

# Board Meetings

January 15, 2025

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

January 15, 2025, at 5:00 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=TDlIWXRuWjE4T1Y2YVFWbnF2aGk5UT09>  
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 meets 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.

Board Member, David McCoy Barrett, will attend from 401 Mercer Street, Seattle, WA 98109, via Zoom.

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1. Call to Order at 5:00 p.m.
  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 comments 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. Public comments on closed session items
  4. Adjournment to closed session to/for:

- a. Chief of Staff Report – Protected by Evidence Code § 1157; Health & Safety Code § 32155
  - b. Discuss trade secrets (Health & Safety. Code § 32106 and Civ. Code 3426.1). The discussion will concern a new service line. The estimated date of public disclosure is May 2025.
  - c. Public Employee Performance Evaluation pursuant to Government Code Section 54957(b)(1). Title: CEO FY 2025 performance
5. Return to open session and report on any actions taken in closed session
6. New Business:
- a. Governance Committee Appointments *Action Item*
  - b. Chief Executive Officer Report (*Board will receive this report*)
    - i. Audit
    - ii. Seminar
    - iii. Financial Policies
    - iv. UCSF Alumni Achievement Award – Colleen McEvoy
  - c. Chief Financial Officer Report
    - i. Financial & Statistical Reports (*Board will consider the approval of these reports*)
    - ii. Jorie
    - iii. Finance and Audit Committee meeting update
  - d. Chief of Staff Reports, Sierra Bourne MD
    - i. Dr. Manzanares – Family Medicine
    - ii. Medical Executive Committee meeting report
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7. 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.*
- a. Approval of minutes of the December 11, 2024 Regular Board Meeting
  - b. CEO Credit Card Statements December 2024
  - c. Approval of Policies and Procedures
    - i. ALARA Program
    - ii. Diagnostic Imaging – Handling of Radioactive Packages, Non-nuclear medicine personnel

- iii. Diagnostic Imaging – Imaging Equipment Quality Control
  - iv. Diagnostic Imaging – Patient Priority
  - v. Fern Testing
  - vi. NIHD Recruitment and Selection – Education and Experience Equivalency
  - vii. Work Place Violence Prevention – Guidelines for Handling Threats or Violent Situations
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8. General Information from Board Members (*Board will provide this information*)

9. Adjournment

*In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.*



DATE: January 2025  
TO: Board of Directors, Northern Inyo Healthcare District  
FROM: Andrea Mossman, Chief Financial Officer  
RE: Financial Summary and Operation Insights as of November 2024

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### **Financial Summary**

1. Net Income: November's net loss was \$(251k) which was similar to last year. This was due to lower volumes in the clinics and surgeries. For the year, net income was at \$1.45M due to favorable net revenue caused by increased volume and better payor mix.
2. Operating Income: November's operating loss was \$(530k) which was higher than last year due to higher net revenue because of favorable net revenue. For the year, operating loss was better than last fiscal year by \$976k due to increased volume along with reduced expenses.
3. EBIDA: November's EBIDA was favorable by \$159k and consistent with prior year. For the year, EBIDA was favorable by \$3.6M.
4. Revenue Breakdown: November's inpatient volume and revenue was slightly higher with declines in outpatient due to less surgical volumes. For the year, revenue has increased by 1% due to higher volumes.

### **Deductions Summary**

1. Contractual Adjustments: Contractual discounts were higher due to increased gross revenue but were in line with trend when reviewed as a percentage of gross revenue.
2. Bad Debt: For November, bad debt declined due to AR >270 days declining by over \$2M. Compared to last November, AR >270 days declined by \$(6.7M).
3. Write-offs: Other write-offs were higher than prior year and budget due to aged AR cleanup.

### **Salaries**

1. Per Adjusted Patient Day / Adjusted Employee per Occupied Bed (Adjusted EPOB): For November, wages per patient were higher than last year due to less volume in the outpatient setting. For the year, wages per patient were higher due to increased volume.

2. Total Salaries: For November and for the year, wages were higher than last year due to higher pay rate and increase employed FTEs.
3. Average Hourly Rate: Average hourly rate was lower than budget and up 2% compare to last year due to merits.

### **Benefits**

1. Total Benefits: For November and the year, benefits were lower than last month, budget, or prior year due to reduced medical, dental vision, and federal taxes.
2. Benefits % of Wages: For the year, we were at 42% of wages, which was lower than prior year by (11%).

### **Total Salaries, Wages and Benefits (SWB)**

1. Salaries, Wages and Benefits (SWB) / Adjusted Patient Day: For the year, we were (13%) under budget and (3%) under prior year-to-date. This was due to higher volume meaning we were more productive.
2. Salaries, Wages and Benefits (SWB) % of Total Expenses: For November, we were (12%) lower than budget. For the year, we were lower than budget and prior year. This was due to overall expenses being lower this year. For the year, we were at 51% and our goal was 50%.

### **Contract Labor**

1. Contract Labor Expense: For the year, contract labor was 6% higher due to staffing challenges and rates higher than planned.
2. Contract Labor Rates: Rates are higher than budgeted by 24%. We will continue to evaluation and negotiate rates based on market.
3. Contract Labor Full-Time Equivalents (FTEs): For the year, contract labor is 5% higher than budget or prior year.

### **Other Expenses**

1. Physician Expense / Adjusted Patient Day: For the year, physician expenses per patient were (14%) under budget and (16%) under prior year-to-date.
2. Supplies: For the year, supplies were lower than prior year-to-date due to lower pharmacy costs.
3. Total Expenses: For the year, expenses were under budget by (5%) and under prior year by (1%). This was due to lower benefits along with lower supply expenses.

## Stats Summary

1. Admits (excluding Nursery): For November, admits were 3% higher. This was due to higher medical admits. For the year, admits were 10% higher due to higher deliveries and medical admits.
2. Inpatient Days (excluding Nursery): For November, inpatient days increased 20%. For the year, inpatient days increased 29%.
3. Average Daily Census: Average census increased 24% compared to last year-to-date.
4. Average Length of Stay (ALOS): Average length of stay increased 13% compared to last year but was still below the maximum for a critical access hospital.
5. Deliveries: For the year, Deliveries were 11% higher than last year-to-date.
6. Surgical Procedures: For November, surgeries were (13%) under prior year primarily due to orthopedics. For the year, surgical procedures were higher by 3% due to urology and general surgery.
7. Emergency Department (ED) Visits: Emergency visits were higher by 5% compared to last November and higher than last year-to-date by 3% leading to higher medical admits.
8. Diagnostic Imaging (DI) Exams: For November, DI exams were slightly lower but for the year, they were up 3%.
9. Rehab Visits: Rehab visits were up 60% compared to last year-to-date due to better staffing and corrected billing issues.
10. Outpatient Infusion / Injections / Wound Care Visits: These visits were up 35% compared to last year-to-date.
11. Observation Hours: Observations hours were down (8%) compared to last year-to-date due to change in observation methodology in the women service line.
12. Rural Health Clinic (RHC) Visits: For November, RHC was down (8%) but up for the year by 15 due to behavioral and women.
13. Other Clinics: For the year, all clinics increased 16% due to new providers.

### Northern Inyo Healthcare District November 2024 – Financial Summary

|                                      | Current Month     |                   |                    |              | Prior MTD         |                  |              | Year to Date       |                   |                  |            | Prior YTD         |                  |            |
|--------------------------------------|-------------------|-------------------|--------------------|--------------|-------------------|------------------|--------------|--------------------|-------------------|------------------|------------|-------------------|------------------|------------|
|                                      | Actual            | Budget            | Variance           | Variance %   | Actual            | Change           | Change %     | Actual             | Budget            | Variance         | Variance % | Actual            | Change           | Change %   |
| ** Variances are B / (W)             |                   |                   |                    |              |                   |                  |              |                    |                   |                  |            |                   |                  |            |
| <b>Net Income (Loss)</b>             | (250,823)         | (1,468,123)       | 1,217,299          | (83%)        | (236,090)         | (14,733)         | (6%)         | 1,450,539          | (4,524,912)       | 5,975,451        | 132%       | 639,798           | 810,741          | 127%       |
| <b>Operating Income (Loss)</b>       | (530,332)         | (1,738,335)       | 1,208,003          | (69%)        | (987,232)         | 456,900          | 46%          | (355,930)          | (6,008,288)       | 5,652,357        | 94%        | (1,332,337)       | 976,407          | (73%)      |
| <b>EBIDA (Loss)</b>                  | 158,708           | (1,104,545)       | 1,263,253          | (114%)       | 120,086           | 38,623           | (32%)        | 3,592,239          | (2,707,022)       | 6,299,260        | 233%       | 2,296,144         | 1,296,094        | 56%        |
| IP Gross Revenue                     | 3,654,138         | 3,449,936         | 204,203            | 6%           | 3,424,188         | 229,950          | 7%           | 18,713,127         | 17,949,330        | 763,797          | 4%         | 17,266,921        | 1,446,207        | 8%         |
| OP Gross Revenue                     | 12,133,332        | 13,549,109        | (1,415,776)        | (10%)        | 12,912,788        | (779,456)        | (6%)         | 73,012,307         | 71,988,268        | 1,024,039        | 1%         | 68,406,086        | 4,606,222        | 7%         |
| Clinic Gross Revenue                 | 1,695,930         | 1,703,295         | (7,365)            | (0%)         | 1,643,491         | 52,438           | 3%           | 8,817,418          | 8,248,694         | 568,725          | 7%         | 7,693,507         | 1,123,912        | 15%        |
| <b>Total Gross Revenue</b>           | <b>17,483,401</b> | <b>18,702,339</b> | <b>(1,218,939)</b> | <b>(7%)</b>  | <b>17,980,468</b> | <b>(497,067)</b> | <b>(3%)</b>  | <b>100,542,853</b> | <b>98,186,292</b> | <b>2,356,560</b> | <b>2%</b>  | <b>93,366,513</b> | <b>7,176,340</b> | <b>8%</b>  |
| <b>Net Patient Revenue</b>           | <b>9,045,019</b>  | <b>8,262,082</b>  | <b>782,936</b>     | <b>9%</b>    | <b>8,294,330</b>  | <b>750,689</b>   | <b>9%</b>    | <b>47,419,442</b>  | <b>44,363,995</b> | <b>3,055,446</b> | <b>7%</b>  | <b>47,023,968</b> | <b>395,474</b>   | <b>1%</b>  |
| <i>Cash Net Revenue % of Gross</i>   | 52%               | 44%               | 8%                 | 17%          | 46%               | 6%               | 12%          | 47%                | 45%               | 2%               | 4%         | 50%               | (3%)             | (6%)       |
| <b>Admits (excl. Nursery)</b>        | 77                | 75                | 2                  | 3%           | 75                | 2                | 3%           | 372                | 338               | 34               | 10%        | 338               | 34               | 10%        |
| <b>IP Days</b>                       | 245               | 204               | 41                 | 20%          | 204               | 41               | 20%          | 1,324              | 1,028             | 296              | 29%        | 1,028             | 296              | 29%        |
| <b>IP Days (excl. Nursery)</b>       | 203               | 179               | 24                 | 13%          | 179               | 24               | 13%          | 1,134              | 914               | 220              | 24%        | 914               | 220              | 24%        |
| <b>Average Daily Census</b>          | 6.8               | 6.0               | 0.8                | 13%          | 6.0               | 0.8              | 13%          | 7.4                | 6.0               | 1.4              | 24%        | 6.0               | 1.4              | 24%        |
| <b>ALOS</b>                          | 2.6               | 2.4               | 0.2                | 10%          | 2.4               | 0.2              | 10%          | 3.0                | 2.7               | 0.3              | 13%        | 2.7               | 0.3              | 13%        |
| <b>Deliveries</b>                    | 14                | 16                | (2)                | (13%)        | 16                | (2)              | (13%)        | 89                 | 80                | 9                | 11%        | 80                | 9                | 11%        |
| <b>OP Visits</b>                     | 3,847             | 3,445             | 402                | 12%          | 3,445             | 402              | 12%          | 19,230             | 17,055            | 2,175            | 13%        | 17,055            | 2,175            | 13%        |
| Rural Health Clinic Visits           | 2,203             | 2,495             | (292)              | (12%)        | 2,495             | (292)            | (12%)        | 11,476             | 11,748            | (272)            | (2%)       | 11,748            | (272)            | (2%)       |
| Rural Health Women Visits            | 497               | 463               | 34                 | 7%           | 463               | 34               | 7%           | 2,611              | 2,340             | 271              | 12%        | 2,340             | 271              | 12%        |
| Rural Health Behavioral Visits       | 192               | 178               | 14                 | 8%           | 178               | 14               | 8%           | 942                | 821               | 121              | 15%        | 821               | 121              | 15%        |
| <b>Total RHC Visits</b>              | <b>2,892</b>      | <b>3,136</b>      | <b>(244)</b>       | <b>(8%)</b>  | <b>3,136</b>      | <b>(244)</b>     | <b>(8%)</b>  | <b>15,029</b>      | <b>14,909</b>     | <b>120</b>       | <b>1%</b>  | <b>14,909</b>     | <b>120</b>       | <b>1%</b>  |
| Bronco Clinic Visits                 | 43                | 36                | 7                  | 19%          | 36                | 7                | 19%          | 175                | 105               | 70               | 67%        | 105               | 70               | 67%        |
| Internal Medicine Clinic Visits      | -                 | -                 | -                  | -%           | -                 | -                | -%           | -                  | 201               | (201)            | (100%)     | 201               | (201)            | (100%)     |
| Orthopedic Clinic Visits             | 247               | 345               | (98)               | (28%)        | 345               | (98)             | (28%)        | 1,874              | 1,779             | 95               | 5%         | 1,779             | 95               | 5%         |
| Pediatric Clinic Visits              | 644               | 691               | (47)               | (7%)         | 691               | (47)             | (7%)         | 3,041              | 3,058             | (17)             | (1%)       | 3,058             | (17)             | (1%)       |
| Specialty Clinic Visits              | 509               | 398               | 111                | 28%          | 398               | 111              | 28%          | 2,761              | 1,773             | 988              | 56%        | 1,773             | 988              | 56%        |
| Surgery Clinic Visits                | 127               | 133               | (6)                | (5%)         | 133               | (6)              | (5%)         | 798                | 607               | 191              | 31%        | 607               | 191              | 31%        |
| Virtual Care Clinic Visits           | 53                | 29                | 24                 | 83%          | 29                | 24               | 83%          | 301                | 204               | 97               | 48%        | 204               | 97               | 48%        |
| <b>Total NIA Clinic Visits</b>       | <b>1,623</b>      | <b>1,632</b>      | <b>(9)</b>         | <b>(1%)</b>  | <b>1,632</b>      | <b>(9)</b>       | <b>(1%)</b>  | <b>8,950</b>       | <b>7,727</b>      | <b>1,223</b>     | <b>16%</b> | <b>7,727</b>      | <b>1,223</b>     | <b>16%</b> |
| IP Surgeries                         | 14                | 23                | (9)                | (39%)        | 23                | (9)              | (39%)        | 66                 | 111               | (45)             | (41%)      | 111               | (45)             | (41%)      |
| OP Surgeries                         | 115               | 126               | (11)               | (9%)         | 126               | (11)             | (9%)         | 674                | 607               | 67               | 11%        | 607               | 67               | 11%        |
| <b>Total Surgeries</b>               | <b>129</b>        | <b>149</b>        | <b>(20)</b>        | <b>(13%)</b> | <b>149</b>        | <b>(20)</b>      | <b>(13%)</b> | <b>740</b>         | <b>718</b>        | <b>22</b>        | <b>3%</b>  | <b>718</b>        | <b>22</b>        | <b>3%</b>  |
| Cardiology                           | -                 | 1                 | (1)                | (100%)       | 1                 | (1)              | (100%)       | 3                  | 1                 | 2                | 200%       | 1                 | 2                | 200%       |
| General                              | 70                | 56                | 14                 | 25%          | 56                | 14               | 25%          | 367                | 310               | 57               | 18%        | 310               | 57               | 18%        |
| Gynecology & Obstetrics              | 10                | 17                | (7)                | (41%)        | 17                | (7)              | (41%)        | 58                 | 80                | (22)             | (28%)      | 80                | (22)             | (28%)      |
| Ophthalmology                        | 25                | 31                | (6)                | (19%)        | 31                | (6)              | (19%)        | 106                | 127               | (21)             | (17%)      | 127               | (21)             | (17%)      |
| Orthopedic                           | 13                | 30                | (17)               | (57%)        | 30                | (17)             | (57%)        | 136                | 145               | (9)              | (6%)       | 145               | (9)              | (6%)       |
| Pediatric                            | -                 | -                 | -                  | -%           | -                 | -                | -%           | -                  | -                 | -                | -%         | -                 | -                | -%         |
| Plastics                             | -                 | -                 | -                  | -%           | -                 | -                | -%           | 1                  | -                 | 1                | -%         | -                 | 1                | -%         |
| Podiatry                             | -                 | -                 | -                  | -%           | -                 | -                | -%           | 2                  | 1                 | 1                | 100%       | 1                 | 1                | 100%       |
| Urology                              | 11                | 14                | (3)                | (21%)        | 14                | (3)              | (21%)        | 66                 | 54                | 12               | 22%        | 54                | 12               | 22%        |
| <b>Diagnostic Image Exams</b>        | 1,880             | 1,897             | (17)               | (1%)         | 1,897             | (17)             | (1%)         | 10,577             | 10,316            | 261              | 3%         | 10,316            | 261              | 3%         |
| <b>Emergency Visits</b>              | 789               | 750               | 39                 | 5%           | 750               | 39               | 5%           | 4,403              | 4,265             | 138              | 3%         | 4,265             | 138              | 3%         |
| <b>ED Admits</b>                     | 49                | 36                | 13                 | 36%          | 36                | 13               | 36%          | 217                | 147               | 70               | 48%        | 147               | 70               | 48%        |
| <b>ED Admits % of ED Visits</b>      | 6%                | 5%                | 1%                 | 29%          | 5%                | 1%               | 29%          | 5%                 | 3%                | 1%               | 43%        | 3%                | 1%               | 43%        |
| <b>Rehab Visits</b>                  | 903               | 614               | 289                | 47%          | 614               | 289              | 47%          | 4,459              | 2,787             | 1,672            | 60%        | 2,787             | 1,672            | 60%        |
| <b>OP Infusion/Wound Care Visits</b> | 600               | 330               | 270                | 82%          | 330               | 270              | 82%          | 1,993              | 1,471             | 522              | 35%        | 1,471             | 522              | 35%        |
| <b>Observation Hours</b>             | 1,017             | 1,949             | (932)              | (48%)        | 1,949             | (932)            | (48%)        | 8,297              | 9,017             | (721)            | (8%)       | 9,017             | (721)            | (8%)       |



**Northern Inyo Healthcare District**  
**November 2024 – Financial Summary**

\*\* Variances are B / (W)

**PAYOR MIX**

|               | Current Month |        |          |            | Prior MTD |        |          | Year to Date |        |          |            | Prior YTD |         |          |
|---------------|---------------|--------|----------|------------|-----------|--------|----------|--------------|--------|----------|------------|-----------|---------|----------|
|               | Actual        | Budget | Variance | Variance % | Actual    | Change | Change % | Actual       | Budget | Variance | Variance % | Actual    | Change  | Change % |
| Blue Cross    | 27.7%         | 20.1%  | 7.6%     | 38.1%      | 20.1%     | 7.6%   | 38.1%    | 26.4%        | 17.9%  | 8.5%     | 47.5%      | 17.9%     | 8.5%    | 47.5%    |
| Commercial    | 8.4%          | 6.9%   | 1.5%     | 22.1%      | 6.9%      | 1.5%   | 22.1%    | 5.4%         | 3.6%   | 1.8%     | 49.7%      | 3.6%      | 1.8%    | 49.7%    |
| Medicaid      | 22.3%         | 30.9%  | (8.6%)   | (27.7%)    | 30.9%     | (8.6%) | (27.7%)  | 25.4%        | 24.0%  | 1.5%     | 6.1%       | 24.0%     | 1.5%    | 6.1%     |
| Medicare      | 40.4%         | 40.7%  | (0.2%)   | (0.6%)     | 40.7%     | (0.2%) | (0.6%)   | 40.0%        | 50.5%  | (10.5%)  | (20.7%)    | 50.5%     | (10.5%) | (20.7%)  |
| Self-pay      | 0.6%          | 1.5%   | (0.8%)   | (56.3%)    | 1.5%      | (0.8%) | (56.3%)  | 2.0%         | 3.4%   | (1.4%)   | (41.7%)    | 3.4%      | (1.4%)  | (41.7%)  |
| Worker's Comp | 0.5%          | -%     | 0.5%     | -%         | -%        | 0.5%   | -%       | 0.8%         | 0.5%   | 0.2%     | 45.9%      | 0.5%      | 0.2%    | 45.9%    |
| Other         | -%            | -%     | -%       | -%         | -%        | -%     | -%       | -%           | 0.1%   | (0.1%)   | (100.0%)   | 0.1%      | (0.1%)  | (100.0%) |

**DEDUCTIONS**

|                 |             |             |           |        |             |             |        |              |              |             |       |              |             |       |
|-----------------|-------------|-------------|-----------|--------|-------------|-------------|--------|--------------|--------------|-------------|-------|--------------|-------------|-------|
| Contract Adjust | (9,645,351) | (9,200,570) | (444,781) | 5%     | (8,433,073) | (1,212,277) | 14%    | (48,614,884) | (47,390,931) | (1,223,953) | 3%    | (39,962,763) | (8,652,122) | 22%   |
| Bad Debt        | 2,304,836   | (672,129)   | 2,976,964 | (443%) | (957,743)   | 3,262,579   | (341%) | (653,362)    | (3,507,947)  | 2,854,585   | (81%) | (3,962,832)  | 3,309,470   | (84%) |
| Write-off       | (1,097,867) | (567,558)   | (530,309) | 93%    | (295,322)   | (802,546)   | 272%   | (3,706,982)  | (2,923,419)  | (783,563)   | 27%   | (2,418,337)  | (1,288,645) | 53%   |

**CENSUS**

|                                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Patient Days                      | 203   | 179   | 24    | 13%   | 179   | 24    | 13%   | 1,134 | 914   | 220   | 24%   | 914   | 220   | 24%   |
| Adjusted ADC                      | 32    | 30    | 2     | 7%    | 30    | 2     | 7%    | 40    | 33    | 7     | 22%   | 32    | 8     | 23%   |
| Adjusted Days                     | 970   | 940   | 30    | 3%    | 940   | 30    | 3%    | 6,094 | 4,942 | 1,152 | 23%   | 4,942 | 1,152 | 23%   |
| Employed FTE                      | 364.7 | 350.6 | 14.2  | 4%    | 350.6 | 14.2  | 4%    | 362.9 | 355.6 | 7.2   | 2%    | 355.6 | 7.2   | 2%    |
| Contract Labor FTE                | 23.6  | 27.1  | (3.5) | (13%) | 27.1  | (3.5) | (13%) | 26.8  | 25.4  | 1.4   | 5%    | 25.4  | 1.4   | 5%    |
| Total Paid FTE                    | 388.3 | 377.7 | 10.6  | 3%    | 377.7 | 10.6  | 3%    | 389.6 | 381.0 | 8.6   | 2%    | 381.0 | 8.6   | 2%    |
| EPOB (Employee per Occupied Bed)  | 1.9   | 2.1   | (0.2) | (9%)  | 2.1   | (0.2) | (9%)  | 1.8   | 2.1   | (0.4) | (18%) | 2.1   | (0.4) | (18%) |
| EPOC (Employee per Occupied Case) | 0.4   | 0.4   | (0.0) | (4%)  | 0.4   | (0.0) | (4%)  | 0.1   | 0.1   | (0.0) | (17%) | 0.1   | (0.0) | (17%) |
| Adjusted EPOB                     | 9.2   | 11.1  | (1.9) | (17%) | 11.1  | (1.9) | (17%) | 9.4   | 11.5  | (2.1) | (18%) | 11.5  | (2.1) | (18%) |
| Adjusted EPOC                     | 1.9   | 2.2   | (0.3) | (12%) | 2.2   | (0.3) | (12%) | 0.3   | 0.4   | (0.1) | (18%) | 0.4   | (0.1) | (18%) |

**SALARIES**

|                     |           |           |        |       |           |         |     |            |            |           |       |            |         |       |
|---------------------|-----------|-----------|--------|-------|-----------|---------|-----|------------|------------|-----------|-------|------------|---------|-------|
| Per Adjust Bed Day  | 3,570     | 3,686     | (116)  | (3%)  | 3,327     | 243     | 7%  | 2,799      | 3,553      | (754)     | (21%) | 3,302      | (503)   | (15%) |
| Total Salaries      | 3,463,941 | 3,464,324 | (384)  | (0%)  | 3,126,785 | 337,155 | 11% | 17,058,398 | 17,558,435 | (500,037) | (3%)  | 16,318,043 | 740,355 | 5%    |
| Average Hourly Rate | 55.40     | 57.65     | (2.24) | (4%)  | 52.03     | 3.37    | 6%  | 53.77      | 56.47      | (2.70)    | (5%)  | 52.48      | 1.29    | 2%    |
| Employed Paid FTEs  | 364.7     | 350.6     | 14.2   | 336.4 | 350.6     | 14.2    | 4%  | 362.9      | 355.6      | 7.2       | 2%    | 355.6      | 7.2     | 2%    |

**BENEFITS**

|                                       |                  |                  |                    |              |                  |                  |              |                   |                   |                    |              |                   |                  |              |
|---------------------------------------|------------------|------------------|--------------------|--------------|------------------|------------------|--------------|-------------------|-------------------|--------------------|--------------|-------------------|------------------|--------------|
| Per Adjust Bed Day                    | 735              | 2,192            | (1,457)            | (66%)        | 1,920            | (1,185)          | (62%)        | 1,187             | 2,095             | (908)              | (43%)        | 1,779             | (592)            | (33%)        |
| Total Benefits                        | 713,356          | 2,060,105        | (1,346,749)        | (65%)        | 1,804,521        | (1,091,165)      | (60%)        | 7,231,310         | 10,352,339        | (3,121,030)        | (30%)        | 8,790,344         | (1,559,035)      | (18%)        |
| Benefits % of Wages                   | 21%              | 59%              | (39%)              | (65%)        | 58%              | -37%             | (64%)        | 42%               | 59%               | (17%)              | (28%)        | 54%               | (11%)            | (21%)        |
| Pension Expense                       | 376,674          | 497,683          | (121,009)          | (24%)        | 330,787          | 45,887           | 14%          | 2,045,151         | 2,489,818         | (444,666)          | (18%)        | 2,120,181         | (75,030)         | (4%)         |
| MDV Expense                           | 184,740          | 748,612          | (563,872)          | (75%)        | 1,146,839        | (962,099)        | (84%)        | 3,643,074         | 3,743,060         | (99,986)           | (3%)         | 5,151,198         | (1,508,124)      | (29%)        |
| Taxes, PTO accrued, Other             | 151,942          | 813,811          | (661,868)          | (81%)        | 326,894          | (174,952)        | (54%)        | 1,543,085         | 4,119,462         | (2,576,377)        | (63%)        | 1,518,966         | 24,119           | 2%           |
| <b>Salaries, Wages &amp; Benefits</b> | <b>4,177,297</b> | <b>5,524,430</b> | <b>(1,347,133)</b> | <b>(24%)</b> | <b>4,931,306</b> | <b>(754,009)</b> | <b>(15%)</b> | <b>24,289,707</b> | <b>27,910,774</b> | <b>(3,621,067)</b> | <b>(13%)</b> | <b>25,108,387</b> | <b>(818,679)</b> | <b>(3%)</b>  |
| <b>SWB/APD</b>                        | <b>4,305</b>     | <b>5,877</b>     | <b>(1,573)</b>     | <b>(27%)</b> | <b>5,246</b>     | <b>(942)</b>     | <b>(18%)</b> | <b>3,986</b>      | <b>5,647</b>      | <b>(1,662)</b>     | <b>(29%)</b> | <b>5,080</b>      | <b>(1,095)</b>   | <b>(22%)</b> |
| <b>SWB % of Total Expenses</b>        | <b>44%</b>       | <b>55%</b>       | <b>(12%)</b>       | <b>(21%)</b> | <b>53%</b>       | <b>(10%)</b>     | <b>(18%)</b> | <b>51%</b>        | <b>55%</b>        | <b>(5%)</b>        | <b>(8%)</b>  | <b>52%</b>        | <b>(1%)</b>      | <b>(2%)</b>  |

**Northern Inyo Healthcare District**  
**November 2024 – Financial Summary**

\*\* Variances are B / (W)

**PROFESSIONAL FEES**

|                                  |           |           |         |       |
|----------------------------------|-----------|-----------|---------|-------|
| Per Adjust Bed Day               | 2,656     | 2,394     | 261     | 11%   |
| Total Physician Fee              | 1,508,531 | 1,463,822 | 44,708  | 3%    |
| Total Contract Labor             | 583,367   | 374,560   | 208,807 | 56%   |
| Total Other Pro-Fees             | 485,226   | 412,013   | 73,214  | 18%   |
| Total Professional Fees          | 2,577,124 | 2,250,395 | 326,729 | 15%   |
| Contract AHR                     | 144.39    | 80.59     | 63.80   | 79%   |
| Contract Paid FTEs               | 23.6      | 27.1      | (3.5)   | (13%) |
| Physician Fee per Adjust Bed Day | 1,555     | 1,557     | (3)     | (0%)  |

**PHARMACY**

|                    |         |         |         |     |
|--------------------|---------|---------|---------|-----|
| Per Adjust Bed Day | 648     | 491     | 157     | 32% |
| Total Rx Expense   | 628,990 | 461,460 | 167,530 | 36% |

**MEDICAL SUPPLIES**

|                        |         |         |          |      |
|------------------------|---------|---------|----------|------|
| Per Adjust Bed Day     | 418     | 458     | (40)     | (9%) |
| Total Medical Supplies | 405,863 | 430,271 | (24,409) | (6%) |

**EHR SYSTEM**

|                    |        |         |          |       |
|--------------------|--------|---------|----------|-------|
| Per Adjust Bed Day | 49     | 144     | (95)     | (66%) |
| Total EHR Expense  | 47,276 | 135,000 | (87,724) | (65%) |

**OTHER EXPENSE**

|                    |           |         |         |     |
|--------------------|-----------|---------|---------|-----|
| Per Adjust Bed Day | 1,370     | 889     | 481     | 54% |
| Total Other        | 1,329,269 | 835,283 | 493,986 | 59% |

**DEPRECIATION AND AMORTIZATION**

|                                     |         |         |        |     |
|-------------------------------------|---------|---------|--------|-----|
| Per Adjust Bed Day                  | 422     | 387     | 35     | 9%  |
| Total Depreciation and Amortization | 409,531 | 363,578 | 45,953 | 13% |

**TOTAL EXPENSES**

|                    |         |         |          |      |
|--------------------|---------|---------|----------|------|
| Per Adjust Bed Day | 9,867   | 10,640  | (772)    | (7%) |
| Per Calendar Day   | 319,178 | 333,347 | (14,169) | (4%) |

|   | Current Month |           |          |            | Prior MTD |           |          | Year to Date |            |             |            | Prior YTD  |           |          |
|---|---------------|-----------|----------|------------|-----------|-----------|----------|--------------|------------|-------------|------------|------------|-----------|----------|
|   | Actual        | Budget    | Variance | Variance % | Actual    | Change    | Change % | Actual       | Budget     | Variance    | Variance % | Actual     | Change    | Change % |
| <b><u>PROFESSIONAL FEES</u></b>             |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 2,656         | 2,394     | 261      | 11%        | 2,352     | 304       | 13%      | 2,037        | 2,266      | (229)       | (10%)      | 2,486      | (449)     | (18%)    |
| Total Physician Fee                         | 1,508,531     | 1,463,822 | 44,708   | 3%         | 1,713,978 | (205,447) | (12%)    | 7,782,174    | 7,317,511  | 464,663     | 6%         | 7,476,902  | 305,272   | 4%       |
| Total Contract Labor                        | 583,367       | 374,560   | 208,807  | 56%        | 211,163   | 372,204   | 176%     | 2,351,817    | 1,796,420  | 555,397     | 31%        | 2,211,088  | 140,729   | 6%       |
| Total Other Pro-Fees                        | 485,226       | 412,013   | 73,214   | 18%        | 285,601   | 199,625   | 70%      | 2,282,063    | 2,085,368  | 196,696     | 9%         | 2,600,834  | (318,771) | (12%)    |
| Total Professional Fees                     | 2,577,124     | 2,250,395 | 326,729  | 15%        | 2,210,742 | 366,382   | 17%      | 12,416,054   | 11,199,299 | 1,216,756   | 11%        | 12,288,824 | 127,230   | 1%       |
| Contract AHR                                | 144.39        | 80.59     | 63.80    | 79%        | 45.43     | 98.96     | 218%     | 100.44       | 80.86      | 19.58       | 24%        | 99.52      | 0.91      | 1%       |
| Contract Paid FTEs                          | 23.6          | 27.1      | (3.5)    | (13%)      | 27.1      | (3.5)     | (13%)    | 26.8         | 25.4       | 1.4         | 5%         | 25.4       | 1.4       | 5%       |
| Physician Fee per Adjust Bed Day            | 1,555         | 1,557     | (3)      | (0%)       | 1,824     | (269)     | (15%)    | 1,277        | 1,481      | (204)       | (14%)      | 1,513      | (236)     | (16%)    |
| <b><u>PHARMACY</u></b>                      |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 648           | 491       | 157      | 32%        | 462       | 186       | 40%      | 274          | 467        | (193)       | (41%)      | 434        | (160)     | (37%)    |
| Total Rx Expense                            | 628,990       | 461,460   | 167,530  | 36%        | 434,409   | 194,581   | 45%      | 1,669,046    | 2,307,298  | (638,252)   | (28%)      | 2,146,253  | (477,207) | (22%)    |
| <b><u>MEDICAL SUPPLIES</u></b>              |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 418           | 458       | (40)     | (9%)       | 449       | (31)      | (7%)     | 407          | 434        | (28)        | (6%)       | 504        | (97)      | (19%)    |
| Total Medical Supplies                      | 405,863       | 430,271   | (24,409) | (6%)       | 421,832   | (15,969)  | (4%)     | 2,478,139    | 2,146,155  | 331,984     | 15%        | 2,489,484  | (11,345)  | (0%)     |
| <b><u>EHR SYSTEM</u></b>                    |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 49            | 144       | (95)     | (66%)      | (1)       | 50        | (4,183%) | 31           | 137        | (106)       | (77%)      | 111        | (80)      | (72%)    |
| Total EHR Expense                           | 47,276        | 135,000   | (87,724) | (65%)      | (1,122)   | 48,398    | (4,315%) | 187,739      | 675,000    | (487,261)   | (72%)      | 547,759    | (360,020) | (66%)    |
| <b><u>OTHER EXPENSE</u></b>                 |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 1,370         | 889       | 481      | 54%        | 988       | 382       | 39%      | 754          | 873        | (120)       | (14%)      | 833        | (80)      | (10%)    |
| Total Other                                 | 1,329,269     | 835,283   | 493,986  | 59%        | 928,219   | 401,050   | 43%      | 4,592,987    | 4,315,866  | 277,120     | 6%         | 4,119,252  | 473,734   | 12%      |
| <b><u>DEPRECIATION AND AMORTIZATION</u></b> |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 422           | 387       | 35       | 9%         | 379       | 43        | 11%      | 351          | 368        | (16)        | (4%)       | 335        | 16        | 5%       |
| Total Depreciation and Amortization         | 409,531       | 363,578   | 45,953   | 13%        | 356,176   | 53,355    | 15%      | 2,141,699    | 1,817,890  | 323,809     | 18%        | 1,656,346  | 485,353   | 29%      |
| <b><u>TOTAL EXPENSES</u></b>                |               |           |          |            |           |           |          |              |            |             |            |            |           |          |
| Per Adjust Bed Day                          | 9,867         | 10,640    | (772)    | (7%)       | 9,281,562 | 293,789   | 3%       | 47,775,372   | 50,372,283 | (2,596,911) | (5%)       | 48,356,305 | (580,933) | (1%)     |
| Per Calendar Day                            | 319,178       | 333,347   | (14,169) | (4%)       | 309,385   | 9,793     | 3%       | 312,257      | 329,231    | (16,973)    | (5%)       | 316,054    | (3,797)   | (1%)     |

**Northern Inyo Healthcare District  
Income Statement  
Fiscal Year 2025**

|  | 11/30/2024       | Nov Budget         | 11/30/2023       | 2025 YTD          | 2024 YTD          | Budget Variance  | PYM Change      | PYTD Change      |
|--|------------------|--------------------|------------------|-------------------|-------------------|------------------|-----------------|------------------|
| <b>Gross Patient Service Revenue</b>             |                  |                    |                  |                   |                   |                  |                 |                  |
| Inpatient Patient Revenue                        | 3,654,138        | 3,449,936          | 3,424,188        | 18,713,127        | 17,266,921        | 204,203          | 229,950         | 1,446,207        |
| Outpatient Revenue                               | 12,133,332       | 13,549,109         | 12,912,788       | 73,012,307        | 68,406,086        | (1,415,776)      | (779,456)       | 4,606,222        |
| Clinic Revenue                                   | 1,695,930        | 1,703,295          | 1,643,491        | 8,817,418         | 7,693,507         | (7,365)          | 52,438          | 1,123,912        |
| Gross Patient Service Revenue                    | 17,483,401       | 18,702,339         | 17,980,468       | 100,542,853       | 93,366,513        | (1,218,939)      | (497,067)       | 7,176,340        |
| <b>Deductions from Revenue</b>                   |                  |                    |                  |                   |                   |                  |                 |                  |
| Contractual Adjustments                          | (9,645,351)      | (9,200,570)        | (8,433,073)      | (48,614,884)      | (39,962,763)      | (444,781)        | (1,212,277)     | (8,652,122)      |
| Bad Debt   | 2,304,836        | (672,129)          | (957,743)        | (653,362)         | (3,962,832)       | 2,976,964        | 3,262,579       | 3,309,470        |
| A/R Writeoffs                                    | (1,097,867)      | (567,558)          | (295,322)        | (3,706,982)       | (2,418,337)       | (530,309)        | (802,546)       | (1,288,645)      |
| Other Deductions from Revenue                    | -                | -                  | -                | (152,618)         | -                 | -                | -               | (152,618)        |
| Deductions from Revenue                          | (8,438,382)      | (10,440,257)       | (9,686,138)      | (53,127,846)      | (46,343,932)      | 2,001,875        | 1,247,756       | (6,783,914)      |
| <b>Other Patient Revenue</b>                     |                  |                    |                  |                   |                   |                  |                 |                  |
| Incentive Income                                 | -                | -                  | -                | 2,000             | -                 | -                | -               | 2,000            |
| Other Oper Rev - Rehab Thera Serv                | -                | -                  | -                | 2,435             | 1,387             | -                | -               | 1,048            |
| Medical Office Net Revenue                       | -                | -                  | -                | -                 | -                 | -                | -               | -                |
| Other Patient Revenue                            | -                | -                  | -                | 4,435             | 1,387             | -                | -               | 3,048            |
| <b>Net Patient Service Revenue</b>               | <b>9,045,019</b> | <b>8,262,082</b>   | <b>8,294,330</b> | <b>47,419,442</b> | <b>47,023,968</b> | <b>782,936</b>   | <b>750,689</b>  | <b>395,474</b>   |
| <b>CNR%</b>                                      | <b>51.7%</b>     | <b>44.2%</b>       | <b>46.1%</b>     | <b>47.2%</b>      | <b>50.4%</b>      | <b>-0.6%</b>     | <b>-1.9%</b>    | <b>-3.2%</b>     |
| <b>Cost of Services - Direct</b>                 |                  |                    |                  |                   |                   |                  |                 |                  |
| Salaries and Wages                               | 2,944,227        | 2,944,553          | 2,694,788        | 14,386,323        | 14,038,148        | (326)            | 249,439         | 348,175          |
| Benefits   | 616,715          | 1,781,015          | 1,536,819        | 6,170,377         | 7,522,009         | (1,164,300)      | (920,104)       | (1,351,632)      |
| Professional Fees                                | 1,764,851        | 1,660,468          | 1,875,536        | 8,957,315         | 8,814,424         | 104,383          | (110,685)       | 142,892          |
| Contract Labor                                   | 495,129          | 317,906            | 263,663          | 2,031,480         | 1,997,523         | 177,223          | 231,465         | 33,957           |
| Pharmacy   | 628,990          | 461,460            | 434,409          | 1,669,046         | 2,146,253         | 167,530          | 194,581         | (477,207)        |
| Medical Supplies                                 | 405,863          | 430,271            | 421,832          | 2,478,139         | 2,489,484         | (24,409)         | (15,969)        | (11,345)         |
| Hospice Operations                               | -                | -                  | -                | -                 | -                 | -                | -               | -                |
| EHR System Expense                               | 47,276           | 135,000            | (1,122)          | 187,739           | 547,759           | (87,724)         | 48,398          | (360,020)        |
| Other Direct Expenses                            | 848,957          | 533,466            | 695,124          | 3,414,019         | 3,209,702         | 315,491          | 153,833         | 204,317          |
| Total Cost of Services - Direct                  | 7,752,007        | 8,264,138          | 7,921,050        | 39,294,438        | 40,765,302        | (512,130)        | (169,042)       | (1,470,864)      |
| <b>General and Administrative Overhead</b>       |                  |                    |                  |                   |                   |                  |                 |                  |
| Salaries and Wages                               | 519,714          | 519,772            | 431,997          | 2,672,075         | 2,279,895         | (58)             | 87,717          | 392,180          |
| Benefits   | 96,641           | 279,090            | 267,702          | 1,060,933         | 1,268,335         | (182,449)        | (171,061)       | (207,402)        |
| Professional Fees                                | 228,906          | 215,367            | 124,043          | 1,106,922         | 1,263,313         | 13,539           | 104,863         | (156,391)        |
| Contract Labor                                   | 88,238           | 56,655             | (52,500)         | 320,337           | 213,565           | 31,583           | 140,738         | 106,772          |
| Depreciation and Amortization                    | 409,531          | 363,578            | 356,176          | 2,141,699         | 1,656,346         | 45,953           | 53,355          | 485,353          |
| Other Administrative Expenses                    | 480,312          | 301,818            | 233,094          | 1,178,967         | 909,550           | 178,495          | 247,218         | 269,418          |
| <b>Total General and Administrative Overhead</b> | <b>1,823,343</b> | <b>1,736,279</b>   | <b>1,360,512</b> | <b>8,480,934</b>  | <b>7,591,003</b>  | <b>87,064</b>    | <b>462,831</b>  | <b>889,930</b>   |
| <b>Total Expenses</b>                            | <b>9,575,350</b> | <b>10,000,417</b>  | <b>9,281,562</b> | <b>47,775,372</b> | <b>48,356,305</b> | <b>(425,067)</b> | <b>293,789</b>  | <b>(580,933)</b> |
| Financing Expense                                | 206,574          | 185,154            | 182,866          | 1,003,930         | 898,283           | 21,420           | 23,708          | 105,647          |
| Financing Income                                 | 181,031          | 238,960            | 228,125          | 1,222,661         | 1,140,623         | (57,930)         | (47,094)        | 82,039           |
| Investment Income                                | 56,648           | 46,181             | 324,800          | 240,084           | 658,157           | 10,467           | (268,152)       | (418,073)        |
| Miscellaneous Income                             | 248,404          | 170,225            | 381,083          | 1,347,654         | 1,071,639         | 78,179           | (132,679)       | 276,015          |
| <b>Net Income (Change in Financial Position)</b> | <b>(250,823)</b> | <b>(1,468,123)</b> | <b>(236,090)</b> | <b>1,450,539</b>  | <b>639,798</b>    | <b>1,217,299</b> | <b>(14,733)</b> | <b>810,741</b>   |
| Operating Income                                 | (530,332)        | (1,738,335)        | (987,232)        | (355,930)         | (1,332,337)       | 1,208,003        | 456,900         | 976,407          |
| EBIDA  | 158,708          | (1,104,545)        | 120,086          | 3,592,239         | 2,296,144         | 1,263,253        | 38,623          | 1,296,094        |
| Net Profit Margin                                | -2.8%            | -17.8%             | -2.8%            | 3.1%              | 1.4%              | 15.0%            | 0.1%            | 1.7%             |

**Northern Inyo Healthcare District  
Balance Sheet  
Fiscal Year 2025**

|   | PY Balances        | 9/30/2024          | 9/30/2023          | 10/31/2024         | 10/31/2023         | 11/30/2024         | 11/30/2023         | PM Change          | PY Change           |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------|
| <b>Assets</b>                                 |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| <b>Current Assets</b>                         |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| Cash and Liquid Capital                       | 18,718,414         | 17,374,679         | 18,771,541         | 16,909,058         | 15,130,616         | 10,295,002         | 9,784,681          | (6,614,056)        | 510,321             |
| Short Term Investments                        | 6,418,451          | 7,574,716          | 10,555,533         | 6,876,555          | 10,658,191         | 6,872,978          | 8,158,191          | (3,577)            | (1,285,213)         |
| PMA Partnership                               | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                   |
| Accounts Receivable, Net of Allowance         | 17,924,674         | 19,842,483         | 15,119,591         | 18,705,429         | 18,412,645         | 20,054,289         | 20,460,545         | 1,348,860          | (406,256)           |
| Other Receivables                             | 4,754,052          | 4,823,782          | 794,581            | 4,771,477          | 1,149,410          | 9,458,105          | 2,837,260          | 4,686,628          | 6,620,845           |
| Inventory                                     | 6,103,723          | 6,112,780          | 5,155,489          | 6,079,443          | 5,210,947          | 6,117,401          | 5,211,962          | 37,958             | 905,439             |
| Prepaid Expenses                              | 1,119,559          | 1,933,935          | 2,326,052          | 1,353,383          | 2,377,751          | 1,102,300          | 2,269,168          | (251,083)          | (1,166,869)         |
| <b>Total Current Assets</b>                   | <b>55,038,873</b>  | <b>57,662,375</b>  | <b>52,722,787</b>  | <b>54,695,345</b>  | <b>52,939,560</b>  | <b>53,900,075</b>  | <b>48,721,807</b>  | <b>(795,270)</b>   | <b>5,178,268</b>    |
| <b>Assets Limited as to Use</b>               |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| Internally Designated for Capital Acquisition | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                   |
| Short Term - Restricted                       | 1,467,786          | 1,468,166          | 1,466,663          | 1,468,293          | 1,466,789          | 1,468,417          | 1,466,910          | 124                | 1,507               |
| <b>Limited Use Assets</b>                     |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| LAIF - DC Pension Board Restricted            | -                  | -                  | 828,419            | -                  | 828,417            | -                  | 828,417            | -                  | (828,417)           |
| LAIF - DB Pension Board Restricted            | 10,346,490         | 10,346,490         | 13,076,830         | 10,346,490         | 13,076,830         | 10,346,490         | 13,076,830         | -                  | (2,730,340)         |
| PEPRA - Deferred Outflows                     | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                   |
| PEPRA Pension                                 | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                   |
| Deferred Outflow - Excess Acquisition         | 573,097            | 573,097            | 573,097            | 573,097            | 573,097            | 573,097            | 573,097            | -                  | -                   |
| Total Limited Use Assets                      | 10,919,587         | 10,919,587         | 14,478,346         | 10,919,587         | 13,905,247         | 10,919,587         | 14,478,344         | -                  | (3,558,757)         |
| Revenue Bonds Held by a Trustee               | 376,411            | 359,303            | 752,501            | 353,592            | 746,796            | 347,848            | 760,392            | (5,744)            | (412,544)           |
| <b>Total Assets Limited as to Use</b>         | <b>12,763,784</b>  | <b>12,747,056</b>  | <b>16,697,511</b>  | <b>12,741,473</b>  | <b>16,118,832</b>  | <b>12,735,852</b>  | <b>16,705,646</b>  | <b>(5,620)</b>     | <b>(3,969,794)</b>  |
| <b>Long Term Assets</b>                       |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| Long Term Investment                          | 1,846,138          | 755,869            | 2,790,423          | 999,950            | 2,797,561          | 747,654            | 3,057,305          | (252,296)          | (2,309,651)         |
| Fixed Assets, Net of Depreciation             | 84,474,743         | 84,066,999         | 76,854,908         | 83,828,939         | 77,676,251         | 83,555,961         | 77,109,988         | (272,978)          | 6,445,973           |
| <b>Total Long Term Assets</b>                 | <b>86,320,881</b>  | <b>84,822,868</b>  | <b>79,645,331</b>  | <b>84,828,890</b>  | <b>80,473,812</b>  | <b>84,303,615</b>  | <b>80,167,293</b>  | <b>(525,274)</b>   | <b>4,136,322</b>    |
| <b>Total Assets</b>                           | <b>154,123,537</b> | <b>155,232,299</b> | <b>149,065,629</b> | <b>152,265,708</b> | <b>149,532,205</b> | <b>150,939,543</b> | <b>145,594,746</b> | <b>(1,326,165)</b> | <b>5,344,797</b>    |
| <b>Liabilities</b>                            |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| <b>Current Liabilities</b>                    |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| Current Maturities of Long-Term Debt          | 4,146,183          | 4,771,637          | 190,197            | 4,782,382          | 655,101            | 4,744,967          | 676,353            | (37,415)           | 4,068,614           |
| Accounts Payable                              | 5,010,089          | 4,443,274          | 6,935,344          | 3,949,738          | 6,819,778          | 4,337,497          | 5,370,018          | 387,759            | (1,032,521)         |
| Accrued Payroll and Related                   | 6,224,657          | 4,915,339          | 12,664,513         | 5,437,529          | 12,669,463         | 3,515,873          | 8,534,376          | (1,921,655)        | (5,018,503)         |
| Accrued Interest and Sales Tax                | 109,159            | 78,276             | 96,606             | 166,600            | 166,957            | 192,433            | 240,254            | 25,832             | (47,821)            |
| Notes Payable                                 | 446,860            | 446,860            | 1,633,708          | 446,860            | 1,633,708          | 446,860            | 1,633,708          | -                  | (1,186,847)         |
| Unearned Revenue                              | (4,542)            | (4,542)            | (4,542)            | (4,542)            | (4,542)            | (4,542)            | (4,542)            | -                  | -                   |
| Due to 3rd Party Payors                       | 693,247            | 693,247            | 693,247            | 693,247            | 693,247            | 693,247            | 693,247            | -                  | -                   |
| Due to Specific Purpose Funds                 | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                   |
| Other Deferred Credits - Pension & Leases     | 12,599,823         | 12,593,614         | 1,873,995          | 12,591,545         | 1,873,995          | 12,589,475         | 1,873,995          | (2,070)            | 10,715,480          |
| <b>Total Current Liabilities</b>              | <b>29,225,475</b>  | <b>27,937,705</b>  | <b>24,083,068</b>  | <b>28,063,360</b>  | <b>24,507,707</b>  | <b>26,515,810</b>  | <b>19,017,409</b>  | <b>(1,547,549)</b> | <b>7,498,401</b>    |
| <b>Long Term Liabilities</b>                  |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| Long Term Debt                                | 36,301,355         | 36,004,290         | 33,341,647         | 34,797,823         | 32,730,530         | 34,698,029         | 31,715,530         | (99,794)           | 2,982,499           |
| Bond Premium                                  | 165,618            | 156,207            | 193,852            | 153,070            | 190,715            | 149,933            | 187,578            | (3,137)            | (37,645)            |
| Accreted Interest                             | 16,991,065         | 17,271,137         | 17,409,141         | 16,560,403         | 17,504,273         | 16,653,761         | 17,599,405         | 93,358             | (945,644)           |
| Other Non-Current Liability - Pension         | 32,946,355         | 32,946,355         | 47,257,663         | 32,946,355         | 47,257,663         | 32,946,355         | 47,257,663         | -                  | (14,311,308)        |
| <b>Total Long Term Liabilities</b>            | <b>86,404,394</b>  | <b>86,377,989</b>  | <b>98,202,303</b>  | <b>84,457,651</b>  | <b>97,683,181</b>  | <b>84,448,078</b>  | <b>96,760,176</b>  | <b>(9,573)</b>     | <b>(12,312,098)</b> |
| Suspense Liabilities                          | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                  | -                   |
| Uncategorized Liabilities (grants)            | 31,506             | 147,821            | 36,944             | 127,821            | 68,644             | 127,821            | 107,118            | -                  | 20,703              |
| <b>Total Liabilities</b>                      | <b>115,661,375</b> | <b>114,463,515</b> | <b>122,322,315</b> | <b>112,648,832</b> | <b>122,259,532</b> | <b>111,091,709</b> | <b>115,884,703</b> | <b>(1,557,122)</b> | <b>(4,792,994)</b>  |
| <b>Fund Balance</b>                           |                    |                    |                    |                    |                    |                    |                    |                    |                     |
| Fund Balance                                  | 31,992,031         | 36,994,377         | 23,268,194         | 36,447,220         | 23,786,064         | 36,928,877         | 26,459,404         | 481,657            | 10,469,473          |
| Temporarily Restricted                        | 1,467,786          | 1,468,166          | 2,610,594          | 1,468,293          | 2,610,720          | 1,468,417          | 2,610,841          | 124                | (1,142,424)         |
| Net Income                                    | 5,002,346          | 2,306,242          | 864,526            | 1,701,362          | 875,889            | 1,450,539          | 639,798            | (250,823)          | 810,741             |
| <b>Total Fund Balance</b>                     | <b>38,462,163</b>  | <b>40,768,784</b>  | <b>26,743,313</b>  | <b>39,616,876</b>  | <b>27,272,672</b>  | <b>39,847,833</b>  | <b>29,710,043</b>  | <b>230,958</b>     | <b>10,137,790</b>   |
| <b>Liabilities + Fund Balance</b>             | <b>154,123,537</b> | <b>155,232,299</b> | <b>149,065,629</b> | <b>152,265,708</b> | <b>149,532,205</b> | <b>150,939,543</b> | <b>145,594,746</b> | <b>(1,326,165)</b> | <b>5,344,797</b>    |
| (Decline)/Gain                                |                    | (90,686)           | 1,771,115          | (2,966,591)        | 466,576            | (1,326,165)        | (3,937,458)        | 1,640,426          | 2,611,293           |

Northern Inyo Healthcare District  
 Long-Term Debt Service Coverage Ratio  
 FYE 2025

Calculation method agrees to SECOND and THIRD  
 SUPPLEMENTAL INDENTURE OF TRUST 2021 Bonds Indenture

**Long-Term Debt Service Coverage Ratio Calculation**

| Numerator:                                 | HOSPITAL FUND ONLY  |
|--|---------------------|
| Excess of revenues over expense            | \$ 1,450,539        |
| + Depreciation Expense                     | 2,141,699           |
| + Interest Expense                         | 1,003,930           |
| Less GO Property Tax revenue               | 815,990             |
| Less GO Interest Expense                   | 207,895             |
| <b>"Income available for debt service"</b> | <b>\$ 3,572,284</b> |

| Denominator:                             |                     |
|--|---------------------|
| <b>Maximum "Annual Debt Service"</b>     |                     |
| 2021A Revenue Bonds                      | \$ 112,700          |
| 2021B Revenue Bonds                      | 894,160             |
| 2009 GO Bonds (Fully Accreted Value)     |                     |
| 2016 GO Bonds                            |                     |
| Financed purchases and other loans       | 1,546,875           |
| <b>Total Maximum Annual Debt Service</b> | <b>\$ 2,553,735</b> |
|  | 1,064,056           |
| Ratio: (numerator / denominator)         | <b>3.36</b>         |

Required Debt Service Coverage Ratio: 1.10

In Compliance? (Y/N) **No**

**Unrestricted Funds and Days Cash on Hand**

|                                   | HOSPITAL FUND ONLY   |
|-----------------------------------|----------------------|
| Cash and Investments-current      | \$ 17,167,981        |
| Cash and Investments-non current  | 747,654              |
| Sub-total                         | 17,915,635           |
| Less - Restricted:                |                      |
| PRF and grants (Unearned Revenue) | -                    |
| Held with bond fiscal agent       | (347,848)            |
| Building and Nursing Fund         | (1,468,417)          |
| <b>Total Unrestricted Funds</b>   | <b>\$ 16,099,369</b> |

|                                 |               |
|---------------------------------|---------------|
| Total Operating Expenses        | \$ 47,775,372 |
| Less Depreciation               | 2,141,699     |
| Net Expenses                    | 45,633,672    |
| Average Daily Operating Expense | \$ 371,005    |

Days Cash on Hand **43**

**Northern Inyo Healthcare District**  
**Statement of Cash Flows**  
**Fiscal Year 2025**

**CASH FLOWS FROM OPERATING ACTIVITIES**

|  |                    |
|--|--------------------|
| Receipts from and on Behalf of Patients          | 47,444,580         |
| Payments to Suppliers and Contractors            | (28,643,583)       |
| Payments to and on Behalf of Employees           | (26,641,524)       |
| Other Receipts and Payments, Net                 | 4,656,477          |
| Net Cash Provided (Used) by Operating Activities | <u>(3,184,051)</u> |

**CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES**

|   |                    |
|---|--------------------|
| Noncapital Contributions and Grants                         | (4,487,790)        |
| Property Taxes Received                                     | -                  |
| Other   | 1,222,661          |
| Net Cash Provided (Used) by Noncapital Financing Activities | <u>(3,265,129)</u> |

**CASH FLOWS FROM CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES**

|  |                    |
|--|--------------------|
| Principal Payments on Long-Term Debt   | (1,106,909)        |
| Proceeds from the Issuance of Refunding Revenue Bonds                        | -                  |
| Payment to Defease Revenue Bonds   | -                  |
| Interest Paid  | (1,003,930)        |
| Purchase and Construction of Capital Assets                                  | (253,729)          |
| Payments on Lease Liability  | (124,557)          |
| Payments on Subscription Liability   | (361,325)          |
| Property Taxes Received  | 1,058,835          |
| Net Cash Provided (Used) by Capital and Capital Related Financing Activities | <u>(1,791,613)</u> |

**CASH FLOWS FROM INVESTING ACTIVITIES**

|  |                |
|--|----------------|
| Investment Income                                | 240,084        |
| Rental Income                                    | 31,825         |
| Net Cash Provided (Used) by Investing Activities | <u>271,909</u> |

**NET CHANGE IN CASH AND CASH EQUIVALENTS**

(7,968,884)

Cash and Cash Equivalents - Beginning of Year

25,136,864

**CASH AND CASH EQUIVALENTS - END OF YEAR**

17,167,980

| Key Financial Performance Indicators | Industry Benchmark | Nov-22        | Nov-23        | FYE 2024      | Jul-24        | Aug-24        | Sep-24        | Oct-24        | Nov-24        | Variance to Prior Month | Variance to FYE 2024 Average | Variance to      |
|--------------------------------------|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------------------|------------------------------|------------------|
|                                      |                    |               |               | Average       |               |               |               |               |               |                         |                              | Prior Year Month |
| <b>Volume</b>                        |                    |               |               |               |               |               |               |               |               |                         |                              |                  |
| Admits                               | 41                 | 79            | 75            | 71            | 75            | 75            | 83            | 68            | 77            | 9                       | 6                            | 2                |
| Deliveries                           | n/a                | 16            | 16            | 17            | 18            | 19            | 17            | 21            | 14            | (7)                     | (3)                          | (2)              |
| Adjusted Patient Days                | n/a                | 1,226         | 940           | 1,035         | 1,164         | 1,362         | 1,312         | 1,335         | 970           | (365)                   | (65)                         | 30               |
| Total Surgeries                      | 153                | 129           | 149           | 146           | 134           | 168           | 133           | 176           | 129           | (47)                    | (17)                         | (20)             |
| ER Visits                            | 659                | 986           | 750           | 840           | 903           | 905           | 947           | 859           | 789           | (70)                    | (51)                         | 39               |
| RHC and Clinic Visits                | n/a                | 4,807         | 4,768         | 4,607         | 4,252         | 4,921         | 4,808         | 4,907         | 4,515         | (392)                   | (92)                         | (253)            |
| Diagnostic Imaging Services          | n/a                | 1,992         | 1,897         | 2,069         | 2,274         | 2,221         | 2,194         | 2,344         | 1,880         | (464)                   | (189)                        | (17)             |
| Rehab Services                       | n/a                | 679           | 614           | 662           | 719           | 808           | 887           | 1,142         | 903           | (239)                   | 241                          | 289              |
| <b>AR &amp; Income</b>               |                    |               |               |               |               |               |               |               |               |                         |                              |                  |
| Gross AR (Cerner only)               | n/a                | \$ 55,510,968 | \$ 52,529,762 | \$ 52,823,707 | \$ 56,859,164 | \$ 57,648,281 | \$ 58,109,192 | \$ 51,585,302 | \$ 48,660,966 | \$ (2,924,335)          | \$ (4,162,741)               | \$ (3,868,796)   |
| AR > 90 Days                         | \$ 7,688,895.45    | \$ 24,211,484 | \$ 26,596,663 | \$ 24,488,432 | \$ 24,988,857 | \$ 32,958,845 | \$ 34,041,771 | \$ 22,371,529 | \$ 21,371,712 | \$ (999,817)            | \$ (3,116,720)               | \$ (5,224,951)   |
| AR % > 90 Days                       | 15%                | 43.6%         | 50.23%        | 46.7%         | 44.5%         | 57.2%         | 58.6%         | 43.4%         | 43.9%         | 0.6%                    | -2.7%                        | -6.3%            |
| AR Days                              | 43.00              |               | 87.85         | 85.52         | 89.02         | 92.17         | 86.34         | 73.2          | 71.77         | (1.43)                  | (13.75)                      | (16.08)          |
| Net AR                               | n/a                | \$ 20,904,497 | \$ 20,460,545 | \$ 16,938,200 | \$ 21,642,722 | \$ 24,802,720 | \$ 19,842,483 | \$ 18,705,429 | \$ 20,054,289 | \$ 1,348,860            | \$ 3,116,089                 | \$ (406,256)     |
| Net AR % of Gross                    | n/a                | 37.7%         | 39.0%         | 31.9%         | 38.1%         | 43.0%         | 34.1%         | 36.3%         | 41.2%         | 5.0%                    | 9.3%                         | 2.3%             |
| Gross Patient Revenue/Calendar Day   | n/a                | \$ 589,134    | \$ 599,349    | \$ 619,457    | \$ 617,364    | \$ 683,348    | \$ 702,988    | \$ 698,314    | \$ 582,780    | \$ (115,534)            | \$ (36,677)                  | \$ (16,569)      |
| Net Patient Revenue/Calendar Day     | n/a                | \$ 289,097    | \$ 276,478    | \$ 292,759    | \$ 337,843    | \$ 315,574    | \$ 285,805    | \$ 290,232    | \$ 301,501    | \$ 11,268               | \$ 8,742                     | \$ 25,023        |
| Net Patient Revenue/APD              | n/a                | \$ 7,074      | \$ 8,824      | \$ 8,757      | \$ 8,998      | \$ 7,183      | \$ 6,537      | \$ 6,740      | \$ 9,325      | \$ 2,585                | \$ 567                       | \$ 501           |
| <b>Wages</b>                         |                    |               |               |               |               |               |               |               |               |                         |                              |                  |
| Wages                                | n/a                | \$ 2,889,378  | \$ 3,126,785  | \$ 3,285,431  | \$ 3,359,076  | \$ 3,241,107  | \$ 3,372,236  | \$ 3,622,038  | \$ 3,463,941  | \$ (158,098)            | \$ 178,510                   | \$ 337,156       |
| Employed paid FTEs                   | n/a                | 390.90        | 350.57        | 353.69        | 366.38        | 366.24        | 391.40        | 369.11        | 364.70        | (4.41)                  | 11.01                        | 14.13            |
| Employed Average Hourly Rate         | \$ 38.00           | \$ 43.12      | \$ 52.03      | \$ 53.32      | \$ 51.76      | \$ 49.96      | \$ 50.26      | \$ 55.40      | \$ 55.41      | \$ 0.01                 | \$ 2.09                      | \$ 3.38          |
| Benefits                             | n/a                | \$ 1,803,140  | \$ 1,804,521  | \$ 1,640,216  | \$ 1,509,407  | \$ 1,478,605  | \$ 1,634,036  | \$ 1,896,266  | \$ 713,356    | \$ (1,182,910)          | \$ (926,860)                 | \$ (1,091,165)   |
| Benefits % of Wages                  | 30%                | 62.4%         | 57.7%         | 50.3%         | 44.9%         | 45.6%         | 48.5%         | 52.4%         | 20.6%         | -31.8%                  | -29.7%                       | -37.1%           |
| Contract Labor                       | n/a                | \$ 1,649,618  | \$ 211,163    | \$ 518,351    | \$ 507,387    | \$ 829,876    | \$ (112,642)  | \$ 543,829    | \$ 583,367    | \$ 39,538               | \$ 65,016                    | \$ 372,204       |
| Contract Labor Paid FTEs             | n/a                | 35.82         | 21.61         | 23.49         | 29.45         | 32.19         | 24.84         | 21.32         | 23.57         | 2.24                    | 0.07                         | 1.96             |
| Total Paid FTEs                      | n/a                | 426.72        | 372.18        | 377.18        | 395.83        | 398.43        | 416.25        | 390.44        | 388.27        | (2.17)                  | 11.09                        | 16.09            |
| Contract Labor Average Hourly Rate   | \$ 81.04           | \$ 268.64     | \$ 57.00      | \$ 126.74     | \$ 97.26      | \$ 145.55     | \$ 118.60     | \$ 143.96     | \$ 144.39     | \$ 0.43                 | \$ 17.66                     | \$ 87.39         |
| Total Salaries, Wages, & Benefits    | n/a                | \$ 6,342,136  | \$ 5,142,469  | \$ 5,443,998  | \$ 5,375,870  | \$ 5,549,587  | \$ 4,893,631  | \$ 6,062,133  | \$ 4,760,664  | \$ (1,301,469)          | \$ (683,334)                 | \$ (381,805)     |
| SWB% of NR                           | 50%                | 73.1%         | 62.0%         | 63.2%         | 51.3%         | 56.7%         | 57.1%         | 67.4%         | 48.7%         | -18.7%                  | -14.5%                       | -13.3%           |
| SWB/APD                              | 2,607              | \$ 5,173      | \$ 5,471      | \$ 5,346      | \$ 4,618      | \$ 4,075      | \$ 3,731      | \$ 4,541      | \$ 4,908      | \$ 367                  | \$ (438)                     | \$ (563)         |
| SWB % of total expenses              | 50%                | 69.8%         | 55.4%         | 56.7%         | 59.6%         | 56.3%         | 55.1%         | 58.0%         | 49.7%         | -8.3%                   | -7.0%                        | -5.7%            |

|  |       |                |                | FYE 2024      |               |                |               |                |                | Variance to Prior | Variance to FYE | Variance to    |       |  |
|--|-------|----------------|----------------|---------------|---------------|----------------|---------------|----------------|----------------|-------------------|-----------------|----------------|-------|--|
|  |       |                |                | Average       | Jul-24        | Aug-24         | Sep-24        | Oct-24         | Nov-24         | Month             | 2024 Average    | Prior Year     | Month |  |
| <b>Physician Spend</b>                               |       |                |                |               |               |                |               |                |                |                   |                 |                |       |  |
| Physician Expenses                                   | n/a   | \$ 1,556,109   | \$ 1,713,978   | \$ 1,507,510  | \$ 1,553,004  | \$ 1,399,376   | \$ 1,621,308  | \$ 1,699,955   | \$ 1,508,531   | \$ (191,424)      | \$ 1,020        | \$ (205,447)   |       |  |
| Physician expenses/APD                               | n/a   | \$ 1,269       | \$ 1,823       | \$ 1,478      | \$ 1,334      | \$ 1,028       | \$ 1,236      | \$ 1,273       | \$ 1,555       | \$ 282            | \$ 77           | \$ (268)       |       |  |
|  |       |                |                |               |               |                |               |                |                | \$ -              | \$ -            | \$ -           |       |  |
| <b>Supplies</b>                                      |       |                |                |               |               |                |               |                |                |                   |                 |                |       |  |
| Supply Expenses                                      | n/a   | \$ 1,071,178   | \$ 856,240     | \$ 776,504    | \$ 387,610    | \$ 904,005     | \$ 353,623    | \$ 496,964     | \$ 1,034,853   | \$ 537,889        | \$ 258,349      | \$ 178,613     |       |  |
| Supply expenses/APD                                  |       | \$ 874         | \$ 911         | \$ 780        | \$ 333        | \$ 664         | \$ 270        | \$ 372         | \$ 1,067       | \$ 695            | \$ 287          | \$ 156         |       |  |
| <b>Other Expenses</b>                                |       |                |                |               |               |                |               |                |                |                   |                 |                |       |  |
| Other Expenses                                       | n/a   | \$ 111,022     | \$ 1,568,875   | \$ 1,891,477  | \$ 1,696,938  | \$ 2,007,341   | \$ 2,008,508  | \$ 2,187,768   | \$ 2,271,303   | \$ 83,534         | \$ 379,826      | \$ 702,427     |       |  |
| Other Expenses/APD                                   | n/a   | \$ 91          | \$ 1,669       | \$ 1,878      | \$ 1,458      | \$ 1,474       | \$ 1,531      | \$ 1,639       | \$ 2,342       | \$ 703            | \$ 464          | \$ 673         |       |  |
| <b>Margin</b>  |       |                |                |               |               |                |               |                |                |                   |                 |                |       |  |
| Net Income   | n/a   | \$ (2,424,941) | \$ (236,090)   | \$ 383,763    | \$ 2,041,456  | \$ 248,064     | \$ 19,121     | \$ (1,152,036) | \$ (250,823)   | \$ 901,213        | \$ (634,586)    | \$ (14,733)    |       |  |
| Net Profit Margin                                    | n/a   | -28.0%         | -2.8%          | 3.0%          | 19.5%         | 2.5%           | 0.2%          | -12.8%         | -2.6%          | 10.2%             | -5.5%           | 0.2%           |       |  |
| Operating Income                                     | n/a   | \$ (2,579,099) | \$ (987,232)   | \$ (686,403)  | \$ 1,459,716  | \$ (77,526)    | \$ (302,930)  | \$ (1,449,616) | \$ (530,332)   | \$ 919,284        | \$ 156,071      | \$ 456,900     |       |  |
| Operating Margin                                     | 2.9%  | -29.7%         | -11.9%         | -10.9%        | 13.9%         | -0.8%          | -3.1%         | -16.1%         | -5.4%          | 10.7%             | 5.5%            | 6.5%           |       |  |
| EBITDA   | n/a   | \$ (2,770,959) | \$ 120,086     | \$ 841,932    | \$ 2,482,790  | \$ 689,172     | \$ 459,316    | \$ (742,505)   | \$ 158,708     | \$ 901,213        | \$ (683,224)    | \$ 38,622      |       |  |
| EBITDA Margin  | 12.7% | -31.9%         | 1.4%           | 8.7%          | 23.7%         | 7.0%           | 4.7%          | -8.3%          | 1.6%           | 9.9%              | -7.1%           | 0.2%           |       |  |
| Debt Service Coverage Ratio                          | 3.70  |                | 4.4            | 3.3           | 0.8           | 7.3            | 5.5           | 3.3            | 3.4            | 0.0               | 0.0             | (1.0)          |       |  |
| <b>Cash</b>  |       |                |                |               |               |                |               |                |                |                   |                 |                |       |  |
| Avg Daily Disbursements (excl. IGT)                  | n/a   | \$ 382,431     | \$ 379,443     | \$ 355,328    | \$ 367,107    | \$ 398,922     | \$ 315,796    | \$ 399,234     | \$ 296,503     | \$ (102,732)      | \$ (58,826)     | \$ (82,941)    |       |  |
| Average Daily Cash Collections (excl. IGT)           | n/a   | \$ 297,301     | \$ 306,475     | \$ 299,110    | \$ 349,783    | \$ 262,199     | \$ 302,042    | \$ 359,292     | \$ 288,101     | \$ (71,191)       | \$ (11,009)     | \$ (18,374)    |       |  |
| Average Daily Net Cash                               |       | \$ (85,130)    | \$ (72,968)    | \$ (56,218)   | \$ (17,324)   | \$ (136,723)   | \$ (13,754)   | \$ (39,942)    | \$ (8,402)     | \$ 31,540         | \$ 47,816       | \$ 64,567      |       |  |
| Unrestricted Funds                                   | n/a   | \$ 23,584,817  | \$ 21,068,202  | \$ 23,536,438 | \$ 27,015,779 | \$ 24,366,780  | \$ 24,708,310 | \$ 22,963,678  | \$ 16,099,369  | \$ (6,864,309)    | \$ (7,437,069)  | \$ (4,968,833) |       |  |
| Change of cash per balance sheet                     | n/a   | \$ (2,478,379) | \$ (5,304,581) | \$ (541,459)  | \$ 1,876,964  | \$ (2,648,999) | \$ 341,530    | \$ (1,744,632) | \$ (6,864,309) | \$ (5,119,676)    | \$ (6,322,850)  | \$ (1,559,728) |       |  |
| Days Cash on Hand (assume no more cash is collected) | 196   | 78             | 56             | 72            | 98            | 84             | 58            | 77             | 43             | (34)              | (29)            | (13)           |       |  |
| Estimated Days Until Depleted                        |       | 277            | 339            | 406           | 506           | 413            | 440           | 442            | 372            | (70)              | (33)            | 33             |       |  |
| Years Until Cash Depletion                           |       | 0.76           | 0.93           | 1.11          | 1.39          | 1.13           | 1.21          | 1.21           | 1.02           | (0.19)            | (0.09)          | 0.09           |       |  |

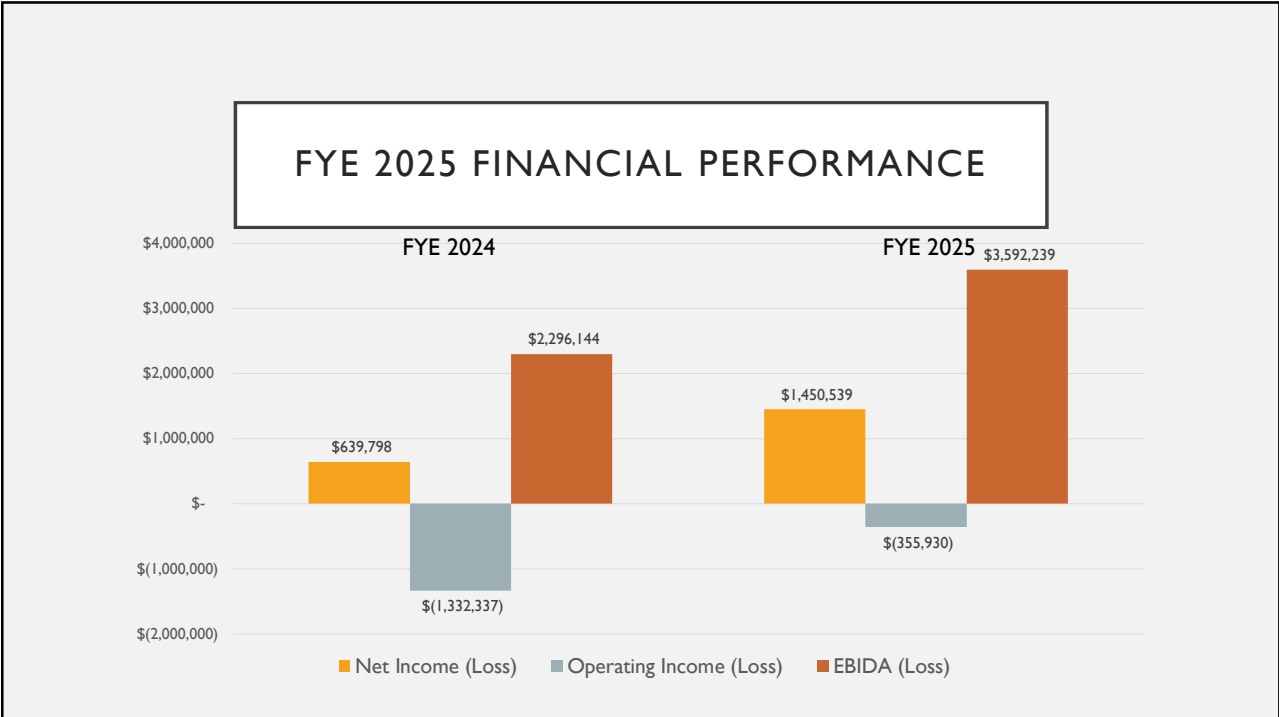
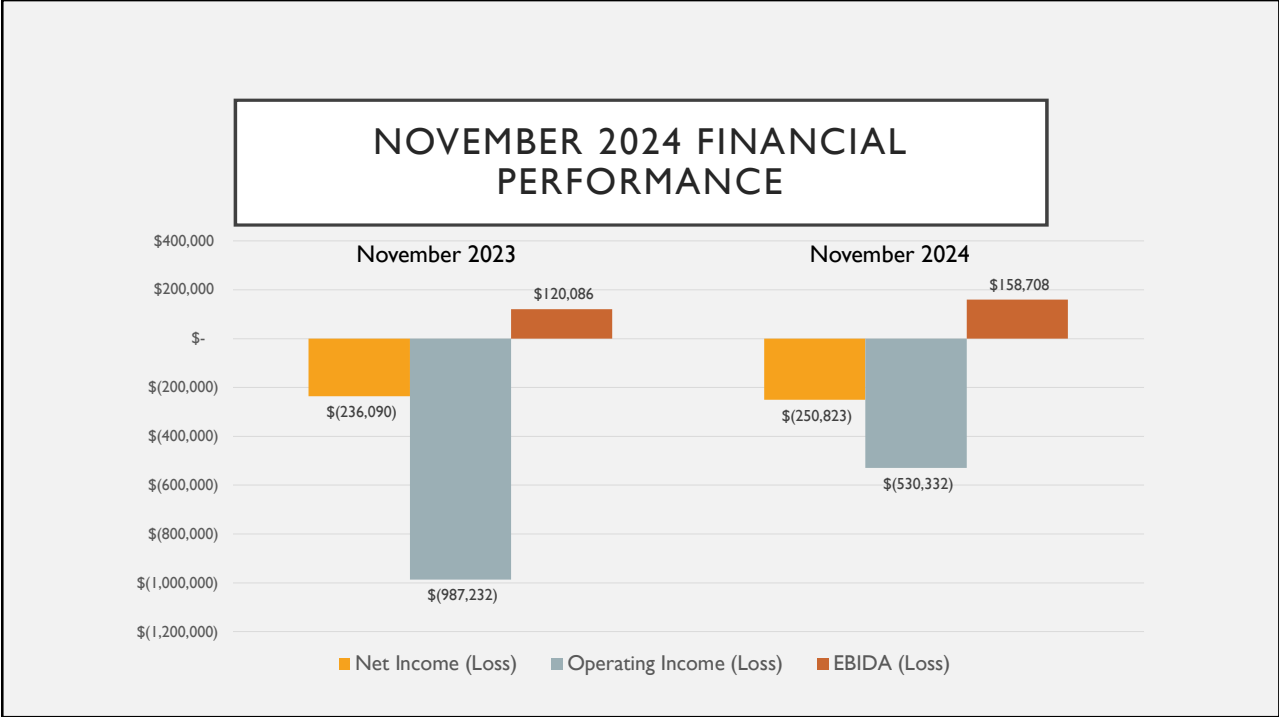




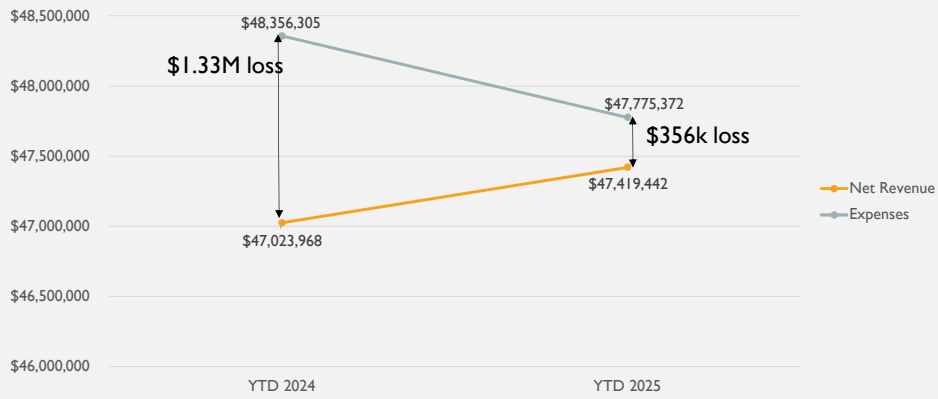
# NIHD FINANCIAL UPDATE

November 2024

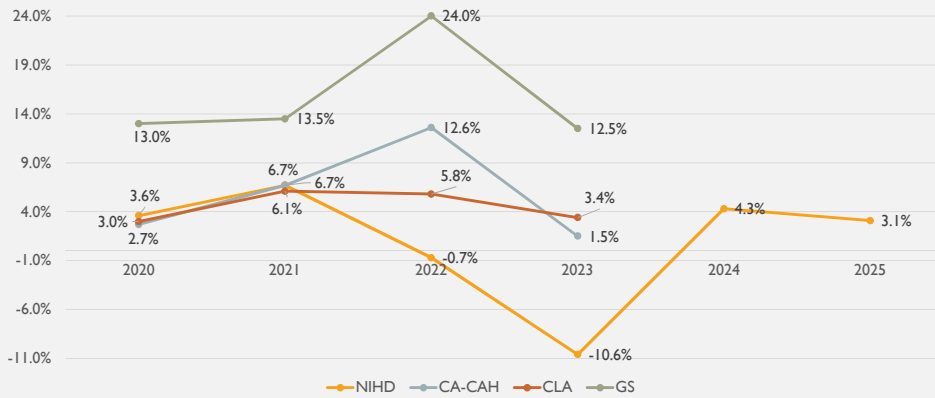
# INCOME



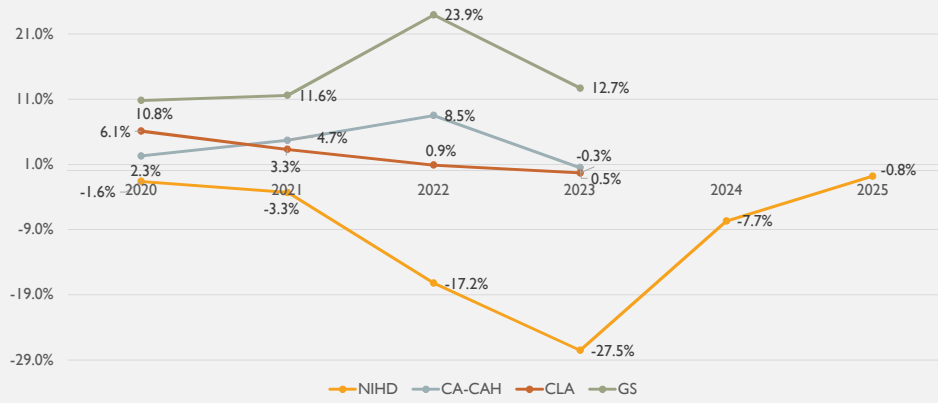
### YTD OPERATING INCOME (LOSS) PERFORMANCE



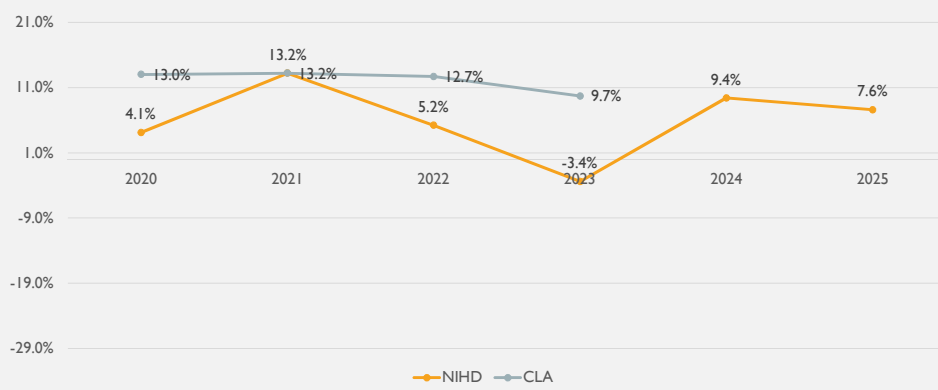
### NET PROFIT MARGIN



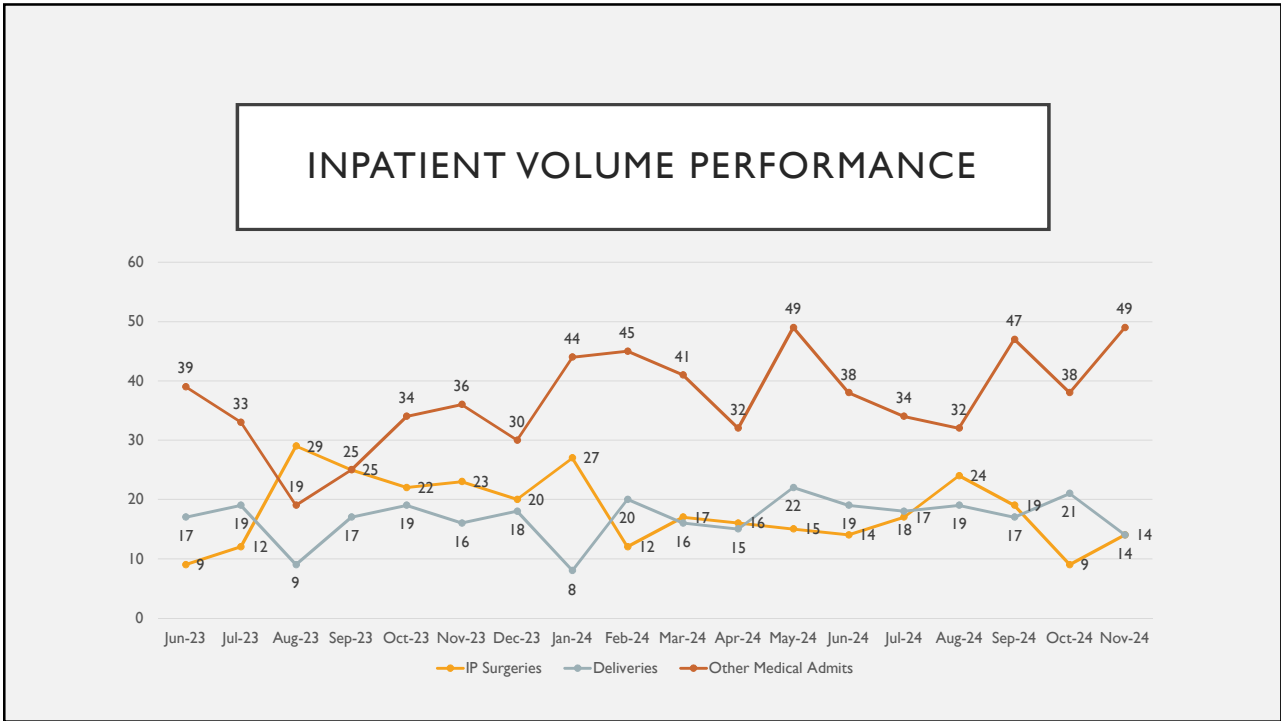
## OPERATING MARGIN



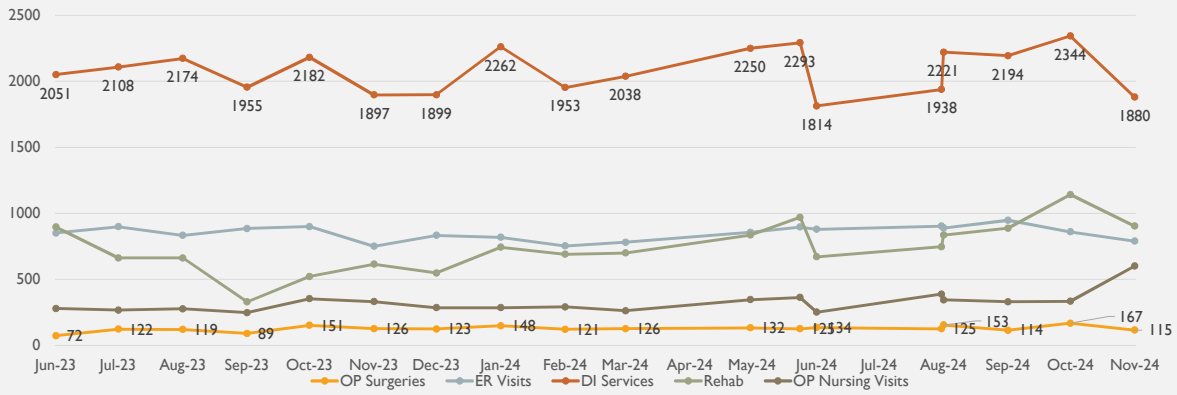
## EBIDA MARGIN



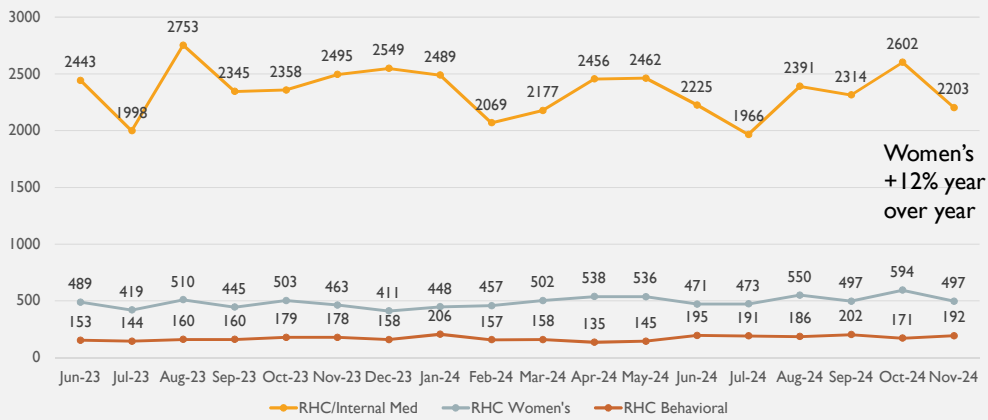
# VOLUMES



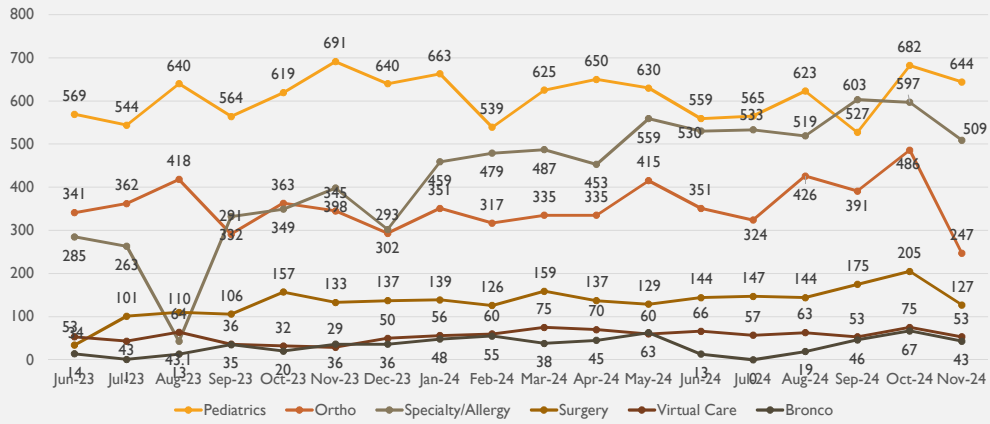
## OUTPATIENT VOLUME PERFORMANCE



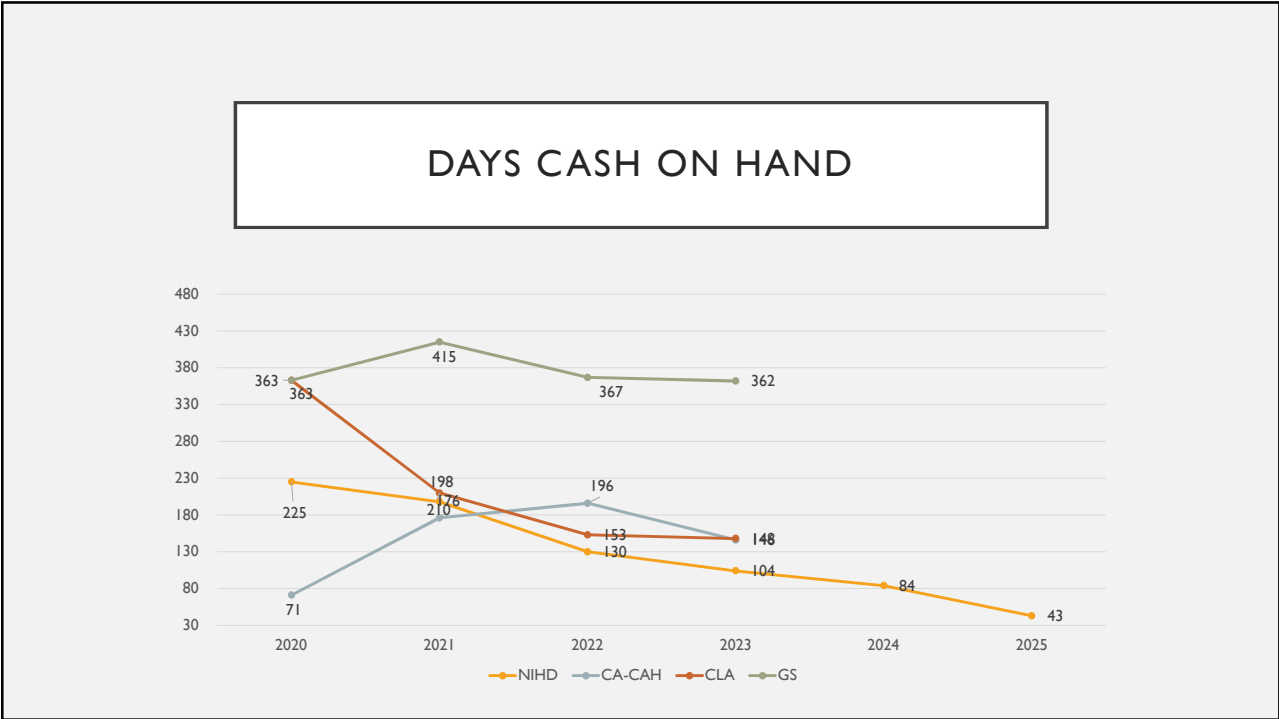
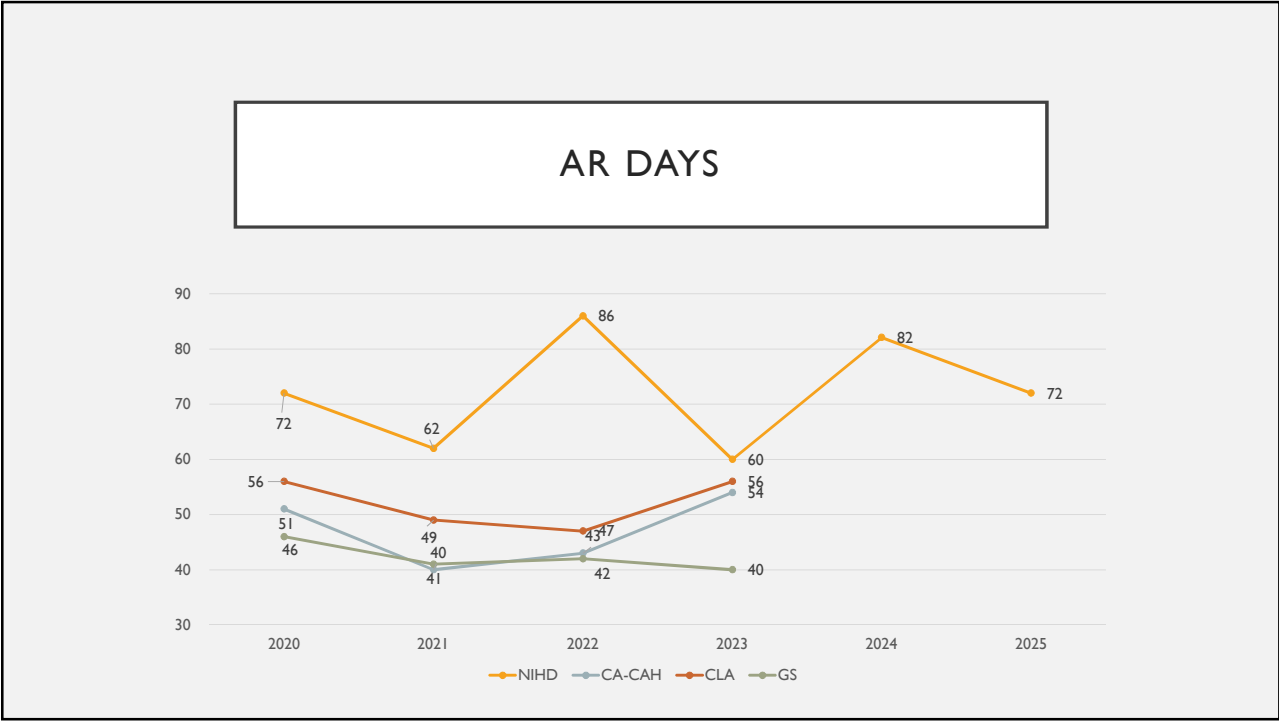
## RHC VOLUME PERFORMANCE



## CLINIC VOLUME PERFORMANCE

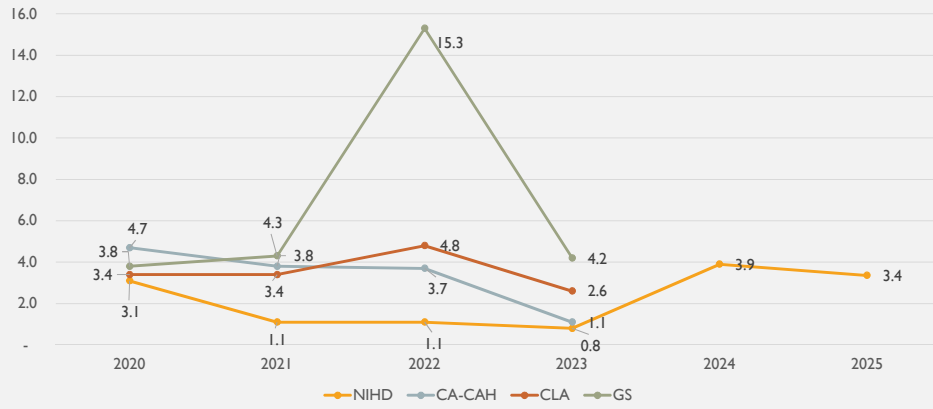


## KEY PERFORMANCE INDICATORS

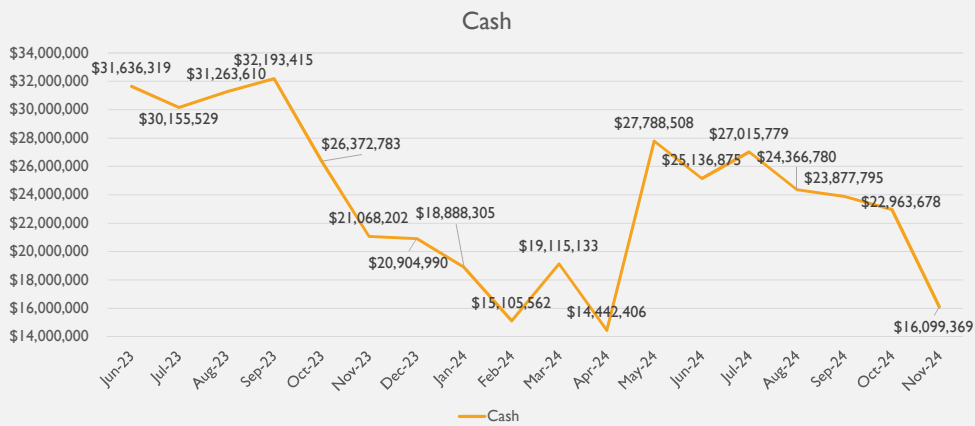




## DEBT SERVICE COVERAGE RATIO



## UNRESTRICTED FUNDS



## WAGE COSTS

|   | November<br>2022 | November<br>2023 | November<br>2024 |
|---|------------------|------------------|------------------|
| Total Paid FTEs   | 427              | 372              | 388              |
| Salaries, Wages,<br>Benefits (SWB)<br>Expense (incl.<br>contract labor) | \$6,342,136      | \$5,142,469      | \$4,760,664      |
| SWB % of total<br>expenses (including<br>contract labor)                | 69.8%            | 55.4%            | 48.7%            |
| Employed Average<br>Hourly Rate   | \$43.12          | \$52.03          | \$55.40          |
| Benefits % of Wages   | 62.4%            | 57.7%            | 20.6%            |

|                                      | Final<br>FYE 2024  | YTD Nov<br>Actual  | Annualized<br>FYE 2025 | Adjustment         | FYE 2025 Projection | Variance to PYTD | Comment   |
|--------------------------------------|--------------------|--------------------|------------------------|--------------------|---------------------|------------------|---|
| <b>Revenue</b>                       |                    |                    |                        |                    |                     |                  |   |
| Inpatient Patient Revenue            | 41,350,077         | 18,722,057         | 44,932,937             |                    | 44,932,937          | 9%               | Volume is consistently higher   |
| Outpatient Revenue                   | 166,037,287        | 73,012,307         | 175,229,537            | (3,000,000)        | 172,229,537         | 4%               | Starting to see decline in some surgeries. Also, observation hours process change in women's service line |
| Clinic Revenue                       | 19,388,997         | 8,817,418          | 21,161,804             | (500,000)          | 20,661,804          | 7%               | Starting to see decline in RHC (primary care) visits along with decline in ortho clinic                   |
| Cerner Unaliased                     |                    | (8,930)            | (21,432)               |                    | -21,432             | 100%             |   |
| <b>Gross Patient Service Revenue</b> | <b>226,776,361</b> | <b>100,542,853</b> | <b>241,302,847</b>     | <b>(3,500,000)</b> | <b>237,802,847</b>  | <b>5%</b>        |   |
| Deductions from Revenue              | (119,667,037)      | (53,127,846)       | (127,506,830)          | 1,900,000          | -125,606,830        | 5%               | adjusting to keep NR% of GR consistent  |
| Other Revenue                        | 6,979              | 4,435              | 10,643                 |                    | 10,643              | 53%              |   |
| <b>Net Patient Service Revenue</b>   | <b>107,116,303</b> | <b>47,419,442</b>  | <b>113,806,660</b>     | <b>(1,600,000)</b> | <b>112,206,660</b>  | <b>5%</b>        |   |
|                                      | 47.2%              | 47.2%              | 47.2%                  | 45.7%              | 47.2%               | 0%               |   |
| <b>Expense</b>                       |                    |                    |                        |                    |                     |                  |   |
| Salaries and Wages                   | 38,674,815         | 17,058,398         | 40,940,155             |                    | 40,940,155          | 6%               | Increased employee average rate   |
| Benefits                             | 22,390,958         | 7,231,310          | 17,355,143             | 3,000,000          | 20,355,143          | -9%              | Anticipated savings in MDV due to less claims along with lower pension expense of \$1M                    |
| Contract Labor                       | 6,024,606          | 2,351,817          | 5,644,361              | 380,245            | 6,024,606           | 0%               | Keeping flat to prior year  |
| Professional Fees                    | 24,725,996         | 10,064,237         | 24,154,170             | 571,826            | 24,725,996          | 0%               | Keeping flat to prior year  |
| Pharmacy                             | 5,832,893          | 1,669,046          | 4,005,711              | 1,827,182          | 5,832,893           | 0%               |   |
| Medical Supplies                     | 4,702,267          | 2,478,139          | 5,947,534              |                    | 5,947,534           | 26%              | Increased volume  |
| Other Expenses                       | 10,856,091         | 4,781,663          | 11,475,991             | 1,000,000          | 12,475,991          | 15%              | Increased utilities, insurance, repairs, cerner expenses along with billing/collection fees               |
| Depreciation and Amortization        | 5,163,844          | 2,141,699          | 5,140,079              |                    | 5,140,079           | 0%               |   |
| <b>Total Expenses</b>                | <b>118,371,469</b> | <b>47,776,309</b>  | <b>114,663,143</b>     | <b>6,779,253</b>   | <b>121,442,396</b>  | <b>3%</b>        |   |
| Financing Expense                    | 2,962,395          | 1,003,930          | 2,409,432              |                    | 2,409,432           | -19%             | Less interest expense on debt   |
| Financing Income                     | 3,155,532          | 1,222,661          | 2,934,387              |                    | 2,934,387           | -7%              |   |
| Investment Income                    | 724,763            | 240,084            | 576,202                |                    | 576,202             | -20%             | Investing less cash due to constraints  |
| Total Grant Revenue                  |                    |                    |                        |                    |                     |                  |   |
| Miscellaneous Income                 | 12,319,227         | 1,347,654          | 3,234,369              | 9,084,858          | 12,319,227          | 0%               | IGT - keeping consistent with prior year  |
| <b>Net Income/(Loss)</b>             | <b>1,981,960</b>   | <b>1,449,601</b>   | <b>3,479,044</b>       | <b>705,605</b>     | <b>4,184,648</b>    | <b>111%</b>      |   |

**NIHD FYE 2025 Cash Projection**

|                                       | <b>FYE 2025</b>          | <b>Comment</b>   |
|---------------------------------------|--------------------------|--|
| YTD Cash Collections (Dec 2024)       | \$ 58,181,021            | \$2M higher than December 2023 YTD   |
| One time items:                       |                          |  |
| Grants                                | \$ 103,312               |  |
| IGT                                   | \$ 1,139,051             |  |
| Tax Appropriations                    | \$ 163,826               |  |
| Other                                 | \$ 479,570               |  |
| Total non-recurring cash              | \$ 1,885,758             |  |
| Expected one-time items:              |                          |  |
| Grants                                | \$ 103,312               | Using first 6 months as basis  |
| IGT                                   | \$ 11,000,000            | 2 more quarterly HQAF, annual HQAF, AB 915, rate range, and QIP - should be recouped by June |
| Tax Appropriations                    | \$ 2,000,000             | Based on prior year  |
| ERC                                   |                          | IRS Tax credit - IRS is slow to processing ~\$5M   |
| Other                                 | \$ 250,000               | CDs maturing by June   |
| Total expected one-time items         | \$ 13,353,312            |  |
| <br>                                  |                          |  |
| Projected FYE 2025 cash intake        | <b>\$ 125,943,838.20</b> | Prior year was \$127.4M  |
| YTD Disbursements                     | \$ (72,079,209)          |  |
| One time items:                       |                          |  |
| Bond payments                         | \$ (1,967,350)           |  |
| SB1334 Retro                          | \$ (1,600,000)           | Missed rest breaks paid in August  |
| Capital                               | \$ (1,452,290)           | Q1 approved budget   |
| IGT                                   | \$ (4,518,915)           | Rate range   |
| Total non-recurring disbursements     | \$ (9,538,555)           |  |
| Expected one-time items:              |                          |  |
| Bond payments                         | \$ (376,625)             |  |
| Capital                               | \$ (1,500,000)           | Q2 - Q4 approved budget  |
| Total expected one-time items         | \$ (1,876,625)           |  |
| <br>                                  |                          |  |
| Projected FYE 2025 disbursements      | <b>\$ (126,957,933)</b>  | Prior year was \$132.3M  |
| <br>                                  |                          |  |
| Projected 2025 Net Cash               | <b>\$ (1,014,095)</b>    |  |
| Daily Deficit                         | <b>\$ (2,771)</b>        |  |
| <br>                                  |                          |  |
| Available Balances at 12/31/24        |                          |  |
| ESBC General Checking                 | 6,347,025                |  |
| US Bank Checking                      | 951,030                  |  |
| US Bank RHC                           | 246,308                  |  |
| US Bank Athena                        | 898,975                  |  |
| LAIF                                  | 5,281,865                |  |
| CDs maturing within 3 months          | 1,000,000                |  |
| Cash or cash equivalents              | <b>\$ 14,725,203</b>     |  |
| <br>                                  |                          |  |
| CD - not available as cash equivalent | \$ 1,000,000             |  |
| Total with investments                | \$ 15,725,202.70         |  |
| <br>                                  |                          |  |
| June 2024 cash balances               | \$ 18,718,414            |  |
| December 2024 cash balances           | \$ 14,725,203            |  |
| Depletion                             | \$ (3,993,211)           |  |
| Average Depletion per month           | \$ (665,535)             | Using projected daily deficit  |
| Average Daily Depletion               | <b>(22,185)</b>          | \$ (2,771)   |
| Days until depleted                   | 663.76                   | 5,314.52   |
| Years until depleted                  | 1.8                      | 14.56  |
| <br>                                  |                          |  |
| Estimated Ending Cash Balances        | \$ 14,218,155            |  |
| Days cash on hand                     | 43                       |  |



DATE: January 2025  
TO: Board of Directors, Northern Inyo Healthcare District  
FROM: Andrea Mossman CFO  
RE: JORIE

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## The Goal of AI Adoption: Efficiency, Not Replacement

I want to be clear: this adoption of AI technology is designed to *add efficiencies* to our workflow, not to replace any of our valuable team members. As the saying goes, we're here to "work smarter, not harder." By automating some of the daily tasks, Jorie AI will allow you to focus on the more complex aspects of your work—such as problem-solving and providing exceptional service to our patients. The AI can certainly assist, but no AI solution is flawless. It will always require human oversight to ensure its accuracy.

Here are a couple of examples where AI is helping humans work more efficiently:

- **ChatGPT:** A powerful tool that can rewrite documents and emails, making them more concise and professional. While it makes the process easier, it still requires human input to create the content.
- **Zoom AI Summary:** This tool summarizes meetings and creates actionable to-do lists from virtual meetings. It cuts down on the time spent taking notes, so you can focus on engaging in discussions. While I still review and edit the summaries, it has saved me a significant amount of time and ensures nothing gets missed.

## Why Jorie AI?

You might be wondering, "Why are we adding Jorie AI to the mix?" Our revenue cycle has certainly improved over the past two years, but we're still not where we need to be compared to industry standards. We're facing slower billing times, weak cash collections, and higher insurance denials compared to our peers. Insurance companies are leveraging AI to make decisions on denials, which makes it more difficult for us to contest these claims effectively. Our external billing team was also struggling to meet productivity and performance standards, which impacts the long-term sustainability of our district.

Jorie AI will automate many back-office billing processes, starting with Medicare and commercial payers. As a result, we've notified OS Healthcare that their contract will end on 2/1/25. Jorie will be focused on handling these areas first, and we'll reassess other external billing relationships as needed.

## Impact on Your Work

I know many of you have questions about how this change will affect your day-to-day responsibilities. The truth is, we don't have all the answers yet. While we've seen demonstrations of Jorie AI, it's not fully integrated into our revenue cycle system yet. We're still in the discovery phase, working on the standard operating procedures (SOPs) for the project. So, until the system is live in production, we can't say with certainty how it will work in practice.

What I can say is that this AI isn't intended to replace anyone on the team. We're looking for ways to support you in improving efficiency and achieving a more manageable workload. Many of you have been juggling increasing responsibilities due to staffing challenges and growing volumes, and we hope that the addition of AI will alleviate some of that pressure. But rest assured, AI won't handle everything perfectly. It will still need human oversight for all areas of the revenue cycle.

## **The Path Forward**

When will this project be completed? Our first priority is implementing AI in the Medicare and commercial billing processes by 2/1/25, as our current external billing provider's contract ends. But this is just the beginning. We expect this project to extend throughout much of 2025 as we evaluate what Jorie AI is capable of and what areas could benefit from further automation. We will continue to monitor and assess its performance, always focusing on ensuring it adds value to our team and our organization.

## **Looking Ahead: What Other Changes Are Coming?**

Our leadership team is always working to stay ahead of the latest trends in healthcare, and while we're not currently reviewing other AI technologies, we're committed to being proactive and forward-thinking. As a district, we'll also be focusing on collecting upfront cash for elective services, which is the industry standard. We're striving to improve our financial sustainability, ensuring we can continue to serve our patients for years to come.

CALL TO ORDER Northern Inyo Healthcare District (NIHD) Board Chair Melissa Best-Baker called the meeting to order at 5:00 pm.

PRESENT Melissa Best-Baker, Chair  
Jean Turner, Vice Chair  
David McCoy Barrett, Treasurer  
Mary Mae Kilpatrick, Member at Large  
Laura Smith, New Board Member  
David Lent, New Board Member

Stephen DelRossi, Chief Executive Officer  
Allison Partridge, Chief Operations Officer / Chief Nursing Officer  
Adam Hawkins, DO, Chief Medical Officer  
Alison Murray, Chief Human Resources Officer, Chief Business Development Officer  
Andrea Mossman, Chief Financial Officer  
Sierra Bourne, MD, Chief of Staff

PUBLIC COMMENT Chair Best-Baker reported that, at this time, audience members may speak on any items not on the agenda that are within the board's jurisdiction.

There were no comments from the public.

CEO THANK YOU CEO DelRossi thanked Mary Mae Kilpatrick for her service on the Board of Directors.

OATH OF OFFICE David Lent, David McCoy Barrett, and Laura Smith took the oath of office and were welcomed as returning and new board members.

PUBLIC COMMENT ON CLOSED SESSION ITEMS There were no public comments.

ADJOURNMENT TO CLOSED SESSION Adjournment to closed session at 05:06 pm

RETURN TO OPEN SESSION Called back to order at 06:32 pm

Chair Best-Baker stated there were no reportable actions from the closed session.

SLATE OF OFFICERS Chair: Jean Turner  
Vice-Chair: Melissa Best-Baker  
Secretary: David Lent  
Treasurer: David McCoy Barrett  
Member at Large: Laura Smith

Motion to approve the slate of officers: Barrett  
2<sup>nd</sup>: Lent  
Passed

NEW BUSINESS

SEMINAR 2025

Chair Best-Baker called attention to the Board of Directors Seminar 2025

CEO DelRossi explained that the Board of Directors will have a seminar in January 2025.

Operation Manual – will be delivered to the Board of Directors before the seminar.

CHIEF EXECUTIVE  
OFFICER REPORT

Chair Best-Baker called attention to the CEO report.

Strategic Plan – the strategic plan was created with collaboration between the Executive Team and the Board of Directors.

Motion to approve the strategic plan: Smith  
2<sup>nd</sup>: Barrett  
Passed

Ophthalmology—CEO DelRossi referred to the letter in the packet and commented that NIHD is committed to finding programs that are sustainable for the hospital.

CHIEF FINANCIAL  
OFFICER REPORT

Chair Best-Baker introduced the Chief Financial Officer’s Report.

Financial and Statistical reports discussion ensued.

1. Barrett expressed his ongoing concern about high AR days. People have been reporting that they are accessing healthcare and do not receive bills timely.
2. DelRossi responded:
  - a. Jorie will be implemented in February 2025. Jorie will help with the coordination of benefits and will verify the correct insurance allowing the billing to take place timely with fewer mistakes.
  - b. Starting in January 2025, co-payments and the patient portion of procedures will be collected at the time of the visit/procedure.

Motion to accept financial and statistical reports: Turner  
2<sup>nd</sup>: Barrett  
Passed

CHIEF MEDICAL OFFICER  
REPORT

No Report out

CHIEF OF STAFF REPORT

Chair Best-Baker called attention to the Chief of Staff Report.

Medical Staff Appointments 2024-2025  
Motion to approve medical staff appointments: Smith



2<sup>nd</sup>: Turner  
Passed

Medical Staff Appointments 2024-2025 – Proxy Credentialing  
Motion to approve medical staff appointments: Turner  
2<sup>nd</sup>: Smith  
Passed

Medical Staff Reappointments 2025-2026  
Motion to approve the medical staff reappointments: Barrett  
2<sup>nd</sup>: Turner  
Passed

Medical Executive Committee Report Dr. Bourne expressed gratitude to staff and physicians for their compassionate care for patients and their families during a recent visit.

#### CONSENT AGENDA

Removed from the consent agenda:

1. NIHD Recruitment and Selection – Education and Experience Equivalency
2. Approval of minutes of the November 20, 2024 Regular Board Meeting

Motion to approve remaining items on the consent agenda: Turner  
2<sup>nd</sup>: Barrett  
Passed

3. Approval of minutes of the November 20, 2024 Regular Board Meeting
  - a. Corrected “Northern Inyo Healthcare District (NIHD) Board Vice-Chair Turner called the meeting to order at 5:00 pm.”

Motion to approve meeting minutes with correction: Barrett  
2<sup>nd</sup>: Turner  
Passed

Public Comment: Rosie Graves – expressed concern over the NIHD Recruitment and Selection – Education and Experience Equivalency Policy.

1. Graves expressed frustration over equating one year of work experience to one year of education.
2. Graves urged the district to create a 2-tier pay scale for managers with and without college degrees.
3. Graves expressed a belief that education can increase a company's foundation, and challenge aspiring managers to grow.

The board expressed an understanding of the difficulty of recruiting in rural areas, the value of education, and the need to balance work experience and education.

NIHD will review this policy.

GENERAL INFORMATION FROM BOARD MEMBERS Kilpatrick stated she attended the Light for Life ceremony with Pioneer Home Health Care.

Kilpatrick enjoyed participating in the Main Street Parade with other NIHD staff.

ADJOURNMENT Adjournment at 8:06 pm.

\_\_\_\_\_  
Jean Turner  
Northern Inyo Healthcare District  
Chair

Attest: \_\_\_\_\_  
David Lent  
Northern Inyo Healthcare District Chair  
Secretary



December 2024 Statement

Open Date: 11/06/2024 Closing Date: 12/04/2024

U.S. Bank Business Platinum Card  
NORTHERN INYO HOSPITA  
STEPHEN DELROSSI

Cardmember Service ☎

|                            |                   |
|----------------------------|-------------------|
| <b>New Balance</b>         | <b>\$4,401.91</b> |
| <b>Minimum Payment Due</b> | <b>\$45.00</b>    |
| <b>Payment Due Date</b>    | <b>01/01/2025</b> |

Activity Summary

|                            |          |                           |
|----------------------------|----------|---------------------------|
| Previous Balance           | +        | \$11,232.68               |
| Payments                   | -        | \$11,232.68 <sup>CR</sup> |
| Other Credits              |          | \$0.00                    |
| Purchases                  | +        | \$4,401.91                |
| Balance Transfers          |          | \$0.00                    |
| Advances                   |          | \$0.00                    |
| Other Debits               |          | \$0.00                    |
| Fees Charged               |          | \$0.00                    |
| Interest Charged           |          | \$0.00                    |
| <b>New Balance</b>         | <b>=</b> | <b>\$4,401.91</b>         |
| <b>Past Due</b>            |          | <b>\$0.00</b>             |
| <b>Minimum Payment Due</b> |          | <b>\$45.00</b>            |
| Credit Line                |          | \$37,500.00               |
| Available Credit           |          | \$33,098.09               |
| Days in Billing Period     |          | 29                        |

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24-Hour Cardmember Service:

- ☎ . to pay by phone
- ☎ . to change your address

|                     |            |
|---------------------|------------|
| Account Number      |            |
| Payment Due Date    | 1/01/2025  |
| New Balance         | \$4,401.91 |
| Minimum Payment Due | \$45.00    |

Amount Enclosed \$ \_\_\_\_\_

### What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: Cardmember Service, [REDACTED]

In your letter or call, give us the following information:

- ▶ **Account information:** Your name and account number.
- ▶ **Dollar amount:** The dollar amount of the suspected error.
- ▶ **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
  - ▶ We cannot try to collect the amount in question, or report you as delinquent on that amount.
  - ▶ The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
  - ▶ While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
  - ▶ We can apply any unpaid amount against your credit limit.

### Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: Cardmember Service, [REDACTED]

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

### Important Information Regarding Your Account

**1. INTEREST CHARGE:** Method of Computing Balance Subject to Interest Rate: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate ("DPR") by the Average Daily Balance ("ADB") (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. To the extent credit insurance charges, overlimit fees, Annual Fees, and/or Travel Membership Fees may be applied to your Account, such charges and/or fees are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance charges, overlimit fees, Annual Fees and/or Travel Membership Fees (as applicable) are charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

**2. Payment Information:** We will accept payment via check, money order, the internet (including mobile and online) or phone or previously established automatic payment transaction. You must pay us in U.S. Dollars. If you make a payment from a foreign financial institution, you will be charged and agree to pay any collection fees added in connection with that transaction. The date you mail a payment is different than the date we receive the payment. The payment date is the day we receive your check or money order at U.S. Bank National Association, [REDACTED] or the day we receive your internet or phone payment. All payments by check or money order accompanied by a payment coupon and received at this payment address will be credited to your Account on the day of receipt if received by 5:00 p.m. CT on any banking day. Payments sent without the payment coupon or to an incorrect address will be processed and credited to your Account within 5 banking days of receipt. Payments sent without a payment coupon or to an incorrect address may result in a delayed credit to your Account, additional interest charges, fees, and/or Account suspension. The deadline for on-time internet and phone payments varies, but generally must be made before 5:00 p.m. CT to 8 p.m. CT depending on what day and how the payment is made. Please contact Cardmember Service for internet, phone, and mobile crediting times specific to your Account and your payment option. Banking days are all calendar days except Saturday, Sunday and federal holidays. Payments due on a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. There is no prepayment penalty if you pay your balance at any time prior to your payment due date.

**3. Credit Reporting:** We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.



NORTHERN INYO HOSPITA  
STEPHEN DELROSSI

Cardmember Service

**Important Messages**

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Skip the mailbox. Switch to e-statements and securely access your statements online. Get started at [usbank.com/lcgin](http://usbank.com/lcgin).

**Transactions**

**Payments and Other Credits**

| Post Date                | Trans Date | Ref # | Transaction Description    | Amount               | Notation |
|--------------------------|------------|-------|----------------------------|----------------------|----------|
| 11/25                    | 11/25      | 0000  | INTERNET PAYMENT THANK YOU | \$11,232.68CR        |          |
| <b>TOTAL THIS PERIOD</b> |            |       |                            | <b>\$11,232.68cr</b> |          |

**Purchases and Other Debits**

| Post Date                | Trans Date | Ref # | Transaction Description                           | Amount            | Notation            |
|--------------------------|------------|-------|---|-------------------|---------------------|
| 11/12                    | 11/10      |       | CMT CHICAGO IL27690015 CHICAGO IL                 | \$55.50           | <u>CEO Conf</u>     |
| 11/12                    | 11/10      |       | UNITED HOUSTON TX                                 | \$40.00           | <u>CEO Conf</u>     |
| 11/15                    | 11/13      |       | UNITED UNITED TX                                  | \$40.00           | <u>CEO Conf</u>     |
| 11/18                    | 11/14      |       | HYATT REGENCY CHICAGO CHICAGO IL<br>FOR 04 NIGHTS | \$1,714.15        | <u>CEO Conf</u>     |
| 11/18                    | 11/14      |       | TAPENADA T1 ORD CHICAGO IL                        | \$28.82           | <u>CEO Conf</u>     |
| 11/18                    | 11/17      |       | VISTAPRINT  | \$110.90          | <u>Holiday Gift</u> |
| 11/21                    | 11/20      |       | SHARPSHEETS                                       | \$198.00          | <u>Report Tool</u>  |
| 11/21                    | 11/20      |       | TST* WHISKEY CREEK BISHOP CA                      | \$50.00           | <u>Board Lunch</u>  |
| 12/02                    | 11/30      |       | FACEBK *LPFDNE4LU2                                | \$85.14           | <u>Marketing</u>    |
| 12/03                    | 12/02      |       | TOTALLY CHO                                       | \$2,079.40        | <u>Holiday Gift</u> |
| <b>TOTAL THIS PERIOD</b> |            |       |   | <b>\$4,401.91</b> |                     |

| <b>2024 Totals Year-to-Date</b> |          |
|---------------------------------|----------|
| Total Fees Charged in 2024      | \$78.00  |
| Total Interest Charged in 2024  | \$255.74 |

**Company Approval** (This area for use by your company)

Signature/Approval: \_\_\_\_\_

Accounting Code: \_\_\_\_\_



December 2024 Statement 11/06/2024 - 12/04/2024

Page 3 of 3

NORTHERN INYO HOSPITA  
STEPHEN DELROSSI

Cardmember Service



### Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

\*\*APR for current and future transactions.

| Balance Type       | Balance By Type | Balance Subject to Interest Rate | Variable | Interest Charge | Annual Percentage Rate | Expires with Statement |
|--------------------|-----------------|----------------------------------|----------|-----------------|------------------------|------------------------|
| **BALANCE TRANSFER | \$0.00          | \$0.00                           | YES      | \$0.00          | 23.49%                 |                        |
| **PURCHASES        | \$4,401.91      | \$0.00                           | YES      | \$0.00          | 23.49%                 |                        |
| **ADVANCES         | \$0.00          | \$0.00                           | YES      | \$0.00          | 29.99%                 |                        |

### Contact Us



NORTHERN INYO HOSPITA

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**NORTHERN INYO HEALTHCARE DISTRICT**

**PLAN**

|  |                                |                                    |
|--|--------------------------------|------------------------------------|
| Title: ALARA Program                               |                                |                                    |
| Owner: Manager of Diagnostic Imaging Services      | Department: Diagnostic Imaging |                                    |
| Scope: Diagnostic Imaging, Hospital Clinical Staff |                                |                                    |
| Date Last Modified: 12/07/2022                     | Last Review Date: 12/04/2024   | Version: 3                         |
| Final Approval by: NIHD Board of Directors         |                                | Original Approval Date: 06/20/2017 |

**PURPOSE:**

The purpose of establishing an ALARA (as low as reasonably achievable) Program is to incorporate practices, procedures and quality assurance checks to keep occupational and medical exposure to radiation as low as reasonably achievable.

**Definitions:**

ALARA – “as low as reasonably achievable,” acronym for the philosophy of keeping medical and occupational radiation exposure as low as reasonable achievable.

RSO – Radiation Safety Officer

RSC – Radiation Safety Committee

**POLICY:**

The term ALARA is an acronym for maintaining radiation exposures, and effluent releases of radioactive material in uncontrolled areas “as low as reasonably achievable” taking into account the available technology, economic costs in relation to benefits to the public health and safety, and other societal and socioeconomic considerations in their relationship with the utilization of radioactive materials and radiation – producing equipment in the public interest.

The ALARA philosophy extends to exposure to individuals in the performance of their duties (Occupational exposure) and to patients undergoing medical evaluations and treatments.

To achieve this goal, the management should address dose reduction for both workers and patients.

Although the program presented here is developed specifically for occupational exposure considerations, management should incorporate into their program those procedures, practices, and quality assurance checks that can eliminate unnecessary or extraneous radiation exposures to patients without compromising the quality of medical service. Such practices and checks include, but are not limited to:

- a) Use of appropriate and well-calibrated instrumentation and equipment.
- b) Use of appropriate digital imaging techniques
- c) Staying with the well-established dosage limits unless deviation is absolutely essential in the judgment of the responsible physician.

## 1. Management Commitment

- a) We, the management of Northern Inyo Healthcare District, are committed to an efficient medical use of radioactive materials and radiation producing equipment by limiting their use to clinically indicated procedures, utilizing efficient exposure techniques, and optimally operated radiation equipment; limiting dosages to those recommended by the manufacturer unless otherwise necessary, using calibrated diagnostic and related instrumentation; and using appropriately trained personnel.
- b) We commit to the program described below for keeping occupational individual and collective doses ALARA. Toward this commitment, we hereby describe an administrative organization for radiation safety and will develop all necessary written policy, procedures, and instruction to foster the ALARA philosophy within our institution. The organization will include a Radiation Safety Committee (RSC) and a Radiation Safety Officer (RSO).
- c) We will perform a formal annual review of the radiation safety program, including ALARA considerations. The review will cover operating procedures and past dose records, inspections, and recommendations of the radiation safety staff or consultants.
- d) We will modify operating and maintenance procedures, equipment, and facilities if these modifications will reduce exposures and the cost is justified.

## 2. Radiation Safety Committee

- a) Review of Proposed Users and Uses
  - (1) The RSC will thoroughly review the qualifications of each applicant with respect to the types and quantities of radioactive materials and radiation-producing equipment and methods of use for which application has been made, to ensure that the applicant will be able to take appropriate measures to maintain exposure ALARA.
  - (2) When considering a new use of radioactive material or radiation producing equipment, the RSC will review the efforts of the applicant to maintain exposure ALARA.
  - (3) The RSC will ensure that the users justify their procedures and that individual and collective doses will be ALARA.
- b) Delegation of Authority  
(The judicious delegation of RSC authority is essential to the enforcement of an ALARA program.)
  - (1) The RSC will delegate authority to the RSO for enforcement of the ALARA program.
  - (2) The RSC will support the RSO when it is necessary for the RSO to assert authority. If the RSC has overruled the RSO, it will record the basis for its action in the minutes of the quarterly meeting.
- c) Review of ALARA Program
  - (1) The RSC will encourage all users to review current procedures and develop new procedures as appropriate to implement the ALARA concept.
  - (2) The RSC will perform an annual review of occupational radiation exposure. A special meeting may be called for particular attention to instances in which the investigational levels in Table 1 are exceeded. The principal purpose of this review is to assess trends in occupational exposure as an index of the ALARA program quality and to decide if action is warranted when investigational levels are exceeded (see Section 4 below for a discussion of investigational levels). Maximum legal limits of occupational exposure are listed in Table 2, for reference.



- (3) The RSC will evaluate the institution's overall efforts for maintaining doses ALARA on an annual basis. This review will include the efforts of the RSO, authorized users, and workers as well as those of management.

Table 1  
Investigational Levels\*

|  | Investigational Levels<br>(mRem/calendar quarter) |            |
|--|---|------------|
|  | Level I**   | Level II** |
| 1. Whole body; head and trunk; active blood-forming organs; or gonads, lens of eye | 312   | 624        |
| 2. Lens of Eye   | 936   | 1872       |
| 3. Extremities   | 3125  | 6250       |
| 4. Skin of whole body  | 750   | 2250       |
| 5. Thyroid uptake  | 0.1 uCi   | 0.3 uCi    |

\*Note that investigational levels in this program are not new dose limits but serve as checkpoints above which the results are considered sufficiently important to justify investigations. See Section 4 for further discussion.

\*\*Investigational levels are as listed on Radiation Detection Company Dosimetry Report.

Table 2  
Maximum Annual Levels\*

|                      | Maximum Annual Occupational Dose limits in mRem |
|----------------------|---|
| 1. Whole body        | 5,000   |
| 2. Extremities, Skin | 50,000  |
| 3. Lens of the eyes  | 15,000  |
| 4. Fetus             | 500   |

\*Legal limits for occupational radiation exposure, NCRP Report No. 116, Table 19.1

### 3. Radiation Safety Officer

#### a) Annual and Quarterly Review

- (1) *Annual review of the radiation safety program.* The RSO will perform an annual review of the radiation safety program for adherence to ALARA concepts. Reviews of specific methods of use may be conducted on a more frequent basis.
- (2) *Quarterly review of occupational exposures.* The RSO will review at least quarterly the radiation doses of authorized users and workers to determine that their doses are ALARA in accordance with the provisions of Section 5 of this program and will prepare a summary report for the RSC.
- (3) *Quarterly review of records of radiation surveys.* The RSO will review radiation surveys in unrestricted and restricted areas to determine that dose rates and amounts of contamination were at ALARA levels during the previous quarter and will prepare a summary report for the RSC.

#### b) Education Responsibilities for ALARA Program

The RSO (in cooperation with authorized user) will ensure that radiation workers and, as applicable,

- (1) Ancillary personnel are trained and educated in good health physics practices and procedures.
- (2) The RSO (or designee) will schedule briefings and educational sessions to inform workers of the ALARA program efforts.
- (3) The RSO (or designee) will ensure that authorized users, workers, and ancillary personnel who may be exposed to radiation will be instructed in the ALARA philosophy and informed that management, the RSC, and the RSO are committed to implementing the ALARA concept.

#### c) Cooperative Efforts for Development of ALARA Procedures

- (1) Radiation workers will be given opportunities to participate in formulating the procedures that they will be required to follow.
- (2) Radiation workers will be instructed in recourses that may be taken if they feel that ALARA is not being promoted in the workplace.

#### d) Reviewing Instances of Deviation from Good ALARA Practices

- (1) The RSO will investigate all know instances of deviation from good ALARA practices and, if possible, will determine the causes. When the cause is known, the RSO will implement changes in the program to maintain doses ALARA.

### 4. Authorized Users

#### a) New Methods of Use Involving Potential Radiation Doses

- (1) The authorized user will consult with the RSO and/or RSC during the planning stage before using radioactive materials and radiation-producing equipment to ensure that doses will be kept ALARA. Simulated trials runs may be helpful.
- (2) The authorized user will review each planned use of radioactive materials or radiation-producing equipment to ensure that doses will be kept ALARA. Simulated trial runs may be helpful.

### 5. Establishment of Investigational Levels in Order to Monitor Individual Occupational Radiation Doses (External and Internal)

This institution hereby establishes investigational levels for occupational radiation doses which, when exceeded, will initiate review or investigation by the RSC and/or the RSO. The investigational levels that we have adopted are listed in Table 1. These levels apply to the exposure of individual workers. The following actions will be taken at the investigational levels stated in Table 1.

- a) Personnel Dose Less than Investigational Level I
- (1) Except when deemed appropriate by the RSO, no further action will be taken in those cases where an individual's dose is less than Table I values for the investigational Level I.
- b) Personnel Dose Equal To or Greater Than Investigational Level I But Less Than Investigational Level II
- (1) The RSO will review the dose of each individual whose quarterly dose exceeds the investigational Level I and will report the results of the reviews at the first RSC meeting following the quarter when the dose was recorded. If the dose does not equal or exceed Investigational Level II, no specific action related to the exposure is required unless deemed appropriate by the Committee. The committee will, however, review each such dose in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the committee minutes.
- c) Personnel Dose Equal to and Greater Than Investigational Level II
- (1) The RSO will investigate in a timely manner the causes of all personnel doses equaling or exceeding Investigational Level II and, if warranted, will take action. A notification letter will be sent to all personnel with doses equaling or exceeding Investigational Level II. A report of the investigation and any actions taken will be presented to the RSC at its first meeting following completion of the investigation. The details of these reports will be included in the RSC minutes.
- d) Reestablishment of Investigational Levels to Level Above Those Listed in Table 1
- (1) In cases where a worker's or a group of workers' doses need to exceed an investigational level, a new, higher investigational level may be established for that individual or group on the basis that it is consistent with good ALARA practices. Justification for new investigational levels will be documented.
  - (2) The RSC will review the justification for and must approve or disapprove all revisions of investigational levels.

#### **REFERENCES:**

1. CA Title 17
2. CA-RHB "Guide for the preparation of an application for a radioactive materials license authorizing medical use"
3. 10 CFR 35, 10 CFR 20
4. NCRP Report No. 116, Table 19.1
5. Radiation Detection Company Dosimetry Report

#### **RECORD RETENTION AND DESTRUCTION:**

- Dosimetry reports will be kept for duration of employment + 30 years
- Patient dose records will be maintained in interpretive report as part of the medical record

**CROSS REFERENCE P&P:**

1. Dosimetry Program - Occupational Radiation Exposure Monitoring Program
2. CHA records retention recommendations

Supersedes: v.2 ALARA Program\*



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

|  |                                |            |
|--|--------------------------------|------------|
| Title: Diagnostic Imaging - Handling of Radioactive Packages, Non-nuclear medicine personnel |                                |            |
| Owner: Manager of Diagnostic Imaging Services  | Department: Diagnostic Imaging |            |
| Scope: Purchasing, Security, and Nuclear Medicine  |                                |            |
| Date Last Modified: 11/19/2021   | Last Review Date: 12/04/2024   | Version: 3 |
| Final Approval by: NIHD Board of Directors   | Original Approval Date: 2014   |            |

**PURPOSE:** provide guidelines and documentation of training of non-nuclear medicine personnel for the safe handling and delivery (to nuclear medicine department) of radioactive packages.

**POLICY:**

All non-nuclear medicine personnel, i.e., security officer on duty or purchasing/materials management personnel, who may receive and/or deliver (to nuclear medicine) packages containing radioactive materials will be trained regarding proper handling and delivery of these packages.

**PROCEDURE:**

Appropriate personnel are instructed to follow the guidelines listed below upon receiving radioactive packages. A signed copy of this procedure will be kept in the Radiology Manager’s office to document training.

- ❑ Visually inspect the package, prior to handling. Notify Nuclear Medicine personnel immediately if package appears to be damaged or leaking. Do not handle a damaged or leaking package.
- ❑ Wear gloves when handling any radioactive package.
- ❑ Use cart or “dolly” to deliver radioactive packages. This maximizes distance between personnel and the package, minimizing radiation exposure rates.
- ❑ Promptly deliver all radioactive packages received to the Nuclear Medicine Department. If a nuclear medicine technologist is present, deliver package to them. If no nuclear medicine technologist is present, leave package at the hot lab door.
- ❑ Remove gloves immediately after delivery of package, dispose of the gloves in the Nuclear Medicine Imaging room trash.

If there are any questions regarding handling of radioactive packages, contact the Nuclear Medicine Department, ext. 2636; or the Director of Diagnostic Services at ext. 2002.

**This document may be printed and used for documentation of annual training.**

**Trainee signature:** \_\_\_\_\_

**Nuclear Medicine Technologist – Trainer:** \_\_\_\_\_

**REFERENCES:**

1. 10 CFR 20
2. 10 CFR 35

3. Guide for the Preparation of an Application for a Radioactive Materials License Authorizing Medical Use, Retrieved from: <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/RHB-MedicalGuide.pdf>,

**RECORD RETENTION AND DESTRUCTION:** Training documentation to be kept 6 years after date of training

**CROSS REFERENCED POLICIES AND PROCEDURES:**

- DI NM radioactive package receipt
- DI NM General Rules for the Safe Use of Radioactive materials
- Diagnostic Imaging Radioactive Material Hot Lab Security

|   |
|---|
| Supersedes: v.2 Diagnostic Imaging - Handling of Radioactive Packages, Non-nuclear medicine personnel |
|---|



**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY**

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Title: Diagnostic Imaging - Imaging Equipment Quality Control |                                 |                                |
| Owner: Manager of Diagnostic Imaging Services                 |                                 | Department: Diagnostic Imaging |
| Scope:  |                                 |                                |
| Date Last Modified:<br>12/06/2022                             | Last Review Date:<br>12/04/2024 | Version: 2                     |
| Final Approval by: NIHD Board of Directors                    |                                 | Original Approval Date:        |

**PURPOSE:**

Ensures Imaging Services equipment is operating in a manner that is safe and compliant with state and federal regulations

**POLICY:**

1. The imaging department technologist shall perform quality control on all imaging equipment following manufacturer recommendations located in equipment manuals.
2. Quality control limits are set by manufacturer, manufacturer’s field service engineer (FSE), or the medical physicist.
3. Equipment not performing within the designated specifications shall be removed from service immediately.
4. The Director of Diagnostic Services (DDS) and radiologist shall be notified of deficiency or malfunction.
5. The DDS or designee shall contact the appropriate manufacturer or FSE, or biomedical engineer.
6. Following correction or repair, appropriate quality control shall be repeated.
7. After passing quality control standards, equipment shall be placed back into service.

**REFERENCES:**

- National Council on radiation protection and measurements (NCRP) Report No. 99
- California Code of Regulations – Title 17

**RECORD RETENTION AND DESTRUCTION:**

- Until next Inspection + 6years

**CROSS REFERENCED POLICIES AND PROCEDURES:**

- DI – Monitoring and Documentation of Fluoroscopic Quality Control
- Mammography Quality Control

|   |
|---|
| Supersedes: v.1 Diagnostic Imaging - Imaging Equipment Quality Control* |
|---|



**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY**

|   |                                    |            |
|---|------------------------------------|------------|
| Title: Diagnostic Imaging - Patient Priority  |                                    |            |
| Owner: Manager of Diagnostic Imaging Services | Department: Diagnostic Imaging     |            |
| Scope: Diagnostic Imaging Department          |                                    |            |
| Date Last Modified:<br>11/02/2022             | Last Review Date:<br>01/07/2025    | Version: 5 |
| Final Approval by: NIHD Board of Directors    | Original Approval Date: 02/15/2011 |            |

**Purpose:**

To identify the priority of patients when the technologist must determine which study to perform first. In the event of conflict, final determination will be made by the radiologist.

**Policy:**

The priority of patient examinations follows these criteria:

1. Premature newborns in respiratory distress
2. ER Stroke Protocol Patients
3. Operating room patients under anesthesia
4. Stat requests in this order
  - a. Code Blue
  - b. ED, ICU, PACU, OB
  - c. Other in-patients
5. Timed exams, in progress (ex. nuclear medicine patients already injected, timed barium studies etc.)
6. Urgent requests for physicians waiting in the department
7. Fasting patients in this order
  - a. Very young or very old
  - b. Diabetic
  - c. Inpatients
  - d. Outpatients
8. Routine exams by order time (inpatients) or in order scheduled.

**REFERENCES:**

- National Library of Medicine - <https://pubmed.ncbi.nlm.nih.gov/26547804/>
- American College of Radiology - <https://www.acrdsi.org/DSI-Services/Define-AI/Use-Cases/Prioritization-of-Exams-on-the-Worklist>

**RECORD RETENTION AND DESTRUCTION: N/A**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. DI timeliness for critical results



Supersedes: v.4 Diagnostic Imaging - Patient Priority



## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| Title: Fern Testing                                    |                                     |                                    |
| Owner: POCT LEAD                                       |                                     | Department: Laboratory             |
| Scope: Rural Health Women’s Clinic, Labor and Delivery |                                     |                                    |
| Date Last Modified: 09/23/2024                         | Last Review Date: No Review<br>Date | Version: 3                         |
| Final Approval by: NIHD Board of Directors             |                                     | Original Approval Date: 03/15/2017 |

### I. PURPOSE

The fern test detects the leakage of amniotic fluid. Premature rupture of membranes (ROM) can lead to fetal infection and subsequent mortality. Detection of membrane rupture and induced labor can eliminate this risk.

### II. PRINCIPLE

The fern test is based upon the ability of amniotic fluid to form a microscopic crystalline pattern suggestive of fern leaves when the fluid specimen is allowed to air dry on a glass slide. The phenomenon is due to the interaction of high concentrations of electrolytes and protein in amniotic fluid relative to other fluids that may be present in the posterior vagina.

### III. SCOPE

The procedure is performed in the perinatal department by physicians, mid-level practitioners and registered nurses (RN) who have been trained and maintain competency in this moderately complex procedure.

### IV. REAGENTS, EQUIPMENT AND MATERIALS

1. Gloves
2. Sterile vaginal speculum, optional
3. Sterile swab
4. Microscope
  - a. Care of the microscope provided for fern testing is important but also quite simple:
    - i. Cover the microscope when not in use primarily to protect the objectives and oculars from dust accumulation
    - ii. Clean the objective lens following each use with the lens cleaner and lens paper provided; NOTE: Do not use a dry cloth, “Kleenex” or gauze when cleaning the lens; this will generally scratch the sensitive glass surfaces
    - iii. Keep the 10x objective lens free from oil at all times
  - b. Weekly maintenance of the microscope by competent staff:
    - i. Clean dust in microscope area
    - ii. Clean oculars with lens cleaner and lens paper provided; dry with a clean, dry lens paper
    - iii. Clean stage with a suitable cleaner, e.g. tissue wipes moistened with deionized water or alcohol wet wipes, then dry with tissue wipes
    - iv. Clean condenser with lens paper and lens cleaner provided, then dry condenser with dry piece of lens paper

- v. Record date and initial of person who performed maintenance on the microscope maintenance log
- vi. Laboratory director or designee will review and sign the microscope maintenance log monthly
- vii. Maintenance logs will be kept for a minimum of two years
- c. Annual inspection/Preventative maintenance (PM) of the microscope by a specialist will be arranged by the laboratory
  - i. Document action taken with date and signature of authorized personnel
  - ii. Inspection/PM records are kept for a minimum of five years
- d. Repairs:
  - i. Necessary repairs will be performed by a service professional
  - ii. Document action taken with date and signature of authorized personnel
  - iii. Repair records will be kept for a minimum of five years
- 5. Clean microscope slide -- do NOT leave fingerprints on slide; this can cause a false positive
- 6. Commercial lens paper and lens cleaner
- 7. Tissue wipes, e.g. Kimwipes
- 8. Biohazard container

## V. QUALITY CONTROL

1. This provider-performed microscopy procedure (PPMP) is classified as “moderately complex”. Control materials are not available to monitor the entire testing process. Testing personnel are required to maintain competency.
2. To confirm the tester’s ability to recognize the ferning crystallization pattern characteristic of dried amniotic fluid a second trained and competent RN examines the dried smear. Results of both RNs must agree and are recorded on the patient log.

## VI. SPECIMEN

1. Acceptable specimens
  - a. Fresh vaginal pool samples collected with a sterile swab according to procedure and labeled with patient name, date of birth, date/time collected and initials of collector
2. Unacceptable specimens
  - a. Samples over one hour old
  - b. Unlabeled specimens
  - c. Specimens contaminated by blood, urine, cervical mucus, semen or alkaline antiseptic solutions -- these contaminants may cause false positive results (Note, the presence of meconium indicates ruptured membranes)
  - d. Specimens contaminated with lubricant or antiseptic
  - e. Specimens collected over 24 hours since rupture -- may cause false negative results
  - f. Specimens collected when volume of leakage is small -- may cause false negative result
3. Storage
  - a. For best results, test specimen as soon as possible after collection
  - b. Keep at room temperature until testing
4. Collection
  - a. Check patient ID by confirming two identifiers
  - b. Explain procedure to patient
  - c. Collect specimen according to Lippincott procedure

- d. Label the swab container with patient name and date of birth, date/time of collection and collector's initials

## **VII. PROCEDURE**

1. Smear a thin layer of the fluid obtained on the center portion of a clean glass microscope slide; be sure the layer is thin; spread evenly
2. Allow the slide to air dry for at least 5 – 7 minutes; do not wave or blow on the slide and do not apply heat to assist in drying
3. Using a microscope, examine the dried smear under low power without a cover slip
4. If ferning is difficult to locate, examine all fields on the slide thoroughly

## **VIII. RESULTS REPORTING**

1. Positive = If present, the amniotic fluid crystallizes to form a fern-like pattern due to the relative concentrations of sodium chloride, proteins, and carbohydrates in the fluid
  2. Negative = absence of a fern pattern indicates the absence of amniotic fluid and ROM
- Recording of Results:
    - A. Record the presence of “ferning” or “no ferning” on the “Fern Test Patient Log” with the patient's name, date of birth, date of testing, initial of testing personnel and QC results
    - B. Record the presence of “ferning” or “no ferning” on the patient's medical record chart
    - C. Include the date/time, and name of person performing the test

## **IX. TRAINING AND COMPETENCY**

All testing personnel are trained and evaluated for competency on the fern test including pre-analysis, analysis and post-analysis components. When new test methodology or instrumentation is instituted, employees are retrained and reevaluated. The Point of care (POC) coordinator and department supervisor will develop a program for competency assessment and acceptability standards based on the training protocol, procedure manual, and departmental policies. Supervisors and managers will evaluate common group deficiencies, review current policies and procedures and take corrective action to improve performance.

### **A. Training and Orientation**

1. All trainees will read the policy and procedure
2. Orientation/Training on the test system will be provided through demonstration
3. Successful orientation will be evaluated by use of a written test and initial competency assessment
4. Training will be provided by competent training staff
5. Personnel qualified to perform training is clinical staff with at least 1 year experience in fern testing and documented training and competency
6. Orientation and training is documented on a training checklist and filed in the POC department and kept for a minimum of 3 years; a copy of the document(s) is placed in employee personnel file

### **B. Competency**

Competency for fern testing is assessed at the time of orientation, followed by a 6 month and 12 month evaluation and annually thereafter or as needed.

1. Competency for fern testing is assessed using all of the following six methods:

- a. Direct observation of routine patient test performance, including patient preparation, specimen handling, processing and testing
  - b. Monitoring recording and reporting of test results
  - c. Review of worksheets, QC records and preventative maintenance records
  - d. Direct observation of performance of microscope maintenance and function checks
  - e. Assessment of test performance through testing external PT samples or testing previously analyzed specimens (blind testing)
2. Assessment of problem solving skills by use of a written test
  3. Independent performance with no to little additional support is considered successful
  4. Successful performance is equal to or greater than 80% correct for the written test
  5. Competency is assessed by a qualified designee
  6. Personnel qualified to observe and assess competency are competent clinical staff with at least 1 year experience in fern testing
  7. Observed competency is documented on a competency checklist and filed in the POC department and kept for a minimum of 3 years; a copy of the document(s) is placed in employee personnel file

### **C. Online Competency**

NIHD's POC department utilizes an on-line competency challenge program hosted by the University of Washington. A link to this program along with additional instructions on how to log into the program is sent via email by the POC team. There are approximately five questions and 80% of the questions must be answered correctly to pass.

### **D. Proficiency testing**

The POC department contracts with the Wisconsin State Laboratory of Hygiene (WSLH), a CMS approved proficiency testing program that meets regulatory requirements for variety and frequency of testing. Proficiency testing will be conducted bi-annually and consists of two images (paper and online version).

1. Proficiency samples are rotated among testing staff who perform patient testing
2. Testing personnel tests the proficiency samples the same way that patient samples are tested
3. The staff who perform the proficiency testing and the medical director and/or technical coordinator sign attestations documenting that proficiency samples were tested in the same manner as patient specimens
4. Testing personnel reports proficiency sample results the same way that patient samples are reported
5. Proficiency records are kept for 3 years; proficiency performance evaluations are kept for 5 years
6. A failure is unsuccessful performance in an event and warrants an investigation using the "Proficiency Testing Checklist for Corrective Action"; the investigation is documented and records are kept for 5 years

### **E. CORRECTIVE ACTION**

Retraining and reassessment of employee competency must occur when problems are identified with employee performance.

#### **A. Criteria for Remediation**

Authorized training staff will perform remedial training for the following reasons:

1. When testing personnel fails an assigned proficiency test(s)

2. When deficiencies are being observed during competency assessment; this will be at the discretion of the authorized preceptor
3. When deficiencies are being observed during routine patient testing; this will be at the discretion of the supervisor
4. When an individual fails to comply repeatedly with testing and/or QC requirements
5. When testing staff is non-compliant with regulatory requirements after reasonable attempts of contact have been made by the supervisor and/or POC staff

#### B. Retraining and Reassessment

After determination that remediation is required, the following process will be initiated:

1. Department supervisor and/or director of nursing will be notified that individual will require retraining and that he/she is prohibited to perform fern testing until remediation is complete
2. Competent staff will review data and determine if instrument malfunction may have contributed to the problem
3. Authorized training staff will conduct remediation training that will include:
  - a. Review of test procedure
  - b. Review of QC logs to determine if staff performs QC correctly
  - c. Observation of specimen collection
  - d. Observation of specimen testing; if possible this will be done using specimens that the trainer observed the testing staff collect
  - e. Successful completion of a written test
  - f. Remediation will be documented and filed in the POC department and kept for a minimum of 3 years; a copy of the document(s) is placed in employee personnel file

#### C. Non-compliance

When it has been determined that staff is non-compliant with scheduling remediation the following steps will be taken:

1. Notification of department supervisor, director of nursing and/or compliance officer that the individual may not perform fern testing effective immediately
2. Privileges to perform testing will be revoked until staff has complied with retraining requirements

## X. REFERENCES

1. Addison, Lois Anne. Laboratory Medicine, July 1999. P.451
2. University of New Mexico Health Sciences Center, Fern Test Procedure
3. UCSF POC Fern Test Procedure, June 2013
4. "Amniotic Fluid Fern Testing"; Family Birthing Suites – the Finley Hospital, 20040515 S. Raymond; United Clinical Laboratories Technical Director/CIO January 1, 2007 (HR.3.10 in the Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing)

|                              |
|------------------------------|
| Supersedes: v.2 Fern Testing |
|------------------------------|



## NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY

|  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| Title: NIHD Recruitment and Selection - Education and Experience Equivalency |                                     |                             |
| Owner: Human Resources Manager   |                                     | Department: Human Resources |
| Scope:   |                                     |                             |
| Date Last Modified:<br>11/08/2024  | Last Review Date: No<br>Review Date | Version: 1                  |
| Final Approval by: NIHD Board of Directors                                   |                                     | Original Approval Date:     |

**PURPOSE:**

The purpose of this policy is to provide guidance and outline the definitions and processes of application evaluation, and experience and education rating, during the recruitment and selection process at Northern Inyo Healthcare District (NIHD). This policy covers applications submitted for all recruitments managed by the department of Human Resources, and had no bearing or impact on any wage discussion or calculations.

**DEFINITIONS:**

Recruitment – the act of searching for or finding candidates to fill a vacant position.

Candidate – a person who has submitted a hiring application for a vacancy posted by NIHD

Job Description – a written document that outlines essential requirements and responsibilities of a position. All positions in the District must have an accompanying job description.

Experience – a candidates provided work history that is most relevant or related to the position they have submitted an application to.

Education – a candidates provided school history that is most relevant or related to the position they have submitted an application to. Education may consist of any level of schooling from K-12 to graduate school, trade school, professional licensure or certificate programs, or any other program that prepares attendees for employment after completion.

Screening – reviewing a candidate’s application, resume, and any additional provided information to ensure a candidate meets the minimum requirements for a vacancy.

Application Rating Tool – a tool utilized in application screening. The screener will assign a point value to the minimum and preferred qualifications of a position based on the job description and evaluate an applicant’s education, experience and certifications against said qualifications to obtain a score for passage or failure of the application on to interviews.

**POLICY:**

Northern Inyo Healthcare District is committed to ensuring all stages of recruitments, including the application evaluation stage, are conducted in a fair and appropriate manner, consistent with all Federal and State regulations the District is required to follow. The Human Resources Department is responsible for overseeing the recruitment and selection process at NIHD These procedures and processes will be reviewed regularly, and may be amended due to changes in regulations, recommendation of legal counsel, or under other circumstances, as needed.

In order to maintain consistency in practices, the information in this document is intended to provide guidance to any persons screening applications to determine if a candidate has achieved the minimum qualifications as provided in a

vacancies job description. Candidate qualification met through equivalent exchange of education and experience will be treated with the same weight as qualifications met through requirements as provided in the vacancy job description, but will not have any additional weight during hiring wage calculations.

If a candidate meets the position requirements for both education and experience without exchanging one for the other, no substituted education or experience will be applied.

**Experience:**

All experience provided by a candidate that is within the same field, and carries the same or similar title, and/or scope of duties and responsibilities is considered directly related experience. Any duration of directly related experience will be credited towards any qualification for the vacant position at an equal duration.

All experience provided by a candidate that is within the same or a related field that has related, transferrable knowledge or skills, but does not have the same title, duties, and/or responsibilities, is considered generally related experience. Any duration of general related experience will be credited towards any qualification at a prorated duration, dependent upon the duties, responsibilities, and transferability of skills and knowledge to the vacant position.

All experience provided by a candidate that is not within the same or a related field and is not similar or has no transferrable skills to the vacancy is considered unrelated experience. Unrelated experience is not considered nor credited towards any qualification for the vacant position.

For candidates who have not obtained the required level of education, directly related experience in excess of the minimum required may be substituted for the education requirements. Generally related experience and unrelated experience may not be used to substitute education requirements. The substitution may be considered at the following levels:

| <u>Directly Related Experience</u> | <u>Education Requirement</u>                         |
|------------------------------------|--|
| <u>2 years</u>                     | <u>Associate's Degree (A.A., A.S., A.A.S., etc.)</u> |
| <u>4 years</u>                     | <u>Bachelor's Degree (B.A., B.S., B.S.N., etc.)</u>  |
| <u>6 years</u>                     | <u>Master's Degree (M.A., M.S., M.P.H., etc.)</u>    |

For positions that require license or certification, there will be no accepted equivalent experience credit for any education required to obtain the required license or certification. For example, a graduate degree may be required to obtain a state license for a position, a bachelor's degree and enhanced experience will not be accepted in lieu of a graduate degree as the required license would be unobtainable under that circumstance.

**Education:**

Education provided by a candidate that is within the same or a closely related field is considered relevant education.

Any relevant education provided by a candidate that is in excess of the required education may be deemed as equivalent to experience, and substituted as such. If a candidate has multiple degrees or certifications in excess of any requirements, only the highest level of education will be considered and applied as a substitution.

The substitution may be considered at the following levels:

| <u>Education</u>  | <u>Experience Credit</u>                                  |
|---|---|
| <u>Associate's Degree (A.A., A.S., A.A.S., etc.)</u>      | <u>1 year</u>   |
| <u>Bachelor's Degree (B.A., B.S., B.S.N., etc.)</u>       | <u>2 years</u>  |
| <u>Master's Degree (M.A., M.S., M.P.H., etc.)</u>         | <u>3 years</u>  |
| <u>All Doctorates (Ph.D., Ed.D., J.D., D.Chem., etc.)</u> | <u>4 years</u>  |
| <u>Vocational training/certification</u>                  | <u>Dependent upon position and training/certification</u> |

**REFERENCE:**



**RECORD RETENTION AND DESTRUCTION:**

HR Records, including those relating to hiring, will be held for the life of employment or duration of the hiring process, plus 6 years

**CROSS REFERENCE POLICIES AND PROCEDURES:**

NIHD Recruitment and Selection

Supersedes: Not Set

Approval



## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

|  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| Title: Workplace Violence Prevention - Guidelines for Handling Threats or Violent Situations |                                     |                             |
| Owner: Chief Human Resources Officer   |                                     | Department: Human Resources |
| Scope: District Wide   |                                     |                             |
| Date Last Modified: 11/19/2024   | Last Review Date: No Review<br>Date | Version: 1                  |
| Final Approval by: NIHD Board of Directors   |                                     | Original Approval Date:     |

### **PURPOSE:**

This document summarizes guidelines for employees, volunteers, contractors, physicians and other members of the medical staff on what to do in case of threats or acts of workplace violence.

### **POLICY:**

The purpose of this policy and procedure is to support a workplace in which violent situations are effectively addressed with a consistent procedure

Northern Inyo Healthcare District (District) is committed to providing a safe and healthful work environment for the District's patients, visitors, employees, volunteers, contractors, suppliers, members of the medical staff and members of the public. The District does not accept any act of violence or any threat of violence that occurs on District property. This prohibition against threats or acts of violence applies to all District patients, visitors, employees, volunteers, members of the medical staff, contractors, suppliers, and members of the public.

### **PROCEDURE:**

1. Identifying and responding to threatening or violent individuals.
  - a. Identify potentially violent individuals.
    - i. Screening should be done by patient care workforce members using approved screening tools.
    - ii. Members of the NIHD workforce will be trained per the Workplace Violence Prevention Plan to be able to identify individuals who are potentially violent.
    - iii. If an individual who identified as violent is a patient, this must be notated on any official documentation, including patient medical records, to alert others in the workforce.
    - iv. Environmental indicators will be used to alert workforce members who are not approved to access patient records or other patient documentation.
    - v. When environmental indicators are in use, members of the workforce must speak with the Charge Nurse or House Supervisor on duty for departments inside the hospital building, or a department leader for any departments or clinics outside the hospital building, before entering the room or engaging with a patient identified as a risk.
    - vi. Individuals who are patients of the district and have been repeatedly identified as potentially violent, or repeatedly exhibited violent behaviors may have additional notation on any official documentation to alert others in the workforce

b. Manage potentially or actively violent individuals:

- i. Members of the NIHD workforce will be trained per the Workplace Violence Prevention Plan to be able to act in situations with potentially or actively violent individuals.
- ii. Members of the NIHD workforce will be trained in the district Rainbow Chart and responses to each of the codes therein, including those pertaining to aggressive or violent patient;
- iii. Members of the NIHD workforce will be encouraged to follow district procedures, and call Security or Emergency Services if confronted with a potentially violent situation, not try heroic action to subdue the individual, and to separate the person from patients, if possible.
- iv. Patients who are repeatedly or exceptionally violent towards members of the district workforce may be refused all medical care excepting emergency medical care by the District or be referred to a provider or facility not associated with the District, per District practice and in compliance with all relevant local, state, and/or federal regulations.

c. If violence does erupt:

- i. Know how to protect yourself (e.g. block a punch).
- ii. Do not become the aggressor.
- iii. Stay out of range of a violent person's hands and feet, or any aid, device, or personal item that can extend the reach of the violent person.
- iv. Do not attempt to subdue the person.
- v. Keep patients away from the incident.
- vi. Per the Workplace Violence Prevention Plan, any incident of workplace violence will be investigated, and include debriefing with the effected workforce members.
- vii. Per the Workplace Violence Prevention Plan, any District employee involved in or effect by a workplace violence incident will be offered EAP and other assistance post-incident.

2. Procedure for Responding to Telephone or Written Threats

Members of the NIHD workforce will be trained to always report violent threatening or harassing behavior.

a. Telephone threats

- i. Employees are to notify their supervisor immediately. Note the time, date and telephone number at which the threat was received.
- ii. If the threat is a Bomb Threat, refer to the Rainbow Chart.
- iii. If the threat involves an imminent act of violence, employees must report it immediately by dialing 2400 or 71 to overhead page. Admission Staff who answer 2400 will notify Security and call any relevant or necessary codes.
- iv. If the threat is not imminent, the employee must report it to Security and their supervisor.
- v. The supervisor or Department Leader will complete an Unusual Occurrence Report (UOR) via the NIHD electronic system. During downtime, Workplace Violence Incident Report Form shall be used.

- b. Written Threats (including online or through social media outlets)
  - i. Employees must inform their supervisor immediately. Handle the written material as little as possible. Place the written material and the envelope into a larger envelope. Note the names of anyone who handled the material after it arrived.
  - ii. Follow same steps as in telephone threats referenced above in Sections 2(i)(a) – 2(i)(e).

### 3. Procedure for Reporting Workplace Violence

- a. All employees, volunteers, contractors, physicians and other members of the medical staff are required to report immediately, any acts of or threats of violence to their supervisor, Department Head, House Supervisor, Chief, AOC, CEO, Security, or law enforcement via 9-911.
  - i. A UOR must be completed.
  - ii. No employee will be disciplined, discharged or retaliated against for reporting any threats or acts of violence.

### b. Intimate Partner Violence

- i. Employees, volunteers, contractors, physicians and other members of the medical staff are encouraged to notify Human Resources if they are the victims of intimate partner violence or observe it occur in the workplace. Any such reports will be kept confidential.
- ii. If an employee, volunteer, contractor, physician and other members of the medical staff obtains a restraining order against another person and informs their Department Head or Human Resources, a description of the individual and a copy of the restraining order will be filed in Human Resources and shared appropriately to ensure a safe work environment.

### 4. Procedure for Injury from acts of Workplace Violence

- a. Employees should obtain medical treatment, if needed, as soon as possible at the Emergency Department;
- b. Once treatment has been received, employees must complete any work injury forms;
- c. Either the employee or their department leadership must report the injury to Human Resources, either through direct contact or utilizing the UOR system.

#### **REFERENCES:**

Workplace Violence Prevention in Health Care Regulation (Title 8, CCR, Section 3342)

The Joint Commission Standards: EC.01.01.01, EC.02.01.01, EC.02.06.01, EC.03.01.01, and EC.04.01.01

#### **RECORD RETENTION AND DESTRUCTION:**

Human Resources records, including those relating to investigations, will be maintained for the life of employment, plus 10 years.

Records of Workplace Violence Prevention Training will be kept 6 years.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

[Workplace Violence Prevention Plan](#)

[Emergency Paging System](#)

Supersedes: Not Set

Approval