

# Board Meetings

## February 21, 2024 Regular Board of Directors Meeting

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

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

**February 21, 2024 at 5:30 p.m.**

Northern Inyo Healthcare District invites you to join this meeting:

**TO CONNECT VIA ZOOM:** *(A link is also available on the NIHD Website)*  
<https://zoom.us/j/213497015?pwd=TDIIWXRuWjE4T1Y2YVFWbnF2aGk5UT09>  
Meeting ID: 213 497 015  
Password: 608092

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

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

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1. Call to Order (at 5:30 pm).
2. ***Public Comment:*** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are **limited to three (3) minutes per speaker**, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. New Business:
  - A. District Board Resolution 24-01, New Named Fiduciaries of Pension Plan(s) *(Board will consider the approval of this resolution)*

- B. Pharmacy / Infusion Project Presentation, Scott Hooker – Director of Facilities (*Board will consider the approval of this request*)
- C. Governance Committee (G.C.) Report
  - a. Hospital Meetings & Committee Information Flow Chart (*Information item*)
  - b. Website Structure (*Information item*)
  - c. Recommendation for updates to the Bylaws (*Information item*)
    - a. Update to Article 2 Section 3 Tax Exempt Status
    - b. Update to Article 5 Section 2 Election of Officers
    - c. Update to Article 6 Sections 2 Standing Committees
    - d. Update to Article 6 Section 3 Ad Hoc Committees
    - e. Formatting issues corrected
- D. Board approval of amended Bylaws (*Action item*)
- E. Approval of Governance Committee Charter and Workplan (*Action item*)
- F. Approval of Board Calendar of Time Sensitive Business (*Action item*)
- G. Review of Board’s Code of Conduct
- H. Chief Executive Officer Report (*Board will receive this report*)
  - a. Brown Act Handbook (*Information item*)
  - b. Strategic Planning (*Information item*)
  - c. Expanded Cardiology (*Information item*)
  - d. Neurosurgeon (*Information item*)
- I. Chief Financial Officer Report
  - a. Financial & Statistical Reports (*Board will consider the approval of these reports*)
  - b. New CFO started 2/20/2024 (*Information item*)
  - c. Financial Audit (*Information item*)
- J. Chief of Staff Report, Sierra Bourne MD:
  - a. Policies (*Board will consider the approval of these Policies and Procedures*)
    1. Credentialing – da Vinci Robotic Surgery
    2. Newborn Blood Glucose Monitoring
    3. Nitrous Oxide Use in the Intrapartum/Immediate Postpartum Period
    4. Nursing Care of the Laboring Patient Receiving Regional Analgesia
    5. Standards of Patient Care in the Perinatal Unit
  - b. Medical Staff Appointments 2024-2025 (*Action item*)

1. Naomi Lawrence-Reid, MD (*Pediatrics*) – Courtesy Staff
2. Rachel Chamberlain, DO (*OB/GYN*) – Active Staff
- c. Additional Privileges (*Action item*)
  1. Christopher Rowan, MD (*Cardiology*) – request for privileges to perform loop recorder insertions.
- d. Cardiology Privilege Form Update (*Action item*)
  1. Addition of Invasive Cardiology Privilege Cluster
- e. Medical Executive Committee Report (*Board will receive this report*)

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

- A. Approval of minutes of the January 17, 2024 Regular Board Meeting
- B. Approval of minutes of the January 31, 2024 Special Board Meeting
- C. COO/CNO Report
- D. Annual Compliance Report
- E. Department Reports
- F. CEO Credit Card Statements
- G. Approval of Policies and Procedures
  - a. Workforce Social Media v.1
  - a. 340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedure v.4
  - b. Medical Staff Department Policy – Anesthesia
  - c. Billing and Collections
  - d. Teleconference Recordings, Retention and Destruction of Board Meetings

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H. General Information from Board Members (*Board will provide this information*)

I. 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**  
**DISTRICT BOARD RESOLUTION 24-01**

**WHEREAS**, California Health and Safety Code, Division 23, Section 32000 et seq. established Health Care Districts; and

**WHEREAS**, the Board of Directors of the Northern Inyo Healthcare District sponsors the Northern Inyo County Local Hospital District Retirement Plan(s) (the “Plans”) for the benefit of certain employees; and

**WHEREAS**, Section 9.1 of the Plan(s) allow the Board to designate certain individuals to act as Named Fiduciaries for the Plan(s) to control and manage the operation and administration of the Plan(s); and

**WHEREAS**, new Named Fiduciaries are required due to the departure of prior Named Fiduciaries.

**NOW THEREFORE, BE IT RESOLVED**, determined, and ordered by the Board of Directors of the Northern Inyo Healthcare District that the following individuals be named as Fiduciaries of the Northern Inyo County Local Hospital District Retirement Plan(s) and authorized to act on its behalf:

Stephen DelRossi, Chief Executive Officer

Timothy Johnson, Chief Financial Officer

Allison Partridge, Chief Operations Officer and Chief Nursing Officer

Adam Hawkins, DO, Chief Medical Officer

At all times, two authorized individuals will be required to initiate transactions.

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

**PASSED, APPROVED, AND ADOPTED** by the Northern Inyo Healthcare District this 21<sup>st</sup> day of February 2024 by the following vote:

AYES: \_\_\_\_\_

NOES: \_\_\_\_\_

ABSTAIN: \_\_\_\_\_

ABSENT: \_\_\_\_\_

By: \_\_\_\_\_  
Melissa Best-Baker, Chair of the Board  
Northern Inyo Healthcare District

**ATTEST:** \_\_\_\_\_  
Clerk of the Board  
Northern Inyo Healthcare District



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**Northern Inyo Healthcare District**

150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811  
[www.nih.org](http://www.nih.org)

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

Date: February 21, 2024

Title: **Pharmacy / Infusion Project History, status update and request for additional funds**

Synopsis: The Board requested an update on the Pharmacy / Infusion Project. I will provide a brief historical update, and then Louis from Colombo Construction will provide a project status update and request additional funds. We will be requesting \$150,000.00 additional contingency to get us through some last-minute hurdles with the state. They are requiring fire sprinklers to have additional seismic bracing, electronic fire dampers in the HVAC ductwork, and a moisture barrier to be applied before flooring gets installed.

Louis will have a presentation for the Board at the time of the meeting.

Prepared by: Scott Hooker, Facilities

Approved by: Stephen DelRossi, Chief Executive Officer



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# FACILITY PROJECTS UPDATE

2/21/2024

Prepared by: **COLOMBO**  
CONSTRUCTION COMPANY, INC.

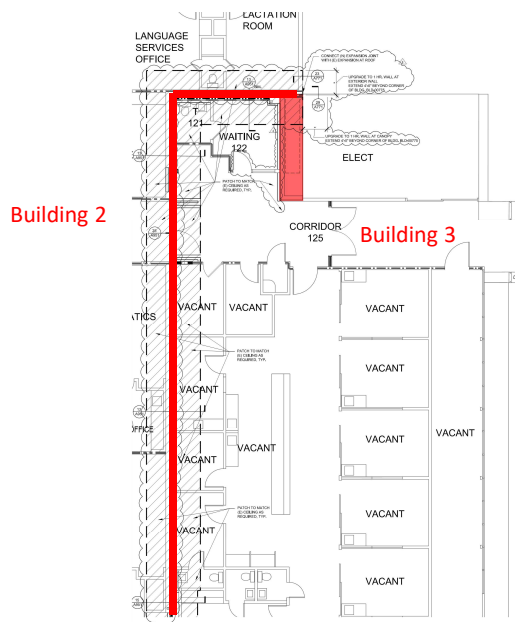


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## DECOMMISSIONING PROJECT

- Area Separation (2hr)
- Building 2 (1967)
- Building 3 (1980's)
- Protect People and Assets
- 150 L.F.
- Is now Completed and Certified

**COLOMBO**  
CONSTRUCTION COMPANY, INC.





## Omnicell XT Automated Dispensing Cabinets

1. Omnicell System: Designed to help hospitals streamline Medication Dispensing
2. Installed 6 Omnicell Units
3. Project is Complete



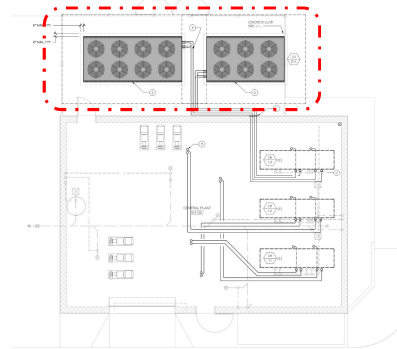
## Condenser Replacement Project

1. Existing Condenser System was not large enough
2. Required Maintenance Staff to Continuously Monitor
3. Required Temp Chiller as a Backup

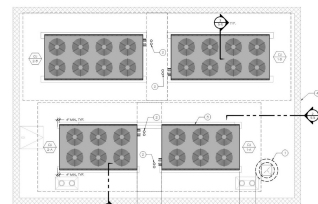
1. Replace Existing Rooftop Condensers
2. New Larger Capacity Condensers Installed (Roof)
3. Two New Condensers Installed on the Ground
4. Fenced in Area

**Status:**

- Complete and Operational
- Completed within Budget



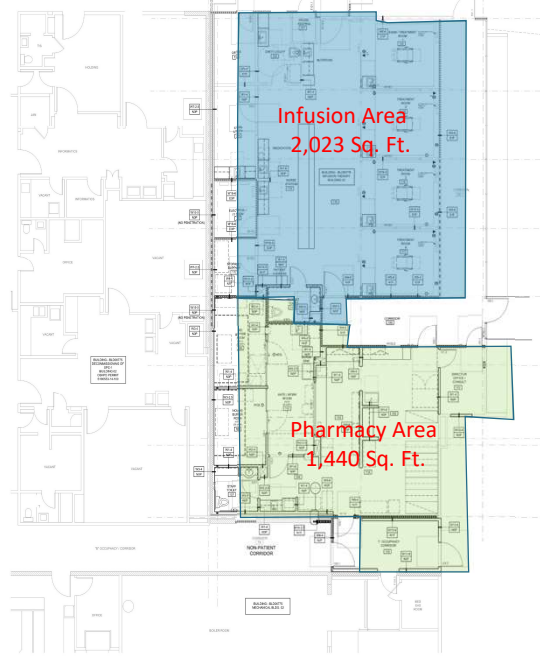
FLOOR PLAN



ROOF PLAN

## Pharmacy/Infusion Update

1. Project Required by HCAI
  - Board of Pharmacy
  - USP 797 and USP 800
2. Infusion Area 2023 Sq. Ft. (Blue)
3. Pharmacy Area 1,440 sq. ft (Green)
4. All Areas of the building structural system need to be brought up to code
5. Approximately 90% Complete
6. *Many field modifications had to be made during construction, due to unforeseen conditions.*



## Pharmacy/Infusion Unforeseen Change Events

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Add Fire Smoke Dampers                     <ul style="list-style-type: none"> <li>• Required after HCIA Plan Approval by FLS Field Engineer</li> </ul> </li> <li>2. Seismic Bracing of Existing Fire Sprinkler and Water Lines                     <ul style="list-style-type: none"> <li>• Required after HCIA Plan Approval by DSE Field Engineer</li> </ul> </li> <li>3. Vapor/Moisture Barrier for flooring                     <ul style="list-style-type: none"> <li>• Moisture Levels above acceptable levels</li> </ul> </li> <li>4. Drywall Coverage of All Exposed Wood Framing on Non-Rated Walls                     <ul style="list-style-type: none"> <li>• Original plans show existing non-rated wood walls, which typically do not require full drywall coverage.</li> </ul> </li> </ol> | <p>\$91,195</p> <p>\$21,052</p> <p>\$24,750</p> <p>\$24,750</p> |
|---|---|



## Pharmacy/Infusion Unforeseen Change Events

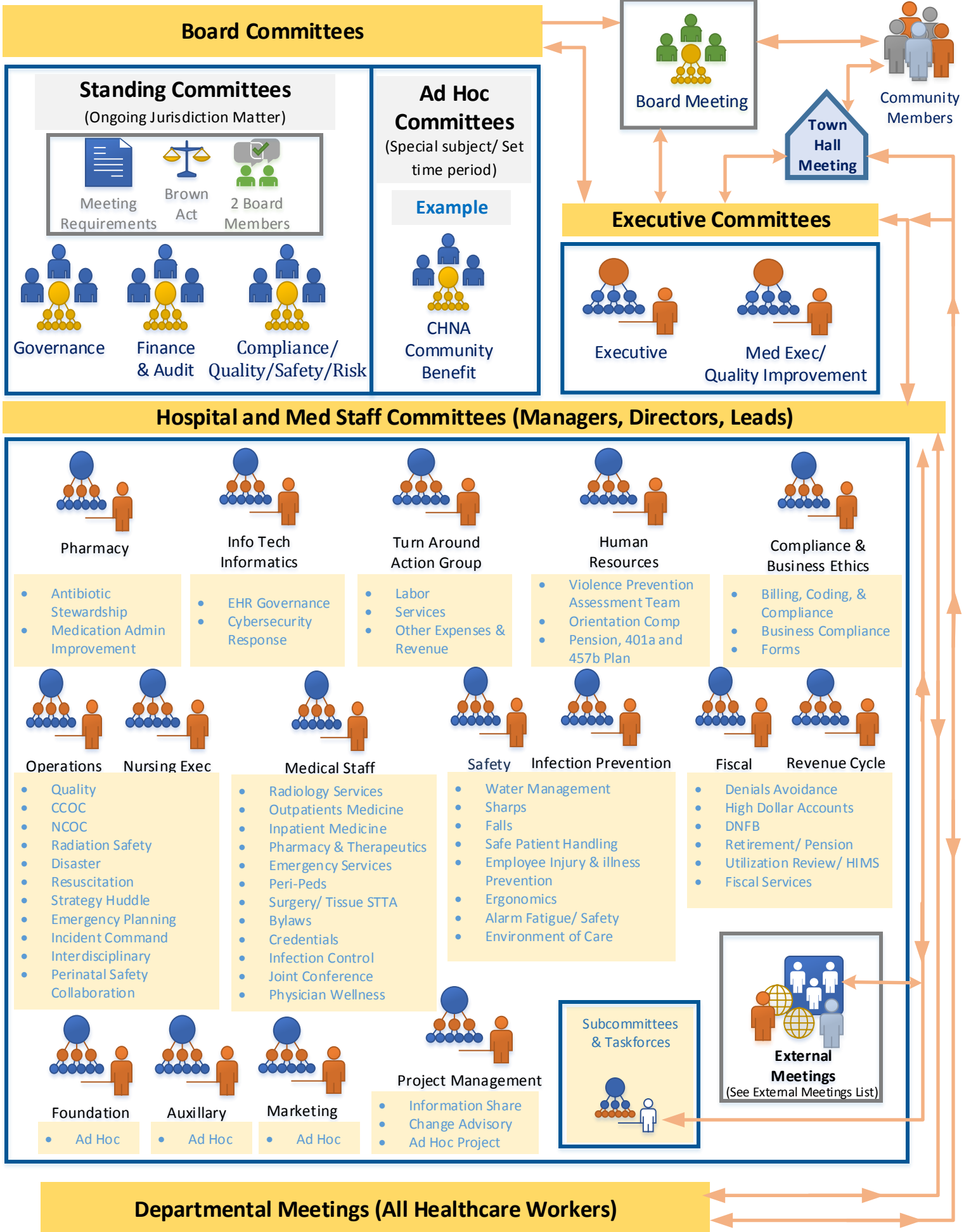
Total Cost of Change Events      \$728,512

Projected Cost to Complete      \$83,986

Project Team Recommends      \$200,000



# NIHD Committees and Flow of Information



## External Meetings

- Base Station Monitoring ICEMA
- Inyo/Mono Healthcare Coalition Committee
- Unified Command Inyo County LEO Response Emergency Disaster
- Inyo County SART
- Emergency Medical Services Committee Sub of Inyo County Board of Supervisors
- Sevaro Code Stoke Check in Meeting
- Beta Quest for Zero Meeting
- Inyo County Partnership - Monthly
- Public Information Officers Inyo County PIO Meeting – Ad Hoc
- County Vaccine Committee Meeting - Monthly





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NORTHERN INYO HEALTHCARE DISTRICT

# BYLAWS

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ADOPTED BY THE  
NORTHERN INYO HEALTHCARE DISTRICT  
BOARD OF DIRECTORS

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~~NORTHERN INYO HEALTHCARE DISTRICT~~

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REVISED AND ADOPTED IN CONFORMANCE WITH DIVISION 23, SECTION 32000 ET SEQ. OF  
THE CALIFORNIA HEALTH AND SAFETY CODE ON ~~JUNE 15, 2022~~ FEBRUARY 21, 2024

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**Table of Contents**

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**NORTHERN INYO HEALTHCARE DISTRICT**

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**BYLAWS**

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# NORTHERN INYO HEALTHCARE DISTRICT

## BYLAWS

### ARTICLE I

#### NAME, AUTHORITY AND OFFICES

##### Section 1. NAME

The name of this non-profit health care district organization shall be the Northern Inyo Healthcare District, hereinafter "the District".

##### Section 2. AUTHORITY

- a) This District, having been established January 11, 1946, by vote of the residents of the District under the provisions of Division 23, Section 32000 et seq, of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law," and ever since said time having been operated thereunder, these bylaws are adopted in conformance therewith, and subject to the provisions thereof.
- b) In the event of any conflict between these bylaws and "The Local Health Care District Law," the latter shall prevail. To the extent they are not in conflict with these bylaws, the proceedings of the District Board shall be guided by the most recent edition of Robert's Rules of Order.

##### Section 3. OFFICES

The principal office for the transaction of business of the District is hereby fixed within the boundaries of the District as determined by the Board of Directors.

##### Section 4. TITLE OF PROPERTY

The title to all property of the District shall be vested in the District, and the signature of the Chair and/or

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NIHD Bylaws

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Secretary, or any officer designated by the Directors, as authorized at any meeting of the Directors, shall constitute the proper authority for the purchase or sale of property, or for the investment or other disposal of funds which are subject to the control of the District.

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~~NORTHERN INYO HEALTHCARE DISTRICT~~

~~BYLAWS~~

~~ARTICLE II~~

~~PURPOSES AND SCOPE~~

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Section 1. PURPOSES

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The purposes of the Northern Inyo Healthcare District shall include, but not be limited to the following:

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- a) Within available resources, to provide facilities and health services for quality acute and continued care of the injured and ill, inducing health maintenance and education, regardless of sex, race, creed, cultural or national origin.
- b) To coordinate, wherever possible and feasible, the activities of the District with health agencies and other health facilities providing specialized as well as comprehensive care.
- c) To conduct educational and research activities essential to the attainment of its purposes.
- d) To do any and all other acts necessary to carry out the provisions of the Health Care District Act.

Section 2. SCOPE OF BYLAWS

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- a) These bylaws shall govern the Northern Inyo Healthcare District, its Board of Directors and its relationship to affiliated or subordinate organizations. The primary purpose of these bylaws is to provide rules for the self-governance of the District and the Board of Directors, to provide a structure for the Board of Directors to fulfill its functions and responsibilities with respect to an organized self-governing Medical Staff, and to provide a structure for Administration of the licensed healthcare inpatient and outpatient facilities operated by the District (specifically Northern Inyo Hospital, 1206 D and 1206 B clinics).

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- b) The Board of Directors may delegate certain powers to the Authority of the Board’s committees, the Medical Staff, and to other affiliated and subordinate organizations and groups governed by the District, such powers to be exercised in accordance with the respective bylaws or guidelines of such groups. All powers and functions not expressly delegated to such affiliated or subordinate organizations or groups are to be considered residual powers vested in the Board of Directors of this District.
- c) The Bylaws, Rules and Regulations of the Medical Staff and other affiliated and subordinate organizations and groups governed by the District, and any amendments to such bylaws, shall not be effective until the same are approved by the Board of Directors of the Northern Inyo Healthcare District. The provisions of these District bylaws shall be construed to be consistent with the Medical Staff’s bylaws. Except that these Bylaws shall not conflict with the bylaws of the Medical Staff as approved by the Board of Directors, the Board of Directors may review these Bylaws and revise them as it deems appropriate.

**Section 3. TAX EXEMPT NOT FOR PROFIT STATUS**

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There shall be no contemplation of profit or pecuniary gain, and no distribution of profits to any individual, under any guise whatsoever; nor shall there be any distribution of assets or surpluses to any individual on the dissolution of this District.

**Section 4. DISPOSITION OF SURPLUS**

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Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Directors for charitable District purposes or for improvements hospital’s facilities for the care of the sick, injured, or disabled, or for other purposes not inconsistent with the Local Health Care District Act, or these bylaws. The Board of Directors may authorize the disposition of any surplus property of the District by any method determined appropriate by the Board.

**Section 5. INDEMNIFICATION**

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- a) Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, administrative or investigative, by reason of the fact that he/she, his/her estate, or his/her personal representative is or was a Director, officer or employee of the District, or an individual (including a medical staff appointee) acting as an agent of the District, or serves or served any other corporation or other entity or organization in any capacity at the request of the District while acting as a Director, officer, employee or agent of the District shall be and hereby is indemnified by the District, as provided in Sections 825 *et seq.* of the California Government Code.

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- b) Indemnification shall be against all judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees actually and necessarily incurred, as a result of any such action or proceeding, or any appeal therein, to the fullest extent permitted and in the manner prescribed by the laws of the State of California, as they may be amended from time to time, or such other law or laws as may be applicable to the extent such other law or laws is not inconsistent with the law of California, including Sections 825 *et.seq.* of the California Government Code.
- c) Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with such person's practice of his or her profession.

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**Section 6. FISCAL YEAR**

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The fiscal year of the District shall commence on the first day of July and each year shall end on the last day of June of each year.

~~Section 6 Annual Audit removed see section see VI Section, 2, b.~~

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~~**NORTHERN INYO HEALTHCARE DISTRICT**~~

~~**BYLAWS**~~

~~**ARTICLE III**~~

~~**BOARD OF DIRECTORS**~~

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**Section 1. ELECTION**

The Board of Directors shall be elected as provided in "The Local Healthcare District Law," which shall also govern eligibility for election to the Board of Directors.

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**Section 2. POWERS**

The Board of Directors shall have and exercise all the powers of a Healthcare District as set forth in the Healthcare District Act. Specifically, the Board of Directors shall be empowered as follows:

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- a) To control and be responsible for the overall governance of the District, including the provision of management and planning.
- b) To make and enforce all rules and regulations necessary for the administration, government, protection and maintenance of hospitals and other facilities under District jurisdiction and to ensure compliance with all applicable laws.
- c) To appoint a Chief Executive Officer and to define the powers and duties of such appointee, and to delegate to such person overall responsibility for operations of the District, the Hospital, and affiliated entities as specified herein and consistent with Board of Directors' Policies. The Board shall also retain legal counsel and independent auditors as needed for District and Hospital operations.
- d) To authorize the formation of other affiliated or subordinate organizations which they may deem necessary to carry out the purposes of the District.
- e) To periodically review and develop a strategic plan for the District and the Hospital.

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- f) To determine policies and approve procedures for the overall operation and affairs of this District and its facilities according to the best interests of the public health and to assure the maintenance of quality patient care.
- g) To enter into Joint Powers Agreements with other public entities, and to carry out the District's responsibilities in regard to such Joint Powers Authority as prescribed by law.
- h) To evaluate the performance of the Hospital in relation to its vision, mission and goals.
- i) To provide for coordination and integration among the Hospital's leaders to establish policy, maintain quality care and patient safety, and provide for necessary resources.
- j) To be ultimately accountable for the safety and quality of care, treatment and services.
- k) All powers of the Board of Directors, which are not restricted by statute, may be delegated by an employment agreement, policies, and by direction of the Board to the Chief Executive Officer or to others employed by or with responsibilities to the District, to be exercised in accordance with that delegation.
- l) In the event of a vacancy in any Board office established by Article V of these Bylaws (Chair, Vice Chair, etc.), the Board of Directors shall select someone to fill such vacancy and to serve until the next regular election of officers, unless such person earlier resigns or is removed in accordance with said Article.
- m) To do any and all other act and things necessary to carry out the provisions of these bylaws or of the provisions of the Local Healthcare District Law.

**Section 3. COMPENSATION**

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The Board of Directors shall serve without compensation except that the Board of Directors, by a majority vote of the members of the Board, may authorize payment not to exceed one hundred dollars (\$100) per meeting, or for each committee meeting or other meeting authorized by Board or Chair of the Board, and not to exceed five (5) meetings a month as compensation to each member of the Board of Directors, in accordance with Section 32103 of the California Health and Safety Code, as amended.

Each member of the Board of Directors shall be allowed his/her necessary traveling and incidental expenses incurred in the performance of official business of the District pursuant to the Board's policy.

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A budget for the Board of Directors educational expenses is developed each year. At least annually, the entire Board will review their travel and incidental expenses.

**Section 4. VACANCIES**

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Any vacancy upon the Board of Directors shall be filled by the methods prescribed in Section 1780 of the Government Code.

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**NORTHERN INYO HEALTHCARE DISTRICT**

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**BYLAWS**

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**ARTICLE IV**

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**MEETINGS OF DIRECTORS**

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**Section 1. REGULAR MEETINGS**

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The regular meetings of the Board of Directors of the Northern Inyo Healthcare District shall be held monthly, or as periodically determined by the Board, on such day and at such time as the Board of Directors shall from time-to-time establish by resolution and/or motion.

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**Section 2. SPECIAL MEETINGS**

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Special meetings of the Board of Directors may be called by the Chair or three (3) Directors, and notice of the holding thereof shall be received by each member of the Board of Directors at least twenty-four hours (24) before said meeting.

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**Section 3. QUORUM**

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A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business, and motions and resolutions shall be passed if affirmatively voted upon by a majority of those voting at the time the vote is taken. If a member has a conflict of interest and may not vote they may not be counted towards a quorum.

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**Section 4. ADJOURNMENT**

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A quorum of the Board of Directors may adjourn any Directors' meeting to meet again at a stated day and hour; provided, however, that in the absence of a quorum, a majority of the Directors present at any

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Directors' meeting, either regular or special, may adjourn until the time fixed for the next regular meeting of the Board of Directors. An adjourned meeting can consider only the business of the meeting which was adjourned. An adjourned meeting must be completed prior to the convening of a new meeting.

**Section 5. PUBLIC MEETINGS**

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All meetings of the Board of Directors whether regular, special or adjourned, shall be open to the public in accordance with Government Code Sections 54950 through 54961, commonly known as the Ralph M. Brown Act provided, however, that the foregoing shall not be construed to prevent the Board of Directors from holding executive sessions to consider the appointment, employment, promotion, demotion or dismissal of an employee or public officer, as the term is defined by law, or to hear complaints or charges brought against such officer or employee, to discuss labor negotiations, or to consult with legal counsel concerning litigation to which the District is a party, and prospective and probably litigation, as provided in Sections 54956.7 through 54957 of the Government Code. In addition, closed sessions may be held to discuss trade secrets as defined in Government Code Section 54956.7, and provided in Section 32106 of the Health and Safety Code. To the extent not in violation with the Ralph M. Brown Act or the California Public Records Act, and California Health and Safety Code Section 32155, any information and reports protected from discovery by California Evidence Code Section 1157 that are provided to the Board of Directors by the Medical Staff shall be presented and discussed in closed sessions, maintained as confidential and not released except as required by applicable laws.

**Section 6. MINUTES**

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A book of minutes of all public meetings of the Board of Directors shall be kept at the principal office of the District and shall be open for public inspection upon request.

**Section 7. SCOPE OF MOTIONS AND RESOLUTIONS**

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The decisions of the Board establishing general rules or procedures of the District and/or procedures affecting the Directors shall be by motion or resolution. All motions or resolutions become effective at the time voted upon affirmatively by a majority of the Directors voting at the time the vote is taken.

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~~NORTHERN INYO HEALTHCARE DISTRICT~~

~~BYLAWS~~

~~ARTICLE V~~

OFFICERS AND THEIR DUTIES

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Section 1. OFFICERS

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The officers of the Board of Directors of the Northern Inyo Healthcare District shall be a Chair, Vice Chair and a Secretary, a Treasurer, and "Member at Large".

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Section 2. ELECTION OF OFFICERS

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~~a) a) The officers of the Board of Directors shall be chosen every year by the Board of Directors at the December meeting of every calendar year; and The slate of proposed officers for the Board of Directors shall rotate each year as follows:~~

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~~Member at Large becomes the Treasurer~~

~~Treasurer becomes Secretary~~

~~Secretary becomes Vice Chair~~

~~Vice Chair becomes Chair~~

~~Chair becomes Member at Large~~

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~~At the December meeting of every calendar year, the Board of Directors shall vote whether to accept the proposed slate of officers, or whether to propose an alternative slate. Each officer shall hold the office for one year, or until a successor shall be elected and qualified, or until the officer is otherwise disqualified to serve.~~

~~each officer shall hold office for one year, or until a successor shall be elected and qualified, or until the officer is otherwise disqualified to serve.~~

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- b) \_\_\_\_\_ If an officer of the Board, other than the Chair, is unable to act, the Board may appoint some other member of the Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office.
- c) Any officer on the Board of Directors may resign at any time or be removed as a Board officer by the majority vote of the other Directors then in office at any regular or special meeting of the Board of Directors. In the event of a resignation or removal of an officer, the Board of Directors shall elect a successor to serve for the balance of that officer's unexpired term.

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**Section 3. DUTIES**

- a) Chair: The Board of Directors shall elect one of their members to act as Chair. If at any time the Chair shall be unable to act, the Vice Chair shall assume office and perform the duties of the office. If the Vice Chair shall also be unable to act, then the Secretary/Treasurer shall assume the office and shall immediately conduct a Board election to appoint a Chair, and such person shall be vested temporarily with all the functions and duties of the Chair.

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The ~~Chair~~Chair or member of the Board of Directors acting as such, as above provided:

- (1) Shall preside over all meetings of the Board of Directors, and shall review all requested agenda items submitted to the Chair and the Chair & Chief Executive Officer pursuant to the Board's written policies;
- (2) Shall sign as Chair on behalf of the District all instruments in writing that the Chair has been specifically authorized by the Board to sign;
- (3) Shall act as the main liaison between the Board and management for communications and oversight purposes. It is expected that the Chair will discuss District business with the Chief Executive Officer and Vice Chair on a regular ~~b~~Basis;
- (4) Shall appoint or remove members of committees subject to approval by the Board of Directors.
- (5) Shall have, subject to the advice and control of the Board of Directors, general responsibility for the affairs of the District and generally shall discharge all other duties which shall be required of the Chair by the Bylaws of the District.

- b) Vice Chair: The Vice Chair shall, in the event of death, absence, or other inability of the Chair, exercise all the powers and perform all the duties herein given to the Chair. It is expected that the Vice Chair will participate in regular discussions with the Chair and Chief Executive Officer

regarding District business.

c) Secretary:

- (1) The member of the Board who is elected to the position of Secretary shall act in this capacity for both the District and the Board of Directors;
- (2) Shall be responsible for seeing that records of all actions, proceedings and minutes of meetings of the Board of Directors are properly kept and are maintained at the District offices;
- (3) Shall serve, or cause to be served, all notices required either by law or these bylaws, and in the event of absence, inability, refusal or neglect to do so, such notices may be served by any person thereunto directed by the Chair of the Board of Directors of this District;
- (4) Shall be responsible for seeing that the seal of this District is in safekeeping at the District and shall use it under the direction of the Board of Directors;
- (5) Shall perform such other duties as pertains to the office and as are prescribed by the Board of Directors. The Secretary may delegate his or her duties to appropriate management personnel.

d) Member at Large: The Member at Large shall have all the powers and duties of the Secretary in the absence of the Secretary, and shall perform such other duties as may from time to time be prescribed by the Board of Directors.

e) Treasurer:

- (1) Shall have the responsibility for the safekeeping and disbursement of funds in the treasury of the District in accordance with the provisions of the "Local Healthcare District Law" and in accordance with resolutions, procedures and directions as the Board of Directors may adopt;
- (2) Shall receive monthly reports from management with respect to the financial condition of the District and shall present such reports to the Board of Directors as directed by the Board of Directors;
- (3) Shall perform such other duties as they pertain to this office and as prescribed by the Board of Directors. The Treasurer may delegate his or her duties to appropriate management personnel.



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**NORTHERN INYO HEALTHCARE DISTRICT**

**BYLAWS**

**ARTICLE VI**

**COMMITTEES**

**Section 1. COMMITTEES**

- a) The Board of Directors may sit as a Committee of the Whole on any and all matters, or may create such Standing Committees, ad hoc Committees, or task force Committees as are deemed appropriate.
- b) The duties of these committees shall be to develop and make policy recommendations to the Board and to perform such other functions as shall be stated in these bylaws or in the resolution or motion creating the committee. Each Standing Committee will include two Board members, one of whom shall act as Chair of the Standing Committee. The Chair and Board members of each Standing Committee shall be appointed by the Chair of the Board and approved by the Board at the earliest possible time at the beginning of each calendar year and shall serve for one year, or until a successor has been appointed and approved. Other members of each standing committee are automatically members with one year terms, or until a successor has been appointed and approved. The two Board members shall be the only voting members of each Standing Committee, unless otherwise provided for in these Bylaws.
- c) Special or ad hoc committees may be appointed by the Chair with the approval of the Board of Directors for such specific tasks as circumstances warrant. Special committees may consist only of Board members, or they may include individuals not on the Board. Voting rights on special committees shall be specified by the Board of Directors at the time the committee is created. No committee so appointed shall have any power or authority to commit the Board of Directors or the District in any manner; however, the Board may direct the particular committee to act for and on its behalf, by special vote.
- d) All committees shall keep minutes of each meeting and shall maintain their minutes at the District offices and shall submit reports to the Board as requested.
- e) Aside from committees upon which the Chair is appointed as a voting member, the Chair of the Board shall be an ex officio member of each committee, without being a voting member. The Chair shall be notified of all committee meetings.

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**Section 2. STANDING COMMITTEES**

**Governance Committee:**

a) Members of this standing committee shall include two representatives from the Board of Directors, and the Chief Executive Officer, the Compliance Officer and others as requested. The two members of the Board of Directors shall be the only members of the Committee with voting privileges.

b) The function of this Committee is to recommend amendments or changes to the District bylaws and Board policies. This Committee shall ~~commence an on-going review of the Bylaws to ensure that the Bylaws are maintained current and consistent with the Board's and the District's functions and operations.~~ make recommendations to the Board of Directors for edits and updates to Board Bylaws, Board Policies and plan Board Self-Assessments, Board strategic meetings, format for Chief Executive Officer evaluation and other areas of governance.

c) This committee shall meet no less than quarterly.

This Committee shall also review the Board Policy Manual, at least every four years, and make recommendations to the Board on any additions or deletions of policies. The Committee shall also be responsible for development of a format for the evaluation of the Chief Executive Officer, and for the conduct of a periodic evaluation. This Committee shall also be responsible for developing a format and administering the Board of Directors' periodic self evaluations. Such Board evaluation shall include an annual assessment of resolution of safety and quality issues and initiatives.

**Compliance/Quality/Safety/Risk Committee:**

a) Members of this standing committee shall include a committee of the whole of the Board of Directors, the Chief Executive Officer, the Chief Medical Officer, Chief of Staff, and others as requested. The Directors shall be the only members of the Committee with voting privileges.

b) The function of the Compliance/Quality/Safety/Risk Committee (CQSRC) is to analyze data regarding compliance, safety and quality of care, treatment and services, establish priorities for performance improvement, and present those recommendations to the Board of Directors in a regular meeting.

c) The Compliance/Quality/Safety/Risk Committee (CQSRC) shall meet no less than quarterly.

**Finance and Audit Committee:**

a) Members of this standing committee shall include a committee of the whole of the Board of Directors, Chief Financial Officer, the Chief Executive Officer and others as requested. The Directors shall be the only members of the Committee with voting privileges.

b) The Finance Committee in consultation with the Chief Executive Officer and Chief Financial Officer shall be responsible for reviewing and monitoring the annual budget, and, as appropriate, its long-term capital expenditure plan. The Finance Committee shall make recommendations to the full Board on retention of auditors and approve audits, and business plans pursuant to subsidiary organizations.

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Commented [PD7]: We can have these as committees of the whole. They just have to have their own agenda, notice, and minutes. Per Noel, BBK

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Commented [PD8]: All of the details that were here have been removed to be included in the committee charter.

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c) The Finance and Audit Committee shall meet no less than quarterly.

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**Section 3. AD HOC COMMITTEES**

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As needed, and from time to time, the Board shall create the following ad hoc committees as follows: From time to time, the Board may appoint an "ad hoc" committee for specialized issues and projects.

a) Quality and Safety Committee: Two members of the Board shall comprise the Quality and Safety Committee, being advised by the Chief Executive Officer, the Medical Executive Committee, the Chief of Staff, and Medical Staff members from time to time. The Quality and Safety Committee shall:

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(1) Analyze data regarding safety and quality of care, treatment and services and establish priorities for performance improvement.

(2) Oversee the Medical staff's fulfillment of its responsibilities in accordance with the Medical Staff Bylaws, applicable law and regulation, and accreditation standards.

(3) Ensure that recommendations from the Medical Executive Committee and Medical Staff are made in accordance with the standards and requirements of the Medical Staff Bylaws, Rules and Regulations with regard to:

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- completed applications for initial staff appointment, initial staff category assignment, initial department/divisional affiliation, membership prerogatives and initial clinical privileges;
- completed applications for reappointment of medical staff, staff category, clinical privileges;
- establishment of categories of Allied Health Professionals permitted to practice at the hospital, the appointment and reappointment of Allied Health Professionals and privileges granted to Allied Health Professionals.

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(4) Provide a system for resolving conflicts that could adversely affect safety or quality of care among individuals working within the hospital environment.

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(5) Ensure that adequate resources are allocated for maintaining safety and quality care, treatment and services.

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(6) Analyze findings and recommendations from the Hospital's administrative review and evaluation activities, including system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences.

(7) Assess the effectiveness and results of the quality review, utilization review, performance improvement, and risk management programs.

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~~(8) Perform such other duties concerning safety and quality of care matters as may be necessary.~~

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~~b) Finance Committee: Two members of the Board shall comprise the Finance Committee. The Finance Committee in consultation with the Chief Executive Officer shall be responsible for reviewing and monitoring the annual budget and, as appropriate, its long term capital expenditure plan. The Finance Committee shall oversee retention of auditors and approve audits, and business plans pursuant to subsidiary organizations.~~

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~~e) Community Benefit Committee: The members of this Committee shall be two members of the Board of Directors. The Committee shall be assisted, as needed, by the Chief Executive Officer and the Director of Community and Government Affairs, along with any other staff or representatives designated by the Committee. The two members of the Board of Directors shall be the only members of the Committee with voting privileges. This Committee shall have general responsibility for development and implementation of an achievable Community Benefit Initiative, including identification of a process by which the initiative can be pursued, achieved, and sustained. The Committee will assess and marshal resources available to the District to advance the Initiative in a manner responsive to community health needs, prioritized based on a balance of need and outcome attainability, and, where helpful, in partnership with District and community stakeholders.~~

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**NORTHERN INYO HEALTHCARE DISTRICT**

**BYLAWS**

**ARTICLE VII**

**CHIEF EXECUTIVE OFFICER**

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**Section 1 GENERAL PROVISIONS**

The Board of Directors shall have the authority to employ and discharge the Chief Executive Officer and shall specify the terms and conditions of the person's employment. The performance of the Chief Executive Officer will be evaluated on an annual basis by the Board of Directors based on performance criteria established from time to time by the Board of Directors.

The Chief Executive Officer shall be responsible for the overall management of the Hospital and District, and has the necessary and full authority to effect this responsibility subject to the Board's oversight, any policies and directives issued by the Board, and as called upon pursuant to the JPA Agreement. Chief Executive Officer is directly responsible to the Board of Directors and the Authority, for the management of the Hospital and all of its departments and activities.

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**Section 2. QUALIFICATIONS, DUTIES AND RESPONSIBILITIES**

Qualifications, specific duties and responsibilities of the Chief Executive Officer shall be set forth in the appropriate section of the Policy Manual and any employment agreement with the Chief Executive Officer.

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**NORTHERN INYO HEALTHCARE DISTRICT**

**BYLAWS**

**ARTICLE VIII**

**MEDICAL ADMINISTRATION IN THE HOSPITAL**

**Section 1. ESTABLISHMENT OF A MEDICAL STAFF**

There shall be a Medical Staff for the Hospital established in accordance with the requirements of the Local Healthcare District Law (H. & Safety Code 32000, *et.seq.*), whose membership shall be comprised of all physicians, dentists and podiatrists who are duly licensed and privileged to admit and care for patients in the Hospital. The Board of Directors shall appoint the Medical Staff, which shall be an integral part of the Hospital. The Medical Staff derives its authority from the Board of Directors and shall function in accordance with the Medical Staff Bylaws, Rules and Regulations and Policies that have been approved by the Medical Staff and by the Board.

The Medical Staff shall be represented before the Board of Directors by the Chief of Staff or his/her designee and shall be afforded full access to the Board through the Board's regular meetings and committees as described herein. The Medical Staff, through its officers, department chiefs, and committees, shall be responsible and accountable to the Board of Directors for the discharge of those duties and responsibilities set forth in the Medical Staff's Bylaws, Rules and Regulations, and Policies, and as delegated by the Board of Directors from time to time.

**Section 2. BYLAWS, RULES AND REGULATIONS**

The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Bylaws and Rules and Regulations, consistent with these District Bylaws, applicable laws, government

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regulation, and accreditation standards. The Medical Staff Bylaws, Rules and Regulations and all amendments thereto, shall become effective upon approval by the Medical Staff and the Board of Directors.

**Section 3. BOARD ACTION ON MEMBERSHIP AND CLINICAL PRIVILEGES**

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**a) ~~(a)~~ Medical Staff Responsibilities:** The Medical Staff is responsible to the Board of Directors for the quality of care, treatment and services rendered to patients in the Hospital. The Board of Directors shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, except as provided in Section 3(d). The Medical Staff adopt and forward to the Board or committee of the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board of Directors to take informed action. When the Board of Directors does not concur with a Medical Staff recommendation, the matter shall be processed in accordance with the Medical Staff Bylaws and applicable law before the Board renders a final decision. The Board of Directors shall act on recommendations of the Medical Staff within the period of time specified in the Medical Staff Bylaws or Rules and Regulations, or if no time is specified, then within a reasonable period of time. However, at all times the final authority for appointment to membership on the Medical Staff of the Hospital remains the sole responsibility and authority of the Board of Directors.

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**(b) Criteria for Board Action:** The process and criteria for acting on matters affecting Medical Staff membership status and clinical privileges shall be as specified in the Medical Staff Bylaws.

**(c) Terms and Conditions of Staff Membership and Clinical Privileges:** The terms and conditions of membership status in the Medical Staff, and the scope and exercise of clinical privileges, shall be as specified in the Medical Staff bylaws unless otherwise specified in the notice of individual appointment following a determination in accordance with the Medical Staff Bylaws.

**(d) Initiation of Corrective Action and Suspension:** Where in the best interests of patient safety, quality of care, or the Hospital staff, and after consultation with the Chief of Staff, the Board of Directors shall have the authority to take any action that it deems appropriate with respect to any individual applying for or appointed to the Medical Staff or who is seeking or exercising clinical privileges or the right to practice in the Hospital. Action taken by the Board of Directors in such matters shall follow the procedures for corrective action outlined in the Medical Staff Bylaws, Rules and Regulations. The Board shall notify the Executive Committee immediately of any such action.

Chief Executive Officer may summarily suspend or restrict clinical privileges of any Medical Staff member where failure to take action may result in imminent danger to the health of any individual and when no person authorized to take such action by the Medical Staff is available, provided that the Chief Executive Officer has made reasonable documented attempts to contact the person or persons so authorized. A suspension by the Chief Executive Officer that has not been ratified by the Medical Executive Committee within two working days, excluding

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weekends and holidays, shall terminate automatically.

- (e) **Fair Hearing and Appellate Procedures:** The Medical Staff Bylaws shall establish fair hearing and appellate review mechanisms in connection with Staff recommendations for the denial of Staff appointments, as well as denial of reappointments, or the curtailment suspension or revocation of privileges. The hearing and appellate procedures employed by the Board of Directors upon referral of such matters shall be consistent with the Local Healthcare District Law at Section 32150 *et. seq.* of the Health & Safety Code, and those specified in the Medical Staff Bylaws, Rules and Regulations to the extent not inconsistent therewith. Any doctor or other practitioner who feels aggrieved by any adverse recommendation or deprivation of Medical Staff status or clinical privileges shall be required, as a condition to exercising his or her right of appeal to the Board, to pursue his or her appeal through orderly channels of appeal and at the proper time and in the manner prescribed by the Bylaws and procedures of the Medical Staff of this hospital. When the Medical Staff has made its final ruling and decision concerning the appeal of any aggrieved doctor or practitioner in accordance with the Bylaws of the Medical Staff, and such doctor or practitioner then desires to appeal to the Board, he or she shall give notice in writing to the Hospital Administrator within ten (10) days next following the date of the entry of the final order of the Medical Staff. Said notices must state in substance the grievance made and complained of, and must be given in the time and manner herein specified, or the Board shall not take cognizance thereof except at its discretion. If said notice is so given within said time, then it shall be the duty of the Board to then consider such grievance in its entirety and render the decision of the Board in writing, and deliver a copy of its decision and findings to the aggrieved doctor or practitioner. Such decision shall be final.

The Medical Staff shall have the right to be heard, through its Chief of Staff or designee at meetings of the Board.

**Section 4. ACCOUNTABILITY TO THE BOARD**

The Medical Staff shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of quality patient care and safety in the Hospital.

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**Section 5. DOCUMENTATION**

The Board shall receive and act upon the findings and recommendations emanating from the activities required by Section 4. All such findings and recommendations shall be in writing and supported and accompanied by appropriate documentation upon which the Board can take appropriate action.

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**Section 6. COMPENSATED MEDICAL DIRECTOR POSITIONS**

Compensated Medical Director positions shall be responsible to the Chief Executive Officer and the Medical Staff for documentation of activities related to their assignment. Compensated

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Medical Directors shall be approved by the Chief Executive Officer and for fit and compensation amount. Medical Staff may appoint Service Directors, the slate of Service Directors must be approved by the Board of Directors.

~~NORTHERN INYO HEALTHCARE DISTRICT~~

~~BYLAWS~~

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## ARTICLE IX

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### AMENDMENT OF BYLAWS

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These Bylaws may be amended by affirmative vote of a majority of the total number of members of the Board of Directors at any regular or special meeting of the Board of Directors, provided a full statement of such proposed amendment shall have been sent to each Board member not less than forty-eight (48) hours prior to the meeting.

Affirmative action may be taken to amend these Bylaws by unanimous vote of the entire Board membership at any regular or special meeting of the Board of Directors, in which event the provision for forty-eight (48) hours notice shall not apply.

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Chair, Board of Directors  
June 15, 2022

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

NORTHERN INYO HEALTHCARE DISTRICT

# BYLAWS



ADOPTED BY THE  
NORTHERN INYO HEALTHCARE DISTRICT  
BOARD OF DIRECTORS

REVISED AND ADOPTED IN CONFORMANCE WITH DIVISION 23, SECTION 32000 ET SEQ.  
OF THE CALIFORNIA HEALTH AND SAFETY CODE ON FEBRUARY 21, 2024

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## **ARTICLE I NAME, AUTHORITY AND OFFICES**

### **Section 1. NAME**

The name of this non-profit health care district organization shall be the Northern Inyo Healthcare District, hereinafter "the District".

### **Section 2. AUTHORITY**

- a) This District, having been established January 11, 1946, by vote of the residents of the District under the provisions of Division 23, Section 32000 et seq, of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law," and ever since said time having been operated thereunder, these bylaws are adopted in conformance therewith, and subject to the provisions thereof.
- b) In the event of any conflict between these bylaws and "The Local Health Care District Law," the latter shall prevail. To the extent they are not in conflict with these bylaws, the proceedings of the District Board shall be guided by the most recent edition of Robert's Rules of Order.

### **Section 3. OFFICES**

The principal office for the transaction of business of the District is hereby fixed within the boundaries of the District as determined by the Board of Directors.

### **Section 4. TITLE OF PROPERTY**

The title to all property of the District shall be vested in the District, and the signature of the Chair and/or Secretary, or any officer designated by the Directors, as authorized at any meeting of the Directors, shall constitute the proper authority for the purchase or sale of property, or for the investment or other disposal of funds which are subject to the control of the District.

## **ARTICLE II    PURPOSES AND SCOPE**

### **Section 1.                PURPOSES**

The purposes of the Northern Inyo Healthcare District shall include, but not be limited to the following:

- a)     Within available resources, to provide facilities and health services for quality acute and continued care of the injured and ill, inducing health maintenance and education, regardless of sex, race, creed, cultural or national origin.
- b)     To coordinate, wherever possible and feasible, the activities of the District with health agencies and other health facilities providing specialized as well as comprehensive care.
- c)     To conduct educational and research activities essential to the attainment of its purposes.
- d)     To do any and all other acts necessary to carry out the provisions of the Health Care District Act.

### **Section 2.                SCOPE OF BYLAWS**

- a)     These bylaws shall govern the Northern Inyo Healthcare District, its Board of Directors and its relationship to affiliated or subordinate organizations. The primary purpose of these bylaws is to provide rules for the self-governance of the District and the Board of Directors, to provide a structure for the Board of Directors to fulfill its functions and responsibilities with respect to an organized self-governing Medical Staff, and to provide a structure for Administration of the licensed healthcare inpatient and outpatient facilities operated by the District (specifically Northern Inyo Hospital, 1206 D and 1206 B clinics).
- b)     The Board of Directors may delegate certain powers to the Authority of the Board's committees, the Medical Staff, and to other affiliated and subordinate organizations and groups governed by the District, such powers to be exercised in accordance with the respective bylaws or guidelines of such groups. All powers and functions not expressly delegated to such affiliated or subordinate organizations or groups are to be considered residual powers vested in the Board of Directors of this District.
- c)     The Bylaws, Rules and Regulations of the Medical Staff and other affiliated and subordinate organizations and groups governed by the District, and any amendments to such bylaws, shall not be effective until the same are approved by the Board of Directors of the Northern Inyo Healthcare District. The provisions of these District bylaws shall be construed to be consistent with the Medical Staff's bylaws. Except that these Bylaws shall not conflict with the bylaws of the Medical Staff as approved by the Board of Directors, the Board of Directors may review these Bylaws and revise them as it deems appropriate.

### **Section 3.                TAX EXEMPT STATUS**

There shall be no contemplation of profit or pecuniary gain, and no distribution of profits to any individual, under any guise whatsoever; nor shall there be any distribution of assets or surpluses to any individual on the dissolution of this District.

**Section 4.                    DISPOSITION OF SURPLUS**

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Directors for charitable District purposes or for improvements hospital's facilities for the care of the sick, injured, or disabled, or for other purposes not inconsistent with the Local Health Care District Act, or these bylaws. The Board of Directors may authorize the disposition of any surplus property of the District by any method determined appropriate by the Board.

**Section 5.                    INDEMNIFICATION**

- a) Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, administrative or investigative, by reason of the fact that he/she, his/her estate, or his/her personal representative is or was a Director, officer or employee of the District, or an individual (including a medical staff appointee) acting as an agent of the District, or serves or served any other corporation or other entity or organization in any capacity at the request of the District while acting as a Director, officer, employee or agent of the District shall be and hereby is indemnified by the District, as provided in Sections 825 *et.seq.* of the California Government Code.
- b) Indemnification shall be against all judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees actually and necessarily incurred, as a result of any such action or proceeding, or any appeal therein, to the fullest extent permitted and in the manner prescribed by the laws of the State of California, as they may be amended from time to time, or such other law or laws as may be applicable to the extent such other law or laws is not inconsistent with the law of California, including Sections 825 *et.seq.* of the California Government Code.
- c) Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with such person's practice of his or her profession.

**Section 6.                    FISCAL YEAR**

The fiscal year of the District shall commence on the first day of July and each year shall end on the last day of June of each year.

## **ARTICLE III BOARD OF DIRECTORS**

### **Section 1. ELECTION**

The Board of Directors shall be elected as provided in "The Local Healthcare District Law," which shall also govern eligibility for election to the Board of Directors.

### **Section 2. POWERS**

The Board of Directors shall have and exercise all the powers of a Healthcare District as set forth in the Healthcare District Act. Specifically, the Board of Directors shall be empowered as follows:

- a) To control and be responsible for the overall governance of the District, including the provision of management and planning.
- b) To make and enforce all rules and regulations necessary for the administration, government, protection and maintenance of hospitals and other facilities under District jurisdiction and to ensure compliance with all applicable laws.
- c) To appoint a Chief Executive Officer and to define the powers and duties of such appointee, and to delegate to such person overall responsibility for operations of the District, the Hospital, and affiliated entities as specified herein and consistent with Board of Directors' Policies. The Board shall also retain legal counsel and independent auditors as needed for District and Hospital operations.
- d) To authorize the formation of other affiliated or subordinate organizations which they may deem necessary to carry out the purposes of the District.
- e) To periodically review and develop a strategic plan for the District and the Hospital.
- f) To determine policies and approve procedures for the overall operation and affairs of this District and its facilities according to the best interests of the public health and to assure the maintenance of quality patient care.
- g) To enter into Joint Powers Agreements with other public entities, and to carry out the District's responsibilities in regard to such Joint Powers Authority as prescribed by law.
- h) To evaluate the performance of the Hospital in relation to its vision, mission and goals.
- i) To provide for coordination and integration among the Hospital's leaders to establish policy, maintain quality care and patient safety, and provide for necessary resources.
- j) To be ultimately accountable for the safety and quality of care, treatment and services.
- k) All powers of the Board of Directors, which are not restricted by statute, may be delegated by an employment agreement, policies, and by direction of the Board to the Chief Executive Officer or to others employed by or with responsibilities to the District, to be exercised in accordance with that delegation.
- l) In the event of a vacancy in any Board office established by Article V of these Bylaws (Chair,

Vice Chair, etc.), the Board of Directors shall select someone to fill such vacancy and to serve until the next regular election of officers, unless such person earlier resigns or is removed in accordance with said Article.

- m) To do any and all other act and things necessary to carry out the provisions of these bylaws or of the provisions of the Local Healthcare District Law.

**Section 3.                    COMPENSATION**

The Board of Directors shall serve without compensation except that the Board of Directors, by a majority vote of the members of the Board, may authorize payment not to exceed one hundred dollars (\$100) per meeting, or for each committee meeting or other meeting authorized by Board or Chair of the Board, and not to exceed five (5) meetings a month as compensation to each member of the Board of Directors, in accordance with Section 32103 of the California Health and Safety Code, as amended.

Each member of the Board of Directors shall be allowed his/her necessary traveling and incidental expenses incurred in the performance of official business of the District pursuant to the Board's policy.

A budget for the Board of Directors educational expenses is developed each year. At least annually, the entire Board will review their travel and incidental expenses.

**Section 4.                    VACANCIES**

Any vacancy upon the Board of Directors shall be filled by the methods prescribed in Section 1780 of the Government Code.

## **ARTICLE IV MEETINGS OF DIRECTORS**

### **Section 1. REGULAR MEETINGS**

The regular meetings of the Board of Directors of the Northern Inyo Healthcare District shall be held monthly, or as periodically determined by the Board, on such day and at such time as the Board of Directors shall from time-to-time establish by resolution and/or motion.

### **Section 2. SPECIAL MEETINGS**

Special meetings of the Board of Directors may be called by the Chair or three (3) Directors, and notice of the holding thereof shall be received by each member of the Board of Directors at least twenty-four hours (24) before said meeting.

### **Section 3. QUORUM**

A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business, and motions and resolutions shall be passed if affirmatively voted upon by a majority of those voting at the time the vote is taken. If a member has a conflict of interest and may not vote they may not be counted towards a quorum.

### **Section 4. ADJOURNMENT**

A quorum of the Board of Directors may adjourn any Directors' meeting to meet again at a stated day and hour; provided, however, that in the absence of a quorum, a majority of the Directors present at any Directors' meeting, either regular or special, may adjourn until the time fixed for the next regular meeting of the Board of Directors. An adjourned meeting can consider only the business of the meeting which was adjourned. An adjourned meeting must be completed prior to the convening of a new meeting.

### **Section 5. PUBLIC MEETINGS**

All meetings of the Board of Directors whether regular, special or adjourned, shall be open to the public in accordance with Government Code Sections 54950 through 54961, commonly known as the Ralph M. Brown Act provided, however, that the foregoing shall not be construed to prevent the Board of Directors from holding executive sessions to consider the appointment, employment, promotion, demotion or dismissal of an employee or public officer, as the term is defined by law, or to hear complaints or charges brought against such officer or employee, to discuss labor negotiations, or to consult with legal counsel concerning litigation to which the District is a party, and prospective and probably litigation, as provided in Sections 54956.7 through 54957 of the Government Code. In addition, closed sessions may be held to discuss trade secrets as defined in Government Code Section 54956.7, and provided in Section 32106 of the Health and Safety Code. To the extent not in violation with the Ralph M. Brown Act or the California Public Records Act, and California Health and Safety Code Section 32155, any information and reports protected from discovery by California Evidence Code Section 1157 that are provided to the Board of Directors by the Medical Staff shall be presented and discussed in closed sessions, maintained as confidential and not released except as required by applicable laws.

**Section 6.                    MINUTES**

A book of minutes of all public meetings of the Board of Directors shall be kept at the principal office of the District and shall be open for public inspection upon request.

**Section 7.                    SCOPE OF MOTIONS AND RESOLUTIONS**

The decisions of the Board establishing general rules or procedures of the District and/or procedures affecting the Directors shall be by motion or resolution. All motions or resolutions become effective at the time voted upon affirmatively by a majority of the Directors voting at the time the vote is taken.



**ARTICLE V OFFICERS AND THEIR DUTIES**

**Section 1. OFFICERS**

The officers of the Board of Directors of the Northern Inyo Healthcare District shall be a Chair, Vice Chair and a Secretary, a Treasurer, and “Member at Large”.

**Section 2. ELECTION OF OFFICERS**

a) The slate of proposed officers for the Board of Directors shall rotate each year as follows:

- Member at Large becomes the Treasurer
- Treasurer becomes Secretary
- Secretary becomes Vice Chair
- Vice Chair becomes Chair
- Chair becomes Member at Large

At the December meeting of every calendar year, the Board of Directors shall vote whether to accept the proposed slate of officers, or whether to propose an alternative slate. Each officer shall hold the office for one year, or until a successor shall be elected and qualified, or until the officer is otherwise disqualified to serve.

- b) If an officer of the Board, other than the Chair, is unable to act, the Board may appoint some other member of the Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office.
- c) Any officer on the Board of Directors may resign at any time or be removed as a Board officer by the majority vote of the other Directors then in office at any regular or special meeting of the Board of Directors. In the event of a resignation or removal of an officer, the Board of Directors shall elect a successor to serve for the balance of that officer's unexpired term.

**Section 3. DUTIES**

a) Chair: The Board of Directors shall elect one of their members to act as Chair. If at any time the Chair shall be unable to act, the Vice Chair shall assume office and perform the duties of the office. If the Vice Chair shall also be unable to act, then the Secretary/Treasurer shall assume the office and shall immediately conduct a Board election to appoint a Chair, and such person shall be vested temporarily with all the functions and duties of the Chair.

The Chair or member of the Board of Directors acting as such, as above provided:

- (1) Shall preside over all meetings of the Board of Directors, and shall review all requested agenda items submitted to the Chair and the Chair & Chief Executive Officer pursuant to the Board's written policies;
- (2) Shall sign as Chair on behalf of the District all instruments in writing that the Chair has been specifically authorized by the Board to sign;
- (3) Shall act as the main liaison between the Board and management for communications and

oversight purposes. It is expected that the Chair will discuss District business with the Chief Executive Officer and Vice Chair on a regular Basis;

- (4) Shall appoint or remove members of committees subject to approval by the Board of Directors.
  - (5) Shall have, subject to the advice and control of the Board of Directors, general responsibility for the affairs of the District and generally shall discharge all other duties which shall be required of the Chair by the Bylaws of the District.
- b) Vice Chair: The Vice Chair shall, in the event of death, absence, or other inability of the Chair, exercise all the powers and perform all the duties herein given to the Chair. It is expected that the Vice Chair will participate in regular discussions with the Chair and Chief Executive Officer regarding District business.
- c) Secretary:
- (1) The member of the Board who is elected to the position of Secretary shall act in this capacity for both the District and the Board of Directors;
  - (2) Shall be responsible for seeing that records of all actions, proceedings and minutes of meetings of the Board of Directors are properly kept and are maintained at the District offices;
  - (3) Shall serve, or cause to be served, all notices required either by law or these bylaws, and in the event of absence, inability, refusal or neglect to do so, such notices may be served by any person thereunto directed by the Chair of the Board of Directors of this District;
  - (4) Shall be responsible for seeing that the seal of this District is in safekeeping at the District and shall use it under the direction of the Board of Directors;
  - (5) Shall perform such other duties as pertains to the office and as are prescribed by the Board of Directors. The Secretary may delegate his or her duties to appropriate management personnel.
- d) Member at Large: The Member at Large shall have all the powers and duties of the Secretary in the absence of the Secretary, and shall perform such other duties as may from time to time be prescribed by the Board of Directors.
- e) Treasurer:
- (1) Shall have the responsibility for the safekeeping and disbursal of funds in the treasury of the District in accordance with the provisions of the "Local Healthcare District Law" and in accordance with resolutions, procedures and directions as the Board of Directors may adopt;
  - (2) Shall receive monthly reports from management with respect to the financial condition of the District and shall present such reports to the Board of Directors as directed by the

Board of Directors;

- (3) Shall perform such other duties as they pertain to this office and as prescribed by the Board of Directors. The Treasurer may delegate his or her duties to appropriate management personnel.

## **ARTICLE VI COMMITTEES**

### **Section 1. COMMITTEES**

- a) The Board of Directors may sit as a Committee of the Whole on any and all matters, or may create such Standing Committees, ad hoc Committees, or task force Committees as are deemed appropriate.
- b) The duties of these committees shall be to develop and make policy recommendations to the Board and to perform such other functions as shall be stated in these bylaws or in the resolution or motion creating the committee. Each Standing Committee will include two Board members, one of whom shall act as Chair of the Standing Committee. The Chair and Board members of each Standing Committee shall be appointed by the Chair of the Board and approved by the Board at the earliest possible time at the beginning of each calendar year and shall serve for one year, or until a successor has been appointed and approved. Other members of each standing committee are automatically members with one year terms, or until a successor has been appointed and approved. The two Board members shall be the only voting members of each Standing Committee, unless otherwise provided for in these Bylaws.
- c) Special or ad hoc committees may be appointed by the Chair with the approval of the Board of Directors for such specific tasks as circumstances warrant. Special committees may consist only of Board members, or they may include individuals not on the Board. Voting rights on special committees shall be specified by the Board of Directors at the time the committee is created. No committee so appointed shall have any power or authority to commit the Board of Directors or the District in any manner; however, the Board may direct the particular committee to act for and on its behalf, by special vote.
- d) All committees shall keep minutes of each meeting and shall maintain their minutes at the District offices and shall submit reports to the Board as requested.
- e) Aside from committees upon which the Chair is appointed as a voting member, the Chair of the Board shall be an ex officio member of each committee, without being a voting member. The Chair shall be notified of all committee meetings.

### **Section 2. STANDING COMMITTEES**

#### Governance Committee:

- a) Members of this standing committee shall include two representatives from the Board of Directors, the Chief Executive Officer, the Compliance Officer, and others as requested. The two members of the Board of Directors shall be the only members of the Committee with voting privileges.

- b) The function of this Committee is to recommend amendments or changes to the District bylaws and Board policies. This Committee shall make recommendations to the Board of Directors for edits and updates to Board Bylaws, Board Policies and plan Board Self-Assessments, Board strategic meetings, format for Chief Executive Officer evaluation and other areas of governance.
- c) This committee shall meet no less than quarterly.

Compliance/Quality/Safety/Risk Committee:

- a) Members of this standing committee shall include a committee of the whole of the Board of Directors, the Chief Executive Officer, the Chief Medical Officer, Chief of Staff, and others as requested. The Directors shall be the only members of the Committee with voting privileges.
- b) The function of the Compliance/Quality/Safety/Risk Committee (CQSRC) is to analyze data regarding compliance, safety and quality of care, treatment and services and establish priorities for performance improvement.
- c) The Compliance/Quality/Safety/Risk Committee (CQSRC) shall meet no less than quarterly.

Finance and Audit Committee:

- a) Members of this standing committee shall include a committee of the whole of the Board of Directors, Chief Financial Officer, the Chief Executive Officer and others as requested. The Directors shall be the only members of the Committee with voting privileges.
- b) The Finance Committee in consultation with the Chief Executive Officer and Chief Financial Officer shall be responsible for reviewing and monitoring the annual budget and, as appropriate, its long-term capital expenditure plan. The Finance Committee shall make recommendations to the Board on retention of auditors and approve audits, and business plans pursuant to subsidiary organizations.
- c) The Finance and Audit Committee shall meet no less than quarterly.

**Section 3. AD HOC COMMITTEES**

From time to time, the Board may appoint an “ad hoc” committee for specialized issues and projects.

**ARTICLE VII CHIEF EXECUTIVE OFFICER****Section 1 GENERAL PROVISIONS**

The Board of Directors shall have the authority to employ and discharge the Chief Executive Officer and shall specify the terms and conditions of the person's employment. The performance of the Chief Executive Officer will be evaluated on an annual basis by the Board of Directors based on performance criteria established from time to time by the Board of Directors.

The Chief Executive Officer shall be responsible for the overall management of the Hospital and District, and has the necessary and full authority to effect this responsibility subject to the Board's oversight, any policies and directives issued by the Board, and as called upon pursuant to the JPA Agreement. Chief Executive Officer is directly responsible to the Board of Directors and the Authority, for the management of the Hospital and all of its departments and activities.

**Section 2. QUALIFICATIONS, DUTIES AND RESPONSIBILITIES**

Qualifications, specific duties and responsibilities of the Chief Executive Officer shall be set forth in the appropriate section of the Policy Manual and any employment agreement with the Chief Executive Officer.

## ARTICLE VIII MEDICAL ADMINISTRATION IN THE HOSPITAL

### Section 1. ESTABLISHMENT OF A MEDICAL STAFF

There shall be a Medical Staff for the Hospital established in accordance with the requirements of the Local Healthcare District Law (H. & Safety Code 32000, *et.seq.*), whose membership shall be comprised of all physicians, dentists and podiatrists who are duly licensed and privileged to admit and care for patients in the Hospital. The Board of Directors shall appoint the Medical Staff, which shall be an integral part of the Hospital. The Medical Staff derives its authority from the Board of Directors and shall function in accordance with the Medical Staff Bylaws, Rules and Regulations and Policies that have been approved by the Medical Staff and by the Board.

The Medical Staff shall be represented before the Board of Directors by the Chief of Staff or his/her designee and shall be afforded full access to the Board through the Board's regular meetings and committees as described herein. The Medical Staff, through its officers, department chiefs, and committees, shall be responsible and accountable to the Board of Directors for the discharge of those duties and responsibilities set forth in the Medical Staff's Bylaws, Rules and Regulations, and Policies, and as delegated by the Board of Directors from time to time.

### Section 2. BYLAWS, RULES AND REGULATIONS

The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Bylaws and Rules and Regulations, consistent with these District Bylaws, applicable laws, government regulation, and accreditation standards. The Medical Staff Bylaws, Rules and Regulations and all amendments thereto, shall become effective upon approval by the Medical Staff and the Board of Directors.

### Section 3. BOARD ACTION ON MEMBERSHIP AND CLINICAL PRIVILEGES

- a) Medical Staff Responsibilities: The Medical Staff is responsible to the Board of Directors for the quality of care, treatment and services rendered to patients in the Hospital. The Board of Directors shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, except as provided in Section 3(d). The Medical Staff adopt and forward to the Board or committee of the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board of Directors to take informed action. When the Board of Directors does not concur with a Medical Staff recommendation, the matter shall be processed in accordance with the Medical Staff Bylaws and applicable law before the Board renders a final decision. The Board of Directors shall act on recommendations of the Medical Staff within the period of time specified in the Medical Staff Bylaws or Rules and Regulations, or if no time is specified, then within a reasonable period of time. However, at all times the final authority for appointment to membership on the Medical Staff of the Hospital remains the sole responsibility and authority of the Board of Directors.
- (b) Criteria for Board Action: The process and criteria for acting on matters affecting Medical Staff membership status and clinical privileges shall be as specified in the Medical Staff Bylaws.

- (c) Terms and Conditions of Staff Membership and Clinical Privileges: The terms and conditions of membership status in the Medical Staff, and the scope and exercise of clinical privileges, shall be as specified in the Medical Staff bylaws unless otherwise specified in the notice of individual appointment following a determination in accordance with the Medical Staff Bylaws.
- (d) Initiation of Corrective Action and Suspension: Where in the best interests of patient safety, quality of care, or the Hospital staff, and after consultation with the Chief of Staff, the Board of Directors shall have the authority to take any action that it deems appropriate with respect to any individual applying for or appointed to the Medical Staff or who is seeking or exercising clinical privileges or the right to practice in the Hospital. Action taken by the Board of Directors in such matters shall follow the procedures for corrective action outlined in the Medical Staff Bylaws, Rules and Regulations. The Board shall notify the Executive Committee immediately of any such action.

Chief Executive Officer may summarily suspend or restrict clinical privileges of any Medical Staff member where failure to take action may result in imminent danger to the health of any individual and when no person authorized to take such action by the Medical Staff is available, provided that the Chief Executive Officer has made reasonable documented attempts to contact the person or persons so authorized. A suspension by the Chief Executive Officer that has not been ratified by the Medical Executive Committee within two working days, excluding weekends and holidays, shall terminate automatically.

- (e) Fair Hearing and Appellate Procedures: The Medical Staff Bylaws shall establish fair hearing and appellate review mechanisms in connection with Staff recommendations for the denial of Staff appointments, as well as denial of reappointments, or the curtailment suspension or revocation of privileges. The hearing and appellate procedures employed by the Board of Directors upon referral of such matters shall be consistent with the Local Healthcare District Law at Section 32150 *et. seq.* of the Health & Safety Code, and those specified in the Medical Staff Bylaws, Rules and Regulations to the extent not inconsistent therewith. Any doctor or other practitioner who feels aggrieved by any adverse recommendation or deprivation of Medical Staff status or clinical privileges shall be required, as a condition to exercising his or her right of appeal to the Board, to pursue his or her appeal through orderly channels of appeal and at the proper time and in the manner prescribed by the Bylaws and procedures of the Medical Staff of this hospital. When the Medical Staff has made its final ruling and decision concerning the appeal of any aggrieved doctor or practitioner in accordance with the Bylaws of the Medical Staff, and such doctor or practitioner then desires to appeal to the Board, he or she shall give notice in writing to the Hospital Administrator within ten (10) days next following the date of the entry of the final order of the Medical Staff. Said notices must state in substance the grievance made and complained of, and must be given in the time and manner herein specified, or the Board shall not take cognizance thereof except at its discretion. If said notice is so given within said time, then it shall be the duty of the Board to then consider such grievance in its entirety and render the decision of the Board in writing, and deliver a copy of its decision and findings to the aggrieved doctor or practitioner. Such decision shall be final.

The Medical Staff shall have the right to be heard, through its Chief of Staff or designee at meetings of the Board.

**Section 4. ACCOUNTABILITY TO THE BOARD**

The Medical Staff shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of quality patient care and safety in the Hospital.

**Section 5. DOCUMENTATION**

The Board shall receive and act upon the findings and recommendations emanating from the activities required by Section 4. All such findings and recommendations shall be in writing and supported and accompanied by appropriate documentation upon which the Board can take appropriate action.

**Section 6. COMPENSATED MEDICAL DIRECTOR POSITIONS**

Compensated Medical Director positions shall be responsible to the Chief Executive Officer and the Medical Staff for documentation of activities related to their assignment. Compensated Medical Directors shall be approved by the Chief Executive Officer and for fit and compensation amount. Medical Staff may appoint Service Directors, the slate of Service Directors must be approved by the Board of Directors.



## **ARTICLE IX AMENDMENT OF BYLAWS**

These Bylaws may be amended by affirmative vote of a majority of the total number of members of the Board of Directors at any regular or special meeting of the Board of Directors, provided a full statement of such proposed amendment shall have been sent to each Board member not less than forty-eight (48) hours prior to the meeting.

Affirmative action may be taken to amend these Bylaws by unanimous vote of the entire Board membership at any regular or special meeting of the Board of Directors, in which event the provision for forty-eight (48) hours notice shall not apply.



## NORTHERN INYO HEALTHCARE DISTRICT COMMITTEE CHARTER

Title: Governance Committee Charter		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope:		
Date Last Modified: 02/15/2024	Last Review Date: No Review Date	Version: 1
Final Approval by:		Original Approval Date:

### COMMITTEE PURPOSE

Consistent with the Mission of the District the Governance Committee (GC) assists the Board to improve its functioning, structure, and infrastructure, while the Board serves as the steward of the District. The Board serves as the representative of the residents of the Northern Inyo Healthcare District (NIHD) by protecting and enhancing their investment in the NIHD in ways that improve the health of the community collectively and individually. The Board formulates policies, makes decisions, and engages in oversight regarding matters dealing with business performance trends, CEO performance, quality of care, and finances. The Board must ensure that it possesses the necessary capacities, competencies, structure, systems, and resources to fulfill these responsibilities and execute these roles. In this regard, it is the Board’s duty to ensure that:

- Its configuration is appropriate;
- Necessary evaluation and Board development and education processes are in place;
- Its meetings are conducted in a productive manner;
- Its fiduciary obligations are fulfilled.

The GC shall assist the Board in its responsibility to ensure that the Board functions effectively. To this end the GC shall:

- Formulate policy to convey Board expectations and directives for Board action;
- Make recommendations to the Board among alternative courses of action;
- Provide oversight, monitoring, and assessment of key organizational processes and outcomes.

The Board shall use the GC to address these duties and shall refer all matters brought to it by any party regarding Board governance to the GC for review, assessment, and recommended Board action, unless that issue is the specific charge of another Board Standing Committee. The GC makes recommendations and reports to the Board. It has no authority to make decisions or take actions on behalf of the District, except for legislative issues requiring prompt action.

### Policy:

### SCOPE AND APPLICABILITY

This is a NIHD Board Policy, and it specifically applies to the Board, the Governance Committee and all other Standing Committees, the CEO, and the Compliance Officer.

## **RESPONSIBILITY**

### **Committee Structure and Membership**

- The GC, with input from the Standing Committees, shall review the composition of the Standing Committees annually for vacancies, including an assessment of the desired homogeneous and heterogeneous traits necessary for the Board to work together effectively. Examples of desired homogeneous traits include integrity, interest in, and commitment to the District, interpersonal maturity, and willingness to devote the necessary time and effort, and the ability get along and work effectively with others; and heterogeneous traits include their relationship to the District, experience, gender, ethnicity, and expertise. The GC may have one member from the community, subject to approval by the Board of Directors.

### **Board Development**

- **New Member Orientation**
  - Design our Board's new-member orientation process and reassess it periodically including Human Resources and the Board Clerk.
- **Continuing Education of the Board**
  - Plan annual board special sessions in concert with the Board Chair to identify an annual training program addressing current issues of importance to the Board to be presented for the Board, possibly including Standing Committee members, Medical Staff, selected hospital leaders, and others as deemed appropriate by the Board.
  - Direct and oversee our Board's continuing education and development activities for both the Board and its Standing Committees.
- **Board Self-Assessment**
  - Ensure, with the Chair of the Board, that an annual Board self-assessment is completed.

### **Develop Policies and Recommend Decisions**

- Draft policies and decisions regarding governance performance and submit them to the Board for deliberation and action.

### **Oversight**

- **Compliance**
  - Conduct a review and revision of all Board policies as dictated by the policy schedule.

### **Legislation**

- Review, draft, and/or recommend legislative proposals to the Board for deliberation and action in concert with the CEO.
- At its discretion and in concert with the CEO, the Governance committee, or Board, can deliberate and take action on legislation or regulatory issue. The CEO may commit the district to support or oppose legislative initiatives, provide the CEO and the Board Chair are in agreement.
- Perform other tasks related to governance as assigned by the Board.

## **Annual GC Calendar**

- Scheduled review and assessment of all board policies regarding governance, specifically including the GC and all other Standing Committee Charters and make recommendations to the Board for action per the schedule.
- The GC shall create an annual work plan.
- The GC shall report on the results of its prior year's work plan accomplishments by November.
- The GC annual work plan shall be updated and submitted to the Board no later than December for approval.
- The GC shall establish the next calendar meeting schedule at the last meeting of the year.
- Ensure that the CEO develops and provides a 12-month calendar of all scheduled Regular Board Meetings and post on the NIHD website at the beginning of the calendar year. It shall be kept updated.
- The GC shall annually review the District's Code of Conduct and NIHD Compliance Program and report to the Board for its action no later than December, for presentation to the Board in January.

## **GC Membership**

The GC shall have 2 members, normally the elected officers in the Chair & Secretary position, and the CEO, unless the Board acts specifically to make an exception.

## **Staff to the GC**

The GC shall be staffed by the District's CEO and/or Administrative Representative. At the request of the GC Chair, the Compliance Officer shall attend GC meetings.

## **Frequency of GC Meetings**

The GC shall meet quarterly at minimum unless there is a need for additional meetings. Meetings may be held at irregular intervals.

## **Public Participation**

All GC meetings shall be announced and conducted pursuant to the Brown Act. The general public, patients, and their families and friends, Medical Staff, and District staff are always welcome to attend and provide input. Other Board members may attend but may not comment as it may be a Brown Act violation.

## **FREQUENCY OF REVIEW/REVISION**

The GC shall review the Charter biennially, or more often if required. If revisions are needed, they will be taken to the Board for action.

Supersedes: Not Set
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## 2024 Governance Committee Workplan

<b>January, February, March</b>
Committee 2024 Workplan
Discuss G.C. Terms
Review executive and Board strategic plans to prepare a strategic plan submission for the full board
Create Board Compliance Program Worksheet
Ensure Conflict of Interest Policy is being adhered to according to the form 700, complete annually for county
<b>April, May, June</b>
Review Board Policies and Procedures
Plan Board Self-assessment and strategic goals for coming year.
<b>July, August, September</b>
Governance Committee member contacts ACHD to initiate/plan the process for CEO evaluation by the full
Strategic plan mid-year review (current year)
<b>October, November, December</b>
Ensure Board Self-Assessment is complete
Review Board Compliance
Review 2025 GC Workplan (Submit to BOD in January 2025)
Oct - No less than every three years, will review new Board member orientation Handbook and make recommendations to full Board.
Nov -Prepares slate for rotation of elected officers for the Board Chair to present to the full Board for a vote.



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

Time Frame	Action Item	Executive Leadership	Board of Directors
June	<ul style="list-style-type: none"> <li>Hear annual budget presentation, and adopt budget for the upcoming fiscal year</li> <li>Board reviews Board policies and procedures</li> </ul>	X	X  X
July	<ul style="list-style-type: none"> <li>Board Chair contacts ACHD to initiate process for CEO Evaluation</li> </ul>		X
August	<ul style="list-style-type: none"> <li>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</li> </ul>		X
September	<ul style="list-style-type: none"> <li>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</li> </ul>	X	X
October	<ul style="list-style-type: none"> <li>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</li> </ul>		X
November	<ul style="list-style-type: none"> <li>Chair prepares officer slate for approval by the Board at the December meeting</li> <li>If not completed earlier, Board reviews and accepts the annual audit</li> </ul>	X	X X
December	<ul style="list-style-type: none"> <li>Board approves officer slate for the upcoming year</li> </ul>		X
January	<ul style="list-style-type: none"> <li>New Board officers begin their one-year terms</li> <li>New Board Chair appoints members to Standing Committees and any known Ad Hoc Committees</li> <li>Each Board Member reads and signs the Board Member Code of Conduct</li> </ul>		X X X
February	<ul style="list-style-type: none"> <li>Board and Executive Team review and modify, as necessary the Strategic Plan, which then informs the upcoming fiscal year budget</li> </ul>	X	X
March	<ul style="list-style-type: none"> <li>Board Self-Assessment Tool, developed by ACHD, is distributed to the Board with due date for submitting to ACHD designee for compilation</li> </ul>		X
April	<ul style="list-style-type: none"> <li>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</li> </ul>		X
May	<ul style="list-style-type: none"> <li>CEO reports to Board regarding progress on the Strategic Plan and any CEO goals</li> </ul>	X	X



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

Time Frame	Action Item	Executive Leadership	Board of Directors
June	<ul style="list-style-type: none"> <li>Hear annual budget presentation, and adopt budget for the upcoming fiscal year</li> <li>Board reviews Board policies and procedures</li> </ul>	X	X  X
July	<ul style="list-style-type: none"> <li></li> </ul>		
August	<ul style="list-style-type: none"> <li>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</li> </ul>		X
September	<ul style="list-style-type: none"> <li>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</li> </ul>	X	X
October	<ul style="list-style-type: none"> <li></li> </ul>		
November	<ul style="list-style-type: none"> <li>If not completed earlier, Board reviews and accepts the annual audit</li> </ul>	X	X
December	<ul style="list-style-type: none"> <li>Board approves officer slate for the upcoming year</li> </ul>		X
January	<ul style="list-style-type: none"> <li>New Board officers begin their one-year terms</li> <li>New Board Chair appoints members to Standing Committees and any known Ad Hoc Committees</li> <li>Each Board Member reads and signs the Board Member Code of Conduct</li> </ul>		X  X  X
February	<ul style="list-style-type: none"> <li></li> </ul>		
March	<ul style="list-style-type: none"> <li></li> </ul>		
April	<ul style="list-style-type: none"> <li>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</li> </ul>		X
May	<ul style="list-style-type: none"> <li>CEO reports to Board regarding progress on the Strategic Plan and any CEO goals</li> </ul>	X	X

## 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.

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Signature

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Date



# 2023 Brown Act HANDBOOK

Summary of the Major Provisions and Requirements  
of the Ralph M. Brown Act

- 
- › Summary and Discussion of the Major Provisions of the Brown Act
  - › Text of the Ralph M. Brown Act
  - › Updated including changes effective January 1, 2023



RICHARDS WATSON GERSHON

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# INTRODUCTION

This Handbook is prepared to provide you with a summary of the major provisions of California's open meeting law for local governments – the Ralph M. Brown Act, including rules about calling and holding various types of meetings and closed sessions, as well as guidelines for how to avoid serial meetings. The second part contains the complete text of the Brown Act. This Handbook is designed for local government officials and staff and we hope you will find it useful. Should you have any questions about the information included in this Handbook, please do not hesitate to contact us.

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Richards, Watson & Gershon

# PART ONE:

## SUMMARY OF THE MAJOR PROVISIONS AND REQUIREMENTS OF THE RALPH M. BROWN ACT



# Summary of the Major Provisions and Requirements of the Ralph M. Brown Act

The Ralph M. Brown Act, more commonly known as the “Brown Act,” is California’s “sunshine” law for local government. The Brown Act is found in the California Government Code commencing with Section 54950. In a nutshell, the Brown Act requires local government business to be conducted at open and public meetings, except in certain limited situations. This Handbook briefly summarizes and discusses the major provisions of the Brown Act.

## I. APPLICATION OF BROWN ACT TO “LEGISLATIVE BODIES”

The requirements of the Brown Act apply to “legislative bodies” of local governmental agencies. The term “legislative body” is defined to include the governing body of a local agency (e.g., the city council or the board of supervisors) and any commission, committee, board, or other body of the local agency, whether permanent or temporary, decision-making or advisory, that is created by formal action of a legislative body. § 54952(a)-(b).

Standing committees of a legislative body, that have either “continuing subject matter jurisdiction” or a meeting schedule fixed by formal action of the legislative body, are also subject to the requirements of the Brown Act. Some common examples include the finance, personnel, or similar policy subcommittees of a legislative body. Standing committees exist to make routine, regular recommendations on a specific subject matter. These committees continue to exist over time and survive resolution of any one issue or matter. They are also a regular part of the governmental structure.

The Brown Act does not apply to “ad hoc” committees comprised solely of members of the legislative body that are less than a quorum of the body, provided these committees do not have a “continuing subject matter jurisdiction,” or a meeting schedule fixed by formal action of the legislative body. Such ad hoc committees are purely advisory; they generally serve only a limited or single purpose, are not perpetual, and are dissolved when their specific task is completed.

Advisory and standing committees, but not ad hoc committees, are required to have agendas, and to have their agendas posted at least 72 hours in advance of their meetings. If this is done, the meeting is considered to be a regular meeting for all purposes. § 54954(a). If the agenda is not posted at least 72 hours in advance, the meeting must be treated as a special meeting, and all of the limitations and requirements for special meetings apply, as discussed later in Section VIII of this Handbook.

The governing boards of some private corporations, limited liability companies, and private entities may be subject to the Brown Act under certain circumstances. A private entity's governing board constitutes a legislative body within the meaning of the Brown Act if either of the following applies: (i) the private entity is created by an elected legislative body to exercise lawfully delegated authority of the legislative body; or (ii) the private entity receives funds from a local agency and its governing board includes a member of the legislative body of the local agency who was appointed by the legislative body to the governing board as a full voting member. § 54952(c). Additionally, charter schools and entities managing charter schools may also be subject to the Brown Act. Educ. Code, § 47604.1(b)(1).

The Brown Act also applies to persons who are elected to serve as members of a legislative body of a local agency even before they assume the duties of office. § 54952.1. Under this provision, the statute is applicable to newly elected, but not-yet-sworn-in, members of the legislative body.

## II. DEFINITION OF “MEETING”

The central provision of the Brown Act requires that all “meetings” of a legislative body be open and public. The Brown Act defines the term “meeting” very broadly in § 54952.2(a), and encompasses almost every gathering of a majority of legislative body members, including:

“[A]ny congregation of a majority of the members of a legislative body at the same time and location, including a teleconference, . . . to **hear, discuss, deliberate, or take action** on any item that is within the subject matter jurisdiction of the legislative body.”

In plain English, this definition means that a meeting is any gathering of a majority of council members, board of directors or other applicable legislative body, to hear, discuss or deliberate any item of local agency business or potential local agency business. It is important to emphasize that a meeting occurs if a majority gathers to hear, discuss or deliberate on a matter and not just voting or taking action on the issue.

## III. EXCEPTIONS TO MEETING REQUIREMENT

There are six types of gatherings that are not subject to the Brown Act. We commonly refer to these exceptions as: (1) the individual contact exception; (2) the seminar or conference exception; (3) the community meeting exception; (4) the other legislative body exception; (5) the social or ceremonial occasion exception; and (6) the standing committee exception. Unless a gathering of a majority of the members of a legislative body falls within one of the exceptions discussed below, even if a majority of members are merely in the same room listening to a discussion of local agency business, they will

be participating in a meeting within the meaning of the Brown Act that requires notice, an agenda, and a period for public comment.

## **A. The Individual Contact Exception**

Conversations, whether in person, by telephone, video conferencing, or other means, between a member of a legislative body and any other person do not constitute a meeting under the Brown Act. § 54952.2(c)(1). However, such contacts may constitute a “serial meeting” (discussed below) in violation of the Brown Act, if the individual also makes a series of individual contacts with other members of the legislative body, and communications with these other members are used to “discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.” § 54952.2(a).

## **B. The Seminar or Conference Exception**

Attendance by a majority of the legislative body at a seminar, conference or similar educational gathering is generally exempted from Brown Act requirements. § 54952.2(c)(2). However, in order to qualify under this exception, the seminar or conference must be open to the public and must involve issues of general interest to the public or to local agencies. Attendance at a California League of Cities or California Contract Cities seminar is an example of an educational gathering that fulfills these requirements. However, as with many of the exceptions, this exception will not apply if a majority of legislative body members discuss among themselves items of specific business relating to their own local agency other than as part of the scheduled program.

## **C. The Community Meeting Exception**

The community meeting exception allows a majority of legislative body members to attend privately sponsored neighborhood meetings, town hall forums, chamber of commerce lunches or other community meetings at which issues of local interest are discussed. § 54952.2(c)(3). In order to fall within this exception, however, the community meeting must satisfy specific criteria. First, the community meeting must be “open and publicized.” Therefore, a homeowners' association meeting restricted to the residents of a particular development and only publicized to those residents cannot be attended by a majority of the legislative body without following the Brown Act requirements because the meeting does not qualify for the exception. And again, for those meetings that fall within the community meeting exception, a majority of legislative body members cannot discuss among themselves items of business of their own local agency other than as part of the scheduled program.

## **D. The Other Legislative Body Exception**

This exception allows a majority of members of any legislative body to attend open and noticed meetings of other legislative bodies of their local agency, or of another local agency, without treating such attendance as a meeting of the body. § 54952.2(c)(4).



Of course, the legislative body members are prohibited from discussing items of business of their local agency among themselves other than as part of the scheduled meeting.

## **E. The Social or Ceremonial Occasion Exception**

As has always been the case, the Brown Act does not apply to attendance by a majority of the legislative body members at purely social or ceremonial occasions. § 54952.2(c)(5). This exception only applies if a majority of legislative body members do not discuss among themselves items of business of their local agency.

## **F. The Standing Committee Exception**

The standing committee exception allows members of a legislative body, who are not members of a standing committee of that body, to attend an open and noticed meeting of the committee without making the gathering a meeting of the full legislative body itself. § 54952.2(c)(6). If a majority of the legislative body is created by the attendance of the additional members, the legislative body members who are not members of the standing committee may attend only as “observers.” This means that the noncommittee members of the legislative body should not speak at the standing committee’s meeting, sit in their usual seat on the dais, or otherwise participate in the meeting. It is generally recommended that, if a standing committee meeting is likely to be attended by other legislative body members, then the meeting should be agendized as a meeting of the whole legislative body. This will allow full participation by all members of the legislative body.

# **IV. PERMITTED LOCATIONS OF MEETINGS AND TELECONFERENCING**

## **A. Permitted Locations of Meetings**

The Brown Act generally requires all meetings of a legislative body to occur within the boundaries of the local agency. § 54954(b). There are limited exceptions to this rule, however, such as allowing meetings with a legislative body of another local agency in that agency’s jurisdiction. Meetings held outside of a local agency’s boundaries pursuant to an exception still must comply with agenda and notice requirements, as discussed below.

## **B. Teleconferencing**

The role of “teleconferencing,” or using telephonic and/or video technology in public meetings was expanded significantly during the COVID-19 pandemic.

Because the Brown Act relies on physical, in-person meetings as the primary means to achieve its goals of public participation and transparency, the law has traditionally limited a local agency’s ability to use teleconferencing to hold public meetings.

Generally, teleconferencing may only be used by members of a legislative body as a way to participate fully in the meeting from remote locations. § 54953(b). If one or more members participate in a meeting via teleconferencing, the following requirements apply to that meeting: (1) the remote location must be connected to the main meeting location by telephone, video or both; (2) the notice and agenda of the meeting must identify the remote location; (3) the remote location must be posted and accessible to the public; (4) all votes must be by roll call; and (5) the meeting must comply with the Brown Act, which includes allowing participation by members of the public present in remote locations. A quorum of the legislative body must participate from locations within the jurisdiction, but other members may participate from outside the jurisdiction. These teleconferencing rules only apply to members of the legislative body. Staff members, attorneys or consultants may participate remotely without following the posting and public access requirements of the teleconferencing rules.

On March 17, 2020, Governor Newsom issued Executive Order ("EO") N-29-20, which temporarily relaxed these traditional teleconferencing requirements in response to the COVID-19 pandemic. That order expired on September 30, 2021, but recent amendments to the Brown Act, described below, now provide other alternatives to the standard teleconferencing rules under specific conditions. The Brown Act's standard teleconferencing rules described in the preceding paragraph remain available in lieu of the alternatives described below.

1) Assembly Bill 361

AB 361 built upon EO N-29-20 to provide a statutory basis in the Brown Act for relaxed teleconferencing requirements during the COVID-19 declared emergency. As described below, however, there must be a proclaimed state of emergency for an agency to rely on AB 361. Because The Governor has announced that the current COVID-19 state of emergency will end on February 28, 2023<sup>1</sup>, agencies will be unable to rely on AB 361 after that date absent a new emergency declaration.

By its terms, AB 361 will sunset on January 1, 2024. § 54953(f). Until then, AB 361 authorizes local agencies to continue meeting remotely *during a state of emergency proclaimed by the Governor* without following the Brown Act's standard teleconferencing provisions, including the requirement that meetings be conducted in physical locations, if either of the following applies: (1) state or local officials have imposed or recommended measures to promote social distancing; or (2) the agency has already determined or is determining whether, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees. § 54953(e)(1)(A)-(C). "State of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act.

AB 361 generally requires legislative bodies to make remote public meetings accessible telephonically or otherwise electronically to all members of the public seeking to observe

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<sup>1</sup> Governor Newsom to End the COVID-19 State of Emergency (Oct. 17, 2022), available at: <https://www.gov.ca.gov/2022/10/17/governor-newsom-to-end-the-covid-19-state-of-emergency/> (as of Dec. 7, 2022).

and to address the local legislative body, and to make reasonable efforts to adhere as closely as reasonably possible to the provisions of the Brown Act. AB 361 provides the following procedures and requirements for conducting remote meetings as follows:

1. **Public Comment Opportunities in Real Time:** A legislative body that meets remotely pursuant to AB 361 must allow members of the public to access the meeting via a call-in option or an internet-based service option, and the agenda for the remote meeting must provide an opportunity for members of the public to directly address the body in real time. Although the agency may still ask for public comments to be submitted in advance, the agency cannot require public comments to be submitted in advance of the meeting. § 54953(e)(2)(E). Agencies may not close a public comment period until members of the public are given the opportunity to register and the time for that comment period has elapsed, whether it is for a specific agenda item or a general comment period. If an agency does not provide a timed public comment period, but takes public comment separately on each agenda item, it must allow a reasonable amount of time per agenda item to allow members of the public the opportunity to provide public comment, including time to register or “otherwise be recognized for the purpose of providing public comment.” § 54953(e)(2)(G)(ii).
2. **No Action During Disruptions:** In the event of a disruption that prevents the local agency from broadcasting the remote meeting, or in the event of a disruption within the local agency’s control that prevents members of the public from offering public comments using the call-in option or internet-based service option, AB 361 prohibits the legislative body from taking any further action on items appearing on the meeting agenda until public access to the meeting via the call-in or internet-based options is restored. § 54953(e)(2)(D).
3. **Periodic Findings:** To continue meeting remotely pursuant to AB 361, an agency must make periodic findings that: (1) the body has reconsidered the circumstances of the declared emergency; and (2) the emergency impacts the ability of the body’s members to meet safely in person, or state or local officials continue to impose or recommend measures to promote social distancing. § 54953(e)(3). These findings must be made not later than 30 days after teleconferencing for the first time pursuant to AB 361, and every 30 days thereafter. We recommend that after the agency makes these findings for the first time, it place on the agenda (as a placeholder) “reconsideration” of the findings every month thereafter. § 54953(e)(3).

## 2) Assembly Bill 2449

AB 2449 provides alternate authority, separate from both the traditional Brown Act teleconferencing requirements and the relaxed teleconferencing requirements during declared emergencies under AB 361. The provisions of AB 2449 are effective for a period of three years beginning January 1, 2023 and ending January 1, 2026.

AB 2449 requires at least a quorum of the legislative body to participate in person from a singular, physical location clearly identified on the agenda, open to the public, and

situated within the boundaries of the territory over which the agency exercises jurisdiction. § 54953(f)(1). AB 2449 allows other individual members to participate remotely without posting agendas at all teleconference locations, identifying all such locations in the agendas, or making each teleconference location open to the public in two specified circumstances: (1) "just cause" or (2) "emergency circumstances."

"Just cause" means any of the following: (A) a childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely; (B) a contagious illness that prevents a member from attending in person; (C) a need related to a physical or mental disability not otherwise accommodated by the agency's procedures for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with the Americans with Disabilities Act; or (D) travel while on official business of the legislative body or another state or local agency. § 54953(j)(2).

To participate remotely for just cause, a member must notify the legislative body "at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause." This notification must include a general description of the circumstances relating to their need to appear remotely at the given meeting.

"Emergency circumstances" means a physical or family medical emergency that prevents a member from attending a meeting in person. § 54953(j)(1).

To participate remotely due to emergency circumstances, the member must request the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body must take action to approve the request. § 54953(f)(2)(A)(ii). If the legislative body does not approve the request, the member may not participate via teleconference under AB 2449 at that meeting other than as a member of the public. The legislative body must request a general description of the circumstances relating to the member's need to appear remotely at the given meeting. A general description need not exceed 20 words and does not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law. A legislative body member should request to participate remotely at a meeting due to emergency circumstances as soon as possible, and a separate request is required for each meeting in which they seek to participate remotely. § 54953(f)(2)(A)(i)(I). The legislative body may approve such a request by a majority vote. §§ 54953(f)(2)(A)(i)(II); 54954.2(b)(4). If the request is received at least 72 hours before a regular meeting, the legislative body's action on the request should be included on the agenda. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting, the legislative body may take action at the beginning of the meeting. § 54953(f)(2)(A)(i)(II).

There are strict limits on how often AB 2449 may be used for individual members. For "just cause," legislative members are only allowed to participate remotely up to two meetings per calendar year. Otherwise, legislative members may not participate solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the legislative body within a calendar

year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

At the meeting before any action is taken, members of the legislative body participating remotely pursuant to AB 2449 must publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals. § 54953(f)(2)(B). Members must also participate through both audio and visual technology so that the public can remotely hear and visually observe them. § 54953(f)(2)(C).

Local agencies relying on AB 2449 must follow certain requirements for noticing and conducting remote meetings similar to those required by AB 361. Meeting notices and agendas must identify the means by which members of the public may access the meeting and offer public comment. § 54953(f)(1)(B). Meeting agendas must identify and include an opportunity for all persons to attend and address the legislative body directly via a call-in option, via an internet-based service option, and at the in-person location of the meeting. § 54953(f)(1)(C). In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body may take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. § 54953(f)(1)(D). The legislative body may not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. § 54953(f)(1)(E).

## **V. ADA COMPLIANCE**

Pursuant to Section 54953.2, all meetings of a legislative body, other than closed session meetings or parts of meetings involving a closed session, are required to be held in a location and conducted in a manner that complies with the Americans with Disabilities Act of 1990.

However, local agencies must ensure that remote meetings are conducted in a manner that allows persons with a disability to participate to the fullest extent possible. Additionally, if requested, the agenda and documents in the agenda packet shall be made available in alternative formats to persons with a disability. § 54954.1. The agenda shall include information regarding how, to whom and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the meeting. § 54954.2.

## VI. SIMULTANEOUS OR SUCCESSIVE MEETINGS

A legislative body that has convened a meeting and whose membership constitutes a quorum of any other legislative body may convene a meeting of that other legislative body, simultaneously or successively, only if a clerk or a member of the convened legislative body announces the following prior to convening the simultaneous or successive meeting:

- 1) There is a subsequent legislative body;
- 2) The amount of compensation or stipend, if any, each member may receive as a result of the multiple meetings; and
- 3) The form of the compensation or stipend that will be provided.

The amount of compensation and stipend is not required to be announced if it is listed in a statute without additional compensation authorized by the local agency, and in any case, the announced compensation must not include amounts reimbursed for actual and necessary expenses incurred by a member in the performance of his or her official duties. § 54952.3.

## VII. SERIAL MEETINGS

In addition to regulating all gatherings of a majority of the members of a legislative body, the Brown Act also addresses certain contacts between individual members of the legislative body. On the one hand, the Brown Act specifically provides that nothing in the Act is intended to impose requirements on individual contacts or conversations between a member of a legislative body and any other person. § 54952.2(c)(1). This provision even applies to individual contacts between two members of the legislative body (the individual contact exception to the “meeting” described above). Despite this exception, however, the Brown Act prohibits “serial meetings.” § 54952.2(b)(1).

A serial meeting is a series of meetings or communications, either in person or by other means, between individual members of the legislative body in which ideas are exchanged among a majority of a legislative body regarding an item of business that is within the subject matter jurisdiction of the legislative body. A serial meeting can occur even though a majority of legislative body members never gather in a room at the same time. For example, an email response concerning an agency’s business circulating among a majority of the members of the legislative body, such as “reply to all,” could be considered a serial meeting. A serial meeting typically occurs in one of two ways. The first is when a staff member, a legislative body member or some other person individually contacts a majority of legislative body members and shares ideas among the majority (e.g., “I’ve talked to members A and B and they will vote ‘yes.’ Will you?”). Alternatively,

member A calls member B, who then calls member C and so on, until a majority of the legislative body has discussed or deliberated or has taken action on the item of business.

The prohibition against serial meetings does not, however, prohibit communications between staff and legislative body members for the purpose of answering questions or providing information regarding a matter that is within the subject matter jurisdiction of the local agency, as long as the staff person does not communicate with other members of the legislative body, the comments or positions of any other member of the legislative body. § 54952.2(b)(2).

Social media interactions between or among members of a legislative body can also raise serial meeting concerns. However, the prohibition against serial meetings does not prevent communication between members of a legislative body and members of the public on internet-based social media platforms to answer questions, provide information to the public, or to solicit information from the public regarding a matter that is within the subject matter jurisdiction of the legislative body provided that: (i) a majority of the members of the legislative body do not use the social media platform to discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body, and (ii) members of the legislative body do not respond directly to any communication on a social media platform regarding a matter that is within the subject matter jurisdiction of the legislative body that is made, posted, or shared by any other member of the legislative body. § 54952.2(b)(3).

Observing the following guidelines can avoid inadvertent violation of the serial meeting rule.

## **A. Contacts with Staff**

Staff can inadvertently become a conduit among a majority of a legislative body in the course of providing briefings on items of local agency business. Originally, the California Court of Appeal held that staff briefings of individual city council members do not constitute an illegal serial meeting under the Brown Act unless there was additional evidence that: (1) staff acted as a personal intermediary for other members of the legislative body; and (2) the meetings led to a collective concurrence among members of the legislative body. Following that decision, the state legislature amended Government Code Section 54952.2 in 2008, effective in 2009, to further clarify that staff briefings of individual city council members for the purpose of answering questions or providing information regarding an item of business do not constitute an illegal serial meeting under the Brown Act as long as a staff person does not communicate the comments or positions of a member of the legislative body to other members. Staff briefings must therefore be handled carefully. To avoid having a staff briefing become a serial meeting:

- Staff briefings of members of the legislative body should be “unidirectional” when done on an individual basis for a majority of the legislative body. This means that information should flow from staff to the member, and the member’s participation should be limited to asking questions and acquiring information. Otherwise, if multiple members separately give staff direction

thereby causing staff to shape or modify their ultimate recommendations in order to reconcile the views of a majority of the members, a violation might occur.

- A legislative body member should not ask staff to describe the views of any other members of the legislative body, and staff should not volunteer those views if known.
- Staff may present their views to a legislative body member during an individual contact, but staff should not ask for that member's views unless it is absolutely clear that staff is not discussing the matter with a majority of the legislative body.

## **B. Contacts with Constituents, Developers and Lobbyists**

A constituent, developer or lobbyist can also inadvertently become an intermediary among a majority of members of a legislative body thereby creating an illegal serial meeting in violation of the Brown Act. Such person's unfamiliarity with the requirements of the Brown Act aggravate this potential problem because they may expect a legislative body member to be willing to commit to a position in a private conversation in advance of a meeting. To avoid violations arising from contacts with constituents, developers and lobbyists:

- State the ground rules "up front." Ask if the person has talked, or intends to talk, with other members of the legislative body about the same subject. If the answer is "yes," then make it clear that the person should not disclose the views of other legislative body member(s) during the conversation.
- Explain to the person that you will not make a final decision on a matter prior to the meeting. For example: "State law prevents me from giving you a commitment outside a noticed meeting. I will listen to what you have to say and give it consideration as I make up my mind."
- Do more listening and asking questions than expressing opinions. If you disclose your thoughts about a matter, counsel the person not to share them with other members of the legislative body.
- Be especially careful with discussions about matters involving "quasi-judicial" land use decisions such as subdivision maps, site development plans, conditional use permits or variances. Consult with your city attorney or legal counsel before the meeting in order to avoid any potential problems involving illegal prejudice against the project or illegally receiving evidence about the project outside of the administrative record.



## **C. Contacts with Fellow Members of the Same Legislative Body**

Direct contacts concerning local agency business with fellow members of the same legislative body – whether through face-to-face or telephonic conversations, notes, letters, online exchanges, email with or to staff members – are the most obvious means by which an illegal serial meeting can occur. This is not to say that a member of a legislative body is precluded from discussing items of local agency business with another member of that legislative body outside of a meeting; as long as the communication does not involve a majority of the legislative body, no “meeting” has occurred. There is, however, always the risk that one participant in the communication will disclose the views of the other participant to a third or fourth legislative body member, creating the possibility of a discussion of an item of business outside a noticed public meeting. Therefore, avoid discussing city business with a majority of the members of your legislative body and communicating the views of other legislative body members outside a meeting.

## **D. Contacts on Social Media**

Social media engagement can also inadvertently lead to concerns of creating an illegal serial meeting in violation of the Brown Act. The Brown Act was previously silent regarding social media and its use by members of a legislative body, leading to uncertainty as to whether certain uses of social media could result in unintended violations of the Brown Act. Assembly Bill 992, passed in 2020 and effective January 1, 2021, amended certain provisions of the Brown Act until January 1, 2026 to clarify allowable uses of social media under the Act.

A member of a legislative body may engage in separate conversations or communications on an internet-based social media platform to answer questions, provide information to the public, or to solicit information from the public regarding a matter that is within the subject matter jurisdiction of the legislative body. However, a majority of the members of the legislative body cannot use the internet-based social media platform to discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body. Further, a member of the legislative body is prohibited from responding directly to any communication on an internet-based social media platform regarding a matter that is within the subject matter jurisdiction of the legislative body that is made, posted, or shared by any other member of the legislative body. § 54952.2(b)(3)(A). Unlike other serial meeting restrictions that are invoked when there are contacts of a majority of the legislative body, this provision is triggered when there is interaction between as little as two members of a body. For purposes of these provisions, such interaction includes commenting or using digital icons that express reactions to communications made by other members of the legislative body. § 54952.2(b)(3)(B)(i). Thus, it is now clear that “liking” a post or using a digital icon is considered a discussion under the Brown Act.

Therefore, to avoid violations arising from social media engagement, members of a legislative body should avoid interacting on social media platforms with any other

members of their legislative body regarding matters within the subject matter jurisdiction of the legislative body.

These suggested rules of conduct may seem unduly restrictive and impractical, and may make acquiring important information more difficult or time-consuming. Nevertheless, following them will help assure that your conduct comports with the Brown Act's goal of achieving open government. If you have questions about compliance with the Act in any given situation, you should seek advice from your city attorney or legal counsel. Adherence to the foregoing guidelines is not a substitute for securing advice from your legal counsel.

## VIII. NOTICE, AGENDA AND REPORTING REQUIREMENTS

### A. Time of Notice and Content of Agenda

Two key provisions of the Brown Act which ensure the public's business is conducted openly are the requirements that legislative bodies publicly post agendas prior to their meetings, (§§ 54954.2, 54955, 54956 and 54957.5) and that no action or discussion may occur on items or subjects not listed on the posted agenda (§ 54954.2). The limited exceptions to the rule against discussing or taking action not on a posted agenda are discussed further below.

Legislative bodies, except advisory committees and standing committees, are required to establish a time and place for holding regular meetings. § 54954(a). A "regular" meeting is a meeting that occurs on the legislative body's established meeting day. Generally, agendas for a regular meeting must be publicly posted 72 hours in advance of the meeting in a place that is freely accessible to the public.

Agendas must contain a brief general description of each item of business to be transacted or discussed at the meeting. § 54954.2(a). The description should inform the public of the "essential nature" of the matter, but need not exceed 20 words. *San Diegans for Open Government v. City of Oceanside*, 4 Cal. App. 5th 637 (2016).

Courts will not uphold a challenge to the sufficiency of an agenda item description when the description provides fair notice of what the agency will consider. The *San Diegans for Open Government* case provides an example of a sufficient agenda description that provides fair notice. In *San Diegans for Open Government*, the Oceanside City Council approved a subsidy agreement with a hotel developer using the following agenda item description:

Adoption of a resolution to approve: 1. An Agreement Regarding Real Property (Use Restrictions) between the City of Oceanside and SD Malkin Properties Inc. to guarantee development and use of the property as a full service resort consistent with the entitlements for the project; 2. An Agreement Regarding Real Property to provide a

mechanism to share Transient Occupancy Tax (TOT) generated by the Project; 3. A Grant of Easement to permit construction of a subterranean parking garage under Mission Avenue; 4. A report required by AB 562 prepared by Paul Marra of Keyser Marston and Associates documenting the amount of subsidy provided to the developer, the proposed start and end date of the subsidy, the public purpose of the subsidy, the amount of the tax revenue and jobs generated by the project; and 5. A License Agreement to permit construction staging for the project on a portion of Lot 26.

The court ruled that this agenda description complied with the requirements of Government Code Section 54954.2 because the agenda description expressly gave the public notice that the council would consider a fairly substantial development of publicly owned property as a hotel, that the City would share the transient occupancy tax generated by the project and that the transaction would involve a subsidy by the City. Additional information, while helpful, was not necessary to provide fair notice of the essential nature of the action under state law. The court found that the language of the agenda, considered as a whole, provided more than a “clue” that the City planned to provide the developer with a substantial and ongoing financial subsidy in exchange for the project.

In contrast, in *Hernandez v. Town of Apple Valley*, 7 Cal. App. 5th 194 (2017), the court held that the Apple Valley Town Council’s agenda description was insufficient. There, the Apple Valley Town Council adopted three resolutions that called for a special election related to an initiative to adopt a commercial specific plan and the filing of arguments and rebuttal arguments for and against the initiative. In addition, the Town Council adopted a Memorandum of Understanding (“MOU”) that authorized the acceptance of a gift from an interested party, Wal-Mart, to pay for the special election. The agenda description for the matter read “Wal-Mart Initiative Measure” and included a recommendation for action that read “[p]rovide direction to staff.”

The court reiterated that the Brown Act requires that each item of business be placed on the agenda. Specifically, the court highlighted that nothing in the agenda description, or even in the agenda packet, indicated that the Town Council was going to consider an MOU to accept a gift from Wal-Mart to pay for a special election to pass the initiative. The court concluded that the City violated the Brown Act by omitting the MOU from the agenda description because the omission meant that the plaintiff was given no notice of the item of business.

Furthermore, agendas should make clear whether items may be acted on or whether they are informational only. Thus, if an agenda for a meeting states that the legislative body will only “discuss” an item, the legislative body may not take an “action” on that item.

Agendas must also be posted on the local agency’s website, if one exists, for City Council meetings, and meetings of any other legislative body where some members are City Council members and are compensated for their appearance. While the language of the 72 hour posting requirement appears absolute, the California Attorney General

opined that technical difficulties, such as a power failure, cyber-attack or other third-party interference that prevents a local agency from posting its agenda on its website for the full 72 hours will not necessarily preclude the legislative body from lawfully holding its meeting. 99 Ops. Cal. Atty. Gen. 11 (2016). Whether a public meeting may continue as scheduled requires a fact specific analysis that turns on whether the local agency has otherwise “substantially complied” with the Brown Act’s agenda posting requirements by properly posting a physical agenda and making other “reasonably effective efforts” (such as making the agenda available on social media or some other alternative website) to notify the public of the meeting.

Please note that the proposed adoption of a CEQA exemption or approval of a CEQA document, such as an environmental impact report or a negative declaration, by a Planning Commission or a City Council is a distinct item of business separate from the item approving the project and must be expressly described in an agenda. *G.I. Industries v. City of Thousand Oaks* (2022) 84 Cal.App.5th 814.

A “special” meeting is a meeting that is held at a time or place other than the time and place established for regular meetings. For special meetings, the “call and notice” of the meeting and the agenda must be posted in a publicly accessible area, including in some cases on the local agency’s website, at least 24 hours prior to the meeting. § 54956(a). Additionally, each member of the legislative body must personally receive written notice of the special meeting either by personal delivery or by “any other means” (such as facsimile, email or U.S. mail) at least 24 hours before the time of the special meeting, unless they have previously waived receipt of written notice. Members of the press (including radio and television stations) and other members of the public can also request written notice of special meetings and, if they have, then that notice must be given at the same time notice is provided to members of the legislative body.

An “emergency” meeting may be called to address certain emergencies, such as a terrorist act or crippling disaster, without complying with the 24-hour notice requirement. Certain requirements apply for notifying the press and for conducting closed sessions as part of those meetings and except as specified, all other rules governing special meetings apply. § 54956.5.

Both regular and special meetings may be adjourned to another time. Notices of adjourned meetings must be posted on the door of the meeting chambers where the meeting occurred within 24 hours after the meeting is adjourned. § 54955. If the adjourned meeting occurs more than five days after the prior meeting, a new agenda for that adjourned meeting must be posted 72 hours in advance of the adjourned meeting. § 54954.2(b)(3).

The Brown Act requires local agencies to mail the agenda or the full agenda packet to any person making a written request no later than the time the agenda is posted or is delivered to the members of the body, whichever is earlier. Additionally, a local agency with an internet website must send a website link to or a copy of the agenda or the full agenda packet by email, if a person requests that the documents be sent by email. A local agency may charge a fee to recover its costs of copying and mailing. Any person may make a standing request to receive these materials, in which event the request must

be renewed annually. Failure by any requestor to receive the agenda does not constitute grounds to invalidate any action taken at a meeting. § 54954.1.

## **B. Action and Discussion on Non-agenda Items**

The Brown Act also ensures the public's business is conducted openly by restricting a legislative body's ability to deviate from posted agendas. The statute affords a legislative body limited authority to act on or discuss non-agenda items at regular meetings, but forbids doing so at special meetings.

As a general rule, a legislative body may not act on or discuss any item that does not appear on the agenda posted for a regular meeting. § 54954.2(a)(3). This rule does not, however, preclude a legislative body from acting on a non-agenda item that comes to the local agency's attention subsequent to the agenda posting which requires immediate action. § 54954.2(b)(2). In order to utilize this exception, the legislative body must make findings of both components of the exception by a two-thirds vote of those present (by unanimous vote if less than two-thirds of the body is present). This means that if four members of a five-member body are present, three votes are required to add the item; if only three are present, a unanimous vote is required. In addition, an item not appearing on an agenda may be added if the legislative body determines by a majority vote that an emergency situation exists. § 54954.2(b)(1). For purposes of this exception, the term "emergency situation" refers to work stoppages or crippling disasters that severely impair public health, safety, or both.

Assembly Bill 2449, discussed above, also allows a legislative body act at the beginning of a meeting on a request from a member to participate in a meeting remotely due to emergency circumstances pursuant to AB 2449 if the member's request to participate remotely does not allow sufficient time to place the proposed action on the posted agenda for the meeting for which the request is made. § 54953(f)(2)(A)(i)(II); § 54954.2(b)(4). The legislative body may approve such a request by a majority vote of the legislative body. § 54954.2(b)(4).

In addition to the general exceptions discussed above, a legislative body may also discuss non-agenda items at a regular meeting under the following five additional exceptions:

- Members of the legislative body or staff may briefly respond to statements made or questions posed by persons during public comment periods;
- Members of the legislative body or staff may ask a question for clarification, make a brief announcement or make a brief report on their own activities;
- Members of the legislative body may, subject to the procedural rules of the body, provide a reference to staff or other resources for factual information;
- Members of the legislative body may, subject to the procedural rules of the body, request staff to report back to the legislative body at a subsequent meeting concerning any matter; and

- Members of the legislative body may, subject to the procedural rules of the body, take action to direct staff to place a matter of business on a future agenda.

Therefore, spending a few minutes to discuss whether a matter should be placed on a future agenda or asking staff procedural questions is permissible. *Cruz v. City of Culver City*, 2 Cal.App. 5th 239 (2016). The legislative body may not, however, discuss non-agenda items to any significant degree. This means there should not be long or wide-ranging question and answer sessions on non-agenda items between the legislative body and the public or between the legislative body and staff. It is important to follow these exceptions carefully and construe them narrowly to avoid tainting an important and complex action by a non-agendized discussion of the item.

The Brown Act contains even more stringent regulations to restrict action on and discussion of non-agenda items at special meetings. In particular, the statute mandates that only business that is specified in the "call and notice" of the special meeting may be considered by the legislative body. § 54956. Notwithstanding, a special meeting may not be called to discuss compensation of a local agency executive. § 54956(b).

## C. Reporting of Actions

The Brown Act mandates the public reporting of individual votes or abstentions by members of legislative bodies on any given motion or action. This requirement may be satisfied in most situations by reporting the individual vote or abstention of each member in the minutes of a meeting. § 54953(c). The Brown Act also requires that the legislative body orally report a summary of recommendations made with respect to the salary, salary schedule or compensation paid to a local agency executive. The legislative body must issue the report at the same meeting in which the final action on compensation is being considered. § 54953(c)(3).

# IX. PUBLIC PARTICIPATION

## A. Regular Meetings

The Brown Act mandates that every agenda for a regular meeting provide an opportunity for members of the public to directly address the legislative body on any matter that is within the subject matter jurisdiction of the legislative body. § 54954.3(a). In addition, the Brown Act requires the legislative body to allow members of the public to comment on any item on the agenda either before or during the body's consideration of that item. § 54954.3(a). Also, although not required under the Brown Act, local agencies may consider reading written comments received into the public record by the city clerk, or his or her designee, subject to reasonable time and content limitations imposed in accordance with the requirements outlined below in Section C (titled Limitations on the Length and Content of Public Comments).

Some local agencies accomplish both public comment requirements by placing a general audience comment period at the beginning of the agenda where the public can comment on both agenda and non-agenda items. Others provide public comment periods as each item or group of items comes up on the agenda, and then leave the general public comment period to the end of the agenda. Either method is permissible, though public comment on public hearing items must be taken during the hearing.

The Brown Act allows a legislative body to preclude public comments on an agenda item in one limited situation sometimes referred to as the “committee exception” – where the item was considered by a committee, composed solely of members of the body, that held a meeting where public comments on that item were allowed. So, if the legislative body has standing committees (which are required to have agendaized and open meetings with an opportunity for the public to comment on agenda items) and the committee has previously considered an item, then at the time the item comes before the full legislative body, the body may choose not to take additional public comments on that item. However, if the version presented to the full legislative body is different from the version presented to, and considered by, the committee, then the public must be given another opportunity to speak on that item at the meeting of the full body. § 54954.3(a).

## **B. Public Comments at Special Meetings**

The Brown Act requires that agendas for special meetings provide an opportunity for members of the public to address the legislative body concerning any item listed on the agenda before or during the body’s consideration of that item. § 54954.3(a). Unlike regular meetings, though, the legislative body does not have to allow public comment on non-agenda matters at a special meeting. Additionally, unlike regular meetings, the exception to the requirement for public comment opportunity for items already considered by a committee (i.e., the “committee exception”) does not apply to special meetings. *Preven v. City of Los Angeles*, 32 Cal. App. 5th 925, 936 (2019).

## **C. Limitations on the Length and Content of Public Comments**

A legislative body may adopt reasonable regulations limiting the total amount of time allocated to each person for public testimony. § 54954.3(b). Typical time limits restrict speakers to three or five minutes. If an individual utilizes a translator to give testimony and simultaneous translation equipment is not used, the legislative body must allot at least twice the standard amount of time to the speaker. § 54954.3(b)(2). A legislative body may also adopt reasonable regulations limiting the total amount of time allocated for public testimony on legislative matters, such as a zoning ordinance or other regulatory ordinance. However, setting total time limits per item for any quasi-judicial matter, such as a conditional use permit application, is not recommended because the time restriction could violate the due process rights of those who were not able to speak to the body during the time allotted.

The Brown Act precludes a legislative body from prohibiting public criticism of the policies, procedures, programs or services of the local agency or the acts or omissions of the body. § 54954.3(c). This restriction does not mean that a member of the public may say anything during public testimony. If the topic of the public's comments falls outside the subject matter jurisdiction of the local agency, the legislative body may stop a speaker's comments if the comments are disruptive, as described below.

A legislative body also may adopt reasonable rules of decorum that preclude a speaker from disrupting, disturbing or otherwise impeding the orderly conduct of its meetings. § 54954.3(b). The right to publicly criticize a public official does not include the right to slander that official, though the line between criticism and slander is often difficult to determine in the heat of the moment. Care must be given to avoid violating the free speech rights of speakers by suppressing opinions relevant to the business of the legislative body.

Finally, in some circumstances, the use of profanity may serve as a basis for stopping a speaker. It will depend, however, upon what profane words or comments are made and the context of those comments. Therefore, no one should be ruled out of order for profanity unless the language both is truly objectionable and causes a disturbance or disruption in the proceeding.

The presiding officer of a legislative body may remove an individual from a meeting for actual disruptive behavior if they first warn the individual that their behavior is disruptive and that failure to cease their disruptive behavior could result in removal from the meeting. § 54957.95(a). Behavior is disruptive only if it actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting. § 54957.95(b)(1). Disruptive behavior may include noncompliance with the legislative body's established rules of decorum, such as speaking out of turn or exceeding established time limits on how long an individual can speak on a particular topic during public comment. § 54957.95(b)(1)(A). If the individual disrupting the meeting is using force or a true threat of force — meaning serious enough that a reasonable observer would perceive the threat to be an actual threat to use force by the person making the threat — they may be removed without a prior warning to cease their behavior. § 54957.95.

## **D. Additional Rights of the Public**

The Brown Act grants the public the right to videotape or broadcast a public meeting, as well as the right to make a motion picture or still camera record of such meeting. § 54953.5(a). A legislative body may prohibit or limit recording of a meeting, however, if the body finds that the recording cannot continue without noise, illumination or view obstruction that constitutes, or would constitute, a disruption of the proceedings. § 54953.6.

Any audio or videotape record of an open and public meeting that is made, for whatever purpose, by or at the direction of the local agency is a public record and is subject to inspection by the public consistent with the requirements of the Public Records Act. § 54953.5(b). The local agency must not destroy the tape or film record for at least 30 days following the date of the taping or recording. Inspection of the audiotape or



videotape must be made available to the public for free on equipment provided by the local agency.

The Brown Act requires written material distributed to a majority of the body by any person to be provided to the public without delay. This rule is inapplicable, to attorney-client memoranda, the confidentiality of which was affirmed by the California Supreme Court in *Roberts v. City of Palmdale*, 5 Cal. 4th 363, 381 (1993). However, if non-privileged material is distributed during the meeting and prepared by the local agency, it must be available for public inspection at the meeting. If it is distributed during the meeting by a member of the public, it must be made available for public inspection after the meeting. § 54957.5(c).

If material related to an agenda item is distributed to a majority of the body less than 72 hours prior to an open session of a regular meeting, the writing must be made available at the same time for public inspection at a public office or location that has been designated in advance for such purpose. Each local agency must list the address of the designated office or location on the agendas for all meetings of the legislative body of that agency. § 54957.5(b). Although this Brown Act provision technically requires an agency to list the designated office address on closed session meeting agendas, it does not require an agency to make such closed session documents and materials available for public inspection.

A local agency may also post all documents made available for public inspection pursuant to Section 54957.5(b) on the agency's Internet Web site. However, a local agency may not post the writings to its website in lieu of designating a public office or location for inspection of physical copies of the documents.

There is a limited exception for certain supplemental materials to the requirement described above regarding making a writing distributed to a majority of the legislative body less than 72 hours in advance of a meeting immediately available for public inspection at a physical location. § 54957.5(b)(2)(B). The exception only applies to materials that are supplementing an initial staff report or similar document containing an executive summary and the staff recommendation, if any, relating to that agenda item that was made available for public inspection at the office or location designated at least 72 hours before the meeting. The exception allows the agency to make the materials available for public inspection the next business day commencing at least 24 hours in advance of the meeting during regular hours if the agency posts the materials on the agency's website immediately upon distributing them to the majority of the body, making it clear they relate to the item at the upcoming meeting, and the agenda posted for all meetings of the legislative body contains the agency's website address.

We recommend that local agencies implement the following procedures to comply with Section 54957.5(b):

- Place a binder at the agency's principal place of business next to the public counter agenda packet that identifies the contents as follows: "Disclosable public documents related to an open session agenda item on

the \_\_\_\_ Agenda Packet distributed by the [AGENCY] to a majority of the [LEGISLATIVE BODY] less than 72 hours prior to the meeting.”

- On the agenda template for all meetings, there should be a standard footer or statement that indicates the following: “Any disclosable public writings related to an open session item on a regular meeting agenda and distributed by the [AGENCY] to at least a majority of the [LEGISLATIVE BODY] less than 72 hours prior to that meeting are available for public inspection at the \_\_\_\_ Counter at [AGENCY'S PLACE OF BUSINESS] located at [ADDRESS] and [optional] the \_\_\_\_ Counter at the \_\_\_\_ Library located at [LIBRARY ADDRESS] during normal business hours. [Optional] In addition, the Agency may also post such documents on the Agency's Website at [WEBSITE ADDRESS].” Agencies should make these documents available online to the greatest extent possible, when public buildings or facilities are temporarily closed to public access.
- On the agency's website, create a subfolder under the agenda packet folder that identifies the contents of the subfolder as follows: “Disclosable public documents related to an open session agenda item on the \_\_\_\_ Agenda Packet distributed by the [AGENCY] to a majority of the [LEGISLATIVE BODY] less than 72 hours prior to the meeting.”
- On all documents made available for public inspection pursuant to Section 54957.5(b), make a notation of the date when distributed to at least a majority of the legislative body and placed in the binder at agency's place of business, [optional] the Library, or [optional] on the agency's Website.
- Charge customary photocopying charges for copies of such documents.

One problem left unaddressed by Section 54957.5(b) is what to do when written materials are distributed directly to a majority of the legislative body without knowledge of staff, or even without the legislative body members knowing that a majority has received it. The law still requires these materials to be treated as public records. Thus, it is a good idea for at least one member of the legislative body to ensure that staff gets a copy of any document distributed to members of the legislative body so that copies can be made for the local agency's records and for members of the public who request a copy.

## **X. CLOSED SESSIONS**

The Brown Act allows a legislative body to convene a “closed session” during a meeting in order to meet privately with its advisors on specifically enumerated topics. Sometimes people refer to closed sessions as “executive sessions,” which is a holdover term from the statute's early days. Examples of business that may be conducted in closed session include personnel actions and evaluations, threats to public safety, labor negotiations, pending litigation, real estate negotiations and consideration of a response to an audit

report. §§ 54956.8, 54956.9, 54957, 54957.6, 54956.75. Political sensitivity of an item is not a lawful reason for a closed session discussion.

The Brown Act requires that closed session business be described on the public agenda. For a litigation threat against a city made outside an open and public meeting to be discussed in closed session it must be included in the agenda packet made available upon request before the meeting. *Fowler v. City of Lafayette*, 46 Cal. App. 5th 360, 370 (2020), as modified on denial of reh'g (Mar. 11, 2020), review denied (July 22, 2020).

Moreover, there is a "safe harbor" for using prescribed language to describe closed session items on an agenda in that legal challenges to the adequacy of the description are precluded when such language is used. § 54954.5. This so-called "safe harbor" encourages many local agencies to use a very similar agenda format, especially in light of a California Court of Appeal ruling that a local agency substantially complied with the Brown Act's requirement to describe closed session agenda items even though the notice referred to the wrong subsection of Section 54956.9. *Castaic Lake Water Agency v. Newhall County Water District*, 238 Cal.App. 4th 1196, 1207 (2015). Audio recording of closed sessions is not required unless a court orders such recording after finding a closed session violation. § 54960.

Closed sessions may be started in a location different from the usual meeting place as long as the location is noted on the agenda and the public can be present when the meeting first begins. Moreover, public comment on closed session items must be allowed before convening the closed session.

After a closed session, the legislative body must reconvene the public meeting and publicly report certain types of actions if they were taken and the vote on those actions. § 54957.1. There are limited exceptions for specified litigation decisions and to protect the victims of sexual misconduct or child abuse. Contracts, settlement agreements or other documents that are finally approved or adopted in closed session must be provided at the time the closed session ends to any person who has made a standing request for all documentation in connection with a request for notice of meetings (typically members of the media) and to any person who makes a request within 24 hours of the posting of the agenda, if the requestor is present when the closed session ends. § 54957.1.

One perennial area of confusion is whether a legislative body may discuss the salary and benefits of an individual employee (such as a city manager) as part of a performance evaluation session under Section 54957. It may not. However, the body may designate a negotiator or negotiators, such as two members of a five-member legislative body, to negotiate with that employee and then meet with the negotiator(s) in closed session under Section 54957.6 to provide directions on salary and compensation issues. The employee in question may not be present in such a closed session. The Brown Act prohibits attendees from disclosing confidential information obtained during a closed session, unless the legislative body authorizes the disclosure. Violations can be addressed through injunctions, disciplinary action, and referral to the grand jury. § 54963.

## XI. ENFORCEMENT

There are both civil remedies and criminal misdemeanor penalties for Brown Act violations. The civil remedies include injunctions against further violations, orders nullifying any unlawful action, orders determining that an alleged act violated the Brown Act, orders determining the validity of any rule to penalize or discourage the expression of a member of the legislative body, and remedies for breaching closed session confidences. §§ 54960, 54960.1, 54960.2, 54963.

The procedures for claiming there was a Brown Act violation vary depending upon what the complaining party is seeking. If the complaining party is seeking to invalidate an action based on a violation of the Brown Act, the procedures for doing so are set forth in Section 54960.1, as summarized below. If the complaining party is merely seeking a determination that a Brown Act violation occurred or desires the court to impose an order preventing further violations, the procedures for doing so are set forth in Section 54960.2, also as summarized below.

Under Section 54960.1, prior to filing suit to obtain a judicial determination that an action is null and void because of an alleged Brown Act violation, the complaining party must make a written demand on the legislative body to cure or correct the alleged violation. § 54960.1(b). The written demand must be made within 90 days after the challenged action was taken. However, if the challenged action was taken in open session and involves a violation of the agenda requirements of Section 54954.2, then the written demand must be made within 30 days. § 54960.1(c)(1). The legislative body is required to cure or correct the challenged action and inform the party who filed the demand of its correcting actions or its decision not to cure or correct, within 30 days. § 54960.1(c)(2). The complaining party must file suit within 15 days after receipt of the written notice from the legislative body or if there is no written response, within 15 days after the 30-day cure period expires. § 54960.1(c). Under Section 54960.2, prior to filing suit to obtain a judicial determination that an alleged Brown Act violation occurred after January 1, 2013, the district attorney or interested person must submit a cease and desist letter to the legislative body clearly describing the legislative body's past action and the nature of the alleged violation within nine months of the alleged violation. § 54960.2(a). Second, the legislative body may respond within 30 days, including responding with an unconditional commitment to cease and desist from, and not repeat the past action that is alleged to violate the Brown Act. § 54960.2(b). If the legislative agency responds with an unconditional commitment, that commitment must be approved by the legislative body in open session at a regular or special meeting as a separate item of business not on the consent calendar and must be in substantially the form set forth in Section 54960.2(c)(1). Also, a legislative body may resolve to rescind an unconditional commitment with proper notice to the public and to each person to whom the unconditional commitment was made. § 54960.2(e). Upon rescission, the district attorney or any interested person may file an action pursuant to Section 54960(a). Finally, Section 54960.2 provides further deadlines and requirements that must be met when filing an action in connection with an unconditional commitment. § 54960.2. Note that even where a plaintiff can satisfy the threshold procedural requirements, a Brown Act violation will not automatically invalidate the action taken by the legislative body absent a

showing that the violation caused prejudice. *Martis Camp Cmty. Ass'n v. Cty. of Placer*, 53 Cal. App. 5th 569, 592 (2020).

A member of a legislative body will not be criminally liable for a violation of the Brown Act unless the member intends to deprive the public of information which the member knows or has reason to know the public is entitled to under the Brown Act. § 54959. This standard became effective in 1994 and is a different standard from most criminal standards. Until it is applied and interpreted by a court, it is not clear what type of evidence will be necessary to prosecute a Brown Act violation.

## **XII. CONCLUSION**

The Brown Act's many rules and ambiguities can be confusing, and compliance with it can be difficult. In the event that you have any questions regarding any provision of the law, you should contact your legal counsel for advice.

**PART TWO:**  
**THE RALPH M. BROWN ACT**

Updated including changes effective January 1, 2023

# The Ralph M. Brown Act

## Government Code §§ 54950-54963

### **Section 54950. Declaration of public policy**

In enacting this chapter, the Legislature finds and declares that the public commissions, boards and councils and the other public agencies in this State exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly.

The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

### **Section 54950.5. Title of act**

This chapter shall be known as the Ralph M. Brown Act.

### **Section 54951. "Local agency"**

As used in this chapter, "local agency" means a county, city, whether general law or chartered, city and county, town, school district, municipal corporation, district, political subdivision, or any board, commission or agency thereof or other local public agency.

### **Section 54952. "Legislative body"**

As used in this chapter, "legislative body" means:

(a) The governing body of a local agency or any other local body created by state or federal statute.

(b) A commission, committee, board or other body of a local agency, whether permanent or temporary, decision making or advisory, created by charter, ordinance, resolution or formal action of a legislative body. However, advisory committees, composed solely of the members of the legislative body that are less than a quorum of the legislative body are not legislative bodies, except that standing committees of a legislative body, irrespective of their composition which have a continuing subject matter jurisdiction, or a meeting schedule fixed by charter, ordinance, resolution or formal action of a legislative body are legislative bodies for purposes of this chapter.

(c) (1) A board, commission, committee or other multimember body that governs a private corporation, limited liability company or other entity that either:

(A) Is created by the elected legislative body in order to exercise authority that may lawfully be delegated by the elected governing body to a private corporation, limited liability company or other entity.

(B) Receives funds from a local agency and the membership of whose governing body includes a member of the legislative body of the local agency appointed to that governing body as a full-voting member by the legislative body of the local agency.

(2) Notwithstanding subparagraph (B) of paragraph (1), no board, commission, committee or other multimember body that governs a private corporation, limited liability company or other entity that receives funds from a local agency and, as of February 9, 1996, has a member of the legislative body of the local agency as a full voting member of the governing body of that private corporation, limited liability company or other entity shall be relieved from the public meeting requirements of this chapter by virtue of a change in status of the full-voting member to a nonvoting member.

(d) The lessee of any hospital, the whole or part of which is first leased pursuant to subdivision (p) of Section 32121 of the Health and Safety Code after January 1, 1994, where the lessee exercises any material authority of a legislative body of a local agency delegated to it by that legislative body whether the lessee is organized and operated by the local agency or by a delegated authority.

#### **Section 54952.1. Conduct and treatment of electee**

Any person elected to serve as a member of a legislative body who has not yet assumed the duties of office shall conform his or her conduct to the requirements of this chapter and shall be treated for purposes of enforcement of this chapter as if he or she has already assumed office.

#### **Section 54952.2. Specified communications of legislative body of local agency prohibited outside meeting thereof**

(a) As used in this chapter, "meeting" means any congregation of a majority of the members of a legislative body at the same time and location, including teleconference location as permitted by Section 54953, to hear, discuss, deliberate or take action on any item that is within the subject matter jurisdiction of the legislative body.

(b) (1) A majority of the members of a legislative body shall not, outside a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate or take action on any item of business that is within the subject matter jurisdiction of the legislative body.

(2) Paragraph (1) shall not be construed as preventing an employee or official of a local agency, from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency, if that person does not communicate to members



of the legislative body the comments or position of any other member or members of the legislative body.

(3) (A) Paragraph (1) shall not be construed as preventing a member of the legislative body from engaging in separate conversations or communications on an internet-based social media platform to answer questions, provide information to the public, or to solicit information from the public regarding a matter that is within the subject matter jurisdiction of the legislative body provided that a majority of the members of the legislative body do not use the internet-based social media platform to discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body. A member of the legislative body shall not respond directly to any communication on an internet-based social media platform regarding a matter that is within the subject matter jurisdiction of the legislative body that is made, posted, or shared by any other member of the legislative body.

(B) For purposes of this paragraph, all of the following definitions shall apply:

(i) "Discuss among themselves" means communications made, posted, or shared on an internet-based social media platform between members of a legislative body, including comments or use of digital icons that express reactions to communications made by other members of the legislative body.

(ii) "Internet-based social media platform" means an online service that is open and accessible to the public.

(iii) "Open and accessible to the public" means that members of the general public have the ability to access and participate, free of charge, in the social media platform without the approval of the social media platform or a person or entity other than the social media platform, including any forum and chatroom, and cannot be blocked from doing so, except when the internet-based social media platform determines that an individual violated its protocols or rules.

(c) Nothing in this section shall impose the requirements of this chapter upon any of the following:

(1) Individual contacts or conversations between a member of a legislative body and any other person that do not violate subdivision (b).

(2) The attendance of a majority of the members of a legislative body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the legislative body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the local agency. Nothing in this paragraph is intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance.

(3) The attendance of a majority of the members of a legislative body at an open and publicized meeting organized to address a topic of local community concern by a person or organization other than the local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(4) The attendance of a majority of the members of a legislative body at an open and noticed meeting of another body of the local agency or at an open and noticed meeting of a legislative body of another local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(5) The attendance of a majority of the members of a legislative body at a purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(6) The attendance of a majority of the members of a legislative body at an open and noticed meeting of a standing committee of that body, provided that the members of the legislative body who are not members of the standing committee attend only as observers.

(d) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.

**Section 54952.3. Simultaneous or serial order meetings authorized; Requirements; Compensation or stipend**

(a) A legislative body that has convened a meeting and whose membership constitutes a quorum of any other legislative body may convene a meeting of that other legislative body, simultaneously or in serial order, only if a clerk or a member of the convened legislative body verbally announces, prior to convening any simultaneous or serial order meeting of that subsequent legislative body, the amount of compensation or stipend, if any, that each member will be entitled to receive as a result of convening the simultaneous or serial meeting of the subsequent legislative body and identifies that the compensation or stipend shall be provided as a result of convening a meeting for which each member is entitled to collect compensation or a stipend. However, the clerk or member of the legislative body shall not be required to announce the amount of compensation if the amount of compensation is prescribed in statute and no additional compensation has been authorized by a local agency.

(b) For purposes of this section, compensation and stipend shall not include amounts reimbursed for actual and necessary expenses incurred by a member in the performance of the member's official duties, including, but not limited to, reimbursement of expenses relating to travel, meals, and lodging.

**Section 54952.6. “Action taken”**

As used in this chapter, “action taken” means a collective decision made by a majority of the members of a legislative body, a collective commitment or promise by a majority of the members of a legislative body to make a positive or a negative decision or an actual vote by a majority of the members of a legislative body when sitting as a body or entity, upon a motion, proposal, resolution, order or ordinance.

**Section 54952.7. Copy of chapter**

A legislative body of a local agency may require that a copy of this chapter be given to each member of the legislative body and any person elected to serve as a member of the legislative body who has not assumed the duties of office. An elected legislative body of a local agency may require that a copy of this chapter be given to each member of each legislative body all or a majority of whose members are appointed by or under the authority of the elected legislative body.

**Section 54953. Requirement that meetings be open and public; Teleconferencing; Teleconference meetings by health authority**

(a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If the legislative body of a local agency elects to use teleconferencing, the legislative body of a local agency shall comply with all of the following:

(A) All votes taken during a teleconferenced meeting shall be by roll call.

(B) The teleconferenced meetings shall be conducted in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency.

(C) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(D) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e).

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38 and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) The legislative body of a local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option.

(B) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(C) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(D) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(E) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) This subdivision shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(f) (1) The legislative body of a local agency may use teleconferencing without complying with paragraph (3) of subdivision (b) if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction and the legislative body complies with all of the following:

(A) The legislative body shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

- (i) A two-way audiovisual platform.
- (ii) A two-way telephonic service and a live webcasting of the meeting.

(B) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment.

(C) The agenda shall identify and include an opportunity for all persons to attend and address the legislative body directly pursuant to Section 54954.3 via a call-in option, via an internet-based service option, and at the in-person location of the meeting.

(D) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(2) A member of the legislative body shall only participate in the meeting remotely pursuant to this subdivision, if all of the following requirements are met:

(A) One of the following circumstances applies:

(i) The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year.

(ii) The member requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. The legislative body shall request a general description of the circumstances relating to their need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code). For the purposes of this clause, the following requirements apply:

(I) A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.

(II) The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting in accordance with paragraph (4) of subdivision (b) of Section 54954.2.

(B) The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.

(C) The member shall participate through both audio and visual technology.

(3) The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

(g) The legislative body shall have and implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and resolving any doubt in favor of accessibility. In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the procedure for receiving and resolving requests for accommodation.

(h) The legislative body shall conduct meetings subject to this chapter consistent with applicable civil rights and nondiscrimination laws.



(i) (1) Nothing in this section shall prohibit a legislative body from providing the public with additional teleconference locations.

(2) Nothing in this section shall prohibit a legislative body from providing members of the public with additional physical locations in which the public may observe and address the legislative body by electronic means.

(j) For the purposes of this section, the following definitions shall apply:

(1) "Emergency circumstances" means a physical or family medical emergency that prevents a member from attending in person.

(2) "Just cause" means any of the following:

(A) A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. "Child," "parent," "grandparent," "grandchild," and "sibling" have the same meaning as those terms do in Section 12945.2.

(B) A contagious illness that prevents a member from attending in person.

(C) A need related to a physical or mental disability as defined in Sections 12926 and 12926.1 not otherwise accommodated by subdivision (g).

(D) Travel while on official business of the legislative body or another state or local agency.

(3) "Remote location" means a location from which a member of a legislative body participates in a meeting pursuant to subdivision (f), other than any physical meeting location designated in the notice of the meeting. Remote locations need not be accessible to the public.

(4) "Remote participation" means participation in a meeting by teleconference at a location other than any physical meeting location designated in the notice of the meeting. Watching or listening to a meeting via webcasting or another similar electronic medium that does not permit members to interactively hear, discuss, or deliberate on matters, does not constitute remote participation.

(5) "State of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(6) "Teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

(7) “Two-way audiovisual platform” means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic function.

(8) “Two-way telephonic service” means a telephone service that does not require internet access, is not provided as part of a two-way audiovisual platform, and allows participants to dial a telephone number to listen and verbally participate.

(9) “Webcasting” means a streaming video broadcast online or on television, using streaming media technology to distribute a single content source to many simultaneous listeners and viewers.

(k) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

### **Section 54953.1. Grand jury testimony**

The provisions of this chapter shall not be construed to prohibit the members of the legislative body of a local agency from giving testimony in private before a grand jury, either as individuals or as a body.

### **Section 54953.2. Meetings to conform to Americans with Disabilities Act**

All meetings of a legislative body of a local agency that are open and public shall meet the protections and prohibitions contained in Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

### **Section 54953.3. Registration of attendance**

A member of the public shall not be required, as a condition to attendance at a meeting of a legislative body of a local agency, to register his or her name, to provide other information, to complete a questionnaire or otherwise to fulfill any condition precedent to his or her attendance.

If an attendance list, register, questionnaire or other similar document is posted at or near the entrance to the room where the meeting is to be held or is circulated to the persons present during the meeting, it shall state clearly that the signing, registering or completion of the document is voluntary and that all persons may attend the meeting regardless of whether a person signs, registers or completes the document.

### **Section 54953.5. Recording proceedings**

(a) Any person attending an open and public meeting of a legislative body of a local agency shall have the right to record the proceedings with an audio or video recorder or a still or motion picture camera in the absence of a reasonable finding by the legislative body of the local agency that the recording cannot continue without noise,

illumination or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings.

(b) Any audio or video recording of an open and public meeting made for whatever purpose by, or at the direction of the local agency, shall be subject to inspection pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), but, notwithstanding Section 34090, may be erased or destroyed 30 days after the recording. Any inspection of an audio or video recording shall be provided without charge on equipment made available by the local agency.

**Section 54953.6. Restrictions on broadcasts of proceedings**

No legislative body of a local agency shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination or obstruction of view that would constitute a persistent disruption of the proceedings.

**Section 54953.7. Access to meetings beyond minimal standards**

Notwithstanding any other provision of law, legislative bodies of local agencies may impose requirements upon themselves which allow greater access to their meetings than prescribed by the minimal standards set forth in this chapter. In addition thereto, an elected legislative body of a local agency may impose such requirements on those appointed legislative bodies of the local agency of which all or a majority of the members are appointed by or under the authority of the elected legislative body.

**Section 54954. Rules for conduct of business; Time and place of meetings**

(a) Each legislative body of a local agency, except for advisory committees or standing committees, shall provide by ordinance, resolution, bylaws or by whatever other rule is required for the conduct of business by that body, the time and place for holding regular meetings. Meetings of advisory committees or standing committees for which an agenda is posted at least 72 hours in advance of the meeting pursuant to subdivision (a) of Section 54954.2, shall be considered for purposes of this chapter as regular meetings of the legislative body.

(b) Regular and special meetings of the legislative body shall be held within the boundaries of the territory over which the local agency exercises jurisdiction, except to do any of the following:

(1) Comply with state or federal law or court order, or attend a judicial or administrative proceeding to which the local agency is a party.

(2) Inspect real or personal property which cannot be conveniently brought within the boundaries of the territory over which the local agency exercises jurisdiction, provided that the topic of the meeting is limited to items directly related to the real or personal property.

(3) Participate in meetings or discussions of multiagency significance that are outside the boundaries of a local agency's jurisdiction. However, any meeting or discussion held pursuant to this subdivision shall take place within the jurisdiction of one of the participating local agencies and be noticed by all participating agencies as provided for in this chapter.

(4) Meet in the closest meeting facility if the local agency has no meeting facility within the boundaries of the territory over which the local agency exercises jurisdiction, or at the principal office of the local agency if that office is located outside the territory over which the agency exercises jurisdiction.

(5) Meet outside their immediate jurisdiction with elected or appointed officials of the United States or the State of California when a local meeting would be impractical solely to discuss a legislative or regulatory issue affecting the local agency and over which the federal or state officials have jurisdiction.

(6) Meet outside their immediate jurisdiction if the meeting takes place in or nearby a facility owned by the agency, provided that the topic of the meeting is limited to items directly related to the facility.

(7) Visit the office of the local agency's legal counsel for a closed session on pending litigation held pursuant to Section 54956.9, when to do so would reduce legal fees or costs.

(c) Meetings of the governing board of a school district shall be held within the district, except under the circumstances enumerated in subdivision (b) or to do any of the following:

(1) Attend a conference on non-adversarial collective bargaining techniques.

(2) Interview members of the public residing in another district with reference to the trustees' potential employment of an applicant for the position of the superintendent of the district.

(3) Interview a potential employee from another district.

(d) Meetings of a joint powers authority shall occur within the territory of at least one of its member agencies or as provided in subdivision (b). However, a joint powers authority which has members throughout the state may meet at any facility in the state which complies with the requirements of Section 54961.

(e) If, by reason of fire, flood, earthquake or other emergency, it shall be unsafe to meet in the place designated, the meetings shall be held for the duration of the emergency at the place designated by the presiding officer of the legislative body or his or her designee in a notice to the local media that have requested notice pursuant to Section 54956, by the most rapid means of communication available at the time.

**Section 54954.1. Request for notice; Renewal; Fee**

Any person may request that a copy of the agenda, or a copy of all the documents constituting the agenda packet, of any meeting of a legislative body be mailed to that person. If a local agency has an internet website, the legislative body or its designee shall email a copy of, or website link to, the agenda or a copy of all the documents constituting the agenda packet if the person requests that the item or items be delivered by email. If the local agency determines it is technologically infeasible to send a copy of all documents constituting the agenda packet or a link to a website that contains the documents by email or by other electronic means, the legislative body or its designee shall send by mail a copy of the agenda or a website link to the agenda and mail a copy of all other documents constituting the agenda packet in accordance with the mailing requirements established pursuant to this section. If requested, the agenda and documents in the agenda packet shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. Upon receipt of the written request, the legislative body or its designee shall cause the requested materials to be mailed at the time the agenda is posted pursuant to Section 54954.2 and 54956 or upon distribution to all, or a majority of all, of the members of a legislative body, whichever occurs first. Any request for mailed copies of agendas or agenda packets shall be valid for the calendar year in which it is filed, and must be renewed following January 1 of each year. The legislative body may establish a fee for mailing the agenda or agenda packet, which fee shall not exceed the cost of providing the service. Failure of the requesting person to receive the agenda or agenda packet pursuant to this section shall not constitute grounds for invalidation of the actions of the legislative body taken at the meeting for which the agenda or agenda packet was not received.

**Section 54954.2. Posting of agenda; Actions not on agenda**

(a) (1) At least 72 hours before a regular meeting, the legislative body of the local agency, or its designee, shall post an agenda containing a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words. The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public and on the local agency's Internet Website, if the local agency has one. If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132) and the federal rules and regulations adopted in implementation thereof. The agenda shall include information regarding how, to whom and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.

(2) For a meeting occurring on and after January 1, 2019 of a legislative body of a city, county, city and county, special district, school district or political subdivision established by the state that has an Internet Website, the following provisions shall apply:

(A) An online posting of an agenda shall be posted on the primary Internet Website homepage of a city, county, city and county, special district, school district or political subdivision established by the state that is accessible through a prominent, direct link to the current agenda. The direct link to the agenda shall not be in a contextual menu; however, a link in addition to the direct link to the agenda may be accessible through a contextual menu.

(B) An online posting of an agenda including, but not limited to, an agenda posted in an integrated agenda management platform shall be posted in an open format that meets all of the following requirements:

(i) Retrievable, downloadable, indexable and electronically searchable by commonly used Internet search applications.

(ii) Platform independent and machine readable.

(iii) Available to the public free of charge and without any restriction that would impede the reuse or redistribution of the agenda.

(C) A legislative body of a city, county, city and county, special district, school district or political subdivision established by the state that has an Internet Website and an integrated agenda management platform shall not be required to comply with subparagraph (A) if all of the following are met:

(i) A direct link to the integrated agenda management platform shall be posted on the primary Internet Website homepage of a city, county, city and county, special district, school district or political subdivision established by the state. The direct link to the integrated agenda management platform shall not be in a contextual menu. When a person clicks on the direct link to the integrated agenda management platform, the direct link shall take the person directly to an Internet Website with the agendas of the legislative body of a city, county, city and county, special district, school district or political subdivision established by the state.

(ii) The integrated agenda management platform may contain the prior agendas of a legislative body of a city, county, city and county, special district, school district or political subdivision established by the state for all meetings occurring on or after January 1, 2019.

(iii) The current agenda of the legislative body of a city, county, city and county, special district, school district or political subdivision established by the state shall be the first agenda available at the top of the integrated agenda management platform.

(iv) All agendas posted in the integrated agenda management platform shall comply with the requirements in clauses (i), (ii) and (iii) of subparagraph (B).

(D) For the purposes of this paragraph, both of the following definitions shall apply:

(i) "Integrated agenda management platform" means an Internet Website of a city, county, city and county, special district, school district or political subdivision established by the state dedicated to providing the entirety of the agenda information for the legislative body of the city, county, city and county, special district, school district or political subdivision established by the state to the public.

(ii) "Legislative body" has the same meaning as that term is used in subdivision (a) of Section 54952.

(E) The provisions of this paragraph shall not apply to a political subdivision of a local agency that was established by the legislative body of the city, county, city and county, special district, school district or political subdivision established by the state.

(3) No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of a legislative body or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Section 54954.3. In addition, on their own initiative or in response to questions posed by the public, a member of a legislative body or its staff may ask a question for clarification, make a brief announcement or make a brief report on his or her own activities. Furthermore, a member of a legislative body, or the body itself, subject to rules or procedures of the legislative body, may provide a reference to staff or other resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter or take action to direct staff to place a matter of business on a future agenda.

(b) Notwithstanding subdivision (a), the legislative body may take action on items of business not appearing on the posted agenda under any of the conditions stated below. Prior to discussing any item pursuant to this subdivision, the legislative body shall publicly identify the item.

(1) Upon a determination by a majority vote of the legislative body that an emergency situation exists as defined in Section 54956.5.

(2) Upon a determination by a two-thirds vote of the members of the legislative body present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).

(3) The item was posted pursuant to subdivision (a) for a prior meeting of the legislative body occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which action is being taken.

(c) This section is necessary to implement and reasonably within the scope of paragraph (1) of subdivision (b) of Section 3 of Article I of the California Constitution.

(d) For purposes of subdivision (a), the requirement that the agenda be posted on the local agency's Internet Website, if the local agency has one, shall only apply to a legislative body that meets either of the following standards:

(1) A legislative body as that term is defined by subdivision (a) of Section 54952.

(2) A legislative body as that term is defined by subdivision (b) of Section 54952, if the members of the legislative body are compensated for their appearance, and if one or more of the members of the legislative body are also members of a legislative body as that term is defined by subdivision (a) of Section 54952.

### **Section 54954.3. Public testimony at regular meetings**

(a) Every agenda for regular meetings shall provide an opportunity for members of the public to directly address the legislative body on any item of interest to the public, before or during the legislative body's consideration of the item that is within the subject matter jurisdiction of the legislative body, provided that no action shall be taken on any item not appearing on the agenda unless the action is otherwise authorized by subdivision (b) of Section 54954.2. However, the agenda need not provide an opportunity for members of the public to address the legislative body on any item that has already been considered by a committee, composed exclusively of members of the legislative body at a public meeting wherein all interested members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item, unless the item has been substantially changed since the committee heard the item, as determined by the legislative body. Every notice for a special meeting shall provide an opportunity for members of the public to directly address the legislative body concerning any item that has been described in the notice for the meeting before or during consideration of that item.

(b) (1) The legislative body of a local agency may adopt reasonable regulations to ensure that the intent of subdivision (a) is carried out, including, but not limited to, regulations limiting the total amount of time allocated for public testimony on particular issues and for each individual speaker.

(2) Notwithstanding paragraph (1), when the legislative body of a local agency limits time for public comment, the legislative body of a local agency shall provide at least twice the allotted time to a member of the public who utilizes a translator to ensure that non-English speakers receive the same opportunity to directly address the legislative body of a local agency.



(3) Paragraph (2) shall not apply if the legislative body of a local agency utilizes simultaneous translation equipment in a manner that allows the legislative body of a local agency to hear the translated public testimony simultaneously.

(c) The legislative body of a local agency shall not prohibit public criticism of the policies, procedures, programs or services of the agency or of the acts or omissions of the legislative body. Nothing in this subdivision shall confer any privilege or protection for expression beyond that otherwise provided by law.

**Section 54954.4. Legislative findings and declarations relating to reimbursements; Legislative intent; Review of claims**

(a) The Legislature hereby finds and declares that Section 12 of Chapter 641 of the Statutes of 1986 authorizing reimbursement to local agencies and school districts for costs mandated by the state pursuant to that act, shall be interpreted strictly. The intent of the Legislature is to provide reimbursement for only those costs which are clearly and unequivocally incurred as the direct and necessary result of compliance with Chapter 641 of the Statutes of 1986.

(b) In this regard, the Legislature directs all state employees and officials involved in reviewing or authorizing claims for reimbursement or otherwise participating in the reimbursement process, to rigorously review each claim and authorize only those claims, or parts thereof, which represent costs which are clearly and unequivocally incurred as the direct and necessary result of compliance with Chapter 641 of the Statutes of 1986 and for which complete documentation exists. For purposes of Section 54954.2, costs eligible for reimbursement shall only include the actual cost to post a single agenda for any one meeting.

(c) The Legislature hereby finds and declares that complete, faithful and uninterrupted compliance with the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code) is a matter of overriding public importance. Unless specifically stated, no future Budget Act or related budget enactments, shall, in any manner, be interpreted to suspend, eliminate or otherwise modify the legal obligation and duty of local agencies to fully comply with Chapter 641 of the Statutes of 1986 in a complete, faithful and uninterrupted manner.

**Section 54954.5. Description of closed session items**

For purposes of describing closed session items pursuant to Section 54954.2, the agenda may describe closed sessions as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items were described in substantial compliance with this section. Substantial compliance is satisfied by including the information provided below, irrespective of its format.

(a) With respect to a closed session held pursuant to Section 54956.7:

LICENSE/PERMIT DETERMINATION

Applicant(s): (Specify number of applicants)

(b) With respect to every item of business to be discussed in closed session pursuant to Section 54956.8:

CONFERENCE WITH REAL PROPERTY NEGOTIATORS

Property: (Specify street address, or if no street address, the parcel number or other unique reference of the real property under negotiation)

Agency negotiator: (Specify names of negotiators attending the closed session) (If circumstances necessitate the absence of a specified negotiator, an agent or designee may participate in place of the absent negotiator so long as the name of the agent or designee is announced at an open session held prior to the closed session.)

Negotiating parties: (Specify name of party (not agent))

Under negotiation: (Specify whether instruction to negotiator will concern price, terms of payment or both)

(c) With respect to every item of business to be discussed in closed session pursuant to Section 54956.9:

CONFERENCE WITH LEGAL COUNSEL -- EXISTING LITIGATION  
(Paragraph (1) of subdivision (d) of Section 54956.9)

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers)

or

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations)

CONFERENCE WITH LEGAL COUNSEL -- ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: (Specify number of potential cases)

(In addition to the information noticed above, the agency may be required to provide additional information on the agenda or in an oral statement prior to the closed session pursuant to paragraphs (2) to (5), inclusive of subdivision (e) of Section 54956.9.)

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: (Specify number of potential cases)

(d) With respect to every item of business to be discussed in closed session pursuant to Section 54956.95:

LIABILITY CLAIMS

Claimant: (Specify name unless unspecified pursuant to Section 54961)

Agency claimed against: (Specify name)

(e) With respect to every item of business to be discussed in closed session pursuant to Section 54957:

THREAT TO PUBLIC SERVICES OR FACILITIES

Consultation with: (Specify name of law enforcement agency and title of officer, or name of applicable agency representative and title)

PUBLIC EMPLOYEE APPOINTMENT

Title: (Specify description of position to be filled)

PUBLIC EMPLOYMENT

Title: (Specify description of position to be filled)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: (Specify position title of employee being reviewed)

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

(f) With respect to every item of business to be discussed in closed session pursuant to Section 54957.6:

CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: (Specify names of designated representatives attending the closed session). (If circumstances necessitate the absence of a specified designated representative, an agent or designee may participate in place of the absent representative so long as the name of the agent or designee is announced at an open session held prior to the closed session)

Employee organization: (Specify name of organization representing employee or employees in question)

or

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the negotiations)

- (g) With respect to closed sessions called pursuant to Section 54957.8:

CASE REVIEW/PLANNING

(No additional information is required in connection with a closed session to consider case review or planning)

- (h) With respect to every item of business to be discussed in closed session pursuant to Sections 1461, 32106 and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code:

REPORT INVOLVING TRADE SECRET

Discussion will concern: (Specify whether discussion will concern proposed new service, program or facility)

Estimated date of public disclosure: (Specify month and year)

HEARINGS

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee)

- (i) With respect to every item of business to be discussed in closed session pursuant to Section 54956.86:

CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW

(No additional information is required in connection with a closed session to discuss a charge or complaint pursuant to Section 54956.86)

- (j) With respect to every item of business to be discussed in closed session pursuant to Section 54956.96:

CONFERENCE INVOLVING A JOINT POWERS AGENCY (Specify by name)

Discussion will concern: (Specify closed session description used by the joint powers agency)

Name of local agency representative on joint powers agency board: (Specify name)

(Additional information listing the names of agencies or titles of representatives attending the closed session as consultants or other representatives)

(k) With respect to every item of business to be discussed in closed session pursuant to Section 54956.75:

AUDIT BY CALIFORNIA STATE AUDITOR'S OFFICE

**Section 54954.6. Public meeting on general tax or assessment; Notice**

(a) (1) Before adopting any new or increased general tax or any new or increased assessment, the legislative body of a local agency shall conduct at least one public meeting at which local officials shall allow public testimony regarding the proposed new or increased general tax or new or increased assessment in addition to the noticed public hearing at which the legislative body proposes to enact or increase the general tax or assessment.

For purposes of this section, the term "new or increased assessment" does not include any of the following:

(A) A fee that does not exceed the reasonable cost of providing the services, facilities or regulatory activity for which the fee is charged.

(B) A service charge, rate or charge, unless a special district's principal act requires the service charge, rate or charge to conform to the requirements of this section.

(C) An ongoing annual assessment if it is imposed at the same or lower amount as any previous year.

(D) An assessment that does not exceed an assessment formula or range of assessments previously specified in the notice given to the public pursuant to subparagraph (G) of paragraph (2) of subdivision (c) and that was previously adopted by the agency or approved by the voters in the area where the assessment is imposed.

(E) Standby or immediate availability charges.

(2) The legislative body shall provide at least 45 days' public notice of the public hearing at which the legislative body proposes to enact or increase the general tax or assessment. The legislative body shall provide notice for the public meeting at the same time and in the same document as the notice for the public hearing, but the meeting shall occur prior to the hearing.

(b) (1) The joint notice of both the public meeting and the public hearing required by subdivision (a) with respect to a proposal for a new or increased general tax shall be accomplished by placing a display advertisement of at least one-eighth page in a newspaper of general circulation for three weeks pursuant to Section 6063 and by a first-class mailing to those interested parties who have filed a written request with the local

agency for mailed notice of public meetings or hearings on new or increased general taxes. The public meeting pursuant to subdivision (a) shall take place no earlier than 10 days after the first publication of the joint notice pursuant to this subdivision. The public hearing shall take place no earlier than seven days after the public meeting pursuant to this subdivision. Notwithstanding paragraph (2) of subdivision (a), the joint notice need not include notice of the public meeting after the meeting has taken place. The public hearing pursuant to subdivision (a) shall take place no earlier than 45 days after the first publication of the joint notice pursuant to this subdivision. Any written request for mailed notices shall be effective for one year from the date on which it is filed unless a renewal request is filed. Renewal requests for mailed notices shall be filed on or before April 1 of each year. The legislative body may establish a reasonable annual charge for sending notices based on the estimated cost of providing the service.

(2) The notice required by paragraph (1) of this subdivision shall include, but not be limited to, the following:

(A) The amount or rate of the tax. If the tax is proposed to be increased from any previous year, the joint notice shall separately state both the existing tax rate and the proposed tax rate increase.

(B) The activity to be taxed.

(C) The estimated amount of revenue to be raised by the tax annually.

(D) The method and frequency for collecting the tax.

(E) The dates, times and locations of the public meeting and hearing described in subdivision (a).

(F) The telephone number and address of an individual, office or organization that interested persons may contact to receive additional information about the tax.

(c) (1) The joint notice of both the public meeting and the public hearing required by subdivision (a) with respect to a proposal for a new or increased assessment on real property or businesses shall be accomplished through a mailing, postage prepaid, in the United States mail and shall be deemed given when so deposited. The public meeting pursuant to subdivision (a) shall take place no earlier than 10 days after the joint mailing pursuant to this subdivision. The public hearing shall take place no earlier than seven days after the public meeting pursuant to this subdivision. The envelope or the cover of the mailing shall include the name of the local agency and the return address of the sender. This mailed notice shall be in at least 10-point type and shall be given to all property owners or business owners proposed to be subject to the new or increased assessment by a mailing by name to those persons whose names and addresses appear on the last equalized county assessment roll, the State Board of Equalization assessment roll or the local agency's records pertaining to business ownership, as the case may be.

(2) The joint notice required by paragraph (1) of this subdivision shall include, but not be limited to, the following:

(A) In the case of an assessment proposed to be levied on property, the estimated amount of the assessment per parcel. In the case of an assessment proposed to be levied on businesses, the proposed method and basis of levying the assessment in sufficient detail to allow each business owner to calculate the amount of assessment to be levied against each business. If the assessment is proposed to be increased from any previous year, the joint notice shall separately state both the amount of the existing assessment and the proposed assessment increase.

(B) A general description of the purpose or improvements that the assessment will fund.

(C) The address to which property owners may mail a protest against the assessment.

(D) The telephone number and address of an individual, office or organization that interested persons may contact to receive additional information about the assessment.

(E) A statement that a majority protest will cause the assessment to be abandoned if the assessment act used to levy the assessment so provides. Notice shall also state the percentage of protests required to trigger an election, if applicable.

(F) The dates, times and locations of the public meeting and hearing described in subdivision (a).

(G) A proposed assessment formula or range as described in subparagraph (D) of paragraph (1) of subdivision (a) if applicable and that is noticed pursuant to this section.

(3) Notwithstanding paragraph (1), in the case of an assessment that is proposed exclusively for operation and maintenance expenses imposed throughout the entire local agency or exclusively for operation and maintenance assessments proposed to be levied on 50,000 parcels or more, notice may be provided pursuant to this subdivision or pursuant to paragraph (1) of subdivision (b) and shall include the estimated amount of the assessment of various types, amounts or uses of property and the information required by subparagraphs (B) to (G), inclusive, of paragraph (2) of subdivision (c).

(4) Notwithstanding paragraph (1), in the case of an assessment proposed to be levied pursuant to Part 2 (commencing with Section 22500) of Division 2 of the Streets and Highways Code by a regional park district, regional park and open-space district or regional open-space district formed pursuant to Article 3 (commencing with Section 5500) of Chapter 3 of Division 5 of, or pursuant to Division 26 (commencing with Section 35100) of the Public Resources Code, notice may be provided pursuant to paragraph (1) of subdivision (b).

(d) The notice requirements imposed by this section shall be construed as additional to, and not to supersede existing provisions of law, and shall be applied concurrently with the existing provisions so as to not delay or prolong the governmental decision making process.

(e) This section shall not apply to any new or increased general tax or any new or increased assessment that requires an election of either of the following:

- (1) The property owners subject to the assessment.
- (2) The voters within the local agency imposing the tax or assessment.

(f) Nothing in this section shall prohibit a local agency from holding a consolidated meeting or hearing at which the legislative body discusses multiple tax or assessment proposals.

(g) The local agency may recover the reasonable costs of public meetings, public hearings and notice required by this section from the proceeds of the tax or assessment. The costs recovered for these purposes, whether recovered pursuant to this subdivision or any other provision of law, shall not exceed the reasonable costs of the public meetings, public hearings and notice.

(h) Any new or increased assessment that is subject to the notice and hearing provisions of Article XIII C or XIII D of the California Constitution is not subject to the notice and hearing requirements of this section.

### **Section 54955. Adjournment of meetings**

The legislative body of a local agency may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the clerk or secretary of the legislative body may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in Section 54956 for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within 24 hours after the time of the adjournment. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance, resolution, bylaw or other rule.

### **Section 54955.1. Continuance of hearing**

Any hearing being held, or noticed or ordered to be held by a legislative body of a local agency at any meeting may by order or notice of continuance be continued or re-



continued to any subsequent meeting of the legislative body in the same manner and to the same extent set forth in Section 54955 for the adjournment of meetings; provided, that if the hearing is continued to a time less than 24 hours after the time specified in the order or notice of hearing, a copy of the order or notice of continuance of hearing shall be posted immediately following the meeting at which the order or declaration of continuance was adopted or made.

**Section 54956. Special meetings; call; notice; meetings regarding local agency executive salaries, salary schedules or compensation in form of fringe benefits; posting on Internet Website**

(a) A special meeting may be called at any time by the presiding officer of the legislative body of a local agency or by a majority of the members of the legislative body, by delivering written notice to each member of the legislative body and to each local newspaper of general circulation and radio or television station requesting notice in writing and posting a notice on the local agency's Internet Website, if the local agency has one. The notice shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the legislative body. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the legislative body a written waiver of notice. The waiver may be given by telegram. The written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

The call and notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

(b) Notwithstanding any other law, a legislative body shall not call a special meeting regarding the salaries, salary schedules or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1. However, this subdivision does not apply to a local agency calling a special meeting to discuss the local agency's budget.

(c) For purposes of subdivision (a), the requirement that the agenda be posted on the local agency's Internet Website, if the local agency has one, shall only apply to a legislative body that meets either of the following standards:

(1) A legislative body as that term is defined by subdivision (a) of Section 54952.

(2) A legislative body as that term is defined by subdivision (b) of Section 54952, if the members of the legislative body are compensated for their appearance, and if one or more of the members of the legislative body are also members of a legislative body as that term is defined by subdivision (a) of Section 54952.

**Section 54956.5. Emergency meetings; Notice**

(a) For purposes of this section, "emergency situation" means both of the following:

(1) An emergency, which shall be defined as a work stoppage, crippling activity or other activity that severely impairs public health, safety or both, as determined by a majority of the members of the legislative body.

(2) A dire emergency, which shall be defined as a crippling disaster, mass destruction, terrorist act or threatened terrorist activity that poses peril so immediate and significant that requiring a legislative body to provide one-hour notice before holding an emergency meeting under this section may endanger the public health, safety or both, as determined by a majority of the members of the legislative body.

(b) (1) Subject to paragraph (2), in the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, a legislative body may hold an emergency meeting without complying with either the 24-hour notice requirement or the 24-hour posting requirement of Section 54956, or both, of the notice and posting requirements.

(2) Each local newspaper of general circulation and radio or television station that has requested notice of special meetings pursuant to Section 54956 shall be notified by the presiding officer of the legislative body or designee thereof, one hour prior to the emergency meeting, or, in the case of a dire emergency, at or near the time that the presiding officer or designee notifies the members of the legislative body of the emergency meeting. This notice shall be given by telephone and all telephone numbers provided in the most recent request of a newspaper or station for notification of special meetings shall be exhausted. In the event that telephone services are not functioning, the notice requirements of this section shall be deemed waived and the legislative body or designee of the legislative body, shall notify those newspapers, radio stations or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting and any action taken at the meeting as soon after the meeting as possible.

(c) During a meeting held pursuant to this section, the legislative body may meet in closed session pursuant to Section 54957 if agreed to by a two-thirds vote of the members of the legislative body present, or, if less than two-thirds of the members are present, by a unanimous vote of the members present.

(d) All special meeting requirements as prescribed in Section 54956, shall be applicable to a meeting called pursuant to this section, with the exception of the 24-hour notice requirement.

(e) The minutes of a meeting called pursuant to this section, a list of person(s) who is the presiding officer of the legislative body or designee of the legislative body, notified or attempted to notify, a copy of the rollcall vote and any actions taken at the meeting shall be posted for a minimum of 10 days in a public place as soon after the meeting as possible.

**Section 54956.6. Fees**

No fees may be charged by the legislative body of a local agency for carrying out any provision of this chapter, except as specifically authorized by this chapter.

**Section 54956.7. Closed sessions regarding application from person with criminal record**

Whenever a legislative body of a local agency determines that it is necessary to discuss and determine whether an applicant for a license or license renewal, who has a criminal record is sufficiently rehabilitated to obtain the license, the legislative body may hold a closed session with the applicant and the applicant's attorney, if any, for the purpose of holding the discussion and making the determination. If the legislative body determines, as a result of the closed session, that the issuance or renewal of the license should be denied, the applicant shall be offered the opportunity to withdraw the application. If the applicant withdraws the application, no record shall be kept of the discussions or decisions made at the closed session and all matters relating to the closed session shall be confidential. If the applicant does not withdraw the application, the legislative body shall take action at the public meeting during which the closed session is held or at its next public meeting denying the application for the license, but all matters relating to the closed session are confidential and shall not be disclosed without the consent of the applicant, except in an action by an applicant who has been denied a license challenging the denial of the license.

**Section 54956.75. Closed session for response to final draft audit report**

(a) Nothing contained in this chapter shall be construed to prevent the legislative body of a local agency that has received a confidential final draft audit report from the Bureau of State Audits from holding closed sessions to discuss its response to that report.

(b) After the public release of an audit report by the Bureau of State Audits, if a legislative body of a local agency meets to discuss the audit report, it shall do so in an open session unless exempted from that requirement by some other provision of law.

**Section 54956.8. Closed sessions regarding real property negotiations**

Notwithstanding any other provision of this chapter, a legislative body of a local agency may hold a closed session with its negotiator prior to the purchase, sale, exchange or lease of real property by or for the local agency to grant authority to its negotiator regarding the price and terms of payment for the purchase, sale, exchange or lease.

However, prior to the closed session, the legislative body of the local agency shall hold an open and public session in which it identifies its negotiators, the real property or real properties which the negotiations may concern and the person or persons with whom its negotiators may negotiate.

For purposes of this section, negotiators may be members of the legislative body of the local agency.

For purposes of this section, "lease" includes renewal or renegotiation of a lease.

Nothing in this section shall preclude a local agency from holding a closed session for discussions regarding eminent domain proceedings pursuant to Section 54956.9.

**Section 54956.81. Closed sessions regarding purchase or sale of pension fund investments**

Notwithstanding any other provision of this chapter, a legislative body of a local agency that invests pension funds may hold a closed session to consider the purchase or sale of particular specific pension fund investments. All investment transaction decisions made during the closed session shall be made by rollcall vote entered into the minutes of the closed session as provided in subdivision (a) of Section 54957.2.

**Section 54956.86. Closed session for health plan member**

Notwithstanding any other provision of this chapter, a legislative body of a local agency which provides services pursuant to Section 14087.3 of the Welfare and Institutions Code may hold a closed session to hear a charge or complaint from a member enrolled in its health plan if the member does not wish to have his or her name, medical status or other information that is protected by federal law publicly disclosed. Prior to holding a closed session pursuant to this section, the legislative body shall inform the member, in writing, of his or her right to have the charge or complaint heard in an open session rather than a closed session.

**Section 54956.87. Disclosure of records and information; Meetings in closed session**

(a) Notwithstanding any other provision of this chapter, the records of a health plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and that is governed by a county board of supervisors, whether paper records, records maintained in the management information system or records in any other form, that relate to provider rate or payment determinations, allocation or distribution methodologies for provider payments, formulas or calculations for these payments and contract negotiations with providers of health care for alternative rates are exempt from disclosure for a period of three years after the contract is fully executed. The transmission of the records, or the information contained therein in an alternative form to the board of supervisors shall not constitute a waiver of exemption from disclosure and the records and information once transmitted to the board of supervisors shall be subject to this same exemption.

(b) Notwithstanding any other provision of law, the governing board of a health plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and that is governed by a county board of supervisors may order that a meeting held solely for the purpose of discussion or taking action on health plan trade secrets, as defined in subdivision (f), shall be held in closed session. The requirements of making a public report of action taken in closed session and the vote or abstention of every

member present, may be limited to a brief general description without the information constituting the trade secret.

(c) Notwithstanding any other provision of law, the governing board of a health plan may meet in closed session to consider and take action on matters pertaining to contracts and contract negotiations by the health plan with providers of health care services concerning all matters related to rates of payment. The governing board may delete the portion or portions containing trade secrets from any documents that were finally approved in the closed session held pursuant to subdivision (b) that are provided to persons who have made the timely or standing request.

(d) Nothing in this section shall be construed as preventing the governing board from meeting in closed session as otherwise provided by law.

(e) The provisions of this section shall not prevent access to any records by the Joint Legislative Audit Committee in the exercise of its powers pursuant to Article 1 (commencing with Section 10500) of Chapter 4 of Part 2 of Division 2 of Title 2. The provisions of this section also shall not prevent access to any records by the Department of Managed Health Care in the exercise of its powers pursuant to Article 1 (commencing with Section 1340) of Chapter 2.2 of Division 2 of the Health and Safety Code.

(f) For purposes of this section, "health plan trade secret" means a trade secret, as defined in subdivision (d) of Section 3426.1 of the Civil Code, that also meets both of the following criteria:

(1) The secrecy of the information is necessary for the health plan to initiate a new service, program, marketing strategy, business plan or technology, or to add a benefit or product.

(2) Premature disclosure of the trade secret would create a substantial probability of depriving the health plan of a substantial economic benefit or opportunity.

**Section 54956.9. Closed sessions concerning pending litigation; Lawyer-client privilege**

(a) Nothing in this chapter shall be construed to prevent a legislative body of a local agency, based on advice of its legal counsel, from holding a closed session to confer with, or receive advice from, its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the local agency in the litigation.

(b) For purposes of this chapter, all expressions of the lawyer-client privilege other than those provided in this section are hereby abrogated. This section is the exclusive expression of the lawyer-client privilege for purposes of conducting closed-session meetings pursuant to this chapter.

(c) For purposes of this section, "litigation" includes any adjudicatory proceeding, including eminent domain, before a court or administrative body exercising its adjudicatory authority, hearing officer or arbitrator.

(d) For purposes of this section, litigation shall be considered pending when any of the following circumstances exist:

(1) Litigation, to which the local agency is a party, has been initiated formally.

(2) A point has been reached where, in the opinion of the legislative body of the local agency on the advice of its legal counsel based on existing facts and circumstances, there is a significant exposure to litigation against the local agency.

(3) Based on existing facts and circumstances, the legislative body of the local agency is meeting only to decide whether a closed session is authorized pursuant to paragraph (2).

(4) Based on existing facts and circumstances, the legislative body of the local agency has decided to initiate or is deciding whether to initiate litigation.

(e) For purposes of paragraphs (2) and (3) of subdivision (d), "existing facts and circumstances" shall consist only of one of the following:

(1) Facts and circumstances that might result in litigation against the local agency but which the local agency believes are not yet known to a potential plaintiff or plaintiffs, which facts and circumstances need not be disclosed.

(2) Facts and circumstances, including, but not limited to, an accident, disaster, incident or transactional occurrence that might result in litigation against the agency and that are known to a potential plaintiff or plaintiffs, which facts or circumstances shall be publicly stated on the agenda or announced.

(3) The receipt of a claim pursuant to the Government Claims Act (Division 3.6 (commencing with Section 810) of Title 1 of the Government Code) or some other written communication from a potential plaintiff threatening litigation, which claim or communication shall be available for public inspection pursuant to Section 54957.5.

(4) A statement made by a person in an open and public meeting threatening litigation on a specific matter within the responsibility of the legislative body.

(5) A statement threatening litigation made by a person outside an open and public meeting on a specific matter within the responsibility of the legislative body, so long as the official or employee of the local agency receiving knowledge of the threat makes a contemporaneous or other record of the statement prior to the meeting, which record shall be available for public inspection pursuant to Section 54957.5. The records so created need not identify the alleged victim of unlawful or tortious sexual conduct or anyone making the threat on their behalf, or identify a public employee who is the

alleged perpetrator of any unlawful or tortious conduct upon which a threat of litigation is based, unless the identity of the person has been publicly disclosed.

(f) Nothing in this section shall require disclosure of written communications that are privileged and not subject to disclosure pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1).

(g) Prior to holding a closed session pursuant to this section, the legislative body of the local agency shall state on the agenda or publicly announce the paragraph of subdivision (d) that authorizes the closed session. If the session is closed pursuant to paragraph (1) of subdivision (d), the body shall state the title of or otherwise specifically identify the litigation to be discussed, unless the body states that to do so would jeopardize the agency's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(h) A local agency shall be considered to be a "party" or to have a "significant exposure to litigation" if an officer or employee of the local agency is a party or has significant exposure to litigation concerning prior or prospective activities or alleged activities during the course and scope of that office or employment, including litigation in which it is an issue whether an activity is outside the course and scope of the office or employment.

#### **Section 54956.95. Closed sessions regarding liability**

(a) Nothing in this chapter shall be construed to prevent a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 for purposes of insurance pooling, or a local agency member of the joint powers agency from holding a closed session to discuss a claim for the payment of tort liability losses, public liability losses or workers' compensation liability incurred by the joint powers agency or a local agency member of the joint powers agency.

(b) Nothing in this chapter shall be construed to prevent the Local Agency Self-Insurance Authority formed pursuant to Chapter 5.5 (commencing with Section 6599.01) of Division 7 of Title 1, or a local agency member of the authority, from holding a closed session to discuss a claim for the payment of tort liability losses, public liability losses or workers' compensation liability incurred by the authority or a local agency member of the authority.

(c) Nothing in this section shall be construed to affect Section 54956.9 with respect to any other local agency.

**Section 54956.96. Disclosure of specified information in closed session of joint powers agency, Clean Power Alliance of Southern California; Authorization of designated alternate to attend closed session; Closed session of legislative body of local agency member**

(a) Nothing in this chapter shall be construed to prevent the legislative body of a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1, from adopting a policy or a bylaw, or including in its joint powers agreement provisions that authorize either or both of the following:

(1) All information received by the legislative body of the local agency member in a closed session related to the information presented to the joint powers agency in closed session shall be confidential. However, a member of the legislative body of a local agency member may disclose information obtained in a closed session that has direct financial or liability implications for that local agency to the following individuals:

(A) Legal counsel of that local agency member for purposes of obtaining advice on whether the matter has direct financial or liability implications for that local agency member.

(B) Other members of the legislative body of the local agency present in a closed session of that local agency member.

(2) Any designated alternate member of the legislative body of the joint powers agency who is also a member of the legislative body of a local agency member and who is attending a properly noticed meeting of the joint powers agency in lieu of a local agency member's regularly appointed member to attend closed sessions of the joint powers agency.

(b) (1) In addition to the authority described in subdivision (a), the Clean Power Alliance of Southern California or its successor entity, may adopt a policy or a bylaw or include in its joint powers agreement a provision that authorizes both of the following:

(A) A designated alternate member of the legislative body of the Clean Power Alliance of Southern California or its successor entity, who is not a member of the legislative body of a local agency member and who is attending a properly noticed meeting of the Clean Power Alliance of Southern California or its successor entity, in lieu of a local agency member's regularly appointed member to attend closed sessions of the Clean Power Alliance of Southern California or its successor entity.

(B) All information that is received by a designated alternate member of the legislative body of the Clean Power Alliance of Southern California or its successor entity, who is not a member of the legislative body of a local agency member and that is presented to the Clean Power Alliance of Southern California or its successor entity, in closed session, shall be confidential. However, the designated alternate member may disclose information obtained in a closed session that has direct financial or liability



implications for the local agency member for which the designated alternate member attended the closed session, to the following individuals:

(i) Legal counsel of that local agency member for purposes of obtaining advice on whether the matter has direct financial or liability implications for that local agency member.

(ii) Members of the legislative body of the local agency present in a closed session of that local agency member.

(2) If the Clean Power Alliance of Southern California or its successor entity, adopts a policy or bylaw or includes in its joint powers agreement a provision authorized pursuant to paragraph (1), the Clean Power Alliance of Southern California or its successor entity, shall establish policies to prevent conflicts of interest and to address breaches of confidentiality that apply to a designated alternate member who is not a member of the legislative body of a local agency member who attends a closed session of the Clean Power Alliance of Southern California or its successor entity.

(c) If the legislative body of a joint powers agency adopts a policy or a bylaw or includes provisions in its joint powers agreement pursuant to subdivision (a) or (b), then the legislative body of the local agency member, upon the advice of its legal counsel, may conduct a closed session in order to receive, discuss and take action concerning information obtained in a closed session of the joint powers agency pursuant to paragraph (1) of subdivision (a) or paragraph (1) of subdivision (b).

(d) This section shall remain in effect only until January 1, 2025 and as of that date is repealed.

**Section 54956.97. Public bank; governing board or committee of governing board; closed session**

Notwithstanding any provision of law, the governing board or a committee of the governing board of a public bank, as defined in Section 57600 of the Government Code, may meet in closed session to consider and take action on matters pertaining to all of the following:

(a) A loan or investment decision.

(b) A decision of the internal audit committee, the compliance committee or the governance committee.

(c) A meeting with a state or federal regulator.

**Section 54956.98. Public bank; policy or bylaw; information from a closed session considered confidential**

(a) For purposes of this section, the following definitions shall apply:

(1) "Shareholder, member, or owner local agency" or "shareholder, member, or owner" means a local agency that is a shareholder of a public bank.

(2) "Public bank" has the same meaning as defined in Section 57600.

(b) The governing board of a public bank may adopt a policy or a bylaw or include in its governing documents provisions that authorize any of the following:

(1) All information received by a shareholder, member or owner of the public bank in a closed session related to the information presented to the governing board of a public bank in closed session shall be confidential. However, a member of the governing board of a shareholder, member or owner local agency may disclose information obtained in a closed session that has direct financial or liability implications for that local agency to the following individuals:

(A) Legal counsel of that shareholder, member or owner local agency for purposes of obtaining advice on whether the matter has direct financial or liability implications for that shareholder local agency.

(B) Other members of the governing board of the local agency present in a closed session of that shareholder, member or owner local agency.

(2) A designated alternate member of the governing board of the public bank who is also a member of the governing board of a shareholder, member or owner of the local agency and who is attending a properly noticed meeting of the public bank governing board in lieu of a shareholder, member or owner of the local agency's regularly appointed member may attend a closed session of the public bank governing board.

(c) If the governing board of a public bank adopts a policy or a bylaw or includes provisions in its governing documents pursuant to subdivision (b), then the governing board of the shareholder, member or owner of the local agency, upon the advice of its legal counsel, may conduct a closed session in order to receive, discuss and take action concerning information obtained in a closed session of the public bank governing board pursuant to paragraph (1) of subdivision (b).

**Section 54957. Closed session regarding public security, facilities, employees, examination of witness**

(a) This chapter shall not be construed to prevent the legislative body of a local agency from holding closed sessions with the Governor, Attorney General, district attorney, agency counsel, sheriff or chief of police, or their respective deputies or a security consultant or a security operations manager, on matters posing a threat to the

security of public buildings, a threat to the security of essential public services, including water, drinking water, wastewater treatment, natural gas service and electric service, or a threat to the public's right of access to public services or public facilities.

(b) (1) Subject to paragraph (2), this chapter shall not be construed to prevent the legislative body of a local agency from holding closed sessions during a regular or special meeting to consider the appointment, employment, evaluation of performance, discipline or dismissal of a public employee or to hear complaints or charges brought against the employee by another person or employee unless the employee requests a public session.

(2) As a condition to holding a closed session on specific complaints or charges brought against an employee by another person or employee, the employee shall be given written notice of his or her right to have the complaints or charges heard in an open session rather than a closed session, which notice shall be delivered to the employee personally or by mail at least 24 hours before the time for holding the session. If notice is not given, any disciplinary or other action taken by the legislative body against the employee based on the specific complaints or charges in the closed session shall be null and void.

(3) The legislative body also may exclude from the public or closed meeting during the examination of a witness, any or all other witnesses in the matter being investigated by the legislative body.

(4) For the purposes of this subdivision, the term "employee" shall include an officer or an independent contractor who functions as an officer or an employee but shall not include any elected official, member of a legislative body or other independent contractors. This subdivision shall not limit local officials' ability to hold closed session meetings pursuant to Sections 1461, 32106 and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code. Closed sessions held pursuant to this subdivision shall not include discussion or action on proposed compensation except for a reduction of compensation that results from the imposition of discipline.

**Section 54957.1. Public report of action taken in closed session; Form; Availability; Actions for injury to interests**

(a) The legislative body of any local agency shall publicly report any action taken in closed session and the vote or abstention on that action of every member present, as follows:

(1) Approval of an agreement concluding real estate negotiations pursuant to Section 54956.8 shall be reported after the agreement is final, as follows:

(A) If its own approval renders the agreement final, the body shall report that approval and the substance of the agreement in open session at the public meeting during which the closed session is held.

(B) If final approval rests with the other party to the negotiations, the local agency shall disclose the fact of that approval and the substance of the agreement upon inquiry by any person as soon as the other party or its agent has informed the local agency of its approval.

(2) Approval given to its legal counsel to defend, or seek or refrain from seeking appellate review or relief, or to enter as an amicus curiae in any form of litigation as the result of a consultation under Section 54956.9 shall be reported in open session at the public meeting during which the closed session is held. The report shall identify, if known, the adverse party or parties and the substance of the litigation. In the case of approval given to initiate or intervene in an action, the announcement need not identify the action, the defendants or other particulars, but shall specify that the direction to initiate or intervene in an action has been given and that the action, the defendants and the other particulars shall, once formally commenced, be disclosed to any person upon inquiry, unless to do so would jeopardize the agency's ability to effectuate service of process on one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(3) Approval given to its legal counsel of a settlement of pending litigation, as defined in Section 54956.9, at any stage prior to or during a judicial or quasi-judicial proceeding shall be reported after the settlement is final, as follows:

(A) If the legislative body accepts a settlement offer signed by the opposing party, the body shall report its acceptance and identify the substance of the agreement in open session at the public meeting during which the closed session is held.

(B) If final approval rests with some other party to the litigation or with the court, then as soon as the settlement becomes final and upon inquiry by any person, the local agency shall disclose the fact of that approval and identify the substance of the agreement.

(4) Disposition reached as to claims discussed in closed session pursuant to Section 54956.95 shall be reported as soon as reached in a manner that identifies the name of the claimant, the name of the local agency claimed against, the substance of the claim and any monetary amount approved for payment and agreed upon by the claimant.

(5) Action taken to appoint, employ, dismiss, accept the resignation of or otherwise affect the employment status of a public employee in closed session pursuant to Section 54957 shall be reported at the public meeting during which the closed session is held. Any report required by this paragraph shall identify the title of the position. The general requirement of this paragraph notwithstanding, the report of a dismissal or of the nonrenewal of an employment contract shall be deferred until the first public meeting following the exhaustion of administrative remedies, if any.

(6) Approval of an agreement concluding labor negotiations with represented employees pursuant to Section 54957.6 shall be reported after the agreement is final and

has been accepted or ratified by the other party. The report shall identify the item approved and the other party or parties to the negotiation.

(7) Pension fund investment transaction decisions made pursuant to Section 54956.81 shall be disclosed at the first open meeting of the legislative body held after the earlier of the close of the investment transaction or the transfer of pension fund assets for the investment transaction.

(b) Reports that are required to be made pursuant to this section may be made orally or in writing. The legislative body shall provide to any person who has submitted a written request to the legislative body within 24 hours of the posting of the agenda, or to any person who has made a standing request for all documentation as part of a request for notice of meetings pursuant to Section 54954.1 or 54956, if the requester is present at the time the closed session ends, copies of any contracts, settlement agreements or other documents that were finally approved or adopted in the closed session. If the action taken results in one or more substantive amendments to the related documents requiring retyping, the documents need not be released until the retyping is completed during normal business hours, provided that the presiding officer of the legislative body or his or her designee orally summarizes the substance of the amendments for the benefit of the document requester or any other person present and requesting the information.

(c) The documentation referred to in subdivision (b) shall be available to any person on the next business day following the meeting in which the action referred to is taken or, in the case of substantial amendments, when any necessary retyping is complete.

(d) Nothing in this section shall be construed to require that the legislative body approve actions not otherwise subject to legislative body approval.

(e) No action for injury to a reputational, liberty or other personal interest may be commenced by or on behalf of any employee or former employee with respect to whom a disclosure is made by a legislative body in an effort to comply with this section.

(f) This section is necessary to implement, and reasonably within the scope of, paragraph (1) of subdivision (b) of Section 3 of Article I of the California Constitution.

**Section 54957.2. Minute book for closed sessions**

(a) The legislative body of a local agency may, by ordinance or resolution, designate a clerk or other officer or employee of the local agency who shall then attend each closed session of the legislative body and keep and enter in a minute book a record of topics discussed and decisions made at the meeting. The minute book made pursuant to this section is not a public record subject to inspection pursuant to the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), and shall be kept confidential. The minute book shall be available only to members of the legislative body or, if a violation of this chapter is alleged to have occurred at a closed session, to a court of general jurisdiction wherein the local agency lies. Such minute book may, but need not, consist of a recording of the closed session.

(b) An elected legislative body of a local agency may require that each legislative body all or a majority of whose members are appointed by or under the authority of the elected legislative body keep a minute book as prescribed under subdivision (a).

**Section 54957.5. Agendas and other writings as public records**

(a) Agendas of public meetings are disclosable public records under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), and shall be made available upon request without delay and in compliance with Section 54954.2 or Section 54956, as applicable. However, this section shall not apply to a writing, or portion thereof, that is exempt from public disclosure.

(b) (1) If a writing is a public record related to an agenda item for an open session of a regular meeting of the legislative body of a local agency and is distributed to all, or a majority of all, of the members of a legislative body of a local agency by a person in connection with a matter subject to a discussion or consideration at an open meeting of the body less than 72 hours before that meeting, the writing shall be made available for public inspection pursuant to paragraph (2) at the time the writing is distributed to all, or a majority of all, of the members of the body.

(2) (A) Except as provided in subparagraph (B), a local agency shall comply with both of the following requirements:

(i) A local agency shall make any writing described in paragraph (1) available for public inspection at a public office or location that the agency shall designate for this purpose.

(ii) A local agency shall list the address of the office or location designated pursuant to clause (i) on the agendas for all meetings of the legislative body of that agency.

(B) A local agency shall not be required to comply with the requirements of subparagraph (A) if all of the following requirements are met:

(i) An initial staff report or similar document containing an executive summary and the staff recommendation, if any, relating to that agenda item is made available for public inspection at the office or location designated pursuant to clause (i) of subparagraph (A) at least 72 hours before the meeting.

(ii) The local agency immediately posts any writing described in paragraph (1) on the local agency's Internet Website in a position and manner that makes it clear that the writing relates to an agenda item for an upcoming meeting.

(iii) The local agency lists the web address of the local agency's internet website on the agendas for all meetings of the legislative body of that agency.

(iv) (I) Subject to subclause (II), the local agency makes physical copies available for public inspection, beginning the next regular business hours

for the local agency, at the office or location designated pursuant to clause (i) of subparagraph (A).

(II) This clause is satisfied only if the next regular business hours of the local agency commence at least 24 hours before that meeting.

(c) Writings that are public records described in subdivision (b) and distributed during a public meeting shall be made available for public inspection at the meeting if prepared by the local agency or a member of its legislative body, or after the meeting if prepared by some other person. These writings shall be made available in appropriate alternative formats upon request by a person with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132) and the federal rules and regulations adopted in implementation thereof.

(d) This chapter shall not be construed to prevent the legislative body of a local agency from charging a fee or deposit for a copy of a public record pursuant to Section 7922.530, except that a surcharge shall not be imposed on persons with disabilities in violation of Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132) and the federal rules and regulations adopted in implementation thereof.

(e) This section shall not be construed to limit or delay the public's right to inspect or obtain a copy of any record required to be disclosed under the requirements of the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), including, but not limited to, the ability of the public to inspect public records pursuant to Section 7922.525 and obtain copies of public records pursuant to either subdivision (b) of Section 7922.53 or Section 7922.535. This chapter shall not be construed to require a legislative body of a local agency to place any paid advertisement or any other paid notice in any publication.

**Section 54957.6. Closed sessions regarding employee matters**

(a) Notwithstanding any other provision of law, a legislative body of a local agency may hold closed sessions with the local agency's designated representatives regarding the salaries, salary schedules or compensation paid in the form of fringe benefits of its represented and unrepresented employees, and, for represented employees, any other matter within the statutorily provided scope of representation.

However, prior to the closed session, the legislative body of the local agency shall hold an open and public session in which it identifies its designated representatives.

Closed sessions of a legislative body of a local agency, as permitted in this section, shall be for the purpose of reviewing its position and instructing the local agency's designated representatives.

Closed sessions, as permitted in this section, may take place prior to and during consultations and discussions with representatives of employee organizations and unrepresented employees.

Closed sessions with the local agency's designated representative regarding the salaries, salary schedules or compensation paid in the form of fringe benefits may include discussion of an agency's available funds and funding priorities, but only insofar as these discussions relate to providing instructions to the local agency's designated representative.

Closed sessions held pursuant to this section shall not include final action on the proposed compensation of one or more unrepresented employees.

For the purposes enumerated in this section, a legislative body of a local agency may also meet with a state conciliator who has intervened in the proceedings.

(b) For the purposes of this section, the term "employee" shall include an officer or an independent contractor who functions as an officer or an employee, but shall not include any elected official, member of a legislative body or other independent contractors.

**Section 54957.7. Disclosure of items to be discussed at closed session**

(a) Prior to holding any closed session, the legislative body of the local agency shall disclose in an open meeting, the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. In the closed session, the legislative body may consider only those matters covered in its statement. Nothing in this section shall require or authorize a disclosure of information prohibited by state or federal law.

(b) After any closed session, the legislative body shall reconvene into open session prior to adjournment and shall make any disclosures required by Section 54957.1 of action taken in the closed session.

(c) The announcements required to be made in open session pursuant to this section may be made at the location announced in the agenda for the closed session, as long as the public is allowed to be present at that location for the purpose of hearing the announcements.

**Section 54957.8. Closed sessions of multijurisdictional drug law enforcement agencies**

(a) For purposes of this section, "multijurisdictional law enforcement agency" means a joint powers entity formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 that provides law enforcement services for the parties to the joint powers agreement for the purpose of investigating criminal activity involving drugs; gangs; sex crimes; firearms trafficking or felony possession of a firearm; high technology, computer or identity theft; human trafficking; or vehicle theft.

(b) Nothing contained in this chapter shall be construed to prevent the legislative body of a multijurisdictional law enforcement agency, or an advisory body of a multijurisdictional law enforcement agency, from holding closed sessions to discuss the



case records of any ongoing criminal investigation of the multijurisdictional law enforcement agency or of any party to the joint powers agreement, to hear testimony from persons involved in the investigation and to discuss courses of action in particular cases.

**Section 54957.9. Authorization to clear room where meeting willfully interrupted; Readmission**

In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, the members of the legislative body conducting the meeting may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the legislative body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.

**Section 54957.95 Removal of Disruptive Individuals**

(a) (1) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting or their designee may remove, or cause the removal of, an individual for disrupting the meeting.

(2) Prior to removing an individual, the presiding member or their designee shall warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The presiding member or their designee may then remove the individual if they do not promptly cease their disruptive behavior. This paragraph does not apply to any behavior described in subparagraph (B) of paragraph (1) of subdivision (b).

(b) As used in this section:

(1) "Disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, one of the following:

(A) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or any other law.

(B) Engaging in behavior that constitutes use of force or a true threat of force.

(2) "True threat of force" means a threat that has sufficient indicia of intent and seriousness, that a reasonable observer would perceive it to be an actual threat to use force by the person making the threat.

**Section 54957.10. Closed sessions regarding application for early withdrawal of deferred compensation plan funds**

Notwithstanding any other provision of law, a legislative body of a local agency may hold closed sessions to discuss a local agency employee's application for early withdrawal of funds in a deferred compensation plan when the application is based on financial hardship arising from an unforeseeable emergency due to illness, accident, casualty or other extraordinary event, as specified in the deferred compensation plan.

**Section 54958. Application of chapter**

The provisions of this chapter shall apply to the legislative body of every local agency notwithstanding the conflicting provisions of any other state law.

**Section 54959. Criminal penalty for violation of chapter**

Each member of a legislative body who attends a meeting of that legislative body where action is taken in violation of any provision of this chapter, and where the member intends to deprive the public of information to which the member knows, or has reason to know, the public is entitled under this chapter, is guilty of a misdemeanor.

**Section 54960. Proceeding to prevent violation of chapter; Recording closed sessions; Procedure for discovery of tapes**

(a) The district attorney or any interested person may commence an action by mandamus, injunction, or declaratory relief for the purpose of stopping or preventing violations or threatened violations of this chapter by members of the legislative body of a local agency or to determine the applicability of this chapter to ongoing actions or threatened future actions of the legislative body, or to determine the applicability of this chapter to past actions of the legislative body, subject to Section 54960.2, or to determine whether any rule or action by the legislative body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United States, or to compel the legislative body to audio record its closed sessions as hereinafter provided.

(b) The court in its discretion may, upon a judgment of a violation of Section 54956.7, 54956.8, 54956.9, 54956.95, 54957 or 54957.6, order the legislative body to audio record its closed sessions and preserve the audio recordings for the period and under the terms of security and confidentiality the court deems appropriate.

(c) (1) Each recording so kept shall be immediately labeled with the date of the closed session recorded and the title of the clerk or other officer who shall be custodian of the recording.

(2) The audio recordings shall be subject to the following discovery procedures:

(A) In any case in which discovery or disclosure of the audio recording is sought by either the district attorney or the plaintiff in a civil action pursuant to Section 54959, 54960 or 54960.1 alleging that a violation of this chapter has occurred in a closed session that has been recorded pursuant to this section, the party seeking discovery or disclosure shall file a written notice of motion with the appropriate court with notice to the governmental agency that has custody and control of the audio recording. The notice shall be given pursuant to subdivision (b) of Section 1005 of the Code of Civil Procedure.

(B) The notice shall include, in addition to the items required by Section 1010 of the Code of Civil Procedure, all of the following:

(i) Identification of the proceeding in which discovery or disclosure is sought, the party seeking discovery or disclosure, the date and time of the meeting recorded and the governmental agency that has custody and control of the recording.

(ii) An affidavit that contains specific facts indicating that a violation of the act occurred in the closed session.

(3) If the court, following a review of the motion, finds that there is good cause to believe that a violation has occurred, the court may review, in camera, the recording of that portion of the closed session alleged to have violated the act.

(4) If, following the in camera review, the court concludes that disclosure of a portion of the recording would be likely to materially assist in the resolution of the litigation alleging violation of this chapter, the court shall, in its discretion, make a certified transcript of the portion of the recording a public exhibit in the proceeding.

(5) This section shall not permit discovery of communications that are protected by the attorney-client privilege.

**Section 54960.1. Proceeding to determine validity of action; Demand for correction**

(a) The district attorney or any interested person may commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that an action taken by a legislative body of a local agency in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956 or 54956.5 is null and void under this section. Nothing in this chapter shall be construed to prevent a legislative body from curing or correcting an action challenged pursuant to this section.

(b) Prior to any action being commenced pursuant to subdivision (a), the district attorney or interested person shall make a demand of the legislative body to cure or correct the action alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956 or 54956.5. The demand shall be in writing and clearly describe the challenged action of the legislative body and nature of the alleged violation.

(c) (1) The written demand shall be made within 90 days from the date the action was taken unless the action was taken in an open session but in violation of Section 54954.2, in which case the written demand shall be made within 30 days from the date the action was taken.

(2) Within 30 days of receipt of the demand, the legislative body shall cure or correct the challenged action and inform the demanding party in writing of its actions to cure or correct or inform the demanding party in writing of its decision not to cure or correct the challenged action.

(3) If the legislative body takes no action within the 30-day period, the inaction shall be deemed a decision not to cure or correct the challenged action, and the 15-day period to commence the action described in subdivision (a) shall commence to run the day after the 30-day period to cure or correct expires.

(4) Within 15 days of receipt of the written notice of the legislative body's decision to cure or correct, or not to cure or correct, or within 15 days of the expiration of the 30-day period to cure or correct, whichever is earlier, the demanding party shall be required to commence the action pursuant to subdivision (a) or thereafter be barred from commencing the action.

(d) An action taken that is alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956 or 54956.5 shall not be determined to be null and void if any of the following conditions exist:

(1) The action taken was in substantial compliance with Sections 54953, 54954.2, 54954.5, 54954.6, 54956 and 54956.5.

(2) The action taken was in connection with the sale or issuance of notes, bonds, or other evidences of indebtedness or any contract, instrument or agreement thereto.

(3) The action taken gave rise to a contractual obligation, including a contract let by competitive bid other than compensation for services in the form of salary or fees for professional services, upon which a party has, in good faith and without notice of a challenge to the validity of the action, detrimentally relied.

(4) The action taken was in connection with the collection of any tax.

(5) Any person, city, city and county, county, district or any agency or subdivision of the state alleging noncompliance with subdivision (a) of Section 54954.2, Section 54956 or Section 54956.5, because of any defect, error, irregularity or omission in the notice given pursuant to those provisions, had actual notice of the item of business at least 72 hours prior to the meeting at which the action was taken, if the meeting was noticed pursuant to Section 54954.2, or 24 hours prior to the meeting at which the action was taken if the meeting was noticed pursuant to Section 54956, or prior to the meeting at which the action was taken if the meeting is held pursuant to Section 54956.5.

(e) During any action seeking a judicial determination pursuant to subdivision (a) if the court determines, pursuant to a showing by the legislative body that an action alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956 or 54956.5 has been cured or corrected by a subsequent action of the legislative body, the action filed pursuant to subdivision (a) shall be dismissed with prejudice.

(f) The fact that a legislative body takes a subsequent action to cure or correct an action taken pursuant to this section shall not be construed or admissible as evidence of a violation of this chapter.

**Section 54960.2 Proceeding to determine the applicability of chapter to past actions of legislative body; Conditions; Cease and desist letter**

(a) The district attorney or any interested person may file an action to determine the applicability of this chapter to past actions of the legislative body pursuant to subdivision (a) of Section 54960 only if all of the following conditions are met:

(1) The district attorney or interested person alleging a violation of this chapter first submits a cease and desist letter by postal mail or facsimile transmission to the clerk or secretary of the legislative body being accused of the violation, as designated in the statement pertaining to that public agency on file pursuant to Section 53051, or if the agency does not have a statement on file designating a clerk or a secretary, to the chief executive officer of that agency, clearly describing the past action of the legislative body and nature of the alleged violation.

(2) The cease and desist letter required under paragraph (1) is submitted to the legislative body within nine months of the alleged violation.

(3) The time during which the legislative body may respond to the cease and desist letter pursuant to subdivision (b) has expired and the legislative body has not provided an unconditional commitment pursuant to subdivision (c).

(4) Within 60 days of receipt of the legislative body's response to the cease and desist letter, other than an unconditional commitment pursuant to subdivision (c), or within 60 days of the expiration of the time during which the legislative body may respond to the cease and desist letter pursuant to subdivision (b), whichever is earlier, the party submitting the cease and desist letter shall commence the action pursuant to subdivision (a) of Section 54960 or thereafter be barred from commencing the action.

(b) The legislative body may respond to a cease and desist letter submitted pursuant to subdivision (a) within 30 days of receiving the letter. This subdivision shall not be construed to prevent the legislative body from providing an unconditional commitment pursuant to subdivision (c) at any time after the 30-day period has expired, except that in that event the court shall award court costs and reasonable attorneys' fees to the plaintiff in an action brought pursuant to this section in accordance with Section 54960.5.

(c) (1) If the legislative body elects to respond to the cease and desist letter with an unconditional commitment to cease, desist from and not repeat the past action that is alleged to violate this chapter, that response shall be in substantially the following form:

To \_\_\_\_\_:

The [name of legislative body] has received your cease and desist letter dated [date] alleging that the following described past action of the legislative body violates the Ralph M. Brown Act:

[Describe alleged past action, as set forth in the cease and desist letter submitted pursuant to subdivision (a)]

In order to avoid unnecessary litigation and without admitting any violation of the Ralph M. Brown Act, the [name of legislative body] hereby unconditionally commits that it will cease, desist from and not repeat the challenged past action as described above.

The [name of legislative body] may rescind this commitment only by a majority vote of its membership taken in open session at a regular meeting and noticed on its posted agenda as "Rescission of Brown Act Commitment." You will be provided with written notice, sent by any means or media you provide in response to this message, to whatever address or addresses you specify, of any intention to consider rescinding this commitment at least 30 days before any such regular meeting. In the event that this commitment is rescinded, you will have the right to commence legal action pursuant to subdivision (a) of Section 54960 of the Government Code. That notice will be delivered to you by the same means as this commitment, or may be mailed to an address that you have designated in writing.

Very truly yours,

\_\_\_\_\_

[Chairperson or acting chairperson of the legislative body]

(2) An unconditional commitment pursuant to this subdivision shall be approved by the legislative body in open session at a regular or special meeting as a separate item of business, and not on its consent agenda.

(3) An action shall not be commenced to determine the applicability of this chapter to any past action of the legislative body for which the legislative body has provided an unconditional commitment pursuant to this subdivision. During any action seeking a judicial determination regarding the applicability of this chapter to any past action of the legislative body pursuant to subdivision (a), if the court determines that the legislative body has provided an unconditional commitment pursuant to this subdivision, the action shall be dismissed with prejudice. Nothing in this subdivision shall be construed to modify or limit the existing ability of the district attorney or any interested person to

commence an action to determine the applicability of this chapter to ongoing actions or threatened future actions of the legislative body.

(4) Except as provided in subdivision (d), the fact that a legislative body provides an unconditional commitment shall not be construed or admissible as evidence of a violation of this chapter.

(d) If the legislative body provides an unconditional commitment as set forth in subdivision (c), the legislative body shall not thereafter take or engage in the challenged action described in the cease and desist letter, except as provided in subdivision (e). Violation of this subdivision shall constitute an independent violation of this chapter, without regard to whether the challenged action would otherwise violate this chapter. An action alleging past violation or threatened future violation of this subdivision may be brought pursuant to subdivision (a) of Section 54960, without regard to the procedural requirements of this section.

(e) The legislative body may resolve to rescind an unconditional commitment made pursuant to subdivision (c) by a majority vote of its membership taken in open session at a regular meeting as a separate item of business not on its consent agenda, and noticed on its posted agenda as "Rescission of Brown Act Commitment," provided that not less than 30 days prior to such regular meeting, the legislative body provides written notice of its intent to consider the rescission to each person to whom the unconditional commitment was made, and to the district attorney. Upon rescission, the district attorney or any interested person may commence an action pursuant to subdivision (a) of Section 54960. An action under this subdivision may be brought pursuant to subdivision (a) of Section 54960, without regard to the procedural requirements of this section.

#### **Section 54960.5. Costs and attorneys' fees**

A court may award court costs and reasonable attorneys' fees to the plaintiff in an action brought pursuant to Section 54960, 54960.1 or 54960.2 where it is found that a legislative body of the local agency has violated this chapter. Additionally, when an action brought pursuant to Section 54960.2 is dismissed with prejudice because a legislative body has provided an unconditional commitment pursuant to paragraph (1) of subdivision (c) of that section at any time after the 30-day period for making such a commitment has expired, the court shall award court costs and reasonable attorneys' fees to the plaintiff if the filing of that action caused the legislative body to issue the unconditional commitment. The costs and fees shall be paid by the local agency and shall not become a personal liability of any public officer or employee of the local agency.

A court may award court costs and reasonable attorneys' fees to a defendant in any action brought pursuant to Section 54960 or 54960.1 where the defendant has prevailed in a final determination of such action and the court finds that the action was clearly frivolous and totally lacking in merit.

**Section 54961. Meeting place with discriminatory admission policies; Identification of victim of sexual or child abuse**

(a) No legislative body of a local agency shall conduct any meeting in any facility that prohibits the admittance of any person or persons, on the basis of ancestry or any characteristic listed or defined in Section 11135, or which is inaccessible to disabled persons, or where members of the public may not be present without making a payment or purchase. This section shall apply to every local agency as defined in Section 54951.

(b) No notice, agenda, announcement or report required under this chapter need identify any victim or alleged victim of tortious sexual conduct or child abuse unless the identity of the person has been publicly disclosed.

**Section 54962. Prohibition against closed sessions except as expressly authorized**

Except as expressly authorized by this chapter, or by Sections 1461, 1462, 32106 and 32155 of the Health and Safety Code, or by Sections 37606, 37606.1 and 37624.3 of the Government Code as they apply to hospitals, or by any provision of the Education Code pertaining to school districts and community college districts, no closed session may be held by any legislative body of any local agency.

**Section 54963. Disclosure of confidential information acquired in closed session prohibited; Disciplinary action for violation**

(a) A person may not disclose confidential information that has been acquired by being present in a closed session authorized by Section 54956.7, 54956.8, 54956.86, 54956.87, 54956.9, 54957, 54957.6, 54957.8 or 54957.10 to a person not entitled to receive it, unless the legislative body authorizes disclosure of that confidential information.

(b) For purposes of this section, "confidential information" means a communication made in a closed session that is specifically related to the basis for the legislative body of a local agency to meet lawfully in closed session under this chapter.

(c) Violation of this section may be addressed by the use of such remedies as are currently available by law, including, but not limited to:

(1) Injunctive relief to prevent the disclosure of confidential information prohibited by this section.

(2) Disciplinary action against an employee who has willfully disclosed confidential information in violation of this section.

(3) Referral of a member of a legislative body who has willfully disclosed confidential information in violation of this section to the grand jury.

(d) Disciplinary action pursuant to paragraph (2) of subdivision (c) shall require that the employee in question has either received training as to the requirements of this section or otherwise has been given notice of the requirements of this section.



(e) A local agency may not take any action authorized by subdivision (c) against a person, nor shall it be deemed a violation of this section, for doing any of the following:

(1) Making a confidential inquiry or complaint to a district attorney or grand jury concerning a perceived violation of law, including disclosing facts to a district attorney or grand jury that are necessary to establish the illegality of an action taken by a legislative body of a local agency or the potential illegality of an action that has been the subject of deliberation at a closed session if that action were to be taken by a legislative body of a local agency.

(2) Expressing an opinion concerning the propriety or legality of actions taken by a legislative body of a local agency in closed session, including disclosure of the nature and extent of the illegal or potentially illegal action.

(3) Disclosing information acquired by being present in a closed session under this chapter that is not confidential information.

(f) Nothing in this section shall be construed to prohibit disclosures under the whistleblower statutes contained in Section 1102.5 of the Labor Code or Article 4.5 (commencing with Section 53296) of Chapter 2 of this code.

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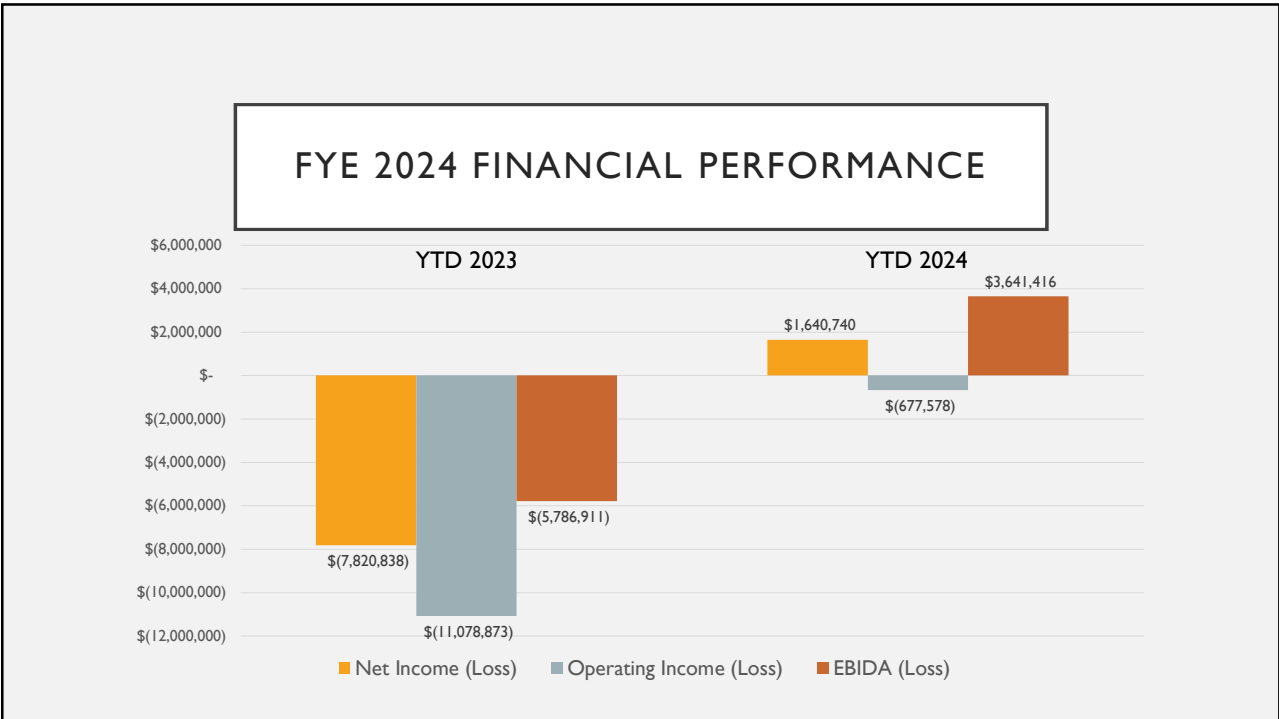
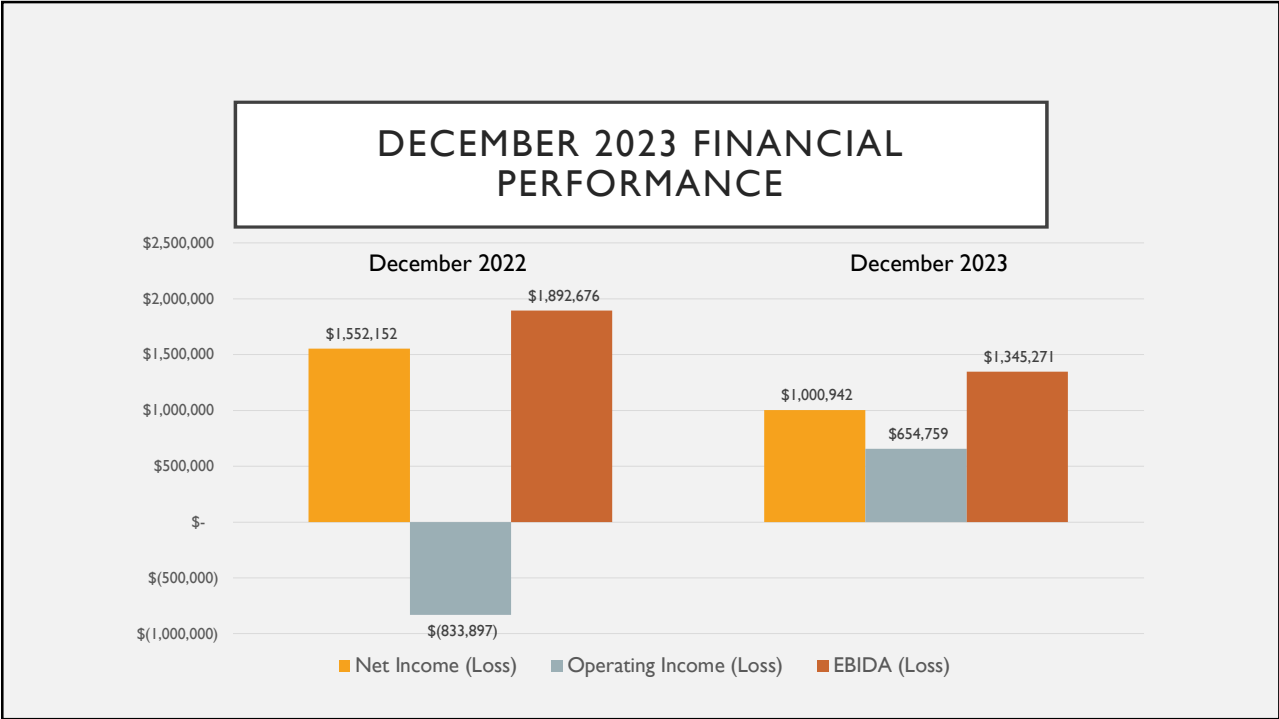
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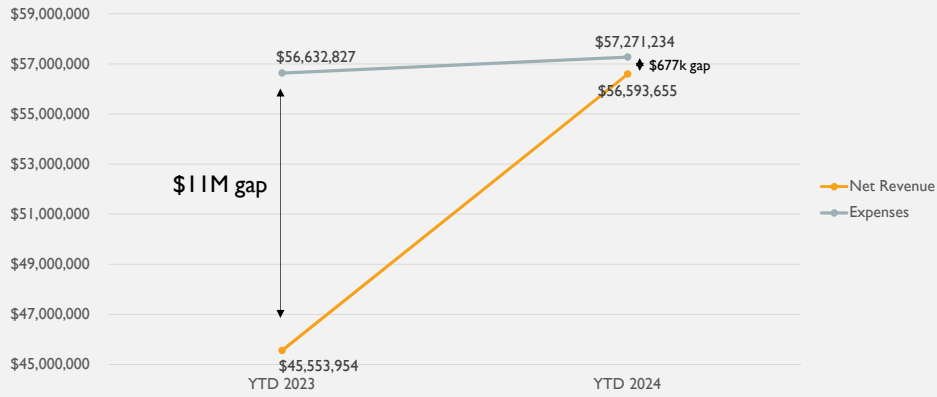
# NIHD FINANCIAL UPDATE

December 2023

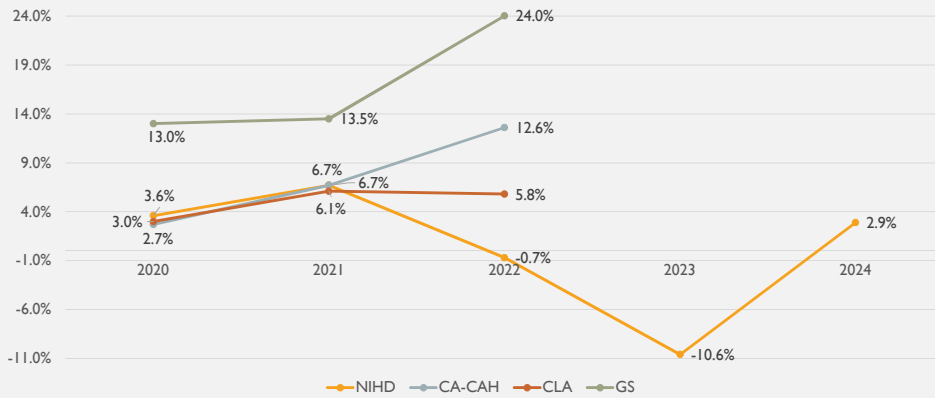
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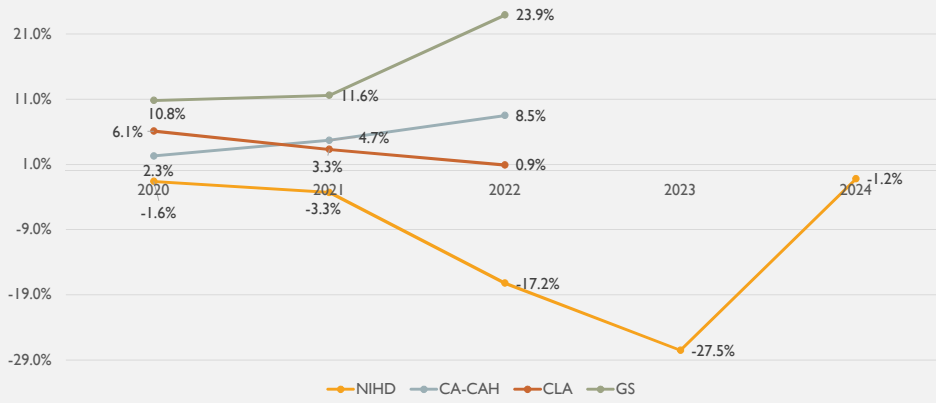
### YTD OPERATING INCOME (LOSS) PERFORMANCE



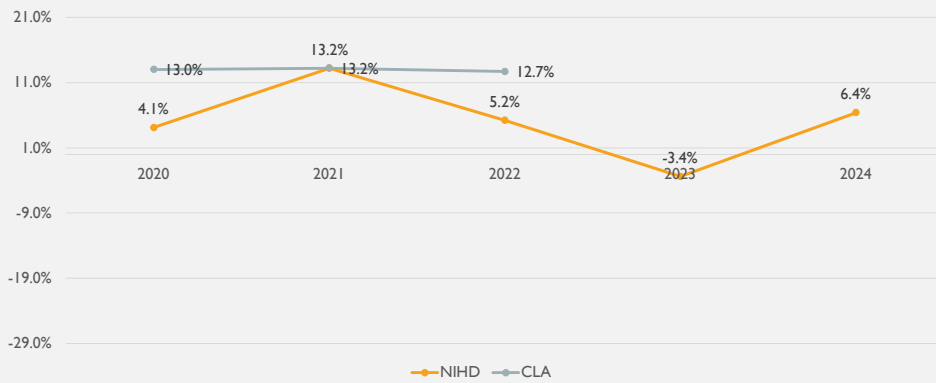
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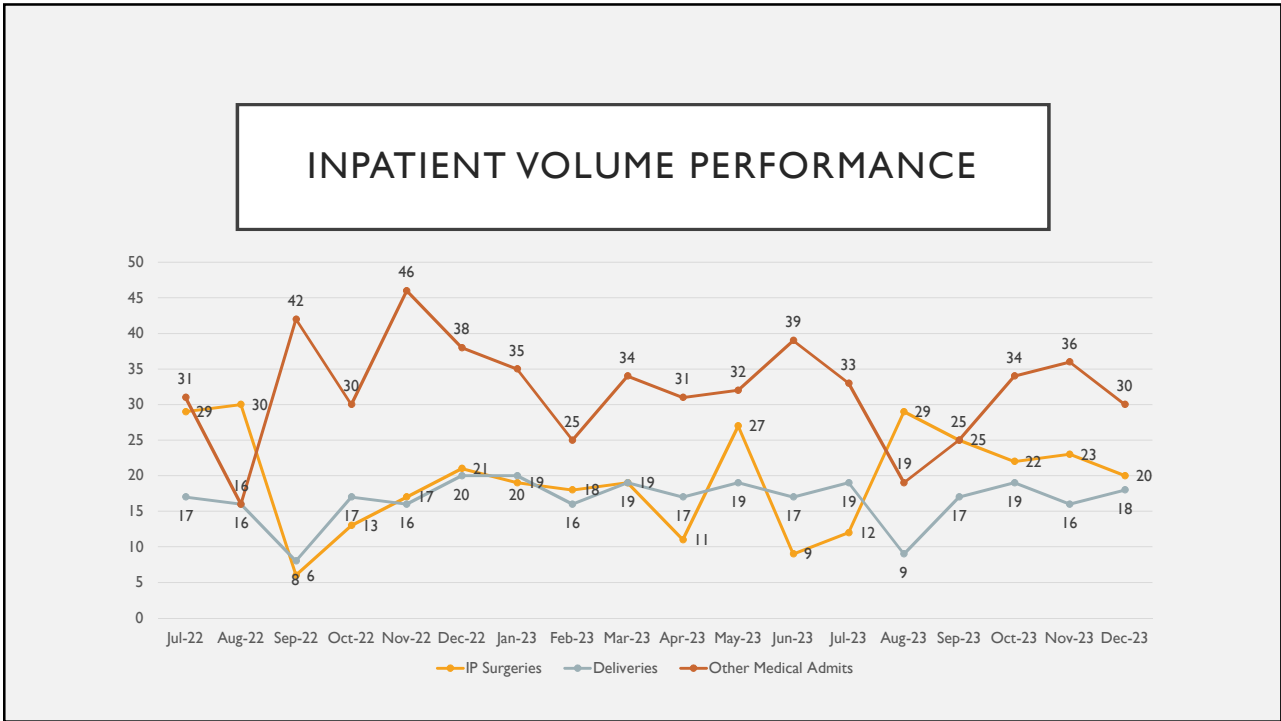
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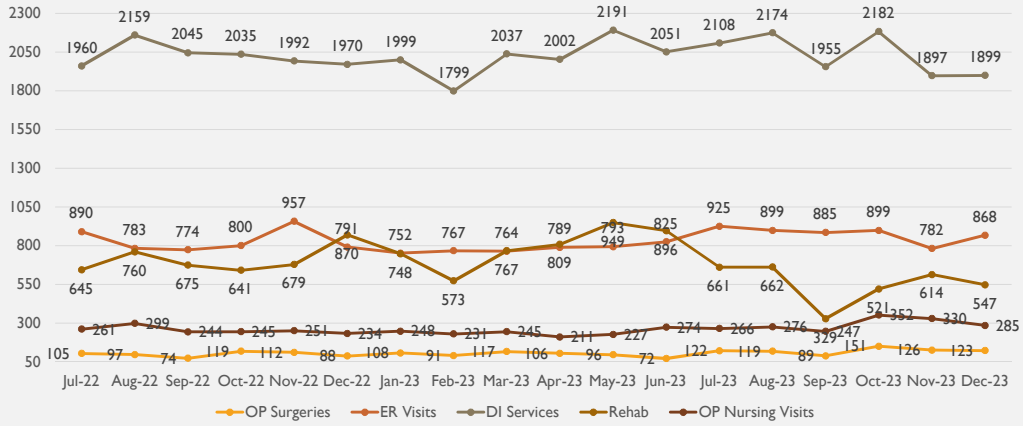
### EBIDA MARGIN



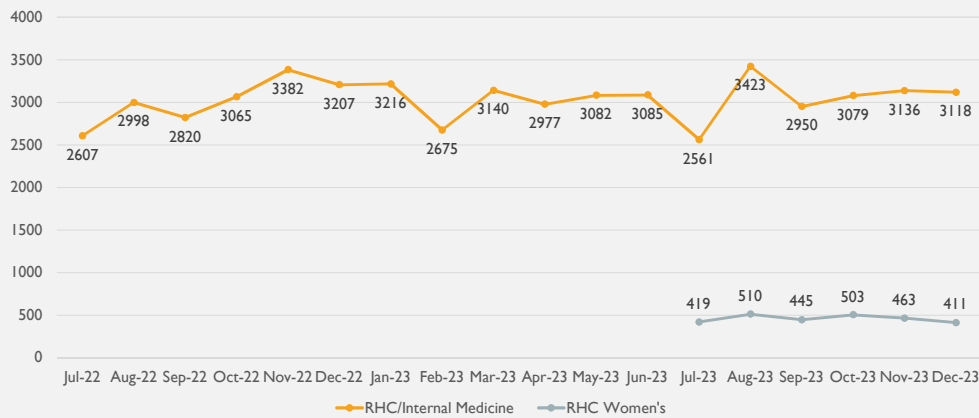
# VOLUMES



## OUTPATIENT VOLUME PERFORMANCE

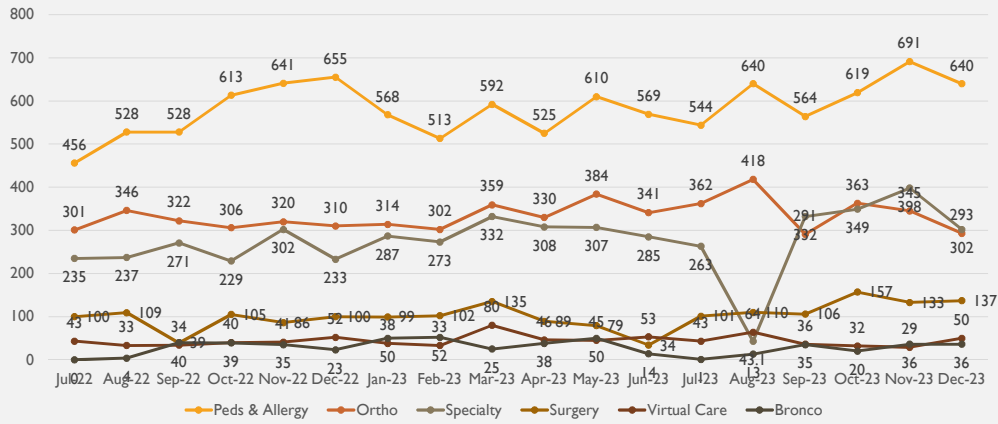


## RHC VOLUME PERFORMANCE

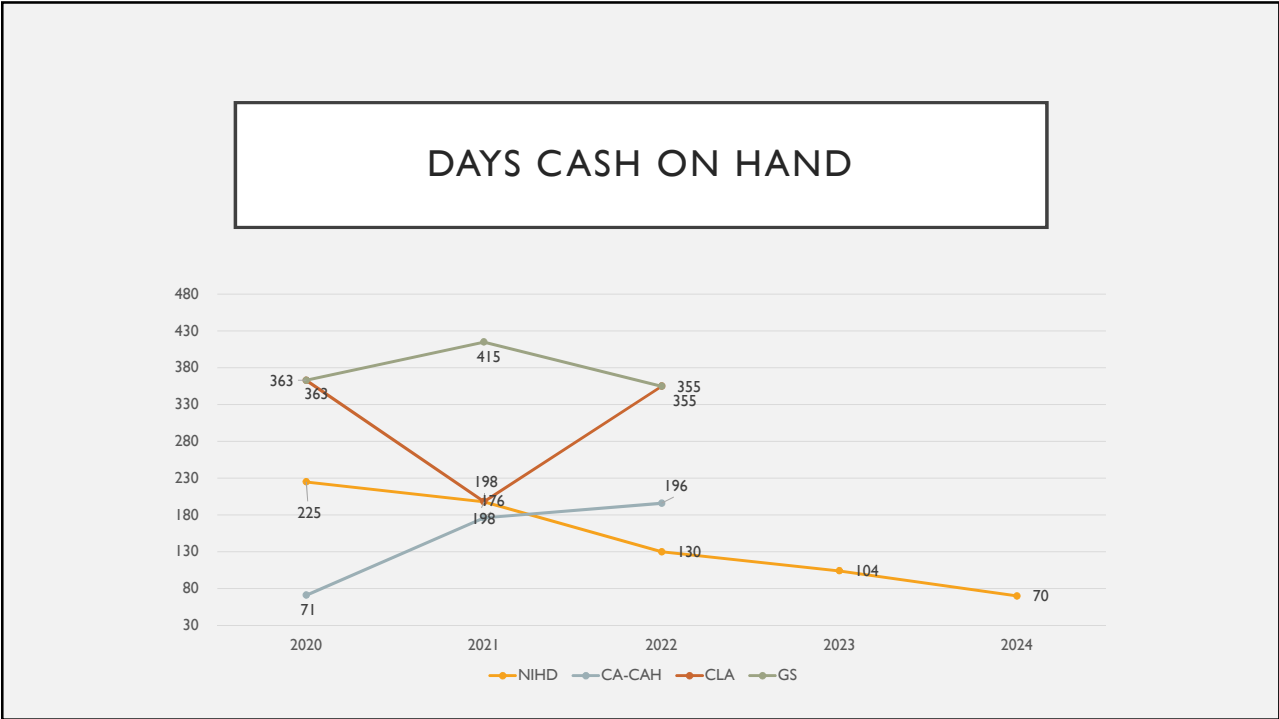
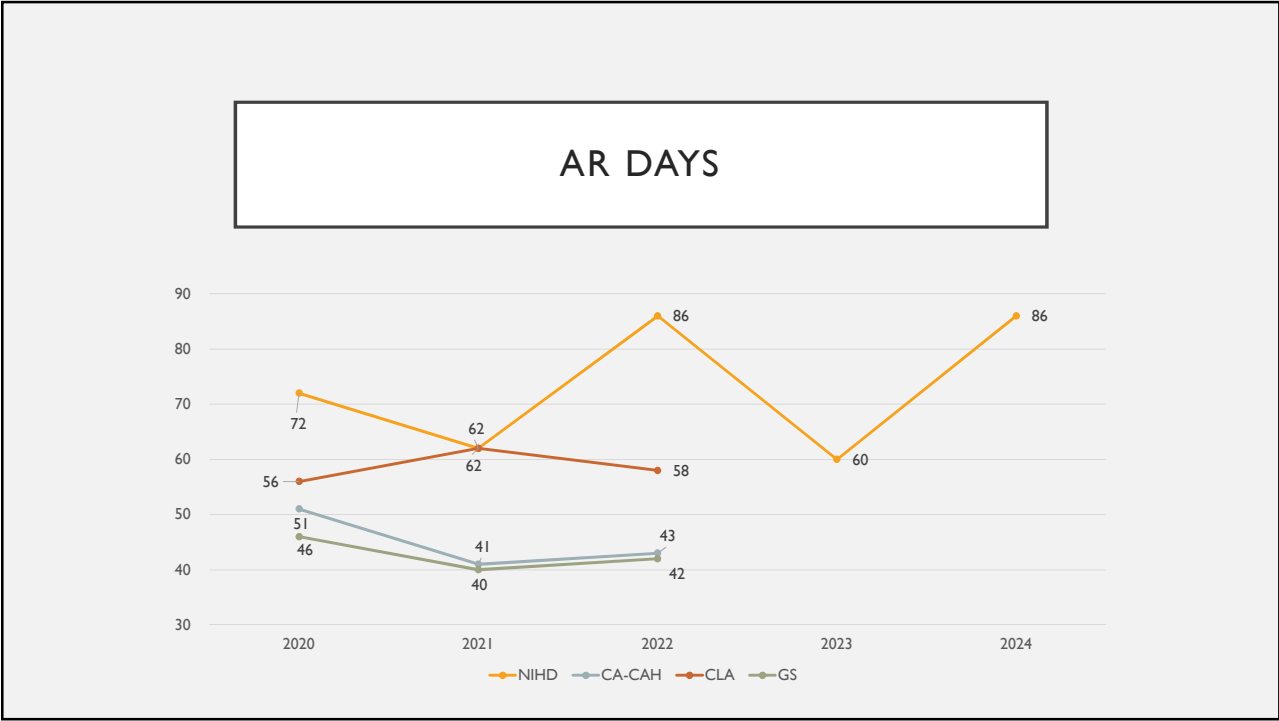




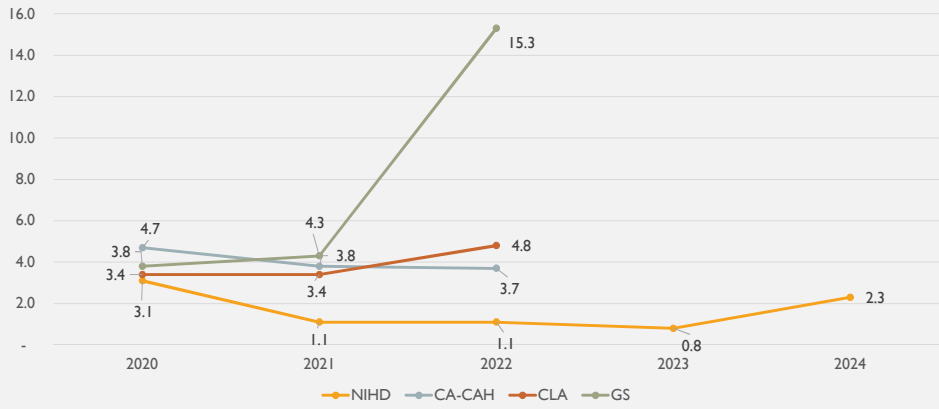
## CLINIC VOLUME PERFORMANCE



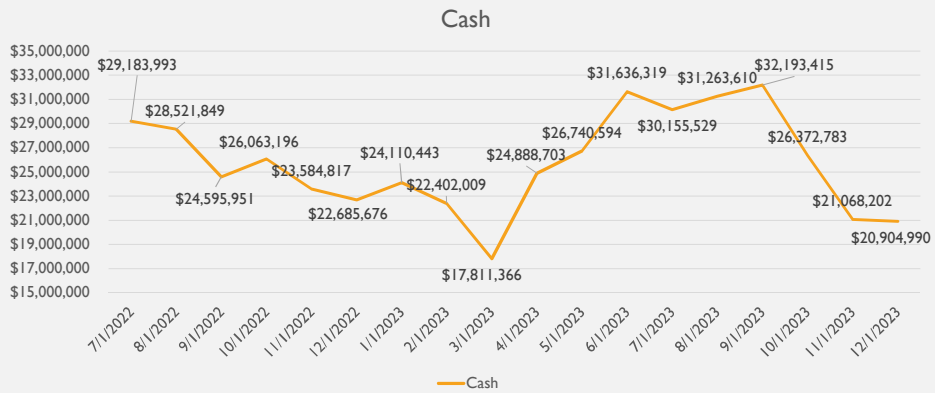
## KEY PERFORMANCE INDICATORS



## DEBT SERVICE COVERAGE RATIO



## UNRESTRICTED FUNDS



## WAGE COSTS

YTD 2023	YTD 2023	YTD 2024	% Change
Total Paid FTEs	434	369	-15%
Salaries, Wages, Benefits (SWB) Expense	\$32.7M	\$32.4M	-1%
Employed Average Hourly Rate	\$42.79	\$53.79	21%
Benefits % of Wages	55%	46%	-9%

## BOND AND AUDIT UPDATES

Northern Inyo Healthcare District  
Income Statement  
Fiscal Year 2024

	7/31/2023	7/31/2022	8/31/2023	8/31/2022	9/30/2023	9/30/2022	10/31/2023	10/31/2022	11/30/2023	11/30/2022	12/31/2023	12/31/2022	2024 YTD	2023 YTD	PYM Change	PYTD Change
<b>Gross Patient Service Revenue</b>																
Inpatient Patient Revenue	3,306,704	3,986,305	3,728,137	3,395,933	3,530,592	1,938,350	3,277,300	2,813,064	3,424,188	3,474,955	3,205,729	3,417,547	20,472,650	19,026,153	(211,817)	1,446,497
Outpatient Revenue	13,693,264	11,474,649	14,800,302	12,619,549	12,209,645	11,643,340	14,790,086	12,337,627	12,912,788	12,582,796	13,872,841	11,309,707	82,278,926	71,967,668	2,563,133	10,311,258
Clinic Revenue	1,274,341	1,112,050	1,721,328	1,281,637	1,455,030	1,298,041	1,599,317	1,312,937	1,643,491	1,616,268	1,672,912	1,602,344	9,366,419	8,223,277	70,568	1,143,142
<b>Gross Patient Service Revenue</b>	<b>18,274,309</b>	<b>16,573,004</b>	<b>20,249,767</b>	<b>17,297,119</b>	<b>17,195,267</b>	<b>14,879,730</b>	<b>19,666,703</b>	<b>16,463,628</b>	<b>17,980,468</b>	<b>17,674,019</b>	<b>18,751,482</b>	<b>16,329,598</b>	<b>112,117,995</b>	<b>99,217,097</b>	<b>2,421,884</b>	<b>12,900,898</b>
<b>Deductions from Revenue</b>																
Contractual Adjustments	(8,174,338)	(6,172,708)	(9,375,676)	(7,321,120)	(4,068,387)	(6,082,559)	(9,911,289)	(9,137,803)	(8,433,073)	(8,553,896)	(8,812,993)	(8,204,159)	(48,775,755)	(45,472,247)	(608,833)	(3,303,509)
Bad Debt	(1,040,036)	(1,834,762)	(917,527)	(831,081)	(625,969)	(1,268,812)	(421,557)	589,809	(957,743)	(134,138)	(20,311)	(2,354,124)	(3,983,142)	(5,833,108)	(2,333,814)	1,849,965
A/R Writeoffs	(330,815)	(378,045)	(718,732)	(717,468)	(784,171)	(739,907)	(289,298)	(325,216)	(295,322)	(338,106)	(350,060)	(344,283)	(2,768,397)	(2,843,024)	(5,777)	74,627
Other Deductions from Revenue	-	497,912	-	(67,000)	-	-	-	950	-	17,166	-	410	-	449,438	(410)	(449,438)
<b>Deductions from Revenue</b>	<b>(9,545,189)</b>	<b>(7,887,603)</b>	<b>(11,011,935)</b>	<b>(8,936,670)</b>	<b>(5,478,527)</b>	<b>(8,091,278)</b>	<b>(10,622,143)</b>	<b>(8,872,259)</b>	<b>(9,686,138)</b>	<b>(9,008,974)</b>	<b>(9,183,363)</b>	<b>(10,902,156)</b>	<b>(55,527,295)</b>	<b>(53,698,940)</b>	<b>1,718,793</b>	<b>(1,828,355)</b>
<b>Other Patient Revenue</b>																
Incentive Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Oper Rev - Rehab Thera Serv	1,387	5,303	-	4,367	-	4,346	-	10,361	-	7,875	1,568	3,545	2,955	35,796	(1,977)	(32,842)
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Patient Revenue	1,387	5,303	-	4,367	-	4,346	-	10,361	-	7,875	1,568	3,545	2,955	35,796	(1,977)	(32,842)
<b>Net Patient Service Revenue</b>	<b>8,730,507</b>	<b>8,690,703</b>	<b>9,237,833</b>	<b>8,364,816</b>	<b>11,716,740</b>	<b>6,792,798</b>	<b>9,044,559</b>	<b>7,601,730</b>	<b>8,294,330</b>	<b>8,672,921</b>	<b>9,569,687</b>	<b>5,430,987</b>	<b>56,593,655</b>	<b>45,553,954</b>	<b>4,138,700</b>	<b>11,039,701</b>
<b>CNR%</b>	<b>48%</b>	<b>52%</b>	<b>46%</b>	<b>48%</b>	<b>68%</b>	<b>46%</b>	<b>46%</b>	<b>46%</b>	<b>46%</b>	<b>49%</b>	<b>51%</b>	<b>33%</b>	<b>50%</b>	<b>46%</b>	<b>18%</b>	<b>5%</b>
<b>Cost of Services - Direct</b>																
Salaries and Wages	2,446,627	2,175,027	2,580,857	2,269,022	3,511,439	2,195,439	2,804,438	2,179,142	2,694,788	2,262,511	2,811,390	2,158,750	16,849,538	13,239,890	652,640	3,609,648
Benefits	1,776,636	2,008,070	1,244,252	1,759,698	1,284,353	1,801,034	1,679,949	1,669,695	1,536,819	1,754,398	1,069,389	1,064,181	8,591,399	10,057,077	5,208	(1,465,678)
Professional Fees	1,751,172	1,381,538	1,919,787	1,438,889	1,825,852	1,650,775	1,442,077	1,797,498	1,875,536	1,963,643	1,648,663	1,652,265	10,463,087	9,884,608	(3,602)	578,479
Contract Labor	225,464	655,016	575,961	622,813	657,327	1,451,288	278,108	1,024,423	263,663	1,493,476	422,431	(20,338)	2,419,954	5,226,677	442,769	(2,806,723)
Pharmacy	392,685	211,326	655,955	671,932	379,562	54,166	283,643	136,557	434,409	596,330	468,935	268,920	2,615,189	1,939,229	200,016	675,959
Medical Supplies	393,315	315,752	608,302	290,221	375,431	578,033	690,604	366,356	421,832	474,848	340,164	448,838	2,829,649	2,474,048	(108,673)	355,601
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	136,392	107,979	129,805	230,353	8,890	220,408	273,794	183,047	(1,122)	146,908	168,118	54,304	715,877	942,998	113,814	(227,122)
Other Direct Expenses	620,496	546,374	659,948	667,228	569,841	808,934	664,293	572,765	695,124	793,341	585,553	471,021	3,795,256	3,859,664	114,532	(64,409)
<b>Total Cost of Services - Direct</b>	<b>7,742,787</b>	<b>7,401,082</b>	<b>8,371,866</b>	<b>7,950,156</b>	<b>8,612,694</b>	<b>8,760,076</b>	<b>8,116,905</b>	<b>7,929,482</b>	<b>7,921,050</b>	<b>9,485,455</b>	<b>7,514,645</b>	<b>6,097,940</b>	<b>48,279,947</b>	<b>47,624,192</b>	<b>1,416,704</b>	<b>655,755</b>
<b>General and Administrative Overhead</b>																
Salaries and Wages	441,653	360,265	419,843	365,276	541,249	370,478	445,153	381,872	431,997	373,439	491,917	373,193	2,771,812	2,224,523	118,724	547,289
Benefits	320,415	356,264	176,697	312,157	226,122	316,570	275,400	1,160,994	267,702	302,169	182,190	(788,291)	1,450,525	1,659,863	970,480	(209,338)
Professional Fees	243,596	535,217	233,758	190,076	667,309	318,029	(5,392)	265,196	124,043	274,630	139,099	191,161	1,402,412	1,774,309	(52,062)	(371,897)
Contract Labor	72,918	30,218	56,818	52,224	43,254	92,958	93,075	57,021	(52,500)	156,142	86,055	(102,132)	299,620	286,431	188,187	13,189
Depreciation and Amortization	324,565	318,087	324,565	332,153	326,475	334,828	324,565	362,317	356,176	346,018	344,330	340,523	2,000,676	2,033,927	3,806	(33,251)
Other Administrative Expenses	175,162	79,314	196,334	164,310	128,953	199,538	176,006	119,767	233,094	314,165	156,693	152,489	1,066,243	1,029,583	4,204	36,659
<b>Total General and Administrative Overhead</b>	<b>1,578,308</b>	<b>1,679,363</b>	<b>1,410,015</b>	<b>1,416,196</b>	<b>1,933,362</b>	<b>1,632,402</b>	<b>1,308,807</b>	<b>2,347,167</b>	<b>1,360,512</b>	<b>1,766,564</b>	<b>1,400,284</b>	<b>1,66,944</b>	<b>8,991,287</b>	<b>9,008,635</b>	<b>1,233,340</b>	<b>(17,349)</b>
<b>Net Expenses</b>	<b>9,321,095</b>	<b>9,080,446</b>	<b>9,781,881</b>	<b>9,366,352</b>	<b>10,546,056</b>	<b>10,392,477</b>	<b>9,425,712</b>	<b>10,276,649</b>	<b>9,281,562</b>	<b>11,252,019</b>	<b>8,914,928.18</b>	<b>6,264,884</b>	<b>57,271,234</b>	<b>56,632,827</b>	<b>2,650,044</b>	<b>638,406</b>
Financing Expense	180,370	183,196	178,594	182,350	177,359	180,796	179,095	182,190	182,866	178,894	180,113	183,171	1,078,396	1,090,597	(3,058)	(12,201)
Financing Income	228,125	64,203	228,125	431,229	228,125	247,716	228,125	247,716	228,125	247,716	228,125	247,716	1,368,747	1,486,295	(19,591)	(117,548)
Investment Income	60,924	74,115	52,333	23,389	61,899	(18,154)	158,200	99,582	324,800	16,704	59,633	50,390	717,791	246,027	9,244	471,764
Miscellaneous Income	140,406	484,508	292,643	(364,949)	72,221	146,486	185,286	10,519	381,083	68,632	238,538	2,271,115	1,310,176	2,616,311	(2,032,577)	(1,306,135)
<b>Net Income (Change in Financial Position)</b>	<b>(341,503)</b>	<b>49,888</b>	<b>(149,542)</b>	<b>(1,094,218)</b>	<b>1,355,571</b>	<b>(3,404,427)</b>	<b>11,363</b>	<b>(2,499,292)</b>	<b>(236,090)</b>	<b>(2,424,941)</b>	<b>1,000,942</b>	<b>1,552,152</b>	<b>1,640,740</b>	<b>(7,820,838)</b>	<b>(551,211)</b>	<b>9,461,578</b>
Operating Income	(590,588)	(389,742)	(544,049)	(1,001,537)	1,170,684	(3,599,679)	(381,153)	(2,674,919)	(987,232)	(2,579,099)	654,759	(833,897)	(677,578)	(11,078,873)	1,488,656	10,401,295
EBITDA	(16,938)	367,974	175,023	(762,065)	1,682,046	(3,069,599)	335,928	(2,136,915)	120,086	(2,078,923)	1,345,271	1,892,676	3,641,416	(5,786,911)	(547,404)	9,428,326
Net Profit Margin	-3.9%	0.6%	-1.6%	-13.1%	11.6%	-50.1%	0.1%	-32.9%	-2.8%	-28.0%	10.5%	28.6%	2.9%	-17.2%	25.1%	20.1%
Operating Margin	-6.8%	-4.5%	-5.9%	-12.0%	10.0%	-53.0%	-4.2%	-35.2%	-11.9%	-29.7%	6.8%	-15.4%	-1.2%	-24.3%	17.8%	23.1%
EBITDA Margin	-0.2%	4.2%	1.9%	-9.1%	14.4%	-45.2%	3.7%	-28.1%	1.4%	-24.0%	14.1%	34.8%	6.4%	-12.7%	-13.2%	85.4%

Northern Inyo Healthcare District  
Balance Sheet  
Fiscal Year 2024

	PY Balances	7/31/2023	7/31/2022	8/31/2023	8/31/2022	9/30/2023	9/30/2022	10/31/2023	10/31/2022	11/30/2023	11/30/2022	12/31/2023	12/31/2022	MOM Change
<b>Assets</b>														
<b>Current Assets</b>														
Cash and Liquid Capital	17,525,946	19,768,284	8,260,905	18,008,863	9,033,146	18,771,541	7,095,805	15,130,616	8,362,653	9,784,681	7,944,312	9,536,326	7,573,136	1,963,189
Short Term Investments	10,497,077	10,513,789	24,254,218	10,555,533	24,248,339	10,555,533	21,741,818	10,658,191	21,873,055	8,158,191	19,367,377	10,810,616	16,815,916	(6,005,300)
PMA Partnership	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	15,430,119	13,605,084	22,573,731	13,668,526	22,319,458	15,119,591	22,244,291	18,412,645	19,941,094	20,460,545	20,904,497	20,452,310	17,300,274	3,152,036
Other Receivables	307,939	66,067	3,628,324	321,629	3,799,364	794,581	4,862,660	1,149,410	5,032,262	2,837,260	5,272,009	3,258,427	9,949,468	(6,691,042)
Inventory	5,159,474	5,120,179	3,116,641	5,099,597	3,111,028	5,155,489	3,075,988	5,210,947	3,071,145	5,211,962	3,077,236	5,159,051	3,037,613	2,121,438
Prepaid Expenses	1,960,680	2,321,465	1,466,831	2,821,462	1,431,968	2,326,052	1,332,692	2,377,751	1,027,946	2,269,168	1,389,372	1,773,403	1,341,558	431,844
<b>Total Current Assets</b>	<b>50,881,235</b>	<b>51,394,868</b>	<b>63,300,650</b>	<b>50,475,610</b>	<b>63,943,304</b>	<b>52,722,787</b>	<b>60,353,254</b>	<b>52,939,560</b>	<b>59,308,155</b>	<b>48,721,807</b>	<b>57,954,804</b>	<b>50,990,133</b>	<b>56,017,967</b>	<b>(5,027,834)</b>
<b>Assets Limited as to Use</b>														
Internally Designated for Capital Acquisition	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,466,355	1,466,418	2,044,212	1,466,541	2,044,299	1,466,663	2,044,383	1,466,789	1,327,387	1,466,910	182,493	1,467,036	182,501	1,284,535
<b>Limited Use Assets</b>														
LALF - DC Pension Board Restricted	798,218	870,163	747,613	828,419	753,493	828,419	760,014	828,417	714,585	828,417	720,262	175,992	771,724	(595,731)
Other Patient Revenue	13,076,830	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	(6,220,028)
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deferred Outflow - Excess Acquisiti	573,097	573,097	-	573,097	-	573,097	-	573,097	-	573,097	-	573,097	-	573,097
Total Limited Use Assets	14,448,145	14,520,090	20,044,471	14,478,346	20,050,351	14,478,346	20,056,872	14,478,344	20,011,443	14,478,344	20,017,120	13,825,919	20,068,582	(6,242,662)
Revenue Bonds Held by a Trustee	923,902	918,195	1,105,984	912,490	1,100,247	752,501	1,090,633	746,796	1,085,089	760,392	1,079,366	754,688	1,092,945	(338,257)
<b>Total Assets Limited as to Use</b>	<b>16,838,402</b>	<b>16,904,704</b>	<b>23,194,667</b>	<b>16,857,378</b>	<b>23,194,897</b>	<b>16,697,511</b>	<b>23,191,888</b>	<b>16,691,929</b>	<b>22,423,918</b>	<b>16,705,646</b>	<b>21,278,979</b>	<b>16,047,643</b>	<b>21,344,028</b>	<b>(5,296,385)</b>
<b>Long Term Assets</b>														
Long Term Investment	2,767,655	2,776,508	2,274,959	2,783,284	2,777,201	2,790,423	2,741,517	2,797,561	2,731,432	3,057,305	2,729,926	1,318,315	2,745,703	(1,427,388)
Fixed Assets, Net of Depreciation	77,134,318	76,634,301	76,799,479	77,178,241	76,624,374	76,854,908	76,931,213	77,103,154	76,624,362	77,109,988	76,617,819	76,904,399	76,714,369	190,030
<b>Total Long Term Assets</b>	<b>79,901,973</b>	<b>79,410,810</b>	<b>79,074,438</b>	<b>79,961,526</b>	<b>79,401,575</b>	<b>79,645,331</b>	<b>79,672,730</b>	<b>79,900,715</b>	<b>79,355,794</b>	<b>80,167,293</b>	<b>79,347,746</b>	<b>78,222,714</b>	<b>79,460,072</b>	<b>(1,237,358)</b>
<b>Total Assets</b>	<b>147,621,610</b>	<b>147,710,381</b>	<b>165,569,755</b>	<b>147,294,513</b>	<b>166,539,776</b>	<b>149,065,629</b>	<b>163,217,871</b>	<b>149,532,205</b>	<b>161,087,867</b>	<b>145,594,746</b>	<b>158,581,528</b>	<b>145,260,490</b>	<b>156,822,066</b>	<b>(11,561,576)</b>
<b>Liabilities</b>														
<b>Current Liabilities</b>														
Current Maturities of Long-Term Debt	732,605	825,158	2,575,534	798,370	2,549,958	801,314	2,524,301	655,101	2,053,565	676,353	1,405,934	1,339,056	1,381,851	(42,795)
Accounts Payable	6,906,962	7,062,903	5,058,837	6,750,705	6,469,871	6,935,344	6,569,826	6,819,778	6,512,022	5,370,018	8,025,682	6,383,025	6,121,299	261,726
Accrued Payroll and Related	8,545,541	11,742,012	6,269,082	11,656,151	7,183,582	12,664,513	6,976,334	12,669,463	7,087,285	8,534,376	7,256,024	6,924,804	7,039,248	(114,444)
Accrued Interest and Sales Tax	85,509	169,971	145,639	244,123	252,061	166,606	321,777	166,957	126,986	240,254	17,172	94,216	94,617	(401)
Notes Payable	1,633,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	(500,000)
Unearned Revenue	(4,542)	(4,542)	1,160,535	(4,542)	468,063	(4,542)	468,063	(4,542)	468,063	(4,542)	468,063	(4,542)	129,191	(133,733)
Due to 3rd Party Payors	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	-
Due to Specific Purpose Funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Deferred Credits - Pension	1,873,995	1,873,995	2,146,080	1,873,995	2,146,080	1,873,995	2,146,080	1,873,995	2,146,080	1,873,995	2,146,080	1,861,577	2,146,080	(284,503)
<b>Total Current Liabilities</b>	<b>20,467,025</b>	<b>23,996,452</b>	<b>20,182,661</b>	<b>23,645,757</b>	<b>21,896,570</b>	<b>24,694,185</b>	<b>21,833,337</b>	<b>24,507,707</b>	<b>21,220,955</b>	<b>19,017,409</b>	<b>22,145,909</b>	<b>18,925,091</b>	<b>19,739,240</b>	<b>(814,149)</b>
<b>Long Term Liabilities</b>														
Long Term Debt	33,455,530	33,455,530	33,455,947	33,455,530	33,455,947	32,730,530	33,455,947	32,730,530	33,455,947	31,715,530	32,310,948	30,380,530	33,053,530	(2,673,000)
Bond Premium	203,263	200,126	237,771	196,989	234,634	193,852	231,497	190,715	228,359	187,578	225,222	184,441	222,085	(37,645)
Accreted Interest	17,123,745	17,218,877	16,820,264	17,314,009	16,915,399	17,409,141	17,010,533	17,504,273	17,105,668	17,599,405	17,200,803	17,694,537	16,553,354	1,141,182
Other Non-Current Liability - Pension	47,257,663	47,257,663	47,950,740	47,257,663	47,950,740	47,257,663	47,950,740	47,257,663	48,813,068	47,257,663	48,813,068	47,257,663	47,821,876	(564,213)
<b>Total Long Term Liabilities</b>	<b>98,040,201</b>	<b>98,132,196</b>	<b>98,464,722</b>	<b>98,224,191</b>	<b>98,556,720</b>	<b>97,591,186</b>	<b>98,648,717</b>	<b>97,683,181</b>	<b>99,603,043</b>	<b>96,760,176</b>	<b>98,550,041</b>	<b>95,517,170</b>	<b>97,650,846</b>	<b>(2,133,675)</b>
Suspense Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uncategorized Liabilities	44,693	44,693	451,476	36,944	709,722	36,944	763,396	68,644	790,738	107,118	837,281	107,118	831,523	(724,405)
<b>Total Liabilities</b>	<b>118,551,920</b>	<b>122,173,341</b>	<b>119,098,859</b>	<b>121,906,892</b>	<b>121,163,011</b>	<b>122,322,315</b>	<b>121,245,449</b>	<b>122,259,532</b>	<b>121,614,735</b>	<b>115,884,703</b>	<b>121,533,231</b>	<b>114,549,379</b>	<b>118,221,609</b>	<b>(3,672,230)</b>
<b>Fund Balance</b>														
Fund Balance	43,831,306	23,268,194	43,831,306	23,268,194	43,831,306	23,268,194	43,831,306	23,786,064	43,831,306	26,459,404	43,831,306	26,459,404	43,831,306	(17,371,902)
Temporarily Restricted	2,610,286	2,610,349	2,589,701	2,610,472	2,589,789	2,610,594	2,589,873	2,610,720	2,589,875	2,610,841	2,589,981	2,610,967	2,589,989	20,978
Net Income	(17,371,902)	(341,503)	49,888	(491,045)	(1,044,330)	864,526	(4,448,757)	875,889	(6,948,049)	639,798	(9,372,990)	1,640,740	(7,820,838)	9,461,578
<b>Total Fund Balance</b>	<b>29,069,690</b>	<b>25,537,040</b>	<b>46,470,895</b>	<b>25,387,621</b>	<b>45,376,765</b>	<b>26,743,313</b>	<b>41,972,422</b>	<b>27,272,672</b>	<b>39,473,131</b>	<b>29,710,043</b>	<b>37,048,297</b>	<b>30,711,111</b>	<b>38,600,457</b>	<b>(7,889,347)</b>
<b>Liabilities + Fund Balance</b>	<b>147,621,610</b>	<b>147,710,381</b>	<b>165,569,755</b>	<b>147,294,513</b>	<b>166,539,776</b>	<b>149,065,629</b>	<b>163,217,871</b>	<b>149,532,205</b>	<b>161,087,867</b>	<b>145,594,746</b>	<b>158,581,528</b>	<b>145,260,490</b>	<b>156,822,066</b>	<b>(11,561,576)</b>
(Decline)/Gain	-	88,771	(1,743,492)	(415,868)	970,022	1,771,115	(3,321,905)	466,576	(2,130,005)	(3,937,458)	(2,506,339)	(334,256)	(1,759,462)	1,425,205
												(0.05)		

**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**

<u>Numerator:</u>	<b>HOSPITAL FUND ONLY</b>	
Excess of revenues over expense	\$ 1,640,740	only half a year
+ Depreciation Expense	2,000,676	
+ Interest Expense	1,078,396	
Less GO Property Tax revenue	1,368,747	
Less GO Interest Expense	260,355	

2013 and 2021 Indenture) **\$ 3,090,709**

Other Patient Revenue

<u>Denominator:</u>		
<b>3rd Supplemental Indenture of Trust)</b>		
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	
<b>Total Maximum Annual Debt Service</b>	<b>\$ 2,722,009</b>	Full year of debt
	1,361,005	half a year
Ratio: (numerator / denominator)	<b>2.27</b>	

Required Debt Service Coverage Ratio: 1.10

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

**Unrestricted Funds and Days Cash on Hand**

	<b>HOSPITAL FUND ONLY</b>
Cash and Investments-current	\$ 21,989,970
Cash and Investments-non current	1,318,315
Sub-total	23,308,285
Less - Restricted:	
PRF and grants (Unearned Revenue)	-
Held with bond fiscal agent	(760,392)
Building and Nursing Fund	(1,642,903)
<b>Total Unrestricted Funds</b>	<b>\$ 20,904,990</b>

Total Operating Expenses	\$ 57,271,234
Less Depreciation	2,000,676
Net Expenses	55,270,558
Average Daily Operating Expense	\$ 300,383

Days Cash on Hand **70**

Key Financial Performance Indicators	Dec-22	Jun-23	FYE 2023 Average	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Variance to Prior Month	Variance to FYE 2023 Average	Variance to		Reduction Target	Comment	
												Prior Year Month	Variance to Benchmark			
<b>Volume</b>																
Admits	79	83	68	64	57	67	75	75	68	(7)	0	(11)	27		Mammoth monthly average in 2022 per HCAI	
Deliveries	20	17	17	19	9	17	19	16	18	2	1	(2)	n/a			
Adjusted Patient Days	965	1,105	984	951	945	862	1,272	940	969	29	(15)	4	n/a			
Total Surgeries	109	81	120	134	148	114	173	149	143	(6)	23	34	(10)		Mammoth monthly average in 2022 per HCAI Mammoth monthly average in 2022 per HCAI	
ER Visits	765	851	810	925	899	885	899	782	868	86	58	103	209			
RHC and Clinic Visits	4,580	4,381	4,353	3,875	5,099	4,314	4,619	4,768	4,576	(192)	223	(4)	n/a			
Diagnostic Imaging Services	1,970	2,051	2,020	2,108	2,174	1,955	2,182	1,897	1,899	2	(121)	(71)	n/a			
Rehab Services	870	896	762	661	662	329	521	614	547	(67)	(215)	(323)	n/a			
<b>AR &amp; Income</b>																
Gross AR (Cerner only)	\$ 52,833,440	\$ 50,668,396	\$ 53,638,580	\$ 51,928,721	\$ 50,613,728	\$ 51,259,303	\$ 53,295,391	\$ 52,529,762	\$ 53,913,830	\$ 1,384,068	\$ 275,251	\$ 1,080,390	n/a			
AR > 90 Days	\$ 24,888,377	\$ 25,752,910	\$ 23,440,542	\$ 23,660,417	\$ 23,784,037	\$ 23,867,624	\$ 23,888,672	\$ 26,596,663	\$ 26,961,876	\$ 365,213	\$ 3,521,334	\$ 2,073,499	\$ 19,272,981	(19,272,981)	15% of gross AR is benchmark	
AR % > 90 Days	47.1%	51.55%	45.3%	45.84%	46.59%	46.19%	44.50%	50.23%	50.78%	0.6%	5.5%	3.7%	35.8%		Industry average	
AR Days	89.78	89.78	91.35	90.52	85.93	84.50	86.92	87.85	86.28	(1.57)	(5.07)	86	43.28		California CAH	
Net AR	\$ 17,300,274	\$ 9,351,360	\$ 17,800,084	\$ 13,605,084	\$ 13,668,526	\$ 15,119,591	\$ 18,412,645	\$ 20,460,545	\$ 20,452,310	\$ (8,235)	\$ 2,652,227	\$ 3,152,036	n/a			
Net AR % of Gross	32.7%	18.5%	33.1%	26.2%	27.0%	29.5%	34.5%	39.0%	37.9%	-1.0%	4.9%	5.2%	n/a			
Gross Patient Revenue/Calendar Day	\$ 526,761	\$ 543,011	\$ 546,652	\$ 589,494	\$ 653,218	\$ 573,176	\$ 634,410	\$ 599,349	\$ 604,887	\$ 5,538	\$ 58,235	\$ 78,125	n/a			
Net Patient Revenue/Calendar Day	\$ 175,193	\$ 198,702	\$ 243,317	\$ 281,629	\$ 297,995	\$ 390,558	\$ 291,760	\$ 276,478	\$ 308,700	\$ 32,222	\$ 65,383	\$ 133,506	n/a			
Net Patient Revenue/APD	\$ 5,628	\$ 5,395	\$ 7,622	\$ 9,180	\$ 9,775	\$ 13,593	\$ 7,111	\$ 8,824	\$ 9,876	\$ 1,052	\$ 2,254	\$ 4,248	n/a			
<b>Wages</b>																
Wages	\$ 3,064,591	\$ 5,954,820	\$ 3,281,173	\$ 3,246,211	\$ 3,393,123	\$ 4,052,687	\$ 3,249,591	\$ 3,126,785	\$ 3,303,307	\$ 176,522	\$ 22,134	\$ 238,716	n/a			
Employed paid FTEs	404.30	364.62	384.63	365.27	357.51	351.58	352.89	350.57	346.65	(3.92)	(37.98)	(57.65)	n/a	-15%		
Employed Average Hourly Rate	\$ 42.79	\$ 95.27	\$ 48.51	\$ 50.17	\$ 53.58	\$ 67.24	\$ 51.98	\$ 52.03	\$ 53.79	\$ 1.77	\$ 5.28	\$ 11.00	\$ 15.79		According to California Hospital Association data	
Benefits	(256,758)	\$ 1,610,167	\$ 1,907,194	\$ 1,782,070	\$ 1,030,526	\$ 1,510,474	\$ 1,955,349	\$ 1,804,521	\$ 1,251,579	\$ (552,942)	\$ (655,615)	\$ 1,508,337	n/a			
Benefits % of Wages	-8.4%	27.0%	58.7%	54.9%	30.4%	37.3%	60.2%	57.7%	37.9%	-19.8%	-20.8%	46.3%	7.9%	(142,353)	Industry average	
Contract Labor	\$ (122,471)	\$ 803,281	\$ 808,284	\$ 493,990	\$ 629,779	\$ 700,581	\$ 371,183	\$ 211,163	\$ 508,486	\$ 297,323	\$ (299,798)	\$ 630,957	n/a			
Contract Labor Paid FTEs	30.08	39.55	40.27	30.74	21.10	18.33	22.14	21.61	22.52	0.91	(17.75)	(7.56)	n/a			
Total Paid FTEs	434.38	404.17	424.90	396.01	378.61	369.91	375.03	372.18	369.17	(3.01)	(55.73)	(65.21)	n/a			
Contract Labor Average Hourly Rate	\$ (22.98)	\$ 118.48	\$ 112.84	\$ 90.72	\$ 168.49	\$ 222.95	\$ 94.64	\$ 127.46	\$ 70.46	\$ 14.62	\$ 150.45	\$ 46.42	\$ (177,713)		Per zip recruiter as of August 2023 for California, higher range is benchmark	
Total Salaries, Wages, & Benefits	\$ 2,685,362	\$ 8,368,268	\$ 5,996,651	\$ 5,522,271	\$ 5,053,428	\$ 6,263,742	\$ 5,576,123	\$ 5,142,469	\$ 5,063,372	\$ (79,097)	\$ (933,279)	\$ 2,378,010	n/a			
SWB% of NR	49.4%	140.4%	79.8%	63.3%	54.7%	53.5%	61.7%	62.0%	61.0%	-1.0%	-18.7%	11.6%	\$ 0	\$ (278,529)	be 50%	
SWB/APD	\$ 2,783	\$ 7,573	\$ 5,912	\$ 5,807	\$ 5,348	\$ 7,267	\$ 4,384	\$ 5,471	\$ 5,225	\$ (245)	\$ (687)	\$ (442)	\$ 2,613	\$ (6,313)	Industry average	
SWB % of total expenses	29.6%	92.2%	66.0%	58.7%	51.7%	59.4%	59.2%	55.4%	56.8%	1.4%	-9.2%	27.2%	7%	\$ (605,908)	Industry average	
<b>Physician Spend</b>																
Physician Expenses	\$ 1,360,961	\$ 1,428,974	\$ 1,400,634	\$ 1,369,822	\$ 1,536,032	\$ 1,424,804	\$ 1,432,267	\$ 1,713,978	\$ 1,416,488	\$ (297,490)	\$ 15,854	\$ 55,527	n/a			
Physician expenses/APD	\$ 1,410	\$ 1,293	\$ 1,451	\$ 1,440	\$ 1,625	\$ 1,653	\$ 1,126	\$ 1,823	\$ 1,462	\$ (362)	\$ 11	\$ 51	n/a			
<b>Supplies</b>																
Supply Expenses	\$ 717,757	\$ (985,032)	\$ 544,557	\$ 786,000	\$ 1,264,257	\$ 754,993	\$ 974,247	\$ 856,240	\$ 809,100	\$ (47,140)	\$ 264,543	\$ 91,343	n/a			
Supply expenses/APD	\$ 744	\$ (891)	\$ 579	\$ 826	\$ 1,338	\$ 876	\$ 766	\$ 911	\$ 835	\$ (76)	\$ 256	\$ 91	n/a			
<b>Other Expenses</b>																
Other Expenses	\$ 4,316,366	\$ 268,236	\$ 1,138,604	\$ 1,724,605	\$ 1,928,164	\$ 2,102,517	\$ 1,443,075	\$ 1,568,875	\$ 1,625,968	\$ 57,093	\$ 487,365	\$ (2,690,397)	n/a			
Other Expenses/APD	\$ 4,473	\$ 243	\$ 1,178	\$ 1,813	\$ 2,040	\$ 2,439	\$ 1,134	\$ 1,669	\$ 1,678	\$ 9	\$ 500	\$ (2,795)	n/a			
<b>Margin</b>																
Net Income	\$ 1,552,152	\$ (5,031,592)	\$ (1,448,727)	\$ (341,503)	\$ (149,542)	\$ 1,355,571	\$ 11,363	\$ (236,090)	\$ 1,000,942	\$ 1,237,032	\$ 2,449,669	\$ (551,210)	n/a			
Net Profit Margin	28.6%	-84.4%	-20.8%	-3.9%	-1.6%	11.6%	0.1%	-2.8%	10.5%	13.3%	31.3%	-18.1%	#VALUE!			
Operating Income	\$ (833,897)	\$ (5,308,483)	\$ (2,495,327)	\$ (590,588)	\$ (544,049)	\$ 1,170,684	\$ (381,153)	\$ (987,232)	\$ 654,759	\$ 1,641,991	\$ 3,150,086	\$ 1,488,656	n/a			
Operating Margin	-15.4%	-89.1%	-33.0%	-6.8%	-5.9%	10.0%	-4.2%	-11.9%	6.8%	18.7%	39.8%	22.2%	3.9%		Per Kaufman Hall September Natitonal Hospital Flash	
EBITDA	\$ 1,211,629	\$ (5,370,917)	\$ (1,789,289)	\$ (16,938)	\$ 175,023	\$ 1,682,046	\$ 335,928	\$ 120,086	\$ 1,345,271	\$ 1,225,186	\$ 3,134,560	\$ 133,642	n/a			
EBITDA Margin	22.3%	-90.1%	-22.6%	0.2%	1.9%	14.4%	3.7%	1.4%	14.1%	12.7%	36.7%	-8.2%	1.4%		CLA critical access hospitals	
Debt Service Coverage Ratio		(5.8)	(5.8)	0.6	1.3	3.7	3.4	4.4	2.3	(2.11)	8.08	2.27	(1.4)		Per bond requirement, need to be at 1.1	
<b>Cash</b>																
Avg Daily Disbursements per bank accounts	\$ 309,340	\$ 489,123	\$ 363,636	\$ 296,364	\$ 490,705	\$ 321,703	\$ 304,199	\$ 379,443	\$ 264,416	\$ (115,027)	\$ (99,220)	\$ (44,924)	n/a	\$ 52,332	-14%	
Average Daily Cash Collections per bank accounts	\$ 202,468	\$ 482,340	\$ 340,919	\$ 254,229	\$ 306,137	\$ 255,132	\$ 296,639	\$ 327,103	\$ 316,748	\$ (10,354)	\$ (24,171)	\$ 114,280	n/a	\$ (52,332)	31%	
Average Daily Net Cash for the month per bank accounts	\$ (106,872)	\$ (6,783)	\$ (22,716)	\$ (42,135)	\$ (184,569)	\$ (66,571)	\$ (7,559)	\$ (52,341)	\$ 52,332	\$ 104,673	\$ 75,049	\$ 159,204	n/a	\$ (52,332)	336%	
Unrestricted Funds per balance sheet	\$ 22,685,676	\$ 31,636,319	\$ 25,185,410	\$ 30,155,529	\$ 31,263,610	\$ 32,193,415	\$ 26,372,783	\$ 21,068,202	\$ 20,904,990	\$ (163,212)	\$ (4,280,419)	\$ (1,780,685)	n/a		-7%	
Depletion per balance sheet since June 2023	n/a	n/a	n/a	\$ (1,480,790)	\$ (372,709)	\$ 557,096	\$ (5,263,536)	\$ (10,568,117)	\$ (10,731,329)	\$ (163,212)	n/a	n/a	n/a			
YTD depletion per day per balance sheet	n/a	n/a	n/a	\$ (47,767)	\$ (6,011)	\$ (42,793)	\$ (69,073)	\$ (58,322)	\$ 10,750	n/a	n/a	n/a				
Monthly average depletion of cash per balance sheet	n/a	n/a	n/a	\$ (1,480,790)	\$ (186,355)	\$ -	\$ (1,326,582)	\$ (2,072,180)	\$ (1,807,996)	\$ 264,184	n/a	n/a	n/a			
Days Cash on Hand (assume no more cash is collected)	77	105	83	103	105	103	64	58	70	11	(14)	(8)	n/a		Per bond requirement, we need 75 minimum. Other California CAH average 196	
Estimated Days Until Depleted (assumes cash continues and spend continues)	212	4,664	1,109	631	5,201	-	616	305	358	53	(750)	146	n/a			
Years Unit Cash Depletion	0.58	12.78	3.04	1.7	14.2	-	1.7	0.8	1.0	0.15	(2.06)	0.40	n/a			



Northern Inyo Healthcare District  
Dec 2023 – Financial Summary

	CY	PY	PY		YTD	PY	PY		MOM % Variance	YOY % Variance	YTD Budget % Variance		
	MONTH	MONTH	BUDGET	Variance		Budget Variance	YTD	BUDGET				Variance	
Net Income (Loss)	1,000,942	1,552,152	(383,618)	(551,210)	1,384,560	1,640,740	(7,857,459)	(10,057,453)	9,498,199	11,698,193	36%	121%	116%
Net Profit Margin (Loss)	10.5%	28.6%	-5.6%	-18.1%	16.0%	2.9%	-17.2%	-24.0%	20.1%	26.9%			
Operating Income (Loss)	654,759	(833,897)	(2,274,998)	1,488,656	2,929,757	(677,579)	(11,115,394)	(13,389,469)	10,437,815	12,711,890	179%	94%	95%
Operating Margin (Loss)	6.8%	-15.4%	-33.1%	22.2%	40.0%	-1.2%	-24.4%	-32.0%	23.2%	30.8%			
EBITDA (Loss)	1,345,272	1,906,015	(14,526)	(560,744)	1,359,798	3,641,416	(5,772,711)	(7,842,916)	9,414,127	11,484,332	29%	163%	146%
EBITDA Margin (Loss)	14.1%	35.1%	-0.2%	-21.0%	14.3%	6.4%	-12.7%	-18.8%	19.1%	25.2%			

Income is unfavorable to prior year for December due to inaccurate accounting last fiscal year. Both revenue and expenses were understated in December 2022. YTD is favorable to prior year due to a large increase in revenue due to volume.

IP Gross Revenue	3,205,729	3,417,547	2,902,813	(211,818)	302,916	20,472,650	19,021,632	17,764,074	1,451,018	2,708,576	-6%	8%	15%
OP Gross Revenue	13,872,841	11,309,707	12,068,299	2,563,134	1,804,542	82,278,926	71,967,668	74,240,551	10,311,258	8,038,375	23%	14%	11%
Clinic Gross Revenue	1,672,912	1,602,344	1,344,386	70,568	328,526	9,366,419	8,223,277	7,415,358	1,143,142	1,951,061	4%	14%	26%
Net Patient Revenue	9,569,687	5,430,987	6,862,938	4,138,700	2,706,749	56,593,655	45,553,854	41,821,155	11,039,801	14,772,500	76%	24%	35%
Cash Net Revenue % of Gross	51%	33%	42%	18%	9%	50%	46%	42%	5%	8%			

Revenue is higher than last December due to inaccurate accounting last year causing true up of bad debt allowances in prior year. For the year, revenue has increased \$11M due to and increase in volume in the clinics and ER visits, and surgeries (primarily outpatient) along with better collections.

Admits (excl. Nursery)	68	79		(11)		406	413		(7)		-14%	-2%	
IP Days	202	231		(29)		1,230	1,257		(27)		-13%	-2%	
IP Days (excl. Nursery)	166	202		(36)		1,080	1,119		(39)		-18%	-3%	
Average Daily Census	5.35	6.52		(1.16)		5.87	6.08		(0)		-18%	-3%	
ALOS	2.44	2.56		(0.12)		2.66	2.71		(0)		-5%	-2%	
Deliveries	18	20		(2)		98	94		4		-10%	4%	
OP Visits	3,338	3,641		(303)		20,672	21,773		(1,101)		-8%	-5%	
RHC Visits	3,118	2,869		249		18,066	15,776		2,290		9%	15%	
NIA Clinic Visits	1,458	1,711		(253)		9,185	10,059		(874)		-15%	-9%	
Bronco Clinic Visits	36	23		13		141	141		-		57%	0%	
Internal Medicine Clinic Visits	-	338		(338)		201	2,303		(2,102)		-100%	-91%	
Orthopedic Clinic Visits	293	310		(17)		2,072	1,905		167		-5%	9%	
Pediatric & Allergy Clinic Visits	640	655		(15)		3,698	3,421		277		-2%	8%	
Specialty Clinic Visits	302	233		69		2,075	1,507		568		30%	38%	
Surgery Clinic Visits	137	100		37		744	539		205		37%	38%	
Virtual Care Clinic Visits	50	52		(2)		254	243		11		-4%	5%	
Surgeries IP	20	21		(1)		131	116		15		-5%	13%	
Surgeries OP	123	88		35		730	595		135		40%	23%	
Total Surgeries	143	109		34		861	711		150		31%	21%	
Diagnostic Imaging	1,899	1,970		(71)		12,215	12,161		54		-4%	0%	
Emergency Visits	868	765		103		5,258	5,026		232		13%	5%	
ED Admits	42	62		(20)		264	317		(53)		-32%	-17%	
ED Admits % of ED Visits	4.8%	8.1%		-3.3%		5.0%	6.3%		-1.3%				
Rehab	547	870		(323)		3,334	4,406		(1,072)		-37%	-24%	
Nursing Visits	285	234		51		1,756	1,534		222		22%	14%	
Observation Hours	2,669	1,800		869		11,686	10,954		732		48%	7%	

Admissions are slightly under for December and YTD. Deliveries are relatively flat to prior year. RHC & clinic visits are relatively flat compared to last December but for the year, they are 1,500 higher than last year. Surgeries are 34 higher than last December (mostly in outpatient). For December, General surgeries are up 21, GYN/OB are up 18, Ortho is up 2 and Urology is up 6. This is due to adding Dr. Wiles in August (+34), Dr Clayton Davis in August (+8) and Dr Rowan October (+3)

**Payor mix**

Blue Cross	21.30%	23.38%		-2.08%		18.05%	20.45%		-2.39%				
Commercial	1.50%	3.90%		-2.40%		3.29%	5.09%		-1.80%				
Medicaid	33.70%	21.21%		12.49%		24.91%	26.25%		-1.34%				
Medicare	41.50%	46.32%		-4.82%		49.97%	44.87%		5.10%				
Self-pay	2.00%	4.33%		-2.33%		3.36%	3.36%		0.00%				
Workers' Comp	0.00%	0.87%		-0.87%		0.34%	0.16%		0.18%				
Other	0.00%	0.00%		0.00%		0.07%	0.00%		0.07%				

**DEDUCTIONS**

Contract Adjust	(8,812,993)	(8,204,159)	(8,807,240)	(608,834)	(5,753)	(48,775,755)	(45,472,247)	(53,665,404)	(3,303,508)	4,889,649	7%	7%	-9%
Bad Debt	(20,311)	(2,354,124)	(322,660)	2,333,813	302,349	(3,983,142)	(5,833,108)	(1,966,712)	1,849,966	(2,016,430)	-99%	-32%	103%
Write-off	(350,060)	(288,643)	(322,660)	(61,417)	(27,400)	(2,754,737)	(2,656,046)	(1,966,712)	(98,691)	(788,025)	21%	4%	40%

YTD, net revenue is higher by 4.5% of gross revenue due to better collections and less aging AR.

**DENIALS**

Denials \$800k higher than 6-month average but \$1.7M less than December 2022 (baseline for RSM revenue cycle project)

<b>CHARITY</b>	-	(55,230)	-	55,230	-	(13,659)	(186,977)	-	173,318	(13,659)	-100%	-93%	
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Northern Inyo Healthcare District  
Dec 2023 – Financial Summary

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	MOM % Variance	YOY % Variance	YTD Budget % Variance
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Charity discounts were minimal (less than \$1k)

**BAD DEBT**

Bad debt write offs were \$758k.

**CASH**

Cash surplus for December was -\$1.6M or \$52k/day. For the year, our cash accounts have depleted \$10.7M or \$58k/day on average. This gives us 70 days cash on hand with a bond requirement of 75 days. At this burn rate, our cash accounts would be depleted in one year.

**CENSUS**

Patient Days	202	231		(29)		1,028	1,026		2		-13%	0%
Adjusted Days	1,180	1,104		76		5,584	3,085		2,499		7%	81%
Employed Paid FTE	347	404		(58)		356	390		(35)		-14%	-9%
Contract Paid FTE	23	30		(8)		23	47		(23)		-25%	-50%
Total Paid FTE	369	434		(65)		379	437		(58)		-15%	-13%
EPOB (Employee per Occupied Bed)	1.88	1.78		0		1.00	1.25		(0)		6%	-19%
Adjusted EPOB	0.32	0.37		(0.1)		0.19	0.23		(0)		-14%	-21%

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

**SALARIES**

Per Adjust Bed Day	\$ 2,799	\$ 2,294	\$ 505		\$ 3,514	\$ 5,013		\$ (1,499)			22%	-30%
Total Salaries	\$ 3,303,307	\$ 2,531,942	\$ 3,238,790	771,365	64,517	\$ 19,621,350	\$ 15,464,413	\$ 19,292,044	4,156,937	329,306	30%	27%
Normalized Salaries (incl PTO used)	\$ 3,303,307	\$ 3,064,591	\$ 3,238,790	238,716	64,517	\$ 19,621,350	\$ 17,550,372	\$ 19,292,044	2,070,978	329,306	8%	12%
Average Hourly Rate	\$ 53.79	\$ 44.22	\$ 9.58		\$ 63.11	\$ 51.44		\$ 11.67			22%	23%
Employed Paid FTEs	346.65	404.30	(57.65)		355.62	390.23		(34.61)				

Salaries are up for the month and the year compared to prior year due to merit increases. Total paid employed FTEs are down due to RIFFs that occurred during April and July.

**BENEFITS**

Per Adjust Bed Day	\$ 1,061	\$ 250	\$ 811		\$ 1,798	\$ 3,798		\$ (2,000)			324%	-53%
Total Benefits	\$ 1,251,579	\$ 275,891	\$ 2,004,283	\$ 975,688	(752,704)	\$ 10,041,923	\$ 11,716,940	\$ 11,910,030	\$ (1,675,017)	(1,868,107)	354%	-14%
Benefits % of Wages	38%	11%	62%	27%		51%	76%		-25%		248%	-32%
Pension Expense	\$ 500,532	\$ (98,599)	\$ 793,208	\$ 599,131	(292,676)	\$ 2,620,712	\$ 5,114,967	\$ 4,705,030	\$ (2,494,255)	(2,084,318)	-608%	-49%
MDV Expense	\$ 577,237	\$ (240,074)	\$ 557,212	\$ 817,311	20,025	\$ 5,728,435	\$ 3,162,722	\$ 3,291,575	\$ 2,565,713	2,436,860	-340%	81%
Payroll Taxes & WC insurance	\$ 333,609	\$ 291,331	\$ 344,404	\$ 42,279	(10,794)	\$ 1,842,206	\$ 1,613,564	\$ 2,061,696	\$ 228,642	(219,490)	15%	14%
PTO Incurred	\$ -	\$ 532,649	\$ -	\$ (532,649)	\$ -	\$ -	\$ 2,085,959	\$ -	\$ (2,085,959)	\$ -	-100%	-100%
PTO Accrued	\$ (160,490)	\$ (246,754)	\$ 295,871	\$ 86,264	(456,361)	\$ (156,893)	\$ (441,973)	\$ 1,771,421	\$ 285,080	\$ (1,928,314)	-35%	-65%
Reimbursements	\$ 691	\$ 1,000	\$ -	\$ (309)	691	\$ 3,021	\$ 1,437	\$ -	\$ 1,584	\$ 3,021	-31%	110%
Sick	\$ -	\$ 32,855	\$ 13,588	\$ (32,855)	(13,588)	\$ 4,442	\$ 171,347	\$ 80,308	\$ (166,905)	\$ (75,866)	-100%	-97%
Other	\$ -	\$ 3,482	\$ -	\$ (3,482)	-	\$ -	\$ 8,918	\$ -	\$ (8,918)	\$ -	-100%	-100%
Normalized Benefits	\$ 1,251,579	\$ (256,758)	\$ 2,004,283	\$ 1,508,337	\$ 10,041,923	\$ 9,630,981	\$ 11,910,030	\$ 410,942	\$ (1,868,107)	\$ -	-587%	4%
Normalized Benefits % of Wages	38%	-8%	62%	46%		51%	55%		-552%		0%	

Benefits at a % of Wages are down due to reduced pension now that employees are matching pension contributions. MDV increased due to higher volume of usage/claims. PTO incurred is now correctly included in wage costs.

Salaries, Wages & Benefits	\$ 4,554,886	\$ 2,807,833	\$ 5,243,073	\$ 1,747,053	(688,187)	\$ 29,663,273	\$ 27,181,353	\$ 31,202,074	\$ 2,481,920	\$ (1,538,801)	62%	9%
SWB/APD	\$ 3,860.07	\$ 2,544	\$ 1,316		\$ 5,312	\$ 8,812		\$ (3,499)			52%	-40%

Total SWB for December are higher due to inaccurate benefit accounting in December 2022 causing prior year to be too low. Wage increases offset decreases in pension benefits. Total YTD SWB is over 9% due to an increase in MDV expenses.

**PROFESSIONAL FEES**

Per Adjust Bed Day	\$ 1,946	\$ 1,555	\$ 391		1,946	\$ 2,612	\$ 5,562	\$ -	\$ (2,950)	\$ 2,612	25%	-53%
Total Physician Fee	\$ 1,416,488	\$ 1,356,161	\$ 1,100,788	\$ 60,327	315,700	\$ 8,893,390	\$ 8,336,496	\$ 6,524,744	\$ 556,894	\$ 2,368,646	4%	7%
Total Contract Labor	\$ 508,486	\$ (122,471)	\$ 418,094	\$ 630,957	90,392	\$ 2,719,574	\$ 5,513,108	\$ 2,584,519	\$ (2,793,534)	\$ 135,055	-515%	-51%
Total Other Pro-Fees	\$ 371,274	\$ 482,465	\$ 515,748	\$ (111,191)	\$ (144,474)	\$ 2,972,108	\$ 3,308,021	\$ 3,222,293	\$ (335,913)	\$ (250,185)	-23%	-10%
Total Professional Fees	\$ 2,296,248	\$ 1,716,155	\$ 2,034,630	\$ 580,093	261,618	\$ 14,585,072	\$ 17,157,625	\$ 12,331,556	\$ (2,572,553)	\$ 2,253,516	34%	-15%
Contract Paid FTEs	22.52	30.08	(7.56)		23.46	46.81		(23.35)			-25%	-50%
Physician Fee per Adjust Bed Day	\$ 1,200.41	1,229	(28.26)		\$ 1,593	2,703		(1,110)				

Physician expense increase due to anesthesia expenses, adding a general surgeon, and urology. However, this is contributing to higher volumes and revenue. YTD physician fee per adjusted bed day is lower than last year.

Contract labor reductions have occurred and is being limited to essential personnel.

**PHARMACY**

Per Adjust Bed Day	\$ 397	\$ 244	\$ 154		\$ 468	\$ 629		\$ (160)			63%	-26%
Total Rx Expense	\$ 468,935	\$ 268,920	\$ 344,898	\$ 200,016	124,037	\$ 2,615,189	\$ 1,939,229	\$ 2,151,227	\$ 675,960	\$ 463,962	74%	35%

Supplies are higher for December due to surgical volume increase. YTD supplies are higher to to higher volume especially in surgeries. However, on a per patient basis, YTD supplies are lower than prior year.

Northern Inyo Healthcare District  
Dec 2023 – Financial Summary

	<u>CY</u> <u>MONTH</u>	<u>PY</u> <u>MONTH</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget Variance</u>	<u>YTD</u>	<u>PY</u> <u>YTD</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget_Variance</u>	MOM % Variance	YOY % Variance	YTD Budget % Variance	
<b><u>MEDICAL SUPPLIES</u></b>														
Per Adjust Bed Day	\$ 288	\$ 407		\$ (118)		\$ 507	\$ 802		\$ (295)			-29%	-37%	
Total Medical Supplies	\$ 340,164	\$ 448,838	\$ 372,184	\$ (108,673)	(32,020)	\$ 2,829,649	\$ 2,474,048	\$ 2,227,880	\$ 355,601	\$ 601,769		-24%	14%	27%
Supplies are lower for December due to inaccurate accounting in prior year. YTD supplies are higher to to higher volume especially in surgeries. However, on a per patient basis, YTD supplies are lower than prior year.														
<b><u>EHR SYSTEM</u></b>														
Per Adjust Bed Day	\$ 142	\$ 49		\$ 93		\$ 128	\$ 306		\$ (177)			190%	-58%	
Total EHR Expense	\$ 168,118	\$ 54,304	\$ 151,595	\$ 113,814	16,523	\$ 715,877	\$ 942,998	\$ 909,570	\$ (227,121)	\$ (193,693)		210%	-24%	-21%
Inaccurate accounting last December causing expense to be too low. Current year is more reasonable.														
<b><u>OTHER EXPENSE</u></b>														
Per Adjust Bed Day	\$ 629	\$ 565		\$ 64		\$ 871	\$ 1,585		\$ (714)			11%	-45%	
Total Other	\$ 742,246	\$ 623,511	\$ 622,463	\$ 118,735	119,783	\$ 4,861,498	\$ 4,889,247	\$ 4,173,779	\$ (27,749)	\$ 687,719		19%	-1%	16%
YTD utilities are similar to prior year.														
<b><u>DEPRECIATION AND AMORTIZATION</u></b>														
Per Adjust Bed Day	\$ 292	\$ 321		\$ (29)		\$ 358	\$ 676		\$ (318)			-9%	-47%	
Total Depreciation and Amortization	\$ 344,330	\$ 353,863	\$ 369,092	\$ (9,533)	(24,762)	\$ 2,000,676	\$ 2,084,748	\$ 2,214,537	\$ (84,072)	\$ (213,861)		-3%	-4%	-10%
Total dollar consistent with run-rate.														
<b>Total Expenses</b>	\$ 8,914,927	\$ 6,273,423	\$ 9,137,935	\$ 2,641,504	(223,008)	\$ 57,271,234	\$ 56,669,248	\$ 55,210,623	\$ 601,986	2,060,611		42%	1%	4%

For the month, expenses are higher than prior year due to higher wage and benefit costs along with inaccurate accounting in prior year month. For the year, expenses are slightly higher due to higher MDV benefits.



**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: February 6, 2024  
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. *Credentialing – da Vinci Robotic Surgery*
2. *Newborn Blood Glucose Monitoring*
3. *Nitrous Oxide Use in the Intrapartum/Immediate Postpartum Period*
4. *Nursing Care of the Laboring Patient Receiving Regional Analgesia*
5. *Standards of Patient Care in the Perinatal Unit*

B. Medical Staff Appointments 2024-2025 (*action item*)

1. Naomi Lawrence-Reid, MD (*pediatrics*) – Courtesy Staff
2. Rachel Chamberlain, DO (*OB/GYN*) – Active Staff

C. Additional Privileges (*action item*)

1. Christopher Rowan, MD (*cardiology*) – request for privileges to perform loop recorder insertions

D. Cardiology Privilege Form Update (*action item*)

1. Addition of Invasive Cardiology Privilege Cluster

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



## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Credentialing - da Vinci Robotic Surgery		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Practitioners requesting robotic privileges		
Date Last Modified: 02/07/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/04/2016	

### PURPOSE:

To provide criteria for use in credentialing physicians who request privileges in da Vinci robotic surgery. For purposes of this policy, terms “da Vinci” and “robotic” are interchangeable.

### POLICY:

1. Surgeons must be M.D. or D.O. and Board Certified within their surgical specialty or surgical subspecialty.
2. Physicians performing robotic surgery must have privileges to perform the underlying procedure either as an open or laparoscopic procedure.
3. Surgical assistants in robotic surgery must have unrestricted privileges to assist in surgery.
4. Initial credentialing and reappointment of physicians and surgical assistants for robotic surgery must include satisfactory completion of training and proctoring, as outlined below.
5. To be a proctor, robotic credentialed providers need to have done at least 20 cases.

### PROCEDURE:

1. Initial Credentialing for Multiple Port Procedures
  - a. For surgeons with prior da Vinci experience:
    - i. Physicians must have privileges to perform the underlying procedure either as an open or laparoscopic procedure.
    - ii. If residency/fellowship training included robotic surgery training, provide:
      1. Letter from program director certifying competency for the requested privilege(s) and in the use of the da Vinci device; and
      2. The surgical log of a minimum of ten (10) da Vinci cases;
      3. Proctoring: A minimum of two (2) cases within a one-hundred-eighty (180) day period must be proctored by a da Vinci robotic-credentialed surgeon (preferably in their field). Additional training will be required prior to scheduling further cases if proctoring has not been completed within the specified time frame.
    - iii. For surgeons with prior da Vinci experience at an outside institution, and not through residency/fellowship training:
      1. Certification of delineated training from Intuitive Surgical (i.e., completion of Internet training module, Overview/Didactic session, and Skills Lab at the ISI Training Center).
      2. Ten (10) cases beyond proctoring and within the previous 24-month period must be submitted for review.

- c. Proctoring: Two (2) cases with a qualified single port surgeon.
3. Reappointment Criteria
- a. A minimum of ten (10) cases performed successfully during the previous 24-month period without a proctor present.
  - b. If less than ten (10) but greater than or equal to five (5) cases have been performed successfully during the previous 24-month period, the next two (2) cases must be successfully performed with the assistance of either a da Vinci robotic-certified surgeon on staff from within the same field or an outside proctor/preceptor.
  - c. If fewer than five (5) cases have been performed successfully within the previous 24-month period, additional certified hands-on training must be obtained either by simulator (with completion of Morristown Protocol and score of >90% [see Appendix I]), cadaver or animal lab AND the next two (2) cases must be successfully performed with the assistance of either a da Vinci robotic-certified surgeon on staff from within the same field or an outside proctor/preceptor.
  - d. If time between robotic cases is more than three (3) months, this will be referred to the appropriate Department Chief/Chair and/or Committees for review.
  - e. If time between robotic cases is more than six (6) months, the surgeon must provide case logs from other facilities. If unable to provide case logs, this will be referred to the appropriate Department Chief/Chair and/or Committees for instituting an appropriate Focused Professional Practice Evaluation (FPPE).
  - f. For single port procedures, a minimum of two (2) procedures must be performed during the previous 24-month period. If fewer than two (2) cases, training modules must be redone or the next one (1) case must be concurrently proctored by a qualified single port surgeon.
4. Ongoing Professional Practice Evaluation (OPPE)
- a. Robotic-performed cases may be reviewed on an ongoing basis by the appropriate Department/Committee with the goal of patient safety and successful performance of the procedure(s). This may include OR time, blood loss, conversion to open procedure, complications, length of hospital stay.

#### **REFERENCES:**

1. Culligan, P., Gurshumov, E., Lewis, C., Priestley, J., Komar, J., and Salamon, C. (2014). Predictive Validity of a Training Protocol Using a Robotic Surgery Simulator. *Female Pelvic Medicine and Reconstructive Surgery*, 20, 48-51. doi: 10.1097/SPV.0000000000000045
2. Lawson, L. (2015). Credentialing Criteria for Computerized DaVinci Surgical Platform (DVSP). Indiana University Health North Hospital. Bloomington, IN.
3. Naval Medical Center San Diego (NMCSD). (2011). Departmental Criteria for Robotic Surgery Itemized Privilege. Rev. ed. San Diego, CA.
4. Society of American Gastrointestinal and Endoscopic Surgeons. (2007). A Consensus Document on Robotic Surgery. New York, NY.
5. Tri-City Medical Center. (2014). Credentialing Policy, da Vinci Robotic Surgery. Rev. ed. *Medical Staff Policy Manual*. Oceanside, CA.

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

1. Records are kept as confidential credentialing and/or peer review files in the Medical Staff Office for the duration of the Medical Staff member's affiliation with NIHD, plus 6 years.

#### **CROSS REFERENCE POLICIES AND PROCEDURES:**

1. Focused and Ongoing Professional Practice Evaluation



## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Newborn Blood Glucose Monitoring		
Owner: Perinatal Nurse Manger	Department: Perinatal	
Scope: Perinatal LDRP RN		
Date Last Modified: 02/07/2024	Last Review Date: No Review Date	Version: 10
Final Approval by: NIHD Board of Directors	Original Approval Date: 12/17/15	

**PURPOSE:** To provide guidelines for blood glucose monitoring, screening and treatment for neonates at risk of hypoglycemia.

### DEFINITIONS:

**Hypoglycemia:** A condition in which blood sugar (glucose) level is lower than the standard range.

**Point of Care Testing (POCT):** clinical testing that occurs at the bedside or close to where treatment is provided.

**Prematurity:** Neonates born less than 37 weeks' gestation.

**Euglycemic:** A condition or state in which the blood glucose level is within normal range.

### POLICY:

1. All newborns will be assessed for the need to monitor blood glucose levels.
2. All infants with risk factors for hypoglycemia (asymptomatic) will undergo routine glucose screening. All symptomatic newborns will be immediately screened and physician notified.
3. All Point of Care Testing (POCT) will be done by heel stick blood sugar (HSBS) unless otherwise indicated.

### PROCEDURE:

1. A source of glucose must be established with regular feedings every 2 to 3 hours via breastfeeding or formula. Breastfeeding support and assessment of milk supply and infant latch must occur.
2. **INITIAL feed:** All infants should be fed within the first hour of life and prior to the first blood glucose check, unless unstable. If the first feed is delayed, or the infant is ordered NPO, the initial screen should occur between 60-120 minutes of life.
3. Symptoms of newborn hypoglycemia may include irritability, exaggerated Moro reflex, high pitched cry, decreased suck, temperature instability, jitteriness, tachypnea, apnea, lethargy, decreased tone, or seizures. If there is concern for hypoglycemia based on these symptoms, screen immediately. If blood glucose level is outside of defined parameters, notify pediatrician.
4. Newborns with the following identified risk factors should be monitored for **24 hours**:
  - o Prematurity
  - o Small for Gestational Age (SGA) -consider antepartum diagnosis of IUGR when assessing for SGA.
  - Infants requiring 24 hours of blood glucose monitoring require a total of 3 consecutive measurements within defined parameters in addition to the initial post-prandial check and a check at 24 hours of life (minimum 5 total checks) to be considered euglycemic. These checks should occur at approximately the following intervals:
    1. Initiate monitoring within 30-60 minutes after the first feed, or between 60-120 minutes of life if feeding is delayed.
    2. The second check should occur *before* the second feeding, (2-3 hours after the first feeding)
    3. The third check should occur *before* feeding, approximately between 9-12 hours of life.

SGA Chart

Gestational age, weeks	Male (grams)	Female (grams)
35	2205	2109
36	2407	2300
37	2596	2484
38	2769	2657
39	2908	2796
40	2986	2872
41	3007	2891
42	2998	2884
43	2977	2868
44	2963	2853

Recommended Feeding Volumes (human milk or formula)

Age/hrs	mL/Feed
0-24	2-10
24-48	5-15
48-72	15-30
72-96	30-60

Weight-Based Oral Glucose Gel Dosing Guidelines:  
Maximum 6 doses of gel can be given over 48 hours

Birth Weight (kg)	mL glucose/dose
≤2 kg	1mL
>2-2.5 kg	1.25 mL
>2.5-3 kg	1.5 mL
>3-3.5 kg	1.75 mL
>3.5-4 kg	2 mL
>4-4.5 kg	2.25 mL
>4.5-5 kg	2.5 mL

**RECORD RETENTION AND DESTRUCTION:**

Documentation is maintained within the patient medical record, which is managed by the NIHD Medical Records Department.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Admission, Care, Discharge and Transfer of the Newborn
2. Standardized Procedure for Admission of the Well Newborn

Supersedes: v.9 Newborn Blood Glucose Monitoring\*





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

Title: Nitrous Oxide Use in the Intrapartum/Immediate Postpartum Period*		
Owner: Perinatal Nurse Manger		Department: Perinatal
Scope: Perinatal RN		
Date Last Modified: 02/07/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** To provide guidelines for the administration of inhaled nitrous oxide analgesia to pregnant patients in the Perinatal Unit. This analgesia is delivered via demand at a fixed concentration of 50% nitrous oxide and 50% oxygen. This policy applies to the therapeutic use of nitrous oxide analgesia for peripartum clinical situations such as labor pain, external cephalic version, manual removal of the placenta, extensive perineal repair and other painful procedures.

**COMPETENCIES:**

Staff involved in the administration of and/or care of patients receiving nitrous oxide shall undergo training and demonstrate competency. A skills checklist shall be completed during this training and maintained in the staff member’s competency manual. Education of Perinatal Unit staff will include instruction in:

1. Patient assessment, including indications and contraindications for the use of nitrous oxide
2. Benefits and risks of nitrous oxide use for labor analgesia
3. Setup and use of the nitrous oxide administration equipment
4. Patient monitoring and communication with OB provider during use of nitrous oxide
5. Potential side effects and their management
6. Patient support and education to enhance effectiveness of the therapy

**POLICY:**

- A. Nitrous oxide use during the peripartum period:
  1. Administration of nitrous oxide is under the direction of OB providers and implemented by trained Perinatal Unit RN’s.
  2. Initial and ongoing patient teaching is performed by Perinatal Unit RNs and/or OB providers to maximize patient satisfaction and efficacy.
  3. Intravenous access is desirable, but not required, for nitrous oxide administration.
  4. Nitrous oxide may be administered by a qualified Perinatal Unit RN at any time and for any duration during labor or immediate postpartum procedures per MD orders.
  5. The OB provider is immediately available to nursing staff by telephone or in person to address any concerns for the duration of nitrous oxide administration.
  6. The following guidelines must be followed regarding the use of nitrous oxide and opioids:
    - a. Patient may not receive additional opioids during nitrous oxide administration.

- b. Nitrous oxide may be initiated 6 hours after “Morphine sleep” or similar opioid administration including fentanyl.
- c. Nitrous oxide may be initiated at any time following discontinuation of Fentanyl.
- d. If nitrous oxide use is discontinued, opioids can be given immediately per MD orders.
- e. If an epidural is in use, nitrous oxide may not be initiated without approval of an OB and/or Anesthesia provider.
- f. ACOG and American Society of Anesthesiologists note that nitrous oxide should not be combined with systemic opioids or sedatives due to increased risk of sedation, respiratory distress and maternal hypoxemic episodes.

**B. Precautions/Contraindications**

1. Use with Caution in the following cases:
  - a. Current vitamin B12 deficiency – if B12 is within normal limits with replacement therapy, nitrous is not contraindicated
  - b. Hemodynamic instability
  - c. Impaired oxygenation
2. Contraindications include but are not limited to:
  - a. Recent history of pneumothorax, pulmonary hypertension, emphysema
  - b. Increased intracranial or intraocular pressure
  - c. Recent middle ear or intraocular surgery
  - d. Bowel obstruction
  - e. Acute drug or alcohol intoxication
  - f. Impaired consciousness
    - i. Any presence of bodily space that the nitrous gas could potentially fill, causing increased gas volume and pressure within closed spaces.
  - g. Current use of systemic opioids or sedatives
    - i. ACOG and American Society of Anesthesiologists note that nitrous oxide should not be combined with systemic opioids or sedatives due to increased risk of sedation, respiratory distress and maternal hypoxemic episodes.
3. Patient inability to hold their own facemask is an absolute contraindication to nitrous oxide use.

**C. Nitrous Oxide Tanks**

1. Nitrous oxide tanks are stored in locked and secure area.
2. Perinatal nursing staff, Maintenance and Respiratory Therapy (RT) will inventory and maintain adequate supply as per standard NIHD practices.
3. Tanks are to stay in the cart at all times during storage and administration.

**PROCEDURE:**

**A. Setup and Administration of Nitrous Oxide**

1. Pre-treatment Evaluation
  - a. Assessment of patient suitability for nitrous oxide administration and absence of contraindications.
  - b. Obtain set of complete vital signs, including blood pressure, heart rate, respirations, oxygen saturation and temperature. Assess pain score and perception. Obtain baseline level of consciousness assessment.
  - c. Obtain a Non-Stress Test (NST) – Category 1 fetal heart rate tracing must be obtained prior to initiation of nitrous oxide.

- a. If fetal heart rate tracing is not Category I, notify provider prior to initiation of nitrous oxide.
2. Set-up: RN verifies equipment is properly connected and operating. Confirms that disposable circuit is attached for single use.
  - a. Prior to initiation, Nitronox machine should be checked for proper functioning including appropriate readings on all line/tank pressure gauges, N<sub>2</sub>O/O<sub>2</sub> mixture gauge and scavenging system. The individual line pressures for both nitrous oxide and oxygen should read in the green area on the gauges (40-65 psi) and the mixture pressure should read in the green area on the mixture gauges (25-45 psi).
3. Patient Preparation:
  - a. Informed verbal consent of patient to include possible side effects: nausea, vomiting, vertigo, dizziness, drowsiness.
  - b. Patient counseled and verbally consented that they will move only with assistance for the duration of nitrous oxide therapy.
  - c. Instruct patient and support persons about self-administration:
    - i. Placement of mask to create seal
    - ii. Timing of breathing for maximum analgesic effect, including use of nitrous oxide at the initial perception of contraction pain or prior to procedure start.
    - iii. Patient is to hold mask at all times. Under no circumstance are family members or clinical staff permitted to assist patient in holding mask.
4. Termination of use: Nitrous oxide use may be terminated when patient desires or when need for analgesia is no longer present. If at any time there is concern for maternal or fetal well-being, nitrous oxide therapy may be temporarily discontinued at the discretion of the OB provider, Anesthesia provider, or Perinatal Unit RN. When deemed safe and appropriate, nitrous oxide use may be re-initiated if the patient desires.
5. Assessment of vital signs, pulse oximetry, pain and level of consciousness:
  - a. Routine monitoring of vital signs for a laboring patient based on risk status and stage of labor
    - i. Continuous pulse oximetry monitoring is not required during the use of nitrous oxide.
  - b. Routine and ongoing assessment of the following:
    - i. level of consciousness
    - ii. pain score
    - iii. analgesia efficacy, patient response to analgesia

**DOCUMENTATION:** All of the following documentation must be included in the patient electronic medical record.

1. Date and time of initiation and discontinuation of nitrous oxide administration
2. Initial and ongoing assessments of vital signs including blood pressure, heart rate, respirations, oxygen saturation and temperature
3. Initial and ongoing assessments of level of consciousness and pain score
4. Initial and ongoing assessments of patient response to treatment
5. Adverse effects, interventions and patient response
6. All education provided to patient and family regarding nitrous oxide self-administration.

**ENVIRONMENTAL ISSUES:**

- A. Nitrous oxide (Nitronox) delivery equipment is inspected annually by biomedical engineering. Periodic gas monitoring is performed in accordance with manufacturer's recommendations.

## REFERENCES:

American College of Obstetricians and Gynecologists. (2019). ACOG practice bulletin No. 209 Obstetric Analgesia and Anesthesia. *Obstetrics & Gynecology*, 133(3), e208-e224

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Knuf K, Maani CV. Nitrous Oxide. [Updated 2023 Aug 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532922/>

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Rollins, M.D., Arendt, K.W., Carvalho, B., Vallejo, M. & Zakowski, M. (2019). Nitrous oxide. ASA Committee on Obstetric Anesthesia Working Group. <https://www.asahq.org/about-asa/governance-and-committees/asa-committees/committee-on-obstetric-anesthesia/nitrous-oxide>

Steen Stewart, L. & Collins, M. (2012). Nitrous oxide as labor analgesia. *Nursing for Women's Health*, 16:398-409. <https://doi.org/10.1111/j.1751-486X.2012.01763.x>

## RECORD RETENTION AND DESTRUCTION:

Supersedes: v.2 Nitrous Oxide Use in the Intrapartum/Immediate Postpartum Period*
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**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY AND PROCEDURE**

<b>Title: Nursing Care of the Laboring Patient Receiving Regional Analgesia</b>		
<b>Owner: Perinatal Nurse Manger</b>	<b>Department: Perinatal</b>	
<b>Scope: Perinatal RN</b>		
<b>Date Last Modified: 02/07/2024</b>	<b>Last Review Date: No Review Date</b>	<b>Version: 1</b>
<b>Final Approval by: NIHD Board of Directors</b>		<b>Original Approval Date:</b>

**PURPOSE:** To provide guidelines for the assessment and monitoring of patients receiving neuraxial anesthetic/analgesic (Epidural, Spinal, Combined Spinal Epidural (CSE), or Patient Controlled Epidural Analgesia (PCEA)).

**DEFINITIONS:**

**Dermatome:** a specific area of skin and tissue that is innervated by a single spinal nerve. Assessment of sensation is performed to determine the dermatome level(s) affected by neuraxial anesthetic/analgesic.

**Monitoring:** includes observation of the patient’s response to analgesia, including assessment of pain, side effects and complications.

**POLICY:**

1. A provider order must be documented in the patient’s electronic medical record (EMR) prior to the initiation of procedure.
2. Informed consent must be obtained *by the provider* prior to the initiation of the procedure. The patient shall be given the opportunity to have any questions answered by the provider prior to the initiation of the procedure.
3. An IV is to be placed prior to initiation of neuraxial analgesia and remains in place until at least 2 hours postpartum and/or the discontinuation of anesthesia orders.
4. Controlled substances are to remain locked during infusion.
  - a. The delivery device key is secured at all times.
  - b. The delivery device key pad/screen is to remain locked during infusion.
5. All infusions require an independent double check of analgesic that includes confirmation of correct medication, amount, and pump settings at the following times:
  - a. On initiation
  - b. With change of dose
  - c. With change of caregiver/at change of shift
  - d. With change of medication bag
6. Accumulated volume is to be cleared and documented every shift at shift change with 2 RN verification.
7. Diet order is at the discretion of the anesthesia provider and must be documented in the EMR.

**PROCEDURE:**

**Role of Perinatal Registered Nurse when Caring for Patient with Regional Analgesia:**

1. Reviews labs and vital signs, including CBC results, specifically platelets and/or clotting studies (if available) and report findings to appropriate provider(s).
2. Provides patient and family education.
3. Assists anesthesia provider with patient positioning and monitoring of vital signs during epidural catheter insertion.
4. Performs patient assessments prior to, during, and after discontinuation of neuraxial analgesia to determine effectiveness of medication and to identify potential complications. Assessments include use of Bromage Scale (Appendix A), Dermatome Level (Appendix B), and signs/symptoms of CNS toxicity.
5. Assesses and documents catheter insertion site and dressing at least every 8 hours and PRN.
6. Initiates bag changes when reservoir is empty per provider order.
7. Initiates emergency measures including stopping the infusion if indicated.
8. Stops the epidural pump when no longer indicated/after delivery.

### **Assessment and Monitoring:**

- Vital Signs (blood pressure, heart rate, oxygen saturation & respiratory rate) are to be assessed at initiation and with any rate increase. Vital signs are to be assessed at the following intervals:
  - q2 minutes x 5
  - q5 minutes x 4
  - q15 minutes x 2 hours
  - q30 minutes until delivery and PRN

If anesthesia initiates a bolus, assess vital signs q5 minutes x 3, and then resume q30 minute checks.

Notify anesthesia provider of unexpected changes in vital signs per provider order, sedation level or level of consciousness.

- Sensory and motor function is to be assessed and documented by dermatome level and Bromage scale every 1-2 hours.
- CNS toxicity are to be assessed every 2 hours. If presence of circumoral numbness, muscle twitching and/or tinnitus is found, notify anesthesia provider immediately.
- Insertion site and dressing assessment to include swelling, hematoma, redness, bleeding, drainage and catheter dislodgements will be assessed every 8 hours, or more frequently if needed. Notify anesthesia provider if abnormal findings occur.

### **Care Considerations:**

- Frequent position changes should occur. Maintain uterine displacement to promote placental perfusion.
- A Foley catheter should be placed following initiation of regional analgesia and regular assessment must be performed to ensure bladder distension does not occur throughout labor. If the patient refuses catheterization, the Perinatal Registered Nurse must assess for bladder distention at least every 2 hours.
- Effectiveness of therapy and relief of pain will be assessed using pain scale every hour.

### **Discontinuation of therapy:**

- The infusion pump will be stopped following delivery of the infant or at the direction of the provider.
- Upon discontinuation of therapy, the Perinatal Registered Nurse will:

- Assess for regression of analgesia and document findings of dermatomes and Bromage score every hour x 2. If full sensation and function is not achieved after 2 hours following discontinuation, notify anesthesia provider for assessment.
- Remove catheter unless there is indication the patient may require surgical intervention including tubal ligation or exploration of postpartum bleeding.
- To remove catheter, position patient to ensure proper vertebral space. Apply gentle traction to remove. If resistance is met, stop and notify anesthesia provider. Ensure the catheter tip is intact. If no black tip is noted, notify the anesthesia provider immediately.
- Document removal of catheter and patient response in electronic medical record.

## REFERENCES:

AWHONN (2011). Perioperative Care of the Pregnant Woman.

AWHONN (2015). Position Statement: Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter technique. *JOGNN* 44, 151-154.

Banner Health (2020). Nursing care of the laboring patient receiving regional analgesia.

Epidural catheter insertion, assisting. (2023). In Lippincott procedures. Retrieved from <http://procedures.lww.com.lnp/view.do?pld=3358988&disciplineId=6182>

## RECORD RETENTION AND DESTRUCTION:

Supersedes: Not Set
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**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY AND PROCEDURE**

Title: Standards of Patient Care in the Perinatal Unit		
Owner: Perinatal Nurse Manger	Department: Perinatal	
Scope: Perinatal RN		
Date Last Modified: 02/07/2024	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** To provide safe and thorough assessment and care guidelines for antepartum, intrapartum, and postpartum patients in the obstetric unit, in accordance with AWHONN and ACOG guidelines. To provide evidence-based guidelines for the frequency of fetal heart rate assessment and documentation for laboring patients in the Perinatal Unit. To standardize the use of NICHD definitions and classifications to document and communicate fetal status. Additionally, to provide guidance regarding safe and timely transfer to higher level of care when required.

**DEFINITIONS**

**Qualified Perinatal Unit RN:** A Registered Nurse in the Perinatal Department who has successfully completed unit orientation, intermediate or advanced fetal monitoring class and who is able to independently care for intrapartum patients after evaluation completed by Perinatal Unit Manager or Assistant Manager.

**Qualified RN or LVN:** A registered Nurse or Licensed Vocational Nurse who has successfully completed the designated unit orientation, and required certifications stated on their job descriptions.

*Assessment of fetal status* requires that the Registered Nurse with competency in fetal heart monitoring acknowledge ongoing review of the fetal strip.

*Documentation* requires comprehensive charting of the fetal strip in the electronic medical record EMR, including fetal status and contraction pattern.

**Continuous Fetal Monitoring:** the continuous and ongoing use of external or internal fetal monitoring device to assess the condition of the fetal heart rate and contraction pattern.

**Intermittent Fetal Monitoring:** the use of an external monitoring device (i.e. external Doppler) to listen to fetal heart sounds, in addition to palpation of uterus to determine uterine/contraction activity.

**AWHONN:** Association of Women’s Health Obstetrics Neonatal Nursing

**NICHD:** National Institute of Child Health and Human Development

**ACOG:** American College of Obstetricians and Gynecologists



Patient care is to include consideration of patient’s psychosocial, environmental, cultural, and spiritual needs. Consider patient preferences when developing plan of care.

### Intrapartum Nursing Guidelines

<b>Maternal Status</b>	<b>Vital Signs</b> (BP, HR, SpO2, RR, Temp)	<b>Focused Physical Assessment</b>	<b>Gestational Hypertension Evaluation</b>
<b>Labor, low risk without epidural or induction/augmentation</b>	On admission, then every 4 hours. Temperature every 1 hour if ruptured.	On admission, with every shift change, and PRN.	On admission, with every shift change, and PRN.
<b>Labor, with epidural</b>	Refer to Epidural Guidelines/order set.  Temperature every 1 hour if ruptured.	Upon epidural initiation, then every shift change, and PRN. Assessment includes verification of order, pump settings, epidural site, effectiveness, and mobility/sensation.	Upon epidural initiation, then every shift change, and PRN.
<b>Labor, with oxytocin administration</b>	Refer to Oxytocin Administration Guidelines/order set. Temperature every 1 hour if ruptured.	With every shift change, and PRN. Assessment includes verification of order, pump settings, and fetal well-being.	With every shift change, and PRN.
<b>Cervical Ripening including:</b> Misoprostol (Cytotec) Cervidil	On admission, then every 4 hours. Temperature every 1 hour if ruptured.	On admission, with every shift change, and PRN.	On admission, with every shift change, and PRN.

### Intrapartum Fetal Monitoring

#### Continuous Fetal Monitoring (CEFM)

	<b>Latent Phase</b> (<4-6cm and/or no cervical change)		<b>Active Phase</b> (≥6cm and/or cervical change)	<b>Second Stage</b> (passive fetal descent)	<b>Second Stage</b> (active pushing)
	<b>Low Risk*</b>	<b>High Risk**</b>			
<b>Assessment</b>	Every 30 minutes	Every 15 minutes	Every 15 minutes	Every 15 minutes	Every 5 minutes
<b>Documentation</b>	Every 1 hour	Every 30 minutes	Every 30 minutes	Every 30 minutes	Every 15 minutes <i>with continuous nursing bedside attendance</i>

### Intermittent Auscultation (IA)

	<b>Latent Phase (&lt;4-6cm and/or no cervical change)</b>	<b>Active Phase (≥6cm and/or cervical change)</b>	<b>Second Stage (passive fetal descent)</b>	<b>Second Stage (active pushing)</b>
<b>Assessment &amp; Documentation</b>	Hourly, and at the discretion of RN/provider	Every 15 minutes	Every 15 minutes	Every 5 minutes

### Postpartum Nursing Guidelines

<b>Maternal Status</b>	<b>Vital Signs</b>	<b>Fundus, Lochia, Perineum</b>	<b>Intake &amp; Output</b>	<b>Surgical Incision /Repair</b>
<b>Vaginal Birth</b>	Every 15 minutes x2 hours, then  Every 8 hours until discharge. May perform more frequently if indicated.	Every 15 minutes x2 hours, then every 4 hours x 2, then every 8 hours until discharge. May perform more frequently if indicated.	I&O will be measured while indwelling catheter is in place or when intermittent catheter is used to empty bladder. Measure first two voids after catheter is removed.	Repair will be visualized by RN and MD, and then assessed by RN every 15 minutes x2 hours, then every 4 hours x2, then every 8 hours until discharge. May perform more frequently if indicated.
<b>Cesarean Birth, beginning in PACU</b>	Every 15 minutes x2 hours, then every 4 hours x24hours, then every 8hours until discharge. May perform more frequently if indicated.	Every 15 minutes x2 hours, then every 4 hours x 2, then every 8 hours until discharge. May perform more frequently if indicated.	I&O will be measured while indwelling catheter is in place or when intermittent catheter is used to empty bladder. Measure first two voids after catheter is removed.	Repair will be visualized by Perinatal RN during handoff in PACU and will be assessed alongside fundus, lochia and perineum assessments. Incision will be monitored for signs of infection.



## Cardiovascular Disease

Delineation of Privileges

Applicant's Name: ,

### Instructions:

1. Click the Request checkbox at the top of a group to request all privileges in that group.
2. Uncheck any privileges you do not want to request in that group.
3. Sign form electronically and submit with any required documentation.

### Facilities

NIHD

### Required Qualifications

**Education/Training** Completion of an ACGME or AOA accredited Residency training program in Internal Medicine.

**AND** Completion of an ACGME accredited fellowship training program in Cardiovascular Disease or an AOA accredited fellowship training program in Cardiology.

**Certification** Current certification or active participation in the examination process leading to certification in Cardiovascular Disease by the American Board of Internal Medicine or AOA equivalent.

**Clinical Experience (Initial)** Applicant must provide documentation of provision of cardiovascular disease services representative of the scope and complexity of the privileges requested during the previous 24 months. (waived for applicants who completed training during the previous year).

**Clinical Experience (Reappointment)** Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 24 months.

**Additional Qualifications for Device Related Privileges** Applicant must have completed manufacturer designated training including human subjects experience when device related privileges are requested OR provide documentation of training and current clinical competence if training occurred during fellowship.

### Core Privileges in Cardiovascular Disease

**Description:** Evaluation, diagnosis, consultation and treatment of patients with acute and chronic cardiovascular conditions.

**Request** Check the Request checkbox to select all privileges listed below.  
Uncheck any privileges you do not wish to request in the group.

- Currently Granted privileges

Perform history and physical examination

Evaluate, diagnose, provide consultation and medically manage and treat patients with cardiovascular complaints. Privileges include medical management of general medical conditions which are encountered in the course of caring for the cardiovascular patient.

#### Procedures

Arterial line insertion

<input type="checkbox"/>	Elective cardioversion
<input type="checkbox"/>	Electrocardiogram (EKG) interpretation including ambulatory monitoring
<input type="checkbox"/>	Insertion of central venous catheter
<input type="checkbox"/>	Transthoracic echocardiography
<input type="checkbox"/>	Stress testing: exercise or pharmacologic

### FPPE (Department Chief to select)

<input type="checkbox"/>	5 retrospective chart reviews reflective of the scope and complexity of privileges granted
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### Privilege Cluster: Invasive Cardiology

**Description:** Invasive procedures excluding therapeutic heart catheterization

#### Qualifications

**Clinical Experience - Initial Privileges** Applicant must provide documentation of provision of invasive cardiology services representative of the scope and complexity of privileges requested during the previous 24 months (waived for applicants who completed fellowship training in cardiovascular disease during the previous year).

**Clinical Experience - Renewal of Privileges** Applicant must provide documentation of provision of invasive cardiology services representative of the scope and complexity of privileges requested in the previous 24 months.

**Additional Qualifications** Applicant must be qualified for and granted Primary Privileges in Cardiovascular Disease.

<b>Request</b>	<p>Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group.</p> <p><input type="checkbox"/> - Currently Granted privileges</p>
	<p><b>Procedures</b></p> <p><input type="checkbox"/> Insertion and management of temporary transvenous pacemaker</p> <p><input type="checkbox"/> Insertion and management of subcutaneous cardiac rhythm monitor (i.e., implantable loop recorder)</p> <p><input type="checkbox"/> Pericardial drainage, including pericardiocentesis and percutaneous catheter drainage, including imaging guidance</p>

### FPPE (Department Chief to select)

<input type="checkbox"/>	Concurrent evaluation of 2 procedures representative of the scope of privileges granted
<input type="checkbox"/>	Retrospective review of 5 cases or procedures representative of the scope of privileges granted

### Transesophageal Echocardiography (TEE)

**Description:** Placement of the transesophageal probe, image acquisition and interpretation.

## Qualifications

<b>Education/Training</b>	Successful completion of an ACGME accredited residency or fellowship training program that included education and direct experience in transthoracic echocardiography (TEE) with performance and interpretation of supervised cases. Confirmation of completion of level 2 training and current clinical competence from the residency or fellowship program director if the training was completed during the previous 24 months <b>OR</b> National Board of Echocardiography certification in TEE.
<b>Clinical Experience (Initial)</b>	Documentation of ongoing clinical practice representative of the scope of privileges requested during the previous 24 months.
<b>Clinical Experience (Reappointment)</b>	Documentation of ongoing clinical practice representative of the scope of privileges requested during the previous 24 months.

Request

Check the Request checkbox to select all privileges listed below.  
Uncheck any privileges you do not wish to request in the group.

- Currently Granted privileges

Transesophageal Echocardiography (TEE) including probe placement, image acquisition and interpretation

## FPPE (Department Chief to select)

<input type="checkbox"/>	Concurrent review of 1 case
<input type="checkbox"/>	Retrospective review of 3 cases
<input type="checkbox"/>	Feedback from Cardiopulmonary Director

## Acknowledgment of Applicant

I have requested only those privileges for which by education, training, health status, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Northern Inyo Healthcare District and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

NIHD

## Department Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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CALL TO ORDER Northern Inyo Healthcare District (NIHD) Board Chair Melissa Best-Baker called the meeting to order at 5:30 p.m.

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

ABSENT

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.

There were no comments from the public.

**NEW BUSINESS**

DISCUSSION REGARDING REVIEW/AMENDMENT OF BYLAWS TO ADDRESS BOARD COMMITTEES Chair Best-Baker called attention to the discussion review/amendment of Bylaws to address Board.

Discussion ensued. Chair Best-Baker recommended that the committee structure be handed to the Governance Committee.

**Motion by:** Melissa Best Baker

**Seconded by:** Jean Turner

**Passed 5-0 vote**

APPOINT BOARD MEMBERS TO GOVERNANCE STANDING COMMITTEE

Vice Chair Jean Turner & Treasurer David McCoy Barrett were appointed by the Board.

**Motion by:** Mary Mae Kilpatrick

**Seconded by:** Ted Gardner  
**Passed 5-0 vote**

APPOINT BOARD  
MEMBERS TO AD HOC  
COMMITTEE

Chair Melissa Best-Baker & Member at Large Mary Mae were appointed by the Board.

**Motion by:** Jean Turner  
**Seconded by:** Ted Gardner  
**Passed 5-0 vote**

CHIEF EXECUTIVE  
OFFICER REPORT

Chair Best-Baker called attention to the Chief Executive Officer Report. Mr. DelRossi reported the following:

- Growth – NIHD has recently contracted Dr. George Hanna who is a Neurosurgeon from Southern California who will start providing routine office visits at NIHD. Dr. Hanna was very impressed with our O.R. and is excited to start seeing patients. Dr. Hawkins also added that NIHD has not seen this type of service line and we are excited to cautiously expand Neurosurgery services.
- CFO Search – Mr. DelRossi provided the Board with an update that the final two CFO candidates were onsite visiting Bishop this week and undergoing the final interview processes.
- Keenan Breach – Compliance Officer Patty Dickson presented the details of the recent breach. Discussion ensued.
- Siemens – Mr. DelRossi reported that Siemens, NIHD's Bond holders are very pleased with the progress being made to our financials.

CHIEF FINANCIAL  
OFFICER REPORT

Chair Best-Baker introduced the Chief Financial Officer report.

- Financial & Statistical Reports:
  - Andrea Mossman presented the financial & statistical report. Discussion ensued.

**Motion by:** Ted Gardner  
**Seconded by:** David McCoy Barrett  
**Passed 5-0 vote**

- Revenue Cycle:
  - Mr. DelRossi reported that we have been doing business with RSM for one year now, and that the training RSM has provided to our staff has been invaluable.
  - Mr. DelRossi also added that we are currently in the process of hiring a defense auditor who has both clinical and financial certifications and training; she will begin working on the denials starting February.
- Cash Collections:
  - CEO DelRossi has been working closely with our Billing Office Manager and has seen positive growth concerning



cash collection processes and workflows.

**CHIEF OF STAFF  
REPORT**

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

LOCUM TENENS – 120  
DAY EXENTION

Dr. Sierra Bourne introduced the Locum Tenens – 120 Day extensions.

Dr. Sierra Bourne read the appointments aloud. Discussion ensued.

**Motion by:** Jean Turner

**Seconded by:** David McCoy Barrett

**Passed 5-0 vote**

FORMS / POLICIES

Dr. Sierra Bourne provided an overview of the policies/procedures.

- Policies
  - Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)
  - Standardized Protocol – Laboratory and Diagnostic Testing Policy
  - Standardized Protocol – Management of Acute Illness
  - Standardized Protocol – Management of Chronic Illness
  - Standardized Protocol – Management of Minor Trauma
  - Standardized Protocol – Medication / Device Policy

Discussion ensued. Chair Best-Baker had a question on the CPP policy. Discussion ensued, and updates were proposed and agreed on.

**Motion by:** Melissa Best-Baker

**Seconded by:** Ted Gardner

**Passed 5-0 vote**

MEDICAL EXECUTIVE  
COMMITTEE REPORT

Dr. Sierra Bourne provided the Medical Executive Committee meeting report.

Discussion ensued.

CONSENT AGENDA

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

- *December 20, 2023 Regular Board Meeting Minutes*
- *Department Reports*
- *Approval of Policies and Procedures:*
  - i. *Investment Annual Plan*
  - ii. *Billing and Collections*
  - iii. *Pricing Transparency Policy*
  - iv. *Hospital Accounts*
  - v. *Wages – Punch Detail Report (06-01)*
  - vi. *Benefits – Lifetime Benefit Hours (LBH)*

- vii. *Worker Housing Policy*
- viii. *Wages – Payroll Deductions (06-03)*
- ix. *Shift Differential*
- x. *Payroll Advances*
- xi. *Assignments and Garnishments*

Discussion ensued. Board decided to table policy Billing and Collections for edits.

**Motion by:** Jean Turner  
**Seconded by:** David McCoy Barrett  
**Passed 5-0 vote**

GENERAL INFORMATION  
FROM BOARD MEMBERS

Chair Kilpatrick called for information from Board Members.

Discussion ensued.

ADJOURNMENT

Adjournment at 07:39 p.m.

\_\_\_\_\_  
Melissa Best-Baker, Northern Inyo Healthcare  
District, Chair

Attest:

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

CALL TO ORDER                      The meeting was called to order at 5:35 p.m. by Melissa Best-Baker, Northern Inyo Healthcare District (NIHD) Board Chair.

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

ABSENT                                 Melissa Best-Baker, Chair

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

There were no comments from the public.

FY 2023 AUDIT                        Vice Chair Turner called attention to the FY 2023 Audit.

Adam Roth from CliftonLarsonAllen LLP presented the FY 2023 Financial audit and findings. Discussion ensued.

**Motion by:** Ted Gardner  
**Second by:** David McCoy Barrett  
**Passed 4-0 vote**

FY 2024 UPDATED OPERATIONAL BUDGET                      Vice Chair Turner called attention to the FY 2024 Update Operational Budget.

**Motion by:** Mary Mae Kilpatrick  
**Second by:** David McCoy Barrett  
**Passed 4-0 vote**

ADJOURNMENT

Adjournment at 7:02 p.m.

\_\_\_\_\_  
Mary Mae Kilpatrick, Northern Inyo Healthcare  
District, Chair

Attest:

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



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 Ext. 3415

DATE: February 2024  
TO: Board of Directors, Northern Inyo Healthcare District  
FROM: Allison Partridge COO-CNO  
RE: District Updates

---

## REPORT DETAIL

**The Department Leaders have contributed to this report with an overview of the ongoing work in their areas of oversight.**

### **Acute/Subacute and ICU**

The Acute/Subacute unit has one Per Diem RN position and one Full-time CNA position vacant. As of 1/25/24, there are zero travelers on the Acute/Subacute unit. The Intensive Care Unit has one vacant full-time RN position, which a traveler currently fills.

The inpatient units are working to improve the percentage of patients who receive the influenza vaccine during flu season. This focused work utilizes an admission screening process and collaboration with our Providers.

The inpatient units continue to utilize the Sevaro Tele Neuro services, providing care for patients who would have previously been transferred to a higher level of care.

The Acute/Subacute and Perinatal Departments are preparing for the go-live of My Child 6, a new infant/pediatric security system. Go live for the new system is scheduled for mid-February.

A manager has been hired for the Acute/Subacute and the ICU. Our new manager brings over 20 years of critical care experience and is scheduled to join our NIHD team on 4/29/24.

### **Perinatal**

The perinatal department continues to work on the Beta Quest for Zero, which includes training on fetal heart monitoring, collaboration with other healthcare facilities to implement clinical education, and working to reduce our nulliparous, term, singleton, vertex C-sections through the implementation of the CMQCC labor dystocia algorithm.

Work is underway to evaluate and update department policies and workflows to ensure the prenatal department is operating in the most efficient way possible and with evidence-based workflows.

The department is also evaluating and optimizing the charge reconciliation and supply scanning processes.

Additional perinatal projects include:

- Review and updating of department order sets to align with policy and department protocols
- Optimization of the department on-boarding and transition in practice orientation
- MyChild Infant Security system conversion
- Implementation of department huddles
- Preceptor training specific to OB nursing
- OB/OR collaboration for emergent and non-emergent C-Sections
- RN competency validation for Epidural assessment and documentation
- RN competency validation for collection of neonatal cord blood gases

## **Emergency Department**

The Emergency Department has no vacant positions. However, one traveler is in place to assist with a medical leave.

The Emergency Department is currently working on the following projects

- Tier 1 & Tier 2 Beta projects
- Optimization and compliance improvement of bar code scanning medications

## **Perioperative**

The PACU has no vacant positions. However, there is one traveler in place to assist with medical leave.

The OR has two open positions, with two travelers filling the positions until permanent staff are secured.

The Perioperative Department is working on the following projects

- Cardiology procedures with Dr. Rowan
  - Loop Recorders
  - Trans Esophageal Echocardiograms
  - Cardioversions

## **Infection Prevention**

Inyo County and the District continue to see respiratory illness (RSV, Flu, and COVID-19).

Infection Prevention collaborates closely with County Public Health and CDPH regarding respiratory illness season, emerging diseases and disease reporting.

Infection Prevention is collaborating with lab leadership and purchasing in trialing new butterfly sharps blood collection devices to help decrease sharps injuries. The District will be trialing several different devices.

### **Importance: Decrease blood-borne sharps injuries**

Selecting engineered sharps injury prevention devices gives healthcare organizations and front-line team members a systematic way to determine and document which devices will best meet their needs. The selected devices must be acceptable for clinical care and provide optimal protection against injuries. The selection process includes collecting information, allowing the organization to decide which device to implement. Once the device is selected, education and training are provided to front-line team members.

## **Employee Health**

### **Healthcare worker influenza vaccine rates 2023-2024 season (Goal $\geq$ 72%)**

- Percentage of HCW vaccinated: **59%**
- Percentage of HCW with Documented declination: **17%**
- Number of HCW with Unknown Status: **24%**
  - **Action plan to increase rate and unknown status.**
    - Every two weeks, the employees with unknown status receive an email reminder
    - Employee Health continues to host walk-in flu vaccination clinics. M-F 11:30-12:30
    - House Supervisors assist after hours and on the weekends with administering flu vaccines

Employee Health and the Rehab department began 2024 departmental ergonomic rounding. This team works with the department's team members and leadership to identify and mitigate risks related to musculoskeletal and ergonomics injuries. Findings and action plans are reported to the Safety Committee.

Our NIHD Employee Health clerk has begun supporting our new employee on-boarding process with Respirator Fit testing. Fit testing is the method for finding the respirator that fits the employee's face and ensuring it provides a tight seal to help keep them protected from airborne diseases such as COVID-19, TB, and measles. Incorporating our Employee Health clerk in this workflow promotes efficiency and assures our new team members are ready for the clinical environment on day one.

## **Facilities Department Update**

Project Updates:

### Pharmacy

Our status is as follows: plumbing is 100% complete minus finishes (sinks, valves). Mechanical is 100% roughed in, both the wet side and ductwork. All framing and drywall are complete and painted. The overhead Tbar is in place, and the ceiling inspection with HCAI was completed. Stemming from the HCAI inspection, some items have been corrected. The last "correction" for additional Tbar supports is under review with the architect in consultation with HCAI to determine the necessity as it would be an extra cost to NIHD.

Our current hurdle is getting the Air handler unit turned on. This will open the door for the rest of the finishes. Contractors (casework and flooring) are scheduled in anticipation of the Air handler going online.

We are looking at a substantial work completion date in late April.

### Infusion

The project is on track for substantial work completion in late April. Project Management is coordinating the move project into this new space.

#### PMA Roof

Currently underway, expected completion in the middle of February.

#### Rehab Move

Completed January 19th. The Rehab unit welcomed patients to the new area on the afternoon of January 19th.

#### Rehab Building Removal

Working with Wilscot to schedule the pickup of this modular building.

#### 1967 Building Fire Alarm System Replacement

We are working with our design and construction management team on this HCAI project.

#### HCAI Seismic Compliance

Submitted phase one of the 2030 seismic compliance plan, which includes signage/notification, reporting and a water-rationing plan.

#### Temporary Chiller

In the closeout phase with HCAI.

### **Environmental Services Department Update**

The Environmental Service team operates Monday –Sunday from 0400 to 0030. Our staff cleans areas throughout the District including Birch Street and the Joseph house.

We currently have 23 full-time employees in ES, with one vacant position that will be filled on 2/5/24.

### **Laundry**

The Laundry team operates Monday –Friday from 0500 to 1500.

We currently have four full-time employees and one Part-time employee with zero vacant positions.

### **Dietary Department Update**

The dietary department operates Monday through Sunday from 0400 until 1830.

In 2023, when combining patient meals and staff meals, we served 64,647 meals, a monthly average of 5,387.

The dietary department currently has twelve full-time employees. We have one vacant position for a Food Service Shift Lead.

Every member of the dietary department takes great pride in maintaining a sanitary environment and adhering to strict guidelines for patients' meals, all while presenting our meals in the most desirable fashion possible.



Nutrition plays a vital role in supporting our patients on their recovery journey. It is gratifying for our team to aid in the healing process.

**Cardiopulmonary (CP):**

Annual fit testing for the N95 respirator started on January 1st. Each department is assigned a month to complete its fit testing. This cadence aligns with the Cal/OSHA requirements.

The Cardiopulmonary department has welcomed several new team members. Our new team members include two Respiratory Therapists and an EKG Technician.

The Cardiopulmonary department has one vacant position for a Respiratory Therapist.

**NORTHERN INYO HEALTHCARE DISTRICT  
REPORT TO THE BOARD OF DIRECTORS  
FOR INFORMATION**

Date: February 7, 2024

Title: **Compliance Department Report**

Synopsis: The Compliance Department Annual Report updates the Board on the work of the Compliance Department. It provides information on audits, alleged breaches, contract work, and projects. All information in the report is summarized, however, any additional details will be provided to the Board of Directors upon request. This annual report provides the governing board with insight into NIHD's compliance with the NIHD Compliance Program.

Prepared by: Patty Dickson, Compliance Officer

## COMPLIANCE REPORT SUMMARY

- The NIHD team works hard at maintaining patient privacy: approximately 1500 audits were completed to ensure appropriate access to patient records (work-related, minimum necessary, need-to-know), seven audits required additional follow up, and only one access was inappropriate. Investigation, education, and disciplinary action were completed, as appropriate.
- The contract management software, Evisort, has greatly improved the management of NIHD contracts. Contracts are executed in a timely fashion. Leadership and accounting can easily research and access contract terms. Properly managed contracts save the District tens of thousands of dollars a year.
- An unusual occurrence is an event that is not within our “usual” actions or outcomes. Those are reported through the unusual occurrence reporting system. The Compliance team processed 543 unusual occurrence reports (UORs) in CY2023. Some of the “take-away” points for NIHD and the patients we serve:
  - We provide responses to patient complaints and concerns within 7 days 99% of the time.
  - The NIHD Compliance team has reported alleged privacy breaches to California Department of Public Health, Office of Civil Rights, and the affected patient(s) within 15 days of discovery 97% of the time.
  - The NIHD team has medication-administration accuracy rate of greater than 99.95%, which is outstanding, especially when compared to the national average of 75-92% accuracy.
  - The Compliance team is working with leadership to provide additional privacy education and training to the Rural Health Clinic based on the number of concerns brought to our attention through UORs.
- Compliance work-plan audits and reviews show no indication of fraud, waste, or abuse.

## Annual Compliance Report –Calendar year 2023 February 2024

### Comprehensive Compliance Program review summary:

1. **Audits** - A wide variety of audits in the Compliance Program review for privacy concerns, language access issues, fraud, waste, and abuse.
2. **Security Risk Assessment** - District HIPAA (Health Insurance Portability and Accountability Act) Security Risk Assessment is completed annually by Compliance and IT Security.
3. **SAFER** - Office of National Coordinator of Health Information Technology SAFER ((Safety Assurance Factors for EHR (Electronic Health Record) Resilience)) is completed annually by IT, Informatics, and Compliance.
4. **Compliance Workplan** - The Compliance Workplan is updated annually, and as needed, to adjust the focus of certain audits, in alignment with the Office of Inspector General of the Department of Health and Human Services, and our local Medicare Administrative Contractor (MAC), Noridian’s audit priorities.
5. **Conflicts of Interest** – This component of the Compliance Program ensures that no parties use or conduct District business for personal financial gain.
6. **Privacy Investigations** – Privacy investigations can arise due to complaints, access audits, HIMS audits, and anonymous reporting.
7. **Other Investigations** – Other compliance related investigations are conducted to avoid regulatory non-compliance and respond to regulatory agency inquiries and investigations.
8. **Compliance Committees** – This section provides a brief overview of the work of the Compliance committees and sub-committees.
9. **Issues and Inquiries** – The compliance team researches numerous questions, concerns and regulatory issues to allow other NIHD team members to take a proactive approach.
10. **California Public Records Act (CPRA) Requests** – The Compliance Officer is responsible for intake and review of public records requests, and research, investigation, redaction and fulfillment of those requests.
11. **Unusual Occurrence Reports** – The Compliance Team processes and tracks all unusual occurrence reports for the District. Compliance provides the quality data to

leadership and teams for monitoring and trending. Compliance manages the software, reporting, user configuration and resolution of all UORs.

The Compliance Department consists of a team of two full time employees, Conor Vaughan, Compliance Analyst, and Patty Dickson, Compliance Officer.

## Report

### 1. Audits

- A. Employee Access Audits - The Compliance Department Analyst, Conor Vaughan, completes audits for access of patient information systems to ensure employees access records only on a work-related, need-to-know, and minimum necessary basis.
  - i. Cerner semi-automated auditing software tracks all workforce interactions and provides a summary dashboard for the compliance team. The dashboard provides “flags” for unusual activity. Flags require further investigation and review by the Compliance Team.
  - ii. The following is CY 2023 activity
    - a. New Employee Audits: 116
      - I. Flags: 2
      - II. Flags resulting in policy violations: 0
    - b. For Cause Audits: 139
      - I. Flags: 7
      - II. Flags resulting in policy violations: 1
    - c. In “own” chart flags: 42
      - I. Flags resulting in policy violations: 20
        - i. Provided education and training: 20
        - ii. Repeat violations: 0
    - d. Same Last Name Search Flags: 1121
      - I. Resulted in follow up with employee: 17
      - II. Flags resulting in policy violations: 0
- B. Business Associates Agreements (BAA) audit
  - i. Business Associates are vendors who access, transmit, receive, disclose, use, or store protected health information to provide business services to the District. These vendors range from our billing and coding companies to

companies that provide medical equipment that transmits protected health information to the electronic health record. The Business Associates Agreements assure NIHD that the vendor meets the strict governmental regulations regarding how to handle, transmit, and store protected information to protect NIHD and NIHD patient information.

- ii. NIHD currently has 67 active BAAs.
  - a. 6 BAAs were completed in CY 2023
  - b. 2 BAAs are in progress

C. Compliance Department Contract and Agreement reviews/audit

- i. Contracts and agreements are in the following status for CY 23:
  - a. ~ 300 contracts/agreements were reviewed and executed
  - b. 13 documents are in the review process (as of 02/2024)
  - c. Several existing contracts are also in the review process
  - d. 20 agreements have been terminated according to the terms of the agreement
  - e. 2 contract terminations are in progress
- ii. Evisort Contract Lifecycle Management Software
  - a. Fully implemented and working as intended
    - I. System security needs to be reviewed and adjusted based on leadership usage.
  - b. Originally uploaded 1176 documents
    - I. Not all are contracts, some are supporting documents
    - II. The document clean-up is in progress, and about 40% completed.
      - i. Removing documents that are not contracts and attaching them to the contract as supporting documents.
      - ii. Currently at 1102 contracts/agreements in the system.
  - c. All contracts will eventually be connected to a “cost center,” which will ensure review of all contracts by department and cost center during budgeting time. It will also allow the Budget Analyst to pull all info by cost center.
  - d. Have received positive feedback from the leadership teams regarding the overall accessibility of agreements and the new approval workflow.
  - e. See attached dashboard documents

D. HIMs (Health Information Management) scanning audit

- i. To be conducted by HIMS and summary reports will be sent to Compliance
- E. Email security audit/reviews
  - i. Reviewed at least once a month
  - ii. Review email security systems for violations of data loss prevention rules
    - a. Typically results in reminder emails to use email encryption sent to members of workforce.
    - b. Occasionally results in full investigations of potential privacy violations.
- F. Language Access Services Audit
  - i. Facilitation of Language Access Services has relocated to the Compliance Department.
  - ii. Translation (written word) services may be requested by a form on the intranet. Completion of this form sends a request to the Compliance Department, who then seeks translation from a third party vendor.
  - iii. Interpretive (spoken word) services are provided via telephone and video interpreting units from third parties, CyraCom and Language Line.
  - iv. Language Access policies are in the process of being updated to accommodate changes during the reorganization of the District.
  - v. Language Access regulations are enforced by the HHS (US Department of Health and Human Services) Office of Civil Rights.
- G. 340B program audits
  - i. The 340B drug program is designed to provide rural and underserved communities access to discount drug prices, allowing the facility to save several hundred thousand dollars annually. Those funds are used by the District to improve services provided to the community.
  - ii. Annual 340B audit has been completed by SpendMend (formerly TurnKey)
    - a. Scheduled for 2024
    - b. The Compliance Department recognizes Becky Wanamaker and Jeff Kneip for their excellent work on the 340B program.
- H. Narcotic Administration/Reconciliation Audit
  - i. Working in conjunction with Pharmacy to review narcotic administration.
  - ii. One “for-cause” audit completed (January 2023)
- I. Vendor Diversity Audit – NIHD has approximately 1370 vendors.

- i. Health and Safety Code Section 1339.85-1339.87 required the Department of Health Care Access and Information (HCAI, formerly OSHPD) to develop and administer a program to collect hospital supplier diversity reports, including certified diverse vendors in the following categories: minority-owned, women-owned, lesbian/gay/bisexual/transgender-owned, and disabled veteran-owned businesses.
- ii. NIHD reported the information for the required vendor diversity reporting that was due by July 1, 2023. NIHD had 0 certified diverse vendors.
- iii. Next report due by July 1, 2024. NIHD has at least one certified diverse vendor, as of December 31, 2024.

**J. Provider Verification Audits**

- i. More than 600 referring providers were verified and were checked for state and federal exclusions so far in calendar year 2023
- ii. 1 exclusion was found for verified providers.
- iii. NIHD may not bill for referrals for designated health services from excluded providers. Billing for referrals from excluded providers could put NIHD at risk for false claims.

**K. Claim/Charge Audits, completed in Q3 CY 2023**

- i. Evaluation and Management (E & M) code audit completed for providers. Information shared with leadership team to discuss with coding trainers and providers.
- ii. District providers' data audited over a 90-day period – Q2 CY2024.

**2. HIPAA Security Risk Assessment (SRA) – Completed in November 2023**

- A. This is a mandatory risk assessment under the jurisdiction of the HHS OIG
  - i. [see attached](#)

**3. Office of National Coordinator of Health Information Technology SAFER Audit**  
((Safety Assurance Factors for EHR (Electronic Health Record) Resilience))

- A. 7 of 9 sections of the SAFER audit were completed in 2023.
- B. 1 section scheduled monthly beginning in January 2024 to ensure all are completed in 2024. Required for MIPS data submission.

**4. Compliance Work Plan – Updated February 2023 [see attached](#)**

**5. Conflicts of Interest**

- A. The Compliance department deferred sending conflict of interest (COI) forms to all current employees for CY 2023.



- i. All new employees complete and return COI forms.
- B. No COI forms submitted to the compliance department noted any knowledge or concern for the following:
  - i. Business transactions with an aim for personal gain.
  - ii. Gifts, loans, tips, or discounts to create real or perceived obligations.
  - iii. Use of NIHD resources for purposes other than NIHD business, NIHD sponsored business activities, or activities allowed by policy.
  - iv. Bribes, kickbacks, or rewards with the intent to interfere with NIHD business or workforce.
  - v. Use of NIHD money, goods, or services to influence government employees, or for special consideration or political contribution.
  - vi. False or misleading accounting practices or improper documentation of assets, liabilities, or financial transactions.

**6. Privacy Investigations- [see attached](#)**

- A. Privacy investigations/potential breaches during CY 2023 - 44
  - i. Reported to CDPH/OCR – 10
    - a. CPDH substantiated three breaches, with no deficiencies
    - b. One reported privacy concern was unsubstantiated
  - ii. Investigations still active in the Compliance Department through Q4 – 1
    - a. There are currently 4 investigations on-going for 2024.
  - iii. Investigations closed by the Compliance Department with no reporting required - 34
- B. CDPH reported breach case status update [see attached](#)
  - i. CDPH has notified NIHD that the Medical Breach Enforcement Section (MBES) will begin investigating their backlog of breaches. MBES can review and investigate breaches for 7 years. The MBES team were reassigned to contact tracing during the pandemic, and are now working to resolve oldest reported potential breaches first.
    - a. Privacy investigations from 2023
      - I. Reported – 10
        - i. 6 are closed
    - b. Privacy investigations from 2022
      - I. Reported – 6
        - i. 1 is closed

- c. Privacy investigations from 2021
  - I. Reported – 4
    - i. 3 are closed
  - II. CDPH changed their reporting requirements to more closely mirror federal regulations, which explains the significant drop in the number of reportable cases.
- d. Privacy investigations from 2020
  - I. Reported – 19
    - i. 11 are closed
- e. Privacy investigations from 2019
  - I. Reported - 5
    - i. 5 are closed
- f. Privacy investigations from 2018
  - I. Reported - 23
    - i. 20 are closed
    - ii. 1 may be assigned administrative penalty or fine
- g. Privacy investigations from 2017
  - I. Reported -22
    - i. 17 are closed
- h. Privacy investigations from 2016
  - i. 1 is still being investigated by CDPH
- ii. CDPH Status definitions
  - a. Closed – CDPH investigation completed and a determination has been rendered.
  - b. In Progress – CDPH has assigned an intake ID and may have completed some portion of the investigation.
  - c. Submitted – CDPH has not assigned an intake ID or reviewed the case.
- iii. CDPH Determination definitions
  - a. Unsubstantiated – CDPH was unable to prove a violation of the privacy laws occurred (or the privacy law was updated in the interim between submission and their processing of the report)
  - b. Substantiated without deficiencies – CDPH found that a violation of the privacy laws occurred, but NIHD had the correct policies/procedures,

training/education, and took corrective actions to ensure any harm had been mitigated and reduced risk for recurrence.

- c. Substantiated with deficiencies – CDPH has found that a violation of the privacy laws occurred. CDPH has determined that further action by NIHD is needed to ensure reduced risk for recurrence. CDPH requires a corrective action plan to be submitted within a few days of receipt of the determination letter. Once the corrective action plan has been accepted, CDPH sends the case to CDPH Administration to determine if fines and administrative penalties will be assessed.

## 7. Investigations

- A. Compliance conducted or assisted with 40 investigations/reviews that were not related to privacy/breach allegations in 2023 including the following:
  - i. California Occupational Safety and Health
    - a. Response sent by Compliance Officer timely, with no further follow up requests from Cal DOSH.
  - ii. California Department of Justice, Office of Attorney General
    - a. Response sent by Compliance Officer timely, with no further follow up requests from DOJ.
  - iii. California Department of Public Health, Licensing and Certification
    - a. Responses sent timely by Chief Nursing Officer, with no further follow up requests from CDPH
  - iv. California Board of Registered Nursing (BRN), Department of Consumer Affairs

## 8. Compliance Committees

- A. Compliance and Business Ethics Committee (CBEC)
  - i. No meetings since March 17, 2023
- B. Billing and Coding Compliance Committee (BCCC) reports to the CBEC committee.
  - i. This group reviews billing/coding issues, chargemaster changes, and policies that affect billing/coding/accounting. Chair of this meeting is in the process of transitioning to the Billing Office Manager for this bi-weekly meeting.
- C. Business Compliance Team (BCT) reports to the CBEC Committee.
  - i. This group reviews all Conflict of Interest questionnaires with potential conflicts to determine the appropriate and consistent method to address the

conflict. This subcommittee is chaired by the Compliance Officer and meets on an ad hoc basis.

#### D. Forms Committee

- i. NIHD develops forms in compliance with our Forms Control Policy. Forms are branded with NIHD logos. There are standardized templates, designated fonts, official translations, and mandatory non-discrimination and language access information.
- ii. All forms and public information documents used at the District for patient care, regulatory requirements, orders, down-time documentation, standardized workflows, and process improvement are submitted to the Forms Committee. Once approved they are maintained in a location on the NIHD Intranet (a quick link named “Approved Forms”) for access by NIHD workforce.
- iii. The team will begin requesting postings and signage to be approved through the Forms Committee, as there is problem with “signage fatigue,” inconsistency, failure to meet Affordable Care Act Section 1557 standards, failure to use consistent District branding, and failure to obtain appropriate translations.
- iv. We have added Barbara Laughon to this committee to ensure her review and approval of all signage and postings, other than those posters legally required by employment law.
- v. Three meetings held in 2023. District reorganization has slowed the Forms development and approval process.

### 9. Issues and Inquiries

- A. Compliance researched over 100 issues for the District in 2023. They include minor privacy regulations, billing issues, sentinel event reporting, Substance Abuse and Mental Health Services Administration (SAMHSA) regulations, confidentiality issues, release of information and information blocking regulations, regulatory updates, mandatory reporting, regulatory issues, and many other areas of interest and concern.

### 10. CPRA (California Public Records Act) Requests

- A. Compliance has received nineteen (21) CPRA requests in CY 2023.
  - i. All were completed timely.
- B. Compliance has received three (3) CPRA thus far in CY 2024.

### 11. Policy Management software

- A. Proper policies and policy management is a large component of an effective Compliance Program. User set up, policy administration, and other software optimization is managed by the Compliance Officer.
- B. Leaders can also use reporting from the system to ensure NIHD team members are current with reviewing policies.
- C. There is an administrative group that tracks policy life-cycle and approval process, consisting of Katie Manuelito, Sarah Rice, Dianne Picken, Cori Stearns, Patty Dickson, and Veronica Gonzalez.

## 12. Unusual Occurrence Reports (UOR)

- A. UOR quality report data for January 1, 2023 through December 31, 2023, [see attached](#)
  - i. Notable trends out of 543 UORs received in CY 2023:
    - a. UORs regarding complaints and requests to review billing and care continue to be the highest volume,
    - b. Medication Errors and Occurrences are the second highest volume in UORs. Medication Errors are administration errors that reach the patient. See additional ([see attached](#)) data for NIHD Medication Administration accuracy following the UOR report.
    - c. Specimen issues are the third highest occurrences
    - d. Multiple systemic changes have been put into place based on action plans developed during UOR review and investigation.
- B. The UOR process involves significant work and time from the Compliance team.
  - i. All UORs in Complytrack are currently received by the Compliance Team.
    - a. Many patient complaint and concern phone calls are transferred to the Compliance team for intake and assistance.
    - b. The Compliance team provides response letters for the patient complaints, although the CMO assists on specific clinical matters.
  - ii. UORs are triaged and assigned to appropriate department leaders for review. Emails and phone calls are placed to leaders for urgent UORs.
  - iii. The Compliance team reviews replies, ensures thorough responses and corrective actions, provides follow up letters to patients, and ensures the executive team is aware of all areas of concern.



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**Northern Inyo Healthcare District**

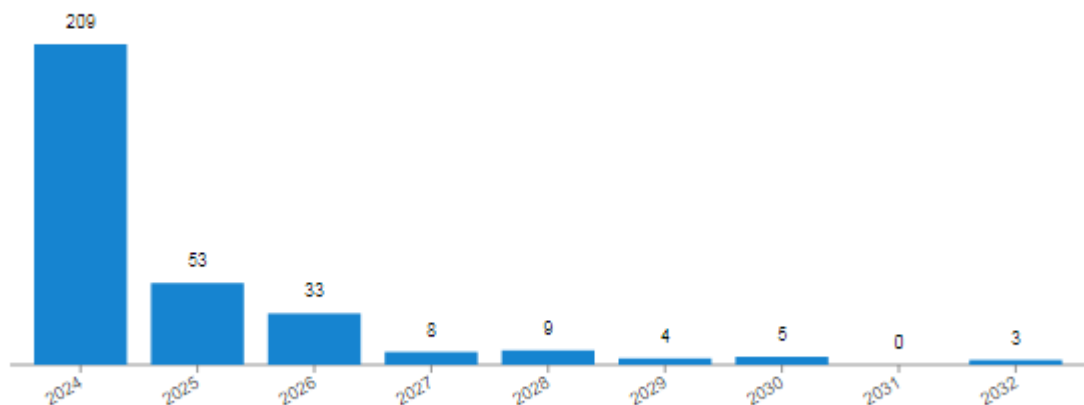
150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811  
[www.nih.org](http://www.nih.org)

- iv. The Compliance Officer follows up with leaders who are having difficulty with timely responses and attempts to assist them with resolution.
- v. The Compliance team ensures UORs are closed after thorough review, corrective actions and, in most cases, resolution.

# Contracts Dashboard

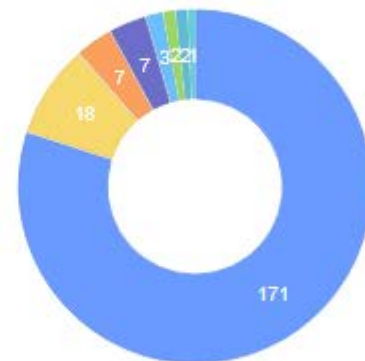


### Upcoming Expiration Date

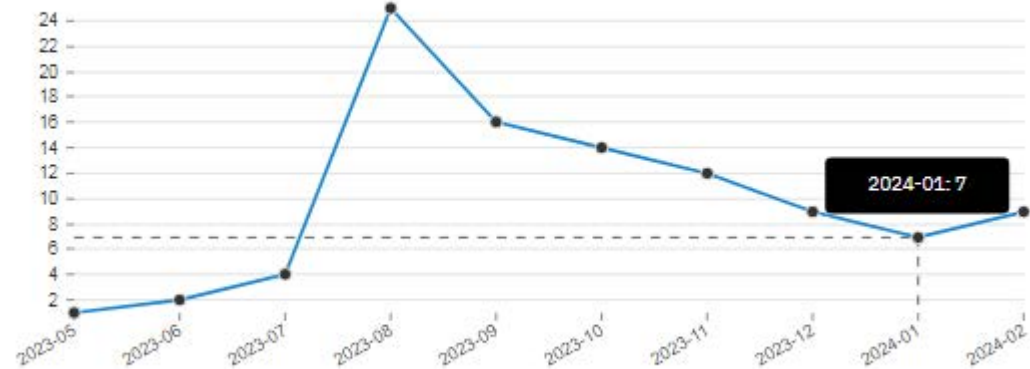


### Renewal Term

- 1 Year(s)
- 1 Month(s)
- 3 Year(s)
- 5 Year(s)
- 2 Year(s)
- 10 Year(s)
- 3 Month(s)
- 6 Year(s)

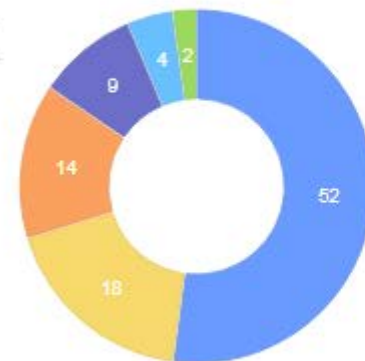


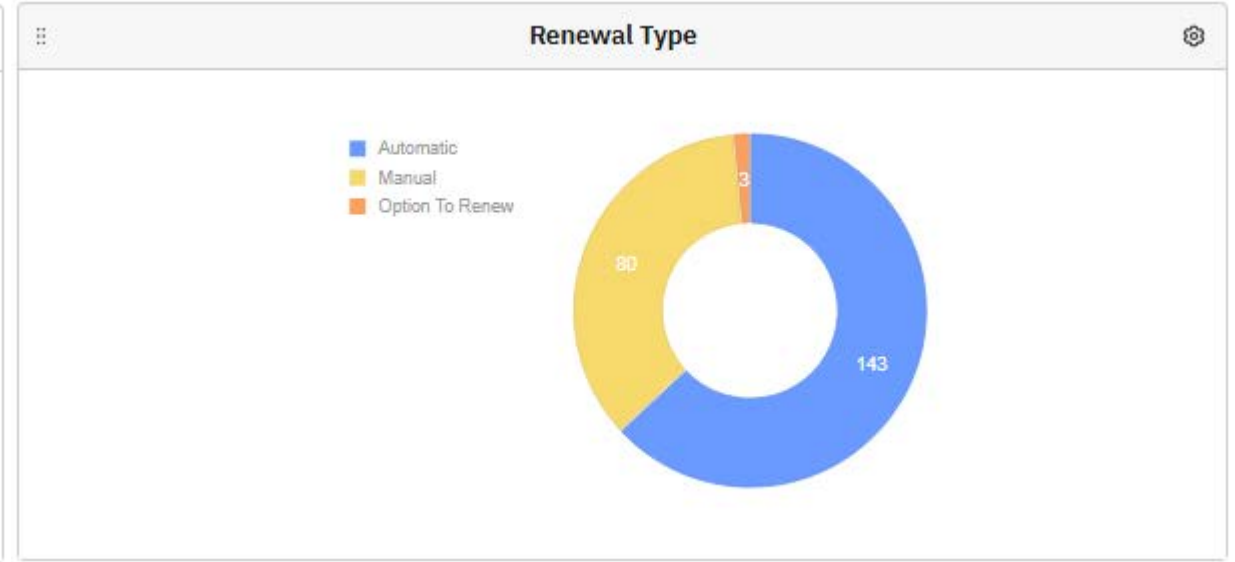
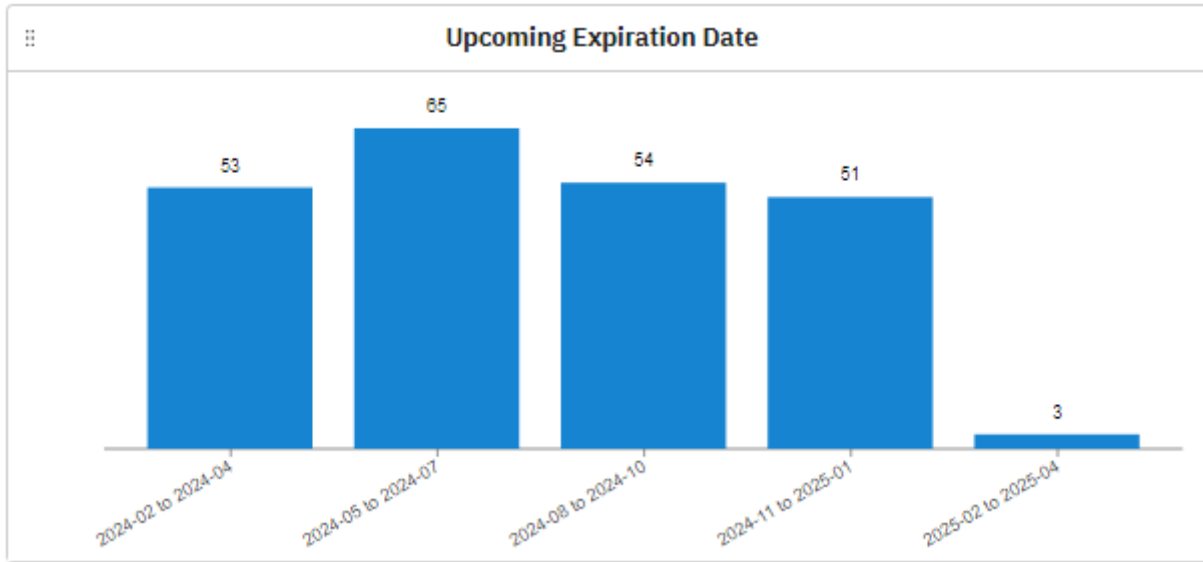
### Completed Date



### Workflow

- Contracts/Agreeme...
- Amendment To Phys...
- Termination Of Ag...
- 1099 Physician Ag...
- BAA
- Chief Agreement - ...





### Completed Tickets

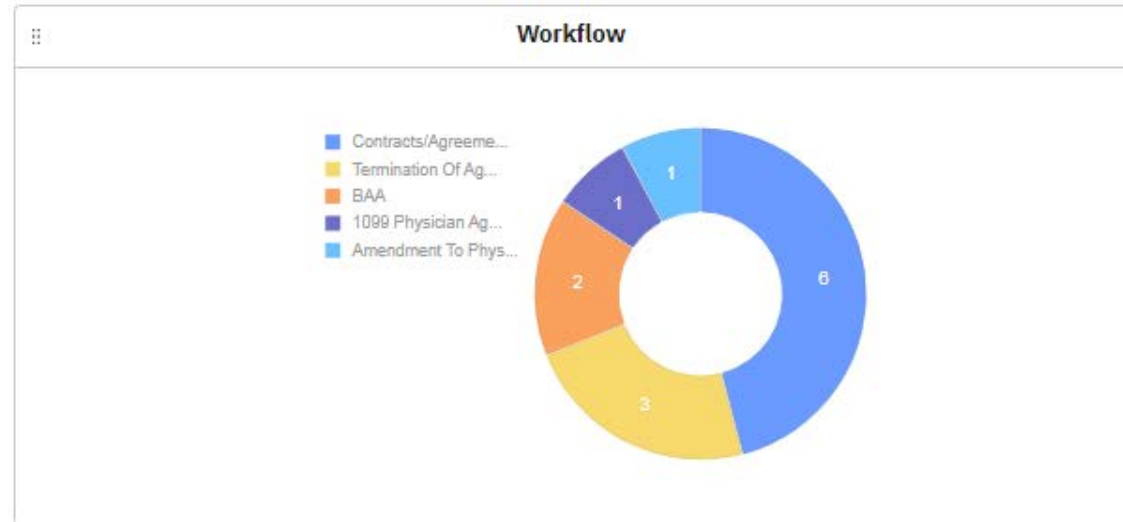
**99**

This is the number of completed contracts or terminations since implementation of Evisort in May 2023

### Open Tickets

**13**

This is the number of tickets currently open for contracts or terminations.



These are the types of agreements currently in progress.



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## Section 1, SRA Basics

### Threats & Vulnerabilities

#### Inadequate Asset Tracking

Information disclosure (ePHI, proprietary, intellectual, or confidential)	Low
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Disruption of business processes, information system function, and/or prolonged adversarial presence within information systems	Low
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Unauthorized use of assets or changes to data within information systems	High
--	------

Unauthorized installation of software or applications	Medium
---	--------

Loss, theft, or disruption of assets	Low
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Improper operation/configuration of assets	Low
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## Section 2, Security Policies

### Threats & Vulnerabilities

No Threats and Vulnerabilities were selected or rated in Section 2.

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## Section 3, Security & Workforce

### Threats & Vulnerabilities

No Threats and Vulnerabilities were selected or rated in Section 3.

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## Section 4, Security & Data

### Threats & Vulnerabilities

No Threats and Vulnerabilities were selected or rated in Section 4.

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## Section 5, Security and the Practice

### Threats & Vulnerabilities

No Threats and Vulnerabilities were selected or rated in Section 5.

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## Section 6, Security and Business Associates

### Threats & Vulnerabilities

No Threats and Vulnerabilities were selected or rated in Section 6.

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## Section 7, Contingency Planning

### Threats & Vulnerabilities

No Threats and Vulnerabilities were selected or rated in Section 7.

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## Areas for Review

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Section	Question	Your Answer	Education
1	Q3. How often do you review and update your SRA?	Periodically but not in response to operational changes and/or security incidents.	An accurate and thorough security risk assessment should be reviewed and updated periodically, or in response to operational changes, or security incidents.

Section	Question	Your Answer	Education
4	Q7. How do you make sure that your workforce's designated access to ePHI is logical, consistent, and appropriate?	Workforce members have a default level of access for their role, but exceptions are commonly granted.	Review role-based access to determine how specific you can designate access for users, based on their roles. Implement and document procedures to ensure minimum necessary access is in place across the board to the extent reasonable and appropriate. If access exceptions are commonly granted, they should be documented and policies should be in place outlining the procedure for access exceptions. Tailor access for each user based on the user's specific workplace requirements. Most users require access to common systems, such as e-mail and file servers. Implementing tailored access is usually called provisioning.

Section	Question	Your Answer	Education
5	Q22. Do you ensure access to ePHI is terminated when employment or other arrangements with the workforce member ends?	Yes. We have written procedures documenting termination or change of access to ePHI upon termination or change of employment, but not detailing all of the variables listed above.	Changes to access to ePHI should be documented in the event of device recovery, deactivation of user access, and changes in access levels or privileges. Policy documentation should include details on how the process is completed. When an employee leaves your organization, ensure that procedures are executed to terminate the employee's access immediately. Prompt user termination prevents former employees from accessing patient data and other sensitive information after they have left the organization. This is very important for organizations that use cloud-based systems where access is based on credentials, rather than physical presence at a particular computer. access based on the requirements for the new position. Similarly, if an employee changes jobs within the organization, it is important to terminate access related to the employee's former position before granting

Section	Question	Your Answer	Education
6	Q7. How do you maintain awareness of business associate security practices? (e.g. in addition to Business Associate Agreements)	We rely on the language of our BAAs to ensure that business associates are securing ePHI.	Consider monitoring, auditing, or obtaining information from business associates to ensure the security of ePHI and include language about this in Business Associate Agreements.

Section	Question	Your Answer	Education
6	Q9. What terms are in your BAA's to outline how your business associates ensure subcontractors access ePHI securely?	Our BAAs include language requiring the business associate to obtain satisfactory assurances from subcontractors as to how they protect ePHI.	Consider reviewing with your business associates how they manage security expectations for their subcontractors.

Section	Question	Your Answer	Education
7	Q12. Has your practice evaluated and determined which systems and ePHI are necessary for maintaining business-as-usual in the event of an emergency?	No, we have not implemented a process for identifying and assessing criticality of information systems.	Consider evaluating all hardware and software systems, including those of business associates, to determine criticality of the systems and ePHI that would be accessed. Document this process and include all mission-critical systems in your contingency plan. Define the standard practices for recovering IT assets in the case of a disaster, including backup plans.

# Compliance Annual Workplan

No.	Item	Reference	Comments
<b>Compliance Oversight and Management</b>			
1.	Review and update charters and policies related to the duties and responsibilities of the Compliance Committees.	NIHD Compliance Program (p.17)	Due Quarter 2 CY 2024
2.	Develop and deliver the annual briefing and training for the Board on changes in the regulatory and legal environment, along with their duties and responsibilities in oversight of the Compliance Program.	NIHD Compliance Program (p.17)	Legal counsel and ACHD provide education and training to Board members. Compliance provides ad hoc training as requested or required.
3.	Develop a Compliance Department budget to ensure sufficient staff and other resources to fully meet obligations and responsibilities.		Due Mar 2024
4.	District Policy and Procedure management		Updates by group of policy software administrators. Employee updates by Compliance Office
<b>Written Compliance Guidance</b>			
4.	Audit of required Compliance related policies.		Annual review conducted on regular schedule throughout the year
5.	Annual review of Code of Conduct to ensure that it currently meets the needs of the organization and is consistent with current policies. (Note: Less than 12 pages, 10 grade reading level or below)		Scheduled for February 2024
6.	Verify that the Code of Conduct has been disseminated to all new employees and workforce.		Ongoing in conjunction with HR. Current to date.
<b>Compliance Education and Training</b>			
7.	Verify all workforce receive compliance training and that documentation exists to support results. Report results to Compliance and Business Ethics Committee.		Relias reports, Policy Manager Reports due April 2024
8.	Ensure all claims processing staff receive specialized training programs on proper documentation and coding.		Deferred to claims processing companies - 2024
9.	Review and assess role-based access for EHR (electronic health record) and partner programs. Implement/evaluate		Cerner has role-based access, however, not all roles align with NIHD positions.

	standardized process to assign role-based access.		Selections reviewed by ITS access security, Cybersecurity Officer and Privacy officer. Ad hoc reviews as needed/requested
10.	Compliance training programs: fraud and abuse laws, coding requirements, claim development and submission processes, general prohibitions on paying or receiving remuneration to induce referrals and other current legal standards.	Completed at Orientation.	Completed at orientation. False Claims Act Policy assigned annually.
<b>Compliance Communication</b>			
11.	Review unusual occurrence report trends and compliance concerns. Prepare summary report for Compliance Committee on types of issues reported and resolution		Annual and quarterly reports submitted to appropriate committees and Board of Directors.
12.	Develop a report that evidences prompt documenting, processing, and resolution of complaints and allegations received by the Compliance Department.	Complytrack	Processed 543 UORs in CY 2023. 504 UORs closed
13.	Document test and review of Compliance Hotline.		Completed 02/2024 Due 08/2024
14.	Physically verify Compliance hotline posters appear prominently on employee boards in work areas.		Due 09/2024
<b>Compliance Enforcement and Sanction Screening</b>			
15.	Verify that sanction screening of all employees/workforce and others engaged by NIHD against Office of Inspector General (OIG) List of Excluded Individuals and Entities has been performed in a timely manner, and is documented by a responsible party.	Ongoing – HR performs employees/travelers/temps monthly. Compliance verifies new referring providers. Medical Staff Office (MSO) verifies all medical staff. Compliance verifies all vendors.	Current through 02/07/2024  Annual re-validation for vendor exclusions completed for 2023.
16.	Develop a review and prepare a report regarding whether all actions relating to the enforcement of disciplinary standards are properly documented.		On hold due to current reorganization.
17.	Audits		
	a. Arrangements with physician (database)		Physician Contracts are now in a review cycle. All templates created/reviewed in conjunction with legal counsel (BBK).

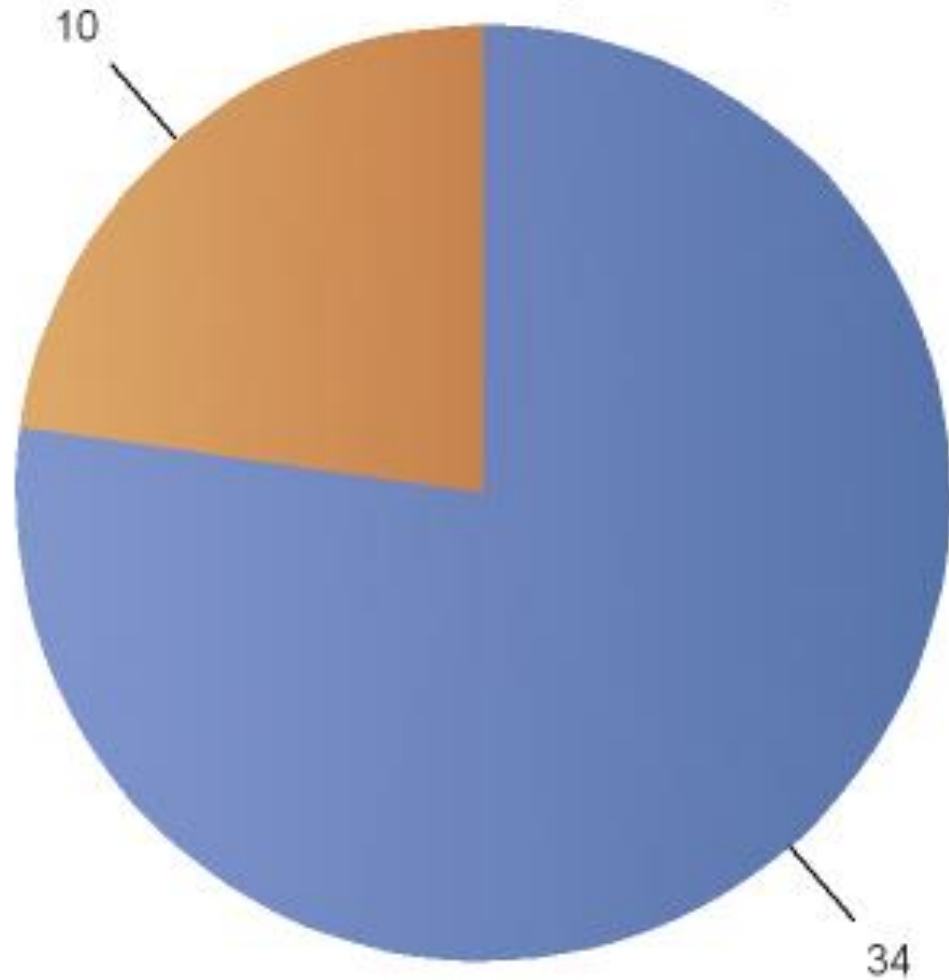
	b. EMTALA (Emergency Medical Treatment and Active Labor Act)		All EMTALA concerns immediately reviewed. Current through 02/07/2024
	c. Financial Audits	FY 2024	Request SMART goal or Corrective action plan for FY 23 Audit findings
	d. Payment patterns		Due quarter 2 CY 2024
	e. Bad debt/ credit balances, AR days		Monitored weekly by Revenue Cycle
	f. DME (Durable Medical Equipment)	HHS OIG target	NIHD may provide and charge for “off-the-shelf, non-customized” medical equipment, and charge for it. Chargemaster being updated. Review Q3 2024
	g. Lab services	MAC target	Deferred
	h. Imaging services (high cost/high usage)	MAC target	Deferred
	i. Rehab services	HHS OIG workplan	Deferred
	j. Language Access Audits	OIG target	Due Q1 2024 – in progress
18.	Ensure that high risks associated with HIPAA and HITECH Privacy and Security requirements for protecting health information undergo a compliance review.		Security risk assessment November 2024 with Cybersecurity Officer.
	a. Annual Security Risk Assessment		Completed and included
	b. Periodic update to Security Risk Assessment		2023 Penetration testing and HHS CISA testing reports provided to the Board by Cybersecurity Officer
	c. Monthly employee access audits		Daily, ongoing
19.	Audit required signage		Deferred to 2024
20.	Audit HIM (Health Information Management) scanned document accuracy		Deferred
21.	Develop metrics to assess the effectiveness and progress of the Compliance Program		Deferred
22.	Review CMS Conditions of Participation		Ongoing
<b>Response to Detected Problems and Corrective Action</b>			

23.	Verify that all identified issues related to potential fraud are promptly investigated and documented		Current through February 2024
24.	Conduct a review that ensures all identified overpayments are promptly reported and repaid.		Monitored by Revenue Cycle Team and Accounting. Reporting to Compliance as needed.
25.	UOR tracking and trending – UOR/Unusual occurrence reporting is now a function of the Compliance Department.		See UOR reporting attached to Board Report for CY2023, attached.
	a. Provide trend feedback to leadership to allow for data driven decision-making		Quarterly
	I. Overall UOR process		Feb 2024
	II. Workplace Violence		Feb 2024
	III. Falls		Feb 2024
26.	Patient complaints		Documented and tracked in Unusual Occurrence Reporting system
27.	Breach Investigations	HIPAA, HITECH, CMIA	6 ongoing privacy investigations as of 2/8/24. CDPH has starting completing reported breach investigations from before the pandemic.

2024 Compliance Workplan – updated February 5, 2024

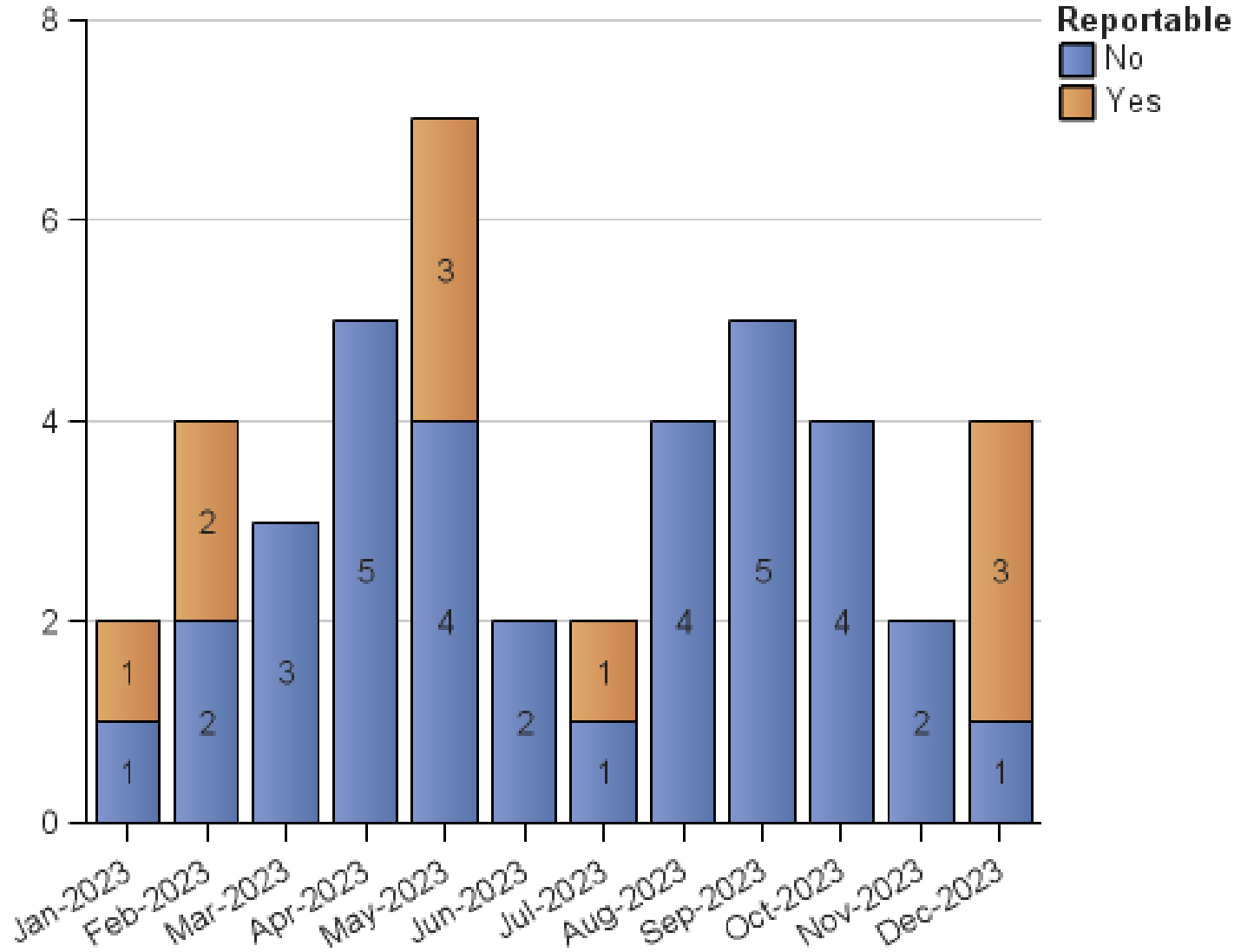


### Total Privacy Investigations



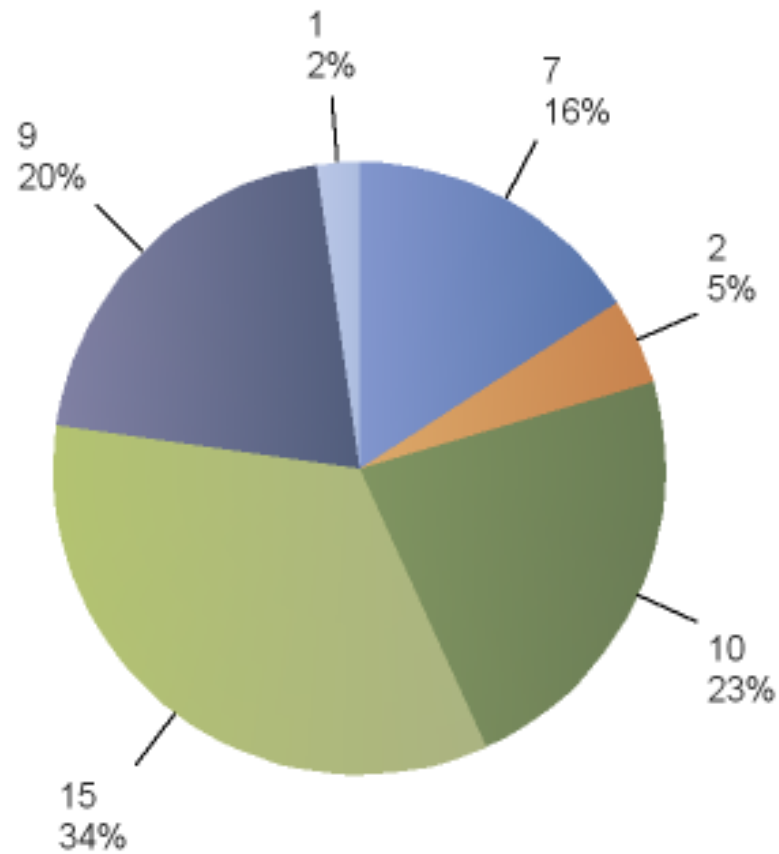
**Reportable**  
No  
Yes

### Privacy Investigations by Month/Year



	No	Yes	Total
Jan-2023	1	1	2
Feb-2023	2	2	4
Mar-2023	3		3
Apr-2023	5		5
May-2023	4	3	7
Jun-2023	2		2
Jul-2023	1	1	2
Aug-2023	4		4
Sep-2023	5		5
Oct-2023	4		4
Nov-2023	2		2
Dec-2023	1	3	4
<b>Total</b>	<b>34</b>	<b>10</b>	<b>44</b>

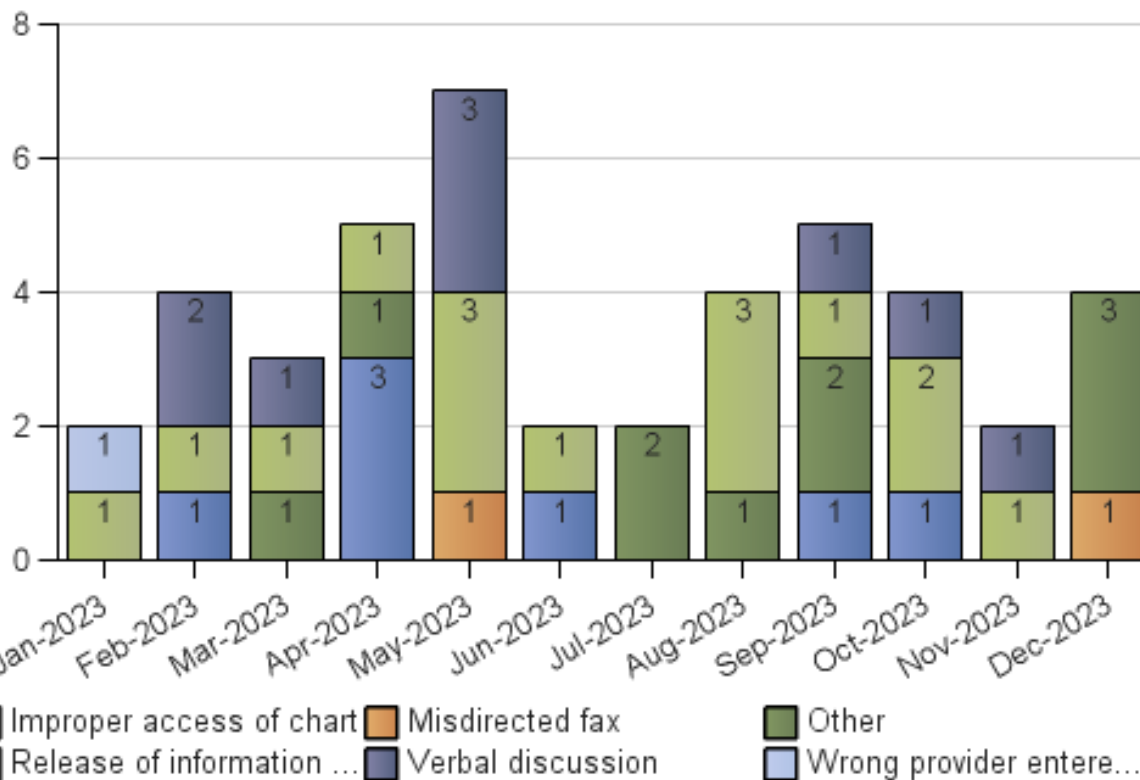
### Privacy Investigations by Violation Type



■ Improper access of chart    
 ■ Misdirected fax    
 ■ Other  
■ Release of information concern    
 ■ Verbal discussion    
 ■ Wrong provider entered/sele...

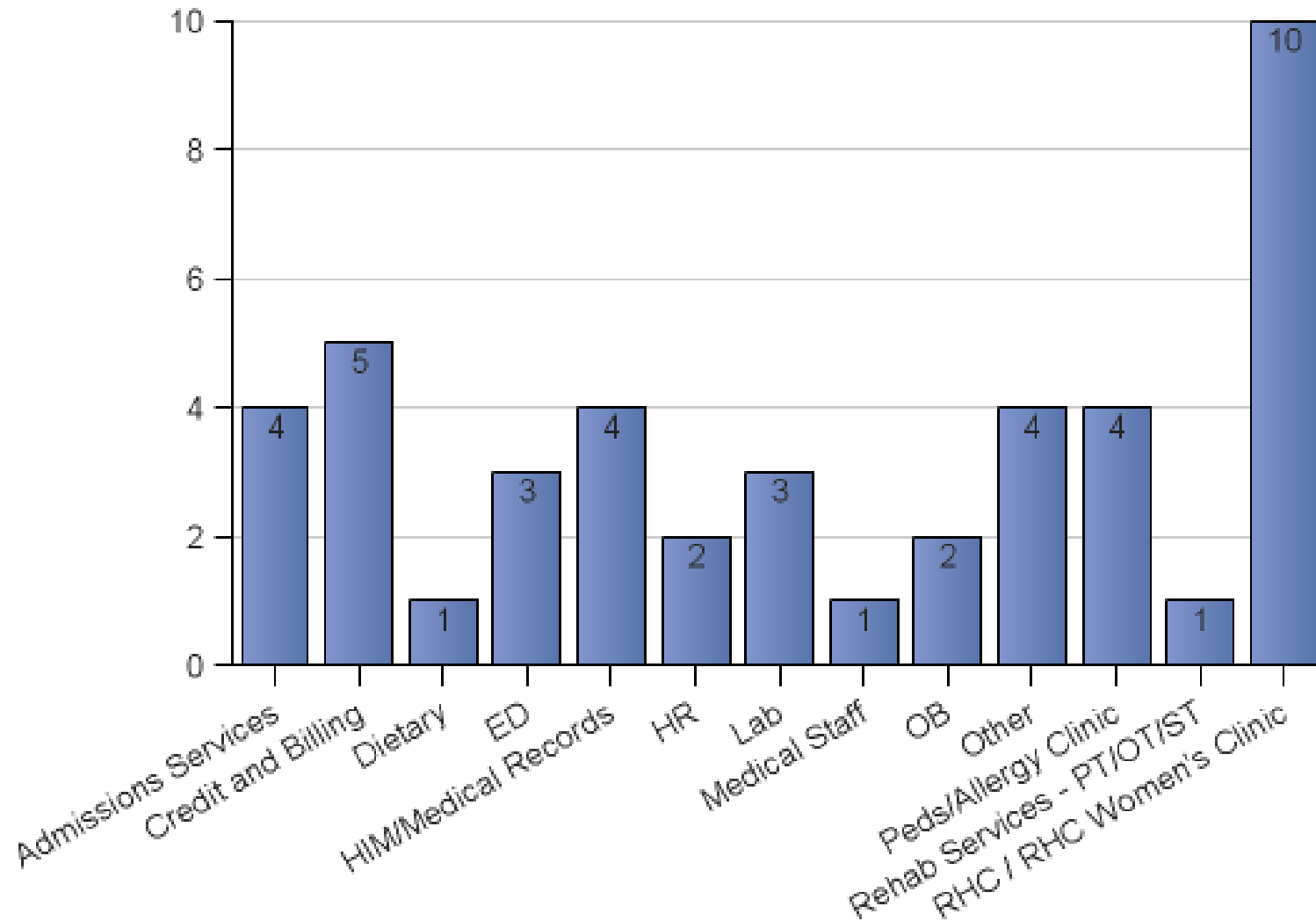
Improper access of chart	7
Misdirected fax	2
Other	10
Release of information concern	15
Verbal discussion	9
Wrong provider entered/selected	1
<b>Total</b>	<b>44</b>

### Privacy Investigations by Type and Date

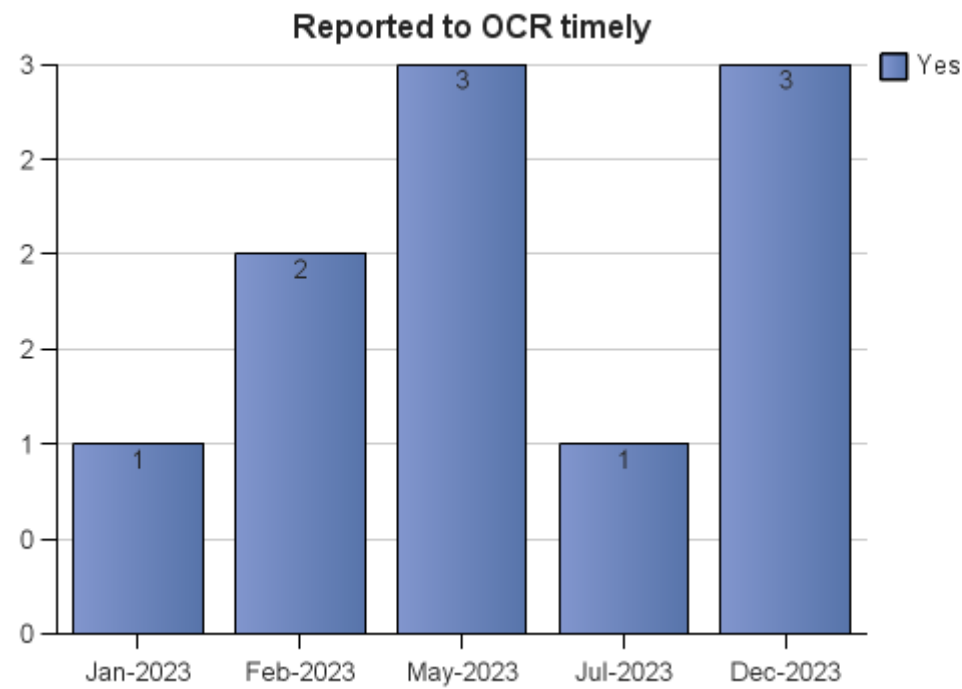


	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Total
Improper access of chart		1		3		1			1	1			7
Misdirected fax					1							1	2
Other			1	1			2	1	2			3	10
Release of information concern	1	1	1	1	3	1		3	1	2	1		15
Verbal discussion		2	1		3				1	1	1		9
Wrong provider entered/selected	1												1
<b>Total</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>44</b>

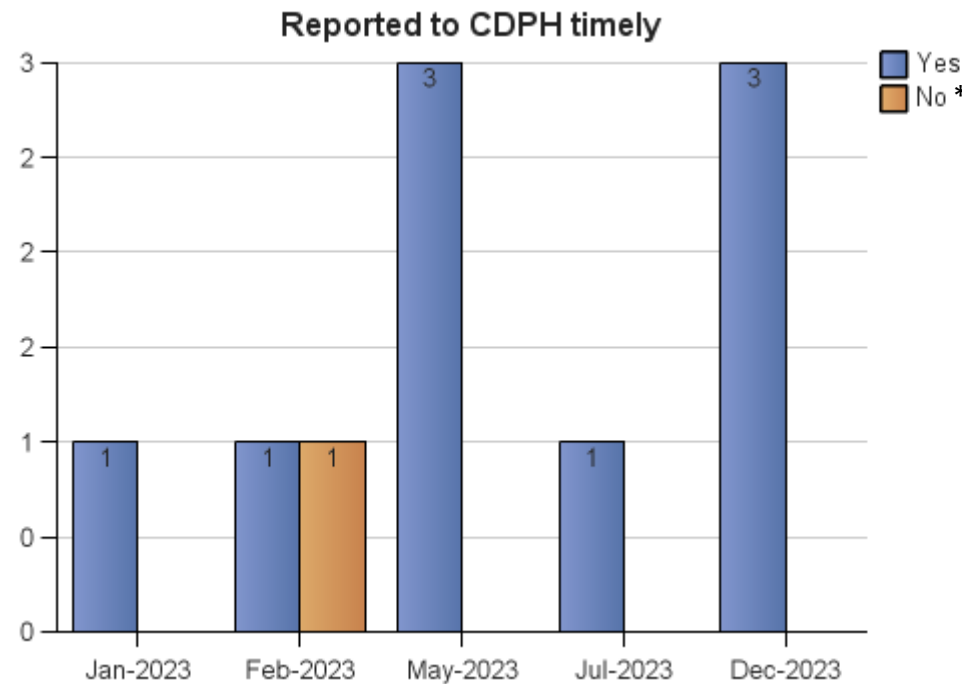
### Investigations by Location



Admissions Services	4
Credit and Billing	5
Dietary	1
ED	3
HIM/Medical Records	4
HR	2
Lab	3
Medical Staff	1
OB	2
Other	4
Peds/Allergy Clinic	4
Rehab Services - PT/OT/ST	1
RHC / RHC Women's Clinic	10
<b>Total</b>	<b>44</b>



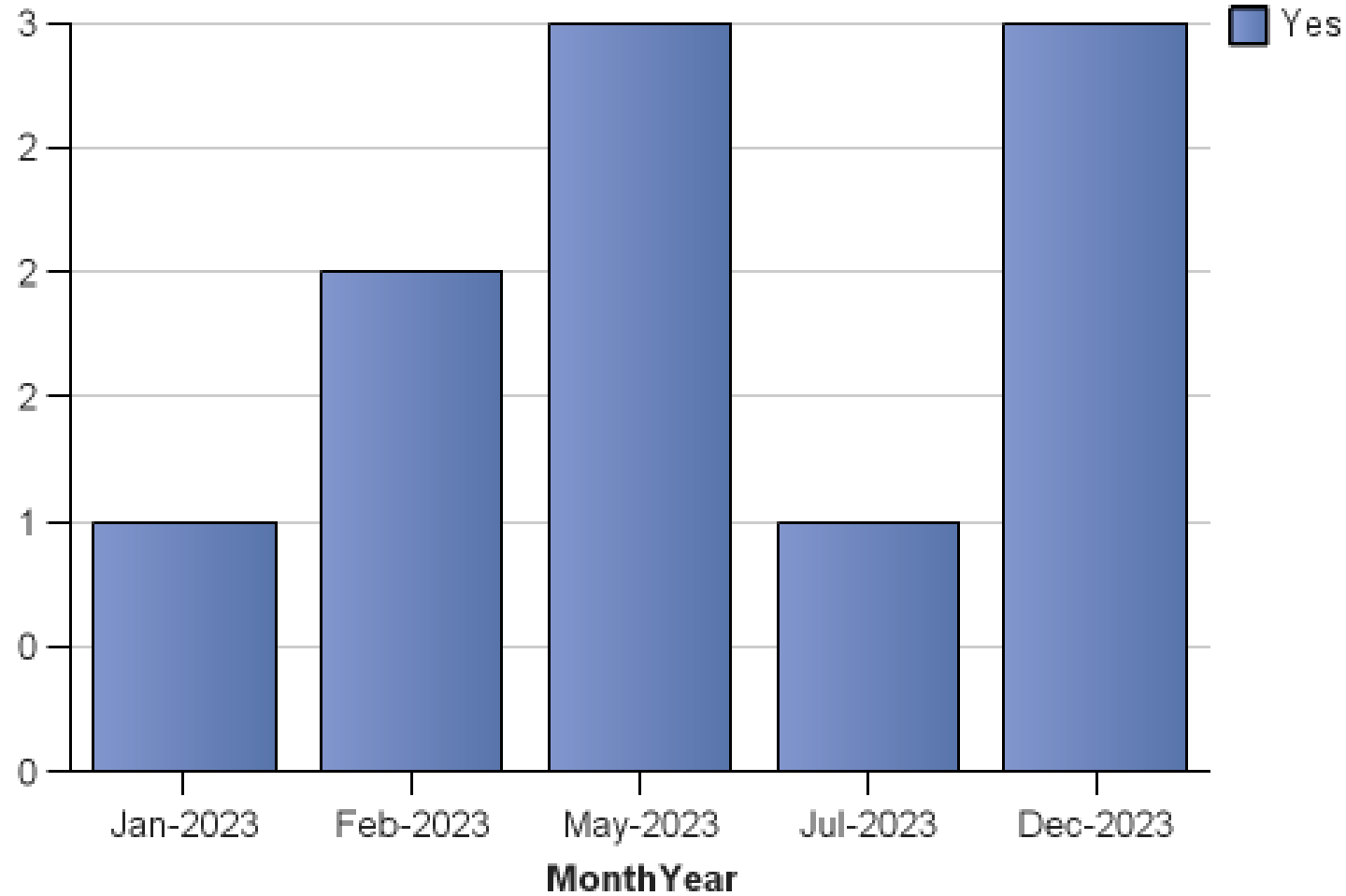
	Yes	Total
Jan-2023	1	1
Feb-2023	2	2
May-2023	3	3
Jul-2023	1	1
Dec-2023	3	3
<b>Total</b>	<b>10</b>	<b>10</b>



	Yes	No	Total
Jan-2023	1	0	1
Feb-2023	1	1	2
May-2023	3	0	3
Jul-2023	1	0	1
Dec-2023	3	0	3
<b>Total</b>	<b>9</b>	<b>1</b>	<b>10</b>

\*reported less than 24 hours late

### Investigations with on time notification of Patient



	Yes	Total
Jan-2023	1	1
Feb-2023	2	2
May-2023	3	3
Jul-2023	1	1
Dec-2023	3	3
<b>Total</b>	<b>10</b>	<b>10</b>

## CDPH Breach case status report

Type	Date of Event/Incident	Status	Submitted By	Submitted date	Confirmation ID	Intake ID	Outcome
Breach	6/7/2016 21:54	In Progress	Dickson, Patty	6/7/2016	stGEHx0dtL	CA00562352	
Breach	4/12/2017 16:00	Submitted	Dickson, Patty	5/1/2017	AVNjyXoeew		
Breach	4/12/2017 16:00	Closed	Dickson, Patty	5/2/2017	LGZErgp7AS	CA00533962	Unsubstantiated
Breach	4/13/2017 12:00	Closed	Dickson, Patty	5/1/2017	ympEcYBSdv	CA00533650	Unsubstantiated
Breach	4/19/2017 12:00	Closed	Dickson, Patty	5/2/2017	cWvTXk8Js3	CA00533889	Unsubstantiated
Breach	5/9/2017 9:00	Closed	Dickson, Patty	5/26/2017	w9BUUWFyPd	CA00544757	Unsubstantiated
Breach	6/21/2017 12:00	Closed	Dickson, Patty	7/12/2017	2CqNbCITYt	CA00543781	Unsubstantiated
Breach	6/22/2017 14:00	Closed	Dickson, Patty	7/26/2017	U4DIHdqnu	CA00545932	No Deficiencies
Breach	7/12/2017 17:19	Closed	Dickson, Patty	8/1/2017	8Etdj2S0Eg	CA 00546579	Unsubstantiated
Breach	7/15/2017 12:00	Closed	Dickson, Patty	8/4/2017	PNGQ76sjBF	CA00547592	Unsubstantiated
Breach	7/28/2017 12:00	Closed	Dickson, Patty	8/31/2017	b85788SZX7	CA00551073	Unsubstantiated
Breach	8/11/2017 17:30	Closed	Dickson, Patty	8/28/2017	33rN3AmOZT	CA00550597	Unsubstantiated
Breach	8/25/2017 12:00	In Progress	Dickson, Patty	7/5/2018	jNucz5pewF	CA00594242	
Breach	9/20/2017 10:00	In Progress	Dickson, Patty	10/2/2017	JbzyhwCR9d	CA00554170	
Breach	9/29/2017 0:00	Closed	Dickson, Patty	7/5/2018	2g8zBusf3t	CA00595037	No Deficiencies
Breach	10/15/2017 15:23	Closed	Dickson, Patty	11/2/2017	h8XUPcRpv5	CA00559473	No Deficiencies



Type	Date of Event/Incident	Status	Submitted By	Submitted date	Confirmation ID	Intake ID	Outcome
Breach	10/31/2017 9:09	Submitted	Dickson, Patty	11/10/2017	hp2qEtMDM8		
Breach	11/11/2017 12:00	Closed	Dickson, Patty	12/15/2017	wc44MbqsnO	CA00566299	No Deficiencies
Breach	12/6/2017 14:27	Closed	Dickson, Patty	12/15/2017	K2stVuoT2O	CA00523875	Unsubstantiated
Breach	12/11/2017 10:00	Closed	Dickson, Patty	3/1/2018	IWIhgfXIF	CA00577226	No Deficiencies
Breach	12/15/2017 10:00	Closed	Dickson, Patty	1/19/2018	F9liCtXDWN	CA00570629	Unsubstantiated
Breach	12/20/2017 10:00	Closed	Dickson, Patty	2/22/2018	X7RD1bE3Rk	CA00575246	No Deficiencies
Breach	12/20/2017 10:00	Submitted	Dickson, Patty	3/6/2018	fxT2mK0TPr		
Breach	1/4/2018 9:30	Closed	Dickson, Patty	1/24/2018	JxHuzAfBJh	CA00570802	No Deficiencies
Breach	1/6/2018 17:34	Closed	Dickson, Patty	1/24/2018	ddECML0wcP	CA00570898	No Deficiencies
Breach	1/12/2018 8:00	Closed	Dickson, Patty	2/20/2018	NnRVA70Dez	CA00577317	No Deficiencies
Breach	1/20/2018 0:00	Closed	Dickson, Patty	2/12/2018	hVlpDWqeV1	CA00577334	No Deficiencies
Breach	1/21/2018 10:00	Closed	Dickson, Patty	2/12/2018	0srIWhIMdg	CA00573776	No Deficiencies
Breach	1/27/2018 10:00	Closed	Dickson, Patty	2/20/2018	vO1rxWvI0Z	CA00575462	No Deficiencies
Breach	2/17/2018 17:21	Submitted	Dickson, Patty	3/6/2018	5HjrwwQ1zW		
Breach	2/21/2018 10:00	Closed	Dickson, Patty	3/22/2018	w67CeXv9wM	CA00579762	No Deficiencies
Breach	2/28/2018 10:00	Closed	Dickson, Patty	3/26/2018	Sz7I7i66Yv	CA00579800	No Deficiencies

Type	Date of Event/Incident	Status	Submitted By	Submitted date	Confirmation ID	Intake ID	Outcome
Breach	3/6/2018 10:00	Closed	Dickson, Patty	3/26/2018	NU71DMEP37	CA00579758	No Deficiencies
Breach	3/12/2018 12:00	Closed	Dickson, Patty	4/2/2018	e1dHifprj0	CA00580957	Subs. W Deficiencies
Breach	4/5/2018 12:00	Closed	Dickson, Patty	4/20/2018	Rfti6c6Gg1	CA00583638	No Deficiencies
Breach	6/20/2018 12:00	Closed	Dickson, Patty	7/11/2018	OK0c6lkZ8Z	CA00595011	No Deficiencies
Breach	6/23/2018 17:45	Closed	Dickson, Patty	7/13/2018	oygGEatnPZ	CA00595533	No Deficiencies
Breach	8/15/2018 15:30	Closed	Dickson, Patty	9/18/2018	hXsfLlzorr	CA00604762	No Deficiencies
Breach	8/23/2018 11:26	Closed	Dickson, Patty	9/14/2018	1bnNUZdu27	CA00607673	No Deficiencies
Breach	10/2/2018 12:00	Closed	Dickson, Patty	10/23/2018	9sxN6ToCgz	CA00609267	No Deficiencies
Breach	2/12/2019 9:00	Closed	Dickson, Patty	3/11/2019	OAJPiYhlo3	CA00628952	No Deficiencies
Breach	3/28/2019 12:00	Closed	Dickson, Patty	4/12/2019	iZFLMUQtQA	CA00633190	No Deficiencies
Breach	6/8/2019 0:00	Closed	Dickson, Patty	6/27/2019	uW8KJbhGW7	CA 00645179	No Deficiencies
Breach	7/3/2019 9:00	Closed	Dickson, Patty	8/2/2019	xto9LdT2Tf	CA00649593	No Deficiencies
Breach	9/3/2019 10:00	Closed	Dickson, Patty	12/6/2019	98PoXHE9ww	CA00666905	No Deficiencies
Breach	10/8/2019 12:00	In Progress	Dickson, Patty	2/13/2020	bkGNkj4CcU	CA00676678	
Breach	11/30/2019 12:00	Closed	Dickson, Patty	1/30/2020	kzvNSH9xiG	CA00674265	No Deficiencies
Breach	12/7/2019 10:00	Submitted	Dickson, Patty	3/6/2020	BYUifsFLWr		

Type	Date of Event/Incident	Status	Submitted By	Submitted date	Confirmation ID	Intake ID	Outcome
Breach	12/16/2019 10:00	Closed	Dickson, Patty	1/14/2020	qsbAWurwiQ	CA00671682	No Deficiencies
Breach	12/19/2019 11:00	Closed	Dickson, Patty	1/3/2020	xQczhoYD0Y	CA00670304	No Deficiencies
Breach	12/24/2019 16:00	In Progress	Dickson, Patty	1/3/2020	w5eaS6kErL	CA00670390	
Breach	1/6/2020 10:00	In Progress	Dickson, Patty	3/19/2020	6m6bDagjiA	CA00681560	
Breach	1/20/2020 16:00	Closed	Dickson, Patty	10/13/2020	4MUIXphfPe	CA00708801	No Deficiencies
Breach	1/21/2020 10:00	Closed	Dickson, Patty	2/13/2020	PeUWJ3GPNr	CA00677094	No Deficiencies
Breach	1/31/2020 10:00	Closed	Dickson, Patty	2/21/2020	md1UO2lLtl	CA00677704	No Deficiencies
Breach	2/1/2020 10:00	Closed	Dickson, Patty	2/21/2020	0SgWjTXbJb	CA00677504	No Deficiencies
Breach	3/12/2020 10:00	Submitted	Dickson, Patty	4/21/2020	0BDQQRq06J		
Breach	3/25/2020 10:00	In Progress	Dickson, Patty	4/14/2020	GQBZYcBhwm	CA00685893	
Breach	4/27/2020 10:00	Closed	Dickson, Patty	5/18/2020	xBAQWcwvhm	CA00689084	No Deficiencies
Breach	7/2/2020 10:00	Closed	Dickson, Patty	7/20/2020	Ps27iosAmr	CA00697549	No Deficiencies
Breach	7/14/2020 12:00	In Progress	Dickson, Patty	10/7/2020	v4coBsKBeX	CA00708364	
Breach	7/24/2020 11:00	In Progress	Dickson, Patty	8/11/2020	kShyOfM084	CA00700787	
Breach	7/31/2020 13:00	Closed	Dickson, Patty	8/12/2020	AcSgPhSim6	CA00700861	Unsubstantiated
Breach	9/17/2020 14:00	Closed	Dickson, Patty	3/18/2021	cXIM5g8UYf	CA00729611	No Deficiencies

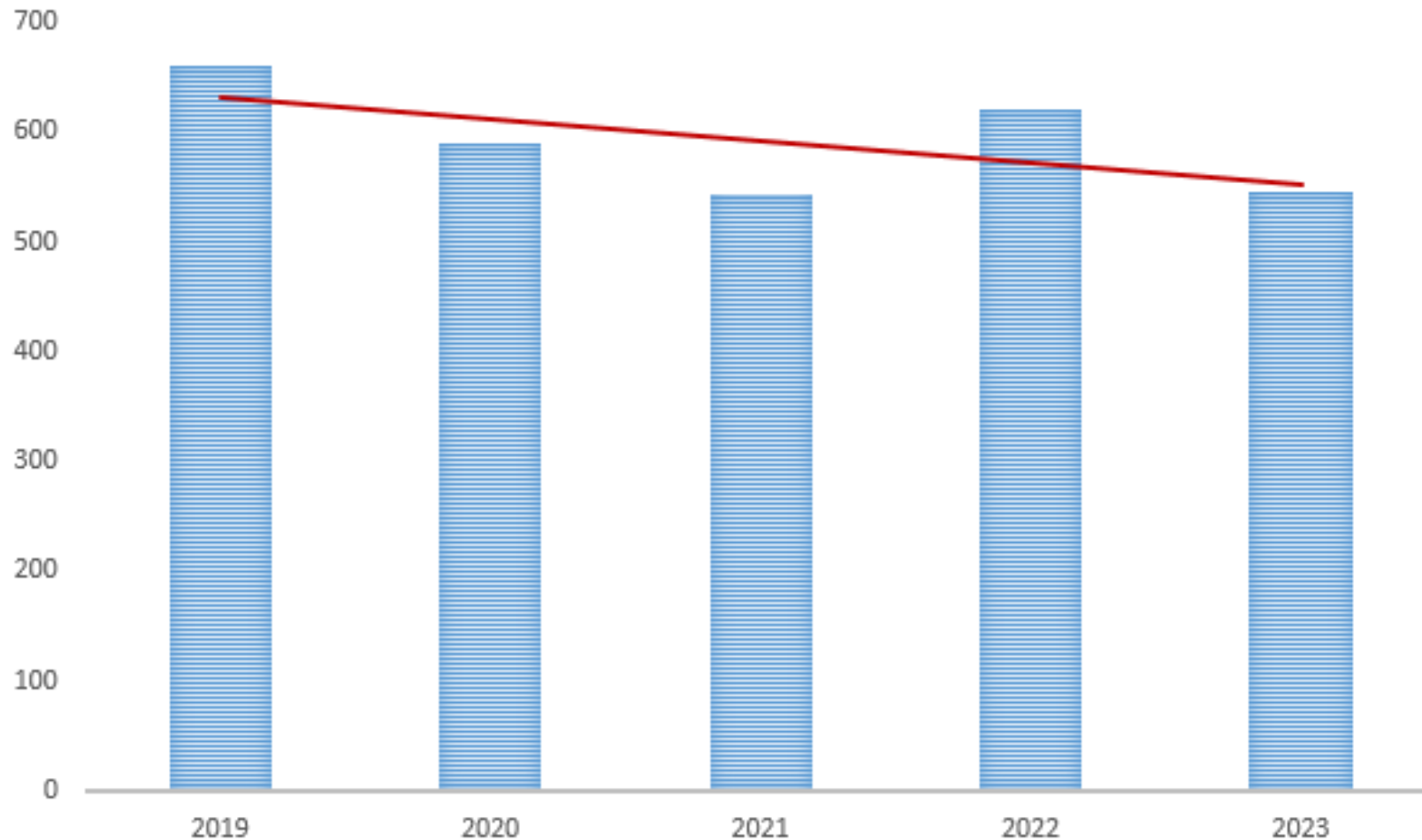
Type	Date of Event/Incident	Status	Submitted By	Submitted date	Confirmation ID	Intake ID	Outcome
Breach	11/4/2020 10:00	In Progress	Dickson, Patty	11/24/2020	lv7gHKHApd	CA00714036	
Breach	1/21/2021 10:00	In Progress	Dickson, Patty	2/25/2021	eiZ2OU5zZw	CA00727085	
Breach	2/16/2021 10:00	Closed	Dickson, Patty	3/5/2021	uBcJXUdVsp	CA00728114	No Deficiencies
Breach	7/14/2021 10:00	Closed	Dickson, Patty	8/2/2021	jU5bmYl64x	CA00747621	Unsubstantiated
Breach	12/7/2021 17:00	In Progress	Dickson, Patty	1/31/2022	zMrqEcpHp3	CA00771519	
Breach	4/13/2022 8:00	Closed	Dickson, Patty	5/2/2022	HoFwF4Q0IU	CA00783133	No Deficiencies
Breach	6/7/2022 10:00	In Progress	Dickson, Patty	6/27/2022	pW8PZiceft	CA00790949	
Breach	6/9/2022 22:00	In Progress	Dickson, Patty	6/29/2022	W0vLVKlfoe	CA00791587	
Breach	7/6/2022 10:00	Submitted	Dickson, Patty	7/20/2022	CFMn6zbomA		
Breach	11/17/2022 12:00	Submitted	Dickson, Patty	12/15/2022	KgeRjRiKax		
Breach	12/26/2022 10:00	Closed	Dickson, Patty	2/20/2023	PhqSAZp4xe	CA00827938	No Deficiencies
Breach	2/15/2023 10:00	In Progress	Dickson, Patty	3/27/2023	nA5jqj3nFJ	CA00833488	
Breach	2/27/2023 10:00	Submitted	Dickson, Patty	3/21/2023	zLaVo1oi0D		
Breach	5/8/2023 10:00	Submitted	Dickson, Patty	5/26/2023	SJUfCp57vh		
Breach	5/11/2023 10:00	Closed	Dickson, Patty	5/26/2023	prfQwXmf1B		No Deficiencies
Breach	5/16/2023 10:00	Submitted	Dickson, Patty	5/26/2023	nzjYza7KLP		

Type	Date of Event/Incident	Status	Submitted By	Submitted date	Confirmation ID	Intake ID	Outcome
Breach	7/17/2023 12:00	Closed	Dickson, Patty	9/6/2023	1zcnSeTYk	CA00859432	No Deficiencies
Breach (Keenan)	8/21/2023 0:00	in progress	Dickson, Patty	1/3/2024	u1pi8dmOBh	CA00877991	
Breach	12/7/2023 10:00	Closed	Dickson, Patty	12/15/2023	1jAWfPFFGN	CA00875419	No Deficiencies
Breach	12/8/2023 12:00	Closed	Dickson, Patty	1/11/2024	CJ0qpnykx	CA00879390	No Deficiencies

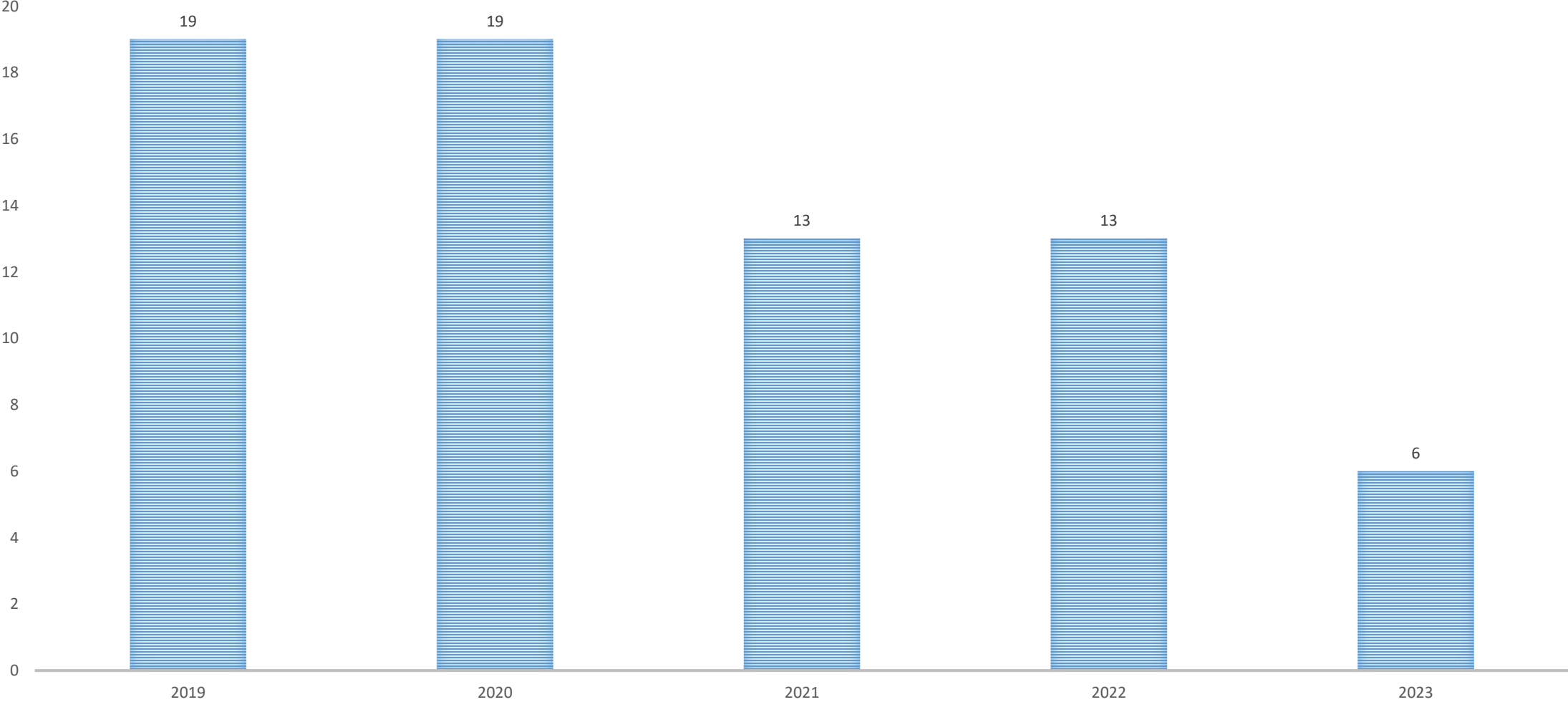
# Unusual Occurrence Report

## 5-year Trend Data

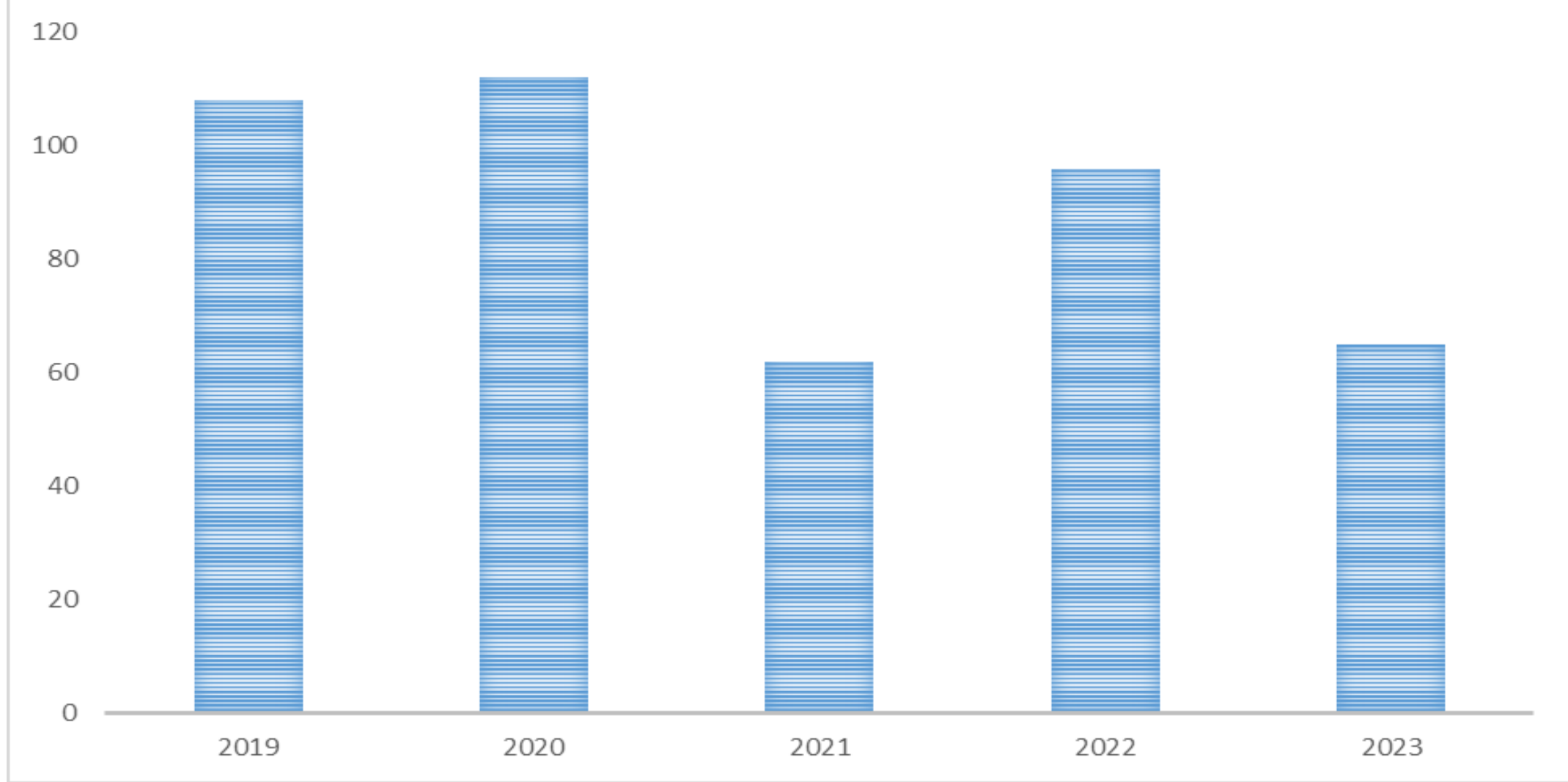
TOTAL UORS



# INCIDENTS OF WORKPLACE VIOLENCE

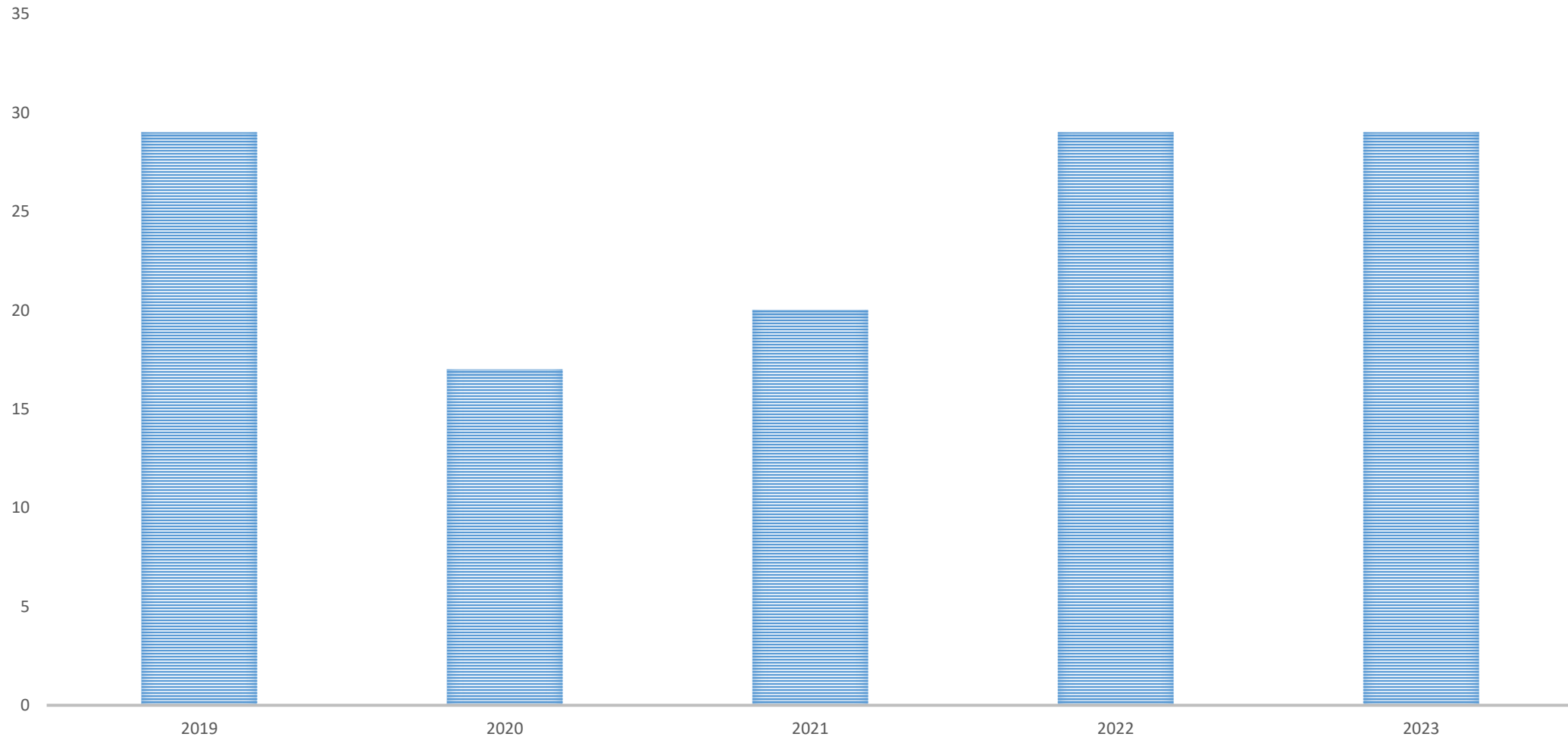


# SPECIMEN ISSUES

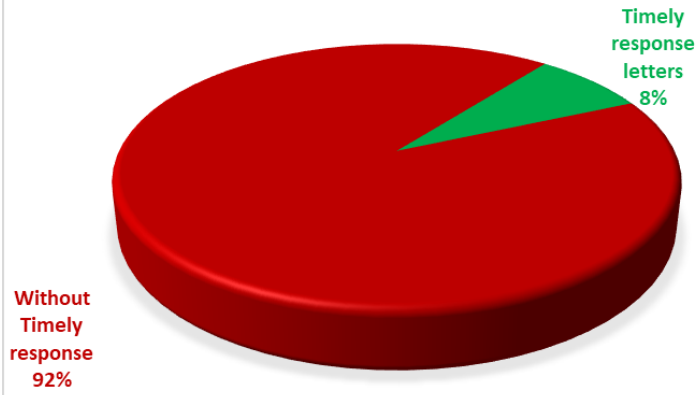




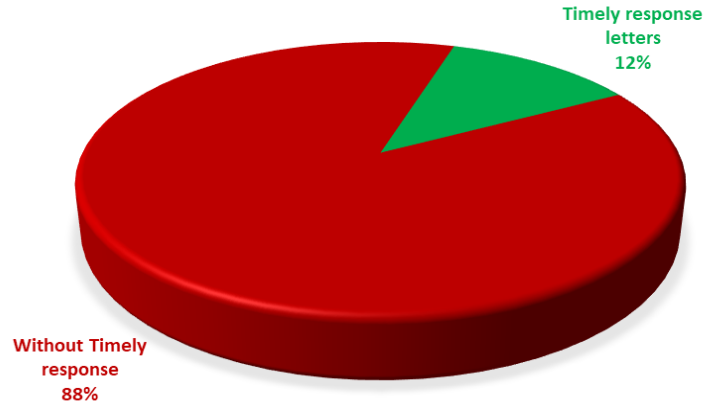
## FALLS/SLIPS



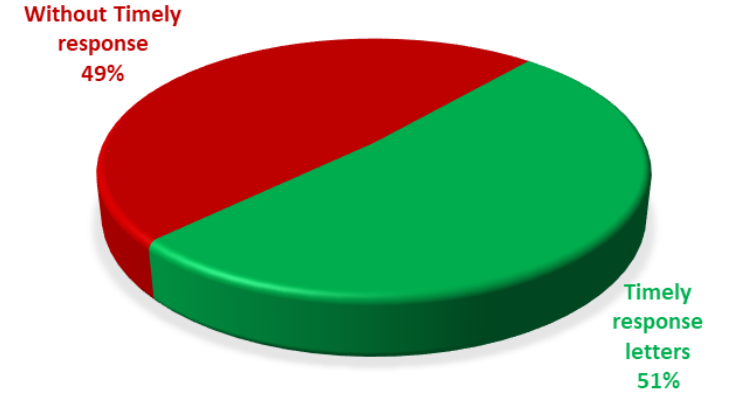
### COMPLAINT RESPONSES 2019



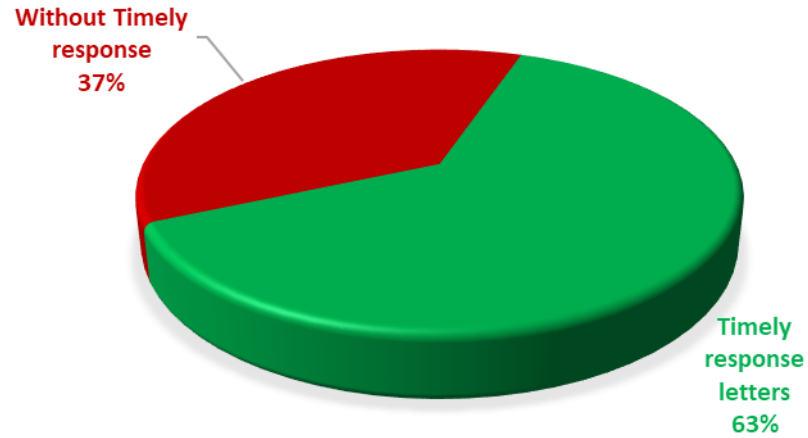
### COMPLAINT RESPONSES 2020



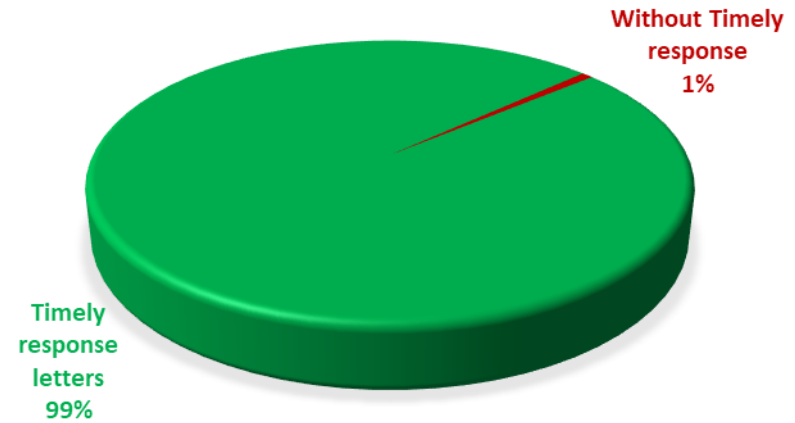
### COMPLAINT RESPONSES 2021



### COMPLAINT RESPONSES 2022



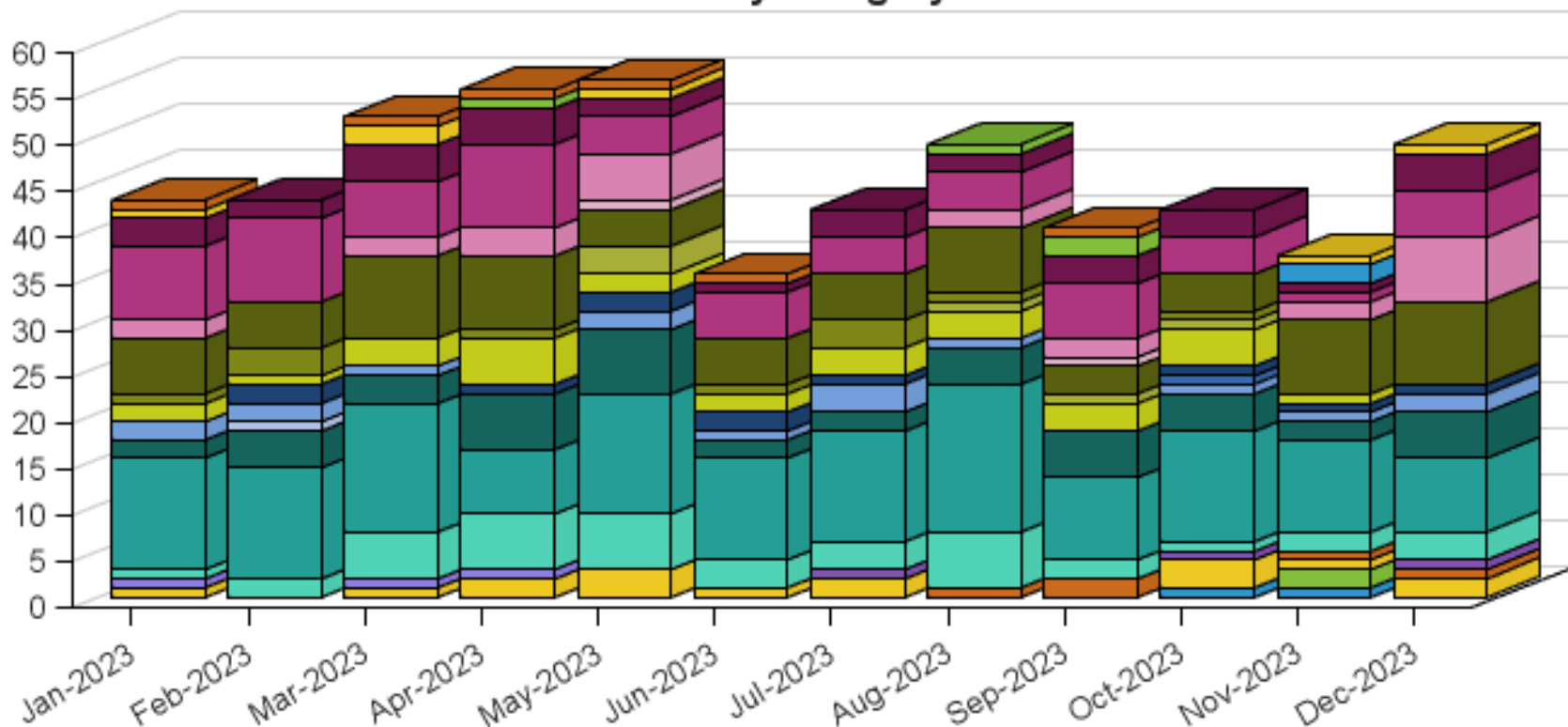
### COMPLAINT RESPONSES 2023



Goal is 100% Green (timely responses)

**Calendar Year 2023  
Unusual Occurrence Report  
(UOR) Data**

### UOR's by Category

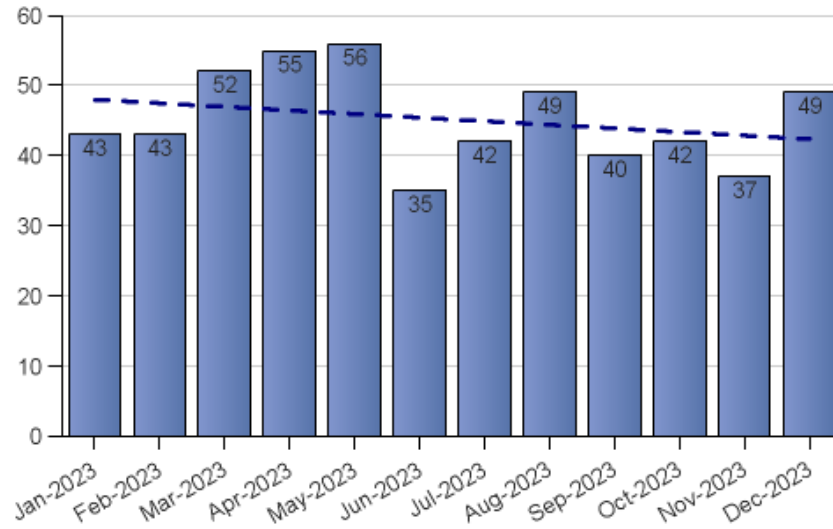


- Alarms
- Bloodborne Pathogen Exposure- ...
- Communication
- Critical Indicator
- Equipment/Supply/Devices
- Med Surg
- OB/Nursery
- Skin integrity concern
- Workplace Violence
- AMA/Elopement/LWBS
- Bloodborne Pathogen Exposure- ...
- Complaints/review request
- ED
- Falls/Slips
- Medication Occurrence/Error
- Surgery
- Codes - Rapid Response, Blue, ...
- Confidentiality/PHI Breach/HIPAA...
- EMTALA
- IV issues/Blood transfusion issues
- Mishandled Sharps
- Safety/Security
- Transfer - Internal or External

## Data for previous slide

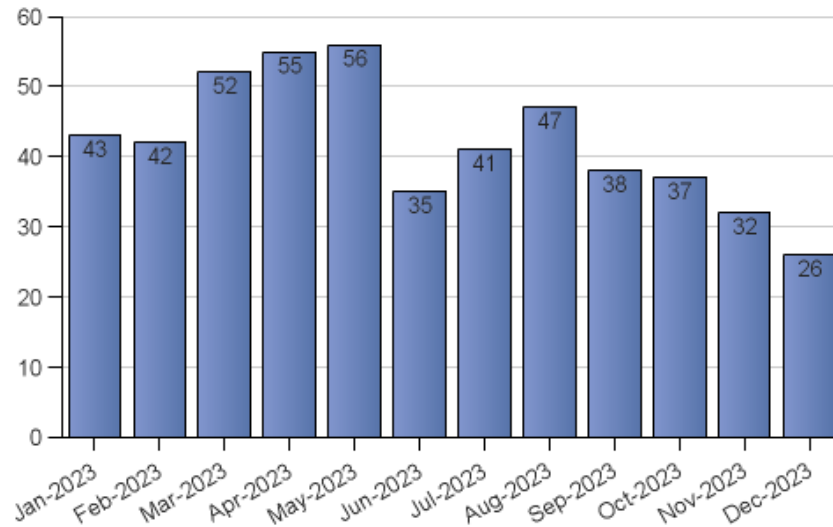
	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Total
Alarms										1	1		2
AMA/Elopement/LWBS											2		2
Anesthesia	1		1	2	3	1	2			3	1	2	16
Bloodborne Pathogen Exposure- Sharps Injury								1	2		1	1	5
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1		1	1									3
Codes - Rapid Response, Blue, Deescalation							1			1		1	3
Communication	1	2	5	6	6	3	3	6	2	1	2	3	40
Complaints/review request	12	12	14	7	13	11	12	16	9	12	10	8	136
Confidentiality/PHI Breach/HIPAA violation	2	4	3	6	7	2	2	4	5	4	2	5	46
Critical Indicator		1											1
ED	2	2	1		2	1	3	1		1	1	2	16
EMTALA										1			1
Equipment/Supply/Devices		2		1	2	2	1			1	1	1	11
Falls/Slips	2	1	3	5	2	2	3	3	3	4	1		29
IV issues/Blood transfusion issues					3			1	1	1			6
Med Surg	1	3		1		1	3	1		1			11
Medication Occurrence/Error	6	5	9	8	4	5	5	7	3	4	8	9	73
Mishandled Sharps					1				1				2
OB/Nursery	2		2	3	5			2	2		2	7	25
Procedure/Test/Specimen problem	8	9	6	9	4	5	4	4	6	4	1	5	65
Safety/Security	3	2	4	4	2	1	3	2	3	3	1	4	32
Skin integrity concern											2		2
Surgery				1				1	2				4
Transfer - Internal or External	1		2		1						1	1	6
Workplace Violence	1		1	1	1	1			1				6
<b>Total</b>	<b>43</b>	<b>43</b>	<b>52</b>	<b>55</b>	<b>56</b>	<b>35</b>	<b>42</b>	<b>49</b>	<b>40</b>	<b>42</b>	<b>37</b>	<b>49</b>	<b>543</b>

### UOR's



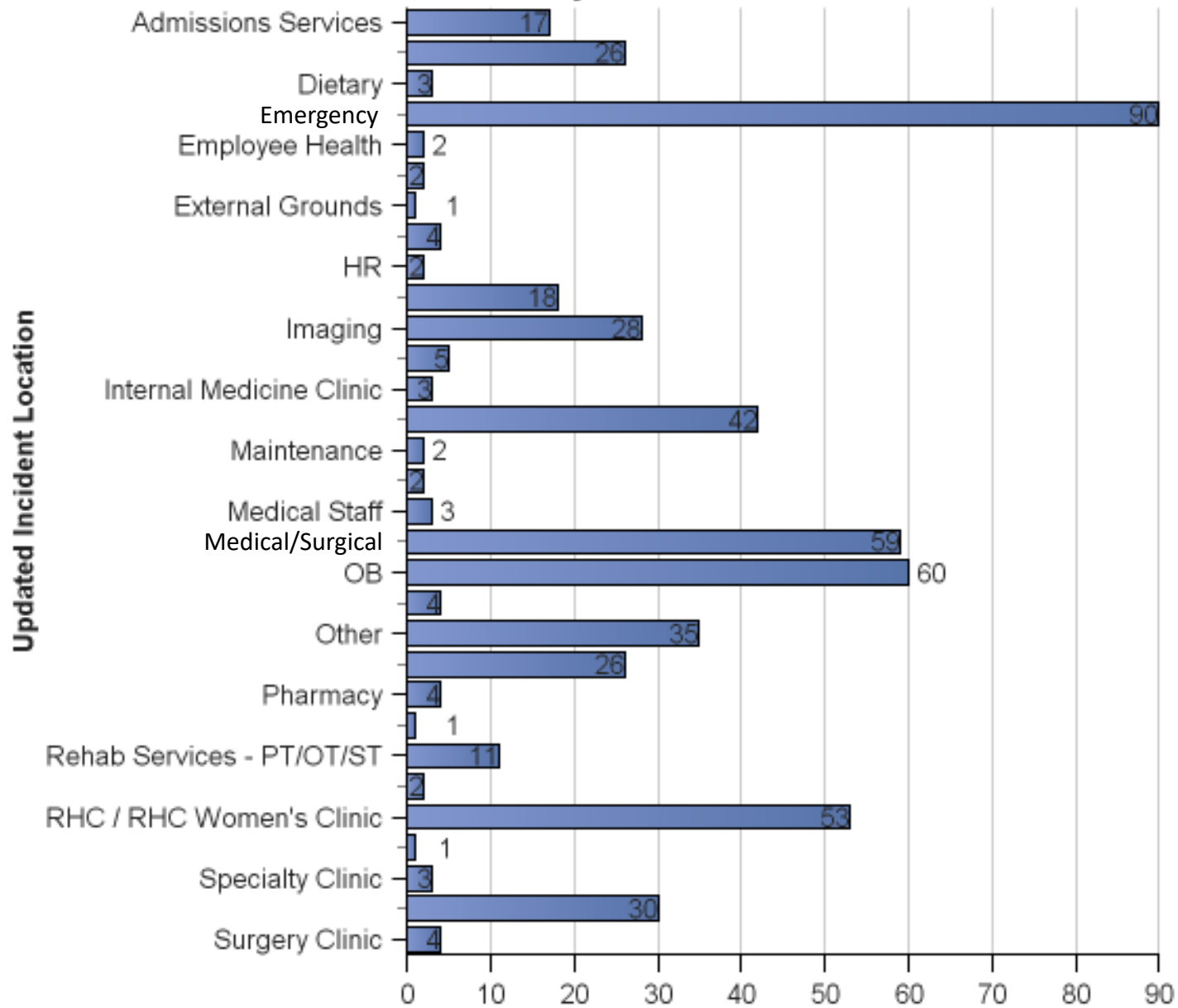
Jan-2023	43
Feb-2023	43
Mar-2023	52
Apr-2023	55
May-2023	56
Jun-2023	35
Jul-2023	42
Aug-2023	49
Sep-2023	40
Oct-2023	42
Nov-2023	37
Dec-2023	49
<b>Total</b>	<b>543</b>

### Number of Closed UOR's



	Closed
Jan-2023	43
Feb-2023	42
Mar-2023	52
Apr-2023	55
May-2023	56
Jun-2023	35
Jul-2023	41
Aug-2023	47
Sep-2023	38
Oct-2023	37
Nov-2023	32
Dec-2023	26
<b>Total</b>	<b>504</b>

### UOR's by Location



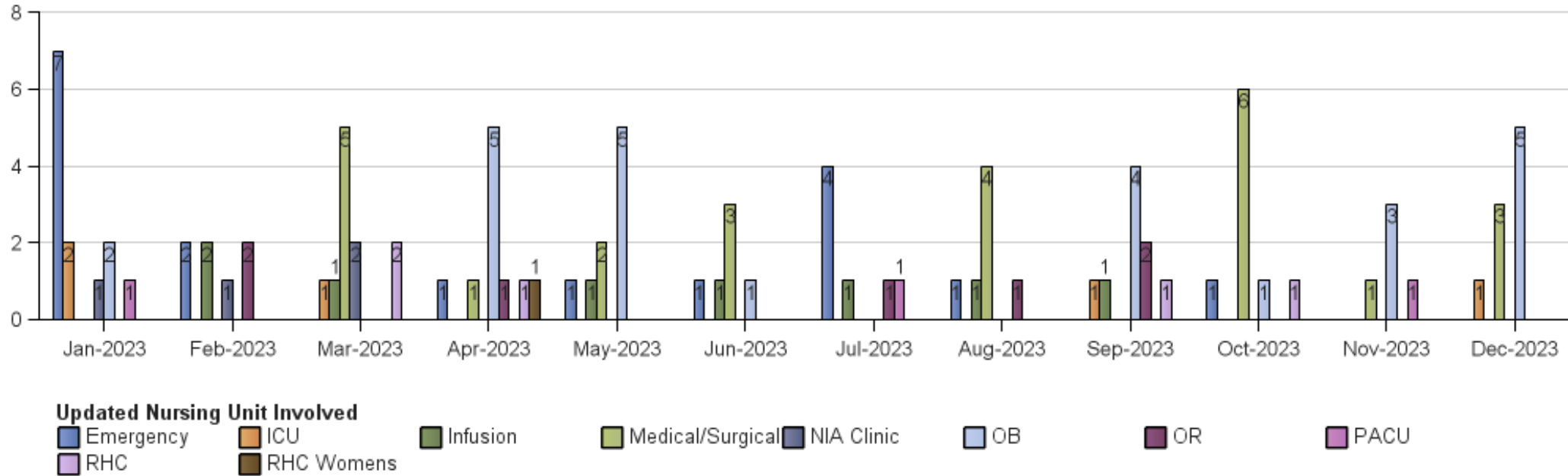
## Data for previous slide

Admissions Services	17
Credit and Billing	26
Dietary	3
ED	90
Employee Health	2
EVS	2
External Grounds	1
HIM/Medical Records	4
HR	2
ICU	18
Imaging	28
Infusion	5
Internal Medicine Clinic	3
Lab	42
Maintenance	2
Med Surg Unit	2
Medical Staff	3
Medical Surgical Unit	59
OB	60
Ortho Clinic	4
Other	35
Peds/Allergy Clinic	26
Pharmacy	4
Rehab Services - Physical Therapy, Occupational Therapy, Speech Therapy	1
Rehab Services - PT/OT/ST	11
Respiratory/Cardiopulmonary	2
RHC / RHC Women's Clinic	53
Rural Health Clinic / Rural Health Women's Clinic	1
Specialty Clinic	3
Surgery	30
Surgery Clinic	4
<b>Total</b>	<b>543</b>



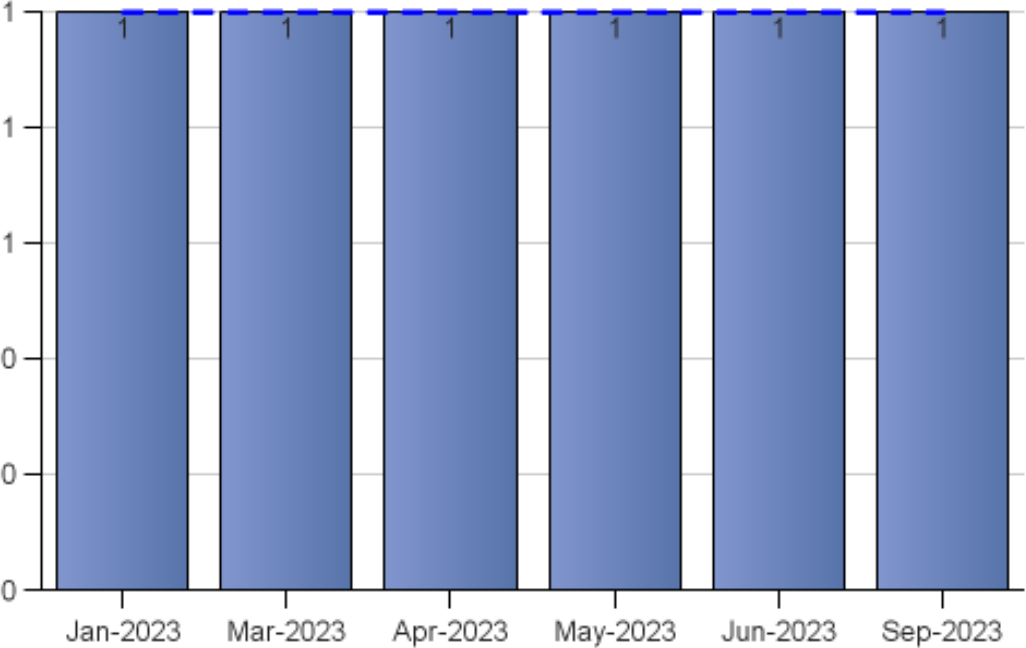
### UOR's Related to Nursing by Nursing Unit Involved

(only when Nursing Unit Involved = Yes)



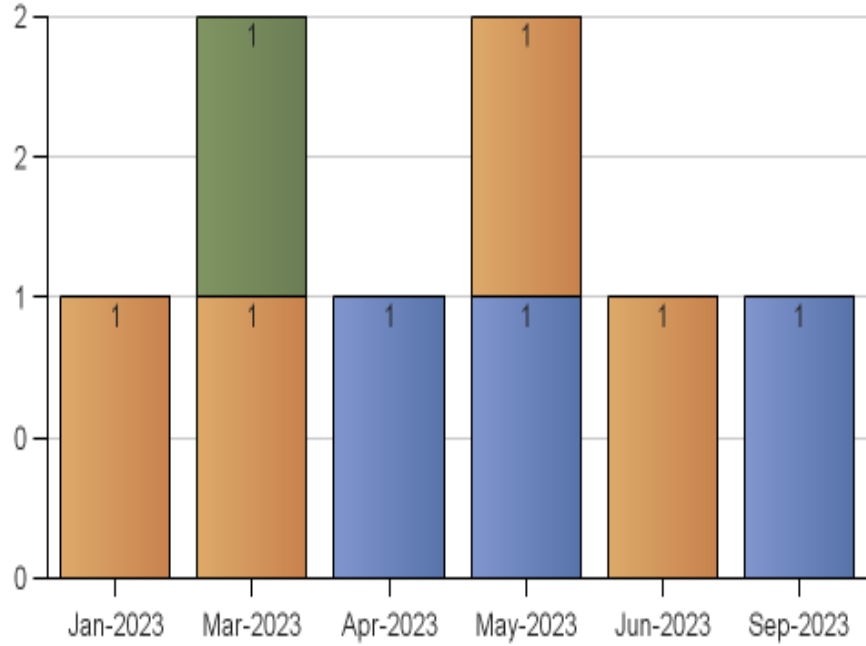
	Yes
Emergency	18
ICU	5
Infusion	8
Medical/Surgical	25
NIA Clinic	4
OB	26
OR	7
PACU	3
RHC	5
RHC Womens	1
<b>Total</b>	<b>102</b>

**Total Workplace Violence UOR's**



	Jan-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Sep-2023	Total
Workplace Violence	1	1	1	1	1	1	6
Total	1	1	1	1	1	1	6

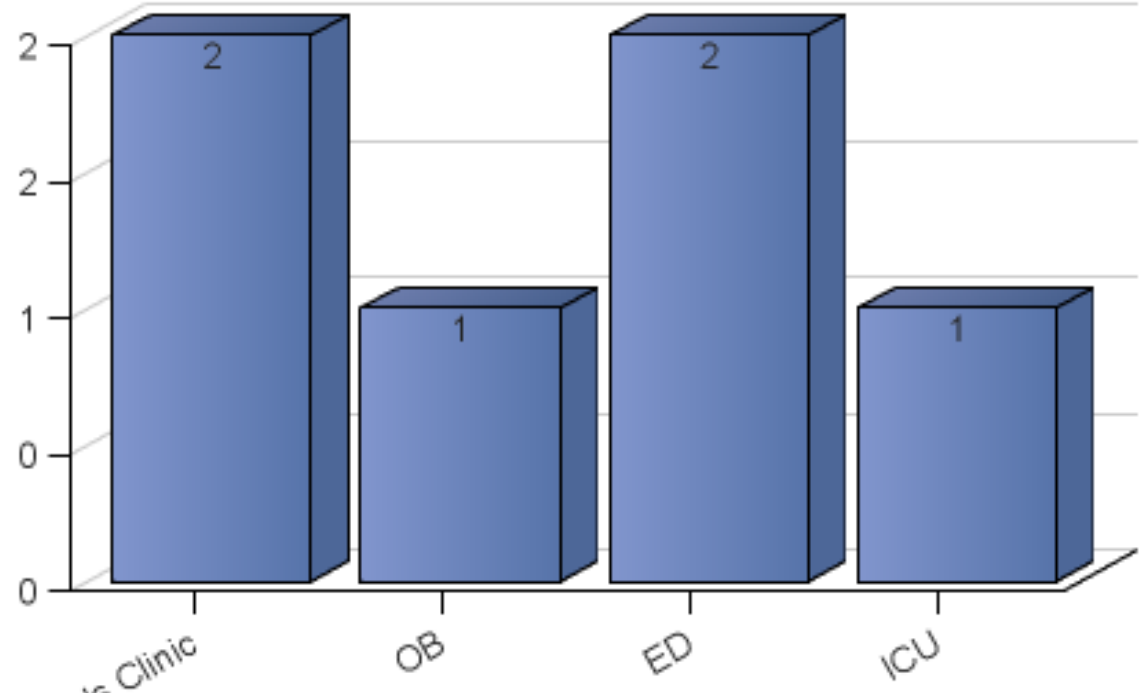
Type of Aggression (Multi-select field)



	Jan-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Sep-2023	Total
Physical attack (biting, choking, grabbing, hair pulling, kicking, punching/slapping, scratching, spitting, striking, etc)			1	1		1	3
Verbal abuse	1	1		1	1		4
Other threat of physical force		1					1
<b>Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>8</b>

■ Physical attack (biting... 
 ■ Verbal abuse 
 ■ Other threat of physica...

**Total WPV Incidents by Location**



RHC / RHC Women's Clinic	2
OB	1
ED	2
ICU	1
<b>Total</b>	<b>6</b>

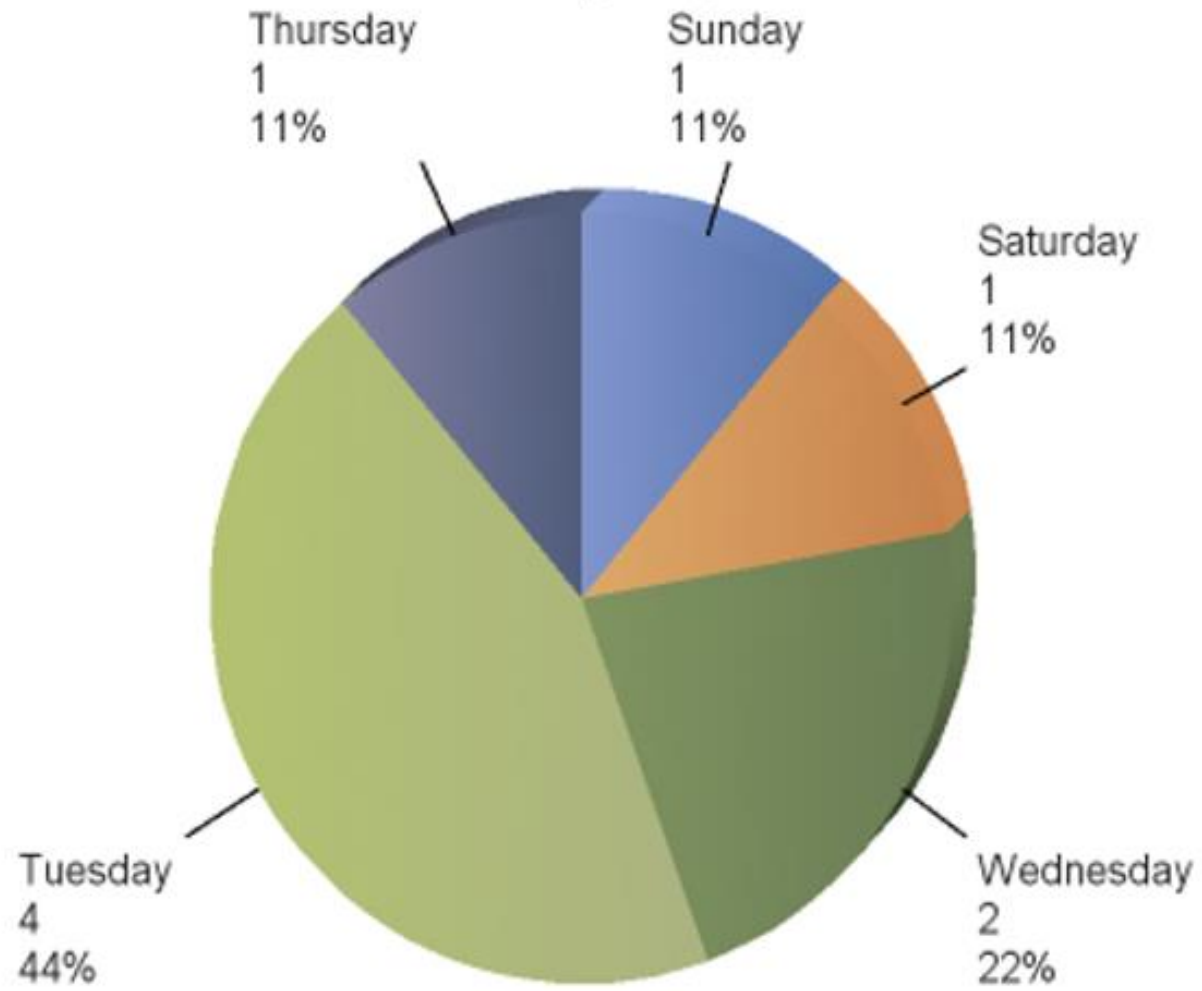
RHC / RHC Women's Clinic

OB

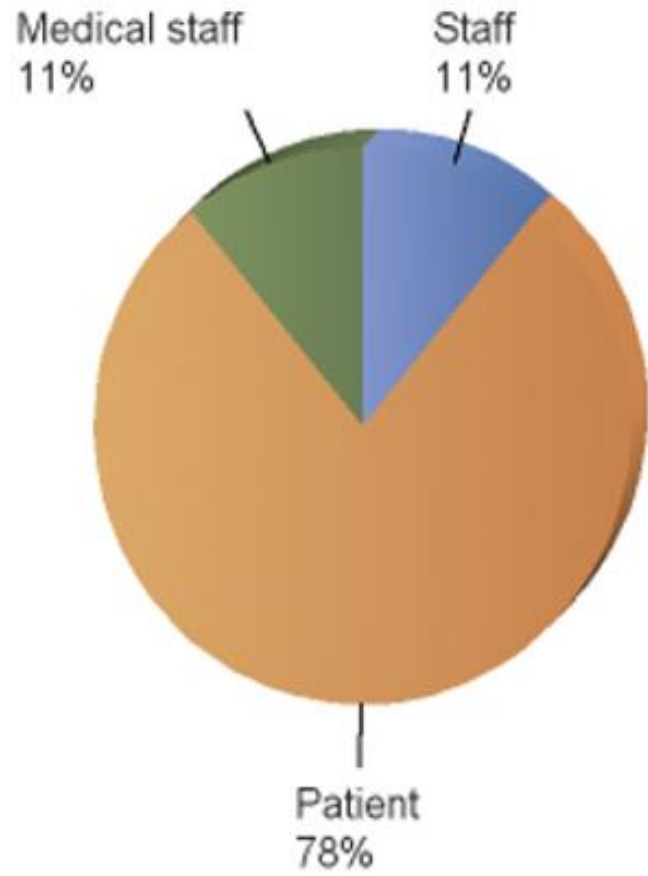
ED

ICU

## Total Incidents by Day of the Week

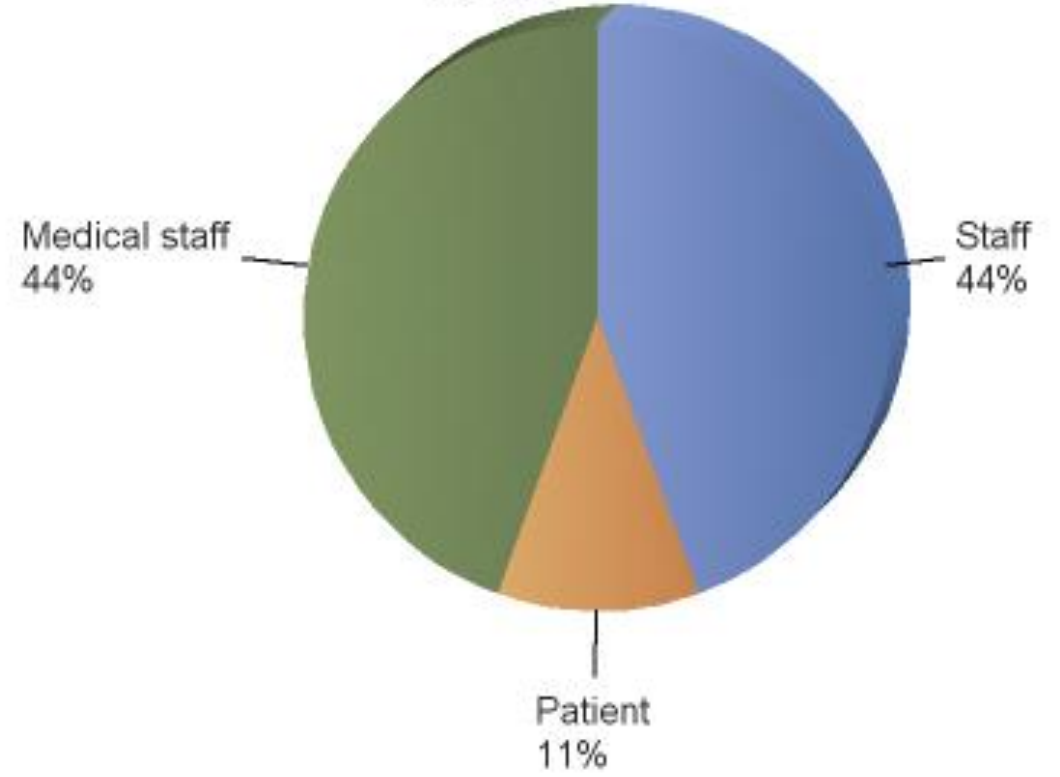


### Assailant

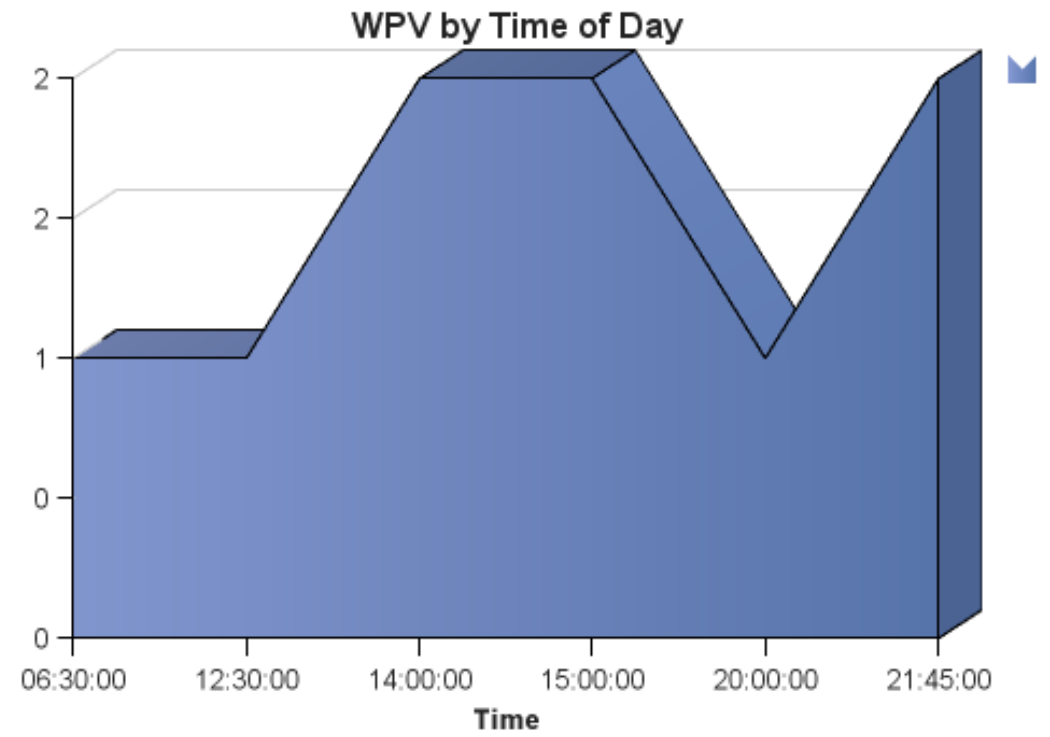
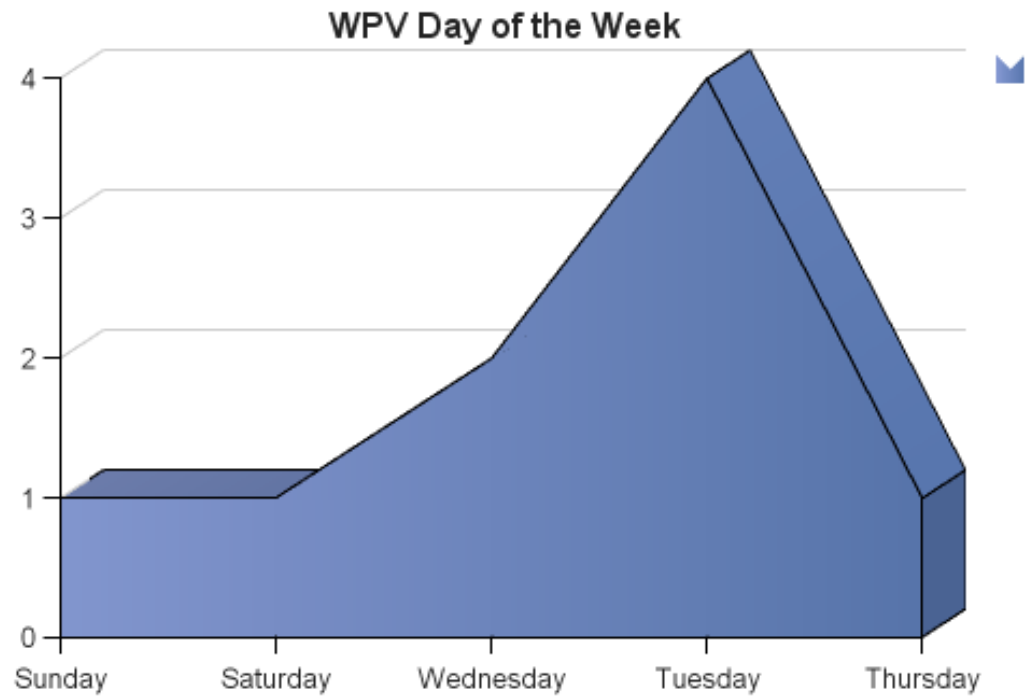


■ Staff    ■ Patient    ■ Medical staff

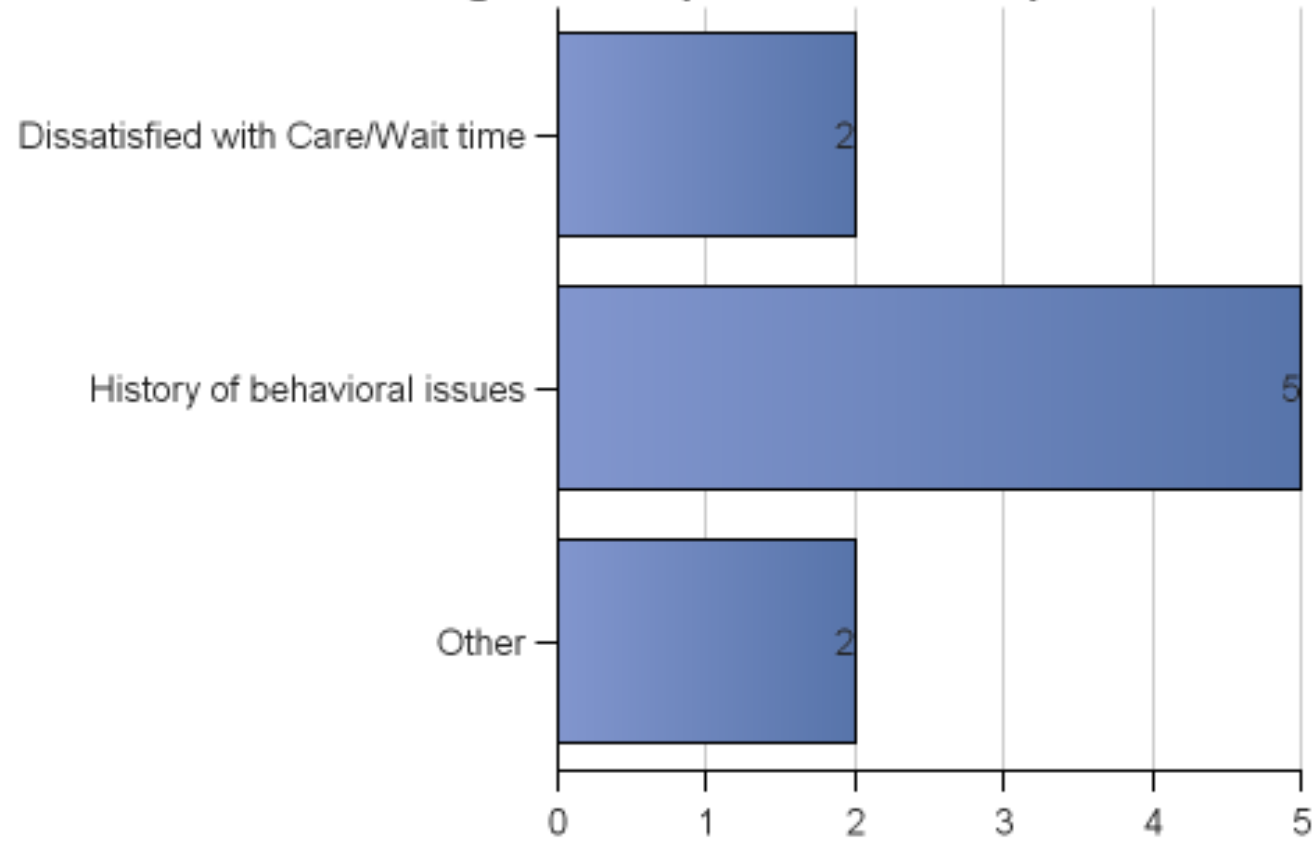
### Victim



■ Staff    ■ Patient    ■ Medical staff



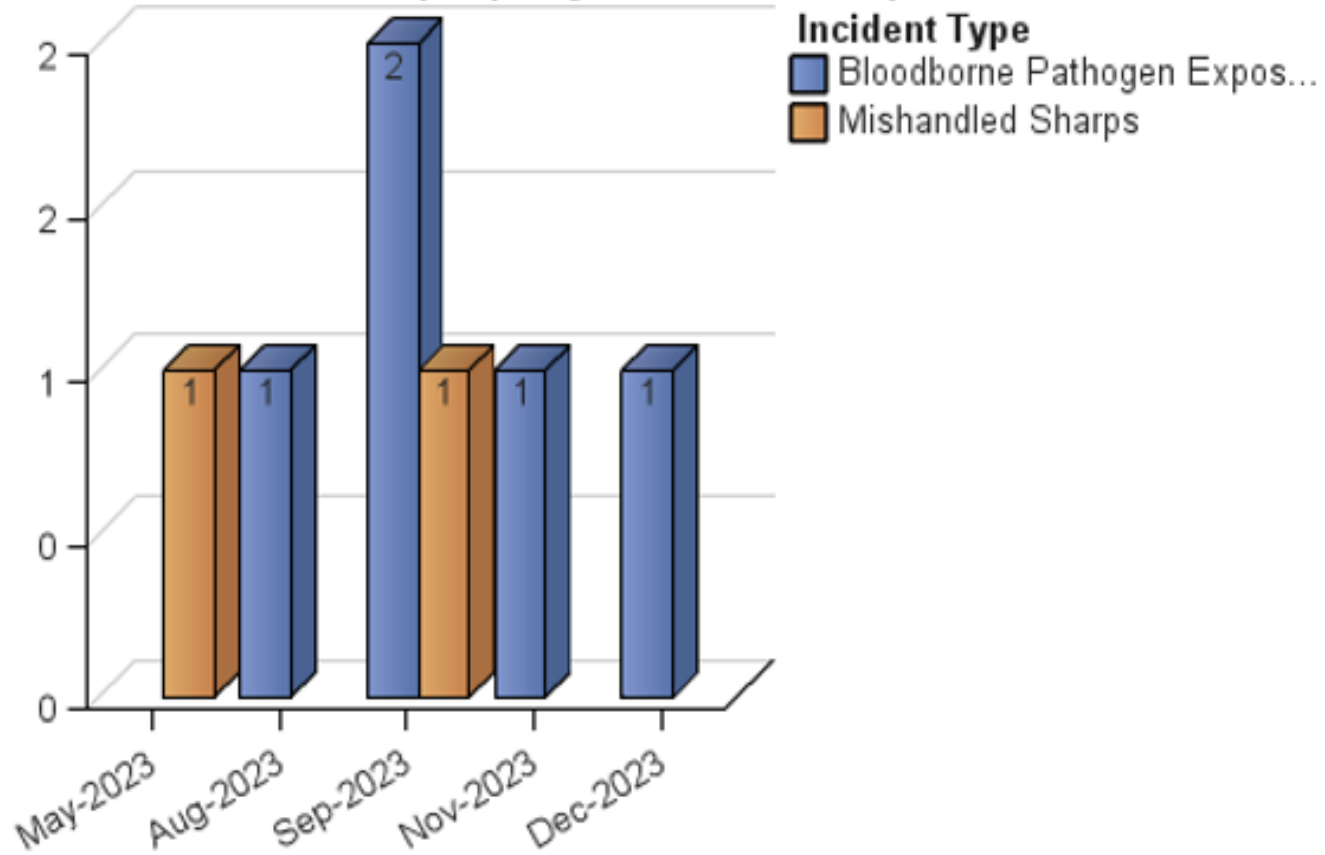
### Contributing Factors (Multi-select field)



Dissatisfied with Care/Wait time	1
History of behavioral issues	4
Other	2
<b>Total</b>	<b>7</b>

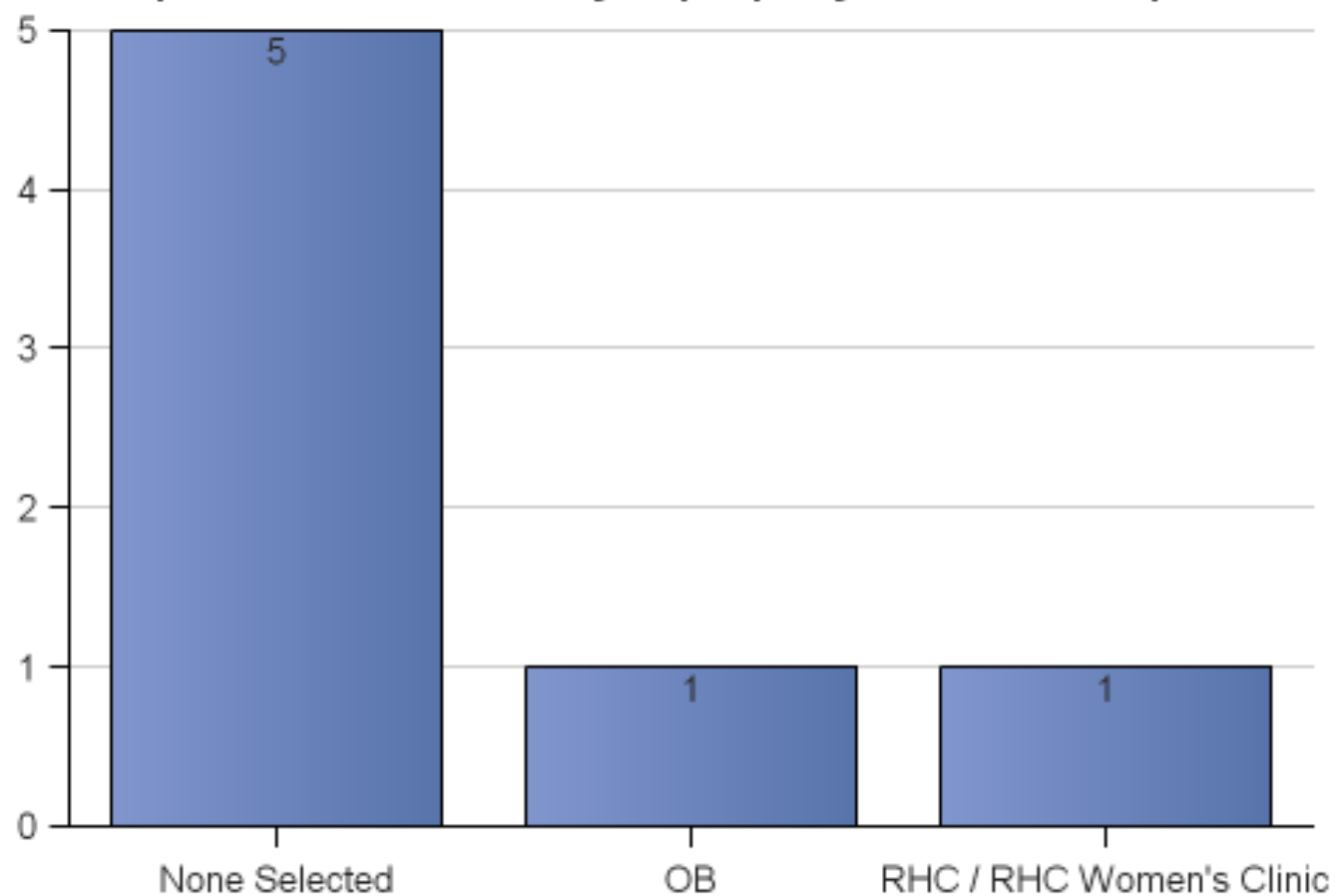


### Improperly Handled Sharps



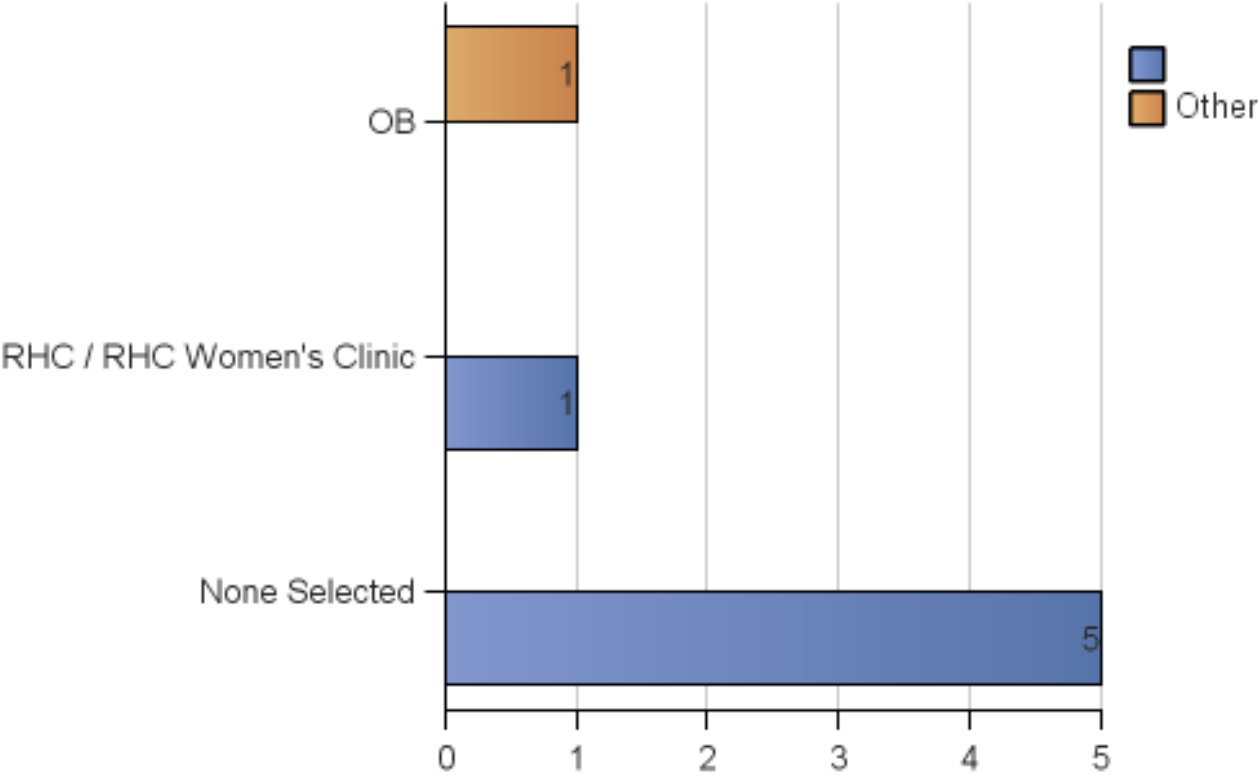
	May-2023	Aug-2023	Sep-2023	Nov-2023	Dec-2023	Total
Bloodborne Pathogen Exposure- Sharps Injury		1	2	1	1	5
Mishandled Sharps	1		1			2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>7</b>

### Departments affected by improperly handled sharps



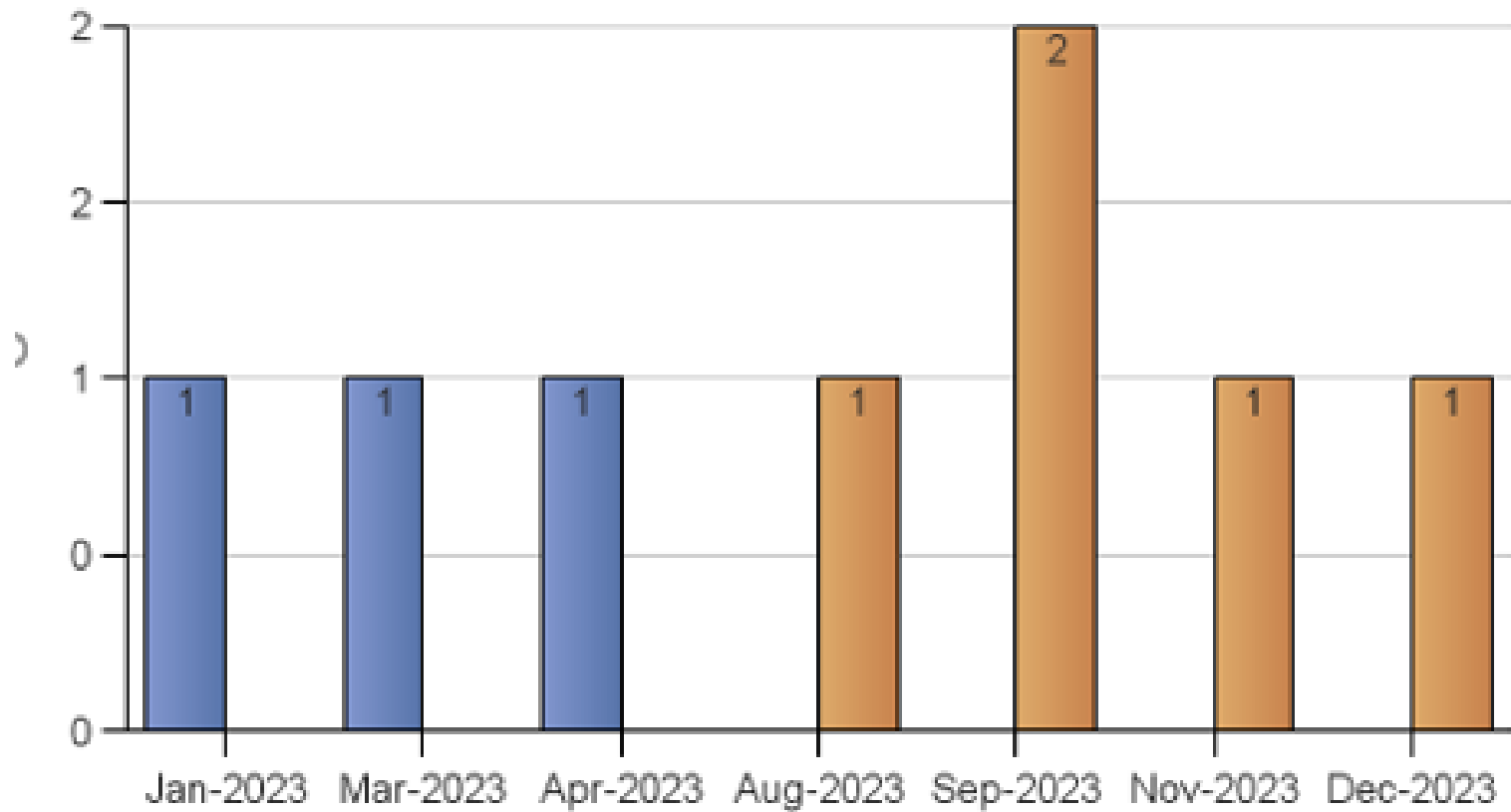
None Selected	5
RHC / RHC Women's Clinic	1
OB	1
<b>Total</b>	<b>7</b>

### Department and Mishandled Sharps Type



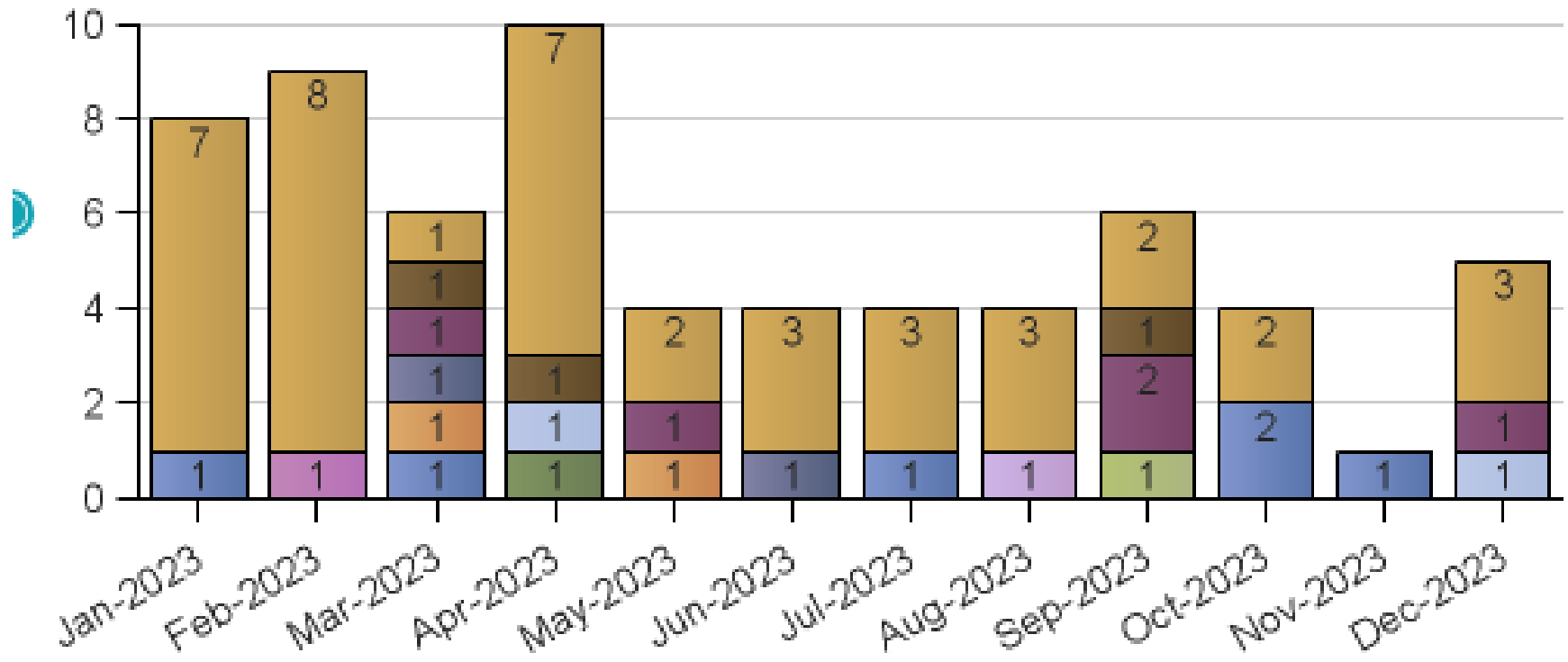
	Mishandled Sharps Type		Total
	None Selected	Other	
None Selected	5	0	5
RHC / RHC Women's Clinic	1	0	1
OB	0	1	1
<b>Total</b>	<b>6</b>	<b>1</b>	<b>7</b>

## Bloodborne Pathogen Exposure



	Jan-2023	Mar-2023	Apr-2023	Aug-2023	Sep-2023	Nov-2023	Dec-2023	Total	
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1	1	1					3	
Bloodborne Pathogen Exposure- Sharps Injury					1	2	1	1	5
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>8</b>	

## UOR's Related to Lab



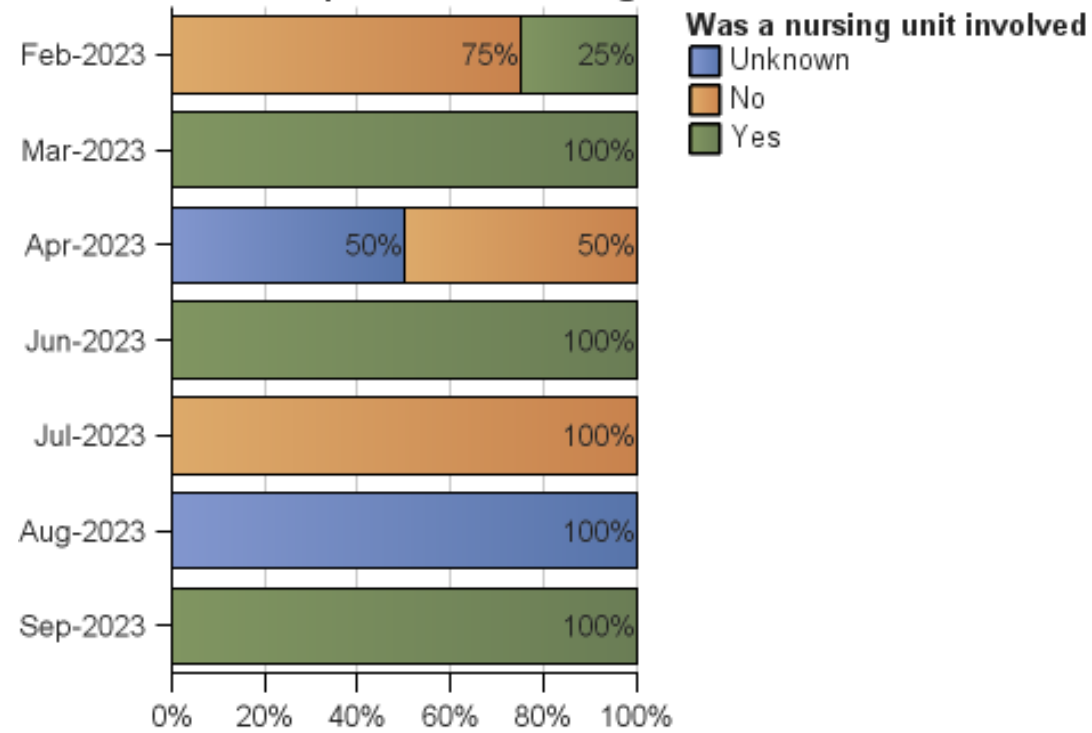
### Procedure/Test Problems

- Delay
- Delay due to Hospital/...
- Error reporting results
- Improper technique oth...
- Omitted a test or proc...
- Order Issue
- Other
- Patient was not proper...
- Performed on wrong p...
- Performed wrong proc...
- Specimen Problems\*\* ...

## Data for previous slide

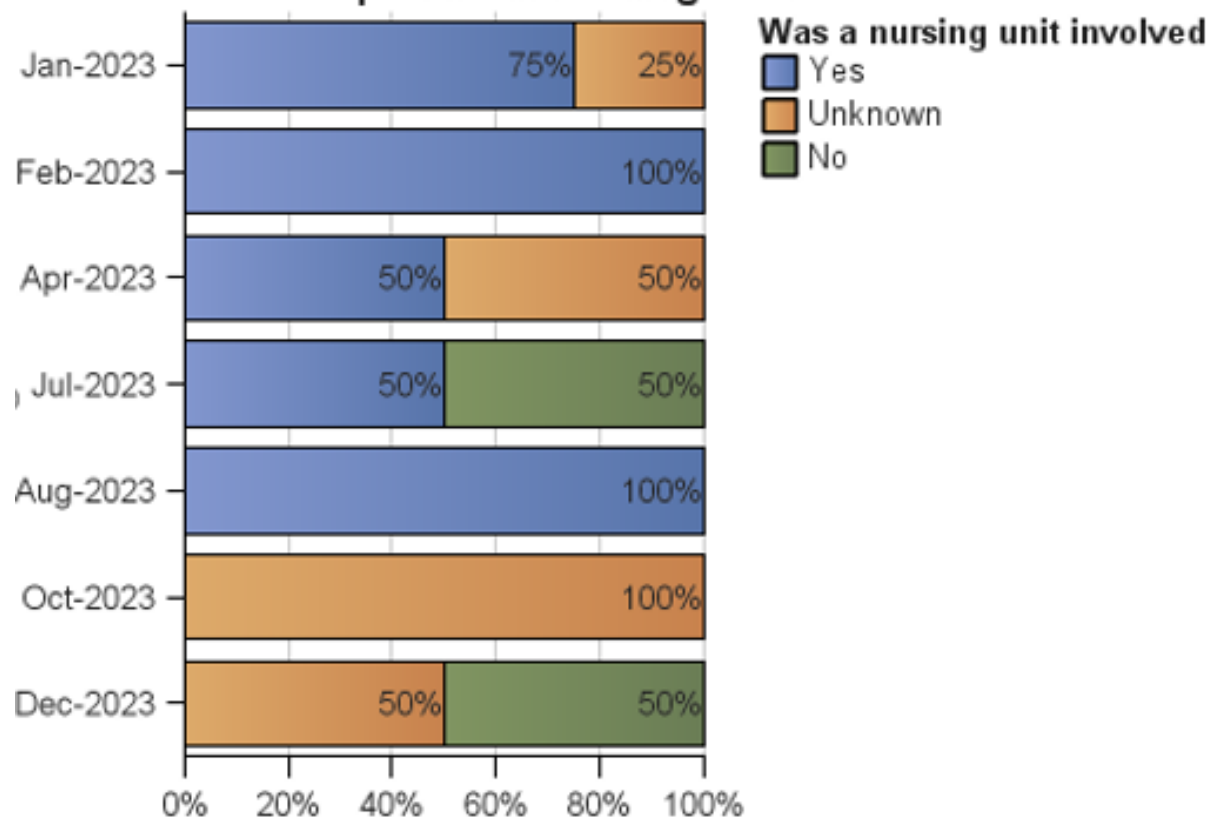
	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Total
Delay	1		1				1			2	1		6
Delay due to Hospital/Radiology systems problems or communication issues			1		1								2
Error reporting results				1									1
Improper technique other than a break in sterile technique									1				1
Omitted a test or procedure			1			1							2
Order Issue				1								1	2
Other			1		1				2			1	5
Patient was not properly prepared for the procedure or test		1											1
Performed on wrong patient								1					1
Performed wrong procedure			1	1					1				3
Specimen Problems** LAB ALWAYS SELECT THIS ONE***	7	8	1	7	2	3	3	3	2	2		3	41
<b>Total</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>65</b>

### Specimen Handling Issues



	Feb-2023	Mar-2023	Apr-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Total
Unknown			1			1		2
No	3		1		1			5
Yes	1	1		1			1	4
Total	4	1	2	1	1	1	1	11

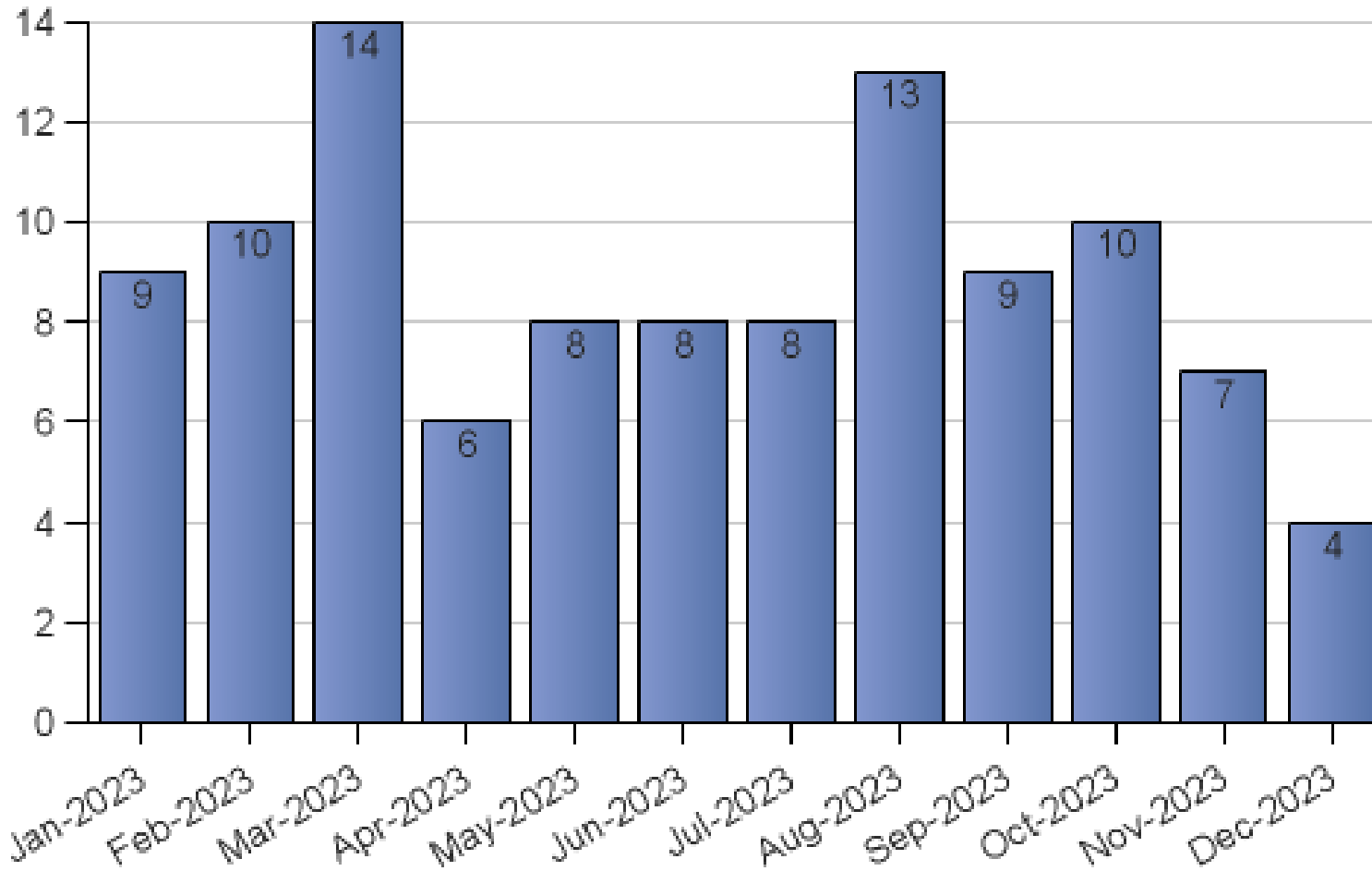
### Specimen Labeling Issues



	Jan-2023	Feb-2023	Apr-2023	Jul-2023	Aug-2023	Oct-2023	Dec-2023	Total
Yes	3	2	1	1	1			8
Unknown	1		1			1	1	4
No				1			1	2
Total	4	2	2	2	1	1	2	14

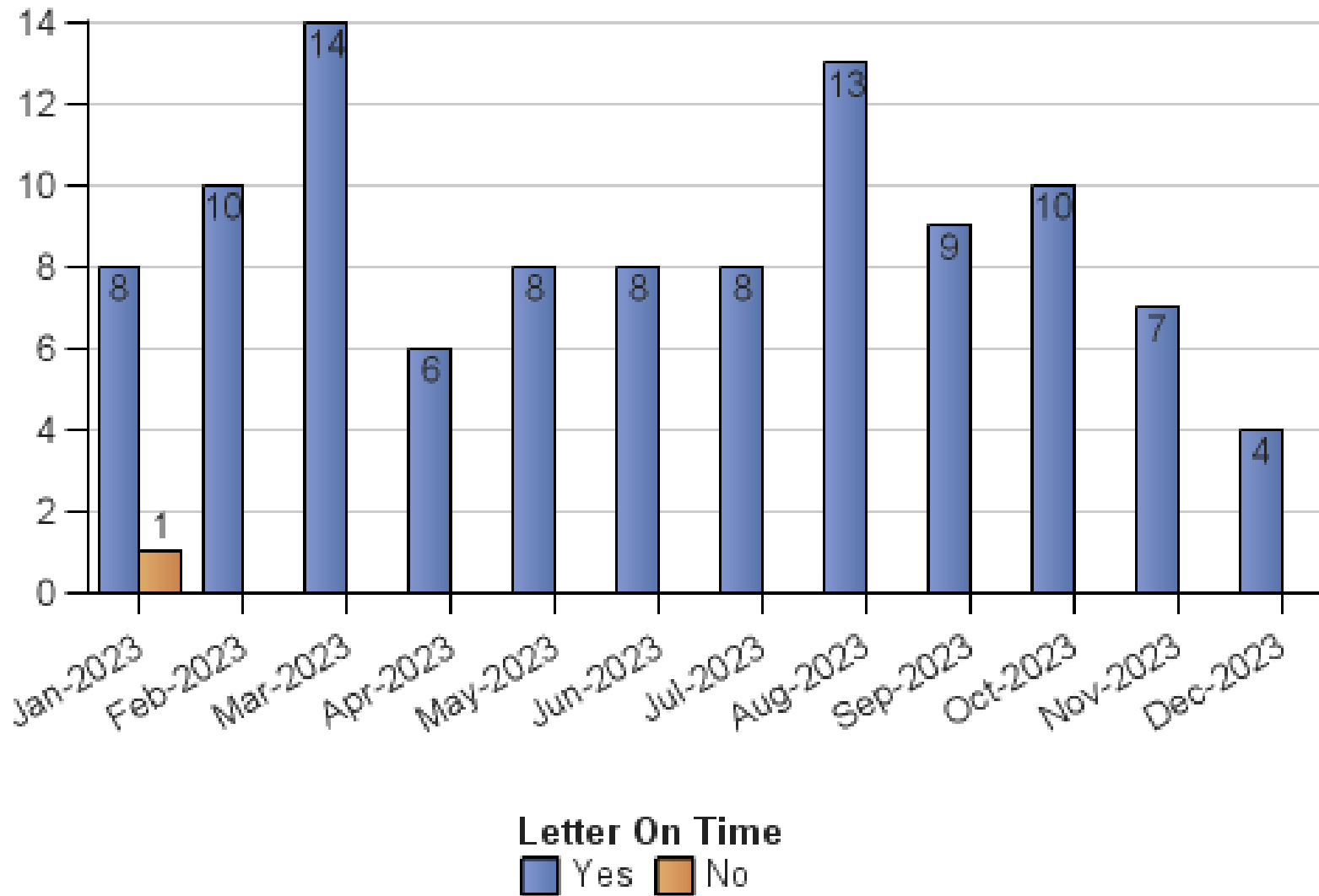


## UOR's with Complaint Response Required



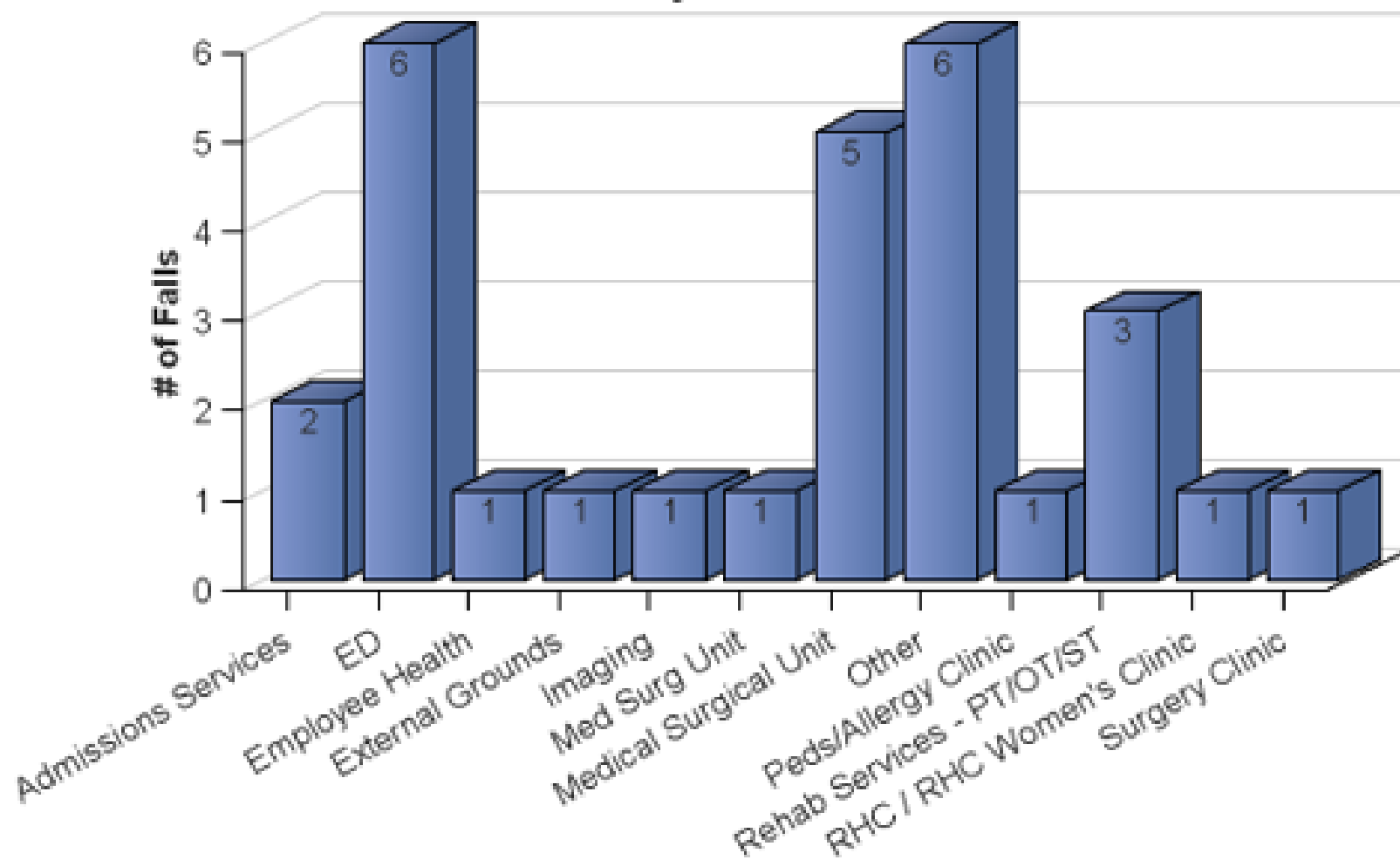
Jan-2023	9
Feb-2023	10
Mar-2023	14
Apr-2023	6
May-2023	8
Jun-2023	8
Jul-2023	8
Aug-2023	13
Sep-2023	9
Oct-2023	10
Nov-2023	7
Dec-2023	4
<b>Total</b>	<b>106</b>

## UOR's with On Time Responses



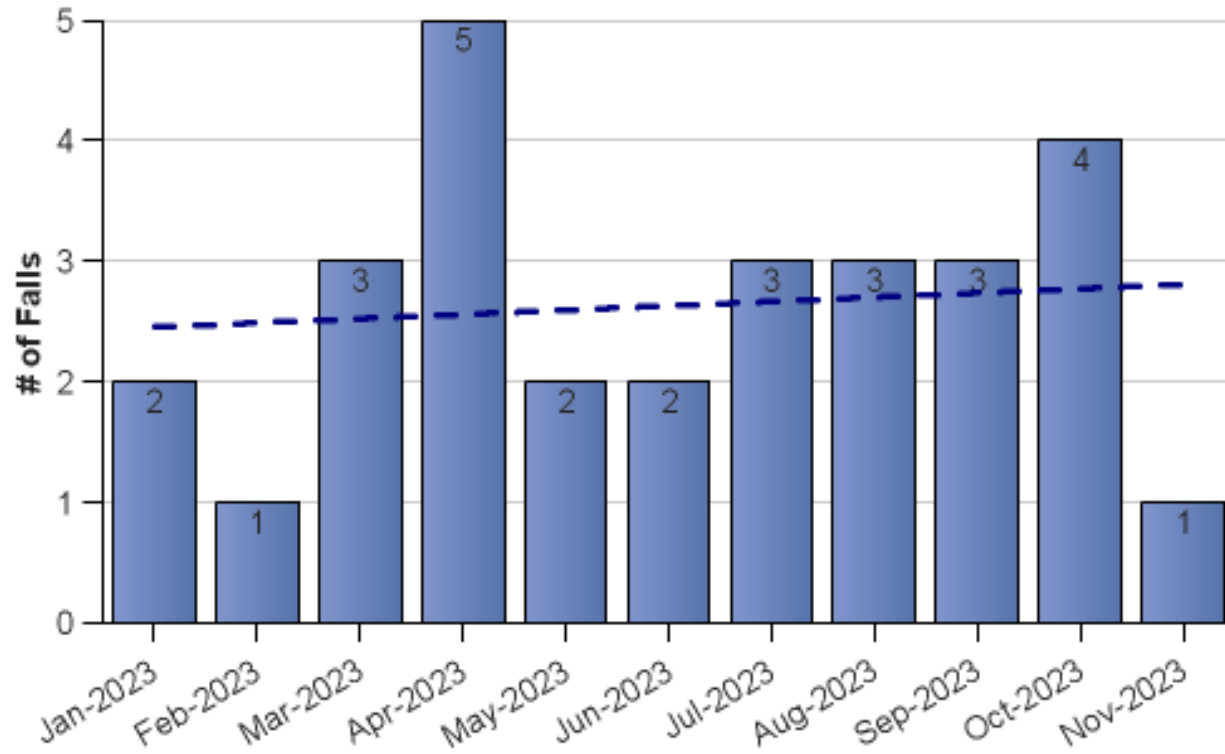
	Yes	No	Total
Jan-2023	8	1	9
Feb-2023	10		10
Mar-2023	14		14
Apr-2023	6		6
May-2023	8		8
Jun-2023	8		8
Jul-2023	8		8

## Falls by Location



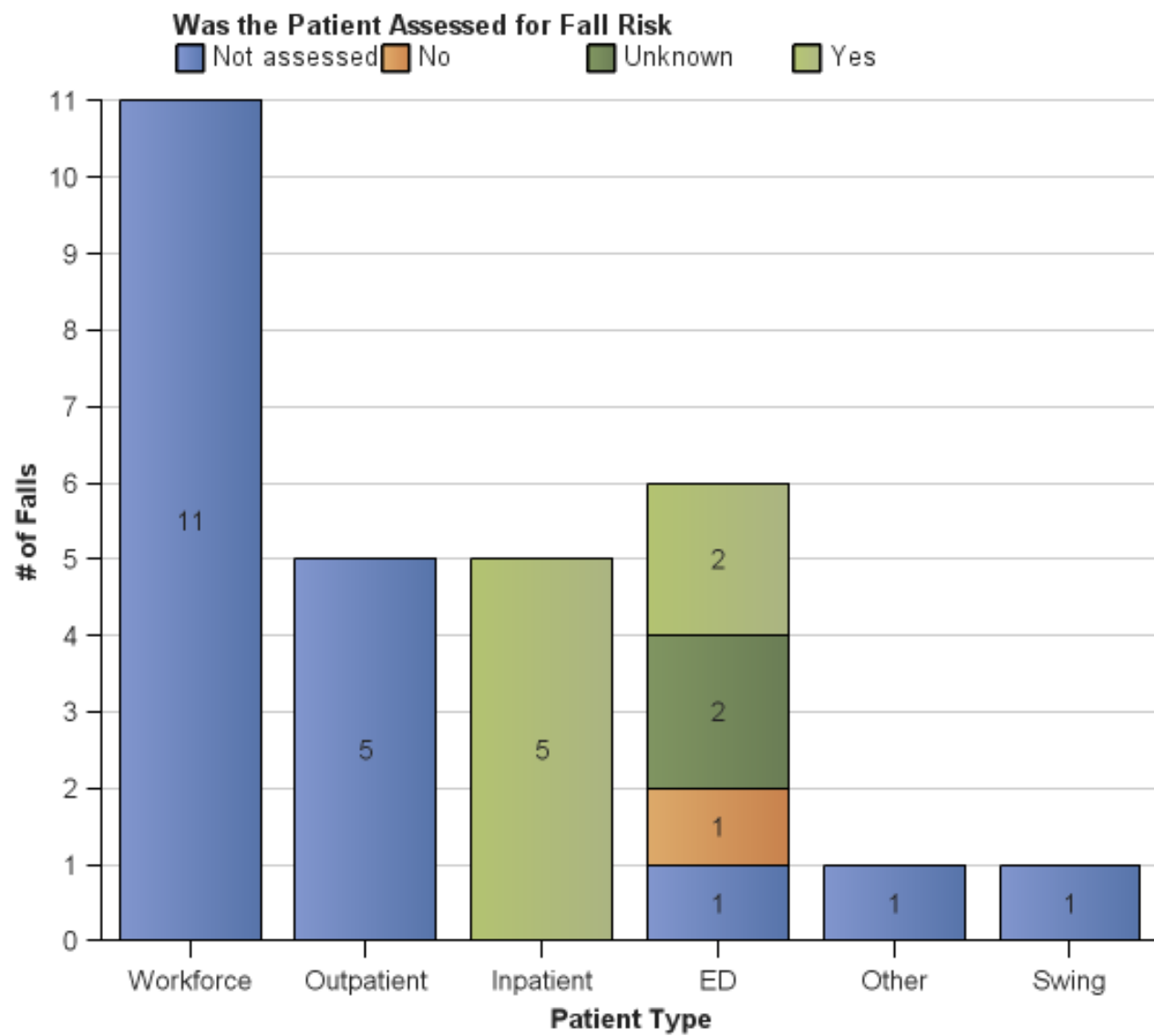
# of Falls	Falls/Slips	Total
Admissions Services	2	2
ED	6	6
Employee Health	1	1
External Grounds	1	1
Imaging	1	1
Med Surg Unit	1	1
Medical Surgical Unit	5	5
Other	6	6
Peds/Allergy Clinic	1	1
Rehab Services - PT/OT/ST	3	3
RHC / RHC Women's Clinic	1	1
Surgery Clinic	1	1
<b>Total</b>	<b>29</b>	<b>29</b>

### Falls by Date

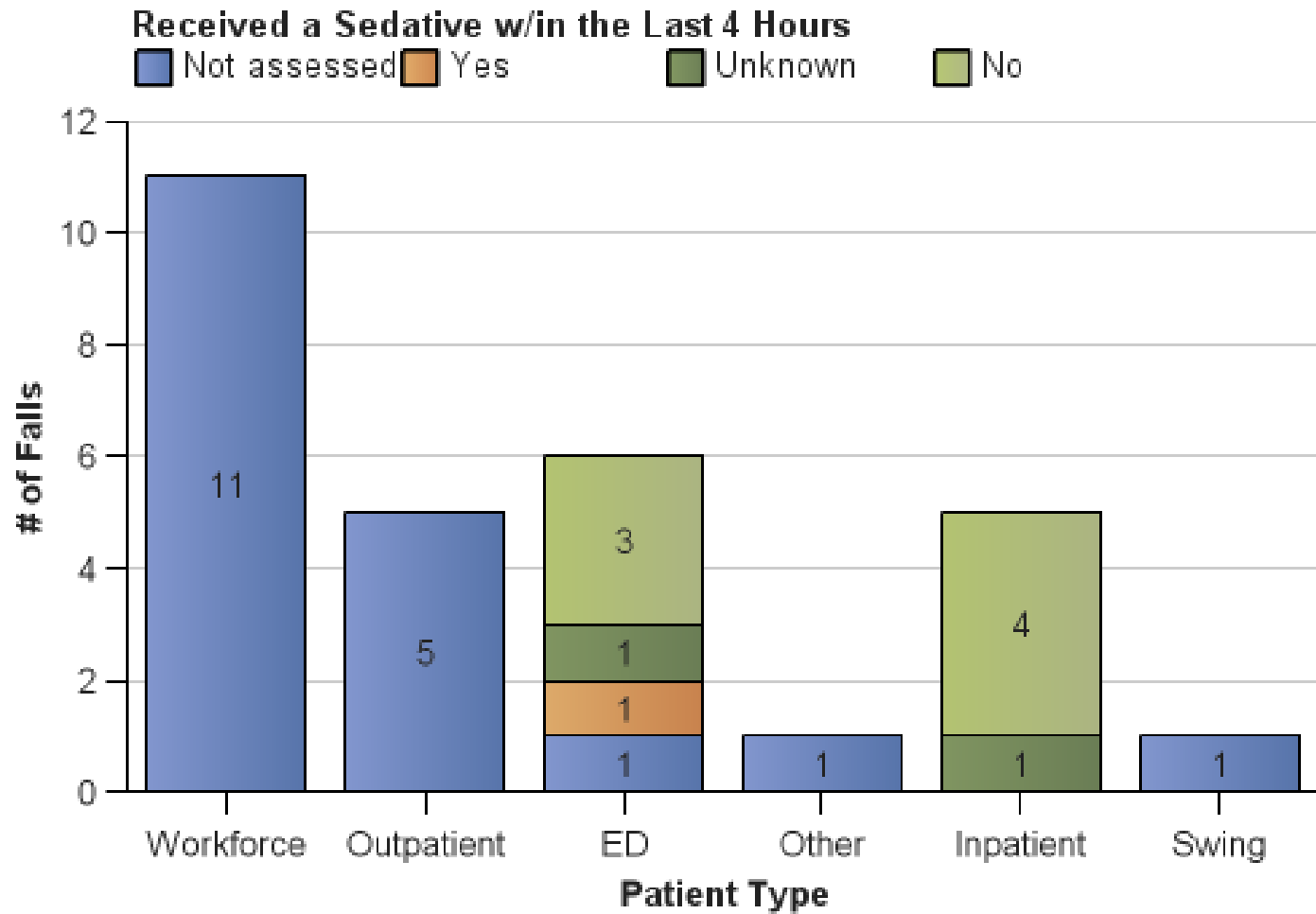


# of Falls	Was there any injury?			Total
	Not Identified	Yes	No	
Not Identified	11			11
ED	1	3	2	6
Inpatient	1		4	5

# of Falls	Falls/Slip Problem(s)								Total
	Not Identified	Ambulating	Bathroom	Bed/Crib	Chair	Grounds/floor issues	Ice/weather related	Other	
Not Identified	3	1	1			6	1	9	21
Confused		3							3
Oriented		4		1	2				7
<b>Total</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>9</b>	<b>31</b>

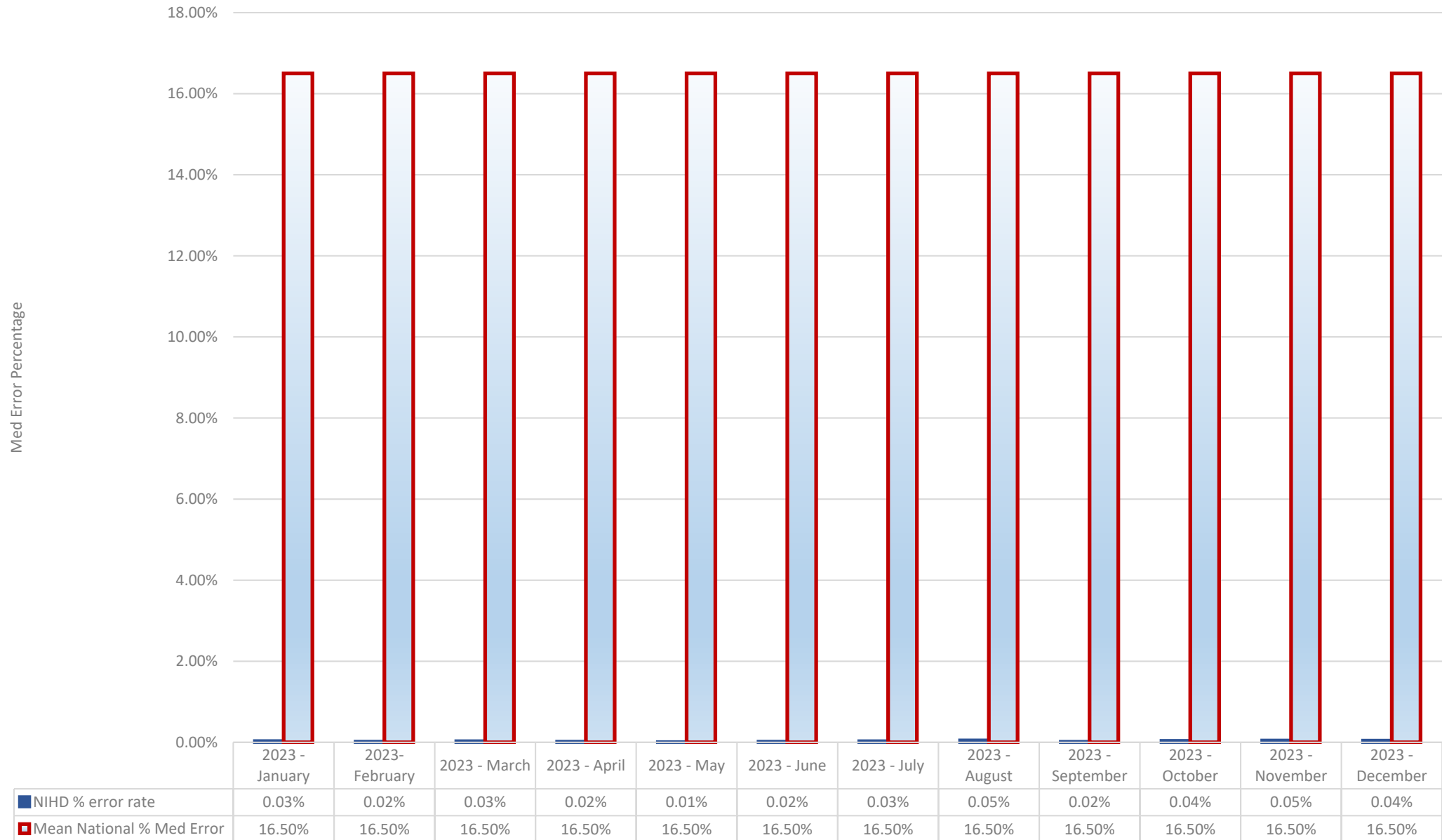


# of Falls	Was the Patient Assessed for Fall Risk				Total
	Not assessed	Yes	Unknown	No	
Workforce	11				11
Outpatient	5				5
Inpatient		5			5
Other	1				1
ED	1	2	2	1	6
Swing	1				1
<b>Total</b>	<b>19</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>29</b>



# of Falls	Received a Sedative w/in the Last 4 Hours				Total
	Not assessed	Unknown	Yes	No	
Workforce	11				11
Outpatient	5				5
Inpatient		1		4	5
Other	1				1
ED	1	1	1	3	6
Swing	1				1

## NIHD Medication Error Rate vs. National Medication Error Rate

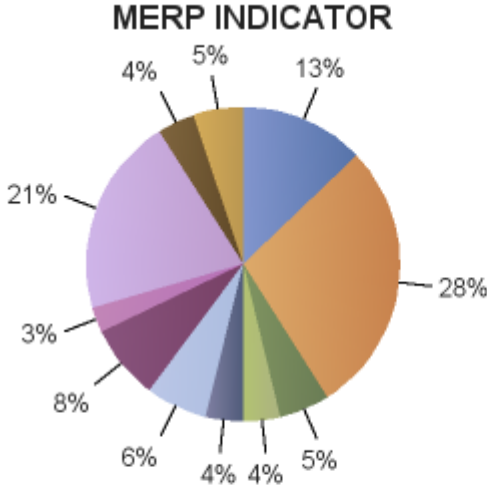


## Data for previous slide

Month/Year	Total number of Medications administered	NIHD Total number of errors	NIHD % error rate	National % Medication Error	Mean National % Med Error	NIHD % Medication Administration accuracy	References
2023 - January	16,737	5	0.03%	8%-25%	16.50%	99.97%	During medication administration, there is about an <b>8%-25% median medication error rate</b> (Patient Safety Network, March 2021).
2023- February	12,177	2	0.02%	8%-25%	16.50%	99.98%	
2023 - March	14,218	4	0.03%	8%-25%	16.50%	99.97%	
2023 - April	11,167	2	0.02%	8%-25%	16.50%	99.98%	
2023 - May	14,803	1	0.01%	8%-25%	16.50%	99.99%	In a review of 91 direct observation studies of medication errors in hospitals and long-term care facilities, investigators estimated median error rates of 8%–25% during medication administration.
2023 - June	11,375	2	0.02%	8%-25%	16.50%	99.98%	
2023 - July	14,485	4	0.03%	8%-25%	16.50%	99.97%	
2023 - August	14,263	7	0.05%	8%-25%	16.50%	99.95%	
2023 - September	12,669	2	0.02%	8%-25%	16.50%	99.98%	
2023 - October	16,208	6	0.04%	8%-25%	16.50%	99.96%	reference for above: <a href="https://psnet.ahrq.gov/primer/medication-administration-errors#:~:text=In%20a%20review%20of%2091,%E2%80%9325%25%20during%20medication%20administration.">https://psnet.ahrq.gov/primer/medication-administration-errors#:~:text=In%20a%20review%20of%2091,%E2%80%9325%25%20during%20medication%20administration.</a>
2023 - November	13,327	6	0.05%	8%-25%	16.50%	99.95%	Occurrences not included, as they are not errors that are administered to a patient.
2023 - December	14,162	6	0.04%	8%-25%	16.50%	99.96%	



# Medication Error Reduction Plan (MERP)



- MERP indicator**
- None Selected
  - Administration
  - Compounding
  - Dispensing
  - Distribution
  - Education
  - Labeling
  - Monitoring
  - Order communic...
  - Prescribing
  - Use

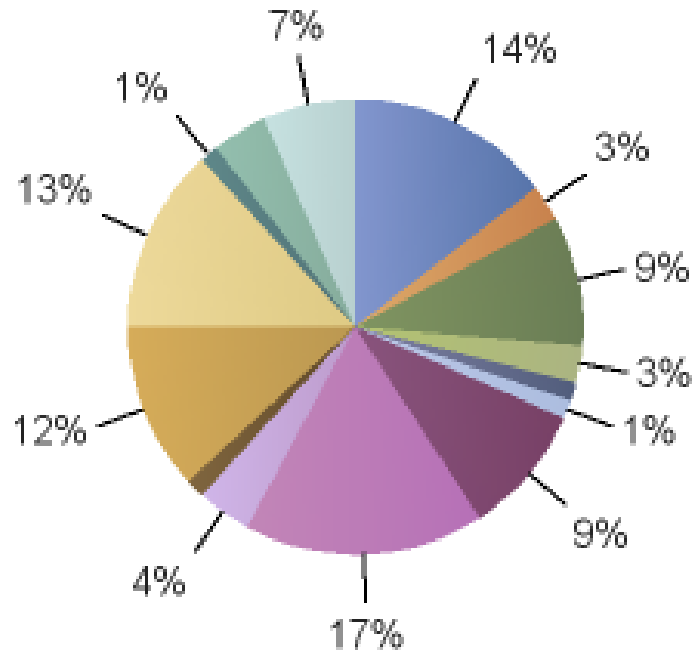
None Selected	10
Administration	22
Compounding	4
Dispensing	3
Distribution	3
Education	5
Labeling	6
Monitoring	2
Order communication	16
Prescribing	3
Use	4
<b>Total</b>	<b>78</b>

	# of Errors	# of Occurrences	Total
Jan-2023	5	1	6
Feb-2023	2	3	5
Mar-2023	4	4	8
Apr-2023	2	5	7
May-2023	1	3	4
Jun-2023	2	3	5
Jul-2023	4	1	5
Aug-2023	7		7
Sep-2023	2	1	3
Oct-2023	2	1	3
Nov-2023	6	2	8
Dec-2023	6	3	9
<b>Total</b>	<b>43</b>	<b>27</b>	<b>70</b>

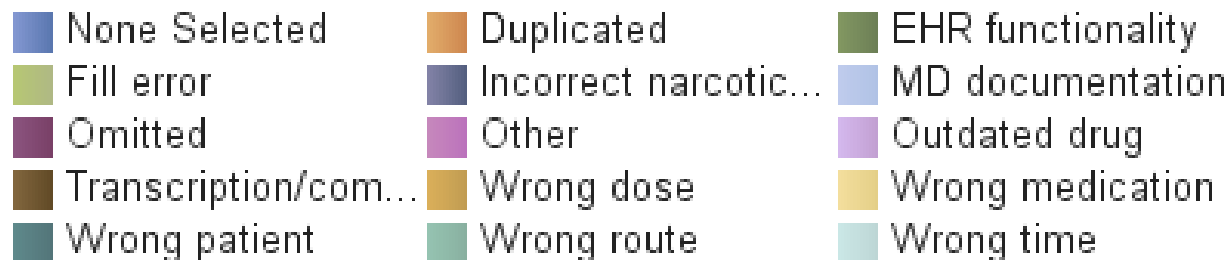
All medication errors and occurrences are reviewed by the Medication Administration Improvement Committee. The MERP and NIHD Indicators (following page) allow NIHD to categorize errors in order to focus on high frequency error reasons to create a plan for reduction.

Medication errors are errors that reach the patient. Medication occurrences are “near miss” and did not reach the patient.

## NIHD INDICATOR



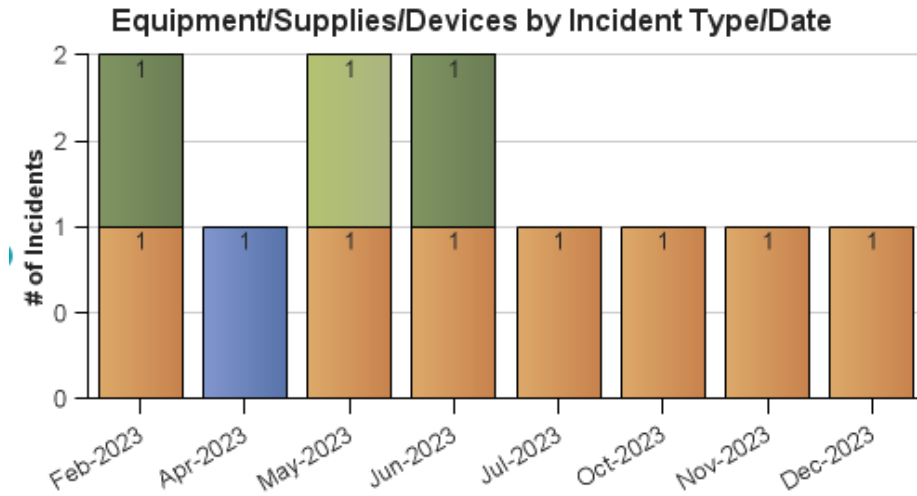
### NIHD Indicator



None Selected	11
Duplicated	2
EHR functionality	7
Fill error	2
Incorrect narcotic count	1
MD documentation	1
Omitted	7
Other	13
Outdated drug	3
Transcription/computer entry error	1
Wrong dose	9
Wrong medication	10
Wrong patient	1
Wrong route	3
Wrong time	5

**Total** 76

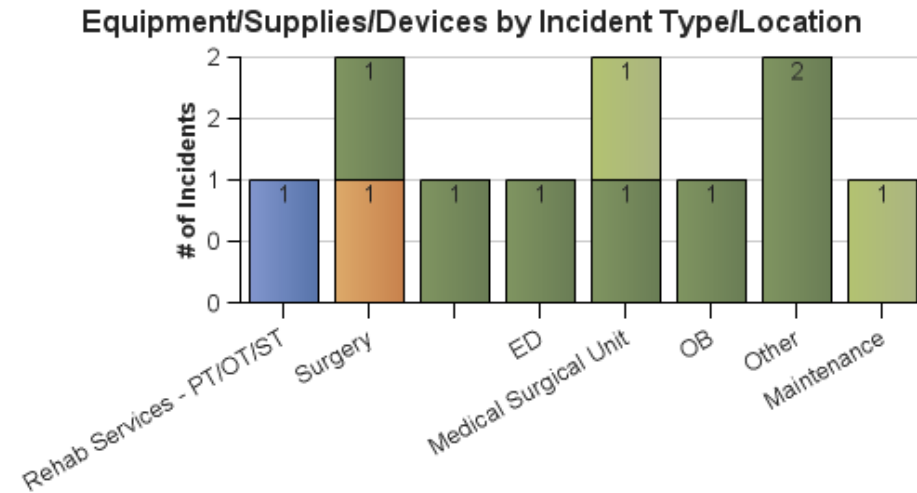
Total numbers of errors and occurrences are not equal to the indicators since some error/occurrences have more than one indicator.



**Equipment/Supply/Devices Problems**

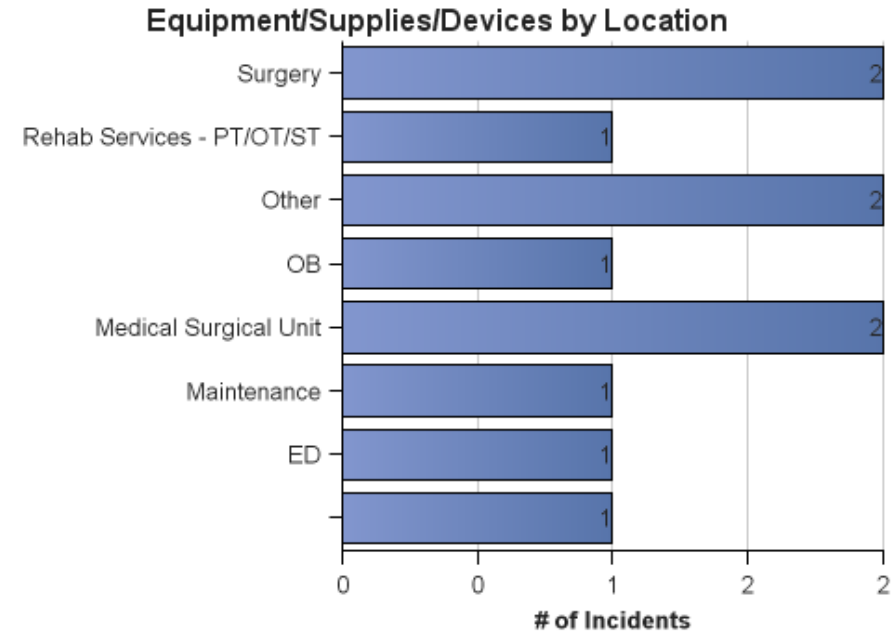
- Malfunction
- Other
- User Error
- Not available when needed

No Data Available



**Equipment/Supply/Devices Problems**

- Malfunction
- Other
- User Error
- Not available when needed





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

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

DATE: February 2024  
 TO: Board of Directors  
 Northern Inyo Healthcare District  
 FROM: Stephen DelRossi, CFO  
 Lynda Vance, Manager of Project Management  
 RE: Department Update for Project Management Office (PMO)

## REPORT DETAIL

### NEW BUSINESS

Happy New Year! This is the first report for 2024 for the PMO. The holiday season was hectic at home and work. Now that we are in February, we feel we are back to a more regular cadence. Over the last couple of months, the PMO has had an increase in requests to investigate opportunities to streamline managerial and workflow processes using SmartSheets (SS). Examples of this are the visuals of the project Gantt of active projects and the dashboards for the Pharmacy and Outpatient Nursing moves below. I am excited to assist in this process to help our teams to use SmartSheets.

Est. Start	Est. End	Q1 FY 2024			Q2 FY 2024			Q3 FY 2024			Q4 FY 2024			Q1 FY 2025			Q2 FY 2025			Q3 FY 2025		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
01/17/24	02/16/24																					
01/17/24	02/29/24																					
12/28/23	02/29/24																					
08/02/23	02/29/24																					
05/02/22	03/01/24																					
08/03/23	03/01/24																					
11/15/23	03/01/24																					
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11/21/23	03/22/24																					
08/05/22	03/29/24																					
09/22/23	03/29/24																					
12/28/23	03/29/24																					
08/02/23	05/17/24																					
07/10/23	05/31/24																					
09/19/23	06/28/24																					
10/25/23	06/28/24																					
04/03/23	08/02/24																					
08/29/23	09/27/24																					

# Outpatient Nursing Move Dashboard



## Quick Links and Information

- [OP Nursing Final Move Plan](#)
- [List of Items for OP Nursing](#)

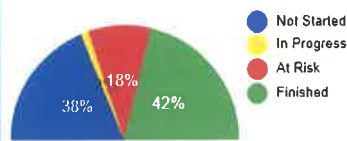
## News

**Team Goals:** Complete the move of the Outpatient Nursing Serves Department into the new space by ensuring paperwork is completed, and existing items have a place while facilitating communications with stakeholders.

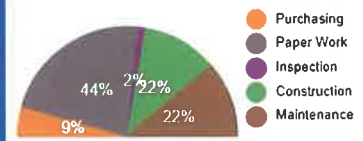
**Project Team:**

Lynda - PM	
Brett - Project Lead	Scott Hooker - Facilities Lead
Tammy - OP Nursing Lead	Neil - Purchasing Lead
Kim - ITS Lead	Scott Stoner - CE
Patty - Compliance	Jeff - Pharmacy Lead
Brandon - Maintenance	Dean - ITS Network
Allison - Exec Sponsor	Jenny - DON OP Nursing
Robin - Infection Prevention	Barb - Strategic Communication

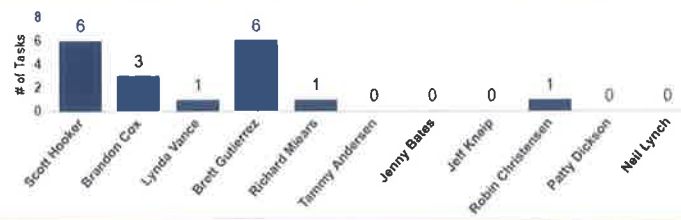
## Tasks by Status



## Tasks by Category



## Workload: Outstanding Tasks by Owner



# Pharmacy Move Dashboard



## Quick Links and Information

- [Pharmacy Final Move Plan](#)
- [CDPH application check list](#)
- [Policies Affected by New Pharmacy](#)
- [List of Items for Pharmacy](#)

## News

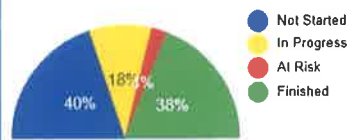
**Team Goals:** Complete the move of the Pharmacy into the new space by ensuring paperwork is completed, and existing items have a place while facilitating communications with stakeholders.

**Project Team:**

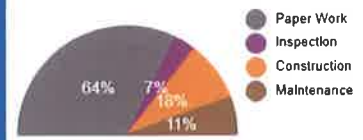
Scott Hooker - Project Lead	Lynda - PM
Neil - Purchaser	Kim - ITS Lead
Scott Stoner - CE	Patty - Compliance
Jeff - Pharm Director	Brandon - Maintenance
Allison - Exec Sponsor	Dean - ITS Network
Robin - Infection Prevention	Barbara Laughon - Strategic Communications

Neiva Loma - Centralized Applications Branch | Center for Health Care Quality | California Department of Public Health | PO Box 997317 MS 3207 | Sacramento CA 95899-7377 | <http://www.Loma.cdph.ca.gov>

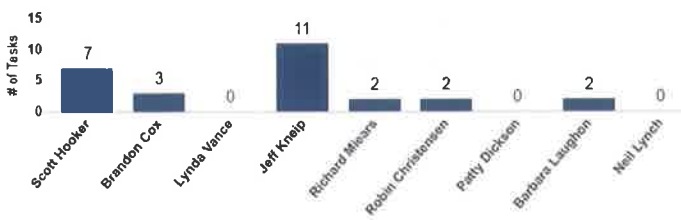
## Tasks by Status



## Tasks by Category



## Workload: Tasks by Owner



**On Hold Projects - 11** (Health Information Exchange - Toiyabe and VH, Neurosurgery/Spine Surgery New Service Line, Hauge/Cerner Name update, HIE HealthNet Grant, Cerner Insurance Contract Management, Phone Standard Message Part 2, SmartSheet upgrade for PHI Compliance, RevSpring Reminders & Payments, Provider AI Assistance, HealthTrust Productivity, Cerner electronic PO Tracking Purchasing and AP)

## OLD BUSINESS

The InfoShare team meets bi-weekly to review moves and other interdependent projects. Weekly Change meetings inform leaders about workflow changes, the EHR, and ITS functions. I continue to support projects and discoveries for efficiencies to decrease costs and increase revenue.



**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: February 2024

TO: Board of Directors  
Northern Inyo Healthcare District

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

RE: Department Update for ITS

---

## REPORT DETAIL

### NEW BUSINESS

#### CE

- Ended power Gurney Trial
- New Equipment for the OR, Nerve Monitor and Air Seal.
- Preparing for the new Infant Security switchover.
- Patient thermometer project in OB.

#### ITS

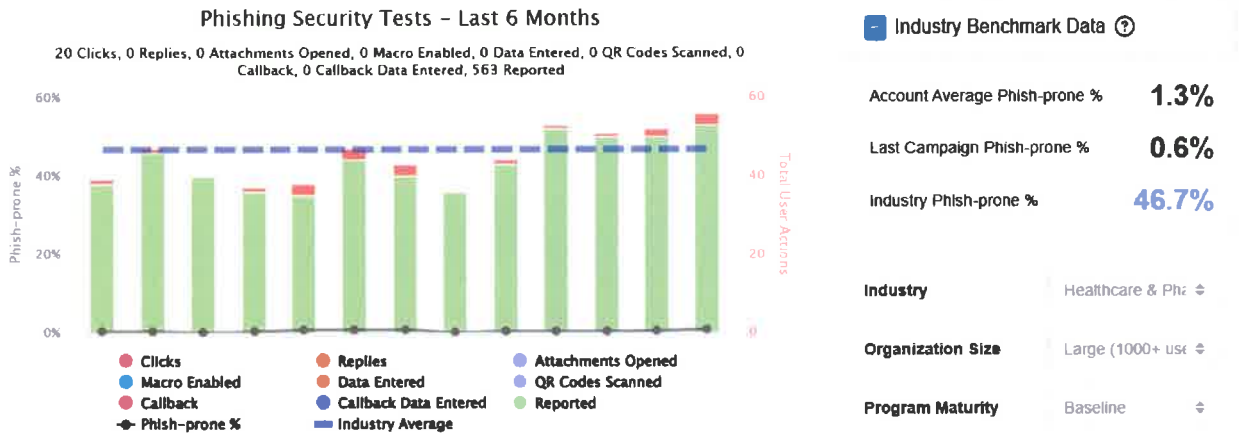
- Anesthesia provider training and assistance. Carved out 32 hours for OR Assistance, and 2 hours for office training.
  - Dr. Luis Esparza
  - Dr. Justin Mottaghi
  - Dr. Alexander Betz
  - Dr. Michael Lopez
- Kick-off: Work Queue Monitor
- Medication Scanning assistance with Clinical areas and Pharmacy
- Outpatient Nursing order set re-work
- Various reports for leaders and areas
- HRS Data Extracts from Athena
- Patient Panel Size Report
- Prep Work for Data Exchange for CA requirements
- Commvault new server built
- Troubleshooting and working to resolve issues with existing backups.
- Citrix Netscaler and storefront updates
- AD Audit update
- Helpdesk software update

- Infant security project
- Configure 15 security cameras
- BlackBerry mobile updates (server)
- Rehab and office moves and equipment removal and upgrades
- Working with USAC grants for RFP for internet renewal

## Security

- Phishing emails clicked RED / Reported GREEN

### **Phishing**



- Trained over 25 staff members
- Continued patching of servers & workstations

## OLD BUSINESS

### CE

- Continue to Negotiate contracts with Purchasing; Millipore (20% savings over prior contract) (Lab Water), Microtome Pathology(20% Savings over prior contract), Alcon (Dr Reid, Surgery).Installed new Ultrasound for Urologist in Surgery for a new procedure.
- Build/Install new SPYGlassDS video system for common bile duct stone removal.
- Install Lithovue, lithotripsy for stones in the common bile duct.
- Install Flushing Pump for OR
- Reinforce medication storage in Pediatric department, Identify areas for improvement, recommend, and reconfigure equipment.
- Joined the Water Management Team
- Oct-Nov 480 Total work orders. 297 were scheduled preventative maintenance, 183 were unscheduled work orders that were user reported.

### ITS

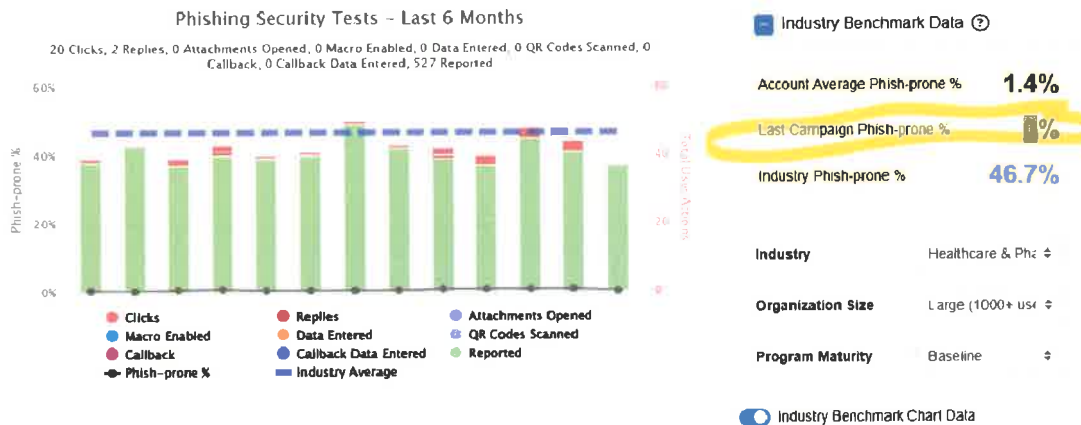
- New SIP trunk lines for moving our phone lines to digital which has cost savings.
- Working on commvault server overhaul and backup
- Critical patch upgrade for citrix. Known exploit
- Replace batteries and Clean up Admin NOC
- DI Network battery replacement
- New CHC Data Workflow for Purchasing
- Omnicell Duplications in Cerner Orders
- Qtr Stryker data export reports automated

- Demo with work “Q” for cerner that will streamline outside orders.
- Centricity old EMR data clean up ready for import to OneContent.
- Athena data cleanup started and contact made with Hyland for data migration. (initial phase)
- The switch over from Verizon to ATT, now that it has been a year. We saved the district over \$21,000
- Removed over 60+ windows 10 computers and replaced with updated windows 11.

## Security

- For the 1<sup>st</sup> time since starting security training 2018 we have had 0% in phish prone.

### Phishing



- Trained over 40 staff members
- Continued patching of servers & workstations
- Resolving items found in pentesting report and CISA report.
- New Security Defense Servers/Lab completed





**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: February 2024

TO: Board of Directors  
Northern Inyo Healthcare District

FROM: Stephen DelRossi, CFO  
Neil Lynch, Purchasing Director

RE: Department Update for Purchasing

---

## **REPORT DETAIL**

### **NEW BUSINESS**

Training newly promoted Buyer James Nichols new duties and workflows. Training new employee Shiloh Smith Shipping and Receiving duties and workflows. Assisting AP staff, refining workflows for more-timely invoice payment.

### **OLD 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.

(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 4<sup>th</sup> 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.



February 2024 Statement

Open Date: 01/05/2024 Closing Date: 02/05/2024

Account:



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

Cardmember Service ☎ 1-866-485-4545

<b>New Balance</b>	<b>\$3,187.71</b>
<b>Minimum Payment Due</b>	<b>\$204.00</b>
<b>Payment Due Date</b>	<b>03/01/2024</b>

Activity Summary		
Previous Balance	+	\$3,856.72
Payments	-	\$3,856.72 <sup>CR</sup>
Other Credits		\$0.00
Purchases	+	\$3,013.86
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged	+	\$39.00
Interest Charged	+	\$134.85
<b>New Balance</b>	<b>=</b>	<b>\$3,187.71</b>
<b>Past Due</b>		<b>\$0.00</b>
<b>Minimum Payment Due</b>		<b>\$204.00</b>
Credit Line		\$37,500.00
Available Credit		\$34,312.29
Days in Billing Period		32

Payment Options:



Mail payment coupon with a check



Pay online at usbank.com



Pay by phone 1-866-485-4545



Pay at your local U.S. Bank branch

Please detach and send coupon with check payable to: U.S. Bank



24-Hour Cardmember Service: 1-866-485-4545

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

<b>Account Number</b>	
<b>Payment Due Date</b>	3/01/2024
<b>New Balance</b>	\$3,187.71
<b>Minimum Payment Due</b>	\$204.00

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

NORTHERN INYO HOSPITA  
STEPHEN DELROSSI  
150 PIONEER LN  
BISHOP CA 93514-2556



U.S. Bank

P.O. Box 790408  
St. Louis, MO 63179-0408





Important Messages

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

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

Skip the mailbox. Switch to e-statements and securely access your statements online. Get started at usbank.com/login.

Transactions

Payments and Other Credits

Table with 6 columns: Post Date, Trans Date, Ref #, Transaction Description, Amount, Notation. Includes a row for 'PAYMENT THANK YOU' and a 'TOTAL THIS PERIOD' row.

Purchases and Other Debits

Table with 6 columns: Post Date, Trans Date, Ref #, Transaction Description, Amount, Notation. Includes various purchase entries like 'NRHA Membership', 'COO/CNO Travel', and 'Society for Healthcare Epidemiology of America Membership'.

Fees

Table with 6 columns: Post Date, Trans Date, Ref #, Transaction Description, Amount, Notation. Includes a row for 'LATE FEE - PAYMENT DUE ON 02/01' and a 'TOTAL FEES THIS PERIOD' row.

Interest Charged

Table with 4 columns: Post Date, Transaction Description, Amount, Notation. Includes a row for 'INTEREST CHARGE ON PURCHASES' and a 'TOTAL INTEREST THIS PERIOD' row.

Continued on Next Page



February 2024 Statement 01/05/2024 - 02/05/2024  
NORTHERN INYO HOSPITA STEPHEN  
DELROSSI

Page 3 of 3  
Cardmember Service ☎ 1-866-485-4545

2024 Totals Year-to-Date	
Total Fees Charged in 2024	\$78.00
Total Interest Charged in 2024	\$255.74

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

Signature/Approval: \_\_\_\_\_ Accounting Code: \_\_\_\_\_

**Interest Charge Calculation**

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

\*\*APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	\$0.00	\$0.00	YES	\$0.00	24.24%	
**PURCHASES	\$3,187.71	\$6,345.58	YES	\$134.85	24.24%	
**ADVANCES	\$0.00	\$0.00	YES	\$0.00	29.99%	

**Contact Us**



Voice: 1-866-485-4545  
TDD: 1-888-352-6455  
Fax: 1-866-807-9053



Questions  
Cardmember Service  
P.O. Box 6353  
Fargo, ND 58125-6353



Mail payment coupon with a check  
U.S. Bank  
P.O. Box 790408  
St. Louis, MO 63179-0408



Online  
usbank.com



End of Statement



NORTHERN INYO HOSPITA

**Add Employee cards to your Business Card account**

Stay on top of employee spending while simplifying your recordkeeping by adding employee cards to your U.S. Bank Business Card account.\* Scan the above QR code with your phones camera.

Or log in to usbank.com to get started.

\*Required information includes legal name, date of birth and Social Security number for each employee you would like to add to your account. Additional employee card fees may apply. Please refer to your Cardmember Agreement for details.



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

Title: Workforce Social Media		
Owner: Compliance Officer	Department: Compliance	
Scope: District Wide		
Date Last Modified: 01/08/2024	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** This policy is intended to address issues associated with District workforce members’ use of social media sites and to provide guidelines for the regulation and balancing of workforce member free speech rights and protections with the needs of the District.

It is the responsibility of each District workforce member to use good judgment and common sense when communicating with friends, relatives, co-workers, business partners, customers and the general public using social media sites, particularly regarding matters related to the District.

Nothing in this policy is intended to prohibit or infringe upon any communication that is protected or privileged under federal and state law. This includes but is not limited to speech and expression protected under State or Federal Constitutions, as well as speech subject to federal or state labor legal protections.

**DEFINITIONS:**

**Internet Postings** - all means of communication or sharing information or content of any sort on the Internet (whether one’s own or someone else’s online content) including but not limited to: personal website; multi-media and social networking or affinity website (such as Meta/Facebook, LinkedIn, etc.); Wikis (such as Wikipedia) or other open sites where text can be posted; blogs and micro-blogs (such as Twitter or TikTok); video hosting site (such as Zoom); email systems; or other form of electronic communication made online, whether or not associated or affiliated with the District.

**Workforce** - employees, independent contractors (including subcontracted staff), workers provided by outside referral agencies pursuant to an agreement with NIHD, NIHD clinically privileged Physicians and Allied Health Professionals (AHPs), and other NIHD health care providers involved in the provision of care of NIHD’s patients.

**Confidential Information** - protected health information (confidential medical information), workforce and employee health information, and proprietary information related to providers, financial data, trade secrets, business information, information protected by law and any other information pertaining to NIHD unless specifically designated as not confidential. Proprietary information is generally confidential information that is developed by the District as part of its business and operations. Such information may include, but is not limited to, the business, financial, marketing, and contract arrangements associated with District services and products. It also may include computer access passwords, procedures used in producing computer or data processing records, Personnel and medical records, and payroll data. Other proprietary information may include management know-how and processes; District business and product plans with outside vendors; a variety of internal databases, and copyrighted material, such as software. (Information published by governmental agencies or the NIHD Board

of Directors on public sites is not considered confidential information in the form in which it is supplied and published. NIHD is governed by and complies with all freedom of information laws, such as the California Public Records Act and the Freedom of Information Act.)

**POLICY:** Due to a workforce member's association with the District and the potential influence associated with the position, internet postings (particularly content posted on social media and blogs/micro-blogs) made by District workforce members have the potential under certain circumstances to cause harm to the District or third parties. Internet postings can result in the infringement of privacy and confidentiality protections for District patients or other members of the public, may be taken by the public as expressing the viewpoint of the District, and may damage the District's reputation thereby diminishing the public trust in the District as a healthcare provider.

To mitigate or avoid these harms, NIHD must impose reasonable limitations on social media postings made by District workforce members. To achieve its mission and efficiently provide healthcare services to the public, District workforce members will carefully balance applicable legal protections against the District's needs and interests when regulating social media postings made by District workforce members. This policy applies to a workforce member's use of the District's official social media sites, and use of personal social media when referencing the District or District business.

**PROCEDURES:**

- a) NIHD's electronic communication and information systems including, but not limited to, official District social media sites and webpages, are NIHD property and should be used for District purposes only. Workforce members may only post information on official District social media sites and webpages with approval from District Administration.
- b) NIHD reserves the right to: 1) Monitor District social media sites and webpages to ensure that it is being used by authorized workforce members for appropriate business purposes only; and 2) Disclose or use any information found in these systems. Workforce members do not have a personal privacy right in any matter created, received, sent, or posted on official District social media sites and webpages.
- c) Workforce members may not use any NIHD logo, trademark, or graphic in connection with any personal social media posting without written approval from District Administration.
- d) Workforce members should consider the impact of communications made on social media on NIHD. Social media postings that negatively affect the privacy of District workforce members or patients, such as posts disclosing or otherwise disseminating personal information on social media or online generally, can result in compromising a patient or workforce member's privacy with disclosures (for example, one's home address or family ties). Workforce members should therefore not disseminate or post any information on social media site that could reasonably be anticipated to compromise the safety or privacy of any workforce member, patient, family member of a workforce member or patient, and/or their associates.
- e) District workforce members with privileged information should not use any form of social media to publicly disseminate or post confidential or private information, including but not limited to addresses, phone numbers, medical information or private information about any person obtained during the course and scope of their employment with the District.

- f) District workforce members shall avoid internet postings, particularly on social media that could reasonably be foreseen as having a negative impact on the District and its credibility as a healthcare provider, subject to applicable constitutional or other legal protections.
- g) District workforce members shall not post, transmit, or disseminate any photographs, video or audio recordings, likenesses or images of District internal facilities, insignia logos, emblems, uniforms, badges, patches, marked vehicles, equipment or other material that specifically identifies District or District workforce members on any personal or social media site or web page, without the prior written permission of District Administration.
- h) When making statements or postings online, including on social media, that in any way relate to the District, its mission or services, the workforce member shall give a specific disclaiming statement that the statement is not made on behalf of the District.
- i) Workforce members are prohibited from using District equipment for personal internet postings, including personal social media use. Workforce members are prohibited from using District email addresses to register on social networking sites, blogs or micro-blogs, or other online tools utilized for personal use. Workforce members may not use personal social media during work time.
- j) District workforce members are legally responsible for their internet postings, and may be subject to liability if their posts are found defamatory, harassing, or in violation of any other applicable law. Given this, District workforce members shall not post any of the following online (including on any social media site):
  1. Statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating;
  2. Statements or information that defames District workforce members, officers, vendors, patients, or others associated with the District;
  3. Statements or information that might constitute harassment or bullying, particularly where the site or the content thereof might reasonably demonstrate or infer official District action.

These internet postings are prohibited under this policy, and NIHD shall not be liable, under any circumstances, for any errors, omissions, loss, or damages claimed or incurred due to any such postings.

**PRIVACY EXPECTATION:** Workforce members forfeit any expectation of privacy with regard to anything created, received, sent, or maintained on District systems, including the District’s file-sharing software, any District-owned or leased computer, and any other electronic communication device. Furthermore, workforce members who use personal computers or electronic communication devices while in the course and scope of their employment, depending upon the facts and circumstances at hand, may lose any expectation of privacy they might otherwise have in the use of, or data stored in such device.



The District also reserves the right to monitor, access, audit, retrieve information from, and disclose all information, including attachments and any information transmitted over any technology that is issued or maintained by the District, including the District's email system, computer network or any information placed into storage on any District system or device.

**CROSS REFERENCED POLICIES:**

1. Hospital Issued Cell Phone/Electronic Communication Device Use by Employees
2. InQuiseek – Advertising, Web-Presence and Social Media Representation

Supersedes: N/A
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## NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: 340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedure		
Owner: PHARMACY DIRECTOR	Department: Pharmacy	
Scope: Pharmacy, Compliance, Fiscal		
Date Last Modified: 10/24/2023	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date: 01/19/2016

### **PURPOSE:**

This policy and procedure is intended to ensure that Northern Inyo Healthcare District (NIHD), which participates in the HRSA 340B Drug Pricing Program, remains compliant with all applicable 340B federal laws and regulations. As such, this policy and procedure should not be interpreted or implemented in a manner that would contradict any such law. Furthermore, the purpose is to define a systematic approach to protect the integrity of and adherence to the rules and regulations of the Health Resources and Services Administration (HRSA) 340B Drug Pricing Program (340B Program).

### **SCOPE:**

This policy and procedure is applicable to Northern Inyo Healthcare District's participation in the 340B drug pricing program, which provides 340B covered outpatient drugs to its outpatients. This document includes guidelines for managing 340B drug purchasing and compliance at NIHD.

### **DEFINITIONS:**

**340B Drug Pricing Program:** The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. The 340B Drug Pricing Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes, and qualified hospitals. Participation in the Program can result in significant savings on the cost of pharmaceuticals for safety-net providers. The purpose of the 340B Program is to enable these entities to stretch scarce federal resources, reaching more eligible patients, and providing more comprehensive services.

**340B Eligible Patient:** A patient of a covered entity that meets HRSA's definition of a patient. A 340B Eligible Patient may receive 340B purchased covered outpatient drugs while admitted as an outpatient of a covered entity and/or after receiving treatment and being discharged from the covered entity.

HRSA's definition of a patient requires that (1) the hospital establishes a relationship with the individual, such that the covered entity maintains records of the individual's healthcare; and (2) the individual receives healthcare services from a healthcare professional who is either employed by the covered entity or provides healthcare under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the care provided remains with the hospital.

**340B Price:** The maximum price for a covered outpatient drug that manufacturers can charge covered entities participating in the 340B drug pricing program.

**340B Eligible Provider:** A Healthcare Professional who is either employed by the covered entity or provides healthcare under contractual or other arrangement, such as a referral for consultation for instance (e.g., a physician specialty practice).

**340B Purchased Drugs:** Covered outpatient drugs purchased by a covered entity under the 340B Drug Pricing Program.

**340B Eligible Location:** An onsite or offsite service area or facility (location) that is an integral part of a 340B hospital covered entity, as evidenced by the fact that it has reimbursable outpatient revenue and expense allocated to the hospital's Medicare Cost report.

- New locations that are not yet registered with OPA, but that are either (i) listed on the CE's most recently-filed Medicare cost report with reimbursable outpatient costs and charges or (ii) will be listed with such on the next filed MCR, are 340B Eligible Locations where 340B drugs can be purchased and/or used.
- Offsite 340B Eligible Locations shall be registered with OPA as soon as possible once listed on the hospital's MCR. All clinics/services of an offsite 340B Eligible Location must be registered as a child site, regardless of whether they are in the same offsite building.
- Expanded care delivery location at same physical address of CE's registered location (parent hospital) will be considered 340B eligible. Examples may include but are not limited to conversion of non-clinical areas to patient care areas and expansion of emergency departments into parking lots.
- Expanded care delivery location of a hospital child-site location of CE will be considered 340B eligible if the care delivered represents an expansion of the currently registered services, falling on the same Medicare Cost Report Line and Trial Balance department code. Examples may include but are not limited to conversion of non-clinical areas to patient care areas and expansion of emergency departments into parking lots.
- An expanded care delivery location might also include mobile delivery care units which have cost and revenue on a reimbursable line of the cost report.

**Contract Pharmacy:** A pharmacy that is not owned by the covered entity with which the covered entity has a written contract to provide services to the covered entity's patients, including the service of dispensing covered entity-owned 340B drugs.

**Contract Pharmacy Arrangement:** An arrangement in which a 340B covered entity signs a contract with a contract pharmacy to provide pharmacy services.

**Covered Entity:** A hospital or other facility enrolled in the 340B Drug Pricing Program and eligible to purchase covered outpatient drugs for 340B eligible patients through the program at 340B prices.

**Covered Outpatient Drug:** A drug defined in Section 1927(k) of the Social Security Act (42 USC § 1396r-8(k)) that may be purchased, with certain possible exceptions, by covered entities under the 340B Drug Pricing Program.

**Diversion Prohibition:** The prohibition against the resale or transfer of covered outpatient drugs purchased under the 340B Pricing Program to anyone other than a 340B eligible patient of a Covered Entity.

**Duplicate Discount Prohibition:** The prohibition against subjecting a manufacturer to providing both a drug at a discounted price under the 340B Pricing Program and also to providing a rebate for the drug under Title XIX of the Social Security Act (Medicaid).

**Healthcare Professional:** Physician, Nurse Practitioner, Physician assistant, Registered Nurse, Pharmacist, Respiratory Therapists and other licensed professionals who are trained to provide healthcare to patients.

**Group Purchasing Organization (GPO):** An organization that represents and organizes a group of hospitals to evaluate and select pharmaceutical products. Using the purchasing power of the entire group, the GPO negotiates contracts that are more favorable than a single organization could achieve.

**Health Resources Services Administration (HRSA):** An agency of the U.S. Department of Health and Human Services that is the primary Federal agency for improving access to healthcare services for people who are uninsured, isolated or medically vulnerable.

**Medicaid Exclusion File:** Covered entities are required to designate in the application process whether 340B drugs will be utilized for Medicaid patients. HRSA maintains this information in the Medicaid Exclusion File which is available to state Medicaid programs. The purpose of this file is to exclude 340B drugs from Medicaid rebate requests. This prevents drug manufacturers from providing duplicate discounts – upfront as the 340B drug price and then later as the Medicaid rebate.

**Office of Pharmacy Affairs (OPA):** The component within HRSA that administers the 340B Drug Pricing Program. The Office of Pharmacy Affairs is located within HRSA’s Special Programs Bureau.

**Orphan Drug:** Those drugs granted a designation by the Food and Drug Administration (FDA) to treat a rare disease or condition, which the law defines as any disease or condition that affects fewer than 200,000 people in the United States or affects more than 200,000 people but drug sales would not cover the costs of developing the drug.

## **POLICY:**

1. Northern Inyo Healthcare District, which is participating in the 340B Drug Pricing Program as a covered entity, will adhere to all applicable 340B federal laws and regulations.
2. Northern Inyo Healthcare District will be responsible for implementing a procedure to ensure compliance with all applicable federal 340B laws and regulations and to ensure that at least the following requirements are met:
  - 2.1. Annual 340B recertification by Northern Inyo Healthcare District is kept current.
  - 2.2. Only 340B Eligible Patients receive 340B purchased drugs to avoid diversion.
  - 2.3. Manufacturers are not subjected to duplicate discounts for 340B drugs purchased by Northern Inyo Healthcare District under the 340B Drug Pricing Program.
  - 2.4. Any drug purchasing restrictions applicable to Northern Inyo Healthcare District are followed. These purchasing restrictions may vary depending on which 340B pricing program Northern Inyo Healthcare District is enrolled under.
  - 2.5. Northern Inyo Healthcare District uses any savings generated from 340B in accordance with 340B Program intent.
  - 2.6. Northern Inyo Healthcare District has systems/mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.
  - 2.7. Northern Inyo Healthcare District maintains auditable records demonstrating compliance with the 340B Program.
    - 2.7.1. 340B Program related records and transactions are maintained for a period of three years in a readily retrievable and auditable format.
    - 2.7.2. These records are reviewed monthly as part of its 340B oversight and compliance program.
    - 2.7.3. Northern Inyo Healthcare District engages an independent organization to perform audits of its contract pharmacies. Efforts are made to schedule such audits annually, or as close to annually as is reasonably possible.
    - 2.7.4. The 340B Specialist will be responsible for ensuring compliance with the 340B program. Periodic audits of 340B transactions will be conducted by NIHD.
  - 2.8. Northern Inyo Healthcare District will implement a 340B Oversight Team, for oversight and audit response. The Oversight Team will meet on a quarterly basis to assess the covered entity’s overall compliance, address and resolve any lapses in compliance, and otherwise oversee the covered entity's participation in the 340B program.
    - 2.8.1. The 340B Oversight Team will include those staff listed in the procedure below.
    - 2.8.2. The team will also include, either as regularly scheduled participants or ad hoc participants, other employees that are identified as being available to respond to a 340B audit from HRSA/OPA or a drug manufacturer (e.g., compliance staff, legal staff, information technology staff).

## **PROCEDURE:**

- 1. 340B Eligibility:** Northern Inyo Healthcare District is eligible to participate in the 340B Drug Purchasing Program by meeting the following three criteria for inclusion:
    - 1.1.1.** Private non-profit corporation which maintains contract(s) with state or local government for provision of patient services.
    - 1.1.2.** Sole Community Hospital (SCH), Critical Access Hospital (CAH), and Rural Referral Center (RRC) must meet eligibility requirements under 42 USC 256b(a)(4)(L)(i). SCHs and RRCs must also have a disproportionate share adjustment percentage equal to or greater than 8% on the most-recently filed Medicare cost report.
  - 1.2.** 340B eligible clinic/departments of NIHD have cost and revenue allocated to a reimbursable line of the Medicare cost report, to be eligible for 340B purchasing.
  - 1.3.** Orphan Drugs: Certain hospitals, including SCHs, CAHs, and RRCs cannot purchase orphan drugs at a 340B price. However, manufacturers may voluntarily provide discounted pricing for their orphan drugs to SCHs, CAHs, and RRCs.
  - 1.4.** Northern Inyo Healthcare District complies with the following process to review or add new 340B services areas or facilities (locations) in the 340B Drug Purchasing Program:
    - 1.4.1.** Northern Inyo Healthcare District's 340B Authorizing Official evaluates a new service area or facility (location) to determine if the location is 340B eligible. If cost and revenue are allocated to a reimbursable line of the cost report 340B drug may begin to be used at the new hospital outpatient department. Once the Authorizing Official or Primary Contact validates that the location appears as reimbursable on NIHD's most recent Medicare Cost Report, the location will be registered on OPAIS.
    - 1.4.2.** Northern Inyo Healthcare District location eligibility is validated annually with collaboration of Legal, Finance, and Pharmacy. This is accomplished at the time the Medicare Cost Report is finalized and filed.
    - 1.4.3.** The registration of Northern Inyo Healthcare District and its child site locations on the 340B Office of Pharmacy Affairs Information System (OPAIS) is reviewed annually in conjunction with the facility eligibility review. All data on OPAIS is reviewed for accuracy and compliance with guidelines for registration.
    - 1.4.4.** Northern Inyo Healthcare District's Authorizing Official and Primary Contact are responsible for completing the OPAIS online registration during open registration periods only.
- 2. Recertification:** Annual 340B recertification by Northern Inyo Healthcare District is kept current.
    - 2.1.** Northern Inyo Healthcare District's Authorizing Official completes the annual recertification by following the directions in the recertification email sent from HRSA to the Authorizing Official prior to the stated deadline.
    - 2.2.** Northern Inyo Healthcare District submits specific recertification questions to [340b.recertification@hrsa.gov](mailto:340b.recertification@hrsa.gov).
  - 3. Patient/Prescriber Eligibility Compliance:**
    - 3.1.** An individual is considered a 340B Eligible Patient of Northern Inyo Healthcare District if:
      - 3.1.1.** NIHD has established a relationship with the individual, which includes maintaining records of the individual's healthcare.
      - 3.1.2.** The individual receives healthcare services from a healthcare professional that is either employed by NIHD or provides healthcare under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the individual's care remains with NIHD.
    - 3.2.** An individual is not considered a 340B Eligible Patient of NIHD if the sole healthcare service rendered is the dispensing or prescribing of a drug for self-administration.
    - 3.3.** NIHD establishes such relationships with 340B Eligible Patients and provides healthcare services by healthcare professionals (e.g., while onsite and/or remotely via telemedicine services) such that it remains

responsible for their care during patient encounters (e.g., in-person and/or remotely via telemedicine services) at a NIHD 340B eligible location(s).

**3.4.** A 340B Eligible Patient of NIHD is considered qualified for a 340B drug in the following cases:

**3.4.1.** The patient is a 340B Eligible Patient treated at a 340B Eligible Location and has a legal drug order written by a prescriber employed by, under contract or referral relationship (e.g., physician specialty practice) with NIHD.

**3.4.2.** The patient is an outpatient at the date/time the drug is administered. Observation patients are classified as outpatients of NIHD.

**3.4.3.** When a patient's status changes to inpatient, then drugs are not accumulated to the 340B account and are then accumulated to the GPO account.

**3.4.4.** Retrospective changes to patient status are not taken into account in either direction (i.e., outpatient to inpatient OR inpatient to outpatient).

**4. Compliance with Duplicate Discount Prohibition:**

**4.1.** NIHD has mechanisms in place to prevent duplicate discounts by ensuring manufacturers are not subjected to Medicaid rebates for 340B purchased drugs.

**4.2.** NIHD ensures that its information on OPAIS and the HRSA Medicaid Exclusion File (MEF) is consistent with actual practice. NIHD informs OPA immediately of any changes to its information on OPAIS/MEF.

**4.3. Carve-In:** NIHD does bill Medicaid payers for 340B purchased drugs.

**4.3.1.** NIHD has answered "yes" to the question, "At this site, will the covered entity bill Medicaid fee-for-service for drugs purchased at 340B prices" on the HRSA 340B Database.

**5. Inventory and Procurement:**

**5.1. Neutral Inventory:**

**5.1.1.** A virtual GPO-based mixed-use drug inventory is maintained by the hospital pharmacy. Inventory is replenished based on 340B or GPO accumulations processed by NIHD's automated split-billing software system. In operation, patient-specific administered drug charges are sent to the software system daily to be processed. The neutral inventory is replenished on an 11-digit NDC basis with drug order purchases made based on available 340B or GPO accumulations.

**5.1.2.** Once individual accumulations are used, they are decremented from the bank of available accumulations.

**5.1.3.** In exceptional circumstances when 11-digit NDC replenishment is not possible (e.g., NDC availability, inner vs. outer NDC packaging), 9-digit NDC level replenishment may be used.

**5.1.4.** Dispensing staff are not required to make any determinations regarding the drug inventory stock to be utilized when dispensing.

**5.2. Direct Purchases:**

**5.2.1.** Covered outpatient drugs not available from the pharmacy wholesaler may be purchased from the manufacturer using a direct account.

**5.2.2.** Separate 340B accounts can be maintained with each manufacturer to purchase 340B drugs.

**5.2.3.** For mixed use areas, a GPO account and 340B account (when possible) is established with each source.

**5.2.4.** Direct purchases will be decremented from the accumulator.

**5.3. Crediting and Rebilling:**

**5.3.1.** Credits of purchased drugs and subsequent rebills may be processed in the event a 340B account is utilized for a drug purchase that should have been purchased on a non-340B purchasing account.

**5.3.2.** NIHD may petition the manufacturer, via the distributor, to credit the non-340B purchasing account and rebill the 340B account. The manufacturer may or may not accept NIHD's request.

**5.4. Borrow/Lend:**

**5.4.1.** To minimize complexity and compliance risk, NIHD follows a process of borrowing/lending 340B purchased drugs only in emergent situations and not as part of its normal process for inventory replenishment.

5.4.2. NIHD may borrow from or loan medications to nearby facilities in emergent situations. The transaction will be logged and the same product NDC will be returned by the borrower.

#### 5.5. Returns/Waste:

5.5.1. Patient-Specific Waste: Waste associated with a dosage form of a drug provided (e.g., dispensed, administered) to a patient may be documented and allocated for accumulation and/or purchase based on the patient's eligibility status.

5.5.2. Inventory Waste: Drug inventory which is wasted/disposed may be documented and allocated for re-accumulation and/or purchased based on applicable pricing and purchase history.

#### 6. 340B Oversight:

6.1. The oversight of the 340B Drug Pricing Program is the responsibility of the 340B Oversight Team, which is comprised of the following individuals:

6.1.1. Pharmacy Director

6.1.2. Authorizing Official

6.1.3. Additional staff: Compliance Officer, Executive Team, and 340B Analyst

6.2. The 340B Oversight Group has the following responsibilities:

6.2.1. Setting the general direction and policy for 340B drug purchasing and compliance.

6.2.2. Establishing a 340B program audit plan for NIHD.

6.2.2.1. Ensure that internal and external self-audits are conducted on a regular basis in accordance with the 340B program audit plan.

6.2.3. Meets on a quarterly to review reports, trends and audit results.

6.2.4. Maintaining information on current best practices by sending key NIHD personnel to related conferences and/or training programs (e.g., webinars, teleconferences).

6.2.5. Providing compliance and oversight direction.

6.2.6. Providing appropriate resources.

6.2.7. Determining needed modifications or expansion.

6.2.8. Communication to hospital leadership of potential changes/trends to the 340B program that will impact the institution.

6.2.9. Assessing discrepancy response, including determining whether or not a material breach has occurred.

#### 6.3. Discrepancies:

6.3.1. NIHD acknowledges that it may be liable to an individual manufacturer of a covered outpatient drug that is the subject of a discrepancy, and depending upon the circumstances, may be subject to repayment.

6.3.1.1. **Material Breach:** Discrepancies that are considered material are self-reported to HRSA as a material breach. A material breach is defined as a discrepancy that results in an impact of more than 5% of the total pharmacy spend in a fiscal year and does not self-correct within six (6) months.

#### 7. Competency:

7.1. Pharmacy staff with 340B procurement responsibilities are provided comprehensive training on the 340B Program and the compliance requirements of this program. This training is completed by pharmacy procurement staff initially upon hire and competency is also verified annually.

#### REFERENCES:

1. Apexus: <https://www.apexus.com/home/>

2. Section 340B of the Public Health Service Act ("PHSA"), Section 602 of the Veterans Health Care Act of 1992

3. Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, Office of Pharmacy Affairs (OPA): <http://www.hrsa.gov/opa/index.html>

4. HRSA's Final Notice Regarding Manufacturer Audit Guideline and Dispute Resolution Process, 61 Fed. Reg. (Dec. 12, 1996), page 65407:  
<https://www.hrsa.gov/sites/default/files/opa/programrequirements/federalregisternotices/disputeresolutionprocess121296.pdf>

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. 340B Contract Pharmacy Policy and Procedure

**RECORD RETENTION AND DESTRUCTION:**

340B records must be maintained for a minimum of three (3) years.

Supersedes: v.3 340B Hospital/Outpatient Clinic Administered Drugs Policy and Procedure
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**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY AND PROCEDURE**

Title: Medical Staff Department Policy - Anesthesia		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Practitioners Privileged in Anesthesia		
Date Last Modified: 02/01/2024	Last Review Date: 02/01/2024	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date: 12/16/2021	

**PURPOSE:** To delineate clear expectations for practitioners in the Department of Anesthesia within Northern Inyo Healthcare District (NIHD).

**POLICY:** All practitioners (physicians and Advanced Practice Providers) granted privileges in the Department of Anesthesia will adhere to the following procedures.

**PROCEDURE:**

1. Call
  - a. Practitioners in call coverage shall return phone calls as soon as possible and be at the bedside within 30 minutes if needed in an emergency. The exceptions would be if they are in surgery or involved in another emergency.
2. Documentation:
  - a. The practitioner shall be responsible for developing the ability to use the electronic health record of NIHD.
  - b. The practitioner shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation and post-anesthesia follow-up of the patient’s condition as per the *Pre- and Post-Operative Anesthesia Visits* policy.
3. Credentialing:
  - a. Practitioners in the Department of Anesthesia must be board certified or board eligible.
4. Meeting Attendance:
  - a. Practitioners are to attend meetings of the Medical Staff per Medical Staff Bylaws requirements.
5. Focused Professional Practice Evaluation (FPPE):
  - a. Practitioners new to NIHD will be expected to complete FPPE as per policy and as delineated during the privileging process.
  - b. Procedural competency will be demonstrated through directly observed procedures as recommended at the time of privileging.
6. Ongoing Professional Practice Evaluation (OPPE):
  - a. Practitioners will be expected to participate in all requirements of OPPE as per Medical Staff policy.
7. Peer Review:
  - a. All anesthesia charts identified by critical indicators will be peer reviewed by the Chief of Anesthesia or delegated practitioner. Selected cases will be reviewed at the Surgery/Tissue/Transfusion/Anesthesia committee at its next scheduled meeting. Records are confidential and will be kept by the Medical Staff Office.

8. Services Provided:

- a. The Anesthesia Department provides emergency anesthetic care to patients of all ages on a 24-hour basis. Elective anesthetic services are provided all weekdays except on observed holidays.
- b. Services provided include provision of general, regional or sedation/monitored anesthesia care and may be selected by the anesthesia practitioner as is indicated by the patient's condition and procedure or surgical intervention to be performed.
- c. Anesthesia services are primarily provided in the surgical suite. Limited anesthesia care may be provided in ancillary departments as per policy.
- d. Anesthesia practitioners should also provide consultation and management services to patients as requested by NIHD Medical Staff members, the Emergency Department, and other departments as appropriate.

9. Re-Entry:

- a. Applicants to the Department of Anesthesia are eligible for Re-entry as per policy.

**REFERENCES:**

- 1. N/A

**RECORD RETENTION AND DESTRUCTION:**

- 1. Life of policy, plus 6 years

**CROSS REFERENCED POLICIES AND PROCEDURES:**

- 1. Northern Inyo Healthcare District Medical Staff Bylaws
- 2. *Focused and Ongoing Professional Practice Evaluation Policy*
- 3. *Practitioner Re-Entry Policy*
- 4. *Anesthesia Clinical Standards and Professional Conduct*
- 5. *Anesthesia in Ancillary Departments*
- 6. *Pre- and Post-Operative Anesthesia Visits*
- 7. *Scope of Anesthesia Practice*

Supersedes: Not Set
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Billing and Collections		
Owner: Chief Executive Officer	Department: Administration	
Scope: Patient Access, Billing and Collections		
Date Last Modified: 01/11/2024	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:**

To provide clear and consistent guidelines for conducting cash and cash equivalent collection functions in a manner that promotes compliance with federal, state, and District rules, patient satisfaction, and efficiency.

**POLICY:**

In non-emergent circumstances, at or before the time of service, NIHD will collect the patient’s co-pay, deductible, and patient’s share on insurance eligibility. In emergent circumstances, collection will occur after the patient has been stabilized and is no longer in distress from the medical emergency.

**PROCEDURE:**

**General Rules:**

With respect to the collection of medical debt, the statute of limitations for breach of written contract is typically four years. The start time is either the most recent payment date, or the date on which the breach occurred – whichever happened later.

Under state law, NIHD must allow a 180-day negotiation period, which is roughly equivalent to five months, for the determination of a payment plan. NIHD will not send medical bills to a debt collection agency until the 180-day period has elapsed.

The Fair Debt Collection Practices Act (FDCPA) and the California Fair Debt Collection Practices Act (CFDCPA) - Rosenthal Fair Debt Collection Practices Act - protects consumers from abusive or deceptive debt collection practices. The FDCPA prohibits numerous consumer debt collection strategies. The following actions will not be taken by NIHD:

- Call repeatedly for the purpose of causing annoyance or distress.
- Make threats of any kind.
- Pretend to be lawyers, credit reporting company representatives, or government representatives.
- Use abusive or obscene language.

Before assigning a bill to collections or selling patient debt, NIHD will, at a minimum, provide the following:

- Date or services of the bill;
- Name of the entity to which the bill is being assigned or sold;
- Declaration as to how to obtain an itemized bill and an application for the hospital's financial assistance and charity care program.

### **Section 127430 - Written notice prior to commencing collection activities against patient**

(a) Prior to commencing collection activities against a patient, the hospital, any assignee of the hospital, or other owner of the patient debt, including a collection agency, shall provide the patient with a clear and conspicuous written notice containing both of the following:

(1) A plain language summary of the patient's rights pursuant to this article, the Rosenthal Fair Debt Collection Practices Act (Title 1.6C (commencing with Section 1788) of Part 4 of Division 3 of the Civil Code), and the federal Fair Debt Collection Practices Act (Subchapter V (commencing with Section 1692) of Chapter 41 of Title 15 of the United States Code). The summary shall include a statement that the Federal Trade Commission enforces the federal act.

The summary shall be sufficient if it appears in substantially the following form: "**State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at [www.ftc.gov](http://www.ftc.gov).**"

(2) A statement that nonprofit credit counseling services may be available in the area.

(b) The notice required by subdivision (a) shall also accompany any document indicating that the commencement of collection activities may occur.

(c) The requirements of this section shall apply to the entity engaged in the collection activities. If a hospital assigns or sells the debt to another entity, the obligations shall apply to the entity, including a collection agency, engaged in the debt collection activity.

### **Insurance Billing:**

- For all insured patients, NIHD will bill applicable third-party payers based on information provided by or verified by the patient or their guarantor in a timely manner.
- If a claim is denied (or is not processed) by a payer due to an error by NIHD, NIHD will not bill the patient or their guarantor for any amount in excess of what the patient or their guarantor would have owed had the payer paid the claim.
- If a claim is denied or is not processed by a payer due to factors outside of NIHD's, staff will follow up with the payer and patient or their guarantor as appropriate to facilitate resolution of the claim. If resolution does not occur after follow-up efforts, Northern Inyo Healthcare District will bill the patient or their guarantor.
- After insurance adjudicates the bill, the appropriate entries will be added to the record.
- If a balance remains on the account, the account will move to Early-out, Self-pay status.
- The general flow of a patient's bill is as follows:
  - Verification of benefits
  - Bill insurance company or companies;
  - After insurance resolution, bill appropriate amount as determined through contractual arrangements; simultaneously, the account moves to self-pay, early-out status;
  - Patient will receive 5 monthly statements, telephonic communications, or any other reasonable means of communication;
  - Patient will receive a Good Bye letter on the 6<sup>th</sup> statement informing them, among others, that their balance is transferring to a debt collection agency;

- Up until the time the account is sent to the collection agency, the patient has the opportunity to seek assistance, if assistance is still available due to timing issues, through the Financial Assistance and Charity Care policy.

### **Patient Billing: Early-out and Self-pay**

- Hospital care at NIHD is available to all those who may be in need of necessary services.
- Patient or guarantor may request an itemized statement at any time.
- For uninsured patients, NIHD will bill uninsured patients or guarantors and they will receive a statement as part of the organization's normal billing process.
- NIHD will provide all uninsured patients their Notice of Available Financial Assistance and Charity Care Services.
- For insured patients, after claims have been processed by third-party payers, NIHD will bill patient or guarantor the liability amount as determined by their insurer.
- If a patient or guarantor disputes account, has questions or concerns, or requests documentation regarding the bill, NIHD will seek resolution. Patient will be notified of findings.
- NIHD may approve payment plan arrangements for patients or their guarantor who indicate they may have difficulty paying their balance in a single installment.
- Generally, based on income, the balance may be financed for a length up to 60 months. The length of the financing will be based upon the corresponding Federal Poverty Level (FPL), and as follows:
  - When the total income is at or below 100% of the FPL, NIHD will offer financing up to 60 months with a minimum payment of \$10.00 per month\*;
  - When the total income is above 100% and equal to or lower than 200%, NIHD will offer financing up to 60 months with a minimum payment of \$20 per month\*;
  - When the total income is above 200% and equal to or lower than 250%, NIHD will offer financing up to 60 months with a minimum payment of \$25 per month\*;
  - When the total income is above 250% and equal to or lower than 300%, NIHD will offer financing up to 60 months with a minimum payment of \$30 per month\*;
  - When the total income is above 300% and equal to or lower than 350%, NIHD will offer financing up to 60 months with a minimum payment of \$35 per month\*;
  - When the total income is above 350%, NIHD will offer long-term financing up to 60 months with a minimum payment of \$40 per month\*;
  - Under unusual circumstances (e.g. outstanding balance greater than \$1,500), the length of financing may exceed 60 months;
    - Approval must be obtained from the CFO for variances;
  - Financing must be offered in 6 month increments until an agreement is made;
  - The minimum amounts can be less than stated with the approval of the CFO.
- \* The minimum payment may be less than or more than stated above based on the individual's ability to pay.

NIHD is not required to accept patient or their guarantor initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient or their guarantor is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

### **Collections Practices**

In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, Northern Inyo Healthcare District may engage in collection activities—including outsourcing to outside collection agency to collect outstanding patient balances.

1. General collection activities may include patient statements, follow-up calls, letters, email, messages, or any other authorized form.
2. Northern Inyo Healthcare District will make every effort to identify eligibility for financial assistance programs or charity for uninsured, under insured, or high cost patients.
3. Patient balances may be referred to an outside collection agency for collection for all accounts greater than 180 days if financing arrangements were not reached. The District will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:
  - a. There is a reasonable basis to believe the patient or their guarantor owes the debt.
  - b. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient or their guarantor. NIHD shall not bill a patient or their guarantor for any amount that an insurance company is obligated to pay.
  - c. NIHD will not refer accounts for collection while a claim on the account is still pending payer payment. However, the District may classify certain claims as “denied” if such claims are in “pending” mode for an unreasonable length of time despite efforts to facilitate resolution.
  - d. NIHD will not refer accounts for collection where the claim was denied due to a District error. However, NIHD may still refer the patient liability portion of such claims for collection if unpaid.
  - e. NIHD will not refer accounts for collection where the patient or their guarantor has initially applied for financial assistance, charity care or other District-sponsored program and NIHD has not yet notified the patient or their guarantor of its determination (provided the patient or their guarantor has complied with the timeline and information requests delineated during the application process).

**Financial Assistance**

NIHD provides all patients or their guarantor the opportunity to apply for financial assistance or charity care for their accounts, payment plan options, and other applicable programs.

NIHD assist patients or their guarantor with access to financial assistance and charity service programs during the collections process.

See Northern Inyo Healthcare District Financial Assistance and Charity Care Program for procedure.

**IRS Rule:**

26 U.S. Code § 61 - Gross income defined

(a)General definition

Except as otherwise provided in this subtitle, gross income means all income from whatever source derived, including (but not limited to) the following items:

(11)Income from discharge of indebtedness;

**NIHD reserves the right to negotiate financing based on applicable IRS Codes and References.**

**REFERENCES:**

1. 26 U.S. Code § 61 - Gross income defined
2. Fair Debt Collection Practices Act (FDCPA)
3. California Fair Debt Collection Practices Act (CFDCPA) - Rosenthal Fair Debt Collection Practices Act
4. Medicare CMS Manual 15: The Provider Reimbursement Manual.

**RECORD RETENTION AND DESTRUCTION:**

Maintenance of records is for a minimum of fifteen (15) years.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. Financial Assistance and Charity Care Program
2. Bad Debt Policy
3. Pricing Transparency Policy

Supersedes: v.1 Billing and Collections
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Teleconference Recordings, Retention and Destruction of Board Meetings		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope:		
Date Last Modified: 02/09/2024	Last Review Date: 02/12/2024	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

**PURPOSE:** To provide clarification of retention and destruction of Local Agency recordings of open meetings of the Northern Inyo Board of Directors and its standing committees.

**POLICY:**

1. Northern Inyo Healthcare District Board of Directors hosts open meetings in public and via live teleconference to provide transparency and opportunity to accommodate as many members of the public as possible.
2. The teleconference live video is recorded for the purposes of validating accuracy of Board Minutes.
3. The recording will not be posted on the Northern Inyo Healthcare District Board web page.
4. The recording will be destroyed 30 days after the meeting date.
5. The recordings are available for viewing via public records request, within 30 days of the meeting.

**PROCEDURE:**

1. The Information Technology Services (ITS) department ensures open meetings are hosted on a teleconference platform that allows members of the public to join.
2. The ITS department ensures the recording is saved and transferred to a location for access by the Board Clerk.
3. The Board Clerk uses the recording to validate the accuracy of the Board Meeting minutes.
4. The Board Clerk will ensure the previous meeting’s teleconference recording is fully deleted 30 days after the meeting.
5. The Board Clerk will maintain a log of the recordings and date of destruction in the Board Clerk files.

**REFERENCES:**

California Government Code Section 54953.5 (b)

**RECORD RETENTION AND DESTRUCTION:**

Video recording files should be destroyed after 30 days.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

Supersedes: Not Set
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