

# Board Packets

## December 21, 2022 Regular Board Meeting

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## Chair's Statement

Before starting tonight's meeting I would like to read a statement regarding the emerging information about our deteriorating financial status, which was reported to the Board at our last regular meeting.

We board members are very concerned about the information our CFO shared, and are committed to turning over every stone to identify the problems and their solutions. In that regard, we are committed to transparency in identifying solutions and promptly taking what corrective actions are required.

The board has directed the Interim CEO to immediately undertake an examination of the underlying causes of our financial instability and take what remedial actions are required in a timely manner.

Lastly, as we deliberate on the selection of our new permanent CEO, we will ensure that that individual selected will further what corrective initiatives are required to ensure the financial stability of the District is ensured.

Thank you.



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

**December 21, 2022 at 5:30 p.m.**

Northern Inyo Healthcare District invites you to join this meeting:

**TO CONNECT VIA ZOOM:** *(A link is also available on the NIHD Website)*  
<https://zoom.us/j/213497015?pwd=TDIiWXRuWjE4T1Y2YVFWbnF2aGk5UT09>  
Meeting ID: 213 497 015  
Password: 608092

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

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

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1. Call to Order (at 5:30 pm).
2. **Public Comment:** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. Reports from Board Members (*Board will provide this information*)
4. New Business:
  - A. Election of Board Officers for Calendar Year 2023 (*Board will appoint Board Officers for the calendar year, 2023*)
  - B. District Board Resolution 22-20, Self-Correction Resolution (*Board will consider approval of this resolution*)
  - C. Update on Zone 3 Board Member Appointment (*Board will Receive this information*)

D. Chief Executive Officer Report (*Board will receive a report from the CEO*)

E. Chief Financial Officer Report

- a. Appointment of Finance & Audit Committee (*Board will consider appointment of this committee*)
- b. Financial & Statistical Reports (*Board will receive and consider accepting this report*)
- c. Financial Turn Around Status Report (*Board will receive this report*)

5. Chief of Staff Report, Sierra Bourne MD:

A. Medical Staff Reappointments (*Board will consider the approval of these Medical Staff Reappointments*)

1. Akinapelli, Abhilash MD (*Cardiology*) - Telehealth
2. Amsalem, David MD (*Emergency Medicine*) - Active
3. Arndal, Lara Jeanine MD (*OBGYN*) - Active
4. Boo, Thomas MD (*Family Medicine*) - Active
5. Bourne, Sierra MD (*Emergency Medicine*) - Active
6. Chiang, George MD (*Urology*) - Courtesy
7. Cromer-Tyler, Robbin MD (*General Surgery*) - Active
8. Drew, Tracy FNP (*Family Practice*) - APP
9. Efros, Kevin MD (*Anesthesiology*) - Active
10. Engblade, Joy MD (*Internal Medicine*) - Active
11. Gasior, Anne MD (*Family Medicine/Pediatrics*) - Active
12. Goshgarian, Anne MD (*Addiction Medicine*) - Active
13. Jeppsen, Samantha MD (*Emergency Medicine*) - Active
14. Joos, Jennifer PA-C (*Family Practice*) - APP
15. Kip, Katrinka MD (*Cardiology*) - Telehealth
16. Landrito, Earl MD (*Radiology*) - Courtesy
17. Leja, Catherine MD (*Family Medicine*) - Active
18. Loy, Bo MD (*Orthopedic Surgery*) - Active
19. Loy, Tamara PNP (*Pediatric Nurse Practitioner*) - APP
20. Ludwick, Joseph MD (*Cardiology*) - Telehealth
21. Mandal, Atashi MD (*Internal Medicine*) - Active
22. McEvoy, Colleen PNP (*Pediatric Nurse Practitioner*) - APP
23. Mehrens, Monika DO (*Internal Medicine*) - Active
24. Miranda, Bridget FNP (*Family Nurse Practitioner, Urology*) - APP – Telehealth

25. Morgan, Jayson MD (*Cardiology*) - Telehealth
26. Nelson, Bradley MD (*Cardiology*) - Telehealth
27. Olson, Cheryl MD (*Breast Surgery*) - Courtesy
28. Radulescu, Vlad MD (*Cardiology*) - Telehealth
29. Robinson, Allison MD (*General Surgery*) - Active
30. Robinson, Mark MD (*Orthopedic Surgery*) - Active
31. Schneider, Jeanette MD (*Psychiatry*) - Consulting
32. Schunk, Stefan MD (*Internal Medicine*) - Active
33. Sharma, Uttama MD (*Family Medicine*) - Active
34. Siddiqi, Saif MD (*Radiology*) - Telehealth
35. Tang, Andrew MD (*Internal Medicine*) - Courtesy
36. To, Thomas-Duythuc MD (*Cardiology*) - Telehealth
37. Wiedenbeck, Troy MD (*Cardiology*) - Telehealth
38. Yolken, Mara NP (*Adult Nurse Practitioner*) - APP

B. Medical Staff Appointments (*Board will consider the approval of these Medical Staff Appointments*)

1. Mary Cheffers, MD (*emergency medicine*) – Courtesy Staff
2. Lisa Kay Manzanares, DO (*family medicine*) – Active Staff
3. Ryan Raam, MD (*emergency medicine*) – Courtesy Staff
4. Todd Schneberk, MD (*emergency medicine*) – Courtesy Staff

C. Medical Staff Resignations (*Board will consider the approval of these Medical Staff Resignations*)

1. Casey Graves, MD (*emergency medicine*) – effective 10/26/2022.
2. Peter Verhey, MD (*radiology*) – effective 10/25/2022.

D. Policies (*Board will consider approval of these policies*)

1. *Management of the Behavioral Health Patient (5150 and non-5150)*
2. *Mandated Reporting: Child Abuse/Neglect; Dependent Adult/Elder Abuse; Injury by Firearm or Assault/Abuse*

E. Medical Executive Committee Report (*Board will receive this report*)

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***Consent Agenda***

***All matters listed under the consent agenda are considered routine and will be enacted by one motion unless any member of the Board wishes to remove an item for discussion.***

6. Approval of District Board Resolution 22-21, to continue to allow Board meetings to be held virtually (*Board will consider the adoption of this District Board Resolution*)

7. Approval of minutes of the November 7, 2022 Special Board Meeting (*Board will consider the approval of these minutes*)
8. Approval of minutes of the November 16, 2022 Regular Board Meeting (*Board will consider the approval of these minutes*)
9. Approval of minutes of the November 16, 2022 Special Board Meeting (*Board will consider the approval of these minutes*)
10. Approval of the minutes of the December 2, 2022 Special Board Meeting (*Board will consider the approval of these minutes*)
11. Approval of the Minutes of the December 14, 2022 Special Board Meeting (*Board will consider the approval of these minutes*)
12. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures*)
  - A. *De-Escalation Team*
  - B. *Pension Funding Policy and Procedure*

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13. Public comments on closed session items.

14. Adjournment to Closed Session to/for:

- a. Conference with Labor Negotiators, District Designated Representatives: Interim CEO and HR Director; Employee Organization: AFSCME Council 57 (pursuant to Government Code Section 54957.6)
- b. Conference with Legal Counsel- Anticipated Litigation. Gov't Code 54956.9(d) (2). Number of potential cases: (1)

15. Return to open session and report on any actions taken in closed session.

16. Adjournment

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

**NORTHERN INYO HEALTHCARE DISTRICT BOARD RESOLUTION 22-20**

**RESOLUTION OF THE PLAN ADMINISTRATOR  
OF THE NORTHERN INYO HEALTHCARE DISTRICT 401(a) PLAN**

**CONFIRMATION OF SELF-CORRECTION OF  
INSIGNIFICANT AND SIGNIFICANT OPERATIONAL FAILURES UNDER  
THE EMPLOYEE PLANS COMPLIANCE RESOLUTION SYSTEM**

RECITALS:

Northern Inyo Healthcare District (District) established the Northern Inyo Healthcare District 401(a) Plan (Plan), effective as of January 1, 2013, and the Plan was most recently amended and restated effective as of January 1, 2016;

The Plan is intended to be a defined contribution plan that meets the requirements of section 401(a) of the Internal Revenue Code of 1986, as amended (Code);

The District is the Plan's administrator (Plan Administrator) and has the authority and responsibility to manage and direct the operation and administration of the Plan;

The Plan allows for discretionary employer contributions (District Contributions). The allocation method for the District Contribution is non-integrated, allocated in the same ratio as each participant's compensation bears to the total of such compensation of all participants. To be eligible to participate in the Plan and receive the District Contribution, an employee must have attained age 21 and completed one year of service and is not eligible to participate in the District's defined benefit pension plan. The current District Contribution rate is 7% of a participant's annual compensation;

The plan year is a calendar year;

During 2019, as result of a change in staff responsible for administration of the Plan, there were 4 new employees who were eligible to be enrolled in the Plan, but were inadvertently not enrolled and did not receive a share of the District Contributions in the amount of \$16,892.87 (Error #1);

During 2020, during a period of transition to a new vendor, the District Contributions were not contributed and allocated to 261 participants in the amount of \$1,180,907.48 (Error #2);

The Plan Administrator has consulted with the Plan's employee benefits counsel and has been advised that the Error #1 and Error #2 (collectively "Errors") are Operational Failures and could be corrected under a correction program established by the Internal Revenue Service (IRS) under the IRS Employee Plans Compliance Resolution System (EPCRS), more fully described in IRS Revenue Procedure 2021-30 (Rev. Proc. 2021-30);

Section 5.01(2)(b) of Rev. Proc. 2021-30 defines "Operational Failure" as a Qualification Failure (other than a District Eligibility Failure) that arises solely from the failure to follow plan provisions;

Section 6 of Rev. Proc. 2021-30 sets forth general rules and correction principles.

Section 6.02(1) of Rev. Proc. 2021-30 provides that "the correction method should restore the plan to the position it would have been had the failure not occurred, including restoration of current and former participants and beneficiaries to the benefits and rights they would have had if the failure had not occurred";

Section 6.02(2) of Rev. Proc. 2021-30 provides that "the correction method should be reasonable and appropriate for the failure";

Section 6.02(4)(a) of Rev. Proc. 2021-30 provides that "corrective allocations under a defined contribution plan should be based upon the terms of the plan and other applicable information at the time of the failure (including the compensation that would have been used under the plan for the period with respect to which a corrective allocation is being made) and should be adjusted for earnings and forfeitures that would have been allocated to the participant's account if the failure had not occurred. However, a corrective allocation is not required to be adjusted for losses";

Section 3 of Appendix B of Rev. Proc. 2021-30 provides examples of the earnings adjustment methods that could be used by the District and provides that the earnings rate generally is based on the investment result that would have applied to the corrective contribution if the failure had not occurred and would be based on the rate applicable to an employee's investment choices. If it is not feasible to make a reasonable estimate, a reasonable rate may be used and the interest rate by the Department of Labor's VFCP Online Calculator is deemed to be a reasonable rate;

Section 4.01(a) of Rev. Proc. 2021-30 states that Qualified Plans are eligible for self-correction (SCP) with respect to Insignificant Operational Failures;

Section 8 of Rev. Proc. 2021-30 permits the self-correction of Insignificant Operational Failures at any time and provides factors to be considered in determining whether an Operational Failure under a plan is insignificant;

Section 4.01(a) of Rev. Proc. 2021-30 states that Qualified Plans are eligible for SCP with respect to Significant Operational Failures only if the correction of the failure is completed or substantially completed by the last day of the third plan year after the plan year in which the error occurred;

Part IV of Rev. Proc. 2021-30 permits employers to make corrections of eligible Insignificant Operational Failures and eligible Significant Operation Failures in their qualified retirement plans without notice to the IRS and without penalty or the payment of



a fee, thereby avoiding the disqualification of their plans because of such Operational Failures;

In order to be eligible for the relief offered under the SCP, section 4.04 of Rev. Proc. 2021-30 requires that the District or administrator has established practices and procedures reasonably designed to promote and facilitate overall compliance in form and operation with applicable Code requirements and that they must have been in place and routinely followed, but through an oversight or mistake in applying them, or because of an inadequacy in the procedures, Operational Failures occurred;

The Plan Administrator had certain practices and procedures in place with respect to the Plan at the time the Errors occurred;

These practices and procedures were routinely followed, but through an oversight or mistake in applying them, or because of an inadequacy in the procedures, or as result of the transfer to the Plan to a new record-keeper the Errors occurred;

Through the adoption of internal controls and extensive discussion with its counsel, Best Best & Krieger, the Plan Administrator has developed a sharpened appreciation of, and attention to, the relevant practices and procedures that would prevent such Errors from re-occurring;

To the best of the Plan Administrator's knowledge and belief, the Plan is not "under examination" as defined in section 5.08 of Rev. Proc. 2021-30;

The Plan Administrator has determined on the basis of the above that Error #1 represents an Insignificant Operational Failure that could be corrected under SCP; and

The Plan Administrator has determined on the basis of the above that Error #2 represents a Significant Operational Failure that could be corrected under SCP as long as the correction is made on or before December 31, 2023.

For 2019, the total amount of contributions corrected was \$16,892.87 and the earnings allocated to the 2019 contributions was \$1,924.60;

For 2020, the total amount of contributions corrected was \$1,180,907.48 and the earnings allocated to the 2020 contributions was \$25,671.48;

The corrections for 2019 and 2020 were deposited to the participant accounts on June 10, 2022;

The earnings on the 2019 missed contributions were based on the Target Date Fund in which each of the participants would have been invested;

Because there was a loss in most of the funds in 2020, the Plan Administrator used the Department of Labor calculator to allocate earnings on behalf of each participant to correct the missed 2020 contributions; and

Each affected participant was notified of the correction of the Error in the participant's account.

NOW, THEREFORE, BE IT RESOLVED THAT:

Any actions taken by administrative personnel of the District with regard to the correction of the Insignificant Operational Failures and the Significant Operational Failures described in this resolution are hereby approved, ratified and adopted by the Plan Administrator; and

The appropriate administrative personnel of the District are hereby specifically authorized and directed to take any and all further actions they may deem necessary or appropriate to implement the actions taken and contemplated by these resolutions; and

The Plan Administrator hereby confirms and updates its practices and procedures with respect to the Plan's District Contribution allocation to eligible participants in accordance with the terms of the Plan so as to avoid any re-occurrence of such failures.

This resolution was adopted by the Plan Administrator on \_\_\_\_\_, 2022.

Executed \_\_\_\_\_, 2022.

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

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

**NORTHERN INYO HEALTHCARE DISTRICT  
RECOMMENDATION TO THE BOARD OF DIRECTORS  
FOR ACTION**

Title: **APPOINTMENT OF FINANCE AND AUDIT COMMITTEE**

Synopsis: It is recommended the Board of Directors make a motion to create a Finance & Audit committee that will be responsible for analyzing financial data and providing guidance and improvement strategies for audits.

Prepared by:

Autumn Tyerman on behalf of CFO,  
Stephen Del Rossi

NIHD Statistics

	Jul Totals			Aug Totals			Sept Totals			Oct Totals			Nov Totals			YTD FY 2023 Total		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
<b>Inpatient Days</b>																		
Total Patient Days	246	220		207	178		139	130		170	148		264	241		1,026	917	
Total Admits	93	77		76	62		62	56		75	60		93	79		399	334	
Total Discharges	90	76		81	66		60	54		73	57		90	77		394	330	
ADC (average daily census)	7.94	7.10		6.68	5.74		4.63	4.33		5.48	4.77		8.80	8.03			2.51	
ALOS (average length of stay)	2.65	2.86		2.72	2.87		2.24	2.32		2.27	2.47		2.84	3.05				
Inpatient Revenue		3,986,305			3,395,933			1,938,350			2,817,763			3,477,901			15,616,251	
Outpatient Revenue		11,474,649			12,619,549			11,643,340			12,337,627			12,582,796			60,657,961	
Total Hospital Revenue		15,460,954			16,015,482			13,581,689			15,155,390			16,060,697			76,274,212	
Clinic (RHC) Revenue		1,112,050			1,281,637			1,298,041			1,312,937			1,616,268			6,620,933	
Total Gross Revenue		16,573,004			17,297,119			14,879,730			16,468,327			17,676,965			82,895,144	
OP (Outpatient) Factor		3.88			4.72			7.01			5.84			5.08			5	
Adjusted Admissions		299			292			392			351			402			1,736	
Adjusted Patient Days		853			839			911			865			1,225			4,694	
Adjusted ADC		27.52			27.08			30.36			27.90			40.83			13.34	
<b>Patient Days by Financial Class</b>																		
Blue Cross	53	49	22.3%	60	41	23.0%	24	19	14.6%	40	26	17.6%	26	21	8.7%	203	156	17.0%
Commercial	18	17	7.7%	8	8	4.5%	8	7	5.4%	1	1	0.7%	20	20	8.3%	55	53	5.8%
Medicaid	5	5	2.3%	5	5	2.8%	3	3	2.3%	9	9	6.1%	-	-	0.0%	22	22	2.4%
Medi-Cal	34	24	10.9%	2	2	1.1%	9	9	6.9%	12	10	6.8%	32	22	9.1%	89	67	7.3%
Medi-Cal Managed Care	46	35	15.9%	21	14	7.9%	32	29	22.3%	24	20	13.5%	47	40	16.6%	170	138	15.0%
Medicare	86	86	39.1%	105	105	59.0%	58	58	44.6%	72	72	48.6%	129	129	53.5%	450	450	49.1%
Medicare Advantage	-	-	0.0%	3	3	1.7%	-	-	0.0%	3	3	2.0%	1	1	0.4%	7	7	0.8%
Self Pay	4	4	1.8%	3	-	0.0%	5	5	3.8%	9	7	4.7%	9	8	3.3%	30	24	2.6%
Veterans Administration	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
Worker's Compensation	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
<b>Admissions by Financial Class</b>																		
Blue Cross	16	13	16.9%	26	17	27.4%	14	11	19.6%	22	13	21.7%	17	13	16.5%	95	67	20.1%
Commercial	7	6	7.8%	4	4	6.5%	3	2	3.6%	1	1	1.7%	7	7	8.9%	22	20	6.0%
Medicaid	2	2	2.6%	2	2	3.2%	2	2	3.6%	2	2	3.3%	-	-	0.0%	8	8	2.4%
Medi-Cal	16	11	14.3%	2	2	3.2%	3	3	5.4%	7	5	8.3%	14	9	11.4%	42	30	9.0%
Medi-Cal Managed Care	23	16	20.8%	12	8	12.9%	18	16	28.6%	14	11	18.3%	20	16	20.3%	87	67	20.1%
Medicare	28	28	36.4%	27	27	43.5%	20	20	35.7%	24	24	40.0%	31	31	39.2%	130	130	38.9%
Medicare Advantage	-	-	0.0%	2	2	3.2%	-	-	0.0%	1	1	1.7%	-	-	0.0%	3	3	0.9%
Self Pay	1	1	1.3%	1	-	0.0%	2	2	3.6%	4	3	5.0%	4	3	3.8%	12	9	2.7%
Veterans Administration	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
Worker's Compensation	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
<b>Discharges by Financial Class</b>																		
Blue Cross	15	13	17.1%	28	18	27.3%	14	11	20.4%	19	10	17.5%	15	12	15.6%	91	64	19.4%
Commercial	7	6	7.9%	3	3	4.5%	4	3	5.6%	-	-	0.0%	5	5	6.5%	19	17	5.2%
Medicaid	2	2	2.6%	1	1	1.5%	2	2	3.7%	3	3	5.3%	-	-	0.0%	8	8	2.4%
Medi-Cal	13	9	11.8%	5	4	6.1%	2	2	3.7%	8	6	10.5%	14	9	11.7%	42	30	9.1%
Medi-Cal Managed Care	24	17	22.4%	12	8	12.1%	16	15	27.8%	14	10	17.5%	20	16	20.8%	86	66	20.0%
Medicare	28	28	36.8%	30	30	45.5%	20	20	37.0%	24	24	42.1%	31	31	40.3%	133	133	40.3%
Medicare Advantage	-	-	0.0%	2	2	3.0%	-	-	0.0%	1	1	1.8%	1	1	1.3%	4	4	1.2%
Self Pay	1	1	1.3%	-	-	0.0%	2	1	1.9%	4	3	5.3%	4	3	3.9%	11	8	2.4%
Veterans Administration	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
Worker's Compensation	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
<b>Surgery</b>																		
Surgeries - IP	29			30			6			13			17			95		
Surgeries - OP	105			97			74			119			112			507		
<b>Total Surgeries</b>	<b>134</b>			<b>127</b>			<b>80</b>			<b>132</b>			<b>129</b>			<b>602</b>		
Surgery Minutes - IP	1,788			1,424			418			829			1,049			5,508		
Surgery Minutes - OP	3,890			4,076			2,882			5,096			4,379			20,323		
C-Section Deliveries	7			7			2			4			4			24		
Anesthesia Minutes - IP	2,854			2,433			674			1,235			1,641			8,837		
Anesthesia Minutes - OP	6,144			6,373			4,765			7,920			6,754			31,956		
<b>Outpatient Visits **OP Visits Include: (Includes Observation, Imaging, Rehab, ED, Clinic)</b>																		
<b>Total Outpatient Visits</b>	<b>8,185</b>			<b>8,966</b>			<b>8,422</b>			<b>9,000</b>			<b>9,285</b>			<b>43,858</b>		

NIHD Statistics

	Jul Totals			Aug Totals			Sept Totals			Oct Totals			Nov Totals			YTD FY 2023 Total		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Blue Cross	2,690		32.9%	2,882		32.1%	2,728		32.4%	2,985		33.2%	3,255		35.1%	14,540		33.2%
Charity	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%
Client	105		1.3%	108		1.2%	98		1.2%	115		1.3%	45		0.5%	471		1.1%
Commercial	524		6.4%	563		6.3%	494		5.9%	490		5.4%	448		4.8%	2,519		5.7%
Indian Beneficiary	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%	39		0.1%
Medicaid	46		0.6%	53		0.6%	48		0.6%	39		0.4%	22		0.2%	536		1.2%
Medi-Cal	321		3.9%	286		3.2%	354		4.2%	367		4.1%	380		4.1%	2,858		6.5%
Medi-Cal Managed Care	1,248		15.2%	1,395		15.6%	1,327		15.8%	1,517		16.9%	1,701		18.3%	8,646		19.7%
Medicare	2,752		33.6%	3,168		35.3%	2,862		34.0%	2,975		33.1%	2,913		31.4%	11,827		27.0%
Medicare Advantage	122		1.5%	144		1.6%	140		1.7%	132		1.5%	127		1.4%	545		1.2%
Other	11		0.1%	10		0.1%	3		0.0%	12		0.1%	5		0.1%	41		0.1%
Self Pay	231		2.8%	208		2.3%	214		2.5%	232		2.6%	237		2.6%	910		2.1%
Veterans Administration	19		0.2%	14		0.2%	24		0.3%	20		0.2%	25		0.3%	199		0.5%
Worker's Compensation	116		1.4%	135		1.5%	130		1.5%	116		1.3%	127		1.4%	508		1.2%
<b>Clinic Visits</b>																		
<b>Rural Health Clinic Visits</b>	<b>2,249</b>			<b>2,562</b>			<b>2,431</b>			<b>2,708</b>			<b>2,957</b>			<b>12,907</b>		
Blue Cross	837		37.2%	921		35.9%	871		35.8%	1,046		38.6%	1,184		40.0%	4,859		37.6%
Charity	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%
Commercial	177		7.9%	189		7.4%	158		6.5%	165		6.1%	146		4.9%	835		6.5%
Medicaid	10		0.4%	9		0.4%	12		0.5%	10		0.4%	4		0.1%	45		0.3%
Medi-Cal	102		4.5%	89		3.5%	124		5.1%	117		4.3%	123		4.2%	555		4.3%
Medi-Cal Managed Care	348		15.5%	476		18.6%	448		18.4%	491		18.1%	600		20.3%	2,363		18.3%
Medicare	645		28.7%	745		29.1%	687		28.3%	741		27.4%	737		24.9%	3,555		27.5%
Medicare Advantage	25		1.1%	39		1.5%	22		0.9%	16		0.6%	27		0.9%	129		1.0%
Other	-		0.0%	-		0.0%	1		0.0%	-		0.0%	-		0.0%	1		0.0%
Self Pay	84		3.7%	72		2.8%	79		3.2%	97		3.6%	105		3.6%	437		3.4%
Veterans Administration	5		0.2%	3		0.1%	5		0.2%	3		0.1%	9		0.3%	25		0.2%
Worker's Compensation	16		0.7%	19		0.7%	24		1.0%	22		0.8%	22		0.7%	103		0.8%
<b>Total NIA Clinic Visits</b>	<b>1,493</b>			<b>1,693</b>			<b>1,623</b>			<b>1,689</b>			<b>1,850</b>			<b>8,348</b>		
Bronco Clinic Visits	-			4			40			39			35			118		
Internal Medicine Clinic Visits	358			436			389			357			425			1,965		
Orthopedic Clinic Visits	301			346			322			306			320			1,595		
Pediatric & Allergy Clinic Visits	456			528			528			613			641			2,766		
Specialty Clinic Visits	235			237			271			229			302			1,274		
Surgery Clinic Visits	100			109			39			105			86			439		
Virtual Care Clinic Visits	43			33			34			40			41			191		
<b>Total Clinics</b>	<b>3,742</b>			<b>4,255</b>			<b>4,054</b>			<b>4,397</b>			<b>4,807</b>			<b>21,255</b>		
<b>DI Exams</b>																		
Bone Density	40			46			51			32						169		
Computed Tomography	381			380			368			348						1,477		
General Diagnostic	879			935			896			893						3,603		
Magnetic Resonance Imaging	101			166			134			122						523		
Mammography	131			195			157			229						712		
Nuclear Cardiac	15			20			11			15						61		
Nuclear Medicine	12			8			11			8						39		
Ultrasound	343			347			363			340						1,393		
Vascular Ultrasound	58			62			54			48						222		
<b>Total Exams</b>	<b>1,960</b>			<b>2,159</b>			<b>2,045</b>			<b>2,035</b>			<b>4,807</b>			<b>8,199</b>		
<b>ED Visits</b>																		
ED Visits per day	28.97			25.32			25.80			26.87			32.97					
ED Visits - OP	841			739			727			787			933			4,027		
ED Visits - Admitted to IP	57			46			47			46			67			263		
ED Admits % of ED Visits	6.3%			5.9%			6.1%			5.5%			6.8%					
ED Left W/O Being Seen	11			5			5			4			4			29		
<b>Total ED Visits</b>	<b>898</b>			<b>785</b>			<b>774</b>			<b>833</b>			<b>989</b>			<b>4,279</b>		
Blue Cross	229		25.5%	155		19.7%	170		22.0%	200		24.0%	252		1,006			23.5%
Charity	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		-			0.0%
Commercial	94		10.5%	58		7.4%	69		8.9%	58		7.0%	51		330			7.7%
Medicaid	20		2.2%	18		2.3%	13		1.7%	11		1.3%	9		71			1.7%
Medi-Cal	88		9.8%	58		7.4%	70		9.0%	63		7.6%	76		355			8.3%
Medi-Cal Managed Care	189		21.0%	189		24.1%	173		22.4%	191		22.9%	302		1,044			24.4%

NIHD Statistics

	Jul Totals			Aug Totals			Sept Totals			Oct Totals			Nov Totals			YTD FY 2023 Total		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Medicare	181		20.2%	204		26.0%	185		23.9%	230		27.6%	214		1,014		23.7%	
Medicare Advantage	20		2.2%	15		1.9%	18		2.3%	8		1.0%	16		77		1.8%	
Other	-		0.0%	-		0.0%	1		0.1%	2		0.2%	2		5		0.1%	
Self Pay	58		6.5%	54		6.9%	53		6.8%	47		5.6%	45		257		6.0%	
Veterans Administration	3		0.3%	3		0.4%	4		0.5%	4		0.5%	3		17		0.4%	
Worker's Compensation	16		1.8%	31		3.9%	18		2.3%	19		2.3%	19		103		2.4%	
<b>Outpatient Nursing Visits</b>																		
Infusion	157			180			123			133			140		733			
Injection	54			57			53			52			56		272			
Multiple Services	1														1			
Wound Care	49			62			68			60			55		294			
<b>Total OP Nursing Visits</b>	<b>261</b>			<b>299</b>			<b>244</b>			<b>245</b>			<b>251</b>		<b>1,300</b>			
Blue Cross			0.0%			0.0%			0.0%			0.0%	44		17.5%	44.00		3.4%
Charity			0.0%			0.0%			0.0%			0.0%	-		0.0%	-		0.0%
Commercial			0.0%			0.0%			0.0%			0.0%	10		4.0%	10.00		0.8%
Medicaid			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Medi-Cal			0.0%			0.0%			0.0%			0.0%	16		6.4%	16.00		1.2%
Medi-Cal Managed Care			0.0%			0.0%			0.0%			0.0%	47		18.7%	47.00		3.6%
Medicare			0.0%			0.0%			0.0%			0.0%	124		49.4%	124.00		9.5%
Medicare Advantage			0.0%			0.0%			0.0%			0.0%	9		3.6%	9.00		0.7%
Other			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Self Pay			0.0%			0.0%			0.0%			0.0%	1		0.4%	1.00		0.1%
Veterans Administration			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Worker's Compensation			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
<b>Rehab Visits</b>																		
Occupational Therapy	89			89			70			79			84		411			
Physical Therapy	561			561			585			526			533		2,766			
Speech Therapy	88			88			57			64			62		359			
<b>Total Rehab Visits</b>	<b>738</b>			<b>738</b>			<b>712</b>			<b>669</b>			<b>679</b>		<b>3,536</b>			
Blue Cross			0.0%			0.0%			0.0%			0.0%	258		38.0%	258.00		7.3%
Charity			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Commercial			0.0%			0.0%			0.0%			0.0%	39		5.7%	39.00		1.1%
Medicaid			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Medi-Cal			0.0%			0.0%			0.0%			0.0%	7		1.0%	7.00		0.2%
Medi-Cal Managed Care			0.0%			0.0%			0.0%			0.0%	88		13.0%	88.00		2.5%
Medicare			0.0%			0.0%			0.0%			0.0%	219		32.3%	219.00		6.2%
Medicare Advantage			0.0%			0.0%			0.0%			0.0%	13		1.9%	13.00		0.4%
Other			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Self Pay			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Veterans Administration			0.0%			0.0%			0.0%			0.0%			0.0%	-		0.0%
Worker's Compensation			0.0%			0.0%			0.0%			0.0%	55		8.1%	55.00		1.6%
<b>Other Hospital Statistics</b>																		
<b>Observation Days</b>	<b>71</b>			<b>73</b>			<b>79</b>			<b>75</b>			<b>83</b>		<b>381</b>			
<b>Observation Visits</b>	<b>78</b>			<b>75</b>			<b>67</b>			<b>79</b>			<b>69</b>		<b>368</b>			
<b>Observation Hours</b>	<b>1,707.19</b>			<b>1,755.72</b>			<b>1,897.05</b>			<b>1,793.18</b>			<b>2,000.74</b>		<b>9,153.87</b>			
Blue Cross	224.96		13.2%	370.95		21.1%	287.56		15.2%	622.89		34.7%	294.90		14.7%	1,801.26		19.7%
Charity	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%
Commercial	246.03		14.4%	75.74		4.3%	235.78		12.4%	37.50		2.1%	301.16		15.1%	896.22		9.8%
Medicaid	64.20		3.8%	64.23		3.7%	90.36		4.8%	-		0.0%	8.01		0.4%	226.79		2.5%
Medi-Cal	129.91		7.6%	27.12		1.5%	37.02		2.0%	77.87		4.3%	182.96		9.1%	454.88		5.0%
Medi-Cal Managed Care	220.79		12.9%	284.51		16.2%	270.47		14.3%	191.47		10.7%	215.27		10.8%	1,182.51		12.9%
Medicare	798.26		46.8%	716.53		40.8%	930.81		49.1%	711.28		39.7%	973.65		48.7%	4,130.53		45.1%
Medicare Advantage	23.04		1.3%	162.83		9.3%	45.04		2.4%	16.83		0.9%			0.0%	247.74		2.7%
Other	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%
Self Pay	-		0.0%	53.81		3.1%	-		0.0%	109.92		6.1%	24.79		1.2%	188.52		2.1%
Veterans Administration	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%	-		0.0%
Worker's Compensation	-		0.0%	-		0.0%	-		0.0%	25.41		1.4%	-		0.0%	25.41		0.3%
<b>Employee Statistics</b>																		
Employees FTEs	455			312			315											
Contract FTEs																		
Total FTEs	455			312			315											

NIHD Statistics

	Jul Totals			Aug Totals			Sept Totals			Oct Totals			Nov Totals			YTD FY 2023 Total		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
EPOB (employee per occupied bed)	2			2			2											

Northern Inyo Healthcare District  
Fiscal Year 2023

	7/31/2022	8/31/2022	9/30/2022	10/31/2022	2023 YTD
<b>Gross Patient Service Revenue</b>					
Inpatient Patient Revenue	3,986,305	3,395,933	1,938,350	2,813,064	12,133,651
Outpatient Revenue	11,474,649	12,619,549	11,643,340	12,337,627	48,075,165
Clinic Revenue	1,112,050	1,281,637	1,298,041	1,312,937	5,004,664
Gross Patient Service Revenue	16,573,004	17,297,119	14,879,730	16,463,628	65,213,480
<b>Deductions from Revenue</b>					
Contractual Adjustments	(9,974,707)	(7,321,894)	(6,081,406)	(9,139,351)	(32,517,359)
Bad Debt	(1,834,762)	(2,292,073)	110,396	(789,398)	(4,805,837)
A/R Writeoffs	(378,045)	(717,468)	(739,907)	(325,216)	(2,160,635)
Other Deductions from Revenue	492,000	(492,000)	72,943	950	73,893
Deductions from Revenue	(11,695,514)	(10,823,435)	(6,637,974)	(10,253,015)	(39,409,938)
<b>Other Patient Revenue</b>					
Incentive Income	0	0	0	0	0
Other Oper Rev - Rehab Thera Serv	5,303	4,367	4,346	10,361	24,376
Medical Office Net Revenue	0	0	0	0	0
Other Revenue	5,303	4,367	4,346	10,361	24,376
Net Patient Service Revenue	4,882,793	6,478,050	8,246,101	6,220,974	25,827,918
<b>Cost of Services - Direct</b>					
Salaries and Wages	2,175,027	2,269,022	2,195,439	2,179,142	8,818,629
Benefits	2,008,070	1,759,698	1,801,034	1,669,695	7,238,497
Professional Fees	2,373,943	2,061,702	3,102,063	2,821,921	10,359,630
Pharmacy	211,326	671,932	54,166	136,557	1,073,980
Medical Supplies	315,752	290,221	578,033	366,356	1,550,362
Hospice Operations	0	0	0	0	0
EHR System Expense	107,979	220,753	220,408	183,047	732,186
Other Direct Expenses	546,374	667,228	808,934	572,765	2,595,302
Total Cost of Services - Direct	7,738,472	7,940,556	8,760,076	7,929,482	32,368,586
<b>General and Administrative Overhead</b>					
Salaries and Wages	360,265	365,276	370,478	381,872	1,477,891
Benefits	356,264	312,157	316,570	1,160,994	2,145,984
Professional Fees	565,435	242,300	410,987	322,217	1,540,938
Depreciation and Amortization	318,087	332,153	334,828	362,317	1,347,386
Other Administrative Expenses	79,314	164,310	199,143	119,767	562,534
Total General and Administrative Overhead	1,679,363	1,416,196	1,632,007	2,347,167	7,074,733
Total Expenses	9,417,836	9,356,752	10,392,082	10,276,649	39,443,319
Financing Expense	183,196	182,350	180,796	182,190	728,532
Financing Income	64,203	431,229	247,716	247,716	990,863
Investment Income	74,115	23,389	(18,154)	99,582	178,933
Miscellaneous Income	59,508	60,051	73,544	10,519	203,622
Net Income	(4,520,413)	(2,546,383)	(2,023,671)	(3,880,048)	(12,970,515)



Balance Sheet FY 2023

	Prior Year Balances	July 2022	August 2022	Sept 2022	Oct 2022
<b>Assets</b>					
<b>Current Assets</b>					
Cash and Liquid Capital	9,223,997	8,260,905	9,033,146	7,095,805	8,362,653
Short Term Investments	26,808,421	24,254,218	24,248,339	21,741,818	21,873,055
PMA Partnership	-	-	-	-	-
Accounts Receivable, Net of Allowance	24,367,758	21,409,786	19,693,748	20,999,337	17,315,384
Other Receivables	1,504,271	2,029,713	2,200,753	3,264,049	3,433,651
Inventory	3,145,539	3,116,641	3,111,028	3,075,988	3,071,145
Prepaid Expenses	1,318,137	1,842,961	1,808,098	1,708,822	1,404,076
<b>Total Current Assets</b>	<b>66,368,122</b>	<b>60,914,224</b>	<b>60,095,113</b>	<b>57,885,819</b>	<b>55,459,964</b>
<b>Assets Limited as to Use</b>					
Internally Designated for Capital Acquisitions	-	-	-	-	-
Short Term - Restricted	1,953,496	2,044,212	2,044,299	2,044,383	1,327,387
<b>Limited Use Assets</b>					
LAIF - DC Pension Board Restricted	639,041	747,613	753,493	760,014	714,585
DB Pension	14,044,924	14,044,924	14,044,924	14,044,924	14,044,924
PEPRA - Deferred Outflows	-	-	-	-	-
PEPRA Pension	-	-	-	-	-
<b>Total Limited Use Assets</b>	<b>14,683,965</b>	<b>14,792,537</b>	<b>14,798,417</b>	<b>14,804,938</b>	<b>14,759,509</b>
Revenue Bonds Held by a Trustee	1,111,723	1,105,984	1,100,247	1,090,633	1,085,089
<b>Total Assets Limited as to Use</b>	<b>17,749,184</b>	<b>17,942,733</b>	<b>17,942,963</b>	<b>17,939,954</b>	<b>17,171,984</b>
<b>Long Term Assets</b>					
Long Term Investment	2,274,315	2,274,959	2,777,201	2,741,517	2,731,432
Fixed Assets, Net of Depreciation	77,253,188	76,967,404	76,801,899	77,108,738	76,801,887
<b>Total Long Term Assets</b>	<b>79,527,504</b>	<b>79,242,363</b>	<b>79,579,100</b>	<b>79,850,255</b>	<b>79,533,319</b>
<b>Total Assets</b>	<b>163,644,810</b>	<b>158,099,320</b>	<b>157,617,176</b>	<b>155,676,027</b>	<b>152,165,267</b>
<b>Liabilities</b>					
<b>Current Liabilities</b>					
Current Maturities of Long-Term Debt	2,606,169	2,575,534	2,549,958	2,524,301	2,053,565
Accounts Payable	4,848,604	3,993,933	5,404,967	5,504,922	5,447,118
Accrued Payroll and Related	4,977,342	5,908,449	6,822,949	6,615,701	6,726,652
Accrued Interest and Sales Tax	99,832	145,639	252,061	321,777	126,986
Notes Payable	2,133,708	2,133,708	2,133,708	2,133,708	2,133,708
Unearned Revenue	2,534,074	1,299,762	607,290	607,290	607,290
Due to 3rd Party Payors	-	-	-	-	-
Due to Specific Purpose Funds	-	-	-	-	-
Other Deferred Credits - Pension	2,146,080	2,146,080	2,146,080	2,146,080	2,146,080
<b>Total Current Liabilities</b>	<b>19,345,808</b>	<b>18,203,104</b>	<b>19,917,013</b>	<b>19,853,780</b>	<b>19,241,398</b>
<b>Long Term Liabilities</b>					
Long Term Debt	33,455,947	33,455,947	33,455,947	33,455,947	33,455,947
Bond Premium	240,908	237,771	234,634	231,497	228,359
Accreted Interest	16,725,130	16,820,264	16,915,399	17,010,533	17,105,668
Other Non-Current Liability - Pension	47,950,740	47,950,740	47,950,740	47,950,740	48,813,068
<b>Total Long Term Liabilities</b>	<b>98,372,724</b>	<b>98,464,722</b>	<b>98,556,720</b>	<b>98,648,717</b>	<b>99,603,043</b>
<b>Suspense Liabilities</b>					
Uncategorized Liabilities	425,933	451,476	709,722	763,396	790,738
<b>Total Liabilities</b>	<b>118,144,465</b>	<b>117,119,302</b>	<b>119,183,454</b>	<b>119,265,892</b>	<b>119,635,178</b>
<b>Fund Balance</b>					
Fund Balance	44,833,877	42,910,729	42,910,729	42,910,729	42,910,729
Temporarily Restricted	2,589,615	2,589,701	2,589,789	2,589,873	2,589,875
Net Income	(1,923,148)	(4,520,413)	(7,066,796)	(9,090,467)	(12,970,515)
<b>Total Fund Balance</b>	<b>45,500,345</b>	<b>40,980,018</b>	<b>38,433,722</b>	<b>36,410,135</b>	<b>32,530,088</b>
<b>Liabilities + Fund Balance</b>	<b>163,644,810</b>	<b>158,099,320</b>	<b>157,617,176</b>	<b>155,676,027</b>	<b>152,165,267</b>
	-	-	-	-	-

Ratios	Jul'22	Aug'22	Sep'23	Oct'23	YTD
EBITDA	(4,019,130)	(2,031,880)	(1,508,047)	(3,335,541)	(7,391,449)
EBITDA Margin	-24.3%	-11.7%	-10.1%	-20.3%	-17%
Contactual Allowance %	60.2%	42.3%	40.9%	55.5%	49.7%
Bad Debt %	13.4%	17.4%	4.2%	6.8%	10.4%
Write-off %	13.4%	17.4%	4.2%	6.8%	10.4%
Salaries and Wages % Net Rev	44.5%	35.0%	26.6%	35.0%	35.3%
Benefits % Net Rev	41.1%	27.2%	21.8%	26.8%	29.2%
Professional Fees % Net Rev	48.6%	31.8%	37.6%	45.4%	40.9%
Pharmacy % Net Rev	4.3%	10.4%	0.7%	2.2%	4.4%
Medical Supplies % Net Rev	6.5%	4.5%	7.0%	5.9%	6.0%
Hospice Neterations % Net Rev	0.0%	0.0%	0.0%	0.0%	0.0%
EHR System Expense % Net Rev	2.2%	3.4%	2.7%	2.9%	2.8%
Other Direct Expenses % Net Rev	11.2%	10.3%	9.8%	9.2%	10.1%
Total Cost of Services - Direct % Net Rev	158.5%	122.6%	106.2%	127.5%	128.7%
Cash on Hand	8,260,905	9,033,146	7,095,805	8,362,653	8,362,653
Cash to Debt	0.6	0.5	0.4	0.5	0.5
Average Age of Plant	16.31	15.71	15.66	14.56	15.56
Current Ratio	3.35	3.02	2.92	2.88	304.0%
Quick Ratio	3.18	2.86	2.76	2.72	288.0%
Gross Margin	-58.5%	-22.6%	-6.2%	-27.5%	-28.7%
Inventory Turnover	3.71	2.48	2.55	3.53	3.07
Inventory Turn-Days	98.41	147.06	143.06	103.27	122.95
Accounts Receivable Turnover	4.69	3.17	2.47	3.08	3.35
Accounts Receivable Turn-Days	77.86	115.05	147.93	118.53	114.84
Accounts Payable Turnover	5.24	3.75	4.50	6.30	4.94
Average Payment Period	69.69	97.44	81.13	57.96	76.56



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

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

TO: NIHD Board of Directors  
 FROM: Sierra Bourne, MD, Chief of Staff  
 DATE: December 6, 2022  
 RE: Medical Executive Committee Report

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

**A. Medical Staff Reappointments (action items)**

1. The following practitioners have submitted an application to renew their privileges at Northern Inyo Healthcare District for Calendar Years 2023 – 2024 and have been recommended for approval.

	<b>Practitioner</b>	<b>Credentials</b>	<b>Specialty</b>	<b>Category</b>
1	Akinapelli, Abhilash	MD	Cardiology	Telehealth
2	Amsalem, David	MD	Emergency Medicine	Active
3	Arndal, Lara Jeanine	MD	OBGYN	Active
4	Boo, Thomas	MD	Family Medicine	Active
5	Bourne, Sierra	MD	Emergency Medicine	Active
6	Chiang, George	MD	Urology	Courtesy
7	Cromer-Tyler, Robbin	MD	General Surgery	Active
8	Drew, Tracy	FNP	Family Practice	APP
9	Efros, Kevin	MD	Anesthesiology	Active
10	Engblade, Joy	MD	Internal Medicine	Active
11	Gasior, Anne	MD	Family Medicine/Pediatrics	Active
12	Goshgarian, Anne	MD	Addiction Medicine	Active
13	Jeppsen, Samantha	MD	Emergency Medicine	Active
14	Joos, Jennifer	PA-C	Family Practice	APP
15	Kip, Katrinka	MD	Cardiology	Telehealth
16	Landrito, Earl	MD	Radiology	Courtesy
17	Leja, Catherine	MD	Family Medicine	Active

18	Loy, Bo	MD	Orthopedic Surgery	Active
19	Loy, Tamara	PNP	Pediatric Nurse Practitioner	APP
20	Ludwick, Joseph	MD	Cardiology	Telehealth
21	Mandal, Atashi	MD	Internal Medicine	Active
22	McEvoy, Colleen	PNP	Pediatric Nurse Practitioner	APP
23	Mehrens, Monika	DO	Internal Medicine	Active
24	Miranda, Bridget	FNP	Family Nurse Practitioner (Urology)	APP - Telehealth
25	Morgan, Jayson	MD	Cardiology	Telehealth
26	Nelson, Bradley	MD	Cardiology	Telehealth
27	Olson, Cheryl	MD	Breast Surgery	Courtesy
28	Radulescu, Vlad	MD	Cardiology	Telehealth
29	Robinson, Allison	MD	General Surgery	Active
30	Robinson, Mark	MD	Orthopedic Surgery	Active
31	Schneider, Jeanette	MD	Psychiatry	Consulting
32	Schunk, Stefan	MD	Internal Medicine	Active
33	Sharma, Uttama	MD	Family Medicine	Active
34	Siddiqi, Saif	MD	Radiology	Telehealth
35	Tang, Andrew	MD	Internal Medicine	Courtesy
36	To, Thomas-Duythuc	MD	Cardiology	Telehealth
37	Wiedenbeck, Troy	MD	Cardiology	Telehealth
38	Yolken, Mara	NP	Adult Nurse Practitioner	APP

B. Medical Staff Appointments (*action item*)

1. Mary Cheffers, MD (*emergency medicine*) – Courtesy Staff
2. Lisa Kay Manzanares, DO (*family medicine*) – Active Staff
3. Ryan Raam, MD (*emergency medicine*) – Courtesy Staff
4. Todd Schneberk, MD (*emergency medicine*) – Courtesy Staff

C. Medical Staff Resignations (*action item*)

1. Casey Graves, MD (*emergency medicine*) – effective 10/26/2022.
2. Peter Verhey, MD (*radiology*) – effective 10/25/2022.

D. Policies (*action items*)

1. *Management of the Behavioral Health Patient (5150 and non-5150)*
2. *Mandated Reporting: Child Abuse/Neglect; Dependent Adult/Elder Abuse; Injury by Firearm or Assault/Abuse*

E. Medical Executive Committee Report (*information item*)



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

Title: Management of the Behavioral Health Patient (5150 and non-5150)		
Owner: Licensed Clinical Social Worker		Department: Social Services
Scope: Hospital Wide		
Date Last Modified: 11/15/2022	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date: 07/01/2018

**PURPOSE:**

- To provide a safe, private and confidential environment for the treatment of adult and pediatric patients with psychiatric concerns who require acute medical, surgical and/or maternal-child care.
- To provide guidelines for care of patients on 5150 holds, at risk for suicide, or with psychiatric disorders; and to appropriately manage interventions, minimizing the risk of self-harm or harm to others.
- To provide an assessment tool for risk stratification of the potentially suicidal patient by the non-psychiatric professional.

**DEFINITIONS:**

- A. Welfare & Institutions Code (WIC) Section 5150:** “When any adult, as a result of a mental disorder, is a danger to themselves or others, or is gravely disabled, a Peace Officer or a professional designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her into a designated facility for psychiatric evaluation and treatment.”
- B. Welfare & Institutions Code (WIC) Section 5585:** Civil commitment as above, applied to minors.
- C. Minor:** A person 17 years old or younger who is not married or divorced, currently in active military duty, or legally emancipated.
- D. DTS-Danger to Self:** Because of a mental disorder, a person may be suicidal or expresses significant harm to himself or herself.
- E. DTO-Danger to Others:** Because of a mental disorder, a person expresses harm to others or demonstrates a reckless disregard for the safety of others.
- F. GDA-Gravely Disabled Adult:** Because of a mental disorder, a person is not able to provide for the basic needs of food, clothing, and shelter; or to voluntarily utilize such provisions when they are offered.
- G. GDM-Gravely Disabled Minor:** A person 17 years old or younger who, as a result of a mental disorder, is unable to utilize the elements of life which are essential to health, safety, and development including food, clothing, or shelter even though they are provided to the minor by others.

## **POLICY:**

- A.** Deliver care in a respectful and dignified manner, utilizing safety measures to care for adult or pediatric patients in an environment that is safe for both the patient and our staff.
- B.** Northern Inyo Hospital recognizes the acute medical needs of potentially suicidal patients by providing compassionate care and utilizing evidence based practice assessment tools/interventions to prevent the patient from carrying out additional self-harm or harm to others.
- C.** Northern Inyo Hospital has limited capabilities in providing psychiatric services and will therefore provide immediate emergent services, assessment and appropriate referrals to those requiring psychiatric services. Transfer of the patient may be required after completion of acute medical services in order to continue further psychiatric treatment in an appropriate level of care.

## **MANAGEMENT CONSIDERATIONS:**

- 1. **Inpatient Admission:** Patients with psychiatric concerns who require medical, surgical and/or maternal-child care may be admitted to the appropriate unit to meet their physical healthcare needs.
- 2. **Continuous Observation:** Medically unstable patients who have the potential to harm themselves and/or others will be provided with continuous observation until they are medically stable and a psychological evaluation has been completed. Patients who have been determined by law enforcement to have met WIC 5150/5585 criteria prior to their arrival at the hospital will be provided continuous observation until an assessment has been performed.
- 3. **Joint Responsibility for Quality Services:** NIH agrees to partner with ICBH to assist with meeting patients' emergent psychiatric needs.

## **5150/5585 HOLDS FOR TRANSPORT:**

- A.** Patients who are a danger to themselves or others, or who are gravely disabled, may be detained without consent while transfer arrangements are being made.
- B.** Meeting the WIC 5150/5585 criteria and with probable cause, a person may be taken into custody and transported to a facility designated for 72-hour treatment and evaluation of mental disorders.
- C.** The code section defines Peace Officers as having the authority to write WIC 5150 holds. In addition, Inyo County Behavioral Health (ICBH) designates on-call personnel who are authorized to place 5150 holds.

## **5150/5585 EVALUATION PROCEDURE:**

- 1. Patients presenting to the hospital will be triaged by a nurse and seen by the physician upon arrival. Necessary precautions will be taken, as the nurse will follow the policy and procedure as instructed in the procedure portion of this policy.
- 2. The patient must first be medically cleared by the physician prior to calling Inyo County Behavioral Health's on-call staff. This may include labs such as toxicology screens to rule out substance abuse, ETOH levels, acetaminophen levels, aspirin levels, urinalysis, and any other

- medical tests deemed necessary by the physician. Behavioral Health professionals are not able to evaluate patients who are altered due to drug or alcohol intoxication.
3. After medical clearance has been obtained, contact the designated ICBH on-call staff to evaluate the patient and assist in placement.
  4. Contact the hospital Social Worker during normal business hours if additional help is needed.
  5. The designated ICBH professional will perform an assessment as soon as the patient's condition permits. Assessments will include collaborative information from parents/guardians, roommates, friends or other persons with relevant information. The assessor's written plan will include identified risk factors and recommendations for disposition, including transfer to an inpatient treatment facility, further evaluation, or discharge home with appropriate outpatient linkages to community programs and resources.
  6. If a patient communicates a threat involving a third party, the physician, registered nurse, and the ICBH professional will follow relevant legal and ethical guidelines regarding privacy of information and duty to warn third parties (California Civil Code 43.92).
  7. After risk assessment, the Behavioral Health professional or Peace Officer will decide if the patient meets WIC 5150/5585 criteria. If the patient does meet criteria, DHCS Form 1801 will be filled out by the professional placing the hold. The original copy must go with the patient when transferred; a copy will be scanned to the NIHD chart.
  8. ICBH will identify placement options and coordinate transportation, keeping in contact with hospital staff for medical updates or other aid during the process.
  9. If the patient is not able to be placed in a designated inpatient psychiatric facility within the 72 hour hold period, an ICBH professional must re-assess the patient and decide if the patient continues to meet criteria for another 72-hour hold or the patient must be released.
  10. The Behavioral Health professional may discontinue any previously-placed holds if the patient's condition changes and the ICBH professional determines the patient is safe to be discharged home.
  11. High-risk patients who are medically cleared but have not yet been placed on a WIC 5150/5585 hold are an escape risk. Notify local law enforcement if a patient states intent to leave AMA. A "medical hold" pursuant to WIC 1799.111 may be applied for 24 hours pending a Behavioral Health/5150/5585 evaluation.

#### **EMERGENCY DEPARTMENT PROCEDURES:**

1. All patients 12 years of age or older who are admitted to the Emergency Department with a behavioral health related chief complaint or showing signs/symptoms of self-harm will be screened at minimum every 12 hours for suicidal risk by a Registered Nurse (RN) using the Columbia Suicide-Severity Rating Scale (C-SSRS). The results of the C-SSRS suicide risk assessment will determine the level of the patient's risk and corresponding monitoring and interventions required to maintain patient safety.
2. Refer to the C-SSRS response protocol at the bottom of the C-SSRS screening document for recommendations of when to implement safety precautions, including immediate notification of the ED Physician and calling for an ICBH staff consult.
3. The nursing staff will implement suicide precautions and notify the Physician as soon as possible following the implementation of these precautions, and will document this in the patient's chart.
4. Contact the hospital Social Worker during normal business hours if additional help is needed.
5. Whenever possible, the patient will be placed in a private room closest to the nurse's station to ensure both privacy and safety. Undress the patient completely, placing the patient in a hospital gown with snap closures (not ties).



6. If the patient is deemed to be a risk to self or others, all patient belongings will be taken away, inventoried, placed in a belongings bag, and kept at the nurse's station or other area designated by staff.
7. Patients will be provided with a regular diet unless otherwise ordered by the physician. All meals will be served using the following precautions:
  - a. Food items are to be placed on paper plates, cups, or bowls.
  - b. Only plastic utensils will be placed on the food tray.
  - c. No cans or bottles are to be placed on the food tray.
  - d. Dietary will deliver the meal to the nurse's station.
8. The patient's primary Registered Nurse will provide 1:1 observation until a Safety Attendant arrives at bedside.
9. The nursing staff will complete an environmental patient safety check for a patient at risk of suicide initially and at the beginning of every shift. Any risks identified (e.g. carts, tubing, sharps, medical equipment, or any other implements the patient could use to cause self-harm or harm to others) will be removed from the room, the patient will be evaluated for relocation, and/or the patient will be placed under closer observation.
10. Any concerning or contributing history or circumstances that might indicate an increased risk of suicide shall be communicated to all hospital personnel involved in the care of the patient.
11. Patients may be restrained as necessary to prevent further injury per Physician's order. See *Patient Restraints (Behavioral and Non-Behavioral)* policy.
12. Contact hospital Security for additional assistance if needed.
13. If a patient cannot be assessed upon arrival due to the patient's medical status (e.g. the patient is unconscious, intubated, intoxicated, or mentally unable to respond), the screening will be postponed until the patient can be assessed. The suicide screening process should be performed as soon as the patient's condition permits.
14. When the patient is deemed medically stable and has been cleared by the Physician, contact ICBH on-call staff to request a WIC 5150/5585 evaluation. Refer to 5150/5585 Evaluation Procedure, above.
15. If the patient cannot be medically stabilized in the Emergency Department and requires inpatient hospitalization, refer to Additional Procedures for Inpatients, below.
16. The following is the minimum that will be provided to individuals at risk for suicide and their families upon discharge from NIH. Additional materials, statements from the patient's assessment, etc. may be provided by the responsible ICBH employee on a case-by-case basis, with the goal of keeping the patient safe at home long term:
  - a. Personal Safety Plan including post-discharge follow-up to be provided by ICBH. (The RN will also request a copy of this document and include it in the patient's chart.)
  - b. Local community and state or national mental health resources

#### **ADDITIONAL PROCEDURES FOR INPATIENTS:**

1. Ongoing suicide risk assessments will take place every 24 hours as part of the daily inpatient psychosocial nursing assessment. If at any time during hospitalization a patient previously assessed with no risk is identified to have a risk, the C-SSRS screening tool will be completed. RN's will notify the Hospitalist immediately of any need for additional precautions based on the results of this assessment.
2. Proper documentation for inpatients found to be at risk for suicide includes:
  - a. Initial screening for suicidal risk (C-SSRS)
  - b. Additional screenings every 24 hours (C-SSRS)

- c. Precautions taken to ensure a ligature-free environment
- d. Patient behavior and daily activities
3. Follow *Leaving Hospital against Medical Advice Refusal of Treatment or Transfer* and *Patient Safety Attendant or 1:1 Staffing Guidelines* policies as needed.

#### **UNUSUAL OCCURANCES:**

1. Notify the House Supervisor and the Administrator-on-Call if there is a self-harm or suicide attempt within the Emergency Department or other inpatient areas.
2. Complete an Unusual Occurrence Report (UOR) and follow mandatory reporting as required.
3. The Compliance department is responsible for collecting and distributing data regarding self-harm or suicide attempts via the quarterly UOR report.

#### **COMPETENCY TRAINING:**

Clinical team members will complete competency training upon hire and annually regarding appropriate care for patients at risk of self-harm and suicide.

#### **REFERENCES:**

1. Practical Management of the Suicidal Patient in the Emergency Department, Emergency Medicine Reports (2013).
2. Care of the Psychiatric Patient in the Emergency Department, ACEP Emergency Medicine Practice Committee (2014).
3. Sentinel Event Alert: New Alert Focuses on Suicidal Ideation, The Joint Commission Perspectives (2016).

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

Copies of all 5150 related documents will be placed into the patient's medical record and managed by the Health Information Management Department.

#### **CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Patient Restraints (Behavioral and Non-Behavioral)
2. Leaving Hospital Against Medical Advice Refusal of Treatment or Transfer
3. Patient Safety Attendant or 1:1 Staffing Guidelines

Supersedes: v.1 Management of the Behavioral Health Patient (5150 and non-5150)
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## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Mandated Reporting: Child Abuse/Neglect; Dependent Adult/Elder Abuse; Injury by Firearm or Assault/Abuse		
Owner: Chief Nursing Officer		Department: Nursing Administration
Scope: District Wide		
Date Last Modified: 10/20/2022	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:**

To establish guidelines for complying with California Penal Codes, which require specific reporting processes for reporting suspected or actual assault or abuse. Healthcare workers are deemed mandated reporters by statute.

**DEFINITIONS:**

**Child:** Person under age 18 per penal code §11165.

**Elder:** Person age 65 or older per Welfare & Inst. Code §15610.26.

**Dependent Adult:** Person between ages 19 and 64 with physical or mental limitation that restricts his or her ability to carry out normal activities or protects his or her rights. Includes all people between ages 18 and 64 who have been admitted as an inpatient to a 24-hour health care facility per Welfare & Inst. Code §15610.23.

**Mandated Reporter:** Employee who is required by law to report a particular category or type of abuse to the appropriate law enforcement or social service agency.

Mandated Reporters in California, per California Penal Code 11165.7, include the following District job roles:

- An administrator or employee of any organization whose duties require direct contact and supervision of children
- A social worker
- A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker
- A medical examiner or anyone who performs autopsies
- A clergy member or religious practitioner
- An alcohol or drug counselor

A person in a mandated reporter role while at work for the District, when away from work may report as a ‘Voluntary Reporter’. Penal Code 11166 (g) permits, but does not require, reporting from any non-mandated reporter. This includes a mandated reporter who acts in his or her private capacity and not in their professional capacity or within the scope of his or her employment.

**CHILD ABUSE/NEGLECT POLICY:**

1. Who must report at Northern Inyo Healthcare District (NIHD) (Penal Code §11165.7(a).
  - A. Any NIHD workforce member or administrator whose job duties involve interactions or care provision with persons under the age of 18 years.

- B. NIHD requirement to report suspected child abuse or neglect is a part of job responsibility and or care provision on District premises or at NIHD functions for mandated reporters.
- 2. What must be reported – The following general categories of abuse and neglect of a child must be reported when a mandated reporter knows, or reasonably suspects, such abuse or neglect has occurred:
  - A. Death;
  - B. Physical injury;
  - C. Sexual abuse;
  - D. Neglect;
  - E. Willful harm or injury;
  - F. Endangering of health;
  - G. Unlawful corporal punishment or injury.
- 3. Exclusions of reporting mandate:
  - A. Mutual altercations between children;
  - B. Injury caused by reasonable and necessary force used by a peace officer acting within the scope of his or her duties.

**PROCEDURE:**

- 1. Reporting process (Penal Code §11166)
  - A. Immediately notify the NIHD House Supervisor.
  - B. As soon as reasonably possible, Telephone report to county Child Protective Services (CPS) in which the child lives.  
 Inyo County CPS Phone number: 1-866.806.2461.  
 Mono County CPS Phone number: 1-800.340.5411  
 These lines serve the community around the clock.
    - i. Telephone report shall include the following item:
      - a.Name of person making report,
      - b.Name of the child,
      - c.Present location of the child,
      - d.Nature and extent of injury,
      - e.Any other information requested by Child Protective Agency.
    - ii. Obtain a case number from CPS (if available) and the name of the person taking the report.
  - C. Within 36 hours, file a written report on ‘Suspected Child Abuse Report’ (Form SS8572).  
[https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss\\_8572.pdf](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf)
    - i. Fax Suspected Child Abuse Report to:
      - CPS Department of Health and Human Services Inyo County @ 760.872.1749*
      - CPS Department of Health and Human Services Mono County @ 760.924.1721*
    - ii. **Or** Mail Suspected Child Abuse Report to:
      - CPS Department of Health and Human Services Inyo County*
      - 1360 Main Street*
      - Bishop, CA 93514*
  
      - CPS Department of Health and Human Services Mono County*
      - PO Box 2969*
      - Mammoth Lakes, CA 93564*

- iii. Notify hospital Licensed Clinical Social Worker (LCSW) of each Suspected Child Abuse via Report form.
    - a. Form is placed into a confidential envelope and delivered to Hospital Social Worker. May be left in the LCSW secured mail box outside of her office, or;
    - b. Send report via pre-programed fax to District's LCSW (work) email address.
  - iv. No Copy of the Suspected Child Abuse Report is maintained at NIHD post notification of CPS and LCSW. Place paper copy into confidential shredding box for destruction.
2. Documentation:
- A. Forensic examination documentation is included in the patient medical record. Use of CAL-OES Form 2-900 is recommended for documentation. <https://www.ccfmtc.org/wp-content/uploads/2-900-Form-1-1.pdf> .
  - B. Maintain forensic examination documentation done outside of the patient electronic medical record with strict confidentiality.
    - i. Place paper records into a sealed envelope, marked confidential.
    - ii. Give confidential envelope to the NIHD House Supervisor, who will deliver to Health Information Management Services (HIMS) Manager or Lead.
    - iii. During times of unavailability of HIMS Manager or Lead, Lock the confidential document in the HIMS secured mailbox outside of the department.
    - iv. HIMS will assure coding is completed prior to scanning; document is scanned and made confidential for all forensic documents.
  - C. Primary Registered Nurse (RN) or workforce member completing the mandated report shall open a confidential note within the patient's medical record.
    - i. Document phone report to CPS; including name of person who took the report, date and time report was provide.
    - ii. Document written report to CPS; including form number utilized, where the document was sent, how it was sent (fax + number or Mail + address).
    - iii. CPS case number, if able to obtain.

**DEPENDENT ADULT/ELDER ABUSE POLICY:**

- 1. Who musts report at NIHD (Welfare & Inst. Code §15630)
  - A. Any NIHD workforce member (direct care job roles, social service, provider or administrator) whose job duties involve interactions or care provision for elders or dependent care services.
  - B. Clergy.
- 2. What must be reported – The following general categories of abuse of an elder or dependent adult must be reported when a mandated reporter has observed, has knowledge of or reasonably suspects the abuse, or is told by the elder or dependent adult that such abuse has occurred:
  - A. Physical abuse;
  - B. Abandonment;
  - C. Abduction;
  - D. Isolation;
  - E. Financial abuse;
  - F. Neglect.

## PROCEDURE:

1. Reporting process (Welfare & Inst. Code §15630(c))
  - A. The appropriate reporting agency for elder and dependent adult abuse depends on the location in which the abuse occurred, rather than the location in which it was discovered.
  - B. Immediately notify the NIHD House Supervisor
  - C. Telephone report must happen as soon as reasonably possible.
  - D. Written report must occur within two (2) days.
  - E. **When the patient is a resident of is a resident of a long term care facility**, such as a skilled nursing facility, or a Swing Bed patient, or attends group care, the **Ombudsman** must be notified as soon as reasonably possible by Telephone:  
*Ombudsman Advocacy Services of Inyo and Mono Counties at 1-760.8724128.*  
Leave a message if no one answers.
  - F. **Report all Elder Abuse Cases to Adult Protective Services (APS).**
    - i. Telephone report shall include the following item:
      - a. Name of person making report,
      - b. Name of the patient,
      - c. Present location of the patient,
      - d. Nature and extent of injury,
      - e. Any other information requested by the Ombudsman.
    - ii. Obtain a case number from Ombudsman and APS (if available) and the name of the person taking the report.
    - iii. Within two (2) working days', file a written report on 'Report of Suspected Dependent Adult/Elder Abuse' (Form SOC341). This may be used for both Ombudsman and APS written reporting.  
[https://cdss.ca.gov/MandatedReporting/story\\_content/external\\_files/SOC341.pdf](https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf)
      - a. Fax 'Suspected Dependent Adult/Elder Abuse' Report as appropriate to:  
*Inyo/Mono Ombudsman @ Fax 760.873.4250 and/or*  
*APS Department of Health and Human Services Inyo County @ 760.872.1749*  
*APS Department of Health and Human Services Mono County @ 760.924.1721*
      - b. **Or Mail to as appropriate:**  
Suspected Dependent Adult/Elder Abuse Report to Inyo/Mono Ombudsman:  
*Ombudsman C/O Bishop Senior Center*  
*682 Spruce Street*  
*Bishop, CA 93514*  
  
*APS Department of Health and Human Services Inyo County*  
*1361 Main Street*  
*Bishop, CA 93514*  
  
*APS Department of Health and Human Services Mono County*  
*PO Box 2969*  
*Mammoth Lakes, CA 93564*
    - v. Notify hospital Licensed Clinical Social Worker (LCSW) of each Suspected Elder Adult Abuse or Dependent Adult Abuse via Report form.

- a. Place form into a confidential envelope and delivered to hospital Social Worker. May be left in the LCSW secured mail box outside of his/her office, or;
  - b. Send via pre-programmed fax to District's LCSW (work) email address.
- G. No Copy of the Suspected Dependent Adult/Elder Abuse' is maintained at NIHD post notification of CPS and LCSW. Place paper copy into confidential shredding box for destruction.

2. Documentation:

- A. Forensic examination documentation is included in the patient medical record. Consider use of CAL-OES Form 2-602 for documentation. <https://www.ccfmtc.org/wp-content/uploads/2-602-Form-1-1.pdf> . Instructions for use of the form <https://www.ccfmtc.org/wp-content/uploads/2-602-Instructions-1-1.pdf>.
- B. Forensic examination documentation done outside of the patient electronic medical record, shall be maintained with strict confidentiality.
  - i. Place paper records into a sealed envelope, marked confidential.
  - ii. Give confidential envelope to the NIHD House Supervisor, who will deliver to Health Information Management Services (HIMS) Manager or Lead.
  - iii. During times of unavailability of HIMS Manager or Lead, lock the confidential document in the HIMS secured mailbox outside of the department.
  - iv. HIMS will assure coding is completed prior to scanning; forensic documentation is scanned and made confidential for all forensic documents.
- C. Primary Registered Nurse (RN) or workforce member completing the mandated report shall open a confidential note within the patient's medical record.
  - i. Document phone report to Ombudsman or APS; including name of person who took the report, date and time report was provide.
  - ii. Document written report to Ombudsman or APS; including form number utilized, where the document was sent, how it was sent (fax + number or Mail + address).
  - iii. Ombudsman or APS case number, if able to obtain.

**INJURY BY FIREARM OR ASSAULT/ABUSE POLICY:**

- 1. Who must report at Northern Inyo Healthcare District (NIHD) (Penal Code §11160(a)).
  - A. Any NIHD health practitioner providing services in a health facility, clinic or physician's office who knows or reasonably suspects that a patient to whom the practitioner is providing services is the victim of assaultive or abusive conduct or a firearm injury.
  - B. NIHD requirement to report suspicious injury, including all firearm or assault/abuse as a part of job responsibility and or care provision on District premises or at NIHD functions.
- 2. What must be reported – All physical injuries known or reasonably suspected to have resulted from the following general categories of conduct must be reported:
  - A. Firearms-whether inflicted by the patient or another;
  - B. Murder, manslaughter, mayhem, aggravated mayhem, torture, battery;
  - C. Assault – including with intent to commit another crime, with a stun gun or Taser, or with a deadly weapon;
  - D. Administration of a controlled substance or anesthetic to aid in commission of a felony;
  - E. Sexual battery, incest, rape, spousal rape, procuring a female to have sex with another man, sodomy, oral copulation, sexual penetration;

- F. Throwing chemical substances with the intent to injure or disfigure;
- G. Child abuse or endangerment, lewd or lascivious acts with a child;
- H. Abuse of spouse or cohabitant;
- I. Elder Abuse;
- J. Attempt to commit any crime listed in bullet points above.

**PROCEDURE:**

1. Reporting Process (Penal Code §11160(b))

- A. Immediately notify the NIHD House Supervisor.
- B. As soon as reasonably possible, Telephone report to local law enforcement agency with jurisdiction over the location where the incident occurred.
  - Inyo County Sheriff (Bishop Substation) 760.873.7887 prompt #4*
  - Bishop Police Department 760.873.5866 prompt #1*
  - California Highway Patrol 760.872.5900*
  - i. Obtain the name of the officer taking the report, badge number and case number (if available).
  - ii. Obtain the fax number or address for mailing written report to agency.
- C. Within two (2) working days’ file a written report on ‘Suspicious Injury Report’ (Form Cal OES 2-920) must be sent to the Law Enforcement Agency with jurisdiction over the case.
  - <https://www.edcgov.us/Government/EMS/forms/Documents/2-920%20Mandated%20Suspicious%20Injury%20Report.pdf>
  - i. Within two (2) working days’ file a written report on ‘Report of Suspected Dependent Adult/Elder Abuse’ (Form SOC341).
    - [https://cdss.ca.gov/MandatedReporting/story\\_content/external\\_files/SOC341.pdf](https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf)
    - a. Fax Suspected Adult Abuse Report within two (2) days to appropriate agency:
      - Inyo County Sheriff’s Fax: 760.872.3485*
      - Bishop Police Department Fax: 760.873.8956*
    - b. **Or** mail to appropriate agency:
      - Bishop Police Department (Attn: Records)*
      - 207 W. Line Street*
      - Bishop, CA 93514*
  
      - Inyo County Sheriff Department*
      - PO Box 29691360 N. Main Street Suite 151*
      - Bishop, CA 93514*
- D. ‘Suspicious Injury Report’ is not a part of the medical record and is not maintained post completion of mandated reporting. After faxing report to Law Enforcement Agency, place document into a confidential shredding box for destruction.

2. Documentation

- D. Forensic examination documentation is included in the patient medical record.
  - i. Consider use of Cal-OES Form 2-950 for documentation of sexual assault suspect examination. <https://evawintl.org/wp-content/uploads/2-950-Form.pdf>.



- ii. Cal-OES Form 2-923 may be utilized for documentation of Acute (<120 Hours) Adult/Adolescent Sexual Assault Examination. <https://www.ccfmtc.org/wp-content/uploads/923-paper-form-July-2018-3.pdf>
  - iii. Cal-OES Form 2-502 may be utilized for Domestic Violence Examination. <https://www.ccfmtc.org/wp-content/uploads/2-950-Form-1-1.pdf>
  - iv. Multiple other forensic forms may be found @ <https://www.ccfmtc.org/forensic-medical-examination-forms/>.
- E. Maintain forensic examination documentation done outside of the patient electronic medical record with strict confidentiality.
- i. Place paper records into a sealed envelope, marked confidential.
  - ii. Give confidential envelope to the NIHD House Supervisor, who will deliver to Health Information Management Services (HIMS) Manager or Lead.
  - iii. During times of unavailability of HIMS Manager or Lead, lock the confidential document in the HIMS secured mailbox outside of the department.
  - iv. HIMS will assure coding is completed prior to scanning; forensic documentation is scanned and made confidential for all forensic documents.
- F. Primary Registered Nurse (RN) or workforce member completing the mandated report shall open a confidential note within the patient’s medical record.
- i. Document phone report to Law Enforcement Agency; including name and badge number of officer who took the report, date and time report was provide.
  - ii. Document sending of written report to Law Enforcement Agency; including form number utilized, where the document was sent, how it was sent (fax + number or Mail + address).
  - iii. Case number, if able to obtain.

**REFERENCES:**

1. 2021 California Code/Penal Code – PEN; Part 4 – Prevention of Crimes and Apprehension of Criminals: Title 1 – Investigation and Control of Crimes and Criminals; Chapter 2 – Control of Crimes and Criminals, Article 2 – Report of Injuries. Section 11160 – 11162
2. California Welfare and Institutions Code-Part 3/Division 9: Article 2, Section 11164 and Chapter 11, Section 15600.
3. Consent Manual, California Hospital Association (2021), Chapter 17 *Assault and Abuse Reporting Requirements*.

**RECORD RETENTION AND DESTRUCTION:**

Reporting documents sent to outside agencies are not maintained within the medical record and not require maintenance by the District once they are sent to the required agency.

Maintenance of forensic examination documentation within the patient’s medical record as a confidential document is mandated by regulations.

The Health Information Management Services (HIMS) Department per California Hospital Association guidelines manages retention and destruction of Medical records.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. Lippincott Procedures: Suspected child abuse assessment

<https://procedures.lww.com/lnp/view.do?pId=3260837&hits=abuse,child,neglect,abusing,abused,abuses&a=false&ad=false&q=child%20abuse%20neglect>

2. Lippincott Procedures: Suspected child abuse, recognizing and reporting, ambulatory care  
<https://procedures.lww.com/lnp/view.do?pId=3358961&hits=child,abusing,abuse,abuses&a=false&ad=false&q=child%20abuse>
3. Lippincott Procedures: Suspected abuse in a patient with a disability, recognizing and reporting, ambulatory care  
<https://procedures.lww.com/lnp/view.do?pId=3682644&hits=abuse,abused,disabled&a=false&ad=false&q=abuse%20disabled>
4. Lippincott Procedures: Suspected elder abuse assessment.  
<https://procedures.lww.com/lnp/view.do?pId=3260835&hits=abuse,elder,abuser,elderly&a=false&ad=false&q=Elder%20abuse>
5. Lippincott Procedures: Forensic evidence collection  
<https://procedures.lww.com/lnp/view.do?pId=5644665&hits=forensic,evidence&a=false&ad=false&q=forensic%20evidence>
6. Lippincott Procedures: Neonatal abstinence syndrome patient care  
<https://procedures.lww.com/lnp/view.do?pId=3261389&hits=infant,abuse,abused,infants,drugs,maternal,drug&a=false&ad=false&q=drugs%20of%20abuse%20maternal%20and%20infant>
7. Sexual Assault Response Team
8. Sexual Assault Exam Procedure
9. Recognizing and Reporting Swing Bed Resident Abuse/Neglect
10. Documentation of Patient Care

Supersedes: Child Abuse or Suspected Abuse or Sexual Assault Guidelines V.3; Elder and Dependent Adult Abuse V.3; Child Abuse Neglect Policy V.1; Ombudsman V.2; assault
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RESOLUTION NO. 22-21

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT MAKING THE LEGALLY REQUIRED FINDINGS TO CONTINUE TO AUTHORIZE THE CONDUCT OF REMOTE “TELEPHONIC” MEETINGS DURING THE STATE OF EMERGENCY

WHEREAS, on March 4, 2020, pursuant to California Gov. Code Section 8625, the Governor declared a state of emergency stemming from the COVID-19 pandemic (“Emergency”); and

WHEREAS, on September 17, 2021, Governor Newsom signed AB 361, which bill went into immediate effect as urgency legislation; and

WHEREAS, AB 361 added subsection (e) to Government Code Section 54953 to authorize legislative bodies to conduct remote meetings provided the legislative body makes specified findings; and

WHEREAS, as of September 19, 2021, the COVID-19 pandemic has killed more than 67,612 Californians; and

WHEREAS, social distancing measures decrease the chance of spread of COVID-19; and

WHEREAS, this legislative body previously adopted a resolution to authorize this legislative body to conduct remote “telephonic” meetings; and

WHEREAS, Government Code 54953(e)(3) authorizes this legislative body to continue to conduct remote “telephonic” meetings provided that it has timely made the findings specified therein.

NOW, THEREFORE, IT IS RESOLVED by the Board of Directors of Northern Inyo Healthcare District as follows:

1. This legislative body declares that it has reconsidered the circumstances of the state of emergency declared by the Governor and at least one of the following is true: (a) the state of emergency, continues to directly impact the ability of the members of this legislative body to meet safely in person; and/or (2) state or local officials continue to impose or recommend measures to promote social distancing.

PASSED, APPROVED AND ADOPTED this 21<sup>st</sup> day of December, 2022 by the following roll call vote:

AYES:  
NOES:  
ABSENT:

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Jody Veenker, Chair  
Board of Directors

ATTEST:

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Name: Autumn Tyerman  
Title: Board Clerk

CALL TO ORDER                      The meeting was called to order at 5:30 p.m. by Mary Mae Kilpatrick, Northern Inyo Health Care District (NIHD) Board of Director's Vice Chair.

PRESENT                                Mary Mae Kilpatrick, Vice Chair  
Jean Turner, Treasurer  
Topah Spoonhunter, Secretary  
Joy Engblade, MD, Chief Medical Officer (joined at 5:45 via zoom)  
Allison Partridge RN, MSN, Chief Nursing Officer  
Stephen Del Rossi, Chief Financial Officer (arrived at 5:48)

ABSENT                                 Jody Veenker, Chair  
Robert Sharp, Member-at-Large  
Kelli Davis MBA, Chief Executive Officer and Chief Operating Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Vice Chair Kilpatrick reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. No comments were heard.

PUBLIC COMMENTS ON CLOSED SESSION ITEMS                      Vice Chair Kilpatrick announced that at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. No public comments were heard.

ADJOURNMENT TO CLOSED SESSION                      At 5:34 p.m., Vice Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the NIHD Board of Directors to:

A. Conference with Legal Counsel - Anticipated Litigation. Gov't Code 54956.9(d)(2). Number of potential cases: (1)

RETURN TO OPEN SESSION AND REPORT OF ANY ACTION TAKEN                      At 5:42 p.m. the meeting returned to Open Session. Vice Chair Kilpatrick announced that the Board took no reportable action.

OPEN SESSION:

Human Resource Director, Alison Murray, called attention to the current NIHD Chief Executive Officer applications and screening process. A discussion surrounding the CEO selection and search criteria ensued.

CEO SEARCH SERVICES CRITERIA                      The Board of Directors reviewed the current CEO evaluation criteria and asked for input from staff members. A discussion ensued.

It was moved by Treasurer, Jean Turner, seconded by Vice Chair, Mary Mae Kilpatrick and passed 3-0 to adopt the search criteria recommended by staff, including input expressed by the Board.

AYES: Topah Spoonhunter, Jean Turner, Mary Mae Kilpatrick

NOES:

ABSENT: Jody Veenker and Robert Sharp

ADJOURNMENT

Adjournment at 6:53 p.m.

\_\_\_\_\_  
Northern Inyo Healthcare District, Chair

Attest: \_\_\_\_\_  
Northern Inyo Healthcare District, Secretary

Prior to call to order, Chair Veenker opened for comment to acknowledge the service of Kelli Davis, Chief Executive Officer (CEO), Topah Spoonhunter, Secretary, and Robert Sharp, Member at Large.

CALL TO ORDER

The meeting was called to order at 5:35 p.m. by Jody Veenker, Northern Inyo Health Care District (NIHD) Board Chair.

PRESENT

Jody Veenker, Chair  
Mary Mae Kilpatrick, Vice Chair  
Jean Turner, Treasurer  
Topah Spoonhunter, Secretary  
Kelli Davis MBA, Chief Executive Officer and Chief Operating Officer  
Allison Partridge RN, MSN, Chief Nursing Officer  
Stephen Del Rossi, Chief Financial Officer

ABSENT

Joy Engblade, MD, Chief Medical Officer  
Robert Sharp, Member-at-Large

OPPORTUNITY FOR PUBLIC COMMENT

Chair Veenker reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. No comments were heard.

BOARD MEMBER REPORTS ON ITEMS OF INTEREST

Chair Veenker asked if any members of the Board of Directors wished to report on any items of interest.

Jean Turner, Treasurer, acknowledged that members were able to express their gratitude for departing colleagues prior to the meeting.

Mary Mae Kilpatrick, Vice Chair, acknowledged the Human Resource Department's hard work on the Chief Executive Officer recruitment process.

CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer, Stephen Del Rossi opened his report with item a: the introduction of new controller, Andrea Mossman. Mr. DelRossi then discussed item b: CFO Financial presentation, including financial and statistical reports. Mr. DelRossi explained the auditing process and roll of the Chief Financial Officer. He highlighted what his team was doing to address financial misstatements and deficiencies. Mr. DelRossi asked if the board had any questions.

A discussion took place between the Board of Directors, CFO DelRossi and CEO Davis.

It was moved by Vice Chair, Mary Mae Kilpatrick, Seconded by Secretary, Topah Spoonhunter, and passed with a 4-0 vote to approve the Chief Financial Officer's Financial Presentation and Report.

AYES: Jean Turner, Topah Spoonhunter, Mary Mae Kilpatrick and Jody Veenker

NOES:

ABSENT: Robert Sharp

EASTERN SIERRA  
EMERGENCY PHYSICIAN  
QUARTERLY REPORT

Dr. Adam Hawkins introduced himself to the Board of Directors and took a moment to acknowledge the foundation of NIHD is providing quality healthcare. Dr. Hawkin's provided an update on what the Eastern Sierra Emergency Physicians Group has done to successfully recruit providers as well as improve clinical areas of emphasis.

A discussion ensued and the board commended the quality of care from NIHD's physicians.

It was moved by Jean Turner, seconded by Mary Mae Kilpatrick and passed with a 4-0 vote to approve the Eastern Sierra Emergency Physician Quarterly Report.

AYES: Mary Mae Kilpatrick, Jody Veenker, Topah Spoonhunter and Jean Turner

NOES:

ABSENT: Robert Sharp

NEW NIHD FOUNDATION  
MEMBER APPROVAL

Northern Inyo Hospital Foundation Executive Director, Greg Bissonette, welcomed Sarah Freundt, who was nominated and approved to join the NIHD foundation in October. Mr. Bissonette requested the Board of Directors approve Ms. Freundt's foundation membership.

It was moved by Mary Mae Kilpatrick, seconded by Jean Turner and passed with a 4-0 vote to approve the new foundation member.

AYES: Jody Veenker, Jean Turner, Mary Mae Kilpatrick and Topah Spoonhunter

NOES:

ABSENT: Robert Sharp



NIHD AND PIONEER  
HOME HEALTH CARE  
COMPONENT  
RELATIONSHIP

CEO, Kelli Davis, brought attention to the relationship between Pioneer Home Health Care (PHHC) and Northern Inyo Healthcare District. Ms. Davis explained that PHHC has proven themselves as sustainable. At the PHHC November 9, 2022 board meeting they recognized their independence; however, the NIHD Board of Directors must take action to disengage from the relationship.

Ms. Davis requested Noel Caughman, District Legal Counsel, provide clarity. A discussion ensued.

The Board of Directors directed staff to draft changes to the board's bylaws and propose a recommendation at the December board meeting.

APPOINTMENT OF THE  
CEO SEARCH ADHOC  
COMMITTEE

Marjorie Routt, Human Resource Manager, addressed the process of the NIHD CEO search. Ms. Routt has been working with Brandi Simpson, recruiter, to begin the process of searching for a permanent CEO. Ms. Routt proposed the creation of an ADHOC committee to assist with interview, selection and appointment of a permanent CEO.

A discussion took place between board members.

It was moved by Jean Turner, seconded by Topah Spoonhunter and passed with a 4-0 vote to appoint Vice Chair Kilpatrick as the CEO Search ADHOC Committee.

AYES: Topah Spoonhunter, Mary Mae Kilpatrick, Jean Turner and Jody Veenker

NOES:

ABSENT: Robert Sharp

CHIEF OF STAFF REPORT

Dr. Sierra Bourne introduced her Chief of Staff Report via zoom.

POLICIES

Dr. Bourne recommended approval of the following District-Wide policies:

1. *340B Contract Pharmacy Policy and Procedure*
2. *340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedure*
3. *Admission, Documentation, Assessment, Discharge and Transfer of Swing-Bed Patients*
4. *Admission Procedure of Pediatric Patient*
5. *Age Related and Population Specific Care*
6. *Compliance with Information Blocking Rule*
7. *Death and disposition of Body*
8. *De-escalation Team*
9. *Departments That Deliver Nursing Care to Patients*
10. *Diagnostic Imaging – Patient Priority*

11. *Education of Patient and Family*
12. *Evaluation and Assessment of Patients' Nutritional Needs*
13. *Nursing Care Plan*
14. *Patient Safety Attendant or 1:1 Staffing Guidelines*
15. *Recognizing and Reporting Swing Bed Resident Abuse/Neglect*
16. *Standardized Protocol – Physician Assistant in the Operating Room*
17. *Swing Bed Patient Restraints*

It was moved by Jean Turner, seconded by Topah Spoonhunter, Secretary, and passed with a 4-0 vote.

MEDICAL EXECUTIVE  
COMMITTEE REPORT

Dr. Bourne provided a report on the Medical Executive Committee meeting and offered to answer any questions.

CONSENT AGENDA

Chair Veenker called attention to the consent agenda.

Vice Chair Kilpatrick brought attention to a correction for the October 19, 2022 meeting minutes.

It was moved by Jean Turner, seconded by Topah Spoonhunter and passed with a 4-0 vote to approve the consent agenda with the proposed amendment.

AYES: Mary Mae Kilpatrick, Topah Spoonhunter, Jody Veenker, Jean Turner

NOES:

ABSENT: Robert Sharp

PUBLIC COMMENTS ON  
CLOSED SESSION ITEMS

Chair Veenker announced that at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. No public comments were heard.

ADJOURNMENT TO  
CLOSED SESSION

At 6:50 p.m. Ms. Veenker announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- a. Conference with Labor Negotiators; Employee Organization: AFSCME Council 57 (pursuant to Government Code Section 54957.6)

RETURN TO OPEN  
SESSION AND REPORT OF  
ANY ACTION TAKEN

At 7:17, the meeting returned to Open Session. Chair Veenker reported the board took no reportable action.

ADJOURNMENT

The meeting adjourned at 7:17 p.m.

\_\_\_\_\_  
Northern Inyo Healthcare District, Chair

Attest:

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

CALL TO ORDER                      The meeting was called to order at 7:17 p.m. by Jody Veenker, Northern Inyo Health Care District (NIHD) Board Chair.

PRESENT                                Jody Veenker, Chair  
Mary Mae Kilpatrick, Vice Chair  
Jean Turner, Treasurer  
Topah Spoonhunter, Secretary  
Kelli Davis MBA, Chief Executive Officer and Chief Operating Officer  
Allison Partridge RN, MSN, Chief Nursing Officer  
Stephen Del Rossi, Chief Financial Officer

ABSENT                                 Robert Sharp, Member-at-Large  
Joy Englade, MD, Chief Medical Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Chair Veenker reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. No comments were heard.

OPEN SESSION:                      Chair Veenker brought attention to the need for an ADHOC committee to address the NIHD Board of Directors, Zone 3, vacancy.

APPOINTMENT OF ADHOC COMMITTEE TO RECOMMEND CANDIDATES FOR BOARD APPROVAL TO FILL ZONE 3 BOARD MEMBER VACANCY                      A discussion ensued.  
  
It was moved by Mary Mae Kilpatrick, seconded by Jean Turner and passed with a 4-0 vote for Chair Veenker to join the ADHOC committee.

AYES: Mary Mae Kilpatrick, Jean Turner, Jody Veenker and Topah Spoonhunter  
NOES:  
ABSENT: Robert Sharp

ADJOURNMENT                      Adjournment at 7:19 p.m.

\_\_\_\_\_  
Northern Inyo Healthcare District, Chair

Attest: \_\_\_\_\_  
Northern Inyo Healthcare District, Secretary

CALL TO ORDER                      The meeting was called to order at 4:30 p.m. by Jody Veenker, Northern Inyo Health Care District (NIHD) Board of Director’s Chair.

PRESENT                                      Jody Veenker, Chair  
Mary Mae Kilpatrick, Vice Chair  
Jean Turner, Treasurer  
Melissa Best-Baker, Secretary  
Lionel Chadwick, MBA, Interim Chief Executive Officer

ABSENT                                      Joy Engblade, MD, Chief Medical Officer  
Allison Partridge RN, MSN, Chief Nursing Officer  
Stephen Del Rossi, Chief Financial Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Chair Veenker reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. No comments were heard.

OPEN SESSION

APPROVE INTERIM CEO TO SIGN CHECKS AND ACT AS AN AUTHORIZED SIGNER ON ALL DISTRICT BANK ACCOUNTS                      Chair Veenker brought attention to approve the Interim Chief Executive Officer (CEO) to sign checks, and act as an authorized signer on all district bank accounts.

Vice Chair, Mary Mae Kilpatrick moved to approve Interim CEO, Lionel Chadwick, to sign checks and act as an authorized signer on all district bank accounts, Treasurer Turner seconded and the motion passed 4-0.

AYES: Jody Veenker, Mary Mae Kilpatrick, Jean Turner and Melissa Best-Baker

NOES:

ABSENT:

APPROVE INTERIM CEO TO HAVE SIGNATURE AUTHORITY ON CONTRACTS                      Chair Veenker brought attention to approve the Interim CEO have signature authority on contracts.

Treasurer Turner moved to approve the Interim CEO have signature authority on contracts, Mary Mae Kilpatrick seconded and the motion passed 4-0.

AYES: Mary Mae Kilpatrick, Jody Veenker, Jean Turner, Melissa Best-Baker  
NOES:  
ABSENT:

PUBLIC COMMENTS ON  
CLOSED SESSION ITEMS

Chair Veenker announced that at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. No public comments were heard.

ADJOURNMENT TO  
CLOSED SESSION

At 4:33 p.m., Chair Veenker announced the meeting would adjourn to Closed Session to allow the NIHD Board of Directors to:

- a. Public Employee Performance Evaluation (pursuant Government Code Section 54957)

Chair Veenker indicated there would be no reportable action.

ADJOURNMENT

Adjournment at 6:45 p.m.

\_\_\_\_\_  
Northern Inyo Healthcare District, Chair

Attest: \_\_\_\_\_  
Northern Inyo Healthcare District, Secretary

CALL TO ORDER                      The meeting was called to order at 4:32 p.m. by Mary Mae Kilpatrick, Northern Inyo Health Care District (NIHD) Board of Director's Vice Chair.

PRESENT                                Mary Mae Kilpatrick, Vice Chair  
Jean Turner, Treasurer  
Melissa Best-Baker, Secretary  
Lionel Chadwick, MBA, Interim Chief Executive Officer  
Allison Partridge RN, MSN, Chief Nursing Officer  
Joy Engblade, MD, Chief Medical Officer (Via Zoom)  
Jody Veenker, Chair (arrived at 5:00 p.m.)

ABSENT                                 Stephen Del Rossi, Chief Financial Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Vice Chair Kilpatrick reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. No comments were heard.

OPEN SESSION

CEO SEARCH REPORT                      Vice Chair Kilpatrick called attention to the Chief Executive Officer (CEO) search update. Interim CEO, Lionel Chadwick, explained he has collaborated on the CEO search with Human Resource Director Alison Murray and her team. CEO Chadwick commended the Human Resource (HR) team's efforts and acknowledged they have identified several quality candidates. Ms. Murray provided additional clarification regarding the search process. CEO Chadwick opened the discussion for questions or comments.

Vice Chair Kilpatrick thanked CEO Chadwick and Ms. Murray, then opened to additional comments.

PUBLIC COMMENTS ON CLOSED SESSION ITEMS                      Vice Chair Kilpatrick announced that at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. No public comments were heard.

ADJOURNMENT TO CLOSED SESSION                      At 4:39 p.m., Vice Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the NIHD Board of Directors to:

- a. Conference with Labor Negotiators, District Designated  
Representative: Interim CEO; Employee Organization: AFSCME  
Council 57 (pursuant to Government Code Section 54957.6)

Vice Chair Kilpatrick indicated there would be no reportable action.

ADJOURNMENT

Adjournment at 5:21 p.m.

\_\_\_\_\_  
Northern Inyo Healthcare District, Chair

Attest:

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





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

Title: De-escalation Team		
Owner: CEO	Department: Administration	
Scope: District Wide		
Date Last Modified: 11/17/2022	Last Review Date: 11/17/2022	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 07/01/2018	

**PURPOSE:**

To provide an expedient intervention response to situations involving individual(s) who display escalating, aggressive, hostile, violent, combative, or potentially dangerous behavior that exceed a workforce member’s resources and require additional support to de-escalate.

**POLICY:**

1. The De-escalation Team will take responsibility and proactive measures for the safety and security of all individuals within the hospital building by effectively responding to an escalating event and minimizing the number of potential harm and injuries. Staff members outside of the hospital building, including outpatient clinics and Rehab, should immediately call 9-1-1 for assistance during an escalating event.
2. Any De-escalation Team response should be in accordance with the procedure defined in this policy.
3. The De-escalation Team should be initiated for situations involving patients, visitors and/or other individuals exhibiting escalating, unarmed, violent, aggressive, and/or combative behavior. Situations involving active shooters and weapon violence require different response strategies. Follow the facilities protocol for reporting and addressing other situations.
4. Workforce members who are assigned to the De-escalation Team must have completed the training requirements in order to respond to the code. This code is not intended for all workforce members to respond.
5. This policy does not disallow any workforce member from contacting law enforcement. Any workforce member may seek assistance and intervention from law enforcement when an escalating and/or violent incident occurs.

**DEFINITIONS:**

**De-escalation Team** is a group of key individuals who are in-house or immediately available at the time of a request for the De-escalation Team and can quickly respond to the situation within the hospital building, notify internal leaders and law enforcement if required, and mitigate further harm. The team in collaboration with the Workplace Violence Prevention Assessment Team (V-PAT) to follow-up after the incident has occurred, further investigate the problem, and to create strategies to mitigate, communicate and provide support when needed.

**The De-escalation Team Code** is a response intended for a situation in which a patient, visitor, or other individual on hospital premises behaving in an aggressive, violent, combative, and/or potentially dangerous manner towards themselves, a workforce member, or others and indicates a potential for escalating or is escalating beyond a workforce member’s resources. The Code responders use non-violent intervention strategies to defuse or regain control of a situation by using verbal de-escalation techniques or physical techniques that employ the least restrictive measure possible.

## **GUIDELINES:**

De-escalation Team Responders and their responsibilities include:

1. House Supervisor
  - a. Can act as the Team Leader
  - b. Excuses excess personnel when there are an adequate number of responders
  - c. Assures unit safety and order is maintained
  - d. Responsible for ensuring an informal debriefing session is held immediately following the incident for the team members and others involved in the event.
2. Social Worker (if available)
  - a. Can act as a Team Leader
  - b. Supports the workforce member with de-escalation techniques
  - c. Can assist with Post Incident Response for workforce members
3. Emergency Department Charge Nurse
  - a. Supports the workforce member with de-escalation techniques
  - b. Assures the safety and security of the unit
  - c. Can act as the Team Leader
4. Security Personnel (if available)
  - a. Takes immediate steps to assure safety of environment and workforce members
  - b. Is positioned within close proximity to take immediate action, as necessary
  - c. May assist with de-escalation
  - d. Provides advice regarding need for involvement of Law Enforcement

During an intervention, there should be one and only one identified person talking to the individual. There should be an agreed-upon plan and assigned duties for workforce members before a restraint or escort is initiated. All response team members should know their role and duties.

## **Training Requirements:**

1. Workforce Members assigned to respond to a De-escalation Team Code, will receive education and training annually.

## **PROCEDURE:**

1. Escalating Behavior Levels for initiating the De-escalation Team:
  - a. Threats and intimidation or refusing to follow instructions.
  - b. Verbal or physical expressions of violence.
  - c. Uncontrolled anger characterized by aggressive body postures and disposition.
2. Initiating the de-escalation team code:
  - a. As an individual escalates past the workforce member's resources to de-escalate and/or their behavior escalates the De-escalation Team will be called by a workforce member or designee, by dialing "71" and paging "De-escalation Team Code" to report to designated location.
  - b. If an escalating situation arises outside of the hospital building, in outpatient clinics or Rehab, staff should immediately dial 9-1-1.
3. Workforce Member Responsibilities:
  - a. The primary care nurse or workforce member who encounters or is caring for the escalating individual, take the following steps:
    - I. Remain calm
    - II. Provide details of the incident to the Team Leader including:

- A. Brief history of the incident
    - B. Medical status
    - C. Events leading to the current situation
    - D. What action has been taken
    - E. What action is believed to be required of the team
  - III. Assist team as directed by the Team Leader.
  - IV. Complete Workplace Violence Incident Report Form
  - b. If a “De-escalation Team Code” is initiated in your area, take the following steps:
    - I. If possible, remove all individuals in immediate danger to a safe area
    - II. Reduce noise producing equipment
    - III. Speak calmly
    - IV. Remove any loose equipment that could be used as a weapon or cause injury
    - V. The workforce member with the most knowledge of the individual or the situation will remain with the individual and report information to the Team Leader.
4. De-escalation team responders responsibilities:
- a. Report to scene of incident as quickly as possible
  - b. The Team Leader role is assumed by:
    - I. The first person on the scene, or
    - II. A team member with confidence and competence in handling crisis situations, or
    - III. A team member who has a rapport with the acting-out individual
  - c. The Team Leader briefs the responders of the situation and coordinates the response and action plan.
    - I. Possible incident action plan (IAP) objectives may include:
      - A. Utilize de-escalation techniques
      - B. Prevent harm and injury to self and other workforce members
  - d. If the situation cannot be resolved using the De-escalation Team, contact Law Enforcement for assistance, if they have not yet been contacted or responded to the situation.
  - e. Report any injuries immediately to Team Leader and refer personnel to obtain medical treatment and follow the Injury and Illness Prevention Program.
  - f. Assure area is safe and secure for personnel and other patients to return.
  - g. The Team Leader or designee, completes a De-escalation Team Code Response Form and attaches any pertinent documentation and submits through the UOR process. All personnel resume their normal duties.
5. Post incident response:
- a. In the event of a patient, family member and/or workforce member injury or at the request of the De-escalation Team, a Root Cause Analysis (RCA) and/or After Action Review (AAR) will be conducted by the Risk Manager or designee.
  - b. Employee Assistance Program, defusing, crisis management briefing, critical incident stress debriefing, and/or other workforce member assistance programs will be offered to workforce members involved in the response, as appropriate.

## REFERENCES:

1. California Occupations Safety and Health Standards Board (2016). *Section 3342. Workplace Violence Prevention in Health care*. Retrieved from <http://www.calhospital.org/sites/main/files/file-attachments/workplace-violence-prevention-in-health-care-15day.pdf>

2. Kelley, E. "Reducing Violence in the Emergency Department: A Rapid Response Team Approach." *Journal of Emergency Nursing* 2014; 40.1: 60-4.
3. Techniques for Effective Aggression Management Workbook, HSS (2017).

**RECORD RETENTION AND DESTRUCTION:**

Records related to workplace violence will be maintained for a minimum of six (6) years.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Injury and Illness Prevention Program
2. Patient Restraints
3. Active Shooter

Supersedes: v.1 De-escalation Team
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Pension Funding Policy and Procedure		
Owner: Chief Financial Officer	Department: Fiscal Services	
Scope: District Workforce in the Defined Contribution Pension Plan and Defined Benefit Plans		
Date Last Modified: 11/17/2022	Last Review Date: 11/17/2022	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 07/01/2015	

**Purpose:**

To assure timely funding of 401(a) Employee Defined Contribution Pension Plan and Defined Benefit Plans.

**Policy:**

According to the plan document, the district will work with the Pension advisor to determine amounts necessary for funding of the 401(a) Defined Contribution Plan by IRS deadlines.

The Actuary will provide the funding time-line annually for the Defined Benefit Plan during the annual plan report. The Actuary will determine the recommended contribution for the Defined Benefit Plan for the plan year and will provide information about both the Normal Cost and the Unfunded Accrued Liability (UAL).

The funding recommendations for both the 401(a) Defined Contribution Plan and the Defined Benefit Plan will be presented to the Northern Inyo Healthcare District (NIHD) Board of Directors for approval.

For a twenty-four (24) month period after the Proclamation on Declaring a National Emergency concerning the Novel Coronavirus Disease (“COVID-19”) Outbreak (“COVID-19 National Emergency”) signed by the President of the United States on March 13, 2020, the NIHD Board of Directors may decide not to fund the recommended contribution for the Defined Benefit Plan, but instead fund an amount which shall be no less than the Normal Cost for the Plan Year.

**PROCEDURE:**

1. After calendar year W-2 Statements have been processed and issued, Payroll will create the year-end Pension Data files.
2. Accounting and Human Resources will work to develop the pension data files for each of the two pension plans, defined contribution and defined benefit, using the format provided by the actuary.
3. Accounting will work with the designated pension actuaries and advisors to submit the data for the defined contribution and defined benefit plans by agreed upon time frames.
4. Actuary will notify Northern Inyo Healthcare District of the amount to be funded and we will review and seek Board approval to fund as necessary as soon as possible and not later than the IRS deadline for pension plan funding of October 15 of the following year.
5. We will review and seek Board approval to fund the appropriate amount as soon as possible, but not later than the Internal Revenue Service (IRS) deadline for pension plan funding of October 15 of the following year.
6. For a twenty-four (24) month period after the Proclamation on Declaring a National Emergency concerning the COVID-19 National Emergency was signed by the President of the United States on

March 13, 2020, the NIHD Board of Directors will decide the amount to fund for the Defined Benefit Plan, which amount shall be no less than the Normal Cost determined by the Actuary for the Plan Year.

**REFERENCES:**

1. 26 U.S. Code, November 3, 2022.  
[https://uscode.house.gov/view.xhtml?req=\(title:26%20section:219%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:26%20section:219%20edition:prelim))
2. 29 U.S. Code, November 3, 2022.  
[https://uscode.house.gov/view.xhtml?req=\(title:29%20section:1103%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:29%20section:1103%20edition:prelim))

**RECORD RETENTION AND DESTRUCTION:**

Maintenance of funding documents provided by Actuaries is for the life of the plan, plus six (6) years.

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

Supersedes: v.2 Pension Funding Policy
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