

August 18 2021 Regular Meeting

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Agenda August 18, 2021 Regular Board Meeting

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AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING
August 18, 2021 at 5:30 p.m.

Beginning July 1, 2021, the Board will again meet in person at 2957 Birch Street Bishop, CA 93514 at 5:30 pm. Members of the public will be allowed to attend in person or via zoom. Public comments can be made in person or via zoom:

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

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. Adjournment to Closed Session to/for:
 - A. CONFERENCE WITH LEGAL COUNSEL- ANTICIPATED LITIGATION
Significant exposure to litigation (pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9: (three cases)
 - B. Public Employee Performance Evaluation (pursuant to Government Code Section 54957 (b))
title: Interim Chief Executive Officer.

4. Return to Open Session and report of any action taken in Closed Session. (*information item*)
5. New Business:
 - A. ACHD Diversity, Equity and Inclusivity Pilot Program (*Board will consider the appointment of a representative*)
 - B. Northern Inyo Healthcare District Annual Report 2019-2020 (*Board will receive this report*)
 - C. Northern Inyo Healthcare District Chief Executive Officer Job Description with Physical Requirements (*Board will consider the approval of this Job Description*)
 - D. Northern Inyo Healthcare District Interim Chief Executive Officer Employment Contract (*Board will consider the approval of this Employment Contract*)
6. Chief of Staff Report, Sierra Bourne MD:
 - A. Medical Staff Appointments & Privileges (*Board will consider the approval of these Medical Staff Appointments and Privileges*)
 1. Siyavash Fooladian, MD (*anesthesiology*) – appointment to Courtesy Staff
 2. Wanda Lam, MD (*general surgery*) – appointment to Courtesy Staff
 - B. Request for Additional Privileges (*Board will consider the approval of these Additional Privileges*)
 1. Truong Quach, MD (*family medicine/hospitalist*) – request for outpatient Internal Medicine privileges and additional procedural ‘special privileges’.
 - C. Change in Medical Staff Category (*Board will consider approval of changes to Medical Staff Category*)
 1. Jay Harness, MD (*breast surgery*) – request to change staff category from Active Staff to Honorary Staff. Privileges will no longer be active.
 - D. Medical Staff Resignations (*Board will consider approval of these Medical Staff Resignations*)
 1. Charlotte Helvie, MD (*Pediatrics*) - 5/14/2021
 2. Vanessa Blasic, PA-C (*Urology*) - 9/1/2021
 3. Matthew Ercolani, MD (*Urology*) - 9/1/2021
 4. Ali Kasraeian, MD (*Urology*) - 9/1/2021
 5. Jeffrey La Rochelle, MD (*Urology*) - 9/1/2021
 6. Jocelyn Moll, NP (*Urology*) - 9/1/2021
 7. Jason Phillips, MD (*Urology*) - 9/1/2021
 8. Michael Santomauro, MD (*Urology*) - 9/1/2021
 9. Arin Stephens, PA-C (*Urology*) - 9/1/2021
 10. Daniel Su, MD (*Urology*) - 9/1/2021
 - E. Policies and Procedures (*Board will consider approval of these Policies and Procedures*)
 1. *Medical Staff History and Physical (H&P) Policy*
 2. *Medical Records Delinquency Policy*

- F. Updated Privilege Forms (*Board will consider approval of updates to these Privilege Forms*)
 - 1. Anesthesiology
 - 2. Family Medicine
 - 3. Ophthalmology

 - G. Biennial Review of Medical Staff Policies (*Board will consider approval of these Medical Staff Polices*)
 - 1. *Disclosure of Unanticipated Outcome*
 - 2. *Medical Ethics Referrals and Consultations*
 - 3. *Pediatric and Newborn Consultation Requirements*

 - H. Medical Executive Committee Meeting Report (*Board will receive this report*)
-

Consent Agenda

- 7. Pioneer Home Health Quarterly Report (*Board will receive this report*)
 - 8. Eastern Sierra Emergency Physician Quarterly Report (*Board will receive this report*)
 - 9. Compliance Department Quarterly Report (*Board will receive this report*)
 - 10. Approval of minutes of the July 7 2021 special meeting (*Board will consider approval of these minutes*)
 - 11. Approval of minutes of the July 21 2021 regular meeting (*Board will consider approval of these minutes*)
 - 12. Financial and Statistical Report as of June 30, 2021 (*Board will consider accepting this report*)
 - 13. Human Resources Employee Handbook Policies (*Board will consider approving these policies*)
-
- 14. Reports from Board members (*information item*).
 - 15. 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.

Kelli Davis

From: Marina Servantez <Marina.Servantez@achd.org>
Sent: Friday, July 16, 2021 2:07 PM
To: Marina Servantez
Cc: Amber King; Cathy Martin
Subject: [EXTERNAL MAIL]Thank you for your inclusion in the ACHD DEI Pilot Program

** This message has originated from outside the NIH network and has been tagged as EXTERNAL **

** Use care when opening attachments. Attachments are a common method for delivering malware. Do you know the sender? Were you expecting this attachment? If the message appears suspicious to you in any way, **DO NOT** click on any links or open the attachment(s) and **NEVER FORWARD** any emails that you have questions about.

If you are unsure what to do please Contact the service desk by email or phone service@nih.org or X2835. **

Good afternoon,

Congratulations! Your district has been selected to take part in the ACHD Diversity, Equity and Inclusion (DEI) Pilot Program. This new program aims to bring healthcare districts together to learn about relevant diversity, equity and inclusion topics specific to your districts. In addition, the goal of this program is to create a space of openness and collaboration between the members in your group. ACHD has divided the participating districts into two different groups, which will be led through a few key stages of this program by a subject matter expert.

Your group includes:
Plumas District Hospital
Sequoia Healthcare District
Desert Healthcare District
Northern Inyo Healthcare District
Fallbrook Regional Health District

This group will be led by Pamela Abner, MPA of Abner Consulting Services. Pamela Abner has over fourteen years of experience working with industry leaders to establish best practices, strategic framework and innovative programs to instill diversity, equity and inclusion across business lines. As a certified patient experience professional, a certified unconscious bias educator and an inclusion trainer, Ms. Abner strives to establish inclusive and culturally aware environments based on promoting anti-racist behaviors. Currently, Ms. Abner holds the position of Vice President and Chief Diversity Operations Officer for

Mount Sinai Hospital Groups within the Mount Sinai Health System in New York. We are so excited to have her experience and knowledge in this program, and she will also be presenting for us at the upcoming [Annual Meeting](#).

The program is divided into 3 stages, each of which will include varying district representatives. For the first stage, we ask that only the CEO from each district join us for a collaborative discussion with Pamela to help determine the needs of your districts and the trainings that would be best suited for the group. However, if you have another executive at the district who will be heavily involved in this program, please be sure to let me know and I can reach out to Pamela to ensure we can expand the group. At this time, we would love to get Stage 1 scheduled and are [seeking the CEO's availability on this doodle poll](#). Additionally, please also see below for the overall format of the program.

Stage 1: Assessments and Interaction

- **Roundtable/Assessment with the 5 district CEOs and Pamela Abner (end of July):** [Please Submit your CEO's Availability Here](#)
 - 1 hour. Used to introduce all districts to Pamela and to discuss what you are doing on diversity, equity and inclusion as well as where any needs are.
- **Roundtable/Assessment with the 5 district CEOs and Pamela Abner (end of July/Early August):** [Please Submit your CEO's Availability Here](#)
 - 1 hour. Used to help determine what topics would best be included in trainings for this specific group of individuals and receive CEO feedback on the training options.

Stage 2: Trainings

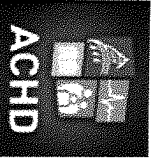
- **Training #1 (mid-August)**
 - 1.5 – 2 hours. Training subject matter based on Pamela Abner's suggested topic based on group assessments. Each district should have around 10 participants, including members from the following groups: executives, staff members, trustees.
- **Training #2 (early September)**
 - 1.5 – 2 hours. Training subject matter based on Pamela Abner's suggested topic based on group assessments. Each district should have around 10 participants, including members from the following groups: executives, staff members, trustees.

Stage 3: Follow-up and Reflection

- **Follow up interactive roundtable with Pamela Abner and ACHD (October)**
 - 1.5 hours. Reflect on what was learned, any key realizations, and get advice on where to start with implementing any changes. This roundtable will be open to participants of the trainings who hope to get more involved with the district's work surrounding DEI.

Thank you so much for your willingness to be involved in this pilot program, and we look forward to receiving your thoughts and feedback on this work. Please do not hesitate to reach out with any questions!

Best,
Marina



Marina Servantez
Member Services & Education Manager
1215 K Street, Suite 2005
Sacramento, CA 95814
www.achd.org

Diversity, Equity & Inclusion Pilot Program

ACHD is happy to announce an exciting opportunity to assist members with their Diversity, Equity & Inclusion (DEI) work, including robust training and education.

Thanks to a grant from The Wellness Foundation, ACHD is launching a new pilot program for up to six districts. Districts interested in this opportunity will need to submit an application. Districts will be judged and selected based on a number of criteria, including their need and desire to further their DEI work.

Selected districts will receive a private consultation with a trained DEI expert to identify areas of improvement within the district and suggest focused education and training. These districts will then participate in a series of exclusive, tailored educational sessions and roundtables to progress the healthcare districts' journey surrounding DEI. Selected districts should expect to participate in all trainings and roundtables over the summer of 2021.

The application is now closed. If you submitted an application to be a part of this program, we will reach out with more information and selection status in the coming weeks.

Criteria

District has demonstrated they have:

- A need to implement programs and policies focused on DEI, or other DEI work
- The capacity and availability to be committed to this opportunity
- A willingness to implement programs and policies focused on DEI
- An interest in bringing DEI principles to their community and patients
- A commitment to continue working on DEI after the conclusion of this opportunity

Definitions*

Diversity is the presence of differences that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment, or political perspective. Populations that have been-and remain- underrepresented among practitioners in the field and marginalized in the broader society.

Equity is promoting justice, impartiality and fairness within the procedures, processes, and distribution of resources by institutions or systems. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.

Inclusion is an outcome to ensure those that are diverse actually feel and/or are welcomed. Inclusion outcomes are met when you, your institution, and your program are truly inviting to all. To the degree to which diverse individuals are able to participate fully in the decision-making processes and development opportunities within an organization or group.

* Definitions and more information available here (<https://dei.extension.org/>).

Submit Application Here

(<http://www.achd.org/application-for-diversity-equity-inclusion-pilot-program/>)

CONTACT US

(916) 266-5200

Email Us (<mailto:info@achd.org>)

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- MarinHealth introduces new medical center virtually (<https://www.achd.org/marinhealth-introduces-new-medical-center-virtually/>)
- New Wing Opens at Mayers Memorial Hospital (<https://www.achd.org/new-wing-opens-at-mayers-memorial-hospital/>)
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NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

ANNUAL REPORT 2019-2020





Geriatrics Physician Anne Wakamiya, MD, shares a laugh with a staff member. Photo by David Calvert

MISSION

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

VISION

Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient friendly way, both locally and in coordination with trusted regional partners.

VALUES

Values are those beliefs and principles that guide the decision-making and behaviors of staff and thus collectively the actions and accomplishments of an organization. Northern Inyo Healthcare District believes that to successfully achieve its Vision, the District and the staff must abide by six key values and that these values can be divided into three groups.

CORE VALUES

are those values that are the foundation that defines who will choose to dedicate themselves to the well-being of others

Compassion. At NIHD, we not only care deeply about you, but we strive to understand your situation from your point of view. Our compassion is what inspires us to care for you and your loved ones.

Integrity. At NIHD, we know that you expect your healthcare team to embrace the idea that we always do the right thing and are transparent about what we are doing and what we are working on improving.

As staff we believe that these two values define who we are and why we are in healthcare.

ASPIRATIONAL VALUES

are those values that drive the District and its staff to work towards making tomorrow's care better than yesterday's care

Quality/Excellence. At NIHD, we monitor ourselves to ensure that we strive to exceed the accepted standard of care. We believe that you should feel confident that you are receiving the best care possible through your District.

Innovation. At NIHD, we believe that there will always be new ways to care for you and your loved ones. We embrace this continuous review of our progress as we know in our heart of hearts that it will result in the best quality and the best outcomes.

As staff we believe that these two values define how we got to be who we are today and what we want to be able to do for you tomorrow.

PERMISSIVE VALUES

are those values without which a patient would not allow you to engage in his/her care.

Team-Based. At NIHD, we believe that every member of our team is partnered with you, with your loved ones, and with each other to ensure you have the best possible outcome. Without this partnership we cannot understand your goals and we cannot help you achieve those goals. We know our role in your care and strive to achieve that role in a way in partnership with the whole team.

Safety. At NIHD, we believe that everyone should feel secure enough to achieve their goals, be it a patient receiving care or a staff member meeting the needs of the patient in an environment free from risk or distraction.

As staff, we understand that in the absence of our commitment to these two values, you the patient and your loved ones, would not allow us to provide your care.

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NORTHERN INYO HEALTHCARE DISTRICT, FIRST ANNUAL REPORT 2019-2020

1967 Building Dedication plaque — oldest building still on campus. Photo by David Calvert.

WHO WE ARE

IMPROVING OUR COMMUNITIES, ONE LIFE AT TIME

Northern Inyo Healthcare District (NIHD) hospital facilities contain state of the art equipment and qualified, licensed, and certified staff to provide excellence in healthcare. NIHD has 25 inpatient beds, three operating room suites, eleven bays in our pre-operative/post-operative recovery area, and eight bays in our emergency department. NIHD is accredited by The Joint Commission and licensed by the State of California Department of Public Health.

As a Critical Access Hospital, we are committed to providing high quality, comprehensive care in the most patient-friendly way, both locally and in coordination with trusted regional partners. NIHD serves the communities of our District and beyond.

MILESTONES, AWARDS, AND RECOGNITION

EXCELLENCE IN HEALTHCARE



Presentation of Resolution from Assemblyman Devon Mathis, in recognition of being named ACHD's District of the Year. L-R: Board member Robert Sharp, Former CEO Kevin Flanigan, Assemblyman Devon Mathis, board members MC Hubbard and Jean Turner. Photo by Barbara Laughon

Northern Inyo Healthcare District's success with its new Medication Assisted Treatment program garnered the District top honors from the Association of California Healthcare Districts (ACHD), as it named NIHD Healthcare District of the Year for 2019.

Accepting the honors was NIHD's Board of Directors, including Board President Mary Mae Kilpatrick, Vice President Jean Turner, Treasurer MC Hubbard, and Member-At-Large Jody Veenker, along with former Chief Executive Officer Kevin S. Flanigan, MD MBA, and former NIHD Board Member Dr. John Ungersma. Board Member Robert Sharp was unable to attend.

Reflecting on the announcement, Dr. Flanigan stated, "As I looked at the list of nominees and their accomplishments, I knew we deserved to be on the list but I was shocked when we were named, considering what some of the other Healthcare Districts had accomplished in the past year. Some of these Districts are huge and have massive budgets, but none can match our team's energy, commitment, and dedication to the communities we serve."

Calling the evening among the most humbling of his life, Dr. Flanigan credited the effort put forward by the entire NIHD team with securing the honor. "From the Board of Directors, to the leaders, to the medical staff, to the clinicians, to the administrative staff, to the environment of care team, both new and long-standing staff, everyone has a part in this award. Without everyone's commitment to our Mission and our Vision we could not have saved the lives we have through the work we are doing."

Earlier this year, NIHD began a Medication Assisted Treatment program funded and run by the District and other stakeholders for coordination of care. During the preceding three years, the District and others began to review opioid use and identified a trend in the escalation of overdoses, deaths, criminal cases, and medical issues associated with opioid use, misuse, and abuse.

NIHD applied for and was one of 31 named recipients for the Bridge Grant. This allowed for the creation of the MAT program, which is now expanding into other areas of Behavioral Health treatment. Since implementation of the program, NIHD has seen more than 30 enrolled patients in three months; every Emergency Department physician earning special certification to prescribe the highly controlled anti-addiction medication; more than a half dozen patients treated with Narcan by police, first responders or private citizens outside of the hospital; and, adolescents seeking care.

Dr. Flanigan noted his pride in the District's transition from avoiding patients with obvious signs of addiction to identifying patient behaviors consistent with addiction and offering services. "Besides being able to offer this care, the culture shift is one of the greatest accomplishments I have seen," Dr. Flanigan said.

The Association of California Healthcare Districts works with numerous state and local entities to promote the critical role Healthcare Districts play in responding to the specialized health needs of tens of millions of Californians while also having direct accountability to the communities that Districts serve.

MILESTONES, AWARDS, AND RECOGNITION

EXCELLENCE IN HEALTHCARE



The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford.



Since 1964 Northern Inyo Healthcare District has earned The Joint Commission's Gold Seal of Approval® for demonstrating continuous compliance with its rigorous accreditation standards. The Gold Seal of Approval® reflects an organization's commitment to providing safe and effective patient care. Northern Inyo Healthcare District is one of fewer than 15 Joint Commission accredited Critical Access Hospitals in the state of California



An ecstatic Northern Inyo Healthcare District Board of Directors, present and past, posed for photos moments after being named the 2019 Healthcare District of the Year by the Association of California Healthcare Districts.

From left, Ken Cohen, Chief Executive Officer, ACHD, who presented the award; Dr. Kevin S. Flanigan, Former Chief Executive Officer, NIHD; Mary Mae Kilpatrick, President, NIHD Board of Directors; Jean Turner, Vice President, NIHD Board of Directors; Jody Veenker, Member-at-Large, NIHD Board of Directors; MC Hubbard, Treasurer, NIHD Board of Directors; and Dr. John Ungersma, former member, NIHD Board of Directors. Unable to attend: Robert Sharp, Secretary, NIHD Board of Directors. Photo courtesy Chuck Kilpatrick

Stacey Brown MD, named best physician by The Inyo Register newspaper. Brown is shown here, kneeling center, with some of the Rural Health Clinic team. Photo by Barbara Laughon



ACR accreditation is recognized as the gold standard in medical imaging.



ACHD works with numerous state and local entities to promote the profound role Healthcare Districts play in responding to the specialized health needs of tens of millions of Californians, while also having direct accountability to the communities that Districts serve.

ACCOLADES FOR NORTHERN INYO HEALTHCARE DISTRICT

Dear Mrs. Aspel,
I hope this letter finds you well.

My name is Lou Manzano, and I am a Fire Captain with the Ventura City Fire Department. I have been a firefighter for 20 years and a paramedic for 28 years in a busy 911 system in Southern California that responds to over 24,000 calls a year and serves a population of 110,000+. I am heavily involved in our department's hiring selection process, Training Bureau, and Emergency Operations Bureau. The reason for my heavy involvement in these areas is to ensure that our department hires and trains employees that are professional, competent, caring, and compassionate at all times but specifically during our customer's worst times.

On July 28th, my 15-year-old son Sam and I had an incident happen to us that challenged our character, our bravery, and our determination. Our story goes as follows:

After an incredible four days of outdoor activities in the Mammoth area, we decided it was time to head back home to Newbury Park, CA. We left Glass Creek in the early morning hours and while driving home, I thought that it would be fun to take one last motorcycle ride and visit a remote canyon on the east side of the Bristlecone Forest. Wyman Canyon is a remote canyon located on the east side of the White Mountains, approximately 55 miles from Bishop. It is very desolate due to its location and extreme weather. My plan was to take a short ride through Wyman Canyon to end our vacation with lasting memories.

On our way out of Wyman Canyon and after riding for approximately 50 miles, my son had an accident that would forever change our lives. While riding on a flat dirt road with 10 miles left of riding to Highway 168, his front wheel slipped and caused him to put out his left leg in an attempt to regain his balance. This action ended up breaking his left tibia/fibula. With many details between this moment and us reaching the hospital, this incident proved to be one of the most challenging times of my life.

After a 2.5-hour motorcycle ride back to Bishop with a complete tib/fib fracture, we pulled into your Emergency Department with a bit of uncertainty. Not being from the Bishop area and not knowing the level of care we would receive, I was incredibly surprised at what would transpire during our three-day visit. I knew we would get help, but I

wasn't sure of the long term plan for a severely fractured leg in a rural town.

Below is nothing short of a miracle. There are many details that go along with this experience, and below are some of the people that changed our lives forever. I will apologize ahead of time because I did not get everyone's name. My focus was on Sam, but here are some of the professionals that took great care of us:

Doctors - Dr. Samantha Jeppsen, Dr. Mark Robinson, Dr. Dan Cowan

RNs - DeeDee Costello, Rita DeGeus, Jacinda Thomsen, Shauna Murray, Jenny Bates, Alli Downey, Melissa Galvan, Beth Cole, Brent Obinger, Sherri Grant, and many more.

Support Staff (CNA's, PT Techs, X-Ray Techs, RT Techs, Lab Techs, and Security) - Francine Berube, Tyler Honeyman, Ashley Weatherford, Kendra Stone, and many more.

As you can see from the list above, we had close to 25 people taking care of us. The professionals above provided us with the best care during our time of need. Their ability to take our terrible situation and make it better gave us the peace of mind that we were at the right hospital. Their competent, compassionate, and timely care was world-class. They remained composed, professional, informative, and caring throughout our stay.

As a leader of a public service team, I can appreciate all the hard work that goes into your employees to ensure that when it is time to work hard and represent the profession of public service, your team is ready to perform. You should be extremely proud and honored to have a team of such incredible professionals that represented you and your organization in a caring, compassionate and timely way. This team changed our lives forever, and I will always be in debt to your team for what they did for us.

If you should have any questions, please feel free to contact me directly.

Much appreciation and much respect,

Luis Manzano, Fire Captain
Ventura City Fire Department



**ONE TEAM. ONE GOAL.
YOUR HEALTH.**



Jean Turner
Chair, Board of Directors

CHAIRPERSON'S LETTER

JEAN TURNER

We ended the year with a special board meeting to discuss the 2020-2021 Budget, the Board unanimously voted to postpone the search for a new CEO for one year. The Board also extended the terms of service for Interim CEO Kelli Davis and Interim CMO Dr. William Timbers, also for one year.

The benefit of these actions is two-fold. By postponing the CEO search for one year, the District will save valuable funds in recruitment fees as well as salaries and benefits during a financially challenging time. By extending service terms for Kelli and Dr. Timbers, we will solidify an already strong Executive Team, one that includes CNO Tracy Aspel, until her retirement date later this year, and as we welcome our new CNO, Allison Partridge. The Board is grateful to Kelli, Dr. Timbers and Tracy for agreeing to take on additional work on top of their already robust jobs.

As you may know, under Kelli's leadership, the Executive Team has taken immediate action to strengthen the District financially. Most of these efforts focus on the following:

- District-wide cost savings
- Contract renegotiations of major services
- Overall efficiency within the District
- The addition of some service lines
- Refunding our bonds to reduce debt service and,
- Funding benefits to reinforce financial liquidity

These measures will help the District sustain a strong business model while continuing to meet its obligations to you, the employees, as well as our vendors, our partners, and other

stakeholders during these uncertain times. I know there has been great concern regarding the decision to postpone the funding of the Defined Benefit Plan. Let me assure you, the Board and Executive Team are committed to re-funding the plan just as soon as our patient flows return to normal.

The Board would like to thank everyone on the NIHD team for the hard work and out-of-the-box thinking that is helping get us through this time. We appreciate that our team pulls together in these stormy moments of challenge and always looks for the silver linings. You are an inspiration to us and the community you serve!

Recently I have been in touch with some of the challenges in the world we all live in currently and how sometimes I can slip into a slight darkness or depression or fatigue. But then, I remember people who serve at NIHD. I think about all you are doing each and every day; I think about the internal challenges you have been facing and addressing for several months now. I think about what your weariness level must be at times. I worry that you get discouraged at times.

While I do think, frankly, that words seem inadequate, I must make an attempt. It is important to me that each of you realize how much you are appreciated. Please know that I value your professionalism and the amazing list of accomplishments in recent weeks and months.

Sincerely,

Jean Turner
Chair, Board of Directors, Northern Inyo Healthcare District

CHIEF EXECUTIVE OFFICER'S MESSAGE

KELLI DAVIS, MBA

Greetings,

As you prepare to review the annual highlights in this report, it is most important that I express my sincere appreciation and gratitude to the Northern Inyo Healthcare District (NIHD) team members, providers, Board of Directors, Foundation and Auxiliary members, volunteers, and all others who partner with us in serving the needs of our wonderful community every day in one capacity or another. And to our community members, thank you for the trust and support you place in NIHD. The greatest testimonial and recognition you can give to us, is to allow us to share in your healthcare journey and provide the care you need when you need it.

2020 has brought challenges and changes on a daily and sometimes minute by minute basis. Our vision for providing the high-quality care we are known for did not waiver; in fact, it has remained the guiding light for us throughout these unpredictable times. Ensuring we are meeting our community's healthcare needs today, tomorrow, and beyond is the certainty during these uncertain times. In healthcare, the focus on infection prevention and risks is a top priority at all times; the COVID-19 pandemic took the healthcare industry to a whole new level to reduce the risk of exposure. NIHD prepared for and implemented early strategies to reduce risk and prepare for the worst while hoping for the best. Thankfully, this quick action provided a much safer healthcare environment for our community members, team members, providers, and all others. Our team members and providers, the true front line heroes, have managed all patients' care during these challenging times with the greatest of compassion and empathy imaginable. Knowing the hard work that was underway here at the District, the support, generosity and tokens of appreciation from

our community members, as a way of saying "we support you – we thank you", was key to replenishing the efforts and instilling lines of energy in our most valuable assets. Thank you.

Having been with the District for ten years and now as a new CEO in 2020, I am not alone in noting there has been much recent change. At the same time, we've experienced a renewed momentum throughout the District, including some new faces and skill sets on the Executive Team and a heightened level of enthusiasm from our Board of Directors. At the core, no matter the role, we all share in and align with the NIHD mission, vision, and values. Soon, we will embark on the development of our new strategic plan for the District. This road map will be a vivid path for every stakeholder to share in, plan in and celebrate with, as we see the accomplishment and the successes being met each step along the way, as outlined in our 2021 -2023 strategic plan. At the District, we are used to hard work, planning, implementing, and of course, navigating the challenges of modern healthcare. This is who we are – "One team. One goal. Your Health". The best is yet to come!

My profound hope is you will enjoy the following highlights as our team shares the accomplishments, the challenges, and the ongoing efforts underway to ensure we are positioned to care for our community members for generations to come.

Sincerely,

Kelli Davis, MBA
Interim CEO



Kelli Davis, MBA
Interim Chief Executive Officer

STRATEGY FORMULATION FOR THE DISTRICT

Northern Inyo Healthcare District has invested in its strategy over the last few years to improve the culture and align the departments for future success. Under previous leadership, we looked at creating a shared mission and vision we could build a plan around.

NIHD designed its vision with the idea that we could achieve great things if everyone is inspired to do so. We created our vision as a goal – an achievable future state. We saw it as something to strive for that was focused on things that were important to not only the hospital, but also those we serve.

“Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient-friendly way, both locally and in coordination with trusted regional partners.”

In order to achieve our vision, we knew it needed to be supported by our mission. Mission statements articulate why we exist as an organization and can drive a positive culture in an organization when correctly written and applied. Our mission, “Improving our community one life at a time. One Team. One Goal. Your Health.” was adopted by the staff and leadership as a way to accomplish these two objectives:

- To reinforce why we exist.
- To give staff and employees a reason for conducting themselves in a way that helps us achieve our vision of the future.

Over the years since creating the mission, we have been able to utilize that mission in our discussions with employees on how to conduct themselves and why we do certain things at the hospital. Anchoring ourselves in our mission has helped to unite employees and keep us focused during tumultuous times.

2020 has been a transition year for Northern Inyo Healthcare District. In the past we have been focused on gathering information to help us decide where to move in the future. Good decisions are made based on understanding data and applying that data to future roles.

Those being:

- **Data and Information:** Understanding the metrics that would help us achieve our goals and let us know where we stand compared to our benchmarks.
- **Patient Experience:** Making sure our patients were well taken care of.
- **Employee Experience:** Ensuring our employees and staff love working at NIHD and serving the people they serve.

We chose those categories because of their immediate need. Patients will always come first at Northern Inyo Healthcare District, but we did not want to lose sight of our employees in that process. Our employees are the most important resource we have. We have invested heavily in our employees and will continue to do so. Data and Information were added to the plan because we knew that we needed to have all the facts to make smart decisions. During the last several years, we have created plans to gather the right information and use it to help us make future decisions.

Once we had a better handle on those areas, we began to look at adding to our plan by creating goals to support our fiscal status and market share, as well as our growth or expanding our reach.

Given the change in leadership, we decided to utilize this year’s planning process to build a plan that would help us achieve our vision for the hospital and fix any misaligned systems, processes, and structures that would impede achieving our goals. This meant digging deeper into what we know about our hospital and the services our patients need.

2020 was a year of gathering information and preparing for our strategic planning process. In 2021 we will incorporate an organizational effectiveness process with other planning tools to eliminate barriers to success and align the organization to our key stakeholders’ needs. Meeting the needs of our stakeholders is a way to ensure that our success is organic and sustainable.

Understanding that our employees and medical staff are two critical stakeholders and have a direct connection to our

most crucial stakeholder, our patients, we have surveyed both the staff and medical staff to understand the needs they are seeing. Also, we are in the process of gathering information from OSHPD and previous market studies and Community Health Needs Assessments to give us a more complete view of our situation. Being able to clearly see where we were in the past and compare that information with what needs to change in the future, we will be able to predict what will drive our success and sustainability moving forward.

Our areas of focus will be checked against a balanced scorecard approach to ensure we have a complete plan. Although the names of the categories will change, we expect to have goals that will address:

- Patients and their health needs
- Employees and their growth and satisfaction
- Operational efficiencies and eliminating barriers to success
- Financial success for the hospital
- Growth and providing services that are most needed in the community

We expect to complete our plan somewhere around Fall of 2021. This date will depend on the state’s COVID-19 restrictions and our ability to assemble the appropriate participants.



FINANCIAL STATISTICS

KEY SNAPSHOTS FROM THE 2020 FISCAL YEAR

CASH

Majority of cash increase in 2020 due to IGT, PPP Loan, and HHS Stimulus



GROSS REVENUES



GROSS MARGIN



BONDS OUTSTANDING



TOTAL PENSION PLAN ASSETS



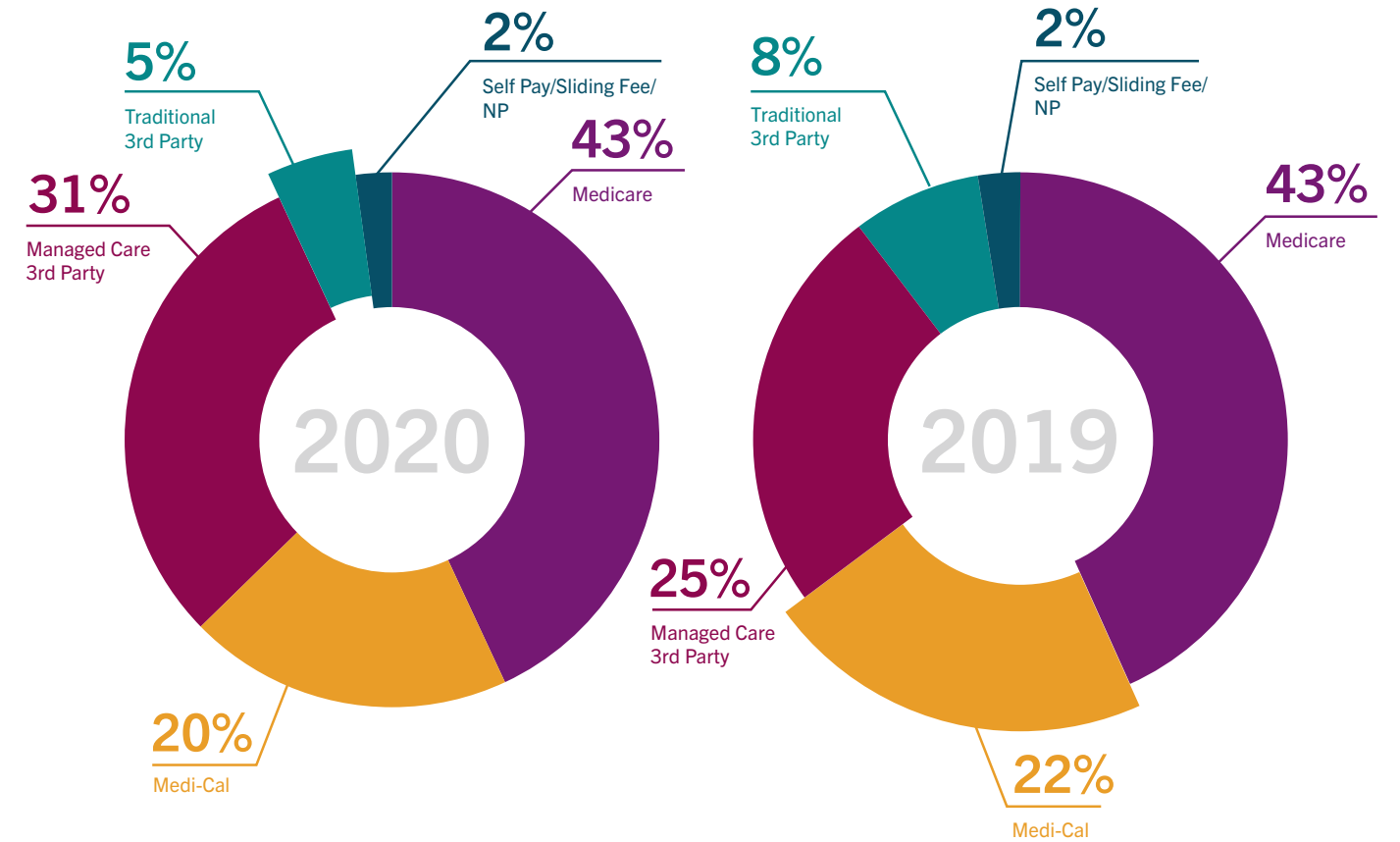
EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION, AND AMORTIZATION



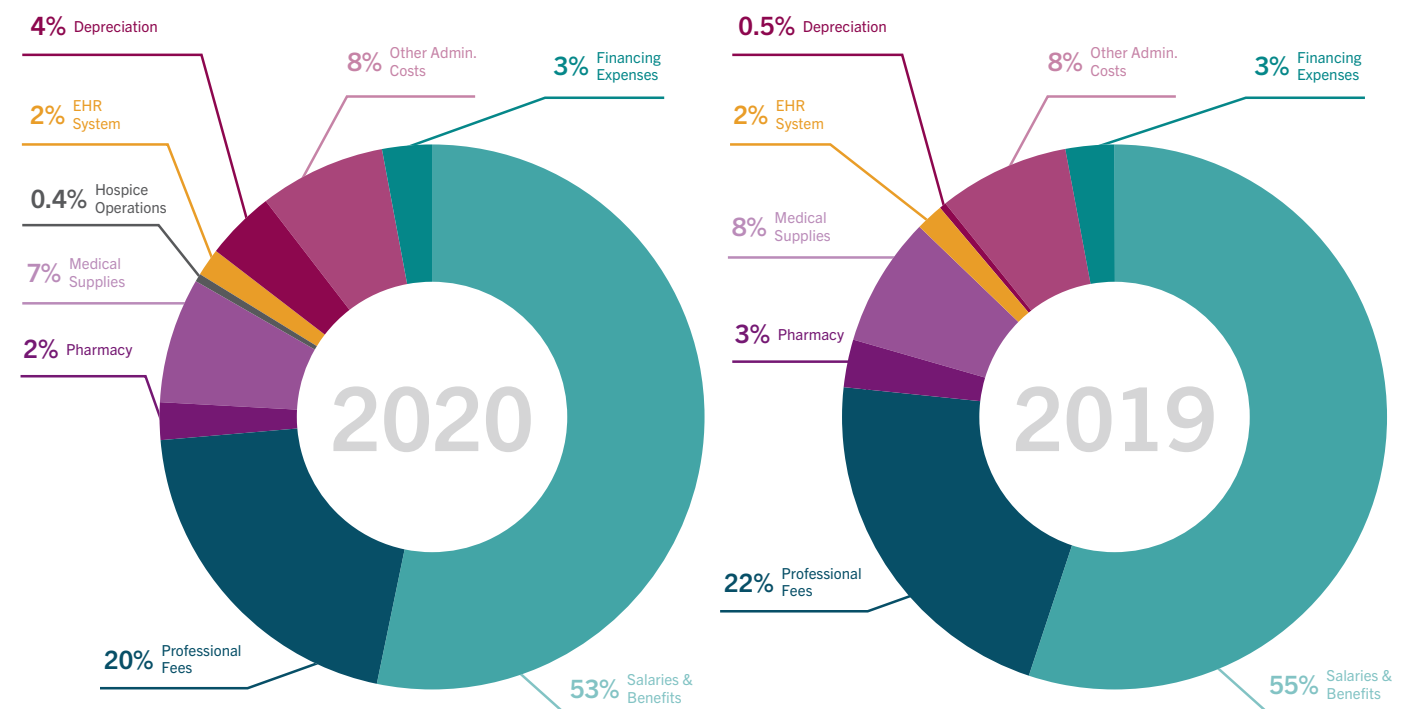
TOTAL ASSETS



PAYER MIX



COMPONENTS OF COST



PATIENT SERVICE STATISTICS



DISCHARGES



INPATIENT DAYS



OUTPATIENT VISITS



OBSERVATION DAYS



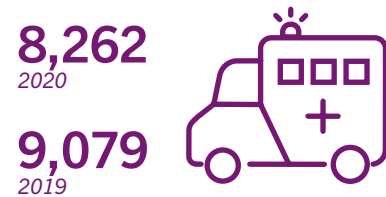
LENGTH OF STAY



AVAILABLE PATIENT DAYS



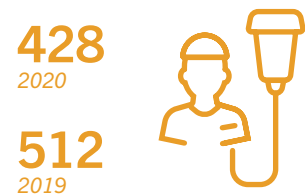
DELIVERIES



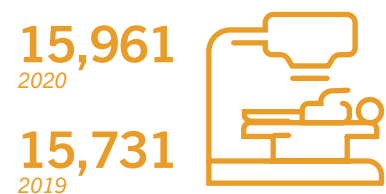
ED VISITS



SURGICAL CASES



CHEMOTHERAPY



IMAGING VISITS



ENDOSCOPY PROCEDURES



EKG PROCEDURES



NUMBER OF BEDS



CHIEF MEDICAL OFFICER'S REPORT

WILLIAM TIMBERS, MD

This year has been exceptional. Globally, we have seen the pervasive spread of COVID-19 with millions of infections and hundreds of thousands of deaths in the United States alone. Nationally, we have seen ever-widening political divides and near-perpetual protests. Regionally, we have witnessed unprecedented fires across the west, with smoke inundating the Owens Valley resulting in some of the world's worst air quality. As if the amalgamation of these challenges is not enough, the healthcare district has been confronted by leadership changes and marked financial hardship. Yet, despite these trials, the dedication, teamwork, and resolve of the people that are Northern Inyo Healthcare District has also been exceptional.

This is the first Chief Medical Officer contribution to an annual report wherein the Chief Medical Officer is a distinct entity. I hope this report provides you with an overview of the initiatives and projects I have been involved in. However, I want to stress that none of the work I have done or outline here is mine to take credit for alone. Despite the plethora of challenges, the accomplishments we have made this year are second to an exceptional team. When I was asked to step into this role, it was to fill a clinical departure within the Executive Team due to Dr. Flanigan's leave. This coincided with the rapid spread of COVID-19 in the United States and the need for additional clinical guidance in preparing for and mitigation of local spread of the virus. As Chief Medical Officer, I remained a member of the Incident Command team and worked with each clinical department early on in the pandemic to craft the 'NIHD COVID-19 Disaster Operations Action Plan'. A living 40-page document guiding staffing and resource management to facilitate safe clinical operations across the District. This provided the framework for reopening the District, beyond purely essential services, safely and efficiently. I have also been meeting weekly with members of media in the community to provide updates regarding COVID-19 and the District's preparedness. Additionally, I have given COVID-19 related presentations to various community groups, including District staff, Inyo County, and the Bishop Paiute Tribe, to educate and inform. While the pandemic is certainly nowhere near over, we have reached a sort of steady-state where workflows and processes that we implemented early on have become wrote, and less active management is required on a day-to-day basis. While our community and the healthcare district have certainly not been spared from COVID-19, and we have

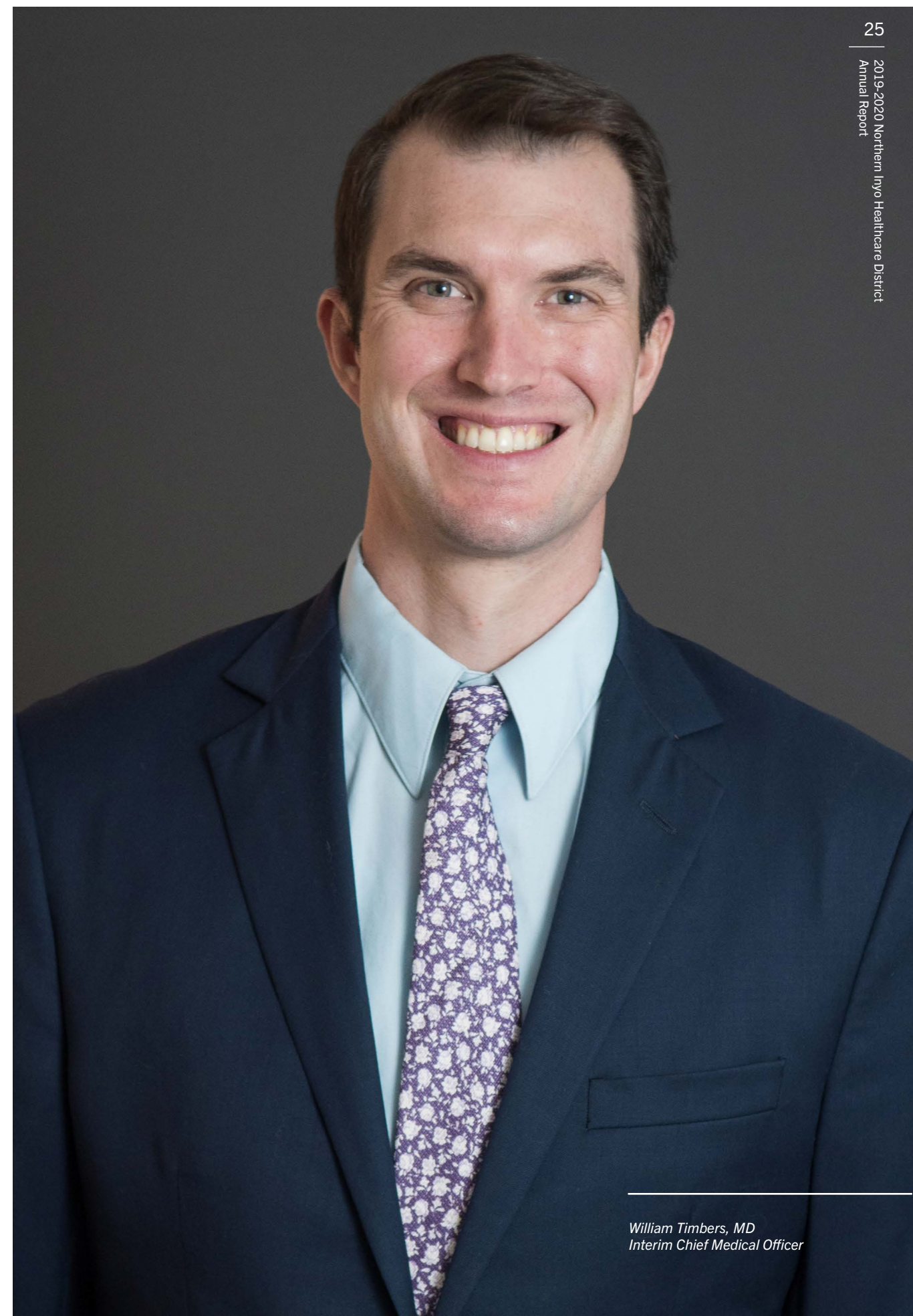
seen our share of death related to the virus, I am extremely proud of the Incident Command team and the District as a whole. I hold the conviction that was it not for early and intentional efforts to minimize and manage the impact of COVID-19 that we would have seen even more morbidity and mortality. With less COVID-19 active management required, I was able to pivot attention to other initiatives and needs within the District that are the traditional purview of a Chief Medical Officer. Kelli Davis, Tracy Aspel, and I reviewed the District's departments and divisions and revised the reporting structures. As part of this re-alignment, the following departments or divisions now fall under the Chief Medical Officer. For each category, I have provided a brief overview.

Physician and Advanced Practice Provider Relations

As Chief Medical Officer, I remain an active staff member and continue to work clinical shifts as an emergency physician, and am attuned to the challenges that providers face as part of their clinical duties. Given my administrative role, I am also acutely aware of the challenges that face the District more broadly. With the recent change and ambiguity in District leadership, a rift developed between the Board of Directors, District administration, and the medical staff. I see the Chief Medical Officer as a fundamental bridge between these parties. To this end, I have been helping to facilitate meetings between Board members and Medical Staff as well and sitting on the Medical Executive Committee and, generally working towards collaboration rather than division. Going forward, I envision the Chief Medical Officer being the primary arbiter of relationships between the administration and Medical Staff.

Physician and Advanced Practice Provider Contract Negotiations

With the recent administrative change, there was and still is a significant backlog of provider contracts that require review and renegotiation. However, across these contracts, there has been notable variation in the wording, compensation, structure, and benefits even amongst providers who work in the same clinical location and provide similar services. I worked with Vinay Behl to create standardized and data-driven compensation models that factor in fair market value, productivity, and quality. I have been working with District legal counsel to ensure that the contracts are standardized, comprehensive, and pass legal



William Timbers, MD
Interim Chief Medical Officer

muster. This is a large initiative, and I estimate it will take the better part of two years to complete. My hope is that by investing this time and effort, however, we will significantly minimize future work and contractual discrepancies making the process of negotiations more streamlined, transparent, and fair.

Physician and Advanced Practice Provider Recruitment

Beyond contract negotiations and modeling, I have also been actively recruiting providers. This had been my responsibility and that of the Chief of Staff, and the decision was made for me to continue recruitment efforts as Chief Medical Officer. In truth, I feel recruitment should continue to be the responsibility of the Chief Medical Officer. As Chief of Staff, my lack of access to existing contracts, fair market analytics, and legal counsel was hobbling. The ability to leverage these tools and direct the process from recruitment to contract negotiation to onboarding with the Medical Staff Office is a much more efficient process. During my tenure as recruiter-in-chief over the past year and a half, we have brought onboard four hospitalists, three of which are full time and local. Five emergency physicians, four of which are full time and local. One general/breast surgeon. One Rural Health Clinic physician (although the credit here is all Dr. Brown's!). One full time and local pediatrician. One plastic/hand surgeon and one anesthesia pain specialist. My hope is to continue to expand our services and work towards bringing full time and local providers on board. I am excited to work in conjunction with the Medical Staff Office and our new Digital Marketing Specialist to this end.

Oversight of Medical Directors and Medical Department Initiatives

A major role and responsibility of the Chief Medical Officer is oversight of Medical Directors. The District contracts with a physician in the Rural Health Clinic, Pediatric, Internal Medicine, Hospitalist, Emergency, and Surgery/Anesthesia departments to act as director and help facilitate District directives and initiatives in each of these clinical areas. This is separate from the Department Chiefs, which are Medical Staff positions under the Chief of Staff and governed by the Medical Staff bylaws. The Chief Medical Officer's role is to ensure that the Medical Department Directors work in concert to further the District's strategic and financial plan. These directors report directly to the Chief Medical Officer. This relationship also provides a conduit for each department to relay needs or concerns to the Executive Team.

Pharmacy Oversight

Pharmacy permeates all District clinical areas, and there is a close collaborative relationship between providers and the pharmacists in providing patient care. Given this overlap and the pharmacy department's peri-clinical nature, the

Chief Medical Officer's oversight is appropriate. Recently, pharmacy has been working towards implementing a 340b program, a drug pricing program through the federal government that requires drug manufacturers to provide drugs to eligible healthcare organizations like critical access hospitals at decreased prices. Pharmacy has also revised the markup price for pharmaceutical administration and navigating new requirements mandated by insurance payors. One example of a recent mandate is Anthem's requirement that certain medications be procured through their preferred vendor else the claim be denied. There are also ongoing discussions to steer the need and use case for new medications and therapeutics at the District.

Quality and Risk Management Oversight

Historically there has been minimal physician involvement in, or direction of, Quality and Risk at the District. This is atypical, and one of the cardinal roles of a Chief Medical Officer is oversight of these areas pertaining to clinical care. These quality initiatives include the PRIME grant, which provides funding based on hitting metrics associated with acute bronchitis treatment, Clostridium Difficile, days of antibiotic therapy, and prophylactic antibiotic use after surgical cases. We have historically not met these PRIME metrics and have consequently left \$1.2 million in grant funding on the table. My hope is to work with the Quality team and clinicians to rectify this. The National Healthcare Safety Network (NHSN) is a tool used to help track hospital-acquired infections. The Medicare Beneficiary Quality Improvement Project (MBQIP) tracks metrics related to severe sepsis, stroke, elective deliveries between 37-39 weeks gestation, and Emergency Department transfer communication. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a survey and data collection system that measures patient care experience. Healthcare Effectiveness Data and Information Set (HEDIS) is a pre-selected set of performance measures that fall into six domains. These domains are effectiveness of care, access/availability of care, experience of care, utilization and risk-adjusted utilization, health plan descriptive information, and measures collected using electronic clinical data systems. Health insurance payors tie enrollment to adequate performance within these domains which, consequently impacts compensation. We have historically been behind on our HEDIS reporting which jeopardizes our enrollment with payors. The Quality team has been working hard to catch-up on this backlog and implement new workflows and systems to prevent this lapse from happening in the future. Merit-based Incentive Payment System (MIPS) is a Medicare system that uses provider clinical performance in quality and efficiency to incentivize compensation. Promoting Interoperability is a federal program that allocates incentive payments for adoption and curation of an electronic health record. These

programs require diligent data collection and reporting with frequent course correction of clinical practices to ensure benchmarks are met. The stakes are high as failure to meet these metrics carries significant financial and safety risks. Considering the majority of these Quality and Risk metrics are clinical in nature oversight is squarely within the purview of the Chief Medical Officer.

Clinic Licensing Oversight

I have been working with WIPFLI to license the Bronco Clinic as a 1206b exempt clinic, which is a strategy that will allow us to bill for the services provided there and potentially for similar programs in the future. Additionally, I have been exploring the benefits and barriers that are involved in licensing the Northern Inyo Associates (NIA) clinics through the hospital, which would allow for billing a facility fee in addition to a provider fee. This has the potential to significantly increase revenue. The most substantial barrier is that this licensure would require the NIA clinics be OSHPD Level 3 compliant. As the District moves forward with a possible purchase of the Pioneer Medical Associates Building, we will continue to evaluate this option.

Medical Staff Office Oversight

During the past several years, the Medical Staff Office's role and responsibilities have expanded and evolved. The Medical Staff Office is currently involved in physician recruitment, credentialing and privileging, onboarding and orientation of physicians, medical staff membership and quality, and marketing. The Medical Office Staff will also be adopting the responsibility of managing provider enrollment with insurance payors. Like the Chief Medical Officer, the Medical Staff Office is a bridge between the District and Medical Staff.

Electronic Health Record Implementation

Lastly, I have taken on the role of "sponsor" as we move forward with implementation of our new electronic health record, Cerner. This is a District-wide effort with stakeholders in every department across the spectrum of clinical and non-clinical roles. The sponsor's role is to provide executive guidance and communication of pertinent content to the district staff and employees. Thus far my role has been participation in the Steering Committee and Readiness committee, but I expect that the need for frequent communications and information synthesis will increase as we move further into implementation. I look forward to continuing to work with our project management, WIPFLI, as well, as with the Cerner team and our team here at the District.

As we move forward I am sure that the role of Chief Medical Officer will continue to evolve and adapt to the needs of the

District and the Medical Staff. Some of the responsibilities I have outlined I consider permanent responsibilities of the Chief Medical Officer. Others, such as electronic health records implementation and the COVID-19 response are, hopefully, temporary. I feel privileged to have the opportunity to serve the District and the community in this role, and I look forward to tackling whatever challenges are ahead with this exceptional team.

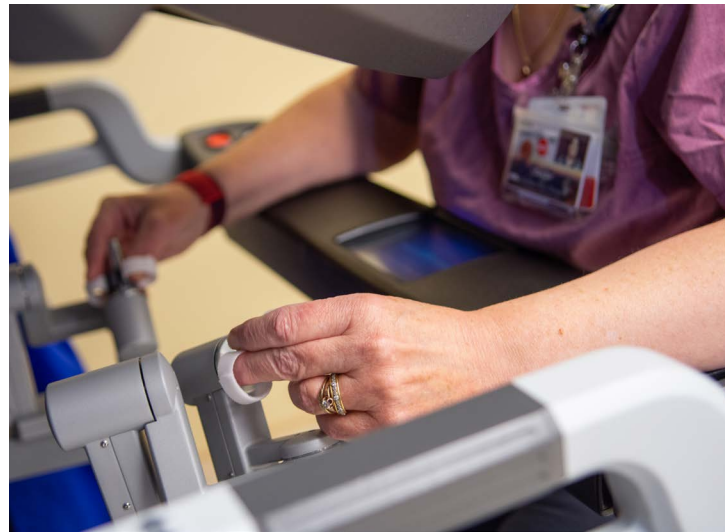
Respectfully,

William Timbers, MD
Interim Chief Medical Officer
Northern Inyo Healthcare District

SPOTLIGHT ON SURGERY



Hands of General Surgeon Robbin Cromer-Tyler, MD FACS, working the da Vinci Surgical System. Photo by David Calvert



Hands of surgeon Robbin Cromer-Tyler, MD FACS, within the guides of the da Vinci Robot-Assisted System. Photo by David Calvert



Surgical Nurse Nicole Eddy. Photo by David Calvert



Perioperative Team member Chris Cauldwell consults with Orthopedic surgeon Richard Meredick, MD. Photo by David Calvert



General Surgeon Jon Bowersox with surgical team members Oscar Morales and Nicole Eddy. Photo by David Calvert

PLASTIC SURGERY

The Plastic Surgery Division at Northern Inyo Hospital offers a range of reconstructive and aesthetic surgeries, led by Board Certified Plastic Surgeon Dr. David M. Plank. Dr. Plank is specially trained with technical ability and the experience to help you meet your goals.

Born and raised in Cincinnati, Ohio, David M. Plank MD left the Midwest to pursue a career in Plastic Surgery. The route Dr. Plank took to Plastic Surgery was one met with many opportunities and experiences, but one that landed him with a career he is passionate about.

Dr. Plank graduated from Miami University of Ohio with a degree in chemistry and went on to pursue his master's degree in physiology at Ball State University. While at Ball State University, Dr. Plank was awarded many research grants, including a NASA grant investigating the long-term effects weightlessness on the body. This training and experience catapulted Dr. Plank to the world famous and top ranked pediatric hospital, Cincinnati Children's Medical Center where he received his Ph.D in Molecular Biology. While earning his doctorate, he interacted with world-class physicians and a Nobel Prize recipient in Physiology. It was these experiences at Cincinnati Children's Hospital and University of Cincinnati where he developed his true passion in medicine and decided to continue his education at the University of Cincinnati School of Medicine.

In 2007, Dr. Plank graduated from the University of Cincinnati College of Medicine where he received several awards for his medical research, innovations, and developed his passion for plastic surgery. Dr. Plank was one of three people in the country to obtain a Plastic Surgery residency position at the prestigious University of South Florida College of Medicine Plastic Surgery program. After residency, Dr. Plank spent a year at University of Pittsburgh where he obtained additional plastic surgery training.

Dr. Plank has always been an avid outdoor enthusiast, spreading this love of the outdoors to his children. He has been visiting Bishop and the Eastern Sierra for 20 years which he is excited to be working at Northern Inyo Hospital.

Dr. Plank regularly gives talks on the medical field to middle school students. Dr. Plank is also an Assistant Professor of Surgery at the University of Central Florida and the Director of their Plastic Surgery Clerkship, where he teaches medical students and residents. Dr. Plank also serves as a Clinical Instructor for the Florida State University College of Medicine.

Dr. David Plank is certified by the American Board of Plastic Surgery and specializes in facial and full body cosmetic and reconstructive plastic surgery. He has contributed a chapter to a textbook and has had 16 peer-reviewed abstracts and articles published in the field of plastic surgery.



Surgical Nurse Oscar Morales.
Photo by David Calvert



General Surgeon Jon Bowersox.
Photo by David Calvert



ORTHOPEDICS

Northern Inyo Associates Orthopedic Surgeons aim to provide a comprehensive evaluation and treatment for a broad scope of musculoskeletal ailments based on the most up-to-date and evidence-based information available. Our department is comprised of three surgeons spanning three generations encompassing greater than 50 years of combined experience in sports medicine/arthroscopy, trauma/fracture care, joint reconstruction, and joint replacement.

Dr. Mark Robinson is Board Certified by the American Board of Orthopaedic Surgery and is a fellow of the American Academy of Orthopaedic Surgeons. Having lived in the Eastern Sierra for many years, he has a thorough understanding of what living an active life means. He brings extensive knowledge and immeasurable experience from his career as an orthopedic surgeon. He provides comprehensive care of orthopedic injury and disease, including complex fracture care and arthritic joint disease.

Dr. Richard Meredith is Board Certified by the American Board of Orthopaedic Surgery and is a fellow of the American Academy of Orthopaedic Surgeons. He is also a member of the American Association of Hip and Knee Surgeons. In addition to completing a sports medicine/arthroscopy fellowship where he focused on sports-related injuries, he has also taken a special interest and completed additional training in joint replacement surgery, including the shoulder, hip and knee. For his joint replacement and select arthroscopic surgeries, he and the anesthesia providers employ the use of regional anesthesia (spinal and peripheral nerve blocks), which has been proven to both decrease pain and increase early mobility leading to lower risks for infection and blood clots. He is a firm believer in multimodal pain management both before and after his surgeries in an effort to minimize narcotic use and subsequently minimize the risk for narcotic abuse and/or long-term dependency. He believes that every patient has the capacity to overcome their ailment or injury when provided with not only the right medical care but also the tools and knowledge to help the patient care for themselves.

Dr. Bo Nasmyth Loy is a fellowship-trained Sports Medicine and Arthroscopy surgeon. He is a member of the Arthroscopy Association of North America, American Orthopaedic Society for Sports Medicine, and the American Academy of Orthopaedic Surgeons. He has worked professionally with the United States Ski and Snowboard teams since 2018, where he empowers athletes to perform at their best, with and without surgery. These same skills, honed with the U.S. Ski and Snowboard team, transition perfectly to providing orthopedic care in the Eastern Sierra. Dr. Loy specializes in arthroscopic surgery of the shoulder and knee. As compared to traditional open surgery, arthroscopy is minimally invasive. This means he can complete most procedures as outpatient surgeries, giving patients the option to go home the same day. Arthroscopy can also minimize pain and the need for pain medication after surgery as well as reduce overall recovery time. If you want to get back to skiing the slopes, climbing and hiking in the Sierras, or any of your activities with better function, Dr. Loy can help you achieve your goals.

Having performed thousands of surgeries and having observed all of these patients recover from their procedures, our surgeons have cultivated an in-depth understanding of what makes a person truly healthy. Life is full of challenges - disease, injury, pain, etc., and our physicians understand that the best way they can help each patient to be healthy is by helping them to cope with and manage their injury or ailment. As surgeons, they are adept at providing surgical solutions to fractures of bones and injuries to soft tissues such as ligaments and cartilage, as well as replacing joints when they are worn out and destroyed by arthritis. Perhaps even more importantly, they understand that often there are ways to manage many ailments non-operatively to avoid potentially unnecessary surgery, particularly when they know the non-surgical outcomes may not differ from surgical outcomes. Recognizing that a patient's care does not end in the office or the operating room, Northern Inyo Healthcare District also has a highly experienced, intuitive, and knowledgeable Rehabilitative Services Staff to assist our surgeons with both non-operative treatment as well as surgical recovery. Before each surgery, the orthopedic service works along with the local primary care providers, medical sub-specialists, anesthesia providers, and hospitalists to provide a comprehensive pre-operative evaluation to ensure that each patient is optimized and safe to proceed with the surgery when deemed necessary. One of our surgeons will see each patient at every office appointment



Orthopedic surgeon Richard Meredith, MD. Photo by David Calvert

throughout his/her care to confirm appropriate progress. All efforts are made from the first visit to the very last to give each and every patient the best possible outcome.

Surgeries Performed include:

- Joint Replacement Surgery (primary and revision)
- Shoulder, Hip (anterior), and Knee
- Minimally Invasive Surgery
- Shoulder (rotator cuff repair/reconstruction, ligament repair for instability)
- Knee (ligament repair/reconstruction, cartilage repair/restoration)
- Elbow and Ankle (arthritis management, cartilage lesions, tendon)
- Hip (impingement)
- Peripheral Nerve/Tendon Entrapment
- Carpal Tunnel Syndrome
- Cubital Tunnel Syndrome
- Trigger Finger
- Comprehensive Fracture Care

OPHTHALMOLOGY

Thomas K Reid, MD, is a comprehensive ophthalmologist. He graduated from John Hopkins University School of Medicine in June 1991 and completed his Ophthalmology residency at the University of Arizona in June 1995 where he served as Chief Resident from July 1994 to June 1995. He has practiced in Bishop since July 1995. He served as NIHD Chief of Surgery and on the Executive Committee, 1997-98 and 2008-2010. He is certified by the American Board of Ophthalmology since 1996 (currently through 2026) and licensed by the Medical Board of California, 1995 to present.

In his 29 years of Ophthalmology experience, Dr. Reid has performed more than 8,000 eye, eyelid, and orbital surgeries, including cataracts, refractive lens implants,

glaucoma and retinal detachment repairs, cosmetic and functional eyelid surgeries, treatments for macular degeneration, and LASER treatments for diabetes, macular degeneration, glaucoma, and other conditions. His patients have included other physicians, professionals, artists, and photographers. He has taught courses on cataract surgery at the American Academy of Ophthalmology meeting as well as appearing on local TV and writing articles for the local newspapers.

Dr. Reid sees patients for general eye conditions, including refraction, glaucoma, cataracts, macular degeneration, retinal detachments, diabetic retinopathy, eyelid malpositions, and eyelid tumors. He performs minor procedures in his office, including pterygium removals,

YAG capsulotomies, YAG iridotomies, eyelid malpositions and eyelid tumors and VEGF inhibitor injections for wet macular degeneration. He performs outpatient surgery at Northern Inyo Hospital including cataract extractions, lens exchanges, and pneumatic retinopexies.

The most common surgery that Dr. Reid performs at Northern Inyo Hospital is cataract surgery. This is truly an amazing surgery. The surgery is performed when a patient feels their vision is "bad enough," i.e., affecting their lifestyle and daily living activities (reading, driving, watching TV, finding the golf ball, etc.) enough to justify the small risks of surgery. As long as there are not other compounding medical conditions or diseases of the eye, cataract surgery is about 99 percent successful. With a normal cataract,

the chance of a complication that permanently decreases the patient's vision and cannot be corrected by another surgery is about one out of a thousand. The surgery usually only takes about 10 minutes. Patients are in the hospital for about two to three hours. The recovery time is generally very short. Some patients see 20/20 without glasses the next day and can do all of their normal activities. Some patients need a few more days to see improvement. If patients have astigmatism that they choose not to have corrected, they will need glasses before seeing their best.



Ophthalmologist Dr. Tom Reid. Photo by David Calvert



Urology surgeon Dr. Matthew Ercolani

UROLOGY

Since 2019, the urologists of Elite Robotic Surgical Consultants have worked diligently with the Northern Inyo Healthcare District Medical Staff and administration to provide comprehensive urologic services with a special focus on robotic urologic surgery for cancers of the prostate, the bladder, and kidney as well as benign conditions such as pelvic organ prolapse and urinary tract obstruction. We want all our patients in the District to be able to have their urologic issues addressed locally. Similar to other specialties utilizing the DaVinci Xi robotic system, laparoscopic urologic procedures performed with robotic assistance have many advantages for our local patients, including: decreased surgical and anesthesia time in the operating room, decreased blood loss during surgery, less pain after surgery, shorter length of hospital stay

for recovery, quicker return to work or normal activities, less risk of surgical site infection, and less risk of a need to return to the hospital for treatment of post-operative complications.

In addition to performing complex robotic urologic procedures, we also treat basic urologic problems in adult males and females, including prostate/voiding problems (BPH), urinary incontinence, kidney stones, erectile dysfunction, urinary tract infections, bladder pain, blood in the urine, androgen deficiency, male sterilization, and diagnosis and management of urologic cancers.



Standard da Vinci Surgical system set up. Photo courtesy of Intuitive



OB/GYN

Minimally invasive gynecologic surgery uses less invasive techniques, such as laparoscopy or hysteroscopy, to surgically treat gynecologic conditions. Minimally invasive techniques require no incisions or a few small incisions. Most of the procedures can be done on an outpatient basis (including hysterectomy). Dr. Jeanine Arndal is a Board Certified OB/Gyn. She has undergone extensive surgical training and has a focus on Robotic and minimally invasive surgical techniques. She has California and Nevada Medical licenses and operates at both Northern Inyo Hospital and Renown Hospital in Reno, NV. This allows her to stay up to date with the most modern surgical techniques and ensures that surgery volume is more consistent with surgeons in larger communities. All of this translates to the best surgical outcomes for patients in our community.

Benefits of Gynecologic Minimally Invasive Surgery

- Smaller or no incisions
- Less blood loss
- Less pain
- Outpatient procedure (or a short hospital stay)
- Faster recovery and return to work, exercise and, other daily activities
- Smaller scars and better cosmetic result
- Lower risk for infection or other complications
- Conditions treated with minimally invasive surgery
- Ectopic pregnancy
- Endometriosis
- Heavy bleeding and painful periods
- Hysterectomy
- Labioplasty
- Ovarian cysts
- Pelvic inflammatory disease
- Pelvic organ prolapse
- Pelvic adhesions
- Pelvic pain
- Postmenopausal bleeding
- Risk reducing surgery for Familial Risk for breast and pelvic cancers.
- Urinary incontinence procedures
- Uterine fibroids
- Uterine polyps

BREAST SURGERY

Northern Inyo Healthcare District launched its Breast Surgery Program in October 2016. This program was a further step forward as a result of the comprehensive breast imaging program started earlier by Dr. Stuart Souder.

Key to the success of a comprehensive breast surgery and breast cancer program is the recruitment of a Patient Navigator. After an extensive search in mid-2016, NIHD was fortunate to have recruited Rosie Graves as our Breast Cancer Navigator. Rosie's duties also included navigating patients with other types of cancers.

A successful, comprehensive breast cancer treatment program requires the establishment of a multidisciplinary approach. Dr. Jay Harness was recruited as a highly experienced breast cancer surgeon to lead the multidisciplinary approach in the latter part of 2016.

The key components of a multidisciplinary breast cancer treatment and evaluation team includes: a Breast Cancer Surgeon, Medical Oncologist, Radiation Oncologist, Breast Radiologist, Breast Pathologist, Genetic Counselor, Physical Therapist, and one of the key positions is the Patient Navigator. NIHD is very fortunate to have dedicated individuals fulfilling each of these critical roles.

All of the multidisciplinary breast cancer treatment team members do not necessarily have to be onsite at NIHD. Dr. Harness and Rosie reached out to comprehensive cancer treatment programs both north and south of Bishop.

To the north, a comprehensive relationship was established with the Cancer Center at the Carson Tahoe Hospital in Carson City, NV. The Carson Tahoe Cancer Center has the needed breast radiation therapy program as well as experienced Medical Oncologists to treat breast cancer. Breast Radiation Oncology services are provided onsite in Carson City, as well as the consultations by both Radiation and Medical Oncologist. If patients require chemotherapy, typically, the first cycle of treatment is given in Carson City and the remaining cycles of treatment are provided at NIHD.

To the south, NIH established a similar comprehensive relationship with the City of Hope satellite in Lancaster, California. Both of the northern and southern relationships have been working extremely well, and NIH is very pleased to be associated with both of these fine institutions. Rosie Graves has worked tirelessly to ensure that our NIH breast cancer patients (as well as other cancer patients) are seen and evaluated as promptly as possible. For patients who need mastectomies and want reconstruction, we have established relationships with breast cancer surgeons and plastic surgeons at St. Joseph Hospital in Orange, the City of Hope in Lancaster, and Renown Hospital in Reno. Only

recently has of the possibility of plastic surgeon services been possible at NIHD.

Surgically, Dr. Harness and the team in the NIHD ORs are able to provide state-of-the-art breast cancer and benign breast disease surgical procedures. These procedures include partial mastectomy (lumpectomy) for breast cancer, oncoplastic reconstruction of the breast, sentinel lymph node biopsies of axillary lymph nodes, excisional breast biopsies for benign conditions, removal of breast implants, excision of accessory breast tissue in the axilla (armpit),

surgery of the breast ductal system, and other related breast surgery procedures.

The citizens of the Eastern Sierra region and Western Central Nevada are fortunate that NIHD can provide such a comprehensive approach to the diagnosis and treatment of breast cancer at NIHD. All of the members of the multidisciplinary comprehensive team of providers are to be congratulated for their hard work and dedicated service. ■



Dr. Jay Harness performs a lumpectomy on breast cancer patient. Photo courtesy Jay K. Harness

CHIEF NURSING OFFICER'S REPORT

TRACY ASPEL, BSN, RN

Work by the Nursing team and the District this year has focused on the safety of patients, staff, and visitors alike. The last six months have been punctuated by non-stop changes based on best practices and scientific information. The Nursing team has worked collaboratively with Medical Staff providers, clinical departments, and fiscal to improve service performance and quality. Education has played a pivotal role in assuring staff is prepared to perform each day, competently and within the standards, for best patient care.

COVID-19 pandemic has impacted all persons working in the District. On March 6th, a large group of staff leaders from across the District held the first informal meeting to begin planning for the District response to COVID-19. On March 9th, the Incident Command (IC) was opened, and NIHD began its longest disaster planning in our history. As CNO, I was charged with the Incident Commander Role. The roles were assigned. The IC remains functional and continues to meet to solve issues and standardize practices that assure the safety of the patients, staff, and visitors during the pandemic. More than 258 items have been brought to the IC, leading to task force development of key stakeholders. The task teams investigate, research the latest scientific information and standards, present decisions, create standard work, and educate staff and the community. To date, no staff member or patient has acquired a COVID-19 infection at the District, demonstrating exceptional infection control and prevention practices. This has been a remarkable undertaking with a team approach that continues to demonstrate how the District follows our mission statement: Improving Our Communities One Life at a Time. One Team. One Goal. Your Health.

Quality remains a high priority for NIHD. In the fall of 2019, I took a lead role working with Dianne Picken and Dr. Charlotte Helvie to rewrite the Quality Plan. At that time, the vision changes from having separate quality plans, one for the Medical Staff and another for the District, to a single plan that depended upon a collaborative approach. The District Quality FY2020 Plan was developed and has since been revised for FY2021. In this new approach, a Quality Council was born. The Council was led by the CNO with key players that included a board member, physicians, fiscal representative, nursing, project management, and operations. Processes were revamped from the bottom up, including how performance improvement projects would be imagined and developed, implemented, and then finally

communicated to the front line staff across the District. This process is now working to roll out several projects that will significantly impact the patients of the District.

Using data to track performance remains crucial to demonstrating where Nursing has challenges and successes. Each Nursing unit keeps a quarterly scorecard (Pillars of Excellence) where this data is tracked. Multiple project teams and drills occur to address safety concerns and patient care issues, each comprised of clinical staff members and leaders. Here are a few of the key project teams, committees, and on-going drills:

- Falls Prevention Project Team
- Alarm Fatigue Project Team
- Pain Management Project Team
- Medication Administration Improvement Committee
- Crash Caesarean Section Process Improvement Drills
- Maternal Hemorrhage Drills
- Drills for placing patients safely into Prone Position for treatment of COVID-19
- GNOSIS training programs in Perinatal and Emergency Department
- Safe Injection Practice education and rounding observations
- Maintenance of Baby-Friendly USA designation
- CNO participation in the Homeless Coalition (CoC), including discharge planning from NIHD for Homeless persons in compliance with California law
- Mom's Support Group weekly meetings
- Safe Patient Handling Committee
- Fit Testing Project Team (creating a process for Respirator N95 fit testing to meet regulations)
- Root Cause Analysis (RCA) to review processes in depth
- Emergency Department Transitional Care (EDTC) audit to assure transfer of patient have complete information for the receiving facility
- Infection Prevention Rounding



Tracy Aspel, BSN, RN
Chief Nursing Officer

The Nursing Department identified significant safety issues related to the electronic health record, Athena Health, and sprang into action. Standard work was created to address safety issues and train staff on consistent approaches to prevent errors. This challenge remains to this date, and safety is maintained by the constant vigilance of the staff.

NIHD was recognized as the “District of the Year” largely due to the development of the “Medication Assisted Treatment Program.” The recognition of opioid addiction as a crisis in our community began several years prior. Taking action to provide support and opportunity to treat addiction is now a reality in the Eastern Sierra. Care coordination and treatment includes training to combat overdose with the use of Narcan. This life-saving drug has been distributed and local persons instructed on its use, leading to many lives being saved.

Discharge planning, assuring patients who are leaving the hospital have the equipment, support, and follow-up they need, remains a high priority. This has included great collaboration with Pioneer Home Health Care, Bishop Care Center, and Southern Inyo Healthcare District SNF. Case Management at NIHD works closely with the Rural Health Clinic Care Coordinators to transition patients from hospital support to outpatient support. This helps to keep patients from requiring readmission to the hospital.

The Nursing Department has completed some restructuring in the past year. A new Director of Nursing position was developed; DON Quality and Infection Prevention. This role has responsibility for strategic planning and implementation related to Quality, Survey Readiness, Clinical Informatics, Infection Prevention, and Employee Health. These key areas touch all members of the District, having a great impact on safety. This team will be an essential part of the implementation of Cerner during the next year.

Our most recent success has occurred with the rollout of SMART IV pumps. The Nursing team participated in the selection of these new pumps and recently completed training. The new pumps have many safety features that prevent potential drug administration errors. NIHD switched to these new pumps on August 20th. The NIHD Pharmacy team led the collaboration, and the staff is on-board with the recent change.

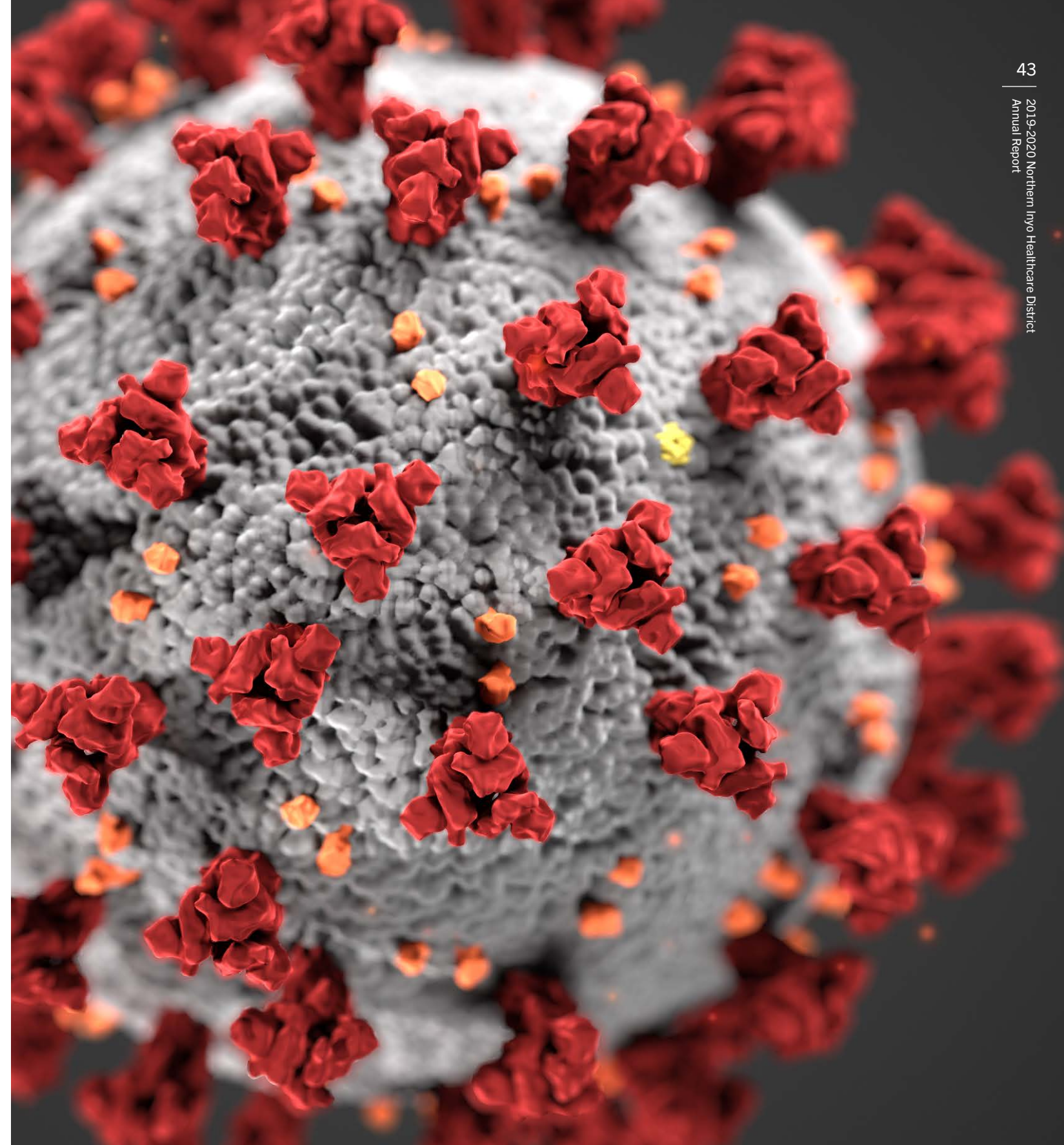
The Language Services Department continues to promote excellence in communication for our patients via interpreting and translation services. New equipment has been made available to support this process. Written documents are organized within our intranet to support success for the staff when printing translated forms or

information, both the English and Spanish versions are available to the staff and the patient.

Northern Inyo is an amazing place to practice Nursing. It has been my honor and privilege to work at NIHD during these past 40 years. This past year’s Nursing Department’s accomplishments are due to the committed team, not done by anyone. Thank you, Nursing Department Staff, for the excellence you provide each day in caring for our community.

Respectfully,

Tracy Aspel, BSN, RN
Chief Nursing Officer



COVID-19 UPDATE

COVID RESPONSE HIGHLIGHTS

Barbara Laughon, Strategic Communications

Northern Inyo Healthcare District's response to the coronavirus began in a seemingly quiet manner to the casual observer. Early meetings listed on the District's Master Calendar blend well with each day's more routine appointments.

As the weeks go by and news from Wuhan, China darkens, the meetings increase in frequency and intensity. Planning started well before the federal government engaged. Instead, NIHD stayed in tune with the California Department of Public Health's informational briefings. Internal NIHD meetings began in mid-January.

When it was time to engage the entire District in what would become an unprecedented ride, Infection Preventionist Robin Christensen summoned directors and managers to an hour-long meeting. The meeting morphed into a day-long review of staffing levels, supplies, policies, plans, and shared concerns.

The group agreed to meet the next day again, a regular Saturday in a rural town nestled at the gateway to the Sierra Nevada mountains. Saturday days in the spring mean yard sales, people bustling about doing household errands, and meeting friends for hikes and bike rides. On that particular Saturday, much of the District team had volunteered to help staff a 10K run to benefit the local cancer alliance.

As the NIHD team refers to it, March 6, 2020, was the last "normal" day, pre-pandemic in Inyo County. That day became in conversations, the mental milestone usually reserved for holidays and special occasions. It's the kind of day the team hopes to return to in the future.

NIHD key responders

The District initiated an internal Incident Command on March 10 and continues working under it today. Incident Commands use a standardized approach to direct, control, and coordinate emergency response. Above all else,

Central Registration Registrar JoAnn DeJesus works outside alongside the lab staff in the drive-through lab services. Photo by David Calvert



Nancy Landaverde, Lab Ancillary Specialist, readies to test a patient for COVID-19 in NIHD's Lab Drive-through. Photo by David Calvert



Patients seeking care at NIHD's Emergency Room will first encounter a staff member at a portable workstation just within the entrance. Brett Gutierrez, RN BSN, is shown wearing a protective face shield and mask. NIHD has also stepped up its cleaning and disinfection efforts during this critical time. Photo by Barbara Laughon



Talent Pool Screener Maureen Barrett scans a staff member upon arrival for work at NIHD. Photo by David Calvert



NIHD Employee Health RN Colleen Moxley and Quality Assurance and Performance Improvement Analyst Michelle Garcia show just a sampling of the homemade masks provided by local seamstresses as part of Project Cover-up, led in part by retired OR Nurse Barbara Stuhaan. Photo by Barbara Laughon

Incident Commands brings people together to reach a common goal for the community's well-being. The staff working on Incident Command averages 22 team members with additional subject matter experts to sit in as needed.

Physician engagement has played a crucial role in addressing the pandemic. Incident Command leaders Drs. Stacey Brown and William Timbers, NIHD's Interim Chief Medical Officer, rely on many of the District's Medical Chiefs for aid and advice. Among those contributing: Chief of Staff Dr. Charlotte Helvie (Pediatrics), Dr. Richard Meredick (Orthopedics), Dr. Sierra Bourne (Emergency), Dr. Joy Engblade (Hospitalists), Dr. Anne K. Wakamiya (Geriatrics), among others. The Medical Support Staff office issued emergency credentials for other physicians in the area should their aid be required at bedsides.

Equally important is the Nursing teams. Those teams have faced unprecedented challenges, including the emotional struggle of watching cases surge after holidays and events. They also have had the difficult job of aiding families -- many of whom they know personally -- with loss of life. Despite it all, the NIHD Nursing team has remained professional, caring, and unwavering in their compassion for their community.

Ancillary teams, including Respiratory, Laboratory, Diagnostic Imaging, Environmental Services, Laundry, and Admission Services, are the glue keeping our workflows, services, and necessary care together. These teams play a substantial role every day in battling the coronavirus. They are lauded for their commitment to the patients and our community.

Our administrative team members are genuinely our quiet contributors. Many worked from home to reduce the chance of COVID spread in the early months, then returned to the District to resume duties in the summer. They have juggled additional workloads and requests, all while making sure the District adequately serves its community. While they may not be as visible to patients, they are critical to our team, and we thank them for their quiet strength.

Moments we will remember always

March 16, 2020: The Rural Health Clinic team launched drive-in coronavirus testing well before some larger, urban hospitals did. The move was based on when the RHC offered drive-in flu shots more than a decade ago. The testing site continues to see patients, as does an expanded laboratory site at the hospital's Main Lobby.



Lab POCT Coordinator Sandra Sommer reaches for a COVID-19 test. Photo by David Calvert



The first nurse at Northern Inyo Hospital to receive the COVID-19 vaccine, administered by Chief Nursing Officer Allison Partridge.

June 26, 2020: NIHD began offering COVID antibody testing for essential workers. This was part of an ongoing effort with state and county officials to increase local testing services.

August 3, 2020: Mandatory COVID-19 screenings began at NIHD. This means all non-emergent patients and visitors, and staff must undergo a quick temperature check and answer some health questions to enter any NIHD facility. The screening effort continues today.

December 11, 2020: Experiencing a sharp post-Thanksgiving surge in COVID patients in its Emergency Department, NIHD and its trusted regional partners united in warning residents of limited resources and asked residents to help us help those in need by not ignoring or discounting precautions.

December 18, 2020: The long-awaited Pfizer/Novartis COVID-19 vaccine arrived at NIHD, signaling a possible moment of change in the pandemic's outcome.

December 19, 2020: NIHD RN Cameron Winston received the first of his two doses of the Pfizer vaccination from CNO Allison Partridge. Cameron made District history. The emotional moment marked the beginning of Inyo's effort to vaccinate healthcare workers and first responders. Nursing leadership takes on the task of vaccinating this group for several weeks.

December 22, 2020: The first box of 100 doses of Moderna vaccine arrived, expanding the amount of vaccine available in Inyo County.



Respiratory Therapist Casey Solomon prepares a ventilator for possible use. Photo by David Calvert



Wayne Martin, the first person over 65 at Northern Inyo Hospital to receive the COVID-19 vaccine. Dr. Stacey Brown administered the shot. Photo by Barbara Laughon

January 13, 2020: NIHD began vaccinating Inyo and Mono residents age 75 and older by appointment. The rush to call for an appointment resulted in NIHD's phone system's crashing after receiving a peak of 801 calls in one minute. In all, the District received more than 10,000 calls to the vaccine hotline on that first day. This move transitioned Inyo County to the first phase of immunizing the general public against the coronavirus. Wayne Martin of Bishop became the first member of the general public to receive the vaccine given by Dr. Stacey Brown.

Critical Contributions from our Community

March saw the launch of Project Cover-up, led by retired surgical nurse Barbara Stuhan. The effort united dozens of local seamstresses who produced hundreds of cloth masks for the District and all healthcare facilities across the region. They also made masks for essential businesses such as grocery stores and post offices. Literally, if someone needed a mask, Project Cover-up was there.

March also saw community members begin to donate personal protective equipment to area healthcare facilities. In proper philanthropic form, most wanted no recognition; they just wanted healthcare workers to be safe.

In September, The Northern Inyo Hospital Foundation purchased the Clorox Total 360 electrostatic spray cleaning system, bringing the latest technology in disinfecting patient care areas to the District. In use, the system discharges a finely dispersed disinfecting and sanitizing solution with an electrostatic force that easily overcomes gravity. This allows the device to cover and clean out of sight surfaces and other areas that mopping and traditional sprays and foggers cannot reach and in less time.

Many residents and business owners willingly donated lunches and breakfasts to NIHD team members throughout the months as a sign of their support. The District is grateful for these gestures and will remember them always. ■



Jack In The Box restaurant provided Breakfast Jacks and wedge potatoes to Northern Inyo Healthcare District's front line staff. Hamid Sharafatian, president of Envision Foods, LLC, of Jack In The Box restaurants, shown far left, said it was important to the local JITB store to recognize all the staff members for their dedication and commitment to the community and their profession. "This crisis has impacted our everyday life and your commitment to the community is truly admirable," Sharafatian told the staff. Also on hand for the delivery was Hector Ramirez, JITB Regional Manager, second from left; and José Juan Torres, manager of the Bishop JITB, far right. Accepting the gift were NIHD Dietary Team members Chris Gaskill and Asia Gonzales, and Director of Clinical Nutrition Services Denice Hynd. Sharafatian and Ramirez drove up from Los Angeles to personally make the presentation. Photo by Barbara Laughon

“ This crisis has impacted our everyday life and your commitment to the community is truly admirable.”

-Hamid Sharafatian,
president of Envision Foods



Manny Singh, owner and operator of Bishop's Subway restaurant, recently expressed his gratitude for the efforts put forth by frontline healthcare workers during the COVID-19 pandemic by providing lunch for several departments at Northern Inyo Healthcare District. Singh and Estera Granados, far right, delivered the fresh and tasty sandwiches to NIHD's Main Lobby, where NIHD team members John Harmon, Brooklyn Burley and Justin Nott warmly greeted them. Photo by Barbara Laughon



Northern Inyo Healthcare District is proud to show its support for its colleagues who remain on the front lines at Bishop Care Center. NIHD's Dietary Team recently baked up a storm and put together 100 care packages for those dealing with the realities of COVID-19. Cookies, breads, and pastries along with a note of thanks represent the compassion NIHD team members have for the BCC team. Here, BCC's Teresa Puckett accepts these yummy goodies from Denice Hynd, NIHD's Director of Clinical Nutrition. Photo by Barbara Laughon



NIHD Nursing Care team members Natalie Leroux-Lindsey and Andrew Stevens show the entrance to the overflow area for potential COVID-19 patients. The area outside the special treatment room is sealed off with protective plastic. Medical staff have to enter the area via a zippered curtain wall. Photo by Barbara Laughon



NIHD Nursing Care team members Andrew Stevens, RN MSN-MHA CEN, left, and Natalie Leroux-Lindsey, CNA, work to prepare the Emergency Room's overflow area for potential COVID-19 patients. Photo by Barbara Laughon



NIHD's Respiratory Practitioners Casey Solomon, Austin Archer, and Kevin Lolie show their appreciation for the support the community has shown Northern Inyo Healthcare District during the coronavirus pandemic. Photo by Barbara Laughon

QUALITY

The Northern Inyo Healthcare (NIHD) Infection Prevention program's role is to ensure that the organization has a functioning, collaborative process to minimize the risks of endemic and epidemic Healthcare-Associated Infections (HAI's). NIHD works to optimize the use of resources through a robust preventive program utilizing evidence-based practices and principles. The continuously developing Infection Control Program is part of NIHD's ongoing commitment to providing high-quality healthcare. Through the Infection Control Program, NIHD systematically involves each team member to maintain a safe environment for our patients, visitors, team members, and healthcare providers. Infection Prevention and Control measures prevent or stop infection spread in healthcare settings. There are several targeted areas that the Infection Prevention team concentrates on to reduce HAI's.

- Hand hygiene
- Prevention of Antimicrobial Resistance
- Infection Control Risk Assessment (ICRA) Relating to Construction and Renovation
- Safe Injection Practices
- Targeted Prevention of HAI's
 - Catheter-Associated Urinary Tract Infection (CAUTI's)
 - Central Line-Associated Bloodstream Infection (CLABSI)
 - Surgical Site Infections (SSI)
 - Ventilator-Associated Events (VAE)
 - Multi-Drug Resistant Organisms (MDRO)
- Response to emerging diseases such as COVID-19 and Ebola
- Prevention of Blood-Borne Pathogens Exposures
- Implementation and Education on Standard and Transmission-Based Precautions
- Healthcare Workers Influenza Vaccination Program

The Infection Prevention Program incorporates the following on an ongoing basis to target the above areas:

- Surveillance, prevention, and control of infection throughout the organization.
- Develop alternative techniques to address real and potential exposure.
- Select and implement the best techniques to minimize adverse outcomes.

- Evaluate and monitor the results and revise techniques as needed.
- Administrative support to ensure adherence to the program standards.
- NIHD ensures that all team members are effectively trained and educated on infection control issues and procedures through orientation and an ongoing continuing education program.
- Outbreak investigations

Committees: The Infection Prevention Committee meets quarterly utilizing a multi-disciplinary team approach. Infection Preventionist leads Sharps Injury Prevention Committee, attends Antimicrobial Stewardship, Surgery, Sterile Processing, Transfusion, Anesthesia (SSTA), Safety Committee, and any ad hoc meeting relating to Infection Prevention.

Monitoring: Monitoring and evaluation of key performance aspects of infection control surveillance and management include the following:

- Device-related infections.
- Multi-Drug Resistant Organisms.
- Tuberculosis: Suspected or confirmed in patients and staff
- Occupational Exposure to Bloodborne Pathogens
- Other Communicable diseases
- Employee Health trends
- Surgical Site Infections
- Construction and renovation activities

HAI'S & HAND HYGIENE DATA REPORTED WITHIN PILLARS EXCELLENCE FY 2020

			J-S	O-D	J-M	A-J	YTD
Indicator	Baseline	Goal	Q1	Q2	Q3	Q4	YTD
The number of CLABSI Reported to National Health & Safety Network NHSN	1	0	0 47 days	0 48	0 27	0 37	0 159
The number of positive C-diff Infections reported to NHSN that are Hospital Onset (HO) versus Community Onset (CO) (patient days IP-NB patient days)	12 CO 2 HO	8 CO 1 HO	3 CO 2 HO HO > 6 day stay 797	4 (CO) 1 (HO) 809 HO at day 4	1 (CO) 1 (HO) 750 days See note	0 676 1 CO 1 HO >5 day	8 (CO) 5 (HO) 2423
The number Surgical Site Infections (SSI)	0.5%	0.3%	0 362 Surgeries	1SIP 353 See note	Organ space Surg Jan (amp) 298	Organ space Cyst 177 surgery internal	3 1190
The Number of Catheter Associated UTI's (CAUTI's) AND Non-Catheter reported to NHSN	0	0	0 125	0 127	0 92	0 111	0 455
Quality							
Hand Hygiene compliance per W.H.O guidelines N= Compliant D =Observed	N) 1268 (D) 1286 98%	99%	(N) 222 (D) 222 100%	N (100) D (100) 100%	N(282) D (292) 96.5	(N) 43 (D) 46 93%	(N) 647 (D) 660 98%

INFECTION PREVENTION ACTIVITIES TO HELP PREVENT HAI'S PER THE NATIONAL PATIENT SAFETY GOALS (NPSG)

Catheter-Associated UTI (CAUTI) NPSG 07.06.01

- Implement evidenced-based approach to urinary catheter use, insertion and maintenance.
- Insert indwelling urinary catheters according to established evidence-based guidelines for catheter necessity. Indwelling catheters should not be used for the convenience of healthcare workers.
- Strict aseptic technique must be maintained during catheterization.
- Hand Hygiene before urinary catheter insertion or maintenance
- Provide routine perineal care
- Catheter necessity will be evaluated daily with the physicians. Catheters should be removed as soon as medically possible if situation does not meet the established NIHD guidelines for catheter necessity.
- Use Securing device to prevent possible tension, and prevent obstruction of urinary flow
- A closed drainage system must be maintained. Replace the catheter and drainage system if system integrity is compromised.
- When obtaining urine sample thoroughly disinfect needless sampling port with disinfectant wipe.
- Provide patient education on Catheter -Associated Urinary Tract Infections
- Upon hire and annual hands-on education
- Provider onboarding Education for CAUTI reduction strategies

Central Line-Associated Bloodstream Infection (CLABSI) NPSG 07.04.01

- Insert Central Line according to established evidenced-based guidelines
- Ensure adherence to aseptic technique and document on Central Line Insertion Practice Checklist (CLIP)
- Daily review for Central Line Necessity
- Hand Hygiene before any manipulation of Central Line
- Disinfect catheter hubs, needleless connectors, and injection ports before accessing the catheter
- Place a disinfectant-containing cap on end of needless connector
- Perform dressing changes according to policy using dressing kit, bio-patch, and stabilizing device
- Provide patient education on Central Line-Associated Bloodstream Infections
- Upon hire and annual hands-on education
- Provider onboarding education on infection reduction strategies

Surgical Site Infection (SSI) NPSG07.05.01

- Surgical Hand Scrub with antiseptic agent just prior to surgery.
- Hand Hygiene before and after caring for each patient
- Hair removal if indicated prior to surgical procedure
- Appropriate Surgical attire
- Surgical patients receive prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).
- Administer Antibiotics within one hour to surgical incision
- Prep surgical area with approved cleaning and disinfecting agent
- Provide patient education Surgical Site Infections
- Provider onboarding education on infection reduction strategies

Multi-Drug Resistant Organisms (MDRO) NPSG 07.03.01

- MRSA Surveillance on all inpatients
- Alert placed on patient if history and/or confirmed MDRO and placed on patient Reported Problems
- Transmission Based Precautions
- Hand Hygiene
- Personal Protective Equipment
- Environmental Cleaning (patient rooms and patient care equipment)
- Access to CDC link "Type and duration of precautions recommended for selected

infections and conditions Appendix A1" and Lippincott Procedures Airborne, Contact and Droplet precautions,

- Active and Post-discharge surveillance by Infection Prevention
- Provide patient education on MDRO
- Upon Hire and annual training
- Provider onboarding Education

Ventilator-Associated Event (VAE)

- Peptic Ulcer Prophylaxis
- DVT Prophylaxis
- Daily sedative interruption and extubation readiness assessment
- HOB at 30-45 degrees
- Oral Care Q4 hours and twice daily Oral Chlorhexidine mouth rinse
- Provide patient education on Ventilator-Associated Pneumonia
- Upon hire and annual education to ICU and Respiratory Therapy Staff

Hand Hygiene

- Follow World Health Organization (WHO) guidelines "5 Moment of Hand Hygiene"
- Upon Hire and annual education to all staff
- Hand Hygiene observations
- Slogan to remind staff "HIGH FIVE"
- Nursing and EVS staff direct observation hand hygiene with glow system
- Staff providing direct patient care are not allowed to have fake fingernails or chipped polish.
- Surgical Hand Antisepsis
- Use hospital approved lotion after hand hygiene to prevent and decrease skin dryness and skin cracks.

NIHD District COVID-19 Response:

In December 2019, an emerging virus was identified in Wuhan, China resulting in a global pandemic. This is the first pandemic that NIHD has had to prepare for since Ebola. The pandemic development led to a rapidly changing and evolving group of regulatory guidelines that were challenging to implement and have impacted everyday healthcare delivery at NIHD and across the world. NIHD COVID-19 preparedness started in January 2020 as a multi-disciplinary approach that concentrated on policies and procedures, cleaning and disinfecting, supply chain, and creating the Healthcare Facility Preparedness Checklist Tool. Along with other organizations, NIHD had difficulty obtaining supplies. We worked with local and national organizations and benefitted from community donors' generosity to ensure our staff are protected and can deliver safe care to our patients. NIHD continues to monitor regulatory guidance, which rapidly evolves, creates workflows for all areas of the district, and opens an Incident Command Center. NIHD

Infection Prevention, leadership, and staff have worked with community organizations, Inyo County Health Department, first responders, and Inyo County Emergency Management Teams to support safe patient care delivery across the Eastern Sierra region. This teamwork has created a trusting partnership with these organizations and the community.

Summary:

The Infection Prevention Program is a top priority for NIHD's patients, visitors, staff, and community. Avoidable infections can be devastating for patients and their families and have financial implications for the organization. This report describes Infection Prevention's activities to improve and sustain patient, visitor, and staff safety across NIHD. Infection Prevention is continuously striving to improve evidence-based practices and keeping our patients as safe as possible and protected from avoidable infections. I take great pride in NIHD and the staff members in their role and dedication in preventing infections and ensuring patient safety. NIHD has a new staff member in the role of Infection Prevention, Jennifer Yednock. Jennifer, Marcia Male Employee Health Specialist, and I will be working closely together in the upcoming year on identified key challenges, risks, and a continuous improvement plan. Employee Health and Infection Prevention work together to put in place safeguards for staff and patients alike.

Key achievements this year:

- District-wide collaborative work with COVID-19 response and surge mitigation plan
- Healthcare worker Influenza vaccination rates for 2019-2020 season 98% compliance
- Reduction in Bloodborne Pathogen exposures

- Increase in compliance in annual fit testing rates
- Zero device-associated infections (CAUTI, CLABSI, VAP)
- Safe Injection Tracers
- Antimicrobial Stewardship program increase participation with providers and staff and updated plan and activities

Key Challenges and Risks include:

- COVID-19
- Clostridium difficile (C-diff) infection rates increased
- Decrease in hand hygiene observations
- Water Management Plan
- Infection Prevention Unit Rounding
- Other Infection Prevention tracing activities
- Compliance with Infection Prevention documentation to prevent HAI's
- Training of new Infection Preventionist

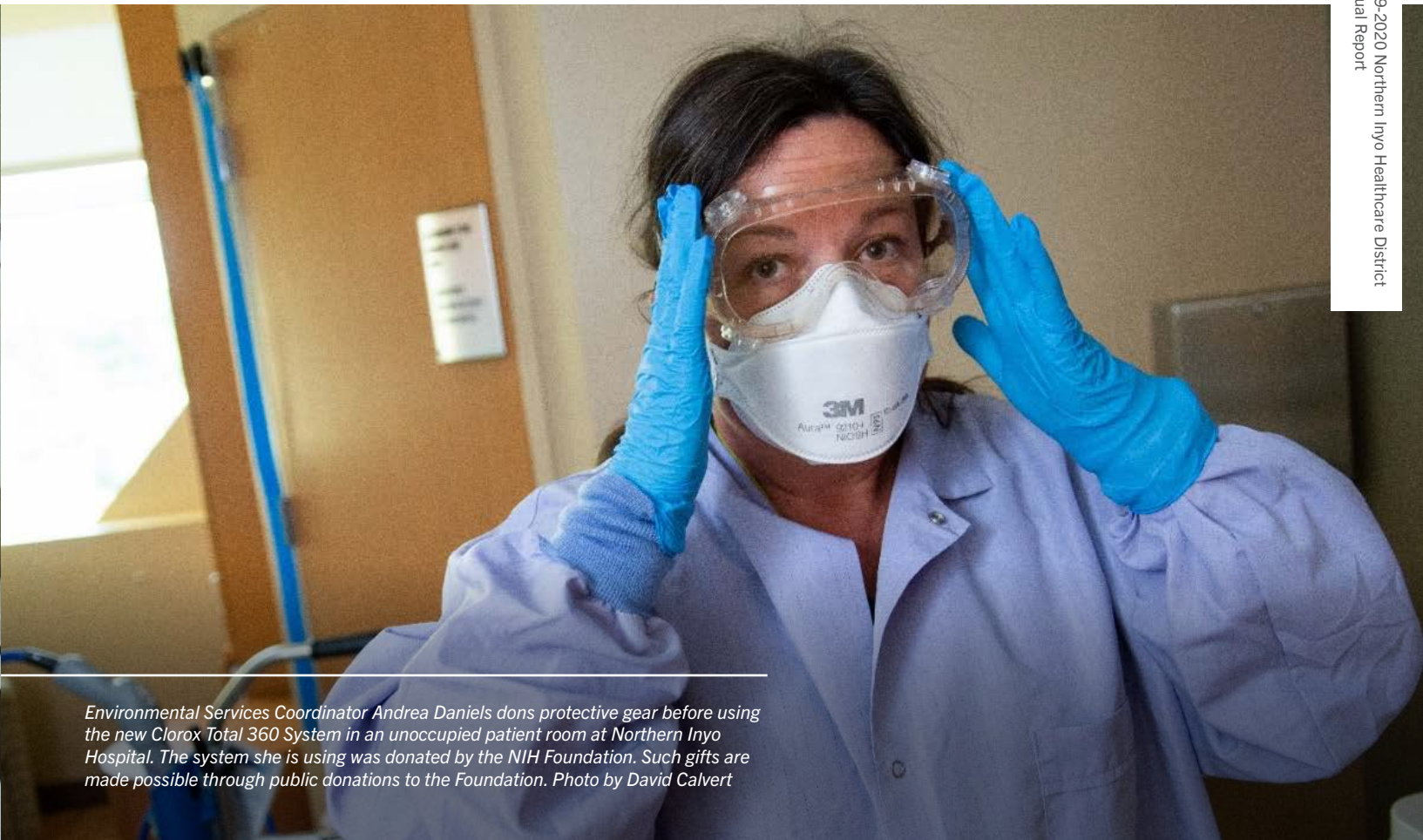
*This report was compiled and prepared by:
Robin Christensen DON Infection Prevention/Quality
9/16/2020.*

CLOROX TOTAL 360 ELECTROSTATIC SPRAYER

In this extraordinary time of the COVID-19 pandemic, the Northern Inyo Healthcare District extends its gratitude to the Northern Inyo Hospital Foundation for once again helping to deliver the highest quality of patient care



Environmental Services Coordinator Andrea Daniels demonstrates the use of the new Clorox Total 360 System in an unoccupied patient room at Northern Inyo Hospital. The system she is using was donated by the NIH Foundation. Such gifts are made possible through public donations to the Foundation. Photo by David Calvert



Environmental Services Coordinator Andrea Daniels dons protective gear before using the new Clorox Total 360 System in an unoccupied patient room at Northern Inyo Hospital. The system she is using was donated by the NIH Foundation. Such gifts are made possible through public donations to the Foundation. Photo by David Calvert

thanks to a recent donation. The NIH Foundation recently purchased the Clorox Total 360 electrostatic spray cleaning system, bringing the latest technology in disinfecting patient care areas to the District.

Clearly, these days, keeping the District safe for anyone coming in – patients, visitors, and District staff – is the most essential thing NIHD’s Environmental Services team can do.

“We take this seriously,” says ES Manager Richard Miers. “It’s something we’ve always taken seriously. We’ve never had to dramatically adjust our approach in the past seven years that I’ve been with the District because our cleaning standards were so high to start with. State and national regulations require it, and our team and community expect it. Our job is to deliver it every day.”

Miers talks proudly of how low NIH’s post-surgical infection rate is, how it’s the lowest in the region, and how long it’s been so low. He sees that success as a long-term team effort between the Surgical staff and the ES team. “And with COVID, it’s been no different,” he says. “The Nursing team does a phenomenal job of communicating the needs with us, then we take it from there.”

Andrea Daniels is one of three staff coordinators working with Miers to oversee the ES team’s day-to-day operations. She was tasked with learning the Clorox Total 360 system inside and out, then training the rest of the ES team. Her first reaction?

“It’s a game-changer for us,” Daniels says. “First and foremost, it kills coronavirus and things like MRSA in just two minutes. Then the way it is applied saves us quite a bit of cleaning time. Plus, we’re able to turn rooms around faster – something that could make a huge difference in case we should experience a COVID surge.”

Preparing to demonstrate the system in an empty patient room, Daniels dons protective gear, everything from a fluid-resistant gown to gloves, an N95 mask, and protective goggles. Having already removed dust and particles from flat surfaces with a microfiber cloth, Daniels crouches down and perfectly aligns the sprayer nozzle with the chemical hose. Switching the system on, she raises up and only has to wait for just a second or two before a fine mist emits from the sprayer.

Carefully aiming the nozzle, Daniels makes sure the spray path overlaps but doesn’t soak the ceiling, walls, furniture,

or equipment. “A little bit goes a long way,” she says over her shoulder, her movements resembling that of a painter. “Before, just washing down the ceiling and walls with a mop could take 45 minutes to an hour, and the repetitious moves were daunting.”

Clorox says the key to the Total 360 system is charging the finely dispersed disinfecting and sanitizing solutions with an electrostatic force that easily overcomes gravity. This allows the device to cover and clean out of sight surfaces and other areas that mopping and traditional sprays and foggers cannot reach. Comparing the system to conventional methods, Clorox says the system is four times faster, uses 65 percent less solution, and can cover an impressive 18,000 square feet an hour.

When Daniels completes her demonstration, District staff edge forward to watch the chemical cling, disinfect, then quickly dissipate by drying into the atmosphere. A slight chemical smell wafts in the air but just for a second. The audible level of positive murmurs in the room reveals the staff is impressed. Daniels is clearly happy as her face shows signs of a smile beneath her mask.

“We can’t begin to thank the NIH Foundation for what they’ve done for us,” Miers says. “The number of contact rooms our ES staff had to clean since the start of COVID has been overwhelming. Not only does the new system cut cleaning times and stress in half, but it also helps us boost our infection control efficiency. This is win-win not only for us but for our staff and our patients.” ■



All nursing staff administering chemotherapy have completed the Oncology Nursing Society “Chemotherapy and Biotherapy Administration” training.

Our mission is to provide this specialty care to patients of all ages in our community, eliminating the need for driving hundreds of miles to receive needed treatments. Our Infusion team offers service five days a week, Monday through Friday, 8 a.m. to 4 p.m. Appointments are coordinated once the clerk gets the orders, obtains insurance authorization, and ensures the pharmacy has the needed medications. We keep the patient’s primary care provider apprised of any complications or further needs. Patients whose acuity exceeds the Outpatient Nursing Unit’s scope of care will be transferred to the NIH emergency department either by wheelchair or gurney.

The types of infusions and procedures scheduled are:

- Chemotherapy to treat cancer,
- Biological infusions to treat cancer or some autoimmune diseases,
- Blood transfusions,
- Iron therapy for anemia,
- Antibiotics to treat infections,
- Infusions/injections to treat osteoporosis (Prolia)
- Injections – rabies vaccinations, Rhogam injections,
- Urinary catheter changes,

- Therapeutic phlebotomies,
- Sedation for interventional radiology procedures,
- Bubble study tests (in EKG),
- Argon laser treatments (ophthalmologic), and
- Wound Care such as wound vacuums, Wet-to-dry and packing, Unna wraps, debridement (MD)

STERILE PROCESSING

Sterile Processing is vital for any hospital that has a Surgery department.

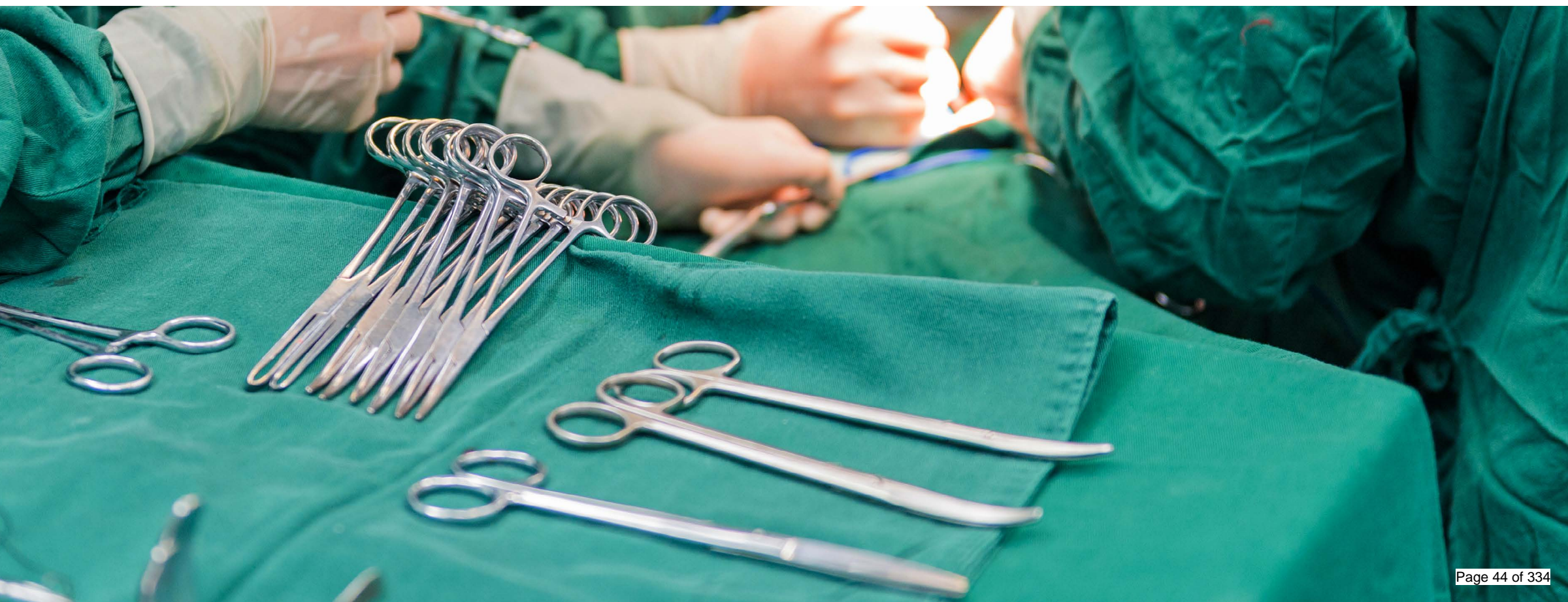
We have well-trained, knowledgeable Sterile Processing staff members that ensure all instruments and equipment needed for a sterile procedure such as surgery have been decontaminated and sterilized. This is one reason why the surgical infection rate at Northern Inyo Hospital is almost zero.

The Surgery Techs take the instruments and equipment out of the Surgery Suite once the surgery is finished and deliver it to the Sterile Processing staff in the Decontamination Room. There, the team performs initial rinsing and flushing and general initial cleaning.

Next, the instruments and trays go through the Washer/Decontaminator so the instruments can be inspected for

cleanliness and placed in designated trays or special “peel packs.” The instruments are then placed in an autoclave for high-temperature vacuum and steam sterilizers for the result: sterile instruments/equipment. The staff operates two large autoclaves in the Sterile Processing unit and two smaller autoclaves located closer to the surgery suites. The Sterile Processing staff cleans the colonoscopies and upper GI Scopes by leak-testing them first, flushing all channels, and sterilizing them in a Steris System1E – which is a machine specifically designed to clean the inside of scopes. There are three System1Es, one in Sterile Processing, and one close to each of the surgery suites. The Sterile Processing team uses the VPro-Max – a sterilizer that uses hydrogen peroxide to sterilize camera heads and other delicate equipment that require sterilization at low temperatures. The Sterile Processing staff starts each day checking the sterilizing equipment and running tests to ensure the machines are functioning correctly.

They keep the records that indicate proper function for each completed autoclave load and document the initial daily check of the VPro-Max and System1E as well. The Sterile Processing staff make rounds to pick up used instruments from the clinics and other departments (nursing units, Diagnostic Imaging, Rehabilitation), assuring these areas have sterile instruments for procedures. Recently, the Sterile Processing staff began reprocessing used N95 masks using the VPro-Max so staff will have adequate Personal Protective Equipment – even if it becomes difficult to purchase new masks in the future. ■



Ann Wagoner
Director of Nursing,
Periooperative Services

PERIOPERATIVE

Northern Inyo Hospital’s Periooperative team is responsible for evaluating and preparing all patients scheduled for surgery at the District. The team also includes several treatment areas that most people would not realize are connected to Periooperative.

INFUSION

The Outpatient Infusion patients are currently cared for in the Preoperative / Post-Acute Care Unit while the Infusion Unit is temporarily closed for a Pharmacy remodel. The Outpatient Nursing Unit is staffed daily by the OP/PACU Registered Nurses and an outpatient clerk.

Generally, there are two registered nurses Monday through Friday to care for the outpatients - based on the number of patients scheduled.

CLINICS

Rural Health Clinic

The Rural Health Clinic (RHC) at Northern Inyo Healthcare District offers comprehensive primary care services to patients of all ages. Our team of 15 highly-experienced providers include Physicians, Nurse Practitioners, and Physician Assistants. In addition to Family Medicine, the RHC offers a Same Day Care service line designed to meet your urgent healthcare needs. Our Primary Care Providers perform a variety of in-office procedures, including skin biopsies, vasectomy, circumcision, and joint injections.

Patients desiring help with substance use disorder are encouraged to contact the RHC and speak with someone about our Medication-Assisted Treatment (MAT) program. Our Care Coordination Team, including our Recovery Support Navigator is committed to helping patients overcome challenges with addiction. Our MAT program offers a patient-centered approach, including individual and family support.

Rural Health Women's Clinic

The Rural Health Women's Clinic offers full-scope obstetrical and gynecological care. Our care team includes physicians board-certified in Obstetrics and Gynecology, in addition to a Certified Nurse Midwife and Physician Assistant. We offer compassionate care to women of all ages, and our services include prenatal care, contraception, annual well-woman exams, and gynecology consultations. Our surgeons are skilled in full-range gynecology surgical services and offer minimally invasive surgery (da Vinci robotic surgeries).

Northern Inyo Associates Surgery Clinic

At Northern Inyo Healthcare District, we offer a wide variety of elective and emergency surgical procedures, including minimally invasive procedures using the state-of-the-art da Vinci Robotic Surgery System. We have a team of surgeons that offer open surgery, laparoscopic surgery, and Robot-assisted surgery. Some of the procedures we perform include upper and lower endoscopies (EGD and colonoscopy), hernia repair, gallbladder removal, and evaluation and treatment of hemorrhoids and diverticulitis. Our Surgery Clinic team also includes a physician skilled in breast care, including breast cancer surgery.

Northern Inyo Associates Pediatrics and Allergy

Our team of compassionate and experienced providers partner with families to promote a healthy lifestyle for

children, in hopes of helping them achieve their greatest potential. Northern Inyo Healthcare District's Pediatric Clinic includes physicians and nurse practitioners who offer preventative care from newborn through age 18; evaluation and treatment of pediatric patients with acute illness; and management and care coordination for patients with chronic medical conditions. Our services include well-child checks, walk-in immunizations, sports physicals, and allergy testing for environmental and food allergies (adults and pediatrics). Our pediatricians also care for infants and children who are admitted to Northern Inyo Hospital.

Northern Inyo Associates Orthopedic Clinic

As a multi-specialty Orthopedic clinic in the Eastern Sierra, we take pride in our comprehensive approach to treating the whole person- not just the injury or ailment. Our ultimate goal is to restore your mobility, minimize pain, and improve your quality of life. Our orthopedists are skilled and experienced surgeons prepared to operate when necessary but always explore less invasive treatments first. We collaborate with physical and occupational therapists to connect patients with the resources they need for holistic healing. Our specialties include sports medicine, arthroscopy, joint reconstruction, joint replacement, and trauma/fracture care.

Northern Inyo Associates Internal Medicine

Our goal is to provide outstanding care to adult patients in the Eastern Sierra region. Internists are primary care providers who specialize in the diagnosis and treatment of adult health conditions. We offer medication management and specialist care coordination; preventative care including vaccination and cancer screening; evaluation and treatment of memory loss; same day or next day visits for acute health problems; and nursing home care at the Bishop Care Center.

Northern Inyo Associates Specialty Clinic

At NIHD's Specialty Clinic, we offer comprehensive urology services. Our urologists treat such conditions as enlarged prostate, bladder and kidney stones, incontinence, erectile dysfunction, and bladder and kidney cancers. Specializing in minimally-invasive and robotic surgery, the urologists are skilled in progressive surgical techniques. We can perform some in-office urology procedures, including cystoscopy.

Coming soon to NIA Specialty Clinic: plastic and reconstructive surgery and pain management! ■



PERINATAL-GNOSIS PROGRAM

MATERNAL HEMORRHAGE, INFUSION, STERILE PROCESSING

As a critical access hospital in a rural setting, it is vital to our community that we ensure our Perinatal Healthcare Team provides excellence in care with a focus on patient safety.

The Perinatal Team partnered with a Multidisciplinary Team to use simulation and drills to prepare for complex patient care situations. This includes the following simulations/drills:

- Emergency Cesarean section
- Neonatal Resuscitation
- Maternal Hemorrhage
- Pre-eclampsia/Eclampsia
- Shoulder Dystocia

The Perinatal Department at Northern Inyo Healthcare District also uses a comprehensive educational platform, GNOSIS. Through the GNOSIS platform, our Perinatal Team completes an annual evaluation of clinical proficiencies. With GNOSIS and our simulation/drill program, our Perinatal Team has received recognition from Beta Healthcare in achieving Excellence in OB, which demonstrates our hospital's attention to Perinatal Safety.

During this last year, the Perinatal Team has also focused on enhanced recovery after Cesarean sections. Our hospital recognizes the importance of providing evidence-based, patient-centered care by incorporating a standardized, multidisciplinary approach aimed to optimize recovery from Cesarean delivery and improve maternal and newborn outcomes.

All of this focused training and preparation came together when our team delivered a 26-week gestational infant via emergency Cesarean section in July. This infant was transferred to a higher level of care on his first day of life and continues to amaze his parents and his healthcare team with his growth and development. Our overall preparedness provided the foundation upon which could achieve a positive outcome for the mother and baby.

Acute/Subacute and ICU

Early mobility for trauma patients has been shown to reduce pain and the need for pain medications, reduce ICU-related complications such as hospitalization-associated delirium and skin breakdown. For those on ventilators, it has been shown to reduce the occurrence of ventilator-associated pneumonia and reduce the time required to be on a ventilator. It ultimately has been shown to speed up recovery and reduce the length of hospitalization.

At NIHD, we are developing an early mobility program to ensure that the proven principles of early mobility are being implemented with our patients. This program begins with a safety screening to ensure that patients are appropriate candidates to start our early mobility program. Our program progresses through four different levels, with each level building on the previous one. Each level has different goals that must be met to progress to the next level and criteria that indicate if the patient should stay at their

current level. This ensures that the patient safely progresses through the different levels of mobility.

Recently NIHD began utilizing midlines for Intravenous Access. Midlines have a lower infection rate and are less invasive and less expensive than PICC lines. Midlines do not require a chest x-ray and can be used for up to 28 days for a broad range of infusion therapies.

We continue to focus on listening to our patient feedback and acting on the information we receive. Press Ganey scores are reviewed, evaluated, and distributed monthly on Acute/Subacute unit and in the ICU. One example is that we have put a considerable amount of work into improving the Acute/Subacute unit's noise levels. We have replaced the casters on the majority of the vitals machines, which were previously very noisy. We also ordered earplugs and eye masks to help patients sleep and block out the unit's light and noise. We have had the doors adjusted to prevent them from slamming, and have changed the timing of our negative pressure room test alarm from 10 PM to during daytime hours. We have also placed a machine at the nurse's station that tracks environmental noise and can be set to a certain decibels level. A red light lights up if the noise goes above a certain decibel, alerting staff that the unit is getting too noisy. These efforts have allowed us to bring our noise scores from the lowest in all of our Press Ganey categories to our most recent scores of 95 percent of our patients saying it is always or usually quiet on the Acute/Subacute unit. This is one example of multiple initiatives that we have undertaken to ensure that patients have the best experience possible when admitted to the Acute/Subacute unit.

We have also recently begun training NIHD RNs to insert ultrasound-guided IVs. This has given RNs another tool to ensure that patients are not poked more than necessary to gain IV access. Currently, close to 13 NIHD RNs have been trained to insert ultrasound-guided peripheral IVs.

Staff development

Developed a program to train ICU staff by utilizing online learning and collaborating with larger facilities to provide consistent training with high acuity patients.

Emergency Department

In the Emergency Department, physicians and nurses encounter a broad range of problems, often with atypical presentations in a fast-paced and dynamic environment. This can create a high-risk environment and result in failed or delayed diagnosis, assessment, and breakdown in communication.

GNOSIS for Emergency Medicine is a tool utilized by both NIHD emergency physicians and nurses to help improve patient care and work cohesively as a team. Educational courses such as High-Risk Chest Pain, High-Risk Abdominal and Pelvic Pain, Communication in the ED, Nursing Triage in the ED and Pediatric Fever without a Source, are focused on the highest areas of risk in the ED. The evidence-based content ensures that ED teams are using

commonly understood protocols and language to minimize misunderstandings and errors.

GNOSIS education:

- Assists in assessing individual and team clinical proficiency and provides insights into the team's knowledge and judgment in high-risk areas of patient care.
- It equips hospital leaders with data to proactively identify and invest in areas that will improve quality and patient safety.

The Emergency Department at NIHD is a proud participant in the National Pediatric Readiness Project (NPRP). The NPRP is an on-going quality improvement initiative, co-led by the Health Resources Services Administration's (HRSA) Emergency Medical Services for Children (EMSC) Program, the American Academy of Pediatrics, the American College of Emergency Physicians and the Emergency Nurses Association. The NPRP aims to ensure that all US emergency departments have the essential resources, guidelines, and protocols in place to provide high quality, effective emergency care to children.

As part of the NPRP, NIHD ED focused on several areas:

- A Physician Coordinator who is a Board Certified Emergency Physician for Pediatric Emergency Care (PECC) and Nurse Coordinator for pediatric emergency care (PECC) who is a Certified Emergency Nurse (CEN) were designated.
- Demonstration and maintenance of pediatric clinical competencies by staff and providers were achieved through continuing education and PALS certification.
- The Quality Improvement and Performance Improvement Plan (QI/PI plan) for the ED was updated to include pediatric-specific indicators such as pediatric weight in kilograms and double-checking of pediatric medications.
- Policies, procedures, and protocols were reviewed for the emergency care of children and revised to address age-specific health care needs.
- The Broselow cart was implemented, containing pediatric equipment, supplies, and medications that are easily accessible, labeled, and logically organized and weight based color-coded.

With GNOSIS and our Pediatric Readiness Project, NIHD has received recognition from Beta Healthcare for Excellence in ED. ■



Larry Weber, MSRS
Director of Diagnostic Services



DIAGNOSTICS

DIAGNOSTIC IMAGING TECHNOLOGY

Computed Tomography (CT) – the cornerstone of Diagnostic Imaging Services

The VCT 64 Lightspeed CT scanner at NIHD is arguably the most important piece of technology at NIHD. Although the technology is used regularly to diagnosis disease and injury for our Outpatient population, this scanner is critical to quickly diagnosing patients that present for emergency services. Our 64-slice CT scanner was the industry’s first CT scanner to maintain outstanding image quality while protecting patients by reducing the patient’s radiation exposure up to 70 percent. The Lightspeed VCT 64 slice covers 40 mm of patient anatomy per rotation and the 64 sub-millimeter (.625 mm) slices and fast acquisition speed gives us the ability to scan the entire length of the body in less than 10 seconds. This is critical when dealing with emergency patients who may have been involved in a motor vehicle collision or who may be demonstrating stroke like symptoms. In general, CT is ideal for neuro

work, angiography, cardiac, pulmonary, and trauma. Additionally, the dose reduction software (ASIR) and low dose protocols makes it a very good option for pediatric scanning. Once our registered technologists complete the exams, the Xtream™ FX workflow solution delivers accelerated reconstruction speed and image quality allowing for more rapid and accurate interpretation and diagnosis by our radiologists.

MRI

Integral to the success of our Orthopedic Service Line
NIHD’s GE Signa Excite 1.5 T MRI system is considered the workhorse MRI scanner in the industry. This model was specifically designed to produce faster scan times with a lower signal-to-noise ratio. What this means is we get higher quality images with our patients spending less time in a very confining gantry. The scanners software was recently upgraded to the most current

version available and has the ability, through algorithms, to enhance image quality through fat suppression, tissue characterization, and artifact reduction. These enhancements give our Radiologists and our Orthopedic Surgeons the ability to correctly identify disease and/ or injury and to treat the patient locally. Although critical to successful orthopedic practices, the Signa Excite 1.5 Tesla MRI at NIHD is often used by other providers to image the spine, head, and neck, breast, and even abdominal imaging of the pancreas and gall bladder.

ULTRASOUND

The preferred modality for soft tissue imaging
Two highly reliable GE Logic E9 Ultrasound units support the Ultrasound Department at NIHD. The Ultrasound Department at NIHD performs 25+ scans on the average weekday. Because the modality uses sound waves and not radiation, Ultrasound is the preferred imaging technique

whenever radiation must be avoided (pediatrics and obstetrics) or whenever evaluating soft tissue structures of the body, such as organs and vascular structures. Although the technology of the Logic E9 is impressive with high definition resolution transducers and improved B-flow vascular imaging, the key to our Ultrasound Department’s success at NIHD is our Sonographers. In Ultrasound, the equipment in any organization is only as good as the technologist who uses it. NIHD and our community have five highly skilled Sonographers that have a combined 40+ years of experience scanning patients and have certifications to prove their expertise in Abdominal work, Vascular studies, Obstetrics, and Echo. NIHD even has one Sonographer that is a registered expert in scanning “small parts” such as glands of the head and neck.

Photo by David Calvert



Photo by David Calvert

BREAST HEALTH

From screening to Biopsy all within Diagnostic Services at NIHD

Breast Imaging within the DI department is a key component of Breast Health Services at NIHD. Our Diagnostic Imaging Department has the GE Senoclaire 3D and 2D Mammography unit to provide our community with Digital Breast Tomosynthesis imaging. This imaging technique for mammography can be described as “CT of the breast” as the imaging technique electronically “slices” the breast tissue and creates multiple images in each study. Because of this software and hardware technique, there is now less tissue included in each “sliced” image and, therefore, less opportunity for abnormal tissue to be concealed by dense normal breast tissue. After Breast Screening, if abnormalities are identified, our highly trained technologists obtain highly focused diagnostic images. These additional, highly-focused images allow our Board-Certified Radiologists to determine if the abnormality is suspicious enough to require a biopsy. If needed, NIHD can, through multiple means, biopsy a suspicious area, transfer that tissue specimen to our in-house Histology and Pathology Department.

Our Histology Department is equipped with everything needed to process and prepare breast tissue specimens and any human tissue specimen. The primary instrument used in our Histology lab is the Vacuum Infiltration Processor (or Tissue-Tek VIP). This instrument is used to remove water from cells and replace it with a medium, which solidifies, allowing thin sections to be cut. These sections are cut into slices and placed on slides that our in-house Pathologist then interprets.

The ability to go from screening mammograms to final interpretation of biopsied tissue all within our District is a significant contributor to NIHD being the healthcare leader in the Eastern Sierra.

DIAGNOSTIC CARDIOLOGY SERVICES

Basic ECG to nuclear cardiac Stress tests

An electrocardiograph (ECG) is the staple of any cardiac workup. NIHD has the ability and expertise within our Cardiopulmonary Department to accurately obtain ECG’s so that our providers will immediately know of any emergent

cardiac condition. Once the current cardiac state is evaluated through ECG, NIHD can complete multiple tests that provide additional diagnostic cardiac information to our local providers.

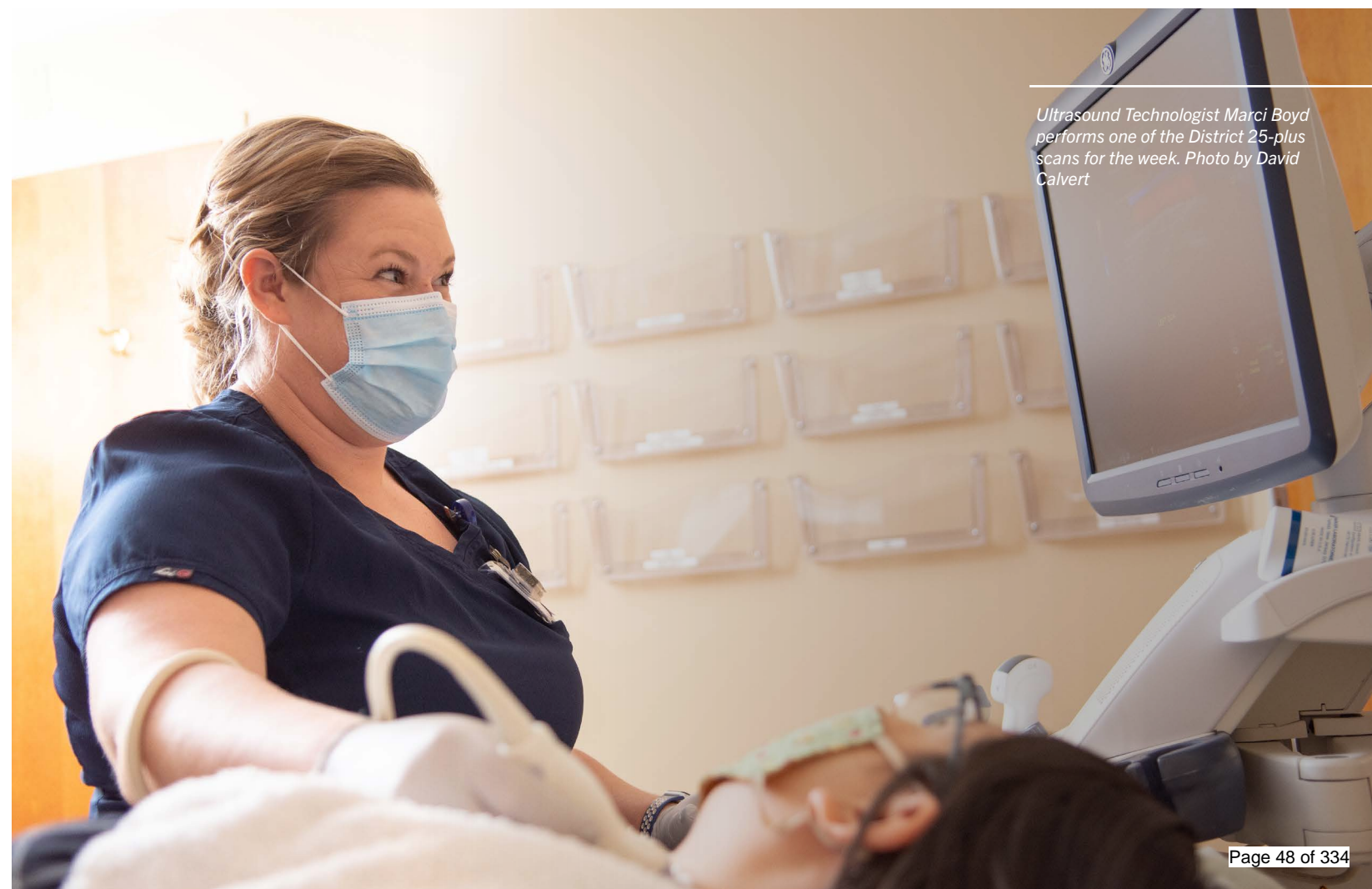
Echocardiography is the second most commonly used diagnostic test for cardiac disease. The echocardiogram is a specialized ultrasound exam used to evaluate all aspects of cardiac function. Because NIHD has the PhilipsiE33 ultrasound unit, a newly purchased and implemented transesophageal probe, and is led by a Stanford-trained Echocardiographer with almost 35 years’ experience in the field, NIHD’s echocardiography program provides the most complete and comprehensive echocardiograms available.

The cardiopulmonary department also has The CASE™ Exercise Testing System that is used to evaluate cardiac function during exercise. Otherwise known as a stress test, this test is a valuable tool in diagnosing early Coronary Artery Disease. When indicated, the stress test can be followed with an injection of a radiopharmaceutical.

The stressing of the heart causes the dilation of all coronary vessels, and this allows for rapid absorption of the pharmaceutical agent by the heart. After absorption is complete, the patient is imaged within our Nuclear Medicine Department.

The nuclear camera used at NIHD is specifically designed to enhance the diagnostic value of Nuclear Stress Tests. The GE Infinia Hawkeye Nuclear Medicine camera has attached to it a 4-slice CT scanner. The CT scanner attached to the nuclear camera aides in the diagnostic process by applying an attenuation correction algorithm that accounts for and corrects varying densities in the chest and upper abdomen caused by patient size and gender.

By accurately diagnosing disease and the severity of disease of the heart locally, NIHD can save cardiac patients time and money as they progress down the path of diagnosis and treatment.



Ultrasound Technologist Marci Boyd performs one of the District 25-plus scans for the week. Photo by David Calvert

LABORATORY SERVICES

Where 70 percent of clinical decisions are made

The Medical Laboratory at Northern Inyo Healthcare District delivers providers the most comprehensive information needed to accurately and efficiently diagnose many health conditions. According to the National Institute for Health, 70 percent of all clinical decisions are made as a result of lab test results. NIHD Laboratory Services include a complex combination of knowledge, abilities, and technology and compose multiple specialty areas. The specific specialties include our Chemistry section, Hematology, Coagulation and Blood Bank, Microbiology, Histology/pathology, and our Point of Care (POC) testing. Each specific area of the lab is

led by a section coordinator that is responsible for ensuring that the section establishes and maintains stringent quality control measures. These quality control measures include making sure the equipment is calibrated correctly and that the staff running the tests keep competency to perform the test. The Laboratory is the only service in the hospital with a stand-alone bi-annual accreditation survey conducted by The Joint Commission. This stand-alone survey results from the many standards that must be met to maintain licensing as Medical Laboratory services.

Due to the importance of having lab results available to make clinical decisions and because of our District's remote location, NIHD has duplicated some of its equipment to

continue to provide results to our providers even if we have equipment downtime. Two areas where we duplicate equipment is in our Chemistry department and our Hematology area.

The Cell-Dyn Ruby is a hematology analyzer that measures and analyzes red and white blood cells and platelets in whole blood. A Complete Blood Count (CBC) is one of the most common tests that is used to determine patient health. The information extrapolated from a CBC will let the physician know whether the patient is typical, anemic, or if there is additional testing that needs to be done due to immature cells in any of the cell lines. The analyzer's WBC count function helps diagnose infection,

inflammation, and other malignant diseases of the blood. Utilizing just the hemogram, a physician can determine if the patient needs a blood transfusion. NIHD performs approximately 80 CBCs a day. At NIHD, we have two Ruby analyzers so that there is no interruption in patient care due to technical issues or routine maintenance.

In Chemistry, our Abbott Architect is a multi-module chemistry analyzer with a testing menu that is extensive. The most common tests processed through the Architect is a Basic or Complete Metabolic Panel (BMP/CMP), lipid panels, thyroid panels, hepatic function panels, drugs of abuse, therapeutic drug monitoring, syphilis, HIV, HCG quantitative levels, and many more. Recently our test menu has expanded, adding both procalcitonin and SARS-CoV-2 IgG antibody detection. This technology is vital in determining heart damage or a potential or extremely recent cardiac event by testing a patient's troponin levels. The clinician can utilize this information immediately to diagnose and treat the patient, potentially preventing damage or further heart damage and even saving a patient's life. The Medical Laboratory at NIHD is an integral part of the health care delivery at Northern Inyo Healthcare District.

Morgan Scientific SpiroAir

The Morgan Scientific SpiroAir is the Gold Standard for testing a person's pulmonary function. Pulmonary function Tests (PFTs) are noninvasive tests that show how well the lungs are working. The tests measure lung volume, capacity, rates of flow, and gas exchange. Providers may order these test for patients having symptoms of lung problems, if there is exposure to certain substances in the environment or workplace, to monitor chronic lung disease, or to assess a patient's lungs before a surgery. This information can help healthcare providers here at NIHD diagnose and decide the treatment of certain lung disorders such as asthma, COPD, chronic bronchitis, lung fibrosis, and many more lung diseases.

Vacuum Infiltration Processor or Tissue-Tek VIP

Vacuum Infiltration Processor or Tissue-Tek VIP is the primary instrument used in Pathology/Histology. This device is used for the processing of human tissue specimens and is intended to facilitate the in vitro examination of tissue for morphology changes. Tissue processing is a procedure of removing water from cells and replacing it with a medium, which solidifies, allowing thin sections to be cut. Once the tissue is properly fixed with formalin, it goes through a process that involves dehydration, clearing, and infiltration. Our VIP can accommodate up to 300 tissue cassettes and offers several programmable processing options, which gives NIHD the ability to process all specimens in-house with a typical turnaround time of 24 hours. This is instrumental in providing on-site Pathology services to our community so our patients can have their procedures done in Bishop as opposed to driving to Reno.



Photo by David Calvert



Tissue Embedding Center

The Tissue Embedding Center or Histo Pro 150 is our embedding station, which completes the preparation of paraffin tissue blocks. Embedding is a process in which tissues are enclosed in a mold with liquid paraffin, placed on the cold plate to solidify the paraffin, supporting the tissue's orientation. Some specimens are the size of one strand of hair, and only microscopic review can determine sections that contain malignancy or clear resection margins. Using this instrument enables the pathologist to view the tissue on-site to give providers actionable results quickly.

Microtome Cryostat

Microtome Cryostat, or Cryostat, is essentially an ultrafine "deli-slicer." We use this to obtain a frozen section biopsy, a thin slice of tissue cut from frozen tissue for rapid microscopic diagnosis during surgery. This allows our on-site pathologist to determine whether there are clear margins, or if another sample is needed, so they can immediately communicate this information to the surgeon. Any additional tissue can be obtained to know the extent of the lesion and guide intra-operative patient management. Having this technology at NIHD gives the providers actionable results immediately, decreasing the time between testing, diagnosis, and treatment to provide excellent continuity of care to our community.

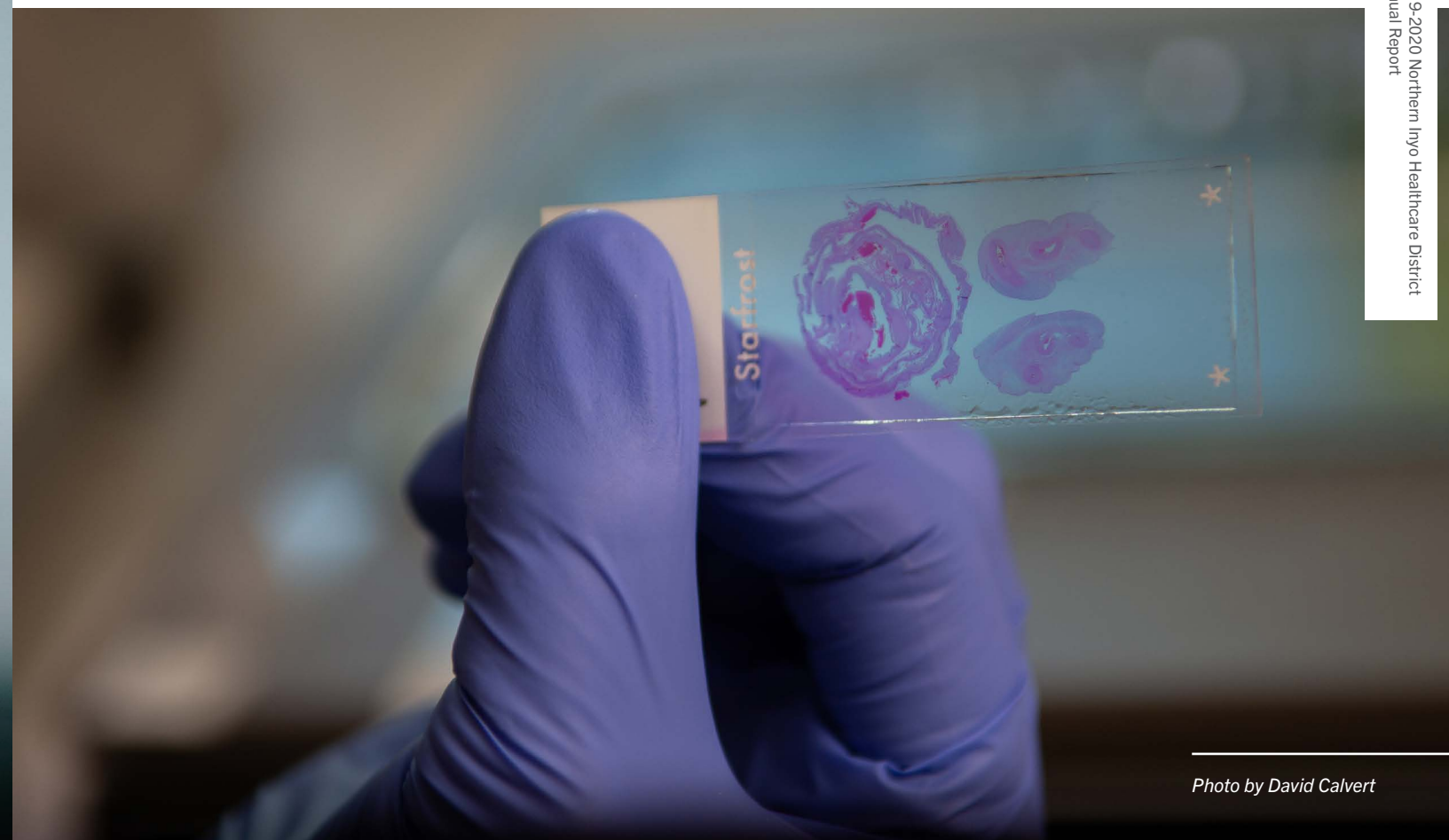


Photo by David Calvert

GE LOGIQ E9

Although primarily used for cardiac imaging at Northern Inyo, our Nuclear Medicine Department is capable of providing a full array of services to our providers, including imaging studies needed to diagnose pulmonary embolism, identifying kidneys and gallbladder disease, used in breast sentinel node localization as part of our very successful Breast Health Services, and as a means to stage many types of cancer.

Performance of echocardiograms at NIHD is accomplished using the Philips iE33 ultrasound system. This equipment is capable of providing our Echocardiographers all the tools needed to provide the highest quality exams for interpretation by a Cardiologist.

The benefits of having Transesophageal Echocardiography in our District is that this procedure produces higher quality images than the standard transthoracic echo. The higher quality images are a result of placing the transducer closer to the heart via an invasive procedure and has a higher resolution transducer. The most common reasons for needing the higher resolution Transesophageal Echo is for the detection of infective endocarditis, embolic source in

patients with stroke, aortic pathology, or to clear patients for cardioversions.

Echocardiography is the second most commonly utilized diagnostic modality in Cardiology behind EKG. It is a powerful diagnostic tool, and in the hands of an expert sonographer, can make the diagnosis of almost any cardiac pathology. This is a huge asset to the members of our community and surrounding communities. It eliminates the need to travel out of town for this simple procedure. The addition of stress and Transesophageal Echocardiography increases our ability to provide valuable services here in Bishop.

The Echocardiography program at NIHD started in January of 2001. The first year we did 174 echocardiograms. That number has steadily increased each year. In 2019 we performed 880 echocardiograms. This year the number is likely to be somewhat smaller due to the coronavirus. Besides providing access for our patients to these important services, the program also generates considerable revenue to support other hospital programs. The annual billings generated by the Echocardiography program currently exceed \$2.5 million. ■

LANGUAGE ACCESS

Northern Inyo Healthcare District recognizes that access to health care services is the right of every patient. NIHD, through its Language Access Services Department, ensures equal and meaningful access to health care services for patients experiencing language or communication barriers. Consequently, the District offers bilingual services in qualifying languages, qualified medical interpreting services for spoken languages, and American Sign Language (ASL) 24 hours a day, seven days a week.

LANGUAGE ACCESS SERVICES PROGRAM

The Language Access Services Department, through the Language Access Service Program defines the District's language or communication assistance approved resources, services, levels of service, and the assessment and training required for workforce providing language services on behalf of the District.

The program utilizes the services of workforce qualified as approved bilingual, dual-role, and qualified medical interpreters, nationally Certified Healthcare Interpreters, as well as the interpreting services from CyraCom, and the Health Care Interpreter Network (HCIN).

During the last 10 years, NIHD has seen an increase in the number of entry-level job-seeking applicants, who self-identify as Hispanic or Spanish-speakers. Currently, the District's workforce participating in the Language Access Services Program includes 28 Approved Bilingual Employees in clinical and non-clinical areas, seven dual-role interpreters, six Qualified Medical Interpreters, and two nationally Certified Healthcare Interpreters™.

INTERPRETING SERVICES

NIHD provides in-person interpreting services in Spanish, over the phone and video remote interpreting services in more than 240 different languages, including American Sign Language (ASL), 24 hours a day, seven days a week.

Over the phone interpreting services are available from any telephone at the District, with video remote interpreting services through any of the 28 video-remote interpreting units distributed throughout the District.

During the 2019/2020 fiscal year, the District provided

health care services to non-English speaking patients totaling 35,840 minutes of over the phone and video remote interpreting services (combining the services provided by both: CyraCom and HCIN) in the following languages: American Sign Language, Cantonese, French, German, Gujarati, Italian, Japanese, Korean, Kunama, Mandarin, Punjabi, Russian, Spanish, and Tamil.

The Language Access Services Call Center has been functioning since 2017. The Call Center functions by providing coverage for some of our own needs, and sharing our interpreter services within the HCIN network. During the 2019/2020 fiscal year, the Call Center received 8,419 video-calls, providing 116,195 minutes of interpreting services in Spanish.

Patients and providers prefer in-person interpreting services. The District implemented Interpreter Intelligence Scheduling System to facilitate providing more in-person interpreting services throughout the District. Due to the COVID-19 pandemic, we are limiting the District's workforce interaction with patients to reduce the risk of infection. However, NIHD-approved interpreters assist, on average, with 45 requests for in-person interpreting every month.

TRANSLATIONS

Language Access Services includes providing translation of vital documents, significant communications, and significant publications. During the 2019/2020 fiscal year, the Department translated 104 different documents, most of them related to COVID-19 for the District's use, and in a supporting role for Inyo County Public Health Department. Translation of COVID-19 education and prevention for the community, as well as consent for vaccination for the District's workforce (and the public) has been a priority.

The Language Access Services Department ensures the District is compliant with state and federal law regarding language access services, as well as meeting The Joint Commission standards on patient-centered communication and fulfilling the District's commitment to provide meaningful access to limited

English proficient individuals. NIHD provides high quality health care services to all patients, in all languages, through qualified or certified healthcare interpreters. ■





Frank Laiacona, Pharm-D APP
Director of Pharmacy

PHARMACY

The Pharmacy Department at NIHD is an active and versatile component integral to the hospital at large. Our professional, technical, and clerical staff forms a cohesive unit that provides 24/7 pharmacy support to the District. That being stated, the Pharmacy is open and staffed for 10 ½ hours each day. After hours Pharmacist personnel are on call for order verification, drug information, and in critical cases returning to the facility to prepare medications and extemporaneous products.

Each day, clinical, administrative, and distributive activities are performed by a staff comprised of a Director, Clinical and 340B Coordinator, Staff Pharmacists, Pharmacy Technicians, and a Pharmacy Clerk who assists the Director with financial and billing spreadsheet analysis. A 340B specialist is onboarding who will energize, educate and renegotiate to improve our program's performance.

The challenge of multi-regulatory compliance by any hospital pharmacy requires diligence and cadence. Additionally, being licensed within the State of California only adds a degree of difficulty to this task. Auditing department activities is a perpetual assignment for quality assurance and performance improvement.

The Pharmacy Department recently underwent a rigorous and thorough annual inspection by the California State Board of Pharmacy without receiving any citations, fines, or mandated corrections by the inspector. The Pharmacy has completed all its mandatory filings and self-assessments. The specified personnel manage and adjudicate controlled substance procurement and utilization.

Inventory was conducted on June 30th, 2020, with results showing a positive variance to the preceding year with improved rotations of inventory dollars. The department continues to be a strong revenue generator for the District, with the outlook for the forthcoming year to show continued growth.

Professionally, the key objective for the department falls within the realm of patient safety. Adverse drug reactions continue to plague health care organizations, and NIHD's performance positively exceeds industry standards.

The Pharmacy has a member representative to multiple key committees. This participation enables a continued dialogue to embrace best professional practice standards and their improvement. For example, the Antibiotic Stewardship Committee's actions have had an overall impact on decreasing antibiotic use in inappropriate situations, reducing the potential for bacterial antibiotic resistance. The MAIC committee generates discussion for medication misadventures and examination of processes. During the past 36 months, the sheer number of events have markedly dropped, indicating the strategies implemented post committee discussion has fostered a safer climate here in the District.

The Pharmacy Department has several capitalization projects ongoing at this time. These include a construction project, an upgrade to our automatic drug dispensing units, a new EHR, and a recent build and rollout of smart pump technology for the facility.

Pharmacy Construction Project

The physical plant which the Pharmacy occupies is dated and required a vision to acclimate to the

current expectations for pharmacy services. In the past five years, several regulations, namely USP 795, USP 797, and USP 800, required pharmacies in the U.S. to prepare sterile medications aseptically while protecting staff from potentially harmful agents. The pharmacy received a waiver from the California Board of Pharmacy to maintain best-practice standards, although not fully meeting this requirement with the existing physical plant. The present Pharmacy clean room is a segregated compounding room with engineering features that include a Germ-free Bioflow Air Chamber, which protects personnel from hazardous agents while maintaining a sterile environment for compounding. It is also home to a

Baker EdgeGUARD Laminar Flow Hood, which maintains an aseptic environment for compounding. These two primary engineering control units reside in a positive pressure room, assuring a reduction in possible contamination. Furthermore, pharmacy staff does surface sample testing and product sterility testing with the cooperation of Dynalabs to confirm aseptic space and products. A new pharmacy with a state-of-the-art clean room fully meeting these regulations has been approved. This was accomplished by bringing leadership, space, equipment, and personnel together synergistically to allow for form and flow to increase efficiency. Date of completion expected in the second half of 2021.



Omnicell Medication Management System.
Photo courtesy of Y Studios.

Omniceil XT Upgrade Project

The existing 5G dispensing cabinets operate on Windows 7 software that will sunset on October 31st, 2020. The District has procured an upgrade package to the XT series of cabinet, which runs on Windows 10. This will enhance accountability and patient safety by fully coordinating prescribing, distributing, and administering medications to patients. Completion date expected December 2020. Diversion of controlled substances and medication errors are greatly diminished with the use of this technology. Medications must pass successfully through layers of safeguards that these units provide to be administered to patients. Daily staff adjudicate the controlled substance utilization so that every controlled substance removed for patient use is reconciled to zero for the smallest unit of use.

EHR Conversion

The present electronic health record operating system will be converted to the Cerner *CommunityWorks™* product. A robust EHR correlates to enhanced patient safety, increased efficiency, rigorous information retrieval, ease of documentation, and staff accountability. This system's reporting tools will prove to be an invaluable aid to further strengthen our District's performance in many areas.



Pharmacy Clerk Amber Barker working in the compounding area. Photo by David Calvert



BBraun Smart Pump Implementation

Intravenous medication administration represents a crucial aspect of patient care with some distinctive risks associated with it. Smart pumps establish and maintain the guardrails related to safe practices for parenteral drug therapy. Thirty years ago, nurses hung a bag with gravity and watched for how many drops would fall into a chamber connected by a line to a patient for a minute. This would be extrapolated into how many milliliters of drug or fluid would be administered over an hour and how long the bag would last. This led to many variances of medication administration because of the variables of the conditions, equipment, and users' observations. Smart pump technology takes

most, if not all, of the guesswork and interpretive skills out of the equation. The pumps deliver rates of medication administration consistently without variance. These rates are also predefined by drug in the pump memory; thus, if a medication can cure at 100 ml per hour or injure at 200 ml per hour by design, these smart pumps will prevent any med from being administered at the wrong rate or dose. The pumps have interactive capabilities and can communicate essential data contemporaneously. The smart pumps provide key support in safe medication practices. ■

TELEHEALTH

Jessica Nichols, RHC Clinical and Telehealth Program Manager

In our Virtual Care Clinic at the Northern Inyo Healthcare District (NIHD), the Telehealth Program allows patients to see a specialist or other health care professional miles away without leaving the beautiful Eastern Sierra.

A telehealth visit is very much like a regular face-to-face visit with a provider, except that we use video technology to see, hear and speak to a medical provider. The provider can also see, hear and talk to you. You will receive the same level of privacy that you would expect at your provider's office. Telehealth utilizes video conferencing technology, which allows examination, diagnoses, and treatment. A telehealth specialist will be with you in a private exam room to operate the equipment, introduce you to the specialist, and assist with your examination.

Telehealth was introduced to NIHD in 2018 as a unique new service line. Our Virtual Care Clinic's current specialty services are Endocrinology, Cardiology, Infectious Disease, Rheumatology, and most recently, adult and adolescent Psychiatry services. Our friendly telehealth providers love our Bishop patients and feel quite envious of our small-town community. District patients have expressed gratitude for this service and feel connected to our providers even though they are miles away.

We have seen tremendous growth and success in our Telehealth program over the last two years, with the COVID-19 pandemic providing an opportunity for rapid expansion. As we quickly learned more about the virus, it was easy to offer telehealth to our District patients. COVID-19 restrictions reduced the ability to provide in-person visits at NIHD. Telehealth allowed patients to safely



Endocrinologist Nilem Patel, MD, discusses diagnosis with a patient via telehealth. Photo by David Calvert

connect virtually with their provider from the comfort of their own home. Within a week, more than 25 providers were trained (along with support staff) throughout our outpatient clinics to utilize telehealth technology. The Medical Assistants have become telehealth champions: helping our patients navigate the virtual visit process from start to finish. We've been impressed by our community's level of technological expertise. Guidelines were developed at the NIHD COVID Incident Command to determine what type of visit would qualify for telehealth vs. an in-person visit. Each clinic has unique criteria for this. Even as we are slowly increasing our in-person visits, we continue to see all kinds

of telehealth visits. For example, Dr. Helvie can conduct a well-child visit virtually, just as Dr. Brown can follow-up with post-hospitalization concerns.

Telehealth has allowed our patients to continue to receive the exceptional care they deserve. We anticipate Telehealth will continue in primary care beyond the current pandemic.

Jessica Nichols
RHC Clinical and Telehealth Program Manager



RHC Physician Stacey Brown, MD, talks with a patient via telehealth. Photo by David Calvert



Dan David
Care Coordination Manager

BEHAVIORAL HEALTH & OPIOIDS

MAKING A DIFFERENCE

Medication-assisted treatment (MAT) is vital in helping people overcome addiction challenges. For the past two years, Northern Inyo Healthcare District's Rural Health Clinic has played a crucial role in helping our communities combat this issue.

By definition, MAT programs use medications combined with counseling and behavioral therapies to provide a whole-patient approach to treating substance use disorders. These programs are clinically driven and tailored to meet each patient's needs. The medications used in these programs have the approval of the Food and Drug Administration (FDA).

The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. Studies show this treatment:

- Improves patient survival
- Increases retention in treatment
- Decreases opiate use and other illicit activity among people with substance use disorders
- Increases patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders

OUR APPROACH

Like others, our MAT program follows the patient-centered approach, offering individual and family support. Our team is highly trained and experienced

in delivering MAT services based on evidence-based practices. To date, the MAT program has served more than 170 patients this past year. It continues to expand services with the addition of a Substance Use Counselor and Community Harm Reduction Coordinator.

Fatal overdose death is preventable, and our MAT team has worked hard to saturate our community with that message. We have given out more than 1,500 boxes of Narcan®, a nasal spray that can help reverse an opioid overdose, which has saved 26 lives already.

Among our successes this year, the MAT Program held a drive-through event where we passed out more than 200 opioid overdose rescue kits, featuring Narcan®. Our MAT team also provides prevention education to the local high school and the community. It also raises awareness about substance use issues and the importance of harm reduction while reducing stigma.

STATEWIDE ATTENTION

NIHD's MAT Program has garnered statewide recognition for its work. Substance Abuse Mental Health Services (SAMHSA) and the California Department of Healthcare Services (DHCS) highlighted our work in presentations showing how we create wraparound services for patients.

Our program has been part of the California Bridge Program and MAT in the county jail expansion grant. We have also presented our plan to expanding access to MAT in the County Justice System and our efforts to engage diverse populations. ■





Allison Partridge, MSN, RN
Chief Nursing Officer

CHANGE OF GUARD

TRACY ASPEL PASSES THE BATON TO ALLISON PARTRIDGE

Nature's season of change will serve as the backdrop for change in nursing leadership at Northern Inyo Healthcare District. As veteran nursing leader Tracy Aspel prepares for her October retirement, the District named Allison Partridge as its new Chief Nursing Officer, effective mid-September.

When asked what she hopes to bring to the District, Partridge's list of aspirations is exact. "I hope to continue the work that Tracy, and those before her, started. I'm striving for continuous process improvement, continued excellence in care, and striving to ensure that we're meeting the needs of the community."

That last point — meeting the community's needs — impacted the new CNO as she said the words. "Meeting those needs is huge," she said. "We're rural; we're far away from any major healthcare facility. We have to work with our community partners to make sure we're doing the best we can for those who count on us every day. It's that simple."

NIHD's Interim Chief Executive Officer Kelli Davis said Partridge has proven herself to be an inclusive leader who takes into consideration differing viewpoints. "I find her to be a very positive and authentic person who stands by doing what's best for the whole, whether that's a single Nursing department or the entire District. Allison works hard to help others achieve their goals and meet their aspirations in growth and development. I look forward to seeing what she brings to the District in the next year."

Partridge currently serves as NIHD's Director of Nursing for Emergency and Inpatient Services. That has put the 20-plus year nursing veteran at the forefront of the District's pandemic response, alongside Aspel, Davis, and Drs. Will Timbers and Stacey Brown.

Bolstered by a 16-member incident command and the support of District physicians and employees, Partridge and these leaders find themselves tackling both basic and complicated needs.

"As far as the District's response to the pandemic, I think we are spot on," she said. "We've got a very structured, organized format that we're following in addressing this. We assure we stay up-to-date and apprised of the most current information from both Centers for Disease Control and the

California Department of Public Health. We're using that information to help drive the decisions we make. It's been a lot of work and is continuously changing, but we've adapted, and we've stayed focused."

Before joining NIHD almost three years ago, Partridge spent most of her career at San Pedro's Providence Little Company of Mary Medical Center. She credits Providence's in-house leadership development program with preparing her to serve as NIHD's Chief Nursing Officer.

Partridge holds a Bachelor's and Master's degree in Nursing. She has extensive training in Lean Leadership, Six Sigma, and Mission-Focused Leadership. Of all of her education, Partridge is most proud of her Master's degree with an emphasis on leadership, and not for a reason most expected. She earned her Master's as a working adult and mother. "I have a deep respect for anyone trying to juggle all that. It was not easy," she said.

As for her years with NIHD, Partridge values the time she spent getting to know the District, the communities it serves, and the Nursing teams she works with. "I look at our teams, and I see so much potential and such great opportunity, and that's exciting," she said. "Throughout the District, you see this really heightened desire to achieve excellence, and together, I know we can do it."

Partridge also understands the love the community has for its nurses. "We are a small community, and for the nurses, that brings this deep desire to provide excellence in care," she said. "I genuinely think that's because here, as a nurse, you often know the person you are caring for or someone who loves them, and people respond to that."

Partridge and her husband, Jayson, have been married for 18 years. They have two children, Drew, age 17, and Natalie, 15. The family relocated to the Sierra to enjoy all the outdoor adventures and seasons it offers. ■



Denice Hynd, RD
Director of Nutrition Services

NUTRITIONAL SERVICES

CLINICAL

Northern Inyo Healthcare District employs two full-time Registered Dietitians (RD), one of which is a certified Spanish language interpreter. Our dietitians spend a significant amount of time at the patients' bedside gathering pertinent lifestyle and diet information to develop a nutrition intervention that is specially tailored for the individual. Through multidisciplinary collaboration, the patient is provided with a therapeutic diet that is closely monitored and modified during their inpatient stays. One of the RD's patient-goals is to avoid unintentional weight loss. This is accomplished through offering nutrition supplementation in the form of whole-food-smoothies and offering heart-healthy snacks in between meals. Some of the patient's favorite snacks include baked sweet potato chips with guacamole and raspberry-walnut yogurt parfait.

COMMUNITY

Disseminating evidenced-based health information comes naturally to the Nutritional Services Department at Northern Inyo Healthcare District. The dietitians have hosted a series of Healthy Lifestyle Talks that promote practical approaches to achieving wellness. Topics such as Mindful Weight Loss for the New Year, Reducing Picky Eating in Children, and Identifying Hidden Sugars in Your Food are well attended by members of the community. The nutrition-focused Healthy Lifestyle Talks are offered in English and Spanish.

The dietitians also sit on disease-specific panels as the experts in using nutrition as a preventive measure. These panels include The Breast Health Team during Moonlight Mammograms and the facilitators of NIHD's Diabetes Education Empowerment Program.

DISTRICT WELLNESS

The Nutritional Services Department hosts free cooking lessons to NIHD staff, where new recipes are developed and executed by the staff. In 2019, the workforce was invited to prepare their own versions of chia-pudding, mixed arugula salad, homemade balsamic vinaigrette, and warm lentil-feta salad. For those who want to challenge their skills further, they are invited to participate in the District's Maintain-No-Gain weight maintenance challenge that occurs over the holiday season; and our Spring Into Weight Loss challenge, where the goal is to lose three-to-five percent of total weight over the course of four months. The worksite wellness programs are well attended and encourage friendly competition among its participants.



KITCHEN OPERATIONS

Patient Meals

The dietary department begins preparing patient meals at four in the morning seven days a week. Each patient meal is carefully crafted to ensure all patient preferences, allergies, and intolerances are considered. Our cooks prepare seasonally appropriate meals from scratch, paying close attention to recipe-builds as each patient has a unique diet prescription to which they must adhere. Our extensively trained Diet Clerks interview each patient daily to explain further each meal's components, textures, and

flavor profiles. This is done to increase oral intake, which will ultimately support the patient in regaining their strength and improving their health outcomes. If a patient does not care for the planned items being served that day, they are offered meal alternatives that encompass traditional American-fare favorites.

One of our favorite meals to prepare and serve is our "Celebration Meal" offered to all new mothers after giving birth. The two celebration meals most requested include the spinach ravioli in cream sauce and the poached salmon in lemon sauce. Each celebration meal is paired with a hot-

fudge lava cake, or a lemon-raspberry ricotta cheesecake, and finished with sparkling apple cider in single-serve champagne glasses.

Staff Meals

As a NIHD team member, you can order snacks and meals through our Café service window without needing your pocket-book! Our Payroll Department has created an easy-pay system, where the employee swipes their badge at check-out, allowing their total to be deducted at their next paycheck. The employee cafeteria offers scratch-made salads, hot entrees, and trendy grab-and-go

snacks. Some of staff's favorite picks include chia-pudding made with non-fat Greek yogurt topped with fresh fruit & granola, mixed kale salad with shredded purple cabbage and sunflower seeds, and our pork carnitas plate. In 2019, the dietary department safely served 82,177 meals, of which the hospital staff consumed the majority. ■



NIHD Cook Alicia Campos prepares healthy salads for the staff lunches. Photo by David Calvert

NIHD Cook Maria Lawrence works to prepare the daily meals. Photo by David Calvert

A healthy selection of salads. Photo by David Calvert

Some of the NIHD Kitchen staff, l-r, Tyra Icenhower, Maria Lawrence, Alicia Campos, Registered Dietitian Denice Hynd, Emilia Lopez, and Tracy Benninger. Photo by David Calvert



Scott Hooker
Director of Facilities

FACILITIES MANAGEMENT

The main Northern Inyo Healthcare District campus covers approximately 14 acres and houses 11 buildings with a total square footage of 160,000 square feet. These buildings range from patient care facilities to administrative, maintenance, and laundry structures.

In addition, the District owns the Birch Street Annex facility, comprised of two buildings located in the former Cerro Coso Community College site. The larger annex building, roughly 7,318 square feet, houses the meeting facility for our Board of Directors as well as office space for the NIH Auxiliary, the Eastern Sierra Cancer Alliance, and the Kern Regional Center. It also houses a computer server room, a commercial paper shredding machine, and storage rooms for the District. The smaller building is leased to Kern Regional Center and covers 1,000 square feet.

The District also owns a former bed-and-breakfast in the downtown Bishop area called The Joseph House. Purchased by NIHD in 2018, the Joseph House is named for its original owners and consists of a five-bedroom house, a studio apartment off the garage, and a separate one-bedroom cottage. The purpose of the purchase was to secure steady housing for physicians, surgeons, visiting nurses, and others who travel here to serve the District for short periods. Most of these visitors utilize the main house, while our Radiologist group exclusively uses the cottage.

Some of the challenges that NIHD faces with our properties is that they vary drastically in ages and in meeting our growing needs. Some structures are very old and require upgrades to stay compliant with the many national and state agencies – such as Office of Statewide Health Planning and Development, Centers for Medicare and Medicaid Services, and the California Department of Public Health, and many more – who provide oversight to the District.

Perhaps one of the most considerable challenges to the District, and other area employers, remains the shortage of housing in the greater Bishop area. In the Owens Valley, private land ownership sits at about two percent of the available lands. The rest remains in the control of the U.S. Forest Service, Bureau of Land Management, City of Los Angeles, local tribes, and a small handful of private businesses.

Actions & Results

NIHD has taken action to maintain compliance and meet the state’s very stringent seismic requirements. In the last 15 years, we built a new two-story Hospital Building that features more steel underground than above ground. We’ve also built a new Digital Imaging Building and Support Services Building to keep up and allow for growth. Still, some areas of our campus remain challenged for space, such as the Rural Health Clinic.

While the Joseph House has met some of our needs for those traveling in and out of the area regularly, long-term housing for contracted employees remains a problem. If we can provide contracted employees with housing, it naturally gives us leverage to bring highly qualified people to the area. Yet to date, we find ourselves scrambling to help new employees find suitable homes in which to live.

MAINTENANCE

The Maintenance Department is a relatively small group providing a broad range of maintenance services on our many buildings and sites. Not only does our team provide maintenance on our healthcare buildings, but they also maintain our Joseph House property and several other rental properties that we use for contract employee housing.

Our Maintenance Department initiated a new work order management system this past year. This new system helps the department promptly manage work orders and prioritize compliant work versus non-compliant work. This will help us during our many surveys with CDPH, CMS, Joint Commission, OSHPD. This system will also help us save on costs.

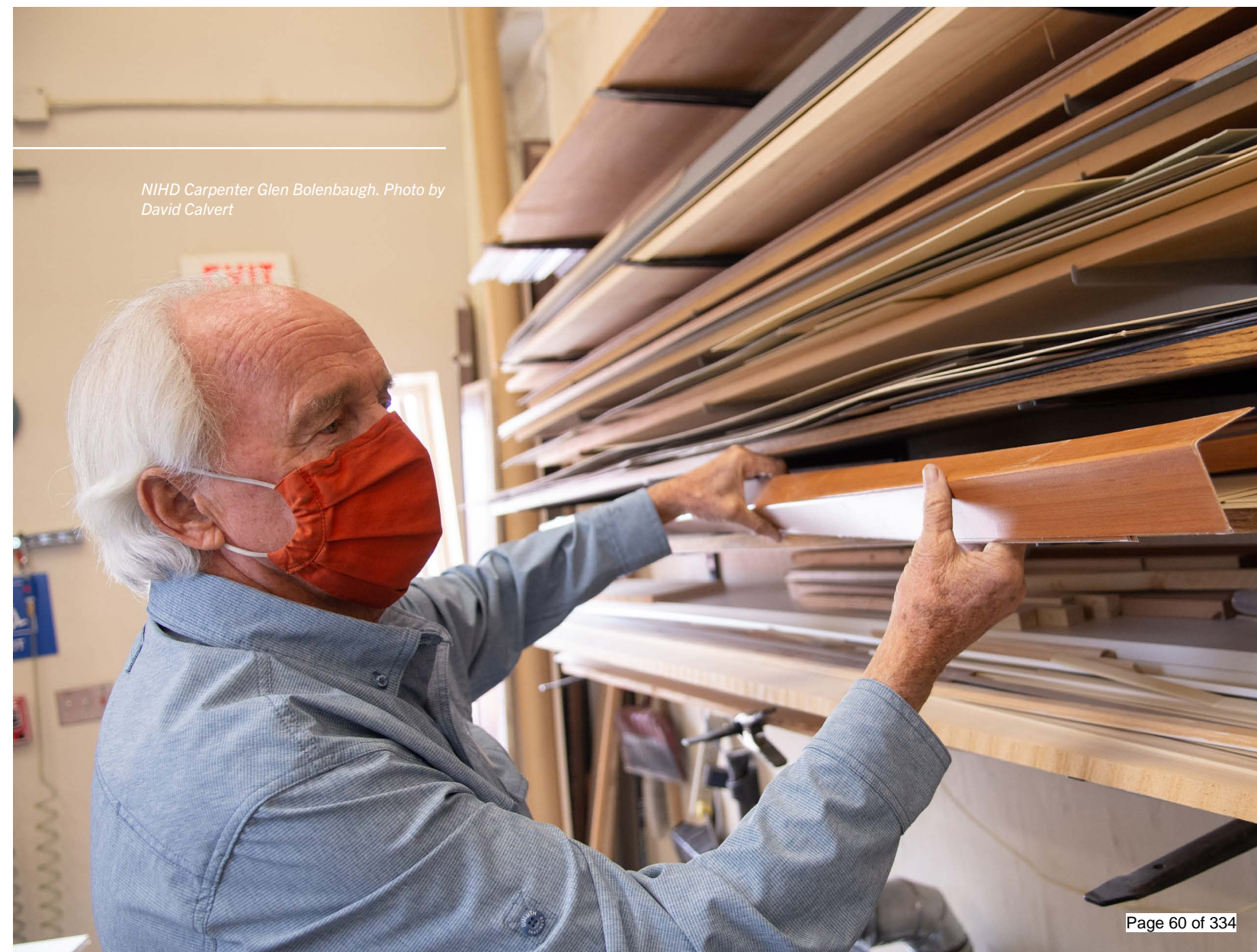
SECURITY

Our Security Department consists of six employees. Our hours of operation are Monday through Thursday, 6 p.m. to 3:30 a.m. and Friday and Saturday, 12 noon to 4 a.m. NIHD is fortunate that all of our officers are active or retired law enforcement and remain licensed. The skills and knowledge they bring to the District are

unmatched and deserve recognition. During the time of COVID-19, our Security Officers found themselves facing additional challenges that went above and beyond their job descriptions. Again, we are fortunate to have such skilled officers to enhance our District’s safety and security.

ENVIRONMENTAL SERVICES

The Environmental Service team operates Monday through Sunday, 4 a.m. to 12:30 a.m. Our staff cleans areas from Birch Street, to the Joseph House, to our Surgery Suites and Post-Acute Care Unit. Our goals are to have a clean building that our community can be proud of and maintain the lowest infectious rate for a hospital as possible.



NIHD Carpenter Glen Bolenbaugh. Photo by David Calvert



Director of Facilities Scott Hooker reviews plans for the separation of two NIHD buildings. Photo by David Calvert

We currently have 23 full-time employees in the Environmental Services Department, and the team we have right now does a fantastic job keeping up with daily routines and the added stresses that came with addressing a global pandemic. We do have some challenges in keeping a full staff, keeping the manager and assistant manager on the hunt for positive and effective team members.

The Environmental Services team is always looking for new equipment, chemicals, and materials to ensure that our hospital stays safe and clean. The NIH Foundation recently gifted the departments with a Total Clorox 360 Electrostatic Sprayer. This innovative sprayer delivers Clorox solutions to the front, back, and sides of surfaces, as well as those areas not always visible to the naked eye. The sprayer has been a great addition to ES' arsenal of cleaning tools as it uses 65 percent less solutions while reducing the time for a terminal clean by roughly half.

Achievements for this year:

- We have picked up new technology that has helped us achieve faster turnaround times on patient room discharges.
- We are continually improving our chemical line to help us maintain low infectious rates.
- We have the only Operating Suite Environmental Services certified trainer in the Owens Valley.
- We have picked up new pieces of equipment to help keep our Environmental Services staff safe.

LAUNDRY SERVICES:

The Laundry team operates Monday through Friday, from 5 a.m. to 4:30 p.m. We currently have five employees that stagger-start through the day. We service all linens in the



hospital and clinics, wash certain areas scrubs, wash dietary aprons, wash Environmental Services cleaning equipment and wash personal protective equipment such as washable coats for the Nursing/Physician staff.

Each month, Laundry washes around 13,000-to-16,000 pounds of materials. We strive to keep units and clinics fully stocked with freshly cleaned linens. It is somewhat unique for a hospital our size to have its own fully functional laundry department, but it is necessary due to our remote location. We are fortunate to have a strong team dedicated to serving our community.

Achievements for this year:

- The laundry department is laundering washable PPE coats and washable masks, which has saved NIHD in our disposable ordering shortage during COVID-19.

- Upgrading a hot water heater/boiler in our support building, which has made our washing machines run more efficiently.

In conclusion, it is an honor and privilege to serve alongside our medical team, the ancillary staff, and administration. Together, we can and do make a difference for our community. ■



Barbara Laughon, Strategic Communications

COMMUNITY OUTREACH

GIVING BACK

Those that know the beginnings of Northern Inyo Healthcare District understand that our very presence in the community comes from the fact that in 1946 the residents of Bishop and Big Pine voted us into existence. Worn down from traveling long distances to receive quality healthcare, the residents formed a committee to develop a Healthcare District. It was not easy, but the group fought hard and won our future at the ballot box.

According to the Association of California Healthcare Districts (ACHD), these districts respond to the specialized health needs of California communities. Voters created 78 Healthcare Districts to fulfill local health care needs. Of these, 54 serve the state's rural areas. Healthcare Districts

provide access to essential health services and are directly accountable at the community level. As a result, tens of millions of Californians receive access to care that would otherwise be out of reach.

As NIHD approaches its 75th year of service, we realize that the District's community outreach plays as significant a role as it did in the decades that followed our establishment. Here is a look at just some of the efforts our team members make each year:

Healthy Lifestyle Talks – Established in 2015 with the commitment of one physician and one staff member, NIHD launched a talk series designed to educate area residents about the many service lines and the physicians and advanced care providers behind them. In the following five years, Healthy Lifestyles grew from just four to 24 talks per year. Featuring a 30-35 minute presentation by the guest speaker, the hour's remainder goes to an often lively question and answer period.

The talks focused on topics as varied as Orthopedics, Breast Cancer Awareness, Mindful Weight Loss, Geriatrics, Speech Language Pathology, Women's Pelvic Floor issues, and healthcare advancements in Chiapas, Mexico, by the local Rotary Club and NIHD's Women's Health team.

Faced with the limitations brought by the COVID-19 pandemic, NIHD paused the talks for seven months before reinitiating them via the Zoom teleconferencing platform. These free talks remain open to the public.

Walk with a Doc – NIHD joined the national Walk with a Doc program in 2019 as part of the annual Rural Health Day celebration. Its premise is simple: connect patients with physicians outside of their offices and get patients to engage in regular physical activity. The fit between NIHD and Walk with a Doc seemed like a natural one.

Walk with a Doc founder David Sabgir, MD, a cardiologist in Columbus, OH, was frustrated that he could not convince most of his patients to do regular physical activity. "People had great intentions when they left the office," he says.

Then he hit upon a bold idea. He would ask patients to walk with him. That was in 2005, and "we had 101 for the very first one." It's grown to 530 chapters worldwide, most of those in the U.S. The doctor leads the Walk and gives a brief talk on a health topic. "We encourage people to walk 30 or 45 minutes if they can," Sabgir says. Unless bad weather forces the Walk indoors, the activity is outside, he says.

"It's a perfect way to break the ice with patients," he says. "There is something really special about getting outside the walls of the office and being in nature." The feedback

from patients, he says, is good. "They say they love it, and it's always in all caps." NIHD is working to reinitiate this program during the pandemic, keeping social distancing precautions in mind.

Breast Cancer and Colorectal Cancer Awareness Months – Much of NIHD's best-laid plans begin as small conversations in small offices that start with the rhetorical question, "Hey, you know what we should do?"

Such is the case with October's Breast Cancer Awareness and March's Colorectal Cancer Awareness efforts. Community numbers showed a high occurrence of both diseases and staff members felt we needed to extend our outreach in both areas. With the support of leadership and other team members, NIHD had grown its presence during both months.

Keenly aware that there is strength in numbers, NIHD teamed up with trusted local partners, including Eastern Sierra Cancer Alliance (ESCA), Toiyabe Indian Health, Mammoth Hospital, and Southern Inyo Healthcare District. Doggedly seeking support from local government, these groups have secure proclamations from the Inyo County and Mono County Boards of Supervisors, The Bishop City Council, and Mammoth Town Council. These efforts help raise needed awareness for early detection, promote knowing family history, and support non-profits like ESCA that assist residents on personal cancer journeys. In addition, NIHD launched its successful Moonlight Mammograms program in 2015. Designed to offer extended screening hours for busy women, Moonlight Mammograms resulted in the screening of more than 175 women – many for the first time – in its five-year history. We proudly offer translation services during this annual event, drawing a growing number of Spanish-speaking women to NIHD. Educational talks, coupled with live music and tasty

treats round out the evenings. Pandemic precautions forced Moonlight Mammograms into a by-appointment-only format, but NIHD looks forward to the day when it can resume the original format.

Each March, our General Surgery office extends its hours for preventative consultations. During this event, prospective patients can meet one-on-one with Dr. Robbin Cromer-Tyler to discuss their risk factors and available screening options. This time lends itself to discuss any questions and concerns the patient may have about their chosen screening option or risk factors. We strongly believe that colorectal cancer is preventable, treatable, and beatable with regular screenings and early detection.



TeamNIHD (Lynda Vance, Michelle Garcia and former CEO Kevin Flanigan) donates to The Wish Tree. Photo by Barbara Laughon

And they're off! NIHD and the Eastern Sierra Cancer Alliance teamed up to also put a focus on Colorectal Cancer Awareness each March with a 5K/10K walk/run. Photo by Gayla Wolf





Colorectal Cancer Run beneath the towering and white-capped Sierra Nevada mountains. Photo by Gayla Wolf

“ The feedback from patients, he says, is good. “They say they love it, and it’s always in all caps.”

-David Sabgir, MD

NIHD also helped ESCA launch the Blue Ribbon Fun Run and Walk each March as part of Colorectal Cancer Awareness Month. Designed to promote physical activity and health, the walk and run also help raise awareness and needed ESCA funds.

Also, NIHD physicians made time during both of these months to host educational talks at local businesses, again raising awareness for early detection of these diseases. These visits to Caltrans, Los Angeles Department of Water and Power, and others encouraged those perhaps on the fence for screening to make appointments, in some cases saving lives through early detection. While very busy, many of our physicians are gracious with their time. When given enough notice to avoid impacting patient needs, they will often make themselves available for speaking engagements.

- Eastern Sierra Tri-County Fair
- Bishop Mule Days Celebration
- Vitalant Blood Drives
- Toiyabe Health Fair
- Eastern Sierra Cancer Alliance
- Wild Iris
- Inyo County Health and Human Services Elder Health Fair
- Breastfeeding Awareness Month
- Bishop Volunteer Fire Department
- Big Pine Volunteer Fire Department
- Bishop Police National Night Out
- National Bike Month with Caltrans
- IMACA's Wish Tree Program
- IMACA & Salvation Army Food Drives
- Solutions for Homeless

Lending our support – NIHD is committed to supporting many community events and organizations in their efforts to make life better in the Eastern Sierra. Among those we support are:



NIHD, Southern Inyo Healthcare District, Toiyabe Indian Health Project and Eastern Sierra Cancer Alliance members just after receiving a proclamation from the County of Inyo declaring the first-ever Community Pink Day. Photo by Barbara Laughon



NIHD, Toiyabe Indian Health Project and Eastern Sierra Cancer Alliance came together to raise awareness for Breast Cancer Awareness by launching a Community Pink Day. Here the groups show the City of Bishop proclamation naming the third Friday in each October Community Pink Day. Photo by Barbara Laughon



Greg Bissonette
Executive Director,
NIH Foundation

FUNDRAISING THROUGH THE YEARS

The Northern Inyo Hospital Foundation is there when a need arises that cannot be met by the District's budget alone. When that happens the Foundation reaches out—on behalf of the community—to secure donations that will allow us to purchase the critical equipment and establish the vital patient programs that support everyone's well-being. Throughout each year, the Foundation receives funds from the generosity of grateful patients, targeted outreach campaigns, local donors, and engaging fundraising events in the community.

2016 DAISY
Excellence in Nursing
Award Winner,
Rhonda Aihara. Photo
by Gayla Wolf/The
Honey Bee



2016 Employee
of Year, Robin
Christensen. Photo by
Gayla Wolf/The Honey
Bee



2016 Physician of the
Year, Stacey Brown,
MD. Photo by Gayla
Wolf/The Honey Bee



Foundation's 2017
Avenue of Excellence
Winners – DAISY
Excellence in Nursing
Winner Cynthia
Dayhuff and NIHD
Employee of the Year
Francine Berube.
Photo by Barbara
Laughon



2017 Physician of
the Year, Dr. Jeanine
Arndal with Former
CEO Kevin Flanigan.
Photo by Barbara
Laughon



2018 NIHD Employee
of the Year Lynda
Vance with Former
ITS Director Robin
Cassidy. Photo by
Laura Molnar



2018 Physician of the
Year Charlotte Helvie,
MD with Former CEO
Kevin Flanigan. Photo
by Laura Molnar



2018 DAISY
Excellence in Nursing
Award winner Abel
Jones with CNO Tracy
Aspel. Photo by Laura
Molnar



The Foundation has brought about many new programs and purchased essential equipment for the District in the past few years. With the inception of the CAREshuttle service, to the Breast Health Center and helping launch the telemedicine services at the Rural Health Clinic, to our most recent purchase of the Clorox Total 360 electrostatic sprayer cleaning system, the Foundation is impacting the health and wellbeing of all those the District serves.

Much of this work is supported by the Foundation's annual gala event, the Avenue of Excellence Award Dinner. Started in 2016, the event recognizes outstanding service from all corners of the District. Through recognition of a physician, a nurse, and an employee, the Foundation seeks to honor and celebrate those who go above and beyond in their dedication to serving the needs of Northern Inyo Healthcare District's patients. This event brings together the community in a festive spirit of giving to help further the initiatives of the Foundation and highlight the excellence the honorees embody in their devotion to serving our community.

One of the biggest successes for the Foundation has been the CAREshuttle free transportation service. Since its beginning in 2016, the CAREshuttle has delivered a much-needed service to the region. Where patients were going without medical care because of a lack of transportation options, the CAREshuttle has accomplished:

- More than 5,000 transports have taken place
- Almost 150,000 miles have been driven
- 6,000 volunteer hours have been provided by drivers
- The Foundation purchased a third vehicle was purchased in June of 2019

Then, here are just a couple of stories from those the CAREshuttle has helped.

"My parents began using the CAREshuttle services when they reached their mid-80s. They had both become less sure of their ability to drive, and decided it would be a good idea to stop. Dial-a-Ride was not a possibility for them, as their home is located down a dirt road and is thus off-limits for Dial-a-Ride drivers. My husband and I had committed to assisting them (and moved to Bishop to do so), but our virtual work schedules did not permit us to transport them to all their medical appointments. They

appreciated having the CAREshuttle available and remarked many times on the drivers' kindness. My dad has since passed away, and my mom is at the Care Center following a stroke. We were thrilled to discover that the CAREshuttle management was open to taking her home now and then for a half-day visit. Being back in her beloved home space is the highlight of her life now, and all the more because she is not likely to ever recover sufficiently to go home for good. Grateful thanks to all who make the CAREshuttle's services possible for people like my parents!" - Jenny R.

"I live in Independence, but don't drive myself. That left me relying on someone else's schedule to get me to my appointments, which was a challenge. I

can't say enough about the CAREshuttle; it's always on time, it gets me to my appointments that I might otherwise have missed, and the drivers are just wonderful!" - Maryhelen M.

The Foundation is also proud to share the success of The Breast Health Center of NIHD. Through initial capital investments from the Foundation, this initiative has facilitated care for almost 100 breast cancer patients since its start. The Center's first surgeries were performed on patients that would have otherwise chosen not to have surgery due to issues with traveling out of town. By providing excellent, specialized care for our breast health patients, the Center offers its patients all of their treatment needs locally. The NIHD Breast Health Center organizes a team consisting of the primary care physician, mammographer, breast

surgeon, pathologist, oncologist, and other specialists to coordinate each breast cancer patient's best care. This multi-disciplinary team meets regularly to review its patients' treatment plan and looks to accomplish as much of that patient's care locally.

The Foundation has also been instrumental in some very critical purchases of equipment for the District. With proceeds from the first Avenue of Excellence Award Dinner, the Foundation purchased the RHC's initial telemedicine unit to connect its patients with specialists outside the area and alleviate the burden of travel to these providers. This service has become even more critical in the face of the COVID-19 health crisis. Also born out of this national health emergency, the Foundation has stepped up, and through the support of generous donors, purchased the Clorox Total 360

electrostatic sprayer cleaning system to help sanitize patient rooms. According to the staff using this device, it has cut in half the time it takes to disinfect a room thoroughly. This is making a dramatic impact on the Environmental Services Department's workflow and improving the efficiency and quality of cleaning patient rooms.

The Grant Writing Department also falls under the larger umbrella of fundraising for the District, and 2019 was an extremely successful year in securing grants to enhance the care provided to our patients. In response to the opioid crisis facing our country, the District was awarded more than \$400,000 across five different grants to treat this epidemic. These were implemented across the District's service lines from the Emergency Department to the Rural Health Clinic. ■



Marjorie Routt
District Education Coordinator

OUR LEADERSHIP PHILOSOPHY

District Education’s goal is to provide support and resources to all Northern Inyo Healthcare District departments and team members. In partnering with District leadership, District Education is continually seeking ways to offer the opportunity for growth, knowledge, and competency to our workforce. We live by the mantra, “District Education, where fun and competency unite.”

Achieving our goal is of utmost importance to us as a highly developed workforce best serves those who rely on it. District Education has partnerships with multiple organizations and platforms to support and encourage workforce development. Our learning program’s foundation is our partnership with Relias Media, which offers a platform for regulatory and elective training.

Relias Learning Management System (RLMS) provides more than 2,350 courses with continuing education

opportunities from multiple accreditation boards at a state and national level. Content includes, but is not limited to, acute care ambulatory, behavioral health, emergency and critical care, nutrition and dietetics, perioperative, rehabilitation, respiratory, business, communication, and leadership.

In addition to the content provided, the RLMS offers one platform for NIHD to provide training from internal and external vendors. Examples include Resuscitation Quality Improvement (RQI), workplace violence training, and internal customer service/patient experience programs.

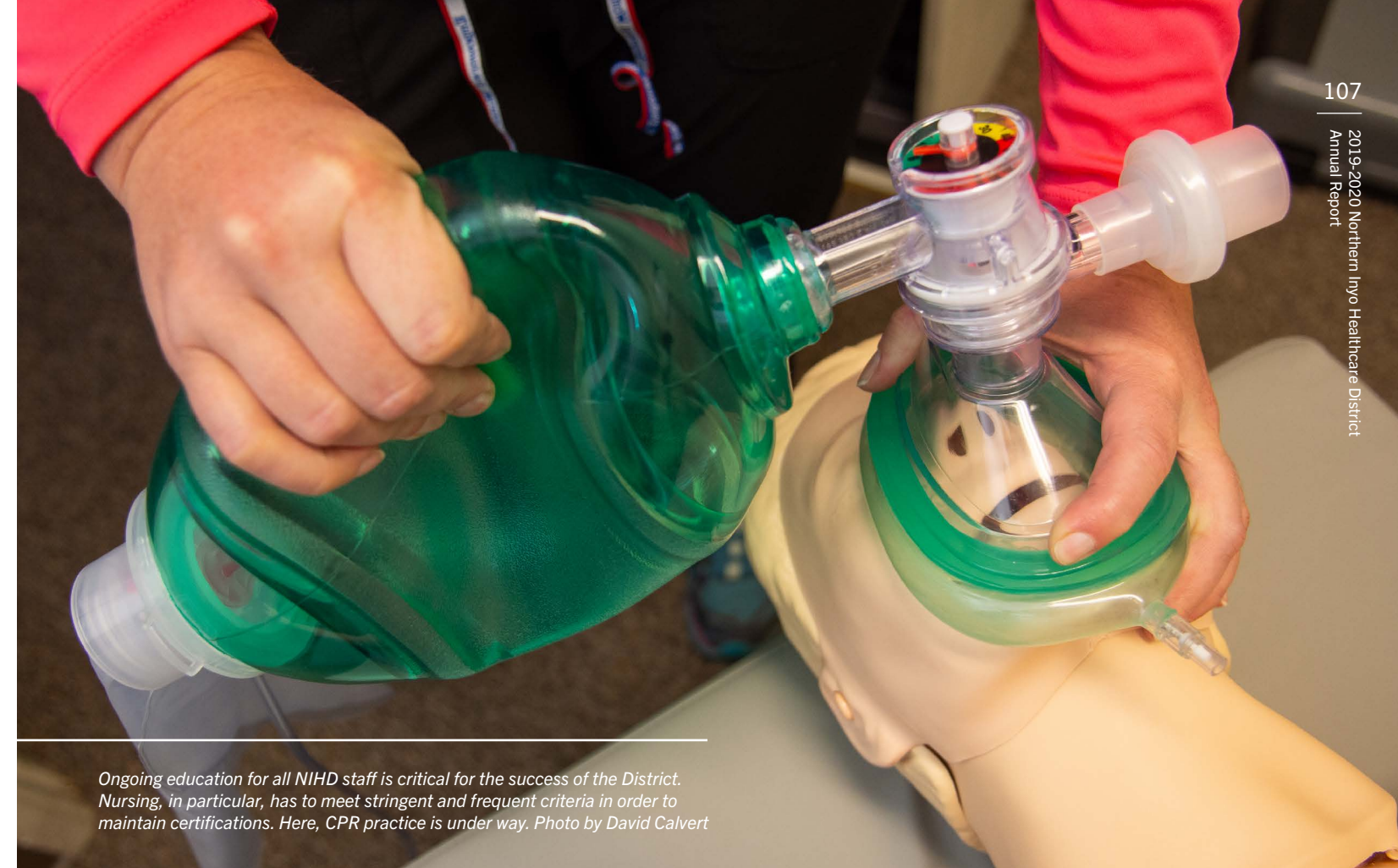
Traditional resuscitation certification (BLS, ACLS, PALS) is a bi-annual certification. In the 2015 update, the American Heart Association (AHA) determined that the standard two-year certification is not sufficient for skills competency. Resuscitation skills acquired begin to deteriorate after three months of initial training without repetitive use. The 2018 AHA update indicated that frequent low dose training is vital for provider competency.

Supported and managed by District Education, NIHD adopted Resuscitation Quality Improvement (RQI 2020) for necessary certifications throughout the District. RQI 2020 is offered within our RLMS, allowing staff to complete required re-certifications in quarterly increments, supporting workforce competency in vital lifesaving skills.

Much as NIHD and District Education are committed to competency, safety also remains a top priority. In 2018 the State of California became the first state to mandate annual workplace violence training for high-risk positions and front-line staff. NIHD partnered with HSS to offer Techniques of Effective Aggression Management (TEAM) district-wide. Going above and beyond the requirement, NIHD offers all staff HSS TEAM Essentials foundational training within our learning management system, followed by live hands-on training in HSS TEAM Advanced. The TEAM program focuses on recognizing and managing aggression and practical techniques for disengaging with an aggressive individual.

Partnered with annual reviews and continued updates on our internal plan, Education and District leadership are committed to providing a safe work environment.

District Education’s future is bright as we look forward to launching our internal customer service program that focuses on the patient and workforce experience. Exceptional Customer Service is the foundation for establishing the best patient care experience we can offer. In striving to achieve this, we encourage our workforce to identify ways to connect with our patients, visitors, and others. It all starts with applying “Hi, Eyes, and Smiles” in our unique work settings. People always will remember how we make them feel when they leave our care. Our goal is to leave them with a positive, friendly experience. ■



Ongoing education for all NIHD staff is critical for the success of the District. Nursing, in particular, has to meet stringent and frequent criteria in order to maintain certifications. Here, CPR practice is under way. Photo by David Calvert



District Education Coordinator Marjorie Routt and Assistant Maintenance Manager Robert Ralston work through exercises designed to deflect physical violence in the workplace. Photo by David Calvert



TALENT MANAGEMENT

The Human Resources Department has six team members dedicated to ensuring our employees' employment cycle is complete. From the moment someone applies to retirement and everything in between, we are here to serve them.

The HR department went through multiple changes in the past year, which resulted in many positive outcomes to enhance our service to the organization and community. We want to highlight a few of our accomplishments this year:

STAFF

The HR Staff consists of the Director of Human Resources, Labor Relations Specialist Analyst, HR Generalist-Benefit Specialist, HR Generalist-Recruitment Specialist, HR Clerk, and District Education Coordinator. This year we added the HR Clerk position and the Education Coordinator joined our team. While we each have specific duties, we are all trained to help with all the HR department's day-to-day activities.

ELECTRONIC EMPLOYEE FILES

This year the HR team, with help from our Rural Health Clinic Student trainees, audited more than 490 employee files and prepared them to be shipped and scanned into our Human Resources Information System (HRIS). By completing this project, we met our goal of housing all employee files electronically, which lessened our storage needs and brought efficiency to our employee records filing.

RELOCATED

We moved to the main hallway by the Old Main entrance from the Administration building where HR has resided for years. The move allows all employee services to be centrally located.

When an employee enters our office, they are greeted by our HR Clerk, who then helps them or redirects to one of our specialists or the director.

UNION

In the fall of 2019, our second union formed. This time it was a large segment of our employees. Our Labor Relations Specialist took on the challenge of a second union contract and, after multiple negotiations by the fall of 2020, reached

an agreement. Our Labor Relations Specialist represents the District at the bargaining table and is our union expert and liaison for all union-related issues.

COVID-19

When the COVID-19 pandemic hit, it changed the way we administered several policies, such as telework and leave of absence. Our workforce looked to HR for guidance on policy and procedure. Once temporary policies were in place, our Benefits Specialist went to work administering them. We saw a spike in leave requests immediately as well as canceled planned leaves.

Navigating through the new policies and changing procedures and all the new laws that are in effect, our Benefits Specialist has become the go-to person for our employees not just for COVID-19, but all leave of absence and benefit needs.

PEOPLE

The Recruitment Specialists handle all employment changes for the District, from job offers and on-boarding, to internal transfers and promotions. In the last year, we have hired more than 100 new employees to the District, processed more than 150 employee promotions, transfers, and status changes.

Our retention rate for the last year was 98.17 percent, with an average tenure of 6.90 years. We have been successful in providing the opportunity for employee career growth while still hiring our community members.

We are always assessing our efficiency and continual service improvements to serve our employees and community better through all healthcare changes. It is the service provided that makes us NIHD's Human Resources. ■



Lynda Vance
District Project Management Specialist

PROJECT MANAGEMENT

VALUE OF PROJECT MANAGEMENT

Organizations turn to project management to deliver results consistently, reduce costs, increase efficiencies and improve customer and stakeholder satisfaction. Strong, organization-wide commitment to project management yields long-term business value and competitive advantage.

NEW PROJECT MANAGEMENT DEPARTMENT

In April 2020, the project manager position changed to the District Project Management Specialist under the CEO. This moved project management from under Information Technology Services (ITS) to a separate District department. The NIHD Project Management Department will highlight all the important processes in projects for all District areas. Implementing new systems or services

can be very daunting and overwhelming if you have not gone through the process before. This is where Project Management comes in to help. Project Management removes roadblocks while providing leadership and vision, motivation, coaching, and inspiration for the team to do their best work. We can learn from the successes and failures of our past projects, lending to our subject matter expertise in many aspects of delivering healthcare projects. Continuous oversight and proper planning can make a difference for the project team to know who is doing what, when, and how. Risk management is critical to project success and ensures proper expectations are set around what can be delivered, when, and how much — a proper plan for executing strategic goals. We also ensure that the goals of projects closely align with the strategic goals of the District.

UPDATES TO CHANGE MANAGEMENT

At the end of June 2020, Project Management and ITS began working on change processes to incorporate all changes in the District together. The NIHD Change Team has always been active in weekly meetings, and the aim is to be more inclusive with all changes. The change committee's goals are to minimize the impact on patients and staff when implementing any changes and celebrate the growth these changes bring. This year, close to 150 changes were reviewed. The future goal is to keep increasing the number of reviews by 50 percent.

COMPLETED PROJECTS

This year, the Project Management Specialist completed 16 projects through the entirety of the project life cycle. The next page's graph shows the high-level numbers by the Pillars of Excellence (Finance, Growth, People, Quality and Patient Safety, and Service Operation Excellence). *To review the details of the projects, see the following table.

CURRENT PROJECTS

Projects go through a life cycle or stages as they progress through to completion. Currently, NIHD has 29 projects in various stages. Let us break them down into three areas: the finishing stage, active stage, and discovery stage.

In the finishing stage, NIHD has 10 projects that will help in many areas of the District. Our departments are looking for ways to improve from upgrading, moving, and streamlining to implementing new systems. Here are a few projects that have launched or will be ready to launch soon: Upgrade policy manager, Workforce Intelligence Solutions and Analytics, Anesthesia Electronic Health Record, Smart IV Pumps, Tele-psychiatry, Powershare

of images with other facilities, Medical Staff Schedule Software, digitizing employee records and Cloud Analytics, Workflow streamline for sensitive services.

The active stage is the next set of projects. These 13 projects are getting kick-off and ramping up with many activities. We have a few big projects happening right now, like implementing our new electronic health record (Cerner) and all the systems that connect and the clinic process improvement. All of these projects are exciting and will improve our processes like these: Streamline timekeeping, payroll, and Human Resources into one system; update the setup for the Bronco clinic; improve social media presence; upgrade medicine cabinets; implement electronic charge capture system; upgrade and train on contract storage system; move two clinics in the PMA building; open a new clinic for virtual care.

Last is the discovery stage. These six projects are just getting started in the validation stage to ensure all the proper check-offs have been completed, and project teams and timelines are being created. These new projects span from the growth of services to updates of existing areas: update the scheduling system to accommodate more staff, transparency of services for patient charges, growth of transport services for patients, and office resets for new staff.

FUTURE OF PROJECT MANAGEMENT

In the coming year, the Project Management Department has three objectives to complete for department development, alongside working on all the projects. The first is improving project processes to include a uniform approval process. A standard approval process will benefit NIHD by decreasing costs and streamlining the project process. Secondly, to set up a detailed project timeline by quarters for all projects. This will help reduce resource and change fatigue as well as increase the viability of projects. The third goal is change management. The Change Committee has great processes, and our goal is to increase the number of reviewed changes by 50 percent in the coming year. This will be achieved by expanding knowledge and fostering a growth mindset.

Pillars	Project Name	Delivery Date	Project Goals
Growth	Define Process for Office/Computer Moves	10/15/19	Establish a Move process for NIHD offices
Growth	Unassigned Space for Meeting area	11/01/19	Have a large meeting space to vet new EHR vendors
Service Operation Excellence	Cardiopulmonary Department Build in 7medical for Scheduling	11/04/19	Have one place to schedule patients in 7medical. To decrease department overbooking.
Growth	eSig Access Electronic Forms	12/02/19	Have an electronic process to streamline form signatures for patients.
Service Operation Excellence	ITS Verizon Flip Phone Transition	01/10/20	Replace all old Flip Phones as they are end of Support
Service Operation Excellence	Integrate 7Medical with ECHO to store images	01/10/20	Store images of Echo studies in 7Medical to allow for ease of access and coping of studies.
Service Operation Excellence	Transition breast imaging interpretation to TCR	01/22/20	Set up infrastructure to allow for local and remote breast imaging interpretations
Growth	Lab PCR Testing additions	01/27/20	Expansion of PCR testing capacity from 4 to 16 tests as well as added new testing for Flu AB and RSV
Growth	EKG electronic workflow	01/31/20	electronic workflow for EKG
Quality and Patient Safety	OSHPD reports with Athena	03/02/20	Create a process to be compliant with OSHPD reports with Athena and meet due dates
Finance	MacroHelix 340b integration with Athena	03/04/20	Create a process to be compliant with 340b reports with athena and meet compliance and increase Revenue
People	NIHD Website with Scorpion	03/31/20	Marketing focus on a vast array of services NIHD offers.
Quality and Patient Safety	EHR Search 2019	04/01/20	Vet potential vendors and decide on a new EHR for NIHD in an inclusive way to fulfill goals of following best practices, improved patient safety, patient experience, employee satisfaction, quality of care, records portability, and portal technologies.
People	Move Team	6/30/2020	Complete moves of offices, departments and individuals in an efficient manner. Completed 40 moves encompassing 125 staff members. Benefits included being compliant with staff spacing and social distancing and department reorganizations.
Quality and Patient Safety	VendorMate - Credentialing Software	06/30/20	Have a web-based product to meet regulatory goals for tracking our vendors while at NIHD. This saves hundreds of hours in development a tracking process internally with minimal cost.



Bryan Harper
Director of ITS

PROTECTING OUR DATA AND PHI

It is next to impossible to capture the breadth and depth of the ITS and Clinical Engineering’s team’s relationship to the activities, initiatives, and services of Northern Inyo Healthcare District. Instead, what we do in this annual report describes a collection of our larger accomplishments from the year.

It is worth noting a few things you will not see. You will not see stories explaining how the ITS or Clinical Engineering teams are involved every time a team member views a webpage, reads an email, makes or changes a calendar appointment, have an antivirus update, get a paycheck, record their time, fire up Zoom or join a meeting, printing prescriptions, make a phone call, pay a bill, post a payment, report a phish, medical device maintenance, etc. You will not see a recounting of attacks the firewalls block, the

thousands of spam stopped, nightly local backups, nightly backups to our Birch Street office, the hundreds of medical device checks that are performed monthly etc.

INFRASTRUCTURE PROJECTS

Firewall Upgrade

The Firewall is a device responsible for managing internet connectivity, security, remote access, and VPN tunnels to collaboration entities. It is among the top five most complex and critical systems in District operations. In the past, we used Cisco as the vendor and their ASA/Firepower platform for Firewall services. A need to change was evident when we received notice from Cisco that this platform was approaching end-of-life and support would be ending soon. A decision



was required to either upgrade the current platform or change vendors. Decision drivers include Cost (Capital Expense and Operational Expense), Support (internal and



Figure 1

vendor availability), and function (does it meet our needs). Continuing with Cisco required purchasing new hardware, recurring support contracts, and new service contracts at a premium cost. Life expectancy of this platform is normally about 24 months. There are many other proven vendors for Firewall platforms available. The decision was to go with Fortinet's Fortigate platform because it meets all of the requirements mentioned above. Fortinet is a leader in the industry exceeding Cisco in 2019's Gartner Magic quadrant (fig.1). The Fortigate platform runs on our existing virtual infrastructure, so there are no hardware costs

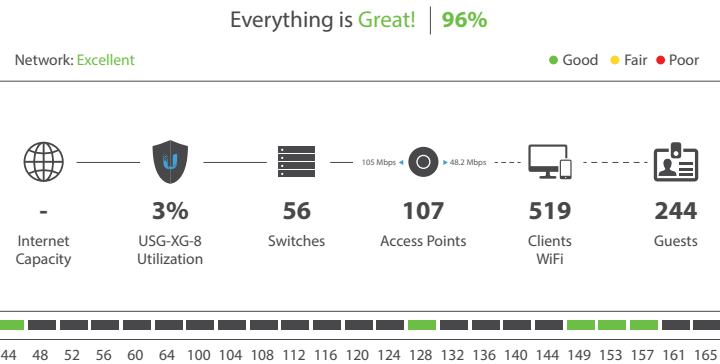


Figure 2

without sacrificing our redundancy requirement. Upgrades are seamless, and management is more streamlined than Cisco's platform. Fortinet support is also world-class. Cost savings to change to Fortinet's platform reflects a savings of thousands of dollars to the District. Transition to and management of this new platform utilizes current NIHD staff, saving a professional service contract's cost, likely in the tens of thousands of dollars.

Network Hardware Upgrade

The NIHD network system is how all digital communications are conducted; the phone system, all computer communications, overhead paging, and more. The network system hardware reached the end of life/end of support and required a hardware refresh. To continue using Cisco was estimated to be in the multiple hundreds of thousands of dollars in Capital Expense plus about \$100,000 in annual Operational Expense. The decision to switch vendors was driven primarily by cost, and considerations were given to functionality and stability. Ubiquiti was chosen as the new platform because it was much less expensive and provided a 10Gb vs. 1GB connections between buildings, servers, and internet access. Sacrifices were encountered because Ubiquiti access layer switches do not have redundant power supplies or the support infrastructure that Cisco can afford (Although Cisco's support has diminished considerably in the past two years.) This causes NIHD to rely on local staff and internet community postings and professional services for support. However, we're able to engineer redundancy and extra equipment to allow for fast recovery in case of hardware failure while maintaining significant cost savings keeping Capital Expense under \$70,000 and Operational Expense at zero. Equipment replaced included: Core network switches, routers, access layer switches, cameras, and wireless access points. Ubiquiti also has a central network controller (fig. 2), which reduces network management costs and increases visibility. Many challenges were encountered and overcome during the transition. The result is a faster, stable network infrastructure at a minimal cost.

Patient Monitoring system

Clinical Engineering took on replacing our aging Philips Central Monitoring system for monitoring patients within the hospital. The vendor no longer supported the system, and the operating system was becoming obsolete and a potential vulnerability to our cybersecurity posture. We pulled in all data we could and worked with the clinical departments and leadership to come up with a solution that would work for all involved. Ultimately, we decided on a new Philips system. This met our clinical goals and ended up being the most fiscally responsible solution. It was a long process that took around nine months to complete from start to finish. We are now fully compliant with a user-friendly system that is now ready for integration with our new health information system in 2021.

What is in the future for 2021?

As the NIHD ITS Director, I am always challenging my teams to make the healthcare technology experience better and more secure for our patients, physicians, and staff. In keeping with that philosophy, the ITS team and the District will be implementing our new computerized health information system from Cerner that automates all aspects of the healthcare process from registration to

clinical documentation to measuring outcomes, including continuing to growing our Telehealth platforms. ■



ITS and Clinical Engineering Team with its prestigious Penetration Test Certification. From left to right: ITS Coordinator Kim Pham, Manager of Clinical Engineering Scott Stoner, Network System Engineer Dean Lewis, Computer Services Analyst Jason Babb, Application Administrator Dee Booth, Director of ITS Bryan Harper, ITS System Administrator David Jacobs, Biomedical Engineer Jeffery Townsend, Biomedical Engineer John Heslinger, Enterprise Application Analyst Jeannette Smith, and Computer Services Analyst Scott Stoll. Photo by David Calvert

ANNUAL COMPLIANCE REPORT, 2020

1. **Compliance Department** – The Compliance Department at NIHD is responsible for oversight of the Compliance Program, review of contracts and Business Associates Agreements (BAA), privacy and confidentiality, including compliance with State and Federal Privacy laws, auditing of employee access to electronic health records (EHR), review of claims audits, and compliance with healthcare laws, regulations, and accrediting body guidance. The Compliance Department provides support, policy guidance, and regulatory research for members of the NIHD team. The NIHD Compliance team consists of two members of the workforce.
 - a. Patty Dickson, Compliance Officer – Reports to the Chief Executive Officer and NIHD Board of Directors. Responsible for oversight of the NIHD Compliance Program and regulatory compliance for the District
 - b. Conor Vaughan, Compliance Analyst – Reports to the Compliance Officer. Completes EHR access audits, investigations, research, and analysis, and provides support to Compliance Officer for all aspects of Compliance Department services
2. **Comprehensive Compliance Program review**
 - a. As of June 1, 2020, 94.3 percent of the District’s employees (including temporary, traveler, and contract workers) have reviewed the Compliance Program. Of employees who have been here longer than 90 days, 98.2 percent have reviewed. These numbers fluctuate due to employee turnover.
 - b. 98.72 percent of District workforce, including providers, have completed HIPAA training
 - c. HIPAA Rounding – Developed HIPAA walk-through audit sheets, allows for tracking and just-in-time training for areas at risk for privacy concerns, breaches, and security issues. Started in January 2020. On hold as of March 2020. Will resume when COVID restrictions for the workforce are lifted.
- d. Audits as listed below to review for fraud, waste and abuse, and privacy monitoring.
3. **Audits**
 - a. Employee Access Audits - The Compliance Department Analyst manually completes audits for access of patient information systems to ensure employees’ access records only on a work-related, “need to know,” and “minimum necessary” basis.
 - i. Approximately 3,000 audits were conducted for Quarter 3 of calendar year 2020.
 - ii. The HIPAA and HITECH Acts imply that organizations must perform due diligence by actively auditing and monitoring appropriate PHI use. These audits are also required by the Joint Commission and are a component of the “Meaningful Use” requirements.
 - iii. Access audits monitor who is accessing records by audit trails created in the systems. These audits allow us to detect unusual or unauthorized access of patient medical records.
 - iv. Audits are also conducted when requested or “for cause.”
 - v. Compliance performs between 500-1,000 audits monthly.
 1. Each audit ranges from hundreds of lines of data to thousands of lines of data.
 2. A “flag” is created when any access appears unusual.
 3. Flags are reviewed and resolved by comparison audits, workflow review, discussions with workforce, and discussions with leadership.
 - b. Business Associates Agreements (BAA) audit
 - i. BAAs are required by federal Health Information Portability and Accountability Act (HIPAA) for any business associate who creates, receives, transmits, or stores NIHD protected health information (PHI).
 - ii. We currently have approximately 185 Business Associates Agreements.
 - c. Vendor Contract reviews
 - i. Approximately 70 contracts reviewed in conjunction with legal counsel since July 1, 2020
 - ii. Reviewing all Athena and Partners contracts for notification of cancellation or renegotiation timelines – roughly 15 contracts in review
 - d. PACS (Picture Archival and Communication System) User Access Agreements - No new requests since the previous quarterly report. These agreements are required by state and federal privacy laws to ensure the confidentiality of PHI.
 - e. HIMS audit – Scheduled for Q1 2021
 - i. Audits ensure accuracy of the legal medical record, correct document placement, and correct release of information
 - f. Language Access Services Audit
 - i. Audits for Language Access Services to ensure Limited English Proficiency (LEP) patients are provided with the appropriate access to ensure safe, quality healthcare.
 - ii. Audits review documentation of language assistance provided to LEP patients
 - iii. Action items from audits allow the Compliance team to work with Language Access Services Manager José Garcia, to develop tools for the workforce to ensure all proper steps are followed.
 - iv. Language Access regulations are enforced by the HHS Office of Civil Rights.
 - g. HIPAA Security Risk Assessment
 - i. Completed October 2020 (requires collaboration between Compliance Officer and Security Officer)
 - ii. Annual requirement to assess security and privacy risk areas as defined in 45 CFR 164.3. Review of 157 privacy and security elements performed in conjunction with Information Technology Services.
 - iii. NIHD is using VendorMate (GHX) vendor credentialing software. This allows us to be compliant with our Vendor Credentialing Policy, and several facility security elements of 45 CFR 164. Vendor mate tracks when vendors arrive and depart the facility.
 1. We have more than 70 Vendor Companies registered.
 2. We have 130 Representatives registered.
- h. 340B audit
 - i. The 340B Program administered by Healthcare Resources and Services Administration (HRSA) enables NIHD to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. Manufacturers participating in Medicaid agree to provide outpatient drugs to healthcare providers at significantly reduced prices.
 - ii. Compliance provides assistance and support to 340B Program Manager, Pharmacist Jeff Kneip.
 - iii. Annual external audit is scheduled for January 2021
- i. Claims Audit
 - i. Compliance with correct coding and insurance billing is a major component of the fraud, waste, and abuse programs and a high area of interest for HHS OIG.
 - ii. HHS OIG Medicare Fraud Control Units recovered \$1.9 Billion in fraudulent, wasteful, or systemic abuse of the Medicare and Medicaid program monies in 2019. NIHD audits and fraud, waste

and abuse programs have been developed to ensure that the District complies with regulations.

- iii. External insurance billing/claims audit is scheduled for FY 2021

j. Provider and vendor reviews

- i. Compliance reviews all providers who send referrals to the District to ensure they are not on the Federal List of Excluded Individuals and Entities (LEIE) or the state Suspended and Ineligible Providers list. Accepting referrals from excluded individuals may be considered fraudulent activity.
- ii. Compliance reviews and verifies hundreds of providers and vendors each year.
- iii. Compliance also plays a role, in conjunction with Admissions Services, clerks, and the Information Technology Services Department, to ensure all provider fax numbers are entered into all systems (electronic health systems and fax machines), to reduce the risk of misdirected faxes (potential breaches) by NIHD workforce.

4. Compliance Workplan

- a. Compliance Officer creates and updates a Compliance Workplan annually. This work plan focuses on areas of interest in the Health and Human Services Office of Inspector General (OIG) Annual Workplan and areas of interest for the District's Medicare Administrative Contractor (MAC).
- b. The NIHD workplan is evaluated and updated quarterly and as needed.

5. Privacy Breaches

- a. State and Federal laws designate strict access, use, and disclosure of protected/confidential health information. Enforcement may be civil and criminal against individuals and the District. Fines up to a maximum penalty for each violation of a particular HIPAA requirement or prohibition is \$59,522, with a calendar-year cap of \$1,785,651 for all violations.

- b. The Compliance Department takes a proactive approach by providing privacy and confidentiality training and education via the learning management system, in-person training, annual reviews, policy review requirements, meeting attendance, emails, and just-in-time training.

- c. When an alleged breach occurs, the Compliance Department reviews, investigates, develops a damage mitigation plan, reports to the proper authorities and affected individuals, provides education and training, and works with the leadership to sanction the workforce as required by HIPAA laws and NIHD policy.

- d. At the time of this annual report, work of the Compliance Department has completed mitigation plans accepted by state and federal authorities such that the District has, thus far, received no financial penalties for FYs 2018, 2019, and 2020. Several breach investigation reviews are still underway with the California Department of Public Health Medical Breach Enforcement Section.

- e. The Compliance Department has investigated 65 alleged breaches in CY 2020.

- i. Investigations closed with no reporting required – 48
- ii. Investigations still active – 2
- iii. Reported to CDPH/OCR – 15

6. Issues and Inquiries

- a. Members of the leadership team frequently contact the Compliance department to review and research specific areas of regulations or accreditation guidance.
- b. Compliance has researched approximately 50 areas of regulatory concern since June 2020

7. CPRA (California Public Records Act) Requests

- a. The Compliance office either has responded or is responding to 46 CPRA requests thus far in 2020.

8. CDPH Licensing Survey Response and Monitoring

- a. The Compliance Department provided

assistance and guidance to the leadership team for the response to the most recent CDPH licensing survey. Corrective action plans were developed for all areas noted on the survey. Once action plans were completed, the Compliance team assisted leadership with continuous monitoring to ensure sustained compliance.

- b. All action plans were met with sustained compliance.

9. The Joint Commission Survey Response and Monitoring

- a. The Compliance Department provided assistance and guidance to the leadership team for the response to the most recent Joint Commission accreditation survey. Corrective action plans were developed for all areas noted on the survey. Once action plans were completed, the Compliance team assisted leadership with continuous monitoring to ensure sustained compliance was achieved.

- b. All action plans were successfully completed with sustained compliance.

10. California Division of Occupational Safety and Health (CAL DOSH) Complaint

- a. On rare occasions, the District receives notification of a complaint to DOSH.
- b. In 2020, there was a complaint of incinerator fumes entering the support building on the NIHD Campus. A plan to decommission the incinerator with all supporting documentation was submitted in response.
- c. No further communication from CAL DOSH at this time (12/28/2020).

11. Compliance and Business Ethics Committee (CBEC)

- a. The Compliance and Business Ethics Committee was created by the NIHD Compliance Program. It is comprised of members of the leadership team and tasked with review of compliance and ethics concerns.

- b. Subcommittees of the CBEC include the Business Compliance Team, which is tasked

with reviewing conflicts of interest that may occur in the District; The Billing and Coding Compliance Committee is tasked with reviewing and discussing all billing, coding, and related compliance concerns; and, the NIHD Forms Committee ensures that all NIHD forms are compliant with state and federal regulations, appropriately worded, and have a consistent NIHD format.

12. Projects

- a. Optimization, update, and audit of Policy Management software
 - i. Anticipated go-live Q1 FY 2021
 - ii. Proper policies and policy management is a large component of an effective Compliance Program.
 - iii. A small team comprised of nursing, operations, compliance, and ITS representatives have been completing work on the policy management software optimization.
 - iv. Clean up work is on-going. Development of optimal processes to assign policies will assure that policies are only given to readers who must review them.
 - v. Will reduce employer costs by allowing for better use of employee time by reducing policy assignments to those necessary and required.
- b. Optimization, update, and audit of Contract Management software
 - i. Training for licensed users completed
 - ii. Key contract metrics are currently being added
 - iii. Reducing visible contracts from almost 1800 to the about 400 currently active contracts
 - iv. All historic contracts in the system will still be available for review.

FINANCIAL REPORTS

NORTHERN INYO HEALTHCARE DISTRICT
2019-2020 FISCAL YEAR

January February March April May June July August September October November December



FROM THE DESK OF THE CHIEF FINANCIAL OFFICER

VINAY NARJIT SINGH BEHL, MS, MBA, CPA

This has been a challenging year with severely constrained financial resources as we navigated the onslaught of COVID since February 2020. The management of Northern Inyo Healthcare District (NIHD) refocused and realigned various initiatives to address lockdowns, postponement of elective surgeries, and strategies in continuing to provide essential medical care while preparing for an increase in COVID cases. To this I always give the analogy of changing tires while driving the car. This was a challenging task to continue essential operations and introduce new initiatives in line with the vision of our new interim Chief Executive Officer, Kelli Davis.

As we navigated these uncharted waters, we did secure much-needed funding in the form of Provider Relief grants of \$ 6.7 million from the Department of Health & Human Services, Medicare advance funds of \$14.4 million, and Payroll Protection Program loan under CARES Act of \$8.5 million. As you will see, the District's various projects to improve workflows, standardize processes, renegotiate contracts, and implement a new Group Purchasing Organization (GPO) with potential savings in supplies and pharmacy costs of 25 percent, which ultimately improve efficiency and economy of operations. The Board of Directors of NIHD provided guidance and unstinted support to improve governance in clinical operations and finance. The time of the year was ripe for refinancing and refunding existing debt and renegotiating debt service, providing savings of approximately \$1 million per year for the next five years. In addition to cutting costs and adding service lines like Plastic Surgery and expanding Urology, we also tackled improvement in Revenue Cycle Management processes.

This Annual Report includes a compilation of the operating results and financial position of the NIHD. The financial reports presented represent a summary of data generated by the hospital, Rural Health Clinic, Women's Health, Internal Medicine, and Surgery clinics. Additional information regarding the organizational structure can be found in the Notes to Financials section of the Annual Report.

The Annual Report is compiled to provide useful information about the entity's operations and programs and ensure its accountability to the citizens of Inyo County. While NIHD's management believes this information to be accurate, it

should be noted that these documents are unaudited and not intended to be used for any financial decisions. The Financials and Statistics section presents Management's Discussion and Analysis and financial statements for NIHD. This section includes selected statistical and financial ratio information. Management's Discussion and Analysis provides a review of the financial operations, and the Notes to Financials section offers an additional explanation for the reader.

INTERNAL CONTROL STRUCTURE

NIHD's management established and maintained an internal control structure to achieve the objectives of effective and efficient operations, reliable financial reporting, and compliance with applicable laws and regulations. Management applied the internal control standards to meet each of the internal control objectives and to assess internal control effectiveness. When evaluating the effectiveness of internal control over financial reporting and compliance with financial-related laws and regulations, management followed the assessment process to assure that NIHD is committed to safeguarding its assets and is providing reliable financial information.

One objective of an internal control structure is to provide management with reasonable, although not absolute, assurance that assets are safeguarded against loss from unauthorized use or disposition. Another objective is to ensure that transactions are executed in accordance with appropriate authorization and recorded properly in the financial records to permit the preparation of financial statements in accordance with generally accepted accounting principles. Annually, management provides assurances on internal control over financial reporting along with a report on identified material weaknesses and corrective actions. As a recipient of federal and state funds, NIHD is responsible for ensuring compliance with all applicable laws and regulations.

The audit procedures are conducted in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards issued by the Comptroller General of the United States. The District has appropriate Budgetary Controls and on an annual basis, NIHD's Board of Directors approves budgets for hospitals

and clinics. On a monthly basis, the CFO provides review of the budget vis-à-vis monthly reports that compare the budget and actual operating results. Department heads are expected to review the reports and identify significant variances from their budget. If necessary, action plans are implemented that will improve negative variances.

CASH & RISK MANAGEMENT

The cash management policy includes all receipts and disbursements so that investment earnings are maximized, and vendor relations are maintained.

The NIHD Risk Management Exposures to loss are handled by various methods, including participation in state-administered insurance programs, purchase of commercial insurance, and self-retention of specific risks. The key to managing risk is to ensure that programs are in place that educate and guide employees to the best practices for our industry. We have a responsibility to safeguard our patients so that no additional harm comes to them while under our care. We are similarly committed to ensuring a safe workplace for our employees. In addition to the typical litigation risks with which we are faced, we have to recognize the risk and rewards associated with the health care industry. Continual evaluation of existing programs and new service development is the only way to maintain or increase our competitive advantage.

BOND REFUNDING

The 2010 Bonds totaling \$11,600,000 issued by the District dated March 31, 2010, were to (a) finance the remodeling, expansion, improvement and equipping of the health facilities, (b) fund the Bond Reserve Account and (c) pay certain costs and expenses relating to the issuance and sale of the 2010 Bonds. Redeemable December 1, 2020 without premium. The Series 2013 Bonds totaling \$11,335,000 dated January 17, 2013 were used, together with certain other monies, to (a) reimburse the District for certain costs incurred in remodeling, expanding, improving, and equipping the Hospital, (b) refund all outstanding Northern Inyo County Local Hospital District (Inyo County, California) Revenue Bonds, Series 1998 (the "1998 Bonds"), (c) fund the Bond Reserve Account related to the Series 2013 Bonds and (d) pay certain costs and expenses relating to the issuance and sale of the Series 2013 Bonds. Redeemable December 1, 2023 without premium. Redemption prior to December 1, 2023, will be redeemable by



Vinay Narjit Singh Behl, MS, MBA, CPA
Chief Executive Healthcare Financial Advisor

paying for defeasement of the bonds until that date. Accordingly, the Series 2013 Bonds are on parity with the 2010 Bonds, and both are limited obligations of the District payable solely from Revenues in accordance with Indenture.

The 2021 Refunding of the 2010 & 2013 Revenue Bonds is to flatten the debt service required payments under the current amortization structure to a more manageable schedule to establish a more solid economic footing for the hospital going into the future.

Budget Planning and Spending Cuts

The District took preemptive measures to reduce the rate of spend and also budget in an uncertain environment. All departmental heads were required to explore cost-cutting opportunities and plan departmental activities to support their departments' economy and efficiency.

Division of Finance and Accounting Services (DFAS) prepared a detailed budget document for each department to depict the main cost and revenue drivers. Departments needed to work with DFAS to evaluate and prepare a zero-base budget for fiscal 2020-21. The budget was presented to the board in the meeting to be held on June 21, 2021.

We anticipated significant economic impacts from the COVID-19 pandemic. The severe reduction in patient activity was expected to result in significant decreases in inpatient and outpatient revenues and liquidity issues for the District. While the federal and state governments were releasing funding to supplement revenues and stimulus programs like the CARES Act were providing loans to support staff and avoid furloughs, it was incumbent upon District management to work with NIHD clinical and administrative teams to evaluate each expense category and defer discretionary expenses and only spend in critical areas. The magnitude of the crisis is immense, and stimulus may not be enough to support our current cost model.

Further challenges emanated from Athena's EHR system that put substantial constraints on patient claims collection. This has, in turn, required substantial and immediate increases in Capital and Operating expenditures needed to implement a new EHR system.

Departmental leaders were authorized to make exemptions from these prohibitions only in addressing a health emergency, avoiding a significant revenue loss, integration, or pooling of activities resulting in net cost savings.

CERNER COMMUNITYWORKS

Implementation of New Electronic Health Record System

CommunityWorks is a cloud-based deployment of the traditional Cerner EHR platform, tailored to meet the unique needs of the community, critical access, and specialty hospitals. This model provides an integrated digital record of a patient's health history that includes clinical and financial data across the continuum of care.

Through this model, Cerner is able to scale award-winning solutions and services with a predictable cost of ownership, providing an economical business model for these hospitals. Cerner also collaborates with these hospitals to identify opportunities to increase value for providers and their patients.

The ability to share information across facilities spanning the entire continuum of care helps keep health care providers connected to their patients and provide a higher standard of care. Cerner can help organizations shift from reactive care to proactive health management by utilizing expertise in technology, process improvement, and transformational leadership.

Key benefits of integration

The true integration included with the Cerner CommunityWorks delivery model is designed to:

- Improve the clinical workflow experience. One chart means less digging for patient information and the entire care team sees the same data.
- Improve the patient experience. One patient portal to schedule visits, review patient data, and communicate with the care team.
- Reduce reliance on third parties.
- Streamline reporting as one EHR platform means one set of reports.

Implementation of new GPO contract

GPOs work by combining the acquiring volume of their members and using that as leverage to negotiate the best discounts with vendors sources and negotiates prices for drugs, medical devices, and other products and services on behalf of healthcare providers

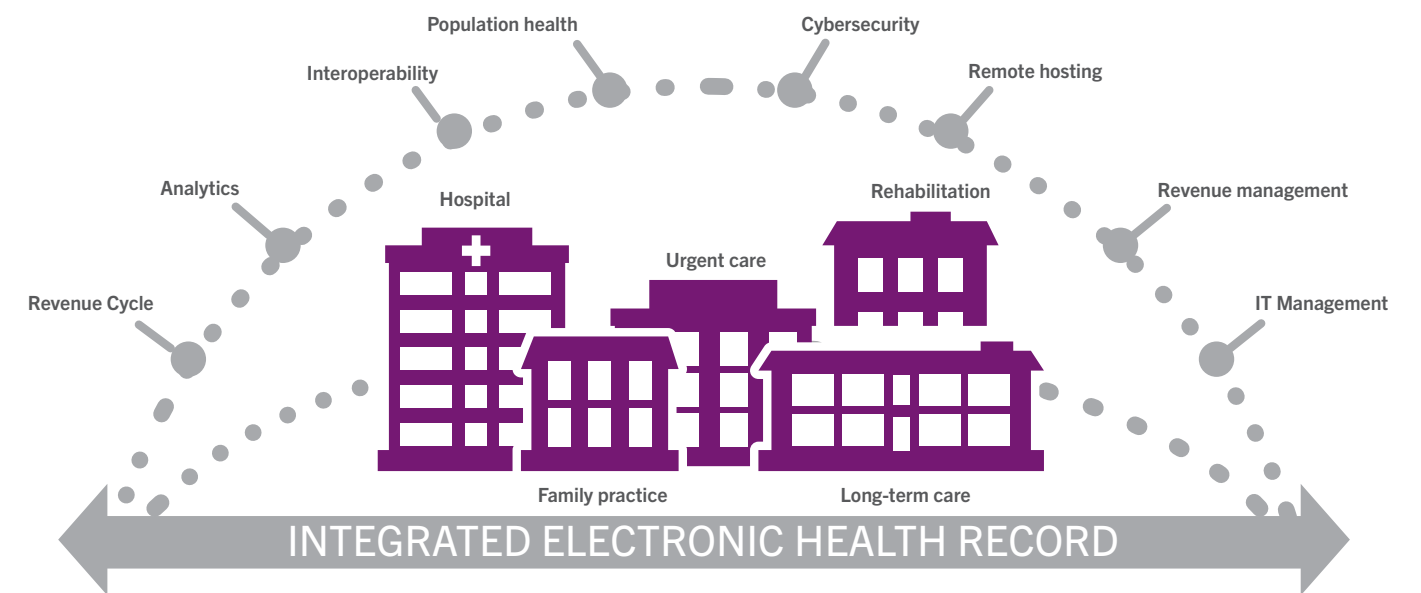
GPOs are saving hospitals between 10-to-18 percent per year on their supply chain costs. Moreover, it is projected that using group purchasing organizations will have saved the entire US healthcare system somewhere around \$392.2 billion to \$864.4 billion between the years 2013 and 2022. GPOs are in the business of saving hospital administrators from the burden of finding critical cost savings themselves. This allows hospitals to focus on their core mission of providing first-class patient care.

Integration vs. interfacing: architecture matters

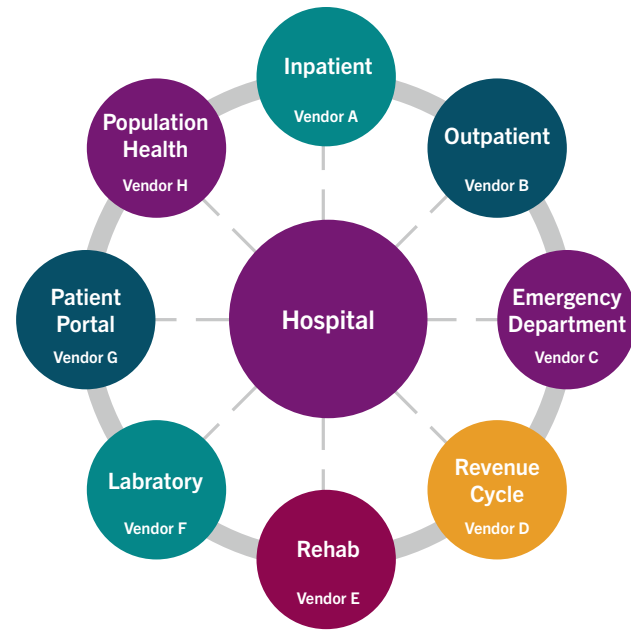
Filling numerous solution gaps with third parties and interfacing disparate technology platforms, even if offered by the same company, is not true integration. A truly integrated EHR platform is when all of a health system's venues of care leverage a single chart on one database. With the Cerner Community Works cloud-based delivery model, health systems receive that truly integrated EHR platform. And with more than \$7 billion cumulative investment in R&D and a strong, strategic future vision, hospitals can be confident that Cerner is prepared to help them in the now and next.

One patient. One record.

Cerner supports more than 40 specialty workflows that span across all the venues your health system supports. From the hospitals to clinics, physician practices to long-term care facilities and everywhere in between, Cerner helps provide the solutions and services needed to connect and streamline your data.

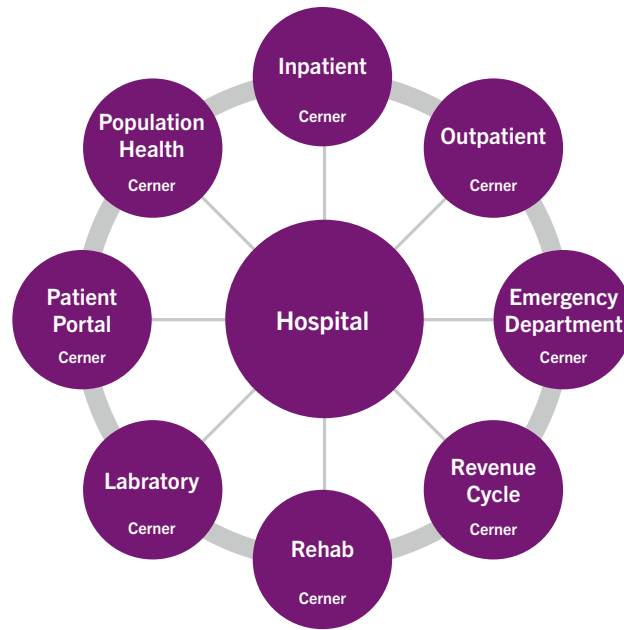


DISCONNECTED STATE OF HEALTH IT



Comparison between a hospital currently leveraging several disparate IT systems and bolt-on third-party modules and what that hospital's future IT landscape could look like when utilizing an integrated EHR platform from Cerner across their continuum of care.

INTEGRATED STATE OF HEALTH IT WITH CERNER



NIHD entered into a new contract with Community Health Corp(CHC), a leading GPO in the nation. CHC, as its mission, will bring cost savings and deliver the best products and services at the highest value. CHC will help realize savings related to their supply chain management through purchasing efficiencies, price discounts, and other group acquisition benefits. CHC will add predictability and efficiencies to hospital supply chain management. It will enable new and innovative healthcare technologies and the distribution of healthcare supply chain management best practices.

In today's times, health-care providers are coming to rely on GPO for a much broader range of services integral to cost-effective patient outcomes. These services include data analysis, market research, innovative technology integration, electronic product tracing, infection control, and the development of shared knowledge among health-care providers and supply chain experts to enable best practices. All of these services will work to further lower costs and improve operations.

CARES Act funding and PPP loans

The Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act, is a \$2.2 trillion economic stimulus bill passed by the 116th U.S. Congress and signed into law by President Donald Trump on March 27, 2020, in response to the economic fallout of the COVID-19 pandemic in the United States. NIHD received \$8.5 million in PPP loan and \$6.7 million in provider relief funding, enabling it to continue essential services during a very low utilization period from March through June 2020. The District also received \$14.4 million in Medicare advance payments bolstering its cash reserves.

CLINICS WORKFLOW OPTIMIZATION PROJECT

I. The Opportunity & Challenge

The outpatient clinics at Northern Inyo Health have been experiencing inefficiencies in workflows resulting in lost productivity, revenue loss, staff and provider frustration,

and long patient wait times. This results in an annual loss of approximately \$6.578M, not including percentage of missing slips, leakage, or supply cost. Additionally, provider compensation will transition to an RVU model in early 2021. This requires a shift in current processes to meet patient volume goals.

Leadership identified the Rural Health Clinic, the largest clinic, to begin improvement work as the pilot site. The RHC is also experiencing high staff turnover, which has led to increased challenges with patient care and staff burnout. Improvements will be spread to the other clinics over the next few months.

These changes will support NIH in reaching its vision to be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient-friendly way, both locally and in coordination with trusted regional partners. These changes are also the first of many improvements we expect to see across the health system.

Expected Benefits: Improved patient experience, increased revenue, and increased clinic capacity.

Secondary Benefits: Increased staff and provider engagement.

Outcome Goal: To eliminate waste, improve patient flow, and streamline staff workflows to optimize patient value in the RHC by December 2020.

Assessment

Four weeks before the core team came together, our lean management consultant conducted a thorough assessment. The assessment included leadership and staff interviews,

onsite observations, and data analysis. The purpose of this assessment was to identify initial areas of focus and begin collecting critical performance data.

The Clinic Leadership Team identified key subject matter experts for the team from cross-functions including Medical Assistance, Front Office, Nursing, Lab, Providers, Practice Management, Revenue Cycle, and Informatics.

Kaizen Team

Kaizen translates to "Change for the better" and is a method used by many industries, including healthcare, to make rapid improvements.

The team participated in a four-day Kaizen Event, a facilitated workshop, where they analyzed the current state of the outpatient clinic, identified pain points and opportunities, designed and tested countermeasures, and began implementing changes expected to improve the following areas of focus:

1. Scheduling to Check-in
2. Facilities Redesign and Check-in
3. Exam to Billing

Kaizen Kick-off: After reviewing the problem definition, project objectives, and performance data, the team received training on the basics of process improvement.

On day one, the team mapped the patient, provider, and staff workflows. They identified 62 pain points or "wastes" in the current state process. Waste is defined as any activity that does not transform the inputs of the process into an



output that the customer is willing to pay for. These are opportunities for improvement.

On day two, they grouped the opportunities into similar categories and brainstormed the possible source of the issues. Three root causes were identified.

- Lack of Standardization
- No Feedback Loops/Visibility
- Staffing Constraints

On day three the team brainstormed dozens of countermeasures to eliminate the root cause issues. They narrowed down their ideas and prioritized by level of impact and effort required for implementation.

On day four, they began socializing and testing some of the ideas on the floor and designing the countermeasures' rollout. Over the next four weeks, the team implemented the remaining countermeasures and began tracking key performance indicators (KPIs).

II. The Process

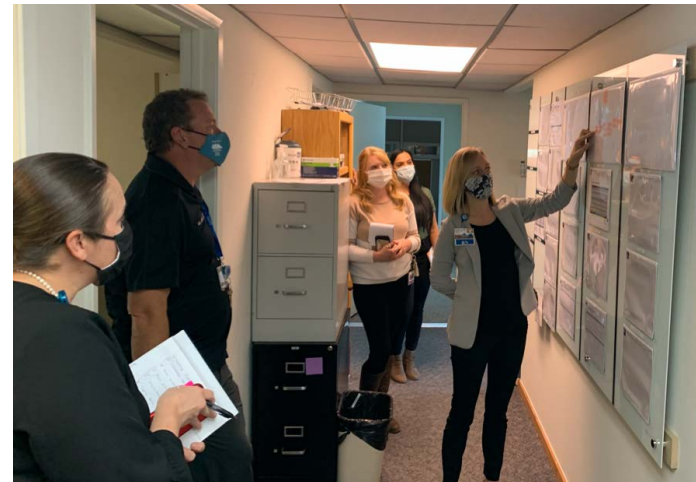
Team in Action: Countermeasures

*See Table 2

Leadership Development & Culture Change

The Outpatient Leadership Team has engaged in the following work.

- Leader Standard Work
- Leader Rounding
- Daily Huddles
- Coaching



Through the Daily Huddles at the Huddle Board, leaders have an opportunity to share key announcements quickly, recognize team members, and review daily performance metrics. Staff and providers have an opportunity to ask questions, receive communication, and share their ideas.

Additionally, the Clinic Leadership Team received individual and group coaching to further develop their leadership skills, identify and remove barriers, and continue their performance goals. They are currently working on making NIHD's core values more visible and incorporate them into the daily culture.

III. The Outcome: Results

In just a few weeks of implementing changes at the Rural Health Clinic, the needle has moved on several KPIs. We

expect to see the dial move further over the next few months as staff, providers, and patients adjust to the new processes. In addition to the metrics below, we track patient visit lead time and daily patient volume.

- Copay collection
- Patient no shows
- Daily open slots
- Weekly missing slips
- Provider participation in huddles
- Staff improvement ideas submitted

Organizational change requires the commitment and engagement from every employee, provider, and leader. The Kaizen and Outpatient Leadership Team are leading the way on living NIHD's core values of Compassion, Integrity, Quality and Excellence, Innovation, Team-Based, and Safety.

PRICE TRANSPARENCY MANDATE BY CMS

Northern Inyo implemented the price transparency mandate by CMS on Jan 1, 2021. To improve price transparency, all U.S. hospitals and health systems are required to provide lists of standard hospital charges — also called a chargemaster—so patients can compare prices across hospitals.

Northern Inyo Healthcare District Average Charges by Type of Patient Group

All hospitals and health systems also are required to provide a listing of average charges by types of patient groups, referred to as MS-DRGs (Medicare Severity Diagnosis Related Groups). Patients can view similar listings posted by different hospitals, which provide a more direct comparison of charges than the standard charges in the chargemaster.

Northern Inyo Healthcare District Shoppable Services Prices

All hospitals and health systems also are required to post a list of at least 300 Shoppable Services along with the corresponding prices for each of those services. Each of these Shoppable Services includes the following amounts: Gross Charge, Discounted Cash Price, Payer-Specific Negotiated Charges, De-Identified Minimum Negotiated Charge, and De-Identified Maximum Negotiated Charge.

Pre-Visit Prep	Registration	Patient Prep	Visit	Checkout	Billing, Auth, Referral
Leadership Structure Redesign	Co-pay Collection Standard Work	MA Layout Redesign	Room Utilization	Scheduling Follow-up Appts in Room	Daily Review of Missing Slips
Daily Management Tier 1 Huddle	In-Room Registration	In-Room Vitals	Load Level Provider Schedule	Faster Room Turnover	Improve Authorization and Referral Process
No Show Reduction	Front Rapid Response Team (RN with Reception)	Procedure Cart	Reduction in Provider Interruptions		
Phone Triage/Script		Inventory Kanban Replenishment System	Point of Service Lab Draws		
Staff Skills Matrix/Development Plan					

Table 2

NIHD'S 10 POINT ACTION PLAN FOR FINANCIAL SUSTAINABILITY

As healthcare organizations face increased financial pressure, it is increasingly essential for us to craft strategies that ensure our organizations have the financial resources required to operate over the long term. Under our CEO Kelli Davis's leadership, we have constructed a 10-point program to ensure financial stability.

Securing Federal & State funding: With the current pressure on liquidity, we explored all avenues to seek federal and state funding. We received \$ 14 million in Medicare advance payments, \$ 6.7 million in Provider Relief Funds from the Department of Health and Human Services.

Paycheck Protection Program loan: We also received PPP loan under CARES Act for \$ 8.5 million. We are also exploring various grants for meeting vaccination costs.

Adding Service lines: During the year, management has worked with CMO to add various specialty lines to the existing portfolio. We added Plastic Surgery and Breast Surgery.

New Group Purchasing Organization: We entered into a new Group Purchasing Organization contract during the year to enable leveraging the existing network and bargaining power of a larger Group Purchasing Organization like Community Hospital Corp. This effort is estimated to save the hospital \$3 million.

Renegotiating contracts: Hospital is actively renegotiating various large service and equipment contracts. We are also working with our vendors to structure payments so that there is a lessor burden during the COVID pandemic of excess payments.

Long term Capital Improvement plan: The District is evaluating a strategic long-term Capital Improvement Plan to determine investments in facilities in the next five to 10 years.

Digital Transformation: The District has implemented various enterprise resource planning applications, including but not limited to budget planning, Docusign, concur expense management, EHR, all geared towards efficient work flow and elimination of redundant tasks.

Bond Refunding: The District is aggressively taking advantage of lower interest rates and refunding its existing bonds to save \$ 1 million in yearly debt service for the next five years.

Robust Revenue Cycle Operations: The District is doing a wholistic review of Revenue Cycle Operations, including a revenue integrity program where chargemasters and markups are reviewed and compared with peers in the geographical area.

Lean Management: The District has embarked upon an efficiency project in the Rural Health Clinic and other specialty clinics. The goal is to target various inefficiencies and ensure a well-coordinated and exceptional patient experience where patient visits are seamless and efficient, resulting in more provider time to schedule more visits and improve access.

NORTHERN INYO HEALTHCARE DISTRICT

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEAR ENDED JUNE 30, 2020

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NORTHERN INYO HEALTHCARE DISTRICT

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Year Ended June 30, 2020



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Northern Inyo Healthcare District
Bishop, California

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and discretely presented component unit and aggregate remaining fund information of the Northern Inyo Healthcare District (District), as of and for the year ended June 30, 2020 and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and discretely presented component unit and aggregate remaining fund information of the District, as of June 30, 2020, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 16 to the financial statements, the District recorded prior period adjustments for the correction of errors. Our opinions are not modified with respect to this matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the schedules of changes in the net pension liability and related ratios, schedules of pension contributions, and schedules of investment returns, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the GASB, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's basic financial statements. The combining statement of net position of the District and component units, combining statement of revenues, expenses and changes in net position of the District and component units, and statistical information are presented for purposes of additional analysis and are not a required part of the basic financial statements.

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF NET POSITION

JUNE 30, 2020

The combining statement of net position of the District and component units and combining statement of revenues, expenses and changes in net position of the District and component units are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining statement of net position of the District and component units and combining statement of revenues, expenses and changes in net position of the District and component units are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

The statistical information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated July 16, 2021, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the District's internal control over financial reporting and compliance.



Sacramento, California
July 16, 2021

<i>Assets and Deferred Outflows of Resources</i>	Hospital	Pioneer Medical Associates (12/31/2019)
Current assets:		
Cash and investments	\$57,722,773	\$214,659
Receivables:		
Patient accounts - Net	16,121,755	-
Other	939,552	-
Estimated third-party payor settlements	229,131	-
Inventories	2,651,452	-
Prepaid expenses and other	1,591,843	-
Total current assets	79,256,506	214,659
Noncurrent assets:		
Restricted cash and investments	4,582,513	-
Investment in Pioneer Medical Associates	430,946	-
Capital assets:		
Nondepreciable capital assets	3,796,374	353,413
Depreciable capital assets - Net	72,079,822	192,975
Total noncurrent assets	80,889,655	546,388
Total assets	160,146,161	761,047
Deferred outflows of resources - Related to pensions	21,955,960	-
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$182,102,121	\$761,047

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF NET POSITION (CONT.)

JUNE 30, 2020

<i>Liabilities, Deferred Inflows of Resources, and Net Position</i>	Hospital	Pioneer Medical Associates (12/31/2019)
Current liabilities:		
Accrued payroll and related liabilities	\$7,995,462	\$ -
Accounts payable	3,627,887	-
Accrued interest	134,001	-
Capital lease obligations - Current portion	376,934	-
Bonds and notes payable - Current portion	1,916,847	-
CMS advance - Current portion	1,824,269	-
Unearned revenue	7,074,415	-
Total current liabilities	22,949,815	-
Noncurrent liabilities:		
Bonds and notes payable - Net of current portion	52,679,187	-
Paycheck Protection Program loan	8,927,628	-
Capital lease obligations - Net of current portion	1,393,067	-
CMS advance - Net of current portion	12,769,885	-
Net pension liability	40,821,869	-
Total noncurrent liabilities	116,591,636	-
Total liabilities	139,541,451	-
Deferred inflows of resources - Pensions	2,790,962	-
Net position:		
Net investment in capital assets	22,524,316	-
Restricted for programs	1,568,358	345,500
Unrestricted	15,677,034	415,547
Total net position	39,769,708	761,047
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	\$182,102,121	\$761,047

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

YEAR ENDED JUNE 30, 2020

	Hospital	Pioneer Medical Associates (12/31/2019)
Revenue:		
Net patient service revenue	\$81,822,003	\$ -
Other operating revenue	10,469,085	192,769
Total revenue	92,291,088	192,769
Operating expenses:		
Salaries and wages	34,660,138	-
Employee benefits	22,935,115	-
Professional fees	14,592,157	2,890
Supplies	9,296,085	-
Purchased services	4,404,861	-
Depreciation	4,301,994	14,564
Medical office building, net	771,490	-
Other operating expenses	4,743,855	38,061
Total operating expenses	95,705,695	55,515
Income (loss) from operations	(3,414,607)	137,254
Nonoperating revenue (expenses):		
Tax revenue for operations	625,869	-
Tax revenue for debt services	1,746,739	-
Interest income	598,967	42
Interest expense	(2,376,612)	-
Noncapital grants and contributions	215,342	-
Loss on sale of asset	(36,388)	-
Total nonoperating revenue	773,917	42
Contributions:		
Distributions to PMA investors	-	(100,000)
Change in net position	(2,640,690)	37,296
Net position at beginning of year - As originally stated	41,264,297	697,256
Restatement	1,146,101	26,495
Net position at beginning of year - As restated	42,410,398	723,751
Net position at end of year	\$39,769,708	\$761,047

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2020

	Hospital	Pioneer Medical Associates (12/31/2019)
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 83,734,116	\$ -
Receipts from other operating revenue	10,072,464	192,769
Payments to employees	(56,659,998)	-
Payments to suppliers, contractors, and others	(34,530,385)	(40,951)
Medical office building, net	(771,490)	-
Net cash provided by operating activities	1,844,707	151,818
Cash flows from noncapital financing activities:		
District property tax revenue for operations	625,869	-
Noncapital grants received	7,267,489	-
Proceeds from Paycheck Protection Program loan	8,927,628	-
Proceeds from CMS advance	14,594,154	-
Net cash provided by noncapital financing activities	31,415,140	-
Cash flows from capital and related financing activities:		
District tax revenue for debt services	1,746,739	-
Principal paid on long-term debt	(2,293,438)	-
Principal paid on capital lease obligations	(392,774)	-
Interest paid on debt	(1,563,805)	-
Acquisition of capital assets	(2,535,298)	-
Net cash used in capital and related financing activities	(5,038,576)	-

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF CASH FLOWS (CONT.)

YEAR ENDED JUNE 30, 2020

	Hospital	Pioneer Medical Associates (12/31/2019)
Cash flows from investing activities:		
Interest received	\$ 535,999	\$ 40
Loss on sale of investments	(1,975,557)	-
Partnership contributions (distributions)	133,052	(100,000)
Net cash used in investing activities	(1,306,506)	(99,960)
Change in cash and cash equivalents	26,914,765	51,858
Cash and cash equivalents at beginning of year	30,053,497	162,801
Cash and cash equivalents at end of year	\$ 56,968,262	\$ 214,659
Reconciliation of cash and cash equivalents to the statements of net position:		
Cash and investments (including restricted cash and investments)	\$ 62,305,286	\$ 214,659
Less: Investments		
Fidelity mutual funds	292,841	-
Certificates of deposit	2,030,028	-
Guaranteed investment contracts	575,000	-
Money market mutual funds	2,439,155	-
Total cash and cash equivalents	\$ 56,968,262	\$ 214,659

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF CASH FLOWS (CONT.)

YEAR ENDED JUNE 30, 2020

	Hospital	Pioneer Medical Associates (12/31/2019)
Reconciliation of income (loss) from operations to net cash provided by operating activities:		
Income (loss) from operations	\$ (3,414,607)	\$ 137,254
Adjustments to reconcile income (loss) from operations to net cash provided by operating activities:		
Depreciation	4,301,994	14,564
Provision for bad debt	18,398,111	-
Pension expense	1,228,963	-
Changes in assets and liabilities:		
Receivables:		
Patient accounts - Net	(16,012,004)	-
Other - Government agency	(396,621)	-
Inventories	(220,111)	-
Prepaid expenses and other	(102,022)	-
Accounts payable	(1,170,819)	-
Accrued payroll and related liabilities	(293,708)	-
Estimated third-party payor settlements	(474,469)	-
Total adjustments	5,259,314	14,564
Net cash provided by operating activities	\$ 1,844,707	\$ 151,818

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF FIDUCIARY NET POSITION OF PENSION TRUST FUND - PLAN

<i>December 31,</i>	2019
<i>Assets</i>	
Assets:	
Fixed dollar account	\$ 8,710,715
Indexed bond fund	11,993,105
TOTAL ASSETS	\$ 20,703,820
<i>Net Position</i>	
Net position restricted for pension benefits	\$ 20,703,820
TOTAL NET POSITION	\$ 20,703,820

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION OF PENSION TRUST FUND - PLAN

<i>Year Ended December 31,</i>	<i>2019</i>
<i>Additions:</i>	
Employer contributions	\$ 5,242,000
<i>Investment income (loss):</i>	
Experience adjustment	492,973
Interest	1,400,614
Total additions	7,135,587
<i>Deductions:</i>	
Benefits paid	8,053,422
Expenses and related charges	58,625
Total deductions	8,112,047
Change in net position	(976,460)
Net position restricted for pension benefits at beginning of year - As originally stated	22,084,009
Restatement	(403,729)
Net position restricted for pension benefits at beginning of year - As restated	21,680,280
Net position restricted for pension benefits at end of year	\$ 20,703,820

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF FIDUCIARY NET POSITION OF PENSION TRUST FUND - PEPRA PLAN

<i>December 31,</i>	<i>2019</i>
<i>Assets</i>	
<i>Assets:</i>	
Cash	\$130,977
TOTAL ASSETS	\$130,977
<i>Net Position</i>	
Net position restricted for pension benefits	\$130,977
TOTAL NET POSITION	\$130,977

NORTHERN INYO HEALTHCARE DISTRICT

STATEMENT OF CHANGES IN FIDUCIARY NET POSITION OF PENSION TRUST FUND - PEPRA PLAN

<i>Year Ended December 31,</i>	2019
Additions:	
Employee contributions	\$ 15,221
Employer contributions	32,987
Total additions	48,208
Change in net position	48,208
Net position restricted for pension benefits at beginning of year	82,769
Net position restricted for pension benefits at end of year	\$ 130,977

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity

Northern Inyo Healthcare District (the "District") was organized in 1946 under the terms of the Local Health Care District Law and is operated and governed by an elected Board of Directors. The District includes a 25-bed acute care facility that provides inpatient, outpatient, emergency care services, and a rural health clinic in Bishop, California, and its surrounding area.

Northern Inyo Hospital Foundation, Inc. (the "Foundation") is a legally separate 501(c)(3) tax-exempt nonprofit public benefit corporation. The Foundation acts primarily as a fundraising organization to supplement the resources that are available to the District. Although the District does not control the timing or amount of receipts from the Foundation, the majority of the resources, or income thereon that the Foundation holds and invests are restricted to the activities of the District by the Foundation's bylaws. The Foundation's Board of Directors may also restrict the use of such funds for capital asset replacement, expansion, or other specific purposes. The District shall appoint the Board of Directors for the Foundation per the Foundation's bylaws, and for this reason it is a blended component unit of the District. No separate financial report is prepared for the Foundation.

Northern Inyo Hospital Auxiliary, Inc. (the "Auxiliary") is also a legally separate 501(c)(3) tax-exempt public benefit corporation. The Auxiliary's actions are subject to the approval of the District and for this reason it is a blended component unit of the District. No separate financial report is prepared for the Auxiliary.

Pioneer Home Health Care, Inc. (PHH) is also a legally separate 501(c)(3) tax-exempt public benefit corporation. The District is the sole corporate owner of PHH and for this reason it is a blended component unit of the District. No separate financial report is prepared for PHH.

Northern Inyo Local Hospital District Retirement Plan (the "Pension Trust Fund - Plan") is a retirement plan organized under Internal Revenue Code (IRC) Section 401(a) for District employees who meet certain eligibility criteria. The Pension Trust Fund - Plan is reported in the accompanying financial statements in separate statements of fiduciary net position and changes in fiduciary net position to emphasize

that it is legally separate from the District. Separate financial statements for the component unit are not available.

Northern Inyo Local Hospital District PEPRA Retirement Plan (the "Pension Trust Fund - PEPRA Plan") is a retirement plan organized under IRC section 401(a) for a District employee who meets certain eligibility criteria. The Pension Trust Fund - PEPRA Plan is reported in separate statements of in the accompanying financial statements fiduciary net position and changes in fiduciary net position to emphasize that it is legally separate from the District. Separate financial statements for the component unit are not available.

Discretely Presented Component Unit

Pioneer Medical Associates (PMA) is a partnership established by a group of physicians and practitioners in 1986 within the District campus at 152 Pioneer Lane. In an effort to support the continued recruitment for physicians and services, it has been the practice of the District to work with the PMA partners when appropriate and directed by the Board of Directors to purchase practices of individuals or groups who are leaving the area or retiring. The District currently owns a 66.67% interest in the partnership through acquisitions. PMA is reported in a separate column in the accompanying financial statements to emphasize that it is legally separate from the District. Separate financial statements for the component unit are not available.

Basis of Presentation

The financial statements of the District and its discretely presented component units have been prepared in accordance with the accounting principles generally accepted in the United States (GAAP) as prescribed by the Governmental Accounting Standards Board (GASB) using the economic resources measurement focus.

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying financial statements in conformity with GAAP requires management to make certain estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

The District considers significant accounting estimates to be those that require significant judgments and includes the valuation of accounts receivable, including contractual allowances and provision for uncollectible accounts, estimated third-party payor settlements, and an estimate for claims incurred, but not reported under a self-funded health insurance plan and certain amounts recognized under grant programs.

Cash and Cash Equivalents

The District considers its investment in the Local Agency Investment Fund (LAIF) and all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding noncurrent cash and investments.

The District is authorized under California Government Code (CGC) to make direct investments in local agency bonds, notes, or warrants within the state; U.S. Treasury instruments; registered state warrants or treasury notes; securities of the U.S. government or its agencies; bankers' acceptances; commercial paper; certificates of deposit placed with commercial banks and/or savings and loan companies; repurchase or reverse repurchase agreements; medium-term corporate notes; shares of beneficial interest issued by diversified management companies, certificates of participation, and obligations with first-priority security; and collateralized mortgage obligations.

Cash and Cash Equivalents (Continued)

All investments are stated at fair value, except for guaranteed investment contracts, which are stated at amortized cost. Investment gain (loss) includes changes in fair value of investments, interest, and realized gains and losses.

Patient Receivables and Credit Policy

Patient receivables are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances. These obligations are primarily from local residents, most of whom are insured under third-party payor agreements. The District bills third-party payors on the patients' behalf, or if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patient's responsibility. Payments on patient receivables are applied to the specific

claim identified on the remittance advice or statement. The District does not have a policy to charge interest on past due accounts.

The carrying amounts of patient receivables are reduced by allowances that reflect management's estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of thirdparty reimbursement agreements through a reduction of gross revenue and a credit to patient receivables. In addition, management provides for probable uncollectible amounts, primarily for uninsured patients and amounts patients are personally responsible for, through a reduction of gross revenue and a credit to the allowance for uncollectible accounts based on its assessment of historical collection experience and the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the allowance for uncollectible accounts and a credit to patient receivables.

Patient receivables are recorded in the accompanying statements of net position net of contractual adjustments and an allowance for uncollectible accounts.

The District has a discount policy established for residents of the District. Details of forgone charges related to discounts are discussed further in Note 6.

Investment in PMA

Investment in a partnership is carried at the District's equity in the partnership's net assets. The partnership was organized to provide for the construction and use of a medical office building.

Inventories

Inventories are stated at the lower of cost, determined on the average cost method, or net realizable value.

Noncurrent Cash and Investments

Noncurrent cash and investments include assets held under indenture agreements.

Fair Value Measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

three-tier hierarchy prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as quoted market prices in active markets for identical assets or liabilities; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as significant unobservable inputs therefore, requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement within the hierarchy is based on techniques that maximize the use of relevant observable inputs and minimizes the use of unobservable inputs.

Assets or liabilities measured and reported at fair value are classified and disclosed in one of the three following categories:

Level 1 - Inputs to the valuation methodology are unadjusted quoted priced for identical assets or liabilities in active markets that the District has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs, other than quoted prices, those are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Capital Assets and Depreciation

Capital assets are recorded at cost if purchased or acquisition value at date received if contributed. The District capitalizes assets using the criteria established by the Office

of Statewide Health Planning and Development (OSHPD):

Land, land improvements, buildings, and fixed equipment	\$3,000
Major movable equipment	3,000

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

Estimated useful lives range from 2 to 25 years for land improvements, buildings and improvements, leasehold improvements, and fixed equipment and from 3 to 20 years for equipment.

Accreted Interest

Interest expense on capital appreciation bonds is being accreted on the straight-line basis to maturity of the individual bonds, which approximates interest accreted on the effective interest method.

Compensated Absences

The District accrues all leave time for employees as paid time-off (PTO) in the financial statements. In addition, employees hired prior to January 1, 2003, might have accumulated additional sick leave for major medical health problems. Usage of the additional sick leave must be approved by management.

The total potential liability of the District's accumulated sick leave for major medical was approximately \$140,000 for the year ended June 30, 2020. Such benefits do not vest; therefore, no liability has been accrued.

Retirement Plan

For purposes of measuring the net pension liability and deferred outflows/inflows of resources related to pensions, and pension expense, information about the pension net position of the District Retirement Plan ("the Plan") and Northern Inyo Healthcare District PEPRA Retirement Plan (the "PEPRA Plan") and additions to/deductions from the plans' pension net position have been determined on the same basis as they are reported by the Plan and PEPRA Plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms.

NOTES TO FINANCIAL STATEMENTS

Investments are reported at fair value.

Unearned Revenue

Unearned revenue arise when resources are unearned by the District and received before it has a legal claim to them, as when grant monies are received prior to the incurrence of qualifying expenditures. In subsequent periods, when both revenue recognition criteria are met, or when the District has a legal claim to the resources, the liability for unearned revenue is removed from the applicable financial statement and revenue is recognized.

Unearned revenue consists of receipts of federal awards for which the earnings process was not yet completed at June 30, 2020 because the eligibility requirements were not yet met.

Net Position

Net position of the District is classified in three components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted, including amounts restricted for debt service and restricted for hospital programs. Unrestricted is the remaining net position that does not meet the definitions above.

When both restricted and unrestricted resources are available for use, it is the District's policy to use restricted resources first.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

Charity Care

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The District maintains records to identify the amount of charges forgone for services and supplies furnished under the charity care

policy. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Operating Revenue and Expenses

The District's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenue and expenses. Operating revenue results from exchange transactions associated with providing health care services. Nonexchange revenue, including taxes, investment gain, grants, contributions received for purposes other than capital asset acquisition, and certain other revenue, is reported as nonoperating revenue.

Operating Revenue and Expenses (Continued)

Operating expenses are all expenses incurred to provide health care services, other than financing costs.

District Property Tax Revenue

The District has the authority to impose taxes on property within the boundaries of the health care district. Taxes are received from Inyo County (the "County"), which bills and collects the taxes for the District. Secured property taxes attach as an enforceable lien on property as of January 1 with a levy date on July 1, and are payable in two installments on November 1 and February 1.

Grants and Contributions

The District receives grants as well as contributions from individuals and private organizations. Revenue from grants and contributions (including contributions of capital assets) is recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or capital purposes. Amounts that are unrestricted or are restricted to a specific operating purpose are reported as nonoperating revenue. Amounts restricted to capital acquisitions are reported after nonoperating revenue (expenses).

Unemployment Compensation

The District is a part of a pooled unemployment insurance group through California Association of Hospital and Healthcare Systems (CAHHS) for unemployment insurance and does not pay state unemployment tax. Balances overpaid were \$19,962 in 2020.

NOTES TO FINANCIAL STATEMENTS

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position reports a separate section of deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to future periods and so will not be recognized as an outflow of resources (expense) until then. The District has one item that qualifies for reporting in this category. The District reports deferred outflows of resources related to pensions for its proportionate share of collective deferred outflows of resources related to pensions and District contributions to pension plans subsequent to the measurement date of the collective net pension liability.

In addition to liabilities, the statement of net position reports a separate section of deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position that applies to future periods and so will not be recognized as an inflow of resources (revenue) until then. The District has one item that qualifies for reporting in this category.

Deferred Outflows/Inflows of Resources (Continued)

The District reports deferred inflows of resources related to pensions for its proportionate share of collective deferred inflows of resources related to pensions.

Stewardship, Compliance, and Accountability

The District board did not adopt an annual budget in a public meeting on or before September 1 for the fiscal year ended June 30, 2020, in accordance with California State Health and Safety Code Section 32139.

NOTE 2: REIMBURSEMENT ARRANGEMENTS WITH THIRD-PARTY PAYORS

The District has agreements with third-party payors that provide for reimbursement to the District at amounts that vary from its established rates. A summary of the basis of reimbursement with major third-party payors follows:

Hospital

Medicare – The Medicare program has designated the District as a critical access hospital (CAH) for Medicare

reimbursement purposes. Under this designation, District inpatient, outpatient, and swing bed services rendered to Medicare program beneficiaries are paid based on a cost-reimbursement methodology, with the exception of certain lab and mammography services, which are reimbursed based on fee schedules.

Medi-Cal – Under CAH designation, the District inpatient and swing bed services rendered to Medi-Cal program beneficiaries were paid on a cost-based reimbursement methodology through June 30, 2015. As of July 1, 2015, the State of California established rates are based on the most recently audited cost report for the District. There are no settlements for cost based methods after June 30, 2015. The reimbursement for outpatient services is based on a fee schedule. Starting in 2014, the State of California expanded the provision of coverage to managed care organization in rural California. The District applied for and received supplemental reimbursements for its inpatient and outpatient services during 2020. The supplemental reimbursements are based on a cost based reimbursement method. This method does not guarantee that all cost are recovered after the Federal match and administrative fees are paid.

Physician and Professional Services in Rural Health Clinics

Certain physician and professional services rendered to Medicare and Medi-Cal beneficiaries qualify for reimbursement as Medicare-approved rural health clinic services. Qualifying services are reimbursed based on a cost-reimbursement methodology.

Hospital Based and Free Standing Physicians and Professional Services

The District has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes discounts from established charges and prospectively determined daily rates.

Accounting for Contractual Arrangements

The District is reimbursed for certain cost-reimbursable items at an interim rate, with final settlements determined after an audit or review of the District's related annual cost reports by the Medicare Administration Contractor. Estimated provisions to approximate the final expected settlements are included in the accompanying statements of

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

net position as due to third-party reimbursement provisions. The cost reports for the District have been final settled through June 30, 2016.

Other Governmental Program Revenue

Supplemental and incentive payments from other governmental programs are netted within net patient service revenue in the statement of revenues, expenses, and changes in net position as a component of contractual adjustments. These amounts include Assembly Bill No. 915 (AB915) incentive income, California Hospital Quality Assurance Fee (HQAF) program, and other supplemental income from Anthem and California Health and Wellness (CHW).

Compliance

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, particularly those relating to the Medicare and Medi-Cal programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Violation of these laws and regulations could result in the imposition of fines and penalties, as well as repayments of previously billed and collected revenue from patient services.

Authorized investment type:	Maximum maturity:	Maximum percentage of portfolio:*	Maximum investment in one issuer:
Local agency bonds	5 years	None	None
U.S. Treasury obligations	5 years	None	None
U.S. agency securities	5 years	None	None
Banker's acceptances	180 days	40%	30%
Commercial paper	270 days	25%	10%
Negotiable certificates of deposit	5 years	30%	None
Repurchase agreements	1 year	None	None
Reverse repurchase agreements	92 days	20% of base value	None
Medium-term notes	5 years	30%	None
Mutual funds	N/A	20%	10%
Money market mutual funds	N/A	20%	10%
Mortgage pass-through securities	5 years	20%	None
County pooled investment funds	N/A	None	None
LAIF	N/A	None	None
JPA pools (other investment pools)	N/A	None	None

* Excluding amounts held by bond trustee that are not subject to CGC restrictions.

CMS uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that might have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. As of June 30, 2020, the District has not been notified by the RAC of any potential significant reimbursement adjustments.

NOTE 3: CASH AND CASH EQUIVALENTS AND INVESTMENTS

Investments

The table below identifies the investment types that are authorized for the District by the CGC. The table also identifies certain provisions of the CGC that address interest rate risk, credit risk, and concentration of credit risk. This table does not address investments of debt proceeds held by bond trustee that are governed by the provisions of debt agreements of the District, rather than the general provisions of the CGC.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Interest Rate Risk - Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways that the District manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so

that a portion of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for operations.

Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the following table that shows the distribution of the District's investments by maturity at June 30, 2020:

	Amount	Remaining Maturity (in Years)		
		0-1	1-5	5-10
Investments:				
LAIF	\$ 23,241,610	\$ 23,241,610	\$ -	\$ -
Money market mutual funds	2,439,155	2,439,155	-	-
Certificates of deposit	2,030,028	503,650	1,526,378	-
Guaranteed investment contracts	575,000	-	-	575,000
Fidelity mutual fund	292,841	292,841	-	-
Totals	\$ 28,578,634	\$ 26,477,256	\$ 1,526,378	\$ 575,000

Credit Risk - Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The CGC limits the minimum rating required for each investment type. The LAIF is not rated.

Concentration of Credit Risk - No investments in any one issuer (other than U.S. Treasury securities, mutual funds, and external investment pools) represented 5% or more of the total District's total investments at June 30, 2020.

Custodial Credit Risk - Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The CGC does not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits or investments, other than the following provision for deposits: The CGC requires that a

financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law. The market value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits.

At June 30, 2020, the net carrying amount of deposits was \$33,670,469, and the bank balance was \$32,309,253. Of the bank balance, \$750,000 was covered by federal deposit insurance, and \$31,559,253 was collateralized (i.e., collateralized with securities held by the pledging financial institutions of at least 110% of the District's cash deposits, in accordance with the CGC).

Investment in State Investment Pool - The District is a voluntary participant in the Local Agency Investment Fund (LAIF) that is regulated by the CGC under the oversight of the Treasurer of the State of California. The fair value of the District's investment in this pool is reported in the accompanying financial statements at amounts based upon the District's pro-rata share of the fair value provided by

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on an amortized cost basis.

Fair Value Measurements

Following is a description of the valuation methodologies used for assets measured at fair value.

Guaranteed investment contracts are valued at cost.

Certificates of deposit (CDs) are level 2 investments on the fair value hierarchy and mutual funds are level 1.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while the District believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the District's assets at fair value at June 30, 2020:

	Fair Value Measurements Using			Total Assets at Fair Value
	Level 1	Level 2	Level 3	
Assets:				
Money market mutual funds	\$2,439,155	\$ -	\$ -	\$2,439,155
Fidelity mutual fund	292,841	-	-	292,841
CDs	-	2,030,028	-	2,030,028
Fair value	2,731,996	2,030,028	-	4,762,024
Investments not subject to fair value measurement or measured at cost:				
LAIF				23,241,610
Guaranteed investment contracts				575,000
Total investments				\$28,578,634

Employees' Retirement System - The District's governing body has the responsibility and authority to oversee the investment portfolio. Various professional investment managers are contracted to assist in managing the District's investments; all investment decisions are subject to California law and the investment policy established by the governing body. The District's investments are held by a trust company.

Pension Plan Investment Policy - Pension Trust Fund - Plan

The Plan's investment policy authorizes the Plan to invest in all investments allowed by state statute. These include

deposits/investments in insured commercial banks, savings and loan institutions, interest-bearing obligations of the U.S. Treasury and U.S. agencies, interest-bearing bonds of the State of California or any county, township, or municipal corporation of the State of California, money market mutual funds whose investments consist of obligations of the U.S. Treasury or U.S. agencies, separate accounts managed by life insurance companies, mutual funds, and California Funds (created by the State Legislature under the control of the State Treasurer that maintains a \$1 per share value, which is equal to the participant's fair value). During the year ended June 30, 2020, there were no changes to the investment policy.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Pension Plan Investment Policy - Pension Trust Fund - PEPRA Plan

The PEPRA Plan's investment policy authorizes the Plan to invest in all investments allowed by state statute.

These include deposits/investments in insured commercial banks, savings and loan institutions, interest-bearing obligations of the U.S. Treasury and U.S. agencies, interest-bearing bonds of the State of California or any county, township, or municipal corporation of the State of California, money market mutual funds whose investments consist of obligations of the U.S. Treasury or U.S. agencies, separate accounts managed by life insurance companies, mutual funds, and California Funds (created by the State Legislature under the control of the State Treasurer that maintains a \$1 per share value which is equal to the participant's fair value). During the year ended June 30, 2020, there were no changes to the investment policy.

Credit Risk - Pension Trust Fund - Plan and PEPRA Plan

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by assignment of a rating by a nationally recognized statistical rating organization. The Plan and PEPRA Plan have investment policies that limit investment choices by credit rating.

Custodial Credit Risk - Pension Trust Fund - Plan and PEPRA Plan

For an investment, custodial credit risk is the risk that, in the event of the failure of the counter party (e.g., broker-dealer) to the transaction, the Plan and PEPRA Plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Plan and PEPRA Plans' investment policies do not limit the exposure to custodial credit risk for investments.

The District's retirement system investments are stated at net asset value (NAV) and fair value. The fixed dollar fund is stated at NAV, which is determined based on the total value of all investments in its portfolio minus the value of liabilities.

The index bond fund is stated at fair value and is considered a level 2 investment on the fair value hierarchy. The fixed dollar fund is stated at cost.

Following is a summary of the Plan's investments at December 31:

	2019
Fixed dollar fund	\$ 8,710,715
Indexed bond fund	11,993,105
Totals	\$ 20,703,820

Following is a summary of the PEPRA Plan's investments at December 31:

	2019
Cash	\$ 130,977
Totals	\$ 130,977

Restricted cash and investments consisted of the following at June 30:

	2020
Restricted cash and investments:	
Building and improvement fund	\$ 1,397,732
Nursing scholarship fund	170,626
Debt service reserve funds held with fiscal agent	3,014,155
Total restricted cash and investments	\$ 4,582,513

NOTE 4: PATIENT RECEIVABLES - NET

Patient receivables - net consisted of the following at June 30:

	2020
Gross accounts receivable	\$ 42,711,368
Less:	
Contractual adjustments	18,987,999
Allowance for uncollectible accounts	7,601,614
Patient receivables - Net	\$ 16,121,755

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

The District gross days in accounts receivable was 98.05 at June 30, 2020.

NOTE 5: NET PATIENT SERVICE REVENUE

Net patient service revenue for the District and component units consisted of the following for the year ended June 30:

	2020
Gross patient service revenue:	
Inpatient services	\$ 42,561,188
Outpatient services	116,443,226
Totals	159,004,414
Less:	
Contractual adjustments	60,012,184
Provision for uncollectible accounts	17,170,227
Net patient service revenue	\$ 81,822,003

The following table reflects the percentage of gross patient service revenue by payor source for the year ended June 30:

	2020
Medicare	43 %
Medi-Cal	20 %
Other third-party payors	35 %
Patients	2 %
Total	100 %

NOTE 6: CHARITY CARE

The District provides health care services and other financial support through various programs that are designed, in part, to enhance the health of the community, including the health of low-income patients. Consistent with the mission of the District, care is provided to patients regardless of their ability to pay, including providing services to those persons

who cannot afford health insurance because of inadequate resources.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care based on criteria defined in the District's charity care policy. The District maintains records to identify and monitor the level of charity care it provides. The amount of charges foregone for services and supplies furnished under the District's charity care policy aggregated approximately \$375,000 for the year ended June 30, 2020. The estimated cost of providing care to patients under the District's charity care policy aggregated approximately \$227,000 in 2020. The cost was calculated by multiplying the ratio of cost to gross charges for the District times the gross uncompensated charges associated with providing charity care.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 7: CAPITAL ASSETS

The District's capital assets activity consisted of the following:

	Balance July 1, 2019	Additions	Transfers	Deletions	Balance June 30, 2020
Nondepreciable capital assets:					
Land	\$ 865,330	\$ -	\$ -	\$ -	\$ 865,330
Construction in progress	818,411	2,112,633	-	-	2,931,044
Total nondepreciable capital assets	1,683,741	2,112,633	-	-	3,796,374
Depreciable capital assets:					
Land improvements	867,086	-	-	-	867,086
Buildings	89,147,070	-	(3,539)	-	89,143,531
Equipment	35,988,063	422,665	3,539	(476,552)	35,937,715
Total depreciable capital assets	126,002,219	422,665	-	(476,552)	125,948,332
Less - Accumulated depreciation:					
Land improvements	691,088	30,375	-	-	721,463
Buildings	20,767,998	2,404,420	-	-	23,172,418
Equipment	28,547,594	1,867,199	-	(440,164)	29,974,629
Total accumulated depreciation	50,006,680	4,301,994	-	(440,164)	53,868,510
Net depreciable capital assets	75,995,539	(3,879,329)	-	(36,388)	72,079,822
Totals	\$ 77,679,280	\$ (1,766,696)	\$ -	\$ (36,388)	\$ 75,876,196

At June 30, 2020, construction in progress consisted of pharmacy clean room, major equipment, lab software, and a building retrofit.

PMA's capital assets activity consisted of the following:

	Balance January 1, 2019	Additions	Deletions	Balance December 31, 2019
Nondepreciable capital assets - Land	\$ 352,694	\$ 719	\$ -	\$ 353,413
Depreciable capital assets - Buildings	1,076,193	-	(717)	1,075,476
Less - Accumulated depreciation	867,937	14,564	-	882,501
Net depreciable capital assets	208,256	(14,564)	(717)	192,975
Totals	\$ 560,950	\$ (13,845)	\$ (717)	\$ 546,388

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 8: LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

Long-term debt and capital lease obligations activity consisted of the following:

	July 1, 2019	Additions	Reductions	June 30, 2020	Amounts due within 1 year
Bonds - Direct placements:					
2016 General Obligation Refunding Bond	\$ 16,710,000	\$ -	\$ (293,000)	\$ 16,417,000	\$ 299,000
General Obligation Bonds, 2009 Series:					
Current Interest Bonds	865,000	-	(865,000)	-	-
Capital Appreciation Bonds	8,144,947	-	-	8,144,947	418,000
Revenue Bonds, 2010 Series	6,680,000	-	(785,000)	5,895,000	835,000
Revenue Bonds, 2013 Series	9,440,000	-	(350,000)	9,090,000	360,000
Subtotal bonds payable	41,839,947	-	(2,293,000)	39,546,947	1,912,000
Bond premiums:					
General Obligation Bonds:					
2009 Series	353,842	-	(37,645)	316,197	-
Revenue Bonds, 2013 Series	127,953	-	(15,053)	112,900	-
Total bonds payable	42,321,742	-	(2,345,698)	39,976,044	1,912,000
Accreted Interest - General					
Obligation Bonds, 2009 Series	13,520,264	833,716	-	14,353,980	-
Capital lease obligations - Direct borrowings:					
Orchard Software	82,293	-	(70,360)	11,933	11,933
Intuitive Surgical	1,755,218	-	(264,543)	1,490,675	310,553
7 Medical	325,264	-	(57,871)	267,393	54,448
Total capital lease obligations	2,162,775	-	(392,774)	1,770,001	376,934
Direct borrowings:					
PPP loan	-	8,927,628	-	8,927,628	-
PHH mortgage	266,448	-	(438)	266,010	4,847
CMS advance	-	14,594,154	-	14,594,154	1,824,269
Totals	\$ 58,271,229	\$ 24,355,498	\$ (2,738,910)	\$ 79,887,817	\$ 4,118,050

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Long-Term Debt

General Obligation Bonds, 2009 Series

On April 21, 2009, the District issued \$14,464,947 in General Obligation Bonds, 2009 Series to finance the construction and equipping of an expansion and renovation of the Hospital. The 2009 Bonds consist of two types of bonds, Current Interest Bonds and Capital Appreciation Bonds, issued in the amounts of \$6,320,000 and \$8,144,947, respectively.

Principal on the Current Interest Bonds is payable annually on November 1. Current Interest Bonds mature annually commencing on November 1, 2012, through November 1, 2019, in amounts ranging from \$60,000 to \$865,000, as well as a bond maturing on November 1, 2038, for \$3,150,000. Interest on the Capital Appreciation Bonds is accreted annually and paid at maturity. The Capital Appreciation Bonds mature annually commencing on November 1, 2020, through November 1, 2038, in amounts ranging from \$1,020,000 to \$3,420,000, including interest accreted through such maturity dates.

The Current Interest Bonds maturing on November 1, 2038, may be called by the District beginning November 1, 2017. The Capital Appreciation Bonds are not subject to redemption prior to their fixed maturity dates. The Current Interest Bond debt was partially extinguished in 2016 using proceeds from the issuance of the 2016 General Obligation Refunding Bond.

The District has pledged its tax revenue as security for the General Obligation Bonds, 2009 Series and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

Revenue Bonds, 2010 Series

On April 14, 2010, the District issued \$11,600,000 in Revenue Bonds, 2010 Series to finance the replacement hospital, finance the bond reserve account, and pay certain costs of issuance related to the 2010 Bonds.

Interest on the 2010 Bonds is payable semiannually on June 1 and December 1 at rates ranging from 5.000% to 6.375%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$510,000 to \$1,145,000, are due annually through December 2025.

The 2010 Bonds maturing on December 1, 2021, may be called by the District beginning December 1, 2016.

The District has pledged its gross revenue as security for the Revenue Bonds, 2010 Series and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

The District is required to maintain a long-term debt service coverage ratio at the end of each fiscal year that is not less than 1.25 to 1 (or 1.1 to 1, if the District has 75 or more days cash on hand) and provide various reporting under the agreement.

Revenue Bonds, 2013 Series

On January 17, 2013, the District issued \$11,335,000 in Revenue Bonds, 2013 Series to finance the replacement hospital, finance the bond reserve account, and pay certain costs of issuance related to the 2013 Bonds.

Interest on the 2013 Bonds is payable semi-annually on June 1 and December 1 at rates ranging from 3.875% to 5.000%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$295,000 to \$1,805,000, are due annually through December 2029.

The 2013 Bonds maturing on December 1, 2027, may be called, without premium, by the District on December 1, 2013, through December 1, 2015. The District has pledged its gross revenue as security for the Revenue Bonds, 2013 Series and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

The District is required to maintain a long-term debt service coverage ratio at the end of each fiscal year that is not less than 1.25 to 1 (or 1.1 to 1, if the District has 75 or more days cash on hand) and provide various reporting under the agreement.

DIRECT PLACEMENTS:

2016 General Obligation Refunding Bond

On May 12, 2016, the District issued \$17,557,000 in a 2016 General Obligation Refunding Bond, to refinance the General Obligation Bonds, 2005 Series in whole and to pay the term portion of General Obligation Bonds, 2009.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Interest on the 2016 bond is payable semiannually on November 1 and May 1 at a rate of 3.450%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$278,000 to \$1,874,000, are due annually through December 2035.

The District has pledged its tax revenue as security for the 2016 General Obligation Refunding Bond and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

DIRECT BORROWINGS:

Capital Lease Obligations

Lease obligations to Orchard Software are due in total monthly installments of \$5,989 in October 2018 through 2021, including interest at 3.000%.

Lease obligations to Intuitive Surgical are due in total monthly installments of \$24,344 in March 2019 through 2024, including interest at 3.500%.

Lease obligations to Ascension Capital for 7 Medical are due in total monthly installments of \$5,447 in October 2018 through 2025, including interest at 2.500%.

Capital lease obligations are secured by equipment and contain provisions that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

Paycheck Protection Program loan

The District was granted a \$8,927,628 loan under the Paycheck Protection Program (PPP) administered by a Small Business Administration (SBA) approved partner. The loan is uncollateralized and is fully guaranteed by the Federal government. The District is eligible for loan forgiveness of up to 100% of the loan, upon meeting certain requirements. The District has recorded a note payable and will record the forgiveness upon being legally released from the loan obligation by the SBA. No forgiveness income has been recorded for the year ended June 30, 2020. The District applied for forgiveness of the PPP loan in March 2021 and is awaiting SBA approval. The District will be required to repay any remaining

balance, plus interest accrued at 1 percent due at the maturity date of April 30, 2022. The terms of the loan provide for customary events of default including, among other things, payment defaults, breach of representations and warranties, and insolvency events. The loan may be accelerated upon the occurrence of an event of default.

CMS Advance

The CMS advance liability consists of advanced payments received from the Centers for Medicare & Medicaid Services (CMS), in order to increase cash flow for Medicare Part A providers who were impacted by the COVID-19 pandemic. The District received \$14,594,154 in an advanced payment during April 2020, which will be recouped through the Medicare claims processed beginning 365 days after the date of issuance of the advanced payment. This recoupment process will continue until the balance of the advanced payment has been recouped or for 29 months from the date that the advanced payment was issued, at which point any remaining unpaid balance is due. The advanced payment balance is non-interest-bearing through the 29-month repayment period. The outstanding balance at June 30, 2020, was \$14,594,154.

Advanced Refunding

The District issued \$17,557,000 in General Obligation Refunding Bonds (“2016 GOR Bond”) with interest rates of 3.45% in November 2016. The proceeds were used to advance refund and considered defeased \$3,150,000 of outstanding General Obligation Bonds Election of 2005, Series 2009 (“2009 GO Bond”), which had interest rates of 5.75% and General Obligation Bonds Election of 2005, Series 2005 (“2005 GO Bond”), which had varying interest rates of 6.00% to 4.25%. Net proceeds of \$17,281,182 were derived from the issuance of the 2016 GOR bonds at par, including a \$9,103 premium, and after payment of \$275,818 in underwriting fees.

Of the net proceeds, \$17,281,182 was deposited in an irrevocable trust with an escrow agent to provide funds for the future debt service payment on the 2005 GO Bond and 2009 GO Bond, and \$276,071 was used for issuance and other costs. As a result, the 2005 GO Bond and 2009 GO Bonds are considered defeased, and the liability for those bonds has been removed from the statements of net position. At June 30, 2020, the outstanding balance of the 2009 GO Bond was \$22,991,176, including accreted interest.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Scheduled principal and interest payments on long-term obligations are as follows:

Years Ending June 30,	General obligation bonds		Revenue bonds		Direct borrowings	
	Principal	Interest	Principal	Interest	Principal	Interest
2021	\$ 717,000	\$ 1,176,340	\$ 1,195,000	\$ 745,913	\$ 1,829,116	\$ 13,190
2022	767,307	1,245,938	1,260,000	680,019	19,270,249	12,942
2023	847,032	1,291,969	1,330,000	608,569	2,437,714	12,682
2024	1,054,855	1,210,614	1,405,000	531,203	250,713	9,332
2025	1,106,909	1,294,596	1,480,000	449,306	-	-
2026-2030	6,642,764	7,869,445	8,315,000	1,001,947	-	-
2031-2035	9,682,353	10,027,885	-	-	-	-
2036-2040	3,743,727	10,422,678	-	-	-	-
Totals	\$ 24,561,947	\$ 34,539,465	\$ 14,985,000	\$ 4,016,957	\$ 23,787,792	\$ 48,146

Years Ending June 30,	Capital Leases Principal and Interest Payments
2021	\$ 430,191
2022	423,140
2023	423,140
2024	572,624
2025	55,137
Less: Amounts attributable to interest	(134,231)
Total	\$ 1,770,001

Pledged Revenue

The District has pledged future revenue to repay \$11,600,000 million in District revenue bonds issued in March 2010. Proceeds from the bonds are to provide a portion of the funding for its replacement hospital project. The bonds are payable solely from revenues through 2025. The total principal and interest remaining to be paid on the bonds is \$7,084,856. Revenue for the current year and principal and interest paid were \$92,291,088 and \$1,177,888, respectively.

The District has pledged future revenue to repay \$11,335,000 in District revenue bonds issued in January 2013. Proceeds from the bonds are to provide a portion of the funding for its remodeling, expansion, improvement, and equipping of the facility. The bonds are payable solely from revenues through 2029. The total principal and interest remaining to be paid on the bonds is \$12,682,481. Revenue for the current year and principal and interest paid were \$92,291,088 and \$765,381, respectively.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 9: RETIREMENT PLANS

Defined Benefit Plan - The Plan

Plan Description

The District sponsors a single-employer defined benefit pension plan for employees over age 21 with at least one year of service. The plan is governed by the District's Board of Directors, which may amend benefits and other plan provisions and which is responsible for the management of plan assets. The primary factors affecting the benefits earned by participants in the pension plan are employees' years of service and compensation levels. A separate financial report is not prepared for the Plan.

Benefits Provided

The District provides service retirement and pre-retirement death benefits to plan members, who must be District employees and beneficiaries. Benefits are based on years of credited service, equal to one year of fulltime employment. Members with five years of total service are eligible to retire at age 55 with statutorily reduced benefits. All members are eligible for pre-retirement death benefits after five years of service. The benefit vesting schedule is 50% vesting after five years, increasing 10% per year to 100% vested after 10 years of service. The Plan was closed to new entrants effective January 1, 2013.

Active participants automatically become 100% vested upon attainment of normal retirement age or if they become totally and permanently disabled.

The Plan's provisions and benefits in effect at June 30, 2020, are summarized as follows:

Hire date	Prior to January 1, 2013
Benefit Payments	Life Annuity
Retirement Age	65-70
Monthly benefits, as a % of eligible compensation	2.50%, not less than \$600
Required employer contribution rates	22.1% of applicable payroll

Employees covered at December 31, 2019, by the benefit terms for the Plan are as follows:

Inactive employees or beneficiaries currently receiving benefits	74
Active employees	142
Total	216

Change in Assumptions

The following changes in assumptions from the December 31, 2018, valuation to the December 31, 2019, valuation took place. The discount rate decreased from 5% to 4% to reflect a decrease in anticipated future investment returns. The salary scale assumption decreased from 4% to 3%. The form of payment assumption was changed from 60% lump sum/40% annuity to 50% lump sum/50% annuity, based on retiree elections.

The mortality assumption for valuing annuity liabilities has been updated to incorporate the MP-2019 projection scale which was published by the Society of Actuaries in October 2019, which is applied as a generational projection to the RP-2014 Mortality Table started from a base year of 2006, and replaces the MP-2018 projection scale that was reflected in the December 31, 2018 valuation. These assumption changes increased the present value of accumulated plan benefits by \$7,316,149.

Contributions

The employer contribution rates are determined on an annual basis by the actuary and shall be effective on July 1 following notice of a change in the rate. Funding contributions for the Plan are determined annually on an actuarial basis as of January 1 by the Plan. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. For the years ended June 30, 2020 and 2019, the employer contribution was \$5,500,000 and \$4,257,000, respectively.

Net Pension Liability

The District's net pension liability for the Plan is measured as the total pension liability, less the pension plan's fiduciary net position. The net pension liability of the Plan is measured as of December 31, 2019, using an annual actuarial valuation as of December 31, 2019.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

The total pension liability in the December 31, 2019, actuarial valuations were determined using the following actuarial assumptions:

Valuation date (actuarial valuation date)	December 31, 2019
Measurement date (net pension liability measured)	December 31, 2019
Actuarial cost method	Entry-Age Normal Cost Method
Actuarial assumptions	
Discount rate	4.00%
Projected salary increase	3.00%
Investment rate of return	4.00%
Mortality: Pre-retirement	RP-2014 Healthy Mortality w/ generational projection from 2006, base year using scale MP-2019.
Mortality: Post-retirement (annuity elected)	RP-2014 Healthy Mortality w/ generational projection from 2006, base year using scale MP-2019.
Mortality: Post-retirement (lump sum elected)	Based on date of participation DOP before 7/1/2009: 1984 UP, Mortality table set back four years. DOP on/ after 7/1/2009: RP-2000. Table for males set back four years.

Investment Valuations

Investments with a maturity of less than one year when purchased, nonnegotiable certificates of deposit, and other nonparticipating investments are stated at cost or amortized cost. All other investments in the Plan are stated at fair value and are recorded as of the trade date. The Plan categorizes the fair value measurements within the fair value hierarchy established by GAAP.

Concentration of Credit Risk

The Plan's policy does not limit the percentage of any asset in the Plan portfolio. The composition of plan assets consisted of the following at June 30, 2020:

Asset Allocation	Percent of Total Plan Assets
Fixed dollar account	37.8 %
Indexed bond fund	49.7 %
Accrued contributions	12.5 %
Total	100.0 %

Investment Rate of Return

For the year ended June 30, 2020, the annual money-weighted rate of return on Plan investments, net of investment expense, was 8.74%. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

The table below reflects the long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These rates of return are net of administrative expenses.

Asset Class	Asset Allocation	Long-Term Expected Real Rate of Return
Cash	0.41 %	2.25 %
U.S. fixed income	59.34 %	3.54 %
U.S. governmental bonds	5.69 %	3.05 %
U.S. credit bonds	9.96 %	4.16 %
U.S. mortgages	6.91 %	3.62 %
U.S. bank/leveraged loans	11.99 %	4.93 %
U.S. high yield bonds	2.44 %	5.20 %
Private equity	2.85 %	12.12 %
Hedge funds - Multi-strategy	0.41 %	5.64 %
Total	100.00 %	

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Changes in the Net Pension Liability

The changes in the net pension liability of the Plan, measured at December 31, 2019, are as follows for the year ended June 30, 2020:

Increase (decrease)	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability (Asset)
June 30, 2019	\$ 56,095,285	\$ 22,084,009	\$ 34,011,276
Changes for the year:			
Service cost	1,781,772	-	1,781,772
Interest on total pension liability	2,694,973	-	2,694,973
Differences between actual and expected experience	2,640,361	-	2,640,361
Changes in assumptions	6,850,017	-	6,850,017
Benefit payments	(8,053,422)	(8,053,422)	-
Contributions - Employer	-	5,242,000	(5,242,000)
Net investment income	-	1,893,587	(1,893,587)
Administrative expense	-	(58,625)	58,625
June 30, 2020	\$ 62,008,986	\$ 21,107,549	\$ 40,901,437

The following presents the net pension liability of the District's Plan, calculated using the discount rate, as well as what the District's net pension liability would be if it were calculated using a discount rate that is one-percentage point lower or one-percentage point higher than the current rate:

	2020
1% decrease	3.00%
Net pension liability	\$49,598,179
Current discount rate	4.00%
Net pension liability	\$40,901,437
1% increase	5.00%
Net pension liability	\$33,692,797

The District recognized pension expense of \$3,185,248 and \$5,222,823 in 2020 and 2019, respectively.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

At June 30, 2020, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Inflows of Resources	Deferred Outflows of Resources
Pension contributions made subsequent to the measurement date	\$ -	\$ 3,000,000
Differences between expected and actual experience	(1,780,425)	6,149,594
Changes in assumptions	(1,009,581)	11,787,760
Net differences between projected and actual earnings on plan investments	-	1,010,286
Totals	\$ (2,790,006)	\$ 21,947,640

Contributions made after the measurement date in the amount of \$3,000,000 are included in the balance of deferred outflows of resources and will be recognized in pension expense during the year ending June 30, 2021.

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized as pension expense as follows:

Years Ending June 30,	
2021	\$ 3,297,384
2022	2,998,286
2023	2,699,904
2024	2,620,595
2025	1,325,959
Thereafter	3,215,506
Total	\$ 16,157,634

Defined Benefit Plan - The PEPRA Plan

Plan Description

The District sponsors a defined benefit pension plan (the "PEPRA Plan"), a single-employer defined benefit plan for the former Chief Executive Officer (CEO). The PEPRA Plan is governed by the Board of Directors, which may amend benefits and other plan provisions and which is responsible for the management of plan assets. The primary factors affecting the benefits earned by participants in the pension plan are employees' years of service and compensation levels. A separate financial report is not prepared for the PEPRA Plan.

Benefits Provided

The District provides service retirement and pre-retirement death benefits to plan members, who must be District employee holding the position of Chief Executive Officer and beneficiaries. Benefits are based on years of credited service, equal to one year of full-time employment. Members with five years of total service are eligible to retire at age 62 with statutorily reduced benefits. All members are eligible for early retirement benefits at age 52 with at least 5 years of credited services with reduced benefits. The benefit vesting schedule is 100% vesting after five years of credited service, or upon total and permanent disability. The plan is closed to new entrants.

The PEPRA Plan's provisions and benefits in effect at June 30, 2020, are summarized as follows:

Hire date	Beginning January 1, 2016
Benefit Payments	Life Annuity
Retirement Age	62 or 5th anniversary of participant
Monthly benefits, as a % of eligible compensation	2% of Average Annual Compensation multiplied by years of Credited Service
Required employee contribution rates	11.75% of applicable payroll
Required employer contribution rates	11.52% of applicable payroll

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Employees covered at December 31, 2019, by the benefit terms for the PEPRA Plan are as follows:

Inactive employees or beneficiaries currently receiving benefits	-
Active employees	1
Total	1

Contributions

The employer contribution rates are determined on an annual basis by the actuary and shall be effective on July 1 following notice of a change in the rate. Funding contributions for the PEPRA Plan are determined annually on an actuarial basis as of January 1 by the PEPRA Plan. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The District's net pension liability for the PEPRA Plan is measured as the total pension liability, less the pension plan's fiduciary net position. The net pension liability of the PEPRA Plan is measured as of June 30, 2020, using an annual actuarial valuation as of January 1, 2020, rolled forward to June 30, 2020, using standard update procedures. A summary of principal assumptions and methods used to determine the net pension liability is shown on the next page.

The total pension liabilities in the January 1, 2020, actuarial valuations were determined using the following actuarial assumptions:

Valuation date (actuarial valuation date)	December 31, 2019
Measurement date (net pension liability measured)	December 31, 2019
Actuarial cost method	Entry-Age Normal Cost Method
Actuarial assumptions	
Discount rate	N/A
Inflation	N/A
Payroll growth	N/A
Investment rate of return	N/A
Mortality: Pre-retirement	N/A
Mortality: Post-retirement (annuity elected)	N/A

The table below reflects the long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These rates of return are net of administrative expenses.

Asset Class	Target Asset Allocation	Long-Term Expected Real Rate of Return
U.S. fixed income	60.00 %	4.23 %
Global equity	40.00 %	7.90 %
Total	100.00 %	

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Changes in the net pension liability

The changes in the net pension liability of the PEPRA Plan measured as of December 31, 2019, are as follows for the year ended June 30, 2020:

	Increase (decrease)		Net Pension Liability (Asset)
	Total Pension Liability	Plan Fiduciary Net Position	
<i>June 30, 2019</i>	\$ 105,044	\$ 87,279	\$ 17,765
Changes for the year:			
Service cost incurred	28,238	-	28,238
Interest on total pension liability	6,664	-	6,664
Differences between expected and actual experience	(78,051)	-	(78,051)
Contributions - Employee	-	18,209	(18,209)
Contributions - Employer	-	35,975	(35,975)
Current-year net changes	(43,149)	54,184	(97,333)
June 30, 2020	\$ 61,895	\$ 141,463	\$ (79,568)

The following presents the net pension liability of the District's PEPRA Plan, calculated using the discount rate, as well as what the District's net pension liability (asset) would be if it were calculated using a discount rate that is one-percentage point lower or one-percentage point higher than the current rate:

1% decrease	4.00%
Net pension liability (asset)	\$(79,568)
Current discount rate	5.00%
Net pension liability (asset)	\$(79,568)
1% increase	6.00%
Net pension liability (asset)	\$(79,568)

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

The District recognized pension income of \$64,434 in 2020. At December 31, 2019, the members are active; however, the PEPRA Plan no longer has active members. At June 30, 2020, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Inflows of Resources	Deferred Outflows of Resources
Differences between actual and expected experience	\$ (285)	\$ 59
Changes in assumptions	(671)	-
Net differences between projected and actual earning on plan investments	-	8,261
Totals	\$ (956)	\$ 8,320

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized as pension expense as follows:

Years Ending June 30,	Increase (Decrease) in Pension Expense
2021	\$ 2,628
2022	2,400
2023	1,827
2024	1,054
2025	(88)
Thereafter	(457)
Total	\$ 7,364

The deferred outflows of resources, deferred inflows of resources, and net pension liability of the Plan and PEPRA Plan are presented in the statement of net position at June 30, 2020, as follows:

	Deferred outflows of resources	Deferred inflows of resources	Net pension liability (asset)
Plan	\$ 21,947,640	\$ 2,790,006	\$ 40,901,437
PEPRA Plan	8,320	956	(79,568)
Totals	\$ 21,955,960	\$ 2,790,962	\$ 40,821,869

Defined Contribution Plan

The District sponsors and contributes to the Northern Inyo County Local Hospital District 401(a) Retirement Plan (NICLHD), a defined contribution pension plan, for its employees. The plan covers its employees who have attained the age of 21 years and were not a participant in the District's defined benefit plan prior to January 1, 2013, and completed of one year of service. NICLHD is administered by the District.

Benefit terms, including contribution requirements, for NICLHD are established and may be amended by the District's Board of Directors. For each employee in the pension plan, the District is required to contribute 7% as a percent of annual salary, exclusive of overtime pay, to an individual employee account. Employees are not permitted to make contributions to the pension plan. For the year ended June 30, 2020, the District made employer contributions in the amount of \$789,151.

Each participant shall have a nonforfeitable and vested right to his or her account for each year of service completed while an employee of the employer, in accordance with the following schedule:

Years	Nonforfeitable Percentage
5	50.0 %
6	60.0 %
7	70.0 %
8	80.0 %
9	90.0 %
10 or more	100.0 %

Contributions payable to NICLHD by the District were \$1,142,614 during the year ended June 30, 2020.

Nonvested District contributions are forfeited upon termination of employment. Such forfeitures are used to cover a portion of the pension plan's administrative expenses.

NOTE 10: RISK MANAGEMENT

The District is exposed to various risks of loss related to medical malpractice; torts; theft of, damage to, and destruction of assets; errors and omissions; injuries of employees; and natural disasters.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

The District's comprehensive general liability insurance covers losses of up to \$20,000,000 per claim with \$30,000,000 annual aggregate for occurrence basis during a policy year regardless of when the claim was filed (occurrence-based coverage). The District's professional liability insurance covers losses up to \$5,000,000 per claim with \$5,000,000 annual aggregate for claims reported during a policy year (claims-made coverage). Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the District.

Although there exists the possibility of claims arising from services provided to patients through June 30, 2020, which have not yet been asserted, the District is unable to determine the ultimate cost, if any, of such possible claims, and accordingly no provision has been made for them. Settled claims have not exceeded commercial coverage in any of the three preceding years.

The District is a participant in the Association of California Healthcare Districts' ALPHA Fund, which administers a self-insured workers' compensation plan for participating member hospitals and their employees. The District pays a premium to the ALPHA Fund; the premium is adjusted annually. If participation in the ALPHA Fund were terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the ALPHA Fund.

NOTE 11: SELF-FUNDED INSURANCE

The District has a self-funded health care plan that provides medical and dental benefits to employees and their dependents. Employees share in the cost of health benefits. Health care expense is based on actual claims paid, reinsurance premiums, administration fees, and unpaid claims at year-end. The District buys reinsurance to cover catastrophic individual claims over \$150,000. The District records a liability for claims incurred, but not reported that is recorded in accrued payroll and related liabilities in the accompanying statements of net position.

The self-funded health care plan liability consisted of the following:

June 30,	2020	2019
Opening balance	\$ 2,986,779	\$ 1,731,859
Additions - Claims reported	9,244,001	4,952,268
Reductions - Claims paid	(9,893,983)	(3,697,348)
Ending balance	\$ 2,336,797	\$ 2,986,779

NOTE 12: CONCENTRATION OF CREDIT RISK

The District grants credit without collateral to patients.

Patient receivables consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medi-Cal) for health care provided to the patients. The majority of the District's patients are from Bishop, California, and the surrounding area.

The mix of receivables from patients and third-party payors was as follows at June 30:

	2020
Medicare	28 %
Medi-cal, including CMSP	25 %
Other third-party payors	29 %
Patients	18 %
Total	100 %

NOTE 13: COMMITMENTS AND CONTINGENCIES**Litigation**

The District may from time to time be involved in litigation and regulatory investigations that arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters, if applicable, existing as of June 30, 2020 will be resolved without material adverse effect on the District's future financial position, results from operations, or cash flows.

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Paycheck Protection Program Loan Review

Loans issued under the PPP were subject to good-faith certifications of the necessity of the loan request. Borrowers with loans issued under the program in excess of \$2 million are subject to review by the SBA for compliance with the program requirements. If the SBA determines that a borrower lacked an adequate basis for the loan or did not meet program requirements, the loan will not be eligible for loan forgiveness and the SBA will seek repayment of the outstanding PPP loan balance. As such, the potential exists that the District may be deemed ineligible for loan forgiveness and be required to repay the loan.

NOTE 14: PROVIDER RELIEF FUNDS

The District received \$6,720,771 of Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS). The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS currently has a deadline to incur eligible expenses of June 30, 2021. Unspent funds will be expected to be repaid.

These funds are considered subsidies and recorded as a liability when received and are recognized as revenues in the accompanying statement of revenues, expenses, and changes in net position as all terms and conditions are considered met. As these funds are considered subsidies, they are considered nonoperating activities. The terms and conditions are subject to interpretation, changes and future clarification, the most recent of which have been considered through the date that the financial statements were issued. In addition, this program may be subject to oversight, monitoring and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

As of June 30, 2020, the District had a liability of \$6,720,771, which was included in unearned revenue on the accompanying statement of net position.

Note 15: Condensed Financial Information for Component Units

Following is condensed financial information for blended component units of the District:

Condensed Statement of Net Position - Blended Component Units

	Foundation (6/30/2020)	Auxiliary (5/31/2020)	Pioneer Home Health (12/31/2019)
Assets:			
Current assets	\$ 319,264	\$ 114,442	\$ 447,629
Noncurrent assets	-	-	413,843
Total assets	\$ 319,264	\$ 114,442	\$ 861,472
Liabilities:			
Current liabilities	\$ -	\$ -	\$ 214,007
Noncurrent liabilities	-	-	261,163
Total liabilities	-	-	475,170
Net position	319,264	114,442	386,302
Total liabilities and net position	\$ 319,264	\$ 114,442	\$ 861,472

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

Condensed statement of revenues, expenses, and changes in net position - Blended component units

Years Ended	Foundation (6/30/2020)	Auxiliary (5/31/2020)	Pioneer Home Health (12/31/2019)
Operating revenue	\$ -	\$ (8,486)	\$ 1,293,258
Operating expenses	54,712	-	1,342,049
Loss from operations	(54,712)	(8,486)	(48,791)
Nonoperating revenue (expense)	16,127	50,757	(13,508)
Decrease in net position	(38,585)	42,271	(62,299)
Net position - Beginning of year	357,849	72,171	448,601
Net position - End of year	\$ 319,264	\$ 114,442	\$ 386,302

Condensed Statement of Cash Flows - Blended Component Units

Years Ended	Foundation (6/30/2020)	Auxiliary (5/31/2020)	Pioneer Home Health (12/31/2019)
Cash flows from operating activities	\$ (54,712)	\$ (8,486)	\$ 20,663
Cash flows from noncapital financing activities	16,127	50,757	47
Cash flows from capital and related financing activities	-	-	(13,993)
Change in cash and cash equivalents	(38,585)	42,271	6,717
Cash and cash equivalents - Beginning of year	-	-	-
Cash and cash equivalents - End of year	\$ (38,585)	\$ 42,271	\$ 6,717

NORTHERN INYO HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS**NOTE 16: RESTATEMENT**

The District identified the following retrospective adjustments and corrections of errors necessary for the financial statements to be presented in accordance with GAAP.

Beginning net position was restated as follows for the year ended June 30, 2020 (December 31, 2019 for PMA and Pension Trust Fund - Plan):

	District	PMA	Pension Trust Fund - Plan
Net position at beginning of year - As originally stated	\$ 41,264,297	\$ 697,256	\$ 22,084,009
Restatements:			
Adjustment to remove the balance of goodwill in PMA	(581,219)	-	-
Adjustment resulting from revision to pension plan actuarial valuation	2,098,937	-	(403,729)
Adjustment to agree net position to revenue and expenses	-	26,495	-
Adjustment to reduce the opening balance of prepaid expenses related to the PHH purchase contribution	300,000	-	-
Adjustment to correct accounts payable and related activity	(671,617)	-	-
Total restatements	1,146,101	26,495	(403,729)
Net position at beginning of year - As restated	\$ 42,410,398	\$ 723,751	\$ 21,680,280

NOTE 17: RELATED-PARTY TRANSACTIONS

In the ordinary course of business, the District has and expects to continue to have transactions with its employees and elected officials. In the opinion of management, such transactions were on substantially the same terms, including interest rates and collateral, as those prevailing at the time of comparable transactions with other persons and did not involve more than a normal risk of collectibility or present any other unfavorable features to the District.

NOTE 18: SUBSEQUENT EVENTS*Purchase of Pioneer Medical Associates*

On January 27, 2021, the District purchased the remaining partnership interests (33.47%) in Pioneer

Medical Associates, (a discretely presented component unit), consisting primarily of real property and related improvements, in the amount of \$1,017,488. At the date of escrow closing, the District deposited \$100,000 into an escrow account. The remaining balance will be paid in two equal installments, with the first installment due on July 1, 2021 and the second installment due on January 1, 2022.

Line of Credit

On April 23, 2021, the District entered into a line of credit agreement with Oak Valley Community Bank (LOC). The LOC provides for borrowings through April 23, 2023 (the Maturity Date). Borrowings will bear interest at the bank's index rate, currently at 0.100% per annum plus 1.00%. The maximum amount that may be outstanding under the Loan Agreement is \$3,500,000. The LOC is secured primarily through a deposit account with Oak Valley Community Bank.

REQUIRED SUPPLEMENTARY INFORMATION

NORTHERN INYO HEALTHCARE DISTRICT

SCHEDULE OF CHANGES IN THE NET PENSION LIABILITY AND RELATED RATIOS - PLAN

Last Ten Fiscal Years (If Available)

Total Pension Liability	2020	2019	2018	2017	2016
Service cost incurred	\$ 1,781,772	\$ 2,121,997	\$ 2,281,116	\$ 2,812,178	\$ 2,219,985
Interest in total pension liability	2,694,973	2,726,359	2,805,649	3,053,437	3,047,939
Difference between actual and expected experience	2,640,361	3,016,650	1,343,607	(3,295,677)	1,385,608
Change in assumption	6,850,017	(84,200)	(185,137)	(417,283)	12,966,856
Benefit payments	(8,053,422)	(8,082,821)	(5,554,354)	(7,575,753)	(8,213,871)
Net change in total pension liability	5,913,701	(302,015)	690,881	(5,423,098)	11,406,517
Total pension liability - Beginning	56,095,285	56,397,300	56,575,151	61,998,249	50,591,732
Total pension liability - Ending (a)	62,008,986	56,095,285	57,266,032	56,575,151	61,998,249
Plan fiduciary net position:					
Contribution - Employer	5,242,000	6,300,000	5,340,000	5,340,000	3,900,000
Net investment income (loss)	1,893,587	(116,063)	(292,381)	(126,769)	880,376
Administrative expense	(58,625)	(64,562)	(88,502)	(55,640)	(51,336)
Benefit payments	(8,053,422)	(8,082,821)	(5,554,354)	(7,575,753)	(8,213,871)
Net change in plan fiduciary net position	(976,460)	(1,963,446)	(595,237)	(2,418,162)	(3,484,831)
Plan fiduciary net position - Beginning	22,084,009	24,047,455	26,087,619	28,505,781	31,990,612
Plan fiduciary net position - Ending (b)	21,107,549	22,084,009	25,492,382	26,087,619	28,505,781
Net pension liability - Ending (a)-(b)	\$ 40,901,437	\$ 34,011,276	31,773,650	30,487,532	33,492,468
Plan fiduciary net position as a percentage of the total pension liability	34.04 %	39.37 %	44.52 %	46.11 %	45.98 %
Covered payroll	\$ 10,780,522	\$ 11,537,345	\$ 12,968,106	\$ 13,529,712	\$ 15,892,425
Net pension liability as percentage of covered payroll	379.40 %	294.79 %	245.01 %	225.34 %	210.74 %

See accompanying notes to required supplementary information.

NORTHERN INYO HEALTHCARE DISTRICT

SCHEDULE OF CHANGES IN THE NET PENSION LIABILITY AND RELATED RATIOS - PLAN

Last Ten Fiscal Years (If Available)

Notes to Schedule:**Note 1:**

Changes in assumptions: In 2020, amounts reported as changes in assumptions resulted primarily from adjustments to expected form of, discount rate, payment election, and mortality assumptions.

Note 2:

The beginning balance of total pension liability for 2019 was restated by \$868,732 because the actuarial valuation at that date was revised.

NORTHERN INYO HEALTHCARE DISTRICT

SCHEDULE OF CONTRIBUTIONS AND RELATED RATIOS - PLAN

Last Ten Fiscal Years (If Available)

SCHEDULE OF CONTRIBUTIONS	2020	2019	2018	2017	2016
Actuarially determined contribution	\$ 6,072,000	\$ 5,484,000	\$ 4,716,000	\$ 5,340,000	\$ 3,900,000
Contributions in relation to the actuarially determined contributions	5,500,000	6,060,000	5,340,000	5,340,000	3,900,000
Contribution excess	\$ 572,000	\$ (576,000)	\$ (624,000)	\$ -	-
Covered payroll	\$ 11,537,345	\$ 12,968,106	\$ 13,529,712	\$ 15,892,425	17,664,833
Contributions as a percentage of covered employee payroll	47.67 %	46.73 %	39.47 %	33.60 %	22.08 %

Notes to Schedule:

Valuation date: January 1, 2019

Methods and assumptions used to determine contribution rates:

Single-employer plan	Entry Age Normal Cost Method
Amortization method	Level percentage of payroll, closed
Remaining amortization period	16 years
Asset valuation method	Market value
Inflation	2.3%
Salary increases	3%, including inflation
Investment rate of return	4.00%
Retirement age	65, or 70 *
Mortality: Pre-retirement	**
Mortality: Postretirement (annuity elected)	***
Mortality: Postretirement (lump sum elected)	****

** RP-2014 Healthy Mortality w/generational projection from 2006, Base Year using Scale MP-2017.

*** RP-2014 Healthy Mortality w/generational projection from 2006, Base Year using Scale MP-2017.

**** DOP before 7/1/2009: 1984 UP, Mortality Table set back four years. DOP On/After 7/1/2009: RP-2000 Table for Males set back four years.

NORTHERN INYO HEALTHCARE DISTRICT

SCHEDULE OF INVESTMENT RETURNS - PLAN

Last Ten Fiscal Years (If Available)

SCHEDULE OF INVESTMENT RETURNS

	2020	2019	2018	2017	2016
Annual money-weighted rate of return, net of investment expense	6.39 %	2.96 %	(1.16)%	(0.48)%	3.11 %

NORTHERN INYO HEALTHCARE DISTRICT

SCHEDULE OF CHANGES IN THE NET PENSION LIABILITY AND RELATED RATIOS - PEPRA PLAN

Last Ten Fiscal Years (If Available)

	2020	2019
Total Pension Liability		
Service cost incurred	\$ 28,238	\$ 27,705
Interest in total pension liability	6,664	5,017
Difference between actual and expected	(78,051)	71
Change in assumption	-	(382)
Net change in total pension liability	(43,149)	32,411
Total pension liability - Beginning	105,044	72,633
Total pension liability - Ending (a)	61,895	105,044
Plan fiduciary net position:		
Contribution - Employer	35,975	9,583
Contribution - Employee	18,209	9,584
Net change in plan fiduciary net position	54,184	19,167
Plan fiduciary net position - Beginning	87,279	68,112
Plan fiduciary net position - Ending (b)	141,463	87,279
Net pension liability - Ending (a)-(b)	\$ (79,568)	\$ 17,765
Plan fiduciary net position as a percentage of the total pension liability	228.55 %	83.09 %
Covered payroll	\$ 124,180	\$ 121,388
Net pension liability as percentage of covered payroll	(64.07)%	14.63 %

NORTHERN INYO HEALTHCARE DISTRICT

SCHEDULE OF CONTRIBUTIONS AND RELATED RATIOS - PEPRA PLAN

Last Ten Fiscal Years (If Available)

SCHEDULE OF CONTRIBUTIONS	2020	2019
Actuarially determined contribution	\$ 13,662	\$ 14,089
Contributions in relation to the actuarially determined contributions	13,662	14,089
Contribution deficiency	\$ -	\$ -
Covered payroll	\$ 124,180	\$ 121,388
Contributions as a percentage of covered payroll	11.00 %	- %

Notes to Schedule

Valuation date:	January 1, 2019
Methods and assumptions used to determine contribution rates:	
Single-employer plan	Entry Age Normal Cost Method
Amortization method	Level percentage of payroll, closed
Remaining amortization period	16 years
Asset valuation method	Market value
Inflation	2.5%
Salary increases	3%, including inflation
Investment rate of return	4.00%
Retirement age	65
Mortality: Pre-retirement	**
Mortality: Postretirement (annuity elected)	***

** RP-2014 Healthy Mortality w/generational projection from 2006, Base Year using Scale MP-2017.

*** RP-2014 Healthy Mortality w/generational projection from 2006, Base Year using Scale MP-2017.

SCHEDULE OF INVESTMENT RETURNS - PEPRA PLAN

Last Ten Fiscal Years (If Available)

Schedule of investment returns	2020	2019
Annual money-weighted rate of return, net of investment expense	0%	0%

SUPPLEMENTARY INFORMATION

NORTHERN INYO HEALTHCARE DISTRICT

COMBINING STATEMENT OF NET POSITION OF THE DISTRICT AND COMPONENT UNITS

JUNE 30, 2020 (AUXILIARY MAY 31, 2020) (PIONEER HOME HEALTH DECEMBER 31, 2019)

<i>Assets and Deferred Outflows of Resources</i>	Hospital	Foundation	Auxiliary	Pioneer Home Health	Eliminations	Total
Current assets:						
Cash and investments	\$ 57,231,579	\$ 319,264	\$ 114,442	\$ 57,488	\$ -	\$ 57,722,773
Receivables:						
Patient accounts - Net	15,837,454	-	-	284,301	-	16,121,755
Other	939,552	-	-	-	-	939,552
Estimated third-party payor settlements	229,131	-	-	-	-	229,131
Inventories	2,651,452	-	-	-	-	2,651,452
Prepaid expenses and other	1,486,003	-	-	105,840	-	1,591,843
Total current assets	78,375,171	319,264	114,442	447,629	-	79,256,506
Noncurrent assets:						
Noncurrent cash and investments	4,582,513	-	-	-	-	4,582,513
Investment in PMA	430,946	-	-	-	-	430,946
Goodwill in PMA	-	-	-	-	-	-
Capital assets:						
Nondepreciable capital assets	3,666,374	-	-	130,000	-	3,796,374
Depreciable capital assets - Net	71,795,979	-	-	283,843	-	72,079,822
Total noncurrent assets	80,475,812	-	-	413,843	-	80,889,655
Total assets	158,850,983	319,264	114,442	861,472	-	160,146,161
Deferred outflows of resources - Pensions	21,955,960	-	-	-	-	21,955,960
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$ 180,806,943	\$ 319,264	\$ 114,442	\$ 861,472	\$ -	\$ 182,102,121

NORTHERN INYO HEALTHCARE DISTRICT

COMBINING STATEMENT OF NET POSITION OF THE DISTRICT AND COMPONENT UNITS (CONT.)

JUNE 30, 2020 (AUXILIARY MAY 31, 2020, PIONEER HOME HEALTH DECEMBER 31, 2019)

<i>Liabilities, Deferred Inflows of Resources, and Net Position</i>	Hospital	Foundation	Auxiliary	Pioneer Home Health	Eliminations	Total
Current liabilities:						
Current maturities of long-term liabilities:						
Bonds and notes payable - Current portion	\$ 1,912,000	\$ -	\$ -	\$ 4,847	\$ -	\$ 1,916,847
Capital lease obligation - Current portion	376,934	-	-	-	-	376,934
CMS advance - Current portion	1,824,269	-	-	-	-	1,824,269
Accounts payable	3,584,944	-	-	42,943	-	3,627,887
Accrued interest and sales tax	134,001	-	-	-	-	134,001
Accrued payroll and related liabilities	7,829,245	-	-	166,217	-	7,995,462
Unearned revenue	7,074,415	-	-	-	-	7,074,415
Total current liabilities	22,735,808	-	-	214,007	-	22,949,815
Noncurrent liabilities:						
Bonds and notes payable	52,418,024	-	-	261,163	-	52,679,187
Paycheck Protection Program loan	8,927,628	-	-	-	-	8,927,628
Capital lease obligation	1,393,067	-	-	-	-	1,393,067
CMS advance	12,769,885	-	-	-	-	12,769,885
Net pension liability	40,821,869	-	-	-	-	40,821,869
Total noncurrent liabilities	116,330,473	-	-	261,163	-	116,591,636
Total liabilities	139,066,281	-	-	475,170	-	139,541,451
Deferred inflows of resources	2,790,962	-	-	-	-	2,790,962
Net position:						
Net investment in capital assets	22,524,316	-	-	-	-	22,524,316
Restricted for programs	1,568,358	-	-	-	-	1,568,358
Unrestricted	14,857,026	319,264	114,442	386,302	-	15,677,034
Total net position	38,949,700	319,264	114,442	386,302	-	39,769,708
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	\$ 180,806,943	\$ 319,264	\$ 114,442	\$ 861,472	\$ -	\$ 182,102,121

NORTHERN INYO HEALTHCARE DISTRICT

**COMBINING STATEMENT OF REVENUES, EXPENSES, AND CHANGES
IN NET POSITION OF THE DISTRICT AND COMPONENT UNITS**

FOR THE YEAR ENDED JUNE 30, 2020 (AUXILIARY MAY 31, 2020, PIONEER HOME HEALTH DECEMBER 31, 2019)

	Hospital	Foundation	Auxiliary	Pioneer Home Health	Eliminations	Total
Revenue:						
Net patient service revenue	\$ 80,528,774	\$ -	\$ -	\$ 1,293,229	\$ -	\$ 81,822,003
Other operating revenue	10,477,542	-	(8,486)	29	-	10,469,085
Total revenue	91,006,316	-	(8,486)	1,293,258	-	92,291,088
Operating expenses:						
Salaries and wages	33,411,326	-	-	1,248,812	-	34,660,138
Employee benefits	22,672,713	-	-	262,402	-	22,935,115
Professional fees	14,588,961	3,196	-	-	-	14,592,157
Supplies	9,280,842	551	-	14,692	-	9,296,085
Purchased services	4,364,939	-	-	39,922	-	4,404,861
Depreciation	4,275,658	-	-	26,336	-	4,301,994
Medical office building, net	771,490	-	-	-	-	771,490
Other operating expenses	4,943,005	50,965	-	(250,115)	-	4,743,855
Total operating expenses	94,308,934	54,712	-	1,342,049	-	95,705,695
Loss from operations	(3,302,618)	(54,712)	(8,486)	(48,791)	-	(3,414,607)
Nonoperating revenue (expense):						
Tax revenue for operations	625,869	-	-	-	-	625,869
Tax revenue for debt service	1,746,739	-	-	-	-	1,746,739
Interest income	598,967	-	-	-	-	598,967
Interest expense	(2,363,057)	-	-	(13,555)	-	(2,376,612)
Loss on sale of asset	(36,388)	-	-	-	-	(36,388)
Noncapital grants and contributions	199,215	16,127	-	-	-	215,342
Net contribution from Pioneer Home Health	(50,804)	-	50,757	47	-	-
Total nonoperating revenue (expense)	\$ 720,541	\$ 16,127	\$ 50,757	\$ (13,508)	\$ -	\$ 773,917
Change in net position - Carry forward	(2,582,077)	(38,585)	42,271	(62,299)	-	(2,640,690)

NORTHERN INYO HEALTHCARE DISTRICT

**COMBINING STATEMENT OF REVENUES, EXPENSES, AND CHANGES
IN NET POSITION OF THE DISTRICT AND COMPONENT UNITS (CONT.)**

FOR THE YEAR ENDED JUNE 30, 2020 (AUXILIARY MAY 31, 2020, PIONEER HOME HEALTH DECEMBER 31, 2019)

	Hospital	Foundation	Auxiliary	Home Health Pioneer	Eliminations	Total
Change in net position - Carry forward	\$ (2,582,077)	\$ (38,585)	\$ 42,271	\$ (62,299)	\$ -	\$ (2,640,690)
Increase (decrease) in net position	(2,582,077)	(38,585)	42,271	(62,299)	-	(2,640,690)
Net position at beginning of year - As originally stated	40,685,676	357,849	72,171	448,601	(300,000)	41,264,297
Restatement	846,101	-	-	-	300,000	1,146,101
Net position at beginning of year - As restated	41,531,777	357,849	72,171	448,601	-	42,410,398
Net position at end of year	\$ 38,949,700	\$ 319,264	\$ 114,442	\$ 386,302	\$ -	\$ 39,769,708

NORTHERN INYO HEALTHCARE DISTRICT

STATISTICAL INFORMATION

YEAR ENDED JUNE 30, 2020

Bed Complement

	2020	2019	2018	2017	2016
Medical/surgical	11	11	11	11	11
Prenatal/obstetrics	6	6	6	6	6
Pediatric	4	4	4	4	4
Intensive care	4	4	4	4	4
Total licensed bed capacity	25	25	25	25	25

Utilization

	2020	2019	2018	2017	2016
License beds	25	25	25	25	25
Patient days	2,968	3,257	3,474	3,777	3,804
Discharges	1,104	1,037	1,106	1,136	1,069
Occupancy	33 %	36 %	38 %	41 %	42 %
Average stay (days)	2.7	3.1	3.1	3.3	3.3
Emergency room visits	8,262	9,153	8,798	8,764	7,948
Outpatient visits	40,472	38,960	38,651	38,454	37,684

Medical Staff

	2020	2019	2018	2017	2016
Active	54	50	53	44	36
Consulting	19	17	17	30	30
Honorary	11	11	11	10	9
AHP	18	12	10	8	8
Other - Telemedicine	33	27	-	-	-
Total practitioners	135	117	91	92	83

Employees

	2020	2019	2018	2017	2016
Full-time	361	362	330	29	290
Part-time and per diem	124	131	126	98	105
Total employees	485	493	456	394	395
Full-time equivalents	373.57	375.30	392.89	347.29	321.37

NORTHERN INYO HEALTHCARE DISTRICT

STATISTICAL INFORMATION (CONT.)

YEAR ENDED JUNE 30, 2020

Bond Debt Service Coverage (In Thousands)

	2020	2019	2018	2017	2016
Excess (deficit) of revenue over expenses	\$ (2,641)	\$ 1,725	\$ 1,696	\$ 1,086	\$ 1,100
Add:					
Depreciation and amortization expenses	4,302	4,267	4,457	5,167	4,956
Interest expense	2,377	2,912	2,893	3,299	3,530
Available to meet debt service	\$ 4,038	\$ 8,904	\$ 9,046	\$ 9,552	\$ 9,586
Actual debt service:					
2005 General obligation bonds	\$ -	\$ -	\$ -	\$ -	\$ 899
2009 General obligation bonds	860	1,364	955	625	487
2010 Revenue bonds	1,242	1,178	1,179	1,182	1,178
2013 Revenue bonds	1,179	765	769	764	788
2016 Revenue bonds	762	864	814	860	-
Totals	\$ 4,043	\$ 4,171	\$ 3,717	\$ 3,431	\$ 3,352
Historical debt service coverage ratio	1.00	2.13	2.43	2.78	2.86

Details regarding the District's outstanding debt can be found in the notes to the financial statements. General obligation bonds are secured by ad valorem taxes on all property within the District subject to taxation by the District. Revenue bonds are secured by a pledge of revenue set forth under the indenture. The coverage calculations presented in this schedule differ from those required by the 2010 and 2013 bond indentures.



Robert Sharp
Board Chair, Zone III

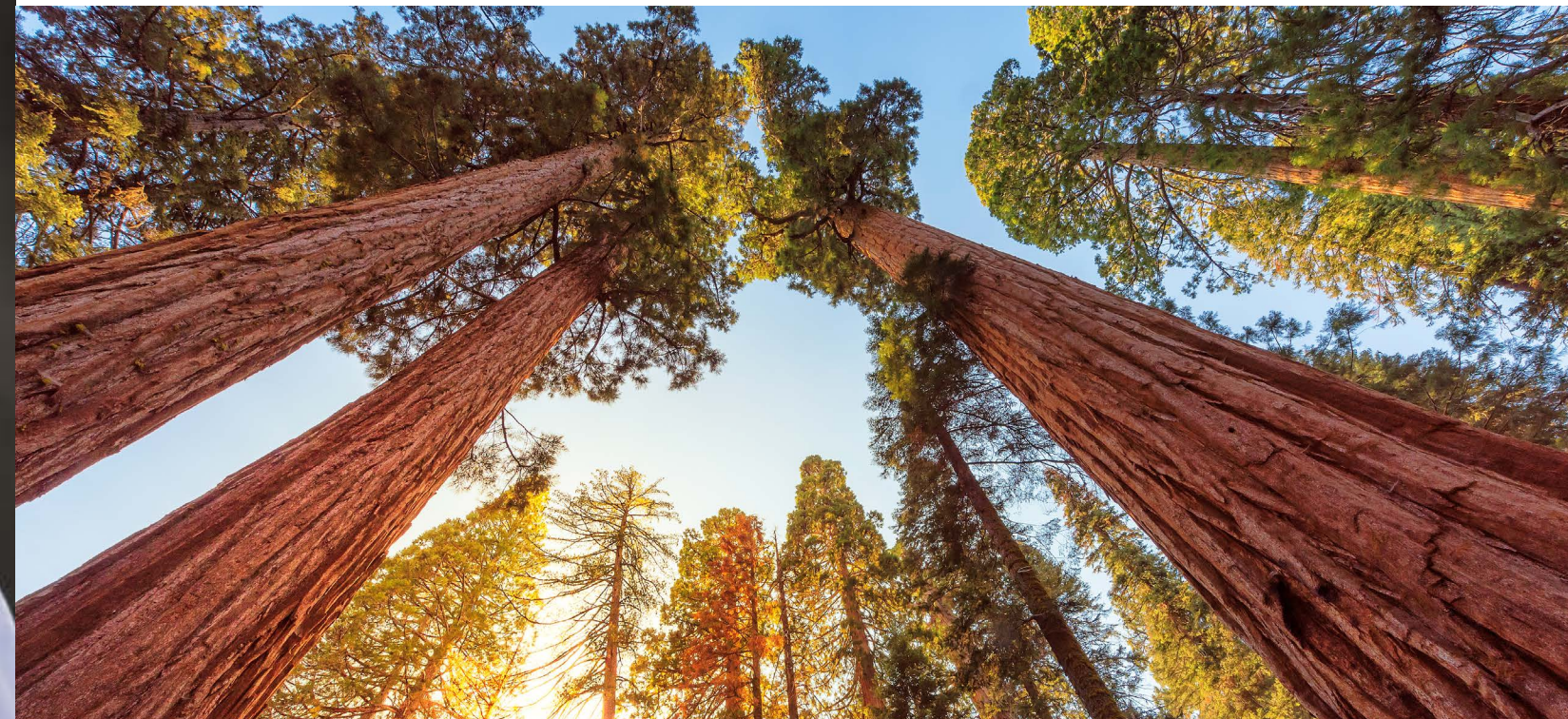
2021 CHAIRPERSON'S LETTER

ROBERT SHARP

With the ever-changing landscape of healthcare and the continuous rising costs creating obstacles for our rural community to obtain proper preventative and lifesaving healthcare we seek to ways to navigate these challenges to provide quality care to all. It is our focus as a team to synergize with community partners, patients, and each other to assure long-term sustainability to continually provide quality services to all of the Eastern Sierra and nearby communities. We offer a competitive and very unique place to work, live, and play being in the Eastern Sierra with nearby global attractions such as Yosemite National Park, Lake Tahoe, Mammoth Mountain, Death Valley, and

Joshua Tree National Park. We are focusing on transparency, collaboration, efficiency, and long term financial & team goals. We have an amazing team that continues to tackle COVID, EHR conversion to Cerner Communityworks, reorganized departments, continue with construction projects all with an interim team of leaders that have done work light years beyond the board's expectations with the support of their teams. Their work quality and teamwork is to be commended and NIHD continues to lead and be the place to be.

Robert Sharp
2021 Chair, Board of Directors, Northern Inyo Healthcare District



BOARD OF DIRECTORS



Robert Sharp
Board Chair, Zone III



Jody Veenker
Board Vice Chair, Zone I



Topah Spoonhunter
Treasurer, Zone V



Jean Turner
Member at Large, Zone II



Mary Mae Kilpatrick
Secretary, Zone IV



L-R Jody Veenker, Robert Sharp, Topah Spoonhunter, Jean Turner, and Mary Mae Kilpatrick; standing in the Healing Garden with the 1949 Copula and the 2011 building in the rear, showing both NIHD's past and our present. Photo by David Calvert

EXECUTIVE MANAGEMENT



Kelli Davis, MBA
Chief Executive Officer

Bio: Kelli Davis is the Interim Chief Executive Officer for Northern Inyo Healthcare District. She leads more than 550 team members and providers, dedicated to the health and well-being of the Eastern Sierra community.

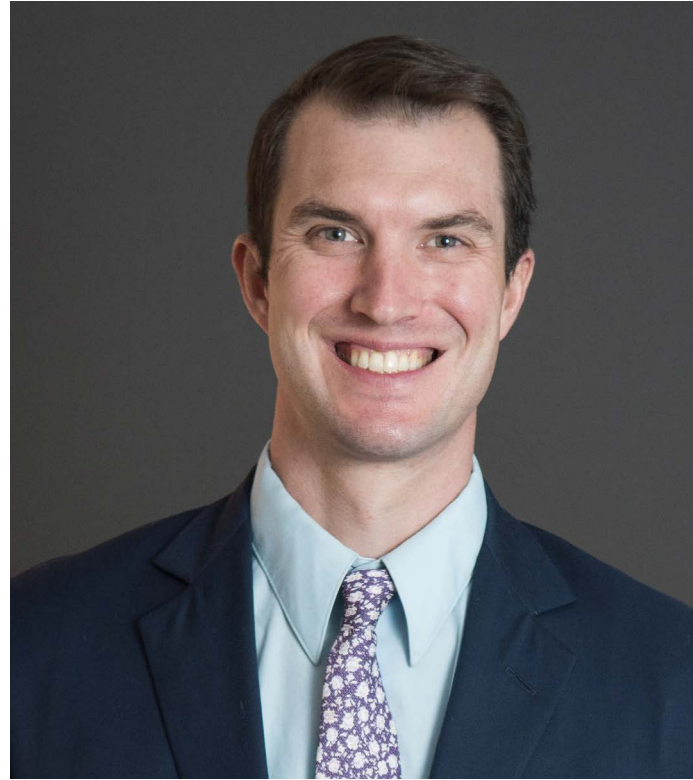
Kelli joined NIHD in 2010 as the Director of Health Information Management, later transitioning to Chief Compliance Officer, and was then promoted to Chief Operations Officer in 2016. She was appointed as Interim Chief Executive Officer in 2020.

In her newest role, Davis is committed to ensuring the sustainability of NIHD for decades to come. She and the Executive Team have been diligent in transparency, team building, cost controls, and

adapting to an ever-changing health care environment while navigating unanticipated challenges, including the COVID-19 pandemic.

Davis holds a Master's Degree in Health Care Administration, multiple certifications in healthcare compliance, ethics, and privacy. She is an active member of the American College of Healthcare Executives, American Health Information Management and the Society for Human Resource Management.

Davis is fourth of six generations of Inyo County residents. She and her husband have six grown children and seven grandchildren, many of whom continue to reside in the Bishop area.



William Timbers, MD
Chief Medical Officer

Bio: Dr. William Timbers is an Emergency Medicine physician and founding partner with Eastern Sierra Emergency Physicians and the Interim Chief Medical Officer for the Northern Inyo Healthcare District. Dr. Timbers has also served as the Vice Chief of Staff and Chief of Staff for the Northern Inyo Medical Staff. Hailing from Vermont, Dr. Timbers has always been drawn to close-knit mountain communities, and he enjoys life in the Eastern Sierra with his wife and two young children. Dr. Timbers completed his medical school education at the University of Vermont in Burlington, Vermont, and completed his residency training in emergency medicine

at Beth Israel Deaconess Medical Center and Harvard University in Boston, Massachusetts. As an Emergency Physician, Dr. Timbers evaluates and treats a wide variety of illnesses and injuries across every body system, ranging from minor to life threatening. Dr. Timbers is particularly interested in emergency critical care and orthopedic trauma. Outside of work, Dr. Timbers enjoys backcountry skiing, mountain biking, travel, and spending time with his family.



Allison Partridge, MSN, RN
Chief Nursing Officer

Bio: Allison Partridge is the Chief Nursing Officer of Northern Inyo Healthcare District. She has 20-plus years of experience as a Registered Nurse and holds both a Bachelor's and Master's degree in Nursing. Additionally, Allison has extensive training in lean leadership, Six Sigma, and mission-focused leadership. Allison began her career in the acute care inpatient setting then transitioned to the Emergency Department before beginning her journey as a leader. Allison has more than ten years of leadership experience beginning as a Supervisor in the Emergency Department then transitioning to Department Manager, Department Director, and then multi-department

Director prior to accepting the role as Chief Nursing Officer. Before joining the NIHD team, Allison spent her early nursing career at Memorial Medical Center in Modesto, then relocated to Southern California, where she joined the Providence Health and Services team at Little Company of Mary San Pedro. Allison joined the NIHD team in 2018 when she and her family relocated to the Eastern Sierra. When not working Allison enjoys spending time with her husband and two children in the beautiful outdoors of the Eastern Sierra.



Vinay Narjit Singh Behl, MS, MBA, CPA
Chief Financial Officer

Bio: Vinay Narjit Singh Behl has served in a Chief Financial Officer role for various federal, state and private organizations managing budgets of over \$20 billion. He has served as Chief Financial Officer of a subsidiary of Guardian Life Insurance Corporation from 2015 through 2017, managing dental services and enabling organic and inorganic growth for the organization; Chief Financial Officer of an operating division of the United States Department of Health & Human Services from 2010 through 2015; and Vice President of Finance for various multinational software companies having worked from 1997 through 2010.

Vinay is a licensed CPA in California and Delaware with various specializations in Accounting, Audit and Finance. He holds a Bachelor's and Master's in finance and graduated with a Master's in Business Administration from University of California, Davis, specializing in mergers and

acquisitions. Vinay is a Chartered Accountant; Certified Internal Auditor among many other specialized certifications.

He is also a graduate of the prestigious Strategic Leadership program for Healthcare Executives from Cornell University. In addition, Vinay has held official positions as an advisory board member on the Performance and Accountability committee composed of eight members selected nationwide of American Institute of Certified Public Accountants (AICPA) tasked with recommending performance improvements and governance in large organizations. Vinay was recognized as "CFO of the Year" by *Sacramento Business Journal* for the year 2014. Vinay is also the recipient of National Agency Award for Healthcare Finance from Department of Health & Human Services. Vinay has also consulted for large Healthcare organizations like UC Davis health system.

LEADERSHIP

OPERATIONAL & SYSTEM SUPPORT



Greg Bissonette
*Executive Director,
NIH Foundation*



Robin Christensen
*Director of Quality and
Infection Prevention*



Dan David
*Care Coordination
Manager*



Tanya DeLeo
*Admission Services
Manager*



José Garcia
*Language Access
Services Manager*



Thad Harlow
Director of Rehabilitation



Bryan Harper
ITS Director - CISO



Scott Hooker
Director of Facilities



Steven Kent
Asst. Controller



Frank Laiacona
Director of Pharmacy



Barbara Laughon
*Strategic
Communications*



Jannalyn Lawrence
*Clinical Staff Director,
Rural Health Clinic and
Northern Inyo Associates*

LEADERSHIP

OPERATIONAL & SYSTEM SUPPORT (CONTINUED)



Neil Lynch
Director of Purchasing



Dolores Perez
Asst. Controller



Dianne Picken
*Medical Staff Support
Manager*



Amy Stange
*Cardiopulmonary
Manager*



Lynda Vance
District Project Manager



Ann Waggoner
*Director of Nursing,
Perioperative Services*



Larry Weber
*Director of Diagnostic
Services*

Not Pictured:

- Julie Allen**, *Surgery Manager*
- Tammy Andersen**, *OP/PACU Manager*
- Jenny Bates**, *Assistant Manager, Emergency Department*
- Brooklyn Burley**, *Assistant Manager, Acute/Subacute ICU*
- Sandy DeGiovanni**, *Clinical Lab Manager*
- Patty Dickson**, *Compliance Officer*
- Alison Feinberg**, *RN Manager, Quality/Informatics/Survey Readiness*
- Jeff Garrison**, *Admission Services Assistant Manager*
- Rosa Gonzalez**, *Primary Care Assistant Manager*
- Isabel Landeverde**, *Specialty Care Practice Manager*
- Ryan McVeitty**, *Surgery Supply Change Manager*

- Richard Miers**, *Manager of Environmental Services*
- Jason Moxley**, *Maintenance Manager*
- Jessica Nichols**, *Primary Care Practice Manager*
- Justin Nott**, *Manager Acute/Subacute ICU*
- Gina Riesche**, *Manager, Emergency Department*
- Wendy Runley**, *Charge Capture Manager*
- Annette Saddler**, *Environmental Services/Laundry Assistant Manager*
- Scott Stoner**, *Manager of Clinical Engineering*
- Julie Tillemans**, *Perinatal Manager*
- Thomas Warner**, *Dietary Manager*
- Sarah Yerkes**, *Rehabilitation Office Assistant Manager*

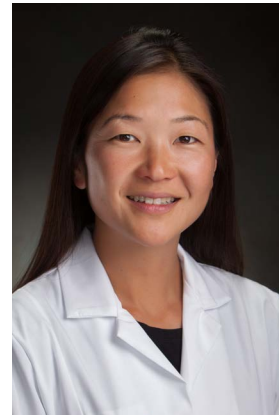
MEDICAL STAFF

OFFICERS, SERVICE CHIEFS & MEDICAL COMMITTEES 2020-2021

OFFICERS



Charlotte Helvie, MD
Chief of Staff



Joy Engblade, MD
Vice Chief of Staff



Stacey Brown, MD
Immediate Past Chief of Staff

SERVICE CHIEFS



Sierra Bourne, MD
Chief of Emergency Room Service



Martha B. Kim, MD
Chief of Obstetrics



Kristin Meredith, MD
Chief of Pediatrics



Robbin Cromer-Tyler, MD
Chief of Surgery



Anne Wakamiya, MD
Member-at-Large,
[Medical] Executive and
Quality Improvement
Committees

Not Pictured:
Nickoline Hathaway, MD, Chief of Medicine/Intensive Care
Edmund Pillsbury, MD, Chief of Radiology

COMMITTEES

BYLAWS COMMITTEE

Stacey Brown, MD
Charlotte Helvie, MD
William Timbers, MD

CREDENTIALS COMMITTEE

Asao Kamei, MD, Chair
Samantha Jeppsen, MD
Martha B. Kim, MD
Catherine Leja, MD
Anne K. Wakamiya, MD

EMERGENCY SERVICES COMMITTEE

Sierra Bourne, MD, Chief/Chair
David Amsalem, MD
Michael Dillon, MD
James Fair, MD
Daniel Firer, MD
Anne Goshgarian, MD
Adam Hawkins, DO
Samantha Jeppsen, MD
Dave Pomeranz, MD
Anna Rudolphi, MD
Carolyn Tiernan, MD
William Timbers, MD
Joy Engblade, MD
Tammy O'Neill, PA-C (non-voting member)
Gina Riesche, ED Nurse Manager (Ex-Officio non-voting member)
Allison Partridge, CNO (Non-voting participant)
Frank Laiacona, Director of Pharmacy (Non-voting participant)

EXECUTIVE COMMITTEE

Charlotte Helvie, MD, Chief of Staff
Sierra Bourne, MD, Chief of Emergency Room Service
Stacey Brown, MD, Immediate Past Chief of Staff
Robbin Cromer-Tyler, MD, Chief of Surgery
Nickoline Hathaway, MD, Chief of Medicine/ICU Service

Martha B. Kim, MD, Chair of Perinatal/Pediatrics
Anne K. Wakamiya, MD, Member-at-Large
Kelli Davis, MBA, Interim CEO (Ex-Officio non-voting member)
William Timbers, MD, Interim CMO

INFECTION CONTROL COMMITTEE

Joy Engblade, MD, Chair
Stacey Brown, MD
Catherine Leja, MD
Anne K. Wakamiya, MD
Robin Christensen, RN, Infection Control Preventionist
Marcia Male, Employee Health Nurse (Non-voting participant)
Larry Weber, Director of DI and Lab (Ex-Officio non-voting member)
Kelli Davis, MBA, COO and Interim CEO (Ex-Officio non-voting member)
Amy Stange, Manager of Cardiopulmonary (Non-voting participant)
Ann Wagoner, RN, DON Perioperative (Non-voting participant)
Denice Hynd, Dietician (Non-voting participant)
Richard Mears, Environmental Services Manager (Non-voting participant)
Allison Partridge, CNO (Non-voting participant)
Frank Laiacona, Director of Pharmacy (Non-voting participant)

INTERDISCIPLINARY PRACTICE COMMITTEE

Catherine Leja, MD, Chair
Stacey Brown, MD
Anne Gasior, MD
Charlotte Helvie, MD
Sarah Zuger, MD
Tracy Drew, FNP
Ann Wagoner, RN, DON Perioperative Services
Allison Partridge, RN, CNO
Jannalyn Lawrence, RN, Manager of RHC Clinic Operations

Julie Tillemans, RN, Manager of Perinatal Services

Kelli Davis, MBA, COO and Interim CEO

LIBRARY AND MEDICAL EDUCATION COMMITTEE

Same as and meets with Quality Improvement Committee

MEDICAL STAFF ASSISTANCE COMMITTEE

Anne Gasior, MD
Catherine Leja, MD
Carolyn Tiernan, MD
Anne K. Wakamiya, MD
Uttama Sharma, MD

MEDICINE/INTENSIVE CARE SERVICE COMMITTEE

Nickoline Hathaway, MD, Chief/Chair
Joy Engblade, MD
Thomas Boo, MD
Stacey Brown, MD
Anne Gasior, MD
Asao Kamei, MD
Catherine Leja, MD
Sarah Zuger, MD
Eva Wasef, MD (Ex-Officio non-voting member)
Justin Nott, RN, Manager of ICU/Acute/Subacute (Ex-Officio non-voting member)
Amy Stange, Manager of Cardiopulmonary (Ex-Officio non-voting member)
Jannalyn Lawrence, RHC Manager of Clinical Operations (Non-voting participant)
Paul Connolly, RHC Administrative Staff Director (Non-voting participant)
Frank Laiacona, Director of Pharmacy (Non-voting participant)
Jeff Kneip, Pharm.D (Non-voting participant)
Ann Wagoner, RN, DON Perioperative (Non-voting participant)

COMMITTEES (CONT.)

Larry Weber, Director of DI and Lab (Non-voting participant)

Thad Harlow, Director of Rehabilitation (Non-voting participant)

Allison Partridge, CNO (Non-voting participant)

QUALITY IMPROVEMENT COMMITTEE

Physician Members of Executive Committee (see Executive Committee)

Kelli Davis, MBA, COO and Interim CEO (Ex-Officio non-voting member)

Allison Partridge, RN, CNO (Ex-Officio member)

PERINATAL/PEDIATRICS COMMITTEE

Martha B. Kim, MD, Chief of OB, Chair
Kristin Meredith, MD, Chief of Pediatrics

Charlotte Helvie MD

Anne Goshgarian, MD

Sarah Zuger, MD

Justin Nott, RN, Manager of ICU/Acute/Subacute (Non-voting participant)

Brooklyn Burley, RN, Assistant Manager of ICU/Acute/Subacute (Non-voting participant)

Julie Tillemans, RN, Perinatal Nurse Manager (Ex-Officio non-voting member)

Allison Partridge, RN, CNO (Non-voting participant)

Frank Laiacona, Director of Pharmacy (Non-voting participant)

PHARMACY & THERAPEUTICS COMMITTEE

Nickoline Hathaway, MD, Chair

Michael Dillon, MD

Anna Rudolphi, MD

Kristin Meredith, MD

Curtis Schweizer, MD

Frank Laiacona, Director of Pharmacy

Allison Partridge, RN, CNO

Robin Christensen, Infection Preventionist (Non-voting participant)

Jeff Kneip, Pharm.D (Non-voting

participant)

Larry Weber, Director of DI and Lab (Non-voting participant)

Gina Riesche, ED Nurse Manager (Non-voting participant)

Justin Nott, RN, Manager of ICU/Acute/Subacute (Non-voting participant)

Kelli Davis, MBA, COO and Interim CEO (Ex-Officio non-voting member)

PURCHASING PRIORITIES COMMITTEE

Physician Members of Executive Committee (see Executive Committee)

Allison Partridge, RN, CNO (Ex-Officio non-voting member)

Kelli Davis, MBA, Interim CEO (Ex-Officio non-voting member)

RADIOLOGY SERVICES COMMITTEE

Edmund Pillsbury, MD, Chair/Chief

Robbin Cromer-Tyler, MD

James Fair, MD

Richard Meredith, MD

Bo Nasmyth Loy, MD

All Contract Radiologists with Medical Staff Membership

Larry Weber, Director of DI and Lab (Ex-Officio non-voting member)

Ann Wagoner, RN, DON Perioperative (Non-voting participant)

SURGERY, TISSUE, TRANSFUSION AND ANESTHESIA COMMITTEE

Robbin Cromer-Tyler, MD, Chief/Chair

L. Jeanine Arndal, MD

J. Daniel Cowan, MD

Andrew Hewchuck, DPM

Richard Meredith, MD

Thomas Reid, MD

Allison Robinson, MD

Mark Robinson, MD

Curtis Schweizer, MD

Eva Wasef, MD

David Pomeranz, MD

David Nicholson, CRNA (Non-voting participant)

Amy Saft, CRNA (Non-voting participant)

Allison Partridge, RN, CNO (Ex-Officio non-voting member)

Ann Wagoner, RN, DON Perioperative (Ex-Officio non-voting member)

Frank Laiacona, Director of Pharmacy (Non-voting participant)

UTILIZATION REVIEW / MEDICAL RECORDS COMMITTEE

Stefan Schunk, MD, Chair

Nickoline Hathaway, MD

Joy Engblade, MD

William Timbers, MD, Interim CMO

Allison Partridge, RN, CNO (Ex-Officio non-voting member)

Paul Connolly, RHC Administrative Staff Director (Non-voting participant)

Mary Ellen Tillemans, Business Office (Ex-Officio non-voting member)

Melanie Fox, Case Manager (Ex-Officio non-voting member)

Heather Edwall, LCSW (Non-voting participant)

Jalaine Beams, Coding Coordinator (Non-voting participant)

Cheryl Brooks, Chart Data Control Clerk (Non-voting participant)

NURSING LEADERSHIP

HOSPITAL

Gina Reische, Manager of Emergency Department

Jenny Bates, Assistant Manager of Emergency Department

Ann Wagoner, Director of Perioperative Services

Julie Allen, Surgery Manager

Tammy Andersen, PACU Manager

Julie Tillemans, Perinatal Manager

Justin Nott, Med-Surg/ICU Manager

Brooklyn Burley, Med-Surg/ICU Assistant Manager

Robin Christensen, Director of Nursing, Quality and Infection Prevention

Alison Feinberg, Quality/Informatics Manager

CLINICAL

Jannalyn Lawrence, Clinical Staff Director, Rural Health Clinic and Northern Inyo Associates

Jessica Nichols, Primary Care Practice Manager

Rosa Gonzalez, Primary Care Assistant Manager

Isabel Landaverde, Specialty Care Practice Manager

Dan David, Care Coordination Manager



L-R: Robin Christensen, Allison Partridge and Ann Wagoner.
Photo by David Calvert

**NORTHERN INYO HEALTHCARE DISTRICT
(NIHD)
JOB DESCRIPTION AND EVALUATION FORM**

This copy is being used as: Job Description Evaluation

**Chief Executive Officer
ADMINISTRATION**

EMPLOYEE NAME: _____

JOB SUMMARY:

The CEO/Administrator is a public officer and public employee pursuant to public law who directs all the operations of the Hospital with the lawful responsibilities, rights, authority and duties customarily pertaining to its offices and as may be established from time to time by or under the direction of the Board of Directors of the District or its designees. In addition to the specific matters under job responsibilities, all other executive and administrative functions necessary to insure the continued operation, fiscal viability, accreditation, licensure, and high quality delivery of medical services for the District and to the communities served by the District. The District reserves the right to modify this position and duties at any time in its sole and reasonable discretion.

JOB RELATIONSHIPS:

1. Directly responsible to Board of Directors of the District. Directly supervises senior staff and senior management. Works in close relationship with all hospital personnel, members of the hospital Board of Directors, members of the medical staff, community leaders, members of the public, contractors, hospital service providers, various agencies, governing bodies, and others as needed.
2. Works closely with hospital district leadership and departments as well as internal and external customers, including union leadership

OCCUPATIONAL HAZARDS:

Works in the general hospital setting. May be exposed to blood, body fluids, or tissues as well as patients in varying stages of infectious states. Travel between work sites in personal vehicle.

EVALUATION

Annual Evaluation Introductory Evaluation

Date of hire: _____

Evaluation due date: _____

Evaluation completed: _____

POSITION RESPONSIBILITIES AND COMPETENCIES:

The following performance evaluation scores will be used:

1. Does not/partially meet expectations
2. Fully meets expectations
3. Exceeds expectations

Eval. Score
1 2 3

TEAMWORK AND CUSTOMER SERVICE

Eval. Score

1 2 3

1.	To support the mission, and vision of NIH. Our Mission is: <i>Improving our communities one life at a time. One team. One Goal. Your Health.</i> Our Vision is: <i>Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient friendly way, both locally and in coordination with trusted regional partners.</i>					
a	Able to verbalize the mission as the driving base for decision-making and delivery of patient care and support services.					
2.	The Core value of NIHD represents the beliefs of NIHD, guiding our processes and decision making at all levels. The mission is accomplished through a commitment to our core values.					
	<ul style="list-style-type: none"> • Compassion-we care deeply and strive to understand others situation from their point of view. • Integrity- we always strive to do the right thing and are transparent about what we are doing and what we are working on improving. • Quality/Excellence- we monitor ourselves to ensure that we strive to exceed the accepted standard of care. • Innovation- we embrace the continuous review of our progress and seek new ways of doing things as we know in our hearts that it will result in the best quality and the best outcomes. • Team-based- we believe every member of our team is partnered with the patients and families to ensure the best possible outcome. • Safety- we believe that everyone should feel secure enough to achieve their goals free from risk or distraction. 					
a	Exhibits values based decision making in performance of duties.					
3.	Models service delivery standards to ensure a high level of customer satisfaction. Recognizes opportunities for service improvement					
a	Exhibits and achieves customer service standards for self, uses AIDET.					
b	When appropriate, helps to execute and/or participates in an action plan around customer service standards, customer outcomes, and improving department performance.					
c	Abides by the NIHD Commitment to my Co-Workers and Communication Expectations of Employees to maintain open communication lines and facilitate team building processes.					
d	Customer's issues are addressed in a prompt, courteous manner as determined by exception feedback and documented follow up in a systematic, logical, and timely manner identifying and implementing effective solutions.					
e	Promotes and maintains customer satisfaction, including routine communication and follow up, as appropriate.					
4.	Exhibits knowledge of NIHD mission and vision throughout the community.					
a	Promotes and represents NIHD in a favorable and positive manner.					
5.	Exhibits teamwork through positive communication and behaviors					
a	Understands and uses appropriate means of communication to encourage the free flow of ideas within groups					
b	Exhibits conflict management to reach resolutions with other team members					
c	Manages up co-workers.					
d	Maintains flexibility and a positive attitude.					
Comments						
LIFE SAFETY						
1.	Adheres to NIHD policies and procedures including:					
a	Exhibits knowledge of department locations and functions of NIHD					
b	Attire is appropriate to job responsibilities and wears appropriate identification for safety purposes.					
c	Exhibits knowledge of Rainbow Chart and code responses					
d	Exhibits knowledge of physical health/wellness information including TB Test compliance, flu and other applicable vaccinations, and employee injury reporting					

Eval. Score

1 2 3

e	Exhibits knowledge of Office/Workplace Safety: <ul style="list-style-type: none"> radiation safety lifting ergonomics electrical safety laser safety biohazardous materials disposal smoke free environment repair and maintenance request/reporting latex safety clinical alarm fatigue violence in the workplace 			
f	Exhibits knowledge of NIHD Exposure/Infection Control Program including: <ul style="list-style-type: none"> spill kit locations eye wash stations personal protective equipment World Health Organization hand washing guidelines blood borne pathogens isolation standards aerosolized standards Follows Employee Exposure Control Policy and Procedure. 			

Comments

PROFESSIONAL ACCOUNTABILITY

1.	Exhibits knowledge of and follows correct chain of command in handling challenges.			
a	Has knowledge of and follows organization chart/relationship including communication with staff, management, medical staff, and administration, as appropriate.			
b	Exhibits knowledge of and ability to follow attendance, punctuality, time documentation and scheduling practices.			
2.	Adheres to professional development by:			
a	Working on performance goals as outlined in previous evaluation.			
3.	Ability to organize and prioritize time and tasks to achieve a well coordinated work effort and to effectively meet productivity standards.			
a	Accountable to provide support during emergencies/urgent matters, surveys, or low staffing situations.			
b	Provides peer coverage during periods of peer unavailability.			
4.	Exhibits knowledge of and follows District policy/procedures and applicable regulatory guidance.			
a	Upholds HIPAA/HITECH regulations and used PHI strictly in a manner that is compliant with the intent of these laws.			
b	Abides by the guidance and provisions of the NIHD Compliance Program.			

Comments

A. WORK ROLE COMPETENCIES

a	To designate an individual to act during absence, in order to provide the District with administrative direction at all times.			
b	To carry out all policies established by the Board of Directors and medical staff of Hospital.			

Eval. Score

1 2 3

		1	2	3
c	To serve as a liaison officer and channel of communications between the District Board of Directors and any of its committees, professional staff and independent contractors, and the medical staff.			
d	To prepare and annual budget showing the expected receipts and expenditures as required by the Board of Directors and prepare the District forecasts.			
e	To recruit, select, employee, control, manage, and discharge all employees.			
f	To develop and maintain personnel policies and practices for the District.			
g	To insure that all physical plant facilities and properties are kept in good state of repair and in operating condition.			
h	To supervise all business affairs and insure that all funds are collected and expended to the best possible advantage of the District.			
i	To submit not less than monthly to the Board of Directors or its authorized committees or officers reports showing the professional service and financial activities of the District and to prepare and submit such special reports from time to time as may be required or requested by the Board of Directors.			
j	To attend all meetings of the Board of Directors and, if requested, attend meetings from time to time or board committees, both standing and ad hoc.			
K	To perfect and submit to the Board of Directors for approval and maintain a plan of organization of the personnel and others concerned with the operations of the District.			
l	To prepare or cause to be prepared all plans and specifications for the construction and repair of buildings, improvement, works, and facilities of the District.			
m	To maintain proper financial and patient statistical data and records; data required by governmental, regulatory, and accrediting agencies; and special studies and reports required for the efficient operation of the District.			
n	To represent the Board of Directors as a member, ex-officio, of all its committees and adjunct organizations, including the Medical Staff Executive Committee, and Auxiliary organizations, unless the Board of Directors directs otherwise or unless it or CEO/Administrator determine that attendance and participation would be inappropriate or otherwise not in the best interests of the District.			
o	CEO/Administrator or designated representatives shall attend, in capacity as an ex officio member, all meetings of the Medical Staff and its committees, within the parameters of the Medical Staff By-Laws adopted by the District			
p	To report to the Board of Directors on a regular basis within the scope and purview of informing the Board concerning the competency and performance of all individuals who provide patient care services at Northern Inyo Hospital but who are not subject to the medical staff peer review and privilege delineation process. Such reports shall be received by the Board in executive or closed session pursuant to law and regulation.			
q	To recruit physicians and other medical providers as the same may be needed from time to time to meet medical services needs of the communities by the District.			
r	To supervise independent contractor professional services agreements between physicians and other medical providers and the District.			
s	To perform any other duties that the Board of Directors may deem to be in the best interests of the District.			

Comments	Eval. Score		
	1	2	3

*This Job Description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee.

Qualifications:

Education and Experience:

- Education and experience that will provide the knowledge, skills and abilities appropriate to the position.
- An undergraduate degree and an advance degree (MHA or MBA) are required.
- At least seven (7) years direct experience in hospital administration, preferably in a district hospital, is essential.
- A combination of leadership, human, business, political, facilitative and decision making abilities, industry knowledge and a customer service orientation.

Commented [LB1]: The Education and Experience needs to be more definitive and can be better defines. This was part of the 2014 job description.

Expectations of employee

- Adheres to hospital district Policy and Procedures
- Acts as a role model within and outside the hospital district
- Performs duties as workload necessitates
- Maintains a positive and respectful attitude
- Communicates regularly with supervisor about hospital district issues related to areas of responsibility
- Demonstrates flexible and efficient time management and ability to prioritize workload
- Consistently reports to work on time prepared to perform duties of position

Skills, Knowledge, Attributes for success

- Active Listening - Ability to actively attend to, convey, and understand the comments and questions of others.
- Adaptability - Ability to adapt to change in the workplace.
- Change Management - Ability to encourage others to seek opportunities for different and innovative approaches to addressing problems and opportunities.
- Communication, Oral and Written - Ability to communicate effectively with others using the spoken word and to communicate in writing clearly and concisely.
- Conflict Resolution - Ability to deal with others in an antagonistic situation.
- Decision Making - Ability to make critical decisions while following company procedures.
- Honesty / Integrity - Ability to be truthful and be seen as credible in the workplace.
- Interpersonal - Ability to get along well with a variety of personalities and individuals.
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions.
- Working Under Pressure - Ability to complete assigned tasks under stressful situations.

Overall Performance Evaluation Comments:

Employee Comments Regarding Performance Evaluation:

Performance Goals for Upcoming Year:

Overall Performance Rating: Total Points _____ divided by total number of competencies _____ = _____

- | | |
|---|--|
| <input type="checkbox"/> Consistently exceeds expectations 2.20+ (3%) | <input type="checkbox"/> Successfully meets expectations 1.90-2.19 (2%) |
| <input type="checkbox"/> Meets some expectations 1.50-1.89 (1%) | <input type="checkbox"/> Does not meet expectations 0-1.49 (not eligible for increase) |

EVALUATION ACKNOWLEDGEMENTS

Employee signature: _____ Date: _____
Supervisor: _____ Date: _____
Chief Officer: _____ Date: _____
CEO: _____ Date: _____
Human Resources: _____ Date: _____

JOB DESCRIPTION ACKNOWLEDGEMENTS

Hospital management has reviewed this job description to ensure that essential functions and basic duties have been included. It is intended to provide guidelines for job expectations and the employee's ability to perform the position described. It is not intended to be construed as an exhaustive list of all functions, responsibilities, skills and abilities. Additional functions and requirements may be assigned by management as deemed appropriate.

This document does not represent a contract of employment, and hospital management reserves the right to change this job description and/or assign tasks for the employee to perform, as may be deemed appropriate. This job description has been approved by all levels of management:

Supervisor – print name/signature _____ / _____ Date: _____

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the position.

By signature I acknowledge that: 1) I have read this job description and I accept the responsibilities and authorities of this position; 2) I realize that there will be some meetings and in-services which I may be required to attend; 3) I understand how I will be compensated and that the position that I have accepted is Salaried/Exempt position; 4) I understand that my evaluation will be based on this job description; 5) this job description may be revised with my knowledge, as necessary, and I will receive any revised copies; 6) I have received a copy of this job description.

Employee – print name/signature _____ / _____ Date: _____

Physical Requirements

C = Constant (76-100%) F = Frequent (51-75%) O = Occasional (26-50%) S = Seldom (1-25%) N = Never (0%)	E = Essential – Regardless of frequency, this activity is indispensable. M = Marginal – This activity is useful and helpful but not absolutely essential.
--	--

	Section I					Section II		Section III	Comments:
	C	F	O	S	N	E	M		
Basic Skills:									
Reading	✓					✓			
Writing	✓					✓			
Math	✓					✓			
Talking	✓					✓			
Hearing	✓					✓			
Physical Demands:									
Sitting	✓					✓			
Standing	✓					✓			
Walking	✓					✓			
Stooping			✓			✓			
Crawling				✓			✓		
Climbing			✓				✓		
Reaching Overhead			✓				✓		
Crouching			✓				✓		
Kneeling			✓				✓		
Balancing				✓			✓		
Pushing or pulling			✓			✓			
Lifting or carrying			✓			✓			
Lifting or carrying (up to 10 lbs.)			✓			✓			
Lifting or carrying (up to 25 lbs.)			✓			✓			
Lifting or carrying (up to 50 lbs.)					✓		✓		
Lifting or carrying (up to 75 lbs.)					✓		✓		
Lifting or carrying (up to 100 lbs.)					✓		✓		
Lifting or carrying (over 100 lbs.)					✓		✓		
Moving patients							✓		
Repetitive motions			✓				✓		
Environmental Requirements:									
Exposure to periods of stress		✓				✓			
Exposure to static electricity and electric amperes capable of doing bodily harm				✓				✓	
Exposure to blood, blood products, tissues, bodily fluids and excretions, as well as patients in infectious states				✓				✓	
Other:									

AGREEMENT FOR EMPLOYMENT OF INTERIM CHIEF EXECUTIVE OFFICER

This EMPLOYMENT AGREEMENT is made as of this _____ day of August, 2021, by and between KELLI DAVIS (“DAVIS”) and NORTHERN INYO HEALTHCARE DISTRICT (“DISTRICT”).

RECITALS

A. DISTRICT is a Local Healthcare District duly organized and existing under the laws of the State of California and more specifically pursuant to the provision of Health and Safety Code §§ 32000, et seq. known as the Local Healthcare District Law.

B. DISTRICT owns and operates NORTHERN INYO HOSPITAL (“HOSPITAL”), an acute care licensed hospital facility located in Bishop, California.

C. The DISTRICT desires to engage and employ DAVIS as its Interim Administrator and Chief Executive Officer to serve at the pleasure of the Board of Directors of the DISTRICT pursuant to the terms and provisions of this Agreement and to continue her employment as the Chief Operating Officer.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANTS AND CONDITIONS CONTAINED HEREIN, THE PARTIES AGREE AS FOLLOWS:

AGREEMENT

1. Title and Scope of Employment

A. DAVIS shall be the Interim Administrator and Chief Executive Officer (“CEO”) of HOSPITAL. In this regard, DAVIS agrees to devote such amount of time to the conduct of the business of HOSPITAL as may be reasonably required to effectively discharge her duties, subject to the supervision and direction of District’s Board of Directors. DAVIS agrees to perform those duties and have such authority and powers as are customarily associated with the office of Administrator and Chief Executive Officer of a licensed general acute care hospital and as more fully set forth in **Exhibit 1**, attached hereto and made a part hereof. In addition to the foregoing, the specific duties and obligations of DAVIS shall include, without limitation, as prescribed by the California Health Care District Law (*Health & Safety Code § 32000, et seq.*, and other applicable State and Federal law). The DISTRICT reserves the right to modify this position and duties at any time in its sole and reasonable discretion. DAVIS acknowledges and understands that as the Interim CEO and administrator of a Healthcare District hospital, she is a public officer and a public employee pursuant to California Law.

B. DAVIS shall also continue to perform the duties of the Chief Operating Officer as those are specified in the existing job description.

2. Term of Employment/At-Will Employment

A. The term of employment shall be for a two-month period beginning on June 30, 2021 at 5:00 p.m. (the “Effective Date”) and shall automatically renew for successive one-month terms unless and until this Agreement is terminated as provided herein. At all times, DAVIS shall be an “at will” employee as provided in Section 32121(h) of the *California Health & Safety Code* (“*the CODE*”) and shall serve at the pleasure of the Board of Directors of the DISTRICT. DAVIS acknowledges that “at will” employees may be terminated by the DISTRICT at any time, with or without cause and without notice or an opportunity to be heard regarding such employment decisions and all such employees may voluntarily terminate their employment at any time.

B. Should the Board exercise its right to terminate DAVIS’s employment as Interim Administrator and Chief Executive Officer, DAVIS shall be offered the opportunity to return to the position of Chief Operating Officer (“COO”), except if she is terminated “for cause” as specified in Section 9.4 of this Agreement. Should DAVIS return to the position of COO, her salary and compensation will be determined based on the salary schedule in effect for the COO position and shall be set at the discretion of the DISTRICT.

3. Place of Employment

Performance of services under this Agreement shall be rendered in the City of Bishop and the County of Inyo and within the boundaries of the DISTRICT (including satellite offices and facilities), subject to necessary travel requirements for the position and duties described herein.

4. Loyal and Conscientious Performance of Duties

DAVIS represents and warrants to the best of her ability and experience, that she will at all times loyally and conscientiously perform all duties and obligations to the DISTRICT during the term of this Agreement. As an exempt salaried senior management employee, she shall work such hours as is required by the nature of his job description and duties.

5. Devotion of Full Time to the DISTRICT Business

5.1 DAVIS shall diligently and conscientiously devote her entire productive time, ability, energy, knowledge, skill, attention and diligent efforts to the furtherance of his duties and obligations to the DISTRICT during the term of this Agreement.

5.2. During the term of this Agreement, DAVIS shall not engage in any other business duties or pursuits, nor render any services of a commercial or a professional nature, to any other person, organization or entity, whether for compensation or otherwise, without written consent of the DISTRICT, which consent shall be within the sole and absolute discretion of the DISTRICT.

5.3 This Agreement shall not be interpreted to prohibit DAVIS from making personal investments or conducting private business affairs, so long as those activities do not materially or substantially interfere or compete in any way with the services required under this Agreement. DAVIS shall not directly or indirectly, acquire, hold, or obtain any ownership of other financial interest in any business enterprise competing with a or similar in nature to the business

of the DISTRICT or which may be in contravention of any conflict-of-interest code or regulations adopted by any federal, state or local agency, prohibition, law, rule, regulation, or ordinance, including any conflict-of-interest code adopted by the DISTRICT.

6. Compensation and Benefits

6.1. Base Salary and Additional Wages. As of the Effective Date, DAVIS shall be paid an annual salary of Two Hundred and Sixty-Three Thousand, Six Hundred Dollars (\$263,600.00) (“Base Salary”). Said sum shall be paid in equal installments structured, and on the same schedule as, pay periods for DISTRICT employees. DAVIS is also expected to perform the duties of the COO during the term of this Agreement and this Base Salary encompasses this expectation.

6.2. Retirement or Pension Benefits. DAVIS shall be eligible to participate in all employee benefit programs of the DISTRICT offered from time to time during the term of this Agreement by the DISTRICT to employees or management employees, to the extent DAVIS qualifies under the eligibility provisions of the applicable plan or plans, in each case consistent with the DISTRICT’s then-current practice as approved by the Board of Directors from time to time. Subject to the extent financially feasible for the DISTRICT, the foregoing shall not be construed to require the DISTRICT to establish such plans or to prevent the modification or termination of such plans once established, and no such action or failure thereof shall affect this Agreement. DAVIS recognizes that the DISTRICT has the right, in its sole discretion, to amend, modify, or terminate its benefit plans without creating any rights in his. DAVIS expressly understands and agrees that she is not eligible for participation in the DISTRICT’s 401(a) Defined Contribution Plan.

6.3. Paid Time Off. DAVIS shall be entitled to Paid Time Off (“PTO”) as described in DISTRICTS’s PTO policy.

6.4. Health Insurance and other Miscellaneous Benefits. DAVIS shall, at all relevant times during the term of this Agreement, receive health insurance, dental coverage, and other miscellaneous fringe benefits of employment that are similar to those offered to managerial and other full-time supervisory employees of the DISTRICT. Miscellaneous fringe benefits shall include, but not be limited to, life insurance, plus the opportunity to purchase, at her own expense and subject to applicable Internal Revenue Service regulations, additional life insurance beyond that already provided by the DISTRICT to all employees in multiples of one, two or three times his annual base salary.

6.5. Holidays and Additional Leave Time. DAVIS shall be entitled to paid holidays and additional leave time in a manner substantially similar to that provided for other full-time managerial and supervisory employees of the DISTRICT.

6.6. Continuing Education and Professional Activities. The DISTRICT encourages DAVIS to participate in community functions, continuing education programs, seminars, and other gatherings of professional organizations. In connection herewith, the parties

shall meet and confer on a periodic basis to enable DAVIS to participate in a reasonable number of these activities, with reasonable tuition, attendance fees, travel and lodging costs being paid by the DISTRICT. Benefits provided under this Paragraph shall include annual dues for membership in one Bishop service club.

7. Performance Review. At or near 90 days from the Effective Date, and thereafter at or near each annual anniversary date of employment, the Board of Directors shall conduct a performance review, including salary and compensation in light of her job performance and the DISTRICT's financial condition. The DISTRICT may, in the sole discretion of the Board of Directors, adjust salary and compensation by amounts and inclusion or exclusion of benefits as it deems appropriate. Any reduction in benefits must be similar to those suffered at or near the same time by managerial and other full-time supervisory employees of the DISTRICT. Nothing in this paragraph shall be construed to imply or infer an obligation on the part of DISTRICT to increase the salary of DAVIS. The Board of Directors, in its sole and absolute discretion, may conduct such reviews and performance evaluations on a more frequent basis.

8. Indemnification; Directors & Officers Insurance

8.1 Indemnification. The DISTRICT shall indemnify and defend DAVIS against reasonable expenses (including reasonable attorney's fees), judgments (excluding any award of punitive damages), administrative fines (but excluding fines levied after conviction of any crime), and settlement payments incurred by her in connection with such actions, suits or proceedings to the maximum extent permitted by law and by the bylaws and governing documents of the DISTRICT in the event DAVIS is made a party, or threatened to be made a party, to any threatened or pending civil, administrative, and/or investigative action, suit or proceeding, by reason of the fact that she is or was an officer, manager, or employee of the DISTRICT, in which capacity she is or was performing services within the course and scope of the employment relationship of this Agreement.

8.2 D&O Insurance. The DISTRICT shall use reasonable commercial efforts to maintain Directors & Officers insurance for the benefits of DAVIS with a level of coverage comparable to other hospitals and healthcare districts similarity situated with regard to geography, location, and scope of operations.

9. Severance Compensation

9.1 Termination by DISTRICT Without Cause; Pay in Lieu of Notice. In the event DAVIS'S employment is terminated by the DISTRICT for any reason other than: (1) "For Cause" (as defined in Section 9.4 below); or (2) due to the death of DAVIS, DAVIS will be offered the opportunity to return to her COO position at compensation set by the DISTRICT. Should DAVIS elect not to return to the COO position, DISTRICT will pay to DAVIS, subject to DAVIS signing a full release in a form set forth in Exhibit 2, a lump sum severance pay equal to three months of DAVIS' Base Salary ("Severance Pay"). The Severance Pay will be paid as specified in in Exhibit 2. Notwithstanding the foregoing, in no event during the term of this Agreement may Severance Pay exceed the number of months remaining of the term of the Agreement at the time of termination.

9.2 Termination by DISTRICT For Cause. In the event DAVIS's employment is terminated by the DISTRICT "For Cause" (as defined in Section 9.4 below), DAVIS shall not be entitled to any Severance Pay and shall not be offered the opportunity to return to the COO position..

9.3 Termination by DAVIS for any Reason; No Severance; Ninety-Day Notice Requested. In the event DAVIS terminates her employment with DISTRICT for any reason, DAVIS or DAVIS's estate will not be entitled to any Severance Pay. Except in cases of death, DAVIS is requested to give the DISTRICT ninety (90) days' prior written notice of her intent to terminate this Agreement for any reason.

9.4 Definitions. For purposes of this Agreement, the following terms have the following meanings:

"For Cause" means termination by DISTRICT of DAVIS's employment: (i) by reason of DAVIS's serious abuse such as fraud, embezzlement, misappropriation of DISTRICT property, willful dishonesty towards, or deliberate injury or attempted injury to, the DISTRICT; (ii) by reason of DAVIS's material breach of this Agreement, including, but not limited to, performing services for a competitor during the term of this Agreement; (iii) by reason of DAVIS's intentional misconduct with respect to the performance of DAVIS's duties under this Agreement; or (iv) DAVIS's repeated failure to perform the essential functions of his job in a satisfactory fashion; provided, however, that no such termination will be deemed to be a termination For Cause unless the DISTRICT has provided DAVIS with written notice of what it reasonably believes are the grounds for any termination For Cause and DAVIS fails to take appropriate remedial actions during the ten (10) day period following receipt of such written notice.

10. Business Expenses. The DISTRICT shall promptly reimburse DAVIS for reasonable and necessary expenditures incurred by her for travel, entertainment, and similar items made in furtherance of her duties under this Agreement and consistent with the policies of the DISTRICT as applied to all management staff. DAVIS shall document and substantiate such expenditures as required by the policies of the DISTRICT, including an itemized list of all expenses incurred, the business purposes of which such expenses were incurred, and such receipts reasonably can provide.

11. No Assignment. Due to the unique nature of services being rendered by DAVIS to the DISTRICT as provided for herein and that this Agreement is for personal services of DAVIS who shall not assign, sublet, delegate, or otherwise convey his rights and obligations pursuant to this Agreement. Any attempt to so assign by DAVIS shall be deemed null, void and shall entitle the DISTRICT to immediately terminate this Agreement, and DAVIS shall not be entitled to compel payment of Severance Pay.

12. Remedies. Enforcement of any provisions of this Agreement shall be by proceedings at law or in equity against any person or entities violating or attempting to violate any promise, covenant, or condition contained herein, either to restrain violation, compel action, or to recover damages. Any and all remedies provided by this Agreement, operation of law, or

otherwise, shall be deemed to be cumulative, and the choice or implementation of any particular remedy shall not be deemed to be an election of remedies to the mutual exclusion of any other remedy provided for herein, by operation of law, or otherwise.

13. Attorney's Fee. In the event any action at law or in equity is initiated to enforce or interpret the terms of this Agreement, or arises out of or pertains to this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any other relief to which that party may be entitled.

14. Integration. It is intended by the parties that this Agreement be the final expression of the intentions and agreements of the Parties. This Agreement supersedes any and all prior or contemporaneous agreements, either oral or in writing, between the parties hereto and contains all the covenants and agreements between the parties. No other agreements, representations, inducements, or promises, not contained in this Agreement shall be valid or binding. Any modification of this Agreement shall be effective only if it is in writing and signed by the party to be charged. In the event of any conflict or inconsistency with any term or provision of this Agreement and any written personnel policy or procedure of the DISTRICT, this Agreement shall prevail, except as may otherwise be prohibited by law.

15. Effect of Waiver No waiver of any breach of any term, covenant, agreement, restriction, or condition of this Agreement shall be construed as a waiver of any succeeding breach of the same or any other covenant, agreement, term, restriction, or condition of this Agreement. The consent or approval of either party to or of any action or matter requiring consent or approval shall not be deemed to waive or render unnecessary any consent to or approval of any subsequent or similar act or matter.

16. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the heirs, executors, administrators, personal representatives, successors, and assigns of each of the parties hereto. This provision shall not supersede or abrogate the provisions of Paragraph 11.

17. Severance. In the event any term or provision of this Agreement is deemed to be in violation of law, null and void, or otherwise of no force or effect, the remaining terms and provisions of this Agreement shall remain in full force and effect.

18. Governing Law, Venue. This Agreement shall be interpreted under the laws of the State of California. Exclusive venue for any legal action under California law shall be Inyo, County, California and, if brought under federal law, the United States District Court for Eastern California in Fresno, California.

19. Attorney Representation. This Agreement has been prepared by Irma Rodriguez Moisa, Atkinson, Andelson, Loya, Ruud & Romo, outside labor counsel of the DISTRICT. DAVIS has been advised to seek the advice and counsel of her own legal counsel in reviewing and executing this Agreement. Legal counsel for the DISTRICT has not rendered any advice to DAVIS in any matter or form whatsoever.

EXHIBIT 1

Job Duties

The job duties of the Administrator and Chief Executive Officer shall include, but not be limited to, the following:

- To temporarily designate an individual to act for herself in his absence, in order to provide the DISTRICT with administrative direction at all times.
- To carry out all policies established by the Board of Directors and medical staff of HOSPITAL.
- To serve as a liaison officer and channel of communications between the DISTRICT Board of Directors and any of its committees, professional staff and independent contractors, and the medical staff.
- To prepare an annual budget showing the expected receipts and expenditures as required by the Board of Directors and prepare the DISTRICT forecasts.
- To recruit, select, employ, control, manage and discharge all employees.
- To develop and maintain personnel policies and practices for the DISTRICT.
- To insure that all physical plant facilities and properties are kept in good state of repair and in operating condition.
- To supervise all business affairs and insure that all funds are collected and expended to the best possible advantage of the DISTRICT.
- To submit not less than monthly to the Board of Directors or its authorized committees or officers reports showing the professional service and financial activities of the DISTRICT and to prepare and submit such special reports from time to time as may be required or requested by the Board of Directors.
- To attend all meetings of the Board of Directors and, if requested, attend meetings from time to time of board committees, both standing and *ad hoc*.
- To perfect and submit to the Board of Directors for approval and maintain a plan of organization of the personnel and others concerned with the operations of the DISTRICT.
- To prepare or cause to be prepared all plans and specifications for the construction and repair of buildings, improvements, works, and facilities of the DISTRICT.
- To maintain proper financial and patient statistical data and records; data required by governmental, regulatory, and accrediting agencies; and special studies and reports required for the efficient operation of the DISTRICT.
- To represent the Board of Directors as a member, ex-officio, of all its committees and adjunct organizations, including the Medical Staff, the Medical Staff Executive Committee, and Auxiliary organizations, unless the Board of Directors directs otherwise or unless it or DAVIS determine that his attendance and participation would be inappropriate or otherwise not in the best interests of the District.

- Attend, or name a designee to attend, in his capacity as an *ex officio member*, all meetings of the Medical Staff and its committees, within the parameters of the Medical Staff Bylaws adopted by the DISTRICT.
- To report to the Board of Directors on a regular basis within the scope of purview of informing the Board concerning the competency and performance of all individuals who provide patient care services at HOSPITAL but who are not subject to the medical staff peer review and privilege delineation process. Such reports shall be received by the Board in executive or closed session pursuant to *Health & Safety Code §32155* and applicable portions of the Ralph M. Brown Act (*Government Code §54900, et seq.*)
- To recruit physicians and other medical providers as same may be needed from time to time to meet medical service needs of the communities served by the DISTRICT.
- To supervise independent contractor professional services agreements between physicians and other medical providers and the DISTRICT.
- To perform any other duties that the Board of Directors may deem to be in the best interests of the DISTRICT.

EXHIBIT 2
Form of Release

SEPARATION AND RELEASE AGREEMENT

This Separation and Release Agreement (“Agreement”) is made this _____ day of _____, 2015 by and between Northern Inyo County Local Hospital District (“Employer”) and KELLI DAVIS, an individual (“Employee”).

In consideration of the covenants undertaken and the releases contained in this Agreement Employer and Employee agree as follows:

1. Separation of Employment. Employee’s last day of employment with Employer is _____.

2. Consideration. For and in consideration of the release of all claims as set forth hereafter, Employer shall pay to Employee the total sum of \$_____ (the “Severance Payment”). *The Severance Payment shall be subject to all applicable state and federal withholdings.*

The Severance Payment shall be reported by Employer on an IRS form W-2. Employee hereby declares that that the sum paid pursuant to this paragraph 2 represents adequate consideration for the execution of this Agreement and the release of all claims as set forth herein.

The Severance Payment shall be made on the eighth (8th) day after this Agreement is executed by Employee, provided Employee has, before this date, forwarded a copy of the executed Agreement to Employer. If the 8th day falls on a weekend or holiday, the Severance Payment shall be made on the next business day.

The Severance Payment shall be mailed to Employee at the following address:

It is understood and agreed that Employer is not involved with nor liable for the apportionment, if any, of the settlement proceeds between Employee and his attorney(s), if any, and any other person or entity, including, but not limited to, any payment of applicable taxes, other than those payroll taxes withheld in accordance with this paragraph.

3. General Release and Discharge. Employee on behalf of herself, her descendants, dependents, heirs, executors, administrators, assigns, and successors, and each of them, hereby covenants not to sue and fully releases and discharges Employer, its subsidiaries, affiliates and joint ventures, past, present and future, and each of them, as well as its and their trustees, directors, officers, agents, attorneys, insurers, employees, representatives, partners, shareholders, assigns, predecessors and successors, past, present and future, and each of them (hereinafter together and collectively referred to as "Releasees") with respect to and from any and all claims, demands, rights, liens, agreements, contracts, covenants, actions, suits, causes of action, obligations, debts, costs, expenses, attorneys' fees, damages, judgments, orders and liabilities of whatever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, absolute or contingent, and whether or not concealed or hidden, which Employee now owns or holds or which Employee has at any time heretofore owned or held or may in the future hold against said Releasees, arising out of or in any way connected with Employee's employment relationship with Employer, the termination of Employee's employment with Employer, or any other transactions, occurrences, acts or omissions or any loss, damage or injury whatever, known or unknown, suspected or unsuspected, resulting from any act or omission by or on the part of said Releasees, or any of them, committed or omitted prior to the date of this Agreement. With the exception of the amount set forth under Paragraph 2 of this Agreement, such released and discharged claims include, but are not limited to, without limiting the generality of the foregoing, any claim under Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the California Fair Employment and Housing Act, the California Family Rights Act, the California Labor Code (excluding a claim under the California Workers' Compensation Act, or a claim for wages due and owing as of the date of this Agreement), ERISA, any claim for retirement benefits pursuant to a retirement plan sponsored by Employer, or any claim for severance pay, bonus, sick leave, holiday pay, life insurance, health or medical insurance or any other fringe benefit. In addition, Employee agrees and covenants not to file any suit, charge or complaint against Releasees with any administrative agency with regard to any claim, demand liability or obligation arising out of his employment with Employer or separation there from. However, nothing in this Agreement shall be construed to prohibit Employee from filing a charge with or participating in any investigation or proceeding conducted by the EEOC or a comparable state or local agency. Notwithstanding the foregoing sentence, Employee agrees to waive his right to recover monetary damages in any charge, complaint or lawsuit filed by Employee or by anyone else on Employee's behalf in any charge or proceeding conducted by the EEOC or a comparable state or local agency.

4. Waiver of Statutory Provision. It is the intention of Employee in executing this instrument that the same shall be effective as a bar to each and every claim, demand and cause of action hereinabove specified. In furtherance of this intention, Employee hereby expressly waives any and all rights and benefits conferred upon her by the provisions of Section 1542 of the California Civil Code and expressly consents that this Agreement shall be given full force and effect according to each and all of its express terms and provisions, including those related to

unknown and unsuspected claims, demands and causes of action, if any, as well as those relating to any other claims, demands and causes of action hereinabove specified. Section 1542 provides:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.”

Employee acknowledges that she may hereafter discover claims or facts in addition to or different from those which she now knows or believes to exist with respect to the subject matter of this Agreement and which, if known or suspected at the time of executing this Agreement, may have materially affected this settlement.

Nevertheless Employee hereby waives any right, claim or cause of action that might arise as a result of such different or additional claims or facts. Employee acknowledges that she understands the significance and consequence of such release and such specific waiver of Section 1542.

5. Waiver of ADEA and OWBPA Claims. Employee expressly acknowledges and agrees that, by entering into this Agreement, she is waiving any and all rights or claims that she may have arising under the Age Discrimination in Employment Act of 1967, as amended by the Older Workers' Benefit Protection Act, 29 U.S.C. § 621 et seq., and as provided under the Older Workers' Benefit Protection Act of 1990 which have arisen on or before the date of execution of the Agreement. Employee further expressly acknowledges and agrees that:

- A. In return for the execution of this Agreement, Employee will receive compensation beyond that which she was already entitled to receive before entering into this Agreement;
- B. Employee has read and understands the terms of this Agreement.
- C. Employee has been advised to consult with legal counsel before signing this Agreement;
- D. Employee has been provided full and ample opportunity to study this Agreement, including a period of at least twenty-one (21) days within which to consider it.
- E. To the extent Employee takes less than twenty-one (21) days to consider this Agreement before execution, Employee acknowledges that she has had sufficient time to consider this Agreement with her counsel and that she expressly, voluntarily and knowingly waives any additional time;

F. Employee is informed hereby that she has seven (7) days following the date of execution of this Agreement in which to revoke the Agreement. and that the Agreement shall not become effective or enforceable until the seven (7) day revocation period expires. Notice of revocation must be made in writing and must be received by the EMPLOYER by sending a letter to Irma Rodriguez Moisa, Atkinson, Andelson, Loya, Ruud & Romo, 12800 Center Court Drive, Suite 300, Cerritos, CA 90703; Email imoisa@aalrr.com; or by FAX (562) 653-3657.

Employee understands that the right of revocation set forth in this section of this Agreement applies only to the release of any claim under the ADEA, and if Employee elects to revoke this Agreement for ADEA claims, the District will have the option to: (i) enforce this Agreement in its totality, excluding waived ADEA claims, or (ii) rescind the entire Agreement

6. Confidentiality of Release Agreement. Employee shall keep confidential the terms and conditions of this Agreement, all communications made during the negotiation of this Agreement, and all facts and claims upon which this Agreement is based (collectively referred to as the “*Confidential Settlement Information*”). Neither Employee nor his agents or attorneys shall, directly or indirectly, disclose, publish or otherwise communicate such Confidential Settlement Information to any person or in any way respond to, participate in or contribute to any inquiry, discussion, notice or publicity concerning any aspect of the Confidential Settlement Information. Notwithstanding the foregoing, Employee may disclose the Confidential Settlement Information to the extent he/she is required to do so to his/her legal counsel, accountants and/or financial advisors, or to anyone else as required by applicable law or regulation. Employee agrees to take all steps necessary to ensure that confidentiality is maintained by any and all of the persons to whom authorized disclosure is or was made, and agree to accept responsibility for any breach of confidentiality by any of said persons. Employee shall not make any public, oral or written or otherwise derogatory or negative comments about Employer concerning Employee's employment or the separation thereof; provided, however, that this Agreement does not preclude Employee from giving testimony as may be required by legal process. In the event that Employee is served with legal process which potentially could require the disclosure of the contents of this Agreement, he/she shall provide prompt written notice (including a copy of the legal process served) to Employer.

7. Non-Disparagement. Employee shall not make any public, oral or written or otherwise derogatory or negative comments about Employer or anyone associated with Employer concerning Employee's employment or the separation thereof; provided, however, that this Agreement does not preclude Employee from giving testimony as may be required by legal process. Employee acknowledges and agrees that the obligations set forth in this paragraph 7 are essential and important. Employee agrees his breach of this paragraph will result in irreparable injury to Employer, the exact amount of which will be difficult to ascertain. Accordingly, Employee agrees that if he/she violates the provisions of this paragraph 7, Employer shall be

entitled to seek specific performance of Employee's obligations under this paragraph and liquidated damages in the sum of \$10,000.

8. Trade Secrets. Employee acknowledges that she has occupied a position of trust and confidence with the Employer prior to the date hereof and has become familiar with the following, any and all of which constitute trade secrets of Employer (collectively, the "*Trade Secrets*"): (i) all information related to customers including, without limitation, customer lists, the identities of existing, past or prospective customers, customer contacts, special customer requirements and all related information; (ii) all marketing plans, materials and techniques including but not limited to strategic planning ; (iii) all methods of business operation and related procedures of the Employer; and (iv) all patterns, devices, compilations of information, copyrightable material, technical information, manufacturing procedures and processes, formulas, improvements, specifications, research and development, and designs, in each case which relates in any way to the business of Employer. Employee acknowledges and agrees that all Trade Secrets known or obtained by her, as of the date hereof, is the property of Employer. Therefore, Employee agrees that she will not, at any time, disclose to any unauthorized persons or use for his own account or for the benefit of any third party any Trade Secrets, whether Employee has such information in her memory or embodied in writing or other physical form, without Employer's prior written consent (which it may grant or withhold in its discretion), unless and to the extent that the Trade Secrets are or becomes generally known to and available for use by the public other than as a result of Employee's fault or the fault of any other person bound by a duty of confidentiality to the Employer, Employee agrees to deliver to Employer at any time Employer may request, all documents, memoranda, notes, plans, records, reports, and other documentation, models, components, devices, or computer software, whether embodied in a disk or in other form (and all copies of all of the foregoing), relating to the businesses, operations, or affairs of Employer and any other Trade Secrets that Employee may then possess or have under his control. Employee agrees his breach of this paragraph will result in irreparable injury to Employer, the exact amount of which will be difficult to ascertain. Accordingly, Employee agrees that if she violates the provisions of this paragraph 8, Employer shall be entitled to seek specific performance of Employee's obligations under this paragraph.

9. No Admission of Liability. This Agreement is the result of compromise and negotiation and shall never at any time or for any purpose be deemed or construed as an admission of liability or responsibility by any party to this Agreement. The parties continue to deny fully such liability and to disclaim any responsibility whatsoever for any alleged misconduct in connection with this Agreement.

10. Complete Agreement/Modification. This instrument constitutes and contains the entire agreement and understanding concerning Employee's employment, the separation of that employment and the other subject matters addressed herein between the parties, and supersedes and replaces all prior or contemporaneous negotiations, representations, understandings and agreements, proposed or otherwise, whether written or oral, concerning the subject matters hereof.

This is an integrated document. This Agreement may be amended and modified only by a writing signed by Employer and Employee.

11. Severability of Invalid Provisions. If any provision of this Agreement or the application thereof is held invalid, such provisions shall be severed from this Agreement, and the remaining provisions shall remain in effect, unless the effect of such severance would be to alter substantially this Agreement or obligations of the parties hereto, in which case the Agreement may be immediately terminated.

12. Counterpart Execution; Effect; Photocopies. This Agreement may be executed in counterparts, and each counterpart, when executed, shall have the efficacy of a signed original. Photographic copies of such signed counterparts may be used in lieu of the originals for any purpose.

13. No Assignment. Employee hereby represents that she has not heretofore assigned or transferred, or caused or purported to assign or transfer, to any person any of the claims released herein. If any such transfer or assignment or purported transfer or assignment occurred prior to the execution of this Agreement, Employee hereby agrees to indemnify and hold Employer harmless from and against any and all claims, demands, obligations, debts, liabilities, costs, expenses, rights of action, causes of action or judgments based upon or arising from any such transfer or assignment or purported transfer or assignment. Any assignment after the execution of this Agreement may only be made with the express written approval of all parties hereto. Employer and Employee represent and warrant that, prior to executing this Agreement, each has not filed any complaints or charges of lawsuits with any court or governmental agency against the other based in whole or in part upon any matter covered, related to or referred to in this Agreement.

14. No Third Party Beneficiaries. Nothing contained in this Agreement is intended nor shall be construed to create rights running to the benefit of third parties.

15. Prior Litigation. Employee represents and warrants that, prior to executing this Agreement, she has not filed any complaints or charges of lawsuits with any court or governmental agency against the Employer based in whole or in part upon any matter covered, related to or referred to in this Agreement.

16. Governing Law. This Agreement shall be interpreted under the laws of the State of California. Exclusive venue for any legal action under California law shall be Inyo, County, California and, if brought under federal law, the United States District Court for Eastern California in Fresno, California.

17. Complete Defense. This Agreement may be pled as a full and complete defense, and may be used as the basis for an injunction against any action, claim, suit, worker's compensation action or any other proceeding which may subsequently be instituted, prosecuted or

attempted, which is based in whole or in part upon any matter covered, related to or referred to in this Agreement.

18. Attorneys' Fees. In the event of litigation between Employee and Employer relating to or arising from this Agreement, the prevailing party or the party designated as such by the arbitrator or judge shall be entitled to receive reasonable attorneys' fees, costs, and other expenses, in addition to whatever other relief may be awarded, including such fees and costs any may be incurred in enforcing a judgment or order entered in any arbitration or action. Any judgment or order entered in such arbitration or action shall contain a specific provision providing for the recovery of such attorneys' fees and costs. In addition, any award of damages as a result of the breach of this Agreement or any of its provisions shall include an award of prejudgment interest from the date of the breach at the maximum rate of interest allowed by law.

19. Advice from Counsel. Employee represents and agrees that she has been advised and fully understands that she has the right to discuss all aspects of the Agreement with legal counsel; that she has carefully read and fully understand and appreciates all provisions of this Agreement, and the effect thereof; and that she is voluntarily entering into this Agreement.

20. Future Employment. Employee agrees that she is not now or hereafter entitled to employment or reemployment with Employer and she agrees not to knowingly seek such employment on any basis, including as an independent contractor or through an employment agency.

21. Cooperation in Litigation. Employee agrees to cooperate with Employer and its legal counsel with respect to any litigation now pending, or filed in the future in which Employee may be called as a witness to testify either at trial or deposition and to reasonably cooperate with Employer in the preparation of his testimony for same.

22. Notice. All notices and other communications required by this Agreement shall be in writing, and shall be deemed effective: (a) when personally delivered; (b) when mailed by certified or registered mail, return receipt requested; or (c) when deposited with a comparably reliable postage delivery service (such as Federal Express); addressed to the other party at the following address:

EMPLOYER:

Attention: _____

EMPLOYEE:

The parties may change their respective addresses by giving each other prior written notice of the change.

Executed this _____ day of _____, _____, at _____, California.

By _____

Executed this _____ day of _____, _____, at _____, California.

By _____

WAIVER OF 21 DAY CONSIDERATION PERIOD

I, KELLI DAVIS, hereby acknowledge that I was given 21 days to consider the foregoing Agreement and voluntarily chose to sign the Agreement before the expiration of 21-day period.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED this ____ day of _____, _____ at _____,
California.

KELLI DAVIS



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

Medical Staff Office
(760) 873-2136 voice
(760) 873-2130 fax

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: August 3, 2021
RE: Medical Executive Committee Report

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

- A. Medical Staff Appointments & Privileges (*action item*)
 - 1. Siyavash Fooladian, MD (*anesthesiology*) – appointment to Courtesy Staff
 - 2. Wanda Lam, MD (*general surgery*) – appointment to Courtesy Staff
- B. Request for Additional Privileges (*action item*)
 - 1. Truong Quach, MD (*family medicine/hospitalist*) – request for outpatient Internal Medicine privileges and additional procedural ‘special privileges’.
- C. Change in Medical Staff Category (*action item*)
 - 1. Jay Harness, MD (*breast surgery*) – request to change staff category from Active Staff to Honorary Staff. Privileges will no longer be active.
- D. Medical Staff Resignations (*action item*)
 - 1. Charlotte Helvie, MD (*Pediatrics*) - 5/14/2021
 - 2. Vanessa Blasic, PA-C (*Urology*) - 9/1/2021
 - 3. Matthew Ercolani, MD (*Urology*) - 9/1/2021
 - 4. Ali Kasraeian, MD (*Urology*) - 9/1/2021
 - 5. Jeffrey La Rochelle, MD (*Urology*) - 9/1/2021
 - 6. Jocelyn Moll, NP (*Urology*) - 9/1/2021
 - 7. Jason Phillips, MD (*Urology*) - 9/1/2021
 - 8. Michael Santomauro, MD (*Urology*) - 9/1/2021
 - 9. Arin Stephens, PA-C (*Urology*) - 9/1/2021
 - 10. Daniel Su, MD (*Urology*) - 9/1/2021
- E. Policies and Procedures (*action items*)
 - 1. *Medical Staff History and Physical (H&P) Policy*
 - 2. *Medical Records Delinquency Policy*
- F. Updated Privilege Forms (*action item*)
 - 1. Anesthesiology
 - 2. Family Medicine
 - 3. Ophthalmology
- G. Biennial Review of Medical Staff Policies (*action item*)
 - 1. *Disclosure of Unanticipated Outcome*
 - 2. *Medical Ethics Referrals and Consultations*
 - 3. *Pediatric and Newborn Consultation Requirements*
- H. Medical Executive Committee Meeting Report (*information item*)

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Medical Staff History and Physical (H&P) Policy	
Scope: Medical Staff and Advanced Practice Providers (APP)	Manual: Medical Staff
Source: MEDICAL STAFF DIRECTOR	Effective Date:

PURPOSE:

To define the elements of a patient’s history and physical (H&P) examination and medical history on admission or before any operative or interventional procedure.

POLICY:

1. An H&P examination must be performed by a qualified licensed practitioner who is credentialed and privileged by the medical staff to perform an H&P.
2. An H&P must consist of chief complaint, history of present illness, allergies and medications, relevant social and family history, past medical history, review of systems and physical examination, and assessment and plan appropriate to the patient’s age.
 - a. For surgical procedures, the surgeon’s documentation (H&P or consult note) should also include risks, benefits, and alternatives.
3. An H&P examination must be performed within twenty-four (24) hours after admission and prior to surgery or procedure requiring anesthesia services.
- 1.4. If a complete H&P examination was performed within thirty (30) calendar days before admission, an updated medical record entry must be completed and documented in the patient’s medical record within twenty-four (24) hours after admission and prior to surgery or procedure requiring anesthesia services.

 - a. The update note must document an examination for any changes in the patient’s condition since the patient’s H&P was performed that might be significant for the planned course of treatment. The physician or qualified licensed individual uses his/her clinical judgment, based upon his/her assessment of the patient’s condition and comorbidities, if any, in relation to the patient’s planned course of treatment to decide the extent of the update assessment needed as well as the information to be included in the update note in the patient’s medical record.
 - b. If, upon examination, the licensed practitioner finds no change in the patient’s condition since the H&P was completed, he/she may indicate in the patient’s medical record that the H&P was reviewed, the patient was examined, and that “no change” has occurred in the patient’s condition since the H&P was completed (71 FR 68676).

- 2.5. If the practitioner finds that the H&P done before admission is incomplete, inaccurate, or otherwise unacceptable, the practitioner reviewing the H&P, examining the patient, and completing the update ~~may must disregard the existing H&P, and conduct and~~ document in the medical record a new or corrected H&P within twenty-four (24) hours after admission, but prior to surgery or a procedure requiring anesthesia.
6. If the H&P and the informed consent for the surgery or procedure are not recorded in the patient’s medical record prior to surgery, the procedure shall not be performed unless the attending physician states in writing that such delay could lead to an adverse event or irreversible damage to the patient.

PROCEDURE:

1. None

REFERENCES:

1. Centers for Medicare and Medicaid Condition of Participation: Medical Staff 482.22(c)(5)
2. “History and Physical.” UCLA Health Medical Staff Policy. Effective Date 04/03/2017. Retrieved 01/25/2021. <https://www.uclahealth.org/medical-staff/workfiles/policies-rucla/MS%202000%20History%20and%20Physical%2004302017%20GH.pdf>

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Medical Staff History and Physical (H&P) Policy	
Scope: Medical Staff and Advanced Practice Providers (APP)	Manual: Medical Staff
Source: MEDICAL STAFF DIRECTOR	Effective Date:

CROSS REFERENCE P&P:

1. Informed Consent – Practitioner’s Responsibility

Approval	Date
Clinical Consistency Oversight Committee	06/01/2021
Bylaws Committee	02/24/2021
Medical Staff	02/09/2021
Surgery/Tissue/Transfusion/Anesthesia Committee	07/28/2021
Medical Executive Committee	08/03/2021
Board of Directors	08/18/2021
Last Board of Directors Review	08/18/2021

Developed: 1/25/2021 dp

Reviewed:

Revised:

Supersedes: Medical Staff Bylaws (rev.2020). Section 14.13. History and Physicals.

Index Listings: H&P, history and physical

**NORTHERN INYO HOSPITAL MEDICAL STAFF
POLICY AND PROCEDURE**

Title: Medical Record Delinquency	
Scope: Medical Staff and APP	Manual: Medical Staff
Source: Chief Medical Officer	Effective Date:

PURPOSE:

To ensure compliant documentation and signatures on clinical documents and orders for patient's medical records.

POLICY:

1. For hospital based medical records:
 - a. History and Physical (H&P) shall be completed within 24 hours after admission.
 - b. Discharge summary shall be completed within 7 days after discharge.
 - c. The patient's complete medical records including H&P, progress notes, discharge summary shall be completed within 14 days following discharge.
 - d. Verbal or telephone orders need to be cosigned within 48 hours of order placement.
2. For clinic based medical records:
 - a. The patient's office visit note should be completed and signed at the time the office visit, or no later than 3 days following the visit.
 - b. Verbal or telephone orders need to be cosigned within 72 hours of order placement.
3. For surgery based medical records:
 - a. For H&P requirements, refer to H&P Policy.
 - b. An immediate postoperative note is required on all surgical patients.
 - c. Complete operative reports shall be completed immediately after surgery or within 24 hours of surgery/operation.

PROCEDURE:

1. If documentation and/or signatures are delinquent, the Health Information Management (HIM) manager shall notify the Medical Staff member or Advanced Practice Provider (APP) by NIHD email and/or certified mail that his/her privileges to admit or attend to patients shall be suspended 7 days from the date of notice and that the Medical Staff member or APP shall remain suspended until records have been completed.
2. Ongoing care of patients already in the hospital may be continued. The suspended member shall not care for any patients other than those currently admitted under his/her own name and may not provide consults on Hospital or emergency room patients.
3. If the suspended member is on call, he/she is responsible for finding another physician to see any patients requiring care while he/she is on call.
4. Suspension of admitting privileges does not affect the Medical Staff or APP's privilege to provide patient care in emergency circumstances when the member is the only provider available to provide that necessary care.
5. Any member whose privileges have been suspended for failure to complete medical records in a timely fashion for a total of 30 (thirty) days or longer in a 12 (twelve) month period may be reported to the Medical Board of California by the Chief Executive Officer, pursuant to California Business and Professions Code section 805 and the National Practitioner Data Bank.
6. If the Medical Staff member or APP is unavailable for a prolonged period of time, that Medical Staff member or APP is able to designate a proxy of the same specialty to sign orders on their behalf.

REFERENCES:

1. California Code, Business and Professions Code – BPC 805

**NORTHERN INYO HOSPITAL MEDICAL STAFF
POLICY AND PROCEDURE**

Title: Medical Record Delinquency	
Scope: Medical Staff and APP	Manual: Medical Staff
Source: Chief Medical Officer	Effective Date:

CROSS REFERENCE P&P:

1. *Medical Staff History and Physical (H&P) Policy*
2. *NIHD Medical Staff Bylaws*

Approval	Date
Non-clinical Consistency Oversight Committee	07/21/2021
Utilization Review/Medical Records Committee	06/24/2021
Medical Staff	07/13/2021
Medical Executive Committee	08/03/2021
Board of Directors	08/18/2021
Last Board of Director review	08/18/2021

Developed: 06/2021je

Reviewed:

Revised:

Supersedes:

Index Listings:



Anesthesiology

Delineation of Privileges

Applicant's Name: ,

Instructions:

1. Click the Request checkbox at the top of a group to request all privileges in that group.
2. Uncheck any privileges you do not want to request in that group.
3. Sign form electronically and submit with any required documentation.

Facilities
<input checked="" type="checkbox"/> NIHD

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Anesthesiology.
Certification	Current certification or active participation in the examination process leading to certification in Anesthesiology by the American Board of Anesthesiology or AOA equivalent.
Clinical Experience (Initial)	Applicant must provide documentation of provision of anesthesiology services representative of the scope and complexity of the privileges requested during the previous 24 months.
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.
Additional Qualifications	Applicant must maintain active ACLS and PALS certification.

Core Privileges in Adult Anesthesia
Description: Plan and administer anesthesia care for patients with all anesthesia classifications. Provision of pain relief and maintenance or restoration, of a stable condition during and immediately following a surgical procedure or an obstetric or diagnostic procedure. Assess risk of the patient undergoing surgery and optimize the condition of the patient prior to, during, and after surgery.
Empty space for additional information

Request	<p>Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group.</p>
<input type="checkbox"/>	Assessment of, consultation for, and preparation of patients for anesthesia including performance of history and physical examination
<input type="checkbox"/>	Clinical management of cardiac and pulmonary resuscitation
<input type="checkbox"/>	Management of difficult airway, including responding to a difficult airway in any department of the hospital
<input type="checkbox"/>	Management of normal perioperative fluid therapy and massive fluid and/or blood loss
<input type="checkbox"/>	Management of post anesthetic recovery including procedural pain
<input type="checkbox"/>	Medical management of patients during the peri-operative period who are under physical and emotional stress
<input type="checkbox"/>	Placement and management of arterial lines, central venous lines
<input type="checkbox"/>	Supervise and administer general anesthesia
<input type="checkbox"/>	Supervise and administer regional anesthesia

FPPE (Department Chief to select)	
<input type="checkbox"/>	Retrospective evaluation of a minimum of 5 cases of varied types of anesthesia (general, regional, sedation). Focus of review will be evaluation of patient, formulation and implementation of anesthesia plan, documentation
<input type="checkbox"/>	Reference from a surgeon who works with the privilege holder
<input type="checkbox"/>	Feedback from the OR supervisor

Core Privileges in Obstetrical Anesthesia	
Description: Comprehensive anesthetic management of women during pregnancy and the puerperium.	
Request	<p>Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group.</p>

<input type="checkbox"/>	Assessment of, consultation for, and preparation of patients for anesthesia including performance of history and physical examination
<input type="checkbox"/>	Consultation and management for pregnant patients requiring non-obstetric surgery
<input type="checkbox"/>	Development of an anesthetic care plan that is integrated with the surgical and obstetric care plan and that includes provision for peri-operative fetal monitoring; development of a plan for possible emergency Cesarean delivery if appropriate; provision for postoperative analgesia; and collaboration with the obstetrician in the development of a plan to prevent preterm birth
<input type="checkbox"/>	Management of difficult airway, including responding to a difficult airway in any department of the hospital
<input type="checkbox"/>	Management of normal perioperative fluid therapy and massive fluid and/or blood loss
<input type="checkbox"/>	Placement and management of arterial lines, central venous lines
<input type="checkbox"/>	Supervision and administration of regional (including epidural, spinal, etc.) and general anesthesia to women during pregnancy and the puerperium

FPPE (Department Chief to select)

<input type="checkbox"/>	Retrospective evaluation of a minimum of 2 cases of anesthesia performed for obstetric cases. Focus of review will be evaluation of patient, formulation and implementation of anesthesia plan, documentation
<input type="checkbox"/>	Reference from an obstetrician who works with the privilege holder

Core Privileges in Pediatric Anesthesia

Description: Plan and administer anesthesia care for pediatric patients with all anesthesia classifications. Provision of pain relief and maintenance or restoration, of a stable condition during and immediately following a surgical or diagnostic procedure. Assess risk of the patient undergoing surgery and optimize the condition of the patient prior to, during, and after surgery.

Request	<p>Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group.</p>
<input type="checkbox"/>	Assessment of, consultation for, and preparation of pediatric patients for anesthesia, including performing a history and physical examination
<input type="checkbox"/>	Clinical management of cardiac and pulmonary resuscitation
<input type="checkbox"/>	Management of difficult airway, including responding to a difficult airway in any department of the hospital
<input type="checkbox"/>	Management of normal perioperative fluid therapy and massive fluid and/or blood loss
<input type="checkbox"/>	Management of post anesthetic recovery including management of post-procedural pain

<input type="checkbox"/>	Medical management of pediatric patients during the peri-operative period who are under physical and emotional stress
<input type="checkbox"/>	Placement and management of arterial lines, central venous lines
<input type="checkbox"/>	Supervise and administer general anesthesia
<input type="checkbox"/>	Supervise and administer regional anesthesia

FPPE (Department Chief to select)	
<input type="checkbox"/>	Retrospective evaluation of a minimum of 5 cases of varied types of anesthesia (general, regional, sedation). Focus of review will be evaluation of patient, formulation and implementation of anesthesia plan, documentation
<input type="checkbox"/>	Reference from a surgeon who works with the privilege holder
<input type="checkbox"/>	Feedback from the OR Supervisor

Transesophageal Echocardiography (TEE)	
Description: Placement of the transesophageal probe, image acquisition and interpretation.	
Qualifications	
Education/Training	Successful completion of an ACGME accredited residency or fellowship training program that included education and direct experience in transthoracic echocardiography (TEE) with performance and interpretation of supervised cases. Confirmation of completion of level 2 training and current clinical competence from the residency or fellowship program director if the training was completed during the previous 24 months OR National Board of Echocardiography certification in TEE.
Clinical Experience (Initial)	Documentation of ongoing clinical practice representative of the scope of privileges requested during the previous 24 months.
Clinical Experience (Reappointment)	Documentation of ongoing clinical practice representative of the scope of privileges requested during the previous 24 months.
Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group.
<input type="checkbox"/>	Transesophageal Echocardiography (TEE) including probe placement, image acquisition and interpretation

FPPE (Department Chief to select)

<input type="checkbox"/>	Concurrent review of 1 case
<input type="checkbox"/>	Retrospective review of 3 cases
<input type="checkbox"/>	Feedback from Cardiopulmonary Director

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, health status, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Northern Inyo Healthcare District and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

NIHD

Department Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Family Medicine

Delineation of Privileges

Applicant's Name: ,

Facilities
<input checked="" type="checkbox"/> NI HD

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Family Medicine.
Certification	Current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or AOA equivalent.
Clinical Experience (Initial)	Applicant must provide documentation of provision of family medicine services representative of the scope and complexity of the privileges requested during the previous 24 months.
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.

Outpatient Core Privileges in Family Medicine

Description: This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory setting.

Qualifications

Certification Current ACLS or BLS required.

Request	Request all privileges listed below.
<input type="checkbox"/>	Evaluate, diagnose, perform H&P, provide generalist/primary care consultation, medically manage and treat adolescent and adult patients.
<input type="checkbox"/>	Evaluate, diagnose, perform H&P, provide generalist/primary care consultation, medically manage and treat pediatric patients.
	Procedures

<input type="checkbox"/>	Arthrocentesis and joint injection
<input type="checkbox"/>	Bladder catheterization
<input type="checkbox"/>	Cerumen impaction removal
<input type="checkbox"/>	Circumcision, pediatric only
<input type="checkbox"/>	Cryo ablation of superficial lesions
<input type="checkbox"/>	Incision and drainage or aspiration of abscess or cyst
<input type="checkbox"/>	Laceration repair, simple
<input type="checkbox"/>	Local anesthetic techniques including nerve blocks, peripheral nerve blocks and trigger point injections
<input type="checkbox"/>	Nail removal
<input type="checkbox"/>	Perform simple skin biopsy or excision
<input type="checkbox"/>	Remove non-penetrating foreign body from the eye, nose, or ear
<input type="checkbox"/>	Simple superficial debridement; wound closure; and general care for wounds including performance of topical or field infiltration of anesthetic solutions. Select and apply appropriate wound dressings including liquid or spray occlusive materials, removal of drains, application of immobilizing dressing (soft or rigid)
<input type="checkbox"/>	Stabilization of non-displaced closed fractures and uncomplicated dislocations including skeletal immobilization techniques
<input type="checkbox"/>	Subungual hematoma drainage
<input type="checkbox"/>	Treatment of burns, superficial and partial thickness
<input type="checkbox"/>	Thrombosed hemorrhoid incision and drainage
<input type="checkbox"/>	Vasectomy
	Gynecology and Reproductive Health
<input type="checkbox"/>	Pap smear and endocervical culture
<input type="checkbox"/>	Biopsy of cervix, endometrium
<input type="checkbox"/>	Excision/biopsy of vulvar lesions
<input type="checkbox"/>	IUD placement
<input type="checkbox"/>	IUD removal
<input type="checkbox"/>	Insertion/removal of implanted contraceptive device (e.g., Nexplanon)
	Allergy and Immunology
<input type="checkbox"/>	Evaluate, diagnose, provide consultation and medically manage and treat allergy and immunology patients.

FPPE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 100% chart review for two weeks |
| <input type="checkbox"/> | 5 directly observed procedures by a practitioner who has privileges in that procedure |

Point of Service Provider Performed Microscopy

Description: Microscopic exam of fluids at the point of service by a non-pathologist.

Qualifications

Clinical Experience (Initial)	For practitioners new to NIHD or newly requesting PPM privileges, successful initial competency testing must be completed and followed by a 6-month and 12-month evaluation. After the first year, all practitioners will be evaluated annually or as needed. Initial competency testing includes: (1) successful completion of an online module for each type of test and (2) completion of observed assessment by an observer holding PPM privileges.
Clinical Experience (Reappointment)	Documentation of successful completion of organization sponsored annual training and skills validation in provider performed microscopy as per policy.

Request	Request all privileges listed below.
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- | | |
|--------------------------|---|
| <input type="checkbox"/> | Urine Sediment (Rural Health Clinic only) |
| <input type="checkbox"/> | KOH (potassium hydroxide) preparation |
| <input type="checkbox"/> | Direct Wet Mount |
| <input type="checkbox"/> | Fern Test (Women's Clinic only) |

FPPE

<input type="checkbox"/>	Concurrent review (over-reading) of 1 PPM in each type of exam by a practitioner with unrestricted privileges in this area or lab personnel as outlined in policy.
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Special Privileges - Well Newborn Privileges

Description: Provision of care to stable newborns. Applicants granted privileges in this category must consult the physician on-call for the pediatric service when appropriate as per the policy "Pediatric and Newborn Consultation Requirements."

Qualifications

Clinical Experience (Initial)	Management of stable newborns during the previous 24 months including provision of clinical services representative of the scope of privileges of privileges requested.
Clinical Experience (Reappointment)	Management of stable newborns during the previous 24 months including provision of clinical services representative of the scope of privileges requested.
Additional Qualifications	Current NRP (Neonatal Resuscitation Program) certification. STABLE certification preferred. AND Compliance with Pediatric & Newborn Consultation Policy

Request	Request all privileges listed below.
<input type="checkbox"/>	Attendance at anticipated normal newborn deliveries.
<input type="checkbox"/>	Admission and care of stable neonate in the newborn nursery including the performance of history and physical examination. (Must perform 8 every 6 Months)

FPPE

<input type="checkbox"/>	8 retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges.
<input type="checkbox"/>	Obtain feedback from Nurse Manager, Newborn Nursery.

Special Privileges - Advanced Newborn Privileges

Description: Provision of care to normal and high risk newborns. Applicants granted privileges in this category are eligible to serve as the on-call physician for the pediatric service.

Qualifications

Clinical Experience (Initial)	Management of stable and high-risk newborns during the previous 24 months including provision of clinical services representative of the scope of privileges of privileges requested.
Clinical Experience (Reappointment)	Management of stable and high-risk newborns during the previous 24 months including provision of clinical services representative of the scope of privileges requested.
Additional Qualifications	Current NRP (Neonatal Resuscitation Program) and PALS certification. STABLE certification preferred.

Request	Request all privileges listed below.
<input type="checkbox"/>	Attendance at both normal newborn and high risk deliveries
<input type="checkbox"/>	Admission and care of neonate in the newborn nursery including the performance of history and physical examination (Must perform 8 every 6 Months)

FPPE

<input type="checkbox"/>	8 retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges.
<input type="checkbox"/>	Obtain feedback from Nurse Manager, Newborn Nursery.

Special Privileges - Pediatric Inpatient Privileges

Description: Provision of care to pediatric inpatients. Applicants granted privileges in this category are eligible to serve as the on-call physician for the pediatric service.

Qualifications

Clinical Experience (Initial)	Management of pediatric inpatients during the previous 24 months including provision of clinical services representative of the scope of privileges of privileges requested.
Clinical Experience (Reappointment)	Management of pediatric inpatients during the previous 24 months including provision of clinical services representative of the scope of privileges requested.
Additional Qualifications	Current NRP (Neonatal Resuscitation Program) and PALS certification. STABLE certification preferred.

Request	Request all privileges listed below.
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- | | |
|--------------------------|---|
| <input type="checkbox"/> | Admit to inpatient or appropriate level of care (Must perform 4 every 6 Months) |
| <input type="checkbox"/> | Perform history and physical examination |
| <input type="checkbox"/> | Evaluate, diagnose, treat and provide primary care to patients from birth to young adulthood with acute and chronic disease including health promotion. |

FPPE

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 8 retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges. |
| <input type="checkbox"/> | Obtain feedback from Nurse Manager, Pediatrics. |

Special Privileges - Obstetrics (Uncomplicated) Privileges

Description: Provide care to women throughout the course of normal pregnancy, labor, and delivery.

Qualifications

Certification	Current certification in ALSO (Advanced Life Support Obstetrics). OR Current certification in NRP (Neonatal Resuscitation Program).
Clinical Experience (Initial)	Management of deliveries during the previous 24 months OR management of cases during the previous 24 month period reflective of the scope of privileges requested if delivery privileges are not requested. OR Completion of residency training in family medicine during the previous 12 months and confirmation from program director that the family physician managed deliveries during residency program.
Clinical Experience (Reappointment)	Management of deliveries during the previous 24 months OR management of cases during the previous 24 month period reflective of the scope of privileges requested if delivery privileges are not requested.

Request	Request all privileges listed below.
<input type="checkbox"/>	Management of pre-natal care in healthy women where a normal term single birth delivery is the expected outcome including the use of OB ultrasound for fetal position and presentation.
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Management of post-partum care.
<input type="checkbox"/>	Procedures
<input type="checkbox"/>	Management of normal labor (not less than 36 weeks or more than 42 weeks) where vertex delivery of a single normal newborn is the expected outcome including the use of fetal monitoring.
<input type="checkbox"/>	Vacuum-assisted vaginal delivery
<input type="checkbox"/>	Induction or augmentation of labor
<input type="checkbox"/>	Episiotomy and repair of 1st and 2nd degree lacerations (3rd degree must consult OB)
<input type="checkbox"/>	Manual removal of placenta, post-delivery
<input type="checkbox"/>	Pudendal and paracervical anesthesia
<input type="checkbox"/>	Amniotomy
<input type="checkbox"/>	Surgical first assist at C-sections

FPPE	
<input type="checkbox"/>	Five retrospective chart reviews chosen to represent a diversity of obstetrical conditions and management challenges.
<input type="checkbox"/>	Concurrent review of 1 delivery.
<input type="checkbox"/>	Concurrent review of 5 vacuum-assisted deliveries
<input type="checkbox"/>	Concurrent review of 2 placenta manual extractions

Special Privileges - Advanced Wound Care (Must perform 10 every 6 Months)

Description: Provision of care to patients needing advanced wound care. Applicants meeting criteria will defer to outside specialists (i.e. other wound care specialists, infectious disease, vascular surgery) when appropriate

Qualifications

Education/Training	15 hours of accredited CME or other education in wound care for initial granting of privileges and 10 hours of ongoing CME every 2 years at reappointment.
Clinical Experience (Initial)	Provision of clinical services representative of the scope of privileges requested over the past 24 months, or initial training as described in Education/Training above.
Clinical Experience (Reappointment)	Provision of clinical services representative of the scope of privileges requested over the past 24 months.

Request	Request all privileges listed below.
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<input type="checkbox"/>	Evaluate, diagnose, provide wound care consultation and medically manage and treat patients with acute and chronic infections including underlying predisposing diseases.
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FPPE

<input type="checkbox"/>	10 retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges.
<input type="checkbox"/>	Reference from Department Chief

Moderate (Procedural) Sedation

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Description: Moderate Sedation/Analgesia ("Conscious Sedation") is a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands, either alone or with light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Qualifications

Clinical Experience (Initial)	Applicant must provide documentation of a minimum of 6 sedations during the previous 24 months. AND Applicant must complete sedation tutorial at initial granting of privileges and every 2 years thereafter.
Clinical Experience (Reappointment)	Documentation of at least 6 cases within the last 24 months. AND Sedation tutorial completed within the last 24 months.
Additional Qualifications	Current ACLS certification (waived for physicians with Emergency Medicine Board certification).

Request	Request all privileges listed below.
<input type="checkbox"/>	Moderate Sedation (Must perform 6 every 2 Years)

FPPE	
<input type="checkbox"/>	Retrospective review of 3 cases of administration of moderate sedation
<input type="checkbox"/>	Feedback from involved clinical or administrative personnel

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Demo Hospital and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature NIHD

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation
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Ophthalmology

Delineation of Privileges

Applicant's Name: ,

Instructions:

1. Click the Request checkbox at the top of a group to request all privileges in that group.
2. Uncheck any privileges you do not want to request in that group.
3. Sign form electronically and submit with any required documentation.

Facilities	
<input checked="" type="checkbox"/>	NIHD

Required Qualifications

Education/Training	Completion of an ACGME or AOA accredited Residency training program in Ophthalmology.
Certification	Current certification or active participation in the examination process leading to certification in Ophthalmology by the American Board of Ophthalmology or AOA equivalent.
Clinical Experience (Initial)	Applicant must provide documentation of provision of ophthalmology services representative of the scope and complexity of the privileges requested during the previous 24 months.
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the past 24 months.

Core Privileges in Ophthalmology	
Description: Evaluate, diagnose, provide consultation and medically and surgically manage patients with ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit, and the visual pathways.	
Request	<p>Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group.</p>

<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Evaluate, diagnose, treat and provide consultation, order diagnostic studies and medically manage patients with ocular and visual disorders, the eyelid and orbit affecting the eye and the visual pathways
	Procedures
<input type="checkbox"/>	Anterior vitrectomy
<input type="checkbox"/>	Biopsy; grafts; repair of lesions by adjacent tissue transfer, rearrangement or pedicle flap; excision or incision of cutaneous, subcutaneous tissue
<input type="checkbox"/>	Cataract extraction with or without intraocular lens implantation
<input type="checkbox"/>	Corneal, conjunctival and corneo-scleral surgery, not including refractive surgery
<input type="checkbox"/>	Dacryocystorhinostomy
<input type="checkbox"/>	Enucleation or evisceration
<input type="checkbox"/>	Glaucoma surgery
<input type="checkbox"/>	Goniotomy
<input type="checkbox"/>	Intra-vitreous Injection
<input type="checkbox"/>	Oculoplastic surgery, including blepharoplasty; repair of ptosis
<input type="checkbox"/>	Ophthalmic plastic and reconstructive surgery; functional or aesthetic
<input type="checkbox"/>	Placement of drainage device
<input type="checkbox"/>	Pterygium removal
<input type="checkbox"/>	Refractive surgery
<input type="checkbox"/>	Removal of posterior intraocular foreign body
<input type="checkbox"/>	Strabismus surgery
<input type="checkbox"/>	Temporal artery biopsy
<input type="checkbox"/>	Use of lasers as an adjunctive tool in an area where the applicant is a concurrent privilege holder
	Retina & Vitreous Procedures
<input type="checkbox"/>	Closed system vitrectomy including peeling epiretinal or subretinal membranes
<input type="checkbox"/>	Injection of intraocular silicone oil/gas
<input type="checkbox"/>	Macular photocoagulation
<input type="checkbox"/>	Pneumatic retinopexy
<input type="checkbox"/>	Scleral buckle procedures

FPPE (Department Chief to select)

<input type="checkbox"/>	Concurrent observation of three major operative procedures
<input type="checkbox"/>	Retrospective evaluation to include pre-operative work-up, surgical plan and post-operative course of events of 5 major varied procedures

Feedback from the OR Supervisor

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, health status, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Northern Inyo Healthcare District and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature NIHD

Department Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Disclosure of the Unanticipated Outcome	
Scope: Northern Inyo Healthcare District	Manual: Medical Staff
Source: Chief of Staff	Effective Date: 10/05/2012

PURPOSE:

To honor the dignity of our patient and ensure patient safety, our patients will be provided meaningful information regarding the status of their condition and care, including, but not limited to, unanticipated outcomes of treatment. This information is not intended to assign blame to any person or department, but to inform the patient in support of future medical decisions.

Examples of “unanticipated outcome”

1. A result that differs significantly from what was anticipated.
2. Known or unknown risk or complication of the procedure results.
3. Accident that results in injury or death, extraordinary pain, suffering, or disfigurement.
4. A sentinel event.

POLICY:

1. Northern Inyo Healthcare District (NIHD) shall provide its patients with outcomes of care, which require informed decisions regarding future clinical treatment.

PROCEDURE:

1. The attending physician, with the direct or indirect support and concurrence of appropriate hospital staff and medical staff peers, will inform the patient of the unanticipated outcome. After disclosure, the physician shall answer the patient’s questions and plan treatment going forward with the patient’s informed consent.
 - a. Examples of appropriate hospital staff:
 - i. Director of Nurses
 - ii. Nursing Supervisor
 - iii. Department and Unit Manager
 - iv. Medical Staff Service Chief
 - v. Others indicated by the individual situation
2. Disclosures must be timely. “Timely” can indicate a spectrum from “immediately” to as soon as appropriate support and/or information, can be obtained, e.g., test results.
3. Without assigning or admitting blame, the physician, or hospital staff may express regret or apologize for an unfavorable medical outcome.
4. The healthcare professional/physician who informed the patient shall document in the medical record that the discussion took place with the patient or with the patient’s representative (by name and relationship) with the date, time, and signature.
5. The patient’s physician shall document in the medical record the patient’s plan of care.

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Disclosure of the Unanticipated Outcome	
Scope: Northern Inyo Healthcare District	Manual: Medical Staff
Source: Chief of Staff	Effective Date: 10/05/2012

REFERENCES:

1. RI.01.02.01 EP 20. Joint Commission Standards for Critical Access Hospitals. 2018.

Approval	Date
Medical Executive Committee	11/6/18
Board of Directors	12/19/18
Last Board of Directors Review	8/21/19

Developed:

Reviewed: 3/03; 8/08; 9/09; 8/2010; 8/2011; 11/2016

Revised: 11/2018 dp

Supersedes: PA- Patient Safety: Disclosure of the Unanticipated Outcome

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Medical Ethics Referrals and Consultations	
Scope: NIHD	Manual: Medical Staff
Source: MEDICAL STAFF DIRECTOR	Effective Date: 6/21/2018

PURPOSE:

The purpose of this document is to outline the procedure for medical ethics referrals to the Northern Inyo Healthcare District (NIHD) Medical Executive Committee. The Medical Executive Committee will serve as a forum to promote and clarify medical ethics practices throughout NIHD in order to enhance the quality of patient care.

POLICY:

1. The Medical Executive Committee shall serve as the Medical Staff Ethics Committee.
2. The activities of the Medical Executive Committee in relation to ethics include:
 - a. Consultation – Consult with hospital staff regarding difficult clinical ethics cases, making recommendations when appropriate.
 - b. Education – Identify educational opportunities to educate committee members, the hospital, and the community on medical ethics issues.
 - c. Policy work – Review and create hospital policies and procedures to promote medical ethics practice guidelines and decrease future ethics conflicts.
3. Other healthcare professionals or members of the community may be asked to participate in the committee’s activities when appropriate, including, but not limited to:
 - a. Social workers
 - b. Clergy
 - c. Legal counsel

PROCEDURE:

1. Consultation Procedure (Referrals) – Inpatient or Outpatient
 - a. Requests for consultation may be initiated by the patient, family, attending physician, other health care providers, or any person having a significant relationship with the patient.
 - b. When a request arises, the House Supervisor contacts the Chief of Staff, Vice Chief of Staff, or designee to initiate the referral.
 - c. The Chief of Staff, Vice Chief of Staff, or designee reviews the request for appropriateness and urgency. If the request is appropriate, the Chief of Staff, Vice Chief of Staff, or designee contacts the Medical Staff Office to either:
 - i. Add the referral to the next regularly scheduled Medical Executive Committee agenda for discussion in closed session, or
 - ii. Convene a special meeting of the Medical Executive Committee if urgent.
 - d. The committee reviews the case and proceeds as follows:
 - i. Discusses issues that initiated the consultation including medical, family, psychosocial, spiritual, legal and ethical dilemmas.
 - ii. Clarifies options, including the ethical justification or rationale for each option.
 - iii. Selects appropriate options to recommend.
 - e. The Medical Executive Committee communicates its recommendation to the appropriate involved parties, either verbally or in writing.
 - f. A summary statement is placed in the patient’s medical record by the Chief of Staff, Vice Chief of Staff, appropriate Chief or designee.

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Medical Ethics Referrals and Consultations	
Scope: NIHD	Manual: Medical Staff
Source: MEDICAL STAFF DIRECTOR	Effective Date: 6/21/2018

REFERENCES:

1. Nelson, William A. and Elliot, Barbara A. (2012) *Critical Access Hospital Ethics Committee Resource Guide*. Trustees of Dartmouth College, Hanover, New Hampshire.

Approval	Date
Medical Executive Committee	6/5/18
Board of Directors	6/20/18
Last Board of Directors Review	8/21/19

Developed: 5/2018 dp

Reviewed:

Revised: 5/2018 je

Supersedes:

Index Listings: Ethics consultation, ethics consult, ethics referral

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Pediatric and Newborn Consultation Requirements	
Scope: Medical Staff	Manual: Medical Staff
Source: Chief of Pediatrics	Effective Date: 11/14/18

PURPOSE:

The purpose of this policy is to outline the requirements for pediatric and newborn patient consultation to the pediatric service.

POLICY:

1. Consultation on pediatric patients is required in the following circumstances:
 - a. Any critically ill infant or child.
 - b. Prior to surgery in any child with potential for significant complications.
 - c. Following surgery for unexpectedly prolonged inpatient stay or prolonged IV therapy or electrolyte imbalance.
 - d. At any time a provider has concerns.
2. Consultation on newborns/nursery patients is required in the following circumstances:
 - a. Any newborn admitted to Neonatal Pediatrics for any reason (IV therapy, oxygen therapy, etc.).
 - b. Any infant requiring transfer to another facility.
 - c. Infants requiring phototherapy.
 - d. Infants requiring treatment for hypoglycemia.
 - e. Infants with unstable vital signs or suspected sepsis.
 - f. Infant with persistent vomiting or abdominal distension.
 - g. Infants born before 35 weeks gestation.
 - h. Infant of mother with signs/symptoms concerning for chorioamnionitis.
 - i. At any time a provider has concerns.
3. The request for consultation should be directed to the physician listed as being on-call for the pediatric service and/or a pediatric or neonatal specialist if higher level of care is needed. Medical staff members on-call for the pediatric service may be a pediatrician or a family practice physician having qualified for and been granted the appropriate privileges to provide consultation.

REFERENCES:

1. 22 CCR §70537. Pediatric Service General Requirements.
2. American Academy of Pediatrics.

CROSS REFERENCE P&P:

1. Pediatric Standards of Care and Routines
2. Admission Procedure of Pediatric Patient
3. Admission, Care, Discharge, and Transfer of the Newborn

Approval	Date
Clinical Consistency Oversight Committee	10/22/18
Perinatal/Pediatrics Committee	10/12/18
Medical Executive Committee	11/06/18
Board of Directors	11/14/18
Last Board of Directors Review	8/21/19

Developed: 10/2018 ch

Reviewed:

Revised:

Supersedes: n/a

NIHD Board Meeting

Pioneer Home Health Care, Inc. (PHHC)

Quarterly Summary Report

August 11, 2021

Distinguished Board Members;

Please see the attached summary of the services we have provided from January – June 30, 2021:

1. Admission Analysis by referral source for Home Health services. We continue to receive referrals from many different institutions, physician offices, acute rehab centers, and skilled nursing facilities. Northern Inyo continues to be the leader in these referrals.
2. Admission Analysis by referral source for Hospice services.
3. Home health visit totals, with historical visit numbers included for comparison.
4. Hospice visit totals, with historical visit numbers included for comparison.
5. Home Health visits average miles. Our service area includes Lone Pine, Independence, Aberdeen, Big Pine, Bishop, Starlight, Aspendell, Round Valley, Paradise, Tom's Place, Mammoth to June Lake, and Highway 6 up to Benton.
6. Hospice visit average miles. This indicates most of these patients are local.
7. Personal Care Program (PCP) hours

PROGRAM REPORTS

Home Health Program

Statistics through June 2021

125 admits

828 visits

18,042 miles traveled – average 21.79 miles per HH visit

Present number of active patients = 27

Home Health Gold, a very important financial software program we have used in the home health arena for many years, will be retiring by the end of the year. This software program is an amazing tool which helps us to “scrub” our assessments and helps to determine the “budget” for each patient. We are now forced to find a new program to meet our needs. At this, we have not been able to find a comparable product, but will continue the search, expecting the cost to be most likely much more than what we were paying HH Gold. The loss of this program will have an effect on how we project and plan visits for each patient, with potential for loss, until a suitable alternative program is found. We are currently exploring SHP software as an option.

Hospice

Statistics through June 30, 2021

Have served 19 hospice patients and provided 154 home visits this year

Average length of stay (LOS) = 20.88 days

Average Miles traveled per visit = 5.66
Present number of patients = 5

We are currently providing our second volunteer training course for the year. We have procured 4 new volunteers this year, each with their limitations on when and how they can help out. We would like to recognize volunteer Kim Walker, who died while hiking in the Kersarge Pass area last month. She will be greatly missed.

We have already held several fundraisers this year, netting \$4,463.97. Our Silent Auction event, which was held outdoors was beautiful, was not well attended despite great media presence promoting the event. Thank you Mary Mae for attending! New fundraising projects include having a booth with a Christmas theme at the Tri-County Labor Day Fair on September 4th, and hospice volunteers will also will be helping out with some estate sales in which the proceeds will be donated to hospice.

Bereavement support continues to be provided by Chaplain Patrick Thompson, and our program is quite robust. We already have community members who have expressed interest in the next bereavement support group which we will be providing in the fall.

Personal Care Program (PCP)

Statistics through June 30, 2021 Present number of active clients is 24

Staffing: currently have 11 caregivers

6492 hours of caregiving was given in the first quarter of 2021

Due to the Employee Manual being updated and new Wage Order 15 rules, many new changes have occurred in how care attendants are now paid. Changes include:

1. Mileage reimbursement for miles between clients.
2. Reimbursement for travel time between clients.
3. They now receive what is called “deminimis”, which is reimbursement for time spent picking up schedules, procuring work and returning phone calls or texts regarding schedules. This is calculated by assigning 2 minutes of time worked for every shift worked in a pay period. This amount of time is then paid out at each care givers rate per pay period. Another manual job added to complete payroll.
4. Also, they are now reimbursed \$2.50 per pay period for use of their personal phone.

All these changes were necessary to meet the new laws and regulations in home care. We are proud to say that overall these changes will greatly benefit the employee, and hopefully create happier employees, aide with employee retention, garner more care attendants to meet the community’s needs, and provide improved competition to our “under the table” competitors.

There is a price to pay for these changes, and after a 3-month trial period we will see where we need to change our pricing structure. We are looking at changing our pricing based on the location of the client. Base hourly wage, plus travel and mileage fees could be based solely on location and is a fair way to bill a client for our services.

We are now serving clients in the Valley Apartments who received a grant from Inyo County. This grant was allotted to Medi-Cal recipients of the Valley Apartments in Bishop, for much needed personal care services, as they otherwise most likely would not have been able to afford these services. The arrangement appears to be working well, and the grant recipients are grateful for our services.

We are also providing education to our personal care attendants when a shift is cancelled. If the employees' shift has been cancelled by the client, we by law must provide wages to the employee for a certain amount of hours based on how long the shift was scheduled for. Rather than just paying the employee when cancelled, they are now required to come into the office for computer based educational modules, in order to actually earn these wages.

HUMAN RESOURCE REPORT

Staffing

Nursing: Continue to still need home health/hospice nurse case managers. Plan: Continue with Facebook advertisements, Inyo Register, and continue to work with our recruitment company which has netted zero applicants at this point. Worked previously with Indeed, which has also proven unsuccessful. Have reached out to Northern Inyo Hospital HR, requesting to work with them for staffing, however nothing has been scheduled at this time.

Certified Home Health Aide (CHHA): Have promoted one of our Personal Care Attendants, Carolyn Crowl, who has a current LVN license in order to meet our aide needs, particularly for our hospice patients. She has started her orientation process for the role last month and she will continue to work as a personal care attendant, in addition to her LVN role to meet CHHA requirements.

Therapy: Well-staffed currently. We have 1 full time therapist who acts as a clinician and a supervisor, 1 part time Physical Therapy Assistant and 1 per diem Occupational Therapist. Things continue to work well with the NIH contract staff: utilizing 1 Physical Therapist, 2 Occupational Therapists and 2 Speech Therapists. To date we are current on paying NIH for all of these contract services. In addition, we have hired per diem physical therapist, Victoria Orłowski. She currently works full time at Mammoth Orthopedic Institute, and had expressed interest in home health. She has proven to be a quick learner and has been in the field for the past 2 months on an as need basis.

Medical Social Worker and Chaplain roles are running smoothly, are successful, and both positions remain filled.

Personal Care Attendants/Personal Care Program: Care attendants have come and gone for various reasons, and currently a strong push is being made in advertising these flexible positions using a large ad in the Inyo Register, Facebook and two weeks/3 times a day radio ad on KIBS radio-mart. Applications are already coming in. The hope is to build this program in order to

meet the community need. Currently we are not always able to meet all of our client's requests for shifts.

Our Personal Care Program Coordinator, left the position for a position at NIH. We have promoted from within, and Panda Bourelle has accepted the position and has started the orientation process. She has been with us for 2 years as a personal care attendant and has 11 years of experience as a CNA at the Bishop Care Center. She is well known for her excellent knowledge in patient care, and her strong work ethic. We are pleased she has agreed to join our office team.

Office Staff: The Medical Biller position has been posted in the Inyo Register. This position covers all non-Medicare billing, among many other tasks. The plan is for current biller Holly Mullanix to transition to Marianne Rogers' role as Administrative Assistant. Marianne's role has grown over the years, as the agency grew and the industry changed, and it was agreed that it would take approx. 6 months to fully train the next person in that position. With Marianne's plan to retire in March of 2022 (after 30+ years with Pioneer) this will hopefully give us adequate time to train Holly for this position.

The multiple staff changes have been difficult on our HR department (consisting of one person) and there has been a cost to taking these employees on, hiring them, providing back ground checks and then starting orientation, only to have them resign. The base staff has a long retention history, and the goal, of course, is to gain long time, productive employees to add to our team.

FINANCIALS

Our main bank account had been fraudulently accessed multiple times, however no funds have been lost. Per recommendations from Union Bank the account will be closed. It cannot be closed, however, until we are able to change the NGS Medicare payments to our new general account. Once this is successfully done, we will close the account. Again, no funds were lost.

NDoc our Electronic Medical Record (EMR) changed their billing program on May 1st. Despite multiple training sessions on how to use it, this has created difficulty for the 2 billers and the financial coordinator in balancing the accounts receivables. This introduction of a new program has increased the time to balance accounts which requires using the 2 different billing programs until we fully transition to the new program. As a result of this new billing program, the second quarter financials are not currently completed.

It has been 6 months now without the upfront Request for Advanced Payment (RAP) provided by Medicare. In previous years 60% of the total cost of the patients' episode of care was given at the start of care, last year it was reduced to 20% (we survived that) and now we are at 0%. Meaning, we must provide the work in advance, and we cannot bill for our services until 30 days after admitting the patient into our care, and every 30 days thereafter, or at the time of discharge. We were preparing for this time, and are proud to say we have successfully negotiated this change in the payment system from CMS.

The initial loss noted in our first quarter of 2021, in the amount of \$96,939.78 in part is explained by the loss of the RAP. We were providing the work, paying employees for the work, but were not being reimbursed until much later. We can assume after a year of this new payment process, the numbers will even out.

Startup costs for Hospice of the Owens Valley were greater than \$400,000 over several years. This amount has now been fully amortized. The amortization was running at \$6,888 a month, and ended in March of this year. This should have hospice now showing a profit, which will help our year end numbers.

Earlier this year, we complied with multiple, various 2019 audit requests from NIH. The concern is the amount of time these audits take, and with our incredibly small office staff with each member wearing multiple "hats" these audits take away their valuable time from completing other necessary tasks. Our home health/hospice office staff consists of a total of 4 people responsible for all agency functions/finances. We have now received a much more in-depth request for information about our agency for year ending 12/31/2020. We are seeking direction from our corporate board regarding the extent of our participation in these audits.

GENERAL INFORMATION

Our entire team was able to participate in bits and pieces of the annual California Association for Home Services at Home (CAHSAH) conference via zoom. It was a very busy time but all were able to participate and benefit from the various offerings from our national home health/hospice association.

Our Employee Manual is being completely updated, and is almost finished. We have hired Elizabeth Murphy of Jackson Lewis Law Firm to do this work. She is an expert on Wage Order regulations. The project to update the Employee manual has long been over due and we have budgeted for this project with the goal that it will be completed this year. Final review of the manual is in process.

Referral concerns: due to NIH change in their Electronic Medical Records (EMR) vendor on May 1st, going from Athena to Cerner, referrals from the hospital/rural health clinic have been dropped or have been missed. Missing in Cerner is access to the correct template of information needed for a home health referral. As a result, many referrals were unable to be processed or accepted due to the lack of needed information required to complete the referral. We have been working with various IT, nursing, physicians and case management at NIH to resolve this issue. We are now getting the necessary information but in multiple forms, requiring multiple pieces of paper, multiple communication with the referral source to get the right information. The hope is that eventually NIHD providers will have access to the templet and the knowledge base to use it.

Our COVID Prevention Plan was created, and the June 17th change in the Emergency Temporary Standards (ETS) order from the governor was made available to all employees. Each was

instructed on the plan, and the plan has been posted. Our infection control plan continues to be followed, which is to wear face protection during all of our home visits, as we have been doing since the start of the pandemic, this includes our (PCP) home care workers and volunteers as well. We will don heightened protective gear with all known COVID positive patients. PCP home care aides are not serving any known positive COVID clients, until they are tested as negative. We were able to contact our Inyo County Health and Human Services representative for supplies from the State of California at no cost, and now are very well stocked up on paper face masks, and N95 masks, hand sanitizer, gowns, gloves and cleaning supplies. We are utilizing our storage unit on Short Street to store the overflow of Personal Protective Equipment (PPE) that we have received. We will continue to update staff and comply with all CDPH / CDC / Social Services orders.

**Pioneer Home Health Care / Home Health
Admission Analysis by Referral Source**

for period ending 06/30/2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Totals
Acute Rehab - Carson													0
Acute Rehab - Renown Health			1										1
Acute Rehab - Other						1							1
Clinic - Mammoth Lakes Fam Med		2				1							3
Clinic - Rural Health NIH	1	5	2	2	2								12
Clinic - SIH				1									1
Clinic - Toiyabe						1							1
Family / Friend / Self													0
Hospital - Carson/Tahoe				1	1								2
Hospital - Glendale Adventist													0
Hospital - Loma Linda													0
Hospital - Mammoth Lakes	1	1	2	1		1							6
Hospital - Northern Inyo	9	6	10	13	8	5							51
Hospital - Renown Medical Center	2	3	3	3	3	4							18
Hospital - Sierra Surg - Carson													0
Hospital - Southern Inyo													0
Hospital - St. Mary's													0
Hospital - UCLA Medical Center	1												1
Hospital - USC / Keck Med			1		1								2
Hospital - VA													0
Hospital - Other	1	1	1	1	4	1							9
Other													0
Physicians' Office Local	2		1										3
Physicians' Office Out-of-Counties	1												1
SNF - Bishop Care Center	2		2	3	1	1							9
SNF - Southern Inyo						1							1
SNF - Other	1	1			1								3
Another HH Agency													0
Workers Comp Insurance													0
Totals	21	19	23	25	21	16	0	0	0	0	0	0	125

Hospice of the Owens Valley / Hospice Admission Analysis by Referral Source

for period ending 06/30/2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Totals
Acute Rehab - Carson													0
Acute Rehab - Renown Health													0
Acute Rehab - Other													0
Clinic - Mammoth Lakes Fam Med						1							0
Clinic - Rural Health NIH			3										4
Clinic - SIH													0
Clinic - Toiyabe						1							1
Family / Friend / Self													0
Hospital - Carson/Tahoe													0
Hospital - Glendale Adventist													0
Hospital - Loma Linda													0
Hospital - Mammoth Lakes													0
Hospital - Northern Inyo		1			2								3
Hospital - Renown Medical Center			1										1
Hospital - Sierra Surg - Carson													0
Hospital - Southern Inyo													0
Hospital - St. Mary's													0
Hospital - UCLA Medical Center													0
Hospital - USC / Keck Med													0
Hospital - VA													0
Hospital - Other		2											2
Other													0
Physicians' Office Local					4	1							8
Physicians' Office Out-of-Counties		3											0
SNF - Bishop Care Center													0
SNF - Southern Inyo													0
SNF - Other													0
Another Hospice Agency													0
Totals	0	6	1	3	6	3	0	0	0	0	0	0	19

**Pioneer Home Health Care
2021 Home Health Visit Totals**

Home Health Visits													
through June 2021													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
SN	66	61	48	53	56	29	0	0	0	0	0	0	313
PT	59	62	58	91	61	68	0	0	0	0	0	0	399
OT	10	7	13	15	14	12	0	0	0	0	0	0	71
ST	2	3	2	0	0	4	0	0	0	0	0	0	11
MSW	4	10	7	8	2	3	0	0	0	0	0	0	34
CHHA	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	141	143	128	167	133	116	0	0	0	0	0	0	828
Average visits per month =											138		
2020	121	124	134	189	148	191	202	242	203	195	153	174	2076
2019	91	118	116	134	131	129	131	142	94	165	147	160	1558
2018	61	75	71	107	73	49	73	120	93	160	138	93	1113
2017	104	86	72	88	63	65	70	84	53	75	61	49	870
2016	143	117	161	139	126	138	98	87	92	67	87	78	1333
2015	144	180	164	154	170	174	197	144	127	124	130	101	1809
2014	211	210	172	143	170	143	217	172	191	153	140	139	2061
2013	213	178	195	207	152	226	133	138	211	260	185	192	2290
2012	134	173	196	219	201	175	158	160	156	195	197	149	2113
2011	199	239	230	152	203	215	199	169	200	184	159	177	2326
2010	243	193	228	185	226	209	172	195	151	189	219	231	2441
2009	237	193	237	170	179	233	256	196	172	178	154	203	2408
2008	177	159	145	156	172	202	216	154	208	184	199	205	2177
2007	146	119	135	134	124	99	157	118	137	121	138	169	1597

Hospice of the Owens Valley
2021 Hospice Visit Totals

Hospice Visits													
through June 2021													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
SN	3	10	20	22	21	22	0	0	0	0	0	0	98
PT	0	0	0	0	0	0	0	0	0	0	0	0	0
OT	0	1	4	2	2	0	0	0	0	0	0	0	9
MSW	0	3	2	4	2	2	0	0	0	0	0	0	13
Aide	0	0	0	0	0	0	0	0	0	0	0	0	0
Chaplain	0	2	10	9	4	9	0	0	0	0	0	0	34
Bereavement	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	3	16	36	37	29	33	0	0	0	0	0	0	154
Average visits per month =											26.0		
2020	51	30	36	21	24	23	24	23	25	19	11	23	310
2019	25	27	12	39	25	22	26	36	37	38	66.0	62	415
2018	27	25	50	39	53	51	23	56	32	32	37.0	16	441
2017	2	9	0	0	0	20	15	24	21	12	24	19	146
2016				2	1	11	19	18	18	14	16	0	99
Hospice Volunteer Visits													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
	1	2	4	5	1	0							13
Hospice Visits - Volunteers													
2020	3	2	3	0	4								12
2019	1	0	2	1	1	5	5						15
2018	1	4	3	4	3	6	4	7	2	0			34

**Pioneer Home Health Care
Personal Care Program Hours**

For period ending June 30, 2021

	15-Jan	31-Jan	15-Feb	28-Feb	15-Mar	31-Mar	15-Apr	30-Apr	15-May	31-May	15-Jun	30-Jun
PCA Billable Hours	489.75	432.92	454.00	486.00	572.00	516.00	539.75	608.50	603.25	611.43	570.59	597.66
PCA Billable Charges	11743.75	10823.00	11350.00	12150.00	14300.00	12900.00	13493.75	15212.50	15081.25	15285.75	14264.75	14941.50

	15-Jul	31-Jul	15-Aug	31-Aug	15-Sep	30-Sep	15-Oct	31-Oct	15-Nov	30-Nov	15-Dec	31-Dec	Totals
PCA Billable Hours (2)													6461.85
PCA Billable Charges	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$ 161,546.25

Hours by Month:	
January	902.67
February	940.00
March	1088.00
April	1148.25
May	1214.68
June	1168.25
July	0.00
August	0.00
September	0.00
October	0.00
November	0.00
December	0.00
	6461.85



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

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

DATE: August 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: John "Adam" Hawkins, DO
RE: Eastern Sierra Emergency Physicians (ESEP) Quarterly Report

Recruitment:

- The Hospitalist and Emergency Medicine Departments remain fully staffed at this time. There have been no new hires through ESEP in either of these departments since the last quarterly report. The administrative leadership in charge of these departments are constantly evaluating the need for new physicians within these departments. However, at this time we are pleased to report that staffing is more than sufficient and almost entirely comprised of physicians who call the Eastern Sierra home.

Hospitalist Program:

- Dr. Monika Mehrens has taken over as both the Chair and Chief of inpatient medicine. Dr. Mehrens comes to Northern Inyo Hospital with ample leadership experience after working at Barton Memorial Hospital in South Lake Tahoe prior to moving to Bishop. ESEP is excited to see her transition into this new role. Dr. Mehrens previously served as the Hospitalist Medical Director at Northern Inyo Hospital at the onset of the COVID-19 pandemic. I received a tremendous amount of positive feedback from nursing, ancillary, and medical staff regarding Dr. Mehrens poise and leadership skills during those incredibly challenging months. We are excited to see Dr. Mehrens transition into the Chair and Chief roles. We are confident she will continue to improve the care provided to the patients at Northern Inyo Hospital.

Hospital Medicine Clinic:

- The Hospital Medicine Clinic continues to provide a vital role for the members of our community. Dr.'s Schunk, Mehrens, Engblade and Jesionek deserve a tremendous amount of credit for the creation and early success of this program.

Emergency Medicine Program

- The Emergency Department continues to run smoothly. I would like to highlight Dr. Greg Gaskin in this quarterly report. Dr. Gaskin came to ESEP just over a year ago after completing his residency training at The University of Arizona by way of Stanford Medical School. Since arriving at Northern Inyo Hospital, Dr. Gaskin has demonstrated a continued pattern of going above and beyond what is asked of our emergency medicine physicians. In addition to practicing a compassionate form of evidence based medicine, Dr. Gaskin served as the Cerner Superuser on behalf of the Emergency Medicine physicians and was vital in a smooth transition from Athena to Cerner. Recently, Dr. Gaskin has taken on the task of reviewing the inventory of medical supplies within the Emergency Department. Along with the excellent nursing leadership within the emergency department, Dr. Gaskin and our ER nursing leadership are looking to streamline the supplies we stock within our department. We are hopeful that this will improve efficiency, patient care, patient experience, reduce cost to the district, and illuminate any gaps in our current stocking practices. We are extremely proud to have Dr. Gaskin as part of the ESEP team and we are looking forward to his continued success and growth as an emergency medicine physician and member of the Bishop, CA community.

**NORTHERN INYO HEALTHCARE DISTRICT
SUBMISSION TO THE BOARD OF DIRECTORS
FOR APPROVAL**

Date: August 7, 2021

Title: **COMPLIANCE DEPARTMENT QUARTERLY REPORT**

Presenter(s): Patty Dickson
Compliance Officer

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

It is recommended that the Board of Directors accept this quarterly Compliance Report.

Prepared by: Patty Dickson
Compliance Officer

Reviewed by: Kelli Davis
Name
Title INTERIM CEO

Approved by: Kelli Davis
Name
Title INTERIM CEO

FOR EXECUTIVE TEAM USE ONLY:

Date of Executive Team Approval: _____ Submitted by: Kelli Davis
Chief Officer

Compliance Report August 2021

1. Comprehensive Compliance Program review

- a. To be reviewed in Compliance and Business Ethics Committee

2. Compliance Workplan - – See Compliance Workplan 08/2021 (attachment A)

3. Potential Breaches and privacy concerns

- a. The Compliance Department has investigated 24 privacy concerns between January 1, 2021 and Aug 6, 2021.
 - i. Investigations closed with no external reporting required – 15
 - ii. Investigations still active – 6
 - iii. Reported to CDPH (California Department of Public Health)/OCR (Office of Civil Rights) – 3
 1. No determinations received from CDPH
- b. The Compliance Department reported 15 alleged breaches to CDPH/OCR for CY 2020.
 1. 6 CDPH cases closed as substantiated without deficiencies
 2. 9 are pending determination by CDPH
- c. Outstanding breaches reported to CDPH between 2016-2019
 - i. 2016
 1. 1 case is still in progress
 - ii. 2017
 1. 15 cases are in submitted status
 2. 1 case is still in progress
 - iii. 2018
 1. 9 cases are in submitted status
 - iv. 2019
 1. 3 cases are in submitted status
 2. 1 case is in progress

4. Issues and Inquiries

- a. The Compliance Team researches regulatory concerns, ever-changing COVID regulations and guidance, and internal policy as requested by NIHD workforce.

- b. We have provided guidance or sought legal opinion on dozens of issues to date in 2021.

5. Audits

a. Employee Access Audits

- i. The HIPAA and HITECH Acts imply that organizations must perform due diligence by actively auditing and monitoring for appropriate use of PHI. These audits are also required by the Joint Commission and are a component of the “Meaningful Use” requirements.
- ii. Cerner has a more automated system for auditing. Cerner has a dashboard that displays the data the program monitors on an on-going basis
 1. A “flag” is created when any access appears unusual.
 - a. Flags are reviewed and resolved by comparison audits, workflow review, discussions with workforce, and discussions with leadership.
 2. Compliance has a dashboard and can review flags for the following event types regularly
 - a. User ID matches patient name
 - b. User has same last name as patient
 - c. Chart access is unusual pattern for user.
 - d. Excessive printing or excessive charts being opened for job role.
 3. We conduct in-depth new employee audits for all new employees.
 4. We have only had the new auditing software for two months, and so are still working on how to incorporate executive overview style reports for the Board of Directors.
- iii. Access audits monitor who is accessing records by audit trails created in the systems. These audits allow us to detect unusual or unauthorized access of patient medical records.
 1. The Compliance Department Analyst manually completes audits for access of previous patient information systems (Athena, Centricity, Paragon, Redoc, Orchard, etc) to ensure employees’ access records only on a work-related, “need to know,” and “minimum necessary” basis.
 - a. Compliance performs hundreds audits monthly. This will continue for the legacy systems as long as they are accessed.

- b. Each audit ranges from hundreds of lines of data to thousands of lines of data.
- iv. Audits summary
 - 1. 36 “For Cause” audits
 - 2. 107 “New Employee” audits conducted through 8/3/2021
 - 3. 17 flags for policy violations, investigated and resolved, with 5 being reportable to CDPH/OCR
- b. BAAs (Business Associate Agreements)
 - i. We currently have approximately 170 BAAs.
 - ii. We have reviewed and negotiated approximately 6 BAAs since January 1, 2021.
- c. Vendor Contract reviews
 - i. 35 contracts currently in the review process
 - ii. More than 130 agreements or contracts have been reviewed and executed since March 2021
 - iii. Monitoring contracts and deliverables is a leadership standard for the Joint Commission.
- d. PACS (Picture Archival and Communication System) User Access Agreements - No update since previous quarterly report
- e. HIMS scanning audit – Deferred to Q3 CY 2021 to include Cerner EHR
- f. Language Access Services Audit – Deferred to Q3 to ensure documentation in Cerner
 - i. Audits for Language Access Services to ensure Limited English Proficiency (LEP) patients are provided with the appropriate access to ensure safe, quality healthcare.
 - ii. Audits review documentation of language assistance provided to LEP patients
 - iii. Action items from audits allow the Compliance team to work with Language Access Services Manager, Jose Garcia, to develop tools for the workforce to ensure all proper steps are followed.
 - iv. Language Access regulations are enforced by the HHS Office of Civil Rights.
- g. HIPAA Security Risk Assessment – Due November 2021 (requires collaboration between Compliance Officer and Security Officer)

- i. Annual requirement to assess security and privacy risk areas as defined in 45 CFR 164.3. Review of 157 privacy and security elements performed in conjunction with Information Technology Services.
 1. Periodic update and assessment to be completed in Q3 of CY2021 with system changes of EHR, Time keeping system, Employee badge process, and other technological update.
- ii. NIHD is now using VendorMate (GHX) vendor credentialing software. This allows us to be compliant with our Vendor Credentialing Policy, and several facility security elements of 45 CFR 164.
 1. We have over 70 Vendor Companies registered.
 2. We have over 127 Representatives registered.
- h. 340B audit – Annual external audit and response plan in progress
- i. An audit of NIHD Board of Directors Agendas, Minutes, and Resolutions is in progress.

6. CPRA (California Public Records Act) Requests

- a. The Compliance office has responded to four CPRA requests to date in 2021.

7. Unusual Occurrence Reports (UOR) – UORs are processed by the Compliance Team

- a. We are in the kick-off stages of updating some of the data collection processes, improving the reporting process for end-users, and writing additional reports for data review and tracking/trending improvements
- b. See attached Q1-Q2 CY2021 Summary of Unusual Occurrence Reports (Attachment B)

8. Compliance Committees

- a. Business Compliance Team (BCT)
 - i. 2021 Conflict of Interest (COI) questionnaires were distributed approximately 2 months ago.
 - ii. We have received greater than 80% of completed questionnaires from our workforce
 - iii. Business Compliance Team will be meeting regularly until all potential conflicts of interest have been addressed.
- b. Billing and Coding Compliance Committee (BCCC)
 - i. Weekly meetings to address coding concerns, provider enrollment, billing, productivity, coding audit information, new services or service lines, denials management, and similar information

- ii. Agenda items and meeting minutes are located on a BCCC sharepoint
 - c. Compliance and Business Ethics
 - i. Members of committee have been reassessed. Update to Compliance Program should be submitted to the Board in September and then we will re-establish regular quarterly meetings.
- 9. Optimization, update, and audit of Policy Management software**
- a. Proper policies and policy management is a large component of an effective Compliance Program. The “Development, Review and Revision of Policies and Procedures” was approved by the Board in June, and is now effective.
 - b. Tracy, Policy Project Analyst, has reviewed and updated more than 1800 policies, moved over 100 policies through the archival process, ensured the correct version in correct formats are in both the currently published version and the version to be released on 08/16/2021.
 - c. Tracy has provided one-on-one training for the policy software and policy writing with many new and no-so-new members of the District leadership team. She has developed end user training for “Assignees/Readers,” “Owners/writers,” and for the core group of 7 individuals (“Admins”) who will provide assistance and guidance to ensure policies are moved through the approval process correctly, with appropriate documentation, and consistent workflow.

No.	Item	Reference	Comments
Compliance Oversight and Management			
1.	Review and update charters and policies related to the duties and responsibilities of the Compliance Committees.	NIHD Compliance Program (p.17)	Revised August 2021
2.	Develop and deliver the annual briefing and training for the Board on changes in the regulatory and legal environment, along with their duties and responsibilities in oversight of the Compliance Program.	NIHD Compliance Program (p.17)	“Takeaways” from monthly Healthcare Compliance Association (HCCA) magazine, updates from legal counsel, ACHD training for BOD
3.	Develop a Compliance Department budget to ensure sufficient staff and other resources to fully meet obligations and responsibilities.		2021 Budget
4.	District Policy and Procedure management		Updated policy and procedure management software to roll out 08/16/2021. Identified process and created policy for policy management.
Written Compliance Guidance			
4.	Audit of required Compliance related policies.		Annual review conducted on regular monthly schedule Throughout the year
5.	Annual review of Code of Conduct to ensure that it currently meets the needs of the organization and is consistent with current policies. (Note: Less than 12 pages, 10 grade reading level or below)		08/05/2021 - Completed
6.	Verify that the Code of Conduct has been disseminated to all new employees and workforce.		June 2021, ongoing
Compliance Education and Training			
7.	Verify all workforce receive compliance training and that documentation exists to support results. Report results to Compliance Committee.		Not updated for 2021
8.	Ensure all claims processing staff receive specialized training programs on proper documentation and coding.		Education and training coordinator for Coders. Continuing Education budget for coders, nThrive for

			chargemaster review, external coders and 3 rd party audits conducted
9.	Review and assess role-based access for EHR (electronic health record) and partner programs. Implement/evaluate standardized process to assign role-based access.		Cerner has role-based access, however, not all roles align with NIHD positions. Selections reviewed by ITS access security, Cybersecurity Officer and Privacy officer
10.	Compliance training programs: fraud and abuse laws, coding requirements, claim development and submission processes, general prohibitions on paying or receiving remuneration to induce referrals and other current legal standards.	Completed at Orientation.	Completed at orientation – current through 08/07/2021. False Claims Act Policy assigned annually.
Compliance Communication			
11.	Review unusual occurrence report trends and compliance concerns. Prepare summary report for Compliance Committee on types of issues reported and resolution		Compliance Committee has not met since Q4 2019
12.	Develop a report that evidences prompt documenting, processing, and resolution of complaints and allegations received by the Compliance Department.	Complytrack	UOR (unusual occurrence reports) tracking and departmental documentation of concerns/cases.
13.	Document test and review of Compliance Hotline.		Completed 06/2021
14.	Physically verify Compliance hotline posters appear prominently on employee boards in work areas.		Verified 06/2021
Compliance Enforcement and Sanction Screening			
15.	Verify that sanction screening of all employees/workforce and others engaged by NIHD against Office of Inspector General (OIG) List of Excluded Individuals and Entities has been performed in a timely manner, and is documented by a responsible party.	Ongoing – HR performs employees/travelers/temps monthly. Compliance verifies new providers. Medical Staff Office (MSO) verifies all medical staff. Accounting verifies all vendors.	Current through 07/31/2021

16.	Develop a review and prepare a report regarding whether all actions relating to the enforcement of disciplinary standards are properly documented.		Need to schedule time with HR and develop review process.
17.	Audits		
	a. Arrangements with physician (database)		Physician contract reviews – ongoing 06/2021
	b. EMTALA (Emergency Medical Treatment and Active Labor Act)		All EMTALA concerns immediately reviewed. Current through 08/2021
	c. Financial Audits	FY 2020 – Eide Bailly	Completed July 2021. Presentation to the Board July and August 2021
	d. Payment patterns		Waiting for minimum of 90 days of payment patterns from Cerner billing cycle for review
	e. Bad debt/ credit balances	High bad volumes with Athena	Reviewed billing processes, provider enrollments, continuous monitoring by V Behl, Financial Consultant, CFO
	f. Home health and DME	HHS OIG target	Continuing to explore District compliance oversight role with legal counsel. Will review again in November 2021.
	Lab services	MAC target	
	Imaging services (high cost/high usage)	MAC target	
	Rehab services	HHS OIG workplan	
18.	Ensure that high risks associated with HIPAA and HITECH Privacy and Security requirements for protecting health information undergo a compliance review.		Completed security risk assessment November 2020 with Cybersecurity Officer
	a. Annual Security Risk Assessment		Due November 2021
	b. Periodic update to Security Risk Assessment		Updated following penetration testing in 2021
	c. Monthly employee access audits		Current and ongoing based on auditing plan. Cerner provides continuous monitoring, reducing the need for a

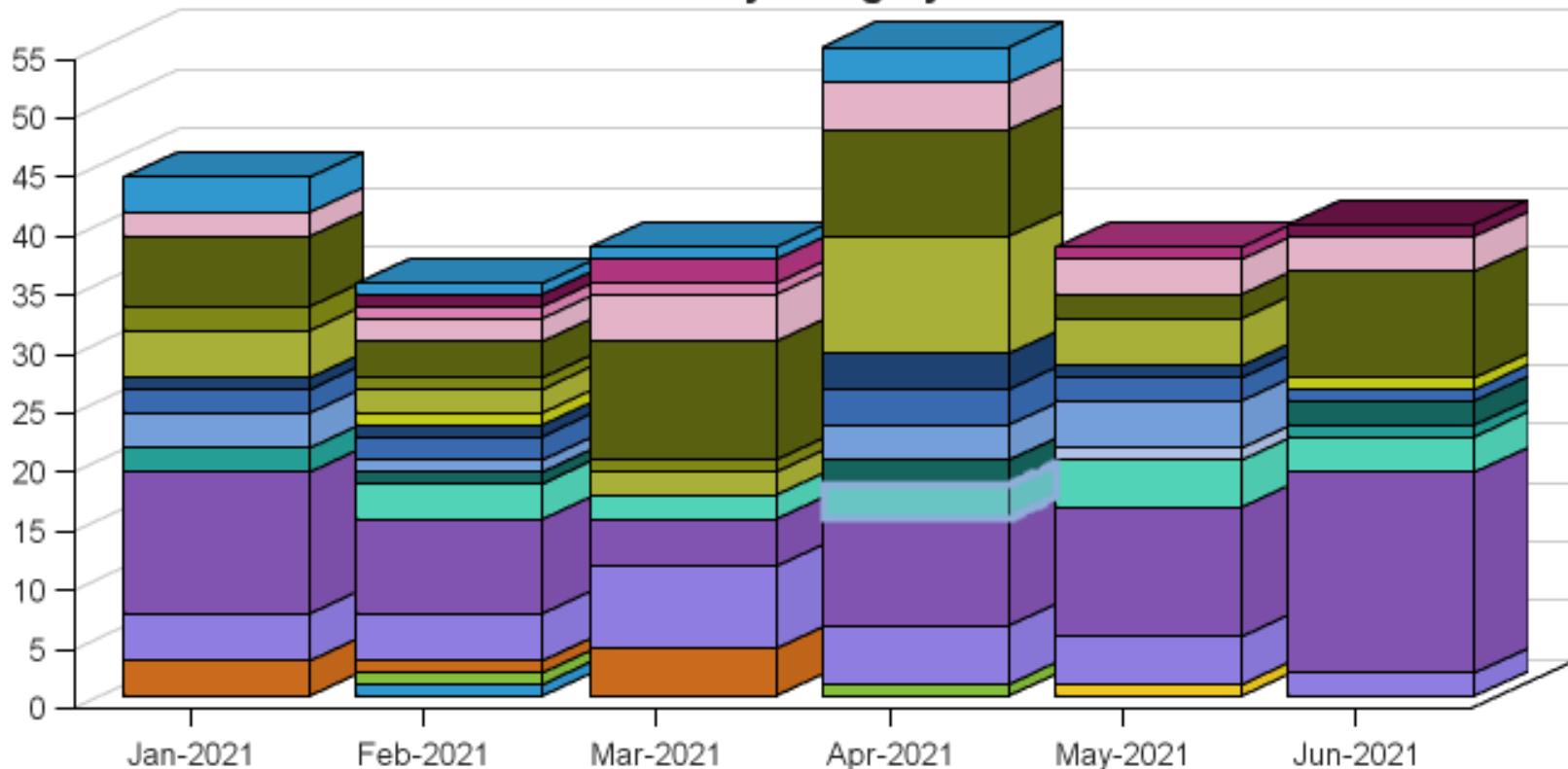
			completely manual auditing process
19.	Audit required signage		Completed 07/2019
20.	Audit HIM (Health Information Management) scanned document accuracy		Waiting for minimum of 90 days of Cerner for review
21.	Develop metrics to assess the effectiveness and progress of the Compliance Program		Review OIG Compliance Guidance update June 2020 with Compliance and Ethics Committee in 2021
22.	Implement automated access monitoring/auditing software		Cerner has continuous monitoring
23.	Review CMS Conditions of Participation		
Response to Detected Problems and Corrective Action			
24.	Verify that all identified issues related to potential fraud are promptly investigated and documented		08/2021 – and ongoing
25.	Review all corrective action measures taken related to compliance to verify they have been completed and validated as being effective. Prepare a summary report for the Compliance and Business Ethics Committee.		Monitoring for CDPH/TJC CAPS completed and reported to Board of Directors.
26.	Conduct a review that ensures all identified overpayments are promptly reported and repaid.		Able to trend denials and billing issues in Cerner reporting.
27.	UOR tracking and trending – UOR/Unusual occurrence reporting is now a function of the Compliance Department.		See UOR reporting attached to Board Report for Q1-2 for CY 2021
	a. Provide trend feedback to leadership to allow for data driven decision-making		Quarterly
	I. Overall UOR process		August 2021
	II. Workplace Violence		August 2021
	III. Sharps		August 2021
	IV. Overweight laundry		August 2021
28.	Pioneer Home Health and Hospice of the Owens Valley Compliance Review, ACE (Affiliated Covered Entity) agreement		Oversight needs to be reviewed by NIHD and PHHC Boards. ACE agreement review needed 08/2021
29.	Patient complaints		Currently working to determine most effective efficient workflow between Quality, Compliance, and Risk. Documented and tracked in

			Unusual Occurrence Reporting system
30.	Breach Investigations	On-going	On-going – see Compliance reports

2021 Compliance Work Plan – updated 08/2021

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

UORs by Category



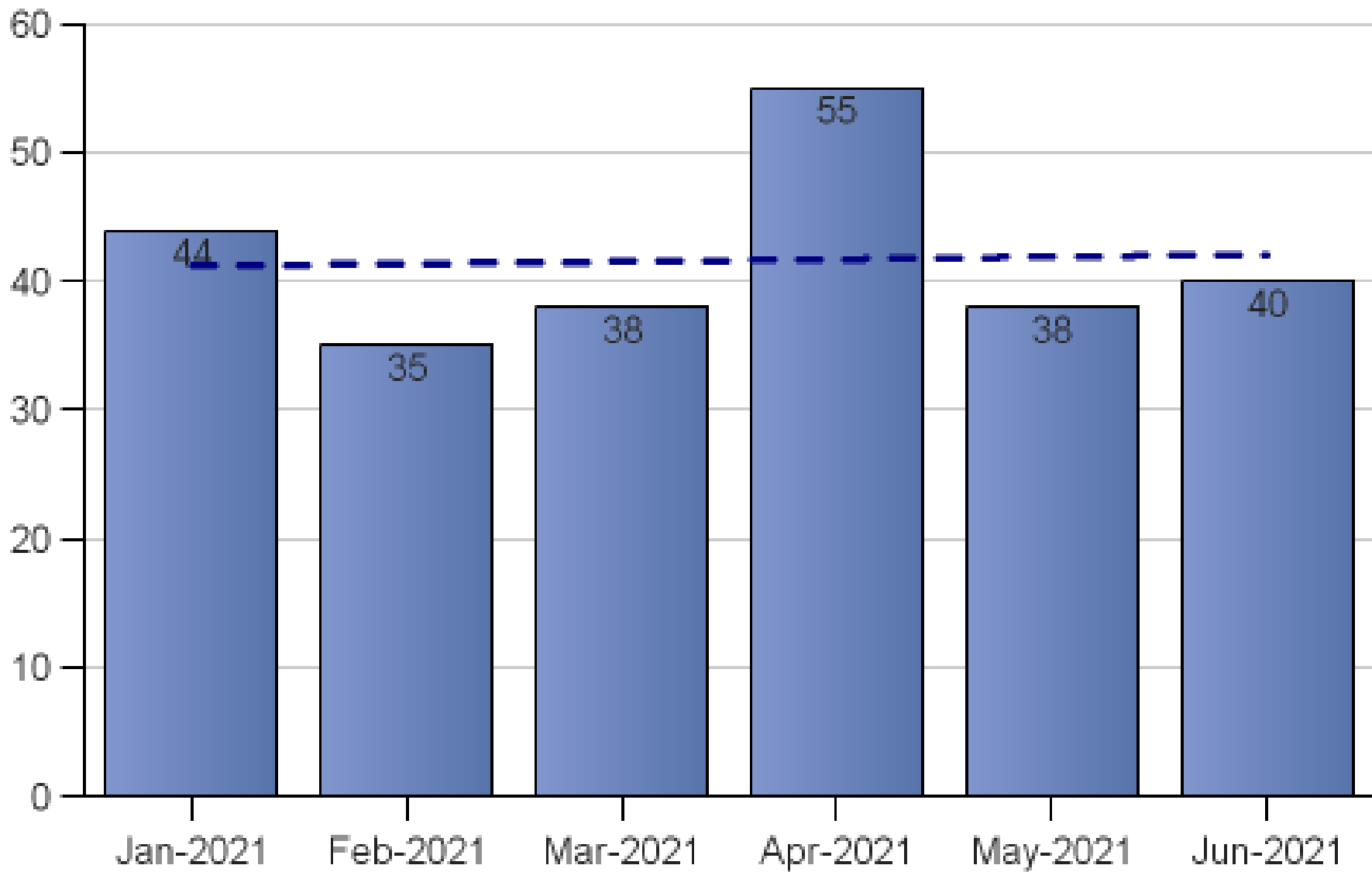
- AMAElopement/LWBS
- Codes - Rapid Response, Blue, ...
- Confidentiality/PHI Breach/HIPA...
- EMTALA
- IV issues/Blood transfusion issues
- Mishandled Sharps
- Skin integrity concern
- Workplace Violence
- Anesthesia
- Communication
- Critical Indicator
- Equipment/Supply/Devices
- Med Surg
- Procedure/Test/Specimen problem
- Surgery
- Bloodborne Pathogen Exposure- ...
- Complaints/review request
- ED
- Falls/Slips
- Medication Occurrence/Error
- Safety/Security
- Transfer - Internal or External

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

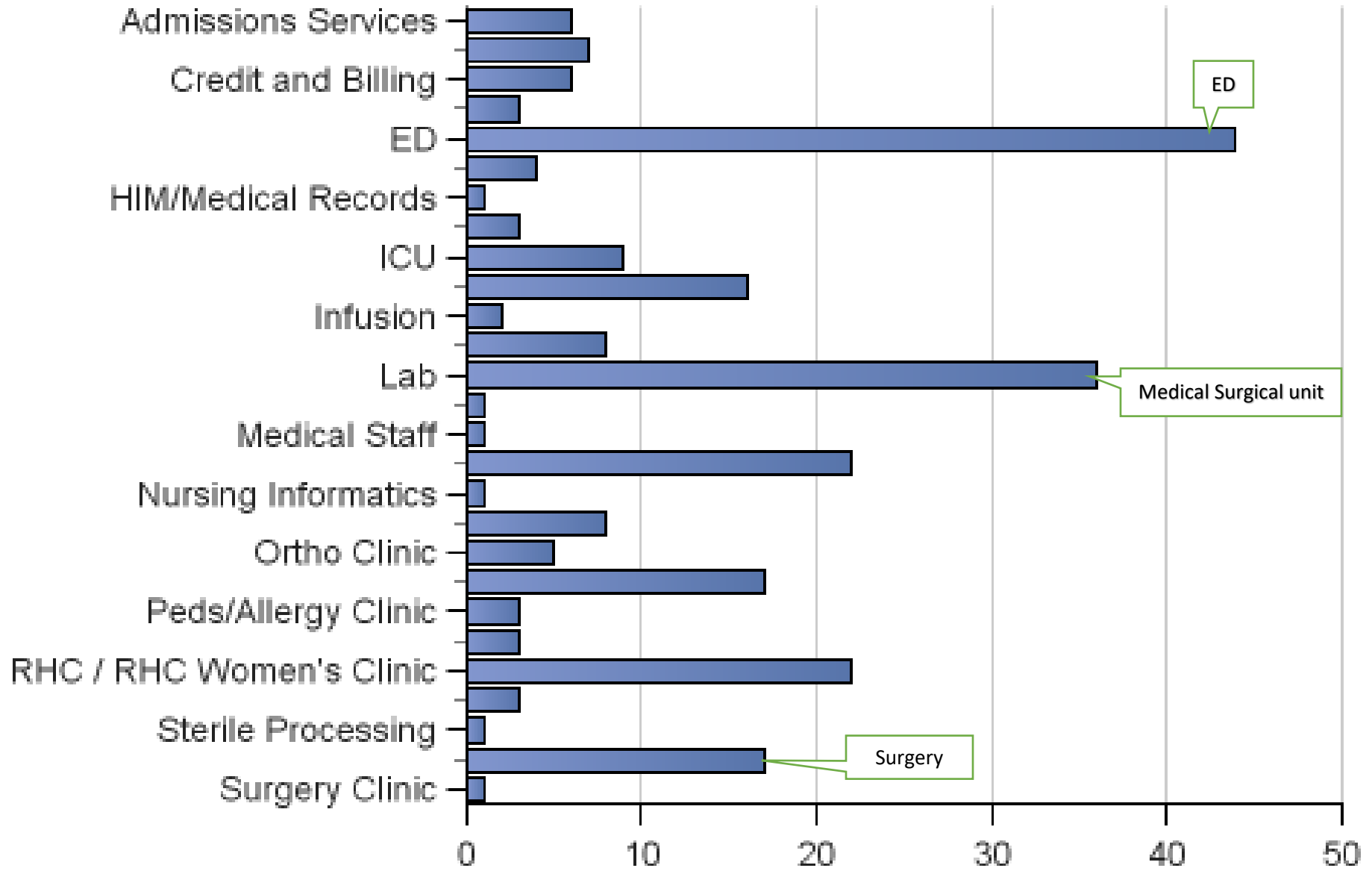
	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Total
AMA/Elopement/LWBS		1					1
Anesthesia		1		1			2
Bloodborne Pathogen Exposure- Sharps Injury					1		1
Codes - Rapid Response, Blue, Deescalation	3	1	4				8
Communication	4	4	7	5	4	2	26
Complaints/review request	12	8	4	9	11	17	61
Confidentiality/PHI Breach/HIPAA violation		3	2	3	4	3	15
Critical Indicator	2					1	3
ED		1		2		2	5
EMTALA					1		1
Equipment/Supply/Devices	3	1		3	4		11
Falls/Slips	2	2		3	2	1	10
IV issues/Blood transfusion issues	1	1		3	1		6
Med Surg		1				1	2
Medication Occurrence/Error	4	2	2	10	4		22
Mishandled Sharps	2	1	1				4
Procedure/Test/Specimen problem	6	3	10	9	2	9	39
Safety/Security	2	2	4	4	3	3	18
Skin integrity concern		1	1				2
Surgery			2		1		3
Transfer - Internal or External		1				1	2
Workplace Violence	3	1	1	3			8
Total	44	35	38	55	38	40	250

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

UORs

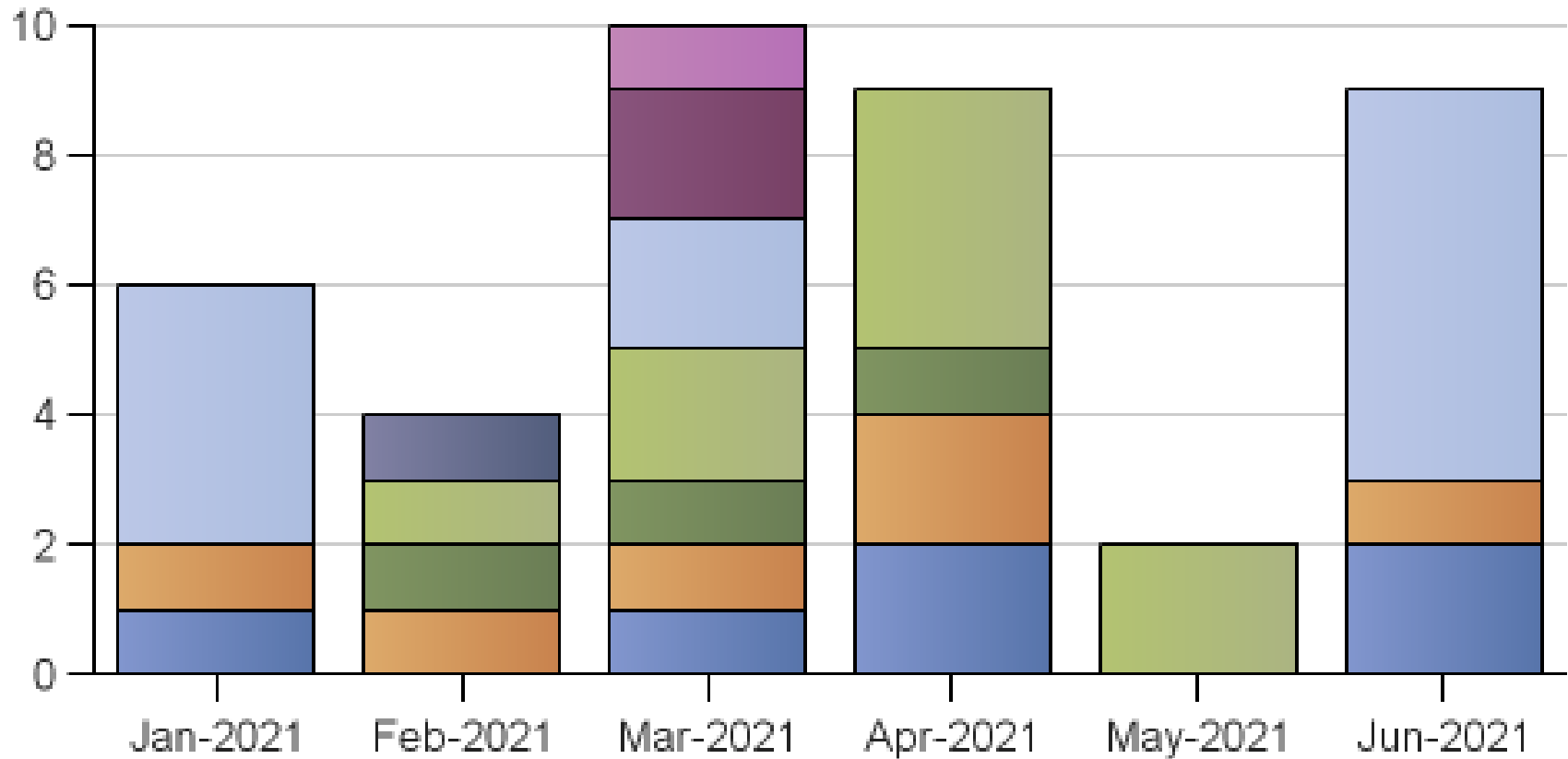


UORs by Location



Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

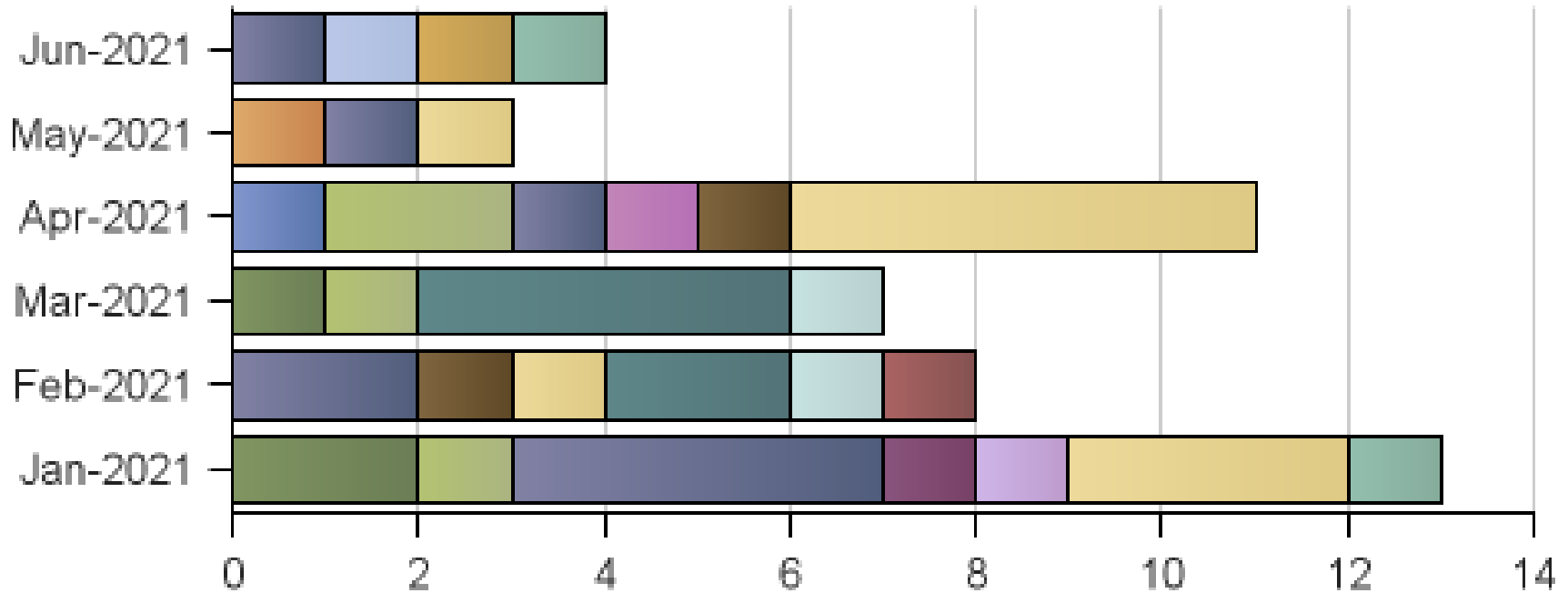
UORs Related to Lab



- Omitted a test or procedure
- Delay
- Error reporting results
- Delay due to Hospital/...
- Performed on wrong patient
- Incorrect Diagnostic Results
- Other
- Specimen Problems

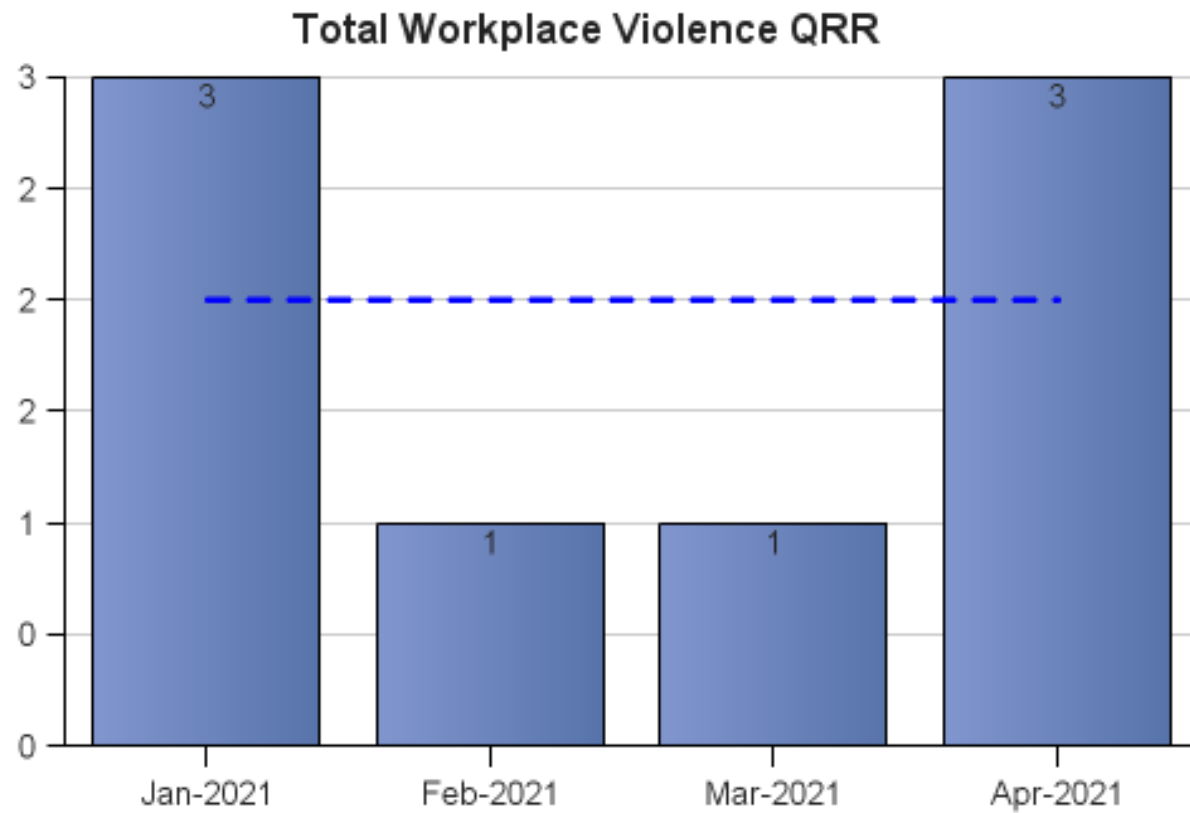
Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

UORs Related to Nursing

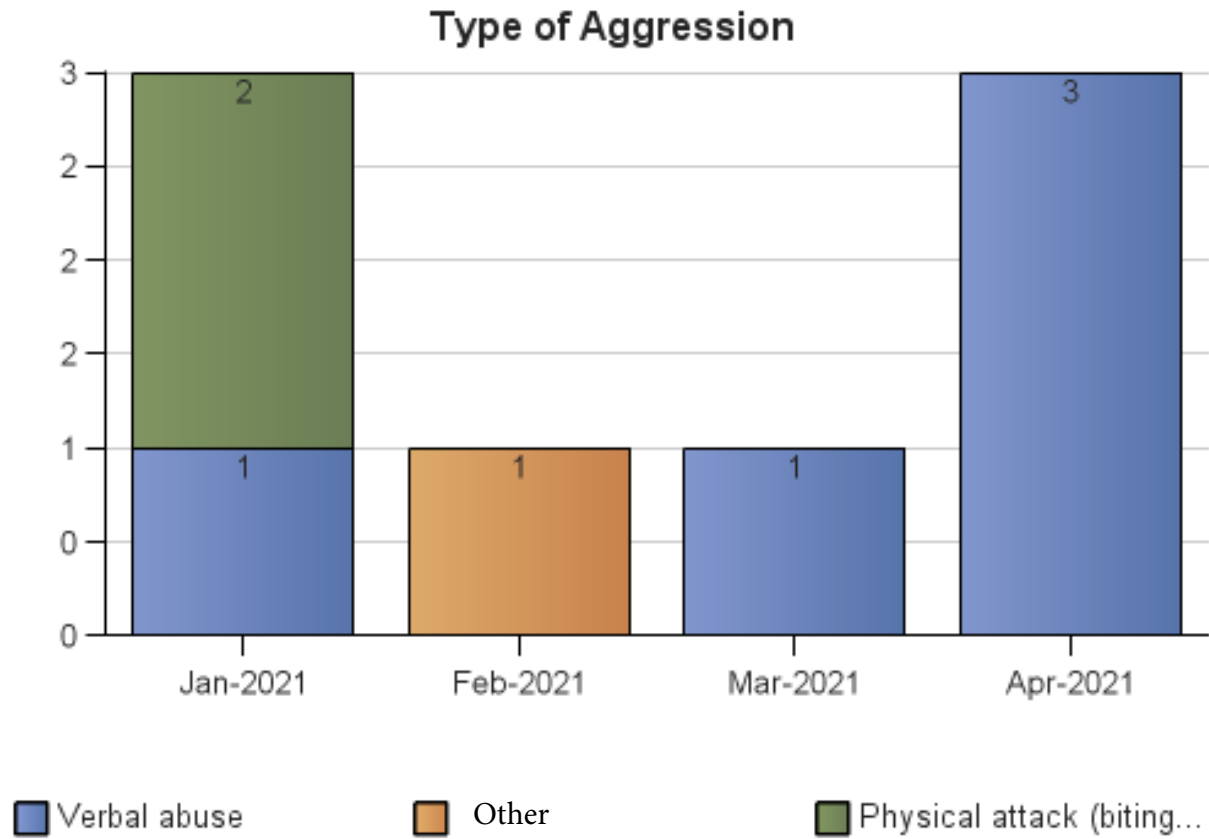


- Anesthesia
- Communication
- Critical Indicator
- IV issues/Blood transf...
- Procedure/Test/Speci...
- Transfer - Internal or E...
- Bloodborne Pathogen ...
- Complaints/review req...
- Equipment/Supply/Dev...
- Codes - Rapid Respon...
- Confidentiality/PHI Bre...
- Falls/Slips
- Medication Occurrenc...
- Safety/Security
- Skin integrity concern

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

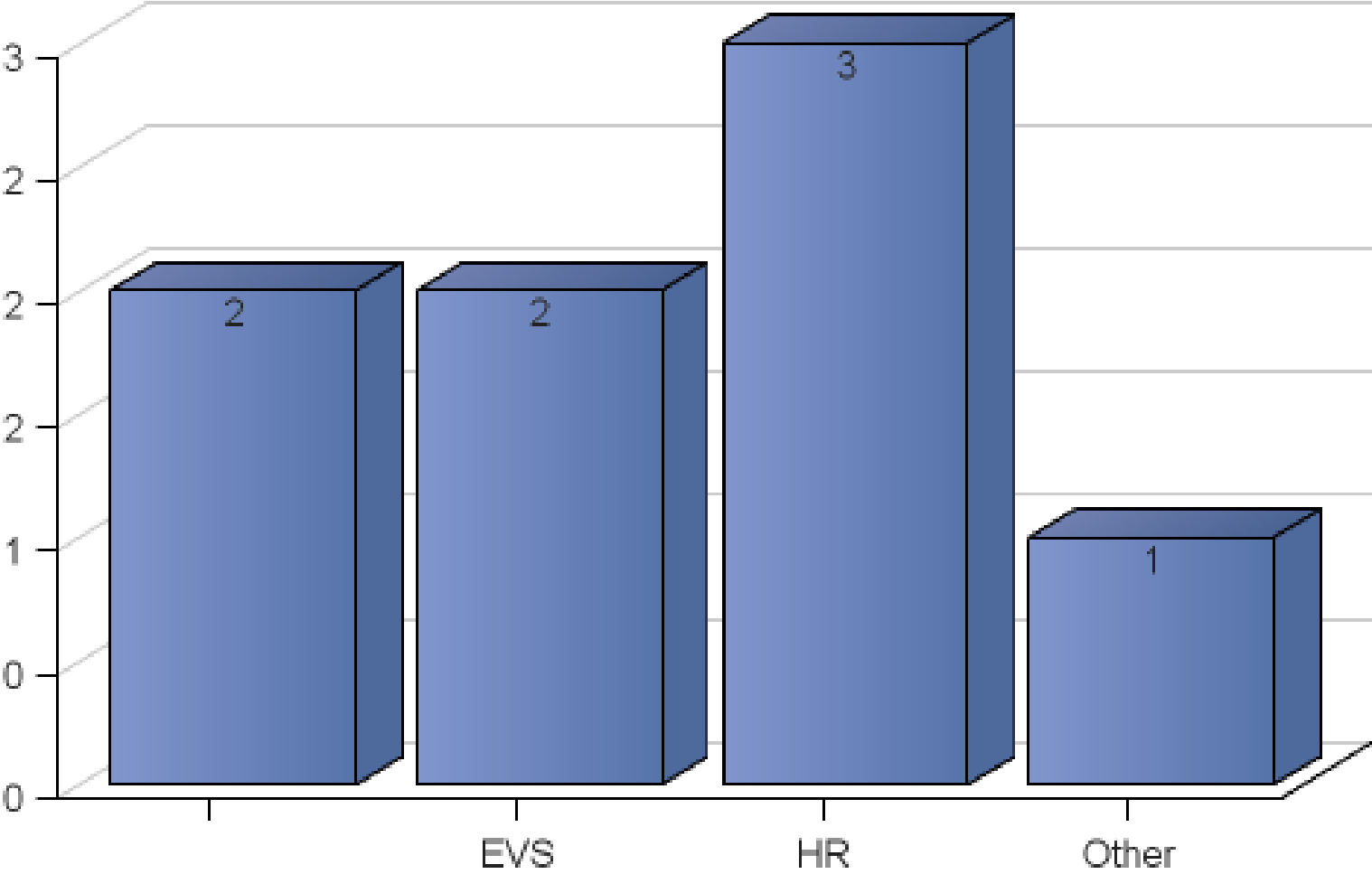


Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

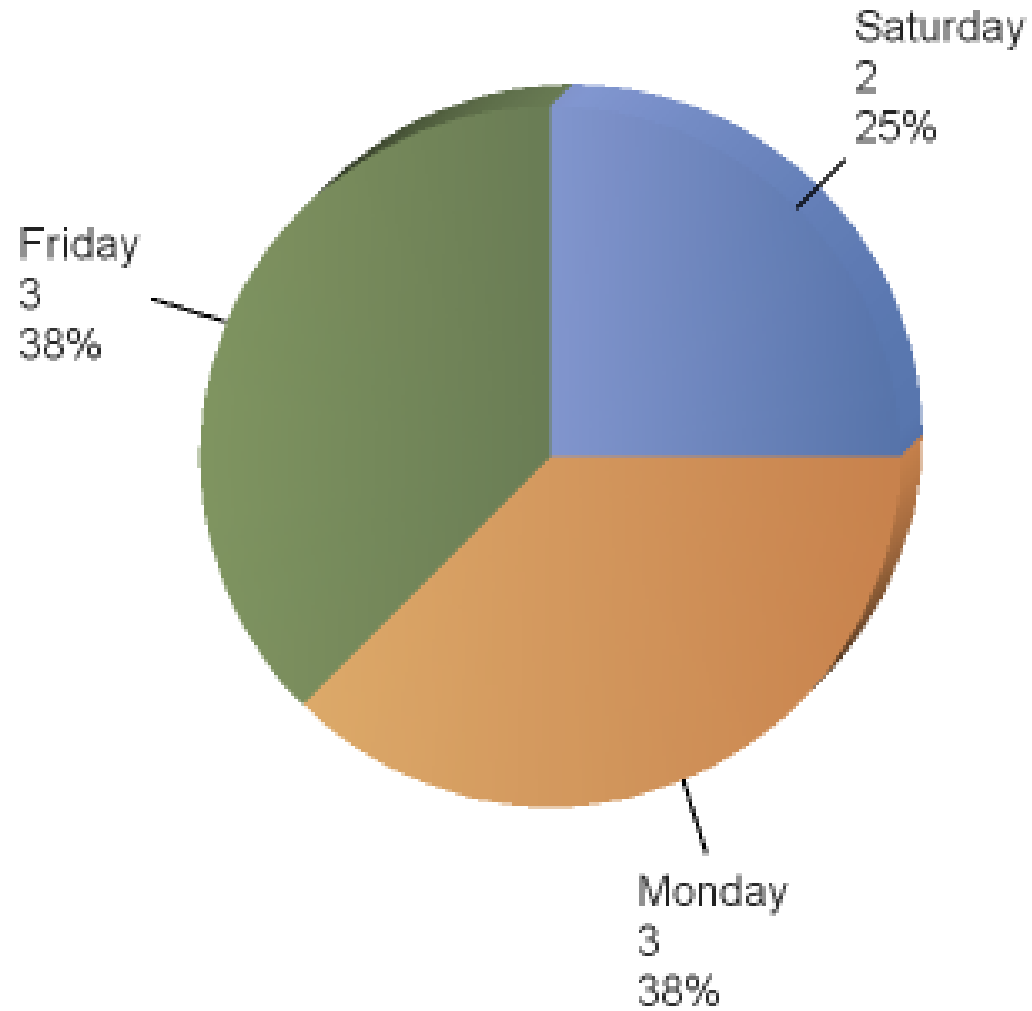


Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

Total Incidents by Location

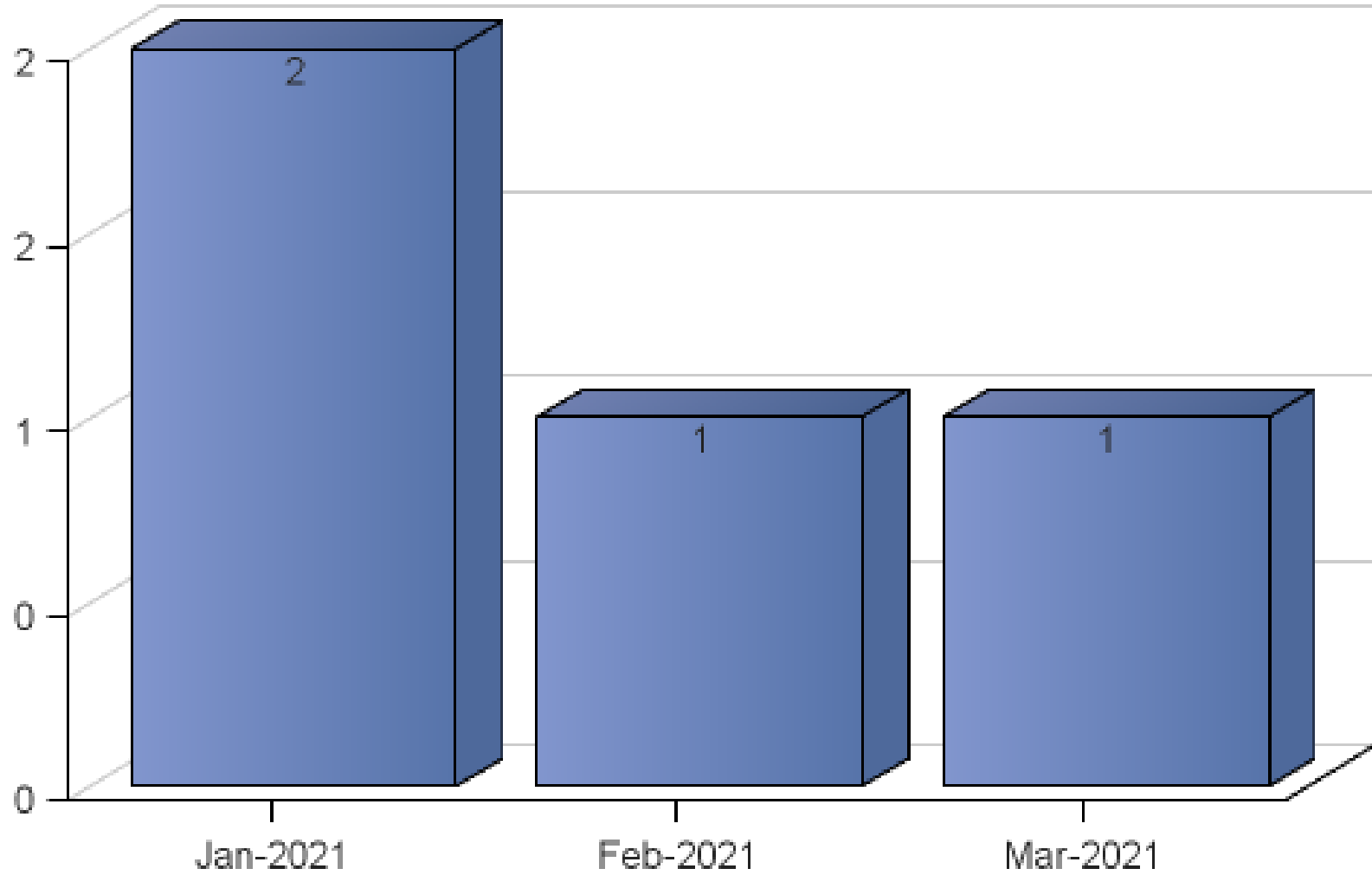


Total Incidents by Day of the Week



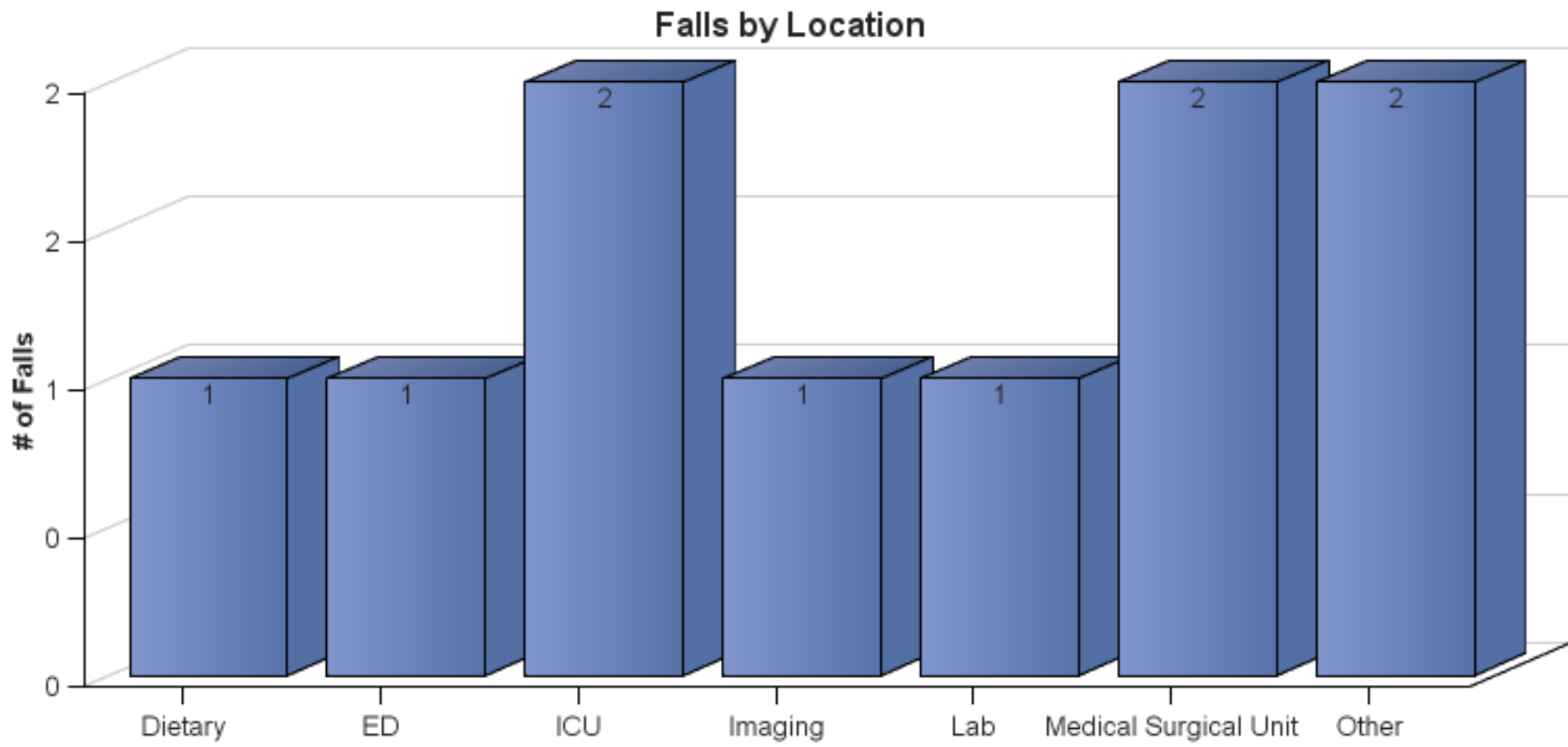
Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

Improperly Handled Sharps



None in Q2 CY 2021

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

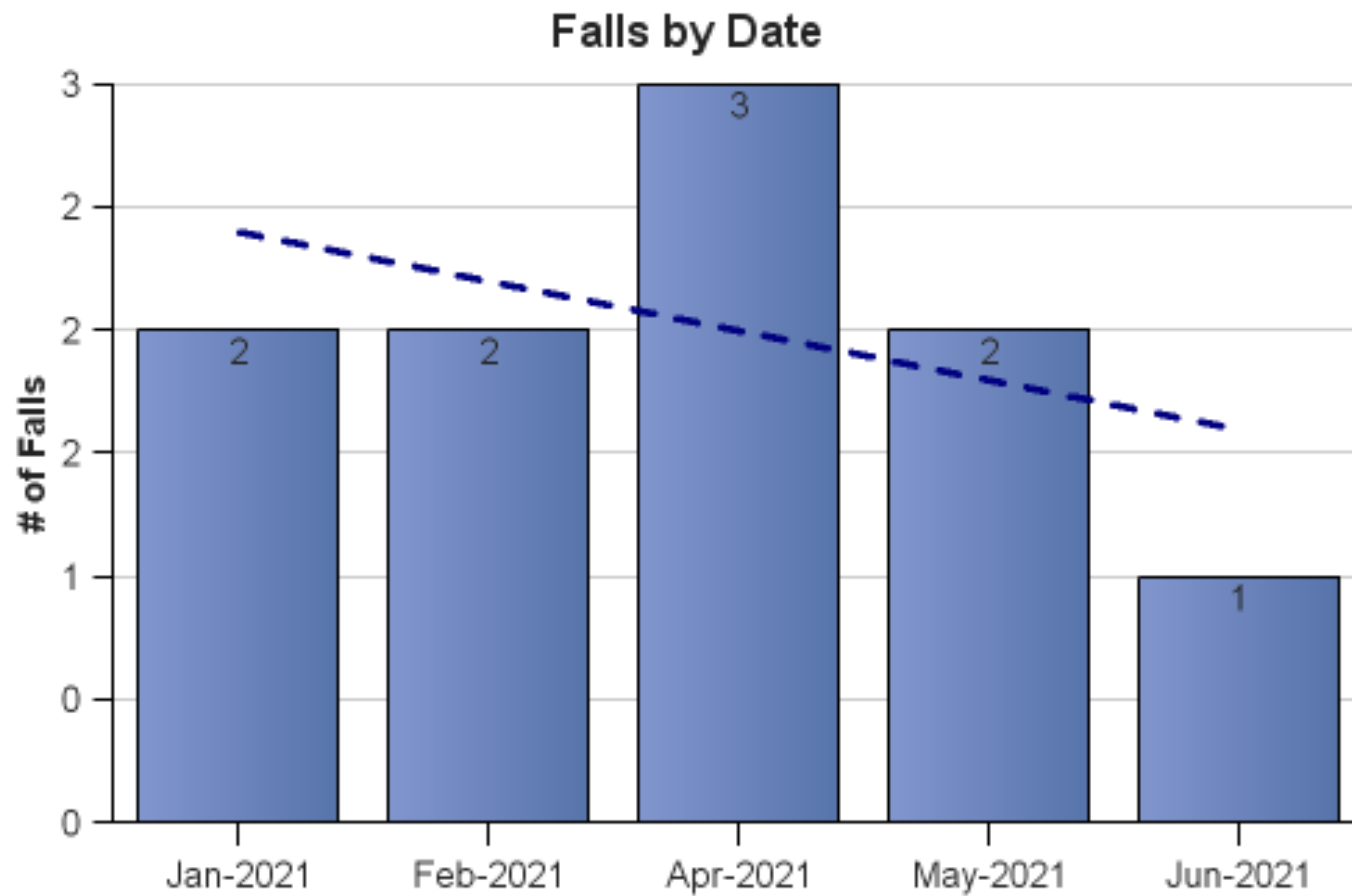


Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

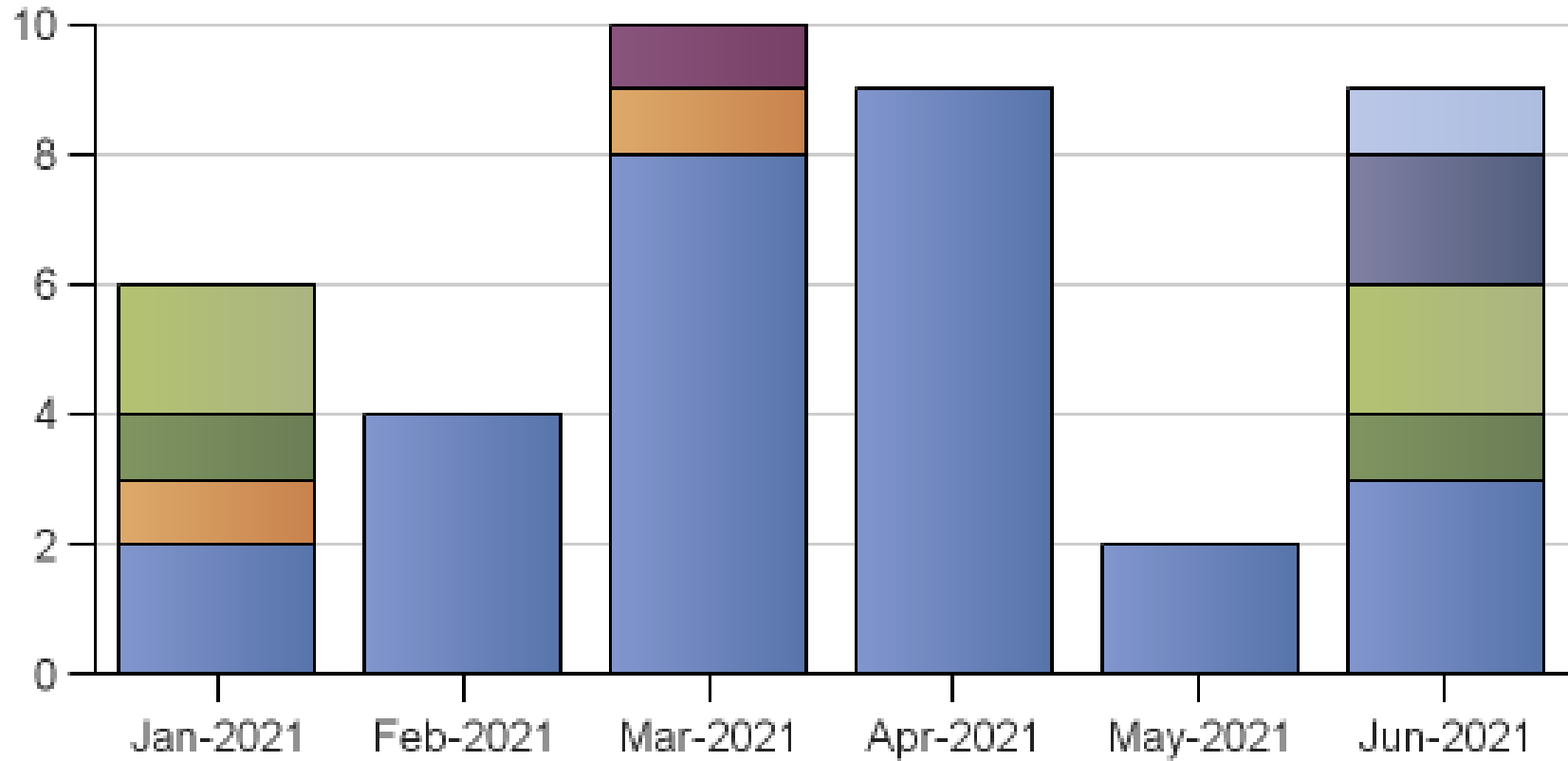
# of Falls	Falls/Slips	Total
Dietary	1	1
ED	1	1
ICU	2	2
Imaging	1	1
Lab	1	1
Medical Surgical Unit	2	2
Other	2	2
Total	10	10

# of Falls	Falls/Slip Problem(s)					Total
	Ambulating	Bathroom	Chair	Other	Other Person	
Not Identified	1		1	3	1	6
Confused				2		2
Oriented	2	1				3
Total	3	1	1	5	1	11

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

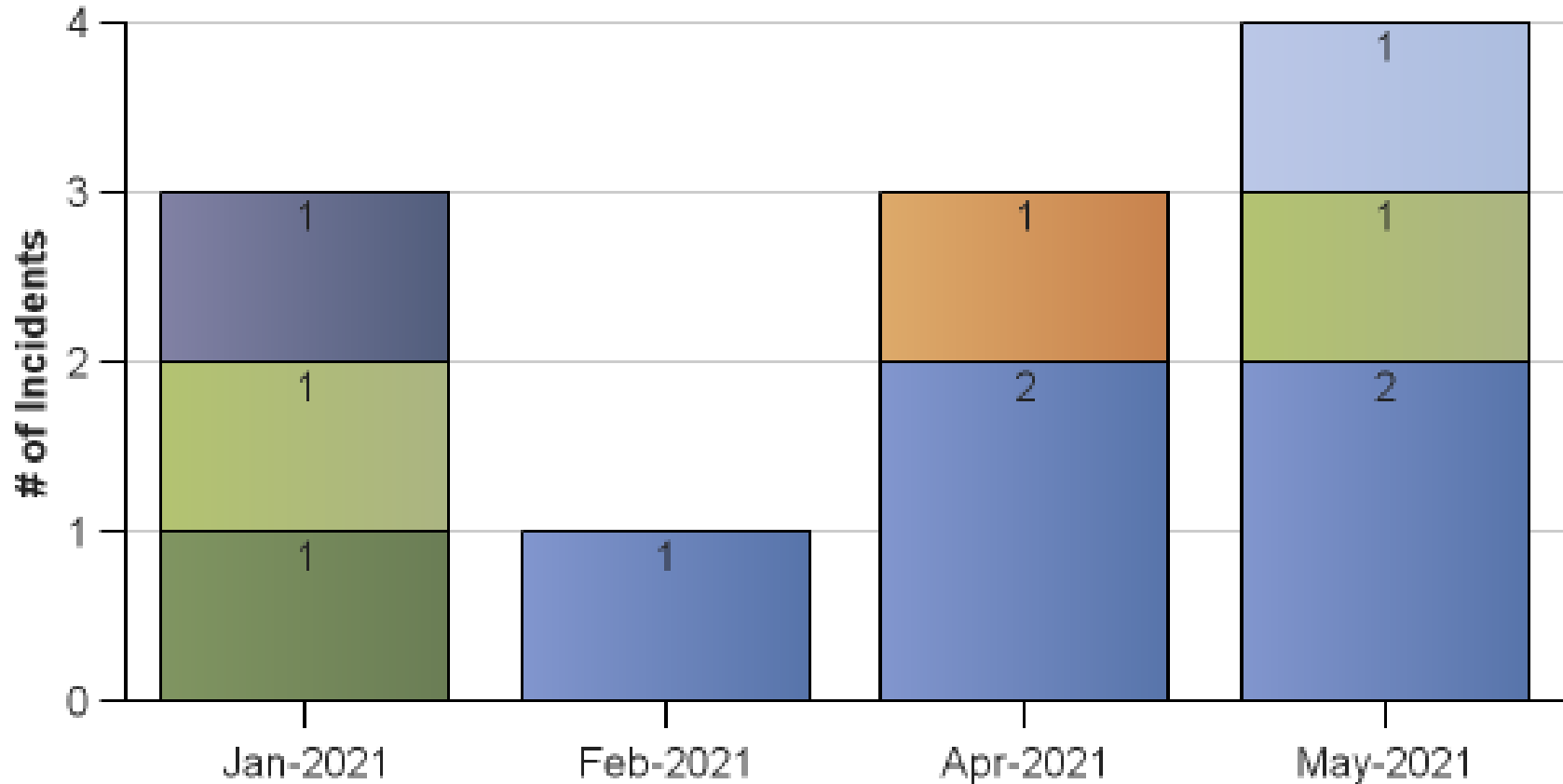


Specimen Issues



- Other (Blue)
- Hemolyzed (Orange)
- Missed test (Green)
- Other (Light Green)
- Reference lab problem (Dark Blue)
- Wrong specimen type ... (Light Blue)
- Lost specimen (Purple)

Equipment/Supplies/Devices by Incident Type/Date

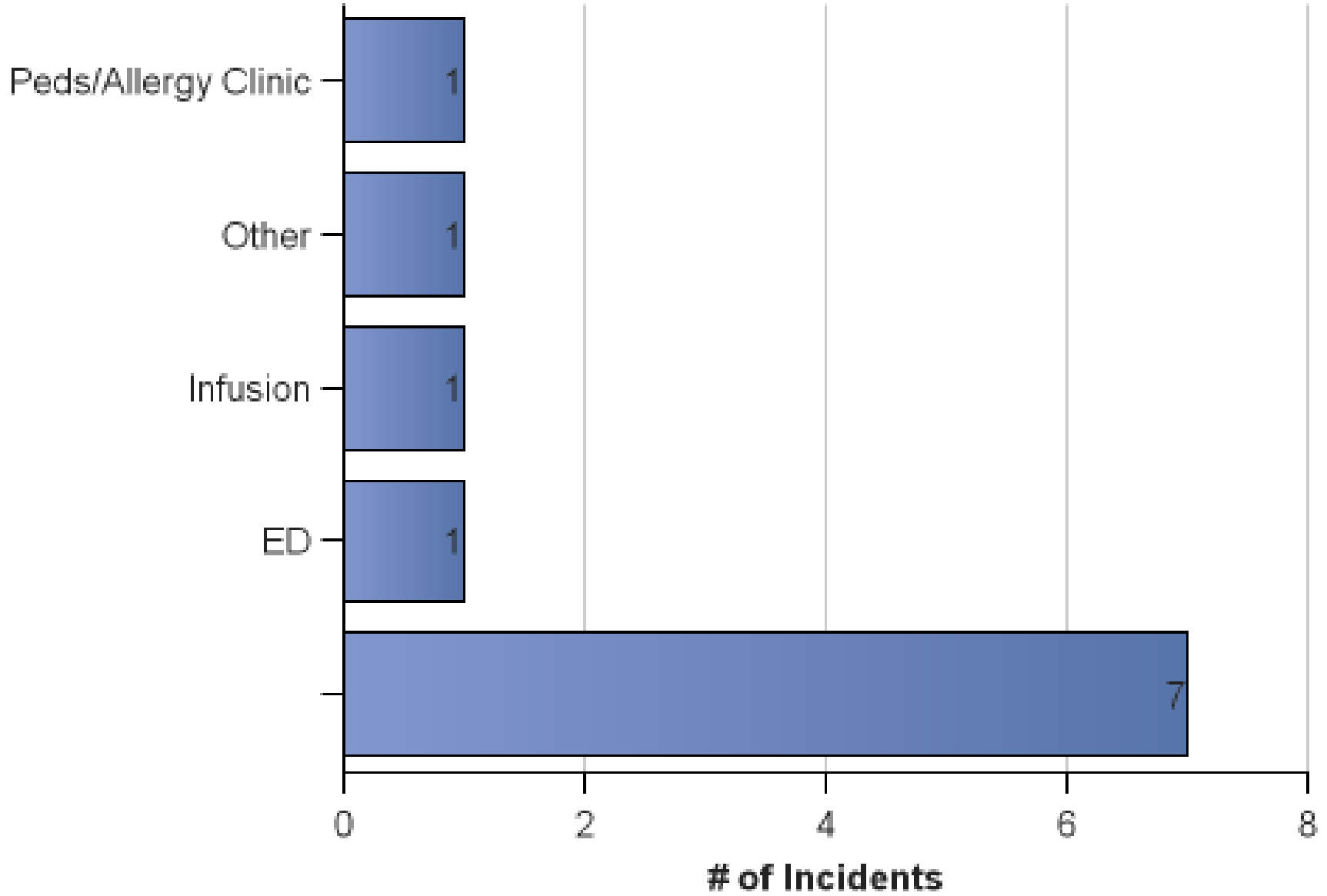


Equipment/Supply/Devices Problems

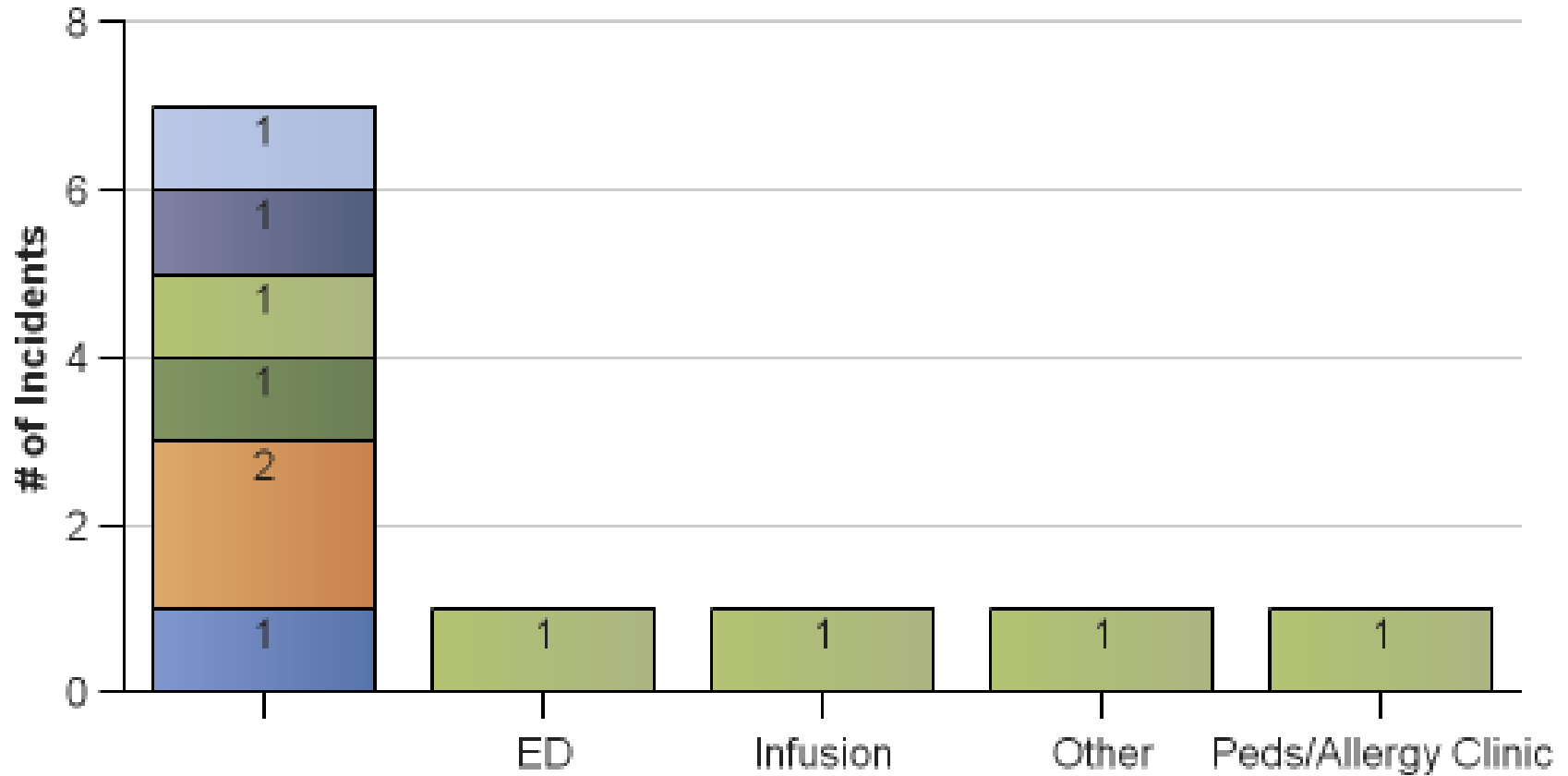
- Other
- Outdated supply - other
- Damaged or vandalize...
- Malfunction
- User Error
- Not available when needed

Q1- Q2 CY 2021 SUMMARY OF UNUSUAL OCCURRENCE REPORTS

Equipment/Supplies/Devices by Location



Equipment/Supplies/Devices by Incident Type/Location



Equipment/Supply/Devices Problems

- Damaged or vandalized
- Malfunction
- Not available when needed
- Other
- Outdated supply - other
- User Error

CALL TO ORDER The meeting was called to order at 5:30 pm by Robert Sharp, District Board Chair.

PRESENT Robert Sharp, Chair
Jody Veenker, Vice Chair
Mary Mae Kilpatrick, Secretary
Topah Spoonhunter, Treasurer
Jean Turner, Member-at-Large
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer
Vinay Behl, Interim Chief Financial Officer
Joy Engblade MD, Chief Medical Officer
Allison Partridge RN, MSN, Chief Nursing Officer
Keith Collins, General Legal Counsel (Jones & Mayer)

OPPORTUNITY FOR PUBLIC COMMENT Mr. Sharp announced that 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 being allowed 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. No comments were heard.

APPROVAL OF NIHD BUSD BRONCO CLINIC MEMORANDUM OF UNDERSTANDING Certified Pediatric Nurse Practitioner, Colleen McEvoy provided an overview of the Northern Inyo Healthcare District (NIHD) Bishop Unified School District (BUSD) Bronco Clinic Memorandum of Understanding, she explained that medical services will be provided to District students attending Bishop Union High School and Palisades Glacier High School. All students seeking medical treatment for birth control methods, sexual transmitted diseases testing and treatment, HIV testing and family planning counseling and education will be enrolled in a program called Family Pact. Ms. McEvoy explained that Family Pact is a state program designed to provide financial assistance to those who seek these types of treatments and don't have the means to pay. Ms. McEvoy also reported that NIHD submitted a provider application to Medi-Cal in order to become a provider at the Bronco clinic. This application is required in order to submit claims to Medi-Cal and seek reimbursement

for these encounters.

Interim Chief Executive Officer, Kelli Davis reported that the Bronco Clinic has received donations from the NIHD Foundation.

Mr. Sharp commented that BUSD is utilizing their own space in order for NIHD providers to be able to see patients. Mary Mae Kilpatrick and Jean Turner expressed concerns about the district's financial responsibility to run this program. Ms. Tuner commented that she would like to see the Bronco Clinic cost information be included in a future financial report.

It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve the NIHD Bronco Clinic Memorandum of Understanding as presented.

At 5:50 pm Mr. Sharp announced the meeting would adjourn to Closed Session for:

ADJOURNMENT TO
CLOSED SESSION

- A. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9: (one case)

At 8:45 pm the meeting returned to Open Session. Mr. Sharp reported that the Board took no reportable action.

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

The meeting adjourned at 8:45 pm.

ADJOURNMENT

Robert Sharp, Chair

Attest:

Mary Mae Kilpatrick, Secretary

- CALL TO ORDER The meeting was called to order at 5:30 pm by Robert Sharp, District Board Chair.
- PRESENT Robert Sharp, Chair
Jody Veenker, Vice Chair
Mary Mae Kilpatrick, Secretary
Topah Spoonhunter, Treasurer
Jean Turner, Member-at-Large
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer
Vinay Behl, Interim Chief Financial Officer
Joy Engblade MD, Chief Medical Officer
Allison Partridge RN, MSN, Chief Nursing Officer
Sierra Bourne MD, Chief of Staff
Keith Collins, General Legal Counsel (Jones & Mayer)
- OPPORTUNITY FOR PUBLIC COMMENT Mr. Sharp announced that 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 being allowed 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. No comments were heard
- NEW BUSINESS
- RE- ORDERING OF MEETING AGENDA Mr. Sharp requested that agenda item 3B, *Chief Executive Officer Search Update (information item)* be re- ordered to become 3A under *New Business* section. The re- ordering of the agenda was requested in order to allow appropriate length of time for Mick Ruel with AMN Healthcare to provide an update on this topic early in the meeting.
- CHIEF EXECUTIVE OFFICER SEARCH UPDATE Mr. Ruel provided an update on the Chief Executive Officer search, he stated they are working with members of the subcommittee to ensure that the best qualified candidate is able to meet the needs and key characteristics identified in the survey taken by members of the district at Northern Inyo Healthcare District. Background checks are being conducted on each qualified candidate. At this moment there are 9

potential candidates, in hopes of having at least 14 candidates available after this week. Mr. Ruel expressed that during the interview process, it is very important that the information regarding the candidate's remain limited and confidential.

Chief Medical Officer, Joy Engblade expressed that it would be beneficial to know information regarding spouse's profession or job search, since the candidate will likely need to relocate and the district can help make smooth transitions. Mr. Ruel stated that candidates are not required to provide information about their spouse/significant other professional positions, however he advised that this concern should be expressed to the candidate in the early stages of the interview process.

Jean Turner, expressed that the information provided by Mr. Ruel and his team has been very thorough and expressed appreciation for the updated report. Topah Spoonhunter also agreed with Ms. Turner.

NORTHERN INYO
HEALTHCARE
DISTRICT 2020
FINACIAL AUDIT
REPORT AND
DOCUMENT
PRESENTATION BY
EIDE BAILEY LLP

Interim Chief Financial Officer, Vinay Behl introduced David Schowalter with Eide Bailly. Mr. Showalter provided a presentation of the 2020 Financial Audit explained that components of the audit scope included NIHD Auxiliary (5/31/2020), Pioneer home health (12/31/2019), NIHD foundation (6/30/2020), and Pioneer Medical Associates (12/31/2019). Mr. Schowalter explained that as they gathered the information needed they came across a few challenges when reviewing open balances, this was due to the data format provided by the Athena Electronic Health Record (EHR) system. The audit report also provided disclosures about CMS, provider refund amounts and proposed adjustments. The audit for the fiscal year ending June 30, 2021 is scheduled to start in August 2021. In addition, he also provided information on the current Governmental Accounting Standards Board Pronouncements and future ones that will soon be implemented. (GASB NO effective after June 30, 2020)

Ms. Turner and Mr. Sharp expressed their appreciation for the detailed report and all the work that went into preparing this audit. Ms. Turner expressed that the audit is an opportunity to streamline and improve areas of growth. No action was taken at this moment.

PHARMACY UPDATE –
COLOMBO
CONTRUCTION

Interim Chief Executive Officer, Kelli Davis introduce Louis Vargas with Colombo Construction. Mr. Vargas provided a presentation on the pharmacy project. He explained that the Infusion area is approximately 2023 SQ. FT and is requesting an expedited review by July 29, 2021 from CALOSHDPD. He stated there will be three locations for the automated dispensary cabinets. Consideration and careful observation to the design of the project were based on the ambient, heat temperature and altitude in the Bishop area.

CERNER PROJECT
UPDATE

Daryl Duenkel provided an update on the Cerner Project and stated that weekly calls will cease within next couple of weeks. The Revenue Cycle team will continue to meet every other week in efforts to trouble shoot any issues on claims being generate. Cerner consultants will continue to provide support through first quarter. Since Cerner Go-Live there were 438 support tickets created, 75% have been resolved and closed. At this time the primary focus will be on the financial performance. Mr. Duenkel expressed this will be his last report update to provide to Board of Directors, he took a moment to thank all District Board Members, Executive team and Lynda Vance for all the support and collaboration on this project. Ms. Tuner expressed appreciation to Mr. Duenkel for all of the reports he has provided to the Board of Directors.

COMPLIANCE
DEPARTMENT
QUARTERLY REPORT

Compliance Officer, Patty Dickson, asked if any members of the Board of Directors had questions on the Compliance Quarterly Report. No questions were asked.

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the Compliance Department Quarterly Report as presented.

GLOBAL SERVICES BY
HYLAND
PROFESSIONAL
SERVICES PROPOSAL
ATHENA HEALTH'S
HISTORICAL MEDICAL
RECORD UPLOAD

Information Technology Services Director, Bryan Harper, explained that the patient data that is currently stored in Athenahealth Electronic Health Record (EHR) system is still being referenced, Global Services by Hyland has provided a solution to convert all patient data from Athena and transfer all patient encounter documents into One Content. This patient data will be available to all medical providers in the district.

It was moved by Ms. Veenker, seconded by Mary Mae Kilpatrick, and unanimously passed to approve the Hyland Professional Service Proposal as presented.

SHASTA NETWORKS
STATEMENT OF
WORK- CONVERSION
OF ATHENA HEALTH'S
PATIENT ENCOUNTERS
TO PDF DOCUMENTS

Mr. Harper explained that services provided by Shasta Networks can help bridge the gap on the process of migrating patient data from AthenaHealth and be able to complete the process described on item F. Project Management Specialist, Lynda Vance commented that the Shasta Networks team has been very pleasant to work with.

It was moved by Ms. Veenker, seconded by Ms. Kilpatrick, and unanimously passed to approve the Shasta Network Statement as presented.

CHIEF OF STAFF
REPORT

Chief of Staff, Sierra Bourne, MD reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following District-Wide Policies and Procedures:

POLICY AND
PROCEDURE
APPROVALS

1. *1. DI Nuclear Medicine Radiopharmacy Policy*
2. *Medical Staff Department Policy – Pediatrics*
3. *New Line of Service Implementation Policy*
4. *Rabies Vaccination Policy*
5. *Tuberculosis Exposure Control Plan*
6. *Basic Principles of Sterilization*
7. *Cleaning Procedures: Specialized Areas: Sterile Processing*
8. *Operating Room Attire*
9. *Operating Room Sanitation*
10. *Postpartum Patient Care in the PACU*
11. *Rotation Procedures for Patient Cubicle Curtains & Shower Curtains*
12. *Sterilization Recall*
13. *Steris V-Pro Low Temperature Sterilizer Program*
14. *Steris Washer Disinfector*
15. *Storage Requirements for Sterile & Clean Items*

It was moved by Ms. Turner, seconded by Mr. Spoonhunter, and unanimously passed to approve all 15 District-Wide Policies and Procedures as presented.

ANNUAL REVIEW OF
CRITICAL INDICATORS

Doctor Bourne additionally reported following careful review, consideration, and approval by the appropriate committees, the Medical Executive Committee recommends approval of the following annual approvals:

1. Inpatient Medicine Critical Indicators 2021
2. Radiology Services Critical Indicators 2021
3. Utilization Review Critical Indicators 2021

It was moved by Ms. Kilpatrick, seconded by Ms. Veenker, and unanimously passed to approve all 3 Annual Review of Critical Indicators as presented.

UPDATE CORE
PRIVILEGE FORMS

Doctor Bourne additionally reported that the Medical Executive Committee recommends approval of the following Department Privilege Forms.

1. Pediatrics
2. Hospitalist

It was moved by Ms. Veenker, seconded by Mr. Spoonhunter, and unanimously passed to approve all Updated Core Privilege Forms as presented.

**MEDICAL EXECUTIVE
COMMITTEE REPORT**

Doctor Bourne, additionally reported that she has been working with the Wellness Committee and learned that the Employee Assistance Program (EAP) is also available for physicians to provide support.

Dr. Bourne thanked Alison Murray and Kelli Davis for allowing this program to be offered to the District.

CONSENT AGENDA

Mr. Sharp called attention to the Consent Agenda for this meeting which contained the following items:

1. Approval of minutes of the June 4, 2021 special meeting
2. Approval of minutes of the June 16, 2021 regular meeting
3. Interim Chief Executive Officer Report
4. Chief Medical Officer Report
5. Chief Nursing Officer Report
6. Financial and Statistical Report as of May 31, 2021

It was moved by Ms. Turner, seconded by Ms. Veenker, and unanimously passed to approve all six Consent Agenda items as presented.

Ms. Turner thanked all of the Executive Chief Officers for their detailed reports and thoroughness.

**BOARD MEMBER
REPORTS**

No Board Member reports were provided at this meeting.

**ADJOURNMENT TO
CLOSED SESSION**

At 7:04 pm Mr. Sharp reported the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- A. Conference with Labor Negotiators, Agency Designated Representative: Irma Rodriguez Moisa; Employee Organization: AFSCME Council 57 (pursuant to Government Code Section 54957.6)
- B. Conference with legal counsel, anticipated litigation. Significant exposure to litigation (pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9) seven cases.
- C. Public Employee Performance Evaluation (pursuant to Government Code Section 54957 (b)) title: Interim Chief Executive Officer

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

Mr. Sharp additionally noted that it was not anticipated that any action would be reported out following the conclusion of Closed Session.

At 9:35 pm the meeting returned to Open Session. Mr. Sharp reported that the Board took no reportable action.

ADJOURNMENT

The meeting adjourned at 9:35 pm.

Robert Sharp, Chair

Attest:

Mary Mae Kilpatrick, Secretary

Overview: June billed charges were over budget by \$1.9M.

June YTD is \$169M compared to budget of \$133M.

	Charges	Budget
January 2020	16,271,574	14,095,678
February 2020	13,886,140	13,186,280
March 2020	12,141,181	14,095,678
April 2020	6,887,085	13,640,980
May 2020	10,687,793	14,095,678
June 2020	13,443,103	13,640,980
July 2020	14,939,822	11,862,737
August 2020	13,989,077	11,533,455
September 2020	14,652,230	10,715,581
October 2020	14,539,677	12,487,777
November 2020	12,978,658	11,166,411
December 2020	15,139,508	11,863,789
January 2021	13,060,873	13,778,625
February 2021	12,879,445	11,639,016
March 2021	15,505,494	9,383,779
April 2021	14,266,929	6,870,945
May 2021	14,819,908	10,854,286
June 2021	12,716,991	10,854,286

Gross Accounts Receivables in Athena total 17.5M and Cerner 18.1M totaling 35.7 in June, up from \$33.9M at the end of May

This is due to working out some billing interface issues with Cerner. Expected to go down in next few months.

Salaries and Wages for hospital operations were down from May.

Actual Salaries percentage is 31% compared to Budget of 34% of Net Patient Revenues.

	Salaries & Wages	Cost Per Day
January 2020	2,169,008	69,968
February 2020	2,144,412	73,945
March 2020	2,306,958	74,418
April 2020	1,999,126	66,638
May 2020	2,082,141	67,166
June 2020	2,130,598	71,020
July 2020	2,244,335	72,398
August 2020	2,263,144	73,005
September 2020	2,142,762	71,425
October 2020	2,227,959	71,870
November 2020	2,161,607	72,054
December 2020	2,596,191	83,748
January 2021	2,097,117	67,649
February 2021	2,104,702	75,168
March 2021	2,316,452	74,724
April 2021	2,260,211	75,340
May 2021	2,405,288	77,590
June 2021	2,200,335	73,344

June 2021 Financial Results: Revenues trended higher than budget in June.

EHR costs are up due to Athena and Cerner charges running simultaneously for a few months. Then will go do to 100k for just Cerner.

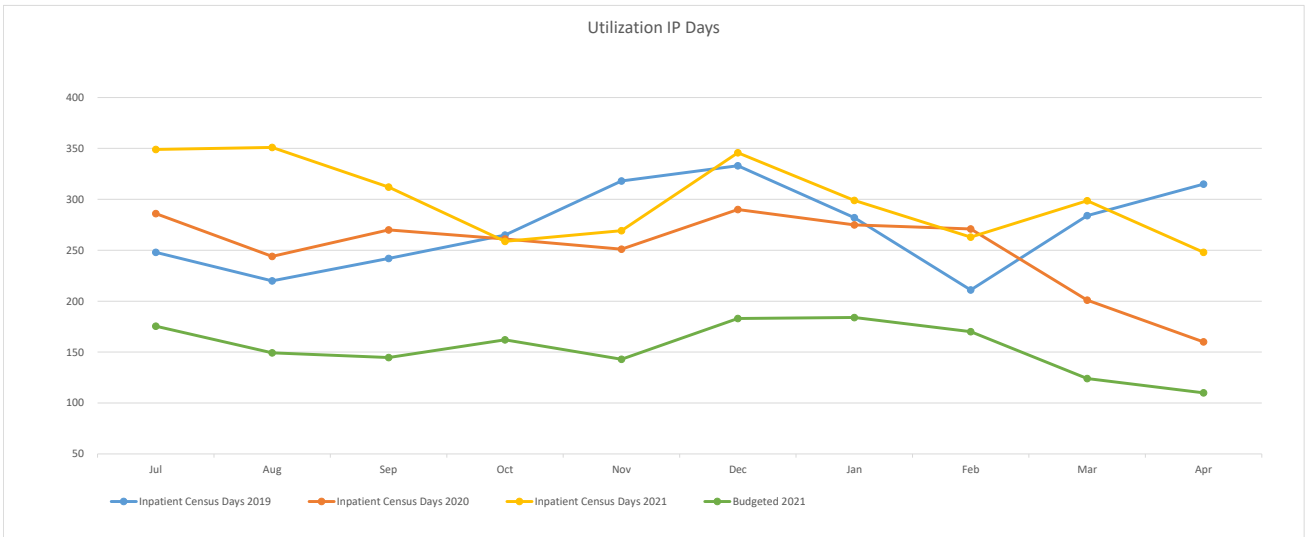
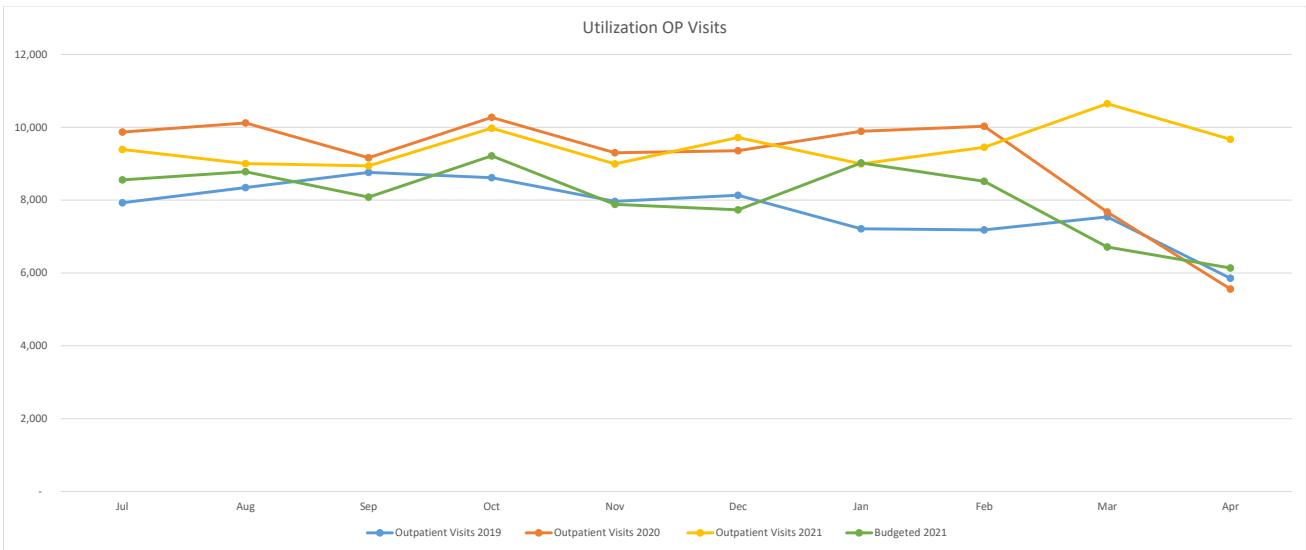
Medical, Dental, Vision expense has YTD increase of 2.4M and Pension a YTD increase of 2.4M.

FY2021												
<i>Unit of Measure</i>	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
Cash, CDs & LAIF Investments	56,272,847	55,214,586	52,965,190	53,539,618	50,491,090	47,413,188	44,556,758	42,840,110	48,843,100	45,968,807	44,355,140	52,605,372
Days Cash on Hand	226	225	220	218	153	143	162	150	166	139	142	191
Gross Accounts Receivable	46,949,619	48,287,230	45,195,462	39,988,328	38,951,324	41,570,823	39,066,151	38,262,376	36,741,318	34,157,246	36,243,401	35,710,813
Average Daily Revenue	481,930	466,595	473,708	472,527	464,702	468,886	462,027	461,791	466,134	467,065	468,082	464,450.99
Gross Days in AR	97.42	103.49	95.41	84.63	83.82	88.66	84.55	82.86	78.82	73.13	77.43	76.89
Key Statistics												
Acute Census Days	263	275	232	203	210	310	246	198	216	178	203	0
Swing Bed Census Days	42	44	34	8	20	8	16	28	15	7	3	0
Total Inpatient Utilization	305	319	266	211	230	318	262	226	231	185	206	0
Avg. Daily Inpatient Census	9.8	10.3	8.9	6.8	7.7	10.3	8.5	8.1	7.5	6.2	6.6	0.0
Emergency Room Visits	691	639	581	624	516	504	524	480	583	608	709	-
Emergency Room Visits Per Day	22	21	19	20	17	16	17	15	19	20	23	-
Operating Room Inpatients	31	26	39	23	27	18	21	12	10	17	25	-
Operating Room Outpatient Cases	81	74	74	74	79	90	38	68	89	112	76	-
Observation Days	44	32	46	48	39	28	37	37	68	63	55	-
RHC Clinic Visits	2,670	2,614	2,535	2,730	2,490	2,758	2,954	3,282	3,533	2,557	2,026	-
NIA Clinic Visits	1,792	1,794	1,918	1,681	1,555	1,642	1,290	1,408	1,640	1,604	1,379	-
Outpatient Hospital Visits	4,431	3,558	4,139	3,560	3,531	3,837	4,140	4,188	5,139	4,903	4,290	-
Hospital Operations												
Inpatient Revenue	3,201,903	3,105,168	3,469,234	2,495,776	2,626,028	4,084,113	3,318,446	2,323,227	2,335,831	2,270,420	2,674,728	1,434,342
Outpatient Revenue	10,836,050	10,143,216	10,036,379	10,848,725	9,124,901	10,195,061	8,853,180	9,762,269	12,073,580	11,070,780	10,891,625	10,325,576
Clinic (RHC) Revenue	901,868	740,693	1,146,616	1,195,178	1,227,729	896,334	889,247	793,949	1,096,083	925,729	1,253,555	957,073
Total Revenue	14,939,822	13,989,076	14,652,230	14,539,679	12,978,658	15,175,508	13,060,873	12,879,445	15,505,494	14,266,929	14,819,908	12,716,991
Revenue Per Day	481,930	451,261	488,408	469,022	432,622	489,533	421,318	459,980	500,177	475,564	478,062	423,900
% Change (Month to Month)		-6.36%	8.23%	-3.97%	-7.76%	13.15%	-13.93%	9.18%	8.74%	-4.92%	0.53%	-11.33%
Salaries	2,244,335	2,263,143	2,142,762	2,227,959	2,161,607	2,596,191	2,097,117	2,104,702	2,316,452	2,260,211	2,405,288	2,200,335
PTO Expenses	221,460	234,078	225,291	249,855	258,672	124,932	370,227	234,842	248,272	259,667	198,965	263,866
Total Salaries Expense	2,465,795	2,497,221	2,368,053	2,477,814	2,420,279	2,721,123	2,467,344	2,339,544	2,564,724	2,519,878	2,604,253	2,464,201
Expense Per Day	79,542	80,556	78,935	79,929	80,676	87,778	79,592	83,555	82,733	83,996	84,008.17	82,140.03
% Change		1.27%	-2.01%	1.26%	0.93%	8.80%	-9.33%	4.98%	-0.98%	1.53%	0.01%	-2.22%
Operating Expenses	6,681,333	6,598,376	6,443,189	6,700,067	7,141,845	9,200,728	7,008,652	6,808,627	7,892,831	7,801,114	7,486,263	9,370,702
Operating Expenses Per Day	215,527	212,851	214,773	216,131	238,062	296,798	226,086	243,165	254,607	260,037	241,492	312,357
Capital Expenses	118,728	243,872	146,626	47,518	24,398	47,743	1,042,766	27,227	13,867	196,773	42,480	(96,063)
Capital Expenses Per Day	3,830	7,867	4,888	1,533	813	1,540	33,638	972.39	447.33	6,559	1,370.32	(3,202)
Total Expenses	7,693,681	7,734,003	7,831,174	7,995,266	8,837,738	8,954,481	8,352,961	7,928,865	9,134,536	9,586,642	9,072,800	11,434,394
Total Expenses Per Day	259,876	256,846	260,388	257,149	285,157	341,809	269,450	283,174	294,662	319,555	292,671	381,146
Gross Margin	2,200,258	1,770,841	1,569,390	1,411,167	667,943	(182,482)	676,805	196,229	366,044	7,839,446	2,320,500	2,238,604
Debt Compliance												
Current Ratio (ca/cl) > 1.50	1.51	1.49	1.47	1.47	1.53	1.52	1.42	1.36	1.43	1.51	1.55	1.53
Quick Ratio (Cash + Net AR/cl) > 1.33	1.41	1.38	1.36	1.37	1.41	1.39	1.29	1.23	1.33	1.41	1.19	1.22
Days Cash on Hand > 75	226	225	220	218	185	143	162	150	166	139	142	191

	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2020	February 2021	March 2021	April 2021	May 2021	June 2021	YTD
Total Net Patient Revenue	8,687,629	8,263,810	8,097,629	8,115,806	7,769,540	6,200,317	7,685,457	7,004,855	8,258,874	7,429,719	8,448,097	2,485,930	88,447,663
IGT Revenues										8,210,841	1,358,667	9,123,376	18,692,884
Total Patient Revenue	8,687,629	8,263,810	8,097,629	8,115,806	7,769,540	6,200,317	7,685,457	7,004,855	8,258,874	15,640,560	9,806,763	11,609,306	107,140,547
Cost of Services													
Salaries & Wages	2,244,335	2,263,143	2,142,710	2,225,170	2,161,607	2,595,806	2,097,117	2,104,702	2,316,452	2,260,211	2,405,288	2,200,335	27,016,877
Benefits	1,225,408	1,444,212	1,619,767	1,486,044	1,593,888	1,473,236	1,676,074	1,403,697	1,733,968	2,126,588	2,368,317	4,231,207	22,382,407
Professional Fees	1,675,216	1,595,368	1,519,996	1,735,617	1,989,323	2,046,081	2,153,241	1,928,594	2,092,969	1,982,469	1,992,931	1,853,229	22,565,034
Pharmacy	338,142	338,490	381,958	300,720	263,434	417,203	353,199	372,421	474,852	347,263	30,395	417,203	4,035,279
Medical Supplies	363,541	223,970	295,749	351,185	784,257	271,735	158,048	429,519	418,016	426,798	238,484	174,810	4,136,111
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-	-
Athena EHR System	85,401	86,356	129,219	145,890	103,674	89,294	70,400	68,680	228,428	143,678	110,920	218,147	1,480,088
Other Direct Costs	490,492	504,985	432,218	479,088	521,573	622,365	500,574	501,014	628,147	514,106	339,928	275,770	5,810,258
Total Direct Costs	6,422,535	6,456,524	6,521,615	6,723,714	7,417,757	7,515,719	7,008,652	6,808,627	7,892,831	7,801,114	7,486,263	9,370,702	87,426,053
Gross Margin	2,265,095	1,807,286	1,576,014	1,392,093	351,782	(1,315,402)	676,805	196,229	366,044	7,839,446	2,320,500	2,238,604	19,714,494
Gross Margin %	26.07%	21.87%	19.46%	17.15%	4.53%	-21.22%	8.81%	2.80%	4.43%	50.12%	23.66%	19.28%	18.40%
General and Administrative Overhead													
Salaries & Wages	341,944	326,215	323,043	340,706	348,981	335,952	331,284	299,846	356,050	344,356	345,608	212,513	3,906,499
Benefits	280,576	230,351	312,949	273,351	315,017	276,133	253,272	225,528	(5,740)	395,643	408,513	788,802	3,754,395
Professional Fees	164,077	187,479	170,202	172,012	230,121	266,252	294,396	150,882	437,286	790,953	384,972	729,973	3,978,605
Depreciation and Amortization	348,949	350,898	350,981	351,061	351,069	351,787	332,743	333,225	322,062	329,298	339,866	332,720	4,094,658
Other Administrative Costs	135,601	182,537	152,383	134,422	174,792	208,638	132,613	110,757	132,047	(74,722)	107,579	(315)	1,396,332
Total General and Administrative Overhead	1,271,147	1,277,479	1,309,559	1,271,552	1,419,981	1,438,762	1,344,309	1,120,238	1,241,705	1,785,528	1,586,536	2,063,692	17,130,488
Net Margin	993,948	529,807	266,455	120,541	(1,068,198)	(2,754,164)	(667,504)	(924,009)	(875,661)	6,053,918	733,964	174,912	2,584,006
Net Margin %	11.44%	6.41%	3.29%	1.49%	-13.75%	-44.42%	-8.69%	-13.19%	-10.60%	38.71%	7.48%	1.51%	2.41%
Financing Expense	121,150	119,676	114,676	134,694	146,215	115,920	115,226	113,409	115,513	109,058	100,798	106,821	1,413,155
Financing Income	56,337	56,337	56,337	56,337	1,076,210	56,337	56,337	56,337	56,337	56,337	172,412	-	1,755,654
Investment Income	50,812	29,010	34,393	52,775	23,405	34,188	34,130	20,452	15,723	21,543	52,391	18,525	387,349
Miscellaneous Income	251,916	86,266	(10,970)	71,822	310,748	97,626	48,457	174,171	123,663	58,280	67,617	81,588	1,361,184
Net Surplus	1,231,863	581,743	231,540	166,781	195,949	(2,681,933)	(643,806)	(786,458)	(795,451)	6,081,020	925,586	168,204	4,675,037

	June 2021
Assets	
Current Assets	
Cash and Liquid Capital	14,665,870
Short Term Investments	37,586,735
PMA Partnership	326,892
Accounts Receivable, Net of Allowance	19,146,397
Other Receivables	13,459,535
Inventory	3,374,846
Prepaid Expenses	1,378,565
Total Current Assets	89,938,839
Assets Limited as to Use	
Internally Designated for Capital Acquisitions	-
Short Term - Restricted	2,689,844
Limited Use Assets	
LAIF - DC Pension Board Restricted	758,381
DB Pension	22,177,561
PEPRA - Deferred Outflows	8,320
PEPRA Pension	79,568
Total Limited Use Assets	23,023,830
Revenue Bonds Held by a Trustee	3,055,764
Total Assets Limited as to Use	28,769,438
Long Term Assets	
Long Term Investment	1,503,934
Fixed Assets, Net of Depreciation	74,784,583
Total Long Term Assets	76,288,517
Total Assets	194,996,794
Liabilities	
Current Liabilities	
Current Maturities of Long-Term Debt	3,415,178
Accounts Payable	4,839,966
Accrued Payroll and Related	16,094,452
Accrued Interest and Sales Tax	151,837
Notes Payable	8,927,628
Unearned Revenue	20,364,972
Due to 3rd Party Payors	1,939,000
Due to Specific Purpose Funds	(25,098)
Other Deferred Credits - Pension	3,043,153
Total Current Liabilities	58,751,088
Long Term Liabilities	
Long Term Debt	35,607,947
Bond Premium	379,569
Accreted Interest	13,751,980
Other Non-Current Liability - Pension	40,901,437
Total Long Term Liabilities	90,640,932
Suspense Liabilities	371,675
Uncategorized Liabilities	629,851
Total Liabilities	150,393,545
Fund Balance	
Fund Balance	37,238,368
Temporarily Restricted	2,689,844
Net Income	4,675,038
Total Fund Balance	44,603,249
Liabilities + Fund Balance	194,996,794

	Budget	Actual	Budget Expense as a % of Revenue	Actual Expense as a % of Revenue	Actual	Budget Expense as a % of Revenue	Actual Expense as a % of Revenue
	6/30/2021	6/30/2021	6/30/2021	6/30/2021	5/31/2021	5/31/2021	5/31/2021
Total Net Patient Revenue	5,969,857	11,609,306			9,806,763		
Cost of Services	34%	37%			28%		
Salaries & Wages	2,012,068	2,200,335	33.70%	18.95%	2,405,288	33.70%	24.53%
Benefits	1,270,219	4,231,207	21.28%	36.45%	2,368,317	21.28%	24.15%
Professional Fees	1,395,753	1,853,229	23.38%	15.96%	1,992,931	23.38%	20.32%
Pharmacy	169,281	417,203	2.84%	3.59%	30,395	2.84%	0.31%
Medical Supplies	309,943	174,810	5.19%	1.51%	238,484	5.19%	2.43%
Hospice Operations	38,762	-	0.65%	0.00%	-	0.65%	0.00%
Athena EHR System	106,263	218,147	1.78%	1.88%	110,920	1.78%	1.13%
Other Direct Costs	170,141	275,770	2.85%	2.38%	339,928	2.85%	3.47%
Total Direct Costs	5,472,430	9,370,702	91.67%	80.72%	7,486,263	91.67%	76.34%
Gross Margin	497,427	2,238,604			2,320,500		
Gross Margin %	8.33%	19.28%			23.66%		
General and Administrative Overhead	7%	2%			0.04		
Salaries & Wages	416,866	212,513	6.98%	1.83%	345,608	6.98%	3.52%
Benefits	322,279	788,802	5.40%	6.79%	408,513	5.40%	4.17%
Professional Fees	219,578	729,973	3.68%	6.29%	384,972	3.68%	3.93%
Depreciation and Amortization	344,075	332,720	5.76%	2.87%	339,866	5.76%	3.47%
Other Administrative Costs	59,011	(315)	0.99%	0.00%	107,579	0.99%	1.10%
Total General and Administrative Overhead	1,361,809	2,063,692	22.81%	17.78%	1,586,536	22.81%	16.18%
Net Margin	(864,382)	174,912			733,964		
Net Margin %	-14.48%	1.51%			7.48%		
Financing Expense	203,109	106,821	3.40%	0.92%	100,798	3.40%	1.03%
Financing Income	174,290	-	2.92%	0.00%	172,412	2.92%	1.76%
Investment Income	37,740	18,525	0.63%	0.16%	52,391	0.63%	0.53%
Miscellaneous Income	24,016	81,588	0.40%	0.70%	67,617	0.40%	0.69%
Net Surplus	<u>(831,446)</u>	<u>168,204</u>			<u>925,586</u>		



Management Discussion and Analysis

Revenue continues to be robust given strong inpatient days and outpatient visits.

- Inpatient days May YTD were 2,759 compared to Budgeted annual of 1,834.
- Outpatient visits May YTD were 101,388 compared to Budgeted annual of 96,027.
- Cerner was implemented on 05/17/2021. Stats were not updated for June. Will resolve before next board meeting.
- Salaries are in line with budget 34% to actual of 31% of net patient revenues.
- Gross margins are considerably higher due to IGT being recorded.
- AR continues with clean up efforts and contractuals and bad debt reserves are starting to stabilize.

2020 Audit Entry of 3M increased Contractuals and Bad Debt Reserves and Expenses in June.

- Cash balances have stabilized due to good collections at 85.2 Million year to date.
- Recorded 3.8M for Anthem IGT FY2020 revenues
- Recorded 3.8M for Anthem IGT FY2021 revenues
- Recorded 2.8M for IGT FY2021 revenues will record the same in June.
- Year to Date Net Income 4.7 Million

Human Resource Policies

For BOD Review August, 2021

HR has worked with legal counsel and all appropriate committees to get these policies approved for the Employee Handbook.

Policy Title

Orientation

Introductory Period

Time Off

Final Payroll Check

Holidays

Shift Differential

State Disability Insurance (SDI)

Hospitalization and Medical Insurance

Educational Opportunities

Education Days Policy for Licensed Employees

Absence from Work

Unexcused Absence

Paid Absence

Parking

Hospital Accounts

Benefits as Affected by Changes in Employment Status

Leaving Work Area or Premises

Work Related Accidents

Accepting of Tips, Gratuities, Rewards, Promotional Gifts or Incentives

Standards of Conduct

Address Change

Information Regarding Patients

Telephone Use

Promotions

Performance Evaluations

Return to Work Following Illness

Assignments and Garnishments

Conferences with Supervisors

Employee Dissatisfaction

Termination

Leaving Without Notice

Bulletin Boards
Security/Safety Program
Package Inspections
Confidentiality
Electronic Communications
Employee requests to be Excluded from Patient Care
Domestic Partner Recognition
Employee Assistance
Lifetime Benefit Hours
Paid Sick Leave
Hospital Equipment and Supplies for Personal Use
Attendance
Hours, Rest and Meal Periods
Performance Improvement and Progressive Discipline
Solicitation and Distribution of Literature on Hospital Property
Pregnancy and Lactation Accommodation
Background Screening
Leaves of Absence
Northern Inyo Hospital (NIH) Job Protected Leave (JPL)
Vacations
Personnel File Inspection
Acknowledgement Form
At-Will Disclaimer Statement
Employee Complaints and the Grievance Process
Equal Employment Opportunity
Harassment by Employees
Telework Program Policy
Pay Scale and Pay Adjustments
Punch Detail Report
Worker Housing Policy
Student Trainee Program – Employment of Minors
Wages-Payroll Deductions

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 02-03 ORIENTATION	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

There will be a general orientation program for each new employee shortly after hire. This is the time when the new employee will be taken on a tour of the Hospital facilities and have the fire and disaster plan explained, emergency codes reviewed, and other relevant hospital wide policies discussed.

Employees will also receive detailed introductions and orientation of their specific department and job responsibilities by their supervisor.

Approval	Date
Personnel/Payroll Advisory Committee	
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	7/18/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 03-02 INTRODUCTORY PERIOD	
Scope: District Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Your first 90 calendar days of employment represent an introductory period. This period is a time for you to be oriented to your job and to adjust to new surroundings and co-workers. During your introductory period you will be trained in your new job and evaluated by your supervisor so that you know how you are doing. Your introductory period may be extended beyond 90 calendar days if your supervisor determines that such an extension is appropriate.

Successful completion of the introductory period is not a guarantee of a right to long-term or continued employment. During the introductory period, as well as the entire period of employment with the District, the District is free to change the employee's terms and conditions of employment with or without notice and with or without cause, including, but not limited to, termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work.

Employees are eligible for benefits during their introductory period as follows: Newly hired benefited employees may use Paid Time Off (PTO) immediately after it is accrued. They are also eligible to enroll in the District's health plan, and life and long-term disability plans beginning the first day of the month following their hire date. In the event an employee was initially hired into a non-benefited position, and then transferred into a benefited position, eligibility for the District's health plan and life and long-term disability plans will be the first day of the month following their benefited date.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 03-02 INTRODUCTORY PERIOD	
Scope: District Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 04-04 TIME OFF	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Work schedules and days off vary throughout the District depending upon the staffing requirements. Your schedule will be explained to you by your supervisor. Every effort will be made to arrange for you to receive two days off each week whenever possible, and no less than four days off in each two-week pay period unless there are unusual circumstances.

Department heads and supervisors are authorized (and are expected) to instruct their personnel not to report to work when a low workload makes this possible. Department heads and supervisors are also authorized (and are also expected) to instruct their personnel to leave work early when a low workload makes this possible. This policy applies to full-time, regular part-time, and per diem personnel.

Full-time and regular part-time employees instructed not to report to work, or instructed to leave work early, have the option of taking the time off with or without *Paid Time Off*. It is at the discretion of the department head or supervisor to determine how employees are selected not to work. Generally, per diem personnel should not be called in to work unless full-time and regular part-time personnel request days off and staffing is short.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 07-01 FINAL PAYROLL CHECK	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

If you resign, your final check will be available to you from the Human Resources Department on your last day of work if you have given at least 72 hours' notice. If you quit without notice, your check will be available from the Human Resources Department no later than 72 hours after your last day of work. For employees who are terminated, the final paycheck will be available in the Human Resources Department immediately upon termination.

Name badges and other District property must be surrendered (or proof of return of property must be given) to the Human Resources Department at the time the final check is released. Employee uniforms owned by the District may be given to terminating employees at the discretion of the employee's supervisor, department head, or the Administrator if the uniforms cannot be used by another employee.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 09-01 HOLIDAYS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

The District has designated the following as holidays:

- DT 1. New Year's Day (6:00 P.M. on December 31 to 11:00 P.M. on January 1)
- 2. Presidents' Day (3rd Monday in February) (11:00 P.M. to 11:00 P.M.)
- 3. Memorial Day (4th or 5th Monday in May) (11:00 P.M. to 11:00 P.M.)
- 4. Independence Day (July 4) (11:00 P.M. to 11:00 P.M.)
- 5. Labor Day (1st Monday in September) (11:00 P.M. to 11:00 P.M.)
- DT 6. Thanksgiving Day (11:00 P.M. to 11:00 P.M.)
- DT 7. Christmas Day (6:00 P.M., December 24 to 11:00 P.M., December 25)
- 8. Day of choice

Since it is not possible for all employees to receive the actual date of the holiday off, non-exempt (hourly) employees who are required to work on the actual date of any of the holidays numbered 2 through 5 will be paid at a time and one-half rate for hours worked during any of those four designated holidays. Non-exempt (hourly) employees who are required to work on the holidays numbered 1, 6 or 7 will be paid at a double-time rate for hours worked during these times. (Non-exempt employees may choose to work when not required at their normal hourly rate.)

Further details of the policy on holidays are listed in the Northern Inyo Healthcare District Payroll Policies and Guidelines.

If your religious beliefs call for the recognition of special days, you may substitute holidays or arrange for time off without pay provided prior arrangements have been made with your supervisor. If you work on these special days you will not be paid a premium rate of pay for hours worked during these special days.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 10-01 SHIFT DIFFERENTIAL	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Standard day shift workers are not paid shift differential for any hours worked. A standard day shift is a shift that starts at, or any time after, 6:00 A.M. and ends not later than 6:30 P.M. When an employee does not start and end work at times within this window, the employee will be paid shift differential according to the following rule: eight percent of the employee's hourly base rate of pay for each hour worked between 3:00 P.M. and 11:00 P.M., and twenty-five percent of the employee's hourly base rate of pay for each hour worked between 11:00 P.M. and 7:00 A.M. This rule will apply to call time falling within this window, as well.

The shift differential is excluded from pay for any Paid Time Off.

Further details on the District's shift differential policy are listed in the Northern Inyo Healthcare District Payroll Policies and Guidelines.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 11-01 STATE DISABILITY INSURANCE (SDI)	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

As required by California law, a payroll deduction is made for State Disability Insurance (SDI) entitling employees to disability insurance payments when they are unable to work because of injury or illness not caused by their jobs.

California law requires a deduction of a percentage of your gross wages up to the tax limit for the calendar year for SDI. This amount is deposited with the State of California. The percentage of the deduction and the maximum gross wages to which the percentage applies is, as with all state laws, subject to revision.

SDI benefits begin on the eighth day after your disability, as the first seven days of your claim is a waiting period during which no benefits are payable. By law, employees may not draw full wages and a disability portion of SDI benefits at the same time. If disability payments are received during a time when the employee has drawn full wages, the amount of the SDI payments must be refunded by the employee to the State.

As a cost containment measure, Northern Inyo Healthcare District requires its employees to apply for SDI benefits after 14 consecutive days of illness. SDI claim forms and further information may be obtained from the Human Resources Department.

In conjunction with the SDI plan, the District coordinates your leave benefits to the extent that you receive your total net (take home) wages during your period of disability.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 11-02 HOSPITALIZATION AND MEDICAL INSURANCE	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

On the first of the month following the date of hire, full-time and regular part-time employees are eligible to participate in the District's health plan. Employees who do not sign up for health insurance when they become eligible, may need to wait until the next open enrollment period to sign up for health insurance.

Premium costs for employees' Basic Plan insurance is paid by the District. If you wish to obtain group health insurance for your dependents, you must pay the dependent premiums. Premium costs for employees' and dependents' Basic Plus Plan is paid by the employee through a payroll deduction.

If you must interrupt your employment for any reason for longer than thirty calendar days, please make arrangements with the Human Resources Department for payment of health insurance premiums to prevent a lapse in your insurance coverage. Insurance booklets outlining coverages are available in the Human Resources Department.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 12-03 EDUCATIONAL OPPORTUNITIES	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

The District is keenly aware of the rapid changes occurring in all areas of the health care field. To ensure that our employees have the opportunity to keep abreast of these changes, we offer various in-service programs to all eligible employees. We have also established an educational program to help those employees who are interested in self-improvement. For further information, please contact your department head or supervisor.

In addition, the District may request that you participate in an educational program outside the facility. If such a request is made, the District will pay the cost for tuition or registration fees as well as your time and travel expenses. Further details are outlined in the Northern Inyo Healthcare District Travel and Meeting Expense Policy and Procedures.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 12-04 EDUCATION DAYS POLICY FOR LICENSED EMPLOYEES	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Any employee who requires continuing education credits to maintain the employee's professional license required for work at the District is allowed up to sixteen hours of educational pay per calendar year. The sixteen hours of educational pay per calendar year may be rolled over to the next year, and the maximum amount of accumulated educational pay shall be thirty-two hours.

Employees will be responsible for submitting proof of class attendance to their department head. Department heads will be responsible for maintaining records of education days utilized by their staff. Unused educational pay is not paid out upon termination.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 13-02 ABSENCE FROM WORK	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

If you must be absent, regardless of the reason, you must notify your supervisor or department head at the earliest possible time:

There are several types of absences:

1. Medical absence for which you may be paid through the Hospital's PTO and/or sick leave programs.
2. Excused absence for which you have made prior arrangements and which may or may not be paid.
3. Unexcused absence for which you have not given proper notification, and will not be paid.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 13-04 UNEXCUSED ABSENCE	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

When an employee fails to notify the employee's supervisor in advance of an inability to report for work as scheduled, this is an unexcused absence. Absence without notification may be considered resignation without notice.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 13-05 Paid Absence	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Chief of Human Resources	Effective Date: 2/16/2017

POLICY:

All requests for paid absences must be made through and approved by your supervisor and/or department head. Requests for various types of paid absences will be considered for full-time and regular part-time employees as follows:

1. **Bereavement Leave:** Upon completion of the introductory period, up to three days (24 hours) paid absence may be authorized for full-time employees following the death of an immediate family member as outlined below:

- a. Parents
- b. Siblings
- c. Spouse
- d. Children
- e. Domestic partner
- f. Mother/father-in-law
- g. Sister/brother in-law
- h. Daughter/son-in-law
- i. Grandparent
- j. Grandchild
- k. Domestic partner's mother, father, sister, brother, son, or daughter
- l. Spouse's or domestic partner's grandparent or grandchild
- m. An adult who stood "in loco parentis" during an employee's childhood
- n. Step-children
- o. Step-parents

Regular part-time employees may be authorized up to three days prorated pay (maximum of 19.2 hours) following a death in the family. Bereavement leave must be taken within 30 calendar days of the date of the death. Time off without pay may be arranged with the supervisor or department head for an employee who wishes to attend a funeral of a relative or close friend.

2. **Jury Duty:** Upon completion of the introductory period, full-time and regular part-time employees are eligible for jury duty pay from the District. If you are called for jury duty, your department head should be notified immediately. If you are not excused from jury duty, and you have completed your introductory period, the District will pay the difference between the jury duty fee and your normal base compensation, exclusive of differential pay, up to a maximum of 20 working days a year.

Employees are reimbursed by the court system (for mileage and jury duty fee) for each day they are called for jury duty. Although the employee is allowed to retain the mileage reimbursement, the jury duty fee must be paid back to the District, since the District has

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 13-05 Paid Absence	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Chief of Human Resources	Effective Date: 2/16/2017

already paid the employee for jury duty. The Accounting Office will assist employees in determining the amount to be reimbursed to the District for jury duty.

3. Other: Paid absences may be authorized on an individual basis for employees selected to participate in meetings relating to their District work.

Approval	Date
Human Resources	2/6/2017
Board of Directors	2/15/2017
Last Board of Directors Review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 15-02 PARKING	
Scope: District Wide	Manual: Human Resources -- Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Parking facilities are provided at no charge for employees in designated areas. However, you may not park in the emergency or outpatient parking areas, nor may you park in those areas designated for physicians only.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 15-02 PARKING	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Parking facilities are provided at no charge for employees in designated areas. However, you may not park in the emergency or outpatient parking areas, nor may you park in those areas designated for physicians only.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	4/19/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 15-03 HOSPITAL ACCOUNTS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

An employee who has an account with the District may make arrangements with the Credit and Collections office for monthly payments of the account. If the employee wishes, the payments may be set up on a payroll deduction plan until the account is paid.

The payroll deduction amount will be in accordance with the payment terms offered to the general public and/or the residents of the District.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 15-04 BENEFITS AS AFFECTED BY CHANGES IN EMPLOYMENT STATUS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Full-time to regular part-time: When an employee changes from full-time to regular part-time status, the benefits accumulated according to the full-time schedule are retained, and the accumulation of benefits according to the regular part-time schedule begins on the effective date of the change. Lifetime benefit hours (LBH) are used to determine where on the regular part-time schedule the regular part-time employee will be placed.

Regular part-time to full-time: When an employee changes from regular part-time to full-time status, benefits are accumulated according to the full-time schedule effective with the date of the change and are added to any benefits which were accumulated according to the regular part-time schedule while the employee was regular part-time. Lifetime benefit hours (LBH) are used to determine where on the full-time schedule the full-time employee will be placed.

Per diem to full-time or regular part-time: Per diem employees who accept a full-time or regular part-time position with the District may have their introductory period waived at the discretion of the employee's department head and Hospital Administrator. The rate of pay for any such employee is changed to conform to the District's wage and salary administration policy. Lifetime benefits hours (LBH) accumulated while the employee was in a per diem status are recognized in determining maximum pay period Paid Time Off accrual amounts.

Full-time or regular part-time to per diem: A full-time or regular part-time employee who decides to accept per diem employment with the District is paid for any benefits which are payable under the Termination Benefits Policy. Paid Time Off does not accrue while the employee is classified as per diem. Sick leave benefits previously accrued are shown on the employee's pay stub. Lifetime benefits hours (LBH) continue to accumulate while the employee is classified as per diem.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 16-02 LEAVING WORK AREA OR PREMISES	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Because emergencies may arise in your department, it is necessary for your supervisor to know when you leave the working area for coffee, breaks or lunch.

If it becomes necessary for you to leave the District premises during working time for personal reasons, you must obtain permission from your immediate supervisor. However, when regularly leaving the District premises to spend the lunch break away from the District you may obtain standing permission in writing from your supervisor. You will be expected to swipe out when you leave and back in again when you return.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 17-01 WORK RELATED ACCIDENTS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

All employees will report all on-the-job injuries immediately to their supervisor or department head, no matter how slight. If you are injured on the job, please report to the emergency room immediately for evaluation and treatment of your injuries. If you fail to do so, you may disqualify yourself from receiving benefits that you would in other circumstances be entitled to.

A complete accident report form, furnished by the Emergency Department, must be filled out by your department head or supervisor. If time off work is recommended by the Emergency Department physician as a result of industrial injury or illness, please contact the Human Resources Department immediately so that arrangements may be made to provide you any Workers' Compensation benefits for which you may be eligible.

In conjunction with the Workers' Compensation benefits, the Hospital coordinates your sick leave and Paid Time Off benefits to the extent that you receive your total net (take home) wages during your period of disability.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 18-01 ACCEPTANCE OF TIPS, GRATUITIES, REWARDS, PROMOTIONAL GIFTS OR INCENTIVES	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Northern Inyo Healthcare District employees and their families are prohibited from soliciting or personally accepting gifts, loans, entertainment or any other consideration of value from a person or organization that does business or may want to do business with NIH. If a NIH employee receives any substantial gift or favor, it must be returned and the employee's supervisor notified. The only exception is a gift of nominal value extended as a business courtesy, such as sales promotion items or occasional business-related meals or entertainment of modest value.

In no case may a NIH employee accept a gift or consideration of more than nominal value or any cash payment from a patient.

In no case should a NIH employee offer or give any gift or any consideration of value that may appear to be intended to influence the objective judgment of anyone outside of NIH. If a gift or consideration cannot be accepted or given within NIH guidelines, do not accept or offer one.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 18-02 STANDARDS OF CONDUCT	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: September 2017

POLICY:

In order to provide employees of Northern Inyo Healthcare District some guidance concerning unacceptable behavior, the following are some examples of types of conduct considered impermissible. Employees who engage in any misconduct or whose performance is unsatisfactory may be subject to disciplinary action, up to and including termination. The list is intended simply to provide some examples of disciplinary offenses and includes, but is not limited to:

1. Unsatisfactory performance on the job such as:

Absence without proper notification/explanation, excessive absenteeism or tardiness. Excessive absenteeism or tardiness results when an employee is absent or tardy without excuse two or more times in a 30-day period; or is absent or tardy without excuse five or more times in a 90-day period.

Leaving assigned work without permission during working time.

Breach of professional confidence.

Insubordination; refusal to follow directions or obey legitimate orders of supervisor.

Refusal to wear appropriate personal protective equipment.

Negligence in performance on the job.

Sleeping, or giving the appearance of sleeping, while on duty.

2. Falsification of or making a material omission on forms, records, or reports, including punch detail reports, application materials, or other records. Examples are:

Failure to report an incident in accordance with the District's guidelines for the use of incident reports.

Making entries on another employee's punch detail report or edit sheet, or allowing someone else to make entries on your punch detail report or edit sheet; or falsification of punch detail reports or edit sheets in any manner.

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 18-02 STANDARDS OF CONDUCT	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: September 2017

3. Violating safety or health rules or practices or engaging in conduct that creates a safety or health hazard such as:

Failure to report an accident or incident involving a patient, visitor or yourself.

Threatening, intimidating, coercing, or interfering physically with fellow employees, patients or visitors on District property; unauthorized possession of firearms, explosives or knives.

Workplace bullying which is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is abusive conduct that is:

- Threatening, humiliating, or intimidating, or
- Work interference – sabotage – which prevents work from getting done, or
- Verbal abuse

Demonstrating incompetency, inefficiency or negligence where a patient's welfare is concerned.

Ignoring a fire alarm, fire drill, disaster alarm or disaster drill.

Reporting for work under the influence of alcohol or narcotics, or using either on the District's premises or in District-owned vehicles whether on or off duty.

4. Other types of misconduct include:

Abuse of the building or equipment.

Unauthorized posting or removal of materials on official District bulletin boards.

Violation of the District's solicitation and distribution rules.

Abusive or obscene language.

Sexual intercourse, oral copulation, or sodomy, committed on the District's premises, whether or not such conduct is lawful.

Stealing from fellow employees, patients, the District, or others on District premises; taking District property, records, or District information without permission.

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 18-02 STANDARDS OF CONDUCT	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: September 2017

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	7/18/2018

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 19-01 ADDRESS CHANGE	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Please notify the Human Resources Department promptly of any change of name, address, phone number, marital status, domestic partner status, or any other material facts about yourself so that our records may be kept up-to-date.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 20-01 INFORMATION REGARDING PATIENTS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Any information concerning a patient and the patient's condition must be considered strictly confidential. This includes any information concerning a patient's doctor. Employees are cautioned not to give out any information to anyone without specific authorization as outlined below:

1. Refer inquiries about patients from friends and relatives to the nurse in charge of the unit.
2. Refer inquiries from members of the press or other sources of public information to the Administrator.
3. Refer requests for photographs of patients to the hospital Administrator.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 20-04 TELEPHONE USE	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

The District discourages personal use of telephones except in case of an emergency. It is important that District telephone lines be kept available for District business. However, it is recognized that employees sometimes need to make personal telephone calls from work. All employees are asked to keep these calls to a minimum. Any personal long distance calls should be made by using a personal cellular telephone so the charges can be billed to the employee. It is the responsibility of department heads to counsel employees who use the District telephones inappropriately.

The District has in place a call accounting system that tracks the quantity and duration of both Incoming and outgoing local and long distance phone calls by extension. Outgoing phone calls are also tracked by phone number dialed. Various reports generated from the call accounting system are handled as sensitive and confidential by District staff responsible for maintaining, processing, and distributing them. Reports are used: (1) by appointed District staff to verify the accuracy of the District's phone bills; (2) as bills for employees who have made chargeable personal phone calls; and (3) by the Hospital Administrator to determine that District telephones are being used appropriately.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 21-02 PROMOTIONS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

When positions of higher responsibility become available, first consideration is generally given to employees of the District based on their ability, past performance, and potential to handle the new position.

If you wish to be considered for promotion, be sure to keep the Human Resources Department informed of further education which you have received and any training seminars or workshops you have attended. You should also notify the Human Resources Department or your department head if you wish to be considered for a specific position which becomes open.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 22-01 PERFORMANCE EVALUATIONS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Periodically, it is a good idea for both the employer and the employee to sit down and review past performance as well as make plans for goals. Such evaluations are intended to let you know how you are doing relative to what is expected of you, and also give you an opportunity to discuss your goals with your supervisor.

Employees will receive performance evaluations upon completion of 90 calendar days of employment and annually thereafter. Employees who receive job promotions will receive performance evaluations upon completion of 90 calendar days in their new position and annually thereafter. Your performance will be evaluated by your direct supervisor and this evaluation will be in writing. You will be asked to discuss this evaluation with your supervisor. If you do not agree with the evaluation, you should discuss the areas of disagreement further with your supervisor, your department head or the Human Resources Director.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 22-03 RETURN TO WORK FOLLOWING ILLNESS	
Scope: District Wide	Manual: Employee Health
Source: Employee Health	Effective Date: 11/20/2002

POLICY:

If you have been absent for a period of three (3) or more consecutive work days because of illness or injury, you may be required to provide written authorization from your physician prior to returning to work. In addition, the District may request that you be examined by a District physician.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 22-04 ASSIGNMENTS AND GARNISHMENTS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

We must honor legal garnishments as provided by State and federal laws.

Garnishments are usually effective for a period of ninety days after being served. During this period the employer is required to deduct a percentage from the earnings of the employee.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 22-05 CONFERENCES WITH SUPERVISORS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

If you have a complaint about your job, you should discuss it with your supervisor or department head. If an agreeable solution is not reached, you should take your complaint to the Administrator.

It is the responsibility of the immediate supervisor to offer suggestions, make recommendations, and provide the necessary guidance regarding employees' performance or conduct on the job.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 22-06 EMPLOYEE DISSATISFACTION	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

If you have a problem that you feel you cannot discuss with your supervisor or department head, you may contact the Administrator. Despite our sincere desire to provide all employees with pleasant and satisfying employment, it is possible that disagreements and misunderstandings will arise.

Remember, we cannot help you solve problems that we don't know exist. If you have a problem, we want to know it. We want it resolved as much as you do, so let us know.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 24-02 TERMINATION	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Employees are free to terminate their employment with the District at any time, either with or without cause or advance notice. In the same manner, the District has the right to terminate its employment relationship with any employee at-will, either with or without cause or advance notice.

If you decide to discontinue employment, you will want to make the proper arrangements for your departure. In this way you will preserve your record as a responsible employee.

Voluntary Termination...Resignation: We will appreciate as much advance notice as possible in order that someone else may be obtained and trained to take your place. We request, but do not require, a fourteen day notice of resignation. Department heads and supervisors are asked to provide a thirty calendar day notice.

Involuntary Termination...Dismissal: This is an immediate termination for reasons initiated by the authority of the department head. Final review and approval is made of all such terminations by the Administrator of the District.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 25-01 LEAVING WITHOUT NOTICE	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

Termination of employment may occur when the employee leaves work or fails to report to work with no advance notice to the District.

- A. Such a termination may, unless action is justified by unusual circumstances, prevent reemployment by the District.
- B. If an employee fails to report to work as scheduled and is unable to furnish the District with a justifiable excuse, such failure to report may be presumed to be a resignation from service of the District and termination of employment. This also applies to employees failing to return to work after the expiration of a Leave of Absence.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 25-03 BULLETIN BOARDS	
Scope: District Wide	Manual: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/20/2002

POLICY:

For your information and convenience, there are official District bulletin boards placed throughout the District. Here you will find notices of training programs being offered and other special announcements of interest. Items posted on these bulletin boards must first be authorized by Administration. Unauthorized postings will be removed.

Approval	Date
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	5/16/18

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 25-05 SECURITY/SAFETY PROGRAM	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

It is very important that we keep Northern Inyo Hospital safe for our patients, employees and for the public. If you observe an unsafe condition or a security problem of any kind, please notify your supervisor, the Human Resources Department, or Administrator immediately. Identify yourself and give your location or work area, as well as stating the nature of the problem. With your cooperation we will be able to continue to maintain high safety standards.

Approval	Date
Personnel/Payroll Advisory Committee	
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	6/21/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 25-06 PACKAGE INSPECTIONS	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

For security purposes, the hospital department heads and administration have the authority to inspect any package brought in or taken from the hospital premises by employees.

Approval	Date
Personnel/Payroll Advisory Committee	
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	6/21/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 26-05 CONFIDENTIALITY	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Confidentiality is a serious matter. State law entitles patients to "full consideration of privacy concerning the medical care program." Further details are listed in the Northern Inyo Hospital Policy on Patients' Rights, Patients' Responsibilities, and Process for Resolution of Patient Grievances or Complaints.

A breach of professional confidence is an infraction of the standards of conduct listed in these Personnel Policies that may be subject to disciplinary action, up to and possibly including termination.

The following list is intended simply to provide some examples of breaches of professional confidence to heighten awareness and sensitivity:

1. Openly discussing personal information regarding patients and their medical conditions inside or outside the hospital with anyone who does not have a need to know.
2. Disclosing computer passwords to others, or unauthorized use of the hospital's computer systems.

Approval	Date
Personnel/Payroll Advisory Committee	
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	6/21/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 27-01 ELECTRONIC COMMUNICATIONS	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Northern Inyo Hospital's electronic communication systems are Hospital assets. As such there is limited privacy relative to their use. Electronic communications systems have been established for the purpose of conducting the Hospital's related business. Therefore, all messages sent, received, composed and/or stored on these systems are property of the Hospital.

Electronic communications are considered part of Hospital business records and may be subject to disclosure to third parties for use in litigation. It is not possible to guarantee the security of electronic communications either within or outside the Hospital. Sensitive information should be sent through electronic communication systems only when the sender and recipient can use Hospital-approved encryption. Information related to legal matters should be labeled as "Privileged and Confidential" and should not be forwarded or distributed without authorization from the sender or designated person.

Computer resources and networks are provided to meet the goals of the Hospital in both patient care services and administration. These services consist of electronic mail, shared files, databases, electronic libraries and connections to the Intranet/Internet for administrative and research purposes. Users must respect the intellectual and access rights of others. Any misuse of the Hospital's computer and network resources in violation of this policy may result in disciplinary action up to and including termination.

For the purposes of this document, computer and network resources includes personal computers, terminals, software, and all free standing networked systems, physical connections and all peripheral devices (printers, scanners, keyboards, etc.).

Rights and Responsibilities:

Computers and networks provide access to information and resources. This access is a privilege and requires user responsibility. All users must respect the rights of others and must maintain patient and employee confidentiality, intellectual property and copyright laws, and the general privacy of others. Employees do not have a personal privacy right in any matter created, received, sent, or stored in the Hospital's computer systems.

Regarding inappropriate employee conduct prohibited by these Personnel Policies, an employee may not carry out or accomplish through the Internet or other electronic means that which the employee is prohibited from accomplishing through traditional means of expression.

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 27-01 ELECTRONIC COMMUNICATIONS	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

Examples of Misuse:

1. Using the Hospital's computer resources/network systems to gain unauthorized access to other computer or network systems.
2. Knowingly performing an act that will interfere with the normal operation of a computer/network resource or system.
3. Using the Hospital's computer and network resources for any type of commercial activity such as advertising products for sale.
4. Installing, running, uploading, downloading, viewing, printing or duplicating any unauthorized software or violating applicable software licensing agreements or copyright laws.
5. Harassing or threatening other users, propagating electronic chain letters and/or messages, or sending mass or multiple mailings.
6. Intentionally attempting or accessing the electronic mail of another user.

Approval	Date
Personnel/Payroll Advisory Committee	
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	6/21/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: 28-01 EMPLOYEE REQUESTS TO BE EXCLUDED FROM PATIENT CARE	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Employees may request exemption from participating in certain aspects of a patient's care in situations where such care or treatment conflicts with the employee's religious or cultural values.

Should an employee wish to be excused from participating in a particular aspect of treatment/care of a patient the employee should immediately make a request to the employee's department head or supervisor. When time allows, the request should be committed to writing.

The employee is responsible for providing patient care until appropriate alternative arrangements can be made. It must be realized that due to staffing limitations alternative staffing may not be possible.

Refusal to provide care may result in disciplinary action up to and including termination.

Approval	Date
Personnel/Payroll Advisory Committee	
Human Resources	
Administration	
Board of Directors	11/20/2002
Last Board of Director review	6/21/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - DOMESTIC PARTNER RECOGNITION	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Human Resources	Effective Date: 01/01/2015 benefit plan yr.

PURPOSE:

To define and recognize domestic partnerships for the purposes of employee benefits.

POLICY:

It is the policy of the hospital to promote the acceptance of diversity, including sexual orientation and gender identity. To help accomplish this objective, the hospital provides the same benefits to domestic partners as those provided to spouses of legally married employees. Children of domestic partners are also eligible for benefits under the same conditions as the children of employees' legal spouses.

PROCEDURE:

To become eligible for certain benefits, employees in domestic partnerships must register the domestic partnership with the hospital.

Definition of domestic partnership

For purposes of this policy, domestic partners are defined as persons who:

- Are at least 18 years of age
- Are unmarried
- Have no blood relationship of a degree that would prohibit marriage under state law
- Do not have any other domestic partner
- Agree to be financially and legally responsible for each other
- Are legally competent to engage in contracts

Registration of domestic partnership

Registration of a domestic partnership is required for coverage under the hospital's benefit programs including medical, dental, vision, and life.

An employee may register a domestic partnership by contacting HR for information and a registration form. Upon receipt of a completed form, the hospital will consider the partnership registered as of the signature date on the form.

Enrollment of domestic partners and eligible dependent children is subject to the same rules as enrollment of other dependents.

Terminating a domestic partnership

An employee may terminate a domestic partnership by notifying HR in writing within thirty (30) days of its termination.

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - DOMESTIC PARTNER RECOGNITION	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Human Resources	Effective Date: 01/01/2015 benefit plan yr.

Tax implications

The hospital is required to report the fair market value of the health plan coverage for the domestic partner as imputed income for tax purposes. The value of benefits provided to a domestic partner (and eligible children, if any) is considered taxable income, unless the domestic partner qualifies as a dependent under Section 152 of the Internal Revenue Code. The hospital will treat the value of the benefits provided to the domestic partner (and eligible children, if any) as part of the employee's income and will withhold taxes on the value of those benefits from employee's paychecks.

Additional Information

Please direct questions regarding this policy to HR.

FORMS:

NIH Domestic Partner Registration Form
 NIH Additions Or Corrections To Domestic Partnership Record
 NIH Domestic Partnership Termination Form
 NIH Withdrawal of Domestic Partnership Termination Form

Approval	Date
Senior Management	09/29/2014
Board of Directors	10/15/2014

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - EMPLOYEE ASSISTANCE (13-01)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Employee advocacy and assistance is provided through Human Resources and the Hospital's Employee Assistance Program (EAP).

When a trauma/crisis or drug/alcohol situation arises requiring immediate intervention, either for the employee or a supervisor, a request for out-sourcing assistance should be made to Human Resources. Human Resources will meet with the employee or the supervisor to discuss the situation so an appropriate referral can be made. For employee intervention counseling, Human Resources will contact the Hospital's EAP to treat the employee as an emergency case.

In the case of a supervisor requesting assistance on how to deal with an employee going through a trauma/crisis or drug/alcohol related problem, Human Resources will contact the Hospital's EAP to arrange for an immediate telephone consulting session for the supervisor.

Some examples of when an employee might access employee advocacy are:

- Improved communication with co-workers
- Relationship and personal challenges at work and home
- Conflict resolution with supervisor
- Clarification of job expectations
- Professional development

Employee advocacy focuses on:

- problem-solving to assist employees achieve success – clarification and guidance to resolve misunderstandings or conflict in the workplace.
- providing information for all employees to make sound choices.

The ideal is for employees and managers to resolve conflicts together. When employees and managers are unable to resolve issues on their own, they can access employee advocacy. The goal is to enhance understanding and help create and maintain productive working relationships.

The Hospital's EAP is a free, confidential, easy to use, results oriented service with resources designed to address everyday problems. These resources include: assessment, referral, and brief sessions with a qualified mental health professional. The EAP is designed to help employees and family members better manage life stress, overcome challenges, and enhance quality of life by addressing any concern or problem affecting behavioral health, well-being, or job performance.

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - EMPLOYEE ASSISTANCE (13-01)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

EAP also includes:

- Unlimited financial consultation
- Unlimited legal consultation
- Unlimited childcare referrals
- Unlimited eldercare referrals

Approval	Date
Human Resources	
Administration	
Board of Directors	09/18/2013

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - LIFETIME BENEFIT HOURS (LBH) (07-05)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date: 10/12/2017

POLICY:

Regardless of employee status or personnel classification (full-time, regular part-time, per diem, temporary), LBH represents the cumulative number of hours paid by the Hospital since your current hire date.

LBH--hours paid--includes the following hours: regular time, overtime, double-time, education time, Paid Time Off (PTO), sick leave, and miscellaneous nonproductive time (e.g. jury duty, bereavement leave). LBH also includes Zero Pay.

Hours/units excluded from LBH: e.g. standby hours, 1-time callback units, supervisor differential units, ICU differential units, and retroactive adjustment units.

LBH accumulates from date of hire and is used for determining maximum Paid Time Off (PTO) accrual rates.

LBH is earned by the pay period.

Approval	Date
Human Resources	10/12/2017
Board of Directors	5/20/2011

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - PAID SICK LEAVE*	
Scope: Hospital Wide	Manual: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 07/01/2015

PURPOSE:

To comply with State of California Healthy Workplaces/Healthy Families Act of 2014.

POLICY:**Eligibility**

NIH provides paid sick leave to employees who have worked 30 or more days in California within a year of their employment with the Hospital, but who are not eligible for Paid Time Off (PTO).

An employee who becomes ineligible for PTO due to a change in status or is otherwise ineligible for PTO will accrue paid sick leave at the rate of one hour for every 30 hours worked up to a maximum of 24 hours in each 12-month period; provided, however, that the maximum accrual shall not exceed 48 hours at any one time.

An employee who becomes eligible for PTO shall stop accruing paid sick leave when the employee's PTO accrual exceeds 24 hours and thereafter may not use any accrued, but unpaid sick leave; provided, however, that the employee will commence accruing paid sick leave and may use such sick leave upon the employee thereafter becoming ineligible for PTO.

Subject to the above restrictions on the use of paid sick leave, an employee ineligible for PTO who has not been separated from employment with NIH for more than one year may use any previously accrued, but unpaid sick leave.

PROCEDURE:

After successfully completing 90 days of employment, eligible employees may begin to use paid sick time under this policy in increments of two hours, up to a maximum of 24 hours, or three days, whichever is greater, per calendar year.

Accrued, unused time under this policy will carry over each year up to a maximum accrual of 48 hours or six days, whichever is greater.

An employee may use paid sick leave under this policy for an unexpected personal business/emergency. Additionally, an employee may use paid sick time for purposes including (i) diagnosis, care, or treatment of any existing health condition of, or preventive care for, the employee or an employee's family member (child-regardless of age, parent (including step-parent and parent-in-law), spouse, registered domestic partner, grandparent, grandchild or sibling); (ii) for an employee who is a victim of domestic violence, sexual assault, or stalking, for the purposes set forth in Labor Code Section

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Benefits - PAID SICK LEAVE*	
Scope: Hospital Wide	Manual: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 07/01/2015

230.1 (medical attention, services from a domestic violence shelter, psychological counseling, safety planning).

Employees requesting time off under this policy should provide as much advanced notice to their direct manager as practicable, and employees who take more than three days of leave will be required to provide appropriate documentation to their direct manager in support of the leave taken.

Unused sick leave shall not be paid upon termination, resignation, retirement, or other separation of employment.

Leave under this policy may run concurrently with leave taken under other applicable policies as well as under local, state or federal law, including leave taken pursuant to the California Family Rights Act (CFRA) or the Family and Medical Leave Act (FMLA).

For more information regarding leave under this policy, contact Human Resources.

OTHER REFERENCES:

- State of California Healthy Workplaces/Healthy Families Act of 2014

Approval	Date
Board of Directors	07/15/2015
Last Board of Director review	

Developed: 06/25/2015

Revised:

Reviewed:

Supersedes:

Index Listing:

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Company Property - HOSPITAL EQUIPMENT AND SUPPLIES FOR PERSONAL USE (25-02)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

PURPOSE:

To ensure appropriate use of Hospital-owned property.

POLICY:

The property of Northern Inyo Hospital (NIH) is intended to be used in a way that benefits our patients and organization. Supplies and/or equipment belonging to NIH will not be used by or loaned to any person, regardless of position, including Hospital employees or Medical Staff for their personal use. (Note: The Community Relations Department may from time to time arrange for the loan of items such as tables and chairs for events in the community if such property is not otherwise scheduled for use.)

Employees may operate Hospital-owned equipment and use Hospital-owned supplies exclusively for: legally authorized care of registered NIH patients; NIH authorized business functions; and non-patient care activities allowed by NIH policy.

To protect the physical and intellectual property of the Hospital from loss, damage, theft, vandalism, unauthorized use, copying, disclosure, or disposal, the Hospital must ensure proper business use of Hospital property and facilities.

Nothing in this policy shall preclude appropriate care or continuity of care for our registered patients. Nothing in this policy is intended to conflict with the Hospital's legal obligation to provide certain employment-related or other accommodations as may be required by state and federal laws.

Violations of this policy may result in discipline, up to and including termination.

Reference(s):

Hospital Policy on Sale of Supplies and Pharmaceuticals
Robinson-Patman Act
False Claims Act Employee Training and Prevention Policy

Approval	Date
Human Resources	
Administration	
Board of Directors	02/19/2014

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Employee Conduct - ATTENDANCE*	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 06/15/2016

PURPOSE: Maintaining a stable and reliable workforce is critical to the effective and efficient delivery of health care services at Northern Inyo Healthcare District (NIHD). It is recognized that unplanned time away from work will be necessary. The following policy sets forth the expectations for attendance and establishes corrective action standards for unacceptable attendance. These expectations apply to all shifts an employee is scheduled to work, including regular shifts, voluntary shifts, mandatory overtime shifts, and scheduled classes.

POLICY: Employees are expected to report to work as scheduled, on time and prepared to start work. Employees also are expected to remain at work for their entire work schedule. Late arrival, early departure or other absences from scheduled hours are disruptive and must be avoided. This policy details how absences and tardiness are counted for the purposes of maintaining excellent customer service.

Protected Absences:

1. Absences due to a serious health condition, including those covered under the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), and/or Americans with Disability Act (ADA) and/or time spent on any approved Job Protected Leave of Absence (reference Leaves of Absence policy), will be considered a protected absence. Such conditions must be documented through the Human Resources Department.
2. The District maintains the right to request documentation in cases of a pattern of absences due to employee illness – pattern as defined below in Pattern of Absences. Patterns of absences documented as requested shall be protected. Patterns of absences not documented as requested shall not be protected.
3. Pre-approved vacation, personal holiday, scheduled sick leave, bereavement leave, jury duty, and military leave will be considered protected absences.
4. Absences due to work-related injury and approved as an on-the-job (workers' compensation) injury will be considered protected.
5. Any scheduled shifts or work that are called-off, or otherwise not worked due to a management-initiated decision relative to low census, safety concerns, failure to meet a condition of employment, will be considered as protected absences.
6. Absences due to verified natural disasters such as floods, wildfires, earthquakes, or other conditions, natural or man-made, that make it impossible for employees to report for scheduled work will be considered as protected absences.

Patterns of Absences. Four (4) incidents of the following within a 6 month time period will constitute a pattern:

1. A pattern of unscheduled absences on Fridays, Mondays, weekends, or preceding or following a holiday or scheduled day(s) off, or

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Employee Conduct - ATTENDANCE*	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 06/15/2016

2. A pattern of unscheduled absences on days that were requested off but could not be accommodated.

No call/No show and Job abandonment/AWOL. An employee who fails to call or report for a scheduled shift is considered a no call/no show. The District will attempt to contact the employee to ensure that the employee is safe and that there has not been any miscommunication regarding the schedule.

Punctuality. Each employee is expected to report for work and be ready to start the employee's shift at the employee's scheduled start time. Similarly, each employee is expected to leave for, and return from, scheduled breaks and lunch periods in a timely manner. A tardy is any time an employee fails to be at the employee's work station ready to begin work at the employee's scheduled start time, as well as returning late from a meal break. Each employee will have the option to use the Kronos station outside the cafeteria when clocking in and out for the employee's meal break.

Failure to "swipe" (clock in and out). Employees are expected to swipe in or out to reflect actual hours worked. If the employee misses a swipe, the employee will utilize a Kronos edit sheet. However, employees are expected to miss less than 10% of an employee's required punches over a rolling six (6) month period.

Under no circumstances shall an employee clock in or out for another employee.

Time period for attendance management. A rolling twelve (12) month period will be considered in monitoring attendance. Attendance will be monitored with the most recent occurrence and subsequent disciplinary action taken for additional occurrences.

Count of occurrences:

Unscheduled unprotected absences - Attendance issues that meet the definition of an unscheduled absence (as noted above) will count as one (1) occurrence.

Tardy-Late arrival/returning from meal/break, missed punches or edited punches exceeding 10% over a rolling 6 month period will count as half (1/2) occurrence.

Occurrences for attendance will be counted as follows:

1. Total of four (4) occurrences (for any reason) = Coaching
2. Total of five (5) occurrences (for any reason) = Documented verbal counseling
3. Additional full occurrences, total of six (6) occurrences (for any reason) = written warning

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Employee Conduct - ATTENDANCE*	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 06/15/2016

4. Additional full occurrences, total of seven (7) occurrences (for any reason) = probation
5. Additional full occurrences, total of eight (8) occurrences (for any reason) = termination

Exception: Movement through the steps above are to be executed in full increments of an occurrence and not with a half (1/2) occurrence. For example: if an employee receives a documented verbal counseling at 4.5 occurrences, then a written warning could not be given until the employee had reached 5.5 or more occurrences.

Initial employment period/introductory period. An employee in the initial employment/introductory period, who has three (3) occurrences, will receive a written warning. If the employee has one or more additional occurrences within the remainder of the initial employment/introductory period or extended initial employment introductory period, the employee may be subject to termination of employment. This excludes those employees who are in an introductory period due to a transfer. If the initial employment/introductory warning is given and the remainder of the initial employment is completed successfully, the employee will be at the written warning step of the disciplinary process at the end of the initial employment/introductory period.

Note. The policies and procedures outlined herein have been designed to comply with all existing written and unwritten policy statements; all requirements of existing labor laws and, if applicable, a Collective Bargaining Agreement with an employee organization. Where conflicts exist, the Collective Bargaining Agreement will take precedence over this policy. The Chief Human Resources Officer (CHRO) has responsibility for the interpretation of this policy, and any exceptions to this policy will be made with Executive Team approval. All policies and procedures may be modified or changed at any time with Board and Executive Team approval.

Approval	Date
Executive Team	
Board of Directors	06/15/2016

Responsibility for review and maintenance: Chief Human Relations Officer

Index Listings:

Developed: 06/2015

Revised:

Reviewed:

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Employee Conduct - HOURS, REST AND MEAL PERIODS (04-03)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

PURPOSE:

To clarify hours, rest and meal periods for non-exempt employees who work for Northern Inyo Hospital (NIH), a district hospital, a political subdivision of the state of California, a public entity.

POLICY:

Northern Inyo Hospital follows laws applicable to a district hospital, a political subdivision of the state of California, a public entity.

Northern Inyo Hospital's standard pay period is 80 hours for two weeks beginning at 11:00 P.M. Saturday and ending at 11:00 P.M. the second following Saturday (at the end of the 3-11 shift). Shift agreements for 10-hour or 12-hour shifts specify differences from the standard.

You must not clock in for work more than six minutes before your scheduled starting time, nor clock out more than six minutes after the time that your shift ends without prior written approval of your coordinator, manager, director, or chief.

During each four hours of work, whenever possible you are allowed a 10-minute rest period. NIH employees are not deducted time when they take a 10 minute break. Even if an employee swipes in and out for a break, if it is no more than 10 minutes, the break time is paid time. NIH believes in providing employees with breaks, but this is not a statutory requirement.

Your meal break is thirty minutes in length as scheduled or directed by your coordinator, manager, director, or chief. You are not paid for this time.

You must swipe your badge in and out for the meal break.

You must swipe your badge in and out any time you leave hospital property other than for hospital business. You must clock in and out for all circumstances related to leaving the hospital property for personal reasons.

Please use an edit sheet for any variances. Your supervisor must approve any variances.

REFERENCES:

1. Fair Labor Standards Act

CROSS REFERENCE P&P:

- Northern Inyo Hospital Payroll Policies and Guidelines (v.5)
- Human Resources – Employee Handbook Policy: PREGNANCY AND LACTATION ACCOMMODATION
- 10-Hour or 12-Hour Shift Agreements

Approval	Date
Senior Management	
Board of Directors	10/15/2014



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Employee Conduct -Performance Improvement and Progressive Discipline		
Owner: Director of Human Resources		Department: Human Resources
Scope: District Wide		
Date Last Modified: 08/02/2021	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE:

The purpose of progressive discipline is to help employees correct their issue(s) and become successful and productive. Progressive discipline provides supervisors with a consistent and fair process for handling disciplinary issues and protects the legal rights of employees and the employer.

This policy and procedure is consistent with our organizational values, mission statement, human resources best practices, and federal/State employment laws and provides a structured process to improve and prevent behavior or performance issues, if they occur.

POLICY:

Northern Inyo Healthcare District (NIHD) expects all employees to be aware of and to follow workplace policies and rules for the well-being of our patients, workforce and business operations. NIHD also expects workforces to conduct themselves in an appropriate manner and to maintain a high level of job performance. NIHD relies on individual good judgment and sense of responsibility. It is the policy of NIHD that any conduct that interferes with or adversely affects employment is grounds for disciplinary action.

In the State of California, employers including NIHD are at will employers. Therefore, employees have the right to terminate their employment at any time, with or without reason, and NIHD maintains the same right. Because NIHD believes in a just environment, we have a progressive discipline policy and procedure.

NIHD considers varying factors to determine disciplinary steps or interventions – including but not limited to whether the offense is a repeated one despite coaching, counseling and/or training, the employee’s work record and the impact the conduct or performance issues have on our organization. The distinct nature of an offense and all of the facts that support it will determine the combination or omission of disciplinary steps or interventions. Outlined below are the steps of our progressive discipline procedure.

PROCEDURES:

Performance Improvement

NIHD works to protect its investment of time and expense devoted to employee on boarding, orientation and training. If an employee’s performance may improve or an issue can be resolved through one-time coaching or adequate corrective counseling, NIHD management may discretionarily recommend a performance improvement plan. NIHD will determine the course of action best suited to the circumstances and shall employ

the progressive discipline procedures outlined below, if appropriate.

Misconduct

“Misconduct” is defined as a violation of NIHD rules and policies as well as conduct that violates business ethics and/or State and federal law. A particular violation may be minor or major, depending on the surrounding facts or circumstances. Generally, but not exclusively, minor and major violations are defined as follows:

Minor violations are less serious violations that have some effect on the continuity, efficiency of work, safety, and harmony within NIHD. Minor violations typically lead to corrective counseling. Further disciplinary action may result if minor violations are repeated or when unrelated incidents occur in rapid succession. Some examples of minor violations include but are not limited to:

- Excessive tardiness
- Interfering with another’s job performance
- Excessive absenteeism
- Failure to observe working hours, such as the schedule of starting time, quitting time, and rest and meal periods
- Performing unauthorized personal work during working time
- Failure to notify direct manager at least one hour before the start of a shift when unable to work

Major violations are more serious, include any deliberate or willful infraction of NIHD rules, and may preclude an employee’s continued employment. Some examples of major violations include but are not limited to:

- Physical fighting on NIHD premises
- Repeated occurrences of related or unrelated minor violations, depending on the severity of the violation and the circumstances
- Any act that might endanger the safety or lives of others
- Departing NIHD premises during working time for personal reasons without a management’s permission
- Bringing firearms or weapons onto NIHD premises
- Deliberately stealing, destroying, abusing, or damaging District property, tools, or equipment, or the property of another employee or visitor
- Disclosure of confidential NIHD information or trade secrets to unauthorized persons
- Willfully disregarding NIHD policies or procedures
- Willfully falsifying any NIHD records
- Willfully deleting files and NIHD records
- Fraud, misappropriation, embezzlement, theft, or the like against the NIHD
- Conviction for a felony or a crime involving moral turpitude
- Any malicious act that damages NIHD’s reputation (this provision does not include disclosure or discussion of working conditions, terms and conditions of employment, and employee wages)
- Sexual harassment in any form toward NIHD employees or anyone affiliated with the NIHD

Progressive Discipline

NIHD has found that in some instances, corrective counseling through progressive discipline can be an effective way of improving performance and addressing misconduct.

NIHD upholds a general progressive discipline policy for most performance and conduct issues, including verbal counseling, written warnings, suspensions, and terminations. For the reason that every performance and conduct issue is distinct in nature, NIHD does not guarantee that each situation will have the benefit of the progressive discipline procedures. Major violations of NIHD's policies regarding harassment, discrimination, or safety may result in immediate removal from the worksite and/or immediate termination.

In addition, progressive discipline may be bypassed for violations of NIHD's standards of conduct involving violence, criminal activity, illegal substances, dishonesty, and conduct toward our customers, vendors, or business associates when that conduct affects NIHD's reputation, credibility, or ability to carry out its business.

NIHD will use the following progressive discipline, when reasonable.

Verbal counseling: The first step in progressive discipline is verbal counseling. During this step, management will speak to the employee about the performance or conduct issue. Management will also review the employee's job description and discuss pertinent job requirements with the employee to ensure the employee's understanding of them. Management will carefully consider all of the circumstances regarding the offense, judge the severity of the problem, and look over the employee's work record. Management will identify the problem and counsel the employee regarding future behaviors. Management will collaborate with the employee and Human Resources to ensure the employee understands the significance of the issue and corrective action necessary. All communication will be documented on the NIHD Employee Progressive Discipline Form. The employee will be notified that a written warning, probation, or possible termination could result if the problem is not corrected. Under appropriate circumstances and with approval of the section Chief as well as the Director of Human Resources, management may direct that the verbal counseling be removed from the employee's personnel file after a period of time.

Written warning: When the unacceptable performance or behavior is not corrected, the next step in progressive discipline is a written warning. The written warning will clearly define the issue or problem and outline the facts associated with it. The written warning will also explain to the employee how to resolve the issue or problem. Management will collaborate with the employee to help them reach their resolution. Probation, termination or both will result if corrective action is not taken by the employee and observed by management. Written warnings become a part of the employee's personnel file. Under appropriate circumstances and with approval of the section Chief as well as the Director of Human Resources, management may direct that the written warning be removed from the employee's personnel file after a period of time.

Probation: After both verbal counseling and written warnings have been issued, the employee will be placed on probation if the issue or problem has not been resolved. Probation is a serious action, and the employee is advised that termination will occur if improvement in performance or conduct is not achieved within the probationary period. The workforce's direct manager will establish the length of probation, from two weeks to 60 days, after review of the employee's corrective counseling documentation. Management, who will also personally meet with the employee to discuss the probationary letter and answer any questions, will prepare a written probationary notice to the employee. The purpose of the probation, as well as all other progressive discipline steps, is successful resolution of the issue.

At the completion of the probationary period, management will determine whether the employee has achieved the required level of performance and consider removing the employee from probation, extending the period of probation, or taking further action. The employee is to be advised in writing of the decision. Upon successful completion of the probation, the employee will be commended for their determination and effort as well as counseled that any future recurrence may result in further disciplinary action.

Termination: Termination is the final step of the progressive discipline policy when corrective actions fail to remedy unsatisfactory performance or put an end to misconduct. Termination of employment can also occur when an employee is involved in a serious offense that warrants immediate termination.

FORMS:

Available under Human Resources – Procedures and Forms:

Employee Performance Improvement Plan

Employee Progressive Discipline

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCES POLICIES AND PROCEDURES:

Supersedes:
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Employee Conduct - SOLICITATION AND DISTRIBUTION OF LITERATURE ON HOSPITAL PROPERTY (17-03)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Relations	Effective Date:

PURPOSE:

To establish the District’s position regarding solicitation and distribution of materials on District premises by employees and non-employees. This policy is designed to ensure that solicitation and distribution activities do not interfere with or interrupt patient care, District operations, and/or other clinical activities, while respecting the rights of employee under applicable federal and State laws.

DEFINITIONS:

For the purposes of this policy, the following terms are defined:

- “Solicitation” is the act of one individual making a request of, or attempting to influence or coerce another individual into engaging in an activity, attending an event or function, making a purchase or contribution, supporting or opposing a cause or position, or signing an agreement, statement or pledge. Exempt from this definition shall be any actions taken by District employees related to that employee’s bona fide job responsibility of internal District fundraising or development.
- “Distribution” refers to the dissemination of documents or other material, which are provided by persons, agencies or organizations other than the District. Exempt from this definition shall be any actions taken by District employees related to that employee’s bona fide job responsibility of internal District fundraising or development.
- “Working time” is the time when the person doing the soliciting or distributing, or the person being solicited or receiving the distribution is or should be working. “Working time” does not include meal periods, breaks, times immediately prior to or after a scheduled work period, or any other periods during the workday when associates are properly relieved from performing their work tasks.
- “Working areas” are those areas where employees regularly perform their work duties. “Working areas” do not include the following: (i) cafeteria(s); (ii) employee lounges or break areas; (iii) lobbies; (iv) restrooms; (v) locker rooms; (vi) District-owned parking areas; and (vii) other external areas where work is not regularly performed.
- “Immediate patient care areas” include the following: (i) patients’ rooms; (ii) operating rooms; (iii) places where patients receive treatment, such as radiology and therapy areas; (iv) any other area that would cause disruption of health care operations or disturbance of patients including hallways and corridors in patient care areas; and (vi) rooms used by patients for consultations with physicians or other health care providers. “Immediate patient care areas” do not include areas such as lobbies, cafeterias, or lounges.

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Employee Conduct - SOLICITATION AND DISTRIBUTION OF LITERATURE ON HOSPITAL PROPERTY (17-03)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Relations	Effective Date:

POLICY:

- Except as allowed by the District’s Employer-Employee Relations Resolution, persons not affiliated with or employed by the District are prohibited from engaging in solicitation or distribution of materials on District property at any time, for any purpose. However, the following organizations or individuals may be granted permission to engage in solicitation and distribution with advance written approval by the Chief Executive officer or designee: (1) organizations/individuals which provide services or products to District employees that are subsidized by the District; (2) organizations/individuals who engage in charitable activities consistent with the mission of the District; or (3) organizations/individuals which provide services or products that support the District’s community health care functions and responsibilities.
- Solicitation and distribution of materials by employees are prohibited during working time for any purpose.
- Solicitation by employees are prohibited at any time, for any purposes, in all immediate patient care areas.
- Distribution of materials by employees are prohibited at any time, for any purpose, in all immediate patient care areas and all working areas.
- It is the responsibility of all persons to enforce this policy. Any violations should be reported to Human Resources immediately.
- Any violations of this policy may result in disciplinary action up to and including termination of employment.

Note. The policies and procedures outlined herein have been designed to comply with all existing written and unwritten policy statements; all requirements of existing labor laws and, if applicable, a Collective Bargaining Agreement with an employee organization. Where conflicts exist, the Collective Bargaining Agreement will take precedence over this policy. The Chief Human Resources Officer (CHRO) has responsibility for the interpretation of this policy, and any exceptions to this policy will be made with Executive Team approval. All policies and procedures may be modified or changed at any time with Board and Executive Team approval.

REFERENCES:

1. Non-employees, including non-employee Union representatives are covered by the Employer-Employee Relations Resolution (EERR)
2. Meyers-Milias-Brown Act

Approval	Date
Executive Team	
Board of Directors	6/15/16

Revised: 04/2016

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Health and Safety - PREGNANCY AND LACTATION ACCOMMODATION	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Human Resources	Effective Date: 10/16/2014

PURPOSE:

To clarify accommodations for: 1) pregnant employees who continue to work during pregnancy and 2) employees who are lactating.

POLICY:

Besides pregnancy disability leave, NIH will make every effort to reasonably accommodate:

- 1) the limitations of pregnant employees who continue to work during pregnancy. Pregnant employees are strongly encouraged to consult their physicians to determine what, if any, workplace accommodations may be necessary during pregnancy and to promptly notify NIH of the need for such accommodation. NIH is committed to providing pregnant employees with a safe and welcoming workplace environment, free from discrimination based on pregnancy status.

- 2) breastfeeding mothers by accommodating their desire or need to express milk during the workday. The Fair Labor Standards Act (FLSA) provides that employees who are not exempt from overtime must be provided with reasonable break time to express breast milk for a nursing child each time such employee has need to express the milk. Employees who are exempt from overtime may be provided with such breaks as required by law or at the discretion of NIH.

PROCEDURE:

Scheduling of breaks

Because the length of time necessary to express milk varies from woman to woman, the frequency of breaks as well as the duration of each break will likely vary. Nursing mothers typically may need breaks to express milk two to three times during an eight-hour shift. Longer shifts may require additional breaks.

The act of expressing breast milk typically takes about 15 to 20 minutes, but other factors will affect the reasonable break time duration. These factors include the location of the space and the amenities nearby (proximity to the work area, availability of a sink for washing, location of refrigerator or personal storage for the milk, etc.). In assessing the reasonableness of break time, NIH will consider all steps necessary to express breast milk, not merely the time required to express the milk itself.

NIH will work with each nursing mother to determine a reasonable break schedule, considering factors such as the nature of the job, available break times, availability of suitable break areas (if more than one nursing mother needs space), and the needs of the nursing mother, in addition to the other factors listed above. The amount of time provided and the number of breaks needed will therefore be determined on an individual basis.

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Health and Safety - PREGNANCY AND LACTATION ACCOMMODATION	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Human Resources	Effective Date: 10/16/2014

Compensation during breaks

The FLSA does not require nursing mothers to be paid during lactation accommodation breaks. However, where employees already have paid break periods, an employee who uses that break time to express milk is compensated in the same way that other employees are compensated for break time. In addition, if the employee is not completely relieved from duty, the time must be compensated as work time.

If lactation accommodation breaks coincide with regularly scheduled break periods, but the employee requires additional time, the additional time may be unpaid if the employee has been completely relieved from duty. Similarly, if regular breaks are not already provided, or if the employee needs additional break periods, the time taken will not be counted as hours worked. The employee may agree (or NIH may request) that the employee make up for lost working time due to lactation breaks.

Location and use of break areas

If a number of employees require lactation accommodation breaks, NIH may established one or more dedicated spaces for use by nursing mothers. NIH will work to schedule the use of such space so as to ensure the necessary privacy. If fewer employees require lactation accommodation breaks, NIH may create a temporary space or otherwise make a suitable location available as needed. The use of the room for lactation shall take precedence over other uses, but only for the time it is in use for lactation purposes.

NIH will provide employees with the use of a room or location to express milk in private. This room or location may be where the employee normally works. The room or location will:

1. not be a bathroom;
2. be in close proximity to the employee's work area;
3. be shielded from view;
4. be free from intrusion while the employee is expressing milk;
5. be safe, clean, and free of toxic or hazardous materials;
6. contain a surface to place a breast pump and personal items;
7. contain a place to sit; and
8. have access to electricity or alternative devices including, but not limited to, extension cords or charging stations, needed to operate an electric or battery-powered breast pump.

NIH will also provide access to a sink with running water and a refrigerator or cooling device suitable for storing milk in close proximity to the employee's workspace. The refrigerator provided in designated room is for breast milk only. Breast milk must be labeled with a name and date. The refrigerator will be checked every Friday and any breast milk that is five days old or older will be discarded, as well as any milk that does not have proper labeling on it. There will be labels and pens available in the room. If refrigeration facilities are not available, NIH will allow a nursing mother to

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Source: Human Resources	Effective Date: 10/16/2014

bring a pump and insulated container for storing the milk, and ensure there is a safe place where the employee can store the pump and container.

If an employee desires an accommodation, the employee must submit a request to the Human Resource Department. If NIH is unable to provide break time or a location to express milk, NIH will provide a written response to the employee's request.

If the employee feels that the employee's rights have been violated, the employee has the right to file a complaint with the Labor Commissioner.

Visits to customer facilities

NIH is obligated to provide the necessary space regardless of where the employee is located. If the employee is off-site, NIH will make arrangements with the client or other location to allow the employee to use a space at the client's site. It may be that the client's worksite already has a designated space for its own employees that can be used.

REFERENCES:

Fair Labor Standards Act (FLSA)

CROSS REFERENCES:

Employee Conduct – HOURS, REST AND MEAL PERIODS (04-03)

Approval	Date
Senior Management	09/29/2014
Board of Directors	10/15/2014

Developed: 09/22/2014

Revised:

Reviewed:

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Hiring - BACKGROUND SCREENING	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date: 05/02/2013

PURPOSE:

To provide a formal process and guidelines for Department Managers and Human Resources to follow in requesting important background information for all final candidates for positions.

Hiring qualified individuals to fill positions contributes to the overall strategic success of the organization. Background screenings serve as an important part of the applicant selection process at Northern Inyo Hospital. This type of information is collected as a means of promoting a safe work environment for current and future employees. Background screenings also help obtain additional applicant-related information that helps determine the applicant's overall employability, ensuring the protection of our patients, current staff, property, and information.

To ensure that Northern Inyo Hospital obtains a criminal background check on applicants as required by law and regulation as Northern Inyo Hospital cannot employ individuals who— (A) have been found guilty of abusing, neglecting, or mistreating patients by a court of law; or (B) have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of patients or misappropriation of patients property.

POLICY:

Current staff who have been convicted of Medicaid/Medicare fraud or abuse, child/dependent adult or sexual abuse must report that information to Human Resources so that employment status can be evaluated.

All conditional offers of employment are contingent upon clear results of a criminal background check.

Background screenings are conducted on every job applicant, regardless of the position for which they are applying. This process is conducted to verify the accuracy of the information provided by the applicant. Information provided by the applicant and found in the various background screenings will serve as additional criteria in making employment/hiring decisions. Staff employed through a temporary employment agency must have the same screening completed by their agency and documentation of these screenings provided to Human Resources or Human Resources must complete the background screenings.

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Once a decision has been made regarding interest in hiring an applicant, a conditional offer will be made in writing contingent upon satisfactory completion of background screenings.

At a minimum, all employees regardless of date of hire will have a background check that will include:

- Office of Inspector General (OIG) of the U.S. Department of Health & Human Services (HHS) List of Excluded Individuals/Entities Search
- Instant Criminal Database Search or County Criminal Records Search

Employee background screenings may also generally include the following:

- Personal and Professional References: Calls may be placed to individuals listed as references by an applicant.
- Social Security validates the applicant's social security number, date of birth and former addresses.
- Multi-County Criminal will be run on counties that applicants have listed on the release form as well as counties of past residences for seven years.
- Prior Employment Verification confirms applicant's employment with the provided companies, including dates of employment, position held and additional information available pertaining to salary/wages, performance rating, reason for departure and eligibility for rehire. This will be run on at least one employer.
- Educational Verification confirms the applicant's claimed educational institution, including the years attended and the degree/diploma received.
- Primary source verification of professional licenses, registrations, certifications, if applicable.

The following additional searches may be required if applicable:

- Military service records check
- Motor Vehicle provides a report on an individual's driving history in the state requested. This search may be run when driving is an essential requirement of the position.
- Credit History confirms candidate's credit history. This search may be run for positions that involve management of hospital funds, handling of cash, and as otherwise allowed by law.

PROCEDURE:

After a written conditional employment offer is made, the chosen candidate must have completed an employment application as well as the authorization form and return it to

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Human Resources. The chosen candidate is not to begin work prior to the hiring manager receiving approval from Human Resources.

Human Resources will order the background check upon receipt of the signed employment application and authorization form, and an employment screening service will conduct the check. Human Resources will review all results.

Human Resources will notify the hiring manager regarding the results of the check. In instances where negative or incomplete information is obtained, the appropriate management and the Director of Human Resources will assess the potential risks and liabilities related to the job's requirements and determine whether the individual should be hired. If a decision not to hire or promote a candidate is made based on the results of a background check, there may be certain additional Fair Credit Reporting Act (FCRA) and State law requirements. Human Resources will be responsible for handling such requirements as necessary. Northern Inyo Hospital will follow all applicable requirements throughout the background check process. Any questions regarding must be directed to the Director of Human Resources.

Background check information will be handled confidentially and maintained in a file separate from employees' personnel files.

Northern Inyo Hospital reserves the right to modify this policy at any time without notice.

Committee Approval	Date
Human Resources	
Administration	
Board of Directors	05/02/2013

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Leaves of Absence - LEAVES OF ABSENCE*	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Human Relations	Effective Date: 06/15/2016

PURPOSE: To provide employees with extended time away from work and to advise employees of their rights and responsibilities. To establish a system for employees to receive compensation through accessible benefits such as Paid Time Off (PTO), State Disability or Workers' Compensation Benefits, and Long Term Disability.

POLICY:

The District offers a wide variety of leaves of absence. The types of leaves include, but are not limited to: (1) recovering from physical illness/injuries, pregnancy, work-related injuries, drug or alcohol rehabilitation or other medical conditions, (2) caring for a spouse, domestic partner, child or parent with a serious health condition, (3) the birth and caring of a new born child, (4) the placement of a child with an employee for adoption or foster care, (5) performing military service, (6) performing jury service, (7) performing emergency service as a volunteer fire fighter, (8) participating in school activities as a parent, guardian or custodial grandparent, and (9) personal reasons.

Upon returning to work after a leave, an employee may have the employee's evaluation date adjusted if the leave exceeds thirty (30) days. The adjustment would be based on the exact number of days in the leave. Subject to any applicable legal restrictions, failure to return to work on the next workday after the employee's leave (or any extension thereof) may be considered a voluntary resignation.

All employees requesting a leave of absence must first notify their Department Manager and Human Relations, and thereafter follow the District policy for Leaves of Absence. All requests should be made before the leave is scheduled to commence, although the amount of prior notice will depend on the type of leave requested (see request requirements below). Subject to any applicable legal restrictions, requests for leaves of absence will be considered based on such factors as the employee's length of service, work schedule, responsibility level, the reason for the request, and the District's ability to accommodate the employee's absence from work. Human Relations has the final decision whether or not to grant a request for a leave of absence. Misrepresentation of facts concerning the need for, or extension of, a leave will be considered a violation of this policy and may result in the denial or termination of the leave, discipline, and/or such other actions as may be taken by the District. Leave will not be granted to permit gainful employment elsewhere while on leave. Any activities that are inconsistent with the stated purpose/need for a leave of absence will be considered a violation of this policy and may result in the termination of the leave, discipline, and/or such other actions as may be taken by the District.

Unless specifically provided otherwise, all leaves of absence are available on an unpaid basis, however, all employees may use (or, in certain circumstances, may be required to use) available PTO for approved leaves of absence. All available leaves will run

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concurrently in accordance with state and federal law. Unless otherwise provided herein, the District will continue group health insurance coverage for the entire time the employee is on an approved leave of absence. Employees on leave are still required to continue paying their portion of any health insurance or other benefits premium. Under appropriate circumstances, the District may recover from the employee the costs of any health plan coverage or it has paid on behalf of the employee during any portion of the leave that is not job-protected or is unpaid. To insure that insurance coverage will continue throughout the leave of absence, all employees are advised to consult with the Human Relations Department. Under certain circumstances, failure to timely pay a premium may result in the termination of the employee's insurance coverage.

PROCEDURE:

A. Family/Medical Leaves of Absence:

1. Under the federal Family Medical Leave Act (“FMLA”), an unpaid leave of absence may be granted to employees who have worked for the District for at least 12 months, a minimum of 1,250 hours in the 12 months preceding the leave, and who are employed at a work site where 50 or more employees are employed by the District within 75 miles of that work site. The California Family Rights Act (“CFRA”) applies to an employee who satisfies the minimum months and hours requirements under the FMLA, but who are employed at a work site where five (5) or more employees are employed by the District. Such employees may be eligible for a leave where they have a bona fide need to care for a seriously ill child, parent, grandparent, grandchild, sibling, spouse, or domestic partner, or for the birth or adoption of a child, or the placement of a foster child. In addition, eligible employees may be granted an unpaid leave of absence caused by their own serious health condition which prevents them from working. Eligible employees may qualify for Military Caregiver Leave or Military Qualifying Exigency Leave as defined below. All leaves under this policy are referred to as “Medical or Family Care LOA.” Unless stated otherwise, the maximum allowable time for any Medical or Family Care LOA under this policy is 12 weeks per a rolling 12 month period. Where possible, Medical or Family Care LOAs under both FMLA and CFRA will run concurrently.
2. **Employee Notice.** Employees must provide sufficient information for the District to determine if the leave may qualify as a Medical or Family Care LOA, as well as the expected timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances that support the need for Military Caregiver Leave or Military Qualifying Exigency Leave as

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indicated below. Employees also must inform the District if the requested leave is for a reason for which Medical or Family Care LOA was previously taken or certified. When possible, the District requests 30 days' notice of the need for leave in order to plan for work coverage. If 30 days' notice is not possible, then employees must provide as much notice as practicable under the circumstances and must follow the District's call-in and/or attendance policies.

3. **District Notice.** Once an employee provides sufficient information, the District will notify the employee (a) whether the employee is eligible for Medical or Family Care LOA and, if so, (b) whether any additional information is required, and (c) the employee's rights and responsibilities regarding such a leave. The District will also notify an eligible employee who has requested Medical or Family Care LOA if the requested leave will be designated as FMLA/CFRA protected leave and counted against the employee's leave entitlement.
4. If the District determines an employee is not eligible for Medical or Family Care LOA, the District will provide at least one reason for ineligibility. The District will also inform the employee if it determines that the requested leave does not qualify for FMLA/CFRA protection.
5. Employees not eligible for a Medical or Family Care LOA may be eligible for an unpaid leave of absence due to their own disability or medical condition, which will be assessed by the District on a case-by-case basis. The District cannot guarantee reinstatement to employment at the conclusion of such a leave.
6. **Serious Health Condition.** To qualify for a Medical or Family Care LOA, an employee must have a serious health condition. A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition."
- * 7. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three (3) consecutive calendar days combined with at least two (2) visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy (under FMLA only), or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

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8. **Certification of Need for Medical or Family Care LOA.** The District may require an attending health care provider’s certification of the employee or family member’s serious health condition. The District may also require periodic recertification supporting the need for leave. In any case in which the District has reason to doubt the validity of any medical certification provided to support an employee’s request to take Medical or Family Care LOA because of the employee’s own serious health condition, the District may require the opinion of a second and third health care provider consistent with state and federal law.
9. **Military Qualifying Exigency Leave.** Eligible employees under FMLA and CFRA may be provided up to twelve (12) weeks of leave in a rolling 12 month period when the employee has a qualifying exigency arising out of the fact that a spouse, domestic partner, child, or parent is on covered active duty or call to active duty status in the National Guard or Reserves or Armed Forces. “Qualifying exigency” is defined by law as: (1) short-notice deployment, (2) military events and related activities, (3) childcare and school activities, (4) financial and legal arrangements, (5) counseling, (6) rest and recuperation, (7) post-deployment activities, (8) parental care, and (9) additional activities where the Company and employee agree to the leave. Time off for Military Qualifying Exigency Leave counts towards the 12-week maximum allowable time for Medical or Family Care LOA under FMLA and CFRA.
10. **Military Caregiver Leave.** Eligible employees under FMLA may be provided up to 26 weeks (one-half year) of leave during a single 12-month period to care for a covered servicemember. A covered servicemember is the employee’s spouse, son, daughter, parent, or next of kin (meaning “nearest blood relative” or person “specially designated”) who is a current member of the armed forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retirement list, for a serious injury or illness, and includes veterans who were members of the Armed Forces, National Guard or Reserves, any time during the past five (5) years, who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness, and was discharged or released under conditions other than dishonorable. An employee may take a maximum combined total of 26 weeks of leave for Military Caregiver Leave and Medical or Family Care Leave or Military Qualifying Exigency Leave in a single 12-month period.
11. **During Medical or Family Care LOA.** When an employee is taking an unpaid Medical or Family Care LOA for the employee’s own serious health condition,

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- the employee may elect, or the District may require, the use of accrued but unused Paid Time Off (PTO), except where the employee is receiving paid leave benefits (state disability insurance, workers' compensation, or paid family leave), then the employee and the District must agree on the use of PTO to supplement such benefits. When an employee is taking an unpaid Medical or Family Care LOA to care for a seriously ill family member, the District may require the use of accrued but unused PTO. In order to use any accrued paid leave time, employees must comply with the District's normal paid leave policies.
12. During a Medical or Family Care LOA, the District will continue to pay all applicable group health insurance premiums which it ordinarily pays on behalf of the employee. Employees must continue to pay the employee portion of the insurance premium during the leave of absence. Failure by an employee to make the employee's premium payment may result in a loss of benefits. If the employee fails to return from this leave, in some circumstances, the District may attempt to recoup the cost of the insurance premiums paid on behalf of the employee during the leave.
 13. Employees need not use their Medical or Family Care LOA entitlement in one block. Such a leave may be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the District's operations.
 14. **Returning to Work from Medical or Family Care LOA.** Employees returning to work upon conclusion of the Medical or Family Care LOA will be returned to their original position or to an equivalent position with equivalent pay and benefits, provided such job would have been available had the employee not taken the leave. Prior to returning to work, where the leave of absence is for the employee's own serious health condition, the employee must provide the District with certification from the attending health care provider indicating the employee is able to resume the employee's work.
 15. Failure to return to work from a Medical or Family Care LOA on the designated date may be interpreted as the employee's voluntary resignation. If the employee returns to work outside of the legally allotted time for such a leave, the employee will only be reinstated if there is an available open position which they are qualified to fill.
 16. **FMLA/CFRA Protections.** Use of any of the leaves permitted by the FMLA and the CFRA cannot result in the loss of any employment benefit that accrued prior

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to the start of an employee's leave.

17. It is unlawful for employers to interfere with, restrain, or deny the exercise of any right provided under the FMLA or the CFRA or to discharge or discriminate against any person for opposing any practice made unlawful by either law or for involvement in any proceeding under or relating to the FMLA or the CFRA. The FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides for greater family or medical leave rights.
18. If employees believe that they have been aggrieved, they may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

B. Pregnancy Disability Leave:

1. All employees who suffer from a pregnancy-related disability are entitled to take an unpaid leave of absence for the entire time the employee is disabled, up to a maximum of four months. The District requires that FMLA leave, but not CFRA leave, be taken concurrently with any pregnancy-disability leave.
2. Request: An employee must provide reasonable advance notice of the need for a pregnancy-disability leave as follows:

If the employee knows the employee will require leave for a pregnancy-related disability, the employee must give a minimum of thirty (30) days advance notice to the District. The employee must first notify her Department Manager and thereafter follow the District policy for Leaves of Absence. The employee must also consult with her supervisor and make reasonable efforts to schedule the pregnancy-related disability leave so as not unduly disrupt the District's operations. Failure to provide timely notice may result in a delay in the commencement of the employee's pregnancy-disability leave.

If it is not possible to provide thirty (30) days' notice, the employee must give notice as soon as practicable.

In all cases, the employee must provide at least verbal notice to the employee's supervisor sufficient to inform the District of the employee's need for a pregnancy-disability leave and the reasons therefore.

3. Employees on pregnancy-disability leave are required to report periodically to

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- their supervisor about their status and intent to return to work. A check-in schedule should be arranged at the beginning of the pregnancy-disability leave.
4. **Medical Certification:** An employee requesting a pregnancy-disability leave is required to provide the Human Relations Department with a medical certification from a health care provider. The medical certification form is available to all employees in Human Resources. Unless otherwise directed, the employee must provide the medical certification with the Request for Leave of Absence Form. The medical certification should contain the following: (1) the date, if known, when the disability commenced; (2) the probable duration of the disability; and (3) a statement by the health care provider that the employee is unable to work at all or is unable to perform some or all of the essential functions of the employee's job without undue risk to the employee, the successful completion of the pregnancy, or to other persons. A similar medical certification is required if the employee requests a transfer due to the employee's pregnancy-disability.
 5. Upon returning to work after a pregnancy-disability leave of absence an employee is required to provide the Human Resources Department with a medical certification from the employee's health care provider stating that the employee is released to return to work and any conditions thereon. The employee will not be allowed to return to work unless and until this medical certification is provided.
 6. **PTO:** Available PTO may be used during a pregnancy disability leave and will be coordinated with State Disability Insurance if the employee chooses to use PTO.
 7. **Benefits:** Group health insurance coverage will continue throughout the duration of an approved pregnancy disability leave of absence under the same terms and conditions if the employee were not on medical leave. Employees are encouraged to arrange a payment schedule for their portion of any premium with the Human Resources Department. Failure of an employee to promptly pay the employee's share of a health insurance premium may result in the loss of coverage.
 8. An employee's pregnancy disability leave will not count as a break in employment for purposes of vesting and/or eligibility to participate in employee retirement plans. Retirement plan contributions continue under the guidelines of the District's retirement plan.
 9. **Reinstatement:** An employee returning from a pregnancy disability leave: 1) within four (4) months after commencement of the leave, 2) in a timely manner as described herein, and 3) who is able to perform the essential functions of the employee's job will be reinstated to the same as equivalent position in which the

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employee was employed prior to the leave.

10. Reasonable Accommodation: Upon an employee's request and pursuant to advice and clearly defined physical restrictions as outlined by the employee's physician, the District will attempt to reasonably accommodate the employee's pregnancy-related disability as required by law. This may include allowing more frequent restroom breaks or rest periods, job restructuring, modifying the schedule, or transferring the employee for the duration of the employee's pregnancy to a less strenuous position.

C. Leave as a reasonable accommodation for a disability:

The District will seek to provide reasonable accommodation for known disability or at the request of an individual with a disability. When an employee requests time off for a reason related to a disability, the District will engage in the interactive process with the employee to determine whether the requested accommodation is reasonable or would impose an undue hardship. The District will comply with applicable law, including the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA).

D. Workers' Compensation Leave:

1. Employees are eligible for workers' compensation leave for the period in which an employee is unable to perform the essential functions of the employee's position or otherwise cannot be reasonably accommodated due to a work related injury. Subject to any limitations permitted by law, the employee is entitled to take a workers' compensation leave for the entire time the employee is disabled due to work related injury. Under appropriate circumstances, an employee's FMLA/CFRA medical leave will run concurrently with an approved workers' compensation leave.
2. Request: An employee must first notify the employee's Department Manager and thereafter follow the District policy for Leaves of Absence immediately upon discovery of the need for a workers' compensation leave.
3. Medical Certification: An employee requesting a workers' compensation leave is required to provide the Human Resources Department with a medical certification from a health care provider regarding the employee's injury. The medical certification form is available to all employees in Human Resources. Unless otherwise directed, the employee is required to provide the medical certification with the Request for Leave of Absence Form. Under appropriate circumstances,

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the District may request that the employee provide a second or third opinion of a health care provider. Any request for an extension of a workers' compensation leave must be supported by an additional medical certification.

4. Upon returning to work after a workers' compensation leave of absence, an employee is required to provide the Human Resources Department with a medical certification from the employee's health care provider stating that the employee is released to return to work and any conditions thereon. The employee will not be allowed to return to work unless and until this medical certification is provided.
5. Reinstatement: The District will make every effort to reinstate an employee returning from a workers' compensation leave of absence and who is able to perform the essential functions of the employee's job to the same or comparable position in which the employee was employed prior to the workers' compensation leave. In addition, the District will attempt to reasonably accommodate employees who are released for partial or modified duty.
6. PTO: All available PTO may be used toward leave.
7. Benefits: The District will continue to pay its portion of premiums on the employee's group health plans as well as the basic life insurance and long-term disability during a workers' compensation leave (not to exceed twelve (12) months). Employees will be required to pay the overdue portion of their premiums. An employee may either pay their portion of the health insurance premiums while on leave or have the amount deducted from their paycheck after returning from the leave.

E. Personal Leaves:

1. An employee may request a Personal Leave of Absence ("PLA") provided such employee has been employed by the District for at least six (6) months. The employee requesting a PLA must first notify the employee's Department Manager and thereafter follow the District policy for Leaves of Absence.
2. A personal leave shall be available to all employees who are not otherwise eligible for a leave outlined in this Policy. Personal Leaves do not stack – Personal Leaves are not in addition to or on top of other forms of Leave outlined in this policy. In addition, any employee who is ineligible for a medical leave (outlined in Section C) and/or is in need of additional time off due to a disability (as defined by law) may request a personal leave of absence. For non-medical personal leaves, the total leave time may not exceed a total of forty-five (45) days

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in any twelve (12) month period; provided, however, that such leave may be extended for an additional period of time, not to exceed forty-five (45) days due to special circumstances, which shall be determined on a case-by-case basis by Human Resources and the Section Chief in conjunction with the Department Director/Manager. Personal leaves due to a disability shall be granted in accordance with state/federal disability law obligations. All employees on personal leave will be required to use all available PTO toward their approved personal leave.

3. **Benefits:** For non-medical personal leaves, group health insurance coverage will continue for the first forty-five (45) days of personal leave under the same terms and conditions if the employee were not on personal leave and is being paid PTO time. For personal leaves due to a disability, group health insurance coverage will continue for twelve (12) workweeks under the same terms and conditions if the employee were not on medical leave. Employees are required to arrange with the Human Resources Department for the payment of any insurance or other benefits requiring employee contribution. PTO benefits will not accrue during a personal leave except when using PTO, however, an employee's personal leave will not count as a break in employment for purposes of eligibility to participate in employee retirement plans.
4. **Medical Certification:** If the personal leave was due to an employee's disability, an employee is required to submit to the Human Resources Department a medical certification from the employee's health care provider stating that the employee is released to return to work and any conditions thereon. The employee prior to the employee's return must provide said certification. The employee will not be allowed to return to work unless and until this medical certification is provided.
5. **Reinstatement:** Unless otherwise required by law, there is no guarantee of reinstatement upon return from a personal leave, however, all effort will be made to accommodate the employee's absence with existing resources and place the employee upon the employee's return in the same or comparable position in which the employee was employed prior to the employee's personal leave. If a replacement is required while an employee is on personal leave, a temporary employee may be requisitioned.

F. Military Leaves:

1. The District will grant military leaves in accordance with federal and state laws. The actual leave time available to an employee will depend on the type of military service. An employee requesting a military leave must first notify the employee's

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Leaves of Absence - LEAVES OF ABSENCE*	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Human Relations	Effective Date: 06/15/2016

Department Manager as far in advance as possible, and thereafter follow the District policy for Leaves of Absence. The leave request should include a copy of the official order or instruction, if possible. Employees will be reinstated in accordance with federal and state laws.

2. PTO: Military leaves of absence are on an unpaid basis. An employee may, however, use accrued PTO toward some or all of the military leave.
3. Benefits: Group health insurance shall continue in accordance with federal and state laws.

G. Leaves To Appear In Court:

Employee s shall not be discharged, discriminated against, or retaliated against for taking time off to appear in court under the following circumstances:

Jury Duty:

1. Jury service is required by law.
2. Pay: Jury Duty pay may not exceed twenty-four (24) hours per calendar year. Non-benefited employees who are called to jury duty will be granted time off on a non-paid basis. Jury duty pay will be paid based upon scheduled hours.
3. Notice: employees must provide reasonable advance notice to the District.
4. PTO: May be used during leave.
5. Continuation of Benefits: Health insurance benefits shall continue during a jury duty leave, not to exceed thirty (30) days.
6. Retirement Benefits: Will continue per the District's retirement plan.
7. Full Reinstatement: When able to return to work, the employee will be returned to the employee's previous position.
8. Return to Work: If an employee is excused from jury duty or excused early on a given day, the employee is required to contact the employee's immediate supervisor to determine if the employee is required to return to work.

Witness Appearance:

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1. Employees must provide at least five (5) days advance notice to the District.
2. Pay: [See Tentative Agreement on Witness Pay.]
3. PTO: May be used during leave.
4. Benefits: Health insurance benefits will continue during the time off.
5. Retirement Benefits: Will continue per the District's retirement plan.
6. Full Reinstatement: When able to return to work, the employee will be returned to the employee's previous position.
7. Return to Work: If an employee is excused from testifying as a witness in court the employee is required to contact the employee's immediate supervisor to determine if the employee is required to return to work.

Victim of Crime:

1. An employee who is a "victim" may take time off in order to obtain judicial relief to help ensure the health, safety or welfare of the employee or the employee's children.
2. For purposes of this policy a "victim" is defined as:
 - A victim of stalking, domestic violence, or sexual assault.
 - A victim of a crime (misdemeanor or felony offense, including an act of terrorism) that caused physical injury or that caused mental injury and a threat of physical injury.
 - A person whose immediate family member is deceased as the direct result of a crime.
 - Any person against whom any crime has been committed who needs to take time off from work to appear in court to comply with a subpoena or other court order as a witness in any judicial proceeding.
3. "Immediate family member" means any of the following: (1) A child, which means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis, regardless of age or dependency status; (2) A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child; (3) A spouse;

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- (4) A registered domestic partner; (5) A biological, foster, or adoptive sibling, a stepsibling, or a half-sibling; and (6) Any other individual whose close association with the employee is the equivalent of a family relationship.
4. An employee has the right to take time off from work to seek help to protect the employee or employee's children or the health, safety or welfare, of the employee or employee's children. An employee can take time off to get a restraining order or other court order. An employee may also take time off for any of the following reasons:
- To seek medical attention for injuries caused by crime or abuse;
 - To obtain services from a domestic violence shelter, program rape crisis center, or victim services organization or agency as a result of crime or abuse;
 - To obtain psychological counseling or mental health services related to an experience of crime or abuse; or
 - To participate in safety planning and take other actions to increase safety from future crime or abuse, including temporary or permanent relocation.
5. If an employee needs time off under this policy, the employee should notify the employee's supervisor as soon as possible. If advance notice is not possible, the employee may be required to provide appropriate written certification of the reason for the absence. Certification may be provided by any of the following forms:
- A police report showing that the employee was a victim (as defined under this policy).
 - A court order protecting or separating the employee from the perpetrator of the crime or abuse, or other evidence from the court or prosecuting attorney that the employee appeared in court.
 - Documentation from a licensed medical professional, domestic violence counselor, sexual assault counselor, victim advocate, licensed health care provider, or counselor showing that the employee was undergoing treatment or receiving services for physical or mental injuries or abuse resulting in victimization from the crime or abuse.
 - Any other form of documentation that reasonably verifies that the crime or abuse occurred, including but not limited to, a written statement signed by the employee, or an individual acting on the employee's behalf, certifying that the absence is for a purpose authorized under this policy.
6. This leave is unpaid by the District, but an employee may use any accrued PTO for such time off.

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EMPLOYEE HANDBOOK – PERSONNEL POLICY**

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7. **Reasonable Accommodation.** The District will provide reasonable accommodations to employees who are victims of domestic violence, sexual assault or stalking, for the employees' safety while at work. A reasonable accommodation may include the implementation of safety measures, such as a transfer, reassignment, modified schedule, changed work telephone, changed work station or installed lock; assistance in documenting domestic violence, sexual assault, stalking, or other crime that occurs in the workplace; an implemented safety procedure; or another adjustment to the employee's job duties and position.
8. To request an accommodation under this policy, an employee should contact Human Resources. The District will engage in an interactive process with the employee to identify possible accommodations, if any, that are effective and will make reasonable accommodations unless an undue hardship will result.
9. The District will make reasonable efforts to maintain the confidentiality of any employee accommodation, and will not tell co-workers or anyone else about requests for accommodation unless necessary to provide the employee with the accommodation.
10. **No Retaliation or Harassment.** The District will not treat an employee differently or terminate the employee's employment for any of the following reasons:
 - An employee is a victim of domestic violence, sexual assault, or stalking.
 - An employee requested leave time to seek assistance under this policy.
 - An employee asked for assistance or changes in the workplace to ensure safety at work.

H. Volunteer Fire Fighters, Reserve Peace Officer, or Emergency Rescue Person:

1. Employees may take time off to perform emergency duty as a volunteer fire fighter, reserve peace officer, or emergency rescue person.
2. PTO: May be used during leave.
3. Benefits: Employee will begin paying health insurance premiums after thirty (30) days of leave.
5. Retirement: Will continue under the guidelines of the District's retirement plan.
6. Full Reinstatement: When able to return to work, the employee will be returned to the employee's previous position. If the leave extends beyond any reasonable

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period for the organization to hold the employee's position, the employee will be offered the first available opening to the employee's former or comparable position.

I. Participating In School Activities:

1. Each employee who is the parent, guardian or custodial grandparent of any child in grade kindergarten through 12, or attending a child day care provider shall be eligible for forty (40) hours each school year to participate in the activities of the child's school/child care provider provided that such participation does not exceed eight (8) hours in any calendar month. Time off is unpaid. Employees must provide at least five days advance notice to the District.
2. Where both parents are employees: If both parents are employees of the District, only one parent at any one time shall be entitled to participate. The entitled parent shall be the parent who first gives notice.
3. PTO: May be used during leave.
4. Reinstatement Requirement: The employee shall provide to the District written verification indicating specific time and date of parental participation in a child's school activities, deemed appropriate and reasonable.

J. Attending Suspended Child's Class:

1. Each employee who is the parent or guardian of a pupil who has been suspended for class and actually lives with the pupil shall be eligible for leave to attend a portion of a school day in the pupil's classroom upon the request of the school.
2. PTO: May be used during leave.

K. Voting Time:

Employees who are unable to vote during non-work hours may arrange in advance with their supervisor to take time off from work to vote in a public election. The first two (2) hours of such time off shall be on a paid basis. Any time thereafter shall be on an unpaid basis, however, the employee is required to use appropriate and available PTO. The employee shall consult with the employee's supervisor to arrange the time off so as to not unduly disrupt the business operations of the District.

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- L. **Other Leaves.** In addition to the leaves described above, employees may occasionally need time off from work to address important matters that are regulated by law. The District will comply with its obligations by providing employees time off in accordance with all applicable laws. Such time off will ordinarily be unpaid, except where the law requires that it be compensated. To the extent allowed by law, an employee will be required to use any accrued PTO toward the leave.

Note. The policies and procedures outlined herein have been designed to comply with all existing written and unwritten policy statements; all requirements of existing labor laws and, if applicable, a Collective Bargaining Agreement with an employee organization. Where conflicts exist, the Collective Bargaining Agreement will take precedence over this policy. The CHRO has responsibility for the interpretation of this policy, and any exceptions to this policy will be made with Executive Team approval. All policies and procedures may be modified or changed at any time with Board and Executive Team approval.

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EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Leaves of Absence - LEAVES OF ABSENCE*	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
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FORMS:

Leave of Absence Notification
PTO Transfer

REFERENCES:

Federal Family Medical Leave Act of 1993 ("FMLA")
California Family Rights Act ("CFRA")
Americans with Disabilities Act (ADA)
California Fair Employment and Housing Act (FEHA)
U.S. Department of Labor

OTHER REFERENCES:

NIHD Policies:

- Leaves of Absence - LEAVES OF ABSENCE*FAMILY AND MEDICAL LEAVE ACT (FMLA) / CALIFORNIA FAMILY RIGHTS ACT
- Leaves of Absence - LEAVES OF ABSENCE* DONATION
- Leaves of Absence - LEAVES OF ABSENCE*NORTHERN INYO HOSPITAL (NIH) JOB PROTECTED LEAVE (JPL) (14-02)

Approval	Date
Executive Team	
Board of Directors	06/15/2016

Responsibility for review and maintenance: Chief Human Relations Officer

Index Listings:

Developed: 11/2015

Revised:

Reviewed:

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Leaves of Absence - NORTHERN INYO HOSPITAL (NIH) JOB PROTECTED LEAVE (JPL) (14-02)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

If you are eligible for job protected leave (JPL) under federal or state law as described in Northern Inyo Hospital's (NIH) Leaves of Absence policies following the same criteria (eligibility, reasons, certification, etc.), NIH provides for concurrent job protected leave of up to four months (16 weeks; 640 full-time hours). NIH JPL is used concurrently at the same time as legally provided leaves of absence including but not limited to Pregnancy Disability Leave (PDL), Family Medical Leave Act (FMLA), and California Family Rights Act (CFRA).

Paid Time Off (PTO) may accrue while on job protected leaves of absence while you are coordinating benefits. If an employee on NIH JPL is no longer receiving a paycheck from NIH to coordinate benefits, no PTO accrues.

Healthcare benefits continue to be available at the applicable payroll deduction rate while on NIH JPL. If an employee on NIH JPL is no longer receiving a paycheck from NIH such that the applicable payroll deductions cannot be withheld, then the employee will be billed by NIH for the amount of the payroll deduction.

Other employees may donate PTO during this four-month part of the NIH JPL.

If after the four-month job protected leave described above is exhausted, an employee has remaining leave hours available, leave may be extended according to the following:

- The same leave criteria as described in NIH's Leaves of Absence policies apply.
- Entire balance of any available Paid Leave (PDLV), Old Sick Leave (SICKO), New Sick Leave (SICKN) may be used – employee will be paid at the level of their status (e.g. full-time employee will be paid 40 hours per week; part-time employee will be paid 32 hours per week) until all balances are exhausted or employee is released to return to work whichever occurs first. Employee is responsible for appropriately informing any income replacement resource, such that the integration of wage-replacement with full pay does not result in employee inappropriately receiving more than 100 percent of their usual compensation.
- All of the employee's available PTO may be used – the employee will be paid at the level of their status (e.g. full-time employee will be paid 40 hours per week; part-time employee will be paid 32 hours per week) until the balance is exhausted or they are released to return to work whichever occurs first. Other employees may only donate PTO during the first four month part of the NIH JPL.
- PTO will no longer accrue.
- Healthcare benefits may be continued through COBRA.

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Leaves of Absence - NORTHERN INYO HOSPITAL (NIH) JOB PROTECTED LEAVE (JPL) (14-02)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

Note. The policies and procedures outlined herein have been designed to comply with all existing written and unwritten policy statements; all requirements of existing labor laws and, if applicable, a Collective Bargaining Agreement with an employee organization. Where conflicts exist, the Collective Bargaining Agreement will take precedence over this policy. The CHRO has responsibility for the interpretation of this policy, and any exceptions to this policy will be made with Executive Team approval. All policies and procedures may be modified or changed at any time with Board and Executive Team approval.

Approval	Date
Human Resources	
Administration	
Board of Directors	6/15/2016

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Leaves of Absence - VACATIONS (08-02)	
Scope: Hospital Wide	Department: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

PURPOSE:

To set forth policies that govern the scheduling of vacation time.

POLICY:

1. Employees must request time off in writing from the person to whom they report. Requests for vacation time must be made in writing as far in advance of the vacation as possible, but at least one month prior to the date requested. Requesting employees are expected to include at least three choices of vacation dates to allow for staffing needs of the hospital.
2. Employees may not take time off for vacations longer than two consecutive weeks without prior approval from Senior Management.
3. No more than one employee may be scheduled off for vacations from any non-nursing department during a one or two week period without prior authorization by Senior Management. In the event that managers receive vacation requests from more than one employee for the same time period, the date and time of the receipt of the request shall determine the priority of the request if the employees cannot work out their own priority. For departments that run simultaneous shifts, such as 07-1930, 11-2330, and 1900-0730, one person may be scheduled off per shift. Nursing staff who work every third week-end may not take PTO on the week-end scheduled. (Refer to Nursing Services Week-End Shifts P&P)
4. Employees may take time off for vacations if the needs of the department can be met with the employees available. Only Senior Management may grant exceptions to this policy.
5. Employees may only be granted time off equal to or less than the PTO accrued by the employee at the time the time off request is made. Time off exceeding an employee's PTO accrued may only be granted by Senior Management.

Approval	Date
Senior Management	
Board of Directors	07/02/2014

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Personnel File Inspection Policy	
Scope: Hospital Wide	Manual: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 12/14/2016

PURPOSE:

To outline the rights and procedure for current and former employees of Northern Inyo Healthcare District (NIHD) in terms of inspection of their personnel records.

Definitions

Personnel Records: Records that NIHD maintains in the Human Resources office relating to the employee's performance or to a grievance concerning the employee (excludes records relating to investigation of possible crime, and letters of reference or ratings/reports/records obtained prior employment)

Representative: A person authorized in writing by the employee to be present during inspection or to inspect, or receive a copy of, the employee's personnel records.

POLICY:

1. Current and former employees (or their representative) are allowed access to their Personnel records to inspect and copy.
2. A former employee may receive a copy by mail if the employee reimburses NIH for actual postal expenses and cost of copying.
3. Files will be available within five (5) business days from receipt of the written request, and may be inspected at the location where they are stored, in the presence of Human Resources Personnel during Human Resources' regular business hours, unless the parties mutually agree in writing to a different location or different time, not to exceed ten (10) business days from receipt of the written request.
4. The employee or former employee may take notes and request copies of documents. Copies of the requested documents will be available from Human Resources if possible at the time of the review or within two (2) business days. (There may be charge of 10 cents a page for former employees)
5. No documents may be removed from the personnel file; however current employees may add dated written responses to any material contained in the personnel file. Current dated written responses will be added to the file by the Human Resources designee.
6. Personnel records that may be inspected are those that are used or have been used to determine an employee's qualifications for promotion, additional compensation, or disciplinary action, including termination. These include:
 - Application for employment
 - Payroll authorization form
 - Notices of commendation, warning, discipline, and/or termination
 - Notices of layoff, leave of absence, and vacation

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Personnel File Inspection Policy	
Scope: Hospital Wide	Manual: Human Resources - Employee Handbook
Source: Interim CEO	Effective Date: 12/14/2016

- Education and training notices and records
 - Performance appraisals/reviews
 - Attendance record
7. The right to inspect personnel files and record does not apply to:
- Records relating to the investigation of a possible criminal offense
 - Letters of reference
 - Ratings, reports, or records that (a) were obtained prior to the employee's employment, (b) were prepared by identifiable examination committee members, or (c) were obtained in connection with a promotional exam.

If an employee or former employee files a lawsuit that relates to a personnel matter against NIH, the right of the employee, former employee, or the employee's representative to inspect or copy personnel records ceases during the pendency of the lawsuit in the court with original jurisdiction.

Additional records current and former employees may inspect and copy are:

- Explanation of incentive plan formulas
- Payroll records
- Employee exposure to potentially toxic materials or harmful physical agents

PROCEDURE:

1. Fill out Request to Inspect Personnel File form.
2. Return form to Human Resources
3. Set up time and date with Human Resources to view or collect documents.

Approval	Date
Board of Directors	12/14/2016

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Required - ACKNOWLEDGMENT FORM	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

I can receive or access a copy of the Employee Handbook that contains the Personnel Policies of Northern Inyo Hospital or individual policies contained therein as amended from time to time and approved by the Board of Directors by using searchable copies of this Human Resources Employee Handbook Personnel Policies via Policy & Procedure Manager or requesting a copy from Human Resources.

I understand and agree that:

- It is my responsibility to read and familiarize myself with the contents of the Handbook since it includes policies and procedures that provide information for the guidance and reference of all employees.
- I can ask Human Resources about any questions I have concerning the provisions of the Employee Handbook.
- Except for employment at-will status, any and all policies or practices can be changed at any time by Northern Inyo Hospital. Northern Inyo Hospital reserves the right to change my hours, wages, and working conditions at any time. The contents of the Employee Handbook may be changed at Northern Inyo Hospital's discretion at any time for any reason without notice.
- Northern Inyo Hospital has the right to interpret and apply the Employee Handbook policies as it deems appropriate.

Acknowledged:

Signature of Employee: _____ Date: _____

Printed Name of Employee: _____

Approval	Date
Human Resources	
Administration	
Board of Directors	03/19/2014
Last Board of Director review	8/16/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Required - AT-WILL DISCLAIMER STATEMENT	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

IMPORTANT NOTICE - PLEASE READ

DISCLAIMER

You have the right to resign at any time, with or without cause, and with or without advance notice. Northern Inyo Hospital also has the right to end the employment relationship at any time, with or without cause, and with or without advance notice.

The Employee Handbook provides general information about many of Northern Inyo Hospital's policies and procedures. It is not a contract for continued or long-term employment.

Unless otherwise provided for in a written employment contract signed by Northern Inyo Hospital's Administrator, all employment relationships with Northern Inyo Hospital are at-will. At-will employees of Northern Inyo Hospital are not guaranteed, in any manner, employment for any period of time. Either Northern Inyo Hospital or an employee-at-will may terminate the employment relationship at any time, for any reason or no reason, with or without cause, with or without notice.

Northern Inyo Hospital reserves the right to change the policies contained in the Employee Handbook at its discretion, and to interpret and apply the policies as it deems appropriate. Only Northern Inyo Hospital's Administrator has the authority to enter into an employment contract or make any promises about any employment benefit. No other manager, supervisor, team leader, or representative of Northern Inyo Hospital may make any contract, promise, or commitment contrary to the guidelines outlined in this handbook.

This handbook supersedes and replaces all previous handbooks and policies.

Approval	Date
Human Resources	
Administration	
Board of Directors	03/19/2014
Last Board of Director review	8/16/17



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Required - Employee Complaints and the Grievance Process (23-02)*		
Owner: Director of Human Resources		Department: Human Resources
Scope: District Wide – Applies to Employees, travelers, Non-medical Staff contractors, and Temporary Employees		
Date Last Modified: 07/22/2021	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date:

DEFINITIONS:

Harassment – Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward and individual because of the employee’s race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law, and that: a) has the purpose or effect of creating an intimidating, hostile or offensive work environment, b) has the purpose or effect of unreasonably interfering with an individual’s work performance, or c) otherwise adversely affects an individual’s employment opportunities.

PROCEDURE:

1. Employees are encouraged, but not required to discuss problems and complaints in an informal manner with their immediate supervisor, Coordinator, Manager, Director, Chief, or Director of Human Resources.
2. If not resolved in step 1, a written formal complaint must be filed with the Human Resources Department within thirty (30) working days of the occurrence of the event. (Reference note a.) Employee Written Formal Complaint Form
3. Within five (5) working days of receipt (Reference note a.): 1) the Human Resources Department will initially respond to the formal written complaint assessing the complaint as: i) discrimination or unfair treatment relating to or caused by gender, race, religious beliefs, age, or other legally protected status; ii) harassment; iii) problems concerning wages or hours; iv) working conditions; v) interpretation or application of policies and procedures; vi) disciplinary action employee(s) feel was not for just cause; or vii) any other matters related to employment. Then, accordingly, two (2) copies of the written complaint and HR response will be forwarded as appropriate up the employee’s chain of command by HR. If the subject of the complaint is a Medical Staff member, the Medical Staff Office will be notified and receive copies of the written complaint so it may be addressed through the Medical Staff Practitioner Complaint Resolution Process.
4. Each level of the chain of command, as determined appropriate, will discuss the written complaint with the Director of HR or designee and respond to the employee in writing within five (5) working days of receipt of the written complaint from Human Resources. (Reference note a.)
5. If the employee does not accept the decision of the level of leadership, the employee may appeal the decision in writing up the chain of command, and ultimately to the Chief Executive Officer (CEO) within five (5) working days of the employee’s receipt of each leader’s decision. (Reference note a.)
6. If it reaches the level of the CEO, the CEO or designee will completely and impartially investigate the complaint and within (5) working days provide the employee with a written decision. (Reference note a.)

7. All decisions of the CEO or designee shall be final and not subject to further appeal.
8. Throughout the complaint and grievance process stated in the policy, if still scheduled to work, the employee is required to continue to perform the employee's duties in a satisfactory manner or be subject to disciplinary action.
9. Employees terminated or suspended, as the result of disciplinary action will remain terminated or suspended during the grievance process stated in this policy.
10. At each stage of the grievance process, if the employee prevails, the employee shall be reinstated. Back pay, in whole or in part, may or may not be granted at the discretion of the CEO or designee.
11. Human Resources will receive a copy of all communication related to the grievance process, for inclusion in the employee's personnel file.
12. Retaliation against the employee making a complaint or using the grievance process is prohibited and will lead to disciplinary action up to and including termination.

Notes:

- a. There may be occasions when, because of the time or the particular circumstances involved, either the employee or management of NIHD may request that the time requirements in this procedure be waived or extended.
- b. In order to most appropriately or effectively investigate or resolve a complaint/grievance, management may invoke other options during the grievance process, e.g. use of a Task Force or outside consultant or mediator.

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCES POLICIES AND PROCEDURES:

1. Required - EQUAL EMPLOYMENT OPPORTUNITY (03-01)
2. Required - HARASSMENT POLICY (23-01)
3. Practitioner Complaint Resolution Process

Supersedes:
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Required - EQUAL EMPLOYMENT OPPORTUNITY (03-01)	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Northern Inyo Hospital is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to **all** persons involved in Hospital operations and prohibits discrimination by any employee of the Hospital, including supervisors and coworkers.

The Hospital shall recruit, hire, train, and promote in all job titles, including interns, apprentices, and volunteers, without regard to race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, physical disability, mental disability, age, medical condition, genetic information, marital status, military and veteran status, sexual orientation, or any other basis protected by law. All personnel actions such as compensation, benefits, Hospital-sponsored training, apprenticeships, internships, volunteer opportunities, transfer, demotion, termination, layoff, and return from layoff, shall be administered without regard to race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, physical disability, mental disability, age, medical condition, genetic information, marital status, military and veteran status, sexual orientation, or any other basis protected by law. Additionally, the Hospital will provide registered domestic partners with all rights and benefits as required by law.

Reference - Equal Employment Opportunity Procedure.

Approval	Date
Human Resources	
Administration	
Board of Directors	03/19/2014
Last Board of Director review	8/16/17

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Required - HARASSMENT BY EMPLOYEES (23-01)	
Scope: NIHD	Manual: Human Resources - Employee Handbook
Source: Human Resources Director	Effective Date:

PURPOSE:

To providing a work environment free of prohibited harassment

POLICY:

1. NIH is committed to providing a workplace free of sexual harassment, as well as harassment and discrimination based on such factors as race, color, religion, sex, pregnancy, childbirth, or related medical conditions, gender, gender identity, gender expression, national origin, ancestry, physical disability, mental disability, age, medical condition, genetic information, marital status, military and veteran status, sexual orientation, or any other basis protected by federal, state, or local laws. NIH prohibits unwelcome, harassing or discriminatory conduct by employees, managers, supervisors, or other third parties towards other employees, interns, apprentices, volunteers, non-employees with whom NIH has a business, service, or professional relationship, or other persons with whom employees come into contact, even if such conduct does not rise to the level of harassment or discrimination as defined by law.
2. The California Fair Employment and Housing Act and Title VII of the 1964 Civil Rights Act prohibit harassment and discrimination in the work place. There will be no retaliation against any employee who, in good faith, files such a complaint, or participates in a workplace investigation. As a preventative measure, NIH will investigate all complaints of harassment, discrimination, or retaliation and take disciplinary action as required to remedy the situation.
3. Guidelines: Sexual harassment is defined by law to include the following:
 - Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment (example: a promise of continued employment or a threat of termination based on submission);
 - Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual (example: poor job evaluations or failure to increase income as a result of rejection of such conduct); or
 - Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment (example: lewd comments, dirty jokes, nude pictures, obscene gestures, etc.).
4. Behavior that does not rise to the level of illegal harassment as defined by law may still be unacceptable in the workplace and a violation of this policy subjecting an employee to disciplinary action up to and including termination.

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Required - HARASSMENT BY EMPLOYEES (23-01)	
Scope: NIHD	Manual: Human Resources - Employee Handbook
Source: Human Resources Director	Effective Date:

5. Abusive conduct is defined as conduct of an employer or employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to an employer's legitimate business interests. It may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person's work performance.

PROCEDURE:

1. Complaint Procedure: Any individual who believes that they have been the victim of harassment, including sexual harassment, discrimination, retaliation, or abusive conduct, should immediately report this problem to their supervisor, or the Human Resources Director verbally or in writing. Supervisors must report complaints of harassment, discrimination, retaliation, or abusive conduct, to the Human Resources Director, or CEO. All complaints will be investigated. Investigations will be timely, impartial, fair, and thorough. Investigations will be as confidential as possible under the circumstances. Employees are prohibited from impeding an investigation, and NIH will not allow retaliation against any employee participating in an investigation. Information obtained during the process will be only shared with those individuals on a need-to-know basis. NIH will provide all parties appropriate due process and reach conclusions based on the evidence collected. When the investigation discloses a violation of this policy, appropriate remedial action will be taken and feedback given to the complaining employee.
2. Employees who feel they have not received satisfaction after utilizing this procedure may contact the California Department of Fair Employment and Housing or the federal Equal Employment Opportunity Commission and seek remedies through these agencies.

Approval	Date
Policy and Procedure Committee	7/29/2005
Personnel and Payroll Advisory Committee	9/23/2005
Administration	11/9/2005
Board of Directors	11/16/2005
Last Board of Director review	8/16/17

Revised: 7/05

Reviewed:

Superseded:

Index listing: Harassment

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: TELEWORK PROGRAM POLICY	
Scope: District Wide	Department: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 6/20/2018

POLICY:

The Northern Inyo Healthcare District (District) believes that its ability to meet the needs of the District’s customers is related to its ability to attract and retain adequate numbers of qualified, competent and diverse employees who provide high quality service in a healthcare setting. To accomplish this, the District determines how employees function within the organization by establishing and maintaining programs that facilitate recruitment, orientation, competency, continuing education, evaluation and a positive work environment to promote employee retention. It is, therefore, the District policy to establish and encourage the use of a telework program whose primary purpose is to meet the District’s mission and operational needs.

In accordance with this policy, the employee/teleworker and management must agree that the telework arrangement is mutually beneficial and the telework arrangement can be terminated by either or both parties when no longer mutually beneficial. Telework means working one or more days away from the District’s assigned space, either at their place of residence (home) or at an alternate worksite. Home-based telework is where the employee/teleworker works in a space specifically set aside as an office in an employee’s residence. Telecenter-based telework is where the employee/teleworker works in an office or other space near the employee’s home to which the employee regularly reports to work. Either option is available to maximize management flexibility in planning and managing eligible employee participation in this telework program.

The objectives of the District’s telework program include: (1) improving continuity of operations by using telework as a strategy to keep the District operational during inclement weather, disaster recovery, or other emergency situation; (2) improving air quality and reducing traffic congestion, parking challenges, and commuter costs; (3) promoting management effectiveness by using telework to target reductions in management costs related to employee turnover and absenteeism and to real estate costs associated with all staff reporting to District assigned space for work; (4) enhancing work-life balance for employees by using telework flexibly so that employees may better manage their work and family obligations thereby retaining a more resilient District workforce capable of meeting organizational goals; and (5) enhancing employee engagement by increasing work options for employees with or without mobility restrictions, increasing return-to-work options for employees who are on temporary limited duty, and improving employee morale overall.

PROCEDURES:

- A. District Chiefs, during the annual budget cycle, will designate Full Time Equivalent (FTE) position(s) that they deem appropriate for telework arrangements.

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: TELEWORK PROGRAM POLICY	
Scope: District Wide	Department: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 6/20/2018

- B. Each FTE position deemed appropriate for telework arrangements will be posted internally so as to afford incumbent employees the opportunity to compete for the available position(s) if applicable.
1. Only the best qualified internal candidates will be selected for participation in the telework program.
 2. Once selected for the telework program, District Chiefs will determine appropriate employees for annual participation in the telework program based on the date the qualified application was received, the last most recent overall performance rating, the length of time performing current duties, and the expected contributions of the applicant to the District’s mission, vision, values, and goals of the District. In the event of a tie between applicants, a random selection process will be implemented.
- C. Participating employees and the District shall enter into an annual (after successful completion of a pilot) written telework arrangement governing responsibilities of both parties during the course of the telework arrangement that will include, but not limited to, equipment, expenses, hours of work (employees must choose either a telework arrangement or an alternative work schedule, but not both), overtime, safety, adherence to District policies, and termination of the arrangement.
- D. Employees who are currently participating in a performance improvement plan, who have participated in a performance improvement plan (PIP) within the last 12 months, who are in their probationary period (or any extension thereof), and/or who have a record of disciplinary action within the last 12 months, are not eligible to apply for telework. Employees who participate in a PIP and/or are issued a disciplinary action during the course of a telework arrangement are ineligible to continue the telework arrangement.

RESPONSIBILITIES:

- A. Chief
1. Oversight of the telework arrangements in their work area.
 2. Designate appropriate FTE(s) prior to the commencement of each fiscal year as telework eligible and include this designation in each fiscal year’s budget.
 3. Approve or discontinue telework arrangements for District employees in their areas and serve as the final signature authority on the selected employee’s telework arrangement. This approval authority may be delegated to appropriate management officials.

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: TELEWORK PROGRAM POLICY	
Scope: District Wide	Department: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 6/20/2018

B. Director/Department Head/Manager/Assistant Manager

1. Encourage the use of telework arrangements for the designated position with relevant employees including all requirements and expectations regarding the telework arrangement.
2. Facilitate the submission of all required documents to their Chief or designated approving official once employee has signed the arrangement.
3. Provide teleworkers with specific, measurable, and attainable assignments, just as they would non-teleworking employees.
4. Foster an inclusive work environment for all types of workers by communicating general office updates and related information to teleworkers and ensuring employees who remain in the District's assigned work areas are not negatively impacted by handling the teleworker's regular assignments (answering telephone calls, dispensing information, etc.).
5. Conduct periodic reviews, virtually if needed, of telework arrangements to determine ongoing compliance, effectiveness and impact on work operations and employee productivity.

C. District Telework Coordinator

1. Coordinate, in partnership with the Chiefs, the District's Telework Program.
2. Oversee implementation of the program, providing guidance as needed.
3. Serve as a resource for information and/or training to District employees on the program.
4. Retain appropriate documentation on the program including each employee's signed telework arrangement.
5. As a part of a cycle of continuous improvement, annually assess the program and makes recommendations for improvement, if warranted.

**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: TELEWORK PROGRAM POLICY	
Scope: District Wide	Department: Human Resources – Employee Handbook
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D. Employees

1. Apply for designated FTE(s) that are approved for telework arrangements as desired and submit required documentation timely.
2. Review and understand all expectations regarding the telework arrangement including, but not limited to, maintenance of telephone and internet connectivity.
3. Comply with all District policies or procedures as they apply to a teleworker, including but not limited to, check in/out procedures, productivity and safety standards, hours of work and overtime request requirements.
4. Protect and preserve District assets, information and property at all times while under a telework arrangement.
5. Participate and cooperate as needed in the District’s ongoing and annual assessment(s) of the viability of the District’s Telework Program.

REFERENCES:

The Joint Commission Standards: HR.01.01.01 - HR.01.07.01 and PI.03.01.01

Approvals	Date
Human Resources	6/1/2018
Senior Leadership	6/4/2018
Board of Directors	6/20/2018

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Wages - PAY SCALE AND PAY ADJUSTMENTS (05-03; 07-03)	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date:

POLICY:

Each position in the hospital is assigned to a pay scale. This pay scale is based upon the degree of responsibility, the technical skills, and the professional capacity that the job requires. Full-time and regular part-time personnel are normally hired at the minimum of the pay scale for their position. Per diem personnel may be hired above the minimum of the pay scale, since per diem employees do not receive benefits. Your anniversary date and performance is used in determining eligibility or standing for pay increases. Personnel will not be advanced beyond the maximum of the pay scale for their position.

Positions are reviewed regarding their relationship to comparable positions in the hospital and in the hospital industry. The review of positions and any wage or benefit surveys are conducted by Human Resources upon the request of Senior Management. Other hospital personnel are not authorized to conduct wage or benefit surveys during working hours or at hospital expense. If you have any questions regarding your wage or your potential for advancement, please feel free to talk with your manager or with the Human Resources Manager.

Your pay may be adjusted by either an incremental increase or a salary adjustment. The basis for an incremental increase is your performance as evaluated on your anniversary date. If you have performed satisfactorily, you may be eligible for an incremental increase at the beginning of the pay period following each anniversary date until you have reached the top of your position pay scale.

If your position is affected by a salary adjustment, this adjustment will not affect your eligibility for incremental increases. When you have reached the top of your position pay scale, you may still receive any salary adjustments that affect your position.

Approval	Date
Senior Management	
Board of Directors	07/02/2014
Last Board of Director review	8/16/17

**NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY**

Title: Wages - PUNCH DETAIL REPORT (06-01)	
Scope: Hospital Wide	Manual: Human resources – Employee Handbook
Source: Human Resources	Effective Date: 12/19/2012

POLICY:

Your punch detail report from the timekeeping system is an accurate record of your working time and is the basis for computing your paycheck. It is your responsibility to ensure that your punch detail report is accurate. Employees who knowingly swipe or time stamp in or out for another employee, or manually sign in or out for another employee, are subject to disciplinary action up to and including termination.

You must swipe or time stamp in closest to your actual assigned work area at a timekeeping terminal or a computer using time stamp. Time stamp may be used **ONLY** while working on Northern Inyo Hospital properties not while working from home. You may only work from home with Administrator approval and that time must be submitted manually on an edit sheet.

You must not swipe or time stamp in more than six minutes before your scheduled starting time, nor swipe out more than six minutes after the time that your shift ends without prior written approval of your supervisor. Further details are listed in the [Payroll Policies and Guidelines](#).

If any corrections are needed regarding your punch detail, please complete and submit a manual payroll edit sheet.

Approval	Date
Human Resources	
Administration	
Board of Directors	12/19/2012
Last Board of Director review	8/16/17

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Worker Housing Policy	
Scope: NIHD	Manual: Human Resources - Employee Handbook
Source: Chief Executive Officer/Administrator	Effective Date: 9/1/17

PURPOSE:

To specify the circumstances and conditions on which the District will provide housing to employees and other workers.

POLICY:

In light of the extremely limited supply of suitable housing in the vicinity of the District's health care facilities and the substantial difficulties of finding suitable housing faced by employees and other workers who need to relocate in connection with commencing work for the District, it shall be the policy of the District to acquire and maintain an inventory of suitable housing in the vicinity of the District's health facilities and to make such housing available to employees and other workers in appropriate circumstances, all in accordance with the following procedure.

PROCEDURE:

Based on the recommendations of the District CEO and management, the District Board of Directors shall periodically review and, where warranted, approve the District's acquisition and maintenance of an inventory of suitable housing, specified by type, size, location and whether rented or owned, taking into account the reasonable needs of District employees and other workers, the general availability of suitable housing, the cost of such housing and the financial resources of the District available for such purposes. District management shall use commercially reasonable efforts to obtain and maintain an inventory of housing consistent with the Board's approvals from time-to-time.

The District CEO, in reviewing and approving proposed compensation packages for District employees and other workers, shall have authority to include, in the District CEO's reasonable discretion, the provision of housing as an element of compensation, consistent with the District's available housing inventory, the reasonable needs of the employee or other workers, and the District's other needs for housing.

If on or after the Effective Date of this Policy, the District CEO approves the inclusion of housing as an element of an employee or other worker's compensation, the terms and conditions of the approved housing shall be specified in writing to the employee or other worker, including the type and size of housing, its location, the expected duration, and, except in connection with temporary work assignments having an expected duration of less than one year (or the housing is otherwise reasonably expected to be excluded from gross income for income tax purposes), the fair rental value of the housing and any included utilities, together with a statement that such value shall be included as an element of taxable compensation, which, among other consequences, shall be taken into account for purposes of withholding and reporting to the Internal Revenue Service and other appropriate tax authorities on Form W-2 and/or Form 1099. Where other terms and conditions of employment or other work relationship are specified in writing, the terms and conditions of any and all housing benefits shall be included in the same writing.

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Worker Housing Policy	
Scope: NIHD	Manual: Human Resources - Employee Handbook
Source: Chief Executive Officer/Administrator	Effective Date: 9/1/17

Except in unusual circumstances, in the case of housing leased by the District, the fair rental value shall be deemed to be the amount paid by the District for the housing. In the case of housing owned by the District, District management shall, from time-to-time, establish fair rental value with the assistance of knowledgeable real estate agents, appraisers or other professionals.

REFERENCES:

CROSS REFERENCE P&P

Approval	Date
Board of Directors	7/19/2017
Last Board of Directors Review	

Developed:
Reviewed:
Revised:
Supersedes:



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Hiring - STUDENT TRAINEE PROGRAM - EMPLOYMENT OF MINORS (04-02)		
Owner: HR Analyst-Labor Relations Specialist	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 07/13/2021	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

We abide by the state and federal regulations that govern the employment of minors. Therefore, we require any applicant who has not reached his/her eighteenth birthday to obtain a work permit from school before being accepted for employment.

Any minor employed by the District shall receive age-appropriate orientation and professional development to the District's workplace. Each minor shall be assigned a District-trained mentor who shall assist in developing the workplace skills and competencies of the minor to whom the mentor is assigned.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

Supersedes: v.1 04-02 EMPLOYMENT OF MINORS
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK**

Title: Wages - Payroll Deductions (06-03)		
Owner: HR Analyst-Labor Relations Specialist	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 07/13/2017	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

There are two types of deductions: those required by law and those authorized by you. Those required by law include but may not be limited to:

- A. Amount required by federal law for income tax.
- B. Amount required by federal law for Social Security and Medicare.
- C. State income tax.
- D. Amount required by state law for disability insurance.
- E. Court ordered child support, alimony, and other garnishments.

Those authorized by you including but not limited to:

- A. Health insurance dependent coverage premium.
- B. Northern Inyo Hospital charges.
- C. Credit Union.
- D. Deferred Compensation Program (Tax Sheltered Annuity).
- E. Miscellaneous deductions such as additional life insurance or long-term disability buy-up.
- F. Cafeteria charges and other items authorized by use of your identification badge.

With the exception of the deductions required by law, we will deduct from your pay only when authorized by you in a written request or by use of your identification badge.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

Supersedes: v.1 06-03 PAYROLL DEDUCTIONS
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020