Technical Configuration	Not Started		
Advanced Medical Necessity Checks	Workflow	Not Started		
Health Plan Library Reconfiguration	Technical Configuration	SR Ticket Logged		
No Show Ops Job Configuration	Technical Configuration	SR Ticket Logged		

# SWOT Summary



## Strengths

- Strong community presence
- Significant improvements in Cerner configuration over the last 6 months
- Executive commitment to impactful and lasting changes
- Geographic advantage with closest competitor 42 miles away
- Department leaders and staff are invested in the success of the district
- Revenue cycle leaders have shown a willingness and capability to learn quickly and apply new knowledge



## Weaknesses

- Self-Pay collections
- Staff familiarity with Cerner
- Lack of Vendor Accountability
- Remote location makes recruiting talent a challenge
- Communication between staff has not been structured to create transparency and collaboration
- Lack of a permanent experienced revenue cycle professional to accelerate change



## Threats

- Cerner AMS Support has been inconsistent in their responsiveness to NIH needs. With the recent reduction in Cerner's headcount, this could exacerbate the challenge.
- Outsourcing major revenue cycle functions leaves NIH vulnerable to business problems of their vendors. If NIH cannot perform the functions in-house, it needs to be in contact with its vendors frequently (perhaps daily), and hold them accountable to their stated success metrics.
- Administrative burden of managing the outsourced vendors will require significant but necessary time and could hinder NIH ability to pivot quickly to address future roadblocks or challenges.




## Opportunities

- Training and Education: NIH can leverage the training materials RSM has provided to keep staff up to date on Cerner functionality and become experts in their functional area.
- DNFB/High Dollar Review Sessions: NIH can continue DNFB and High Dollar sessions in order to bring awareness to encounters causing delays and correct identified issues.
- Continue to Investigate margin improvement opportunities in length of stay reduction, social discharge planning, non-labor expense reduction, and charge capture optimization
- Evaluate options to recruit a seasoned revenue cycle leader to sustain current improvements and address future business challenges





# QUESTIONS AND ANSWERS



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**AMENDMENT NO. 2  
TO THE  
NORTHERN INYO HEALTHCARE DISTRICT  
401(a) RETIREMENT PLAN**

RECITALS

A. The NORTHERN INYO HEALTHCARE DISTRICT (“Employer”), adopted the NORTHERN INYO HEALTHCARE DISTRICT 401(a) RETIREMENT PLAN (the “Plan”) effective as of January 1, 2013, and restated the Plan effective as of January 1, 2016.

B. The Employer wishes to amend the Plan to revise the eligibility, vesting schedule and contributions under the Plan.

C. The Employer hereby amends the Plan effective as of August 1, 2023 except as otherwise indicated.

D. Section 10.1 of the Plan provides that the Employer reserves the right to amend the Plan at any time.

AMENDMENT

NOW, THEREFORE, Employer hereby amends the NORTHERN INYO HEALTHCARE DISTRICT 401(a) RETIREMENT PLAN as follows

1. Section 1.6, “Compensation,” of Article I, “General Definitions,” is restated and amended by adding the following subsection (c) at the end of the Section to read as follows:

(c) Subject to the foregoing provisions of this Section, “Compensation” for purposes of determining a Participant’s Matching Contributions under the Plan shall mean amounts paid by the Employer as wages, shift differential, and standby pay, but excluding bonuses, overtime, premium pay, commissions, and the value of any unused and unpaid sick leave existing at the time of Severance from Employment.

2. Section 1.12, “Entry Date,” is restated and amended to read as follows:

1.12 Entry Date. “Entry Date” shall mean the later of (i) the Employee’s date of employment or (ii) the day the Employee first becomes eligible to participate in the Plan in accordance with the provisions of Section 4.1.

3. Article I, “General Definitions,” is amended by adding the following definition at the end of the Article:

1.28 Matching Contributions. “Matching Contributions” means those contributions made to the Plan by the Employer under Section 5.1 of the Plan.

4. Section 4.1, “Eligibility,” of Article IV, Eligibility and Participation,” is restated and amended to read as follows:

4.1 Eligibility. Each Employee, who has attained the age of 21 and who is not eligible to participate in the Employer's defined benefit plan, shall become eligible to participate in the Plan.

5. Section 5.1, "Employer Contributions," is restated and amended to read as follows

5.1 Employer Matching Contributions.

- (a) As of each payroll period, the Employer shall make a Matching Contribution to the Plan on behalf of each Employee who is eligible to participate in this Plan under Section 4.1 of the Plan. Matching Contributions shall be allocated to the Participant's Account.
- (b). Subject to Section 5.1(d), below, the Employer has determined that the Employer Matching Contribution shall equal one hundred percent (100%) of the amount deferred by each Participant to the Northern Inyo Hospital 457(b) Plan for each payroll period up to three and one-half percent (3.5%) of the Participant's Compensation for such payroll period.
- (c). Matching Contributions shall be made with respect to catch-up contributions under the Age 50 Catch-Up Contributions and the Special NRA Catch-Up Contributions provisions of the Northern Inyo Hospital 457(b) Plan.
- (d). If for any Plan Year Matching Contributions are allocated on a basis that is more frequent than annually, and if on the last day of any such Plan Year, the dollar amount of any such Matching Contributions made on behalf of a Participant is less than the dollar amount that would have been made if Matching Contributions for that Plan Year had been contributed on an annual basis only, then the Employer will for such Plan Year make additional Matching Contributions in order to make the amount contributed on behalf of a Participant for the full Plan Year equal to the amount that would have been contributed for the Participant if the Matching Contributions for that Plan Year had been contributed on an annual basis.
- (e) For purposes of the 2023 Plan Year, Matching Contributions will be allocated in accordance with Section 5.1(d) based on amounts deferred to the Northern Inyo Hospital 457(b) Plan for the period from August 1, 2023 to December 31, 2023.
- (f) The Plan shall continue to be designed to qualify as a profit-sharing plan for purposes of Sections 401(a) and 402 of the Code.

6. Section 7.2, "Vesting Schedule," is amended by adding the following at the end to read as follows:

For each Employee eligible to participate in the Plan on or after August 1, 2023, the Employee shall have a nonforfeitable and vested right to his or her Account for each Year of Service completed while an Employee of the Employer, in accordance with the following schedule:

Completed Years of Service

Nonforfeitable Percentage

1	20%
2	40%
3	60%
4	80%
5	100%

7. All other provisions of the Plan as in effect prior to this Amendment No. 2 shall remain unchanged by the Amendment No. 2.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

EMPLOYER:

**NORTHERN INYO HEALTHCARE DISTRICT**

By: \_\_\_\_\_

Title: \_\_\_\_\_

APPROVED AS TO FORM AND CONTENT  
BEST BEST & KRIEGER LLP

By: \_\_\_\_\_  
Attorneys for Employer



**NORTHERN INYO HOSPITAL**  
*Northern Inyo Healthcare District*  
150 Pioneer Lane, Bishop, California 93514

Medical Staff Office  
(760) 873-2174 voice  
(760) 873-2130 fax

TO: NIHD Board of Directors  
FROM: Sierra Bourne, MD, Chief of Medical Staff  
DATE: July 10, 2023  
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. Medical Staff Appointments (*action item*)

1. Amy Do-Nguyen, MD (*emergency medicine*) – Active Staff
2. Clayton Davis, DO (*urology*) – Active Staff
3. Zachary Franks, DO (*radiology*) – Courtesy Staff
4. Cali Kirkham-Garcia, MD (*emergency medicine*) – Active Staff
5. Scott Kobner, MD (*emergency medicine*) – Active Staff
6. Connor Wiles, MD (*general surgery*) – Active Staff

B. Medical Staff Resignations (*action item*)

1. Nancy Fong, FNP (*family practice*)

C. Policies (*action item*)

1. *DI CT Radiation Safety Policy*
2. *Nursing Bedside Swallow Screen*

D. Medical Executive Committee Meeting Report (*information item*)



**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY**

Title: DI CT Radiation Safety Policy		
Owner: DIRECTOR OF DIAGNOSTIC SERVICES	Department: Diagnostic Imaging	
Scope: Radiology Technologist		
Date Last Modified: 03/22/2023	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 03/17/2016	

**PURPOSE:** To establish and maintain safe practice at all times in our CT department.

**POLICY:** Computed tomography will be performed by appropriately licensed and trained technologists in accordance with the As Low As Reasonably Achievable (ALARA) program, and Image Gently® /Image Wisely® training.

1. All technologists operating the CT scanner will meet the requirements as determined by CMS, ACR, and The Joint Commission.
2. All technologists operating the CT scanner shall have a thorough understanding of the CT radiation dose, including dose index and “optimal” dose index ranges.
3. Staff involved with CT imaging procedures will be issued radiation monitoring occupational exposure badges. The badge readings will be reviewed by the Radiation Safety Officer. Any readings that are deemed excessive will be addressed by the Radiation Safety Officer directly to the staff member.
4. Public access to the CT suite is restricted. Appropriate signs are posted when radiation is in use.
5. Pediatric specific protocols that have been established based on patient age and/or weight will be utilized whenever possible and kept on file on the unit console.
6. All staff will comply with published ALARA recommendations.
7. All staff will make every effort to conform to Image Gently® /Image Wisely® standards.
8. A remotely operated flow-rate injector will be utilized for all intravenous contrast injections.
9. All standards set forth by the Occupational Safety and Health Administration and the Joint Commission will be followed.
10. Dose reduction (optimization) techniques will be utilized whenever possible. The radiation dose will be set at the lowest values possible while still maintaining appropriate diagnostic imaging quality.
11. Modifications which will increase patient dose will not be made to physicist-approved default protocols without review by the facility’s physicist.
12. Documentation will be made of any changes to the default permanent protocols to include details of the protocol change (technical parameters and the rationale for the change. Any adverse effect on patient dose shall trigger a review by the facility’s physicist.
13. Deviations from approved procedures require approval of the ordering physician or radiologist. Protocol deviations may be given by verbal order, but require a physician signature within 48 hours.

**REFERENCES:**

1. American College of Radiology
2. Intersocietal Accreditation Commission – Computer Tomography Laboratories
3. <https://www.imagewisely.org/>

**RECORD RETENTION AND DESTRUCTION:**

1. Dose records will be maintained on interpretive reports and are part of the permanent medical record

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. DI radiation protection for the patient
2. ALARA program
3. Dosimetry Program – Occupational Radiation Exposure Monitoring Program

Supersedes: v.3 DI CT Radiation Safety Policy





**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY AND PROCEDURE**

Title: Nursing Bedside Swallow Screen		
Owner: Manager ICU and Acute-Subacute	Department: Acute/Subacute Unit	
Scope: ICU and Acute/Subacute RNs		
Date Last Modified: 04/28/2023	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/19/2021	

**PURPOSE:** To establish a standard protocol for a safe and objective screen of swallowing disorders prior to referral to Speech-Language Pathology Services and to establish guidelines for the use of oral care strategies in individuals with suspected aspiration or dysphagia. Swallowing screens are pass/fail and used to identify individuals who require a comprehensive assessment of swallowing by a Speech-Language Pathologist. A systematic formal dysphagia screening and aggressive oral care can decrease the risk of aspiration pneumonia in hospitals.

**POLICY:**

1. **Statement:** Northern Inyo Healthcare District (NIHD) is committed to providing safe quality care for its patients. This includes utilizing an appropriate and objective protocol when screening patients with suspected dysphagia.
2. **Application:** This policy applies to RNs and Speech-Language Pathologists (SLPs) working in the acute inpatient units.

**PROCEDURE:**

1. **Patients who are appropriate for a dysphagia screening include:**
  - a. Individuals with suspected dysphagia
  - b. Individuals who have had a stroke
  - c. Individuals with suspected aspiration
2. **Exclusion criteria:**
  - a. No concern for aspiration risk
  - b. Unable to remain alert for testing
  - c. Eating a modified diet (thickened liquids) due to pre-existing dysphagia
  - d. Existing enteral tube feeding via stomach or nose
  - e. Head-of-bed restrictions < 30°
  - f. Tracheostomy tube present
  - g. If the patient’s clinical status changes resulting in a new risk for aspiration, the dysphagia screening must be re-administered before oral alimentation or medications are ordered.

3. **Administration:** If patient is deemed an aspiration risk and all exclusion criteria has been ruled out, proceed with the Nursing Dysphagia Screening found in Cerner under AdHoc forms. Select “Nursing Dysphagia Screen” in the Assessments folder.
  - a. Brief Cognitive Screen:
    - i. What is your name? Where are you right now? What year is it?
  - b. Oral-Mechanism Examination:
    - i. Assess face, tongue, and palate for asymmetry or weakness.
    - ii. Assess gag reflex
    - iii. Assess secretion management
  - c. Perform water swallow challenge:
    - i. Sit patient upright at 80-90° (or as high as tolerated >30°). Ask patient to drink two sips of water from a cup or with a straw, in sequential swallows, and slow and steady. (Note: Cup or straw can be held by clinician or patient.) Assess patient for interrupted drinking and coughing or choking during or immediately after completion of drinking and for up to 1 minute. Any coughing, choking, drooling, or gurgling are an automatic fail.
  
4. **If patient fails**
  - i. Notify MD and generate Speech-Language Pathology Swallow Evaluation at MD’s discretion.
  - ii. Screening may be re-administered after 24 hours or sooner if change in status has occurred.
  - iii. Oral care must be implemented based on the oral care procedures outlined in Lippincott.
  
5. **Documentation**
  - a. Document in Cerner on the form “Nursing Dysphagia Screen”
  
6. **Dysphagia Screening in the Emergency Department**
  - a. All “Code Stroke” patients in the ED will receive a bedside dysphagia screen by the ED RN.
  - b. Other ED patients will receive dysphagia screen upon physician request.
  - c. The ED dysphagia screen is “Pass” or “Fail” assessment as follows:
    - i. **Step 1:** Patient must demonstrate:
      0. Wakefulness: Alert
      1. Unlabored breathing
      2. Upright posture (sit at 90 degrees)
      3. Clean mouth: provide oral care if needed
      4. STOP if “NO” to any of the above and keep the patient NPO
    - ii. **Step 2:** Complete in order as listed (as seen in Cerner)
      0. Normal tongue movement
      1. Volitional cough (able to cough on command)
      2. Good vocal quality
      3. Normal pharyngeal sensation
      4. Able to swallow water without coughing
    - iii. **Step 3:**
      0. If “Yes” to all the above and swallows water without coughing, okay to proceed with PO intake.
      1. If “No” to any of the above, patient will be NPO.

**REFERENCES:**

1. American Speech-Language-Hearing Association. (2004). Preferred Practice Patterns for the Profession of Speech-Language Pathology [Preferred Practice Patterns]. Available from [www.asha.org/policy](http://www.asha.org/policy).
2. Ashford, J. (2015, March 28). Winter 2014 SASS Minute. Retrieved September 10, 2019, from <https://www.sasspllc.com/wp-content/uploads/2014/12/Yale-Swallow-Protocol.pdf>
3. Suiter, D.M., Sloggy, J., & Leder, S.B. (2014). Validation of the Yale Swallow Protocol: A prospective double-blinded videofluoroscopic study. *Dysphagia*, 29, 199-203.
4. <https://procedures.lww.com/lnp/view.do?pId=3260834&hits=dysphagia&a=false&ad=false&q=dysphagia>
5. [https://www.uptodate.com/contents/approach-to-the-evaluation-of-dysphagia-in-adults?search=dysphagia&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/approach-to-the-evaluation-of-dysphagia-in-adults?search=dysphagia&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)
6. <https://manual.jointcommission.org/releases/archive/TJC2010B/DataElem0205.html>

**RECORD RETENTION AND DESTRUCTION:**

Documentation is maintained within the patient’s medical record by the NIHD Medical Records Department.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Policy

Supersedes: v.3 Nursing Bedside Swallow Screen
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CALL TO ORDER                      The meeting was called to order at 5:30 p.m. by Mary Mae Kilpatrick, Northern Inyo Healthcare District (NIHD) Board Chair.

PRESENT                                      Mary Mae Kilpatrick, Chair  
Melissa Best-Baker, Vice Chair  
Jean Turner, Secretary  
Ted Gardner, Treasurer  
Jody Veenker, Member-at-Large  
Stephen DelRossi, MSA, Interim Chief Executive Officer / Chief Financial Officer  
Allison Partridge RN, MSN, Chief Nursing Officer / Chief Operations Officer  
Stefan Schunk, MD, Chief Medical Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Chair Kilpatrick reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered. No comments were heard from the public.

NEW BUSINESS  
AD HOC COMMITTEE REPORTS                      Chair Kilpatrick called attention to Ad Hoc Committee reports.  
  
Jean Turner reported the Governance Committee is working on policy review and will start bringing policies to the Board for approval next month.

CHIEF EXECUTIVE OFFICER REPORT                      Chair Kilpatrick introduced the Chief Executive Officer Report. Interim CEO Stephen DelRossi provided updates on the following items:

- Anesthesia/Drager Machine: The anesthesia machines were not operating properly. The OR was down for a week, with a contingency plan in place for emergency surgeries, while loaner machines were investigated and acquired. Staff is currently evaluating machines to purchase. The most likely choice will be Perseus machines (3) from Drager on a lease to own basis.
- Legislation: Two State Senate Bills that will have an impact on the hospital are SB 525 and SB 1334. SB 525 would raise minimum wage to \$21.00/hour starting in June 2024. SB 1334 requires public employers to offer breaks as outlined in the bill. Failure to offer breaks will result in penalties.

- Labor: Staff is looking at various staffing models for anesthesia.
- Accountable Care Organization (ACO): Staff is researching ACOs. When an ACO succeeds in delivering high-quality care and spending health care dollars more wisely, it shares the savings it achieves for the Medicare program.

CHIEF FINANCIAL  
OFFICER REPORT

Chair Kilpatrick introduced the Chief Financial Officer report.

FINANCIAL &  
STATISTICAL REPORTS

CFO DelRossi reviewed the financial and statistical reports. Discussion ensued regarding inflation and increased operating costs. Stephen DelRossi reported the first quarter of 2023 saw the highest number of bond defaults in over a decade with rural hospitals being the most affected.

It was motioned by Jody Veenker to approve the financial and statistical reports, seconded by Melissa Best-Baker and the motion passed 5-0.

RSM UPDATE

Chair Kilpatrick called attention to RSM Update. Stephen DelRossi introduced Colin Biggs who reported RSM is entering the final month of engagement. They are transitioning knowledge and leadership to NIH staff.

TAG UPDATE

CFO DelRossi reported TAG has moved to a bi-weekly meeting process to allow more time to work on problems and implement actions. They are working to understand what the district looks like with new plans implemented, then they will start to look for more opportunities.

PMA BUILDING UPDATE/  
THERAPY REHAB

Chair Kilpatrick called attention to the PMA Building update. Stephen DelRossi provided an update on the timeline for Internal Medicine to move to RHC and the Surgery Clinic to move into the PMA building. He reviewed the construction required to prepare the PMA building.

Jean Turner motioned to approve up to \$280,000 to support the build out of the PMA building, Ted Gardner seconded, and the motion passed 5-0.

CHIEF OF STAFF REPORT

Chair Kilpatrick introduced Dr. Bourne who provided the Chief of Staff report.

POLICIES AND  
PROCEDURES

Dr. Bourne provided an overview of the policies and procedures for approval.

- Emergency Management Plan*
- Medical Staff Department Policy - Pediatrics*
- Plan for the Provision of Nursing Care*
- Trophon® Environmental Probe Repressor (EPR)*

Jody Veenker motioned to approve the policies as written, Melissa Best-Baker seconded, and the motion passed 5-0.

MEDICAL EXECUTIVE  
COMMITTEE REPORT

Dr. Bourne provided a report of the Medical Executive Committee meeting.

CONSENT AGENDA

Chair Kilpatrick called attention to the consent agenda which contained the following items.

1. *Approval of minutes of the May 17, 2023 Regular Board Meeting*
2. *Approval of Policies and Procedures – Biennial Review*

Melissa Best-Baker motioned to approve the Consent Agenda, Jody Veenker seconded, and the motion passed 5-0.

REPORTS FROM BOARD  
MEMBERS

Chair Kilpatrick opened up reports to Board Members.

Jean Turner reported on the upcoming ACHD annual conference on September 13-14.

PUBLIC COMMENTS ON  
CLOSED SESSION ITEMS

Chair Kilpatrick announced at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. She announced there is one case on item b. There were no public comments.

ADJOURNMENT TO  
CLOSED SESSION

At 7:02, Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- a. *Conference with Legal Counsel - Existing Litigation.  
Government Code 54956.9(d)(1).  
Name of case: Tillemans v. NIHD*
- b. *Conference with Legal Counsel - Anticipated Litigation.  
Government Code 54956.9(d)(2). Number of Cases (1)*

ADJOURNMENT

Chair Kilpatrick announced there would be no reportable action.  
Adjournment at 7:16 p.m.

\_\_\_\_\_  
Mary Mae Kilpatrick, Northern Inyo Healthcare  
District, Chair

Attest:

\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Secretary



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**Northern Inyo Healthcare District**  
*www.nih.org*

150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811

Date: 7/4/2023  
To: Board of Directors  
From: Stefan Schunk, MD, Interim Chief Medical Officer  
Re: Bi-Monthly CMO report

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### **Medical Staff Department update**

Ongoing projects include:

- Telestroke/Teleneurology service with Sevaro is underway. We have had 48 case contacts in May and June. Early feedback is very positive from providers, staff and patients.
- Reviewing virtual Scribe service for more efficient offerings.
- Dr Rowan (Cardiology) to offer outpatient on-site clinic to start once monthly (in negotiations).

Physician Recruitment update:

- Continue to actively recruit for Pediatrics and Anesthesia.
- New ED physician starts: Cali Kirkham 7/1/2023, Scott Kobner 7/14/2023 and Amy Do 8/1/2023.
- New provider starts: Elizabeth Haun (RHC NP) 7/17/2023, Clayton Davis (Urology) 8/1/2023, Connor Wiles (General Surgery) 8/14/2023, James Tur (Hospital Medicine) 9/8/2023.

### **Quality Department update**

- 2022 QIP data submitted met with initially favorable review. Final audit (determining compensation) is August 2023. Three metrics last year (\$750,000/metric) but anticipating approximately \$1.3 million total QIP payout plus metrics; anticipate twelve metrics for 2023.
- Investigate ACO (Affordable Care Organizations) options.
- Investigate Patient Safety education ideas to raise institutional awareness.

### **Dietary Department**

Our full time Registered Dietician has returned performing all her usual duties. Part-time per diem RD currently posted. Please welcome Chris Gaskill as our new Nutrition Manager.

### **Rehab Department**

- We recently hired a new Physical Therapist for inpatient and outpatient work.
- Temporary Speech-Language Pathologist ("Speech Therapist") has been hired which has been an integral part of the Tele-stroke service.

## **Infection Prevention**

- The Infection Prevention team is preparing for the CDPH annual validation survey for HAI (Hospital Acquired Infections) in the upcoming months.

## **Transitions**

A very capable Adam Hawkins MD will assume this position on August 1<sup>st</sup>. Together with Dr Engblade, we have fashioned a smooth transition process which we hope will benefit the district in the future. Dr Hawkins has been introduced to discussions and planning so that his familiarity with the issues will allow him to “hit the ground running”!

I will return to Hospital Medicine work and plan to be engaged in district discussions to improve efficiencies. The CMO role has provided me a unique insight into the organization. It has been a brief but fascinating trip getting to know the contributors. We have a group of leaders and managers who care about how this hospital performs and how it is perceived. I am proud to have been part of that team for these past few months.



**NORTHERN INYO HEALTHCARE DISTRICT  
REPORT TO THE BOARD OF DIRECTORS  
FOR INFORMATION**

Date: July 5, 2023

Title: **Compliance Department Quarterly Report**

Synopsis: The Compliance Department Quarterly Report updates the Board on the work of the Compliance Department. It provides information on audits, alleged breaches, contract work, and projects. All information in the report is summarized, however, any additional details will be provided to the Board of Directors upon request.

Prepared by: Patty Dickson  
Title: Compliance Officer

Reviewed by: \_\_\_\_\_  
Name  
CFO, Interim CEO

**FOR EXECUTIVE TEAM USE ONLY:**

Date of Executive Team Approval: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Chief Officer

## Quarterly Compliance Report –Calendar year 2023, Q2 July 5, 2023

### Comprehensive Compliance Program review summary:

1. **Audits** - A wide variety of audits in the Compliance Program review for privacy concerns, language access issues, fraud, waste, and abuse.
2. **Security Risk Assessment** - District HIPAA (Health Insurance Portability and Accountability Act) Security Risk Assessment for 2023 is due to be completed by Compliance and IT Security in November 2023.
3. **SAFER** - Office of National Coordinator of Health Information Technology SAFER ((Safety Assurance Factors for EHR (Electronic Health Record) Resilience)) was completed. Cooperative process between Quality, IT, Informatics, and Compliance.
4. **Compliance Workplan** - The Compliance Workplan is updated annually, and as needed, to adjust the focus of certain audits, in alignment with the Office of Inspector General (of the Department of Health and Human Services) and our local Medicare Administrative Contractor (MAC), Noridian priorities.
5. **Conflicts of Interest** – This important component of the Compliance Program ensures that no parties use or conduct District business for personal financial gain.
6. **Privacy Investigations** – Privacy investigations can arise due to complaints, access audits, HIMS audits, and anonymous reporting.
7. **Other Investigations** – Other compliance related investigations are conducted to avoid regulatory non-compliance, investigate regulatory compliance, and respond to regulatory agency inquiries and investigations.
8. **Compliance Committees** – This section provides a brief overview of the work of the Compliance committees and sub-committees.
9. **Issues and Inquiries** – The compliance team researches numerous questions, concerns and regulatory issues to allow other NIHD team members to take a proactive approach.
10. **CPRA Requests** – The Compliance Officer is responsible for intake and review of public records requests, and research, investigation, redaction and fulfillment of those requests.

11. **Policy Management Software** – The Compliance Team currently manages the software, user configuration, policy tracking for approvals, education and support for District leadership.
12. **Contract Management** – The Compliance Team is currently implementing contract lifecycle management software. Compliance currently reviews all contracts except those used in the Purchasing procurement process. The Compliance team manages the software, user configuration, and tracking of documents.
13. **Unusual Occurrence Reports** – The Compliance Team currently processes and tracks all unusual occurrence reports for the District. Compliance provides the quality data to leadership and teams for monitoring and trending. Compliance manages the software, reporting, user configuration and resolution of all UORs.
14. **Language Access Services** – The Compliance team now facilitates translation of documents, language services concerns, and Language Access Policies.

## 1. Audits

- A. Employee Access Audits - The Compliance Department Analyst, Conor Vaughan, completes audits for access of patient information systems to ensure employees access records only on a work-related, need-to-know, and minimum necessary basis.
  - i. Cerner semi-automated auditing software tracks all workforce interactions and provides a summary dashboard for the compliance team. The dashboard provides “flags” for unusual activity. Flags require further investigation and review by the Compliance Team.
  - ii. The following is Q3 CY2023 activity
    - a. New Employee Audits: 28
      - I. Flags: 1
      - II. Flags resulting in policy violations: 0
    - b. For Cause Audits: 56
      - I. Flags: 2
      - II. Flags resulting in policy violations: 1
    - c. In “own” chart flags: 10
      - I. Flags resulting in policy violations: 10
        - i. Provided education and training: 10
        - ii. Repeat violations: 0

- d. Same Last Name Search Flags: 300
  - I. Resulted in follow up with employee: 9
  - II. Flags resulting in policy violations: 0
- B. Business Associates Agreements (BAA) audit
  - i. Business Associates are vendors who access, transmit, receive, disclose, use, or store protected health information to provide business services to the District. These vendors range from our billing and coding companies to companies that provide medical equipment that transmits protected health information to the electronic health record. The Business Associates Agreements assure NIHD that the vendor meets the strict governmental regulations regarding how to handle, transmit, and store protected information to protect NIHD and NIHD patient information.
  - ii. NIHD currently has approximately 75 active BAAs.
    - a. 3 were completed this quarter
    - b. Several BAAs do not show in Evisort dashboard, as the contract and BAA are currently scanned as one document
- C. Contract and Agreement reviews/audit
  - i. Contracts and agreements are in the following status for CY 23:
    - a. ~127 contracts were reviewed and executed
    - b. ~8 contracts are in the review process
    - c. ~13 are on hold
    - d. ~25 existing contracts are also in the review process
    - e. 8 agreements have been terminated
    - f. 19 agreement terminations in progress
  - ii. Audit of Cerner contract and OPT (changes/additional purchases)
    - a. Review of all contracts/addenda
    - b. Review of all paid invoices
    - c. Reconciliation of charges from Cerner
    - d. To be completed by July 31, 2023
- D. HIMs (Health Information Management) scanning audit
  - i. Have not received HIM audit info from UASI or OS at this time.
- E. Email security audit/reviews
  - i. Reviewed at least once a month
  - ii. Review email security systems for violations of data loss prevention rules

- a. Typically results in reminder emails to use email encryption sent to members of workforce.
- b. Occasionally results in full investigations of potential privacy violations.

F. Language Access Services Audit

- i. Language access EHR audits are scheduled for quarter 3 of CY 2023. This is a review of the documentation for Limited English Proficiency (LEP) patients' documentation, to ensure they are getting proper language assistance for their healthcare access and documents.

G. 340B program audits

- i. The 340B drug program is designed to provide rural and underserved communities access to discount drug prices, allowing the facility to save several hundred thousand dollars annually. Those funds are used by the District to improve services provided to the community.
- ii. Annual 340B audit has been completed by SpendMend (formerly TurnKey)
  - a. Several observations for minor tweaks/improvements to the program.
  - b. Commendation from the auditing firm for the NIHD teams engagement and "excellent job with 340B oversight"
  - c. All sample audits met status and eligibility requirement, however, one small issue with out-of-state Medicaid was identified and corrected.
  - d. The Compliance Department recognizes Becky Wanamaker and Jeff Kneip for their excellent work on this program.

H. Narcotic Administration/Reconciliation Audit

- i. Working in conjunction with Pharmacy to review narcotic administration.
- ii. One "for-cause" audit completed (January 2023)

I. Vendor Diversity Audit – NIHD has approximately 1370 vendors.

- i. Health and Safety Code Section 1339.85-1339.87 required the Department of Health Care Access and Information (HCAI, formerly OSHPD) to develop and administer a program to collect hospital supplier diversity reports, including certified diverse vendors in the following categories: minority-owned, women-owned, lesbian/gay/bisexual/transgender-owned, and disabled veteran-owned businesses.
- ii. NIHD has completed reporting to HCAI for vendor diversity. It was completed in early June 2023, well ahead of the July 1, 2023 due date.

a. NIHD has 0% spend with certified diverse vendors.

J. Provider Verifications

- i. More than 295 providers were verified and were checked for state and federal exclusions in the first two quarters of calendar year 2023
- ii. No exclusions were found for verified providers.
- iii. NIHD may not bill for referrals for designated health services from excluded providers. Billing for referrals from excluded providers could put NIHD at risk for false claims.

K. Claim/Charge Audits, completed in Q1 CY 2023

- i. None completed at this time
  - a. Scheduled CV vaccine/administration charges audit for July 2023.

**2. HIPAA Security Risk Assessment (SRA) – Completed November 2022**

- A. This is a mandatory risk assessment under the jurisdiction of the HHS OIG
- B. Penetration Testing is underway as of June 2023 with IT (Information Technology) Security.
- C. Internal pre-penetration testing has been completed by NIHD security.

**3. Office of National Coordinator of Health Information Technology SAFER Audit ((Safety Assurance Factors for EHR (Electronic Health Record) Resilience)) has been completed for CY 2022.**

**4. Compliance Work Plan – Updated July 2023, [see attached](#)**

**5. Conflicts of Interest**

- A. The Compliance department has not distributed Conflict of Interest forms to the NIHD team for 2023 yet this year.
- B. The Compliance department emailed the NIHD workforce the 2022 Conflicts of Interest (COI) form.
  - i. Compliance is processing COI forms received and will notify the Business Compliance Team when ready to schedule a meeting to review the forms.
- C. No COI forms submitted to the compliance department noted any knowledge or concern for the following:
  - i. Business transactions with an aim for personal gain.
  - ii. Gifts, loans, tips, or discounts to create real or perceived obligations.
  - iii. Use of NIHD resources for purposes other than NIHD business, NIHD sponsored business activities, or activities allowed by policy.

- iv. Bribes, kickbacks, or rewards with the intent to interfere with NIHD business or workforce.
- v. Use of NIHD money, goods, or services to influence government employees, or for special consideration or political contribution.
- vi. False or misleading accounting practices or improper documentation of assets, liabilities, or financial transactions.

**D. Current Interim CEO and Permanent CFO**

- i. Management plan in place with Controller to ensure segregation of duties for financial transfers and processes

**6. Privacy Investigations**

**A. Privacy investigations/potential breaches between January 1, 2023 – June 30, 2023, total - 21**

- i. Reported to CDPH/OCR – 6
  - a. CPDH substantiated breach, with no deficiencies – 2 cases
  - b. One reported potential breach – unsubstantiated by CDPH
  - c. 3 still waiting for CDPH to investigate
  - d. One breach for 2022 is currently being investigated by CDPH
- ii. Investigations still active in the Compliance Department for Q1 and 2 – 0
- iii. Investigations closed by the Compliance Department with no reporting required - 15

**B. Privacy investigations/potential breaches outstanding with CDPH**

- i. Privacy investigations from 2022
  - a. Reported to CDPH/OCR – 6
  - b. One currently under investigation by CDPH
  - c. Four potential breaches in submitted/in progress status with CDPH
- ii. Privacy investigations from 2021
  - a. Reported to CDPH/OCR 2021– 4
  - b. Two potential breaches are in submitted status with CDPH
- iii. Privacy investigations from 2020 (outstanding with regulatory agency)
  - a. Reported to CDPH/OCR 2020
  - b. Eight (8) potential breaches have no CDPH determination at this time.
- iv. Privacy investigations from 2019 (outstanding with regulatory agency)
  - a. Reported to CDPH/OCR 2019
    - I. One (1) potential breach has no CDPH determination at this time.



## 7. Investigations

- A. Compliance has conducted or assisted with twenty-three (23) investigations/reviews that were not related to privacy/breach allegations thus far in 2023 including the following:
- i. California Occupational Safety and Health (January 2023)
    - a. One complaint alleged regarding training on location of Personal Protective Equipment (PPE) and providing time to don PPE
    - b. Response sent by Compliance Officer timely, with no further follow up requests from Cal DOSH.
  - ii. California Department of Justice, Office of Attorney General (March 2023)
    - a. One consumer complaint regarding NIHD RHC Car Clinic.
    - b. Response sent by Compliance Officer timely, with no further follow up requests from DOJ.
  - iii. California Department of Public Health
    - a. Review of District reorganization
    - b. Response sent timely by Chief Nursing Officer, with no further follow up requests from CDPH
  - iv. Inyo County District Attorney
    - a. Review of documentation between 2018-2020
    - b. Response discussion. No further follow up requests from District Attorney.

## 8. Compliance Committees

- A. Compliance and Business Ethics Committee (CBEC)
  - i. Meeting held in March 17, 2023
  - ii. Quarter 2 meeting cancelled due to scheduling issues.
- B. Billing and Coding Compliance Committee (BCCC) reports to the CBEC committee.
  - i. This group reviews billing/coding issues, chargemaster changes, and policies that affect billing/coding/accounting. This subcommittee is chaired by the Compliance Officer and meets bi-weekly.
- C. Business Compliance Team (BCT) reports to the CBEC Committee.
  - i. This group reviews all Conflict of Interest questionnaires with potential conflicts to determine the appropriate and consistent method to address the



conflict. This subcommittee is chaired by the Compliance Officer and meets on an ad hoc basis. This team has not met in 2023 as of 6/30/2023.

#### D. Forms Committee

- i. NIHD develops forms in compliance with our Forms Control Policy. Forms are branded with NIHD logos. There are standardized templates, designated fonts, official translations, and mandatory non-discrimination and language access information.
- ii. All forms and public information documents used at the District for patient care, regulatory requirements, orders, down-time documentation, standardized workflows, and process improvement are submitted to the Forms Committee. Once approved they are maintained in a location on the NIHD Intranet (a quick link named “Approved Forms”) for access by NIHD workforce.
- iii. The team will begin requesting postings and signage to be approved through the Forms Committee, as there is problem with “signage fatigue,” inconsistency, failure to meet Affordable Care Act Section 1557 standards, failure to use consistent District branding, and failure to obtain appropriate translations.
- iv. We have added Barbara Laughon to this committee to ensure her review and approval of all signage and postings, other than those posters legally required by employment law.
- v. District reorganization has slowed the Forms development and approval process.

### 9. Issues and Inquiries

- A. Compliance has researched around 85 issues for the District in the first quarter of 2023. They include minor privacy regulations, billing issues, sentinel event reporting, Substance Abuse and Mental Health Services Administration (SAMHSA) regulations, confidentiality issues, release of information and information blocking regulations, regulatory updates, mandatory reporting, and many other areas of interest and concern.
  - i. Ambulance Restocking – research in progress. Will most likely need a fair market value agreement with ambulance company.
  - ii. Cannabis All Facilities Letter – research in progress. 2 California laws in conflict
  - iii. SAMHSA confidential Part II records, storage, and redaction.

- iv. Urine Toxicology for Pregnant patients
- v. Updates to Notice of Privacy Practices and Conditions of Admissions
- vi. Updates to Language Access Policies
- vii. Update all Notice of Non Discrimination and postings

B. Compliance will ensure follow up on any external Financial Audit deficiencies and corrective action plans, and monitoring processes are presented to the Board regularly until monitoring documents resolution with sustainability.

## 10. CPRA (California Public Records Act) Requests

- A. Compliance has received nine (12) CPRA requests in through July 1, 2023.
  - i. All are completed.

## 11. Policy Management software and upkeep

- A. Proper policies and policy management is a large component of an effective Compliance Program.
- B. Katie Manuelito maintains users manually and works with leadership teams to ensure all NIHD employees have correct policies assigned based on job title.

## 12. Implementation of Contract Lifecycle Management Software

- A. Evisort Contract Lifecycle Management Software
  - i. Implementation nearly complete
  - ii. We have uploaded 1176 documents
    - a. We now have 1075 agreements in Evisort
      - I. We are in the process of “cleaning up” documents. There are documents (invoices, certificates of liability, etc.) that are in the system but need to be moved to supporting documents.
    - b. We have created workflows that will allow District leaders to submit new contracts in the software. This will also allow NIHD to move to an electric signature process for our teams and vendors.
  - iii. See attached dashboard documents – these are from the initial intake information generated by the “artificial intelligence” reading of the documents. We have some clean-up work to do, however, we already have more information on our contracts than ever in the history of NIHD. This is overview information, designed to display on screen. Every data point in the graphs allows the user to “click” on it to drill into the exact contracts represented.

- iv. We have a few more weeks of system building before rolling out leadership training for the system. All department leaders will have access to the contracts they need for the operations of their areas.
- v. All contracts will be connected to a “cost center,” which will ensure review of all contracts by department and cost center during budgeting time. It will also allow the Budget Analyst to pull all info by cost center.
- vi. The ability to manage contracts instead of storing contracts will save the District tens of thousands of dollars annually, by ease of access to termination terms, monitoring of renewal/non-renewal terms, and proactive monitoring and notification for upcoming renewals/expiration.

### 13. Unusual Occurrence Reports (UOR)

- A. UOR quality report data for January 1, 2023 through June 30, 2023, [see attached](#)
  - i. Notable trends out of 274 UORs received in Q1 and 2 CY 2023:
    - a. UORs regarding complaints and requests to review billing and care continue to be the highest volume,
    - b. Specimen issues are the second highest volume in UORs
    - c. June saw a marked decrease in UORs from prior months of 2023.
    - d. 12 UORs have resulted in systemic changes in 2023.
- B. The UOR process involves significant work and time from the Compliance team.
  - i. All UORs in Complytrack are currently received by the Patty Dickson and Conor Vaughan.
    - a. Many patient complaint and concern phone calls are transferred to the Compliance team for intake and assistance.
    - b. The Compliance team typically provides response letters for the patient complaints, although the CMO assists on specific clinical matters.
  - ii. UORs are triaged and assigned to appropriate department leaders for review. Emails and phone calls are placed to leaders for urgent UORs.
  - iii. We review replies, ensure thorough responses and corrective actions, provide follow up letters to patients, and ensure the executive team is aware of all areas of concern.
  - iv. The Compliance Officer follows up with leaders who are having difficulty with timely responses and attempts to assist them with resolution.
  - v. The Compliance team ensures UORs are closed after thorough review, corrective actions and, in most cases, resolution.

#### **14. Language Access Services**

- A. Translation (written word) services may be requested using a form on the intranet. Completion of this form sends a request to the Compliance Department, who then seeks translation from a third party vendor.
  - i. 8 documents have been sent for external translation since April 2023
- B. Interpretive (spoken word) services are provided via telephone and video interpreting units from third parties, CyraCom and Language Line.
- C. Language Access policies are in the process of being updated to accommodate changes during the reorganization of the District.
- D. Language Access regulations are enforced by the HHS (US Department of Health and Human Services) Office of Civil Rights.

No.	Item	Reference	Comments
<b>Compliance Oversight and Management</b>			
1.	Review and update charters and policies related to the duties and responsibilities of the Compliance Committees.	NIHD Compliance Program (p.17)	Review November 2023
2.	Develop and deliver the annual briefing and training for the Board on changes in the regulatory and legal environment, along with their duties and responsibilities in oversight of the Compliance Program.	NIHD Compliance Program (p.17)	Legal counsel and ACHD provide education and training to Board members. Compliance provides ad hoc training as requested or required.
3.	Develop a Compliance Department budget to ensure sufficient staff and other resources to fully meet obligations and responsibilities.		Compliance budget developed. Decrease in personnel by 2. Increase in software budget.
4.	District Policy and Procedure management		Katie Manuelito provides support to leadership and policy software management.
<b>Written Compliance Guidance</b>			
4.	Audit of required Compliance related policies.		Annual review conducted on regular schedule throughout the year
5.	Annual review of Code of Conduct to ensure that it currently meets the needs of the organization and is consistent with current policies. (Note: Less than 12 pages, 10 grade reading level or below)		07/2023
6.	Verify that the Code of Conduct has been disseminated to all new employees and workforce.		Ongoing in conjunction with HR. Current to date.
<b>Compliance Education and Training</b>			
7.	Verify all workforce receive compliance training and that documentation exists to support results. Report results to Compliance and Business Ethics Committee.		Relias reports
8.	Ensure all claims processing staff receive specialized training programs on proper documentation and coding.		Billing and Coding now performed by outside agencies. Summary reports to Compliance Officer, internal reporting and

			review delayed due to reduction in staffing.
9.	Review and assess role-based access for EHR (electronic health record) and partner programs. Implement/evaluate standardized process to assign role-based access.		Cerner has role-based access, however, not all roles align with NIHD positions. Selections reviewed by ITS access security, Cybersecurity Officer and Privacy officer. Ad hoc reviews as needed/requested
10.	Compliance training programs: fraud and abuse laws, coding requirements, claim development and submission processes, general prohibitions on paying or receiving remuneration to induce referrals and other current legal standards.	Completed at Orientation.	Completed at orientation – current through 06/30/2023. False Claims Act Policy assigned annually.
<b>Compliance Communication</b>			
11.	Review unusual occurrence report trends and compliance concerns. Prepare summary report for Compliance Committee on types of issues reported and resolution		Annual and quarterly reports submitted to appropriate committees and Board of Directors.
12.	Develop a report that evidences prompt documenting, processing, and resolution of complaints and allegations received by the Compliance Department.	Complytrack	Processed 274UORs in CY 2023. 232 UORs closed
13.	Document test and review of Compliance Hotline.		Completed 05/2023
14.	Physically verify Compliance hotline posters appear prominently on employee boards in work areas.		Scheduled for July 2023
<b>Compliance Enforcement and Sanction Screening</b>			
15.	Verify that sanction screening of all employees/workforce and others engaged by NIHD against Office of Inspector General (OIG) List of Excluded Individuals and Entities has been performed in a timely manner, and is documented by a responsible party.	Ongoing – HR performs employees/travelers/temps monthly. Compliance verifies new referring providers. Medical Staff Office (MSO) verifies all medical staff. Accounting verifies all vendors.	Current through 03/31/2023  Developing a plan for annual re-validation of exclusions vendors due 10/2023
16.	Develop a review and prepare a report regarding whether all actions relating to the enforcement of disciplinary standards are properly documented.		On hold due to current reorganization.
17.	Audits		

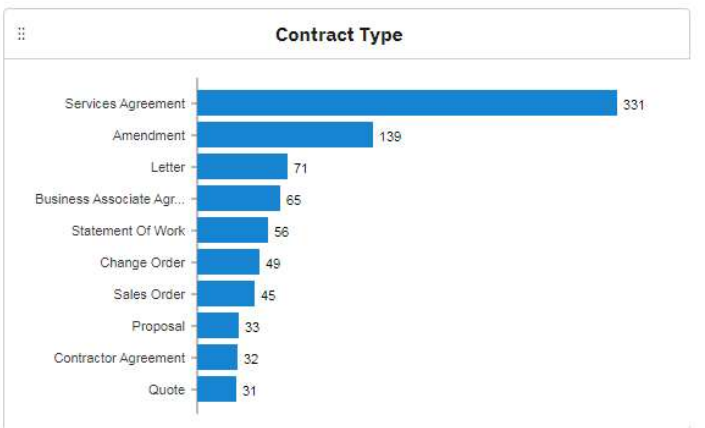
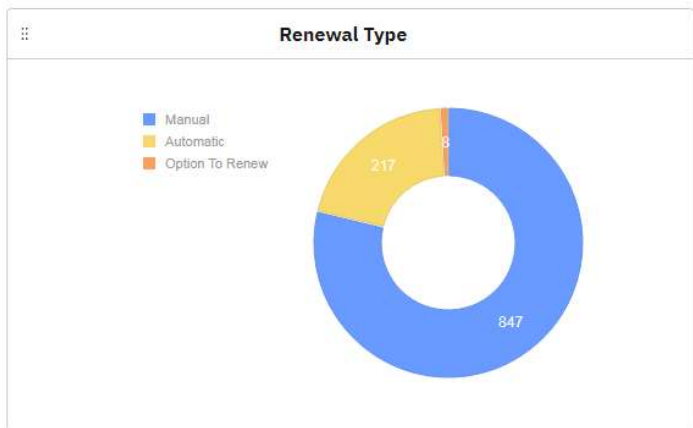
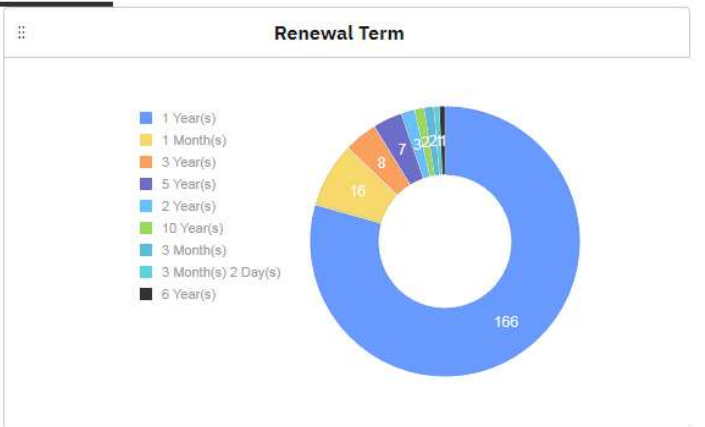
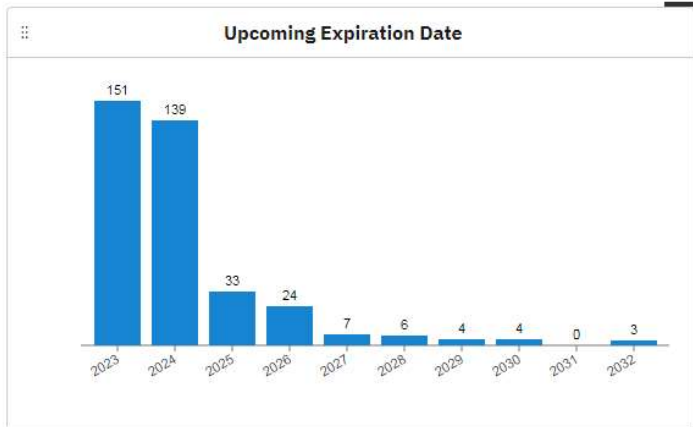
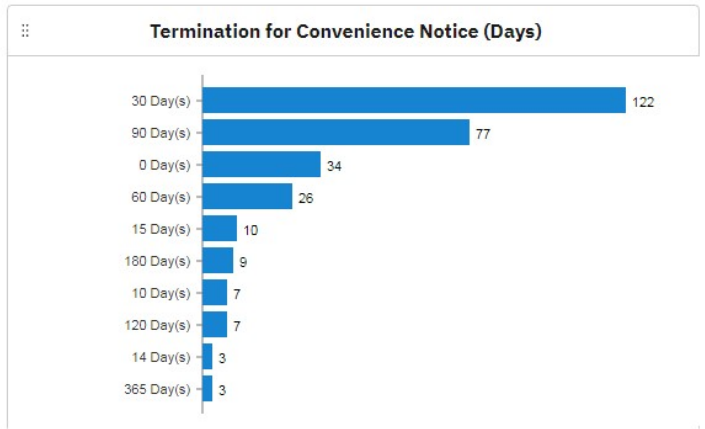
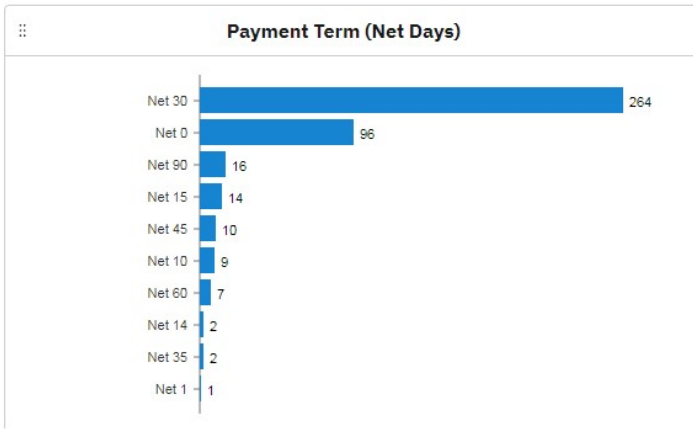
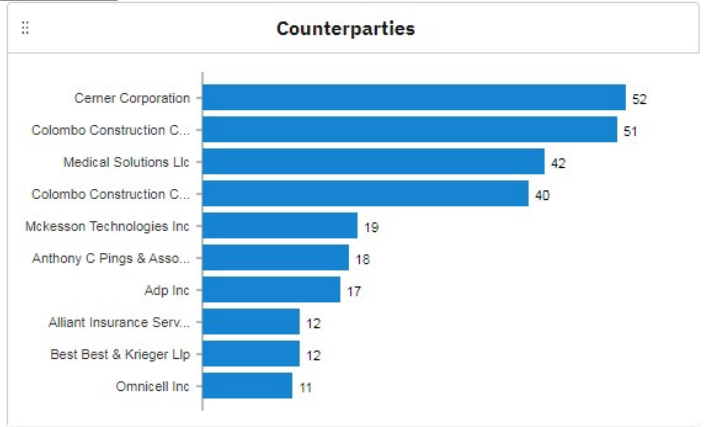
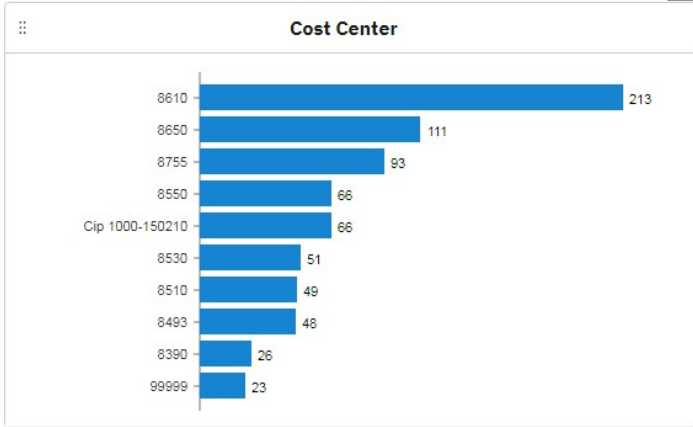
	a. Arrangements with physician (database)		Physician Contracts are now in a review cycle. All templates created/reviewed in conjunction with legal counsel (BBK).
	b. EMTALA (Emergency Medical Treatment and Active Labor Act)		All EMTALA concerns immediately reviewed. Current through 07/01/2023
	c. Financial Audits	FY 2023	Follow up on Eide Bailly FY 2022 deficiencies – Requested to add to Board Agenda for July 2023
	d. Payment patterns		On hold while reviewing best way to extract data from Cerner.
	e. Bad debt/ credit balances, AR days		Ongoing monitoring and review by multiple committees and RSM project.
	f. DME (Durable Medical Equipment)	HHS OIG target	NIHD does not currently have a DME license.
	g. Lab services	MAC target	On hold due to reorganization.
	h. Imaging services (high cost/high usage)	MAC target	On hold due to reorganization.
	i. Rehab services	HHS OIG workplan	On hold due to reorganization.
	j. Language Access Audits	OIG target	09/2023
18.	Ensure that high risks associated with HIPAA and HITECH Privacy and Security requirements for protecting health information undergo a compliance review.		Security risk assessment November 2023 with Cybersecurity Officer.
	a. Annual Security Risk Assessment		Due November 2023
	b. Periodic update to Security Risk Assessment		Updated following penetration testing in July 2023
	c. Monthly employee access audits		Cerner provides continuous semi-automated monitoring, reducing the need for a completely manual auditing process.
19.	Audit required signage		Due 08/2023

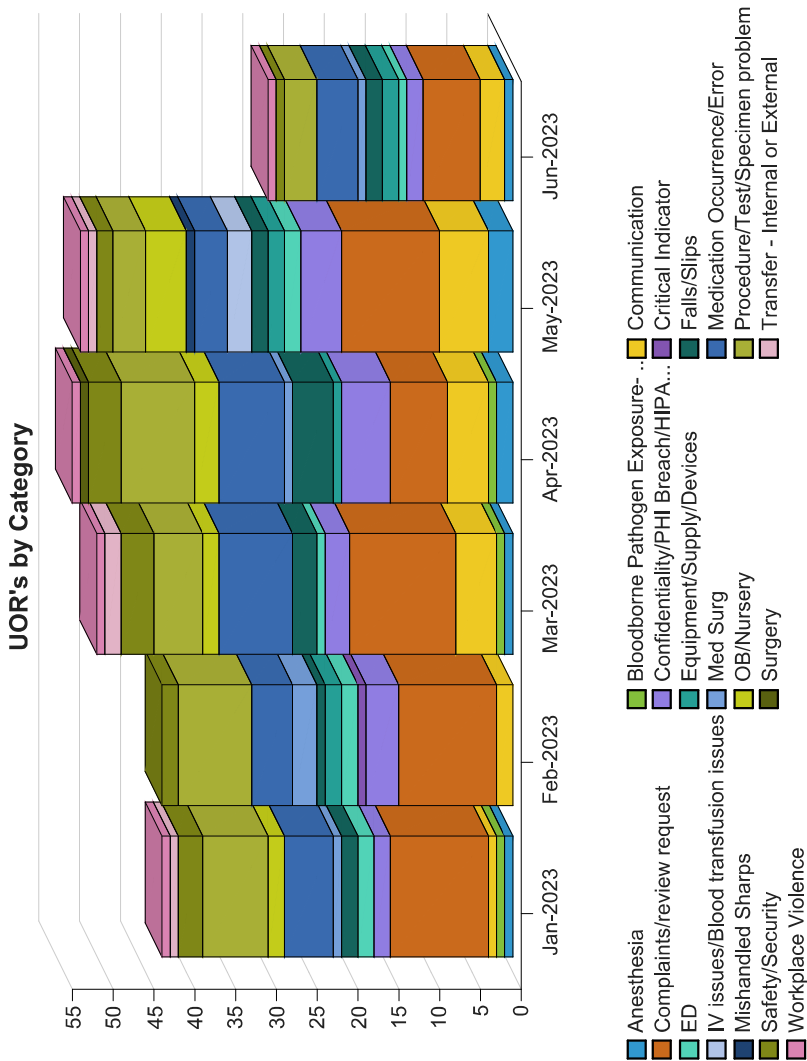
20.	Audit HIMS (Health Information Management) scanned document accuracy		On hold due to reorganization
21.	Develop metrics to assess the effectiveness and progress of the Compliance Program		Due 9/2023
22.	Review CMS Conditions of Participation		Ongoing
<b>Response to Detected Problems and Corrective Action</b>			
23.	Verify that all identified issues related to potential fraud are promptly investigated and documented		ongoing
24.	Conduct a review that ensures all identified overpayments are promptly reported and repaid.		Monitored by Revenue Cycle Team and Accounting. Reporting to Compliance as needed.
25.	UOR tracking and trending – UOR/Unusual occurrence reporting is now a function of the Compliance Department.		See UOR reporting attached to Board Report for Q1CY2023, attached.
	a. Provide trend feedback to leadership to allow for data driven decision-making		Quarterly
	I. Overall UOR process		July 2023
	II. Workplace Violence		July 2023
	III. Falls		July 2023
26.	Patient complaints		Documented and tracked in Unusual Occurrence Reporting system
27.	Breach Investigations	HIPAA, HITECH, CMIA	On-going – see Compliance reports

2023 Compliance Workplan – updated 07/2023

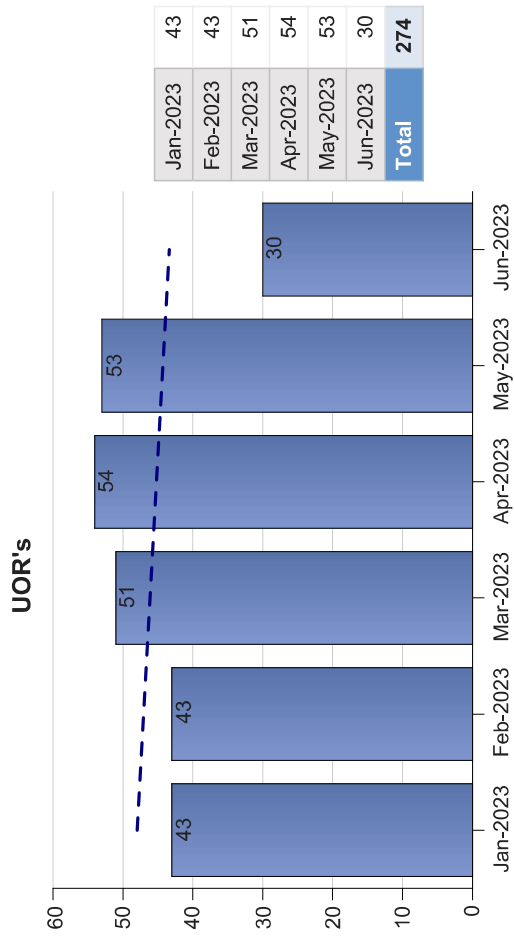


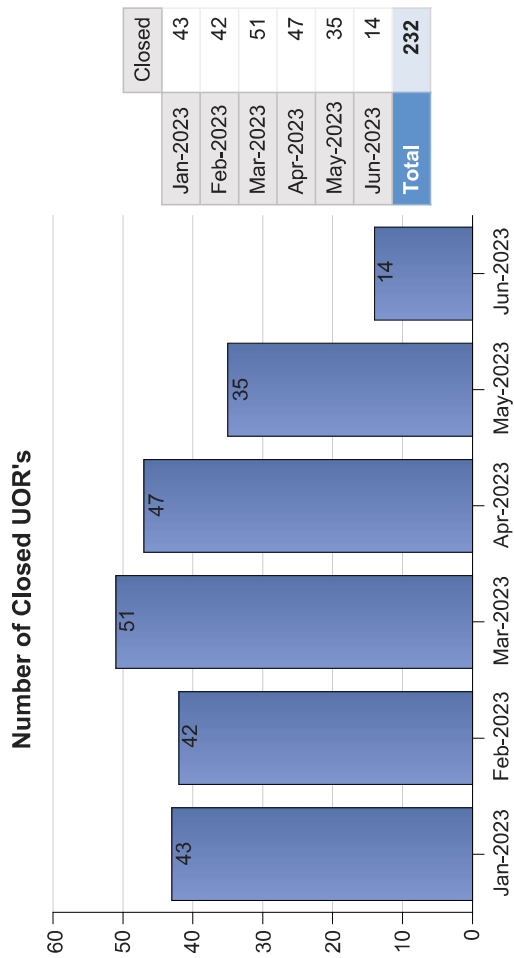
# EVISORT Dashboards (Contract Lifecycle Management Software)

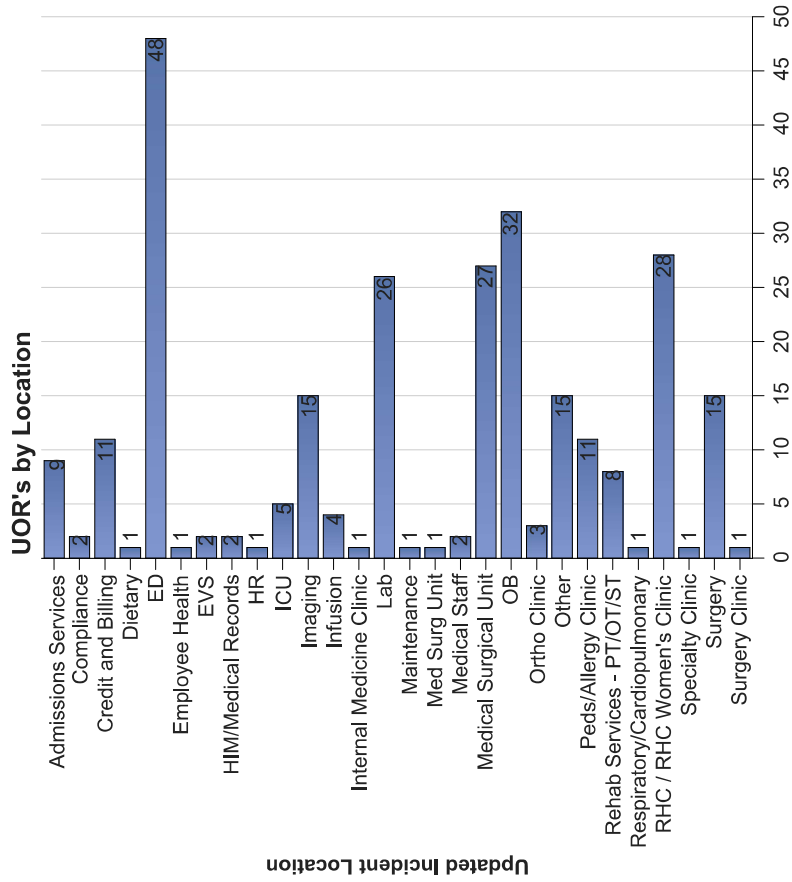




	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
Anesthesia	1		1	2	3	1	8
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1		1	1			3
Communication	1	2	5	5	6	3	22
Complaints/review request	12	12	13	7	12	7	63
Confidentiality/PHI Breach/HIPAA violation	2	4	3	6	5	2	22
Critical Indicator		1					1
ED	2	2	1		2	1	8
Equipment/Supply/Devices		2		1	2	2	7
Falls/Slips	2	1	3	5	2	2	15
IV issues/Blood transfusion issues					3		3
Med Surg	1	3		1		1	6
Medication Occurrence/Error	6	5	9	8	4	5	37
Mishandled Sharps					1		1
OB/Nursery	2		2	3	5		12
Procedure/Test/Specimen problem	8	9	6	9	4	4	40
Safety/Security	3	2	4	4	2	1	16
Surgery				1			1
Transfer - Internal or External	1		2		1		4
Workplace Violence	1		1	1	1	1	5
<b>Total</b>	<b>43</b>	<b>43</b>	<b>51</b>	<b>54</b>	<b>53</b>	<b>30</b>	<b>274</b>



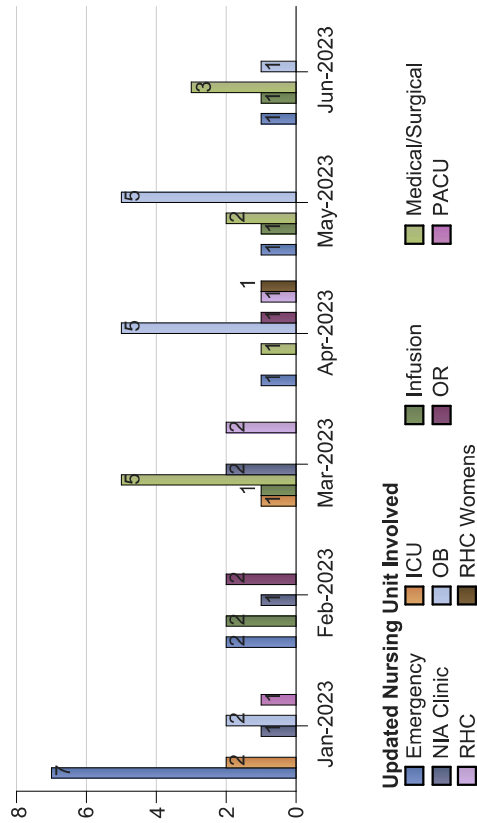




Admissions Services	9
Compliance	2
Credit and Billing	11
Dietary	1
ED	48
Employee Health	1
EVS	2
HIM/Medical Records	2
HR	1
ICU	5
Imaging	15
Infusion	4
Internal Medicine Clinic	1
Lab	26
Maintenance	1
Med Surg Unit	1
Medical Staff	2
Medical Surgical Unit	27
OB	3
Ortho Clinic	15
Other	3
Peds/Allergy Clinic	11
Rehab Services - PT/OT/ST	8
Respiratory/Cardiopulmonary	1
RHC / RHC Women's Clinic	28
Specialty Clinic	1
Surgery	15
Surgery Clinic	1
<b>Total</b>	<b>274</b>

### UOR's Related to Nursing by Nursing Unit Involved

(only when Nursing Unit Involved = Yes)

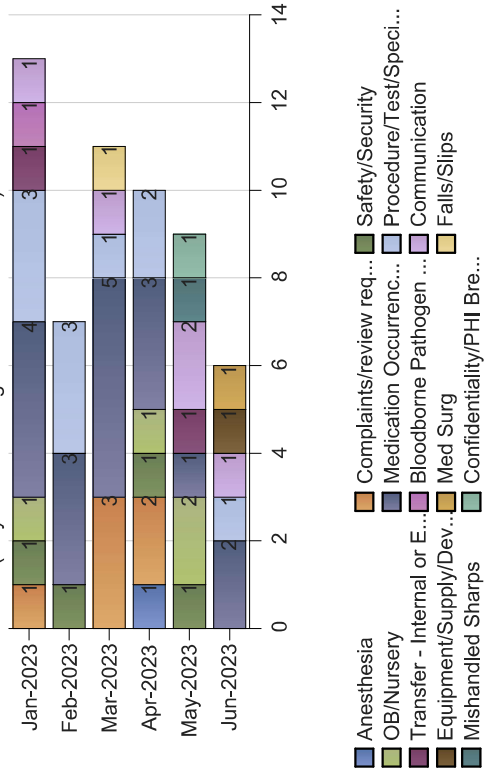


### Updated Nursing Unit Involved



### UOR's Related to Nursing

(only when Nursing Unit Involved = Yes)

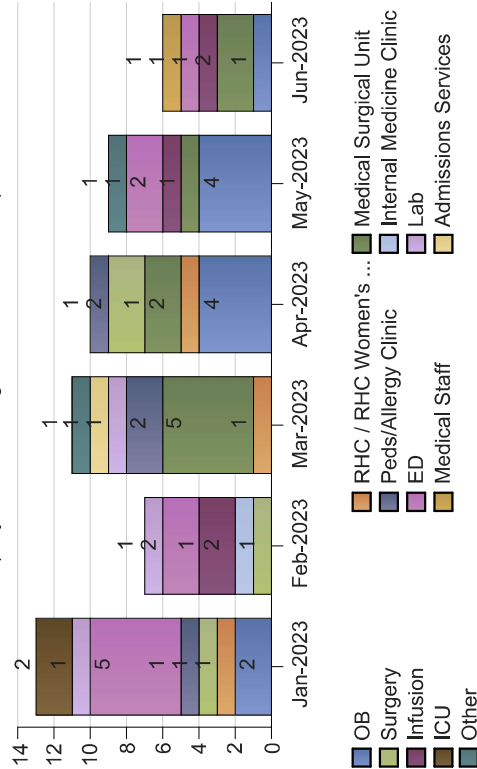


	Yes
Emergency	12
ICU	3
Infusion	5
Medical/Surgical	11
NIA Clinic	4
OB	13
OR	3
PACU	1
RHC	3
RHC Womens	1
<b>Total</b>	<b>56</b>

	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
Anesthesia	1				1		1
Complaints/review request			3	2			6
Safety/Security	1	1		1	1		4
OB/Nursery	1			1	2		4
Medication Occurrence/Error	4	3	5	3	1	2	18
Procedure/Test/Specimen problem	3	3	1	2		1	10
Transfer - Internal or External	1				1		2
Bloodborne Pathogen Exposure-Splash/ Mucous Membrane	1						1
Communication	1		1		2	1	5
Equipment/Supply/Devices						1	1
Med Surg						1	1
Falls/Slips			1				1
Mishandled Sharps					1		1

### UOR's Related to Nursing by Location

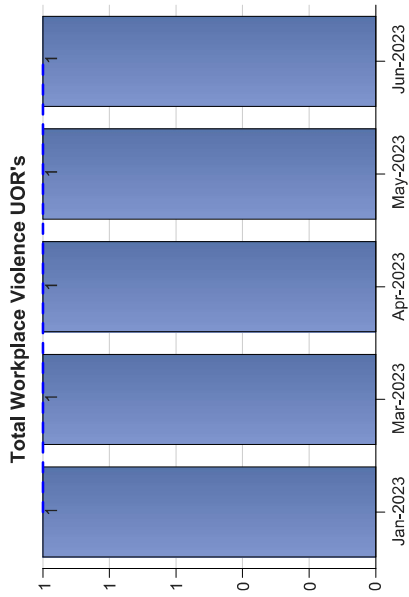
(only when Nursing Unit Involved = Yes)



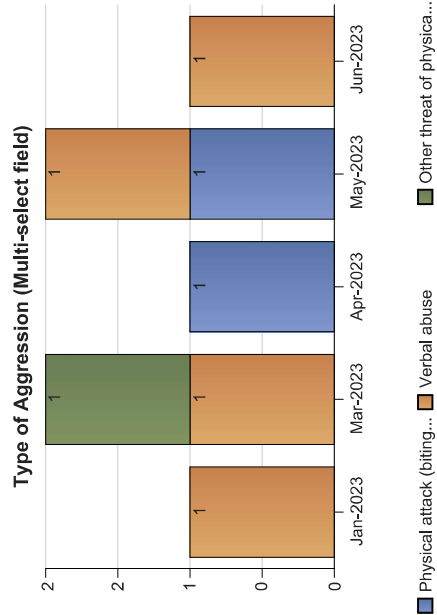
Confidentiality/PHI Breach/HIPAA violation	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
<b>Total</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>56</b>
OB	2			4	4	1	11
RHC / RHC Women's Clinic	1		1	1			3
Medical Surgical Unit			5	2	1	2	10
Surgery	1	1		2			4
Peds/Allergy Clinic	1		2	1			4
Internal Medicine Clinic		1					1
Infusion		2			1	1	4
ED	5	2			2	1	10
Lab	1	1					3
ICU	2						2
Medical Staff						1	1
Admissions Services			1				1
Other			1		1		2
<b>Total</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>56</b>



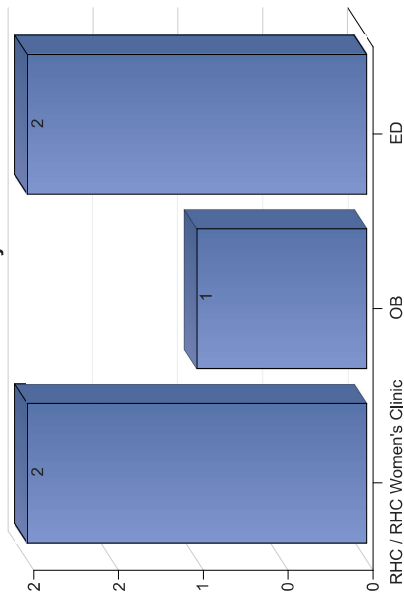
	Jan-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
Workplace Violence	1	1	1	1	1	5
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>



	Jan-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
Physical attack (biting, choking, grabbing, hair pulling, kicking, punching/slapping, scratching, spitting, striking, etc)			1			2
Verbal abuse		1				1
Other threat of physical force			1			1
<b>Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>7</b>

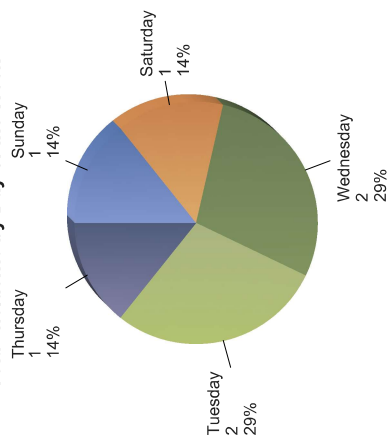


**Total WPV Incidents by Location**

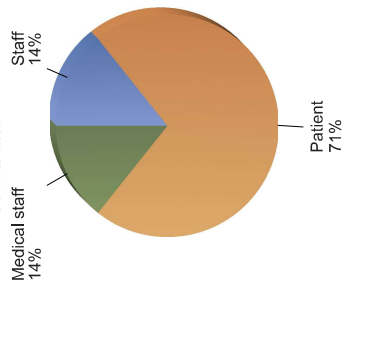


RHC / RHC Women's Clinic	2
OB	1
ED	2
<b>Total</b>	<b>5</b>

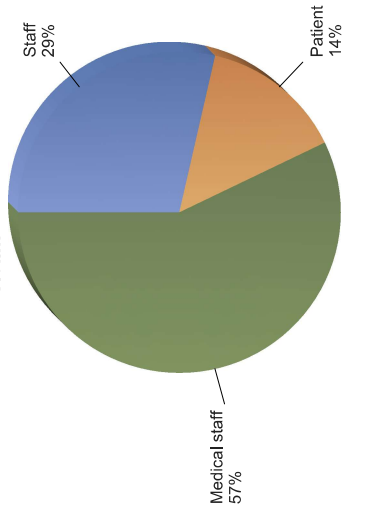
**Total Incidents by Day of the Week**

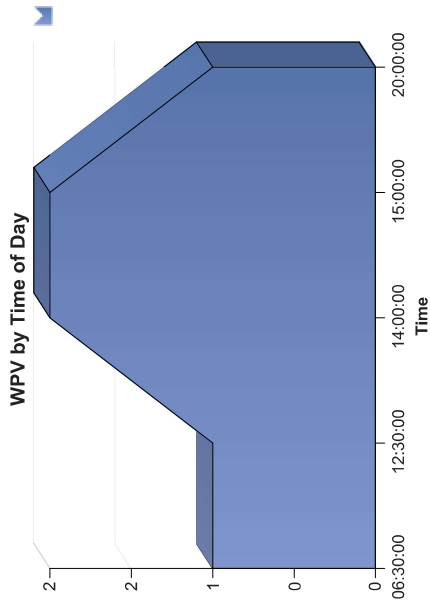
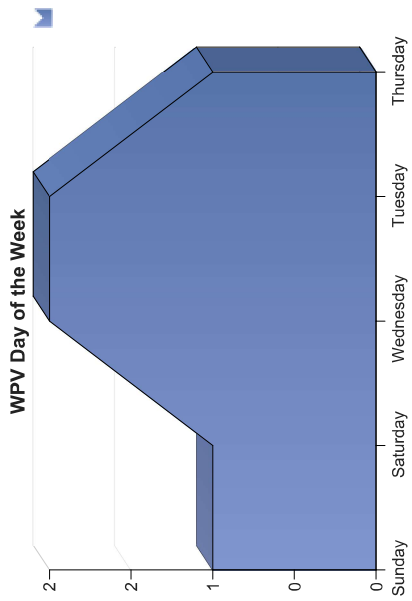


**Assailant**

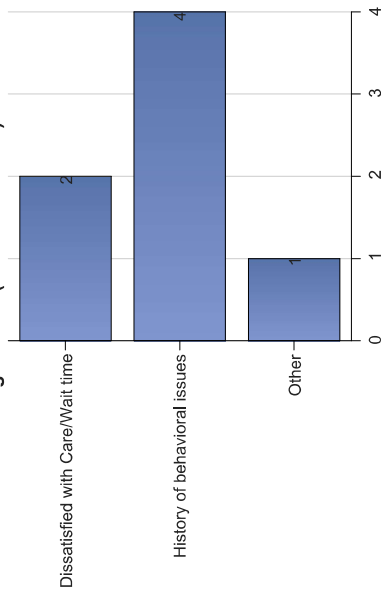


**Victim**



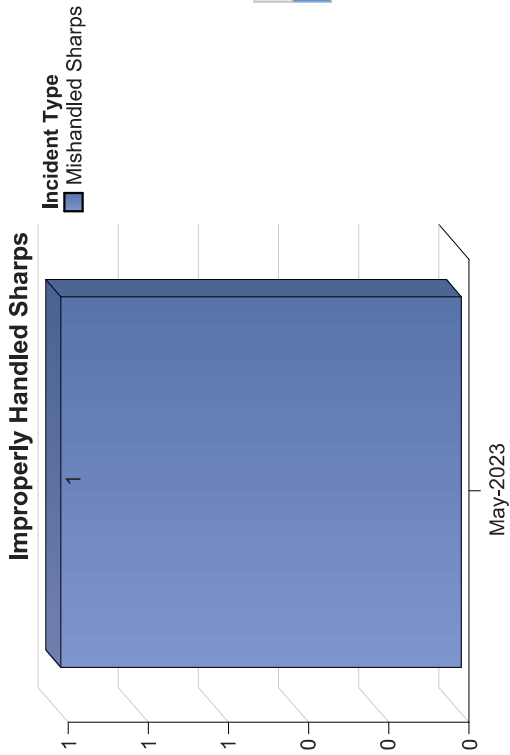


Contributing Factors (Multi-select field)

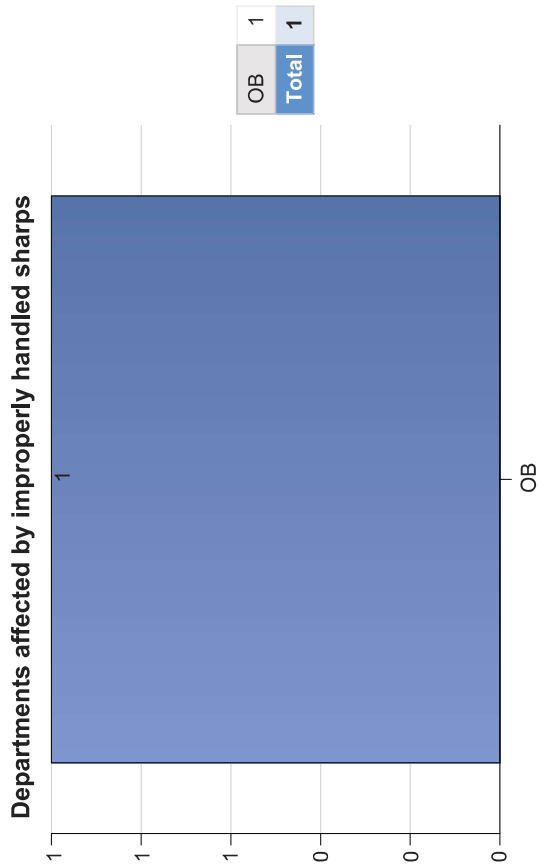


Dissatisfied with Care/Wait time	1
History of behavioral issues	3
Other	1
<b>Total</b>	<b>5</b>

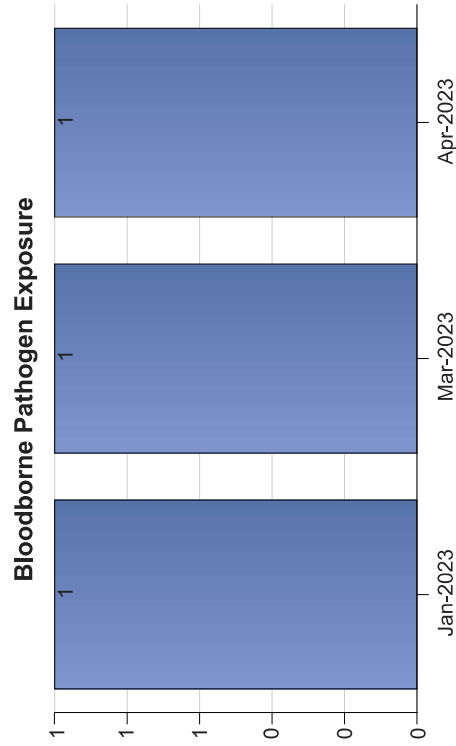
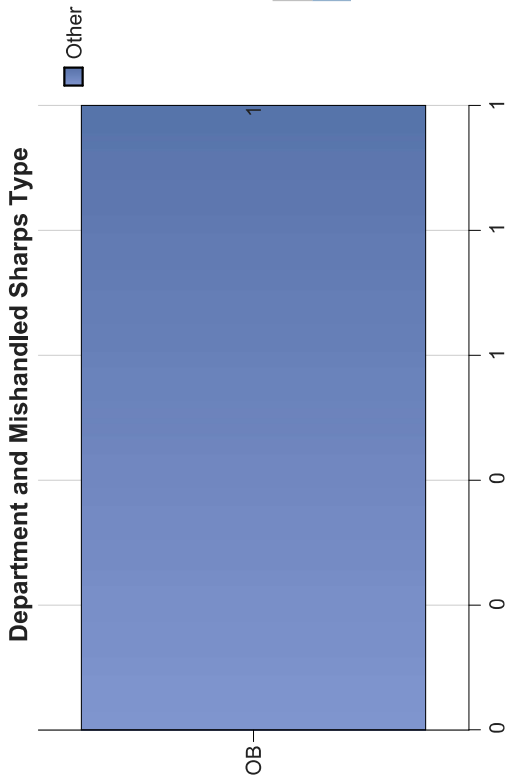
RHC Incidents by Day of the Week - No Data Available



Category	May-2023	Total
Mishandled Sharps	1	1
<b>Total</b>	<b>1</b>	<b>1</b>



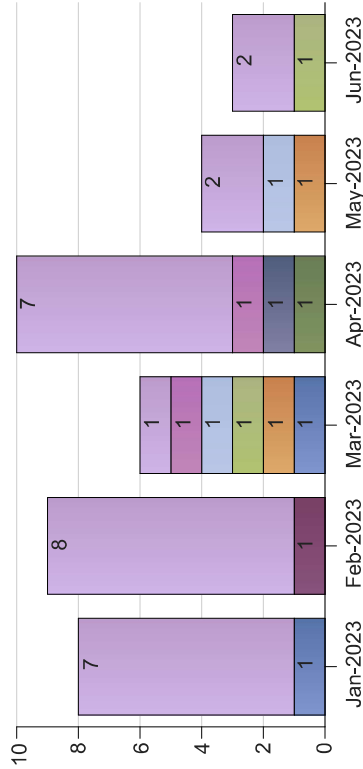
Department	Count
OB	1
<b>Total</b>	<b>1</b>



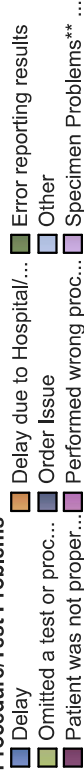
	Jan-2023	Mar-2023	Apr-2023	Total
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1	1	1	3
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>

■ Bloodborne Pathogen Exposure- Splash/ Mucous Membrane

### UOR's Related to Lab

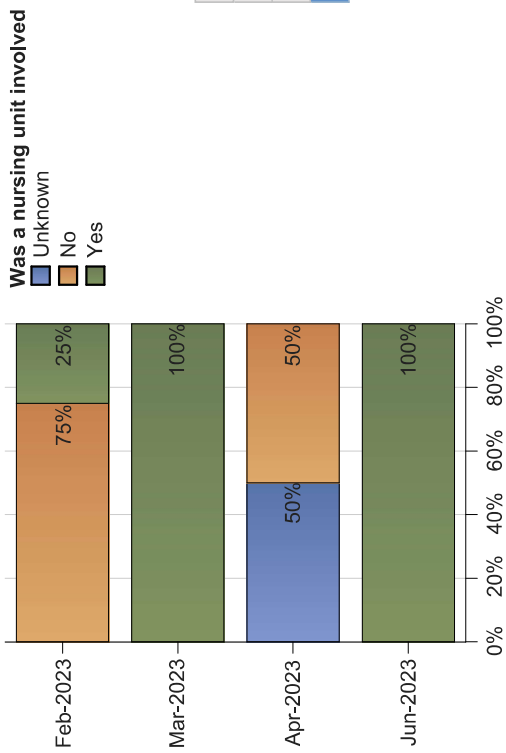


### Procedure/Test Problems



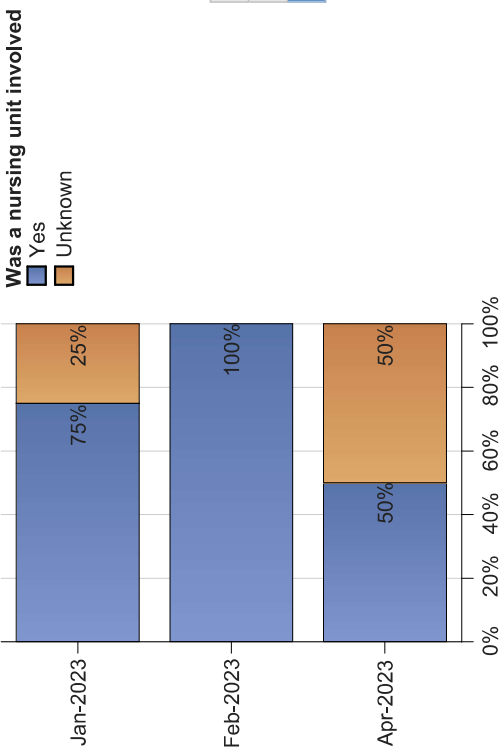
	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
Delay	1						2
Delay due to Hospital/Radiology systems problems or communication issues			1				2
Error reporting results				1			1
Omitted a test or procedure			1			1	2
Order Issue				1			1
Other			1		1		2
Patient was not properly prepared for the procedure or test		1					1
Performed wrong procedure					1		2
Specimen Problems** LAB ALWAYS SELECT THIS ONE***	7	8	1	7	2	2	27
<b>Total</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>4</b>	<b>3</b>	<b>40</b>

### Specimen Handling Issues



	Feb-2023	Mar-2023	Apr-2023	Jun-2023	Total
Unknown			1		1
No	3		1		4
Yes	1	1		1	3
<b>Total</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>8</b>

### Specimen Labeling Issues



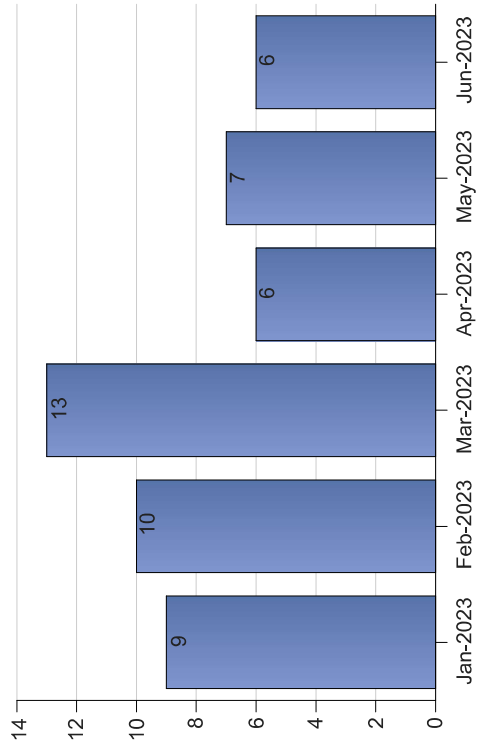
AMA/Elopement/LWBS No Data Available

AMA/Elopement/LWBS No Data Available

	Jan-2023	Feb-2023	Apr-2023	Total
Yes	3	2	1	6
Unknown	1		1	2
<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>8</b>

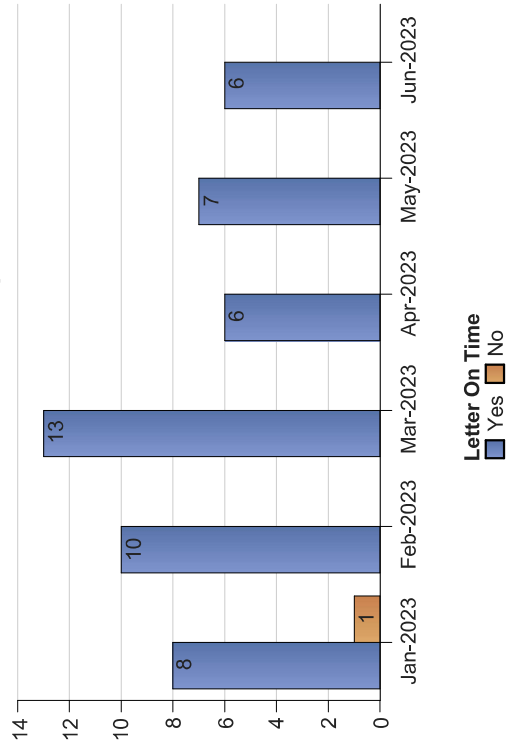


**UOR's with Complaint Response Required**



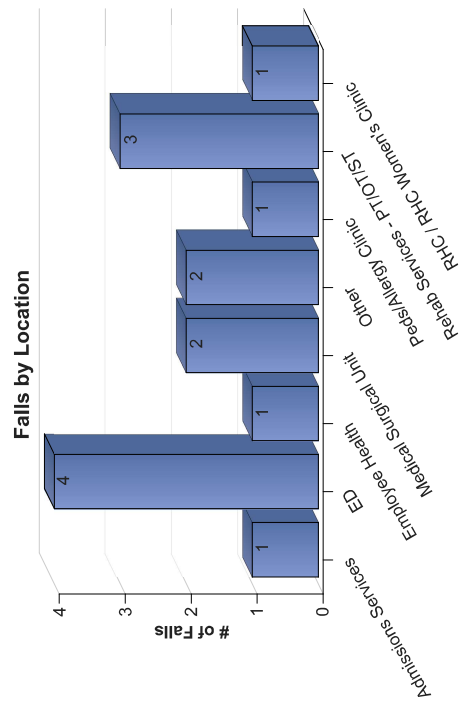
Jan-2023	9
Feb-2023	10
Mar-2023	13
Apr-2023	6
May-2023	7
Jun-2023	6
<b>Total</b>	<b>51</b>

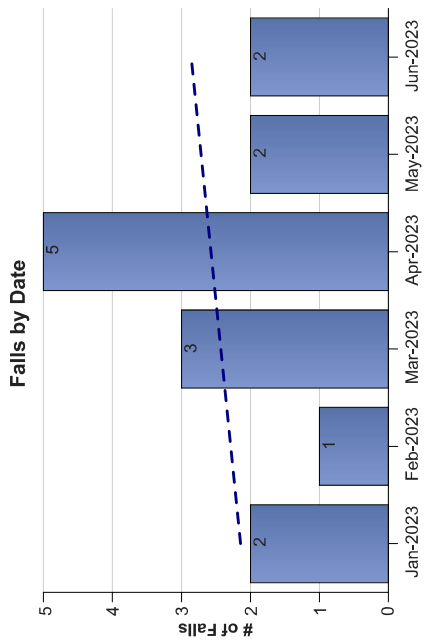
**UOR's with On Time Responses**



	Yes	No	Total
Jan-2023	8	1	9
Feb-2023	10	0	10
Mar-2023	13	0	13
Apr-2023	6	0	6
May-2023	7	0	7
Jun-2023	6	0	6
<b>Total</b>	<b>50</b>	<b>1</b>	<b>51</b>

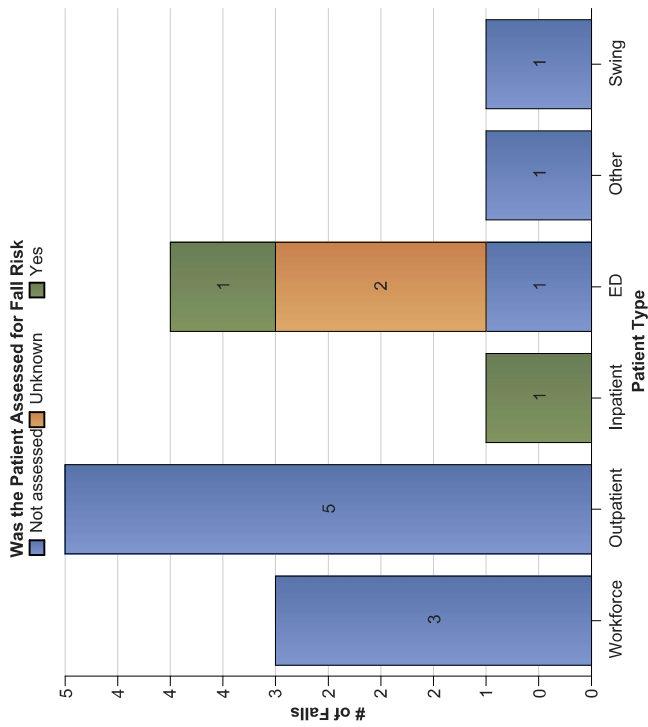
# of Falls	Falls/Slips	Total
Admissions Services	1	1
ED	4	4
Employee Health	1	1
Medical Surgical Unit	2	2
Other	2	2
Peds/Allergy Clinic	1	1
Rehab Services - PT/OT/ST	3	3
RHC / RHC Women's Clinic	1	1
<b>Total</b>	<b>15</b>	<b>15</b>





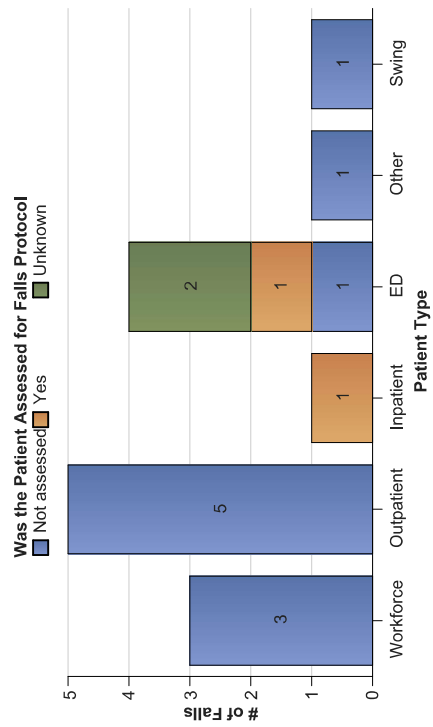
# of Falls	Falls/Slip Problem(s)					Total
	Not Identified	Ambulating	Bed/Crib	Grounds/floor issues	Ice/weather related	
Not Identified	2	1		2	1	6
Confused		2				2
Oriented		1	1			2
<b>Total</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>16</b>

# of Falls	Was there any injury?		Total
	Not Identified	Yes	
Not Identified	3		3
ED	1	2	4
Inpatient	1		1
Other	1		1
Outpatient	5		5
Swing	1		1
<b>Total</b>	<b>12</b>	<b>2</b>	<b>15</b>



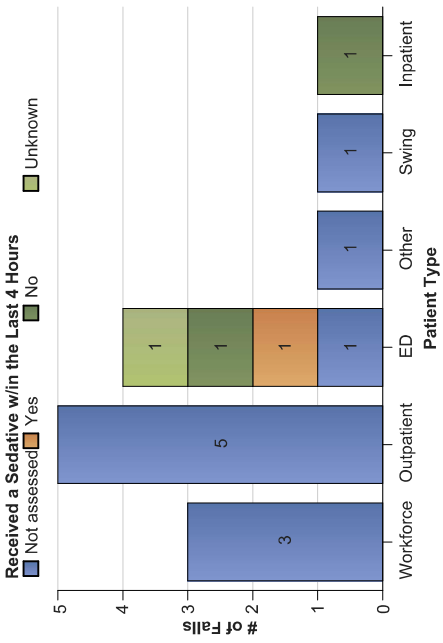
**# of Falls**

	Was the Patient Assessed for Fall Risk		
	Not assessed	Yes	Unknown
Workforce	3		
Outpatient	5		
Inpatient	1	1	
Other	1		
ED	1	1	2
Swing	1		
<b>Total</b>	<b>11</b>	<b>2</b>	<b>2</b>



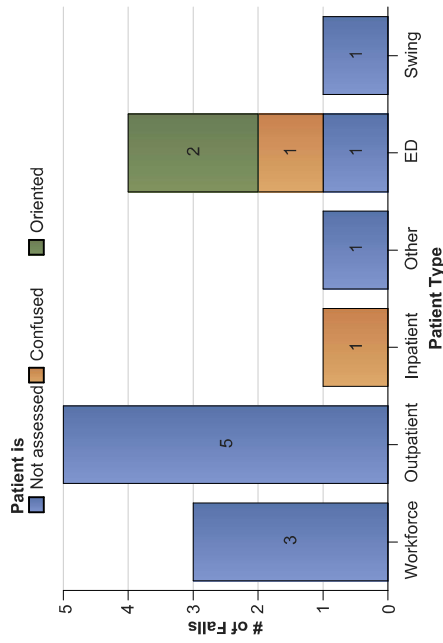
**# of Falls**

	Was the Patient Assessed for Falls Protocol		
	Not assessed	Yes	Unknown
Workforce	3		
Outpatient	5		
Inpatient	1	1	
Other	1		
ED	1	1	2
Swing	1		
<b>Total</b>	<b>11</b>	<b>2</b>	<b>2</b>



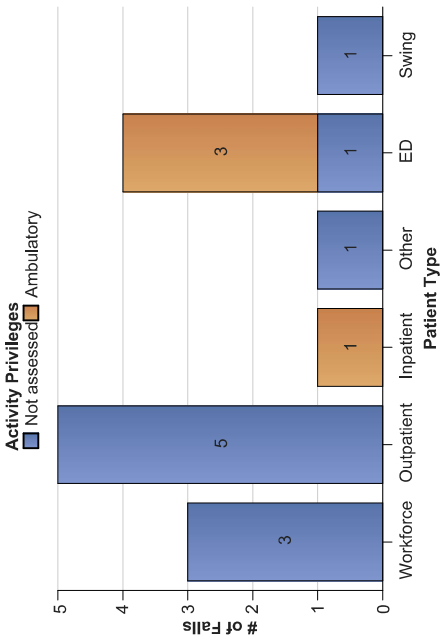
**# of Falls**

	Received a Sedative w/in the Last 4 Hours			
	Not assessed	Unknown	Yes	No
Workforce	3			
Outpatient	5			
Other	1			
ED	1	1	1	1
Swing	1			
Inpatient				1
<b>Total</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>2</b>

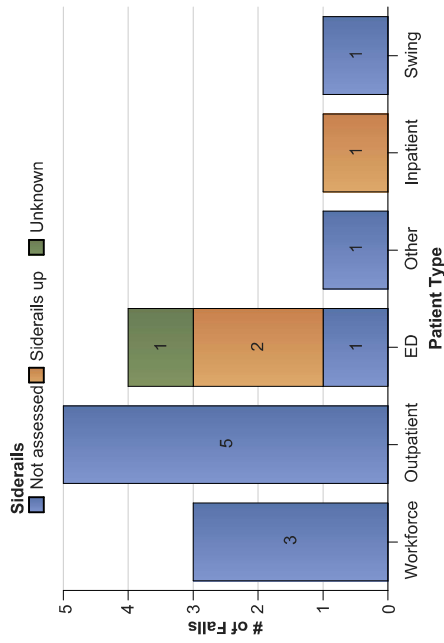


**# of Falls**

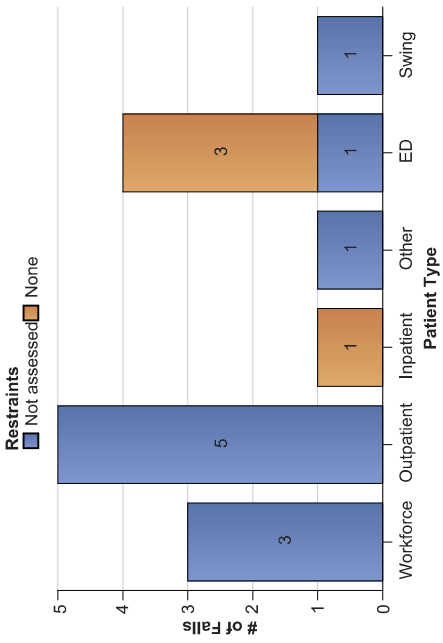
	The Patient Is		
	Not assessed	Oriented	Confused
Workforce	3		
Outpatient	5		
Other	1		
ED	1	2	1
Swing	1		
Inpatient			1
<b>Total</b>	<b>11</b>	<b>2</b>	<b>2</b>



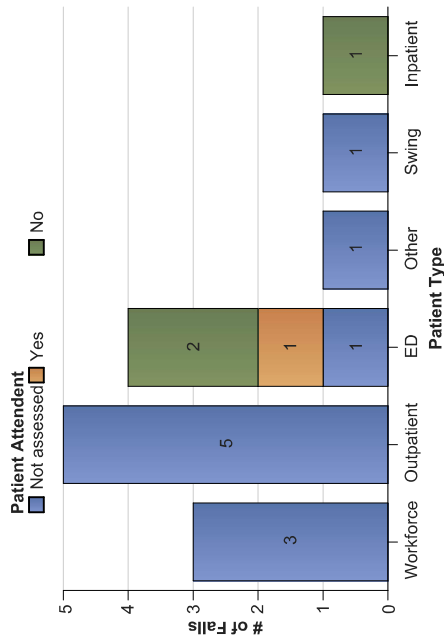
# of Falls	Activity Privileges		Total
	Not assessed	Ambulatory	
Workforce	3	0	3
ED	1	3	4
Inpatient	1	1	2
Other	1	0	1
Outpatient	5	0	5
Swing	1	0	1
<b>Total</b>	<b>11</b>	<b>4</b>	<b>15</b>



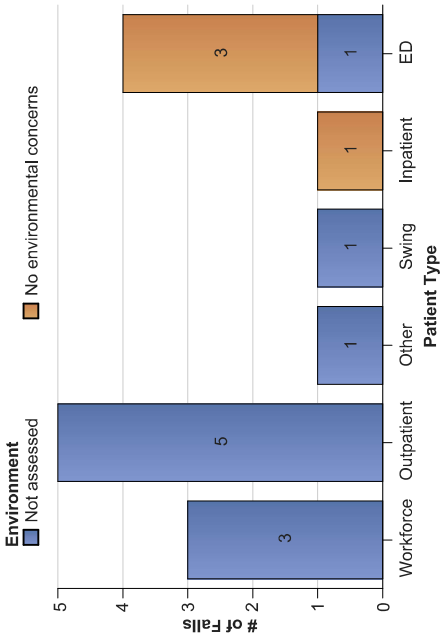
# of Falls	Siderails			Total
	Not assessed	Unknown	Siderails up	
Workforce	3	0	0	3
Outpatient	5	0	0	5
Other	1	0	0	1
ED	1	1	2	4
Swing	1	0	0	1
Inpatient	1	0	1	2
<b>Total</b>	<b>11</b>	<b>1</b>	<b>3</b>	<b>15</b>



# of Falls	Restraints	
	Not assessed	None
Workforce	3	0
Outpatient	5	0
Other	1	0
Swing	1	0
Inpatient	1	1
ED	1	3
<b>Total</b>	<b>11</b>	<b>4</b>



# of Falls	Patient Assessed		
	Not assessed	Yes	No
Workforce	3	0	0
Outpatient	5	0	0
Other	1	0	0
ED	1	1	2
Swing	1	0	0
Inpatient	1	1	1
<b>Total</b>	<b>11</b>	<b>1</b>	<b>3</b>



# of Falls	Environment		Total
	Not assessed	No environmental concerns	
Workforce	3	0	3
Outpatient	5	0	5
Other	1	0	1
Inpatient	0	1	1
Swing	1	0	1
ED	1	0	1
<b>Total</b>	<b>11</b>	<b>4</b>	<b>15</b>

# of Falls	Fall Witnessed		Fall Alleged		Assisted to Floor		Found on Floor	
	Not Identified	Yes	Not Identified	No	Not Identified	No	Not Identified	No
Not Identified	3	0	3	0	3	0	3	0
ED	1	2	1	2	1	3	1	2
Inpatient	1	1	1	1	1	1	1	1
Other	1	1	1	1	1	1	1	1
Outpatient	5	0	5	0	5	0	5	0
Swing	1	1	1	1	1	1	1	1
<b>Total</b>	<b>12</b>	<b>2</b>	<b>12</b>	<b>2</b>	<b>12</b>	<b>3</b>	<b>12</b>	<b>2</b>

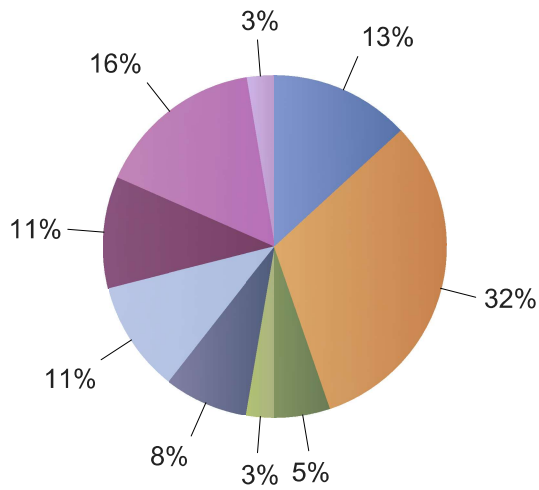


Medication Occurrences are medication issues that did not reach the patient. They were caught prior to administration.

Medication Errors are those issues that did reach the patient.

	# of Errors	# of Occurrences	Total
Jan-2023	5	1	6
Feb-2023	2	3	5
Mar-2023	4	4	8
Apr-2023	2	5	7
May-2023	1	3	4
Jun-2023	2	3	5
<b>Total</b>	<b>16</b>	<b>19</b>	<b>35</b>

### MERP INDICATOR

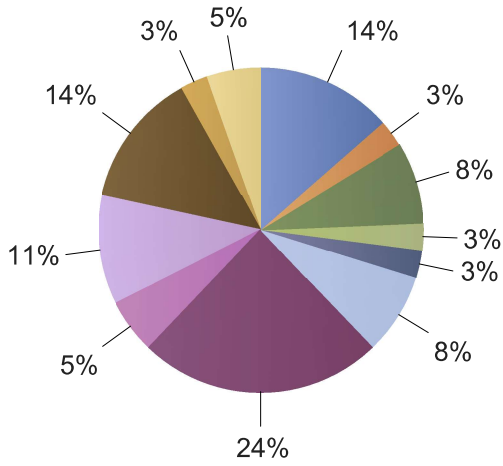


None Selected	5
Administration	12
Compounding	2
Dispensing	1
Distribution	3
Education	4
Labeling	4
Order communication	6
Prescribing	1
<b>Total</b>	<b>38</b>

#### MERP indicator

- None Selected
- Administration
- Compounding
- Dispensing
- Distribution
- Education
- Labeling
- Order communication
- Prescribing

### NIHD INDICATOR

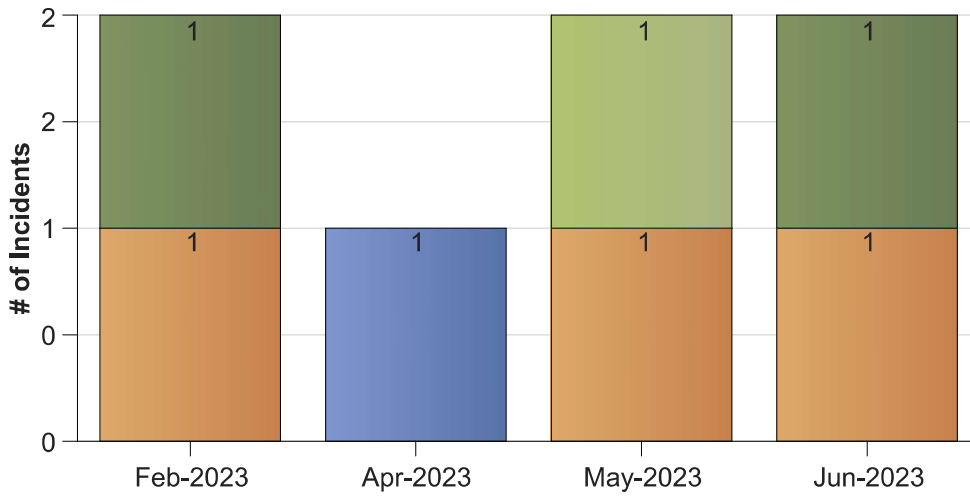


#### NIHD Indicator

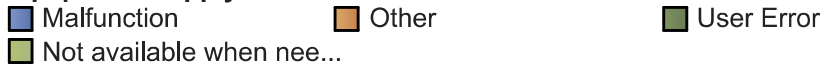
- None Selected
- Duplicated
- EHR functionality
- Fill error
- Incorrect narcotic...
- Omitted
- Other
- Outdated drug
- Wrong dose
- Wrong medication
- Wrong route
- Wrong time

None Selected	5
Duplicated	1
EHR functionality	3
Fill error	1
Incorrect narcotic count	1
Omitted	3
Other	9
Outdated drug	2
Wrong dose	4
Wrong medication	5
Wrong route	1
Wrong time	2
<b>Total</b>	<b>37</b>

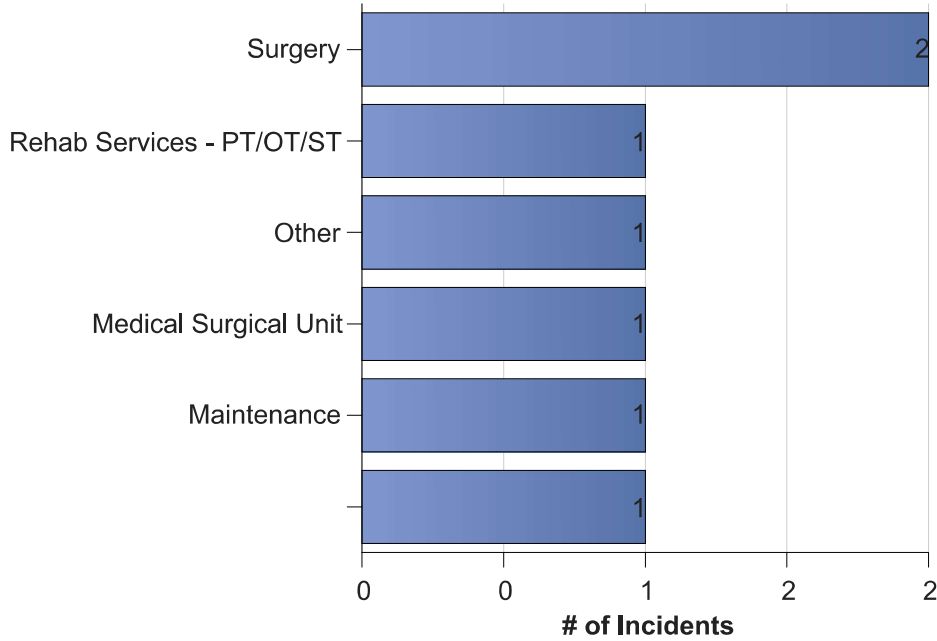
### Equipment/Supplies/Devices by Incident Type/Date



### Equipment/Supply/Devices Problems

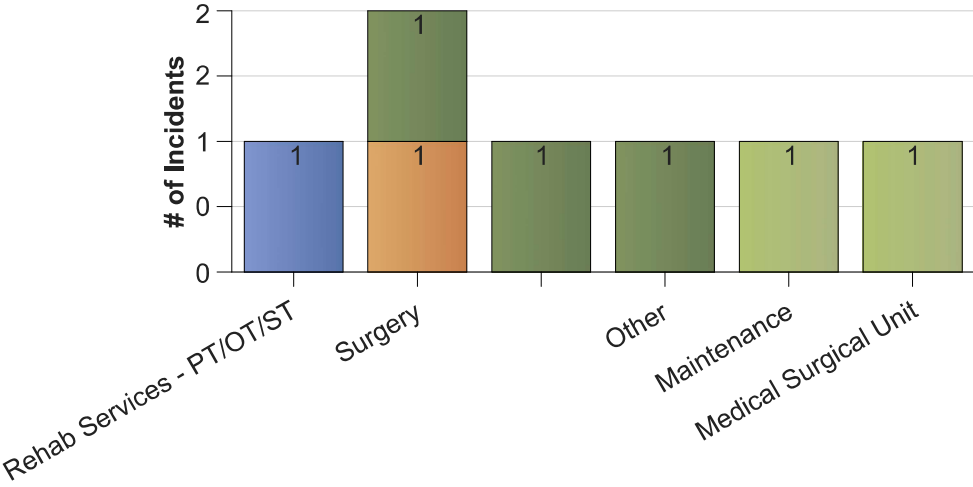


### Equipment/Supplies/Devices by Location

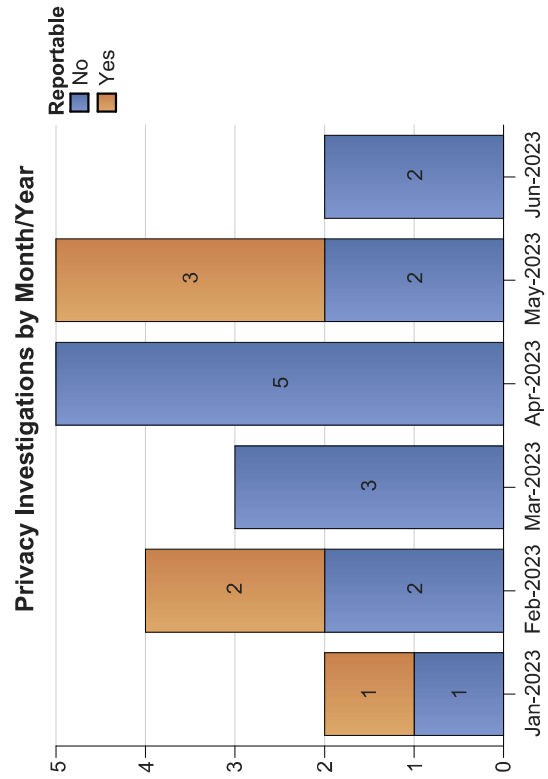
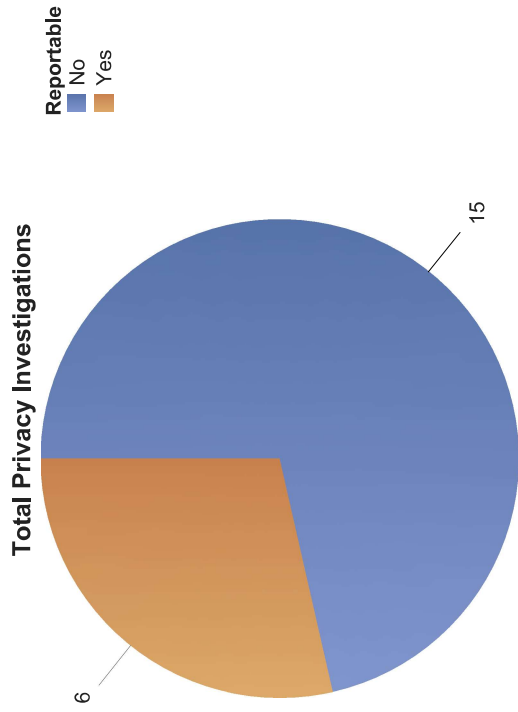


No Data Available

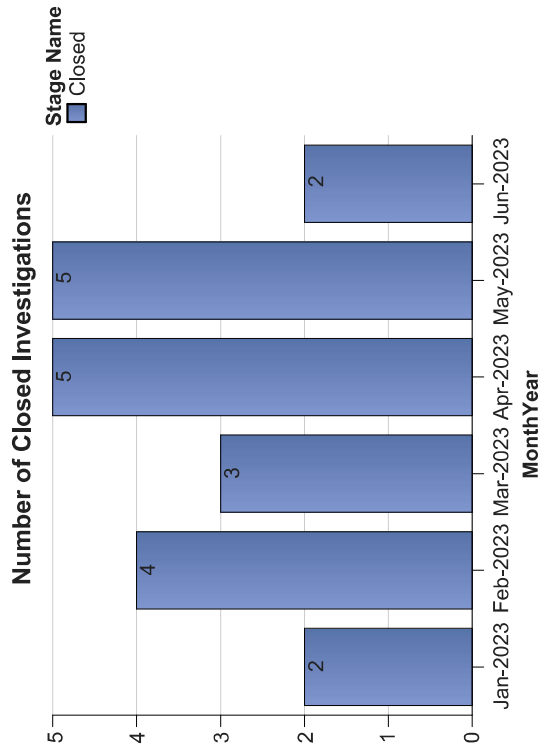
### Equipment/Supplies/Devices by Incident Type/Location



**Equipment/Supply/Devices Problems**  
 ■ Malfunction      ■ Not available when needed      ■ Other  
 ■ User Error  
 No Data Available

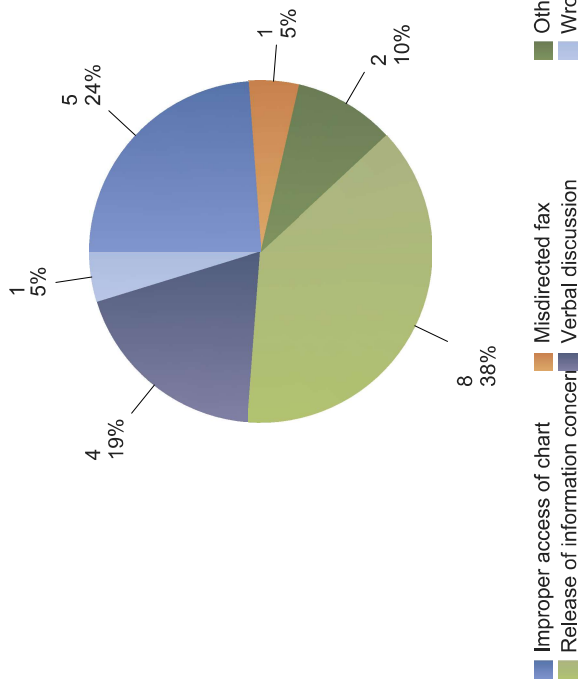


	No	Yes	Total
Jan-2023	1	1	2
Feb-2023	2	2	4
Mar-2023	3	0	3
Apr-2023	5	0	5
May-2023	2	3	5
Jun-2023	2	0	2
<b>Total</b>	<b>15</b>	<b>6</b>	<b>21</b>



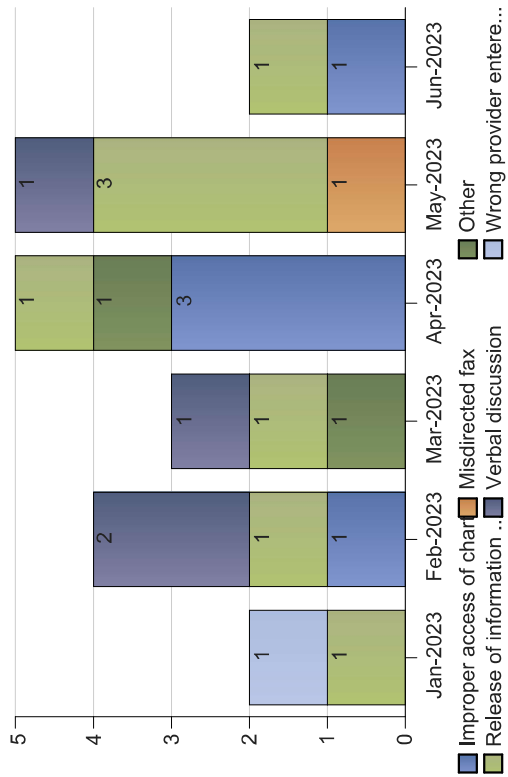
	Closed	Total
May-2023	5	5
Mar-2023	3	3
Jun-2023	2	2
Jan-2023	2	2
Feb-2023	4	4
Apr-2023	5	5
<b>Total</b>	<b>21</b>	<b>21</b>
<b>Total</b>	<b>21</b>	<b>21</b>

### Privacy Investigations by Violation Type



Improper access of chart	5
Misdirected fax	1
Other	2
Release of information concern	8
Verbal discussion	4
Wrong provider entered/selected	1
<b>Total</b>	<b>21</b>

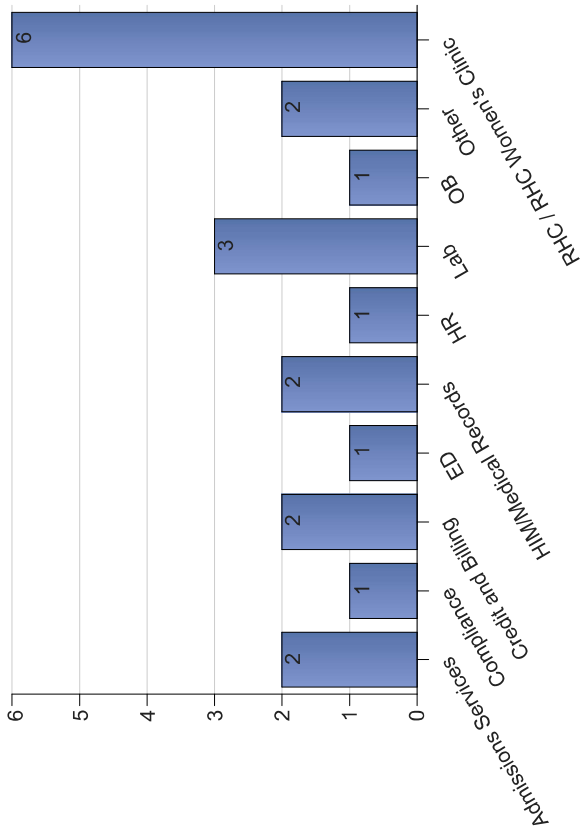
**Privacy Investigations by Type and Date**



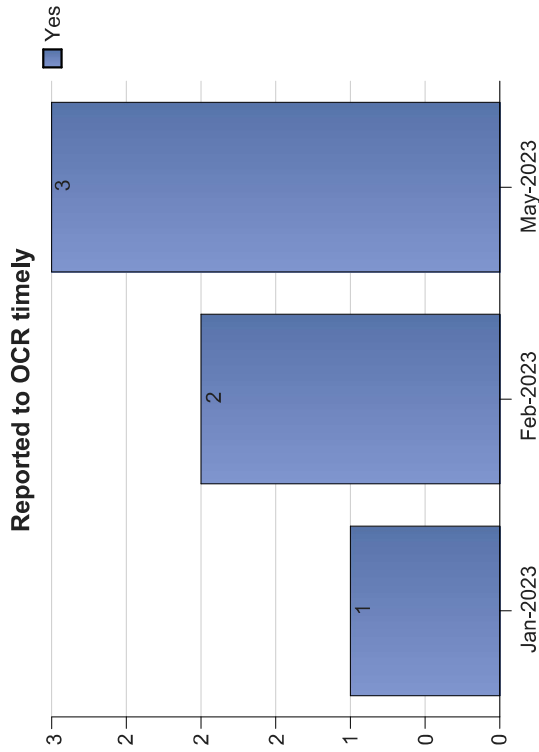
	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Total
Improper access of chart			1		3	1	5
Misdirected fax					1		1
Other				1	1		2
Release of information concern	1	1	1	1	3	1	8
Verbal discussion		2	1		1		4
Wrong provider entered/selected	1						1
<b>Total</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>21</b>



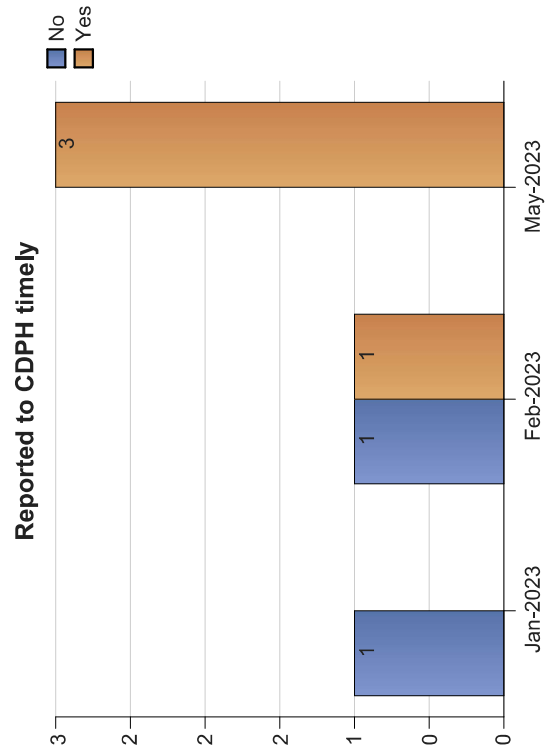
Investigations by Location



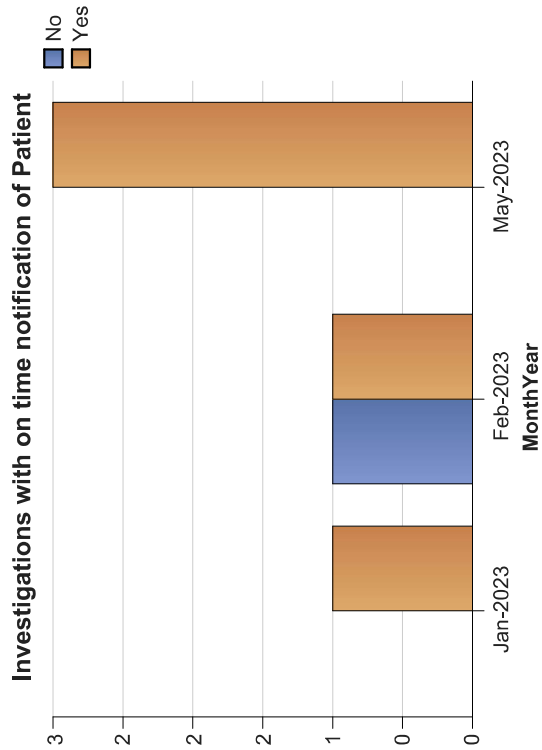
Admissions Services	2
Compliance	1
Credit and Billing	2
ED	1
HIM/Medical Records	2
HR	1
Lab	3
OB	1
Other	2
RHC / RHC Women's Clinic	6
<b>Total</b>	<b>21</b>



	Yes	Total
Jan-2023	1	1
Feb-2023	2	2
May-2023	3	3
<b>Total</b>	<b>6</b>	<b>6</b>



	No	Yes	Total
Jan-2023	1	1	2
Feb-2023	1	1	2
May-2023	0	3	3
<b>Total</b>	<b>2</b>	<b>4</b>	<b>6</b>



	No	Yes	Total
Jan-2023	0	1	1
Feb-2023	1	1	2
May-2023	0	3	3
<b>Total</b>	<b>1</b>	<b>5</b>	<b>6</b>



**NORTHERN INYO HEALTHCARE DISTRICT**

*Improving our communities, one life at a time.  
One Team, One Goal, Your Health!*

150 Pioneer Lane  
Bishop, California 93514  
(760) 873-5811

DATE: July 2023

TO: Board of Directors  
Northern Inyo Healthcare District

FROM: CEO Board Report  
Alison Murray, Chief Human Resources Officer

RE: Department Update

## **REPORT DETAIL**

**HR Leadership:** Daily support for onboarding, staff development, recruitment, and benefits. Continued work on JD update project, collaborating with department leaders to review scope, duties and best practice for each role. We will have strong focus on updating all JD's within the District into a new format, streamlining naming conventions and assuring duties align. Working through District wide changes through the Turnaround Action Group (TAG). HR has had a 3 FTE reduction this fiscal year so the team is successfully working together to take on the additional work of the FTE reduction that that department has seen. Beginning transition of performance evaluations to point of time instead of at anniversary date, believe this will help achieve compliance and improve the process for employees and leaders. Partnership with accounting for the implementation of SB1334. Continued support of remaining MOU implementation including pay increases, payroll changes, and benefit and retirement plan changes.

**HR Assistant:** Daily support for new hire onboarding and orientation during first week at the District. Creating workflows in partnership with Recruitment, HR Manager and Staff Development Specialist to improve the onboarding experience of new workforce members, this is ongoing as we work to improve new hire experiences. Ownership and continued improvement of the monthly birthday and employee of the month celebrations, in partnership with Quality, have included the new Good Catch award starting July 2023. Completed I9 audit for compliance with regulatory requirements. Ongoing oversight of ADP personnel file clean up, developed naming conventions and file paths for ease of file navigation. In partnership with HR, team members began survey readiness audits. Processing annual pay increases as well as supporting MOU 2023 increases and changes.

**Recruitment:** Have quickly become known for services provided regarding community outreach for housing options for new hires and travelers within our area. Regular meetings and

communication with department leaders to improve recruitment and allowed for the streamlining of process with very clear guidelines. Completing onboarding background checks, communications and workflows in partnership with HR Assistant and Staff Development Specialist. Completed audit for ADP recruitment and updated within system. Recruited permanent RN positions reducing the contract labor. Began process of transitioning our contract labor to be under our GPO partners, HealthTrust. In partnership with HR, team members began survey readiness audits.

**Benefits/LOA:** Continue to see increase in LOA requests, processing weekly requests for personal medical and family medical needs. Monthly invoicing and billing for benefits, reviewing for accuracy, and following up as needed with concerns, and questions. Tracking of COVID leaves, providing notices as necessary and submitting to Worker's Compensation (WC) as applicable per state requirements. On-going employee support for leave and benefits questions, including processing new hire benefit enrollments each orientation. Implementation of retirement changes, answering questions and providing guidance to employees on enrolling in Empower 457. Heavy emphasis on reviewing all WC claims and partnering with BETA to find ways to receive savings on our WC insurance including Workplace Violence (WPV) and Safety initiatives.

**HR/Staff Development:** Ongoing certification tracking and compliance have completed audit for license and certifications as required by position. Supporting HR survey readiness audits in partnership with HR Assistant, HR Leadership and HR Recruitment. Continued coordination of orientation week, Zoom Orientation, Workplace Violence, Skills Lab, Safe Patient Handling and Cyber Security. Launch of WPV training District-wide for all staff. Ongoing Relias compliance and support.

**Labor Relations:** Continued partnership with the union to work through any issues that may arise. Employee previously in this position has moved to a new role within the District and there is no backfill in this position.



*Improving our communities, one life at a time.  
One Team, One Goal, Your Health!*

150 Pioneer Lane  
Bishop, California 93514  
(760) 873-5811

DATE: July 2023  
TO: Board of Directors  
Northern Inyo Healthcare District  
FROM: Interim CEO Board Report  
Lea Brunson, Interim HIM Manager  
RE: Department Update

---

## REPORT DETAIL

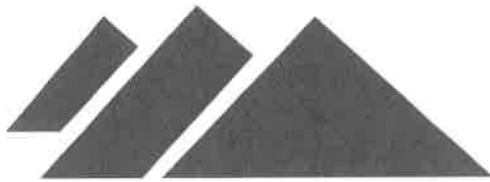
### **New Business**

HIM will be working closely with the Medical Staff Office to contact providers with medical records that remain incomplete after 7 days.

Weekly emails will be sent out to leadership indicating the providers with incomplete medical records.

### **Old Business**

None.



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*One Team, One Goal, Your Health!*

150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811

DATE: July 2023

TO: Board of Directors  
Northern Inyo Healthcare District

FROM: Interim CEO Board Report  
Greg Bissonette, Foundation Executive Director/Grant Writer

RE: Department Update

---

## **REPORT DETAIL**

### **FOUNDATION**

At the May board meeting, it was approved to reimburse the District \$600 for the new CAREshuttle's decal installation. June's board meeting was cancelled due to a lack of action items.

### **GRANT WRITING**

In May the three year syringe services grant through the CA Harm Reduction Institute (CHRI) was closed out with an end date of March 31, 2023. This was due to the loss of the staff member being funded by the grant. The grant was to have been in place until June 30, 2023 and resulted in about \$22,000 being returned to the funder. Over the 33 months the project did operate, the District received over \$282,000 for the program. June saw the renewing of the District in the Federal System of Award Management (SAM) to maintain eligibility to apply for grants through Grants.gov and other Federal application portals. There was also a new grant opportunity to help support the adoption of AB 133, CalHHS' Data Exchange Framework. This is being reviewed by the Executive Team for further direction to my office. Administration and maintenance for all other current grants is ongoing.



NORTHERN INYO HEALTHCARE DISTRICT

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150 Pioneer Lane  
Bishop, California 93514  
(760) 873-5811

DATE: July 2023

TO: Board of Directors  
Northern Inyo Healthcare District

FROM: CFO/ Interim CEO Board Report  
Lynda Vance, Manager of Project Management

RE: Department Update

---

## REPORT DETAIL

### NEW BUSINESS

May and June have been busy with Memorial Day, inventory, graduation, and fiscal year-end. Along with these everyday items were the increased angst for the district's finances and staffing challenges. Daily I remind myself that we are all struggling with things and must give each other grace. The Project Management Office continues to support projects and discoveries for efficiencies to decrease costs and increase revenue.

### PROJECTS

**Discovery – 8** (Surgery Clinic relocation, Rehab Department relocation, Cerner Clinic Charge Assist, Hauge/Cerner Name update, PMA Roof replacement, Cerner Insurance Contract Management, Smartsheet ICRA discovery)

**Actively Working – 9** (Cerner AUR 2024 Public Health Reporting, MRI area update, Internal Medicine Clinic relocation, Turnaround Action Group (TAG), RSM Financial Services, Evisort Contract Life-Cycle Man System, Patient Appointment Reminders i2i, Billing connection Novus to Cerner, Qstress Test System)

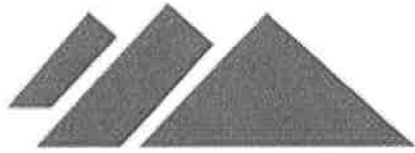
**Closing – 12** (TeleNeurology ED & IP Consulting Sevaro, DI US unit replacement & Shuffle, Fuji ultrasound Sonosite, ORA/Argos Ophthalmic update, Behavioral Health relocation, Adventist Health Telehealth relocation, Hauge MedPlan, ABG Instrument, Omnicell cabinets, Smartsheet for Provider Time off, State Mandate Tracking, ABI Machine for Wound Care)

**Completed - 17** (Director of Patient Access relocation, Billing Scrubber update, Assistant Lab Manager Ergo, ConferMed eConsults, EMS Radio, Combine team into HIMS, HIMS Manager relocation, Quality Team relocation, Infection Prevention relocation, 3C PACS viewer update, OneContent upgrade, House Supervisor move, OR



Offices update, Auth and Ref relocation, Lab Quality Ergo, Central Registration discovery, Centralized Scheduling Center discovery)

**On Hold Projects - 11** (Toiyabe Health Information Exchange, Camera System update, Infant Security System replacement, Signs & Map Updates, Onboarding Workflow Efficiency, Phone Standard Message Part 2, eCase Reporting with Cerner, SmartSheet upgrade for PHI Compliance, Cerner Portal Relaunch, Perinatal Manager Office update, Med/Surg Manager office update)



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One Team, One Goal, Your Health!

150 Pioneer Lane  
Bishop, California 93514  
(760) 873-5811

DATE: July 2023  
TO: Board of Directors  
Northern Inyo Healthcare District  
FROM: CEO Board Report  
Bryan Harper, Director of ITS/CISO  
RE: Department Update

---

## REPORT DETAIL

### NEW BUSINESS

#### CE

- Rental Anesthesia Machines are in place as a stopgap while we wait for the arrival of the new machines.
- Going live with Cerner electronic workflow for the stress test machine.
- Nerve Block Ultrasound was delivered to Surgery, the old ultrasound was repurposed for Picc lines in Medsurg.
- New Freezer installed in the Pediatric department for the Vaccines for Children program.

#### ITS

- Printer reduction project – operational savings for the district
- Office moves
- Onboard two new ITS staff members
- Other Ongoing projects
- Data Conversions from old EHR

#### Security

- Completed the annual penetration testing from 3<sup>rd</sup> party
- Working with (CISA) homeland security on intergraded testing.
- ITS/ Security - Continued patching of servers & workstations
- Continued security awareness trainings
- Ongoing testing and compliance of the NIHD network weekly.

### OLD BUSINESS

ITS: Completed the VMware project migrating for over 100 servers

ITS: We are looking at all the cost of contracts and looking to reduce spending overall.

**ITS:** Build and test new Stoke carts and helped perform stroke mock code.

**ITS :** Multiple projects and go lives along with staff moves.

**ITS:** Working on central printing with secure print to help with cost reduction.

**ITS:** Continued working with leadership and compliance and legal on Athena data migration issues.

**ITS:** Security event planning manual completed and waiting on board approval and leadership updates.

**ITS:** Security patching on going and updating server 2012 and to supported systems.

**ITS:** Commvault upgrades complete (backup software)

**CE:** Q Stress – Replaced to hardware and software and working to tie into Cerner.

**Information Security:** In-person security training continues (trained over 50 staff members in the last qtr.) We are preparing for penetration in July. Internal testing and prep work is ongoing and working with our government partners, CISA. We are constantly updating and finding better security protocols. NOTE: We continue seeing an increase in the number of attacks to the District. Emails are still going out to NIHD to remind them of these potential attacks and scams.



NORTHERN INYO HEALTHCARE DISTRICT  
*One Team. One Goal. Your Health.*

150 Pioneer Lane  
Bishop, California 93514  
(760) 873-5811 Ext. 3415

DATE: July 2023  
TO: Board of Directors, Northern Inyo Healthcare District  
FROM: Barbara Laughon, Manager, *Marketing, Communications, & Strategy*  
RE: Department Update

---

## REPORT DETAIL

### COMMUNITY OUTREACH:



Dr. Meredith, Cori Stearns and James Nichols at the Stryker Mako booth at Mule Days.  
*Photo by Barbara Laughon/Northern Inyo Healthcare District*

**Bishop Mule Days Celebration:** Ten NIHD team members joined orthopedic surgeon Dr. Richard Meredith at a fairground's booth during Bishop Mule Days, May 25-28. Stryker and NIHD designed the booth to spotlight the **Mako SmartRobotics™ system** for Total Knee Replacement. Stryker covered costs and staffed the booth Thursday and Friday. NIHD team members handled the booth Saturday and Sunday. Those volunteering their time from TeamNIHD included Tammy Anderson (*Perioperative*), Greg Bissonette (*NIH Foundation*), Brittney Cooper (*Acute-Subacute CNA*), Michelle Garcia (*Quality*), Rosie Graves (*RHC*), Barb

Laughon (*Strategic Communications*), James Nichols (*Purchasing*), CNO Allison Partridge, Cori Stearns (*Admin*), and Terry Tye (*Cardiopulmonary*). Dr. Meredick actively engaged people curious about the SmartRobotics process. Stryker and NIHD estimate team members spoke to more than 200 people about this service line. This event led to a more localized Healthy Lifestyle Talk presentation (*see below*).

**Healthy Lifestyle Talks:** These free, monthly sessions highlight our services while addressing commonly asked healthcare topics. NIHD has presented these talks for the past eight years:

**June: Advancements in Treating Joint Pain**

**Presenters:** Dr. Richard Meredick gave an in-person presentation

**Attendees:** 25

**Note:** We professionally recorded this presentation with the intent to share not only on YouTube and promote on Social Media, but to have posted to NIH.org for those specifically considering this surgery.

**July: Back to School**

**Presenters:** Pediatrician Dr. Lindsey Ricci, C-PNP Collen McEvoy and others

**Date:** TBD

**Podcast:** *NIHD's Mountain Medicine* podcast launches the day of this board meeting. We overcame some technical issues and you should find completed sessions by Drs. Stacey Brown, Jeanine Arndal, and Bo Nasmyth Loy live, with sessions by Drs. Anne Goshgarian and Anne Wakamiya on tap for delivery. Drs. Stefan Schunk, Richard Meredick and Adam Hawkins will participate as well.

**Graduation 2023:** NIHD lent support to the 2023 Sober Graduation and recognized area graduates with an advertisement in *The Inyo Register Grad Salute*.

**MARKETING:**

**Rack Cards:** Developed new rack cards spotlighting NIHD surgeons Drs. Richard Meredick, Bo Nasmyth Loy, Jeanine Arndal, Robbin Cromer-Tyler and Cheryl Olson. Hope to develop for all physicians over next few months.

**Baby Massage video:** Working with Occupational Therapist Monica Jones on multi-level project surrounding Baby Massage, including two short videos for parents, an educational



flyer, and advising Monica in regards to an upcoming fundraising project she would like to do this Fall.

*Financial issues are limiting our paid marketing efforts, and Strategic Communication directed to rely less costly methods. Please see below for specific external communications.*

## COMMUNICATIONS:

### Internal:

- Employee Town Hall meetings every two weeks, starting July 5
- Vitalant Blood Drive reminder
- Assisting Executive Team with light editing on internal memos as needed

### External:

- News release: *Working to stabilize NIHD, DelRossi asks for support, patience (July 5, 2023)*
- News release: *NIHD Healthy Lifestyle Talk – Advancements in Treating Joint Pain (June 30, 2023)*
- Email Blast: *Promoting NIHD Healthy Lifestyle Talk – Advancements in Treating Joint Pain (June 26, 2023)*
- News release: *NIH, Sevaro partner to provide expert level Neurology care (June 14, 2023)*
- News release: *Alison Murray named NIHD Chief Human Resources Officer (June 8, 2023)*
- News release: *NIH Auxiliary installs 2023-24 officers, seeks news members (May 17, 2023)*
- News release: *NIHD recognizes National Nurses Week with awards ceremony (May 12, 2023)*
- News release: *NIHD prepares to make workforce reductions (April 12, 2023)*
- News release: *March is Colorectal Cancer Awareness Month (March 15, 2023)*
- News release: *NIHD Weather Closure Notices (March 10, 2023)*
- News release: *NIHD, Union Workers reach three-year agreement (March 8, 2023)*

## ONGOING

**Design Projects:** Various flyers and brochures for service lines, including Pediatrics and Same Day Care.

**Website Updates:** Continual as requested by Exec Team, senior leadership, physicians, and staff

**Staffing:** Recruitment for on-site Digital Marketing Specialist remains paused.

**Project Involvement:** Campus Signage Project, John Halfen recognition

**Digital Marketing Direction:** Strategic Communications continues to work with social media consultant Amanda Long developing the direction of NIHD's Social Media. Ms. Long's invaluable assistance allows NIHD to maintain a Social Media presence.

## DIGITAL MARKETING REPORT/ANALYTICS FOLLOW

# Digital Analytics

01 May 23 - 30 Jun 23



Northern Inyo Hospital



northerninyohealthcare

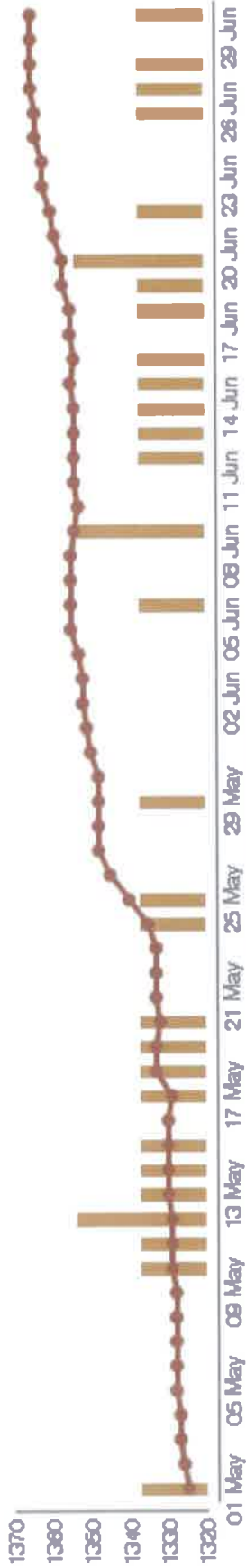
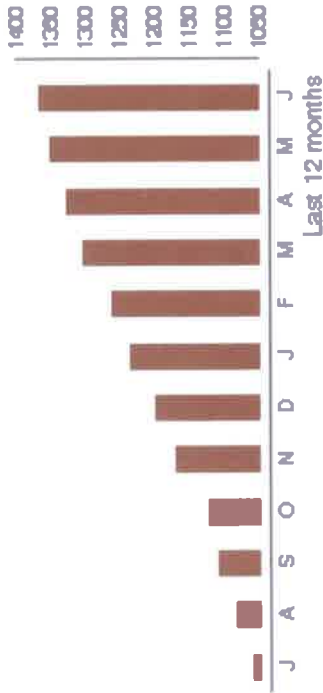


# Community growth

 Northern Inyo Hospital

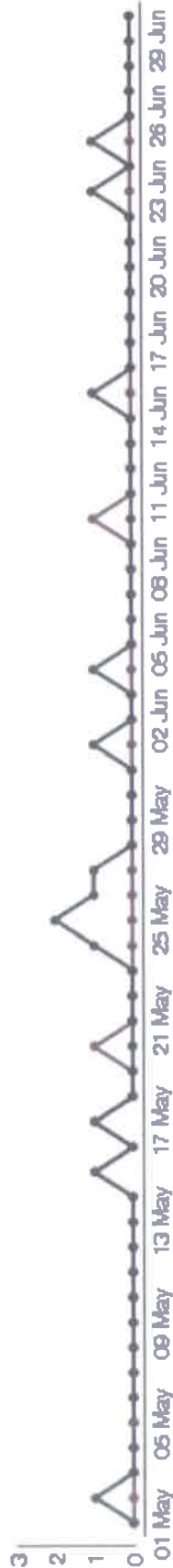
**1,365**  
+3.02%  
Followers

**Posts**



**13** +8.33% Acquired

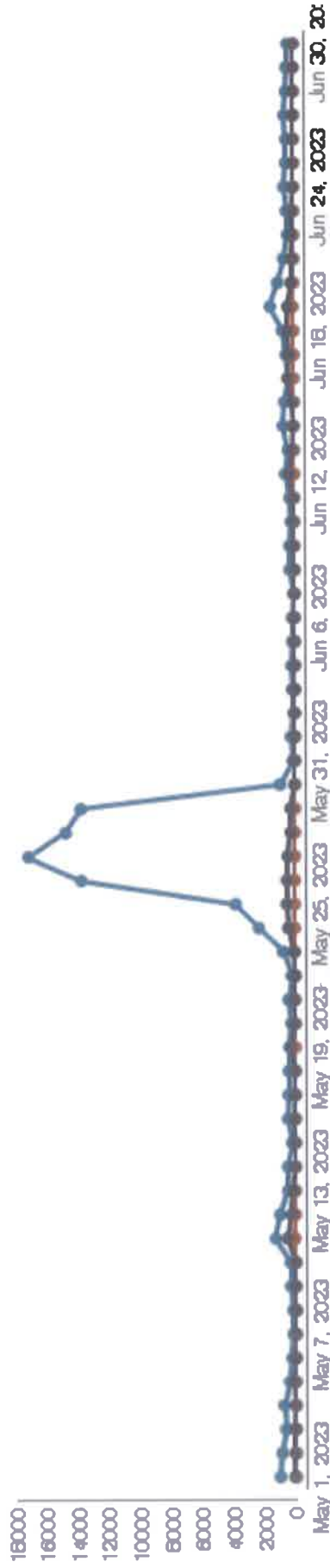
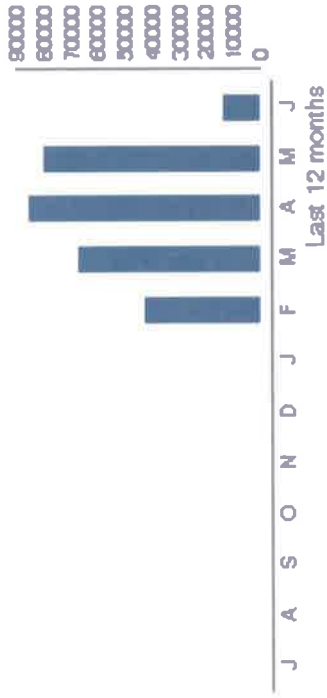
**4** +33.33% Lost





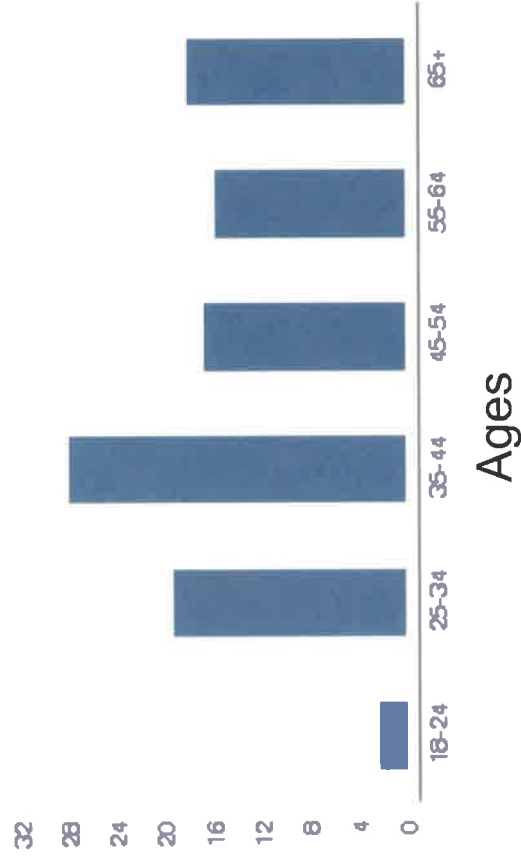
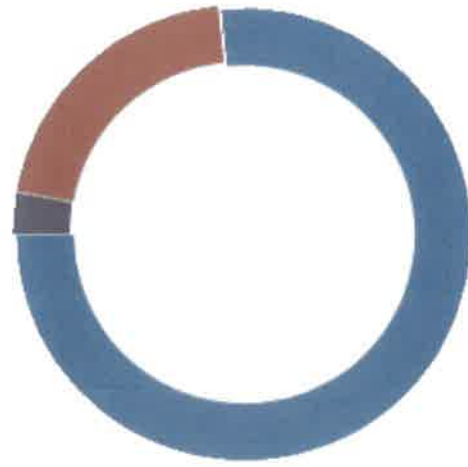
# Posts viewed in period

 Northern Inyo Hospital



# Demographics: gender and age

 Northern Inyo Hospital



# Demographics: countries and cities

 Northern Inyo Hospital

## Top 10 cities

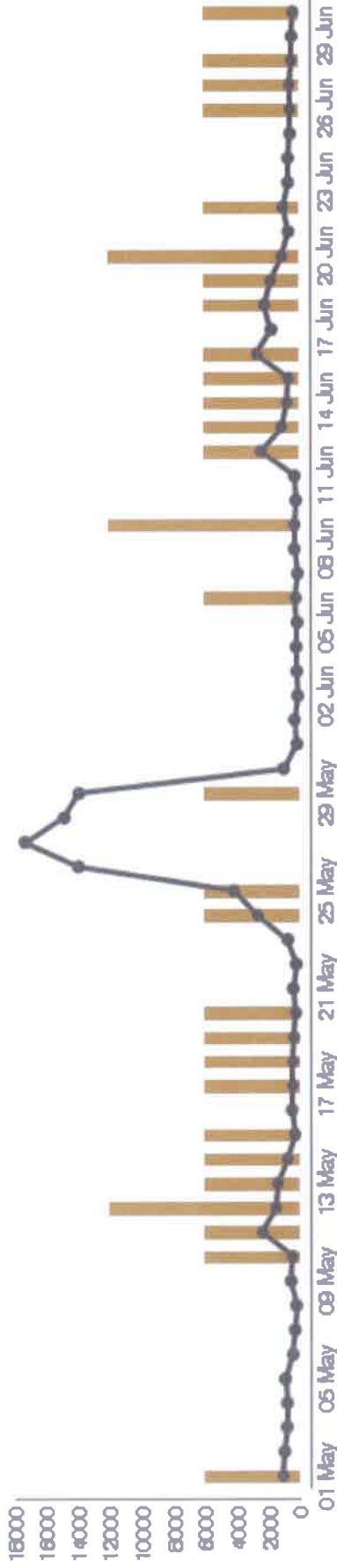
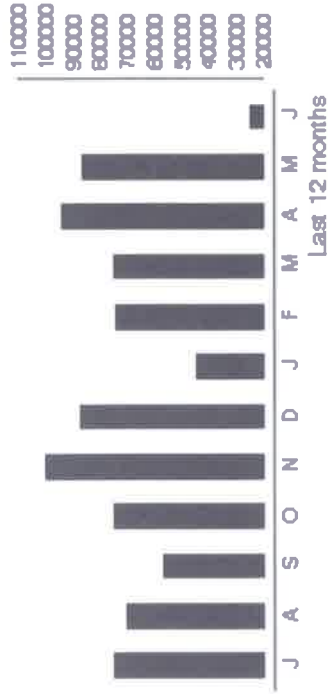
Bishop, CA	48.10%
Big Pine, CA	6.24%
Mammoth Lakes, CA	4.49%
Lone Pine, CA	2.15%
West Bishop, CA	1.66%
Ridgecrest, CA	1.27%
Independence, CA	1.17%
Los Angeles, CA	0.98%
Reno, NV	0.78%
Bakersfield, CA	0.68%

# Page impressions

 Northern Inyo Hospital

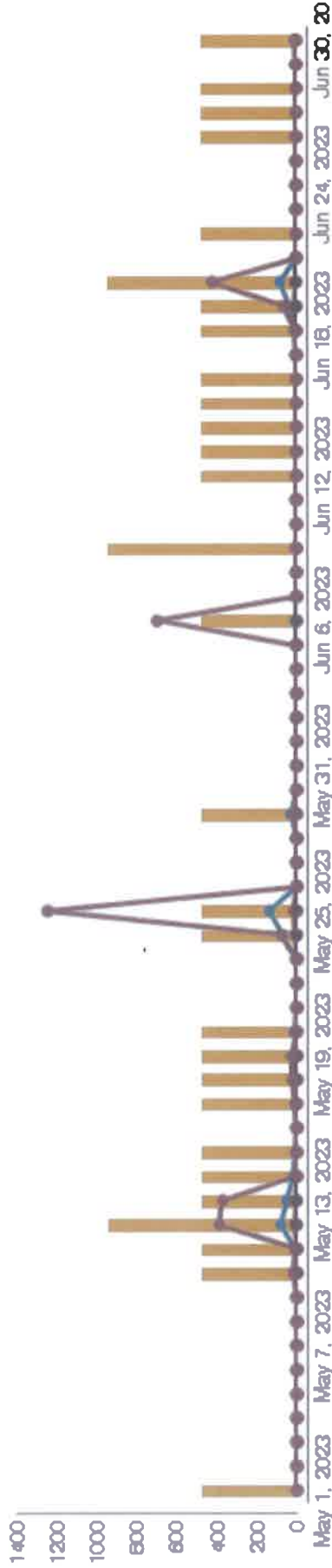
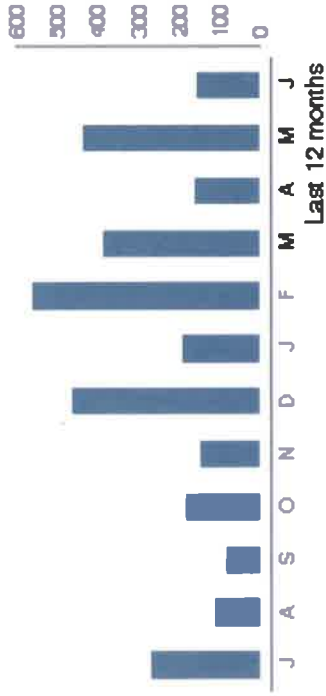
110.16K  
-34.19%  
Impressions

Posts



# Interactions of published posts

 Northern Inyo Hospital











# Ranking of posts



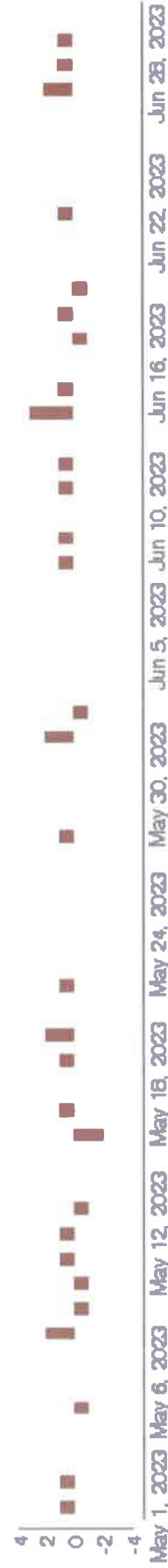
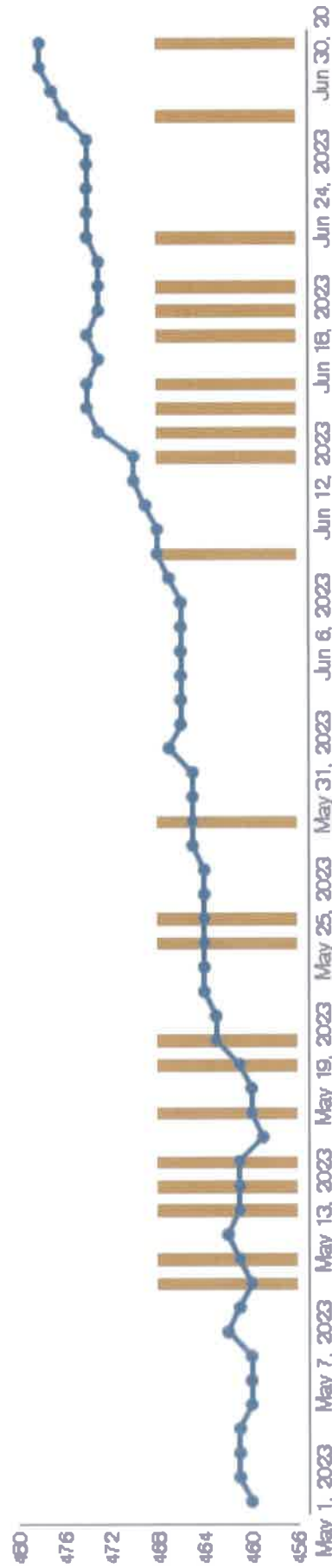
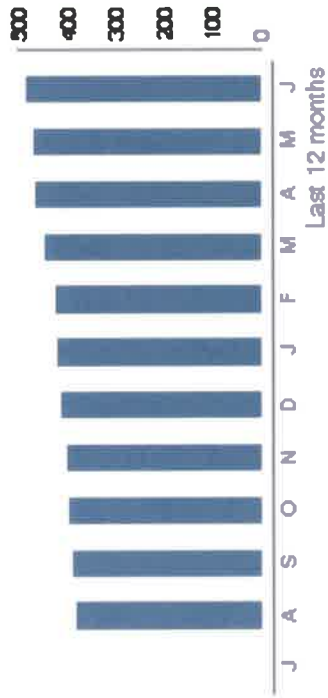
Showing 15 posts sorted by engagement.

Published	Image	Text	Reactions	Comments	Shares	Clicks	Link Clicks	Impressions	Reach	Video Views	Engagement
May 12, 2023 02:30 PM		The District awarded Melissa Galvan of the Emer...	68	10	1	330	-	561	538	-	760.22
Jun 06, 2023 08:45 AM		Mental health affects people in every walk of l...	5	-	-	694	685	2,027	1,168	-	598.46
Jun 20, 2023 08:01 AM		Please join us in celebrating NIHD's wonderful ...	80	5	1	416	-	982	921	-	545.06
May 13, 2023 09:30 AM		It's Nurses Week and we held our annual celebra...	49	5	2	370	-	1,263	1,041	-	409.22
May 25, 2023 06:06 PM		Meet us Bishop Mule Days Celebration for ASK ...	136	15	-	1,244	457	7,136	3,450	-	404.35
May 12, 2023 02:30 PM		The District awarded Melissa Galvan of the Emer...	11	-	1	57	-	293	217	-	317.97

Published	Image	Text	Reactions	Comments	Shares	Clicks	Link Clicks	Impressions	Reach	Video Views	Engagement
Jun 19, 2023 08:01 AM		Join NIHHD this month as we celebrate Becki Drew...	31	8	-	62	-	361	338	-	298.82
May 24, 2023 08:01 AM		This month we're celebrating John Heslinger fro...	72	6	1	77	-	958	879	-	177.47
May 29, 2023 08:02 AM		Today we honor and remember those who have serv...	29	-	1	14	-	539	468	-	94.02
May 10, 2023 11:10 AM		It's #NationalHospitalWeek and the theme is	5	-	-	19	-	323	256	-	93.75
May 19, 2023 08:02 AM		We understand that preparing for birth is an ex...	6	-	-	25	-	502	368	-	84.24
Jun 30, 2023 08:01 AM		Break the Silence: Shattering Stigma around ...	1	-	2	6	-	128	120	-	75
May 17, 2023 07:43 AM		Taking care of your mental health is just as im...	9	-	2	10	-	396	359	-	58.5
May 18, 2023 07:23 PM		Help inform the region's economic development s...	3	-	1	22	17	536	471	-	55.2

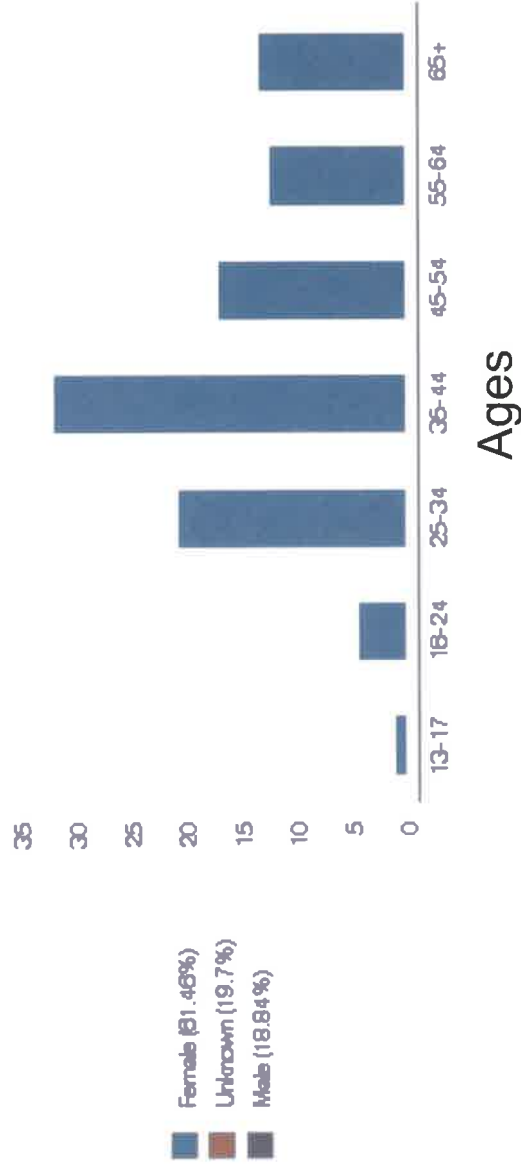
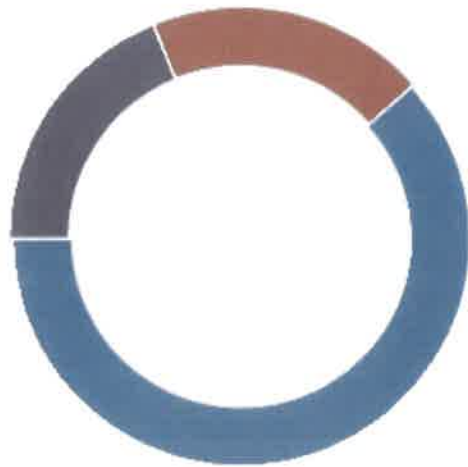
# Community growth

 northerninyohealthcare





# Demographics: gender and age



# Demographics: countries and cities



## Top 10 cities

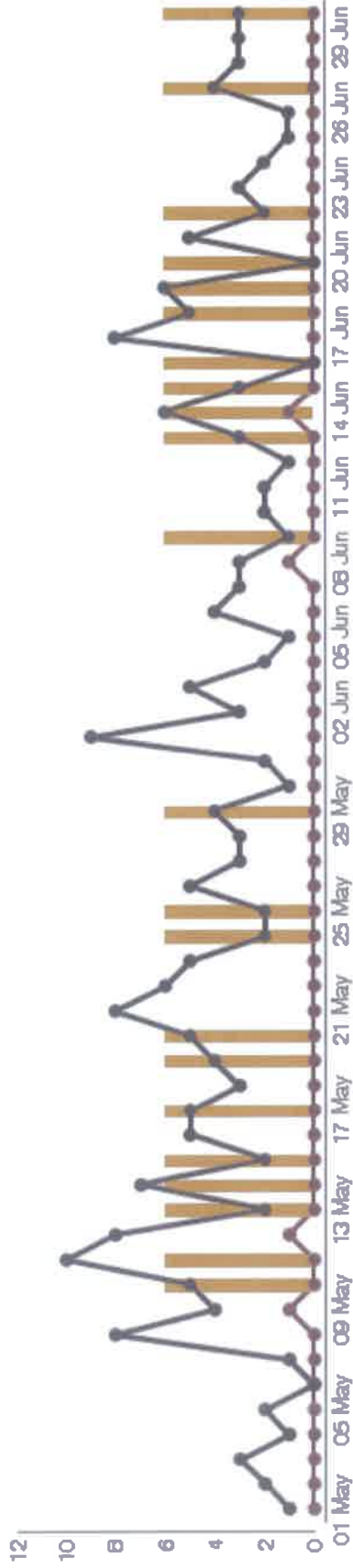
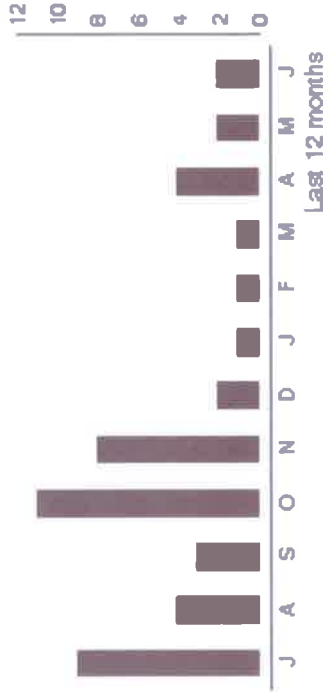
Bishop, California	37.47%
West Bishop, California	12.63%
Big Pine, California	5.57%
Mammoth Lakes, California	4.71%
Lone Pine, California	2.14%
Los Angeles, California	1.71%
Reno, Nevada	1.50%
Independence, California	1.07%

# Profile

 northerninyohealthcare

213  
-20.52%  
Profile views

4  
-20%  
Web clicks



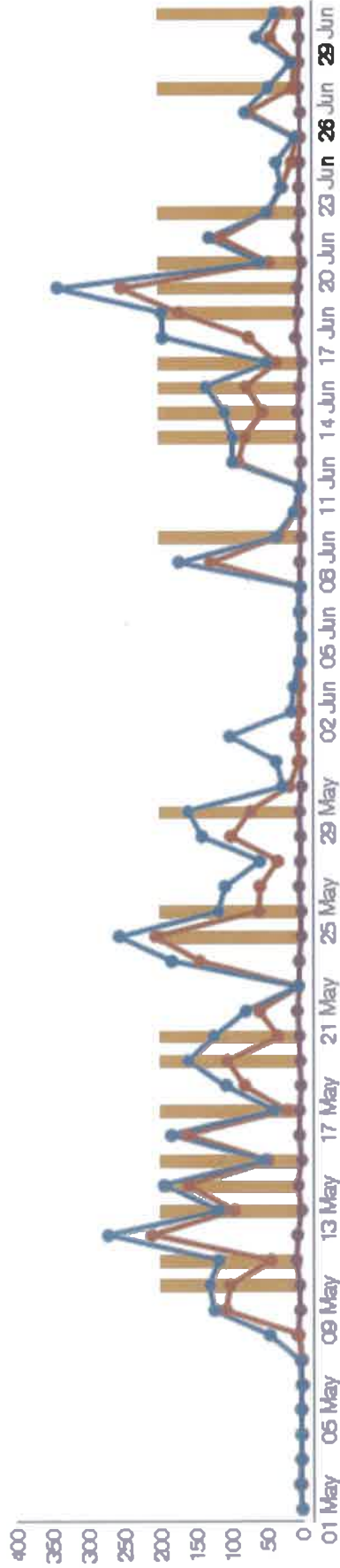
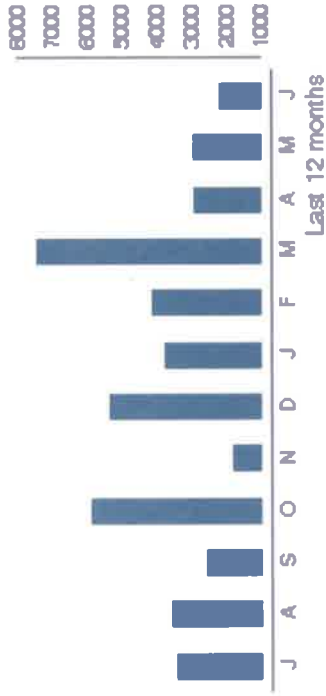
# Average reach per day

 northerninyohealthcare

**5,005**  
-51.27%  
Impressions

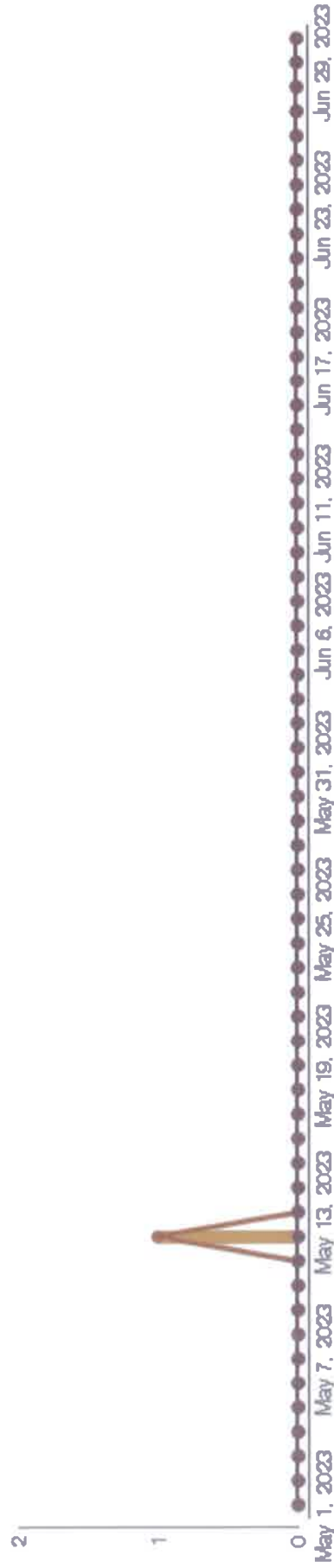
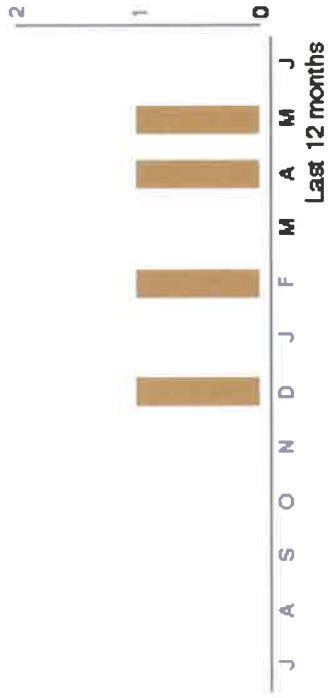
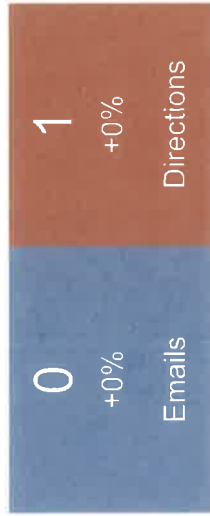
**56.13**  
-38.81%  
Average reach per day

**213**  
-20.52%  
Profile views

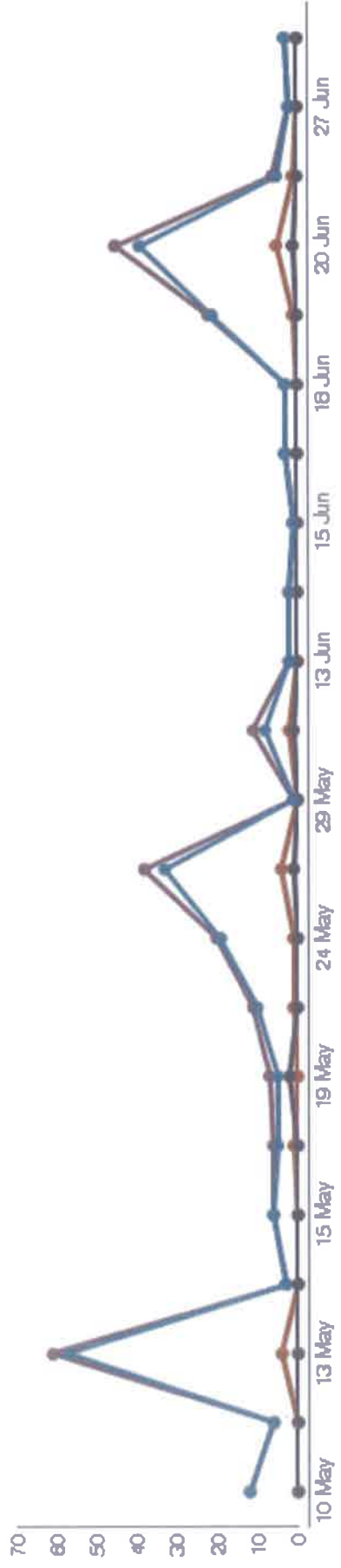
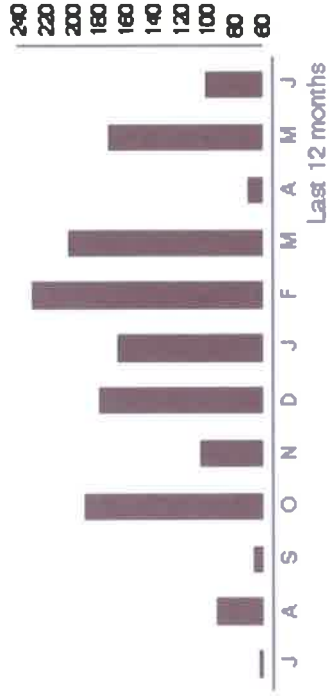
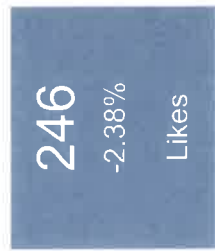


# Profile clicks

 northerninyohealthcare









# Interactions of published posts











# Ranking of posts



Showing 15 posts sorted by engagement.

Published	Text	Impressions	Reach	Likes	Comments	Saved	Engagement
May 13, 2023 09:32 AM	 It's Nurses Week and we held our annual luncheon...	357	277	57	4	0	220.22
Jun 20, 2023 08:01 AM	 Please join us in celebrating NIHD's wonderful ...	330	292	39	5	1	154.11
May 25, 2023 04:29 PM	 Come see us at Bishop Mule Days Celebration, Ma...	341	293	33	4	1	129.69
Jun 19, 2023 08:01 AM	 Join NIHD this month as we celebrate Becki Drew...	227	213	21	1	0	103.29
May 24, 2023 08:01 AM	 This month we're celebrating John Heslinger fro...	218	197	19	1	0	101.52
May 20, 2023 08:01 AM	 We want to honor the amazing work of pet rescue...	145	129	10	1	0	85.27

Published	Image	Text	Impressions	Reach	Likes	Comments	Saved	Engagement
May 10, 2023 11:11 AM		It's #NationalHospitalWeek and the theme is #We...	204	169	12	0	0	71.01
Jun 09, 2023 12:28 PM		You are not alone 🤍 If you or someone you know...	178	160	8	2	1	68.75
May 19, 2023 08:02 AM		We understand that preparing for birth is an ex...	168	126	5	0	2	55.56
Jun 30, 2023 08:02 AM		🤍 Break the Silence: Shattering Stigma around ...	84	60	3	0	0	50.00
May 11, 2023 01:50 PM		Our very own Dr. Atashi Mandal was featured in ...	157	132	6	0	0	45.45
Jun 22, 2023 08:01 AM		Mental health should be a priority for everyone...	153	145	5	1	0	41.38
May 14, 2023 08:02 AM		We want to take a moment to celebrate the incre...	98	79	3	0	0	37.97
Jun 18, 2023 08:01 AM		🤍 Happy Father's Day to all the amazing da...	98	86	3	0	0	34.88



Published

May 17, 2023  
07:43 AM



Text

Taking care of your mental health is just as im...

Impressions	Reach	Likes	Comments	Saved	Engagement
203	183	5	1	0	32.79



## NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Leaves of Absence - Leave Donation		
Owner: Chief Human Resources Officer	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 10/16/2013	

**PURPOSE:**

**POLICY:**

It is the policy of Northern Inyo Healthcare district (NIHD) to allow employees to donate/transfer their paid leave (PDLV) or paid time off (PTO) (hereinafter “leave”) to another employee who is experiencing a family emergency or personal crisis that creates a need for additional time off beyond that individual’s available leave. Such donations are strictly voluntary, may occur during the first 16 weeks of a Northern Inyo Hospital (NIH) Job Protected Leave (JPL), and require the Administrator’s approval.

**PROCEDURES:**

To be eligible to donate leave, you must have been employed with NIH for at least one year preceding the leave donation.

If you wish to donate leave, you must complete a “PTO or Paid Leave Transfer” form and provide it to the Administrator for approval.

The minimum donation is 8.00 hours and the maximum donation is 40.00 hours in one pay period, as long as you retain a minimum of 40.00 hours in your own PTO account.

Donated/transferred hours will be converted to dollars at time of transfer in the following manner. Example 1. If the donating employee makes \$10/hour and the receiving employee makes \$5/hour, if all requirements are met, the donating employee may donate/transfer 40 hours x \$10 = \$400 / \$5 = 80 hours to the receiving employee. Example 2. If donating employee makes \$5/hour and the receiving employee makes \$10/hour, if all requirements are met, donating employee may donate/transfer 40.00 hours x \$5 = \$200 / \$10 = 20.00 hours to the receiving employee. In either case, the hours will be rounded down to the nearest whole hour.

Donated/transferred hours will not be returned to you.

You may only donate whole hours (i.e. 20.0 not 20.25).

You cannot borrow against future leave to donate. If you are currently on leave, you cannot donate leave.

You may donate/transfer leave to another employee during their first 16 weeks of a Northern Inyo Hospital (NIH) Job Protected Leave (JPL).

**Additional Information**

Employees on extended leave, past their first 16 weeks of an NIH JPL, may no longer receive PTO donations/transfers.

**RECORD RETENTION AND DESTRUCTION:**

Employee not entitled to pension 15 years retention of records.

Employees entitled to pension, length of employment, plus 6 years retention of records.

**CROSS REFERENCES POLICIES AND PROCEDURES:**

1. [Benefits as Affected by Changes in Employment Status](#)
2. [Paid Absence](#)
3. [Payroll Advances](#)
4. [Time Off](#)
5. [Benefits - Lifetime Benefit Hours \(LBH\)](#)
6. [Leaves of Absence - Leaves of Absence](#)
7. [Paid Time Off \(PTO\)](#)

Supersedes: Leaves of Absence – Leave Donation V.2
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Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020
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Northern Inyo Hospital  
PTO Transfer

Please transfer the following PTO Hours from my existing account balance for the pay period ending \_\_\_\_\_ to the following Employee:

\_\_\_\_\_  
(Please Print)

PTO (Paid Time Off) Amount

I understand:

- These transferred hours will not be returned to me
- I must transfer at least 8 whole hours (i.e. 20.0 not 20.25)
- I cannot transfer more than 40 hours in one pay period
- I must retain a minimum of 40 hours in my own PTO account
- Hours will be rounded to the nearest whole hour based on pay from employee making the transfer (dollar conversion will be used)
- Reference: Policy – Leaves of Absence – LEAVE DONATION

\_\_\_\_\_  
Printed Name of Employee Transferring Hours

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee Transferring Hours

\_\_\_\_\_  
Administrator Approval

\_\_\_\_\_  
Date

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*For HR and Payroll Department use only*

**Accrual Balance Edits:**

**FROM EMPLOYEE NAME** \_\_\_\_\_

**PTO**

New Benefit Accrual Balance \_\_\_\_\_ Accrued YTD \_\_\_\_\_

*For HR and Payroll Department use only*

**Accrual Balance Edits:**

**TO EMPLOYEE NAME** \_\_\_\_\_

**PTO**

New Benefit Accrual Balance \_\_\_\_\_ Accrued YTD \_\_\_\_\_



**NORTHERN INYO HEALTHCARE DISTRICT**  
**ANNUAL PLAN**

Title: District Competency Plan		
Owner: Human Resources Manager	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/22/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 1/17/2018	

**PURPOSE:**

The purpose of this policy is to establish a District-wide competency plan for the workforce at Northern Inyo Healthcare District (“District”) so as to ensure that the competence of all employees is assessed, maintained, improved, and appropriately aligned with organizational needs on an ongoing basis.

**POLICY:**

The District believes that members of the workforce who have the required skills and who employ the knowledge necessary to perform their District positions provide safe and excellent patient care treatment and service. Therefore, in order to fulfill the District’s Mission, Vision and Values, the District will provide an adequate number of employees whose demonstrated competencies are commensurate with their responsibilities. The District will define the competencies it requires of its employees who provide patient care, treatment, or services.

The competencies are defined based on mandated requirements, new or changed procedures or equipment, low-volume/high risk or high volume/high risk and/or problem prone activities that may be identified by aggregate data. Completed competency documentation will be housed in the employee’s official personnel file.

Competence is defined as having adequate abilities and/or qualities to meet each District position’s performance standards. Core (or Initial) Competencies are defined as the minimally necessary abilities and/or qualities to meet the District’s basic performance standards at the conclusion of the departmental introductory period.

The District uses assessment methods to determine individuals’ competence for each skill being assessed. An individual (content expert/supervisor/preceptor) with the educational background, experience, or knowledge related to the skill being reviewed assesses competence.

Competency validation occurs at the time of hire and on an ongoing basis at intervals outlined by external mandates, hospital and/or departmental requirements. When there are two or more conflicting interval requirements, the District will follow the stricter mandate. Competencies are predetermined for each position by District leadership and are reassessed annually for continued eligibility.

**PROCEDURE:**

1. Initial Competency verification at the Time of Hire. Initial competency assessment at the time of hire includes the following tools:
  - Interview
  - References
  - Primary Source verification for required credentials (e.g. license).
  - Job Qualification verification
2. Core (Initial) Competency Verification. Core Competency assessment post District-wide orientation and during the course of the departmental orientation can use the following methods of validation:
  - Observation by an individual with the educational background, experience, or knowledge related to the skill being reviewed whom District Leaders deem eligible to assess competence;
  - Online testing using case studies as the basis for questions;
  - National testing deemed to be reliable and valid;
  - Demonstration of required skill or activity;
  - Evaluation of documentation;
  - Documented return demonstration which may also be documented through any online Learning Management System.
3. Ongoing Competency Verification. Ongoing Competency Verification occurs at least annually and/or at intervals required by external mandates, District and departmental requirements including the following:
  - District annual training is required for all District employees.
  - Department specific competencies are assessed.
  - Population or condition specific competencies are assessed. Populations and/or conditions can include but are not limited to age and populations with high risk equipment or processes in place e.g., urinary catheters, IV's and transfusions and other populations as indicated.
  - Individualized competencies are assessed as identified by Leadership.
  - Items can be added or removed from the ongoing validation competency list throughout the year as determined by external mandates and/or Leadership
  - Skill and/or knowledge demonstration is a method used to determine competence.
  - Feedback will be provided to all employees who participate in competency demonstration and remediation may be offered as directed by District Leadership and employees who do not have completed competency documentation submitted to their Official Personnel File as required will not be permitted to work.
  - Employees will use the following resources as indicated for high risk high volume or high risk low volume activities when they recognize a potential gap in their skills: (a) Time out for expert consultation; (b) request placement in areas where staff competence is high; (c) practice processes or skills prior to execution; (d) use job aids as needed.
4. Responsibilities:
  - a. District Leadership defines the job qualifications and competencies for all District positions in his/her respective areas and authorize content experts/ supervisors/ preceptors.
    - District Leaders and/or designee content experts/supervisors/preceptors must ensure their competencies are up to date and that employees meet competency requirements at least annually unless directed differently by external mandate, District or departmental requirements.

Communication that is clear from Leader to employee is a priority to ensure the requirements under this Policy are timely met.

- Predetermine competency requirements for each position at the District and reassess continued eligibility annually.
- Maintain all completed competency documentation and ensure that it is submitted to Human Resources for inclusion in the official personnel file
- Align competency requirements across the District for the same topic in different departments/work areas. If it is recommended that a competency is required of more than the Leaders' department personnel, Leaders must coordinate these requirements with Executive Leadership before launching required competencies.
- Ensure that the competence of persons in each position are assessed, maintained, improved and appropriately aligned with business needs on an ongoing basis and periodically evaluate the overall performance of persons assigned to positions.
- Communicate information about resources to use when staff are unsure how to carry out duties during all evaluation times to all employees.
- Communicate to each employee by October 1 of each calendar year competencies to be completed by December 31 of that calendar year
- The District Leader and/or designee will determine the appropriate method/tools to validate the employee's competency within the guidelines of this Competency Plan.
- The District Leader and/or designee will determine appropriate training/re-training of the employee who does not demonstrate competence in any required area.

b. Employees exercise professional accountability as follows:

- Understanding what requirements are needed, scheduling/completing the requirements timely, and submitting completed documentation to their Leader on time.
- Recognizing skills that are high risk high volume or high risk low volume for his/her practice.
- Seeking out/implementing strategies identified within this policy to mitigate risk.
- Notifying supervisors immediately when gaps in competence are recognized.
- Maintaining competence in areas designated if designated by their Leader as a content expert/supervisor/preceptor.
- Complete their own competencies, including hands on demonstration, e-learning modules and other methods assigned.
- Any employee who fails any aspect of the competency requirements must engage in a remediation of that competency and satisfy the remediation requirements within 90 days (or other such time as designated by his/her District Leader) in order to continue District employment.

c. Methodology. Approved methods used in the assessment of employee competencies include, but are not limited to:

- Observation by an individual with the educational background, experience, or knowledge related to the skill being reviewed whom District Leaders deem eligible to assess competence;
- Online testing using case studies as the basis for questions;
- National testing deemed to be reliable and valid;
- Demonstration of required skill or activity;
- Evaluation of documentation;
- Documented return demonstration, which may also be documented through any online Learning Management System.

**REFERENCES:**

*The Joint Commission Standards*, HR.01.01.01, HR.01.06.01, PI.03.01.01

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Competency Notebook
2. Nursing Competency Plan

**RECORD RETENTION AND DESTRUCTION:**

Supersedes: v.1 Competency Plan
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY**

Title: Chief Executive Officer Compensation Philosophy		
Owner: Board Clerk and CFO Assistant	Department: Board of Directors	
Scope: Board of Directors, CEO		
Date Last Modified: 12/28/2022	Last Review Date: 12/28/2022	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 10/15/2014	

**PURPOSE:**

To adopt a philosophy in awarding compensation to the Hospital Chief Executive Officer (CEO), in order to attract, retain, and motivate Senior Hospital Executives who reflect the values of our District and the community.

**POLICY:**

The Board of Directors of Northern Inyo Healthcare District desire to attract, retain and motivate senior hospital executives who reflect the values of our District and community. These individuals must be able to lead our District in the delivery of excellent patient care and service. In part, this process is accomplished by offering a remuneration package that is in line with the market as defined by peer comparable hospitals in size, mission, scope of operations and locale. Therefore, the Board uses the Allied for Health Services Executive Compensation Report for District employee pay range determination. Within that range, which is reviewed and reset every two years, the Board sets compensation based upon training, experience, successes, and impact as measured against established goals for the organization and the senior executive.

Once hired the Board continues to annually, (or more often if needed) assess the performance of the CEO in achieving set performance goals. Based upon the results of the review, the compensation may be adjusted: but will never exceed the upper limit of the pay range determined in the Allied for Health Executive Compensation Report. Furthermore, the benefits package will be consistent with what is offered to non-union District employees.

Additionally, we ensure the approval of the CEO's compensation is first proposed by a subcommittee of the Board of Directors and that this subcommittee is composed of individuals without a conflict of interest. The full Board then has final approval of any pay rate before it goes into effect.

**REFERENCE:**

1. Allied for Health Services Executive Compensation Report

**RECORD RETENTION AND DESTRUCTION:**

1. Employees not entitled to pension: 15 years
2. Employees entitled to pension: life of employee plus 6 years

**CROSS REFERENCED POLICIES AND PROCEDURES: N/A**

Supersedes: v.2 Chief Executive Officer Compensation Philosophy
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5. The hospital administrator or designated staff shall mail notice of the action or decision to the affected applicant or medical staff member within the time specified in the applicable bylaw or rule.

**REFERENCES:**

1. California Health and Safety Code Section 32132

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Authority of the Chief Executive Officer for Contracts and Bidding
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Compensation of the Chief Executive Officer		
Owner: Board Clerk and CFO Assistant	Department: Board of Directors	
Scope: Board of Directors, Chief Executive Officer		
Date Last Modified: 08/18/2022	Last Review Date: 08/18/2022	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** The Chief Executive Officer (CEO) of Northern Inyo Healthcare District (NIHD) is the person responsible for the efficient operation of NIHD. Therefore, it is the desire of the NIHD Board of Directors (BOD) to provide a fair compensation (salary and benefits) to the CEO.

**POLICY:**

1. Annually (as of hire date) the NIHD Board of Directors shall evaluate the performance and review the compensation of the Chief Executive Officer to determine if an adjustment to compensation is appropriate.

**PROCEDURE:**

1. The BOD Chair shall appoint two members of the BOD as an Ad Hoc committee to research comparability data of similar organizations and similar qualified individuals.
2. At a BOD meeting (may be during closed session), the Ad Hoc committee will make a recommendation to the full BOD for any compensation (salary and/or benefits) adjustments based on a review of the data and CEO Performance Review.
3. During the Open Session of the Meeting Agenda, the BOD Chair will report any action taken on the recommendation. The meeting at which the compensation adjustment is approved the minutes are to include the documentation of how the BOD reached its decisions and the effective date.

**REFERENCES:**

1. 5 U.S.C. § 5304 - U.S. Code - Unannotated Title 5. Government Organization and Employees § 5304. Locality-based comparability payments Current as of January 01, 2018.
2. Office of Human Resource Management; *Locality-based comparability pay.*  
[https://www.commerce.gov/hr/practitioners/compensation-policies/general-pay/locality-based-comparability-pay.](https://www.commerce.gov/hr/practitioners/compensation-policies/general-pay/locality-based-comparability-pay)

**RECORD RETENTION AND DESTRUCTION:**

Records related to CEO compensation must be maintained for term of employment, plus ten (10) years.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Chief Executive Officer Compensation Philosophy
2. Compensation of the Chief Executive Officer

Supersedes: v.1 Compensation of the Chief Executive Officer



**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Authority of the Chief Executive Officer for Contracts and Bidding		
Owner: Board Clerk and CFO Assistant	Department: Board of Directors	
Scope: Board of Directors, Chief Executive Officer (CEO)		
Date Last Modified: 07/06/2022	Last Review Date: 08/19/2022	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Establish policy and procedure process for Authority for Contracts and Bidding.

**POLICY:**

Northern Inyo Healthcare District (NIHD) shall comply with the requirements of California Health and Safety Code Section 32132, which set forth competitive means bidding requirements. “Competitive means” includes any appropriate means specified by the Board of Directors (BOD), including, but not limited to, the preparation and circulation of a request for a proposal to an adequate number of qualified sources, as determined by the BOD in its discretion, to permit reasonable competition consistent with the nature and requirements of the proposed acquisition.

When the BOD awards a contract through competitive means, the district's requirements, as determined by the evaluation criteria specified by the board. The evaluation criteria may provide for the selection of a vendor on an objective basis other than cost alone.

**PROCEDURE:**

1. NIHD “shall acquire materials and supplies that cost more than twenty-five thousand dollars (\$25,000) through competitive means, except when the board determines either that (1) the materials and supplies proposed for acquisition are the only materials and supplies that can meet the district's need, or (2) the materials and supplies are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety.” (Ca. H&S Code Section 32132)
2. This bidding process “Shall not apply to medical or surgical equipment or supplies, to professional services, or to electronic data processing and telecommunications goods and services. Medical or surgical equipment or supplies includes only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital.” (Ca. H&S Code Section 32132)
3. “Bids need not be secured for change orders that do not materially change the scope of the work as set forth in a contract previously made if the contract was made after compliance with bidding requirements, and if each individual change order does not total more than 5% (five percent) of the contract.” (Ca. H&S Code Section 32132)
4. The professional services to which the bidding rules do not apply include those of persons who are highly skilled in their science or profession; persons such as Attorney At Law, architect, engineer or artist; and persons whose work requires skill and technical learning and ability of a rare kind.

5. The hospital administrator or designated staff shall mail notice of the action or decision to the affected applicant or medical staff member within the time specified in the applicable bylaw or rule.

**REFERENCES:**

1. California Health and Safety Code Section 32132

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Authority of the Chief Executive Officer for Contracts and Bidding
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**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Basis of Authority: Role of Directors	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 04/18/18

**PURPOSE:** Establish governing Board of Directors (BOD) best practices and Director’s roles.

**POLICY:**

1. A Director of Northern Inyo Healthcare District (NIHD) is to be conscientious and concerned with all aspects of the district including its financial health, community needs, quality of care, employee relations, and compliance with the law.
2. A Director must act in good faith, with the highest ethical standards, in the best interest of the organization.
3. A Director must act in a manner consistent with the Board’s stated mission and bylaws and conduct their activities within the powers conferred upon them by federal, state, and local regulations.
4. A Director must work to ensure the District Missions, Vision, and Values are the center of decision-making.

**PROCEDURE:**

1. Apart from their normal function as part of the NIHD BOD a Director has no individual authority to commit the District to any policy, act, or expenditure, unless the BOD takes specific action to grant such authority as to a given matter.
2. The NIHD BOD primary responsibility is the formulation and evaluation of policy. Directors are responsible for monitoring the District’s progress in attaining goals and objectives, while pursuing its mission.
3. Routine matters concerning the operations aspects of the District are to be delegated to the Chief Executive Officer of NIHD.
4. While the BOD is responsible for monitoring hospital management activities, a Board member shall not use inappropriate involvement in day-to-day management or interfere with senior management duties.
5. A Director shall not compete with the district or act on behalf of its competitors; not derive profits from inside information; not disclose confidential information; not accept improper payments or gratuities, and beware of potential conflicts of interest.
6. A Director has protection from organization and personal liability when their duties are exercised in good faith and legally using sound and informed judgment. Having all the information available to make a decision will not only increase the likelihood of making the right decision, but will go a long way to legally protect the BOD if they make a wrong one.
7. A Director is expected to become and stay current on District affairs and projects and become familiar with District financial reports and carefully review all materials in advance of Board Meetings.
8. A Director is expected to become familiar with the Ralph M. Brown Act and at all times conform to its policies and regulations.

**REFERENCES:**

- 1.

**CROSS REFERENCE P&P:**

- 1.



**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Basis of Authority: Role of Directors	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 04/18/18

<b>Approval</b>	<b>Date</b>
Board of Directors	4/18/18
Last Board of Directors Review	8/19/20

Developed: March 31, 2018

Reviewed:

Revised:

Supersedes:

Index Listings:

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Reimbursement of Expenses	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date:

**PURPOSE:** Procedure for reimbursement of qualified expenses to NIHD Board of Directors.

**POLICY:**

1. If requested, the District shall reimburse NIHD Directors for necessary travel and incidental expenses incurred in the performance of official duties as Directors, subject to requirements of the NIHD Policy and Procedures and the law.

**PROCEDURE:**

1. The following types of occurrences qualify for reimbursement if attended in the performance of official duties as NIHD Director.
  - a. Training, workshops, seminars and conferences.
  - b. Educational workshops, seminars, and conference.
  - c. Meetings of local governmental entities and bodies.
  - d. Meetings of community or civic groups or other state or national organizations.
  - e. Any other activity approved by the BOD in advance of attendance.
2. Reimbursement for travel, meals, lodging, and other expenses shall be in accordance with the NIHD Travel and Reimbursement Policy.
3. Request for reimbursement shall include receipts for all expenses for which reimbursement is requested.

**REFERENCES:**

- 1.

**CROSS REFERENCE P&P:**

1. NIHD Travel and Reimbursement Policy and Procedure

Approval	Date
Board of Directors	4/18/18
Last Board of Directors Review	8/19/20

Developed: March 26, 2018

Reviewed:

Revised:

Supersedes:

Index Listings: