

# May 15 2019 Regular Meeting

## May 15 2019 Regular Meeting - May 15 2019 Regular Meeting

### District Board Agenda, May 15 2019 Regular Meeting

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# **AGENDA**

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

**May 15, 2019 at 5:30 p.m.  
2957 Birch Street, Bishop, CA**

1. Call to Order (at 5:30 pm).
2. At this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board (*Members of the audience will have an opportunity to address the Board on every item on the agenda. Speakers are limited to a maximum of three minutes each.*).
3. Adjournment to closed session to:
  - A. Conference with Labor Negotiators; Agency Designated Representative: Irma Moisa;  
Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
4. Return to open session (at 6:15 pm) and report of any action taken.
5. NIHD Auxiliary hours of service report (*information item*).
6. Strategic Plan update, Patient Experience Committee report (*information item*).
7. Chief of Staff Report; Allison Robinson MD:
  - A. Policy and Procedure approvals (*action items*):
    1. *Athena Designated Field Documentation*
    2. *Standards of Care in the Perioperative Unit*
    3. *Malignant Hyperthermia*
    4. *Recommendation for Patients Identified at Risk for TACO*
    5. *Opioid Sedation Scale*
  - B. Medical Staff Appointments (*action items*):
    1. Monika Mehrens, DO (*family medicine/hospitalist*) – Locums/Temporary Staff
    2. Tamara McBride, MD (*family medicine/hospitalist*) – Locums/Temporary staff
    3. Earl Landrito, MD (*radiology*) – Provisional Consulting Staff
  - C. Telemedicine Staff Appointments – credentialing by proxy (*action items*):
    1. Tanya Scurry, MD (*psychiatry*) – Adventist Health (St. Helena)
    2. Arrash Fard, MD (*cardiology*) – Adventist Health (Simi Valley)
  - D. Additional Privileges (*action item*):

1. Anne Wakamiya, MD (*internal medicine*) – addition of inpatient core privileges
- E. Resignations (*action items*):
  1. Doris Lin, MD (*Family Practice/Emergency Medicine*) – effective March 23, 2019
  2. Keith Shonnard, MD (*Radiology – Tahoe Carson Radiology Group*) – effective March 28, 2019
  3. Navid Ezra, MD (*Dermatology*) – effective March 20, 2019
  4. Talha Khawar, MD (*Rheumatology*) – effective March 1, 2019
8. New Business
  - A. Chief Executive Officer report (*information item*).
  - B. SHIP Grant renewal (*information item*).
  - C. Joint Commission Corrective Action Plan submission (*information item*).
  - D. Chief Operating Officer report (*information item*).
  - E. Joint Commission Laboratory survey (*information item*).
  - F. Chief Nursing Officer report (*information item*).
  - G. Chief Financial Officer report (*information item*).
  - H. Financial and Statistical Reports (*action item*).
  - I. Capital Budget overview, fiscal year 2019/2020 (*action item*).
  - J. Compliance Officer Quarterly report (*action item*).
9. Old Business
  - A. Determination of date for next Strategic Planning session (*discussion item*).

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***Consent Agenda (action items)***

10. Approval of minutes of the April 17 2019 regular meeting
  11. Policy and Procedure annual approvals
- 
12. Reports from Board members (*information items*).
  13. Adjournment to closed session to/for:
    - A. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
    - B. Conference with Legal Counsel regarding anticipated litigation or significant exposure to litigation (pursuant to Government Code Section 54956.9(b)), 1 potential case.

- C. Conduct Public employee performance evaluation, Chief Executive Officer (*pursuant to Government Code Section 54957*).
- 14. Return to open session and report of any action taken in closed session.
- 15. Adjournment.

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

NORTHERN INYO HOSPITAL AUXILIARY  
AWARDS LUNCHEON

May 8, 2019

100 Hours

Darla Cummings

Pat Flanagan

Vicky Spear

1000 Hours

Betty Buckle

June Shaw

1500 Hours

Jacque Johnston

2500 Hours

Betty Dickey

Cheryl Underhill

Total Hours 2019=11,990

Total Hours 1982-2019= 215,406

3000 Hours

Diane Remick

3500 Hours

Vivian Mitchel

Shirley Stone

7500 Hours

Judy Fratella

11,500 Hours

Nona Jones

16,366 Hours

Sharon Moore

Total Hours more than 2018

3,937



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

Medical Staff Office  
(760) 873-2136 voice  
(760) 873-2130 fax

TO: NIHD Board of Directors  
FROM: Allison Robinson, MD, Chief of Medical Staff  
DATE: May 7, 2019  
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 and Procedures (*action items*)

1. *Athena Designated Field Documentation*
2. *Standards of Care in the Perioperative Unit*
3. *Malignant Hyperthermia*
4. *Recommendation for Patients Identified at Risk for TACO*
5. *Opioid Sedation Scale.*

B. Medical Staff Appointments (*action items*)

1. Monika Mehrens, DO (*family medicine/hospitalist*) – Locums/Temporary staff
2. Tamara McBride, MD (*family medicine/hospitalist*) – Locums/Temporary staff
3. Earl Landrito, MD (*radiology*) – Provisional Consulting Staff

C. Telemedicine Staff Appointments – credentialing by proxy (*action items*)

1. Tanya Scurry, MD (*psychiatry*) – Adventist Health (St. Helena)
2. Arrash Fard, MD (*cardiology*) – Adventist Health (Simi Valley)

D. Additional Privileges (*action item*)

1. Anne Wakamiya, MD (*internal medicine*) – addition of inpatient core privileges.

E. Resignations (*action items*)

1. Doris Lin, MD (*Family Practice/Emergency Medicine*) – effective March 23, 2019
2. Keith Shonnard, MD (*Radiology – Tahoe Carson Radiology Group*) – effective March 28, 2019
3. Navid Ezra, MD (*Dermatology*) – effective March 20, 2019
4. Talha Khawar, MD (*Rheumatology*) – effective March 1, 2019

**Northern Inyo Healthcare District**  
**Income Statement - Detail**  
**As of February 28, 2019**

|   | Month To Date<br>02/28/2019<br><small>Actual</small> | Month To Date<br>01/31/2019<br><small>Actual</small> | Year To Date<br>02/28/2019<br><small>Actual</small> | Year To Date<br>02/28/2018<br><small>Actual</small> |
|---|--|--|---|---|
| patient Revenue                                 | 2,044,116.57   | 2,652,242.06   | 24,282,492.24                                       | 29,124,338.38                                       |
| outpatient Revenue                              | 9,159,140.97   | 10,520,788.12  | 73,898,256.97                                       | 68,798,607.24                                       |
| ambulatory Clinic Revenue                       | 604,111.75   | 536,037.81   | 2,324,468.08  | 0.00  |
| <b>Total Gross Patient Service Revenue</b>      | <b>11,807,369.29</b>                                 | <b>13,709,067.99</b>                                 | <b>100,505,217.29</b>                               | <b>97,922,945.62</b>                                |
| deductions from Revenue                         | (6,062,764.24)                                       | (7,840,983.86)                                       | (51,657,535.90)                                     | (45,183,736.40)                                     |
| other Patient Revenue                           | (9.00)   | (9.59)   | (18.59)   | 0.00  |
| <b>Total Net Patient Revenue</b>                | <b>5,744,596.05</b>                                  | <b>5,868,074.54</b>                                  | <b>48,847,662.80</b>                                | <b>52,739,209.22</b>                                |
| Income/Expense from Cost Reporting              |  |  |   |   |
| Medicare Settlement Income/Expense              | 329,140.00   | 329,140.00   | 1,316,560.00  | 0.00  |
| Disproportionate Share Income/Loss              | 0.00   | 0.00   | 2,471,501.66  | 2,286,469.57  |
| <b>Total Income/Expense from Cost Reporting</b> | <b>329,140.00</b>                                    | <b>329,140.00</b>                                    | <b>3,788,061.66</b>                                 | <b>2,286,469.57</b>                                 |
| <b>Other Operating Revenue</b>                  | <b>968,749.19</b>                                    | <b>992,915.15</b>                                    | <b>6,815,581.39</b>                                 | <b>273,810.35</b>                                   |
| <b>Operating Expenses</b>                       |  |  |   |   |
| Repairs and Maintenance                         | 15,085.37  | 13,437.22  | 325,450.02  | 1,267,951.96  |
| Leases and Rental Expenses                      | 77,567.05  | 80,116.79  | 574,895.30  | 642,117.98  |
| Salary & Wages                                  | 2,362,626.62   | 2,461,170.67   | 20,371,638.18                                       | 16,898,316.53                                       |
| Benefits  | 1,616,718.75   | 1,927,653.64   | 13,707,720.82                                       | 12,561,392.52                                       |
| Non-Benefit Expenses                            | 7,189.81   | 15,162.71  | 111,681.56  | 134,710.53  |
| Professional Fees                               | 551,408.22   | 689,488.98   | 7,276,942.79  | 8,180,003.48  |
| Supplies  | 699,343.19   | 472,413.76   | 5,632,459.52  | 5,732,617.61  |
| Contract Services                               | 601,739.65   | 508,112.16   | 3,616,402.78  | 1,168,230.44  |
| Other Department Expenses                       | 104,005.45   | 90,572.48  | 688,342.13  | 571,108.11  |
| Hospital Insurance Expenses                     | 33,686.99  | (24,535.01)  | 281,805.91  | 238,155.34  |
| Utilities                                       | 116,151.71   | 122,150.94   | 1,040,329.45  | 895,778.78  |
| Depreciation and Amortization                   | 314,692.81   | 314,697.67   | 2,681,778.12  | 3,270,484.01  |
| Other Fees                                      | 289,955.27   | (61,953.61)  | 954,013.86  | 810,554.89  |
| Interest Expense - Operating                    | 231,986.23   | 231,952.23   | 1,873,835.85  | 1,990,891.82  |
| <b>Total Operating Expenses</b>                 | <b>7,022,157.12</b>                                  | <b>6,840,440.63</b>                                  | <b>59,137,296.29</b>                                | <b>54,362,314.00</b>                                |
| unspecified Department Expenses                 | 0.00   | 0.00   | 0.00  | (1,218,762.75)                                      |
| <b>Total Net Operating Profit (Loss)</b>        | <b>20,328.12</b>                                     | <b>349,689.06</b>                                    | <b>314,009.56</b>                                   | <b>2,155,937.89</b>                                 |
| <b>Non-Operating Revenue</b>                    |  |  |   |   |
| Other Income                                    |  |  |   |   |
| Tax Payer General Support                       | 48,743.07  | 48,743.07  | 389,944.56  | 350,678.47  |
| Bond/ Tax Payer Bond Support                    | 137,595.79   | 137,595.79   | 991,838.47  | 1,029,174.00  |
| Investment Income                               | 0.00   | 0.00   | 20.28   | 0.00  |
| Interpreter Services Revenue                    | 0.00   | 0.00   | 17,826.52   | 0.00  |
| Fin Chgs-Pt Ar - Int Incm-Jdgmnt                | 0.00   | 0.00   | 287.31  | 264.33  |
| Fin Chgs-Pt Ar - Int Incm-Payors                | 0.00   | 5,435.16   | 14,205.89   | 45,049.74   |
| Interest Income                                 | 54,595.50  | 75,712.39  | 465,113.64  | 193,058.30  |
| <b>Total Other Income</b>                       | <b>240,934.36</b>                                    | <b>267,486.41</b>                                    | <b>1,879,236.67</b>                                 | <b>1,618,224.84</b>                                 |
| Grant Revenue                                   | 0.00   | 0.00   | 2,035,715.72  | 1,529,931.72  |
| Other Non-Operating Income                      | 2,576.00   | 16,236.00  | 38,440.00   | 15,039.61   |
| Net Medical Office Activity                     | (467,856.37)   | (497,895.07)   | (4,411,434.83)                                      | (2,892,616.57)                                      |
| 340b Net Activity                               | 40,608.32  | 38,684.91  | 195,637.83  | (3,250.81)  |
| Donations                                       | 3,000.00   | 0.00   | 6,300.00  | 0.00  |
| Rental Income                                   | 0.00   | 0.00   | 15,994.70   | 36,961.32   |
| Gain - Investments - Other Income               | 0.00   | 0.00   | 5,080.50  | 0.00  |

**Northern Inyo Healthcare District  
Income Statement - Detail  
As of February 28, 2019**

|                                | Month To Date<br>02/28/2019<br><small>Actual</small> | Month To Date<br>01/31/2019<br><small>Actual</small> | Year To Date<br>02/28/2019<br><small>Actual</small> | Year To Date<br>02/28/2018<br><small>Actual</small> |
|--------------------------------|--|--|---|---|
| Total Non-Operating Revenue    | (180,737.69)   | (175,487.75)   | (235,029.41)  | 304,290.11  |
| Total Net Non-Operating Profit | (180,737.69)   | (175,487.75)   | (235,029.41)  | 304,290.11  |
| Total Net Income               | (160,409.57)   | 174,201.31   | 78,980.15   | 2,460,228.00  |



Northern Inyo Healthcare District  
 Balance Sheet  
 As of February 28, 2019  
 Month Ending 02/28/2019

|  | Actual                |
|--|-----------------------|
| <b>Assets</b>                                  |                       |
| <b>Current Assets</b>                          |                       |
| Cash and Liquid Capital                        | (818,065.92)          |
| Short Term Investments                         | 14,507,104.93         |
| PMA Partnership                                | 379,758.00            |
| Accounts Receivable, Net of Allowance          | 19,483,383.03         |
| Other Receivables                              | 6,357,372.63          |
| Short Term Notes Receivable                    | (131.00)              |
| Inventory                                      | 3,781,863.95          |
| Prepaid Expenses                               | 1,957,699.16          |
| <b>Total Current Assets</b>                    | <b>45,648,984.78</b>  |
| <b>Assets Limited as to Use</b>                |                       |
| Internally Designated for Capital Acquisitions | 1,098,765.26          |
| Short Term - Restricted                        | 1,585,470.45          |
| <b>Limited Use Assets</b>                      |                       |
| DC Pension                                     | 2,403,826.63          |
| DB Pension                                     | 13,547,735.00         |
| PEPRA  | 2,967.70              |
| <b>Total Limited Use Assets</b>                | <b>15,954,529.33</b>  |
| Revenue Bonds Held by a Trustee                | 4,061,505.23          |
| <b>Total Assets Limited as to Use</b>          | <b>22,700,270.27</b>  |
| <b>Long Term Assets</b>                        |                       |
| Long Term Investment                           | 1,054,166.52          |
| Fixed Assets, Net of Depreciation              | 77,339,820.15         |
| <b>Total Long Term Assets</b>                  | <b>78,393,986.67</b>  |
| <b>Total Assets</b>                            | <b>146,743,241.72</b> |
| <b>Liabilities</b>                             |                       |
| <b>Current Liabilities</b>                     |                       |
| Current Maturities of Long-Term Debt           | 811,088.92            |
| Accounts Payable                               | 1,445,199.84          |
| Accrued Payroll and Related                    | 9,839,618.06          |
| Accrued Interest and Sales Tax                 | 529,493.36            |
| Unearned Revenue                               | 264,859.50            |
| Due to 3rd Party Payors                        | 1,239,097.96          |
| Due to Specific Purpose Funds                  | 108,883.52            |
| Other Deferred Credits - Pension               | 4,059,539.70          |
| <b>Total Current Liabilities</b>               | <b>18,297,780.86</b>  |
| <b>Long Term Liabilities</b>                   |                       |
| Long Term Debt                                 | 41,839,947.15         |
| Bond Premium                                   | 499,361.72            |
| Accreted Interest                              | 13,078,069.00         |
| Other Non-Current Liability - Pension          | 31,778,171.00         |
| <b>Total Long Term Liabilities</b>             | <b>87,195,548.87</b>  |
| <b>Suspense Liabilities</b>                    | <b>2,170,173.16</b>   |
| <b>Total Liabilities</b>                       | <b>107,663,502.89</b> |
| <b>Fund Balance</b>                            |                       |
| Fund Balance                                   | 37,634,677.95         |
| Temporarily Restricted                         | 1,605,470.45          |
| Net Income                                     | (160,409.57)          |
| <b>Total Fund Balance</b>                      | <b>39,079,738.83</b>  |
| <b>Liabilities + Fund Balance</b>              | <b>146,743,241.72</b> |

Northern Inyo Healthcare District  
 Balance Sheet  
 As of January 31, 2019  
 Month Ending 01/31/2019

|  | Actual                |
|--|-----------------------|
| <b>Assets</b>                                  |                       |
| <b>Current Assets</b>                          |                       |
| Cash and Liquid Capital                        | 3,982,339.06          |
| Short Term Investments                         | 10,760,730.00         |
| PMA Partnership                                | 379,758.00            |
| Accounts Receivable, Net of Allowance          | 19,445,885.50         |
| Other Receivables                              | 6,058,639.08          |
| Short Term Notes Receivable                    | (21.00)               |
| Inventory                                      | 3,761,221.71          |
| Prepaid Expenses                               | 1,909,159.86          |
| <b>Total Current Assets</b>                    | <b>46,297,712.21</b>  |
| <b>Assets Limited as to Use</b>                |                       |
| Internally Designated for Capital Acquisitions | 1,098,765.26          |
| Short Term - Restricted                        | 1,585,470.45          |
| <b>Limited Use Assets</b>                      |                       |
| DC Pension                                     | 2,290,201.56          |
| DB Pension                                     | 13,547,735.00         |
| PEPRA  | 2,967.70              |
| <b>Total Limited Use Assets</b>                | <b>15,840,904.26</b>  |
| Revenue Bonds Held by a Trustee                | 3,898,772.53          |
| <b>Total Assets Limited as to Use</b>          | <b>22,423,912.50</b>  |
| <b>Long Term Assets</b>                        |                       |
| Long Term Investment                           | 1,054,166.52          |
| Fixed Assets, Net of Depreciation              | 77,647,787.97         |
| <b>Total Long Term Assets</b>                  | <b>78,701,954.49</b>  |
| <b>Total Assets</b>                            | <b>147,423,579.20</b> |
| <b>Liabilities</b>                             |                       |
| <b>Current Liabilities</b>                     |                       |
| Current Maturities of Long-Term Debt           | 811,088.92            |
| Accounts Payable                               | 3,745,325.11          |
| Accrued Payroll and Related                    | 9,723,485.72          |
| Accrued Interest and Sales Tax                 | 410,404.03            |
| Unearned Revenue                               | 313,602.57            |
| Due to 3rd Party Payors                        | 1,239,094.96          |
| Due to Specific Purpose Funds                  | 108,883.52            |
| Other Deferred Credits - Pension               | 4,059,539.70          |
| <b>Total Current Liabilities</b>               | <b>20,411,424.53</b>  |
| <b>Long Term Liabilities</b>                   |                       |
| Long Term Debt                                 | 41,839,947.15         |
| Bond Premium                                   | 503,753.23            |
| Accreted Interest                              | 12,967,520.25         |
| Other Non-Current Liability - Pension          | 31,778,171.00         |
| <b>Total Long Term Liabilities</b>             | <b>87,089,391.63</b>  |
| <b>Suspense Liabilities</b>                    | 682,614.64            |
| <b>Total Liabilities</b>                       | <b>108,183,430.80</b> |
| <b>Fund Balance</b>                            |                       |
| Fund Balance                                   | 37,460,476.64         |
| Temporarily Restricted                         | 1,605,470.45          |
| Net Income                                     | 174,201.31            |
| <b>Total Fund Balance</b>                      | <b>39,240,148.40</b>  |
| <b>Liabilities + Fund Balance</b>              | <b>147,423,579.20</b> |

## NORTHERN INYO HEALTHCARE DISTRICT

### Investments as of February 28, 2019

| <i>Purchase Date</i>   | <i>Maturity Date</i> | <i>Institution</i>              | <i>Broker</i>               | <i>Rate</i> | <i>Fair Market Value</i> |
|------------------------|----------------------|---------------------------------|-----------------------------|-------------|--------------------------|
| 27-Feb-19              | 01-Mar-19            | Local Agency Investment Fund    | Northern Inyo Hospital      | 2.39%       | 11,678,736.43            |
| 15-Jun-18              | 15-Mar-19            | BK Phoenixville - FNC           | Financial Northeaster Corp. | 2.20%       | 249,897.50               |
| 30-Nov-18              | 30-May-19            | Homestreet BK Seattle Wash CTF  | Financial Northeaster Corp. | 2.40%       | 149,923.50               |
| 02-Jul-14              | 02-Jul-19            | Barclays Bank                   | Financial Northeaster Corp. | 2.05%       | 249,305.00               |
| 02-Jul-14              | 02-Jul-19            | Goldman SachsBank USA NY CD     | Financial Northeaster Corp. | 2.05%       | 249,242.50               |
| Short Term Investments |                      |                                 |                             |             | 12,577,104.93            |
| 20-May-15              | 20-May-20            | American Express Centurion Bank | Financial Northeaster Corp. | 2.05%       | 98,699.00                |
| 26-Sep-16              | 27-Sep-21            | Comenity Capital Bank           | Multi-Bank Service          | 1.70%       | 238,755.00               |
| 02-Sep-16              | 28-Sep-21            | Capital One Bank                | Multi-Bank Service          | 1.70%       | 238,825.00               |
| 28-Sep-16              | 28-Sep-21            | Capital One National Assn       | Multi-Bank Service          | 1.70%       | 238,825.00               |
| 28-Sep-16              | 28-Sep-21            | Wells Fargo Bank NA             | Multi-Bank Service          | 1.70%       | 239,062.50               |
| Long Term Investments  |                      |                                 |                             |             | \$ 1,054,166.50          |
| Total Investments      |                      |                                 |                             |             | \$ 13,631,271.43         |
| 28-Feb-19              | 01-Mar-19            | LAIF Defined Cont Plan          | Northern Inyo Hospital      | 2.39%       | 2,403,826.63             |



**NORTHERN  
INYO HOSPITAL**  
Northern Inyo Healthcare District

150 Pioneer Lane  
Bishop, California  
93514  
(760) 873-5811 voice  
(760) 872-2768 fax

**May 7, 2019**

**Board of Directors:**

- ◆ **Mary Mae Kilpatrick,  
President**
- ◆ **Jean Turner,  
Vice President**
- ◆ **Robert Sharp,  
Secretary**
- ◆ **Peter Tracy,  
Treasurer**
- ◆ **M.C. Hubbard,  
Member at Large**
- ◆ **Kevin S. Flanigan,  
MD, MBA, CEO**

**To:** Governing Board of Northern Inyo Healthcare District  
**From:** John Tremble, Chief Financial Officer  
**Subject:** Recommended 2020 Capital Budget

The departments of the District have submitted nearly 50 Capital items with a cost of more than \$2,350,000 and additional requests pending. The Capital requests are in the process of being vetted for compatibility, resource capacity, OSPD requirements, and Medical Staff agreement with the recommendation.

In addition to the Capital requests, we have a number of requests which are repairs to Capital Assets who continue to have service life. These requests will also be vetted and included in the final 2020 Operational budget. Management may request a smaller than projected net income in order to complete these repairs.

The District is projected to end Fiscal 2019 with \$17,562,000 of cash and investments on hand; 76.3 days. During the next Fiscal year, the growth in net accounts receivable will be reversed and returned to normal levels. The reversal in growth in net accounts receivable will increase cash on hand by \$6,200,000. The cash flow budget for approval includes \$550,000 for other strategic investments along with expected changes in payables, long term debt and pension liability and an income of \$700,000 for the year.

The projected cash flow for 2020 is expected to result in a total days of cash on hand of 102.7 assuming operations consumes \$237,041 per day in expenditures. With the District's goal of maintaining 90 days cash on hand, the projected end of year cash balance of \$24,333,700 means the District could spend \$3,000,000 in Fiscal 2020 on Capital and be at or above our 90 day goal for cash and investments on hand.

The Statement of Cash Flow assumes all the Capital authorized for Fiscal 2019 has been purchased, installed and paid for as of June 30, 2019. The District will most likely have some Capital projects continuing into Fiscal 2020 from Fiscal 2019.

*Improving our  
Communities One  
Life at a Time. One  
Team. One Goal.  
Your Health!*

**Web Site**  
[www.nih.org](http://www.nih.org)

**Northern Inyo Healthcare District**  
**Statement of Cash Flow**  
**For Fiscal Year 2018 & 2019 & 2020**  
**Capital Budget Impact Statement**

|   | FY 2017     | FY 2018     | FY 2019     | FY 2020      |
|---|-------------|-------------|-------------|--------------|
| Cash on Hand  | 18,616,934  | 16,058,324  | 19,488,837  | 17,562,114   |
| Used for Other District Investments                         | (248,369)   | 133,052     | (1,515,000) | (550,000)    |
| Change in Net Patient A/R                                   | (2,995,894) | (583,127)   | (6,200,000) | 6,200,000    |
| Change in Other Receivables                                 | 501,536     | (3,023,014) | 3,000,000   | -            |
| Change in Inventory   | (843,685)   | (740,014)   | (265,000)   | 40,000       |
| Change in Prepaid Expenses                                  | (315,821)   | (627,014)   | 60,000      | 60,000       |
| Change in Special Purpose Assets                            | (1,157,516) | (4,054)     | -           | -            |
| Change in Revenue Bonds with Trustee                        | 3,395,095   | (25,587)    | (45,308)    | (45,000)     |
| Change in Long Term Investments                             | (197,857)   | 202,378     | -           | -            |
| Change in Net Property et al.                               | 3,260,381   | 2,965,374   | 3,800,000   | 2,450,000    |
| Change in current Liabilities                               | (3,810,215) | 1,588,068   | 720,000     | (360,000)    |
| Change in long term debt                                    | (2,048,220) | (807,054)   | (2,168,000) | (2,450,000)  |
| Accreted Interest change                                    | 1,326,585   | 1,326,585   | 1,326,585   | 1,326,585    |
| Change in Pension liability                                 | 190,710     | 1,290,639   | 600,000     | (600,000)    |
| Change in Temporarily Restricted                            | 1,157,516   | 30,376      | -           | -            |
| Net Income (Loss)   | (772,856)   | 1,703,905   | (1,240,000) | 700,000      |
| Ending Cash on Hand   | 16,058,324  | 19,488,837  | 17,562,114  | 24,333,699   |
| Total Operating Expenses plus Principal                     | 74,465,243  | 78,565,420  | 84,000,000  | 86,520,000   |
| Average Cash Used Per Day                                   | 204,014     | 215,248     | 230,137     | 237,041      |
| Ending Days Cash on Hand                                    | 78.7        | 90.5        | 76.3        | 102.7        |
| Organizational Goal   |             | 90.0        | 90.0        | 90.0         |
| Minimum Floor   |             |             | 75.0        | 75.0         |
| Available Additional for Capital with 90 days Cash on Hand: |             |             |             | \$ 3,000,000 |

## Compliance Report May 2019

1. Comprehensive Compliance Program review
  - a. As of April 29, 2019, 93.2% District's employee (including temporary, traveler, and contract workers) workforce have reviewed the Compliance Program, most within 90 days of their first day of employment. This number fluctuates due to employee turnover. We have also experienced an issue with Policy Manager, leaving new employees with the program unassigned. We are correcting this issue.
2. Breaches
  - a. Calendar Year (CY) 2019 – (attachment A)
    - i. 22 alleged breaches of PHI (Protected Health Information) potentially affecting more than 25 patients have been investigated by the Compliance Office
    - ii. 2 of the alleged breaches of PHI have been reported to California Department of Public Health (CDPH) and/or the Office of Civil Rights (OCR)
      1. CDPH has completed investigation of 1 cases. One (1) breach was substantiated, but assigned no deficiency.
      2. One (1) case is still pending CDPH investigation. Several cases from prior years are still pending letters of findings, indicating that at least several are likely to incur some deficiency and potential penalty.
    - iii. 5 Potential breaches are currently under investigation by the NIHD Compliance Department.
3. Issues and Inquiries
  - a. CY 2019 – More than 115 requests for research and input on a wide variety of topics have been made to the Compliance Department.
    - i. Compliance and regulation research tops the list.
    - ii. Policy advice and research
    - iii. Potential compliance concerns that do not reach the level of a full investigation. (Usually require training and education)
  - b. Compliance currently reviews all new referring physicians to verify they are not on a Federal or State exclusions list. To date in 2019, Compliance has verified several

hundred providers. It is considered fraud to bill any government payer for diagnostic or treatment claims, if ordered by an excluded provider.

- i. Compliance has identified one referring provider on an exclusions list. We notified Administration, and properly addressed the issue.

#### 4. Audits

- a. Employee Access Audits (attachment B) - The Compliance Office manually completes audits for access of patient information systems to ensure that employees access records only on a work-related, “need to know,” and “minimum necessary” basis.
  - i. The HIPAA and HITECH Acts imply that organizations must perform due diligence by actively auditing and monitoring for appropriate use of PHI. These audits are also required by the Joint Commission and are a component of the “Meaningful Use” requirements.
  - ii. Access audits monitor who is accessing records by audit trails created in the systems. These audits allow us to detect unusual or unauthorized access of patient medical records.
  - iii. Compliance performs between 300-500 audits monthly.
    1. Each audit ranges from hundreds of lines of data to hundreds of thousands of lines of data.
  - iv. Protenus has been selected to provide semi-automated auditing software services to NIHD beginning as soon as IT resources are able to be allocated for the project.
- b. Business Associates Agreements (BAA) audit
  - i. Contracts are currently under review to ensure all vendors, individuals, and entities providing services that access, disclose, retain, or transmit PHI for NIHD have an up-to-date Business Associates Agreement.
  - ii. We currently have around 140 Business Associates Agreements.
- c. PACS (Picture Archival and Communication System) User Access Agreements – Compliance is now processing access agreements for external entities/providers to gain access to the NIHD PACS Portal (electronic Imaging system).
- d. HIPAA Security Risk Assessment – Completed December 2019
  - i. Annual requirement to assess security and privacy risk areas as defined in 45 CFR 164.3. Review of 157 privacy and security elements performed in conjunction with Information Technology Services.



- ii. Will work with ITS (Information Technology Services) to develop and update the Risk Management plan.
5. Conflicts of Interest questionnaires
- a. Compliance has not yet sent the Conflict of Interest questionnaire form to the District workforce this year. We are awaiting full resolution of conflicts identified in 2018 prior to requesting this information.
  - b. The Management Plan form has been re-designed to simplify the process for our leadership team. We have management plans in place for 98% of the workforce for whom they are needed. We are working with leadership teams to develop and review the plans for the remaining conflict.
6. CPRA (California Public Records Act) Requests
- a. The Compliance office has responded to 6 CPRA request in CY 2019.
    - i. 2 requests throughout the year for companies that harvest data from healthcare organizations to aid their marketing products.
    - ii. 4 are from District resident, Ms. Freeman. . She has informed us to expect requests.
7. Compliance Workplan (attachment C)
- a. The Department of Health and Human Services Office of Inspector General's (OIG) creates an annual workplan for auditing, based on areas of high concern for fraud, waste, and abuse. The Centers for Medicare/Medicaid Services Medicare Administrative contractors (MACs) also create an annual audit workplan.
  - b. OIG recommends that annual Compliance Department workplans are created, based on the facility Compliance Program, and the OIG and MAC workplans, along with areas of risk for the organization.
  - c. The attached work plan updated in January 2019 for progress and approved by the Compliance and Business Ethics Committee.
8. Unusual Occurrence Reports (UOR)
- a. Transition to Unusual Occurrence reports (UOR) – next two quarters
  - b. Trending
  - c. ComplyTrack- tracking software – system went live on 4/15/2019.
    - i. Over 50 incident reports within first 2 weeks
9. CDPH Licensing Survey Response Monitoring



- a. Compliance will be working with Department leadership teams to follow corrective actions and monitor for sustained compliance. Those metrics will be reported here, no less than annually.
  - i. Referral arrangements from non-staff ordering providers. – Monitoring in progress 04/2019
  - ii. Pediatric Consultations – Monitoring in progress 04/2019
  - iii.
  - iv. Code Amber drills – Monitoring in progress 04/2019
  - v.
  - vi. RN Competency Validations – i Monitoring in progress 04/2019
  - vii.
  - viii. Sterile compounding area ceiling, and refrigerator temperature monitoring – Monitoring in progress 04/2019
  - ix. of Malignant Hyperthermia cart – Monitoring in progress 04/2019
  - x.
  - xi. Add crash cart medication list to Crash Cart Policy – completed. No additional monitoring required.
  - xii. Titratable sedatives and sedation scale use – Monitoring in progress 04/2019
  - xiii.
  - xiv. Proper storage of clove oil in ED dental box – Clove oil removed from supplies and supply list. Monthly monitoring has determined this has been effective. No additional monitoring required as of 1/1/2019.
  - xv. Beyond-use-date labeling of medications – No additional monitoring required.
  - xvi. Expired supply in crash cart - Monitoring in progress 04/2019
  - xvii.
  - xviii. TB Surveillance program – letter of compliance sent to CDPH. No additional monitoring is required.
  - xix. Infection Prevention Program monitoring – Monitoring in progress 04/2019
  - xx.
  - xxi. Workforce N95 mask fit testing – Monitoring in progress 04/2019
  - xxii.
  - xxiii. Equipment preventative maintenance stickers – Monitoring in progress 04/2019

## 10. The Joint Commission Survey Response



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**Northern Inyo Healthcare District**

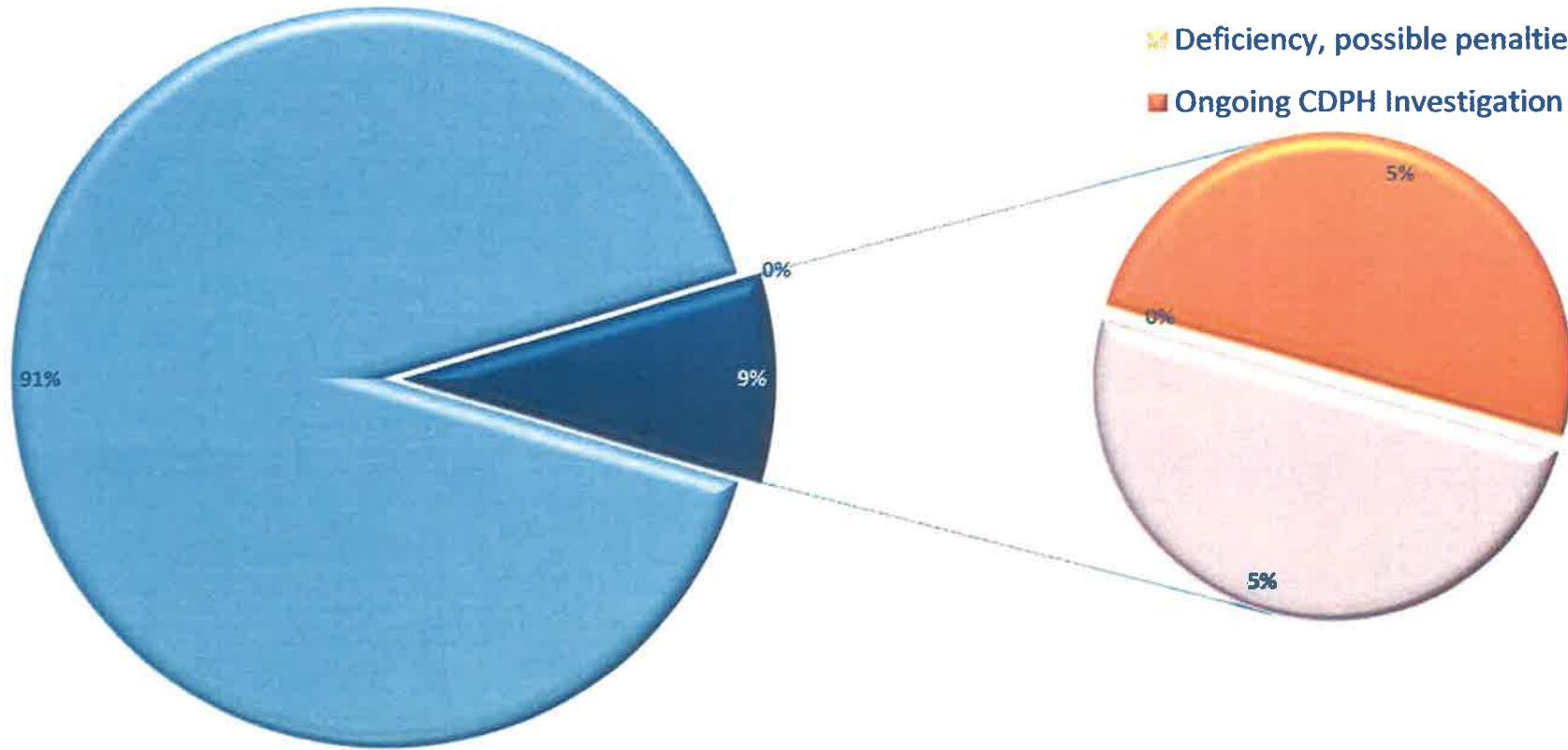
150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811  
[www.nih.org](http://www.nih.org)

- a. Submitted
- b. Will provide monitoring in next quarterly report

## 2019 Breach Outcomes

22 Breach investigations potentially affecting 25 patients

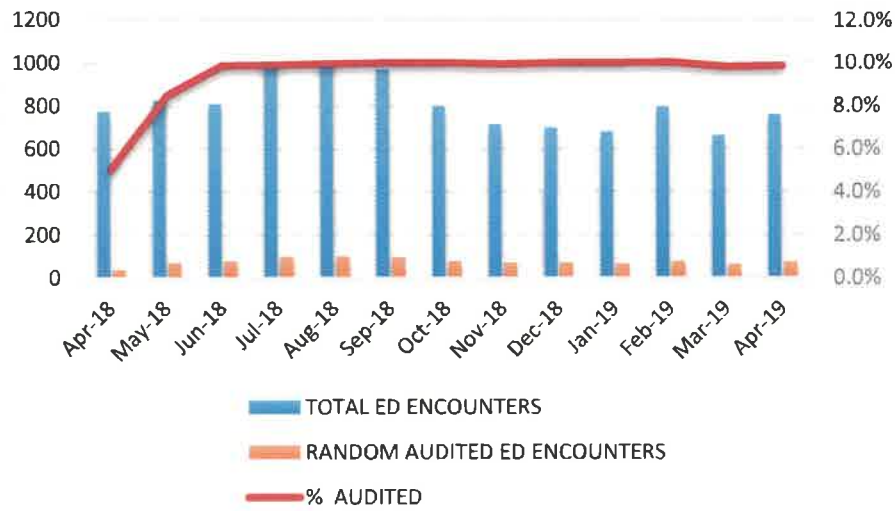
- Near-miss breach (no CDPH reporting)
- Reported to CDPH
- Unsubstantiated
- Substantiated, No Deficiency
- Deficiency, possible penalties
- Ongoing CDPH Investigation



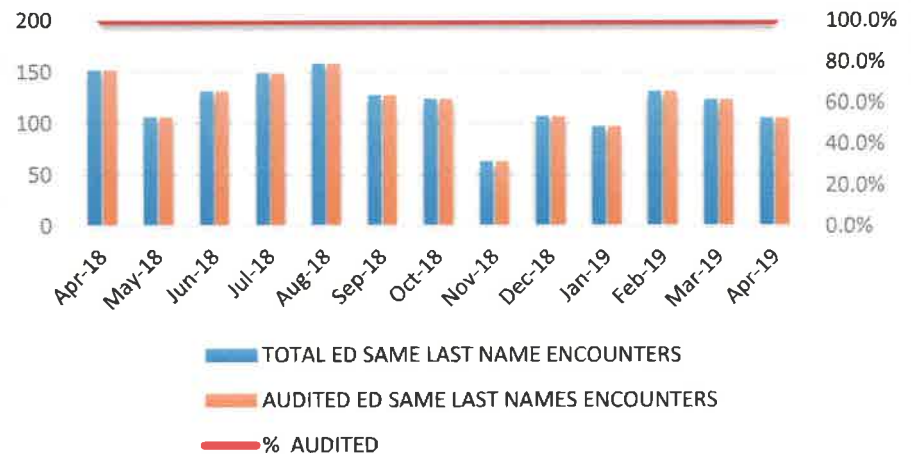
# Employee EHR Access Audits

## Emergency Room Encounters

### Random ED Encounter Audits

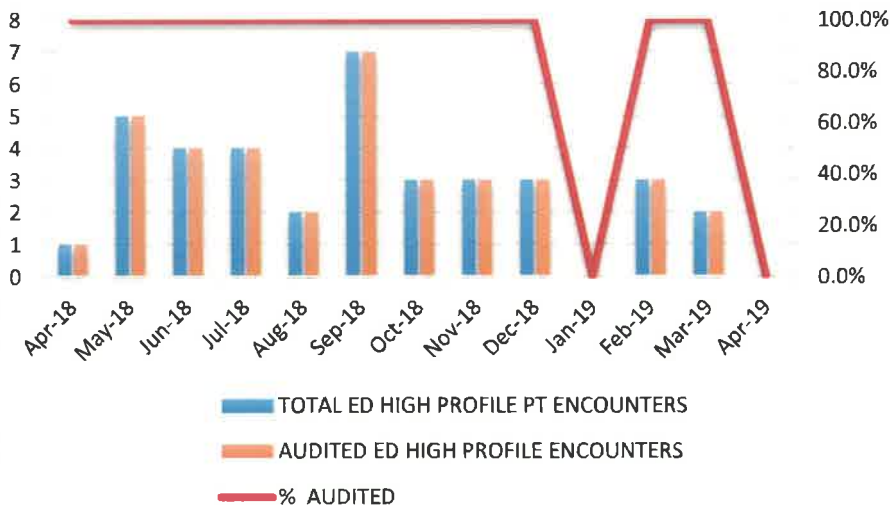


### ED Patient with the same last name as an employee

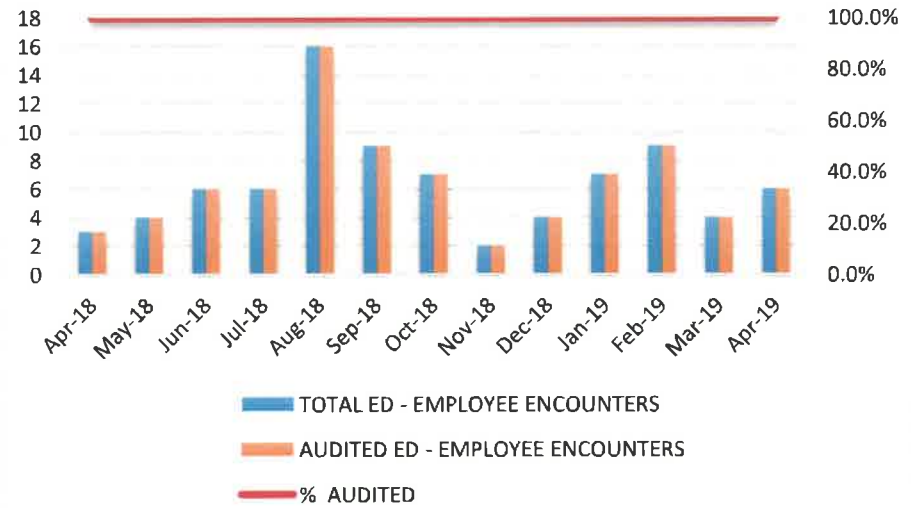


20

### HPP ED Encounters

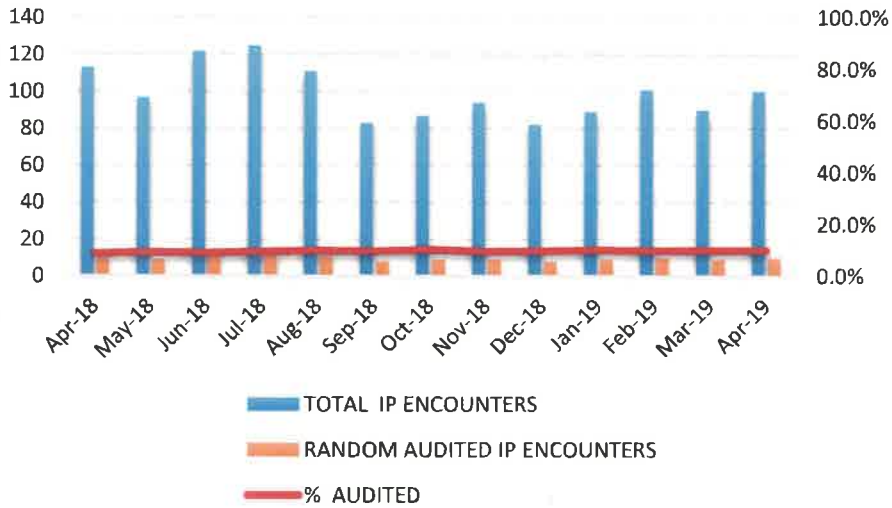


### Employee ED Encounters

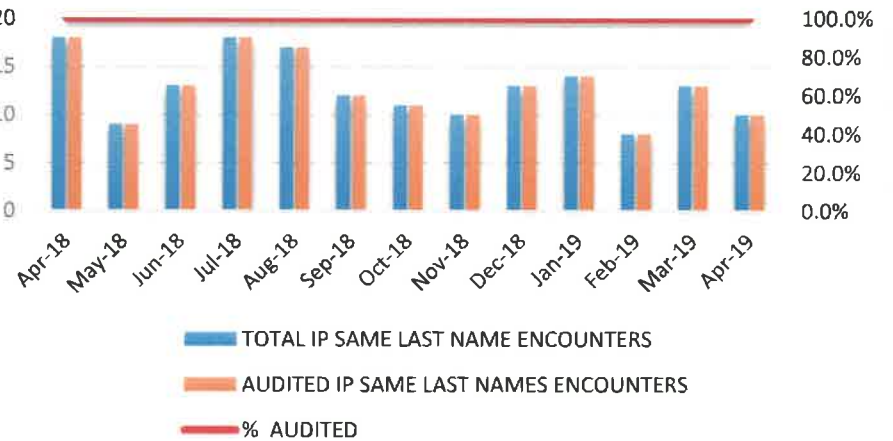


## Employee EHR Access Audits Inpatient Encounters

### Random IP encounter Audits

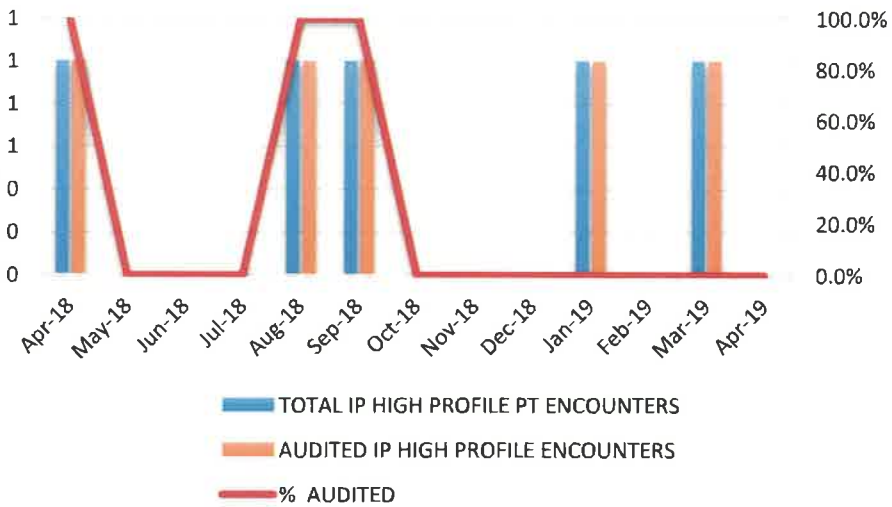


### Inpatient with the same last name as an employee

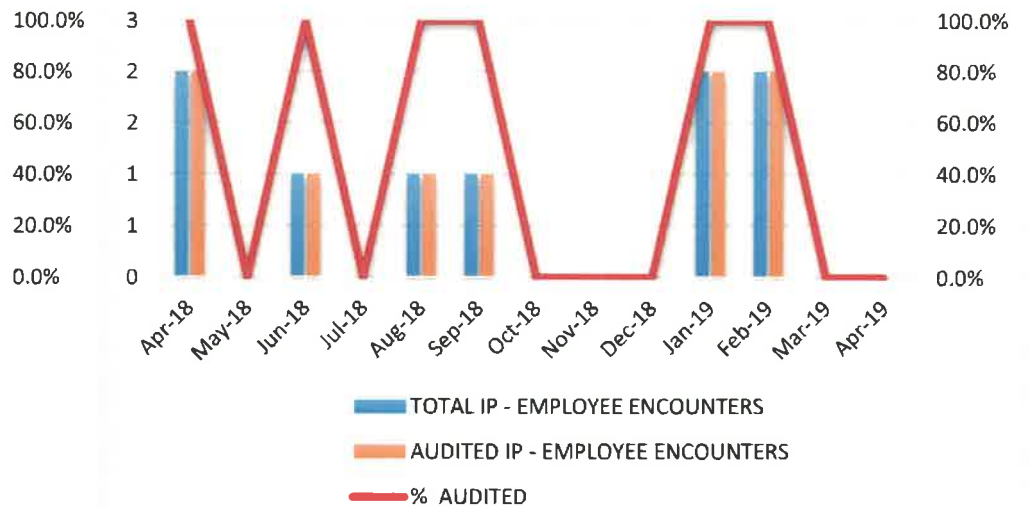


21

### HPP IP Encounters

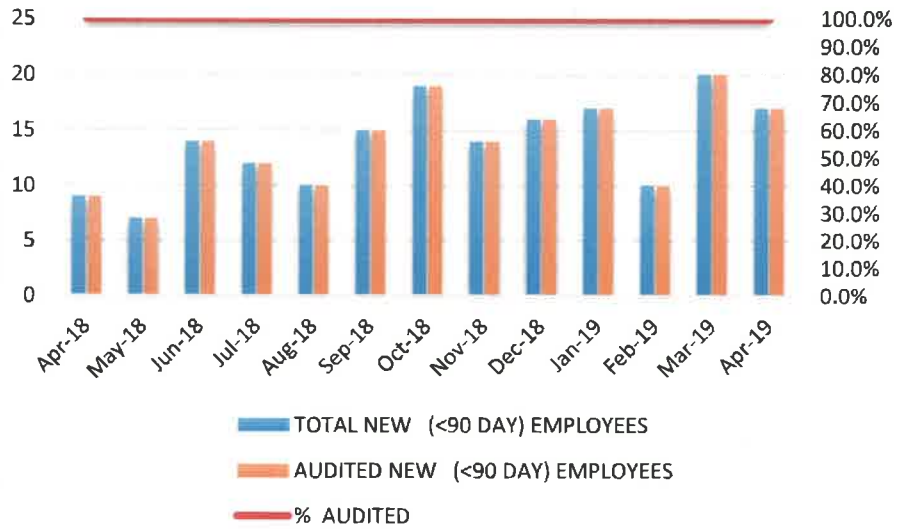


### Employee IP Encounters

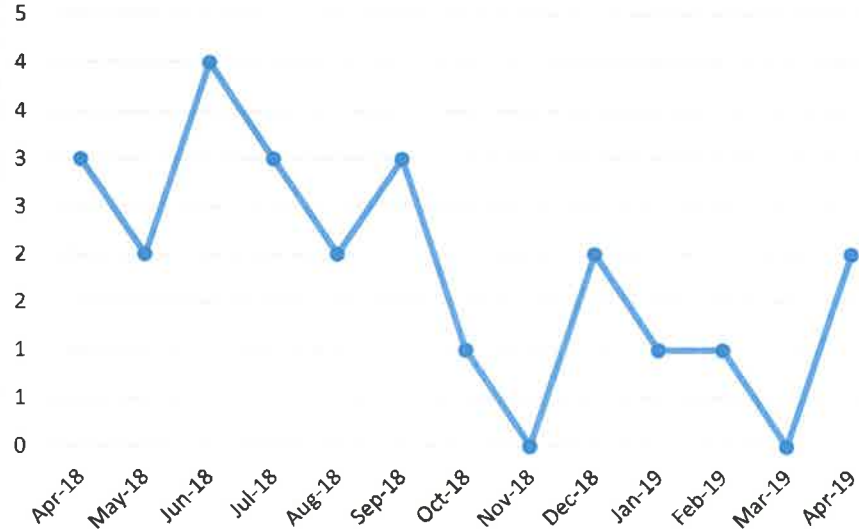


## Employee EHR Access Audits

### New Employee

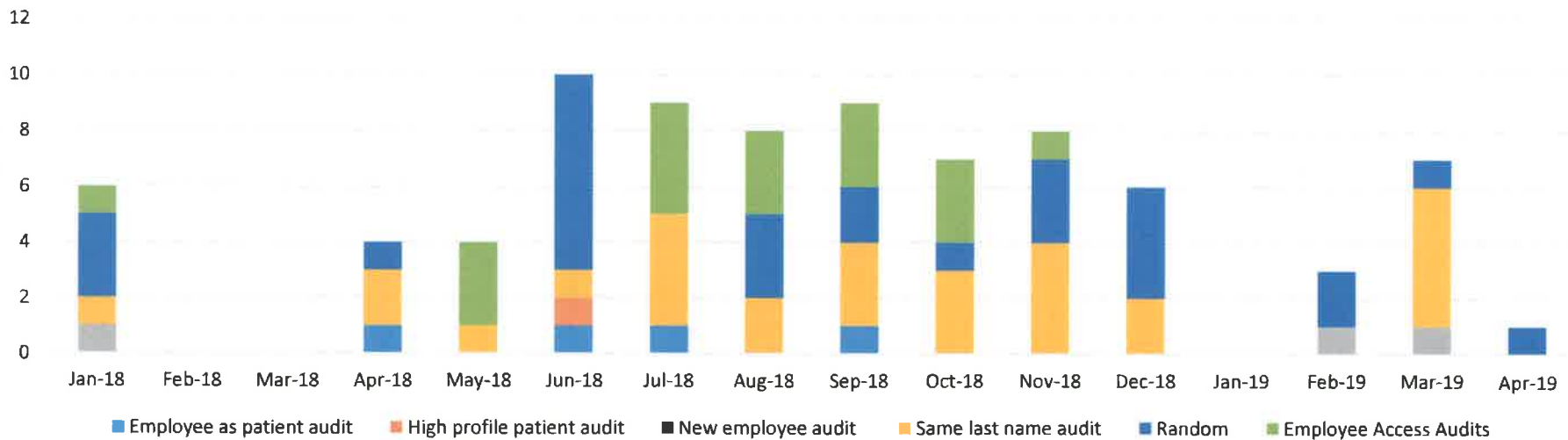


### FOR-CAUSE AUDITS



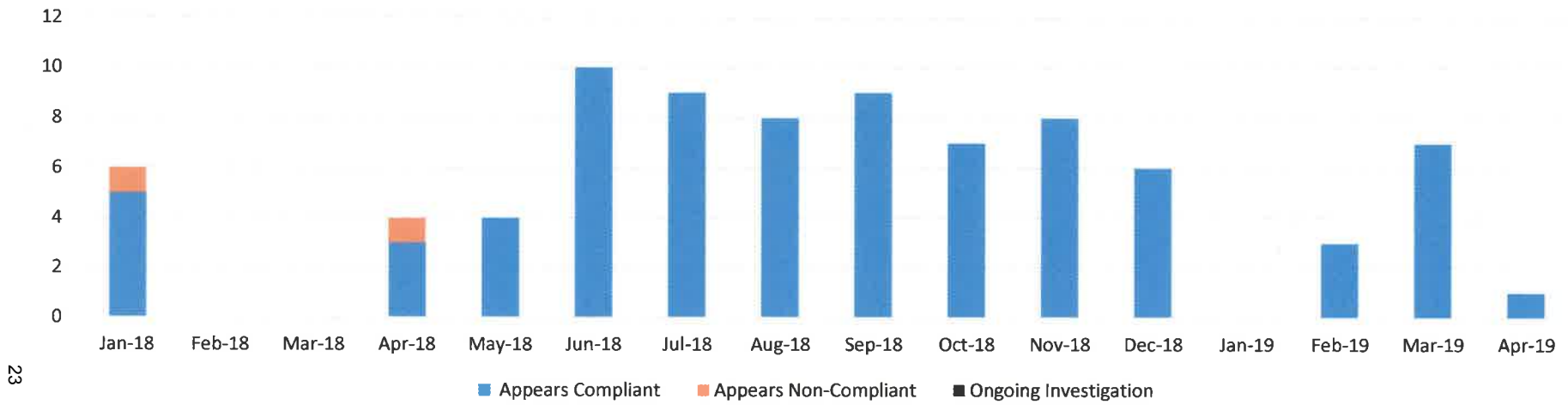
22

### "FLAGS" - Audits requiring further investigation



# Employee EHR Access Audits

## "FLAGS" Outcomes





2019 Compliance Work Plan – updated 4/2019

| 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)   | Completed Jan 2019  |
| 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)   | Colin Coffey, Jan 2019. Also CO briefing and updates in August 2018. "Takeaways" from monthly HCCA magazine |
| 3.   | Develop a Compliance Department budget to ensure sufficient staff and other resources to fully meet obligations and responsibilities.  |  | In progress 04/2019   |
| <b>Written Compliance Guidance</b>         |  |  |   |
| 4.   | Audit of required Compliance related policies.   |  | Annual review conducted on regular monthly schedule Throughout the year                                     |
| 5.   | Annual review of Code of Conduct to ensure that it currently meets the needs of the organization and is consistent with current policies. (Note: Less than 12 pages, 10 grade reading level or below)                                |  | 05/2019   |
| 6.   | Verify that the Code of Conduct has been disseminated to all new employees and workforce.  |  | In progress   |
| <b>Compliance Education and Training</b>   |  |  |   |
| 7.   | Verify all workforce receive compliance training and that documentation exists to support results. Report results to Compliance Committee.   |  | January 2019  |
| 8.   | Ensure all claims processing staff receive specialized training programs on proper documentation and coding.   |  |   |
| 9.   | Review and assess role-based access for EHR and partner programs. Implement/evaluate standardized process to assign role-based access.   | R-BAT created 7/2018. Currently working with Athena to update RBA controls.                | Stalled due to lack of granularity of Athena access control security  |
| 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. Need to send to Med Staff. PPM and Relias for current workforce. |   |



| <b>Compliance Communication</b>                      |   |  |  |
|--|---|--|--|
| 11.  | Review investigation log. Prepare summary report for Compliance Committee on types of issues reported and resolution  | Update for Complytrack   | Quarterly 2019                           |
| 12.  | Develop a report that evidences prompt documenting, processing, and resolution of complaints and allegations received by the Compliance Department.   | Update for Complytrack   |  |
| 13.  | Document test and review of Compliance Hotline.   |  | Completed 4/2019                         |
| 14.  | Physically verify Compliance hotline posters appear prominently on employee boards in work areas.   |  |  |
| <b>Compliance Enforcement and Sanction Screening</b> |   |  |  |
| 15.  | Verify that sanction screening of all employees/workforce and others engaged by NIHD against OIG List of Excluded Individuals and Entities has been performed in a timely manner, and is documented by a responsible party. | Ongoing – HR performs employees/travelers/temps monthly. Compliance verifies new providers. MSO verifies all medical staff. Accounting verifies all vendors. | Current through 4/2019                   |
| 16.  | Develop a review and prepare a report regarding whether all actions relating to the enforcement of disciplinary standards are properly documented.  |  |  |
| 17.  | Audits  |  |  |
|  | a. Telehealth audits  |  |  |
|  | b. EMTALA   |  |  |
|  | c. Cost reports   | Wipfli   | Completed at BOD 1/2019                  |
|  | d. Payment patterns   |  |  |
|  | e. Bad debt/ credit balances  | Will work with J. Tremble.   |  |
|  | f. OPS – Home health and DME  | HHS OIG target   | Initial meet with P West 1/2019          |
|  | Lab services  | MAC target   |  |
|  | Imaging services (high cost/high usage)   | MAC target   |  |
|  | Rehab services  | HHS OIG workplan   |  |
| 18.  | Ensure that high risks associated with HIPAA and HITECH Privacy and Security requirements for protecting health information undergo a compliance review.  |  | November 2018                            |
|  | a. Annual Security Risk Assessment  |  | Security Risk Assessment due in Nov 2019 |
|  | b. Periodic update to SRA   |  |  |
|  | c. Monthly employee access audits   |  | Current through 04/2019                  |

|  |  |   |   |
|--|--|---|---|
| 19.  | Audit required signage   |   | Proper signage is posted in all areas except the DI waiting area. It is in progress. 4/2019 |
| 20.  | Audit HIMS scanned document accuracy   |   |   |
| 21.  | Develop metrics to assess the effectiveness and progress of the Compliance Program   |   |   |
| 22.  | Implement automated access monitoring/auditing software (Protenus)   |   | Starts <del>January 2019</del> when we have allocation of IT resources.                     |
| 23.  | Review CMS CoPs (CAH)  |   |   |
| <b>Response to Detected Problems and Corrective Action</b> |  |   |   |
| 24.  | Verify that all identified issues related to potential fraud are promptly investigated and documented  | In progress. Documented in Case log                               | 4/2019  |
| 25.  | Review all corrective action measures taken related to compliance to verify they have been completed and validated as being effective. Prepare a summary report for the CBEC |   |   |
| 26.  | Conduct a review that ensures all identified overpayments are promptly reported and repaid.  | Working with WJ, MET, HIMS dept to review all audits, recoupments |   |
| 27.  | UOR tracking and trending – UOR/Unusual occurrence reporting is now a function on the Compliance Department.   | Complytrack – live 04/2019  | New reporting system live   |
|  | a. Provide trend feedback to leadership to allow for data driven decision-making   |   | On-going  |
|  | I. Overall QRR process   |   | August 2018   |
|  | II. Workplace Violence   |   | September 2018  |
|  | III. Sharps  |   | October 2018  |
|  | IV. Overweight laundry   |   | October 2018  |
| 28.  | Pioneer Home Health and Hospice of the Owens Valley Compliance Review, ACE agreement   |   | 1/2019  |
| 29.  | Patient complaints   | In Progress   | Restructure adds these to Compliance Workplan   |
| 30.  | Breach Investigations  | On-going  | On-going – see Compliance report  |

- CALL TO ORDER** The meeting was called to order at 5:00 pm by Mary Mae Kilpatrick, President.
- PRESENT** Mary Mae Kilpatrick, President  
Jean Turner, Vice President  
Robert Sharp, Secretary  
Peter Tracy, Treasurer  
M.C. Hubbard, Member at Large  
Allison Robinson MD, Chief of Staff  
Kevin S. Flanigan MD, MBA, Chief Executive Officer  
John Tremble, Chief Financial Officer  
Tracy Aspel RN, BSN Chief Nursing Officer
- ABSENT** Kelli Davis MBA, Chief Operating Officer
- ADJOURN TO CLOSED SESSION** At 5:01 pm Ms. Kilpatrick announced the meeting would adjourn to Closed Session to allow the Board of Directors to:
- Conference with Labor Negotiators; Agency Designated representative: Irma Moisa; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
- RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN** At 5:38 pm the meeting returned to Open Session. Ms. Kilpatrick reported that the Board took no reportable action.
- OPPORTUNITY FOR PUBLIC COMMENT** Ms. Kilpatrick announced at this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers will be limited to a maximum of three minutes each.
- Eastern Sierra Emergency Physicians (ESEP) partner Sierra Bourne MD provided an ESEP status update, noting the group has had recent successes in the area of physician recruitment, and that the Northern Inyo Healthcare District (NIHD) Emergency Department is now fully-staffed with highly qualified local providers. Doctor Bourne will continue to provide ESEP quarterly reports going forward. No other comments were heard.
- STRATEGIC PLAN UPDATE** The NIHD Workforce Experience Committee provided an update on progress made toward achieving the workforce experience related goals of the District's Strategic Plan. Highlights of the report included the following:
- Overview of employee turnover and churnover statistics, including an assessment of the drivers that affect turnover
  - Report on NIHD's Staff Development strategies and accomplishments

- Staff completion rates for required competencies
- District efforts directed toward hiring the right people and improving the employment interview process

CHIEF OF STAFF  
REPORT

Chief of Staff Allison Robinson MD reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following District-wide Policies and Procedures:

1. *Preoperative Monitoring of Storage Devices and Units*
2. *Crash Cart and Defibrillator Check Policy*
3. *Newborn and Pediatric Abduction Prevention Safety and Security*
4. *Responsibilities of Nursing Students and Hospital Staff*
5. *Standardized Procedures for Medical Functions in the Emergency Department*
6. *Diet Texture Ordering Protocol*
7. *Laboratory Home Collections*
8. *Lymphedema Treatment*
9. *Standards of Care for the Swing Bed Resident*

It was moved by M.C. Hubbard, seconded by Jean Turner, and unanimously passed to approve all nine Policies and Procedures as presented.

NEW BUSINESS

MEDICATION  
ASSISTED TREATMENT  
PROGRAM REPORT  
(MAT)

Rural Health Clinic Care Coordination Manager Dan David RN reported on the startup of the District's Medication-Assisted Treatment (MAT) program developed to help combat and mitigate harm resulting from substance use disorders. NIHD's program has been made possible by grant funding from the California Bridge Program established for the purpose of helping to address the nationwide opioid epidemic. Anne Goshgarian MD and Thomas Boo MD also participated in discussion on this topic, which included the following:

- An overview of planned local "harm reduction" efforts aimed at addressing substance use disorders
- Review of drug use and overdose death statistics locally and nationwide
- General education regarding ways to intervene with and help prevent substance abuse and addiction disorders
- Behavioral and lifestyle issues that influence addiction
- Overview of Medication-Assisted therapy treatments

The District's Bridge Grant award will provide funding for an 18-month program for members of the local community.

ROBOTIC EQUIPMENT  
UPDATE

Chief Executive Officer (CEO) Kevin S. Flanigan MD, MBA reported that Intuitive Surgical no longer manufactures some of the supplies for the District's robotic equipment, therefore it has become necessary to upgrade NIHD's DaVinci robot to a newer model. Doctor Flanigan requested ratification of new five-year lease agreement for the upgraded surgical equipment, which will be budget neutral for the first 12 months. It was

moved by Ms. Hubbard, seconded by Ms. Turner, and unanimously passed to ratify the new lease agreement with Intuitive Surgical as requested.

MEDICAL STAFF  
SERVICES PILLARS OF  
EXCELLENCE

Medical Staff Support Services Manager Dianne Picken called attention to the Medical Staff Services quarterly report for the first quarter of 2019. The Medical Staff Office experienced a very busy quarter during which a large number of Medical Staff applications were processed.

PHARMACY  
CONSTRUCTION  
UPDATE

Doctor Flanigan also reported the NIHD Pharmacy construction project is moving forward, however the District will be hard pressed to meet an end of year completion deadline. District Board members Turner and Hubbard recently met with Senator Andreas Borgeas's and Assemblyman Devon Mathis's offices as part of the Association of California Healthcare Districts (ACHD) Legislative Day, and solicited their help in getting the Office of Statewide Healthcare Planning and Development (OSHPD) to cooperate with NIHD on the construction project. NIHD is currently considering a "Plan B" in cooperation with Dwayne's Pharmacy in order to continue providing pharmacy services in the event that the end of year deadline is not met.

FINANCIAL REPORT AS  
OF DECEMBER 31 2018

Chief Financial Officer John Tremble called attention to the financial and statistical reports as of December 31 2018, noting the following:

- Gross inpatient revenues were 11.2 percent lower than the previous year; inpatient surgical cases were 3 percent lower; and ICU days were 18 percent lower
- Outpatient revenues were 8.9 percent higher than the previous year
- Salaries and benefits expense has increased, and the District has seen an increase of 26.4 FTE's over the previous year
- Receipt of Prime Grant funds in December of 2018 turned year-to-date revenue to the positive by \$198,943
- The District has experienced growth in the areas of imaging, Lab, and infusion therapy

POLICY AND  
PROCEDURE  
APPROVAL, RQI

Chief Nursing Officer Tracy Aspel, RN, BSN called attention to a Policy and Procedure titled *Resuscitation Quality Improvement (RQI)*, intended to ensure that employees in direct patient care areas have the skill and competency to perform Cardiac Pulmonary Resuscitation (CPR), as required for employment. It was moved by Robert Sharp, seconded by Peter Tracy, and unanimously passed to approve the *Resuscitation Quality Improvement (RQI)* Policy and Procedure as presented.

CONSENT AGENDA

Ms. Kilpatrick called attention to the Consent Agenda for this meeting, which contained the following items:

- Approval of minutes of the March 13 2019 special meeting
- Approval of minutes of the March 20 2019 regular meeting
- Policy and Procedure annual approvals
- Approval of a new Chief of Staff job description

- Northern Inyo Healthcare District Auxiliary bylaws annual approval

It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to approve all five Consent Agenda items as presented.

BOARD MEMBER  
REPORTS

Ms. Kilpatrick asked if any members of the Board of Directors wished to report on any items of interest. Director Turner reported on the events of ACHD Legislative Day recently held in Sacramento, which was attended by Directors Turner and Hubbard. Director Hubbard expressed interest in NIHD looking into the possibility of a Senior Health Initiative Program similar to one in place in Humboldt County. Director Kilpatrick reported that Pioneer Home Health and the Hospice of the Owens Valley will hold a fundraising event on Saturday, April 27. Doctor Flanigan also reported that Colorectal Cancer Awareness month has extended into the month of April, and he expressed appreciation of Doctors Allison Robinson and Robbin Cromer-Tyler's tireless efforts regarding colorectal cancer awareness and prevention.

ADJOURNMENT TO  
CLOSED SESSION

At 7:57 pm Ms. Kilpatrick reported the meeting would adjourn to Closed Session to allow the Board of Directors to:

- A. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
- B. Conduct a public employee performance evaluation, Chief Executive Officer (*pursuant to Government Code Section 54957*).

RETURN TO OPEN  
SESSION AND REPORT  
OF ACTION TAKEN

At 8:44 pm the meeting returned to Open Session. Ms. Kilpatrick reported the Board took no reportable action.

ADJOURNMENT

The meeting was adjourned at 8:44 pm.

\_\_\_\_\_  
Mary Mae Kilpatrick, President

Attest:

\_\_\_\_\_  
Robert Sharp, Secretary

**COMPLIANCE DEPARTMENT**  
**POLICY AND PROCEDURE ANNUAL APPROVALS**

***May 2019***

1. Auditing of Workforce Access to Confidential Information
2. Business Associate Agreements
3. California Public Records Act – Information Requests
4. Disclosures of PHI over the Telephone
5. Employee Access to his/her own PHI
6. Minors with Legal Authority to Consent
7. NIHD Code of Business Ethics and Conduct
8. Non-Retaliation Policy
9. Nondiscrimination Policy
10. Sanctions for Breach of Patient Privacy Policies

# Infection Control Policies

For BOD Review May, 2019

|   |
|---|
| 3M Attest 3 Hour Steam-Plus Challenge Pack *  |
| AIDS/HIV Testing and Orders   |
| Cleaning & Sterilization of NeuroTherm Probes   |
| Cleaning the Pharmacy Sterile IV Preparation Area. (Clean Room)                                   |
| Diagnostic Imaging - Disposal of radioactive sharps   |
| HIV Testing Without Consent for Occupational Exposures  |
| MEDICAL WASTE MANAGEMENT PLAN   |
| Operating Room Sanitation   |
| Pathology Specimens In The Operating Room*  |
| Role of Microbiology in Infectious Disease Control  |
| Surgical Drains Care of   |
| Surgical Hand Hygiene and Hand Scrub  |
| Prevention of Catheter Associated Urinary Tract Infections (UTI's), Guidelines*                   |
| AIDS/HIV Testing and Orders   |
| Care of Handwashing Products  |
| Cleaning of Patient Care Areas  |
| Cleaning Procedures: Contact and Enteric Isolation Rooms at Discharge                             |
| Environmental Disinfectant - Cleaning Solution  |
| Exposure Evaluation*  |
| Handling of Soiled Linen  |
| Hepatitis Prophylaxis/Needles Stick Policy  |
| Hospi-Gard Portable Filtration Unit (H.G.U.)  |
| Infection Control Exposure Hotline  |
| Infection Prevention Recommendations for Avian Influenza, Novel Influenza, and Seasonal Flu       |
| Infectious/Non-Infectious Waste Disposal Procedure  |
| Latex Precautions   |
| Multidrug Resistant Organism (MDRO) Control Plan  |
| Patient Exposure  |
| Respiratory Care Infection Control General Policies   |
| Severe Acute Respiratory Syndrome (SARS) Infection Control Recommendations Hospitalized Patients* |
| Sharps Injury Protection Plan   |
| Surveillance for Hospital Acquired Infections (HAI's)   |