

- CALL TO ORDER                      The meeting was called to order at 5:30 pm by Peter Watercott, President.
- PRESENT                                Peter Watercott, President  
John Ungersma MD, Vice President  
M.C. Hubbard, Secretary  
Mary Mae Kilpatrick, Treasurer  
Phil Hartz, Member at Large
- ALSO PRESENT                      Kevin S. Flanigan MD, MBA, Chief Executive Officer  
Kelli Huntsinger, Chief Operating Officer  
Carrie Petersen, Chief Accounting Officer  
John Tremble, Interim CFO  
Maria Sirois, Chief Performance Excellence Officer  
Alison Murray, Interim Chief Human Relations Officer  
Tracy Aspel, Chief Nursing Officer  
Sandy Blumberg, Executive Assistant
- ABSENT                                Joy Englade MD, Chief of Staff
- OPPORTUNITY FOR  
PUBLIC COMMENT                      Mr. Watercott asked if any members of the public wished to comment on any items listed on the agenda for this meeting. No comments were heard.
- CONSENT AGENDA                      Mr. Watercott called attention to the Consent Agenda for this meeting, which contained the following items:  
- *Approval of minutes of the January 18 2017 regular meeting*  
- *2013 CMS Validation Survey Monitoring, February 2017*  
It was moved by Phil Hartz, seconded by John Ungersma MD, and unanimously passed to approve both consent agenda items as presented, with two housekeeping changes being made to the minutes of the January 18 2017 regular meeting.
- FINANCIAL AND  
STATISTICAL REPORTS  
AS OF DECEMBER 31,  
2016                                Chief Accounting Officer Carrie Petersen called attention to the financial and statistical reports for the period ending December 31 2016, noting the following:  
- Patient volume was down in all areas, with the exception of the Emergency Department  
- The District funded an Intergovernmental Transfer (IGT) during the month, however incoming dollars from that IGT will not be received until the next accounting period  
- Long term debt decreased as a result of bond payments made in the month of December  
- Salaries and wages were under budget and professional fees expense was over budget due to the use of contracted employees  
- The bottom line excess of expenses over revenues for the month of December was \$541,175, however year-to-date we are at a positive \$462,859

It was moved by Mary Mae Kilpatrick, seconded by M.C. Hubbard and unanimously passed to approve the financial and statistical reports for the period ending December 31 2016 as presented.

STRATEGIC PLAN  
UPDATE

Chief Executive Officer Kevin S. Flanigan MD, MBA provided an update on progress made toward achieving the goals of the Northern Inyo Healthcare District (NIHD) Strategic Plan.

CHIEF OF STAFF  
REPORT

On behalf of Chief of Staff Joy Engblade MD Doctor Flanigan reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following hospital-wide policies and procedures, protocols, and order sets:

1. *Cesarean Delivery* (supersedes both *Cesarean Deliveries – Nurses Responsibilities in the OR* and *Cesarean Delivery - Emergency*)
2. *Fall Risk Prevention - Perinatal*
3. *Death, Disposition of Body*
4. *Pronouncement of Death*
5. *Scope of Services, Infusion Center*
6. *Scheduling Surgical Procedures*
7. *Patient Safety Attendant or 1:1 Staffing Guidelines*
8. *Credentialing Healthcare Practitioners in the Event of a Disaster*
9. *Medical Staff and Allied Health Professional Application Fee Processing*
10. *Transfusion Criteria*
11. *New Transfusion Reaction Document*

It was moved by Doctor Ungersma, seconded by Ms. Kilpatrick, and unanimously passed to approve policies 1 through 11 as presented.

Doctor Flanigan also reported the Medical Executive Committee recommends annual approval of the following Critical Indicators:

- Emergency Room Service
- Surgery, Tissue, Transfusion, and Anesthesia
- Medicine/Intensive Care

It was moved by Doctor Ungersma, seconded by Ms. Hubbard, and unanimously passed to approve all three Critical Indicators as requested.

Dr. Flanigan additionally reported that following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following Medical Staff appointments and privileging:

- Saif Siddiqui MD (Teleradiology)
- Robert James MD (Pathology – Locum tenens)

It was moved by Ms. Kilpatrick, seconded by Doctor Ungersma, and unanimously passed to approve both Medical Staff appointments and privileging as requested.

The Medical Executive Committee additionally recommends approval of the following:

- Performance Monitoring Plan – Focused Professional Practice Evaluation (FPPE) of Sarah Zuger MD (Family Medicine & OB/Gyn; evaluation methods to include direct observation, medical record review, and discussion with peers (including OB evaluation) for 5 procedures and 5 discharges (Plan set forth by Anne Gasior MD)
- New Practitioner Evaluation Recommendation – (FPPE) for Cecilia Rhodus MD (Pediatrics). Findings: Practitioner has demonstrated competency in performing the clinical privileges granted, evaluation completed by Charlotte Helvie MD
- New Practitioner Evaluation Recommendation – (FPPE) for Manish Pandya MD (Internal Medicine/Hospitalist). Findings: Practitioner has demonstrated competency in performing the clinical privileges granted. Evaluation completed by Joy Engblade MD

It was moved by Mr. Hartz, seconded by Doctor Ungersma, and unanimously passed to approve all three FPPE plans and recommendations as requested.

Doctor Flanigan also stated the Medical Executive Committee recommends the addition of “Portacath Insertion” to interventional radiology privileges. It was moved by Ms. Hubbard, seconded by Doctor Ungersma, and unanimously passed to approve the addition to interventional radiology privileges as requested.

#### CHIEF EXECUTIVE OFFICER REPORT

Dr. Flanigan provided a Chief Executive Officer report which included the following:

- The modular insert for the Pharmacy has been installed and Northern Inyo Hospital (NIH) is now in compliance with the California Board of Pharmacy (BOP). NIHD Administration; the California Department of Public Health; the Office of State Wide Health Planning and Development (OSHDP); and the California BOP continue to work together to bring the hospital pharmacy into compliance with all three agencies
- The District has hired Mr. Larry Weber to act as Director of Diagnostic Imaging and Laboratory. Mr. Weber will be present at the March regular meeting for purposes of introduction.
- The Electronic Health Record (EHR) Assessment Committee has been formed and will begin looking into the best EHR options available for the District as soon as possible
- The hospital is looking for a new 340B vendor to replace Sentry, who has not fulfilled the obligations of their contract. NIHD continues to partner with Dwayne's Pharmacy in the 340B program.

<b>CHIEF OPERATING OFFICER REPORT</b>	Kelli Huntsinger provided a Chief Operating Officer report which included an introduction of NIHD Dietician Amber Morin. Ms. Morin has recently implemented an outpatient referral program and is also working on dietary referrals with several local agencies, including Toiyabe Indian Health Project.
<b>CHIEF ACCOUNTING OFFICER REPORT</b>	Chief Accounting Officer Carrie Petersen introduced the NIHD revenue cycle team and provided an overview of accounting department functions and services including Admissions and Registration; Credit and Billing; Accounts Payable; Purchasing, Payroll; Veterans services; and the Charity Care program.
<b>CHIEF NURSING OFFICER REPORT</b>	Dr. Flanigan was pleased to report that Tracy Aspel RN has accepted the position of permanent Chief Nursing Officer for NIHD. Ms. Aspel provided an update on Nursing Department activities, which included reporting that a permanent Perinatal Unit Nurse Manager will be coming on board to replace Summer Gilstrap RN, who has filled that position on a temporary basis. Ms. Aspel expressed her appreciation of the outstanding job that Ms. Gilstrap has done for the Healthcare District. She additionally provided an overview of a proposed Nursing Management restructure; and discussed the District's efforts to grow its own (future) managers internally. She additionally reported on the use of Nitrox in the perinatal unit.
<b>CHIEF HUMAN RELATIONS OFFICER REPORT</b>	Interim Chief Human Relations Officer Alison Murray provided an overview of NIHD employee and physician recruiting efforts; as well as a review of current job openings with the District. Ms. Murray noted that in the last year the number of contracted workers employed by the District has been more than cut in half, and many hard to fill positions have been filled with permanent employees. Additionally, the Human Relations Department continues to streamline internal processes.
<b>CHIEF PERFORMANCE EXCELLENCE OFFICER REPORT</b>	Chief Performance Excellence Officer Maria Sirois provided a report which included updates on the following projects: <ul style="list-style-type: none"><li>- Joint Commission Accreditation monitoring</li><li>- California Department of Public Health (CDPH) survey readiness</li><li>- Development of a hospital-wide Quality Assurance and Performance Improvement Plan</li><li>- Service Excellence Trainings for employees</li><li>- Antibiotic Stewardship projects</li><li>- Workplace Violence assessment</li><li>- Language Services assessment</li><li>- Pillars of Excellence data and reports</li></ul>
<b>DISTRICT COMPLIANCE REPORT</b>	District Compliance Officer Patty Dickson provided a compliance report which included a review of Protected Health Information (PHI) breaches for the 2016 calendar year; and a review of compliance issues, inquiries, and audits. Ms. Dickson additionally stated that a Business Ethics and

Compliance Committee will be established in the next couple of months, and Director Hubbard volunteered to serve as a member of that Committee.

ANNUAL POLICY AND  
PROCEDURE  
APPROVALS

Mr. Watercott called attention to a list of Policies and Procedures presented for annual approval at this meeting, which were included as attachment "A" to the agenda for this meeting. It was moved by Ms. Hubbard, seconded by Mr. Hartz, and unanimously passed to approve all policies and procedures submitted for annual approval as presented.

OLD BUSINESS

BISHOP UNION HIGH  
SCHOOL CLINIC  
UPDATE

Bishop Union High School (BUHS) Superintendent Barry Simpson provided an update on the progress of a proposed student health clinic being established on the Bishop high school campus. The proposed clinic would provide students access to healthcare services relating to confidential and sensitive issues including pregnancy; addiction counseling; disease prevention; etc., as allowed for by State law. The Healthcare District would potentially provide a nurse practitioner to provide services for students one or two days per week. The BUHS School Board has yet to approve the clinic concept and is currently debating the controversial elements of this issue and drafting an informational letter for parents. Discussion on this topic followed and it was noted that this may be listed as an action item on the agenda for the March NIHD Board meeting. Director Hartz stated his desire for this topic to be given more than one additional month of consideration. It was noted that if approved, the clinic could potentially open in the fall of 2017.

NURSING  
DEPARTMENT POLICY  
AND PROCEDURE  
APPROVALS

Chief Nursing Officer Tracy Aspel called attention to the following proposed Nursing Department policies and procedures:

- *Admission of a Pediatric Patient*
- *Admission to the Acute/Sub Acute Department*
- *Care Plan, Inpatient*
- *Down Time Procedures for OP, PACU*
- *Fixed Floating*
- *Staffing Huddle*
- *Surgery Charges*
  - *Surgery Charges, Attachment*

It was moved by Ms. Hubbard, seconded by Doctor Ungersma, and unanimously passed to approve all 7 policies and procedures as presented, with two housekeeping changes being made to the content.

HOSPITAL WIDE  
POLICY AND  
PROCEDURE  
APPROVALS

Interim Chief Human Relations Officer Alison Murray called attention to a hospital wide policy and procedure titled *Exempt Employees*, which has been updated in order to comply with current law. It was moved by Ms. Kilpatrick, seconded by Mr. Hartz, and unanimously passed to approve the revised *Exempt Employees* policy and procedure as presented.

Doctor Flanigan also called attention to the following list of proposed or updated hospital wide policies and procedures:

- *Paid Absence*
- *United States Postal Service Mail*
- *Medicare Outpatient Observation Notice*
- *Charge Master Procedures for Clinics*
- *Charity Care Program*

It was moved by Director Hartz, seconded by Ms. Kilpatrick, and unanimously passed to approve all 5 hospital wide policies and procedures as presented.

RADIOLOGY RFP  
PROCESS AND  
CONTRACT

Doctor Flanigan provided an overview of the Radiology Services Request For Proposal (RFP) and selection process recently conducted to establish the District's next radiology provider agreement. He explained that *Tahoe Carson Radiology* (TCR) has provided excellent radiology coverage for the District for the last several years; however the RFP process netted a different supplier, which is the *Bishop Radiology* group. Doctor Flanigan expressed his appreciation of TCR's dedication to this community, their level of professionalism, and of the quality of services provided. District legal counsel is in the process of finalizing the details for the new contract with *Bishop Radiology*, based on the guidelines provided in Radiology Services Exhibits A and B. NIHD Staff radiologist and TCR group member Edmund Pillsbury MD spoke on behalf of TCR inquiring as to what their group could have done better in order to have been awarded the contract renewal. Doctor Flanigan explained that many aspects of the Radiology RFP process are confidential; however he will contact TCR Administration on this subject. It was then moved by Ms. Hubbard, seconded by Doctor Ungersma, and passed to establish a new contract with the *Bishop Radiology* group as requested, with Director Hartz voting "no" on this agenda item.

DISTRICT  
COMPLIANCE PLAN

Compliance Officer Patty Dickson called attention to a proposed Compliance Program for Northern Inyo Healthcare District, noting that the purpose of a Compliance Plan and program is to prevent waste, fraud, and abuse within the organization. Following review of the information provided it was moved by Ms. Kilpatrick, seconded by Mr. Hartz, and unanimously passed to approve the Compliance Program for NIHD as presented, with housekeeping corrections being noted.

DIET MANUAL AND  
MENUS, RD's FOR  
HEALTHCARE

Dietician Amber Morin called attention to a Proposed Diet Manual and menus, prepared for the District by *RD's for Healthcare Inc.*. Ms. Morin explained improvements are constantly being made to NIHD Dietary services, and this new manual and menus will improve patient and employee food services even further. It was moved by Ms. Kilpatrick, seconded by Ms. Hubbard, and unanimously passed to approve the *RD's for Healthcare Inc.* Diet Manual and menus as requested.

- CARE ACT LETTER OF SUPPORT      Doctor Flanigan called attention to a proposed letter of support for reintroduction of the bipartisan *Critical Access and Rural Equity (CARE) Act*, as recommended by Interim Chief Financial Officer John Tremble. Passage of the CARE Act would help allow Critical Access Hospitals to continue to provide services to rural communities and be reimbursed by Medicare at an appropriate rate. It was moved by Mr. Hartz, seconded by Ms. Hubbard, and unanimously passed to approve the letter of support for the CARE Act as presented.
- BOARD MEMBER REPORTS      Mr. Watercott asked if any members of the Board of Directors wished to report on any items of interest. Director Ungersma reported on the annual Association of California Healthcare Districts (ACHD) Leadership Academy, which was recently attended by Directors Ungersma, Hubbard, and Kilpatrick.
- ADJOURNMENT TO CLOSED SESSION      At 8:57 pm Mr. Watercott reported the meeting would adjourn to closed session to allow the Board of Directors to:
- A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*Section 32155 of the Health and Safety Code, and Government Code Section 54962*).
  - B. Confer with legal counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation, 3 matters pending (*pursuant to Government Code Section 54956.9*).
  - C. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined)(*Health and Safety Code Section 32106*).
  - D. Discussion of a personnel matter (*pursuant to Government Code Section 54957*).
- RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN      At 9:55 pm the meeting returned to open session. Mr. Watercott reported that the Board took no reportable action.
- ADJOURNMENT      The meeting was adjourned at 9:56 pm.

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Peter Watercott, President

Attest:

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M.C. Hubbard, Secretary