Northern Inyo Healthcare District

Board Meetings

October 18, 2023 Regular Board of Directors Meeting

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

AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

October 18, 2023 at 5:30 p.m.

Northern Inyo Healthcare District invites you to join this meeting:

TO CONNECT VIA **ZOOM**: (*A link is also available on the NIHD Website*)
https://zoom.us/j/213497015?pwd=TDlIWXRuWjE4T1Y2YVFWbnF2aGk5UT09
Meeting ID: 213 497 015
Password: 608092

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

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

---

1. Call to Order (at 5:30 pm).
2. ***Public Comment***: The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are **limited to three (3) minutes per speaker**, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. New Business:
    A. Ad Hoc Committee Reports (*Board will provide this information*)
        a. Governance (Jean Turner)
            i. Governance Documents for Discussion (*Board will consider approval of these documents*)
                1. *Governance versus Management Matrix of Responsibilities*
                2. *Board Members Code of Conduct*
                3. *Calendar of Time Sensitive Business*

b. HR (Mary Mae Kilpatrick)
c. Finance (Melissa Best-Baker)
d. Compliance (vacant)

B. Appointment of the Zone 1 Board Vacancy *(Board will consider approval of candidate recommended for appointment by Ad Hoc Committee)*

C. Chief Executive Officer Report *(Board will receive this report)*
   a. Becker's Conference Review
   b. FY 2024 Strategic Plan

D. Chief Financial Officer Report
   a. Financial & Statistical Reports (*Board will consider the approval of these reports*)
   b. FY 2022 Audit Deficiencies Follow up *(Board will receive this report)*
   c. Birch St Property Status *(Board will receive this report)*
   d. Revenue Cycle Update *(Board will receive this report)*

E. Approval of District Board Resolution 23-06 Credit Card Change (*Board will consider the approval of District Board Resolution 23-06 Credit Card Change*)

F. Tax-Exempt Conversion of the NIHD 2021B Taxable Refunding Revenue Bonds (*Board will consider the approval of the conversion of the 2021 B Refunding Revenue Bonds*)

G. Chief of Staff Report, Sierra Bourne MD:
   A. Policies (*Board will consider the approval of these Policies and Procedures*)
      1. *Aerosolized Transmissible Disease Exposure Plan Respiratory Protection Program*
      2. *Deployment of Nursing Staff at Department Level and Patient Care Assignments*
      3. *Diagnostic Imaging – Communication of Mammography Results to the Healthcare Provider*
      4. *Health Care Worker (HCW) Influenza Vaccination*
      5. *Patient and or Visitor Exposure to Blood or Body Fluids*
      6. *Qualifications to Insert Peripherally Inserted Central-Cathethers and Midlines*
   B. Medical Executive Committee Report *(Board will receive this report)*

Consent Agenda

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

4. Approval of minutes of the August 30, 2023 Special Board Meeting *(Board will consider the approval of these minutes)*

5. Approval of minutes of the September 20, 2023 Regular Board Meeting *(Board will consider the approval of these minutes)*
6. Approval of minutes of the September 27, 2023 Special Board Meeting *(Board will consider the approval of these minutes)*
7. Chief Human Resources Officer Report *(Board will consider accepting this report)*
8. Department Reports *(Board will consider accepting these reports)*
9. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures)*
    a. *Discharge Planning for the Hospitalized patient*
    b. *Opening and Closing Nursing Departments*

---

10. Reports from Board Members (*Board will provide this information*)
11. Public comments on closed session items.
12. Adjournment to Closed Session to/for:
    a. Public Employee Performance Evaluation pursuant to Government Code Section 54957(b)(1). Title: Interim CEO
    b. Conference with Labor Negotiators pursuant to Government Code Section 54957.6 Agency Designated Representatives: HR/Board Chair. Unrepresented employee: Interim CEO
13. Adjournment

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

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

Northern Inyo Healthcare District Board of Directors

Governance versus Management/Staff Matrix of Responsibilities

Strategy

Responsibility	Board Role	Management Role
Development and review of mission, values and vision	• Approves and helps formulate • Participates in annual strategic planning that reviews and updates the statements, when necessary	• Provides input and background material for board review and discussion prior to formulating and/or updating the statements
Implementation of mission, values and vision	• Makes decisions that support the mission, values and vision	• Establishes and carries out strategies aligned with mission, values and vision • Sets the tone and expectations for the culture of the organization
Long-Term Strategic Plan	• Exhibits leadership in strategic thinking and planning sessions, reviewing relevant materials, and engaging in robust debate and dialogue about critical issues impacting the organization • Determines strategic directions, including strategic initiatives that address organizational needs • Approves the long-term strategic plan	• Enables well-informed, data-driven Board discussions, debate and decision-making by providing relevant data, information and background materials and input • Develops strategic recommendations, measurable objectives, action plans and budgets to support and implement strategic goals and directions
Monitoring Strategic Progress	• Regularly reviews progress • Asks probing questions to ensure Board member understanding and progress towards goals and objectives • Advises and collaborates with management on corrective measures, as appropriate	• Defines measures for tracking performance • Reports measures to the Board, interprets meaning and identifies barriers or challenges to success
Day-to-day operations	• No role	• Makes all management decisions • Develops policies and procedures • Advises Board, as appropriate

Northern Inyo Healthcare District
One Team. One Goal. Your Health.

Leadership Structure and Governance Process

Responsibility	Board Role	Management Role
Board roles, responsibilities and composition	• Clearly defines the Board and committee roles in written documentation • Ensures leadership qualities, background, and knowledge is in place for effective governance • Establishes and uses Board committees effectively	• Provides information, resources, and opportunities for Board use in strengthening their effectiveness • Tracks and reports on Board composition to ensure it reflects a diversity of the community
Board reports	• Evaluates information reported, engaging in appropriate strategic-level dialogue • Accepts and approves reports	• Prepares concise reports and well-conceived recommendations for Board consideration
Strategic focus and discussion	• Discussions focus on the Board's policy-making function, rather than operational thinking or decision-making • Ensures most of the meeting time is spent on strategic issues • Engages in lively dialogue that is respectful and includes participation from all	• Focus on operational thinking and decision-making, using the Board's policy-making and strategic leadership as a guide
Board policies and procedures	• Uses governance policies and procedures to clearly define the Board's responsibilities, delineating between Board, management and staff • Uses policies and procedures to establish efficiency and consistency • Reviews Board structure, committee practices, tenure, policies and bylaws regularly	• Drafts strong, well-written policies for Board review and approval • Facilitates a process for periodic policy review, update and approval

Board performance	• Board members are well-prepared at every meeting to engage in meaningful discussion and decision-making • Ensures a regular self-assessment of Board practices and performance is conducted, and the Board takes corrective action for improvement, when appropriate	• Ensures Board members are provided with agendas, reports and other relevant materials well enough in advance of meetings to enable meaningful and efficient discussion and decision-making • Provides administrative assistance in conducting the Board self-assessment
Executive meetings	• Used as appropriate to promote open communication between the Board and CEO on serious or time sensitive issues	• Develops agenda and materials for regularly scheduled meetings • Requests special meetings as needed

Code of Conduct

Responsibility	Board Role	Management Role
Development and implementation of a Code of Conduct and Conflict of Interest	• Adopts a Code of Conduct that each Board member reviews and signs annually • Annual statement of Conflict of Interest is distributed and signed by each Board member	• Abides by the District's values and ethical principles, and demonstrated the values and ethics through personal actions as well as operational rules, policies, new employee orientation, training and internal communications
Awareness of conduct and conflicts	• Ensures a process to • allow confidential concerns about issues are brought to appropriate person	• Takes the operational steps necessary to ensure that the Board-approved ethical principles and values are provided to all individuals associated with the District • Develops and implements a process to allow confidential concerns about ethical issues to be brought to appropriate persons

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

Relationship with the CEO

Responsibility	Board Role	Management Role
Board and CEO roles	• Understands the Board's strategic/policy responsibilities vs the CEO's operational responsibilities • Adheres to the Governing Board's policy-making role, and does not interfere in the CEO's operations and management role	• Understands the Board's strategic/policy responsibilities vs the CEO's operational responsibilities • Expects the Board to engage in deep probing dialogue about strategic issues rather than "rubber stamp" management proposals and ideas
Communication, support and shared goals	• Consistently supports the CEO in the pursuit and implementation of Board-approved objectives • Mutual trust and respect exist between Board members and the CEO	• CEO maintains a positive relationship and ongoing communication with the Board, including between Board meetings when necessary • Mutual trust and respect exist between Board members and the CEO
CEO evaluation	• Establishes CEO performance criteria and evaluates CEO performance annually • Sets the CEO's compensation ➢ Has a strong understanding of compensation structures, legal and regulatory requirements ➢ Uses pre-defined expectations and performance targets tied to District performance in setting compensations, and any incentives • Regularly reviews the CEO's compensation to ensure that it is reflective of compensation trends of Districts with similar size and scope	• The CEO should know his or her evaluation criteria at the of onset of the evaluation period, and the annual evaluation should not come as a surprise

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

Human Resources

Responsibility	Board Role	Management Role
Personnel policies	• Reviews and adopts at least every three years • Provides expertise and counsel upon request regarding human resource issues and policies	• Drafts policies and makes recommendations to the Board, and administers adopted policies • Develops strategies and implements action plans for strengthening employee satisfaction and engagement
Staff salaries and benefits	• Approves budget, ensuring adequate resources are in place to assure a competent, high-quality workforce	• Develops compensation and benefits strategies • Approves job classifications, salary ranges and benefits programs with input and recommendations from supervisory staff
Hiring of staff	• Knows potential areas of workforce needs for the District • Understands current and emerging barriers to recruitment, provides expertise and counsel in devising strategies to meet workforce needs • No role in hiring of individual personnel	• In conjunction with supervisory staff, hires and evaluates the people necessary to meet current and workforce needs • Along with supervisory staff, develops and implements new employee orientation and training
Staff responsibilities and job assignments	• No role	• Administers staffing levels, job classifications, job descriptions, etc.
Staff terminations and reductions in force	• No role in individual terminations apart from CEO and legal staff. Shall be advised of executive staff terminations and shall provide counsel upon request	• Makes final termination decisions • Makes decisions regarding reductions in force
Staff evaluation	• No role, with exception of CEO evaluation	• Along with supervisory staff, is responsible for the staff's performance evaluation

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

Financial Leadership

Responsibility	Board Role	Management Role
Budgeting	• Provides input and counsel to the CEO regarding budget assumptions and programmatic changes affecting the budget • Ensures adequate capital is available • Approves the budget	• Develops policy on standardized budget procedures • Prepares a preliminary budget that will support implementation of the strategic plan • Develops assumptions, targets and objectives and makes recommendations to the Board
Monitoring financial progress	• Identifies and approves performance targets • Reviews performance targets at least quarterly • Uses financial performance reports to modify assumptions and shifts resources, as necessary • Reviews and approves the annual audit	• Tracks detailed financial progress, and takes immediate corrective action when necessary • Develops financial reports for the Board in an easy-to-understand format, highlighting major trends and key indicators • Stimulates robust discussion and dialogue that enables timely decision-making
Capital purchases	• Evaluates and approves requests and recommendations for capital purchases	• Prepares substantiated requests and recommendations for capital purchases
Decisions on building, renovation, leasing, expansion	• Evaluates needs, proposals, and recommendations, makes decisions	• Conducts research, prepares reports and makes recommendations for board consideration • Exercises contractual authority

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

Stakeholder/Policy Maker Communications

Responsibility	Board Role	Management Role
Advocacy	• Approves advocacy/political agenda as recommended by the CEO	• Develops legislative/political strategies and recommends District's position, in conjunction with State-level healthcare associations • Ensures Board education and understanding of issues • Is knowledgeable and well-informed regarding issues, conducts ongoing communication with State-level healthcare associations, and elected officials

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

Code of Conduct

The following Code of Conduct was adopted by the Northern Inyo Healthcare District (NIHD) Board of Directors on October 18, 2023 to describe expectations of each Board member during and after his or her service.

As a member of the NIHD Board of Directors I will:

1. represent the best interests of NIHD and be a positive example to others within NIHD and within the community in both my attitude and actions, acting at all times with honesty, integrity, diligence, competence and in good faith;
2. become and stay knowledgeable about the Board's bylaws, policies and procedures;
3. become well-informed about each matter coming before the Board for decision;
4. bring matters to the Board's attention that I believe may have a significant effect on the well-being of NIHD, its services, employees or mission;
5. participate actively in Board and committee discussions;
6. listen carefully to other members and consider their opinions respectfully, particularly if they differ from mine;
7. respect and support majority decisions of the Board, even if I disagree with that result;
8. acknowledge conflicts that arise between my personal interests and the Board's activities, identifying them early and withdrawing from related discussions and votes;
9. maintain, in accordance with law, the confidentiality of information provided to me in my role as a Board Member;
10. refer Board member complaints promptly and directly to the Board Chair and to the Chief Executive Officer (CEO), as appropriate;
11. surrender all information related to NIHD matters to my successor, but continue to maintain related duties of confidentiality;
12. comply with all NIHD policies and procedures to support and model a work environment that discourages any form of inappropriate conduct, harassment, discrimination, or retaliation;
13. recognize and respect the differentiation between Board and staff responsibilities.

I will not:

1. share opinions elsewhere that I am unwilling to discuss before the Board or its committees;
2. decide how to vote before hearing discussion and becoming fully informed;
3. interfere with duties and activities of other Board members;
4. speak publicly on behalf of the Board unless specifically authorized to do so.

_____ _____

Signature Date

Northern Inyo Healthcare District (NIHD)
Board of Directors' Calendar of Time Sensitive Business

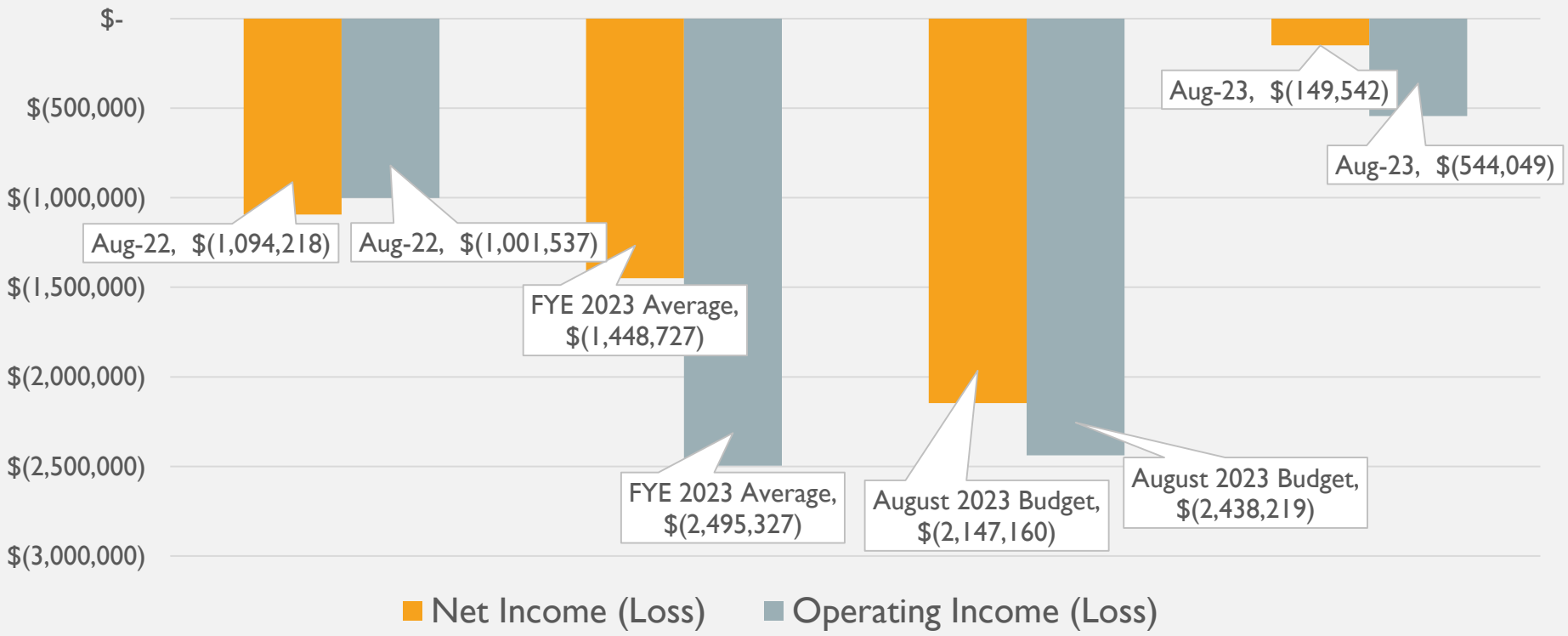
Time Frame	Action Item	Executive Leadership	Board of Directors
June	• Hear annual budget presentation, and adopt budget for the upcoming fiscal year • Board reviews Board policies and procedures	X	X X
July	• Board Chair contacts ACHD to initiate process for CEO Evaluation		X
August	• Board members complete CEO evaluation, using ACHD format, and each Board member sends his/her completed evaluation electronically by the due date to ACHD designee for compilation		X
September	• Board of Directors meets in closed session to discuss the results of the CEO evaluation, and to set CEO performance goals, and review CEO compensation	X	X
October	• Beginning in 2023, at a minimum, every three (3) years, the Board's Governance Committee reviews the New Board member Orientation Handbook, and makes recommendations to the full Board of Directors		X
November	• Chair prepares officer slate for approval by the Board at the December meeting • If not completed earlier, Board reviews and accepts the annual audit	 X	X X
December	• Board approves officer slate for the upcoming year		X
January	• New Board officers begin their one-year terms • New Board Chair appoints members to Standing Committees and any known Ad Hoc Committees • Each Board Member reads and signs the Board Member Code of Conduct		X X X
February	• Board and Executive Team review and modify, as necessary the Strategic Plan, which then informs the upcoming fiscal year budget	X	X
March	• Board Self-Assessment Tool, developed by ACHD, is distributed to the Board with due date for submitting to ACHD designee for compilation		X
April	• Board discusses results of the Board Self-Assessment and possible goals for the coming year based on these results, including any results that may the inform the upcoming fiscal year budget		X
May	• CEO reports to Board regarding progress on the Strategic Plan and any CEO goals	X	X

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

NIHD FINANCIAL UPDATE

August 2023

AUGUST 2023 FINANCIAL PERFORMANCE



KEY PERFORMANCE INDICATORS

DAYS CASH ON HAND

Metric	FYE 2023 Average	August 2023	% Change
Average Daily Expenses	$314,618	$274,762	-13%
Unrestricted Funds	$25,392,054	$28,841,945	14%
Average Daily Cash (includes grants, IGT, and tax appropriations)	$340,919	$306,137	-10%
Days Cash on Hand	81	105	30%
Days until Depleted	965	919	-5%

WAGE COSTS

Metric	August 2022	August 2023	% Change
Total FTEs	459.23	388.34	-15%
Salaries, Wages, Benefits (SWB) per Adjusted Patient Day (APD)	$5,933	$5,348	-10%
Employed Average Hourly Rate	$42.07	$52.31	24%
Benefits % of Wages	55.7%	30.4%	-45%

AUDIT UPDATE

Prior year audit findings

- Unreconciled balance sheets – will continue to have findings FYE 2023
- Pension administration – should not have been on report FYE 2022 and is resolved FYE 2023
- Pension accounting - inaccurate accounting. Is resolved FYE 2023
- Contractual allowance & 3rd party settlements – resolved FYE 2023

Potential new audit findings

- Fixed assets – strengthen physical and accounting controls regarding assets
- Grants – strengthen documentation around grant accounting

FINANCIAL FOCUS

HEADWINDS

- Accuracy & Timeliness of Financials
  - Coding
  - Accruals
  - Meeting deadlines
- Legal requirements
  - Missed meal and break penalties
  - Potential minimum wage increase

TAILWINDS

- Revenue Cycle Focus
- Other Income Focus
- Contract Labor Rates
- Other Expenses Focus

Northern Inyo Healthcare District
Income Statement
Fiscal Year 2024

	7/31/2023	7/31/2022	8/31/2023	8/31/2022	2024 YTD	2023 YTD	YOY Change
Gross Patient Service Revenue							
Inpatient Patient Revenue	3,306,704	3,986,305	3,728,137	3,395,933	7,034,841	7,382,238	332,204
Outpatient Revenue	13,693,264	11,474,649	14,800,302	12,619,549	28,493,566	24,094,198	2,180,753
Clinic Revenue	1,274,341	1,112,050	1,721,328	1,281,637	2,995,669	2,393,687	439,691
Gross Patient Service Revenue	18,274,309	16,573,004	20,249,767	17,297,119	38,524,076	33,870,123	2,952,648
Deductions from Revenue							
Contractual Adjustments	(8,174,338)	(6,172,708)	(9,375,676)	(7,321,120)	(17,550,014)	(13,493,829)	(2,054,555)
Bad Debt	(1,040,036)	(1,834,762)	(917,527)	(831,081)	(1,957,563)	(2,665,843)	(86,446)
A/R Writeoffs	(330,815)	(378,045)	(718,732)	(717,468)	(1,049,547)	(1,095,513)	(1,264)
Other Deductions from Revenue	-	497,912	-	(67,000)	-	430,912	67,000
Deductions from Revenue	(9,545,189)	(7,887,603)	(11,011,935)	(8,936,670)	(20,557,123)	(16,824,273)	(2,075,265)
Other Patient Revenue							
Incentive Income	-	-	-	-	-	-	-
Other Oper Rev - Rehab Thera Serv	1,387	5,303	-	4,367	1,387	9,669	(4,367)
Medical Office Net Revenue	-	-	-	-	-	-	-
Other Patient Revenue	1,387	5,303	-	4,367	1,387	9,669	(4,367)
Net Patient Service Revenue	**8,730,507**	**8,690,703**	**9,237,833**	**8,364,816**	**17,968,339**	**17,055,519**	873,017
CNR%	**48%**	**52%**	**46%**	**48%**	**47%**	**50%**	**-3%**
Cost of Services - Direct							
Salaries and Wages	2,446,627	2,175,027	2,580,857	2,269,022	5,027,483	4,444,049	311,835
Benefits	1,776,636	2,008,070	1,244,252	1,759,698	3,020,889	3,767,768	(515,446)
Professional Fees	1,751,172	1,381,538	1,919,787	1,438,889	3,670,959	2,820,427	480,897
Contract Labor	225,464	655,016	572,961	622,813	798,425	1,277,829	(49,852)
Pharmacy	392,685	211,326	655,955	671,932	1,048,639	883,258	(15,977)
Medical Supplies	393,315	315,752	608,302	290,221	1,001,617	605,973	318,081
Hospice Operations	-	-	-	-	-	-	-
EHR System Expense	136,392	107,979	129,805	230,353	266,197	338,332	(100,548)
Other Direct Expenses	620,496	546,374	659,948	667,228	1,280,445	1,213,602	(7,279)
Total Cost of Services - Direct	7,742,787	7,401,082	8,371,866	7,950,156	16,114,654	15,351,238	421,710
General and Administrative Overhead							
Salaries and Wages	441,653	360,265	419,843	365,276	861,496	725,541	54,567
Benefits	320,415	356,264	178,697	312,157	499,112	668,420	(133,460)
Professional Fees	243,596	535,217	233,758	190,076	477,354	725,293	43,682
Contract Labor	72,918	30,218	56,818	52,224	129,736	82,442	4,594
Depreciation and Amortization	324,565	318,087	324,565	332,153	649,130	650,240	(7,588)
Other Administative Expenses	175,162	79,314	196,334	164,310	371,496	243,623	32,025
Total General and Administrative Overhead	1,578,308	1,679,363	1,410,015	1,416,196	2,988,323	3,095,560	(6,181)
Total Expenses	**9,321,095**	**9,080,446**	**9,781,881**	**9,366,352**	**19,102,976**	**18,446,798**	415,529
Financing Expense	180,370	183,196	178,594	182,350	358,964	365,546	(3,756)
Financing Income	228,125	64,203	228,125	431,229	456,249	495,432	(203,105)
Investment Income	60,924	74,115	52,333	23,389	113,258	97,505	28,944
Miscellaneous Income	140,406	484,508	292,643	(364,949)	433,048	119,559	657,592
Net Income (Change is Financial Position)	**(341,503)**	**49,888**	**(149,542)**	**(1,094,218)**	**(491,045)**	**(1,044,330)**	944,676
Operating Income	(590,588)	(389,742)	(544,049)	(1,001,537)	(1,134,637)	(1,391,279)	457,488

Northern Inyo Healthcare District
August 2023 – Financial Summary

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	
Net Income (Loss)	(149,542)	(1,094,218)	(2,147,160)	944,676	1,997,618	(491,045)	(1,044,330)	(3,866,820)	553,285	3,375,775	-86%
Operating Income (Loss)	(544,049)	(1,001,537)	(2,438,219)	457,488	1,894,170	(1,134,637)	(1,391,279)	(4,448,858)	256,642	3,314,222	-46%
Income is favorable to prior year for August due to an increase in revenue caused by an increase in volume for outpatient surgeries, ER visits, and RHC/clinic visits.											
IP Gross Revenue	3,728,137	3,395,933	3,049,327	332,204	678,810	7,034,841	7,382,238	6,251,971	(347,397)	782,870	10%
OP Gross Revenue	14,800,302	12,619,549	12,696,971	2,180,753	2,103,331	28,493,566	24,094,198	25,593,798	4,399,368	2,899,768	17%
Clinic Gross Revenue	1,721,328	1,281,637	1,149,280	439,691	572,048	2,995,669	2,393,687	2,209,411	601,982	786,258	34%
Net Patient Revenue	9,237,833	8,364,816	7,105,470	873,017	2,132,363	17,968,339	17,055,519	14,325,384	912,821	3,642,955	10%
Cash Net Revenue % of Gross	46%	48%	42%	-3%	4%	47%	50%	42%	-4%	5%	
Revenue is higher than last year and budget due to an increase in volume in the outpatient services											
Admits (excl. Nursery)	57	62		(5)		121	139		(18)		-8%
IP Days	189	207		(18)		386	453		(67)		-9%
IP Days (excl. Nursery)	174	178		(4)		346	398		(52)		-2%
Average Daily Census	5.61	5.74		(0.13)		5.58	6.42		(1)		-2%
ALOS	3.05	2.87		0.18		2.86	2.86		(0)		6%
Deliveries	8	16		(8)		22	33		(11)		-50%
OP Visits	3,644	3,880		(236)		7,026	7,366		(340)		-6%
RHC Visits	3,412	2,562		850		5,783	4,811		972		33%
NIA Clinic Visits	1,687	1,693		(6)		3,191	3,186		5		0%
Surgeries IP	29	30		(1)		41	59		(18)		-3%
Surgeries OP	119	97		22		241	202		39		23%
Total Surgeries	148	127		21		282	261		21		17%
Diagnostic Imaging	2,174	2,159		15		4,282	4,119		163		1%
Emergency Visits	899	783		116		1,824	1,673		151		15%
ED Admits	43	46		(3)		85	103		(18)		-7%
ED Amits % of ED Visits	4.8%	5.9%		-1.1%		4.7%	6.2%		-2%		-19%
Rehab	662	738		(76)		1,323	1,476		(153)		-10%
Nursing Visits	276	299		(23)		542	560		(18)		-8%
Observation Hours	1,758	1,756		2		3,811	3,463		348		0%
Admissions down to prior year due to a decrease in deliveries. RHC increased due to merger with Internal Medicine which occured in late July along with an increase in volume. Ortho clinic increased by 72 visits. Peds and Allergy increased by 112 visits. Speciality clinic increased by 194 visits with surgery and virtual care clinics increased by 31 compared to prior year. 4% of RHC visits and 7% of clinic visits were self insured visits (no profit). OP surgeries increased due to an increase in Ortho (+15) and Urology (+11). 11% of IP and 4% of OP surgeries were self insured surgeries (no profit). DI services are relatively flat to prior year. 3% of DI services are self insured (no profits). Rehab services are down due to OT and speech (staffing challenges and charges not entered timely - working on project to ensure these occur timely).5% of rehab services were self insured (no profits).												
Payor mix											
Blue Cross	20.11%	28.99%		-8.88%		18.91%	24.94%		-6.03%		
Commercial	2.65%	3.86%		-1.21%		2.59%	5.74%		-3.15%		
Medicaid	15.86%	13.53%		2.33%		15.54%	24.94%		-9.40%		
Medicare	51.32%	52.17%		-0.85%		55.70%	42.83%		12.87%		
Self-pay	7.41%	1.45%		5.96%		5.96%	1.55%		4.41%		
Workers' Comp	2.65%	0.00%		2.65%		1.30%	0.00%		1.30%		
DEDUCTIONS											
Contract Adjust	(9,375,676)	(7,321,120)	(9,121,224)	(2,054,555)	(254,452)	(17,550,014)	(13,493,829)	(18,381,994)	(4,056,185)	831,980	28%
Bad Debt	(917,527)	(831,081)	(334,442)	(86,446)	(583,085)	(1,957,563)	(2,665,843)	(673,901)	708,280	(1,283,662)	10%
Write-off	(718,732)	(717,468)	(334,442)	(1,264)	(384,290)	(1,049,547)	(1,095,513)	(673,901)	45,966	(375,646)	0%
Other	-	(67,000)	-	67,000	-	-	430,912	-	(430,912)	-	-100%

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance
Contractuals increased due to change in methodology from prior year to follow recommended audit guidelines										
CENSUS										
Patient Days	189	207		(18)		386	453		(67)	-9%
Adjusted Days	937	907		30		1,895	1,826		69	3%
Employed FTE	366	406		(39)		327	338		(11)	-10%
Contract FTE	22	54		(32)		24	52		(27)	-59%
Total FTE	388	459		(71)		352	390		(38)	-15%
EPOB	2.1	2.2		(0.2)		2.0	2.0		0.1	-7%
Adjusted EPOB	0.4	0.4		(0.1)		0.4	0.4		(0.1)	-16%

Decline in contract FTEs and total FTEs due to RIFFs and staffing management.

DENIALS

Denials remained flat to 6-month average at $3.4M

CHARITY

Charity discounts were $1k for July

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	
BAD DEBT											
Bad debt write offs were $19k.											
CASH											
Cash deficit for August was $5.8M due to $2.1M Medicare takeback (Medicare overpaid us in June 2023) and large Keenan payments (based on claims for MDV)											
SALARIES											
Per Adjust Bed Day	$ 3,202	$ 2,904		$ 298		$ 3,108	$ 2,831		$ 277		10%
Total Salaries	$ 3,000,700	$ 2,634,298	$ 3,259,332	$ 366,402	(258,632)	$ 5,888,979	$ 5,169,590	$ 6,518,387	$ 719,389	(629,408)	14%
Normalized Salaries (incl PTO used)	$ 3,393,123	$ 3,022,064	$ 3,259,332	$ 371,060		$ 6,596,385	$ 5,896,135				12%
Average Hourly Rate	$ 52.31	$ 42.07		$ 10.24		$ 56.86	$ 49.18				24%
Employed FTEs	366.19	405.50		(39.31)		327.45	338.38				
Merits occurred throughout the last 12 months causing significant increase in salaries and average hourly rate											
BENEFITS											
Per Adjust Bed Day	$ 1,519	$ 2,284		$ (766)		$ 1,858	$ 2,429		$ (572)		-34%
Total Benefits	$ 1,422,949	$ 2,071,855	$ 2,004,217	$ (648,906)	(581,268)	$ 3,520,000	$ 4,436,189	$ 4,003,743	$ (916,189)	(483,743)	-31%
Benefits % of Wages	47%	79%		-31%							-40%
Pension Expense	$ 392,449	$ 864,882	$ 781,523	$ (472,433)	(389,074)	$ 1,003,727	$ 1,778,249	$ 1,565,367	$ (774,522)	(561,640)	-55%
MDV Expense	$ 452,843	$ 696,223	$ 557,752	$ (243,380)	(104,909)	$ 1,082,903	$ 688,376	$ 1,110,193	$ 394,527	(27,290)	-35%
Payroll Taxes & WC insurance	$ 411,875	$ 320,174		$ 91,701		$ 676,820	$ 1,366,456		$ (689,636)		29%
PTO Incurred	$ 392,423	$ 387,766		$ 4,658		$ 707,406	$ 726,545		$ (19,139)		1%
PTO Accrued	$ (226,641)	$ (197,189)		$ (29,451)		$ 49,144	$ (123,436)		$ 172,581		15%
Normalized Benefits	$ 1,030,526	$ 1,684,089		$ (653,564)		$ 2,812,594	$ (653,564)		$ 3,466,158		-39%
Normalized Benefits % of Wages	30%	56%		-25%		43%	-11%				
Benefits at a % of Wages are down due to reduced pension and MDV costs with increase in wages. PTO taken is included in benefits but is truly wages. Normalized salaries and benefits take this into account. DC is $162k in July 2023. New pension matching occurred in August and resulted in a $219k savings vs July. However, this is offset with increase wages.											
Salaries, Wages & Benefits	$ 4,423,649	$ 4,706,153	$ 5,263,549	$ (282,504)	(839,900)	$ 9,408,979	$ 9,605,779	$ 10,522,130	$ (196,800)	(1,113,151)	-6%
SWB/APD	$ 4,721	$ 5,189		$ (468)		$ 4,965	$ 5,261		$ (295)		-9%
Total earnings including benefits decreased -6% due to less MDV and Pension expenses.											
PROFESSIONAL FEES											
Per Adjust Bed Day	$ 2,970	$ 2,540		$ 430	2,970	$ 2,679	$ 2,687		$ (8)	$ 2,687	17%
Total Physician Fee	$ 1,484,257	$ 1,317,185	$ 1,149,316	$ 167,072	334,941	$ 2,910,676	$ 2,863,975	$ 2,296,314	$ 46,701	$ 567,661	13%
Total Contract Labor	$ 629,779	$ 675,037	$ 457,404	$ (45,258)	172,375	$ 928,160	$ 1,360,271	$ 914,808	$ (432,111)	$ 445,463	-7%
Total Other Pro-Fees	$ 669,287	$ 311,780	$ 613,677	$ 357,507	55,610	$ 1,237,636	$ 681,744	$ 1,061,878	$ 555,892	$ (380,134)	115%
Total Professional Fees	$ 2,783,323	$ 2,304,002	$ 2,220,397	$ 479,321	562,926	$ 5,076,472	$ 4,905,990	$ 4,273,000	$ 170,482	$ 632,990	21%
Contract FTEs	32.77	49.84		(17.07)			51.78				-34%
Physician expense increase due to anesthesia expenses. Contract labor reductions have occurred and is being limited to essential personnel.											
PHARMACY											
Per Adjust Bed Day	$ 700	$ 741		$ (41)		$ 553	$ 484		$ 70		-6%
Total Rx Expense	$ 655,955	$ 671,932	$ 389,343	$ (15,977)	266,612	$ 1,048,639	$ 883,258	$ 736,140	$ 165,381	312,499	-2%
Expense consistent with prior year											
MEDICAL SUPPLIES											
Per Adjust Bed Day	$ 649	$ 320		$ 329		$ 529	$ 332		$ 197		103%
Total Medical Supplies	$ 608,302	$ 290,221	$ 369,878	$ 318,081	238,424	$ 1,001,617	$ 605,973	$ 740,824	$ 395,644	260,793	110%
Prior year was under-accrued due to accountings not completing full month end trend accruals											

Northern Inyo Healthcare District
August 2023 – Financial Summary

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	
EHR SYSTEM											
Per Adjust Bed Day	$ 139	$ 254		$ (115)		$ 140	$ 185		$ (45)		-45%
Total EHR Expense	$ 129,805	$ 230,353	$ 151,595	$ (100,548)	(21,790)	$ 266,197	$ 338,332	$ 303,190	$ (72,135)	(36,993)	-44%
OTHER EXPENSE											
Per Adjust Bed Day	$ 914	$ 917		$ (3)		$ 872	$ 798		$ 74		0%
Total Other	$ 856,283	$ 831,537	$ 779,839	$ 24,746	76,444	$ 1,651,941	$ 1,457,225	$ 1,460,784	$ 194,716	191,157	3%
Expense consistent with prior year											
DEPRECIATION AND AMORTIZATION											
Per Adjust Bed Day	$ 346	$ 366		$ (20)		$ 343	$ 356		$ (14)		-5%
Total Depreciation and Amortization	$ 324,565	$ 332,153	$ 369,088	$ (7,588)	(44,523)	$ 649,130	$ 650,240	$ 738,175	$ (1,110)	(89,045)	-2%
Total dollar consistent with run-rate.											

Northern Inyo Healthcare District
Balance Sheet
Fiscal Year 2024

	Prior Year Balances	7/31/2023	7/31/2022	8/31/2023	YOY Change
Assets					
Current Assets					
Cash and Liquid Capital	19,390,555	19,768,284	8,260,905	18,008,863	11,507,379
Short Term Investments	10,497,077	10,513,789	24,254,218	10,555,533	(13,740,429)
PMA Partnership	-	-	-	-	-
Accounts Receivable, Net of Allowance	9,351,360	13,605,084	22,573,731	13,668,526	(8,968,647)
Other Receivables	5,711,717	66,067	3,628,324	321,629	(3,562,256)
Inventory	5,159,474	5,120,179	3,116,641	5,099,597	2,003,538
Prepaid Expenses	1,694,180	2,321,465	1,466,831	2,821,462	854,634
Total Current Assets	**51,804,362**	**51,394,868**	**63,300,650**	**50,475,610**	**(11,905,782)**
Assets Limited as to Use					
Internally Designated for Capital Acquisitions	-	-	-	-	-
Short Term - Restricted	1,466,355	1,466,418	2,044,212	1,466,541	(577,794)
Limited Use Assets					-
LAIF - DC Pension Board Restricted	798,218	870,163	747,613	828,419	122,550
Other Patient Revenue	19,296,858	13,076,830	19,296,858	13,076,830	(6,220,028)
PEPRA - Deferred Outflows	-	-	-	-	-
PEPRA Pension	-	-	-	-	-
Total Limited Use Assets	20,095,076	13,946,993	20,044,471	13,905,249	(6,097,478)
Revenue Bonds Held by a Trustee	1,078,189	918,195	1,105,984	912,490	(187,788)
Total Assets Limited as to Use	**22,639,619**	**16,331,607**	**23,194,667**	**16,284,281**	**(6,863,060)**
Long Term Assets					
Long Term Investment	2,767,655	2,776,508	2,274,959	2,783,284	501,550
Fixed Assets, Net of Depreciation	77,430,543	77,207,398	76,799,479	77,751,338	407,919
Total Long Term Assets	**80,198,197**	**79,983,907**	**79,074,438**	**80,534,623**	**909,469**
Total Assets	**154,642,179**	**147,710,381**	**165,569,755**	**147,294,513**	**(17,859,374)**
Liabilities					
Current Liabilities					
Current Maturities of Long-Term Debt	822,049	825,158	2,575,534	798,370	(1,750,376)
Accounts Payable	7,768,116	7,062,903	5,058,837	6,750,705	2,004,066
Accrued Payroll and Related	10,634,804	11,742,012	6,269,082	11,656,151	5,472,931
Accrued Interest and Sales Tax	93,155	169,971	145,639	244,123	24,332
Notes Payable	1,633,671	1,633,708	2,133,708	1,633,708	(500,000)
Unearned Revenue	(4,542)	(4,542)	1,160,535	(4,542)	(1,165,076)
Due to 3rd Party Payors	693,247	693,247	693,247	693,247	-
Due to Specific Purpose Funds	-	-	-	-	-
Other Deferred Credits - Pension	2,146,080	1,873,995	2,146,080	1,873,995	(272,085)
Total Current Liabilities	**23,786,581**	**23,996,452**	**20,182,661**	**23,645,757**	**3,813,791**
Long Term Liabilities					
Long Term Debt	33,455,530	33,455,530	33,455,947	33,455,530	(417)
Bond Premium	203,263	200,126	237,771	196,989	(37,645)
Accreted Interest	17,123,745	17,218,877	16,820,264	17,314,009	398,613
Other Non-Current Liability - Pension	50,366,473	47,257,663	47,950,740	47,257,663	(693,077)
Total Long Term Liabilities	**101,149,011**	**98,132,196**	**98,464,722**	**98,224,191**	**(332,526)**
Suspense Liabilities	-	-	-	-	
Uncategorized Liabilities	649,721	44,693	451,476	36,944	(406,783)
Total Liabilities	**125,585,313**	**122,173,341**	**119,098,859**	**121,906,892**	**3,074,482**
Fund Balance					
Fund Balance	43,831,306	23,268,194	43,831,306	23,268,194	(20,563,113)
Temporarily Restricted	2,610,286	2,610,349	2,589,701	2,610,472	20,647
Net Income	(17,384,726)	(341,503)	49,888	(491,045)	(391,391)
Total Fund Balance	**29,056,866**	**25,537,040**	**46,470,896**	**25,387,621**	**(20,933,856)**
Liabilities + Fund Balance	**154,642,179**	**147,710,381**	**165,569,755**	**147,294,513**	**(17,859,374)**
(Decline)/Gain		(6,931,798)	(1,743,492)	(415,868)	(5,188,306)
	-	-	-	-	-

Northern Inyo Healthcare District
Statement of Cash Flows
Fiscal Year 2024

Operating Activities		
Receipts from and on behalf of patients (per bank account)	$	16,731,941
Payments to suppliers, contractors, and employees	$	(24,657,150)
Other receipts and payments, net	$	433,048
Net Cash from Operating Activities	**$**	**(7,492,161)**
Noncapital Financing Activities		
Noncapital contributions (and grants)	$	-
Property taxes received	$	456,249
Reduction of CMS advance	$	-
Other	$	-
Net Cash from Noncapital Financing Activities	**$**	**456,249**
Capital and Capital Related Financing Activities		
Principal payments on long-term debt	$	(3,137)
Interest Paid	$	(358,964)
Purchase and construction of capital assets	$	(320,796)
Property Taxes Received	$	-
Net Cash used for Capital and Capital Related Financing Activities	**$**	**(682,896)**
Investing Activities		
Investment income	$	113,258
Net Cash from Investing Activities	**$**	**113,258**
Net Change in Cash and Cash Equivalents	**$**	**(7,605,551)**
Cash and Cash Equivalents, Beginning of Year	$	30,339,745
Cash and Cash Equivalents, YTD 2024	**$**	**22,734,194**

Northern Inyo Healthcare District
Long-Term Debt Service Coverage Ratio
FYE 2024

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

Long-Term Debt Service Coverage Ratio Calculation

	HOSPITAL FUND ONLY
Numerator:	
Excess of revenues over expense	$ (947,294)
+ Depreciation Expense	649,130
+ Interest Expense	358,964
Less GO Property Tax revenue	456,249
Less GO Interest Expense	89,065
2013 and 2021 Indenture)	**$ 606,113**
Other Patient Revenue	
Denominator:	
3rd Supplemental Indenture of Trust)	
2021A Revenue Bonds	$ 112,700
2021B Revenue Bonds	905,057
2009 GO Bonds (Fully Accreted Value)	
2016 GO Bonds	
Financed purchases and other loans	1,704,252
Total **Maximum Annual Debt Service**	**$ 2,722,009**
Ratio: (numerator / denominator)	**0.22**
Required Debt Service Coverage Ratio:	1.10
In Compliance? (Y/N)	**Yes**

Unrestricted Funds and Days Cash on Hand

	HOSPITAL FUND ONLY
Cash and Investments-current	$ 30,859,357
Cash and Investments-non current	2,783,284
Sub-total	33,642,641
Less - Restricted:	
PRF and grants (Unearned Revenue)	-
Held with bond fiscal agent	(912,490)
Building and Nursing Fund	(1,466,541)
Total Unrestricted Funds	**$ 31,263,610**
Total Operating Expenses	$ 19,102,976
Less Depreciation	649,130
Net Expenses	18,453,846
Average Daily Operating Expense	$ 297,643
Days Cash on Hand	**105**

Key Financial Performance Indicators	Industry Benchmark	Aug-22	May-23	Jun-23	FYE 2023 Average	Jul-23	Aug-23	Variance to Prior Month	Variance to FYE 2023 Average	Prior Year Month	Variance to Benchmark	Reduction Target	Comment
Volume													
Admits	41	62	78	83	68	64	57	(7)	(11)	(5)	23		Mammoth monthly average in 2022 per HCAI
Adjusted Patient Days	n/a	907	1,190	1,105	984	951	945	(6)	(39)	38	n/a		
Total Surgeries	153	127	123	81	120	134	148	14	28	21	(19)		Mammoth monthly average in 2022 per HCAI
ER Visits	659	783	815	851	810	661	899	238	89	116	2		Mammoth monthly average in 2022 per HCAI
RHC and Clinic Visits	n/a	4,225	4,557	4,381	4,353	3,875	5,099	1,224	746	874	n/a		
Diagnostic Imaging Services	n/a	2,159	2,191	2,051	2,020	2,108	2,174	66	154	15	n/a		
Rehab Services	n/a	738	949	896	762	661	662	1	(100)	(76)	n/a		
AR & Income													
Gross AR (Cerner only)	n/a	$ 53,921,709	$ 50,856,137	$ 50,668,396	$ 53,638,580	$ 51,928,721	$ 50,613,728	$ (1,314,993)	$ (3,024,852)	$ (3,307,981)	n/a		
AR > 90 Days	$ 7,592,059.17	$ 22,785,117	$ 26,738,034	$ 25,752,910	$ 23,433,093	$ 23,660,417	$ 23,784,037	$ 123,620	$ 350,944	$ 998,920	$ 16,191,978	(16,191,978)	15% of gross AR is benchmark
AR % > 90 Days	15%	42.3%	51.45%	51.55%	45.3%	45.84%	46.59%	0.8%	1.3%	4.3%	30.8%		Industry average
AR Days	45.00		92.92	89.78	91.35	90.52	85.93	(4.59)	(5.42)	n/a	40.93		Industry average
Net AR	n/a	$ 22,319,458	$ 9,681,108	$ 9,351,360	$ 17,800,084	$ 13,605,084	$ 13,668,526	$ 63,442	$ (4,131,558)	$ (8,650,933)	n/a		
Net AR % of Gross	n/a	41.4%	19.0%	18.5%	33.1%	26.2%	27.0%	0.8%	-6.0%	-14.4%	n/a		
Gross Patient Revenue/Calendar Day	n/a	$ 557,972	$ 585,271	$ 543,011	$ 546,652	$ 589,494	$ 653,218	$ 63,724	$ 106,567	$ 95,247	n/a		
Net Patient Revenue/Calendar Day	n/a	$ 269,833	$ 269,771	$ 198,702	$ 243,317	$ 281,629	$ 297,995	$ 16,365	$ 54,678	$ 28,162	n/a		
Net Patient Revenue/APD	n/a	$ 9,223	$ 7,028	$ 5,395	$ 7,622	$ 9,180	$ 9,775	$ 595	$ 2,153	$ 553	n/a		
Wages													
Wages	n/a	$ 3,022,064	$ 3,154,215	$ 5,954,820	$ 3,281,173	$ 3,246,211	$ 3,393,123	$ 146,912	$ 111,951	$ 371,060	n/a		
Employed FTEs	n/a	405.50	364.62	364.62	384.63	365.27	366.19	0.92	(18.44)	(39.31)	n/a		
Employed Average Hourly Rate	$ 38.00	$ 42.07	$ 48.83	$ 92.19	$ 47.59	$ 50.17	$ 52.31	$ 2.14	$ 4.72	$ 10.24	$ 12.17		According to California Hospital Association data
Benefits	n/a	$ 1,684,089	$ 1,819,896	$ 1,610,167	$ 1,907,194	$ 1,782,070	$ 1,030,526	$ (751,544)	$ (876,668)	$ (653,564)	n/a		
Benefits % of Wages	30%	55.7%	57.7%	27.0%	58.7%	54.9%	30.4%	-24.5%	-28.3%	-25.4%	0.4%	(6,612)	Industry average
Contract Labor	n/a	$ 675,037	$ 821,563	$ 803,281	$ 808,284	$ 493,990	$ 629,779	$ 135,789	$ (178,505)	$ (45,258)	n/a		
Contract Labor FTEs	n/a	53.73	37.94	39.55	40.27	26.74	22.15	(4.59)	(18.12)	(31.58)	n/a		
Total FTEs	n/a	459.23	402.56	404.17	424.90	392.01	388.34	(3.67)	(36.56)	(70.89)	n/a		
Contract Labor Average Hourly Rate	$ 81.04	$ 70.92	$ 122.24	$ 114.66	$ 110.87	$ 104.29	$ 160.51	$ 56.22	$ 49.64	$ 89.58	$ 23.25	$ (91,218)	Per zip recruiter as of August 2023 for California, higher range is benchmark
Total Salaries, Wages, & Benefits	n/a	$ 5,381,190	$ 5,795,674	$ 8,368,268	$ 5,996,651	$ 5,522,271	$ 5,053,428	$ (468,843)	$ (943,223)	$ (327,762)	n/a		
SWB% of NR	50%	64.3%	69.3%	140.4%	79.8%	63.3%	54.7%	-8.5%	-25.0%	-9.6%	n/a	$ (434,512)	Per Becker Healthcare, max should be 50%
SWB/APD	2,903	$ 5,933	$ 4,870	$ 7,573	$ 5,935	$ 5,807	$ 5,348	$ (459)	$ (587)	$ (585)	n/a		Industry average
SWB % of total expenses		59.3%	63.8%	92.2%	66.0%	58.7%	51.7%	-7.1%	-14.4%	-7.6%	n/a		
Physician Spend													
Physician Expenses	n/a	$ 1,628,965	$ 2,140,584	$ 2,449,495	$ 2,059,998	$ 2,036,800	$ 1,562,199	$ (474,601)	$ (497,799)	$ (66,766)	n/a		
Physician expenses/APD	n/a	$ 1,796	$ 1,799	$ 2,217	$ 2,124	$ 2,142	$ 1,653	$ (489)	$ (471)	$ (143)	n/a		
Supplies													
Supply Expenses	n/a	$ 962,153	$ 227,784	$ (985,032)	$ 544,557	$ 786,000	$ 1,264,257	$ 478,257	$ 719,700	$ 302,104	n/a		
Supply expenses/APD		$ 1,061	$ 191	$ (891)	$ 579	$ 826	$ 1,338	$ 511	$ 759	$ 277	n/a		
Other Expenses													
Other Expenses	n/a	$ 1,108,138	$ 916,404	$ (752,285)	$ 479,240	$ 1,057,627	$ 1,901,997	$ 844,370	$ 1,422,757	$ 793,859	n/a		
Other Expenses/APD	n/a	$ 1,222	$ 770	$ (681)	$ 505	$ 1,112	$ 2,013	$ 901	$ 1,508	$ 791	n/a		
Margin													
Net Income	n/a	$ (1,094,218)	$ (915,356)	$ (5,031,592)	$ (1,448,727)	$ (341,503)	$ (149,542)	$ 191,961	$ 1,299,185	$ 944,676	n/a		
Net Profit Margin	n/a	-13.1%	-10.9%	-84.4%	-20.8%	-3.9%	-1.6%	2.3%	19.2%	11.5%	n/a		
Operating Income	n/a	$ (1,001,537)	$ (1,173,331)	$ (5,308,483)	$ (2,495,327)	$ (590,588)	$ (544,049)	$ 46,539	$ 1,951,278	$ 457,488	n/a		
Operating Margin	2.9%	-12.0%	-14.0%	-89.1%	-33.0%	-6.8%	-5.9%	0.9%	27.1%	6.1%	-8.8%		Per Kaufman Hall August Natitonal Hospital Flash
Cash													
Avg Daily Expenses	n/a	$ 291,426	$ 296,510	$ 364,341	$ 314,618	$ 292,272	$ 274,762	$ (17,510)	$ (39,856)	$ (16,664)	n/a		
Unrestricted Funds	n/a	$ 30,890,432	$ 25,560,191	$ 28,141,305	$ 25,392,054	$ 30,155,529	$ 28,841,945	$ (1,313,584)	$ 3,449,890	$ (2,048,487)	n/a		
Average Daily Cash Collections	n/a	$ 273,536	$ 437,313	$ 482,340	$ 340,919	$ 265,944	$ 306,137	$ 40,193	$ (34,782)	$ 32,600			
Days Cash on Hand (assume no more cash is collected)	75	106	86	77	81	103	105	2	24	(1)	n/a		Per bond requirement, we need 75 minimum
Estimated Days Until Depleted (assumes cash continues and spend continues)		1,727	182	238	965	1,145	919	(226)	(46)	(807)	n/a		
Years Unit Cash Depletion		4.73	0.50	0.65	2.65	3.14	2.52	(0.62)	(0.13)	(2.21)	n/a		

NORTHERN INYO HEALTHCARE DISTRICT
DISTRICT BOARD RESOLUTION 23-06

WHEREAS, the Northern Inyo Healthcare District currently has credit cards issued through US Bank;

WHEREAS, Northern Inyo Healthcare District has existing banking accounts with Eastern Sierra Community Bank;

NOW, THEREFORE, BE IT RESOLVED, by this Board of Directors of Northern Inyo Healthcare District in regular session, this 18th day of October 2023, that all credit cards with US Bank be closed;

BE IT FURTHER RESOLVED that new credit cards be established with Eastern Sierra Community Bank and;

BE IT FURTHER RESOLVED that this Resolution be made a part of the minutes of this meeting.

Adopted, signed and approved this 18th day of October, 2023.

_____
District Board Chair

_____
District Board Secretary

$8,005,000
NORTHERN INYO HEALTHCARE DISTRICT
(Inyo County, California)
REFUNDING REVENUE BONDS, SERIES 2021B

CERTIFICATE AS TO ARBITRAGE

I, the undersigned Chief Financial Officer and Interim Chief Executive Officer of the Northern Inyo Healthcare District (the "District"), being one of the officers of the District duly charged by resolution of the District, with others, with the responsibility of issuing the District's $8,005,000 Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series 2021B (the "Tax-Exempt Bonds"), dated October 20, 2023, and being issued this date, hereby certify as follows:

The Tax-Exempt Bonds are being issued pursuant to an Indenture of Trust, dated as of December 1, 1998 (the "Original Indenture"), by and between the District and U.S. Trust Company, National Association, as trustee, as amended and supplemented by the First Supplemental Indenture of Trust, dated as of April 1, 2010 (the "First Supplemental Indenture"), by and between the District and The Bank of New York Mellon Trust Company, N.A., as successor trustee (the "Trustee"), as amended and supplemented by the Second Supplemental Indenture of Trust, dated as of January 1, 2013 (the "Second Supplemental Indenture") and further amended and supplemented by the Third Supplemental Indenture of Trust, dated as of December 1, 2021 (the "Third Supplemental Indenture" and, with the Original Indenture, the First Supplemental Indenture and the Second Supplemental Indenture, the "Indenture"), by and between the District and the Trustee.

(1) Status of the District. The District is not part of a controlled group and no other entity has the right or power both to approve and to remove without cause a controlling portion of the governing body of the District or the right or power to require the use of funds or assets of the District for any purpose. The District possesses the sovereign power of eminent domain and by reason of such fact constitutes a political subdivision of the State of California.

(2) Purpose of the Tax-Exempt Bonds.

(a) The Tax-Exempt Bonds are being issued to refund on a current basis, the District's outstanding Northern Inyo County Local Hospital District (Inyo County, California) Taxable Refunding Revenue Bonds, Series 2021B (the "Taxable Bonds"), issued on December 29, 2021, the proceeds of which were used to (a) provide funds to the District to refund, on an advance basis, the District's Northern Inyo County Local Hospital District Revenue Bonds, Series 2013 (the "2013 Bonds"), and (b) paying the costs of issuing the Taxable Bonds. ~~Bonds.~~ The Taxable Bonds were issued to finance capital projects for the District (collectively, the "Project") The Taxable Bonds were sold to Siemens Financial Services, Inc. ~~("Siemens")~~, at their face amount ($8,625,000). Of said amount, $201,470.21 was used to pay the costs of issuance of the Taxable Bonds and the remaining $8,423,529.79 was transferred to The Bank of New York Mellon Trust Company, N.A., as escrow bank (the "Escrow Bank") for deposit in the escrow fund for the refunding of the 2013 Bonds. All of such accounts and funds are held by the Trustee or the Escrow bank, as appropriate. No tax-exempt debt has been sold within fifteen (15) days before or after the date the Tax-Exempt Bonds were sold that will be paid from

substantially the same source of funds as the Tax-Exempt Bonds (excluding guarantees from unrelated parties).

(b) The District and the Escrow Bank entered into an Escrow Agreement, dated December 29, 2021, pertaining to the 2013 Bonds (the "Escrow Agreement"). In addition to the 2021 Bond proceeds deposited in the Escrow Fund ($8,423,529.79), the Escrow Bank, as trustee for the 2013 Bonds, transferred $587,785.21 from amounts held by the Escrow Bank, as trustee for the 2013 Bonds to the Escrow Fund. Of the total amount deposited in the Escrow Fund ($9,011,315.00), all of which was invested in certain U.S. Treasury Securities—State and Local Series (the "Escrowed Federal Securities"). The maturing Escrowed Federal Securities, the investment earnings thereon and uninvested cash in the Escrow Fund were used to pay the principal of and interest on the 2013 Bonds to date and will be used to redeem the 2013 Bonds in full on December 1, 2023, at a redemption price equal to 100% of the principal amount thereof, plus accrued interest, which is the first possible call date of the 2013 Bonds. The redemption date of the 2013 Bonds is no more than 90 days after the date hereof (the "Conversion Date"). All proceeds of the 2013 Bonds will be spent within three years of the issue date of the 2013 Bonds. No portion of the proceeds of the 2013 Bonds were invested with substantially guaranteed yields for a period of 4 years or longer.

(3) Statement of Expectations. On the basis of the facts and estimates in existence on the date hereof, I reasonably expect the following with respect to the amount and use of gross proceeds of the Tax-Exempt Bonds:

(a) On the Conversion Date, the District will exchange the Tax-Exempt Bonds for the Taxable Bonds in a cashless transaction with Siemens Public, Inc. ("Siemens"), an affiliate of Siemens Financial Services, Inc.. The Taxable Bonds are currently outstanding in the principal amount of $8,005,000. The principal amount of the Tax-Exempt Bonds, when issued is also $8,005,000. The effect of such exchange and the issuance of the Tax-Exempt Bonds is to convert the interest rate payable with respect to the Tax-Exempt Bonds from a taxable rate of 2.93% per annum to a tax-exempt rate of 3.20% per annum. Neither the Tax-Exempt Bonds nor the Taxable Bonds are publicly traded property because, among other reasons, the outstanding stated principal amount of each is under $100,000,000. Siemens has certified that it is not acting as an underwriter because it has no present intent to sell the Tax-Exempt Bonds ~~other than selling a 100% participation interest at par to an affiliate of Siemens~~. All interest on the Tax-Exempt Bonds is qualified stated interest payable at intervals of one year or less. The average maturity of the Tax-Exempt Bonds when issued is more than five years but less than six years. The Adjusted Applicable Federal Rates for Mid-Term debt instruments with semiannual compounding for July, August, September and October 2023 are as follows:

July 2023	2.89%
August 2023	3.08%
September 2023	3.15%
October 2023	3.33%

The lowest Adjusted Applicable Federal Rate during the three months ending either with the date of the exchange or the date the final terms of the exchange were determined is no higher than 3.08%. Therefore, the Tax-Exempt Bonds provide for adequate stated interest. The issue price of the Tax-Exempt Bonds is par.

On the Conversion Date, remaining proceeds of the Taxable Bonds will become transferred proceeds of the Tax-Exempt Bonds up to the amount of the Tax-Exempt

Bonds. The remaining unspent proceeds of the Taxable Bonds is invested in Escrowed Federal Securities maturing on December 1, 2023, a date between 2 and 3 months after the Conversion Date. The fair market value of the Escrowed Federal Securities is the price at which such securities (all of which are U.S. Treasury Notes of the State and Local Government Series ("SLGS")) could be redeemed on the Conversion Date. The fair market value yield on such Escrowed Federal Securities will depend on the maximum SLGS rate for 2 month SLGS as of the Conversion Date. The District will make a yield reduction payment to bring the yield on the transferred proceeds down to the yield on the Tax-Exempt Bonds. The District will retain Causey Demgen & Moore, P.C. to determine the amount of such required yield reduction payment. There are no other transferred proceeds.

(b) *No Reserve Account*. No reserve account was established for the Taxable Bonds and no reserve account has been established for the Tax-Exempt Bonds.

(c) *Debt Service Funds*. Amounts in the Gross Revenue Fund held by the District (see subparagraph (d) below) will be transferred from said Fund to the Revenue Fund held by the Trustee when required for payment of debt service on the Tax-Exempt Bonds. Amounts in the Revenue Fund will be transferred to the Interest Account, the Principal Account and the Sinking Account and used to pay debt service on the Tax-Exempt Bonds. Moneys to be used to redeem the Tax-Exempt Bonds will be deposited in the Redemption Fund. The Revenue Fund, the Interest Account, the Principal Account, the Sinking Account and the Redemption Fund (collectively the "Debt Service Funds") have been established primarily to achieve a proper matching of revenues (consisting primarily of Revenues, as referenced in subparagraph (d) below, and certain interest earnings) and debt service due on the Tax-Exempt Bonds during each year that the Tax-Exempt Bonds are outstanding. Amounts deposited in the Debt Service Funds will be spent within thirteen (13) months of the date of deposit, and said Funds will be depleted at least once a year except for a reasonable carryover amount not in excess of the greater of earnings on said Funds during the preceding bond year for the Tax-Exempt Bonds (see subparagraph (j) below) or one-twelfth (1/12th) of debt service on the Tax-Exempt Bonds during the preceding bond year for the Tax-Exempt Bonds. Amounts in the Debt Service Funds will be invested without yield restrictions. Interest earnings and gains resulting from investment of the Debt Service Funds will be deposited in the Revenue Fund and applied to the payment of debt service on the Tax-Exempt Bonds when and as due.

(d) *Pledge of Net Revenues; Gross Revenue Fund*. The District has pledged certain revenues (the "Revenues") to the payment of debt service on the Tax-Exempt Bonds. Upon receipt, the Revenues will be deposited in the Gross Revenue Fund held by the District. Amounts in the Gross Revenue Fund will be used for costs of maintenance, operation, repair and improvement of the Enterprise and other lawful purposes of the District. While on deposit in the Gross Revenue Fund, there is no assurance that the Revenues will be available to pay principal or interest on the Tax-Exempt Bonds if the District or the Enterprise encounters financial difficulties. Gross Revenues and other amounts in the Gross Revenue Fund, if invested, will be invested without yield restrictions.

(e) *No Other Gross Proceeds*. Except for amounts in the Debt Service Funds and the Bond Reserve Account, after the issuance of the Tax-Exempt Bonds, the District does not have nor will it have any property, including cash or securities that constitutes:

(i) sale proceeds of the Tax-Exempt Bonds;

(ii) amounts in any fund and account with respect to the Tax-Exempt Bonds;

(iii) transferred proceeds of the Tax-Exempt Bonds;

(iv) amounts that have a sufficiently direct nexus to the Tax-Exempt Bonds or to the governmental purpose of the Tax-Exempt Bonds to conclude that the amounts would have been used for that governmental purpose if the Tax-Exempt Bonds were not used or to be used for that governmental purpose (the mere availability or preliminary earmarking of such amounts for a governmental purpose, however, does not itself establish such a sufficient nexus);

(v) amounts in a debt service fund, redemption fund, reserve fund, replacement fund or any similar fund to the extent reasonably expected to be used directly or indirectly to pay principal of or interest on the Tax-Exempt Bonds or any amounts for which there is provided, directly or indirectly, a reasonable assurance that the amount will be available to pay principal of or interest on the Tax-Exempt Bonds or the obligations under any credit enhancement or liquidity device with respect to the Tax-Exempt Bonds, even if the District encounters financial difficulties;

(vi) any amounts held pursuant to any agreement (such as an agreement to maintain certain levels of types of assets) made for the benefit of the holders of the Tax-Exempt Bonds, or any credit enhancement provider, including any liquidity device or negative pledge (any amount pledged to pay principal of or interest on an issue held under an agreement to maintain the amount at a particular level for the direct or indirect benefit of holders of the Tax-Exempt Bonds or a guarantor of the Tax-Exempt Bonds); or

(vii) amounts actually or constructively received from the investment and reinvestment of the amounts described in (i), (ii) or (iii) above.

No compensating balance, liquidity account, negative pledge of property held for investment purposes or similar arrangement exists with respect to, in any way, the Tax-Exempt Bonds or any credit enhancement or liquidity device related to the Tax-Exempt Bonds.

The term of the Tax-Exempt Bonds is no longer than is reasonably necessary for the governmental purposes of the Tax-Exempt Bonds. The weighted average maturity of the Tax-Exempt Bonds does not exceed 120 percent of the average reasonably expected economic life of the Project.

(f) *No Other Pledged Amounts or Investment-Type Property*. Except as described herein, no amounts have been pledged to, or are reasonably expected to be used directly or indirectly to pay, principal or interest on the Tax-Exempt Bonds, nor are there any amounts that have been reserved or otherwise set aside such that there is a reasonable assurance that such amounts will be available to pay principal or interest on the Tax-Exempt Bonds. In addition, the District has not entered into, and does not reasonably expect to enter into, a hedge contract primarily for the purpose of reducing the District's risk of interest rate changes with respect to the Tax-Exempt Bonds.

(g) *No Negative Pledges*. There are no amounts held under any agreement requiring the maintenance of amounts at a particular level for the direct or indirect benefit of the

owners of the Tax-Exempt Bonds or any guarantor of the Tax-Exempt Bonds, excluding for this purpose amounts in which the District may grant rights that are superior to the rights of the owners of the Tax-Exempt Bonds or any guarantor of the Tax-Exempt Bonds and amounts that do not exceed reasonable needs for which they are maintained and as to which the required level is tested no more frequently than every six (6) months and that may be spent without any substantial restriction other than a requirement to replenish the amount by the next testing date.

(h) *No Replacement Proceeds*. There are no amounts that have a sufficiently direct nexus to the Tax-Exempt Bonds, to the Project or to the refunding program to conclude that the amounts would have been used for the Project, for debt service on the Tax-Exempt Bonds or for the refunding program if the proceeds of the Tax-Exempt Bonds were not being used for those purposes. The term of the portion of the Tax-Exempt Bonds allocable to the Project is no longer than reasonably necessary for the Project in that the weighted average maturity of that portion of the Tax-Exempt Bonds does not exceed one hundred twenty percent (120%) of the average reasonably expected economic life of the Project; and the term of the portion of the Tax-Exempt Bonds allocable to the refunding of the Taxable Bonds is no longer than reasonably necessary for refunding of the Taxable Bonds in that the weighted average maturity of that portion of the Tax-Exempt Bonds does not exceed one hundred twenty percent (120%) of the average reasonably expected remaining economic life of the Project.

(i) *No Improper Financial Advantage*. The transaction contemplated herein does not represent an exploitation of the difference between tax-exempt and taxable interest rates to obtain a material financial advantage and does not overburden the tax-exempt bond market in that the District is not issuing more bonds, issuing bonds earlier, or allowing bonds to remain outstanding longer than is otherwise reasonably necessary to accomplish the governmental purposes of the Tax-Exempt Bonds.

(j) *Bond Year for the Tax-Exempt Bonds*. The District hereby selects each period from December 2 through December 1 of the following calendar year as the bond years for the Tax-Exempt Bonds, except that the first bond year will commence on the date hereof and end on December 1, 2023, and the last bond year will end on the date of payment of the Tax-Exempt Bonds in full.

(n) *Rebate Requirement*. The District has covenanted in the Indenture to comply with requirements for rebate of excess investment earnings to the federal government to the extent applicable and acknowledges that the first payment of excess investment earnings, if any, is required to be rebated to the federal government no later than sixty (60) days after the end of the fifth (5th) bond year for the Tax-Exempt Bonds. No portion of the Tax-Exempt Bonds will constitute a private activity bond within the meaning of section 141(a) of the Internal Revenue Code of 1986 (the "Code"), and the average maturity of the Tax-Exempt Bonds is greater than five (5) years. As a consequence of the foregoing, investment earnings on the Debt Service Accounts will be excluded for the purposes of computation of the amount required to be rebated to the federal government as referenced in this subparagraph without regard to the total amount of said earnings.

(k) *Rebate Requirement for the Tax-Exempt Bonds*. The Tax-Exempt Bonds are subject to requirements for rebate of excess investment earnings to the federal government and the District acknowledges that it is in compliance with those requirements.

(l) *Federal Guarantees*. Except for investments that are not yield restricted as part of a reasonably required reserve or replacement fund or for a temporary period, investments

of gross proceeds shall not be made in (i) investments constituting obligations of or guaranteed, directly or indirectly, by the United States (except obligations of the United States Treasury, obligations guaranteed by the Federal Housing Administration, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, the Student Loan Marketing Association, any guarantee by the Bonneville Power Authority pursuant to the Northwest Power Act (16 U.S.C. 839d) as in effect on the date of enactment of the Tax Reform Act of 1984, or investments in obligations issued pursuant to section 21B(d)(3) of the Federal Home Loan Bank Act, as amended (e.g., Refcorp Strips)); or (ii) federally insured deposits or accounts (as defined in section 149(b)(4)(B) of the Code). No portion of the payment of principal or interest on the Tax-Exempt Bonds or any credit enhancement or liquidity device relating to the foregoing is or will be guaranteed, directly or indirectly (in whole or in part), by the United States (or any agency or instrumentality thereof). No portion of the gross proceeds has been or will be used to make loans the payment of principal or interest with respect to which is or will be guaranteed (in whole or in part) by the United States (or any agency or instrumentality thereof).

(m) *Yield of the Tax-Exempt Bonds*. The yield of the Tax-Exempt Bonds is 3.2005%, determined on the basis of regularly scheduled debt service, discounted to $8,005,000, representing the issue price of the Tax-Exempt Bonds (being the face amount of the Tax-Exempt Bonds). The Purchaser has represented that (i) the Purchaser is the first buyer of the Tax-Exempt Bonds and is acquiring the Tax-Exempt Bonds as a loan to be held in its loan portfolio; provided, however, that the transfer or other disposition of the Tax-Exempt Bonds or interests therein shall be, at all times, within the Purchaser's control, subject to the provisions of the Tax-Exempt Bonds and the Indenture, (ii) the purchase price of the Tax-Exempt Bonds was the par amount thereof, and (iii) the Purchaser will not claim any exclusions, deductions, credits or other benefits (such as amortization or depreciation) under the federal tax laws as "owner" of the Project for federal tax purposes.~~The Purchaser has represented that (i) it will hold the Tax-Exempt Bonds for its own account, (ii) it does not reasonably expect to sell or otherwise transfer the Tax-Exempt Bonds, and (iii) it will treat the Tax-Exempt Bonds as an investment for federal income tax purposes..~~

(n) *Purpose of Refunding*. The purpose of the refunding of the Taxable Bonds is to restructure the District's debt service lessening such burden for approximately nine years.. A principal purpose of the refunding of the Taxable Bonds is not the blending of investments within the Escrow Fund.

(o) *No Remaining Amounts; No Excess Proceeds*. After the transfers referenced in subparagraph (a) above, no funds remain in any account or fund established for payment of debt service on the Taxable Bonds or established from the proceeds of the Taxable Bonds. Excess proceeds, if any, of the Tax-Exempt Bonds allocable to the refunding of the Taxable Bonds will not exceed one percent (1%) of the portion of the issue price excluding accrued interest (see subparagraph (m) above) allocable to refunding of the Taxable Bonds.

(p) *No Hedge Bonds*. The Tax-Exempt Bonds are not hedge bonds because the Taxable Bonds were not hedge bonds. The Taxable Bonds were not hedge bonds because on the date of issuance of the Taxable Bonds, the District reasonably expected that not less than eighty-five percent (85%) of the proceeds of the Taxable Bonds would be expended within three (3) years of that date of issuance and not more than fifty percent (50%), if any, of the proceeds of the Taxable Bonds was invested in investments having a substantially guaranteed yield for four (4) or more years.

(q) *No Private Use or Private Payments*. No more than five percent of the proceeds of the Tax-Exempt Bonds and investment earnings thereon will be used, directly or indirectly, in whole or in part, in any activity carried on by any person other than a state or local governmental unit.

No users of the Project, other than state or local governmental units, will use more than five percent of the Project, in the aggregate, on any basis other than the same basis as the general public; and no persons, other than a state or local governmental unit, will be users of more than five percent of the Project, in the aggregate, as a result of (i) ownership, (ii) actual or beneficial use pursuant to a lease or a management, service, incentive payment, research or output contract, or (iii) any other similar arrangement, agreement or understanding, whether written or oral.

The District has not and will not enter into any arrangement that conveys to any person, other than a state or local government unit, special legal entitlements to any portion of the Project that is available for use by the general public. No person, other than a state or local governmental unit, is receiving or will receive any special economic benefit from use of any portion of the Project that is not available for use by the general public.

The payment of more than five percent of the principal of or the interest on the Tax-Exempt Bonds will not be, directly or indirectly (i) secured by any interest in (A) property used or to be used in any activity carried on by any person other than a state or local governmental unit or (B) payments in respect of such property or (ii) on a present value basis, derived from payments (whether or not to the District) in respect of property, or borrowed money, used or to be used in any activity carried on by any person other than a state or local governmental unit.

No more than the lesser of $5,000,000 or five percent of the proceeds of the Tax-Exempt Bonds and investment earnings thereon were used, and no more than the lesser of $5,000,000 or five percent of the sale proceeds of the Tax-Exempt Bonds and investment earnings thereon will be used, directly or indirectly, to make or finance loans to any persons.

(r) *No Sale of the Project*. Other than as provided in the next sentence, neither the Project nor any portion thereof has been, is expected to be, or will be sold or otherwise disposed of, in whole or in part, prior to the earlier of (i) the last date of the reasonably expected economic life to the District of the property (determined on the date of issuance of the Tax-Exempt Bonds) or (ii) the last maturity date of the Tax-Exempt Bonds. The District may dispose of personal property in the ordinary course of an established government program prior to the earlier of (i) the last date of the reasonably expected economic life to the District of the property (determined on the date of issuance of the Tax-Exempt Bonds) or (ii) the last maturity of the Tax-Exempt Bonds, provided: (A) the weighted average maturity of the Tax-Exempt Bonds financing the personal property is not greater than 120 percent of the reasonably expected actual use of that property for governmental purposes; (B) the District reasonably expects on the issue date that the fair market value of that property on the date of disposition will be not greater than 25 percent of its cost; (C) the property is no longer suitable for its governmental purposes on the date of disposition; and (D) the District deposits amounts received from the disposition in a commingled fund with substantial tax or other governmental revenues and the District reasonably expects to spend the amounts on governmental programs within six months from the date of the commingling. The District acknowledges that if Bond-financed property is sold or otherwise disposed of in a manner contrary to ~~(a) above~~what is described above, such sale or disposition may constitute a "deliberate action" within the

meaning of the relevant Treasury Regulations that may require remedial actions to prevent the Tax-Exempt Bonds from becoming private activity bonds. The District shall promptly contact Quint & Thimmig LLP or any other nationally recognized firm of attorneys experienced in the field of municipal bonds whose opinions are generally accepted by purchasers of municipal bonds ("Bond Counsel") if a sale or other disposition of Bond-financed property is considered by the District.

(s) *Future Events*. The District acknowledges that any changes in facts or expectations from those set forth herein may result in different yield restrictions or rebate requirements from those set forth herein. The District shall promptly contact Bond Counsel if such changes do occur.

(t) *Permitted Changes; Opinion of Bond Counsel*. The yield restrictions contained herein or any other restriction or covenant contained herein need not be observed or may be changed if the District receives an opinion of Bond Counsel to the effect that such nonobservance or change will not result in the loss of any exemption for the purpose of federal income taxation to which interest on the Tax-Exempt Bonds is otherwise entitled.

(4) Records. The District agrees to keep and retain or cause to be kept and retained sufficient records to support the continued qualification of the Tax-Exempt Bonds as tax-exempt bonds that comply with the provisions of the Resolutions, to demonstrate compliance with the covenants in the Resolutions. Such records shall include, but are not limited to, basic records relating to the Bond transaction (including the Resolutions, this Certificate as to Arbitrage and the Bond Counsel opinion); documentation evidencing the expenditure of Bond proceeds; documentation evidencing the use of Bond-financed property by public and private entities (i.e., copies of grant agreements, leases, management contracts and research agreements); documentation evidencing all sources of payment or security for the Tax-Exempt Bonds; and documentation pertaining to any investment of Bond proceeds (in particular information described in the next paragraph and otherwise related to the purchase and sale of securities, SLGs subscriptions, yield calculations for each class of investments, actual investment income received from the investment of proceeds, guaranteed investment contracts and documentation of any bidding procedure related thereto and any fees paid for the acquisition or management of investments and any rebate calculations). Such records shall be kept for as long as the Tax-Exempt Bonds are outstanding, plus the period ending three years after the latest of the final payment date of the Tax-Exempt Bonds or the final payment date of any obligations or series of obligations issued to refund directly or indirectly all or any portion of the Tax-Exempt Bonds.

The District agrees to keep and retain or cause to be kept and retained for the period described below adequate records with respect to the investment of all proceeds of the Tax-Exempt Bonds and any investment earnings thereon, and with respect to the investment of any funds pledged to the payment of the Tax-Exempt Bonds (collectively, "Gross Proceeds"). Such records shall include:

(i) purchase price;

(ii) purchase date;

(iii) type of investment;

(iv) accrued interest paid;

(v) interest rate;

(vi) principal amount;

(vii) maturity date;

(viii) interest payment date;

(ix) date of liquidation; and

(x) receipt upon liquidation.

If any investment becomes gross proceeds of the Tax-Exempt Bonds on a date other than the date such investment is purchased, the records required to be kept shall include the fair market value of such investment on the date it becomes gross proceeds of the Tax-Exempt Bonds. If any investment is retained after the date the last Bond is retired, the records required to be kept shall include the fair market value of such investment on the date the last Bond is retired. Amounts or investments will be segregated whenever necessary to maintain these records.

(5) Monitoring of Compliance. From time to time, the chief financial officer of the District will review, or cause to be reviewed, the District's compliance with the provisions of this Certificate as to Arbitrage and with the Resolutions (the tax covenants related to the Tax-Exempt Bonds), and will, if applicable, present for District approval and direction such actions as are necessary to remedy any noncompliance.

(6) No Adverse Ruling. The District has not received notice that its Certificate as to Arbitrage may not be relied upon with respect to its own issues nor has it been advised that any adverse action by the Commissioner of Internal Revenue is contemplated.

On the basis of the foregoing, it is not expected that the proceeds of the Tax-Exempt Bonds will be used in a manner that would cause the Tax-Exempt Bonds to be arbitrage bonds within the meaning of section 148 of the Code and applicable regulations. To the best of my knowledge, information and belief, the expectations herein expressed are reasonable and there are no facts or estimates, other than those expressed herein, that would materially affect the expectations herein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand this 20th day of October, 2023.

Stephen DelRossi
CFO and Interim CEO

Quint & Thimmig LLP
attorneys at law

900 Larkspur Landing Circle, Suite 270
Larkspur, CA 94939-1726

Phone: 415/925-4200
www.qtllp.com

October 20, 2023

Board of Directors
Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, California 93514

Re: $8,005,000 Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series ~~2023~~2021B (Tax-Exempt Conversion)

Members of the District:

We have acted as bond counsel in connection with the issuance by the Northern Inyo Healthcare District (the "District") of its $8,005,000 Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series ~~2023~~ 2021B (the "Bonds"), pursuant to the provisions of section 53570 *et seq*. of the California Government Code (the "Law"), a resolution adopted by the Board of Directors of the District on December 15, 2021, and an indenture of trust, dated as June 1, 1998, as amended and supplemented by a first supplemental indenture, dated as of April 1, 2010, as further amended and supplemented by a second supplemental indenture, dated as of January 1, 2013, and as further amended and supplemented by a third supplemental indenture, dated as of December 1, 2021, each by and between the District and The Bank of New York Mellon Trust Company, N.A., as successor trustee (collectively, the "Indenture"). We have examined the law and such certified proceedings and other papers as we deem necessary to render this opinion.

As to questions of fact material to our opinion, we have relied upon representations of the District contained in the Indenture and in the certified proceedings and certifications of public officials and others furnished to us without undertaking to verify the same by independent investigation.

Based upon the foregoing we are of the opinion, under existing law, as follows:

1. The District is duly created and validly existing as a local health care district, with the power to enter into the Indenture, perform the agreements on its part contained therein and issue the Bonds.

2. The Indenture has been duly approved by the District and constitutes a valid and binding obligation of the District enforceable in accordance with its terms.

3. Pursuant to the Law, the Indenture creates a valid lien on the funds pledged by the Indenture for the security of the Bonds, subject to no prior lien granted under the Law.

4. The Bonds have been duly authorized, executed and delivered by the District and are valid and binding special obligations of the District, payable solely from the sources provided therefor in the Indenture.

5. Subject to the District's compliance with certain covenants, under present law, from and after the date of this opinion, interest on the Bonds is excludible from gross income of the owners thereof for federal income tax purposes and is not includible as an item of tax preference in computing the alternative minimum tax for individuals under the Internal Revenue Code of 1986, as amended. For tax years beginning after December 31, 2022, interest on the Bonds may affect the corporate alternative minimum tax for certain corporations. Failure to comply with certain of such covenants could cause interest on the Bonds to be includible in gross income for federal income tax purposes retroactively to the date of issuance of the Bonds.

6. The interest on the Bonds is exempt from personal income taxation imposed by the State of California.

Ownership of the Bonds may result in other tax consequences to certain taxpayers, and we express no opinion regarding any such collateral consequences arising with respect to the Bonds.

The rights of the owners of the Bonds and the enforceability of the Bonds and the Indenture may be subject to bankruptcy, insolvency, reorganization, moratorium and other similar laws affecting creditors' rights heretofore or hereafter enacted and also may be subject to the exercise of judicial discretion in accordance with general principles of equity.

In rendering this opinion, we have relied upon certifications of the District and others with respect to certain material facts. Our opinion represents our legal judgment based upon such review of the law and the facts that we deem relevant to render our opinion and is not a guarantee of a result. This opinion is given as of the date hereof and we assume no obligation to revise or supplement this opinion to reflect any facts or circumstances that may hereafter come to our attention or any changes in law that may hereafter occur.

Respectfully submitted,

PURCHASER LETTER

Northern Inyo Healthcare District
Bishop, California

The Bank of New York Mellon Trust Company, N.A.
Los Angeles, California

Re: Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series 2021B

Ladies and Gentlemen:

The undersigned authorized representative of Siemens Public, Inc. (the "Purchaser"), has agreed to purchase on the date hereof at the price of par, with no accrued interest, the Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series 2021B (the "Bonds"), issued pursuant to Resolution No. 21-14, passed by the Board of Directors of Northern Inyo Healthcare District (the "District") on December 15, 2021 (the "Resolution"). The undersigned, as authorized representatives of the Purchaser, hereby represent to you that:

1. The Purchaser has sufficient knowledge and experience in business and financial matters in general, and lending, including making loans evidenced by the purchase of municipal and tax-exempt obligations such as the Bonds in particular, to enable the Purchaser to evaluate the Bonds, the credit of the District, the collateral and the Bonds terms and has made its own independent credit analysis and decision to purchase the Bonds based on independent examination and evaluation of the transaction and the information deemed by the Purchaser to be appropriate, without reliance on Piper Sandler & Co. (the "Placement Agent"), the District or their respective affiliates, directors, officers, employees, attorneys or agents.

2. The Purchaser acknowledges that no credit rating has been sought or obtained with respect to the Bonds.

3. The Purchaser acknowledges that no official statement, prospectus, offering circular or other comprehensive offering document is being provided with respect to the Bonds. The Purchaser has made its own inquiry and analysis with respect to the District, the Bonds and security therefor, and other material factors affecting the security for and payment of the Bonds without reliance on the Placement Agent or its affiliates, its directors, officers, employees, attorneys or agents. The Purchaser has been offered copies of or full access to all documents relating to the Bonds and all records, reports, financial statements and other information concerning the District and pertinent to the source of payment for the Bonds as deemed material by the Purchaser, which the Purchaser, as a reasonable commercial Purchaser, has requested and to which the Purchaser, as a reasonable commercial Purchaser, would attach significance in making a decision to extend credit to the District through purchase of the Bonds.

4. The Purchaser confirms that its extension of credit to the District through purchase of the Bonds constitutes an extension of credit that is suitable for and consistent with its usual lending practices and that the Purchaser is able to bear the economic risk of such extension of credit to the District, including a complete loss.

5. The Purchaser states that: (a) it is a "qualified institutional buyer" as defined in Rule 144A promulgated under the Securities Act of 1933, as amended (the "1933 Act"); (b) it is capable of evaluating risks independently, both in general and with regard to transactions and lending strategies; (c) it is exercising independent judgment in evaluating: (i) the recommendation of the Placement Agent, if any, or its associated persons; and (ii) the quality of execution of the Purchaser's transactions by the Placement Agent; and (d) the Purchaser has timely access to information that is available publicly through established industry sources as defined in Municipal Securities Rulemaking Board (MSRB) Rule G-47.

6. The Purchaser is purchasing the Bonds solely for its own account as evidence of a loan, with a present intent to hold the Bonds until maturity or early prepayment, and not with a view to, or in connection with, any distribution, resale, pledging, fractionalization, subdivision or other disposition thereof (subject to the understanding that disposition of the Purchaser's property will remain at all times within its control). The Purchaser understands that the Bonds may be transferred or pledged only in accordance with the Resolution and only to a person who certifies it is (a) a "qualified institutional buyer" as defined in Rule 144A promulgated under the 1933 Act, that purchases its own account or for the account of a qualified institutional buyer, or (b) an affiliate of the Purchaser who is a "qualified institutional buyer."

7. The Purchaser understands that the Bonds (i) has not been registered under the 1933 Act, and (ii) has not been registered or qualified under any state securities or "Blue Sky" laws, and that the Resolution has not been qualified under the Trust Indenture Act of 1939, as amended.

8. The Purchaser acknowledges that in connection with the offering of the Bonds: (i) Piper Sandler & Co. as Placement Agent has acted at arm's length, is not an agent or financial advisor of, and owes no fiduciary duties to the Purchaser or any other person irrespective of whether the Placement Agent has advised or is advising the Purchaser on other matters, and (ii) the Purchaser represents it has had the opportunity to consult with its own legal counsel and to negotiate this letter prior to execution. The Purchaser waives to the fullest extent permitted by law any claims it may have against the Placement Agent arising from an alleged breach of fiduciary duty in connection with the placement of the Bonds.

9. The Purchaser understands that the District and the Placement Agent and their respective counsel, and Bonds Counsel will rely upon the accuracy and truthfulness of the representations and warranties contained herein and hereby consents to such reliance.

10. The signatories of this letter are duly authorized officers of the Purchaser with the authority to sign this letter on behalf of the Purchaser, and this letter has been duly authorized, executed and delivered.

Very truly yours,

SIEMENS PUBLIC, INC.

By _____
Name _____
Title _____

Quint & Thimmig LLP
attorneys at law

900 Larkspur Landing Circle, Suite 270
Larkspur, CA 94939-1726

Phone: 415/925-4200
www.qtllp.com

October 20, 2023

Siemens Public, Inc.
200 Wood Avenue South, Suite 200
Iselin, NJ 08830

The Bank of New York Mellon Trust Company, N.A.
333 South Hope Street, Suite 2525
Los Angeles, CA 90071-1406

RELIANCE LETTER Regarding Final Approving Legal Opinion:
$8,005,000 Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series 2021B (Tax-Exempt Conversion)

Ladies and Gentlemen:

We have this date released to the Northern Inyo Healthcare District our final approving legal opinion with respect to the captioned bonds.

The foregoing opinion may be relied upon by Siemens Public, Inc., as purchaser, and The Bank of New York Mellon Trust Company, N.A., as trustee, and their respective successors and assigns, to the same extent as if such opinion was addressed to them.

Respectfully submitted,

NUMBER RB-1 (T-E) *****$8,005,000*****

THE HOLDER OF THIS BOND BY ITS ACCEPTANCE HEREOF AGREES THAT NO TRANSFER OF A BOND (OR ANY INTEREST THEREIN) SHALL BE MADE EXCEPT TO (A) AN AFFILIATE OF THE ORIGINAL BOND OWNER, OR (B) ONE OR MORE BANKS, INSURANCE COMPANIES OR SIMILAR FINANCIAL INSTITUTIONS OR THEIR AFFILIATES; IN EACH CASE THAT EXECUTES AND DELIVERS A LETTER IN SUBSTANTIALLY THE FORM ATTACHED AS EXHIBIT C TO THE THIRD SUPPLEMENTAL INDENTURE (AS HEREINAFTER DEFINED)

STATE OF CALIFORNIA
INYO COUNTY

NORTHERN INYO HEALTHCARE DISTRICT
Refunding Revenue Bond, Series 2021B

INTEREST RATE	MATURITY DATE	DATED DATE
3.200%*	December 1, 2033	October 20, 2023

REGISTERED OWNER: SIEMENS PUBLIC, INC.

PRINCIPAL AMOUNT: EIGHT MILLION FIVE THOUSAND DOLLARS

The NORTHERN INYO HEALTHCARE DISTRICT, a local health care district, duly organized and existing under the laws of the State of California (herein called the "District"), for value received, hereby promises to pay (but only out of the Revenues and other moneys and securities hereinafter referred to) to the Registered Owner identified above or registered assigns (the "Registered Owner"), on the Maturity Date stated above (subject to any right of prior redemption hereinafter mentioned), the Principal Amount stated above, in lawful money of the United States of America, without presentation, other than at final payment, whether at maturity or earlier redemption; and to pay interest thereon in like lawful money from the Interest Payment Date (as herein defined) next preceding the date of authentication of this Bond (unless this Bond is authenticated on or before November 15, 2023, in which event it shall bear interest from the Dated Date stated above) until payment of such principal sum shall be discharged as provided in the Indenture hereinafter mentioned, at the Interest Rate per annum stated above, payable semiannually on each June 1 and December 1, commencing December 1, 2023 (each, an "Interest Payment Date"). At maturity or upon redemption in whole, the principal (or redemption price) hereof is payable at the Principal Corporate Trust Office (as such term is defined in the hereinafter defined Indenture) of The Bank of New York Mellon Trust Company, N.A. (together with any successor trustee under the indenture, the "Trustee") "); otherwise, principal and redemption premium (if any) shall be payable to Owners on each mandatory or optional redemption date by wire transfer, at the District's expense, pursuant to such Owner's wiring instructions on file with the Trustee, without requirement for presentation and surrender of this Bond. Interest hereon is payable by on each Interest Payment Date to the Registered Owner as of the fifteenth (15th) day of the month preceding each Interest Payment Date (except as otherwise provided in the Indenture with respect to defaulted interest) by wire transfer, at the District's expense, in immediately available funds to an account in the United States of America designated by written

* If the Default Rate (as such term is defined in the Third Supplemental Indenture) is in effect, interest will be computed by applying such alternate rate.

instructions of the Registered Owner filed with the Trustee not later than the immediately preceding Record Date. Interest on this Bond shall be calculated on the basis of a 360-day year comprised of twelve 30-day months.

This Bond is one of a duly authorized issue of bonds of the District designated as "Northern Inyo Healthcare District (Inyo County, California) Revenue Bonds" (herein called the "Bonds"), unlimited in aggregate principal amount, except as otherwise provided in the Indenture hereinafter mentioned, which issue consists or may consist of one or more series of varying dates, maturities, interest rates, redemption and other provisions, all issued pursuant to the provisions of the California Health and Safety Code and the California Government Code (herein called the "Law"), and pursuant to an indenture of trust, dated as December 1, 1998, as amended and supplemented by a first supplemental indenture, dated as of April 1, 2010, as further amended and supplemented by a second supplemental indenture, dated as of January 1, 2013, and as further amended and supplemented by a third supplemental indenture, dated as of December 1, 2021 (the "Third Supplemental Indenture"), each by and between the District and the Trustee, as successor trustee (collectively, the "Indenture").

This Bond is also one of a duly authorized series of Bonds designated "Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series 2021B (herein called the "2021B Bonds"), in the aggregate principal amount of eight million five thousand dollars ($8,005,000) issued to (a) refund, on an advance basis, the District's outstanding Northern Inyo County Local Hospital District (Inyo County, California) Taxable Refunding Revenue Bonds, Series 2021B, and (b) pay the costs of issuance of the 2021B Bonds.

The 2021B Bonds are secured on a parity with the District's Northern Inyo Healthcare District (Inyo County, California) Refunding Revenue Bonds, Series 2021A, issued concurrently with the 2021B Bonds.

Reference is hereby made to the Indenture (a copy of which is on file at the Principal Corporate Trust Office of the Trustee) and all indentures supplemental thereto and to the Law for a description of the rights thereunder of the registered owners of the 2021B Bonds, of the nature and extent of the security, of the rights, duties and immunities of the Trustee and of the rights and obligations of the District thereunder, to all the provisions of which Indenture the registered owner of this Bond, by acceptance hereof, assents and agrees.

The 2021B Bonds are subject to optional redemption prior to maturity, in whole or in part on any Interest Payment Date, on and after January 1, 2025, from any source of funds, by paying a redemption price equal to the aggregate principal amount of Bonds to be redeemed, together with accrued interest to such date and a premium as set forth in the following table:

Redemption Period	Redemption Premium
January 1, 2025 to December 31, 2027	2%
January 1, 2028 to December 31, 2029	1
January 1, 2030 and thereafter	0

The 2021B Bonds are subject to mandatory redemption, in part by lot, from Sinking Account payments set forth in the following schedule at a redemption price equal to the principal amount thereof to be redeemed (without premium), together with interest accrued thereon to the date fixed for redemption; *provided, however*, that if some but not all of the 2021B Bonds have been optionally redeemed, the total amount of Sinking Account payments to be made subsequent to such redemption shall be reduced in an amount equal to the principal amount of the 2021B Bonds so redeemed by reducing each such future Sinking Account payment in the manner selected by

the District and approved by the Owner, in integral multiples of $5,000, as shall be designated pursuant to written notice filed by the District with the Trustee.

Sinking Account Redemption Date (December 1)	Principal Amount to be Redeemed
2023	$665,000
2024	670,000
2025	690,000
2026	710,000
2027	735,000
2028	755,000
2029	780,000
2030	805,000
2031	830,000
2032	860,000
2033†	505,000

†Maturity

This Bond is transferable by the registered owner hereof, in person or by his attorney duly authorized in writing, at the office of the Trustee but only in the manner, subject to the limitations and upon payment of the charges, if any, provided in the Indenture, and upon surrender and cancellation of this Bond. Upon such transfer a new 2021B Bond will be issued to the transferee in exchange herefor.

The District and the Trustee may treat the registered owner hereof as the absolute owner hereof for all purposes, and the District and the Trustee shall not be affected by any notice to the contrary.

The 2021B Bonds are issuable as one fully registered bond in the total principal amount thereof. Subject to the limitations provided in the Indenture, 2021B Bonds may be exchanged, at said corporate trust office of the Trustee, for a like aggregate principal amount of 2021B Bonds of other authorized denominations of the same maturity.

The Indenture and the rights and obligations of the District and of the registered owners of the 2021B Bonds and of the Trustee may be modified or amended from time to time and at any time in the manner, to the extent, and upon the terms provided in the Indenture; provided that no such modification or amendment shall (i) extend the fixed maturity of this Bond, or reduce the amount of principal hereof, or extend the time of payment or reduce the amount of any Mandatory Sinking Account Payment provided for in the Indenture for the payment of this maturity of 2021B Bonds, or reduce the rate of interest thereon, or extend the time of payment of interest hereon, or reduce any premium payable upon the redemption hereof, without the consent of the registered owner hereof, or (ii) reduce the percentage of 2021B Bonds the consent of the registered owners of which is required to effect any such modification or amendment, or permit the creation of any lien on the Revenues and other assets pledged as security for the 2021B Bonds prior to or on a parity with the lien created by the Indenture, or deprive the registered owners of the 2021B Bonds of the lien created by the Indenture on such Revenues and other assets (except as expressly provided in the Indenture), without the consent of the registered owners of all 2021B Bonds then outstanding, all as more fully set forth in the Indenture.

The 2021B Bonds and the interest thereon are payable from Revenues (as that term is defined in the Indenture) and are secured by a pledge and assignment of said Revenues and of amounts held in the funds and accounts established pursuant to the Indenture (except any

amounts held in the Rebate Fund, as such term is defined in the Indenture), subject only to the provisions of the Indenture permitting the application thereof for the purposes and on the terms and conditions set forth in the Indenture.

The 2021B Bonds are limited obligations of the District and are not a lien or charge upon the funds or property of the District, except to the extent of the aforementioned pledge and assignment. NEITHER THE FAITH AND CREDIT NOR THE TAXING POWER OF THE DISTRICT IS PLEDGED TO THE PAYMENT OF THE PRINCIPAL OF, PREMIUM, IF ANY, OR INTEREST ON THE 2021B BONDS.

It is hereby certified and recited that any and all conditions, things and acts required to exist, to have happened and to have been performed precedent to and in the issuance of this Bond do exist, have happened and have been performed in due time, form and manner as required by the Law and by the Constitution and laws of the State of California, and that the amount of this Bond, together with all other indebtedness of the District, does not exceed any limit prescribed by the Law, or by the Constitution and laws of the State of California, and is not in excess of the amount of 2021B Bonds permitted to be issued under the Indenture.

This Bond shall not be entitled to any benefit under the Indenture, or become valid or obligatory for any purpose, until the certificate of authentication and registration hereon endorsed shall have been signed by the Trustee.

IN WITNESS HEREOF, the Northern Inyo Healthcare District has caused this Bond to be executed in its name and on its behalf by the facsimile signature of its Chair and attested by the facsimile signature of its Secretary, all as of the dated date identified above.

NORTHERN INYO HEALTHCARE DISTRICT

By _____
Chair

Attest:

_____
Secretary

TRUSTEE'S CERTIFICATE OF AUTHENTICATION

This is one of the 2021B Bonds described in the within-mentioned Indenture and registered on the registration books of the Trustee.

Dated:

THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A., as Trustee

By _____
Authorized Signatory

ASSIGNMENT

For value received the undersigned hereby sells, assigns and transfers unto

_____

_____

_____

(Name, Address and Tax Identification or Social Security Number of Assignee)

the within-registered 2021B Bond and hereby irrevocably constitute(s) and appoints(s)

_____

attorney, to transfer the same on the Bond register of the Trustee with full power of substitution in the premises.

Dated: _____

Signature:

_____

Note: The signature(s) on this Assignment must correspond with the name(s) as written on the face of the within Bond in every particular without alteration or enlargement or any change whatsoever.

Signature Guaranteed:

_____

Note: Signature(s) must be guaranteed by a financial institution that is a member of the Securities Transfer Agents Medallion Program ("STAMP"), the Stock Exchanges Medallion Program ("SEMP") or the New York Stock Exchange, Inc. Medallions Securities Program ("MSP") or an "eligible guarantor."

NORTHERN INYO HEALTHCARE DISTRICT

ANNUAL PLAN

Title: Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program		
Owner: Manager Employee Health & Infection Control	Department: Infection Prevention	
Scope: District Wide		
Date Last Modified: 10/04/2023	Last Review Date: No Review Date	Version: 9
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:
Title 8, California Code of Regulations, General Industry Safety Orders, Section 5199 (CCR, GSO, Title 8, 5199) requires that employers' procedures for complying with the regulation be documented in writing and made available to all employees for review and training.

PLAN:
Northern Inyo Healthcare District (NIHD) will provide a safe and healthy workplace environment by implementing an effective Aerosolized Transmissible Diseases (ATD) Exposure Control Plan. This ATD Exposure plan applies to the control of exposures to ATD's for high-risk employees that may have a potential to an ATD exposure due to work environment and job tasks. This plan focuses on safe work practices, personal protective equipment (PPE), engineering and administrative controls, and vaccinations of employees.

OVERVIEW:
The goal of the respiratory protection program for Aerosolized Transmissible Disease (ATD) is to eliminate or minimize health care worker (HCW) exposure to any respiratory aerosol transmissible diseases, which are particles of respiratory secretions from the nose or mouth. Some diseases that are transmitted by respiratory aerosols may or may not manifest primarily with respiratory symptoms. Although there are many infectious diseases that may be transmitted by respiratory aerosols, this standard is meant to address diseases that cause significant morbidity and mortality and represent a significant threat to HCWs and to the health of the community. Examples of diseases in this category include:

- Pandemic Influenza
- Tuberculosis
- Pneumonic Plague
- Severe Acute Respiratory Syndrome (SARS)
- Middle East Respiratory Syndrome (MERS)
- Smallpox
- New diseases (novel) or syndromes not previously recognized
- Measles
- Chicken Pox
- COVID-19

POLICY:
NIHD will establish, implement, and maintain an effective, written ATD Exposure Control Plan as specified by Cal/OSHA's State Standard, Title 8, and Chapter 4. This plan will be followed by all Northern Inyo Healthcare District HCWs and others working within this facility who may be potentially exposed to respiratory aerosol transmissible disease

AEROSOLIZED TRANSMISSIBLE DISEASES EXPOSURE CONTROL PLAN:
The Director of Infection Prevention/Clinical Informatics will be responsible for administering this plan and maintenance of infection control procedures to control the risk of transmission of ATDs. The Employee Health Nurse and the Infection Preventionist will do this with the collaboration of Directors of Maintenance, Nursing, Environmental Services Manager, Manager of Cardiopulmonary, Director of Diagnostic Services and Safety. The plan will be reviewed annually by the program administrator, and by employees in their respective work areas. The changes and review will be documented. The Medical Laboratory Director will review annually the Biosafety Plan and potential Aerosolized Transmissible Disease organisms.

EXPOSURE RISK PERSONNEL THAT REQUIRE FIT TESTING - Annually

Nursing Department (RNs, LVNs, CNAs, Medical Office Assistants) Case Managers, House Supervisors- RNs	Rehabilitation Department
Environmental Services/Talent Pool	Cardiopulmonary/EKG/ECHO
Providers: • Emergency Department • Anesthesiologists • Surgeons • Pediatricians • Hospitalists • Same Day Clinic Providers	Radiology Department except Radiologists
Laboratory Clinical Staff	Social Services
Maintenance/Plant Operations	Students (if there is potential for patient contact with airborne isolation patients)

EXPOSURE RISK PERSONNEL THAT REQUIRE FIT TESTING – Every Two Years. NIHD workforce member can elect to be fit tested annually.

Patient Access, and Insurance Verifier	Individuals providing interpreting services in patient care areas
Dieticians & Diet Clerks	Health Information Management (Medical Records)
Pharmacy	Director of Facilities
Security	Radiologists and Clinic Providers except Same Day Clinic (see annual)

FIT Test (N95 mask/PAPR) COMPLIANCE:
- Fit testing will be completed upon hire, annually, or every two years based on exposure risk

- Additional fit testing: If employee reports, or the employer, physician or other licensed healthcare professional, supervisor, or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or a significant change in body weight.
- If, after passing a fit test, the employee subsequently notifies the employer, program administrator, supervisor, or physician or other licensed healthcare professional that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator face piece and to be retested.
- Annual fit testing will be completed during the months that the department is assigned. The employee will be re-fit tested during their assigned month; example ICU nurse is hired in January he/she will be fit tested within three weeks of hire and re-fit tested again in April.
- Failure to be fit tested by the last day of your departments assigned month will result in the inability to work the first day of the following month until you have been fit tested.
- Employees that are on leave of absence during the month of their scheduled department fit testing must be completed within **five days** of their return to work.
- Notification of annual department fit testing will occur a month prior via email.

DEFINITIONS: See Attachments

HIGH HAZARD PROCEDURES:
On patients suspected or known to be infected with an illness or pathogen requiring Airborne Precautions, the following procedures are considered high hazard procedures for risk of exposure to Aerosolized Transmissible Disease, requiring the use of Personal Protective Equipment (PPE) during the procedure. At minimum an N-95 mask orPurified Air Powered Respirator (PAPR) and eye protection is indicated. Staff is expected to follow recommendations for additional PPE as indicated for specific disease processes under transmission-based precautions this list includes, but is not limited to:

1. Sputum Induction/collection
2. Open suctioning of airways
3. Endotracheal intubation and extubation
4. Bronchoscopy
5. Aerosolized administration of medications when patient is in Droplet or Airborne Isolation
6. Cardiopulmonary resuscitation
7. Laboratory procedures that may aerosolize pathogens
8. Obtaining a nasal swab or throat culture

Note:
Bronchoscopy and other similar high hazard procedures will be done in an Airborne Infection Isolation Room (AIIR). .
Lesser procedures, like obtaining a nasal swab will be done with ~~a~~ minimally a surgical mask or N-95 mask if atypical respiratory illness such as novel avian flu is suspected, face shield, gloves must be worn. A gown is donned if patient unable has poor respiratory etiquette and/or poor hand hygiene. Persons not performing the procedures are to be excluded from the area.
Exception: Where no AIIR or area is available and the treating physician determines that it would be detrimental to the patient's condition to delay performing the procedure, high hazard procedures may be conducted in other areas. In that case, employees working in the room or area where the procedure is performed shall use respiratory protection and shall use all necessary personal protective equipment**.**
NOTE: NIHD has PAPRs available - see policy for use and maintenance.

EMPLOYEE IMMUNIZATIONS:
NIHD will comply with the "Mandatory Vaccination Recommendations for Susceptible Health Care Workers" as listed in Appendix E below of the Cal/OSHA ATD Standard.
Employee Health, during the pre-employment physical process, obtains titers for the illnesses listed below- if the prospective employee does not have documented proof of the vaccinations. Vaccinations are provided free of charge when indicated. Employee Health will also provide current Health Care Workers titers and vaccines to meet current standards declinations must be signed by the HCW in lieu of the vaccination after education on the vaccine and NIHD's commitment to safety for the patients, the employee, and his or her family.

Appendix: Aerosol Transmissible Disease Vaccination Recommendations for Susceptible Health Care Workers (Mandatory)

Vaccine	Schedule	Titer
Influenza	One dose annually	No
Measles	Two doses	Or immunity via titer
Mumps	Two doses	Or immunity via titer
Rubella	One dose	Or immunity via titer
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)	One dose, booster as recommended	No
Varicella-zoster (VZV)	Two doses	Or immunity via tier or documentation of history

Source: California Department of Public Health, Immunization Branch. Immunity should be determined in consultation with https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf for current year.

WORK PRACTICE CONTROLS:

SOURCE CONTROL MEASURES: Measures to prevent patients, staff, or visitors from spreading illness inside of the hospital.

On Arrival to the Hospital:

1. Hand hygiene stations and Respiratory Hygiene/Cough Etiquette are at every entrance to the hospital with signs encouraging their use.
2. If indicated, warning/education signs may also be placed at entrances explaining any special concerns or limitations regarding entrance to the hospital e.g. with outbreak of influenza.
3. Patients, visitors, and caregivers will be instructed on Respiratory Hygiene/ Cough Etiquette measures by the hospital staff, with easy access to all the necessary sanitation supplies.
    a. Cover mouth and nose for coughs and sneezes with Kleenex, linen, or elbow.

b. To use the available surgical masks as soon as possible if actively coughing.
c. To perform hand hygiene frequently and after handling their secretions.
d. To dispose of contaminated tissues, napkins, linens into "no-touch" receptacles.

4. Entry may be denied to visitors if they already know they have suspected or confirmed influenza, another known serious respiratory illness, tuberculosis, and/or possibly others on a case by case basis except in regards to emtala related to pregnancy or emergency care
5. Elective procedures may also be postponed for patients with suspected or confirmed influenza or another known serious respiratory illness until they are no longer infectious.
6. NIHD prohibits misters for human comfort (eg. Patio misters) anywhere on the campus this includes employee break areas.

On arrival to the Emergency Department (ED) Area:

1. Same entry procedures as above. Hand hygiene station is at the Emergency Department entrance.
2. The Emergency Department personnel may have the patients mask immediately if the complaint is an Influenza-like-Illness (ILI) or cough, or suspected airborne disease.
3. A separate waiting room was developed so that those with ILI and potential airborne disease can potentially be segregated from those without.
4. ILI patients are isolated to an Emergency Department single room or kept masked and physically located $\geq$ 6 feet from other patients. Friends and family are instructed in the use of surgical masks and any other necessary PPE being used. They are encouraged to follow instructions and to ask for clarification, so that they have the understanding of why the isolation procedures are used.
5. Person with suspected or confirmed airborne disease will be placed in private room with door closed. Staff entering room will don a N95 mask or PAPR
6. Appropriate isolation signage will be posted outside the room visible to hospital staff and visitors

On Arrival to Another Hospital Unit:

1. Same entry procedures as above with access to hand hygiene stations and necessary sanitation supplies.
2. House Supervisor will report any airborne-suspected patients via the House Supervisor end of shift 12-hour report.
3. Severe Acute Respiratory Syndrome has its own assessment/screening form that is found on the hospital Intranet.
4. Source patients from any department, including the Emergency Department, are put into single rooms when available and the door is closed. Airborne precautions will be initiated, when appropriate. Visitors are instructed in the use of PPE and restricted to those most crucial to the patient's well-being.

Room Placement:

Airborne infection isolation rooms units will be used for patients who are suspected of having airborne transmissible disease, e.g. TB, SARS, Smallpox, Avian Flu, and Pneumonic Plague.
Airborne isolation rooms are private rooms that have monitored negative air pressure in relation to the exterior surrounding areas, so that air does not come out from under the door because the pressure outside the door is > than inside the room. See the section under *Engineering Controls* related to Air Exchanges per hour and other specifics. Our current best options for any patient include:

- Option 1: Room 5 on the Acute/Subacute and ICU RM 1
- Option 2: If no Airborne Infection Isolation Room available put patient in surgical mask, keep door closed, staff and visitors to wear a N95 or PAPR.
- For the RHC and Pediatric clinic negative pressure room.

Source Patient Control:

1. The patient will remain in the room, unless transport is necessary for a diagnostic procedure. The patient will be kept masked with a surgical mask and the transport team will wear a fit-tested N-95 mask.
2. Information about patients who have or may have an ATD is shared with appropriate personnel before transferring or transporting the patient to other departments or other facilities using SBAR/Ticket to Ride or Handoff report.
3. Personal Protective Equipment and Isolation Precautions implemented by staff may be discontinued based on documented, negative laboratory studies. This should be decided with input from any one or more of the following: Infection Preventionist or designee, Infection Control Medical Staff Chairperson, the unit's Nursing Director manager and the patient's physician, Inyo County Health Officer, or California State Health Department official.
4. Visitors should be limited to only family or friends crucial to the patient's well-being.
5. Patient care equipment:
    a. Equipment (e.g. designated computer, vital sign equipment, stethoscopes, and commodes) should be kept in the patient's room. Use disposable equipment as much as possible.
    b. Any reusable equipment has to be cleaned per hospital protocol before re-use.
6. Linens, waste, and room cleaning as per policy.

Precautions Required for SARS, Avian, And Other Serious Airborne Illnesses:

1. Standard
2. Airborne and Droplet
3. Contact

PPE Required When Entering an Airborne Isolation Room:

1. Fit-tested N-95 Mask or PAPR
2. Face shields or Eye Protectors
3. Disposable Gowns: For substantial contact with the patient or environmental surfaces.
4. Gloves

Reporting the Illness:

NIHD will follow federal, state, local guidelines for reporting airborne diseases. The Confidential Morbidity Report form is on the NIHD Intranet. The back of the form tells you by which method and how quickly to report each reportable illness. For example, with SARS you are to call the county health department immediately.

Procedure If NIHD Has Insufficient Isolation Rooms:

If the patient needs an airborne isolation room and there is not one available, the patient should be a transfer to another facility in a timely manner.

1. Transfers to other facilities: Transfer should occur within **5** hours of identification, unless the initial encounter with patient occurs between 3:30pm and 7:00 am, in which case the patient must be transferred by 11:00 am. If the provider contacts the local health officer and determines that no facility is available to provide Airborne Infection Isolation (AII), then the patient may remain at NIHD, the provider must continue to contact the local health officer and other facilities every 24 hours to attempt the transfer. and at least every 24 hours thereafter, one of the following:
    a. There is no room or area available within that jurisdiction.

b. Reasonable efforts have been made to contact establishments outside of that jurisdiction.
c. Applicable measures recommended by the local health officer and the Physician or other licensed health care professional
d. Patients exhibiting flu like symptoms during flu season do not require referral and transfer.

Exception to above:

1. The patient need not be transferred if the treating physician determines that the transfer would be detrimental to the patient's condition. In that case, the employees will use all necessary respiratory protection when entering the patient's room. The patient's condition has to be reviewed at least every 24 hours. Once transfer is safe, then it should still occur in the timeframe above.
2. Where it is not feasible to provide Airborne Infection isolation rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel (ex: Flu, COVID-19) or unknown ATPs, the employer shall provide other effective control measures to reduce the risk of transmission to employees, which shall include the use of respiratory protection in accordance with subsection (g) and Section 5144, Respiratory Protection of these orders.
3. High-hazard procedures shall be conducted in Airborne Infection isolation rooms or areas, such as a ventilated booth or tent. Persons not performing the procedures shall be excluded from the area, unless they use the respiratory and personal protective equipment required for employees performing these procedures.

Employee Control Measures:

1. Keeping personnel at home while they are ill to reduce the risk of spreading influenza or other airborne illnesses is essential
2. Employee TB screening every two years and an annual TB symptom questionnaire records will be kept in Employee Health.
3. Continuing monitoring of hand hygiene and PPE compliance.
4. Continue the yearly influenza vaccination policy. (Covered under Vaccination Section)
5. Monitor any employee with an airborne exposure. (Covered under Exposure Evaluation Section)
6. Annual education on Aerosolized Transmissible Disease for employees that have exposure risk.

PATIENT SCREENING: Patients will be screened during the triage period in the Emergency Department during the admission assessment for inpatients, as appropriate, to evaluate for any symptoms of Aerosolized Transmissible Disease infections.

1. For **tuberculosis** this would include:
   a. Cough for more than 3 weeks not explained by non-infectious conditions
   b. Hemoptysis
   c. Unexplained significant weight loss
   d. Fatigue
   e. Night sweats
   f. Known exposure to a TB patient
   g. Temporary or permanent residence of ≥1 month in a country with a high TB rate

2. For **influenza-like illness (ILI)** signs and symptoms would include:
   a. Fever > 100 F with cough and/or sore throat and headache;
   b. Body aches, nasal congestion or discharge, chills and fatigue;
   c. Nausea, vomiting, diarrhea or other GI symptoms may also be present

3. Patient statement that they have a transmissible respiratory disease, excluding the common cold.

CLEANING AND DISINFECTION:

1. Routine cleaning and disinfection strategies used during influenza season can be applied to the environmental management of Influenza
2. Dedicated disposable equipment is to be used whenever possible.
3. Non-disposable equipment is to be cleaned and disinfected according to established agency policies - "Infectious and Noninfectious Waste Disposal Procedure."
4. Management of laundry, utensils, and medical waste should also be performed in accordance with procedures followed for seasonal influenza.

PERSONAL PROTECTIVE EQUIPMENT/RESPIRATORY PROTECTION

1. Adherence to Standard Precautions and Transmission Based Precautions, as appropriate for the patient's disease status, is mandatory for all NIHD employees and departments.
2. Droplet Precautions: Permit the use of surgical masks rather than respiratory protection, i.e., use of respirators. Recognizing that surgical masks do not provide protection against inhalation of airborne infectious aerosols, NIHD allows health care personnel to use N-95 masks should they prefer that level of protection.
3. Clinical staff who are assigned to patients with suspected or confirmed infectious Pulmonary TB, or other aerosol transmissible disease requiring use of respirator will be provided and fitted with a National Institute for Occupational Safety and Health approved (at least N95) Respirator Mask for individual, personal protection prior to providing care. Trained personnel will instruct the clinical staff members on proper respirator use and fit-check, in accordance with the manufacturer's instructions and guidelines.
   a. Every attempt will be made to have an adequate supply of all types of N-95 masks we currently use for fit tests.
   b. The standard is to use a mask if needed and discard it after use. They should be discarded after each patient encounter. EXCEPTION: When caring for Airborne patients without mixing and during times of shortage NIHD will follow regulatory guidelines for extended and re-use of masks.
   c. The Purchasing Department is responsible for monitoring mask numbers and will work in conjunction with the Infection Preventionist to ensure mask availability.
4. Clinical staff that cannot be adequately fitted with the National Institute for Occupational Safety and Health approved respirators will not be assigned to these patients, unless they have been trained to use the PAPR and a PAPR is available.
5. Personnel with histories of respiratory problems/compromise or those with known lack of immunity to the organism (e.g.: chickenpox) should not be assigned to these patients.
6. Unprotected employees should be prevented from entering areas where aerosol generation procedures were performed until the required clearance time has elapsed.
7. When respirators are necessary to protect the HCW from other hazards, including the uncontrolled release of microbiological spores or exposure to chemical or radiologic agents, respirator selection shall be made in accordance with the anticipated risk.
8. In summary, NIHD provides, and ensures that employees use, a fit-tested N-95 respirator or PAPR when the employee:

a. Enters an Airborne infection isolation room or area or an Airborne infection isolation area in use for Airborne Infection Isolation;
b. Present during the performance of procedures or services for an Airborne infectious disease case or suspected case;
c. Takes part in aerosol generating procedures on patient suspected or known to be infected with an illness or pathogen requiring airborne precautions such as sputum induction, bronchoscopy, open suctioning, CPR, intubation or extubation Pulmonary function testing, collection of nasal pharyngeal lab specimens.
d. Repairs, replaces, or maintains air systems or equipment that may contain or generate aerosolized pathogens;
e. Is working in an area occupied by an airborne infectious disease case or suspected case, during decontamination procedures after the person has left the area and as required.
f. Is performing a task for which the Biosafety Plan or Exposure Control Plan requires the use of respirators; or
g. Transports an Airborne infectious disease case or suspected case within the facility or in an enclosed vehicle (e.g., van, car, ambulance or Air transport when the patient is not masked.

9. Medical Evaluation for Fit Testing:
    a. Employee that meet fit testing requirements must complete OSHA Respirator Medical Evaluation Questionnaire upon hire and if there are any medical changes. This is done to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator. This form is the OSHA approved form for respirator fit testing.
    b. The questionnaire is provided during the employee physical and or to the contracted service and sent to Employee Health.
    c. The record is stored in the employee's confidential employee health records.
    d. After the medical evaluation, the employee can have the fit test scheduled.

10. Fit Testing: "*N95 Mask Fit Testing Using the Portacount Pro Policy*"
    a. NIHD Cardiopulmonary RT staff performs quantitative fit tests. The fit tests are performed on the same size, make, model and style of respirator, as the employee will use. When fit testing single use respirators, a new respirator shall be used for each employee.
    b. The employer shall ensure that each employee who is assigned to use a filtering face piece or other tight-fitting respirator passes a fit test:
        1. At the time of initial fitting;
        2. When a different size, make, model or style of respirator is used; and
        3. At least annually or biannual thereafter per exposure risk (see table above).
    c. NIHD requires an additional fit test when the employee reports, or the employer, physician or other licensed health care professional, supervisor, or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
    d. If, after passing a fit test, the employee subsequently notifies the employer, program administrator, supervisor, or Physician or other licensed health care professional that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator face piece and to be retested.
    e. NIHD will ensure that each respirator user is provided with initial and annual training with one or more of the below options:
        - During annual fit testing
        - Hands-on

11. Training will be provided via Electronic learning managing system and hands-on training for persons using a PAPR.
12. Qualitative Fit test will be performed, in place of the quantitative fit test, in an emergency situation when N95 mask supply is in short supply.

MEDICAL SERVICES

1. NIHD provides any employee with *occupational exposure* medical services for tuberculosis and other ATDs, and infection with Aerosol transmissible pathogen and Aerosol transmissible pathogen -- laboratory, in accordance with applicable public health guidelines, for the type of work setting and disease. NIHD also acts as the evaluating health care professional through our Emergency Room. Following an exposure incident, the employee may request follow-up medical care from another health care provider. When this occurs, NIHD will ensure that the employee is aware of a medical follow-up is arranged from a Physician or other licensed health care professional other than through our Emergency Room.
2. Medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, shall be:
    a. Performed by or under the supervision of the Emergency Room Physician or designee.
    b. Employee Health Department
    c. Provided according to applicable public health guidelines; and
    d. Provided in a manner that ensure the confidentiality of employees and patients. Test results and other information regarding exposure incidents and TB conversions shall be provided without providing the name of the source individual.
3. If Employee has a conversion, he/she will follow-up with their primary care provider. All diagnostic tests and questionnaires will be documented in Employee Health chart.

EXPOSURE EVALUATION AND FOLLOW-UP

1. A health care provider or the employer of a health care provider who determines that a person (patient or NIHD employee) is a Reportable aerosol transmissible disease case or suspected case shall report, or ensure that the health care provider reports, the case to the local health officer, in accordance with Title 17.
2. Any Healthcare worker who has unprotected direct contact with an airborne illness must report the exposure to Employee Health, or Infection Prevention team as soon as possible, either directly or with the assistance of the unit director/manager or House supervisor. The Employee Health Nurse, Infection Preventionist, will complete an investigation and determine risk and follow-up recommendations. . It is critical to report exposures immediately when the source is a known life-threatening illness, such as, COVID-19 SARS, Avian flu, Smallpox, etc.
3. An Exposure Incident: Significant exposure- exposure to a source of Aerosolized Transmissible Pathogens in which the circumstances make disease transmission sufficiently likely that the employee requires further evaluation by a physician or other physician or other licensed health care provider. The likelihood of transmission is determined by:
    a. Exposure scenario including distance, time, PPE used
    b. Specific pathogen
    c. Infectivity of the source
    d. Susceptibility of the host (vaccination status is one component)-
    e. Refer for a medical evaluation if the susceptibility is unknown.
4. In addition to the report required, NIHD's Infection Preventionist and/or Employee Health team shall, to the extent that the information is available:
    a. Staff member to complete Unusual Occurrence Report (UOR)

b. Decide what the affected employee needs to receive effective medical intervention to prevent disease or mitigate the disease course.
c. Instruct the HCW to monitor their temperature in the morning and the evening for at least 10 days
d. If a cough or fever develops; the HCW must seek medical evaluation immediately and notify the Infection Control nurse.
e. Assess whether employees in other agencies may be affected. There is an Aerosolized Transmissible Disease notification form to be filled out in the Emergency Department to help track employees outside of NIHD who may have been exposed.
f. Initiate a prompt investigation to identify exposed employees. Title 17 and other regulatory requirements determine notification to federal, state and local authorities.. The notification shall include the date, time, and nature of the potential exposure, and provide any other information that is necessary for the other employer(s) to evaluate the potential exposure of his or her employees. The notifying NIHD provider or Infection Preventionist shall not reveal the identity of the source patient to the other employers unless the patient or employee consents to the disclosure.

- *NOTE 1: These potentially exposed employees may include, but are not limited to, paramedics, emergency medical technicians, emergency responders, home health care personnel, homeless shelter personnel, personnel at referring health care facilities or agencies, and corrections personnel.*
- *NOTE 2: Some diseases, such as meningococcal disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability as determined by the local health officer for that jurisdiction of the potentially exposed employees. For other diseases such as tuberculosis there may not be a need for immediate medical intervention, however prompt follow up is important to the success of identifying exposed employees.*

5. When NIHD becomes aware that employees may have been exposed to a reportable aerosol transmissible disease case or suspected case, or to an exposure incident involving an Aerosol transmissible pathogen –shall do the following:
   a. Within a timeframe that is reasonable for the specific disease, but in no case later than 72 hours following, as applicable, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by the Infection Preventionist with assistance from Inyo County Health Department when indicated. This analysis will include the employee names and shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because Employee Health, Infection Prevention, Physician, or other licensed health care professional determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any Physician or other licensed health care professional or local health officer consulted in making the determination shall be recorded.
   b. Within a timeframe that is reasonable for the specific disease, but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.
   c. Provide post-exposure medical evaluation to all employees who had a significant high-risk exposure as soon as feasible if employee requests. The evaluation shall be conducted by a Physician or other licensed health care professional knowledgeable about the specific disease, including appropriate vaccination, prophylaxis and treatment. For *M. tuberculosis*, and for other pathogens where

recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless that it is not feasible.

6. Have employee contact Human Resources if employee is not allowed to work based on risk exposure. Information provided to the Physician or Other Licensed Health Care Professional.
   a. NIHD will ensure that all Physicians or other licensed health care professional responsible for making determinations and performing procedures as part of the medical services program are provided a copy of this standard and applicable public health guideline. For respirator medical evaluations, the employer shall provide information regarding the type of respiratory protection used, a description of the work effort required, any special environmental conditions that exist (e.g., heat, confined space entry), additional requirements for protective clothing and equipment, and the duration and frequency of respirator use.
   b. Each employer shall ensure that the Emergency Department physician or a physician or other licensed health care professional who evaluates an employee after an exposure except for COVID-19 incident is provided the following information:
      i. A description of the exposed employee's duties as they relate to the exposure incident;
      ii. The circumstances under which the exposure incident occurred;
      iii. Any available diagnostic test results, including drug susceptibility pattern or other information relating to the source of exposure that could assist in the medical management of the employee;
      iv. All of the employer's medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

Note: Healthcare workers who are positive or exposed to COVID-19 are to notify Employee Health or Infection Prevention for Return to Work or Testing Pathway. If an NIHD employee is exposed in the workplace and becomes ill, the employee may seek treatment in the Emergency Department, Primary Care Provider, or RHC Same Day Clinic.

7. Precautionary removal recommendation from the emergency room physician, other physician or other licensed health care professional Inyo County Health Department, Infection Prevention or Chief Medical Officer.
   a. NIHD, when necessary, may request from the above an opinion regarding whether precautionary removal from the employee's regular assignment is necessary to prevent spread of the disease agent by the employee and what type of alternate work assignment may be provided. This recommendation will be documented in writing and provided to Human Resources and to the employee.
   b. Where precautionary removal is recommended, NIHD shall maintain until the employee is determined to be noninfectious, the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to his or her former job status, as if the employee had not been removed from his or her job or otherwise medically limited.

   EXCEPTION: Precautionary removal provisions do not extend to any period of time during which the employee is unable to work for reasons other than precautionary removal.

8. Written opinion from the physician or other licensed health care professional.
   a. For TB conversions and all Reportable aerosol transmissible disease and Aerosol transmissible pathogen – laboratory exposure incidents, the written opinion shall be limited to the following information:
      i. The employee's TB test status or applicable Reportable aerosol transmissible disease test status for the exposure of concern;
      i. The employee's infectious status;
      ii. A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable, testing, vaccinations, prophylaxis, or treatment;

iii. A statement that the employee has been told about any medical conditions resulting from exposure to TB, other Reportable aerosol transmissible disease, or Aerosol transmissible pathogen – laboratory that require further evaluation or treatment and that the employee has been informed of treatment options; and

iv. Any recommendations for precautionary removal from the employee's regular assignment with the guidance of Human Resources.

b. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

TRAINING:

1. NIHD will provide that all employees with occupational exposure participate in training program.
2. The Aerosolized Transmissible Disease training or notification of changes will occur as stated below:
   a. At the time of initial assignment to tasks where occupational exposure may take place;
   b. At least annually thereafter, not to exceed 12 months from the previous training;
   c. For employees who have received training on aerosol transmissible diseases in the year preceding the effective date of the standard, only training with respect to the provisions of the standard that were not included previously need to be provided.
   d. When changes, such as introduction of new engineering or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures.
3. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.
4. The training program shall contain at a minimum the following elements:
   a. An accessible copy of the regulatory text of this standard and an explanation of its contents.
   b. A general explanation of Aerosolized Transmissible Diseases including the signs and symptoms of that require further medical evaluation.
   c. An explanation of the modes of transmission of Aerosol transmissible pathogen – or Aerosol transmissible pathogen – laboratory and applicable source control procedures.
   d. An explanation of the employer's ATD Exposure Control Plan and/or Respiratory Protection Program and Biosafety Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.
   e. An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to Aerosol transmissible pathogen or Aerosol transmissible pathogen – laboratory
   f. An explanation of the use and limitations of methods that will prevent or reduce exposure to Aerosol transmissible pathogen or Aerosol transmissible pathogen laboratory including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.
   g. An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use.
   h. A description of the employer's TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for Latent TB infection
   i. Training meeting the annual requirements for employees whose assignment includes the use of a respirator.

j. Information on the vaccines made available by Employee Health, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
k. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
l. Information on the employer's surge plan as it pertains to the duties that employees will perform. As applicable, this training shall cover the plan for surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens, including specimens from persons who may have been contaminated as the result of a release of a biological agent, how to access supplies needed for the response including personal protective equipment and respirators, decontamination facilities and procedures, and how to coordinate with emergency response personnel from other agencies.

ENGINEERING CONTROLS

1. Specific requirements for Airborne Infection Isolation Rooms and areas. Hospital isolation rooms constructed in conformance with General Requirements of Mechanical Ventilation Systems.
2. Negative pressure shall be maintained in Airborne Infection Isolation Rooms or areas. The ventilation rate shall be 12 or more air changes per hour (ACH). The required ventilation rate may be achieved in part by using in-room high efficiency particulate air (HEPA) filtration or other air cleaning technologies, but in no case shall the outdoor air supply ventilation rate be less than six ACH. Hoods, booths, tents and other local exhaust control measures shall comply with Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings.
3. Engineering controls shall be maintained, inspected and performance monitored for exhaust or recirculation filter loading and leakage at least annually, whenever filters are changed, and more often if necessary to maintain effectiveness. NIHD's maintenance department does check at least quarterly. NIHD Plant Maintenance has an aggressive filter-checking program that is managed with a software program for this purpose. If a problem(s) prevent the room from providing effective AII, then the room shall not be used for that purpose until the condition is corrected.
4. Ventilation systems for AII rooms or areas shall be constructed, installed, inspected, operated, tested, and maintained in accordance with regulatory guidelines General Requirements of Mechanical Ventilation Systems, of these orders. Inspections, testing and maintenance shall be documented in writing.
5. Air from Airborne Infection Isolation Rooms or areas, and areas that are connected via plenums or other shared air spaces shall be exhausted directly outside, away from intake vents, employees, and the general public. Air that cannot be exhausted in such a manner or that must be recirculated must pass through HEPA filters before discharge or recirculation.
6. Ducts carrying air that may reasonably be anticipated to contain aerosolized *M. tuberculosis* or other airborne infectious pathogen shall be maintained under negative pressure for their entire length before in-duct HEPA filtration or until the ducts exit the building for discharge.
7. Doors and windows of Airborne Infection Isolation Rooms or areas shall be kept closed while in use for airborne infection isolation, except when doors are opened for entering or exiting.
8. When a case or suspected case vacates an Airborne Infection Isolation Rooms or area, the room or area shall be ventilated according to Table 1 in the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings for a removal efficiency of 99.9 % before permitting employees to enter without respiratory protection.

TABLE 1 Air Exchange Within NIHD Departments:

Department Name	Air exchange per Hour (ACH)	Minutes Required for Removal efficiency †	
		99%	99.9%
Emergency Department	6 ACH	46	69
Emergency Department Triage	12 ACH	23	35
Med-Surg Non AIIR	6 ACH	46	69
ICU Non AIIR	6 ACH	46	69
AIIR M/S 5 & ICU 1	12 ACH	23	35
OB	6 ACH	46	69
Pre-op/PACU	6 ACH	46	69
OR	25 ACH	14	21
Outpatient Infusion	6 ACH	46	69
Clinics	2 ACH	138	207
Negative Pressure Room in Pediatric Clinic and RHC	50 ACH	6	8

* This table can be used to estimate the time necessary to clear the air of airborne *Mycobacterium tuberculosis* after the source patient leaves the area or when aerosol-producing procedures are complete.
† Time in minutes to reduce the airborne concentration by 99% or 99.9%.

LABORATORIES

1. The biological safety officer at NIHD is the Medical Director of Laboratory Services.
2. The biological safety officer performs a risk assessment in accordance with accepted methodology for each agent and procedure involving the handling of aerosolized transmissible disease pathogens in the lab Aerosol transmissible pathogen laboratory
3. Our laboratory has feasible engineering and work practice controls, in accordance with the risk assessment to minimize the employee exposures to Aerosol transmissible pathogen – laboratory. If exposure still remains after the institution of engineering and work practice controls, then the employees will use the appropriate PPE when and where necessary.
4. Biosafety Plan: The employer shall establish, implement, and maintain an effective written Biosafety Plan to minimize employee exposures to Aerosol transmissible pathogen – laboratory that may be transmitted by laboratory aerosols. The Biosafety Plan is kept in the laboratory's safety manual and includes the following:
    a. Identifies a biological safety officer(s) with the necessary knowledge, authority and responsibility for implementing the Biosafety Plan
    b. Establishes safe handling procedures and prohibit practices, such as sniffing *in vitro* cultures that may increase employee exposure to infectious agents.
    c. Identifies any operations or conditions in which respiratory protection will be required.
    d. Establishes emergency procedures for uncontrolled releases within the laboratory facility and untreated releases outside the laboratory facility. These procedures shall include effective means of reporting such incidents to the local health officer.
    e. Includes procedures for communication of hazards and employee training. This shall include training in the Biosafety Plan and emergency procedures.
    f. Includes an effective procedure for obtaining the active involvement of employees in reviewing and updating the Biosafety Plan with respect to the procedures performed by employees in their respective work areas or departments on an annual (or more frequent) basis.

g. Includes procedures for the biological safety officer(s) to review plans for facility design and construction that will affect the control measures for Aerosol transmissible pathogen – laboratory.
h. Includes procedures for inspection of laboratory facilities, including an audit of Biosafety procedures. These inspections shall be performed at least annually. Hazards found during the inspection, and actions taken to correct hazards, shall be recorded.

5. Recordkeeping will be done by the biological safety officer.

SURGE PROCEDURES

1. In the event of a surge of patients due to infectious disease, NIHD staff will follow established policies for Disaster Preparedness.
2. NIHD may participate in a multi-agency management plan, and will be directed by the Incident Command System and the county Emergency Operations Center.
3. Respiratory and personal protective equipment may be stockpiled and distributed by the Inyo County Health Department for use during a public health surge.

RECORDKEEPING

1. Medical records.
   a. Employers are responsible for recording cases of Aerosolized Transmissible Diseases for occupational exposures, and if it involves days away from work and/or medical treatment. This record may not be combined with non-medical personnel records.
   b. This record shall include:
      i. The employee's name and any other employee identifier used in the workplace;
      ii. The employee's vaccination status for all vaccines required by this standard, including the information provided by Employee Health, any vaccine record provided by the employee, and any signed declination forms;

      EXCEPTION: As to seasonal influenza vaccine, the medical record need only contain a declination form for the most recent seasonal influenza vaccine.
      iii. A copy of all written opinions provided by a Physician or other licensed health care professional in accordance with this standard, and the results of all TB assessments; and
      iv. A copy of the information regarding an exposure incident that was provided to the Physician or other licensed health care.
   c. Confidentiality. The employer shall ensure that all employee medical records required by this section are:
      i. Kept confidential; and
      ii. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as permitted by this section or as may be required by law.

      NOTE: These provisions do not apply to records that do not contain individually identifiable medical information, or from which individually identifiable medical information has been removed.
   d. The employer shall maintain the medical records required by this section for at least the duration of employment plus 30 years in accordance with Section 3204, Access to Employee Exposure and Medical Records, of these orders.
2. Training records.
   a. Training records shall include the following information:
      i. i. The date(s) of the training session(s);
      ii. ii. The contents or a summary of the training session(s);
      iii. The names and qualifications of persons conducting the training or who are designated to respond to interactive questions; and
      iv. The names and job titles of all persons attending the training sessions.

b. Training records shall be maintained for 3 years from the date on which the training occurred.

3. Records of implementation of Aerosolized Transmissible Disease Plan and/or Biosafety Plan.
   a. Records of annual review of the ATD Plan and Respiratory Protection Program Biosafety Plan shall include the name(s) of the person conducting the review, the dates the review was conducted and completed, the name(s) and work area(s) of employees involved, and a summary of the conclusions. The record shall be retained for three years.
   b. Records of exposure incidents shall be retained and made available as employee exposure records in accordance with Section 3204. These records shall include:
      i. The date of the exposure incident;
      ii. The names, and any other employee identifiers used in the workplace, of employees who were included in the exposure evaluation;
      iii. The disease or pathogen to which employees may have been exposed;
      iv. The name and job title of the person performing the evaluation;
      v. The identity of any local health officer and/or Physician or other licensed health care consulted;
      vi. The date of the evaluation; and
      vii. The date of contact and contact information for any other employer notified by NIHD regarding potential employee exposure.
   c. Records of the unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for three years.
   d. Records of the unavailability of Airborne Infection Isolation Rooms or areas shall include the name of the person who determined that an Airborne Infection Isolation Room or area was not available, the names and the affiliation of persons contacted for transfer possibilities, and the date of the contact, the name and contact information for the local health officer providing assistance, and the times and dates of these contacts. This record, which shall not contain a patient's individually identifiable medical information, shall be retained for three years.
   e. Records of decisions not to transfer a patient to another facility for Airborne Infection Isolation Room for medical reasons shall be documented in the patient's chart, and a summary shall be provided to the plan administrator providing only the name of the physician determining that the patient was not able to be transferred, the date and time of the initial decision and the date, time and identity of the person(s) who performed each daily review. The summary record, which shall not contain a patient's individually identifiable medical information, shall be retained for three years.
   f. Records of inspection, testing and maintenance of non-disposable engineering controls including ventilation and other air handling systems, air filtration systems, containment equipment, biological safety cabinets, and waste treatment systems shall be maintained for a minimum of five years and shall include the name(s) and affiliation(s) of the person(s) performing the test, inspection or maintenance, the date, and any significant findings and actions that were taken. Plant operation uses a computer-based work system for documentation of records.
   g. As stated under 29 CFR 1910.134(m)(2), the following information must be recorded: the name of the employee; the type of test performed (QLFT or QNFT); specific respirator tested; date of the test; and the results of the test. This information must be retained until the next fit test is administered.

4. Availability.
   a. The employer shall ensure that all records, other than the employee medical records more specifically dealt with in this subsection, required to be maintained by this section shall be made available upon request by the subject employee or regulatory agencies if requested.
   b. Employee training records, the exposure control plan and/or Biosafety plan, and records of implementation of the Aerosolized Transmissible Disease exposure control plan and Respiratory

Protection Program and the Biosafety-plan other than medical records containing individually identifiable medical information, shall be made available as employee exposure records in accordance to employees and/or employee representatives.

c. Employee medical records required by this subsection shall be provided upon request to the subject employee, anyone having the written consent of the subject employee, and reu

5. Transfer of Records.
   a. NIHD will comply with the requirements involving the transfer of employee medical and exposure records.
   b. If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Chief Operations Officer and National Institute for Occupational Safety and Health, at least three months prior to the disposal of the records and shall transmit them to National Institute for Occupational Safety and Health, if required by National Institute for Occupational Safety and Health to do so, within that three-month period. NOTE: Authority cited: Sections 142.3 and 6308; Labor Code. Reference: Sections 142.3 and 6308, Labor Code, and 8 CCR 332.3.

REFERENCES:

1. California Occupational Safety & Health Standards Board (OSHSB)(2013) General Industry Safety Orders, Aerosolized Transmissible Diseases, Title 8, Chapter 4, Subchapter 7, Article 109, Section 5199 http://www.dir.ca.gov/title8/5199.HTML
2. California Department of Public Health. (2017). ATD Standard Appendix D: Aerosol Transmissible Pathogens-Laboratory. Retrieved from https://www.dir.ca.gov/title8/5199d.html
3. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings. (2005) CDC page last updated 2012 and page last reviewed 2016. Published by the Centers for Disease Control.
4. California Department of Public Health. March 24, 2021). Cal/OSHA Aerosol Transmissible Disease Standards. Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ATDStd.aspx
5. California Department of Public Health. (August 21, 2018). Respiratory Protection: Cal/OSHA Respiratory Protection Standard. Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/RespStd.aspx#:~:text=The%20Cal%2FOSHA%20Respiratory%20Protection,training%2C%20fit%20testing%20and%20recordkeeping.
6. California Tuberculosis Controllers Association. (2015). Current CDPH-CTCA Joint Guidelines. Retrieved from http://www.ctca.org/menus/cdph-ctca-joint-guidelines.html http://www.ctca.org/filelibrary/Scrning_Trtmnt-Patients_with_ChronicKidneyDisease..._.pdf http://www.ctca.org/filelibrary/CTCA_CDPH_Actions_and_Best_Practices_For_TB_Approved.pdf August 2016. http://www.cdph.ca.gov/programs/tb/Documents/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf (Oct 2016)~~1~~
7. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-preventable Diseases, Hamborsky J, Kroger A, Wolfe S, eds. 13th ed..~~2009~~, Washington D.C. Public Health Foundation, 2015.
8. Centers for Disease Control and Prevention, (2005). Morbidity and mortality week report (MMWR). Guidelines for preventing the transmission of Mycobacterium tuberculosis in Health-Care settings, 2005. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm
9. Centers for Disease Control and Prevention. *(2020)* Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings. Retrieved from https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

10. Centers for Disease Control and Prevention. (2012) Respiratory Hygiene/Cough Etiquette in Healthcare Settings. Retrieved from https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm
11. Centers for Disease Control and Prevention. (2016). The National Personal Protective Technology Laboratory (NPPTL). Retrieved from https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html
12. APIC Position Paper" Recommendations for Extending Use and/or Reusing Respirators" December 2009 (Placed at the end of this policy for referencing).
13. Implementing Respiratory Protection Programs in Hospitals a Guide for Respirator Program Administrators, California Department of Public Health, Occupational Health Branch, August 2015
14. California Department of Public Health (CDPH). (2012). Respirator Use in Health Care Workplaces: Cal/OSHA Aerosol Transmissible Disease Standard. Retrieved from https://www.cdph.ca.gov/programs/ohb/Pages/ATDStd.aspx
15. California Department of Public Health (2018). Cal/OSHA Aerosol Transmissible Disease Standards. Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ATDStd.aspx
16. Centers for Disease Control and Prevention (2016). Transmission-based precautions. Retrieved from https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html

CROSS-REFERENCED POLICIES AND PROCEDURES:

1. Airborne Infection Isolation Rooms (AIIR)
2. Infection Prevention Recommendations for Avian Influenza, Novel Influenza, and Seasonal Flu
3. Interim Guidance For Environmental Infection Control For Patients With Probable/Suspected Ebola Virus*
4. Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)
5. Severe Acute Respiratory Syndrome (SARS-CoV) or Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection Control Recommendations Hospitalized Patients
6. Tuberculosis Exposure Control Plan
7. Health Care Worker Health Screening and Maintenance Requirements
8. Care and Donning of a Powered Air Purifying Respirator (PAPR)
9. Infectious/Bio-Hazardous Waste: Hazardous Substance Communication Program
10. Infectious/Non-Infectious Waste Disposal Procedure PAPR Respirator Inspection Record

RECORD RETENTION AND DESTRUCTION:
As described in the Policy and Procedure example fit test results.

Supersedes: v.8 Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Deployment of Nursing Staff at Department Level and Patient Care Assignments		
Owner: DON Inpatient Services	Department: Acute/Subacute Unit	
Scope: Nursing Services		
Date Last Modified: 07/12/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/01/2014	

PURPOSE:
To define the process by which each nursing department for each shift and/or hours of operation assigns nursing personnel to meet the needs of patients in that department based on the employee's education, training, experience and licensure and the patient's acuity, problems/needs and levels of intervention required.

POLICY:
1. The Staffing Management Plan in conjunction with the Yearly Patient Care Services Budget Review will determine each Nursing Department's skill mix, and budgeted care productivity pattern per patient volume.
2. A "Shift Charge" is scheduled as a designated nursing resource within some specific departments to assess department needs on an ongoing basis and to adjust assignments based on the changing needs of the patients and staff. The House Supervisor (HS) or Nurse Manager (NM) may serve as the Shift Charge in the absence of a qualified staff Registered Nurse (RN).
3. The Shift Charge (assigned RN, HS, NM) assigns patient care to the RN nursing personnel scheduled for the shift.
4. Staffing is evaluated and or adjusted at least every 12 hours by the HS based on staffing guidelines and acuity.
5. The HS supports placement of staff for Subacute & Acute Care Services, ICU, ED, Perioperative and Perinatal Services.
6. A permanent record of all staffing schedules is maintained in electronic format.

PROCEDURE:
1. The designated HS assesses the oncoming shift's needs utilizing the department Staffing Guideline (matrix), census (with consideration of discharges and admissions), scheduled staff and any known special needs of the patient population. The Shift Charge notifies the HS of any department needs that will impact the Staffing Guidelines or core staffing plan.
2. The HS or designee notifies the department of adjustments to staffing such as ill calls, assigned floating or cross trained staff, and per diem staff. The information is recorded in the scheduling software with notations of reason for staffing change.
3. If a staffing concern develops during the shift, the department notifies the HS and together they discuss the concern and how to handle the situation. Further adjustments to staffing may be made or other actions taken.
4. The patient environment, staff competency and supervision required/available translate into the specific considerations or assignment, which collectively revolve around a central theme; ensuring that staff

only care for patients for whom they are competent to provide care. The specific considerations used by the Shift Charge and RN for determining caseload assignment include:

a. Complexity of patient's condition and required nursing care (acuity).
b. Dynamics of the patient's status and frequency of nursing care activities as determined by the Patient Care Plan and communicated at change of shift report.
c. Complexity of the assessment required by the patient.
d. Type of technology required for care such as chest tubes, ventilators, artificial airways, invasive lines.
e. Competency of assigned personnel in relationship to knowledge and skills required to effectively provide care and utilize current technology.
f. Supervisory requirements of the assigned personnel determined by performance monitoring, performance appraisal and performance improvement findings.
g. Competency of delegation by RN to carry out clinical and managerial responsibilities.
h. Availability of delegating RN or appropriate supervision of assigned staff in relation to the department space and patient assignment of personnel.

5. The Shift Charge assigns patient assignments taking into consideration acuity.
6. There is to be an RN on each nursing department at all times unless a unit is closed. During the assigned shift, the caseload RN is responsible for the following during the assigned shift:
   a. Hand off of the patient caseload to another RN when on break or at change of shift.
   b. Observing and reporting any changes in the patient's condition emotionally and medically
   c. Assisting the patient work toward his/her treatment goals.
   d. Documenting patient status including behaviors and staff interventions.
7. Students and orienting workforce are not counted in the staffing matrix. The Shift Charge is notified of the presence of these individuals, and who will provide oversight.
8. Floating Staff will be assigned to a partner to act as a resource. The partner may also be the Shift Charge. The partner welcomes the staff to the department, gives them a tour, reviews department routines, etc.
9. The Shift Charge also assigns department specific duties other than direct patient care such as crash cart checks, code coverage, equipment checks, cleaning duties and assignment of breaks and meal times.
10. Significant changes in patient or department needs are communicated by the Shift Charge, HS, or designee. The HS or designee reviews the situation and takes action to remedy the issue which may include moving the patient to a higher level of care or pulling support for several hours from other departments to help.
11. Each department develops a tool for recording assignments. These tools are kept on file for three years. Assignment sheets can be computer generated or self-developed dependent on the department standards. The names of the nursing staff caring for the patient are also recorded in the Electronic Medical Record.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) January 2022: Nursing Functional Chapter, NR02.03.01
2. TJC (2016) CAMCAH Functional Chapter Provision of Care, PC.02.01.01. An RN supervises and evaluates the nursing care for each patient.

RECORD RETENTION AND DESTRUCTION:

A permanent record of all staffing schedules is maintained in electronic format.
Each department develops a tool for recording assignments. These tools are kept on file for three years.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Staffing Management Plan
2. Floating Nursing Workforce
3. Communication with Medical Providers – SBAR-QC
4. Nursing Care Plan

Supersedes: v.1 Deployment of Nursing Staff at Department Level and Patient Care Assignments

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Diagnostic Imaging - Communication of Mammography Results to the Healthcare Provider		
Owner: DIRECTOR OF DIAGNOSTIC SERVICES	Department: Diagnostic Imaging	
Scope: Mammography		
Date Last Modified: 06/20/2023	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date: 02-09-2012	

PURPOSE: To define the NIH standard for time frames for communicating written mammography results to the Health Care Provider.

POLICY: Definition – BI-RADS – Breast Imaging – Reporting and Data System

1. All (Bl-RADS) 1and 2 (negative and benign) will have a written report generated and distributed to the referring Health Care Provider within 72 hours of interpretation of the mammogram.
2. All Bl-RADS 0 (needs additional work-up) will have a written report generated and distributed to the referring Health Care Provider within 48 hours of interpretation. The Radiology Office staff will call Bl-RADS 0 results to the Health Care provider within 24 hours of interpretation to inform of the need for additional follow up imaging.
3. All Bl-RADS 3 (short term follow-up) will have a written report generated and distributed to the referring Health Care Provider within 48 hours of interpretation.
4. All Bl-RADS 4 and 5 (suspicious and highly suggestive of malignancy) will have a written report generated and distributed to the referring Health Care Provider within 24 hours of interpretation of the diagnostic mammogram. The Radiology Office staff will call Bl-RADS 4 or 5 results to the Health Care provider within 24 hours of interpretation to inform of the need for additional follow up care.
5. All direct or verbal communication by the Mammographer with the Health Care Provider will be documented in the written report.
6. All written reports will contain the patient name, the patient date of birth, date of the procedure and the name and address of our facility.

REFERENCES: ACR and MQSA Recommendations

RECORD RETENTION AND DESTRUCTION: All Imaging Reports will be filed in patient's medical record

CROSS REFERENCE POLICIES AND PROCEDURES:

- Diagnostic Imaging – Communication of Mammography results to the patient

Supersedes: Not Set

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Health Care Worker (HCW) Influenza Vaccination		
Owner: Manager Employee Health & Infection Control	Department: Employee Health	
Scope: Northern Inyo Healthcare District (NIHD)		
Date Last Modified: 10/11/2023	Last Review Date: No Review Date	Version: 6
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:
Health and Safety Code section 1288.7(a) requires California acute care hospitals to offer influenza vaccine free of charge to all healthcare providers (HCP) or sign a declination form if an HCP chooses not to be vaccinated. The purpose is to:

1. To help minimize the risk of influenza illness to patients, health care personnel, and their friends/family.
2. To prevent influenza transmission from personnel to persons at high risk for complications. Higher influenza vaccination coverage among HCWs is associated with reduced nosocomial influenza among hospital patients.
3. To reduce personnel absenteeism during community outbreaks.

POLICY:

1. Free influenza vaccinations will be offered once from when they become available in September or October, at least through March 31 of the following year or through the end of the influenza season as declared by Inyo County Public Health Medical Director.
2. If a national vaccine shortage occurs or the CDC recommendations are altered, the Inyo County Health Officer and NIHD Employee Health Medical Director may suspend or revoke all parts of this policy and procedure.
3. Data will be collected and reported to the National Health and Safety Network (NHSN) to determine rates of vaccinations and declinations.
4. All efforts will be made to improve our program and our vaccination rates.

PROCEDURE:

1. Northern Inyo Healthcare District (NIHD) requires annual influenza vaccinations for all NIHD workforce members or a signed declination. If no declination on file, it would be considered as unknown vaccination status for data reporting. Employee Health will make all attempts to collect data.
2. NIHD workforce includes:
    a. Employees who receive a direct paycheck from NIHD
    b. Licensed Independent Practitioners (LIP) who work on-site in any of the patient care buildings
    c. Travelers
    d. Contract workers
    e. Volunteers and Auxiliary on NIHD campus
    f. Students/Trainees

    Note: Vendors will upload their influenza vaccination status within Vendormate portal

3. Education will be provided to NIHD workforce. Education topics will include:

a. Education on the influenza vaccine and the different types offered. Education will involve information on the ingredients-and health concerns.
b. Ongoing education related to non-vaccine control and prevention measures is also provided through several policies, emails, and Talking Points. Topics include information on how flu is transmitted, respiratory hygiene/cough etiquette, hand hygiene, personal protective equipment, and not coming to work ill.

4. The influenza vaccine is free of charge to all healthcare workers on NIHD campus. It is freely accessible to prevent any perceived difficulty. It is available through Employee Health, House Supervisors, and department rounding and meetings.
    a. Influenza vaccinations will typically begin when they become available in September or October.
    b. All HCWs must either receive the vaccination or sign a declination.
    c. Mask mandates will be determined annually and throughout respiratory illness season per local, state, and federal guidelines. NIHD Employee Health and leadership will monitor regulatory guidelines with the local county public health department. Information related to mask mandates will be communicated annually and with any changes.
    d. NIHD strongly recommends that any employee who declines influenza vaccine wear a tight-fitting surgical mask during influenza season.
5. NIHD strives to improve vaccination rates and see a decrease in declinations through:
    a. Education
        i. regarding the benefit/risk profile of the vaccination
        ii. myths and realities- via CDC flyers, posters, emails
        iii. on the seriousness of influenza-especially for high-risk populations
    b. Annual consideration of mask use
    c. Strategies to promote/enhance vaccination
    d. Methods to deliver vaccine to NIHD HCW's
6. Influenza vaccine administration and declination data will be collected and entered into the NHSN database.
7. Employee Health will annually provide influenza rate and declination data to those leaders and managers who have a stake in the influenza vaccination rate of the hospital staff and Licensed LIPs.
    a. Infection Control Committee
    b. Nurse Executive Team
    c. Quality Improvement Operational Team
    d. Department Heads
    e. Medical Staff via the medical staff office.
    f. Board of Directors

REFERENCES:

1. California Health and Human Service (CalHHS). August 30, 2023. Health Care Personnel Influenza Vaccination. Retrieved from https://data.chhs.ca.gov/dataset/cdph-health-care-personnel-influenza-vaccination
2. California Hospital Association. 2018. California Hospital Record and Data Retention. Retrieved from
3. CalOSHA. June 2023. The California Workplace Guide to Aerosol Transmissible Disease. Retrieved from https://data.chhs.ca.gov/dataset/cdph-health-care-personnel-influenza-vaccination
4. Centers for Disease Control and Prevention. May 2021. Prevention Strategies for Seasonal Influenza in Healthcare Settings. Retrieved from https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
5. Centers for Disease Control and Prevention. August 30, 2023. Healthcare Personnel (HCP) Flu Vaccination. Retrieved from https://www.cdc.gov/nhsn/hps/vaccination/index.html

RECORD RETENTION AND DESTRUCTION:

Duration of employment plus 30 years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Health Care Worker Health Screening and Maintenance Requirements
2. Health Care Workers with Influenza like Illness
3. Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program
4. Infection Prevention Recommendations for Avian Influenza, Novel Influenza, and Seasonal Flu

Supersedes: v.5 Influenza Vaccination Policy*

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Patient and or Visitor Exposure to Blood or Body Fluids		
Owner: Manager Employee Health & Infection Control	Department: Infection Prevention	
Scope:		
Date Last Modified: 07/13/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 2007	

PURPOSE:
In a health care facility, there may be occasions when individuals are exposed to the bloodborne pathogen from another individual. For example, the source patient may be a health care worker, patient or visitor; and the exposed patient may be another health care worker, patient or visitor. This policy provides direction for exposures when the exposed individual is a patient or visitor.

POLICY:
The policy of the Northern Inyo Healthcare District (NIHD) is that any patient or visitor exposed to the bloodborne pathogens of either another patient or a healthcare worker will be informed of the exposure. All follow-up procedures will be designed to maintain the confidentiality of the exposed and source individuals. The cost of testing/counseling/treatment or prophylaxis of the exposed and source individuals will be assumed by NIHD.

DEFINTIONS:
Bloodborne Pathogen: Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

PROCEDURE:
1. Infection Prevention, Emergency Department, House Supervisors Responsibility:
    i. If a patient or visitor is exposed staff are to notify Infection Prevention or House Supervisor in the absence of Infection Prevention team.
    ii. Wash the needlesticks site and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile wash.
    iii. If a blood exposure has occurred, exposure protocols are followed the same as for a Health Care Worker (HCW) exposure. Exposure packets are kept in the Emergency Department for reference.
    iv. Assist the attending physicians in obtaining appropriate medical evaluation, consent and treatment for the exposed patient(s). The attending physician may consult with Infection Prevention or Emergency Department to establish if there has been an exposure and to identify the next steps, including disclosure.
    v. Ensure that medical testing and follow-up (including post exposure prophylaxis) is arranged if appropriate. Clinical decision-making will be based on type of exposure (e.g., needlestick, splash), test results and patient history.

vi. If the exposed or source individual is a visitor, refer the visitor to the Emergency Department for appropriate evaluation and treatment.
vii. Nursing team to complete Unusual Occurrence Report (UOR).
viii. Review the situation for any policy/procedure or training needs to prevent other incidents from occurring including need for a Root Cause Analysis (RCA) if indicated.

2. Attending or Emergency Room Provider Responsibilities:
   i. Inform the exposed and source patient(s) about the exposure if patient has not been notified due to occupational exposure. The attending physician(s) is responsible for ensuring that appropriate patient testing and follow-up occur.
   ii. If a blood exposure has occurred exposure protocols are followed the same as for a Health Care Worker (HCW) exposure for the provider role. Exposure packets are kept in the Emergency Department for reference.
   iii. Evaluate the patient (s) for risk factors and immunity (hepatitis B vaccination, high-risk behaviors.)
   iv. Determine if post-exposure testing and prophylaxis is indicated. Consult with HIV Hotline (1-888-448-4911) for the most current recommendations.
   v. Provide confidential counseling and notify patient or patient's representative of the exposure event, the exposure follow-up plan and test results.
   vi. Document refusal for testing if needed.
   vii. Documentation of the exposure on the patient's chart, and notification of the Infection Prevention department.

REFERENCES:

1. California Hospital Association. (October 2018). Record and Data Retention Schedule.
2. Centers for Disease Control and Prevention. (2014). Bloodborne Pathogen Exposure. Retrieved from https://www.cdc.gov/niosh/docs/2007-157/default.html#:~:text=What%20should%20you%20do%20if,%2C%20saline%2C%20or%20sterile%20wash.
3. Occupational Safety and Health Administration. Site Accessed 5/22/2023. Bloodborne Pathogens and Needlestick Prevention. Retrieved from https://www.osha.gov/bloodborne-pathogens#:~:text=Bloodborne%20pathogens%20are%20infectious%20microorganisms,expose%20workers%20to%20bloodborne%20pathogens.
4. University of California San Francisco. (2023). National Clinician Consultation Center: Clinician Consultation. Retrieved from https://nccc.ucsf.edu/clinician-consultation/

RECORD RETENTION AND DESTRUCTION:

Fifteen years for adults and twenty-five years for minors.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. AIDS/HIV Testing and Orders
2. Bloodborne Pathogen Exposure Control Plan
3. Exposure Evaluation*
4. HIV Testing Without Consent for Occupational Exposures
5. Infection Control Exposure Hotline
6. Initial Evaluation of Exposure Incident

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Qualifications to Insert Peripherally Inserted Central-Catheters and Midlines		
Owner: DON Inpatient Services	Department: Acute/Subacute Unit	
Scope: Qualified RNs		
Date Last Modified: 08/23/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE: To define the initial training and what constitutes demonstration of competency for the Registered Nurse qualified to insert Peripherally Inserted Central Catheters (PICCs). To define the annual requirements to maintain competency to insert PICC lines and Midlines.

POLICY: The Intravenous Nursing Society (INS) recommends that an institution create a set criteria to evaluate the competency of nurses learning to place PICC line / Midline catheters. In line with the INS recommendations, the following criteria must be met and documented for the RN to be considered qualified to insert a PICC line or a midline at Northern Inyo Healthcare District (NIHD).

1. The RN will complete a PICC insertion educational course.

    a. The educational course must meet the standards to provide a minimum of 8 hours of continuing education accepted by the California Board of Registered Nursing.

    b. Training must include ultrasound use for vascular access, anatomy, physiology, care and maintenance of PICC and midlines, patient education, vessel selection, emergency and nonemergency complication management, and sterile insertion technique.

    c. This course must have a theoretical component and a hands on practicum with supervision.

2. The RN who places PICC lines must prove that they have attended a course that meets the previously outlined requirements, and NIHD will maintain records of such education.

3. The RN who places PICC lines needs to prove initial competency in their technique of PICC line placement through a minimum of 3 observed successful insertions, observed by a proficient RN, Advanced Practice Provider (APP), or Physician.

4. The RN who places PICC lines needs to prove competency annually.

    a. Annual competency can be provided by a successful insertion observed by a PICC qualified RN, Advanced Practice Provider (APP), or Physician or

    b. 4 or more successful insertions throughout the calendar year.

5. Documentation of PICC competency will be kept in the RN's education binder and on file with the nursing administration department.

6. All PICC insertions will follow the NIHD approved Lippincott Procedure "Peripherally inserted central catheter (PICC) insertion".

REFERENCES:

1. INS. Infusion Nursing Standards of Practice. JIN. 2011;34(1S):S1-110.

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Lippincott Procedure "Peripherally inserted central catheter (PICC) insertion"

Supersedes: N/A

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

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

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: October 3, 2023
RE: Medical Executive Committee Report

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

A. Policies (*action item*)

1. *Aerosolized Transmissible Disease Exposure Plan Respiratory Protection Program*
2. *Deployment of Nursing Staff at Department Level and Patient Care Assignments*
3. *Diagnostic Imaging – Communication of Mammography Results to the Healthcare Provider*
4. *Health Care Worker (HCW) Influenza Vaccination*
5. *Patient and or Visitor Exposure to Blood or Body Fluids*
6. *Qualifications to Insert Peripherally Inserted Central-Catheters and Midlines*

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

CALL TO ORDER

The meeting was called to order at 5:30 p.m. by Mary Mae Kilpatrick, Northern Inyo Healthcare District (NIHD) Board Chair.

PRESENT

Mary Mae Kilpatrick, Chair
Melissa Best-Baker, Vice Chair (present via zoom)
Jean Turner, Secretary
Ted Gardner, Treasurer
Stephen DelRossi, MSA, Interim CEO / Chief Financial Officer
Allison Partridge RN, MSN, Chief Nursing Officer / Chief Operations Officer
Adam Hawkins, DO, Chief Medical Officer
Alison Murray, Chief Human Resources Officer

OPPORTUNITY FOR PUBLIC COMMENT

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

FOUNDATION ROI REPORT

Chair Kilpatrick called attention to the Foundation ROI Report. Greg Bissonette, Foundation ED and Grant Writer, presented the Foundation's income versus expense statement. He stated the main expense is his salary and income categories include grants and other subsidy programs.

Jean Turner thanked him for the detailed report and asked about the telecom subsidies. Mr. Bissonette stated USAC (Universal Services Administrative Company) is a federally run program that funds schools, libraries, and healthcare facilities. NIHD receives discounts on broadband and telephone lines through their rural health care program. They cover approximately 65% of broadband costs.

Jean Turner asked about grants stating they look robust. Mr. Bissonette stated prior to 2019 we had a number of fairly small annual grants, each one totaling $10,000 - $15,000 per year. There was a huge increase in 2018 – 2019 from MAT funding, which continued to 2023.

APPROVAL OF THE FISCAL YEAR 2023-2024 BUDGET

Chair Kilpatrick called attention to the FY2023-2024 Budget.

CEO DelRossi reviewed assumptions used in the budget process. He stated large corporations use top-down budgets which dictate the amounts allowed to be spent. NIH used a bottom-up approach that brought leaders to the table to discuss their operational needs, including safety concerns and staffing levels. CEO DelRossi stated he believes the best predictor of what an organization is going to do in the future is what it is currently doing. Without any changes to current processes, this produces a $16,000,000 deficit; however, there will be changes. The Executive Team

has been working tirelessly to balance the budget and have so far come up with $9,500,000 in total changes that will be made to this budget. CEO DelRossi recommended the Board approve this budget with the understanding the Executive Team is working to put the new plans into operation.

Chair Kilpatrick asked for details of the plans. CEO DelRossi stated they include a series of services, a series of cost cutting efforts, and a series of growth in revenue.

Jean Turner stated she appreciates the forecast and fears there will be pain ahead because we cannot continue in the same way as before. She stated service cuts will be painful, but there can be no sacred cows and we must turn over every stone.

CEO DelRossi emphasized revenue growth is instrumental to this plan. We have already signed a contract with a cardiologist who will come in two days a month, and we are looking to get a gastroenterologist to come in a couple days a month. He stated that while these are incremental increases, they will stop an entire service line from being a complete loss and bring it to a break even position.

Jean Turner asked if there are any more services that could fit in with the RHC to receive the higher reimbursement rates. CEO DelRossi stated they continue to consider new suggestions for the RHC.

Chair Kilpatrick asked for clarification on how many services they are thinking about changing.

Dr. Hawkins, CMO, stated they have literally looked at every single service line we offer to assess if it can generate more revenue or if there is opportunity for cost savings. The task is to find balance between the two depending on the projected loss. He stated it is difficult to answer her question in a vacuum because incremental changes potentially affecting each service line and down-stream revenue created by each service line must be considered.

Allison Partridge, CNO/COO, added they are also considering whether any given service line has the necessary resources allocated to continue, and what is needed to support it appropriately.

Dr. Hawkins reiterated the importance of analyzing down-stream revenues attributed to each service line.

Chair Kilpatrick commended leadership staff on the work they are putting in. She stated the Board understands there are some services the community desperately needs, and they are interested in which services

the community could do without. She added she has confidence the leadership we have is exactly what we need.

Jean Turner seconded Chair Kilpatrick's comments, and noted the $9,500,000 staff has come up with in pending changes is only half the problem.

Melissa Best-Baker asked if they are seeing an increase in revenue as a result of changes already implemented. CEO DelRossi stated they are now seeing a collection rate of 42% which is significantly higher than it had been and is within our contractual guidelines.

Melissa Best-Baker asked if the Board can approve a budget that is not balanced. CEO DelRossi stated he had sent that question to legal counsel but had not yet received a response. Ms. Best-Baker stated she has never approved a budget that was not balanced and asked the other Board member if they have done this in the past. Chair Kilpatrick asked if legal counsel were in attendance and it was noted they had already left the meeting due to prior commitments.

CEO DelRossi stated last year's budget approved by the Board showed it was net neutral with $5,000,000 in spend down of cash. Ted Gardner stated it is not unusual to use cash reserves to balance budgets.

Jean Turner asked for information regarding the state of rural hospitals nationally, and if there are factors NIHD missed over the years. Stephen responded 50% of California hospitals are operating in the red, and it is a little higher nationally. He stated volume is a factor in rural hospitals, but the biggest cost is labor, which is a national problem.

Chair Kilpatrick brought the discussion back to the budget deficit and stated she would not bring it to a vote under the given circumstances. Melissa Best-Baker suggested staff add a line item for the use reserves to cover the deficit and show a balanced budget. Jean Turner stated she would be in favor of this, and Ted Gardner added this had been done in the past.

It was motioned by Melissa Best-Baker to approve the Fiscal Year 2023-2024 Budget with the revision of the income statement to show miscellaneous income of $15,969,175 coming from reserves and net income shows the budget is balanced, Ted Gardner seconded the motion as restated, and the motion passed 4-0.

APPROVAL OF DISTRICT BOARD RESOLUTION 23-05, FY2024 APPROPRIATIONS LIMIT

Chair Kilpatrick read aloud District Board Resolution 23-05, FY2024 Appropriations Limit.

It was motioned by Jean Turner to approve District Board Resolution 23-

05 as presented, Ted Gardner seconded, and the motion passed 4-0.

APPOINTMENT OF ADHOC COMMITTEE TO RECOMMEND CANDIDATES FOR BOARD APPROVAL TO FILL ZONE 1 BOARD MEMBER VACANCY

Chair Kilpatrick called attention to the Appointment of ADHOC Committee to recommend candidates for Board approval to fill Zone 1 Board Member Vacancy

Chair Kilpatrick stated Ted Gardner and Melissa Best-Baker volunteered to serve on the committee.

It was motioned by Jean Turner to approve the appointment of Ted Gardner and Melissa Best-Baker to the ADHOC Committee to recommend candidates for Board approval to fill Zone 1 Board member vacancy, Mary Mae Kilpatrick seconded, and the motion passed 4-0.

CONSENT AGENDA

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

1. *Approval of Policies and Procedures – Biennial Review*
    a. *Appointments to the NIHD Board of Directors*
    b. *Election Procedures and Related Conduct*
    c. *NIHD Board of Directors Conflicts of Interest*
    d. *Public Records Requests*
    e. *Suggested Guidance to Fill a Board Vacancy by Appointment*
    f. *Work Flow for Appointments to Fill Board Vacancy*
    g. *Onboarding and Continuing Education*
    h. *Board Member Resignation and Filling of Vacancies*

Jean Turner stated she is currently the only member of the Governance Committee and she acknowledged Chair Kilpatrick's work on policies in past years. Ms. Turner stated there is confusion as to who on staff is their point person regarding policies and she would look to Stephen for guidance. She stated there is redundancy in policies A, E and H that needs some work. She noted F is a workflow tool that is meant to be attached to one of the policies rather than a standalone policy as it is displayed. She asked the Board to consider letting her work with any other Board member who would like to be involved on policies A, E and H with F being an attachment to the final product. She recommended the Board approve B, C, D, and G.

It was motioned by Melissa Best-Baker to approve policies B, C, D, and G, Ted Gardner seconded, and the motion passed 4-0.

ADJOURNMENT

Adjournment at 6:12 p.m.

_____
Mary Mae Kilpatrick, Northern Inyo Healthcare District, Chair

Attest: _____
Jean Turner, Northern Inyo Healthcare District, Secretary

CALL TO ORDER

Northern Inyo Healthcare District (NIHD) Board Chair Mary Mae Kilpatrick called the meeting to order at 5:30 p.m.

PRESENT

Mary Mae Kilpatrick, Chair
Melissa Best-Baker, Vice Chair
Jean Turner, Secretary
Ted Gardner, Treasurer
Stephen DelRossi, MSA, Chief Financial Officer / Interim Chief Executive Officer
Allison Partridge RN, MSN, Chief Nursing Officer / Interim Chief Operations Officer
Adam Hawkins, DO, Chief Medical Officer
Alison Murray, Chief Human Resources Officer
Sierra Bourne, MD, Chief of Staff

OPPORTUNITY FOR PUBLIC COMMENT

Chair Kilpatrick reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered. Public comments were heard from the following:

- Pam Mitchell

NEW BUSINESS

AD HOC COMMITTEE REPORTS

Chair Kilpatrick called attention to Ad Hoc Committee reports.

Governance Committee: Jean Turner reported she is currently a committee of one due to Jody Veenker's resignation. Ms. Turner reported she attended the annual ACHD conference. She distributed ACHD handouts of particular interest to her and stated the Board may want to consider use of these documents, which included ACHD Governance versus Management/Staff Matrix of Responsibilities, ACHD Board of Directors Calendar of Time Sensitive Business, Conflicts of Interest, and Board Member Code of Conduct. The Board members agreed they look like useful documents that could be incorporated with NIHD policies. Ms. Turner was directed to work with Compliance Officer Patty Dickson.

HR Committee: Chair Kilpatrick reported she met with Chief Human Resources Officer Alison Murray regarding evaluation of the Interim CEO, and she appreciates the guidance.

CISA CYBERSECURITY ASSESSMENT

Chair Kilpatrick called attention to the Department of Homeland Security Cyber and Infrastructure Security Agency (CISA) Cybersecurity Assessment. ITS Director Bryan Harper introduced Bob McNeal, Team Lead RPT, who presented.

- Mr. McNeal reported CISA was contracted to preform a remote penetration test, which looked at the internet-facing environment and checked for vulnerabilities.
- The scope of the assessment included 66 IP addresses.
- The goal was to act as an independent set of eyes to look at the environment from the perspective of an attacker.
- The assessment identified two medium, one low, and two informational level findings.
- Chair Kilpatrick asked ITS Director Bryan Harper if the IT department is currently addressing the findings. Mr. Harper stated they have either already been addressed or are addressing now.
- Compliance Officer Patty Dickson asked Mr. McNeal how NIHD compares to benchmarks. Mr. McNeal stated overall this is a very clean environment.

REVENUE CYCLE REPORT

Chair Kilpatrick called attention to the Revenue Cycle Report. Interim CEO DelRossi reported:

- Even though RSM has completed their initial work, there is still work to complete in the revenue cycle to make improvements; this is a multi-year program. Staff continue to find and correct issues on daily basis and they are continuing to use RSM as contract labor to help with technical aspects.
- Since RSM started, the percentage of revenue in AR greater than 90 days has decreased from approximately 52.7% to 45.8%. The benchmark is 15%.
- AR days has decreased from 94 to 86 days. The goal is 37- 45 days with an interim goal of 48 days and we hope to be there within a year.
- They are continuing to correct Cerner issues. Staff have become better at identifying breaks, but do not yet have the technical expertise to fix the breaks.
- They have placed approximately $3,000,000 into bad debt collections, and will place another several million in October. Those will be worked over the next six to twelve months to increase cash revenue. This is cash that has not previously been worked.
- UASI has been auditing the providers and working with the coding department and CMO Dr. Hawkins. The purpose of their audits is to find ways to increase revenue by appropriate coding or to reduce denials by improper documentation. They have gotten through most of the clinics and will be starting with the Emergency Department next.
- They have completed education of 28 providers.
- They have noted an increase in daily revenues and are working

with departments to develop a way to reconcile charges on a daily basis. Daily reconciliation has not been done before and they hope to find missing revenues through the process.

Jean Turner asked if the timeline is the same for all the goals listed. Interim CEO DelRossi stated yes with the exception of the goal for AR days which is an 18-month timeline.

Compliance Officer Patty Dickson asked for clarification on auditing for documentation and missing charges. Interim CEO DelRossi stated the purpose of the audits is to make sure the work the providers have done is appropriately documented so it can be billed at the right level.

CHIEF EXECUTIVE OFFICER REPORT

Chair Kilpatrick introduced the Chief Executive Officer Report. Interim CEO DelRossi reported the Executive Team, working with management and staff, continue to look for and evaluate ways of making meaningful changes to the hospital to provide for long-term stability.

- Removal of surgery trailer is complete. They have started work on moving Rehab to the PMA building, and the move should be complete by the end of the year.
- The new Urologist and General Surgeon are doing well; their schedules are filling up.
- The Executive Team will start work next week on the Master Plan to chart a course for the next three years. They will be looking at services, expenses, and the footprint of the building to ensure we are maximizing everything possible to yield the best reimbursement and the best flow for the patients.
- Cardiology service has begun and Dr. Rowan's schedule is starting to fill up. NIHD has capacity for three days per month for cardiology. Chair Kilpatrick stated this service line is valuable and will be very good for the community.

Jean Turner asked for an update on the return on investment of the Birch St building. Interim CEO DelRossi stated it may be best to sell this building as it is mainly used for storage. Some of the space is rented out, but the return is minimal and the building is a net draw. Mr. DelRossi will give more specific information at the next meeting.

Chief of Staff Dr. Bourne mentioned there is no other large meeting space. Ms. Turner responded there are other public entities with large meeting spaces that we could explore. Ted Gardner noted the City of Bishop's meeting site is something to look into.

CHIEF FINANCIAL OFFICER REPORT

Chair Kilpatrick introduced the Chief Financial Officer report.

FINANCIAL & STATISTICAL REPORT

Interim CEO Del Rossi introduced Controller Andrea Mossman to provide the financial update.

Ms. Mossman reported July had a net loss of $423,000, and an operating loss of $672,000. Net revenue compared to last July was very close, within $40,000. The main difference between last July and this July was our expenses increased by $322,000. The increase in expenses is due to negotiated wage increases, professional fees for anesthesia locums, and supply costs. If this continues, our FY 2024 loss would be about $5,000,000 and the operating loss would be about $8,000,000. Last year we were in violation of the bond covenant to make a profit. A second year of loss would put us at risk to have the bonds called. The goal for FY 2024 net loss is to be $2,000,000 at most which would yield a profit after depreciation is factored in.

Ms. Mossman reported on key performance indicators:

- Cash on hand – We must have a minimum of 75 days' cash on hand to be in compliance with our bond covenants. Our lowest point was in March when we had 48 days' cash on hand and we have gotten that up to 103 days as of July. The number of days of cash on hand has gone up due to average daily expenses decreasing by 7%. Unrestricted cash is up 19% due to the revenue cycle team's work in conjunction with the RSM project.
- Wage costs – This includes benefits and contract labor and is by far our highest expense. In July, wages were 59% of our total expenses, which is down from 66%. The decrease is attributed to a significant decrease in total FTEs and contract labor rates were negotiated down by our HR department. Contract labor rates are down 23% compared to FY 2023 average.

Ms. Mossman gave an update on the FY 2023 audit. They are having weekly meetings with the new firm, CliftonLarsonAllen (CLA). CLA is very supportive and it is a great partnership. CLA will be on site next week and will meet with leadership and Madam Chair. The accounting department is still working through challenges of cleaning up FY 2023 and prior, but is on track to have financial statements by the deadline of November 30th.

Ms. Mossman discussed current headwinds and tailwinds.

- Headwinds include the challenge of providing accurate and timely financials and legal requirements that impose missed break penalties and a potential minimum wage increase.
- Tailwinds include decrease in revenue cycle days, and increase in cash on hand, decrease in contract labor rates, and continued focus on reducing expenses.

Melissa Best-Baker asked if we have an analysis on the effect of the potential minimum wage increase. Interim CEO DelRossi stated it will

take slightly over 4 years before it impacts us.

Dr. Bourne asked if we are paying more than other institutions percentagewise for benefits. Ms. Mossman stated industry average for total benefit costs is around 30% of wages, and we are at 59%. Dr. Bourne asked why our benefit costs are so high; Interim CEO DelRossi stated we have what is probably considered a rich benefits program, and we take exceptional care of our employees.

It was motioned by Melissa Best-Baker to approve the financial and statistical report, Jean Turner seconded, and the motion passed 4-0.

CAPITAL BUDGET REQUEST

Chair Kilpatrick called attention to the Capital Budget Request. Interim CEO DelRossi stated the request for FY2024 is $1,650,000, primarily pertaining to the plant and facility. Mr. DelRossi stated we will use a break and replace ideology with the equipment inside the building, but there are several high dollar needs.

Jean Turner asked to pull the Birch St property roofing from the list due to the possibility of selling the property.

Melissa Best-Baker asked if the capital budget was included in the budget the Board approved at the last meeting and if we have funds set aside for capital projects. Interim CEO DelRossi responded this capital budget request was not included in the operating budget and we do not currently have funds restricted for capital improvements. He stated in order to maximize the cost report, capital spend should be close to depreciation expense. This request is in line with our depreciation expense of $150,000 per month.

Melissa Best-Baker asked if it is realistic to plan on implementing all of the projects on the list with regard to contractors and staffing. Director of Facilities Scott Hooker stated yes, they expect to be able to get contractors to do the projects.

It was motioned by Jean Turner to approve the capital budget with the exception of Birch St property roof, Ted Gardner seconded, and the motion passed 4-0.

TAG UPDATE

Interim CEO DelRossi reported the TAG Committee has been adjourned while the individual groups continue to work on their list of projects. The committee will reconvene in 6 months to review the effects of what has been implemented.

CHIEF NURSING OFFICER / CHIEF OPERATIONS OFFICER REPORT

Chair Kilpatrick called attention to the Chief Nursing Officer / Interim Chief Operations Officer report. CNO Partridge reported on the following:

- The chiller plant is in the final stage, the pharmacy project is on

track for completion by end of year, and they have started to work on the PMA building in order to relocate rehab services.

- Pharmacy hosted the State Board of Pharmacy for their annual inspection. It was an exceptional survey with no findings. The Pharmacy team welcomed a new pharmacist.
- Employee Health is well into employee flu shots. Their goal is to increase the vaccination rate from last year.
- Infection Control recently completed our CDPH survey, which looks at validating the data and the way in which we monitor items within the hospital that focus on infection control. The survey produced exceptional results, exceeding all state expectations.
- Diagnostic Imaging is working on promoting the mammography program for Breast Cancer Awareness Month in October. Also, they have recently upgraded a component of our CT ability which will allow us to start offering coronary/calcium scoring, a screening test that will show coronary/artery disease prior to having any symptoms.
- The Lab had a four-day joint commission survey. The department did very well with a couple opportunities for improvement and they received full laboratory accreditation for all of our lab services.
- Cardiopulmonary has a new echo trainee who is learning how to do cardiac echos and is doing a great job.
- Perioperative department is excited to welcome Dr. Wiles and Dr. Davis, who are great additions to the surgical teams. The department has successfully implemented new anesthesia machines. They have also deployed a new ultra sound machine with specific functionality for urology in the OR.
- Perinatal is excited to announce the Auxiliary has chosen to purchase two new X3 monitors that will attach to infant warmers. These monitors will allow us to be prepared for any emergency that arises during the birthing process related to the infant.
- Emergency Department continues to focus on our code stroke program.

Ted Gardner asked what suite rehab is moving into in the PMA building. Scott Hooker stated they are moving into suites B and C.

Jean Turner asked if CNO Partridge provided our infection rate. Ms. Partridge stated she did not have the rate, but we do a good job with a very low infection rate.

CHIEF OF STAFF REPORT

Chair Kilpatrick called attention to the Chief of Staff report. Dr. Bourne presented the Medical Executive Committee (MEC) report.

POLICIES

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

1. *Chemical Hygiene Plan for Clinical Laboratory*

2. *DI – Communication of Mammography Results to the Patient*
3. *Diagnostic Imaging – Peer Review Policy*
4. *Infection Prevention Plan*
5. *Standardized Procedure – Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife*
6. *Standardized Procedure – Laboratory and Diagnostic Testing Policy for the Nurse Practitioner or Certified Nurse Midwife*
7. *Standardized Procedure – Management of Acute Illness Policy for the Nurse Practitioner or Certified Nurse Midwife*
8. *Standardized Procedure – Management of Chronic Illness Policy for the Nurse Practitioner or Certified Nurse Midwife*
9. *Standardized Procedure – Management of Minor Trauma Policy for the Nurse Practitioner or Certified Nurse Midwife*
10. *Standardized Procedure – Minor Surgical Procedures Policy for the Nurse Practitioner or Certified Nurse Midwife*

Chair Kilpatrick stated the policy approval sheets need to be revised to change President and Vice President to Chair and Vice Chair. Compliance Officer Patty Dickson stated she would make the edits.

Melissa Best-Baker suggested changing "Inyo County Health Department" to "Inyo County Public Health" in the Infection Prevention Plan. Dr. Bourne stated she would ask Medical Staff Director Dianne Picken to make that change.

It was motioned by Melissa Best-Baker to approve the policies with the two changes addressed, Jean Turner seconded, and the motion passed 4-0.

MEDICAL STAFF APPOINTMENTS

Dr. Bourne reported the Medical Executive Committee recommends approval of the following Medical Staff appointments:

1. *Elizabeth Haun, FNP (family practice) – APP Staff*
2. *Maria Ramirez, MD (hospitalist) – Courtesy Staff*
3. *James Tur, MD (hospitalist) – Active Staff*
4. *Steven Arbogast, DO (teleneurology) – Telemedicine Staff*
5. *Swati Laroia Coon, DO (teleneurology) – Telemedicine Staff*
6. *Aravind Reddy, MD (teleneurology) – Telemedicine Staff*
7. *Gautam Sachdeva, MD (teleneurology) – Telemedicine Staff*

It was motioned by Melissa Best-Baker to approve medical staff appointments B1-7 as presented, Jean Turner seconded, and the motion passed 4-0.

STAFF CATEGORY CHANGES

Dr. Bourne reported the Medical Executive Committee recommends approval of the following Medical Staff category changes:

1. *Joy Engblade, MD (internal medicine) – change from Active Staff to Courtesy Staff*
2. *Monika Mehrens, DO (family medicine) – change from Active Staff to Courtesy Staff*

It was motioned by Ted Gardner to approve the medical staff category changes as presented, Melissa Best-Baker seconded, and the motion passed 4-0.

PRIVILEGE FORMS

Dr. Bourne reported the Medical Executive Committee recommends approval of the following privilege forms:

1. *Cardiovascular Disease*
2. *Nurse Practitioner*
3. *Physician Assistant*

It was motioned by Melissa Best-Baker to approve the privilege forms as presented, Ted Gardner seconded, and the motion passed 4-0.

MEDICAL STAFF RESIGNATIONS IN GOOD STANDING

Doctor Bourne reported the Medical Executive Committee recommends approval of the following Medical Staff resignations in good standing:

1. *Alissa Dell, NP (family practice) – effective 7/14/23*

It was motioned by Jean Turner to approve the medical staff resignations as presented, Melissa Best-Baker seconded, and the motion passed 4-0.

MEDICAL EXECUTIVE COMMITTEE REPORT

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

- They held their first provider financial focus group. Conversation continues to focus on documentation and coding. Clinic providers have received one on one feedback from UASI. ED providers' education will start in October.
- Dr. Bourne has suggested to providers they can get required CMEs in the area of coding.
- Providers continue to have medical staff funded socials. They had the last one of the summer at Cardinal Village, and Dr. Davis and Dr. Wiles both attended.

CONSENT AGENDA

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

- *Approval of minutes of the July 19, 2023 Regular Board Meeting*
- *Approval of minutes of the August 16, 2023 Regular Board Meeting*
- *Chief Medical Officer Report*
- *Department Reports*
- *Approval of Policies and Procedures*
    i. *Check Signing*
    ii. *Compliance Program for Northern Inyo Healthcare District*
    iii. *Employee Complaints and the Grievance Process*
    iv. *Nursing Certification*

Jean Turner commented on the Compliance Program policy. She stated the policy lists the criteria for Board Members on the Compliance Committee participate in the ACHD Leadership Academy which has not been offered for several years. She suggested this be changed to attending the annual ACHD Conference. Compliance Officer Patty Dickson said she would to make the change to "participation in the last two years at the ACHD Annual Conference."

Chair Kilpatrick asked for clarification on the check signing procedure. Interim CEO DelRossi stated checks exceeding $10,000 require two signatures.

Chair Kilpatrick asked CMO Dr. Hawkins what new service lines they are looking at. Dr. Hawkins stated they are looking for service lines that meet community needs as well as generate revenue.

Chair Kilpatrick called attention to the Quality Department's successful completion of the 2022 audit, for which NIHD will receive $1,400,000. Dr. Hawkins stated we are applying for 12 metrics for 2023, and preliminary data is positive. If we meet the benchmarks, it will generate up to $3,300,000.

Chair Kilpatrick noted the RHC phones are now being answered in the administration building which provides a quiet space to communicate with patients. She stated she would like staff to state which clinic has been reached when they answer calls.

In reference to the Marketing Department, Chair Kilpatrick remarked she thinks it is wonderful that we are doing employee town halls, scheduling them for both morning and evening hours. She stated she would like to see community town halls managed in the same fashion with the opportunity for participants to submit questions prior to the event.

It was motioned by Melissa Best-Baker to approve the Consent Agenda with the correction to the Compliance Program Policy, Jean Turner seconded, and the motion passed 4-0.

REPORTS FROM BOARD MEMBERS

Chair Kilpatrick opened up Reports from Board Members.

Jean Turner reported she attended the ACHD Annual Conference and she remarked on a session on civility in Board members. She suggested the Board consider introducing a statement of civility to get ahead of potentials issues. She noted there were interesting presentations on the future of AI and the use of diagnostics.

Ted Gardner reported he attended the ACHD Annual Conference. He commented on the number of bills in CA that are making it extremely difficult to have a rural health care facility in California.

Chair Kilpatrick reported she attended the ACHD Annual Conference. She also stated the NIHD Board bylaws need some revisions changing "president" to "chair." Compliance Officer Patty Dickson said she would make the changes.

PUBLIC COMMENTS ON CLOSED SESSION ITEMS

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

ADJOURNMENT TO CLOSED SESSION

At 7:50 pm, Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

a. Conference with Legal Counsel – Existing Litigation. Government Code 54956.9(d)(1). Name of case: Claim # 23-000653M Pavlovsky
b. Public Employee Performance Evaluation pursuant to Government Code Section 54957(b)(1). Title: Interim CEO

ADJOURNMENT

Adjournment at 9:13 p.m.

_____
Mary Mae Kilpatrick, Northern Inyo Healthcare District, Chair

Attest: _____
Jean Turner, Northern Inyo Healthcare District, Secretary

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Mary Mae Kilpatrick called the meeting to order at 5:30 p.m.
PRESENT	Mary Mae Kilpatrick, Chair Melissa Best-Baker, Vice Chair Ted Gardner, Treasurer Stephen DelRossi, MSA, Chief Financial Officer / Interim Chief Executive Officer Allison Partridge RN, MSN, Chief Nursing Officer / Interim Chief Operations Officer Adam Hawkins, DO, Chief Medical Officer Alison Murray, Chief Human Resources Officer
ABSENT	Jean Turner, Secretary
OPPORTUNITY FOR PUBLIC COMMENT	Chair Kilpatrick reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. There were no public comments.
RECONSIDERATION OF FY 2024 OPERATING BUDGET	Chair Kilpatrick called attention to reconsideration of the FY 2024 operating budget. Interim CEO DelRossi reported: • As our Budget Analyst was reviewing the budget, she noticed we missed a department in the rollup summation. The inclusion of the department in the budget created a more favorable situation. • Staff is asking for $160,000 in additional funds for RSM to work with purchasing and clinicals. Ted Gardner asked about the expected return on investment (ROI) on the additional funds for RSM. Mr. DelRossi stated he expects at least 500% return, and the work they have already done for us has returned over 600%. It was motioned by Ted Gardner to approve the revised FY 2024 Operating Budget, Melissa Best-Baker seconded, and the motion passed 3-0.
RECONSIDERATION OF FY 2024 CAPITAL BUDGET	Chair Kilpatrick called attention to reconsideration of the FY 2024 Capital Budget. Interim CEO DelRossi reported: • Mr. DelRossi was directed at the last Board meeting to remove $116,000 from the Capital Budget for the Birch St. property roof. • Since then, it came to the Executive Team's attention we need to order self-propelled gurneys to decrease the likelihood of employees being injured by moving patients. We had a worker's

compensation claim in past from this same situation and it cost the hospital about $200,000 to resolve.

It was motioned by Ted Garner to approve the revised FY 2024 Capital Budget as presented, Melissa Best-Baker seconded, and the motion passed 3-0.

ADJOURNMENT

Adjournment at 5:35 p.m.

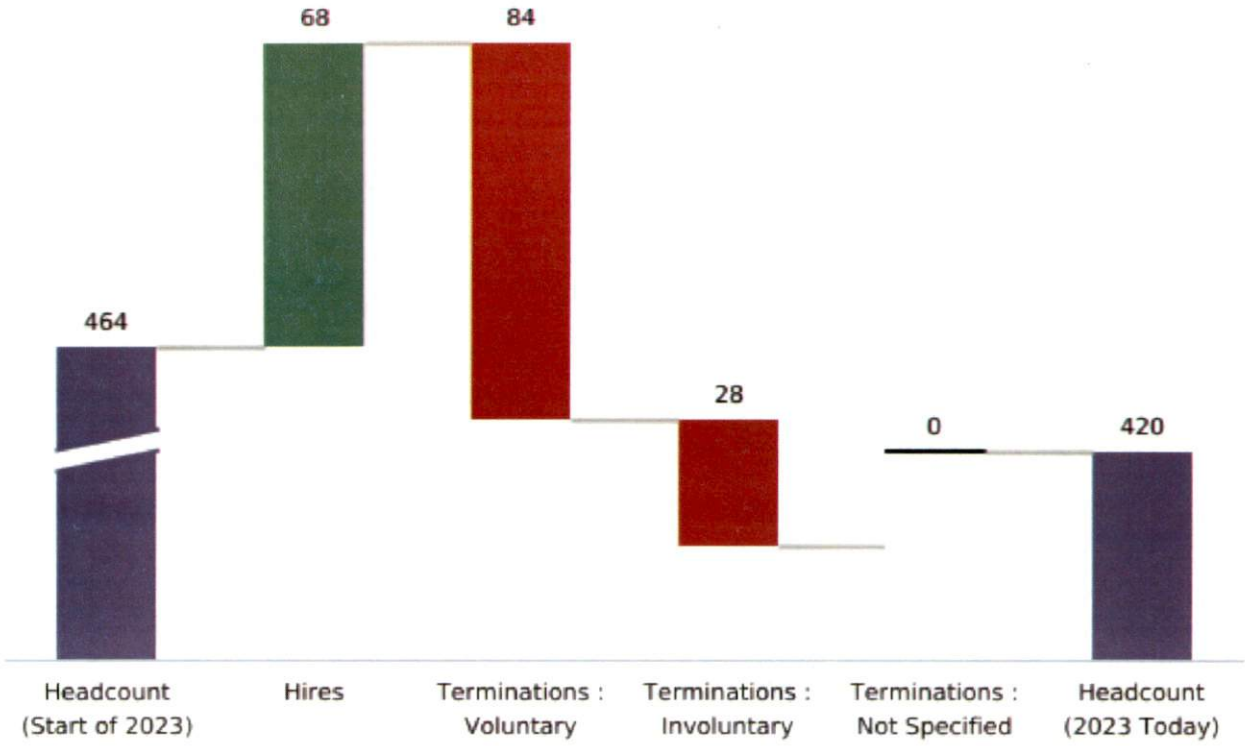
_____

Mary Mae Kilpatrick, Northern Inyo Healthcare District, Chair

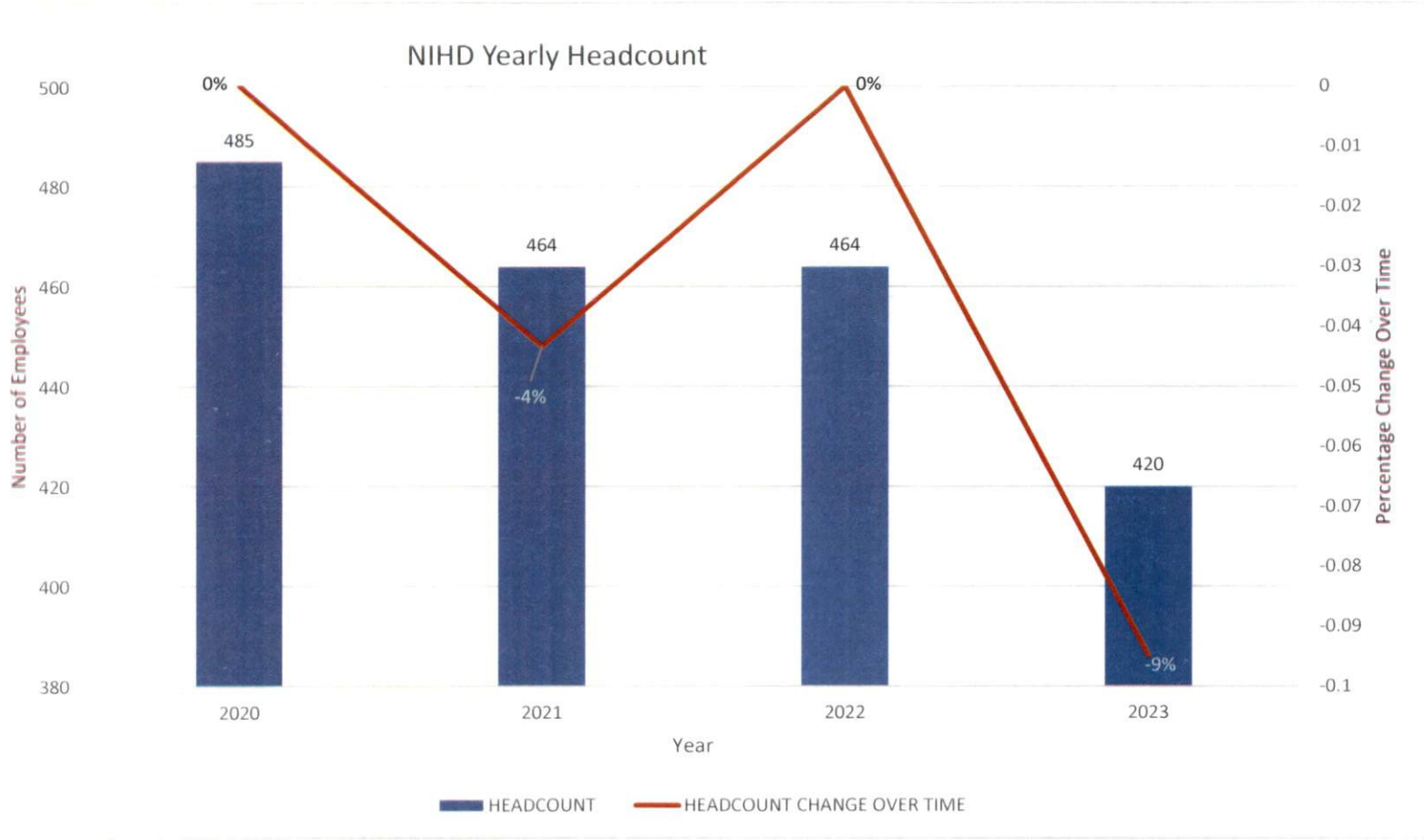
Attest: _____

Jean Turner, Northern Inyo Healthcare District, Secretary

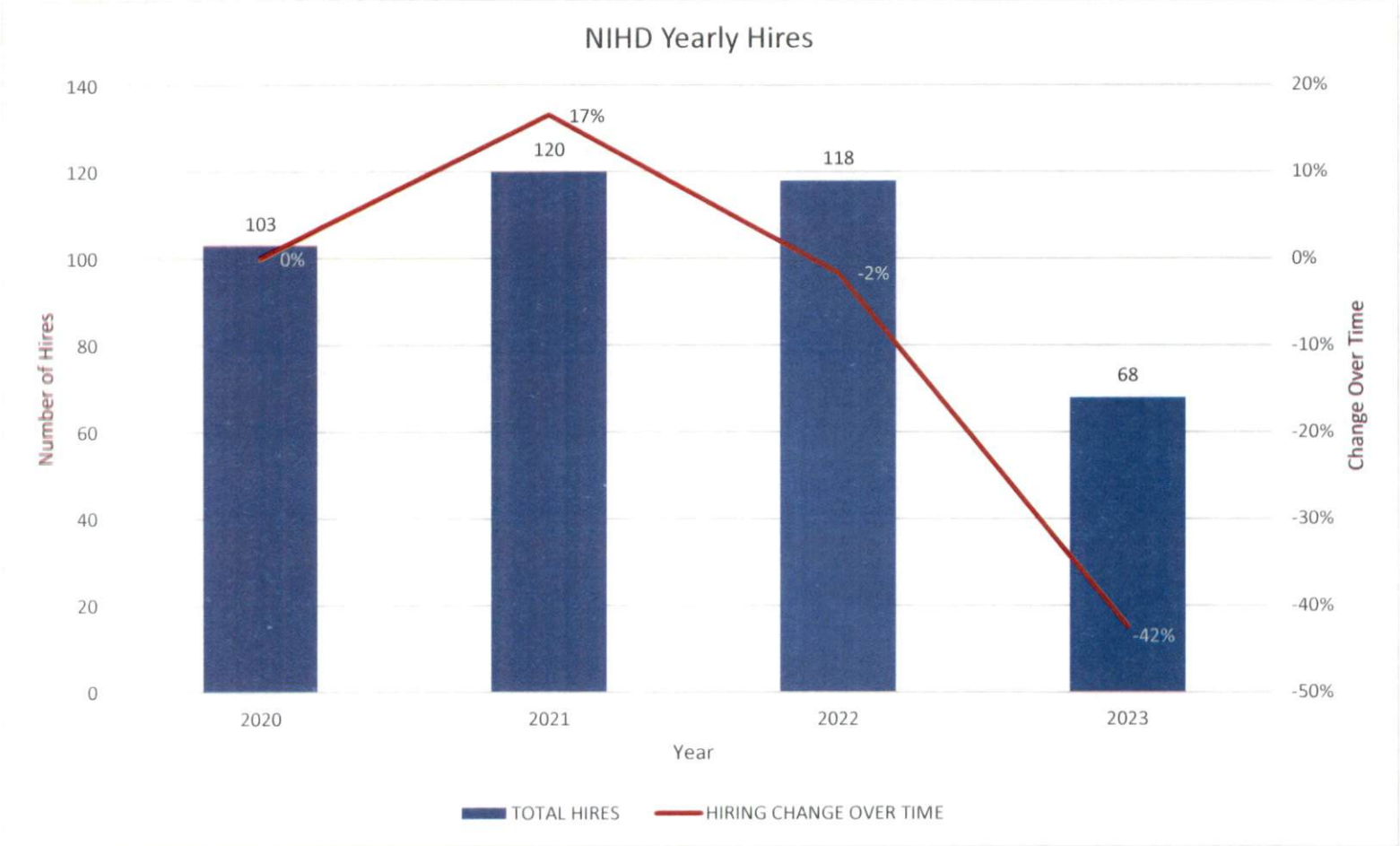
Workforce Overview



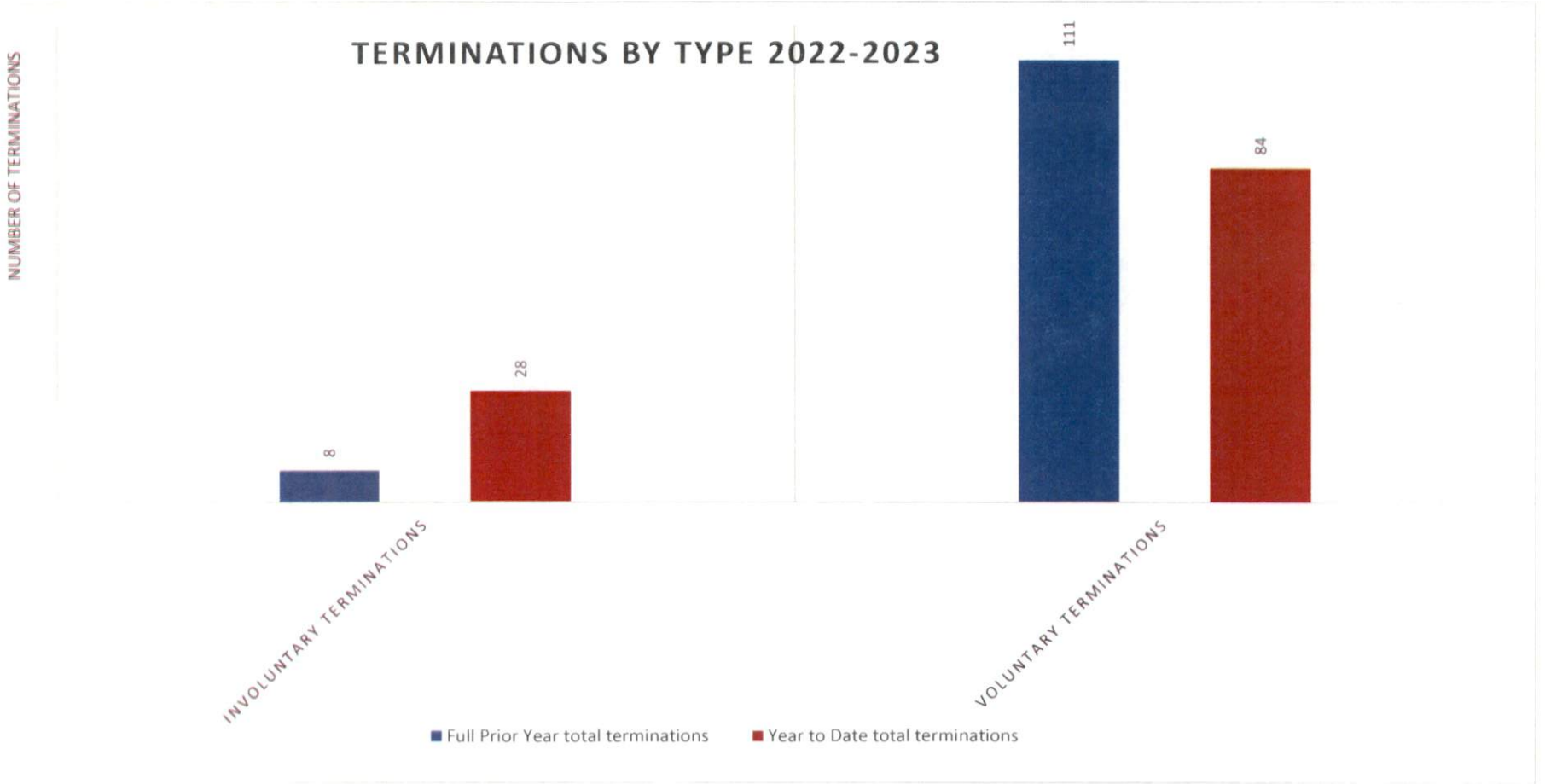
NAME	VALUE
Headcount (Start of 2023)	464
Hires	68
Terminations : Voluntary	84
Terminations : Involuntary	28
Terminations : Not Specified	0
Headcount (2023 Today)	420



PERIOD	HEADCOUNT	HEADCOUNT CHANGE OVER TIME
2020	485	0
2021	464	-4%
2022	464	0%
2023	420	-9%



PERIOD	TOTAL HIRES	HIRING CHANGE OVER TIME
2020	103	0%
2021	120	17%
2022	118	-2%
2023	68	-42%



TERMINATION TYPE	TOTAL TERMINATIONS		PERCENTAGE OF TERMINATIONS	
	2022	2023	2022	2023
Involuntary Terminations	8	28	7%	25%
Voluntary Terminations	111	84	93%	75%

NORTHERN INYO HEALTHCARE DISTRICT

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

150 Pioneer Lane
Bishop,California 93514

(760) 873-5811

DATE: October 2023

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Stephen DelRossi, CFO
Marnie Davis, HIM Manager

RE: Department Update

REPORT DETAIL

New Business

- HIM has been reaching out personally with Medical Staff to providers regarding outstanding documentation, which seems to be working with positive outcomes.
- Charge analysis was able to build DME (durable medical equipment) charge codes to be able to charge for billable DME in the ED.
- 1 team member has been out on leave leaving the department short staffed.

Old Business

None.

NORTHERN INYO HEALTHCARE DISTRICT
Improving our communities, one life at a time.
One Team, One Goal, Your Health!

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

DATE: October 2023

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Stephen DelRossi, CFO
Lynda Vance, Manager of Project Management

RE: Department Update

REPORT DETAIL

NEW BUSINESS

The last report to the Board was at the end of June, and many changes have happened since then. Brandon Cox transitioned to the maintenance team in mid-July, leaving me a team of one. With this transition, Brandon and the maintenance team are managing the moves. This report will show a blend of items completed between the two offices. The InfoShare team continues to meet bi-weekly to review moves and other interdependent projects. Weekly Change meetings continue to keep leaders informed on changes to workflows, the EHR, and ITS functions. I continue to support projects and discoveries for efficiencies to decrease costs and increase revenue.

PROJECTS

Discovery – 6 (Histology Auto Label, Phreesia Intake, Reminders, Payments & Sched, Cerner electronic PO Tracking Purchasing and AP, Medline Opportunities, SS HR Request Intake, Pharmacy Relocation)

Actively Working – 9 (Charge Reconciliation Process, MultiView Intelligent Capture, Pharmacy CMS Reg 340b, PMA Roof replacement, Rehab Department relocation, eCase Reporting with Cerner, Infant Security System replacement, MRI area update, Lab Charges Issue)

Closing – 10 (Cerner AUR 2024 Public Health Reporting, SS for Patient access tracking, RSM Financial Services, Qstress Test System, Fuji ultrasound Sonosite, ABI Machine for Wound Care, Turnaround Action Group (TAG), Evisort Contract Life-Cycle Man System, Patient Appointment Reminders i2i, SS PO Tracking Purchasing and AP)

Completed - 21 (Cerner Clinic Charge and Chart Assist Vetting, MedStaff Director Office, PMA patient access vetting, Medline Reconditioned patient transfer mat, Medline rebranding GE BP, Auth & Ref Fax/ Printer move, Internal Medicine Clinic relocation,

Periop Serv Analyst & PACU Admin Lead Workstation, Smartsheet ICRA setup, TeleNeurology ED & IP Consulting Sevaro, Surgery Clinic relocation, ORA/Argos Ophthalmic update, Auth and Ref desk shuffle fix, HIMS Desk update, State Mandate Tracking, Smartsheet for Provider Time off, Perinatal Manager Office update, ABG Instrument, Hauge MedPlan, DI US unit replacement & Shuffle, Billing connection Novus to Cerner)

On Hold Projects - 14 (Hauge/Cerner Name update, Toiyabe Health Information Exchange, Camera System update, Signs & Map Updates, HIE HealthNet Grant, Cerner Insurance Contract Management, SS TB Questionnaire EH, Omnicell cabinets, Phone Standard Message Part 2, Urology new service line pieces, SmartSheet upgrade for PHI Compliance, Cerner Portal Relaunch, Med/Surg Manager office update, Provider AI Assistance)

NORTHERN INYO HEALTHCARE DISTRICT
Improving our communities, one life at a time.
One Team, One Goal, Your Health!

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

DATE: October 2023

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Stephen DelRossi, CFO
Bryan Harper, Director of ITS/CISO

RE: Department Update

REPORT DETAIL

NEW BUSINESS

CE

- Installed new Anesthesia Machines and interfaced to Cerner.
- Installed new Ultrasound for Urologist in Surgery for a new procedure.
- Help Facilitate rollout of Comfort Glide and new style blood pressure cuffs.

ITS

- Printer reduction project – operational savings for the district
- Commvault upgrade (backup servers)
- Upgrade citrix (external users)
- Update NetScalers (citrix and OneContent) (load balance servers)
- 3M Updates (coding)
- Shasta data pull for data Exchange w/Cerner (call to prep for CA law)
- Omnicell Duplications in Cerner Orders (pharmacy)

Security

- New Security Defense Servers/Lab
- USB Drive Detection Alerts
- ITS/ Security - Continued patching of servers & workstations
- Continued security awareness trainings
- Ongoing testing and compliance of the NIHD network weekly.

OLD BUSINESS

CE:

- Rental Anesthesia Machines are in place as a stopgap while we wait for the arrival of the new machines.
- Going live with Cerner electronic workflow for the stress test machine.

    - Nerve Block Ultrasound was delivered to Surgery; the old ultrasound was repurposed for Picc lines in Medsurg.
- New Freezer installed in the Pediatric department for the Vaccines for Children program.

ITS

- Office moves
- Onboard two new ITS staff members
- Other Ongoing projects
- Data Conversions from old EHR

Information Security: In-person security training continues (trained over 25 staff members in the last qtr.) CISA completed external testing and did a presentation to the board. Updated and removed over 25 virtual servers, removed over 4Tb worth of old files including PHI on network shares.

NORTHERN INYO HEALTHCARE DISTRICT
Improving our communities, one life at a time.
One Team, One Goal, Your Health!

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

DATE: October 2023

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Stephen DelRossi, CFO
Neil Lynch, Purchasing Director

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Working with Medline on "Renewable Program" Items like Surgical Tourniquets, SpO2 sensors, gurney transfer assist device, etc. are eligible for reprocessing and purchased back for use at a significantly discounted price. Gurney Transfer assist device or ComfortGlide has been transitioned to and will yield us $20,000 savings annually.

OLD BUSINESS

(Ongoing) Purchasing is working on behalf of TAG to decrease supply spend. We are working closely with GPO HealthTrust and Medline to ensure we are buying under the appropriate contracts. Warehouse staff are working closely with management to reduce waste.

(Ongoing) Reviewing policy and procedure to ensure that they are up to date and accurately reflect current industry standards and that they still work departmentally and for the district.

(Complete)Preparing for inventory to be completed at the end of May.

(Ongoing)Currently working with HR to fill vacancies in the Purchasing Department.

(Complete) Business as usual. Purchasing staff have been rotating vacation schedules causing resources to be tight.

(Complete) Year-end fiscal inventory was rescheduled with a new completion date of 7/15/2022. We are very happy to be able to participate in weekend holiday activities around the 4th of July without inventory activities overwhelming the department.

Shipping delays have been minimal and PPE supply is more than sufficient. Purchasing will continue to monitor supply chain to ensure adequate supply.

(Complete) Purchasing is preparing for fiscal yearend inventory (6/30/2022). In preparation we will be analyzing inventory processes for Purchasing and Surgery departments, prepping the warehouse, and doing some item master maintenance. All of this is necessary to ensure an accurate fiscal year end valuation.

(Complete) Process review. Purchasing will be process mapping workflows to ensure accuracy and efficiency in supply chain processes with a focus on Cerner driven workflows.

(Complete) Back orders. We are experiencing significant delays across most supply chain categories. Covid-19, weather, shipping bottle necks, and manufacturing delays have made ordering difficult. Most resources are focused on minimizing delays.

(Complete) Purchasing continues to work on GPO (Group Purchasing Organization) transition. We are compiling data for analysis to determine contract compliance rate.

(Complete) GHX EDI integration has begun. IT continues has completed set up on the back end, purchasing staff is training and will be testing system through October.

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Discharge Planning for the Hospitalized Patient		
Owner: DON Inpatient Services	Department: Acute/Subacute Unit	
Scope: Emergency Department, Acute/Subacute, Perinatal, Intensive Care Unit		
Date Last Modified: 08/24/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/15/2017	

PURPOSE:

To ensure an effective discharge plan is in place to meet the patient's continuing healthcare needs post-hospitalization. Discharge planning is an integral part of the hospital's provision of care, involving the assessment and treatment of the patient's medical, psychological, and social needs that contribute to continuity of care to ensure a safe recovery post-hospitalization. The Case Management staff recognizes the relationship between psychosocial factors, the patients' health/illness, the influence these factors have on the patient's recovery, and the potential for re-hospitalization. The goal is to provide all patients with discharge planning that creates a continuity of care that includes the input and coordination of the interdisciplinary care team, the primary care practitioner, the patient and their family, and/or primary care givers.

POLICY:

1. Discharge planning will be conducted with all in-patients admitted to Northern Inyo Healthcare District (NIHD), or upon request from the Emergency Department or Post-Anesthesia Care Unit (PACU), according to state and federal regulatory requirements.
2. Discharge planning will be conducted by either a Registered Nurse (RN) or a Social Worker trained in the process of effective discharge planning and case management. Supervision and oversight of the discharge planning process shall be by the Chief Nursing Officer (CNO).
3. A hospitalized patient and the patient's family and/or caregiver shall be given the opportunity to participate in the discharge planning process.
4. Discharge planning evaluations will be initiated upon admission.
5. Patients shall be discharged based upon attainment of patient care goals as evident in the interdisciplinary plan of patient care and access to sufficient resources.
6. The entire interdisciplinary care team shall have input into the discharge planning process, including physicians, nursing staff, rehabilitation staff, social services/case managers, respiratory staff, pharmacists, etc.
7. The discharge planning needs of the patient shall be reassessed daily during the Interdisciplinary Care Team meetings. Changing needs of the patient or family/caregivers shall be taken into consideration and reflected in the discharge plan and documentation.
8. If discharge plans include transferring a patient to another facility, NIHD will collaborate with the patient and/or family to make arrangements for the transfer, and include all necessary medical information and documentation to facilitate continuity of care.

PROCEDURE:

A. **Screening-** of all patients which includes identifying risk factors that have the potential to create adverse health consequences to the patient post-hospitalization. Screening risk factors can include bio, psycho, social components such as diagnosis, age, lack of adequate resources or sources of support, co-existing illnesses, behavioral health issues, etc.

B. **Evaluation-** This process involves interviewing the patient, family, and/or caregivers to determine their needs, preferences, challenges, resources and how they are coping and adjusting to the illness and hospitalization. The interview should attempt to ask the following questions and gather the following information:
    1. Current living situation, including identifying any potential safety issues
    2. Sources of support, both financial resources and family/caregiver assistance.
    3. Upon discharge, will the patient be capable of performing their own ADL's; if unable a plan for necessary types of assistance will be arranged.
    4. What equipment will the patient need if they are returning home?
    5. What referrals are important to facilitate a safe and effective discharge? (e.g. nursing home placement, out-pt. rehabilitation, home health services, etc.)
    6. Will the patient's insurance cover post-discharge services?
    7. Do they have transportation to follow up appointments?
    8. Are there any safety concerns with this patient? (e.g. fall risk, negligent spouse or caregiver, can the patient continue to safely drive)
    9. Are the patient's family and /or caregivers competent, capable and willing to help provide care or assistance to the patient? How much, for how long?
    10. What changes have occurred in the patient's physical or cognitive functioning that will require adjustments in the services or support provided to the patient post-discharge? (e.g. has the pt. moved from one level of care to another?)
    11. Has there been a change in the patient's cognitive functioning and executive decision-making ability? Are they capable of making sound decisions regarding their post-hospital needs?
    12. Does the patient have a behavioral health problem that adds a layer of complexity to their hospitalization and creates additional risk to their health and safety, such as a psychiatric diagnosis, suicidal ideations, or a history of substance abuse and dependence? If so, are they motivated to address these issues as part of the discharge plan?
    13. Does the patient and family and/or caregiver demonstrate good insight and awareness into the nature and contributing factors that led to the patient's hospitalization?
    14. Does the patient and family and/or caregivers have realistic expectations about post-hospitalization and recovery?
    15. Are the patient and family coping effectively with the patient's illness, hospitalization or diagnosis?
    16. What behavioral health needs do the patient and family and/or caregiver need in order to improve their functioning, enhance their hospital experience, or to ensure the patient's continuity of care upon discharge? (e.g. crisis intervention, brief grief counseling, education about illness or diagnosis)
    17. Does the patient have an Advanced Directive or a Durable Power of Attorney? Make sure it's on file and up to date.
    18. If the patient is a minor, are they eligible and meet the criteria for California Children Services?
    19. If the patient is a minor, was the cause of the injury or illness the result of neglect or potential abuse on the part of an adult or legal guardian? While it is not our responsibility to investigate and decide the causes of such incidents leading to illness or injury, we are

mandated reporters required to follow the state laws, which includes filing a verbal and written report to California Child Protective Services.

20. Any bio, psycho, social factors that have the potential to complicate a successful discharge in a timely manner, or create risk to the patient for continuity of care.

C. Development- This process requires that the case manager/social worker take the results and findings of the evaluation and present them to the Interdisciplinary Care Team for additional information and get their input, based upon their assessments or observations.

1. All discharge plans will be developed in collaboration with the patient, the patient's family and/or caregivers, and the attending physician. Discharge options will be considered and reviewed.
2. The patient's family members and/or caregivers may attend a care conference so that the care team can provide education and clarify goals and resources needed for an effective discharge and continuity of care.
3. The attending physician will provide clarity and leadership about anticipated time frames for discharge and specific needs for the patient based upon diagnosis, recovery process, the patient's response to treatments and therapies, on-going medical needs, and continuity of care.
4. The Case Manger or social worker will take any new or additional information obtained from the Interdisciplinary Care Team and incorporate it into the discharge plan.
5. If the Interdisciplinary Care Team decides to transition the patient to a Swing Bed, the Case Manager or Social Worker are responsible for providing a written invitation to the daily interdisciplinary meeting for the portion of the meeting that the patient's care plan is discussed.
6. Once a plan has been developed and agreed upon by the patient (whenever possible), their family and/or caregiver, and the Interdisciplinary Care Team the Case Manager/social worker will document the plans under the Medical Record Discharge Planning within the E.H.R. and begin the Implementation phase of discharge planning.
7. Discharge plans will be reassessed daily with the Interdisciplinary Care Team so that changes in the care level or needs of the patient can be adequately modified in the discharge plan.
8. The discharge planning process will assess and take into consideration patterns or trends that contributed to a patient readmission if prior hospitalization was within the last 30 days when appropriate.

D. Implementation- This process will be driven by the findings and results of the evaluation and will often include tasks such as:

1. Calling various skilled nursing homes seeking short or long term placement for the patient, and making arrangements for patient transfers, along with relevant medical records necessary to provide continuity of care.
2. If the patient is returning home, referring for home health services or durable medical equipment, if indicated.
3. Researching alternative housing options if patient needs additional assistance but does not meet the criteria for skilled placement. (e.g. Assisted living, or family members)
4. Ensuring the patient and family are aware of all follow-up appointment for the patient.
5. Collaborating discharge plans and patient's post-hospitalization needs with other community providers (e.g. Toiyabe clinic and case management services)

6. Making referrals for additional out-patient sources of support which could include referrals for drug and alcohol treatment, on-going counseling services, resources for homelessness, psychiatric evaluations, or other community based services.
7. Provide education (within scope of practice) to patients and their family/caregivers regarding rationale about discharge disposition, importance of adherence to discharge plan, and follow up with aftercare.
8. Daily documentation should be made in the patient's electronic medical record indicating progress made towards discharge plans or any changes or updates made to the discharge plan.
9. Each patient will receive a **Discharge Instructions Packet that will include:**
   a) Discharge instructions and directions related to discharge disposition.
   b) New Prescriptions and medication lists with directions
   c) Educational materials
   d) Relevant community resources, including contact information for Skilled Nursing facilities in the region, and home health services.

REFERENCES:

1. Department of Health and Human Services, Centers for Medicare & Medicaid Services; CMS Manual, Conditions of Participation 482.43(a) – 482.43 (e)
2. California Department of Public Health, Senate Bill 675: Hospital Discharge Planning and Family Caregivers; Health and Safety Code section 1262.5, Chapter 494
3. The Comprehensive Accreditation Manual for Critical Care Access Hospitals as published by The Joint Commission; Standards PC.04.01.03; PC.04.02.01; PC.04.01.05

CROSS-REFERENCE P&P:

1. Documentation of Case Management Services
2. Discharge Medications
3. Leaving Hospital Against Medical Advice Refusal of Treatment or Transfer
4. Management of Discharge Disputes from Medicare Patients

Supersedes: v.1 Discharge Planning for the Hospitalized Patient*

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Opening and Closing Nursing Departments		
Owner: Manager ICU and Acute-Subacute	Department: Acute/Subacute Unit	
Scope:		
Date Last Modified: 08/25/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:

To identify the process for opening and closing a nursing department within the NIHD hospital facility.

POLICY:

1. The scope of service defines the routine hours of department operations.
2. The department manager and/or house supervisor will be responsible for opening and/or closing a department outside of the department's routine operations.
3. Nursing departments may be opened or closed due to volume surges and/or construction needs.
4. If a department is closed based on construction, the Infection Control Preventionist must inspect and approve department re-opening prior to any placement of patients.
5. The ICU will generally be open with the presence of a monitor tech for telemetry oversight 24/7; with the exception there is no telemetry or continuous oximetry patients requiring central monitoring.
6. Perinatal Unit will always be open with an RN in the unit for potential precipitous delivery, 24/7.
7. The House Supervisor will be responsible for coordinating staffing according to the Staffing Management Plan when it becomes necessary to close a department.
8. Environmental Services may be asked to do a deep cleaning during department closure.
9. Departments that are closed outside of routine operations such as Surgery and PACU are locked.
10. Any Medical Record in a nursing unit that is closed will either be returned to Medical Records or secured in a locked cabinet.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Information Security and Data Integrity
2. Scope of Service Perinatal
3. Scope of Service ICU

Supersedes: v.2 Opening and Closing Nursing Departments