

# May 20 2020 Regular Meeting

## May 20 2020 Regular Meeting - May 20 2020 Regular Meeting

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***DRAFT AGENDA***  
**NORTHERN INYO HEALTHCARE DISTRICT  
BOARD OF DIRECTORS REGULAR MEETING**  
**May 20, 2020 at 5:30 p.m.**  
***2957 Birch Street, Bishop, CA***

**Northern Inyo Healthcare District invites you to attend this Zoom meeting:**

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

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

- 
1. Call to Order (at 5:30 pm).
  2. ***Public Comment:*** 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 are limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the agenda.
  3. New Business:
    - A. Introduction of NIHD Human Resources Director Richard Ulibarri (*information item*).
    - B. City of Bishop Proclamation, Healthcare District Month (*information item*).
    - C. Introduction of Financial Consultant Vinay Behl (*information item*).
    - D. Financial update, Vinay Behl (*information item*).
    - E. District Board Resolution 20-04, Authorization of Line of Credit with Eastern Sierra Community Bank / Oak Valley Community Bank (*action item*).
    - F. Deposit of CD monies into LAIF account (*information item*).
    - G. Schedule for funding of NIHD 401(a) pension plan (*information item*).
    - H. Budget update for fiscal year 2020/2021 (*information item*).
    - I. Electronic Health Record Selection Process Overview (*information item*).

- J. Cerner introductory presentation as new Electronic Health Record (*information item*).
- K. Designation of Electronic Health Record Implementation Project Manager (*action item*).
- L. Approval of NIHD Password Policy (*action item*).
- M. Approval of NIHD Cyber Security Policy (*action item*).
- N. Selection of NIHD Executive Search Firm (*action item*).
- O. Appointment of Director Veenker to work with District Leadership to develop Executive Search Committee (*action item*).
- P. District Board Resolution 20-03, Consolidation of Election (*action item*).
- Q. Bi-Annual review and approval of NIHD Conflict of Interest Code (*action item*).
- R. Board Agenda Item Review and Approval Process (*action item*).
- S. Approval of NIHD Foundation Board member Cheryl Underhill (*action item*).
- T. Pioneer Medical Associates and NIHD Maintenance Agreement (*action item*).
- 4. Old Business:
  - A. RHC Annual report (*information item*).
- 5. Reports (*information items*):
  - A. Building separation construction project update
  - B. Governance Consultant update
- 6. Chief of Staff report, Stacey Brown MD
  - A. Medical Staff and Advanced Practice Provider Appointments (*action items*)
    - 1. Jennifer Figueroa, PA-C (*women's health clinic*) – Advanced Practice Provider staff
    - 2. Benjamin Ebner, MD (*adult cardiology - Renown*) – telemedicine staff
    - 3. Shabnamzehra Bhojani, MD (*adult and pediatric psychiatry – Regroup*) – telemedicine staff
    - 4. Shilpi Garg, MD (*pediatric cardiology – Children's Heart Center Northern Nevada*) – telemedicine staff
  - B. Telemedicine Staff Appointments – credentialing by proxy (*action item*)

*As per the approved Telemedicine Physician Credentialing and Privileging Agreement, and as outlined by 42CFR 482.22, the Medical Staff has chosen to recommend the following practitioners for Telemedicine privileges relying upon Adventist Health's credentialing and privileging decisions.*

    - 1. Sheila Cai, MD (*pediatric psychiatry*) – telemedicine staff
  - C. Medical Staff Advancements (*action items*)



1. James Fair, MD (*emergency medicine*) – advancement to Active Staff
2. Anna Rudolphi, MD (*emergency medicine*) – advancement to Active Staff
3. Bo Nasmyth Loy, MD (*orthopedic surgery*) – advancement to Active Staff

D. Medical Staff Resignations (*action items*)

1. Tanya Scurry, MD (*peds psychiatry*) – telemedicine staff, Adventist Health – effective 3/26/20
2. Arin Aboulian, MD (*pulmonology*) – telemedicine staff, Adventist Health – effective 4/10/20
3. Kelly Tatum Brace, DPM (*podiatry*) – provisional active staff – effective 4/28/20

E. Policy and Procedure approvals (*action items*)

1. *Chaperone Use for Sensitive Exams*
2. *Patient Identification for Clinical Care and Treatment/Armband Usage*
3. *Sterile Processing Standards of Practice*

F. Annual Approvals (*action items*)

1. *Standardized Procedure – Well Child Care Policy for the Nurse Practitioner*
2. *Standardized Procedure – Well Child Care Policy for the Physician Assistant*

G. Family Medicine Core Privilege Form update (*action item*)

H. Physician recruitment update (*information item*)

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

7. Approval of minutes of the April 2 2020 special meeting
8. Approval of minutes of the April 6 2020 special meeting
9. Approval of minutes of the April 15 2020 regular meeting
10. Approval of minutes of the April 28 2020 special meeting
11. Financial and statistical reports as of March 31, 2020
12. Chief Nursing Officer report
13. Chief Medical Officer report
14. Policy and Procedure annual approvals
15. Medical Staff Pillars of Excellence Quarterly Report
16. Wipfli required communications letters for Fiscal Year Ending 6/30/19 audit

- 
17. Reports from Board members (*information items*).

18. Adjournment to Closed Session to/for:

- A. Conference with Legal Counsel, existing litigation (*pursuant to Paragraph (1) of subdivision (d) of Government Code Section 54956.9*), Workers' Compensation claim of Kate Miller.
- B. Conference with Legal Counsel, anticipated litigation, significant exposure to litigation (*pursuant to Government code Section 54956.9(d)(2)*) 2 cases.
- C. Public Employee Performance Evaluation (*Government Code Section 54957(b)*) title: Interim Chief Executive Officer.
- D. Discussion of a possible real estate transaction (*pursuant to Government Code Section 54956.8*).

19. Return to Open Session and report of any action taken (*information item*).

20. 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.*

*The following acknowledgement was given by Kelli Davis, Interim CEO, to the members of the Bishop City Council during the regular monthly meeting on Monday, May 11, 2020*

Good evening,

I appreciate the opportunity to participate in tonight's City Council Meeting.

It is with great pleasure, I express on behalf of Northern Inyo Healthcare leadership, our appreciation for our community healthcare workers and first responders.

In past years, the City Council has proclaimed May as "Northern Inyo Healthcare District Month" which aligned with the nation's celebration of hospital week across the country. Tonight's proclamation declaring May as "healthcare District Month" focuses on our community heroes throughout our county, who are working tirelessly through the crisis at hand.

The last 3 months of 2020 have been very trying, frightening and devastating across the United States and in our small community here in the Eastern Sierra's due to the Covid19 pandemic.

During this pandemic, certain workers have been deemed "essential workers" including those providing health care services and first responders; these include but are not limited to our firefighters, air ambulance team, police officers, paramedics, EMT's, our hospital and county teams at every level and many other community workers required to respond to health related needs and emergency situations.

We are very appreciative of the action our City Council is taking in honoring all of these community members who contribute to ensuring the health and safety of our community members. These workers continue to risk their personal safety to execute their prospective duties - day-in-and-day-out during this crisis.

Honoring our health care workers and first responders by proclaiming May as "Healthcare District Month" demonstrates the appreciation and heartfelt thanks for these folks, and for the work they are doing on the front lines against the pandemic we have been facing over the past few months and will continue to face for quite some time.

In closing, this proclamation and your ongoing support as City Council and community members is greatly appreciated. Thank you-

**BISHOP CITY COUNCIL PROCLAMATION  
DECLARING MAY 2020 AS  
HEALTHCARE DISTRICT MONTH**

**WHEREAS**, the global Coronavirus pandemic has affected the lives of all of us living in the Eastern Sierra, and especially the City of Bishop and the Town of Mammoth Lakes, which both reported deaths within the communities; and

**WHEREAS**, the vital efforts of our dedicated first responders and healthcare workers to protect, educate, and aid the public during the ongoing pandemic should be acknowledged; and

**WHEREAS**, our first responders and healthcare workers include, but not limited to, public health workers, paramedics, volunteer firefighters, air ambulance personnel, physicians, nurses, physician assistants, medical assistants, certified nursing assistants, clinical laboratory scientists, phlebotomists, respiratory care, purchasing, environmental services, laundry, admissions services, and the vast administrative and leadership teams behind them; and

**WHEREAS**, every day, these first responders and healthcare workers risk their own safety in the performance of their duties to protect our citizens; and

**WHEREAS**, these first responders and healthcare workers are the first and best defense against all medical emergencies that may threaten our communities; and

**WHEREAS**, our first responders and healthcare workers are ready to aid the people 24 hours a day, seven days a week, regardless of crisis or other hazards; and

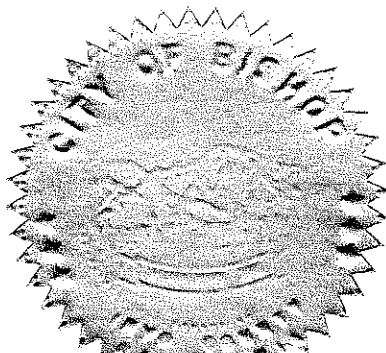
**WHEREAS**, our first responders and healthcare workers are highly trained, specialized professionals who contribute their excellent skills for the public good; and

**WHEREAS**, these first responders and healthcare workers undergo extensive education, and training, and make significant personal sacrifices in order to achieve the expertise required to respond to medical emergencies; and

**WHEREAS**, in addition to maintaining our health and safety in times of crisis, many first responders and healthcare workers also enhance their communities as volunteers for service organizations, churches, and schools.

**NOW THEREFORE**, I, Laura Smith, Mayor of the City of Bishop, do hereby proclaim May 2020, to be, "Healthcare District Month" and encourage all citizens to take some time this month to show our healthcare workers how much we value their service to our City.

**IN WITNESS THEREOF**, I have hereunto set my hand and caused the seal of the City of Bishop to be affixed this eleventh day of May, 2020.



  
\_\_\_\_\_  
LAURA SMITH, MAYOR

**NORTHERN INYO HEALTHCARE DISTRICT**  
***DISTRICT BOARD RESOLUTION 20-04***

WHEREAS, As a result of COVID-19, hospitals have canceled or postponed elective procedures to preserve capacity for Covid-19 patients. While necessary, this move has created financial challenges for Northern Inyo Healthcare District (“NIHD”). It is imperative that NIHD initiate additional liquidity facilitation to continue to provide for working capital. NIHD’s cash flow has further been exacerbated by adoption of the Athena system for EHR due to increase in average collection period.

WHEREAS, NIHD is negotiating with Eastern Sierra Bank with respect to a facility line of credit, the proceeds of which would be used for general hospital working capital purposes and the principal amount range of which are as follows (the "Eastern Sierra Line of Credit Transaction"):

LOAN AMOUNT:                \$3,500,000-5,000,000

NOW, THEREFORE, BE IT RESOLVED that the Interim CEO and Controller are hereby authorized and empowered to complete the Eastern Sierra Line of Credit Transaction.

BE IT FURTHER RESOLVED that the Interim CEO and the Controller (the "Authorized Officers") acting individually or together are hereby authorized and empowered to negotiate interest rate, period of payment, line of credit fees and other reporting covenants.

BE IT FURTHER RESOLVED, that Authorized Officers acting individually or together are hereby authorized and empowered to negotiate, enter into, accept, execute and deliver any and all agreements, documents and instruments necessary to complete the Eastern Sierra Bank Line of Credit Transaction, including, but not limited to a Loan Agreement, one or more Promissory Notes, a Deed of Trust, UCC-1 Financing Statement and related collateral/security documents; and

BE IT FURTHER RESOLVED, that NIHD, acting by and through its Authorized Officers, are hereby authorized and empowered, on behalf and in the name of NIHD to take such other actions and execute such other documents as may be reasonably necessary and in the best interests of NIHD, to complete the foregoing resolutions; all upon such terms as NIHD shall deem proper and in the best interests of NIHD, such execution and/or acceptance to be conclusive evidence of such approval.

Adopted, signed and approved this 20th day of May, 2020.

\_\_\_\_\_  
District Board Chair

\_\_\_\_\_  
District Board Secretary



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**Northern Inyo Healthcare District**

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

Monday, May 11, 2020

Members of the Board,

Northern Inyo Healthcare District has four short term certificates of deposit (CDs) that will mature before the June board meeting scheduled for June 17, 2020. These CDs were purchased between May 2015 and May 2019; one with a five year time period and the others one year. All of these CDs are brokered with Financial Northeastern Corporation (FNC) and are listed on the Investments print out included in the March financials – ID numbers one through four. Current CD rates, as a result of the COVID-19 pandemic, are one percent or less for any period of time under eighteen months and are only approximately one and one half percent for a five year holding period. Funds in the Local Agency Investment Fund (LAIF) are currently earning approximately one and three quarters percent annual interest – higher than we could potentially earn with tying funds in CDs over several years. Therefore, the District will be moving seven hundred and fifty thousand dollars in CD principal to LAIF as the CDs mature over the coming days.

Respectfully,

Genifer Owens  
Controller



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**Northern Inyo Healthcare District**

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

Monday, May 11, 2020

Members of the Board,

Northern Inyo Healthcare District participates in a 401(a) qualified pension plan known internally as the defined contribution plan. The Board of Directors previously agreed to fund the plan at seven percent of eligible wages annually. Eligible compensation is all wages or salary excluding bonuses, overtime premium pay, and commissions. Contributions for calendar year 2019 are seven-hundred and fifty-one thousand, nine hundred and seventy-five dollars and sixty-nine cents. Our financial consultant, Vinay Behl, has requested that we fund this plan next fiscal year, but not later than October 15, 2020 as required in the plan documents to provide for cash flows related to the COVID-19 pandemic.

Respectfully,

Genifer Owens  
Controller

Proposal for

# EHR Implementation Services



**Northern Inyo Hospital**

**WIPFLI**



May 8, 2020

Kelli Davis, CEO  
Northern Inyo Hospital  
150 Pioneer Lane  
Bishop, CA 93514

Dear Kelli,

From your mission comes your strength and your vision for how to bring positive change to the world. It's how you make a difference. Anyone you form a relationship with – from members to community leaders – needs to align with your mission, and that includes the firm you choose to meet your consulting or technology needs.

You want this firm to be an extension of your team, one you can turn to with questions and for best practices, and not someone who will just do the work and get back to you when it's convenient for them. Communication, responsiveness and a willingness to share – that's what's important in any relationship. Work with people who are just as passionate about your mission as you are. With Wipfli, your success is our success. Like other consulting firms, we examine processes and may uncover weaknesses. But more importantly, we help you fix what we find – strengthening your internal controls, improving your operating efficiency and putting in place the opportunities we find to help you grow.

In this proposal, you'll learn about our long history of working with healthcare providers, the skills and experience we bring to the table and why we're best suited to meet your organization's needs. Wipfli currently has over 2,600 healthcare providers, where we provide a vast array of services including audit, tax, accounting, technology, strategy, talent, and reimbursement consulting.

As you make your final decision, we'd like to keep the lines of communication open. We welcome feedback from you on this proposal and ask that you call us at 414-259-6788 to discuss any concerns, observations or questions with us before making your final decision.

[We welcome the opportunity not only to meet your needs, but also to help you further your mission.](#)

Sincerely,



Wipfli LLP  
Daryl Duenkel, Director

## Introduction

Northern Inyo Hospital (the “Hospital”) is a 25-bed critical access hospital located in Bishop, California. Northern Inyo Hospital offers acute care, inpatient ancillary, hospital outpatient, swing bed, and clinic services.

Northern Inyo Hospital has selected Cerner electronic health record (EHR) system for use in its hospital facilities. The new EHR will replace the existing AthenaHealth system. Additionally, the hospital will implement a new financial suite from Cerner’s partner Multiview. Cerner and Multiview are cloud-based offerings from their respective vendors.

## System Implementation Planning

The system implementation planning phase is critical to the success of the implementation. During this phase, Wipfli will guide the hospital through the creation of the structure for the project. Our methodical and logical approach based on industry best practices has proven to be one of the key project success factors. The duration of the planning phase ranges from approximately four to six weeks depending on your staff availability.

Wipfli’s responsibilities during the System Implementation Planning phase include leading the hospital with completing the project foundational steps.

- Develop a Project Charter
- Develop a Communication Plan
- Develop a Risk Mitigation Plan
- Perform a Change Readiness Assessment

## System Implementation

The implementation phase is the longest and most complex phase in which the hospital’s staff will have the greatest involvement. Each department impacted by the implementation will have representatives that will be assigned project tasks including data gathering, workbook updates, system testing, user acceptance testing, integration testing, training, go-live support, and general subject matter expertise responsibilities.

During this phase, Wipfli will provide executive oversight expertise and project management support. Wipfli is responsible for ensuring that all linked projects (e.g., EHR, PACs, Reference Lab interfaces, and financial system) are all progressing according to the planned timeline. The duration of the implementation phase ranges from approximately nine to twelve months and will be coordinated with the schedule outlined by Cerner.”

Wipfli's responsibilities during the System Implementation phase, including managing the project are:

### **Project Management Support**

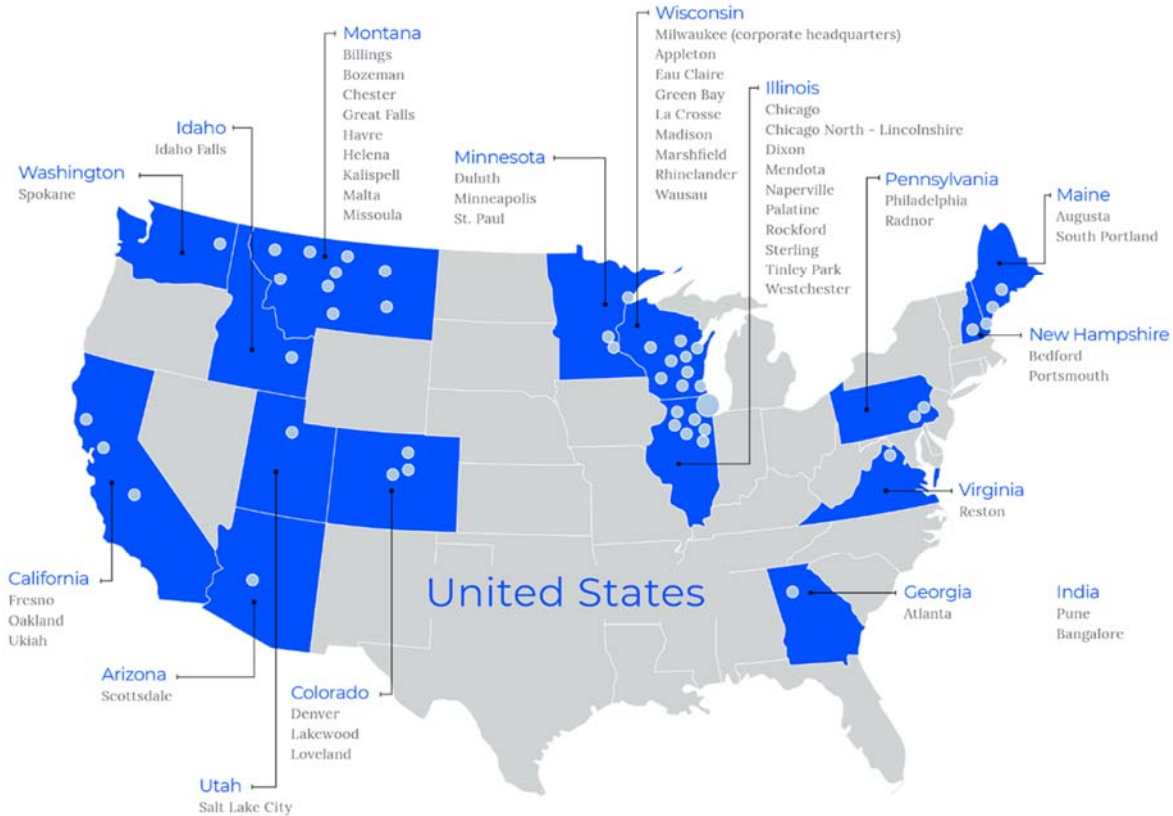
- Provide overall project management for the EHR implementation and ancillary system implementations and/or upgrades (e.g., EHR, PACs, Reference Lab interfaces, and financial system and HR/Payroll integration).
- Lead the development of the Project Charter, Risk Mitigation Plan, and Communication Plan.
- Manage the vendor relationship.
- Provide overall program and project management for the EHR implementation and ancillary systems.
- Provide executive guidance and best practice advice for clinical and operational configuration decisions.
- Assist with software vendor communications (e.g., Cerner and MultiView) concerning the overall project.
- Monitor, escalate, and facilitate resolution of identified software, process, or resource issues.
- Lead project steering committee meetings.
- Participate in the weekly Cerner project status meetings.
- Lead the internal project status meetings.
- Coordinate and participate in Cerner onsite events.
- Lead the Communication Team responsible for executing the Communication Plan.
- Participate in the weekly Cerner solution architect meetings as needed.

### **Change Management Support**

- Lead the organization in preparing for change, managing change, and reinforcing change
- Conduct Stakeholder Prioritization
  - Stakeholder Map
  - Change Story
- Perform a Change Readiness Assessment
- Provide Sponsor Coaching & Resistance Management Training
- Deliver Change Management and Resistance Management Education for the Department Managers

## Firm Profile

Wipfli is a regional firm with national reach currently ranked among the top 20 largest public accounting firms in the United States, with a history dating back to 1930.



Wipfli is a multidiscipline professional services firm structured around the following industries:

- Healthcare
- Nonprofit and Government
- Manufacturing and Distribution
- Financial Institutions
- Construction and Real Estate
- Dealerships
- Agriculture
- Life Sciences
- Insurance
- Tribal Organizations

Wipfli's areas of expertise include the following services and many more:

- Audit and accounting
- Consulting services
- Tax services
- Employee benefits
- Technology services
- Individual services
- Public company (SEC) services
- Risk advisory and forensic services
- Sustainability services
- Mergers and acquisitions
- Outsourcing solutions
- Retirement plan solutions
- Valuation, litigation, and transaction services
- Custom software development

## Healthcare Practice

Community and rural hospitals and clinics have been at the core of Wipfli's healthcare practice. Wipfli's healthcare practice associates are based out of our offices in California, Illinois, Minnesota, Washington, and Wisconsin. You will have access to the expertise of all these associates.

### Healthcare practice experience

**150**  
Associates

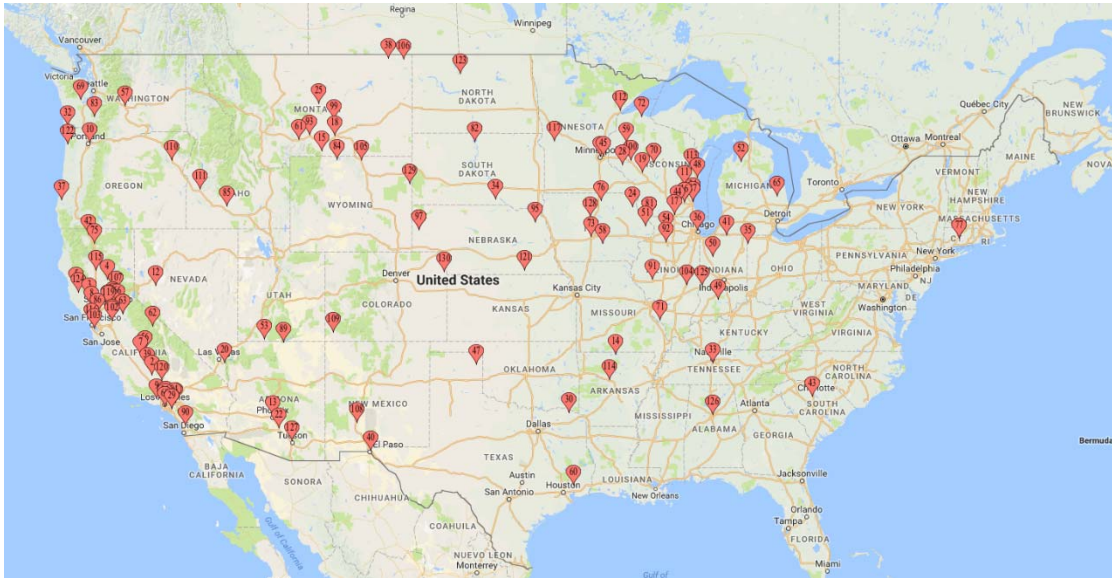
**28**  
Partners



### Healthcare clients by the numbers



## Wipfli – Cerner Shared Client Base



140+ WIPFLI CLIENTS HAVE CERNER'S EHR





Your engagement

team

Solving the challenges your organization faces means getting access to a skilled team – trusted advocates who listen to your concerns and provide the support, advice and strategies you need to succeed. Meet your engagement team leaders:



**Daryl Duenkel**

*Director*

Daryl Duenkel provides a variety of management consulting services to healthcare clients. As a seasoned healthcare information technology (IT) professional, he provides expert advice and industry best practices advisory services. Daryl assists clients with meeting their business and technology objectives through effective leadership, communication, and presentation skills. He helps organizations identify and manage initiatives to increase patient safety, improve quality of care, reduce business risk, and add value through more efficient work processes and controls.



**Deron Kling**

*Senior Manager*

Deron Kling is an experienced consultant, trainer, and leader focused on helping Wipfli's clients plan for the future and reach their objectives. His background includes over 20 years. Deron excels at guiding organizations through a landscape disrupted by changing tools, resources, compliance requirements, and competition.

Biographies of the engagement team leaders are included at the end of this proposal.

## Staff Retention

Although only the core team is identified in this proposal, it is our goal to maintain staff consistency whenever possible, since we realize this is key to our clients' satisfaction. Wipfli utilizes a firm-wide scheduling tool so that associates with the best skill set to meet your needs can be brought to the team and scheduled to repeat on engagements so that you do not have to "retain" the consulting team year after year.

Our goal is to build a long-term mutually beneficial relationship with Northern Inyo Hospital, and we realize that cannot happen when there is constant turnover on client engagements. Wipfli enjoys a very high level of employee retention with average employee retention in the healthcare practice exceeding 97% in each of the past 4 years.



Wipfli and its industry niches also have a presence on social media sites such as Twitter, LinkedIn and Facebook and use these resources, as well as webinar and emailed newsletters, to transmit information on industry, accounting, tax, information technology, and a wide variety of other topics to our clients and inform them of upcoming live and webinar training opportunities.



Twitter - @Wipfli\_LLP



LinkedIn – [LinkedIn.com/company/Wipfli-LLP](https://www.linkedin.com/company/Wipfli-LLP)



Facebook – [Facebook.com/WipfliLLP](https://www.facebook.com/WipfliLLP)



## Client Satisfaction

We solicit feedback from our clients through an annual formal client satisfaction survey. We ask clients to provide feedback, both positive and negative, which allows us to learn and tailor future services. Our service philosophy is focused on learning and growth. We view the evaluation process as a very important cornerstone of this service philosophy. Should any issues arise during that process, a focused effort will be made by our firm to address and promptly resolve those issues.

While a client may have engagements that are led and delivered by several different associates, all Wipfli clients are assigned a client relationship executive whose responsibility is to ensure clients receive great service. The client is free to contact their relationship executive regarding any and all ongoing engagements. At the conclusion of significant engagements, a survey related to that engagement may be sent or the relationship executive may simply request a client's feedback regarding the performance of the engagement and the engagement team.

For engagements, our teams may schedule periodic check-in calls leading up to and after fieldwork to ensure client staff are accountable to the engagement team for meeting information request deadlines and the engagement team is accountable to meeting reporting deadlines established by the client.

## Client References

For your convenience, we offer the following as references:

Midwest Medical Center  
Galena, IL  
Tracy Bauer, CEO  
[tbauer@midwestmedicalcenter.org](mailto:tbauer@midwestmedicalcenter.org)

Mammoth Hospital  
Mammoth Lakes, CA  
Mark Lind, CIO  
[mark.lind@mammothhospital.com](mailto:mark.lind@mammothhospital.com)

Humboldt General Hospital  
Winnemucca, NV  
Karen Cole, Interim CEO  
[colek@hghospital.org](mailto:colek@hghospital.org)

Black River Memorial Hospital  
Black River Falls, WI  
Gina LaFauuge, HIM Director  
[lafaunge@brmh.net](mailto:lafaunge@brmh.net)

Hawaii Health System – Kauai Region  
Waimea, HI  
Christine Asato, CFO  
[casato@hhsc.org](mailto:casato@hhsc.org)



## Your investment

### Fixed Fees

Wipfli's fixed fees are based on our understanding of your project, our previous experience with similar projects, and our knowledge of Cerner's implementation methodology and timeline. The fixed fee for your project is \$325,000.

Travel time and expenses, taxes, and other out-of-pocket expenses are not included in the fixed fee. Travel and expense Fees are billed as incurred. The estimated travel and expense fees for your project is \$50,000.

Wipfli LLP will invoice 10% upon execution of an agreement and nine equal monthly payments.

### Changes to the Scope

Things happen. We've all been there. But adjusting to change in the best way requires transparency and communication. If there are changes after the engagement begins, such as a significant acquisition, merger, or capital project, we will discuss revisions to the scope with you and obtain your approval before moving forward.

### Engagement Timeline/Approach

Wipfli's System Implementation and planning as defined on page 1 will begin approximately one-month before Cerner begins their portion of the project. Wipfli's project and change management services conclude three weeks after the day that Cerner system goes live. Any schedule changes made by either the hospital or Cerner will be considered a change in scope and subject to Wipfli changes to the scope process.

# Why Wipfli?



## Positioned to better serve you

You're looking for the ideal firm — one that provides the close, personal touch and communication of a regional firm along with the extensive resources and specialized knowledge of a large, national firm.

At Wipfli, we pride ourselves on delivering that close level of attention and responsiveness, alongside a wide breadth of capabilities. Whether it's navigating new regulations or implementing technology that can make a true difference to your organization — this means we can grow with you.

## Commitment to the community

Like you, we're passionate about making a difference. On our annual Community Day, we close every office across the U.S. so that hundreds of our associates and partners can volunteer in their communities. Our annual impact is over 5,000 hours of service to more than 80 organizations.

**We hope this proposal has answered any questions you may have regarding Wipfli and look forward to being a valued business partner of your hospital!**

### Wipfli fast facts



19<sup>th</sup>

Largest CPA firm  
in the U.S.  
(Source: Accounting Today)

2,400+

Number of associates



275+

Number of partners

50+

Number of locations  
in the U.S. and India



5,700

Hours volunteered on  
Community Day 2019



82

Organizations served  
on Community Day  
2019



24

Communities  
benefitted on  
Community Day 2019

Source: Wipfli — January 2020

# Profiles



**WIPFLI**





## Daryl Duenkel

Director, PMP,  
Prosci ADKAR, CPHIMS,  
Six Sigma,  
EpicCare® Ambulatory

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wipfli.com

Daryl Duenkel provides a variety of management consulting services to healthcare clients. He provides expert advice and industry best practices advisory services. Daryl assists clients with meeting their business and technology objectives through effective leadership, communication, and presentation skills. He helps organizations identify and manage initiatives to increase patient safety, improve quality of care, reduce business risk, and add value through more efficient work processes and controls.

### Specializations

- IT governance strategy and application, departmental management advisory, IT leadership coaching, IT staffing and system adoption assessments
- Enterprise system requirement definition, selection, contract analysis and recommendations, and implementation
- Change management strategy and application
- Portfolio program and project management
- Business process workflow analysis and application of Lean and Six Sigma principles
- Business intelligence strategy and application

### Past experience

- Senior IT advisory services including:
  - IT governance strategy and application for multiple hospital organizations
  - IT assessments including IT staffing and system adoption recommendations for clients throughout the continuum of care, from provider practices through managed care
- Program manager for multiple hospital and clinic organizations with responsibility for the implementation of electronic health records, payroll, time and attendance, financial suite, and materials management systems
- Project manager for multiple Epic Ambulatory implementations of EpicCare®, Prelude, Cadence, and Resolute modules for large health care delivery systems utilizing Epic's Community Connect methodology
- Vendor contract and service-level agreement review and analysis

### Professional memberships and activities

- Health Information Management Systems Society (HIMSS) – Fellow
- HIMSS, Dairyland Chapter – Board of directors' past president
- Project Management Institute (PMI) – Member

### Education

Cardinal Stritch College

- Bachelor of science degree in business administration

**WIPFLI**



## Deron Kling

*Senior Manager*

Milwaukee office  
414 431 9350  
dkling@wipfli.com

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**Deron Kling** is an experienced consultant, trainer, and leader focused on helping Wipfli's clients plan for the future and reach their objectives. His background includes over 20 years as an organizational leader and management consultant. With strong experience in managing change and strategic goals, Deron excels at guiding organizations through a landscape disrupted by changing tools, resources, compliance requirements, and competition. Driven by a passion for helping organizations meet measurable objectives, he excels at training, mentoring, process redesign, project planning, strategic thinking, and team engagement.

### Specializations

- Leading strategic planning and goal setting for organizations
- Assisting clients in change leadership and management around organizational transformation
- Consulting with organizations in:
  - Strategic planning - Board-level, organizational, and departmental
  - Change management
  - Organizational improvement
  - Process improvement, alignment, and redesign
  - Large and small group facilitation
  - Technology introduction, integration, and adoption

### Past experience

- Operations and technology leader in international manufacturing corporations
- Technology department leader and strategic planner in colleges and universities, managing complex organizational goals, including implementing strategy and technology
- Senior manager and management consultant in a top 20 consulting firm

### Professional memberships and activities

- Guest Lecturer - Cardinal Stritch University
- International Association of Facilitators (IAF) - Member
- Association for Strategic Planning (ASP) - Member

### Education

Marquette University

- Bachelor of arts degree in professional communication

**WIPFLI**

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Password Policy</b>	
Scope: District Wide	Department: <b>District Information Security</b>
Source: Director of Information Technology Services	Effective Date:

**PURPOSE:**

Passwords are an important aspect of computer security. They are the front line of protection for user accounts. A poorly chosen password may result in the compromise of NIHD’s entire network. As such, all NIHD workforce members including but not limited to- employees, members of the Board of Directors, contractors and vendors with access to NIHD systems are responsible for taking the appropriate steps, as outlined below, to select and secure their passwords.

The purpose of this policy is as follows:

1. To establish a standard for creation of strong passwords
2. To establish a standard for the protection of those passwords
3. To establish a standard for the frequency of change of those passwords.

**SCOPE:**

The scope of this policy includes all NIHD workforce members (as described above) who have or are responsible for an account (or any form of access that supports or requires a password) on any system that resides at any NIHD facility, has access to the NIHD network, or stores any non-public NIHD information.

**POLICY:**

1. All passwords must be changed every 60 days.
2. Password history will remember the last 3 passwords that cannot be reused.
3. Accounts will be locked out after 8 failed attempts to prevent password spraying attempts.
4. Passwords must not be inserted into email messages or other forms of electronic communication.
5. All user-level and system-level passwords must conform to the guidelines described below.
  - a. Password must contain a minimum of 8 characters and maximum of 15 characters
  - b. Passwords must contain a combination of capital and lowercase letters ,numbers and symbols
  - c. Passwords should not contain easily recognizable words (i.e. Bishop, Inyo, NIH)
  - d. ***Password exception for DMS***– Passwords can ***only*** contain capital or lowercase and not in combination. Example – “TgAgm487&” the password would have to be “tgagm4878&” or “TGAGM4878&”
6. Passwords are not to be shared with anyone, including administrative assistants.
7. If a password is suspected to have been compromised, report the incident immediately to the Information Technology Services Department or the District Information Security Officer.
8. NIHD workforce members cannot use the same password for NIHD accounts as they use for other non-NIHD access (e.g., personal ISP account, shopping sites, benefits, etc.).
  - a.) If an employees NIHD account(s) is compromised the ITS department will then investigate the public password breaches to verify that an employee’s password(s) are not in the public domain.
  - b.) During an investigation of a security breach an employee may be asked - do you use the same password for any other accounts whether private or public?
9. NIHD workforce members cannot use the "Remember Password" feature of applications (e.g., Internet, Outlook OWA, etc.).

**REFERENCES:**

HIPAA Security - Security Awareness and Training Standard 164.308(a)(5)(ii)(D)  
 NIST SP: 800-118, 800-12, 800-82 Rev 2, 800-53 Rev 4, 800-63-2, 800-66 4.5.3

<b>Committee Approval</b>	<b>Date</b>
<b>Executive Team</b>	
<b>Board of Directors</b>	

**Developed:** 1/1/2004

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Password Policy</b>	
Scope: District Wide	Department: <b>District Information Security</b>
Source: Director of Information Technology Services	Effective Date:

**Reviewed:**

**Revised:** 9/3/2019

**Supersedes:** Password Policy

**Responsibility for review and maintenance:** District Information Security Officer

**Index Listings:**

NIST Guidelines- <https://pages.nist.gov/800-63-3/sp800-63b.html>



**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

**PURPOSE:**

The protection of confidential and protected health information (PHI) is of highest importance. The establishment, monitoring, and improvement of Information Technology (IT) controls shall assure compliance with relevant regulations and safeguard the confidentiality, integrity, and availability of IT resources and the security of all data available on Northern Inyo Healthcare District- owned network assets.

To define standards of network operation and management in order to provide a secure and sustainable environment while also defending against outside threats and the risk of security breach. As the network systems used by Northern Inyo Healthcare District to connect computing assets are critical to the district’s business and ability to care for patients, this policy will specify best practices for maintenance, audit, and vulnerability management of all Northern Inyo Healthcare District information systems. In addition, all systems that transmit PHI will be encrypted according to the standards set forth in this document.

Wherever network, system, application, or facility capabilities or processes require deviation from this or related information security policies, the reason for exception shall be thoroughly documented and the documentation maintained by the Information Owner.

**DEFINITIONS:**

**Information Owner:** The person responsible for data integrity and granting access to information

**Accidental Disclosure:** Healthcare personnel unintentionally disclose PHI (e.g., email sent to incorrect address or inadvertent online posting of sensitive health information)

**Unauthorized Intrusion of Network Asset:** Malicious access not authorized by Northern Inyo Healthcare District Information Owners, including by former employees or patients, to enterprise network assets to gain access to PHI or render assets inoperable

**Perimeter Layer:** Gateway to network; firewall, gateway antivirus, Virtual Private Network (VPN), and Intrusion Detection/Prevention shall be in place at this critical access point

**Network Layer:** Infrastructure (switches, hubs, routers, and wires) that create the connection from one Northern Inyo Healthcare District computer asset or device to another; at this layer, traffic can be monitored and inspected to ensure no Malicious data is in network

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

**Host Layer:** Computer assets on the network; identifying and eliminating security gaps in each Northern Inyo Healthcare District- owned computer asset is imperative, with mission-critical devices being monitored for potential intrusion

**Application Layer:** Custom and packaged software run by personnel in the normal course of business; protection shall be accomplished with vulnerability scans, patches, and application shields

**Data Layer:** Information stored on Northern Inyo Healthcare District- owned network assets; security policies at this layer shall employ rigorous access control and encryption

**SCOPE:**

This policy applies to all workforce members: Northern Inyo Healthcare District employees, physicians, independent practitioners, contractors, consultants, temporary workforce members, and other authorized workers at Northern Inyo Healthcare District, including those workforce members affiliated with third parties who access Northern Inyo Healthcare District networks. This policy also applies to all organizational information assets and information asset administrators. Networks, systems, and devices connected to Northern Inyo Healthcare District- owned networking assets shall be administered, configured, protected, and monitored in accordance with this policy and related procedures.

**NETWORK SECURITY POLICY:**

- I. Operation and Maintenance of Controls
  - A. Information Security is integrated into the IT Change Control Management process to address any impact that a change may have on the Information Security controls
  - B. Controls shall be audited on an annual basis and changes to existing controls or new controls shall be reviewed, approved, and communicated accordingly
- II. IT Security Controls
  - A. Procedures shall exist to restrict access to Northern Inyo Healthcare District information resources to those with authorized workforce privileges (refer to Minimum Necessary Access Policy)
  - B. Information Technology ‘security zones’ shall be established to address the differing requirements of workspaces
    - 1. A security zone is defined by the physical and functional security of a given workspace, and Northern Inyo Healthcare District shall have three named zones:

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

- a. **Secure:** IT workstations and resources in physically protected areas accessible only to authorized workforce members, such as Lab, parts of ED, Surgery, and PACU
    - b. **Semi-secure:** IT workstations and resources in areas where physical space is demarked for authorized workforce members who maintain a constant presence, such as ED Triage
    - c. **Non-secure:** IT workstations and resources in publicly accessible areas, such as public hallways and volunteer desks
  - C. Third-party access restrictions shall be implemented and administered to ensure only authorized access is granted to limited information resources
  - D. Sensitive system documentation (confidential and restricted information) shall be physically protected from unauthorized access or damage
  - E. Loading unauthorized software on IT assets (workstations, laptops, etc.) is not permitted on any device connecting to NIHD networks
  - F. System infrastructure, including firewalls, routers, switches, network operating systems, servers, and other related devices shall be properly configured to prevent unauthorized access using industry security configuration standards
  - G. Procedures exist and shall be followed to ensure that all users are authenticated to the network to support the validity of transactions
  - H. Password and authentication procedures exist and shall be followed to maintain the effectiveness of authentication systems and workforce access (refer to IT Passwords policy)
  - I. Operational procedures exist and shall be followed for maintaining user account terminations/transfers
  - J. Monitoring services shall be employed to protect Northern Inyo Healthcare District infrastructure layer from attempted internal or external attacks against or abuses of IT network resources
- III. Information Security Controls Improvement
  - A. Measurement, monitoring, and reporting
    - 1. The measurements used for security controls include:
      - a. The controls are in place, effective as defined by procedures, and reviewed on an annual basis or as needed
      - b. When a change or improvement for a control is required, the IT Security Team shall provide input to the Change Control Management process, the Office of the CEO, the IT site executive, and to related IT distribution list recipients
  - B. IT security controls shall be subject to regular audits internally and externally by IT or third party providers to ensure they are performing according to management intent and IT Security and regulatory compliance standards
- IV. Compliance & Exceptions
  - A. Under rare circumstances, business needs may require that Northern Inyo Healthcare District or IT deviate from this policy

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

- B. Security Policies shall ultimately provide the techniques and methodology to protect Northern Inyo Healthcare District information and physical assets
- C. While polices are intended to be technology independent, they may be impacted by changing technology, regulations, vendor capabilities, and business requirements.
- D. Information assets may not be able to implement or support Information Security policies and procedures as written; Network Administrators shall configure information assets to support policies to maximum extent possible
- E. Compensating controls shall be implemented and documentation shall be maintained for assets that cannot support Information Security policies
- V. Standards of Common Carriers
  - A. Networking services at Northern Inyo Healthcare District shall be provided on a contractual carrier basis, not those of a common carrier
  - B. Northern Inyo Healthcare District shall operate a private network, and has the right to make policies that regulate the use of network assets without being held to the standards of common carriers
- VI. Service Provider of Public Network Assets
  - A. Network assets shall not be used to provide services to non-Northern Inyo Healthcare District entities outside of established contractual obligations; this includes operating as a public network or as a provider of services relied on by others, such as:
    - 1. Message forwarding nodes on the Internet
    - 2. Encryption key notarization center or distribution point
    - 3. Provider of information services
- VII. Violations
  - A. Violation of this policy may result in immediate disciplinary action up to and including termination, contract termination, or other actions

*(Numbering is for reference only and is not an indication of sequence or priority.)*

**PROCEDURE:**

**Security Audit Procedure**

- I. Request for Audit of Workforce Usage
  - A. An Intranet IT Service Request form shall be used to request an audit for worker usage (Internet, e-mail, appropriate use)
    - 1. The IT Service Request form shall include the following:
      - a. Name and position title (role) of the requester
      - b. Name of the User to be audited

**NORTHERN INYO HOSPITAL  
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- c. Name of the system or function to be audited
      - d. Time period of audit
      - e. The business case justification for granting the audit
      - f. Manager and Director's expressed approval of the audit
    - 2. Approval Tree
      - a. Northern Inyo Healthcare District CEO expressed approval of the audit
      - b. HR approval of audit
  - B. Audit procedures
    - 1. IT Director shall assign the audit to an IT Tech Services member
    - 2. IT Tech Services shall complete the audit and notify all interested parties
    - 3. The findings and any report shall be provided to the Manager/Director, Human Resources or designated and authorized third person
    - 4. Should the Manager/Director desire to take action upon the findings of an audit, they shall do so in concert with HR
 

**KEYPOINT:** *Managers must get Director-level approval. Audits must be for specific workstations or Users, covering specific periods of time--a week to a month, though they can be renewed or expanded. Audits can be very expansive, containing large quantities of data. Clear definition of audit scope can narrow the research and improve the quality of the findings.*
- II. Request for Access to Worker Information Resources
  - A. A Service Desk Request form shall be used to request access to a workers' information resources (e- mail account, secured folders, hard disks)
    - 1. The IT Service Request form shall include the following:
      - a. Name and position title (role) of the requester
      - b. Name of the User whose information is to be accessed
      - c. Objective or information scope
      - d. Time period of scope, if applicable
      - e. The business case justification for granting access
      - f. Manager and Director's expressed approval of the access
  - B. Approval Tree
    - 1. Northern Inyo Healthcare District CEO expressed approval of the audit
    - 2. HR approval of audit
  - C. Access granting procedures
    - 1. IT Director shall assign the task to an IT Tech Services member
    - 2. IT security technician shall complete the access change request and notify all interested parties
    - 3. Access control shall be provided to the Manager/Director or designated and authorized third person
 

**KEYPOINT:** *Managers must get Director-level approval. Not all information is stored online. Additional time and resources may be*

**NORTHERN INYO HOSPITAL  
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*required to retrieve archived information. Most information at Northern Inyo Healthcare District is retained for limited periods of time. Refer to the Document Retention policy for a table of document retention classifications.*

**III. Computer and Network Systems Auditing**

- A. To maintain IT systems and network security, availability and information integrity, Northern Inyo Healthcare District has delegated to IT the functions of Information Technology
- B. To secure Northern Inyo Healthcare District network resources and information, IT shall maintain an active IT security function, to include:
  - 1. Regular monitoring of IT networks, systems, and appropriate use
  - 2. Regular auditing and reporting of IT security findings, both scheduled and ad hoc
  - 3. Targeted IT security investigations, both requested and incident-based
  - 4. IT best practices, policies, procedures and standards
  - 5. Access Controls to authenticate workforce members
  - 6. IT security and awareness training for the workforce
- C. Policies and Procedures shall be established to enforce the protection of Northern Inyo Healthcare District information and IT resources
- D. Regular internal audits:
  - 1. Firewall (traffic patterns, utilization, VPNs)
  - 2. Intrusion Detection Systems (LAN traffic patterns, alerts)
  - 3. Network Management Systems (routers, switches)
  - 4. Local Area Network workstations and networked devices
- E. Annual External Audits
  - 1. Analysis
  - 2. Progressive Threat Model
  - 3. Response (resources, systems, processes)
  - 4. Assessment (review, prioritize resources, plan)

**IV. Scope of Audit Authority**

- A. The role of IT Security, both the Officer and IT Security Team, shall be granted by role and responsibility from the Northern Inyo Healthcare District CEO or Director of IT Services
- B. When requested and for the purpose of performing a security audit, any access needed shall be provided to the IT team and /or internal auditor
  - 1. This access may include:
    - a. User level and/or system level access to any computer or communications device
    - b. Access to information (electronic, hardcopy, etc.) that may be produced, transmitted, or stored on Northern Inyo Healthcare District or IT equipment or premises
    - c. Access to work areas (labs, offices, cubicles, storage areas, etc.)

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

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- d. Access to interactively monitor and log traffic on Northern Inyo Healthcare District or IT networks Northern Inyo Healthcare District or IT equipment or premises

V. Audit Methodology

- A. Security audits shall be performed on IT information systems, computers, and communications devices on a yearly basis or as needed.
  - 1. All security audits shall follow IT-approved audit methodology which includes, but is not limited to:
    - a. Purpose and objectives of the audit
    - b. Scope of the audit
    - c. Systems/device owners
    - d. Sources of information obtained
    - e. Methodology and sampling criteria used
    - f. Assessment of compliance with IT Security policies and procedures
    - g. Findings and recommendations

VI. Audit Findings, Recommendations and Responsibilities

- A. All security audit reports shall be conducted by and/or at the direction of the District Information Security Officer responsible for district security and be delivered to the CEO.
- B. In the event of a breach of IT security policies, state or federal regulations, within a reasonable interval from receipt of the audit report, the responsible Director shall submit a written response to the CEO or Director of IT Services on the issues raised and recommendations made in the audit report
  - 1. The written response shall include a detailed plan to rectify non-compliance with Northern Inyo Healthcare District or IT security policies and any applicable laws or regulations
- C. The District Information Security Officer with responsibility for district cyber security shall be responsible to retain copies of all security audit reports and to ensure that follow-up reviews are conducted to assess actions taken on the recommendations made in the audit reports
- D. The responsible District Information Security Officer shall be responsible to ensure compliance with all security policies and that recommended corrective actions are effected within a reasonable interval

VII. Exceptions

- A. Under rare circumstances, business needs may require that IT deviate from this policy
  - 1. Security Policies provide the techniques and methodology to protect IT and client information and physical assets
  - 2. While polices are intended to be technology independent, they may be impacted by changing technology, legislation, and business requirements

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

**Vulnerability Management Assessment**

- I. System Assessment
  - A. Proactive security scanning allows for a meaningful assessment of system security against known risks, provides a roadmap of effective countermeasures for improving security, and also provides a simple quantification of assets
  - B. Enterprise class vulnerability assessment tools and applications shall be utilized to provide optimal scanning capabilities
  - C. Data retrieved from system assessment shall be treated as internal-confidential
  - D. No devices, systems, and/or applications connected to the network shall be configured to block vulnerability assessments or scans from authorized scanning tools
  - E. No new information systems shall be considered or implemented until assessment is completed and vulnerabilities addressed
  - F. At the completion of each assessment a mitigation plan must be developed, submitted to and approved by the Compliance Office and the District Information Security Officer with responsibility for district cyber security.
- II. Penetration Testing
  - A. All penetration testing of Northern Inyo Healthcare District’s systems must be arranged and coordinated by the Information Technology Services Department
  - B. Penetration testing is typically conducted over a period of several weeks, with regular feedback to the CEO, District Information Security Officer.
  - C. All devices attached to Northern Inyo Healthcare District’s network are subject to security vulnerability scanning and/or penetration testing
  - D. To better manage risks associated with such tests, signed nondisclosure and confidentiality agreements are required prior to commencement of the penetration test
  - E. Penetration testing shall measure specific risks and attack types
  - F. Penetration testing will consist of a series of scans targeting specific threats
    - 1. Focused Scans: Low-level scans for basic service-tracking purposes shall be conducted on all networks within the organization
    - 2. Recurring Group Scans: Groups of systems identified as critical to the organization, or that subject the organization to heightened risk shall be subject to frequent, in-depth security scans
    - 3. Ad Hoc Scans: Before a new system is put into service, it is recommended that a network security scan be conducted for the purposes of identifying potential vulnerabilities
      - a. Scans may be requested by system administrators at any time, as frequently as necessary to maintain confidence in the security protections being employed



**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

- b. Any system identified in conjunction with a security incident, as well as any system undergoing an audit may be subject to a network security scan
- G. No tests shall be conducted on a public network unless requested by the CEO, Director of IT Services with responsibility for district cyber security.
- H. No scans shall be conducted on systems that are not under the direct authority of Northern Inyo Healthcare District
- III. Documenting Findings
  - A. All discovered vulnerabilities will be summarized and documented at the conclusion of each evaluation
  - B. Each vulnerability related to a security hole will be listed and have detailed information on how the vulnerability will be remedied or eliminated
  - C. Each vulnerability will include a timeline for a completion of remediation steps
    - 1. Each vulnerability should be designated with a remediation priority level (e.g., “High,” “Medium,” or “Low”)
      - a. High risk issues must be remediated in a timely manner, or units can work with the Information Security Officer toward implementing compensating controls to reduce risks highlighted in the report(s)
  - D. For all periodic assessments and tests a report will be created and submitted to the CEO, District Information Security Officer with responsibility for district cyber security.
  - E. Northern Inyo Healthcare District shall conduct an annual report of all outstanding vulnerabilities and should be evaluated by the CEO, District Information Security Officer with responsibility for district cyber security for review
  - F. Vulnerability reports shall be evaluated regularly

**Encryption Procedure**

- I. Data Encryption
  - A. The encryption method chosen by the organization will comply with federal information processing standards
- II. Data Transmission

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

- A. All organizational systems and clinical networks that transmit ePHI will be encrypted according to information security standards
- B. All electronic devices that transmit ePHI will be safeguarded and encrypted
- C. All mobile devices that connect to the organization’s clinical information systems and access, store, or transmit ePHI will be safeguarded through encryption to protect the information
- D. The Compliance Officer with input for Security Officer will determine sensitive information systems that require encryption.
- E. The Security Officer shall assign workforce members decryption authorization.

III. Data Access

- A. All computer workstations containing ePHI will be safeguarded through encryption standards to protect the information from unauthorized access
- B. External storage media containing ePHI will need to have information encrypted
- C. The Security Officer shall grant exceptions to existing systems and applications that may have technology limitations that limit encryption capability
  - 1. Exceptions will be reviewed periodically and removed when a suitable solution is available
- D. The Security Officer will protect “data at rest” such as that defined in the Access Control standard of the HIPAA Security Rule against the increase in security technology complexity and administrative overhead including performance considerations and usability
- E. Only authorized workforce members will have access to encrypted ePHI
- F. Only authorized workforce members will be granted decryption privileges for ePHI

This policy is supplemented by other Northern Inyo Healthcare District policies and procedures.

All IT Security policies and procedures shall adhere to standards established by international conventions, Federal, State, and local laws and regulations.

- 1. NIST SP 800-53 Rev 4
- 2. NIST SP 800-53 Rev 4
- 3. NIST SP 800-184

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Cyber Security Policy	
Scope: Districtwide	Department: District Information Security
Source: Information Technology Department	Effective Date:

4. NIST SP: 800-12
5. NIST SP 800-82 Rev 2
6. 21 Steps to Improve Cyber Security of SCADA Networks," Office of Energy Assurance, Office of Independent Oversight And Performance Assurance, U.S. Department of Energy
7. PCI DSS 3.1

Committee Approval	Date
<a href="#">Executive Team</a>	
Board of Directors	

**Developed: Bryan Harper**

**Reviewed: 4/27/2020**

**Revised:**

**Supersedes:**

**Responsibility for review and maintenance:** District Information Security Officer

**Index Listings:** <https://www.nist.gov/cyberframework/framework>



Insurance | Risk Management | Consulting

# Northern Inyo Healthcare District

## Chief Executive Officer Search

April 27, 2020



Kathy Hall  
Managing Director & Senior Advisor | Gallagher MSA Search

801 West 47<sup>th</sup> Street, Suite 300  
Kansas City, MO 64112  
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Kathy\_Hall@ajg.com  
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**Gallagher**

Insurance | Risk Management | Consulting

April 27, 2020

PERSONAL & CONFIDENTIAL

Ms. Jean Turner  
Chair  
Northern Inyo Healthcare District  
150 Pioneer Lane  
Bishop, CA 93514

Dear Jean:

I am pleased to present this proposal for Gallagher MSA Search to assist Northern Inyo Healthcare District in the upcoming search for your next Chief Executive Officer. Our proposal will describe how we might work together on this search.

As I know you are aware, the selection of your next Chief Executive Officer is an extremely important decision for the organization. For this reason, partnership with a firm, and, more importantly, an executive search professional whom you trust to represent your interests with the highest ethics and understanding of your needs, is imperative.

Gallagher MSA Search has the proven resources and processes to provide Northern Inyo Healthcare District the advantages of a large firm with an active network of healthcare executives nationwide that we maintain in our database. As a boutique practice, you will work directly with our most senior consultants with very high levels of responsiveness and personal attention to meet your unique needs with a national reach in the identification of executives for your particular needs.



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Following is a short summary of our experience and proven best practices we use to ensure a successful outcome for every client, every search, every time.

Thank you for considering Gallagher MSA Search. We look forward to continuing our conversation.

Sincerely,

Kathy Hall  
Managing Director & Senior Advisor



## OVERVIEW OF GALLAGHER MSA SEARCH

Gallagher MSA Search served exclusively healthcare organizations from 1984 to 2015. When MSA Search was purchased by AJG in 2015, general industry search consultants were merged into the practice.

Gallagher MSA Search possesses a knowledge and understanding of healthcare delivery across all fifty states. Gallagher MSA Search has been recognized as a Top Healthcare Executive Search Firm by Modern Healthcare.

We believe strongly in providing an exceptional experience for all of our clients and candidates, so we carefully review every opportunity and only accept those projects where we believe we will be able to build a true partnership. Therefore, our team of executive search consultants handles fewer searches per person than our competitors and as such, are able to provide more personal and expedited service to our client partners. In addition, we have an outstanding team of dedicated research and support staff who are all employees of Gallagher MSA Search.

100% of Gallagher MSA Search's business is related to leadership searches. We also provide CEO Transition Planning, Leadership Continuity/Succession Planning and leadership assessment services to our clients.

Our success rate with executive selection is a distinguishing characteristic for Gallagher MSA Search. Our number one goal in any search is to ensure that the executive who joins our client organization is an ideal fit. A metric we value and monitor closely is the tenure of the executive placed and how often our clients have exercised the guarantee provision of our Engagement Agreement. ***We pride ourselves in the fact that our CEO guarantee has not been exercised –not even once-- in the last 19 years.***

***Additionally, for every CEO search since 2000, an MSA Client has selected their CEO from the first slate of candidates presented.*** This is unheard of in many industries and signifies the focus we place on getting to know the organization, its strategy, its culture, its people and exactly what the board expects of their next CEO.

We joined Arthur J. Gallagher & Co. (AJG) in May 2015, becoming part of a company named a World's Most Ethical Company® by the Ethisphere Institute in 2019 for the eighth consecutive year. The Ethisphere Institute is considered the global leader in defining and advancing the standards of ethical business practices. This aspect of AJG, as well as others, has proven a great fit with the values of our company since its inception in 1974.

**QUALITY METRICS**

<b>AVERAGE TIME TO CLOSE</b>
<b>120 -- 150 days</b>
<b>CEO PLACEMENT RATE</b>
<b>100%</b>
<b>CEO PLACEMENT RATE FROM FIRST PANEL OF CANDIDATES PRESENTED TO CLIENT</b>
<b>100%</b>
<b>AVERAGE GALLAGHER MSA SEARCH-PLACED CEO TENURE</b>
<b>6.8 years</b>

At Gallagher MSA Search, we view our work during each search as if we are an extension of your organization, our client. Therefore, our actions are a reflection of you, our client, and we take this very seriously. After completing each search, we survey the final candidates as well as the client and strive to make improvements as we move forward. Additionally, client satisfaction is one of the four elements utilized in our company wide incentive plan.

**Integrity**

When Gallagher MSA Search and Integrated Healthcare Strategies joined Arthur J. Gallagher & Co. in 2015, we became part of a company named a World's Most Ethical Company® by the Ethisphere Institute in 2020 for the ninth consecutive year. The Ethisphere Institute is considered the global leader in defining and advancing the standards of ethical business practices. You can expect Gallagher MSA Search to exhibit the following:

- |                 |                   |                             |
|-----------------|-------------------|-----------------------------|
| Integrity       | Objectivity       | Confidentiality             |
| Professionalism | Equal Opportunity | Loyalty                     |
| Competence      | Accuracy          | Respect for Public Interest |



## APPROACH/SCOPE OF SERVICES

The objective of this search engagement will be to identify, attract, and evaluate exceptional candidates from whom you can select one Chief Executive Officer who best meets the current and future needs of **Northern Inyo Healthcare District**. The following chronological steps outline our executive search methodology:

### 1. Considerations for the Search Process

#### *Communication*

We commit to regular communication with you during every stage of the search process. We will communicate the status of the search, concerns that may arise, candidate questions, anticipated time frames, etc. We will meet with the Search Committee in person as many times as necessary.

Additionally, we will provide communications, press releases, sample interviewing agendas, sample interview questions, guidelines for hosting and interviewing candidates, and candidate evaluation tools.

### 2. *Information Gathering and On-Site*

You will receive an information request specific to the position including organizational charts, position description, strategic goals, budgets, and most recent audited financials, publically available quality data and other key documents which will help us understand the organization, your culture, and the CEO role.

We will begin our work with you by conducting a two-day onsite fact find with the search committee and key stakeholders you identify to discuss and agree on the search process and timeline. Additionally, we will:

- Conduct interviews with key Northern Inyo Healthcare District stakeholders to enhance our insight into the type of candidate that will best fit your values, leadership team, strategic initiatives, and operating objectives. The purpose of these interviews is to further understand the scope of services offered by Northern Inyo Healthcare District, its strategic vision for the future, and the desired leadership culture the Board will be looking to the CEO to effect.

- Gather specific information concerning the position, such as key accountabilities and responsibilities, immediate and long-range objectives, selection criteria, etc.
- Tour the Bishop area with a realtor or community representative you designate, and compile community information such as housing, schools, recreational, and cultural aspects.

### 3. *Profile Development*

After review and analysis of all materials, documents, and interviews obtained prior to and during the onsite visit, we will develop a comprehensive profile of Northern Inyo Healthcare District and the Chief Executive Officer role. Included in this profile will be an Ideal Candidate Profile and a summary of First-Year Areas of Emphasis. You will be asked to approve the profile prior to our sharing the document with any candidates.

### 4. *Sourcing and Networking*

Having established criteria for candidate selection, we will begin our comprehensive networking and candidate identification. Members of our recruiting team work with our consultants in developing recruiting and sourcing action plans, producing targeted announcements for mailing and e-mailing, and screening candidates from our proprietary and other databases, accessing thousands of healthcare executives. We place hundreds of personal calls as well, reaching out to our established and trusted contacts in healthcare.

As mentioned in our conversation, we create a unique sourcing plan for each search we conduct based on the specific skills, abilities, knowledge, and experiences identified in the profile to assist us in the identification of leaders who most closely meet the organization's needs.

Gallagher MSA Search is committed to a focused effort toward diversity objectives, which includes an annual program within our firm to discuss and foster diversity initiatives regarding female and minority candidates, and participation in the Institute for Diversity, the National Association of Health Services Executives (NAHSE), and the Association of Hispanic Health Executives.

We adhere to strict Equal Employment Opportunity guidelines and policies in our own firm, and respect the needs our clients have in the area of EEO reporting.

## 5. *Meticulous Evaluation*

Following a thorough telephone screening interview, top candidates will then be assessed by Gallagher MSA Search consultants through a half day, in-person interview. Our time with candidates will also include a thorough presentation and discussion of Northern Inyo Healthcare District, The Board's expectations, first-year goals, and other critical issues.

Our extensive research, experience, and application of management assessment tools and contemporary interviewing techniques enable us to accurately and objectively assess the strengths and weaknesses of each candidate. We work with Management Psychology Group and they provide the instruments and written narrative interpretations for the Leadership Assessment completed on every candidate presented to the Search Committee. Our structured assessment considers vital data such as healthcare operational knowledge and experience, strategic orientation, work values, political sensitivity, leadership characteristics, management style, interpersonal relationship skills, self-motivation, personality traits, professional development, education, compensation history, career growth potential and aspirations.

Gallagher MSA Search clients tell us that we set the standard in the healthcare executive search industry for comprehensive due diligence, and background checking. In addition, all final candidates' professional and educational credentials are verified, along with checks for driving and criminal record, military discharge, financial and bankruptcy reporting, credit checks, OIG, and a search of social media sites.

## 6. *Professional References*

Professional references are completed by the lead consultants, written transcripts of which are provided to you as part of the Candidate Presentation materials we provide to you.

## 7. *Candidate Presentation*

Our Candidate Presentation is scheduled in advance. We prepare written summaries of work history, accomplishments, education, personal and professional interests, relocation considerations, compensation history and expectations, executive assessment results, and references.

8. *Travel and Interviews*

Gallagher MSA Search will work directly with you to develop interviewing agendas, and to coordinate all travel schedules for candidates. During this critical interviewing stage of the search process, we will provide timely feedback to you and the candidates, and facilitate clarification of any questions or concerns.

9. *Salary and Benefit Analysis*

We will work closely with the board's executive compensation consultant as they design a salary and benefit package. We certainly can offer a second opinion if desired, through our numerous executive compensation colleagues within the Gallagher Human Resources & Compensation Consulting practice.

10. *Search Committee Interview Preparation*

The selection of additional executives to your team is a critical decision and is not typically a process that boards conduct with any regularity. With that in mind, we work closely with your board and search committee to prepare them for the interview process with a format, sample questions and a candidate evaluation tool(s) as requested.

We will be onsite to facilitate the First Round of search committee interviews as well as all committee/board deliberations as you make your decisions. We have the resources, specialized knowledge, and experience to handle complex assignments in a highly personalized and timely fashion.

11. *Final Offer and Negotiation*

Once the final decision has been made by the Board/Search Committee, we will represent your offer to the candidate with appropriate negotiations, should you desire. This will lay the ground work for the offer letter and employment agreement.



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## Sample Search Timeline

Good planning is critical to the successful outcome of any search engagement, and this area is a differentiator for Gallagher MSA Search. Included in this proposal is a sample search time line customized for this search. In our initial meeting with you, we will present this timeline, thoroughly explain every process step, and seek endorsement for a search plan moving forward.

We will facilitate deliberations as you review candidates and make decisions. We have the resources, specialized knowledge, and experience to handle complex assignments in a highly personalized and timely fashion. An example of this is the fact that we will personally come on-site to meet with you as many times as is required. We believe this is unequalled in our industry, yet essential to the level of partnering required for a critical executive search.

Based upon a process that we have fine-tuned through our extensive experience working to place hospital executives, and the due diligence required to better ensure a successful outcome, we anticipate the search taking approximately five to six months from the time the search begins until the successful candidate is onsite in Bishop. Should this time frame not be agreeable with you for any reason, we will work with you to craft a process that is more amenable.

DATE	SAMPLE TIMELINE Chief Executive Officer Search ACTIONS	ANTICIPATED SEARCH COMMITTEE TIME COMMITMENT
2020	Gallagher MSA Search retained	
Pre-Search	Materials request sent to Search Committee Chair  Distribution of search announcement letter and pre-search questionnaire to key stakeholders to gain more insight into the role and expectations. (Optional)	
Week 1	Materials received by Gallagher MSA Search.  Kickoff meeting with <b>Search Committee</b> ; Consultants on-site for two days to complete onsite/information gathering meetings.	90 minutes
Week 3-4	Draft Position and Ideal Candidate profile submitted by Gallagher MSA Search; Meeting with <b>Search Committee</b> to review and approve profile	90 minutes
Weekly	Updates from Gallagher MSA Search to <b>Search Committee Chair</b> or other communication as desired	
90 Days from Week 1	Candidate Presentation to Search Committee by Consultants.  Selection of candidates for first round interviews	2 to 4 hours
TBD (approx. one week post presentation)	First-Round Candidate interviews with <b>Search Committee</b>  Deliberation immediately following last interview	2 hours per candidate; 1-2 hour meeting for deliberation/decision
TBD	Second-Round Candidate interviews. <b>Search Committee</b> member interview with each finalist candidate, as well as meetings with other key stakeholders, social event, community tour, etc. Spousal Agenda with house hunting, school tour, etc.	1 hour per candidate plus evening social event
Immediately following second round interviews	<b>Search Committee</b> deliberation and Final Candidate selection.	Meeting to reach consensus on candidate of choice
Following Decision	Offer and Negotiation; Candidate Acceptance; Public announcement	Board Chair/Gallagher MSA Search
Start Date (approx. 30-90 days post acceptance)	CEO candidate of choice begins	



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## **Internal Candidates**

Gallagher MSA Search excels in the critical, and often sensitive, area of handling internal candidates because we understand the impact and importance of their treatment. We feel that it is important that each situation be handled individually, reflective of the wishes of our client and guided by our objective consult. We consider this a sensitive area and always advise our clients to give it close attention.

We will conduct a full interview and assessment of each internal candidate, and provide constructive feedback and developmental suggestions, as appropriate, and requested by our client. In our experience, this approach serves to enhance the satisfaction of internal candidates and reflects process integrity and objectivity.

## **Post-Hire Support**

After your new Chief Executive Officer is on board we will regularly follow up with you and the executive to determine levels of satisfaction, and to assist in any way we can to ensure a successful transition and assimilation into the organization.

You can be assured that we begin qualifying candidate and family needs to make a professional and personal move early in the search process. We will be discussing any potential issues early with you also, so that when you are getting to the point of making your selection, we are well ahead of the curve in working with you to construct an offer that the candidate will accept.

Our number-one goal in any search is to ensure that the executive who ultimately joins our client organization is an exceptional fit. Recognizing that the first few months on the job are critical, and have a significant bearing on ultimate success or failure, we work closely with your new leader. We stay in regular contact with the placed candidate and his/her family as they work through relocation issues. We will contact you and the selected candidate immediately after hire and periodically throughout the Guarantee time frame.



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## Off-Limits List

The “Off Limits” policy and practice of Gallagher MSA Search is such that we will not actively pursue or recruit any employee of our clients’ for a period of two years following the completion of a search.

## GUARANTEE

In the unlikely event the candidate placed as a result of this engagement leaves voluntarily, or is terminated by the Client, within 36 months of the date of employment, the Firm will conduct another search for the position for no additional professional fee, charging only administrative and other expenses. This guarantee does not apply if the departure or termination is in connection with a reorganization, acquisition, merger, change in role, resource allocations, reporting relationship, illness or death.

## INVESTMENT

Our standard investment fee for each executive search is one third of the placed candidate’s first-year cash compensation. Payment for the Executive search, based upon the estimated retainer, is made in four monthly installments, with 40 percent of the retainer due when the Engagement Letter is executed, and 20 percent due each of the next three consecutive months. Upon completion of the search, the difference between the actual retainer, based upon the hired candidate’s compensation package and retainers paid to date, is due and payable. Our professional fees are by the project.

Client agrees to pay an administrative fee of 5% to cover project administration and expenses incurred by the Firm in the completion of this search. We pay very careful attention to, and management of, the cost effectiveness of every search engagement. Additional out-of-pocket expenses would include travel expenses for candidates and search consultants.

We understand the necessity of monitoring the variable expenses associated with conducting an executive search of this magnitude, and we pay very careful attention to, and closely manage the costs associated with every step of the search process. We select the most time-efficient and cost-effective location for candidate interviews, and will seek to find a central setting based upon candidates’ locations and availability. We employ an on-site travel manager, who assists in identifying economical travel and lodging options, and works closely



with our consultants and candidates to confirm travel as far in advance as possible to take advantage of travel discounts and premiums.

## REFERENCES

We have provided the following references for engagements that encompass executive search services similar to those requested by Northern Inyo Healthcare District. We are happy to provide more references upon request.

Organization	Search	Client Contact(s)
Dosher Memorial Hospital Southport, NC 28461	Search: CEO Placed Candidate: Mr. Tom Siemers started in 2012	<b>Sherri Marshall</b> Chairman of the Board P: 910-279-1933 <a href="mailto:sherrimarshall2016@gmail.com">sherrimarshall2016@gmail.com</a>
Beatrice Hospital and Health Center Beatrice, NE	Search: CEO Placed Candidate: Rich Haraldson started in January 2018	<b>Mitch Deines</b> Chairman of the Board P: 402-239-2446 <a href="mailto:Mitch@deinespharmacy.com">Mitch@deinespharmacy.com</a>
Memorial Hospital of Converse County Douglas, WY 82633	Search: CEO Candidate: Ryan Smith started in December 2011	<b>Bob Kayser</b> Board Chair <a href="mailto:w yokayser@yahoo.com">w yokayser@yahoo.com</a>
Olathe Health System, Inc. Olathe, KS	Search: CEO Candidate started November 1, 2018	<b>Jim Hubbard</b> Chairman of the Board P:913-544-3430 <a href="mailto:jimhubbardlaw@gmail.com">jimhubbardlaw@gmail.com</a>
<b>CONFIDENTIAL</b>		



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*Attachment: SAMPLE Engagement Letter*

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**SAMPLE  
EXECUTIVE SEARCH ENGAGEMENT AGREEMENT**

You have requested that Gallagher MSA Search provide executive search consultation services. This Agreement confirms the standard terms upon which these services are provided, and the following details become part of the Agreement.

1. **Retention of Firm. Northern Inyo Healthcare District** (“Client”) has retained Gallagher MSA Search (“Firm”) to recruit on an exclusive basis for the position of the **Chief Executive Officer** (the “Position”). The services that Client can expect from Firm for the right to an exclusive search and the payment of fees as outlined below include the sourcing, screening, referencing, and submission of acceptable candidates. Also included is Firm’s work to successfully complete the search with the placement of an acceptable candidate for the position with Client.
2. **Exclusive Assignment.** Client agrees to appoint the Firm as the exclusive recruiter for the position, and agrees to submit available information on all candidates to be considered for the Position to the Firm for screening and evaluation in accordance with the exclusive nature of this agreement.
3. **Professional Fee.** Client agrees to pay Firm the fee of one third of the first-year anticipated total cash compensation (base salary plus estimated short and long-term incentive bonuses, sign-on bonuses, and retention bonuses), with a minimum fee of \$60,000. Firm and client will jointly set a realistic first year’s estimated total cash compensation.
4. **Fee Payment.** Client agrees to pay Firm the estimated retainer in four installments, with 40% due the month the Executive Search Engagement Agreement is executed, and 20% due each of the next three consecutive months. At the conclusion of the search, the fee is reconciled to reflect the actual compensation arrangements of the successful candidate. Payment is expected within thirty-one days of receipt of invoices.
5. **Additional Placements.** In the event that Client hires any candidate presented by Firm for another position within the organization within twelve months of the completion of the search, Client agrees to pay a fee of 25% based upon salary and estimated bonus for each employee hired.
6. **Expenses.** In addition to the fees outlined above, there is a service fee of 5% of direct consulting charges to cover project administration and expenses. This fee will be invoiced at the same time as Professional Fee invoicing, described above. Client agrees to reimburse the Firm for out-of-pocket expenses, including consultant and candidate travel, background checks, executive assessment instruments and reports, mailing and advertising agreed upon with Client. Payment is expected within thirty-one days of receipt of invoices.

- 7. Term of Agreement.** This Agreement remains in effect for a period of twelve (12) months from the date it is executed. While Firm cannot guarantee that the assignment will be completed within the projected time frame, the Firm will guarantee that for up to one year from the date the Agreement is executed, its resources and efforts will be dedicated to completing the assignment. This guarantee may be negated if the Client fails to schedule timely interviews with candidates presented by the Firm or if there is a substantial change in the Position requirements or specifications.
- 8. Material Changes to Position.** If, during the course of the search, the Client makes such changes in the requirements of the Position to negate significant portions of the research and other, already completed work, the fee will be renegotiated based on the magnitude of the Client's change in specifications.
- 9. On Hold.** If the Client places the search on hold for any reason, these agreement terms will be honored by the Firm for a period of thirty days. After thirty days, additional fees will be incurred by the Client due to the fact that some or all of the research may be negated, and the Firm typically must adapt or develop a new candidate slate.
- 10. Cancellation.** If at any time during the search period, no placement has been made; either party may cancel the search for just cause. Due upon cancellation will be any unpaid expenses, plus the monthly billing amount of the professional and administrative fees for the month the search is cancelled if a balance is outstanding.
- 11. Guarantee.** In the unlikely event the candidate placed as a result of this engagement leaves voluntarily, or is terminated by the Client, within 36 months of the date of employment, the Firm will conduct another search for the position for no additional professional fee, charging only administrative and other expenses, as detailed above. This guarantee does not apply if the departure or termination is in connection with a reorganization, acquisition, merger, change in role, resource allocations, reporting relationship, illness or death.
- 12. Independent Contractor Relationship.** Firm's relationship with Client will be that of an independent contractor and nothing in this Agreement should be construed to create a partnership, joint venture, agent-principal or employer-employee relationship.
- 13. No Legal Advice Intended.** Firm's services do not constitute legal services. Our consultants are not licensed attorneys; therefore, we do not provide legal advice. Firm recommends that you have your own independent legal counsel review all documentation provided by Firm.

**14. Limitation of Liability.** Firm's liability to the Client and any other party for any losses, injury or damages to persons or properties or work performed arising out of in connection with this Agreement and for any other claim, whether the claim arises in contract, tort, statute or otherwise, shall be limited to the amount of the total fees due to Firm from Client for the particular project assignment giving rise to the claim.

Notwithstanding anything to the contrary in this agreement, firm shall not be liable for any special, indirect, consequential, lost profits or punitive damages sustained or incurred in connection with this agreement, and whether or not such damages are foreseeable.

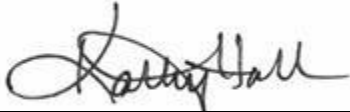
Client's exclusive remedy for any claim arising out of or relating to this Agreement will be for Firm, at its sole option and upon receipt of written notice, either (i) to use commercially reasonable efforts to cure , at its expense, the matter that gave rise to the claim for which Firm is at fault, or (ii) return to the Client the fees paid by the Client to Firm for the particular service provided that gives rise to the claim, subject to the limitation contained in this section. Client agrees that it will not allege that this remedy fails its essential purpose.

**15. Indemnification.** Client shall defend, indemnify and hold harmless Firm, its parents, subsidiaries and affiliates, and its and their respective directors, officers, members, shareholders, partners, employees, agents, successors and assigns (Indemnified Parties) from any claims, demands, lawsuits, damages, liabilities, costs and expenses (including reasonable fees and disbursements of counsel) and judgments and settlements of every kind (Claims) resulting in whole or in part from the acts or omissions of Client. Upon receiving written notice from Firm, Client will then defend Firm against such claim and Firm at its option shall have the right to select counsel and control the defense and all related settlement negotiations, and then Client shall indemnify Firm from and against any damages finally awarded or agreed to be paid for such claim.

**NORTHERN INYO HEALTHCARE DISTRICT**

**GALLAGHER MSA SEARCH**

By: \_\_\_\_\_  
Authorized Signee

By:   
Kathy Hall  
Managing Director & Senior Advisor

Date: \_\_\_\_\_

Date: April 27, 2020

Kathy Hall is a Managing Director & Senior Advisor with Gallagher MSA Search, a part of the Gallagher Human Resources & Compensation Consulting practice. Ms. Hall offers her clients over 25 years of healthcare executive search and consulting experience.

As a managing director, Ms. Hall leads multiple client engagements, designing customized plans that address the unique needs of each client and the circumstances of each assignment, resulting in a leadership solution that is responsive, professional and personal. Her clients have included large integrated systems; medical group practices; for-profit and not-for-profit organizations; faith-based health systems and hospitals, academic medical centers, mHealth, and venture backed healthcare startups.

Ms. Hall spent 20 years working with Integrated Healthcare Strategies/MSA Executive Search specializing in executive search, succession planning, and CEO leadership transition planning as a Senior Vice President. Prior to rejoining Gallagher MSA Search, she served as a Managing Partner with Quick Leonard Kieffer. She has also held several nursing leadership roles for integrated delivery systems in the Midwest. She holds a MBA and a BSN from the University of Missouri.

## PROFESSIONAL HIGHLIGHTS

- Developed national consultative practices in executive search, talent assessment, competency development, succession planning and CEO leadership transition planning
- Strong track record of assisting many healthcare boards and search committees as they replace a long term CEO, leading them through a process of integrity and consistency
- Specializes in C-Suite (CEO, COO, CFO, CMO, CIO, CHRO) engagements, including physician executives
- Collaborated with several large regional delivery systems to design and implement a succession planning process, including leadership competency development, identification of high performers, individual leadership development planning, and the annual review process



**Kathy Hall**

Managing Director & Senior Advisor

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Susan O'Hare is the National Managing Director for Gallagher MSA Search, a part of the Gallagher Human Resources & Compensation Consulting practice. Susan brings more than 30 years of leadership experience in the healthcare industry. Her robust insights and knowledge of the inner workings of healthcare organizations has made her a recognized expert in the industry. For 11 years, Susan has focused on national networking and building trusted client relationships through service delivery and insightful consulting.

Susan focuses her search and leadership consulting at the board and executive level on matters related to leadership search and providing strategic direction on issues relating to organizational structure at the executive level. Susan is known as a trusted advisor with a vested interest in cultivating relationships through her accessibility, timeliness, and client-centric approach.

Prior to joining the consulting profession, Susan held healthcare executive leadership positions for more than a decade, including the role of Senior Vice President of Specialty Hospitals at Erlanger Health System, where she held responsibility for strategic direction, program development, and operations for revenues of more than \$350 million and 1,200 FTEs. For 8 years during that time, she served as CEO of Erlanger Children's Hospital.

Before joining the team at Erlanger Health System, Susan had a progressive nursing leadership career in several hospitals and physician offices with clinical expertise in pediatric hematology/oncology.

Ms. O'Hare holds a BS in Secondary Education/Mathematics from Tennessee Technological University and a MSN in Nursing in Child Health from the University of Texas at Arlington. She is a Registered Nurse in Tennessee and a Certified Pediatric Nurse Practitioner. She is a member of the Chattanooga Downtown Rotary Club, AONE, The American College of Healthcare Executives, Women Business Leaders of the US Healthcare Industry Foundation, and Sigma Theta Tau.



**Susan O'Hare, RN,  
MSN, CPNP**

**Managing Director & Practice  
Leader**

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Brad Veal is a Senior Consultant with Gallagher MSA Search, a part of the Gallagher Human Resources & Compensation Consulting practice.

Brad's role at Gallagher MSA Search includes working with clients to execute the full scope of the search firm's recruitment cycle, where he serves either as the lead consultant on the engagement or part of a collaborative team providing consultative support and solutions. Brad plays an important role in MSA's SearchDIRECT service, a streamlined search process for critical Director-level positions within healthcare organizations.

Brad holds a wealth of industry-specific experience brought from nearly 15 years in the healthcare executive search industry. He was instrumental in the development and rapid expansion of a top-five healthcare leadership solutions firm. With his prior organization, Brad served as Executive Vice President of Executive Search, and was a member of the company's executive leadership team in which he was actively involved in operational assessments, growth initiatives, market analysis, and strategic planning efforts.

Brad has an excellent understanding of both client and candidate needs and motivations, gained through his diversified executive search engagement portfolio. He has worked on hundreds of healthcare searches from directors and vice-presidents, through the executive suite. He has partnered with clients across the full spectrum of healthcare organizations from critical-access to tertiary care environments.

Brad holds a Masters in Business Administration from MidAmerica Nazarene University and a Bachelor of Science degree from the University of Nebraska-Lincoln in Business Administration.

## PROFESSIONAL HIGHLIGHTS

- Adept at creating comprehensive, creative, and successful candidate sourcing and networking strategies for traditionally challenging search projects
- Able to interface and build strong relationships with the full spectrum of hospital leadership from the C-suite through front-line employees
- Extensive history of cultivating a candidate network combined with effective client-facing consulting skills
- Committed to promoting timely and successful search outcomes supported by high levels of client and candidate satisfaction



## Brad Veal

Senior Consultant

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Carolyn Galvin is a Managing Director of Gallagher MSA Search, part of the Gallagher Human Resources & Compensation Consulting practice. Carolyn has nearly two decades of leading retained executive searches for healthcare and public, not for profit organizations nationwide.

In addition to executive search experience that includes the entire C-suite, vice president and director-level positions, Carolyn has led boards in strategic planning, merger discussions, joint venture negotiations, patient/physician satisfaction improvement and service line strategy development.

Carolyn offers a unique ability to understand market and cultural dynamics and align them with the precise needs of clients to secure the ideal leadership fit. Clients value her partnership approach, broad healthcare expertise and commitment to an exceptional level of customer service.

Carolyn holds a master of business administration degree from the University of Missouri-Kansas City and a Bachelor of Science degree in journalism from the University of Kansas in Lawrence, Kansas.

## PROFESSIONAL HIGHLIGHTS

- Most recently, Carolyn has led a variety of leadership searches including CEO, CMO, CHRO, VP, Strategy, Business Development, Marketing, Physician practice management, and clinical leadership positions.
- Based in Kansas City, Carolyn has served organizations in a wide geography and across different healthcare segments as well as public, not for profit organizations.
- History of partnering with community boards and CEOs in not for profit settings to select new leaders.
- Achieved success in developing and implementing contemporary, technology driven recruiting strategies to identify and attract top tier talent.
- Early career experience provides a strong background in local, regional and national healthcare strategy and business planning from tenure as a senior consultant with KPMG, Saint Luke's Health System and the Cystic Fibrosis Foundation.



**Carolyn Galvin**  
Managing Director

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Rachel Bender Meyer is a Director for Gallagher MSA Search, a part of Gallagher's Human Resources & Compensation Consulting practice. She brings a wide breadth of search experience working on executive and mid-level roles for a variety of industries to include healthcare, retail, human resources, public sector, non-profit, associations, finance, banking, pharmaceutical, advertising, marketing and interactive.

Prior to joining Gallagher MSA Search, Rachel was the Regional Director of Philanthropy for a nonprofit organization and held several leadership roles within the executive search industry.

Working with Boards and Search Committees, Rachel consults in the areas of talent acquisition and strategic recruitment. She integrates accountability into a search process while providing clarity and vision to the candidates and role. She supplements all strengths with a firm commitment to communication and customer satisfaction.

Rachel received her Bachelor of Science from Virginia Commonwealth University and serves on the Board and as the Chair of the Human Resources Committee for Better Housing Coalition and is on the Board of Mary Munford Elementary PTA. She is a mother of two children, ages 26 and 6, and is an avid gardener.



## Rachel Meyer

Director

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Patricia Neds, CIR is a Senior Recruiter with Gallagher MSA Search, a part of the Gallagher Human Resources & Compensation Consulting practice. Patricia's focus with Gallagher MSA Search is coordinating research activities and partnering with senior consulting staff at Gallagher Human Resources & Compensation Consulting practice, a division of Gallagher Benefit Services, Inc., in designing and executing targeted searches for leadership positions in healthcare client organizations nationwide.

Patricia supports the executive search process through the identification, development, and maintenance of a current network of healthcare executives and organizations.

Patricia joined Gallagher in 1986 and became a part of the Gallagher MSA Search firm in 1995.

Patricia attended Rockhurst College in Kansas City and received a Bachelor of Science in Human Resources Management from Friends University, Kansas City Campus. She holds a Professional Recruiter Certificate, and is also credentialed as a Certified Diversity Recruiter. In addition, Patricia is a Certified Internet Recruiter (CIR) through AIRS, an industry leader in recruitment training.

## PROFESSIONAL HIGHLIGHTS

- Serves as Senior Recruiter on searches for a wide range of healthcare organizations across the nation, including large integrated systems, community hospitals, medical group practices, faith based health systems, and academic medical centers
- Supports the executive search process through the identification, development and maintenance of a current network of healthcare executives and organizations
- Maintains a strong network of key professionals in healthcare systems, hospitals, medical groups and professional associations



**Patricia Neds, CIR**

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*WittKieffer*

# Northern Inyo Healthcare District

**Chief Executive Officer**  
Proposal

**Steven Yamada, Chris Neumann, Mark Andrew**  
May 2020



Via Email: [Jean.Turner@nih.org](mailto:Jean.Turner@nih.org)

May 4, 2020

Jean Turner  
Chair  
Northern Inyo Healthcare District  
150 Pioneer Ln.  
Bishop, CA 93514

Dear Jean:

Thank you for giving WittKieffer the opportunity to submit a proposal to assist Northern Inyo Healthcare District on your potential recruitment for a Chief Executive Officer.

WittKieffer is the nation's preeminent executive search firm that dedicates its practice to identifying leadership talent in healthcare and other organizations that are committed to improving the quality of life. Our clients include community hospitals, integrated delivery systems, academic medical centers, physician groups, continuum of care facilities, health plans, life sciences organizations, colleges/universities and related associations, community-based organizations, and foundations.

Based on our recent conversation and a review of your needs, we have assembled a team of our most aligned experts to partner with you and the Board of Directors throughout the engagement to bring the search to a successful and timely conclusion. I believe we are well positioned to assist the Board of Directors in this search. Team members have completed Chief Executive Officer and other C-Suite searches for a wide range of not-for-profit healthcare organizations, many whose missions are similar to and align with the Northern Inyo Healthcare District. We have worked with boards of directors and decision makers on executive searches for rural critical access hospitals, hospital/healthcare districts, and integrated public health systems.

In addition to myself, the team includes Mark Andrew and Chris Neumann, both located in the firm's Irvine office. Mark Andrew is a Senior Partner with over 20 years of executive search experience serving organizations spanning the complete continuum of care such as hospitals, healthcare systems, academic medical centers, medical groups, and managed care companies. He understands the nuances of working with California hospital/healthcare districts having completed CEO searches for Mammoth Hospital in 2018 and previously Pioneers Memorial Hospital in Brawley. Chris Neumann is a Senior Associate in the Irvine office who has ten years of executive search experience with a wide range of healthcare clients. Recently, he led the CEO searches for Kingman Regional Medical Center in rural Arizona as well as Barton Memorial Hospital in South Lake Tahoe. Currently, Chris and Mark, are teaming on the Lead Executive search for Cottage Health's Santa Ynez Valley Cottage Hospital, a 11-bed critical access hospital. As we discussed, I am based in WittKieffer's Bay Area office. Several of my clients are community and mission-based and many focus on safety net services for the underserved and under resourced. In the past couple of years, I



led CEO searches for Los Angeles County+USC Medical Center; Share Our Selves, an Orange County-based federally qualified health center (FQHC) in collaboration with Mark Andrew; and Columbia Basin Health Association, a rural FQHC in a small agricultural community in Eastern Washington.

We understand the issues that our clients face and work collaboratively with boards of directors, search committees and management teams to meet the needs of every organization we partner with. We regularly work with boards and search committees in assessing where the client organization is presently, its future direction and who will be the best leader to achieve their vision. Our ultimate goal is to ensure that we recruit a CEO with the skills, knowledge, experience, and competencies for the role, but also to make sure the individual is an excellent fit with the culture of the organization and the community it serves.

Following is a detailed proposal, which outlines our organizational attributes, capabilities, experience, terms and conditions, and other relevant information. Please feel welcome to contact me directly for further discussion or if you require additional materials.

Jean, if it is decided that a search is needed, the WittKieffer team is very interested in working with and supporting the Board of Directors on this critical engagement. Again, thank you for considering WittKieffer. It would be an honor to serve Northern Inyo Healthcare District.

A handwritten signature in black ink, appearing to read "Steven Yamada".

Sincerely,

Steven Yamada  
Consultant  
WittKieffer  
Work: (510) 420-1370  
Mobile: (415) 518-0222  
syamada@wittkieffer.com

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## WittKieffer Profile

Throughout our 50-year history, WittKieffer has cultivated a proven and meaningful approach to executive search, specifically designed for mission-driven organizations and predominantly in support of healthcare organizations in pursuit of senior leadership. As experts in strategic leadership, WittKieffer performs over 500 searches per year in support of organizations representing the complete continuum of care as well as related associations and professional/medical societies.

Our success at this level gives us insights into the rapidly changing healthcare landscape and how executive leadership can alter the trajectory of the entire organization. Our footprint across the nation has yielded pertinent knowledge of marketplace dynamics and common trends and challenges that similar systems and hospitals encounter. We are sensitive to the range of objectives and strategic priorities that board members and senior leaders put forth as mechanisms to navigate their organizations through this new era of healthcare.

## Resources, Assets, and Intellectual Capital

WittKieffer has carefully assembled a team of strategic experts across multiple healthcare specialty practices, enabling a dynamic approach to staffing each search engagement according to client-specific needs. With locations in major metropolitan areas across the United States, our team of more than 90 consultants and 20 research experts provides deep insights into regional, national, and global markets. Our best-in-class database includes more than one million executives and emerging leaders, and its intuitive framework enables our team to pinpoint leaders based on specific criteria set forth by client constituents, adding unparalleled efficiency to every search.

## Performance

**Client Satisfaction:** On a scale of 1 to 10 (disagree completely to agree completely) clients scoring our work gave us a 9.4 satisfaction rating over the last three years.

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**Candidate Satisfaction:** As trusted client ambassadors, WittKieffer has achieved a 9.7 satisfaction rating among our placements and a 9.4 satisfaction rating among all candidates involved.

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**Reliability:** On average, clients gave WittKieffer a 9.5 rating on whether or not they would use the firm again – which correlates to our high percentage of repeat business.

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**Quality:** Our placements have a nine-year average tenure – a testament to our comprehensive and calculated approach.

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**Diversity:** In total, 47 percent of our placements are minority leaders and/or women and 95 percent of our candidate slates include minorities/women.

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**Accolades:** WittKieffer is a recipient of the Vizient Overall Membership Satisfaction Award and the Premier, Inc. Legacy Supplier Award.

## Experience

WittKieffer has conducted approximately 200 CEO searches for hospitals and health systems over the past six years, a time period that represents unprecedented transformation among health providers and the American healthcare landscape as a whole.

We have served the complete spectrum of healthcare organizations, from the largest integrated delivery systems to rural critical access hospitals. As demonstrated in the following list, we maintain a strong commitment to serving community hospitals across the country. We have conducted over 50 searches for CEOs at hospitals with 100 beds or less in the past five years.

### Executive Search Assignments for Hospitals Under 100 Beds

(Bolded organizations represent **Critical Access Hospitals**)

Organization	Location	Position Title
Alice Hyde Medical Center	Malone, NY	Chief Executive Officer
Asante Ashland Community Hospital	Ashland, OR	Chief Executive Officer
Asante Rogue Regional Medical Center	Medford, OR	Chief Executive Officer
<b>Aspen Valley Hospital</b>	Aspen, CO	Chief Executive Officer
Aspirus Riverview Hospital & Clinics	Wisconsin Rapids, WI	Chief Executive Officer
Baptist Easley Hospital	Easley, SC	Chief Executive Officer
Barton Memorial Hospital	South Lake Tahoe, CA	Chief Executive Officer
Bay Area Hospital	Coos Bay, OR	President/Chief Executive Officer
Bozeman Health	Bozeman, MT	President/Chief Executive Officer
Cambridge Medical Center	Cambridge, MN	President
<b>Catalina Island Medical Center</b>	Avalon, CA	Chief Executive Officer
Central Vermont Medical Center	Barre, VT	President
CHI St. Luke's Health-Patients Medical Center	Pasadena, TX	President
Cooley Dickinson Health Care	Northampton, MA	President
<b>Copper Queen Community Hospital</b>	Bisbee, AZ	Chief Executive Officer
<b>Cuyuna Regional Medical Center</b>	Crosby, MN	Chief Executive Officer
<b>Decatur County Memorial Hospital</b>	Greensburg, IN	Chief Executive Officer
<b>Granite Falls Municipal Hospital</b>	Granite Falls, MN	Chief Executive Officer

<b>Organization</b>	<b>Location</b>	<b>Position Title</b>
Great Plains Regional Medical Center	Elk City, OK	Chief Executive Officer
<b>Gundersen Moundview Hospital and Clinics</b>	Friendship, WI	Chief Executive Officer
Hancock Regional Hospital	Greenfield, IN	President/Chief Executive Officer
<b>Holy Rosary Healthcare</b>	Miles City, MT	Chief Executive Officer
HSHS Holy Family Hospital	Greenville, IL	President/Chief Executive Officer
<b>HSHS St. Francis Hospital</b>	Litchfield, IL	President/Chief Executive Officer
<b>HSHS St. Joseph’s Hospital</b>	Highland, IL	President/Chief Executive Officer
HSHS St. Joseph’s Hospital Breese	Breese, IL	President/Chief Executive Officer
HSHS St. Nicholas Hospital	Sheboygan, WI	President/Chief Executive Officer
Huron Medical Center	Bad Axe, MI	President/Chief Executive Officer
Jackson County Memorial Hospital	Altus, OK	President/Chief Executive Officer
Legacy Health	Portland, OR	Chief Executive Officer
<b>Lewis County General Hospital</b>	Lowville, NY	Chief Executive Officer
<b>Mammoth Hospital</b>	Mammoth, CA	Chief Executive Officer
Mary Bridge Children's Hospital	Tacoma, WA	President
Memorial Hospital and Manor	Bainbridge, GA	Chief Executive Officer
<b>Munson Healthcare Manistee Hospital</b>	Manistee, MI	President
North Country Healthcare	Littleton, NH	Chief Executive Officer
<b>North Country Hospital</b>	Newport, VT	Chief Executive Officer
<b>North Valley Hospital</b>	Whitefish, MT	Chief Executive Officer
<b>PeaceHealth Ketchikan Medical Center</b>	Ketchikan, AK	Chief Administrative Officer
Pen Bay Healthcare	Rockport, ME	Chief Executive Officer
<b>Penn Highlands Elk</b>	St Mary’s, PA	President
<b>Porter Medical Center</b>	Middlebury, VT	President/Chief Executive Officer
Randall Children's Hospital	Portland, OR	Chief Administrative Officer
<b>Redwood Area Hospital</b>	Redwood Falls, MN	Chief Executive Officer
<b>Saint Alphonsus Medical Center – Baker City</b>	Baker City, OR	Chief Executive Officer

<b>Organization</b>	<b>Location</b>	<b>Position Title</b>
Saint Alphonsus Medical Center – Ontario	Ontario, OR	Chief Executive Officer
<b>Santa Ynez Valley Cottage Hospital</b>	Solvang, CA	Lead Executive (current search)
Sarah Bush Lincoln Health System	Mattoon, IL	Chief Executive Officer
St Joseph’s Hospital	West Bend, WI	President
<b>St. Charles – Madras</b>	Madras, OR	Chief Executive Officer
St. Charles Health System	Bend, OR	Chief Executive Officer
St. John’s Medical Center	Jackson, WY	Chief Executive Officer
St. Mary’s Hospital	Streator, IL	Chief Executive Officer
<b>St. Mary’s Hospital</b>	Cottonwood, ID	President, Essentia Health St. Mary’s Hospital & Clinics
<b>Syringa Hospital &amp; Clinics</b>	Grangeville, ID	Chief Executive Officer
UMass Memorial Marlborough Hospital	Marlborough, MA	President/Chief Executive Officer
UPMC Pinnacle Hanover	Hanover, PA	Chief Executive Officer
Vail Health	Vail, CO	President/Chief Executive Officer
<b>Waverly Health Center</b>	Waverly, IA	Chief Executive Officer
Wellspan Gettysburg Hospital	Gettysburg, PA	President
WellStar Paulding Hospital	Hiram, GA	President
Willamette Valley Medical Center	McMinnville, OR	Chief Executive Officer
Wise Health System	Decatur, TX	Chief Executive Officer

## Search Team

WittKieffer's reputation for excellence is built on teamwork. Each search assignment poses a distinct set of needs best served by tapping the collective expertise of more than 90 healthcare search consultants and research staff across the country. We have selected a team of experts with specialized knowledge to collaborate with Northern Inyo Healthcare District on this search.



Well-respected for his consultative approach to and long legacy in healthcare executive recruitment, Steve Yamada is known for helping clients meet their leadership goals by cultivating innovative and diverse candidate pools that prioritize organizational and cultural fit. Clients who seek an objective evaluation of executive talent and high-quality service value the depth of Steve's search experience and consulting skills. He routinely serves and has a keen grasp of all players constituting the healthcare ecosystem, including but not limited to, hospitals and health systems, health plans, medical groups/medical foundations, academia and various not-for-profits and community-based organizations.

From the board room to the C-suite and beyond, Steve's placements tout organizational and community impact during their long tenures of servant leadership.

Prior to joining WittKieffer, Steve founded his own executive search firm, Yamada & Associates, where he assisted healthcare and not-for-profit clients in recruiting senior management. Previously, he was with a large international firm for 14 years in their San Francisco office. As a principal, Steve performed senior-level searches in all functional disciplines in the professional services, utility, high technology, industrial, as well as healthcare, education, trade association and government sectors. Steve also served as a member of the Technology Officers (CIO/CTO) Center of Expertise.

Preceding his career in executive recruiting, Steve was a healthcare management consultant at Coopers & Lybrand in Los Angeles. He started his career in the Mental Health Administration of the Alameda County Health Care Services Agency.

### Education

M.B.A., University of California, Los Angeles, CA

Masters in City and Regional Planning, University of California, Berkeley, CA

B.A., Sociology, cum laude, Dartmouth College, Hanover, NH



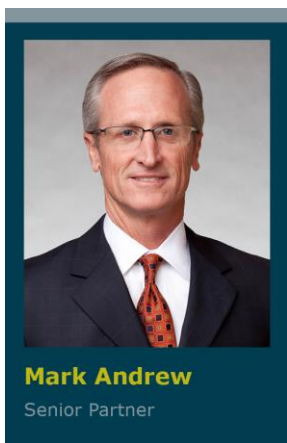
Christopher Neumann benefits from more than a decade’s worth of experience in executive recruiting, client service and sales to aid in the identification of leaders for hospitals, health systems, academic medical centers and managed care organizations nationwide. He is especially skilled at translating client needs, strategies and objectives to the field of desirable candidates and advising clients on hiring needs and market intelligence.

Prior to joining WittKieffer, Chris supported business development and client management efforts as a Solution Specialist for InterKnowlogy in Carlsbad, California. There he worked with clients in the healthcare, retail, hospitality, financial services and professional services industries to develop high end software solutions. Chris began his executive search career as a Research Associate with Slayton Search Partners, after which he was a Senior Consultant with Hebard Search Partners, both of which are based in Chicago.

### Education

M.B.A., University of San Diego

B.A., Southern Methodist University, Dallas, TX



Serving organizations spanning the complete continuum of care, Mark Andrew has influenced the leadership dynamic in healthcare organizations across the western United States. His understanding of the interconnectivity between providers, payers, government and public health in each service area enables strong and trusting partnerships with his clients as they pursue transformative leaders. Trustees and senior executives throughout the region value his industry knowledge, personable style and candid, thoughtful counsel throughout the search process.

As a senior partner, Mark has a wealth of experience recruiting senior leaders for hospitals, healthcare systems, academic medical centers, physician practices and managed care companies. Since joining the firm in 1998, he has helped clients attract top talent for key positions including CEOs, COOs, CFOs, CMOs, CNOs, Chief Strategy Officers, human resources leadership and fundraising professionals. Mark draws from his extensive experience to assist clients with executive compensation, organization structure, succession planning, recruitment and retention.

Previously, Mark was founding partner and chief executive officer of a medical search firm in California, where he recruited physicians and executives in several medical disciplines. Mark is an active member of the American College of Healthcare Executives.

### Education

B.S., United States Military Academy, West Point, NY

### Research and Administrative Support

WittKieffer has one of the largest research staffs in the executive search industry and, arguably, the largest devoted solely to gathering intelligence on executives for roles in the healthcare arena. The

firm has 20 analysts, librarians, and knowledge managers who generate original research for every search.

In addition, we assign a dedicated executive search coordinator to each engagement, who ensures optimal project management support. Responsibilities include tracking our internal search processes, coordinating client and candidate interviews, scheduling client meetings, and communicating directly with the committee's designated search liaison, among other important duties.

Together, our search teams work in concert to ensure optimal client and candidate experiences.

## Process and Deliverables

Following is a description of WittKieffer's full-service approach to executive search and transition.

### Phase 1: Discovery and Planning Phase

We start by listening to you. We commence the search by conducting meetings onsite with board of director members, search committee members, senior leaders, direct reports, and other key stakeholders. These meetings will assist us in gaining direct feedback about the environment in which the next leader will operate; an understanding of organizational priorities, challenges, and aspirations in the context of the recruitment; and an appreciation of the factors that can support the placement. We acknowledge any sensitive issues that might affect the recruitment strategy. Our findings will also assist the search committee in better understanding and benchmarking the qualifications and experiences deemed essential for the role, and serve as the foundation for the search strategy as well as the transition for the successful candidate. We will prepare a comprehensive leadership profile, which articulates the collective vision, functional responsibilities, key competencies, major challenges, principal accountabilities, qualifications, and goals for the position's first 12-18 months.

#### *Key Activities and Deliverables*

- Conduct organizational needs analysis and offer general consultation
- Develop project communication plan and search timeline
- Identify critical leadership competencies according to strategic priorities
- Develop full leadership profile; search committee maintains editorial authority
- Establish secure web portal as a repository for search and candidate materials
- Propose recruitment strategy based on client-specific objectives

### Phase 2: Candidate Sourcing and Evaluation

Our firm's vast resources and extensive individual networks provide us with direct access to executive leaders across the country. A combination of broad and targeted personal outreach allows us to identify truly exceptional candidates. We curate a list of prospective candidates from our firm-wide networks, quickly and efficiently building an ideal and diverse pool of highly talented leaders. We subsequently conduct in-depth behavioral interviews with each screened candidate to assess the seriousness of interest and potential for success in the position. We evaluate all candidates, internal and external, in the same thoughtful, comprehensive manner, and we treat internal candidates with particular sensitivity, tact, and objectivity.

#### *Key Activities and Deliverables*

- Maintain regularly scheduled, frequent communication with the Search Committee/Board Chair
- Acknowledge nominations and applications
- Proactive outreach to valuable sources and desirable prospects
- Review applications and prospect credentials
- Conduct comprehensive leadership history evaluations prior to candidate presentation



- Screen for prior allegations of harassment or discrimination
- Deliver highly qualified candidates and corresponding materials to committee

### Phase 3: Candidate Interview Support

We work collaboratively with the search committee to narrow the candidate pool to a select group of leaders who merit additional consideration. Our team provides logistical support for semi-finalist interviews. We are onsite, as needed, to facilitate and help you prepare for and conduct candidate interviews. We provide feedback throughout the interview process and give continued guidance as you select finalists. We continue our referencing for candidates who progress toward the finalist stage.

As part of our exhaustive approach to candidate due diligence, which occurs throughout the process, we conduct sophisticated personal referencing with both candidate-provided and "off-list" contacts; comprehensive media and public record reviews; and verification of employment history, education, certifications, and other professional degrees and credentials. We screen all candidates for prior allegations of harassment and/or discrimination.

As an optional service, WittKieffer can administer a series of psychologist-led executive assessments for each finalist candidate. This service includes an interactive feedback session to interpret and discuss outcomes with the hiring authority, a one-on-one feedback session with the placement, post-hire, and additional structured follow-ups to strengthen the onboarding phase.

#### *Key Activities and Deliverables*

- Assist in identifying candidates for first- and second-round interviews
- Coordinate logistics for first- and second-round candidate interviews
- Draft tailored interview questions and share evaluation tools and methods
- Consultant(s) onsite to facilitate first-round interviews
- Conduct additional references and investigate public media sources
- Administer psychologist-led leadership assessments for finalists (optional)

### Phase 4: Selection and Appointment

Our team assists with candidate scheduling for finalist interviews and provides guidance on spousal visits and other activities important to candidates and their families. Following finalist interviews and once you decide to extend an offer, we can advise on terms, salary, benefits, and relocation based on our experience in negotiating executive compensation packages. As an element of our partnership, we offer counsel to help clients smoothly transition new leadership.

#### *Key Activities and Deliverables*

- Advise on terms, salary, benefits, and relocation
- Debrief candidate participants once the new hire is announced
- Transition and onboarding planning/support

## Best Practices: Executive Assessment with Onboarding

As part of our evidence-based approach to recruitment, WittKieffer, through our partnership with CMA Global, Inc., offers leading selection assessment and post-hire assimilation services. CMA conducts more than 10,000 leadership assessments annually through their team of 20 PhD, licensed psychologists. Together, our comprehensive, psychologist-led assessment services transcend today's industry standard through a multi-dimensional approach. Our partnership with CMA combines best-in-class scientific instruments with client and role-specific insights and analysis. Our team will integrate critical findings from the discovery phase of each search to customize the assessment process, and further, extend our support to have an active, supporting role during the onboarding process.

Our approach includes the following activities and deliverables for each finalist candidate:

- Pre-assessment interview between each candidate and a PhD, licensed psychologist
- A comprehensive set of assessments (described below)
- A debrief session with the Search Chair/Board Chair/hiring authority prior to finalist interviews
- Custom questions and interview strategies based on assessment findings, as desired

### *WittKieffer/CMA Onboarding Support for Candidate of Choice*

- A 90-minute debrief and feedback session with the placement prior to or at the commencement of their employment. This session will support the leader early in their transition, elevating their self-awareness regarding their strengths and behavioral tendencies, helping them calibrate pace and overall approach to the culture and the articulated measures of success for the role.
- A planning session with the placement and hiring authority in the first month to ensure a smooth transition. This session helps solidify the partnership between our placement and their supervisor, reviewing assessment information, identifying supports and establishing approaches that align to the articulated goals for the role and best position the leader for success.
- A meeting with the placement at 100 days post-hire. This is a milestone time for when a new leaders reflect on their first 90 days to calibrate their approaches and progress. WittKieffer's search team leader and a CMA licensed psychologist will meet with the placement to discuss progress, potential needs/supports, helping ensure early, successful assimilation into your organization and the community.

Our comprehensive set of assessment instruments include:

- **Watson Glaser Critical Thinking Questionnaire (WG):** Assesses how a person processes and critically evaluates information
- **California Psychological Inventory (CPI):** Assesses and compares the candidate to the general population on several job-related personality factors such as dominance, achievement, responsiveness
- **Motivation Questionnaire (MQ):** Describes the extent to which a number of factors motivate an individual (such as hard work, commercial outlook, recognition, etc.)
- **Leadership Effectiveness Analysis (LEA):** Indicates what the candidate emphasizes in leading and managing people and tasks

## Timetable and Work Plan Summary

Searches of this nature typically take between four and six months to complete, from the initial discovery phase meetings to offer acceptance. At the outset of the engagement, we will develop a timeline and work plan according to search committee needs and preferences. Following is a sample timeline and work plan summary.

<p><b>Discovery Phase</b> 1 to 2 days</p>	<p>WittKieffer meets with the board of directors, search committee, leadership, and other key stakeholders to understand Northern Inyo Healthcare District and the nature of the position to create the ideal leader profile.</p>
<p><b>Development of Leadership Profile and Recruitment Strategy</b> 2 weeks</p>	<p>WittKieffer submits draft leadership profile and suggested recruitment strategy. Board of Directors/Search committee provides input and approval.</p>
<p><b>Recruitment and Candidate Evaluation</b> 6 to 8 weeks</p>	<p>WittKieffer launches a thorough national recruitment targeting potential candidates. For each screened candidate, we conduct behavioral interviews and initiate our due diligence process. We maintain frequent and regularly scheduled contact with the search committee throughout the recruitment phase.</p>
<p><b>Candidate Review</b> 2 hours</p>	<p>WittKieffer meets with the board of directors/search committee to review candidates and identify semi-finalists for interviews.</p>
<p><b>Semi-finalist Interviews</b> 1 to 2 days</p>	<p>WittKieffer prepares the board of directors/search committee for semi-finalist interviews (typically 4-6 candidates) and assists with selection of finalists (typically 2-3) for finalist interviews. We conduct additional references, media checks, education/employment verifications, and if desired, administer a battery of leadership assessments for finalists.</p>
<p><b>Finalist Interviews</b> 1 to 2 days</p>	<p>Finalists interview at Northern Inyo Healthcare District with a broad range of constituents. The candidate of choice is identified from this round of interviews and negotiations commence.</p>
<p><b>Selection and Negotiations</b> variable</p>	<p>When the hiring authority decides to extend an offer, WittKieffer can advise and/or assist with negotiations.</p>

**Search Conclusion**  
variable

Once the candidate of choice accepts the offer, WittKieffer supports smooth transition. After the appointment is announced, WittKieffer notifies the other participants of the outcome.

## Advancing Leadership Diversity

WittKieffer's commitment to advancing diversity is underscored by our proven history of conducting inclusive searches and promoting the value of leadership diversity – from the boardroom to the C-suite and beyond. During the recruitment phase, we identify leaders from underrepresented groups through a network of relationships built on trust over many years, an essential trait when recruiting leaders who are heavily sought in a high demand environment.

Differentiating our strength in the field, we have a long, productive relationship with the American Hospital Association's Institute for Diversity and Health Equity (IFD), the National Association for Health Services Executives (NAHSE), and Executive Leadership in Academic Medicine (ELAM), which identifies and coaches future M.D. and Ph.D. women leaders. We regularly speak at national conferences and coordinate on initiatives that promote diverse leadership and leverage these relationships to source and identify strong, diverse leaders.

WittKieffer's Diversity Council drives and explores the most effective methods of executing the following mission, internally and externally:

*WittKieffer believes a culture of diversity and inclusion, where the entire range of human experience is welcomed and celebrated, can strengthen and transform organizations. We strive to model this belief in our work and service to our clients.*

The following evidence supports our continual efforts to raise awareness, partner successfully with our clients, and steward strong, diverse leaders.

- Per our most recent analysis:
  - 20% of our placements are people of color.
  - 42% of our placements are women.
  - 95% of our slates include diverse candidates.
- Combined, 47% of all WittKieffer placements are diverse.
- Of WittKieffer's more than 200 employees, 75% are women and 18% are people of color.
- The firm has been recognized by the National Association of Health Services Executives (NAHSE) for Outstanding Organization of the Year and by the Institute for Diversity and Health Equity (IFD) for Outstanding Organizational Support to the Mission.

As a core strategy when evaluating all leaders, we challenge candidates to demonstrate their ability and/or present their accomplishments in championing diversity initiatives in their current organizations or within their respective fields. We are interested in gauging candidates in their thought leadership contributions to delivering culturally competent care/programs as well as working within multicultural teams and collaborations. We also investigate talent at organizations that have had great success in not only retaining diverse staff, but also in developing programs that strengthen awareness and inclusivity.

## Pricing and Terms

Following is an overview of WittKieffer's pricing and terms.

### Professional Fees

Professional fees for this search assignment are one-third of the position's projected total compensation including base salary and projected bonuses for which the individual is eligible, with a minimum fee of \$65,000. At the conclusion of the search, we will adjust our fee up or down, depending on actual total compensation.

### Expenses

The fixed overhead expenses, billed at the one-time charge of 10 percent of professional fees with a minimum of \$6,000 and a maximum of \$10,000, are for administrative support, employment verifications, media checks, database access, communications and research services that are not easily identifiable by project.

Out-of-pocket expenses are for staff and candidate travel and accommodations, courier services, advertising, video conferencing, education certification and licensure verification and outside printing and external expenses directly related to your search.

### Background Checks

It is our practice to obtain background reports for each candidate, internal and external, who is advanced to client interviews. These background reports, solely used for employment purposes, include verifications of the candidate's employment, academic degrees, professional licenses and certifications, and a review of public sources for relevant information. We use the Mintz Group LLC ("Mintz"), a leading provider of background checking and due diligence services, to conduct the background screenings. Mintz is a consumer reporting agency under the Fair Credit Reporting Act (FCRA). In addition to WittKieffer, you are a user of the information provided in the background reports provided by Mintz for candidates for employment by Northern Inyo Healthcare District. To ensure compliance with the FCRA, Mintz requires WittKieffer and you, the hiring authority, each to sign its End User Certification form to certify compliance with "user" requirements under the FCRA. The Mintz End User Certification form is attached hereto as Exhibit A and is to be executed along with this letter agreement.

In the event that you decide not to sign the End User Certification form for any reason, neither Mintz nor WittKieffer can legally provide you with access to or copies of the background report or any information contained therein for any candidates for employment by Northern Inyo Healthcare District.

In addition to the background check conducted by the Mintz, you, as the hiring agent, are strongly encouraged to conduct credit and criminal background checks on the finalist(s). In addition, if you have not signed the EUC and thus cannot access the background report or the information therein,

you also are strongly encouraged to conduct media checks on the finalists. We can refer you to reliable consumer reporting agencies if you would like.

## **Billing Arrangements**

The first billing of one-third of the estimated professional fees and for fixed overhead expenses will be submitted at the start of the search. Two additional billings of the professional fees and actual out-of-pocket expenses will be submitted at 30 and 60 days. Invoices for additional expenses will be submitted monthly thereafter. A final statement at the conclusion of the search will adjust, as necessary, fees and expenses incurred and payments received. Invoices are due within 30 days. All bills must be paid within 60 days of the close of a search to activate the placement guarantee.

## **Additional Services**

WittKieffer offers a flat rate for selection assessment and early onboarding services billed at \$9,000 per engagement. Our package includes the administration of a comprehensive set of best-in-class assessments for all finalist candidates, debrief sessions with the hiring authority and ultimate placement, and ongoing support through the early stages of onboarding.

## **Cancellation and Related Policies**

If an additional candidate is hired as a result of this search assignment, there is a professional fee add-on of 20 percent of the first year's total compensation including base salary and projected bonus. In addition, if the search is delayed by more than 30 days or the specifications for this search assignment are substantively changed, an additional fee for either event may result. If, for any reason, the search is cancelled prior to successful completion, the client is responsible only for the professional fees billed to date, plus actual expenses.

A search that is suspended or placed on hold may be restarted within six months of this proposal if the search is for the same position stipulated in this proposal. A search placed on hold for more than six months will be considered cancelled; any search that is restarted may be subject to additional search fees. The firm's guarantee applies only to the search described in this proposal, and may not be applied to different searches.

## **Quality Guarantee**

If the executive WittKieffer places at your organization ceases to be employed by the client organization in any capacity within one year of his/her commencement of employment, WittKieffer will search for a replacement to fill the original position at no additional professional fee.

WittKieffer shall receive notice of the need for a replacement search promptly from the client and no later than 30 days after departure of the placement. Activation of the guarantee is based upon the client's notification to WittKieffer of the departure. Based upon discussion between the client and WittKieffer, a mutually agreed upon start date for the replacement search should occur within a reasonable period, but no later than 90 days from the departure date of the placement.

The guarantee applies to the Chief Executive Officer search only, and there should be no material change in the job specification for the replacement search. Our guarantee excludes those situations where the placement departs due to organizational realignment, department restructuring, material changes in the position, disability, or death. Additional out-of-pocket expenses associated with the replacement search will be charged in the same manner as the original search.

## The WittKieffer Difference

As experts in strategic leadership and the impact these individuals have on their respective organizations, the communities they serve, and the broader world around them, there are multiple factors that will distinguish your partnership with WittKieffer.

**Organizational alignment:** Dedicated to serving organizations that are committed to improving the quality of life, we do our best work when we can directly connect the mission and ethos of our firm with our client's. As a result, our fit with healthcare organizations is uniquely and powerfully suited.

**Specialization in healthcare:** Our specialization in and dedication to healthcare gives our consultants a unique understanding of the industry; we have developed this expertise over our 50-year history and have become integral to the fabric of the industry helping to solve the most pressing issues in healthcare through exceptional talent identification and development.

**Continuity and scale:** By committing to the select arenas we serve, we have been able to specialize our support over time, attracting passionate team members and perpetually building subject matter expertise in key areas. Importantly, WittKieffer team members do not work in silos. Our consultants work in teams, often overlapping practice areas.

## Areas of Expertise

### General Areas of Expertise

- CEOs/Presidents (system, regional, and site)
- Operations
- Finance and Business
- Service Line
- Human Resources
- Nurse Executives
- Strategy, Marketing, and Communications

### Specialty Practices

- Physician Integration and Leadership
- Academic Medicine and Health Sciences
- Information Technology
- Legal and Compliance
- Children's Healthcare
- Managed Care
- Continuum of Care (Senior Care, Home Care)

## Portfolio of Services

In addition to elite executive search, WittKieffer offers customized services to enhance your existing talent management programs.

### Interim Leadership

*Easing the transition of C-suite leadership with contemporary, consultative executives*

### Mid-Level Executive Search

*Recruiting today's top core talent and the next generation of healthcare executives*

### LeaderVerse

- Multi-dimensional Assessments – as part of every search or standalone internal assessment
- Onboarding – multiple options from value-added planning to full-service execution
- Succession Management – we evaluate your bench and help chart your future talent strategy
- Executive Coaching – ongoing support for key leaders according to strategic needs



## Contact Information

We look forward to exploring further the possibility of supporting your search for the new Chief Executive Officer. If you have any questions or wish to speak, please contact:

Steven Yamada  
Consultant  
WittKieffer  
Emeryville, CA  
(510) 420-1370  
syamada@wittkieffer.com

Chris Neumann  
Senior Associate  
WittKieffer  
Irvine, CA  
(949) 851-5070  
cneumann@wittkieffer.com

Mark Andrew  
Senior Partner  
WittKieffer  
Irvine, CA  
(949) 851-5070  
marka@wittkieffer.com

It would be an honor to serve Northern Inyo Healthcare District in this effort.

- **Write a job description & Advertise the Position**

McCall & Lee Healthcare would start by generating a job description that includes a prioritized list of job requirements, special qualifications, desired characteristics, and requisite experience. External postings will consist of utilizing a combination of our website and social media platforms, job posting sites, and word-of-mouth recruitment.

- **Active Recruitment is the way we recruit.**

Beyond job posts, McCall & Lee Healthcare would reach out directly to desirable candidates. Active recruitment will help generate interest from potential candidates who are not actively searching for new jobs but may be perfect for Northern Inyo Healthcare District.

- **Qualifying the Right Candidates**

Our organization already has a mechanism in place to receive applications--via email, an applicant tracking system (ATS), etc. In every case, the review process begins with a McCall & Lee Healthcare recruiter who reviews the applications and we eliminate any candidate who does not meet the minimum requirements for the position. Once a qualified candidate is identified, McCall & Lee Healthcare would review the candidate and identify if that candidate meets criteria and at this point send over candidate to the applicable NIH Representative.

- **Phone Interview/Initial Screening**

Initial interviews typically begin with phone calls with HR representatives. Phone interviews determine if applicants possess the requisite qualifications to fill the position and align with an organization's culture and values. Phone interviews enable organizations to further pare down the list of candidates while expending company resources efficiently.

- **Interviews**

Depending on the size hiring committee, one or several interviews are scheduled for those remaining candidates. Interviews include:

Early interviews are typically one-on-one, in-person interviews between the applicants and the hiring manager. Early interviews conversations typically focus on applicants' experience, skills, work history, and availability.

Additional interviews with management, staff, executives, and other members of the organization can be either one-on-one or group interviews with the hiring committee. They may be formal or casual; on-site, off-site, or online via Skype, Google Hangouts, etc. Additional interviews are more in-depth; for example, in interviews between a candidate and multiple members of the hiring team interviewer, each member of the hiring team focuses on a specific topic or aspect of the job to avoid redundancy and ensure an in-depth conversation about the role and the candidates qualifications and

experience. Note: at this stage, you should also inform the candidates you elect not to request an interview that the search has moved forward, and they are no longer under consideration.

Final interviews often include conversations with the company's senior leadership or a more in-depth discussion with an interviewer from an earlier stage in the hiring process. Final interviews are typically extended only to a very small pool of top candidates.

- **Applicant Assessment**

Once the interviews are completed, or during their completion, company will often assign applicants one or more standardized tests. These exams measure a wide range of variables, including personality traits, problem-solving ability, reasoning, reading comprehension, emotional intelligence, and more.

- **Decision**

After conducting background and reference checks, the hiring staff identifies their top choice. The hiring staff should also select a backup candidate in case the top choice declines the offer or negotiations fail to produce a signed offer letter. If no candidates meet the hiring criteria, the hiring staff should determine whether to start the hiring process over. If so, the hiring staff should discuss whether or not to adjust or alter the hiring process in order to yield more favorable candidates.

- **Reference Check**

Reference checks should verify any pertinent information shared by the candidate about previous employment--job performance, experience, responsibilities, workplace conduct, etc. A typical question to ask references is "Would you rehire this person?"

- **Job Offer**

Once a top candidate is identified, the organization should extend an initial offer. The offer letter should include the position's salary, benefits, paid time off, start date, potential severance pay, working remotely policy, included company equipment and other terms and conditions of employment. Negotiations are likely to follow. Therefore, the hiring staff should determine internally which elements of the offer letter are negotiable, and which are not. It is typical for terms like salary, flexible work schedule, and working remotely to be negotiable.

- **Hiring**

After negotiations, once the candidate accepts the job offer they are hired. An accepted offer letter begins a process of filling out and filing paperwork related to employment. Forms and paperwork might include:

- Form W-4
- Form I-9 and E-Verify
- State Withholding and Registrations
- A checklist with all required paperwork to be completed by new employees
- An organization's employee handbook

- **Onboarding**

Hiring a new employee does not conclude the hiring process. Onboarding your new worker in a welcoming and professional way will help integrate them in a manner that lays the groundwork for a long-term productive relationship between them and your company. A welcome letter is strongly advised. From there, relevant management should reach out to the employee before their start date to welcome them to the organization. Their workspace should be prepared, cleaned, and equipped with the necessary credentials and equipment before their first day. If an orientation is part of the onboarding process, make sure your employee has a clear understanding of the expectations and scheduling of those events. Lastly, consider assigning your new employee a mentor, which will help them settle into their new position and organization, and set them up for long term growth and success.



**MERRAINE GROUP INC.**<sup>®</sup>  
PROVIDING LEADERS FOR THE HEALTHCARE INDUSTRY



# MERRAINE GROUP INC.

*“More than 600 Hospitals Know Why”*

Merraine Group Inc. <sup>®</sup> was founded by David Gantshar, whose vision was to create a national search firm defined by exemplary service, rapid turnaround, discretion, and superior talent selection. In doing so, the firm he built and manages has maintained a 97.1% retention rate. Merraine Group employs a national cadre of talent scouts, offers the industry’s very best guarantee, and maintains a candidate acquisition department that sources the best individuals in the healthcare industry. What makes Merraine Group different is this internationally-known firm is still run on a daily basis by its founder who plays a role in every candidate selection process.

Merraine Group prides itself on learning a hospital’s culture and meshing it with the career goals and aspirations of those it represents. Building leadership teams that function as a cohesive unit and finding leaders who can bring out the best in your staff are two of Merraine Group’s hallmarks. Fabulous patient care begins with your employees. No firm will take this mission more seriously than Merraine Group. We are committed to providing you the best candidate selection, whether your needs are for today, next year or the next generation. At Merraine Group, we are large enough to get the job done and small enough to give you the personalized service you deserve.



**20 Years**  
of Experience



**97.1%**  
Retention Rate



**500+** Available  
Opportunities



## OFFICES

### Corporate Office

2654 SE Willoughby Blvd.  
Stuart, FL 34994

Main: 845.290.1900

Toll-Free: 866.MERRAINE

Web: [www.merraine.com](http://www.merraine.com)

E-mail: [info@merraine.com](mailto:info@merraine.com)

## WHO WE ARE

*Our mission is to be a high integrity executive search and recruiting firm, specializing in the placement of top professionals in world-class hospitals. Through our industry knowledge, dedication to continuous improvement, strong moral values and work ethic, and our “best in class” practices, we provide exceptional value added services to our clients.*

## CONTACT

### David Gantshar

President & CEO

Ph: 845.570.4292

E-mail: [dg@merraine.com](mailto:dg@merraine.com)

### Eric Hale

Senior Healthcare Recruiter

Ph: 304.212.3450

E-mail: [ehale@merraine.com](mailto:ehale@merraine.com)

# CAREER SPECIALTIES

General Management

Allied Health Management

Nursing Leadership

Executive Suite

Finance & Admin.

Healthcare IT

Children's Hospitals

## SERVICES OFFERED:

Interim & Contract Staffing

Recruitment Process Outsourcing

Executive Search & Direct-to-Hire



# WHY CHOOSE MERRAINE GROUP?

"One of the things I like about Merraine is they really focus on the organization. They get to know our organization... not just with my department, but with each one of the key leaders in the organization. Their expertise in healthcare has been extremely useful to us as an organization."

**Alan Pedersen, Vice President of Human Resources**  
Cayuga Medical System - Ithaca, NY

"I've been here for nine years...each and every candidate Merraine Group has brought on, not just for my leadership group, but for the entire hospital...none of those people have left."

**Susan Nohelty, Chief Nursing Officer**

"I will always remember you and your firm as the most professional and ethical recruitment firm with which I worked in my 30+ years in Human Resources."

**Barbara Jones,**  
Vice President of Human Resources (former)  
Oklahoma University Medical Center  
Oklahoma City, OK

"Thank you for helping us realize our vision by identifying such outstanding candidates. Merraine has helped us to achieve our goals and grow our practice."

**Dr. Gary R. Login, DMD** Brookline, Massachusetts

## A NOTE FROM PRESIDENT & CEO, DAVID GANTSHAR

"As the expression goes, 'Some things never change.' Since 1997, our firm has worked with more than 600 hospitals, medical centers, laboratories, cancer centers, multi-specialty practices, medical research facilities, dental offices and children's hospitals. Our business has grown by word-of-mouth both domestically and internationally. Our greatest asset is found in those we represent. Their experiences speak to a business built on the foundation of one satisfied client after another. I invite you to call me directly at 845.570.4292 and allow me to share with you what makes our firm unique in the industry today."



### Northeast Region

228 East Route 59  
Suite #334  
Nanuet, NY 10954-2956  
Ph: 845.290.1900

### Western Region

9888 Carroll Centre Road  
Suite #212  
San Diego, CA 92126  
Ph: 858.834.4346

### Mid-Atlantic Region

1714 Mileground Road  
Suite #200  
Morgantown, WV 26505  
Ph: 304.284.8500

### European Office

23 New Mount Street  
Manchester, UK  
M4 4DE  
Ph: +44 (0).203.769.1476





**MERRAINE GROUP INC.**  
PROVIDING LEADERS FOR THE HEALTHCARE INDUSTRY

97.1%



NATIONAL  
RETENTION RATE

## ERIC HALE

### VP/Sr Recruiter Healthcare Finance & Executive Leadership

Eric Hale graduated in 1995 with a Bachelor Degree in Accounting from Marshall University in Huntington, WV. The first 12 years of his career were in the Banking industry specializing in Trust & Estate planning.

In 2007, he discovered his true passion as a National Executive Recruiter. He is currently the Team Lead for Merraine Group's Financial Services Division and assists clients with financial, executive and nursing leadership staffing needs.

Eric takes great pride in assisting his clients and upholding the defining characteristics that make Merraine Group® one of the most successful Healthcare Executive Search firms in the country: speed to market, discretion, and the ability to find the best candidates in the marketplace.

Contact:  
Direct: 304.212.3450  
Main: 845.290.1900  
EHale@Merraine.com  
www.Merraine.com



### Areas of Specialty

#### C-Suite/Executive

- CEO, CFO, COO
- CAO, CCO, CQO
- CIO, CHRO, CMO, CNO

#### Financial

- Controller
- VP Finance
- VP/Director/Manager
- Revenue Cycle
- Patient Financial Services
- Compliance
- Risk Management
- Internal Audit
- Quality Management
- HIM
- Patient Access/Billing/Coding
- Reimbursement
- Accounts Receivable
- Materials Management
- Foundation/Gifts

#### Nursing Leadership

- Chief Nursing Officer
- VP Patient Care
- Director of Nursing
- Nurse Managers

#### Allied Health

- Director of Imaging
- Director of Laboratory Services
- Director of Cancer Centers

#### General Management

- VP/Director/Manager Human Resources
- Practice Management/ASC Management
- Facilities/Plant Operations
- Director/Manager Pharmacy
- Physician/General Surgeon

### **NIHD Retained Search Overview:**

1. Our fee would equal 30% of the candidate's first year compensation. First year compensation will include salary, any relocation bonus, sign on bonus.
2. **A retained search comes with a 2 year guarantee and candidate exclusivity.**
3. Upon execution of the service agreement, client will pay a non-refundable engagement fee of \$10,000 plus a non-refundable advertising fee of \$4,250. If advertising costs exceed \$4,250 it will be paid by us. **Some firms advertising fee can meet or even exceed the actual candidate placement fee. I've seen invoices from competitor's where this is indeed the case.**
4. Final payment will be due thirty days after the offer letter is signed, less the \$10,000 engagement fee.
5. You won't lose the engagement fee on the rare event the CEO position isn't filled. It would simply be applied to another search within 1 year for a manager position or higher.

### **Why Retained vs. Contingency?**

The primary difference between a retained and contingency search is not the quality of work, but the time and resources that will be dedicated to your search

1. A retained search comes with an industry leading 2 year guarantee.
2. Candidate exclusivity – candidates will be presented to your search only and will remain only in your search pipeline until they are hired or you remove them from consideration.
3. Priority – your search is at “the top of the list” and receives a higher level of service.
4. Dedicated support team to your search that will allow Merraine Group to utilize its full arsenal in sourcing, qualifying and presenting only the most talented of candidates.
5. Most importantly – it allows us to go to market with a much stronger message to attract only the best candidates. For example, on a contingency search a recruiter might say something along the lines of “I’m working with a great client based in the East Central region of California and they have a need for a CEO”. On a retained search I can say “I am exclusively representing NIHD. Let me share their story, the great things they are doing and this exciting CEO opportunity that they have available”. However, with that being said, we can keep the search confidential should that be your desire.

A typical retained search fee structure is a 1/3 engagement fee paid upfront, 1/3 when candidate resumes are presented and 1/3 at offer acceptance, then a final invoice for marketing/advertising fees. Merraine Group charges a flat \$10k engagement fee and the \$4,250 marketing/advertising fee with the balance due upon completion of the search.



# Navigating How to Interview and Hire Professionals during the Covid-19 Quarantine with Merraine Group

The world has changed as we know it, yet there is one constant: the need for *quality* employees in times like these.



At this moment, not all interviews can be done face to face and with a handshake. It's time to get creative to continue to secure the right talent for your team.



Some solutions include using phone and video chat platforms for interviews to avoid meeting in person. Other out of the box ideas, when meeting face to face is necessary, are coordinating with private jet and car companies to provide the safest travel options.



We at Merraine Group put our heads together with our partners to create solutions.

**MERRAINE GROUP INC.**  
PROVIDING LEADERS FOR THE HEALTHCARE INDUSTRY



We recognize that we must pull through this together to keep our hospitals, our infrastructure, our local businesses, and our country going, and eventually growing again; and are here to partner with your organization to help with staffing and hiring solutions.



A partnership is about working through obstacles together. **If you are struggling to coordinate interviews, hire the right professionals, or retain staff call me at (304) 212-3450 and we will find a solution together.**

From permanent placements, to contract/interim placements, other staffing solutions and more - we are here to help.

# Jane R. Doe MD, MBA

## CANDIDATE PRESENTATION



**MERRAINE GROUP INC.**  
PROVIDING LEADERS FOR THE HEALTHCARE INDUSTRY

Candidate presentation package:

1. Cover Letter -	Page 2
2. Resume -	Page 3
3. Candidate questionnaire -	Page 7
4. Reference -	Page 9
5. Compensation -	Page 11
6. Note page -	Page 12

Cover Letter:

Dear Cara and the search committee:

Attached please find the presentation of Jane Doe, a candidate for the CEO at Physicians Medical Center. Jane has served as CEO in the for-profit Hospital sector from 2001 – 2015.

Jane is a young and dynamic leader who is also an MD. She stepped into the consulting world for a few years and would really prefer to get back into the Hospital world. You will find in the following presentation Jane's resume, a questionnaire that she filled out, one of her references, and her financial requirements.

Thank you,

*David Flam*

David Flam | Director, Business Development  
[df@merraine.com](mailto:df@merraine.com) | direct: 845.501.8120 | Assistant: Jessica 845.290.1900 x101

**Merraine Group** | 119 Rockland Center | Suite 334 | Nanuet, NY 10954  
main 845.290.1900 | fax 212.918.9184 | [www.merraine.com](http://www.merraine.com)

Resume:

**Jane Doe, MD, MBA**  
Montebello, NY 10952  
Cell: (555) 555-5555

**EXPERIENCE**

**A HEALTHCARE PARTNERS, INC.**

**2014 - Present**

**Division Vice President - Team Explorer, Congers, NY**

Recruited by DaVita to utilize significant operational experience along with history of successful physician relations to improve their Southeast Houston division; a geography saturated with competition and fragmented physician practices.

- Operational responsibility for 46 dialysis clinics, employing over 800 teammates, which provided for over 475,000 treatments to more than 2700 patients in 2015
- Key 2015 financial metrics - Net Revenue: \$168 million, Pre-G&A EBITDA: \$46 million
- Opened 4 DeNovos in 2015 with a pipeline of 9 DeNovos scheduled to open between 2016 and 2017
- Hired two Regional Directors to complement chronically understaffed Division

**McKINSEY & COMPANY**

**2012 - 2014**

**Senior Implementation Coach (McKinsey Implementation Group), Phoenix, AZ**

Recruited by McKinsey to apply clinical and operational knowledge in their new implementation group which was created to provide long term client support and improve impact. Clients included several multi-billion dollar, multi-state for- and non-profit healthcare provider organizations.

- Led client teams at two facilities simultaneously to launch operational initiatives to improve excess length of stay, ED hold times, and late discharge times
- Led a client team to launch several operational initiatives to improve a facility's length of stay and level of care issues
- Worked with client to prepare the launch of a national Orthopedic service line and nationwide implementation of specific initiatives within Hospitalist service line (e.g. Sepsis and Pneumonia)
- Provided a McKinsey team with knowledge of Orthopedic products cost containment strategies experienced in professional role as acute care operator
- Worked with a McKinsey team to analyze potential areas to implement clinical operational improvements for several client facilities
- Helped revise/edit out-of-date Clinical Operations playbooks based on my experiences at multiple client sites and previous industry work. Playbooks involved: level of care, length of stay, OR throughput, OR supplies

## UNITED SURGICAL PARTNERS, INTERNATIONAL (USPI)

2009 – 2012

### *Regional Vice President Phoenix/Las Vegas Market, Phoenix, AZ*

Recruited by USPI due to background as a CEO of a physician-owned hospital and proven financial track record. USPI is a hospital and ambulatory surgery center management company that partners with physicians and joint ventures with large healthcare organizations to deliver high quality, cost-effective care at over 200 facilities throughout the United States. Reported to Market President with operational oversight for 9 facilities in 2 states and responsible for 2012 NR of \$100M and EBITDA of \$17.2M.

- Exceeded 2011 EBITDA budget by 24%; exceeded 2010 EBITDA budget by 18%
- Fostered positive relationships with physician partners and utilizers of the facilities, including organizing several market Medical Directors functions
- Worked closely with key personnel of our market's joint-venture partner, Dignity Health, to ensure clinical and quality integration of our facilities; and to obtain optimal managed care contracts
- Led multiple (re)finance deals and participated in several mortgage negotiations.
- Operational lead working with Development to a) build a new hospital from pro forma creation to architectural phase through construction, and b) acquire and transition a fully physician-owned facility into the market of which I assumed operational oversight
- Led Surgical Site Infection team during USPI's incorporation of the MIDAS system into its global quality program known as EDGE

## CIRRUS HEALTH

2006 – 2009

### **Chief Executive Officer (Thousand Oaks Surgical Hospital), Thousand Oaks, CA**

Recruited to this position due to physician background and the facility's need to significantly improve and repair physician relations. Hospital is a joint venture between 47 local physicians and Cirrus Health and is a 50,000 sq. ft. acute care surgical hospital located in South Ventura County with 21 inpatient bed and 6 OR's. Maintained active control of operational duties with direct reports of CFO, Director of Nursing, HR, Facilities, EVS, Dietary, Lab, Marketing/Physician Relations & Pharmacy. Also directed Marketing/PR activities which increased visibility and reputation of facility.

- Increased Net Revenue 39% 2008 vs. 2006; increased EBITDA 27% 2008 vs. 2006
- Expanded (50%) and upgraded Medical Staff, including a widening of the geographic pool and enhancement of specialty diversity, especially in the Internal Medicine arena
- Fostered excellent relations with Governing Body and Medical Executive Committee
- Implemented multiple Employee Satisfaction programs resulting in excellent employee morale and minimal turnover
- Directed a keen focus on Patient Satisfaction which led to consistent scores in the mid 90<sup>th</sup> percentile and an HCAHPS rank of 2nd in the State of California
- Added Skull-Based Endoscopic Surgery to facility's scope of service

**Chief Operating Officer (Northwest Medical Center), Margate, FL**

Facility is a 215-bed acute care community hospital located in southeast Florida. Reported to CEO with operational responsibility for Diagnostic Imaging, Environmental Services, Dietary, Engineering, Security, OR, PACU, Outpatient Services, Laboratory, Rehab Services, Cardiac Cath, Endovascular Services, Wound Care, Occupational Health, and Volunteers. Served as Chief Staffing Officer.

- Directed multiple construction projects: 40 bed floor expansion of a shelled-in space; 4 story, 240 space parking garage; 10,000 square foot cafeteria and kitchen renovation and expansion
- Oversaw initial stages of installation of 64-slice CT, addition of 2 new vascular labs, and renovation of Pharmacy to adhere to USP 797 standards
- Directed Disaster Preparedness with focus on hurricanes, Avian Flu, and bioterrorism; helped lead facility through Hurricane Wilma which created a local two-week crisis situation
- Actively participated in multiple corporate process improvement initiatives including a thorough evaluation of all Outpatient processes focused heavily on patient throughput
- Facilitated changeover of Radiology practices serving as exclusive house-based group
- Directed processes for ePOM and PACs implementation

**Associate Administrator (Sunrise Hospital & Medical Center), Las Vegas, NV**

Facility is a 701-bed acute care hospital located in the heart of Las Vegas, Nevada. Reported to COO with operational responsibility for Environmental Services and Food & Nutrition, Pharmacy, Organ Transplant, Respiratory and Medical Library/CME.

- Facilitated implementation of new productivity monitoring system to nursing and ancillary depts; provided group educational sessions and conducted one-on-one in-services; monitored productivity and prepared bi-weekly reports for Division
- Crafted several strategic plans accepted by the Board of Trustees: Medical Staff development plan and scope of practice document and supervision agreement to define the practice of Physician Assistants throughout the facility
- Devised education plan for physicians on financial and clinical impact of poor documentation as related to inability to code medical records which resulted in improved performance
- Chaired an interdisciplinary team to improve security in the ED; two-part process involving structural & technological changes to access points, and process changes how Security functions throughout the hospital
- Oversaw reorganization of delivery of Pharmacy Services required to open a Pediatric Satellite Pharmacy; involved operational changes as well as introducing new technology into the facility
- Assisted in preparation for new Trauma service: aided in recruitment of Trauma Director and Program Coordinator; helped develop 5-year pro-forma budget; drafted practice structure

**PACIFIC AMERICAN SECURITIES, LLC**

**2000 – 2000**

**Intern to the EVP, Senior Managing Director, San Diego, CA**

Constructed daily activity reports, summarizing trading activity and commission generation. Evaluated potential areas of capital acquisition and strategic alliances.

**UNIVERSITY OF CALIFORNIA, LOS ANGELES**

**1997 – 1999**

**Resident in Anesthesiology, Los Angeles, CA**

Provided optimal care for thousands of patients via anesthesia administration. Analyzed inefficiencies in patient care process and recommended changes which improved patient flow. Supervised medical staff in the treatment and care of patients.

**UNIVERSITY OF PENNSYLVANIA**

**1996 – 1997**

**Transitional Year Intern (Presbyterian Hospital), Philadelphia, PA**

Managed all aspects of inpatient care on a variety of medical and surgical services, including performing all relevant invasive procedures. Organized and participated in teaching sessions to enhance medical student knowledge. Led intern accreditation team for JCAHO recertification.

**EDUCATION**

**THE ANDERSON SCHOOL, UCLA, Los Angeles, CA**

**1999 – 2001**

**Master's in Business Administration; Finalist – National Business School Network's Inner City Field Study Competition; Semi-Finalist - Deloitte Consulting Award, Management Field Study Achievement**

**ALBERT EINSTEIN COLLEGE OF MEDICINE, Bronx, NY**

**1992 – 1996**

**Doctorate of Medicine**

**UNIVERSITY OF PENNSYLVANIA, Philadelphia, PA**

**1989 – 1992**

**Bachelor of Arts, *Magna Cum Laude*, in Economics, Pre-Medical Concentration**

Memaine Group Inc. - Candidate Presentation



## Questions:

- 1) **What is it about Miami, Florida that appeals to you?**
  - Previously lived in south Florida, familiar with and enjoy the area
  - Heterogeneous population offers considerable arts, culinary and sports diversity
  - Closer to family and friends
  
- 2) **Why did you leave your last position and why would you consider leaving your current role (if relevant)?**
  - McKinsey was a wonderful opportunity, but longer term assignments focused on senior management did not materialize as planned.
  - Current role too niche in dialysis space, prefer more diversified focus of care delivery management; upside limited
  
- 3) **What do you see in this position that is lacking in your previous positions?**
  - Hospital environment preferred over limited dialysis focus of care
  - Most satisfying position I every held and enjoyed was that of CEO of a hospital
  - Physician equity provides greater partnership in quality and cost of care
  
- 4) **How do you see quality assurance and process improvement playing a role in your current scope of responsibilities and/or your future roles?**
  - Excellent QA and process improvement are integral to the success of every organization and a priority for a senior manager to instill into the culture
  - Staff education, training and focused programs to assure quality performance and improved protocols should be in-place and themselves continuously reviewed for improvement
  - Prefer independent position rather than absorbed in other employee's role to provide for necessary attention to detail
  
- 5) **What have you done to better the patient experience within your current/previous role?**
  - Directed a keen focus on Patient Satisfaction which led to consistent scores in the mid- 90th percentile and an HCAHPS rank of 2nd in the State of California
  - During my physician training and subsequent operations career I always took the view that every patient should be treated as a family member

**6) Please provide an example of a professional challenge that you tackled and successfully resolved?**

- Instituted a controlled payment system for implants in hospital of which I was a CEO in the face of fragmented orthopedic practices and significant physician opposition  resulted in significantly reduced costs and only slightly decreased implant choice
- Duplicated process when Regional Vice President with USPI in one of my hospitals with similar results

**7) What differentiates you from your colleagues?**

- Diverse background of MD and MBA with 15 years of operations experience provides business acumen with appreciation of life experience of a physician

**8) What are your hobbies?**

- Family, politics, history, sports, dogs, reading, movies

**Reference:**

**Candidate:**

Jane Doe

**Date Prepared:**

2/11/2015

**Prepared by:**

Rebecca David

**Reference Name:**

Dr. Thomas Kane

**Reference Title:**

Current Chief of Staff Memorial Hospital and Medical Center

**Reference Phone Number:**

555-555-5555

**What is your professional relationship and how long have you known each other?**

I've known him over 10 years. My capacity was head of the anesthesia department and chief of staff as well as a member of the joint operating committee while Michael was CEO.

**Can you tell me a little about him?**

He was young and energetic, hard-working, fair and thoughtful. The staff respected him. He made the place (hospital) more of his own and took it forward to the next phase. It was a new hospital and from an operations standpoint he made a good dent in reversing debt and got everyone to work together for the common good.

**What has been his biggest impact at the Hospital?**

He had the respect of everyone and was a trusted person. As an administrator he didn't play favorites and was very approachable. The medical staff and nursing and ancillary staff all respected him.

**What are his greatest strengths?**

He was a good leader for us. He was able to see what was going on and improve relations between physicians and administration and raise morale. He has a clinical background and that helped him have an understanding for the medical staff that other CEOs don't.

**What was his relationship with Physicians and how does he get buy-in from Physicians?**

He was very well respected so he brought a lot of the physicians together. Everyone sat down and worked together. He was intricately involved in helping the physicians and administration tackle problems together.

**What did the board think of him?**

They thought very highly of him. He was young and he came in and implemented some things and used his training from business to manage cost and was able to walk the tight line between spending too much and what is needed and find the balance. He turned around a facility that was floundering.

**How did he improve the patient experience?**

We were number one or two in the state with scores and he was very personal and walked around and spoke to the patients.

**How did he market in the community?**

He was a member of several boards and committees in the community. I don't have first -hand knowledge about that.

**What are his problem areas?**

Probably his youth and inexperience at the time so people would look at him and think he's a young guy and doesn't know much but he was really able to do a lot.

**Compensation:**

Jane's current salary is a base of \$180K plus a bonus of up to 50% which has been realized as 50K (prorated) of maximum potential of 100k based on company, group and divisional performance. In addition there is discounted stock purchase program.

He is comfortable with the given range of \$250K plus bonus for the position.

Your Notes:

Merraine Group Inc. - Candidate Presentation

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**From:** Eric Hale <ehale@merraine.com>  
**Sent:** Monday, May 11, 2020 11:29 AM  
**To:** Jean Turner  
**Subject:** [EXTERNAL MAIL]Re: [EXTERNAL MAIL]Re: Northern Inyo Healthcare District

Thanks Jean. I have also attached a sample candidate dossier that we complete for each candidate on a retained search. This will give you an idea of what a candidate presentation package from our firm would look like. Please note that the questions section of the dossier would be tailored specifically for your search. We would work with the NIHD committee to formulate those questions.

---

*In Need of C-Level Talent? Nobody Knows the Market Better:* <https://bit.ly/303OhEr>

**Eric S. Hale** | VP/Sr. Recruiter  
Healthcare Finance, Nursing Leadership & Executive Administration  
[ehale@merraine.com](mailto:ehale@merraine.com) | direct 304.212.3450  
Merraine Group Inc.® | main 845.290.1900

On Mon, May 11, 2020 at 2:09 PM Jean Turner <[Jean.Turner@nih.org](mailto:Jean.Turner@nih.org)> wrote:

Hi Eric,

Thanks for reaching out to me. I have included your information in our packet for next week's NIHD Board meeting on May 20. At that evening meeting, our Board will select a search firm to work with a small committee from our NIHD Board and staff. If there is additional information you wish to send to our Board, please do send it within the next couple of days for the Board packet.

Thanks so much,

*Jean Turner, Chair*

Northern Inyo Healthcare District  
Board of Directors

*Strong stewardship, Ethical Oversight, Eternal local access*

**From:** Eric Hale <ehale@merraine.com>  
**Sent:** Monday, May 11, 2020 11:02 AM  
**To:** Jean Turner  
**Subject:** [EXTERNAL MAIL]Re: Northern Inyo Healthcare District

# ROKOSGROUP



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

## **Executive Search Proposal for Northern Inyo Healthcare District - Chief Executive Officer**

### **About Us**

Rokos Group is an executive search firm specializing in the recruitment of healthcare executives. We are based in California, and our Partners have over 50 years combined experience placing critical leadership roles and are passionate about helping clients recruit great talent and helping talented leaders advance their careers. With each search, we implement our process that includes the time-tested methodology of retained search along with live and recorded web-based video technology to help organizations attract, recruit and retain leaders across all disciplines at the Director level through Chief Executive Officer.

What makes Rokos Group unique is that we go beyond being a search firm to serving as a trusted partner our clients can look to when filling critical leadership roles. We are built on a foundation of collaborating closely with our clients to understand position requirements and their environment, and then source the best possible talent to match the skills, experience, and culture you seek.

The result -- finding the best leaders in your field that will have the greatest contributions to your organization.

We have also come to know that having a partnership built on trust and candid communication is critical to a successful outcome and a mutually beneficial on-going relationship. We commit to being 100% transparent, professional, trustworthy and responsive as we partner with you and your team.

### **ENHANCED MARKETING**

Our search techniques go beyond other search firms. We use our vast network and digital expertise to enhance the marketing of the position and reach even the most passive candidates. By broadening the search radius, we are able to deliver the best suited candidates based upon what you are seeking and presenting only candidates that are sincerely interested in the role.



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## **WEB-BASED VIDEOS**

Our innovative use of web-based videos has been at our core from the onset. We feel strongly that this creates a dynamic interview process that gives both parties a deeper sense of fit from a leadership and cultural perspective. As pioneering founders of one of the first video interview technology companies, we have seen the value this type of interaction can deliver.

## **CANDIDATE ASSESSMENT TOOLS**

Our in-depth candidate assessment goes one step further to analyze fit based upon a job specific profile, ensuring the candidate is the best match not only from a leadership and cultural perspective, but specifically to the designated role. This assures the executive can meet the demands of their position and deliver outstanding leadership to their teams.

## **CLIENT-CENTRIC MODEL**

Our shared risk fee structure based on mutually agreed upon milestones gives our clients peace of mind that we are in it together for a successful outcome. We continue to engage with both parties over the first year to ensure fit and cohesion. If a placement leaves or is terminated during that year we offer a replacement search to you at no cost.

## **Our Process**

### **INITIATE:**

#### **GATHER REQUIREMENTS**

Upon commencing a search with Rokos Group we engage with your key stakeholders to gain an in-depth understanding of the requirements for the position along with your goals and organizational culture.

#### **STAKEHOLDER VIDEOS**

During our initial onsite meeting we record key stakeholders discussing the job requirements and corporate culture to provide candidates a clear sense of the organization and role.

#### **CREATE SPECIFICATION**

After gathering all the information, we create a detailed position specification and include the stakeholder video(s). We provide this job specification to qualified candidates so they understand the objectives for the role along with the desired attributes of your next leader.

#### **DEFINE POSITION**

Using this as a baseline for the search enables us to clearly articulate your organization's vision to prospective candidates and target your ideal profile, presenting only the most suited candidates for your consideration.



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## **EXECUTE:**

### **SOURCE CANDIDATES**

Once the initial assessment is complete, our seasoned team uses proven and advanced search techniques to reach both active and passive candidates, tapping into a significantly larger candidate pool. We conduct a national search using a variety of resources, technologies, and strategies to market opportunities and develop an outstanding slate of interested candidates. We focus on qualified individuals whose education, experience, style, and accomplishments match our client's needs. We also work with any internal candidates by assessing their level of interest and qualifications in comparison to the external candidates we identify.

### **INTERVIEW SCREENING**

We then conduct in-depth interviews with identified candidates via telephone, video conference, and/or in person to ascertain the most qualified applicants.

### **VET CANDIDATES**

Once we develop the list of qualified candidates, we thoroughly vet them through an aptitude and job-fit assessment and verification of all required educational degrees, professional licenses and/or certifications of all candidates presented. We also conduct thorough references with current and former employers, supervisors and professional peers to verify accomplishments and gain insight into each candidate's style and personality.

### **PRESENT CANDIDATES**

Once we have identified and rigorously vetted the top candidates through successful video or in-person interviews, we present only the most suited candidates for consideration. Each candidate package contains: resume, references, interview summaries, job-fit assessment, appropriate verifications, and candidate video introduction.

## **COMPLETE:**

### **FEEDBACK**

We engage in timely communication and provide valuable feedback to both parties subsequent to all interviews.

### **LIASON SERVICES**

We then serve as the liaison between our client and the candidate, navigating the offer process and assisting with all facets of negotiations including compensation, benefits, relocation, etc. to ensure we bring the search to successful completion.

### **MAKING THE OFFER**

The offer will typically be extended by Rokos Group with guidance and approval from the client, unless the client specifically requests to extend the offer. We can also provide assistance in



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drafting a written offer as requested.

## **MONITOR:**

### **THE FIRST YEAR**

We are driven to help you build outstanding leadership teams and therefore continue our engagement with clients and the placement for a year post hire to ensure seamless transition of the new leader into the role and long-term success for both the candidate and organization.

### **SATISFACTION GUARANTEE**

If for any reason the placement leaves voluntarily or is terminated during the first year of employment, Rokos Group will conduct a replacement search without additional professional fees.

## **FEES**

Our fee for executive search services will be twenty-eight percent (28%) of the new executive's first year cash compensation. The initial retainer for this search will be one third (1/3) of the anticipated fee and will be invoiced upon execution of this agreement. Upon presentation and acceptance of qualified candidates, we will invoice an additional one third (1/3) of the anticipated fee. Upon written acceptance of the offer letter by your new executive, the balance of the fee will be invoiced. All invoices will be due net 30.

The administrative fee for this search will be \$8,500 and covers all expenses including consultant travel, marketing costs, technology, education and employment verifications and other out-of-pocket expenses. The administrative fee will be invoiced upon execution of this agreement and due net 30. Candidate travel expenses are not included and will be the responsibility of the client. A separate professional fee(s) will be applied should additional executive(s) presented during this search be hired by client within one (1) year of completion of search.

**We believe this fee structure (placing two-thirds of our fee contingent upon performance milestones) most properly aligns our incentives with those of our clients and rewards both efficiency and effectiveness.**



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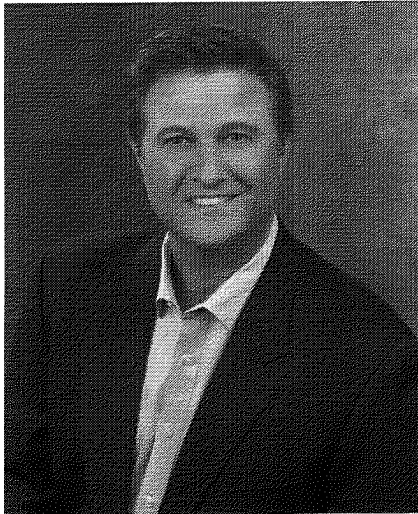
## Professional References

- Donald J. Whiteside, Director, Wipfli  
Oakland, California  
510-768-0066  
[dwhiteside@wipfli.com](mailto:dwhiteside@wipfli.com)
- Dan Ausman, President & CEO, Methodist Hospital of Southern California  
Arcadia, California  
626-574-3600  
[Dan.Ausman@methodisthospital.org](mailto:Dan.Ausman@methodisthospital.org)
- David Culberson, CEO, San Joaquin General Hospital  
French Camp, California  
209-468-6600  
[dculberson@sigh.org](mailto:dculberson@sigh.org)
- John Friel, Chief Executive Officer, Bear Valley Community Healthcare District  
Big Bear, California  
909-866-6501  
[John.Friel@bvchd.com](mailto:John.Friel@bvchd.com)
- Jason Paret, Chief Executive Officer, Catalina Island Medical Center  
Avalon, California  
310-510-0700  
[jparet@cimedicalcenter.org](mailto:jparet@cimedicalcenter.org)
- Amy Shin, CEO, Health Plan of San Joaquin  
French Camp, California  
209-461-2211  
[AShin@hpsi.com](mailto:AShin@hpsi.com)
- Jayne O'Flanagan, Acting CEO, Eastern Plumas Health Care  
Portola, California  
530-832-6563  
[jayne.oflanagan@ephc.org](mailto:jayne.oflanagan@ephc.org)



# ROKOSGROUP

## Our Team



### **Greg Rokos, Managing Partner**

Greg Rokos has been an executive search consultant since 1991 and founded Rokos Group in 1999. With over 25 years in the recruiting industry, Greg has spent his entire professional career helping organizations attract and recruit the best talent.

Greg has personally completed over 300 successful executive assignments, including searches for Directors, Vice Presidents and the entire C-Suite. In 2008, Greg recognized the need for a significantly improved interview experience and co-founded GreenJobInterview, a pioneering video interview technology company. Serving as its President, Greg led GreenJobInterview, twice making

the Inc. 500 fastest growing private companies in America list before guiding the company through its successful acquisition in August, 2017.

In addition to being a published author on effective and efficient staffing strategies, Greg has been interviewed by media organizations including NBC, CBS, Fast Company, HR Executive, HR Magazine and many others.

Greg holds a bachelor's degree with honors from the University of California at Santa Barbara.



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## **Mark Lukacs, Partner**

Mark Lukacs has been a healthcare executive recruiter since 2001. He worked as an Associate with Rokos Group from 2001 to 2005, and then spent 11 years as an Associate in the healthcare division of the large executive search firm, Witt/Kieffer Inc. During his time with Witt/Kieffer, Mark participated in nearly 200 searches, and in 2007 won the Witt/Kieffer Quality Award for consulting staff. He rejoined The Rokos Group in 2016 as a Principal in the firm.

Mark possesses a wealth of experience in all aspects of the search process, recruiting leaders for companies across industries. He has identified top talent for all C-Suite positions and Director-level positions.

Mark holds a Bachelor of Arts degree in English from the University of California at Irvine.



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## **Eastern Plumas Health Care**



### Position Specification for **Chief Executive Officer**

Prepared by

The Rokos Group

January, 2020

This Position Specification is intended to provide information about **Eastern Plumas Health Care** and the opportunity for **Chief Executive Officer**. It is designed to assist qualified individuals in determining their level of interest.



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## **Chief Executive Officer Eastern Plumas Health Care**

### **VIDEO INTRODUCTION:**

*Please click on the link below to watch a video introduction from Jayne O'Flanagan, Acting Chief Executive Officer:*

[Jayne O'Flanagan, Acting Chief Executive Officer - Video Introduction](#)



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# THE ROKOS GROUP

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## **THE ORGANIZATION:**

Eastern Plumas Health Care is a small, non-profit, critical access hospital district that emphasizes access to care for all, and provides services focused on the particular needs of the rural community they serve. They've been providing comprehensive medical services to Plumas County since 1971.

EPHC Offers Access to:

- A 9-bed acute care hospital
- 24-hour, physician staffed stand by emergency room and ambulance service
- 3 primary care medical clinics and 2 dental clinics
- A wide variety of specialists
- An award-winning telemedicine program
- Rehabilitation services
- Hospital-based skilled nursing facilities
- Outpatient procedures
- Laboratory
- Diagnostic imaging
- Dietary
- Respiratory therapy
- Hospice care

EPHC also offers a wide range of outpatient diagnostic services. These include a full-service clinical laboratory and a comprehensive imaging department offering preventive and diagnostic services.

With a combined total of 66 beds, EPHC's Skilled Nursing Facilities in Portola and Loyaltan offer both short term rehabilitation, including Medicare Part A post-surgical rehabilitation and therapy, as well as long term care.

*Please click here for more information on the organization:*

[About Eastern Plumas Health Care \(Click Here\)](#)

## **THE POSITION:**

### **Chief Executive Officer**

The Chief Executive Officer (CEO) functions with authority given from the Board of Directors (BOD). The CEO provides leadership and management to the District, and reports to and works in partnership with the Board of Directors.



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## **PRINCIPAL ACCOUNTABILITIES:**

### ***Board Relationships:***

- Provide guidance and leadership to the board of trustees in setting philosophy, mission, and policies of the organization.
- Meet regularly with the full board and its committees to keep them abreast of plans, programs, and issues affecting the organization.
- Provide the board of trustees and its committees with written and oral reports on the status of operations, professional services, and financial operations of the District.

### ***Planning:***

- Direct the strategic planning process for the District and develop plans for growth based on current and anticipated community needs.
- Provide consultation to the BOD to keep the governing body aware of trends, innovations, and opportunities that will support the District's strategic direction.
- Network with the community, especially the healthcare community, to take advantage of opportunities that will enhance the District's operational strategy.

### ***Management:***

- Provide leadership and vision to the management staff and all employees of the organization.
- Ensure all organizational entities are well managed with clear lines of responsibility and accountability.
- Direct the coordination and implementation of District-wide policies and procedures.
- Ensure conformance with corporate philosophy and policy.
- Work individually with executive staff to assist them in the development of institutional policies and objectives.

### ***Service Integration:***

- Coordinate efforts to integrate services and programs within the organization.

### ***Human Resources:***

- Direct the implementation of appropriate human resources policies and programs that provide a positive work environment and the necessary incentives for recruiting high-quality workers.



# THE ROKOS GROUP

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## ***Financial Management:***

- Ensure the preparation of budgets, financial plans, and capital expenditures in accordance with BOD objectives and directives.
- Ensure financial integrity through the implementation of an operational budget consistent with the overall strategic plan.
- Direct resource allocation for effective utilization of all resources.
- Strive to achieve the District's financial and operating goals.

## ***Quality of Services:***

- Ensure quality of healthcare services by monitoring the District's medical activities, perform necessary administrative functions relating to performance improvement, and assist the BOD and medical staff efforts to achieve and maintain the desired standards of medical performance.
- Provide Internal controls that protect human, physical, financial and informational resources.

## ***Regulatory Compliance:***

- Ensure compliance with all applicable laws and regulations governing health care delivery and with all appropriate accrediting inspecting agencies by continually monitoring the operation of services and programs, and initiating corrective action as necessary.

## ***Physician and Provider Relations:***

- Work cooperatively with and/or provide effective leadership to the physicians affiliated with the District.
- Work with the medical staff to achieve the standards of patient care as set by the medical staff, and to plan and implement services that meet the community's health care needs.

## ***Community Health Status:***

- Exercise a leadership role in the community by personally taking the initiative to ensure the District meets the changing needs of its constituency.

## ***Community Relations:***

- Maintain close contact with community leaders and representatives of public and private agencies.
- Encourage the integration of the District with the local community.



# THE **ROKOS** GROUP

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## ***Marketing and Fundraising:***

- Ensure that all strategic decisions are aligned with customer/stakeholder needs and provide value to them.
- Establish the overall direction of fund development.
- Ensure that a process is in place to establish, implement, and monitor fundraising plans and efforts.
- Maintain close contacts with key representatives of the public and private sectors on matters pertaining to fund development.

## ***Succession:***

- Ensure, in cooperation with the BOD, that there is an effective succession plan in place for the CEO position.

## **QUALITIES:**

- Foster an organizational culture that promotes ethical practices, encourages individual integrity, and fulfills social responsibility.
- Maintain a positive and ethical work climate that is conducive to attracting, retaining, and motivating a diverse group of top-quality professionals at all levels.
- Demonstrate ability in public speaking, written and oral communication, and interpersonal relations.
- Demonstrate a respect for the BOD's independence.
- Demonstrate a respect for outside directors' needs to meet independently.

## **FREEDOM TO ACT/ACCOUNTABILITY:**

- The CEO is accountable to the BOD for the fulfillment of the responsibilities noted above, and for confining authority to those organizational policies that state the authority and the limits of the CEO.
- The BOD is accountable to the CEO for providing the authorization, resources, and involvement necessary for the successful realization of the responsibilities of the position.
- The working relationship is reviewed as part of the annual CEO evaluation.



# THE **ROKOS** GROUP

## **CONFLICTS OF INTEREST:**

*Conflict of interest, confidentiality, disclosure - these concepts figure prominently in the understanding of governance responsibilities. They do not tell a CEO how to manage; rather, they imply a code of conduct and ethical behavior. In order to prevent using the power, position, or information derived from their situations to influence organizational activities and decisions, the CEO must:*

- Serve the District as a whole rather than any special interest group or constituency. The CEO's first obligation is to recognize that he or she represents only the District's best interests.
- Disclose any possible conflicts to the BOD in a timely fashion.
- Maintain independence and objectivity and act with a sense of fairness, ethics, and personal integrity, even though you may not be required to do so by law, regulation, or custom.
- Never offer or accept favors or gifts to or from anyone who does business with the District.

## **PRIVACY AND CONFIDENTIALITY:**

*As set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this position must maintain patient confidentiality in accordance with State and Federal regulations.*

*Protected Health Information is restricted to a need-to-know basis. Any intentional or unintentional breach of confidentiality will be reported to the HIPAA Privacy Officer and is subject to disciplinary action, up to and including termination of employment.*

## **KEY GOALS & OBJECTIVES:**

- Build and establish trust with the Board, employees, and the community.
- Gain an understanding of the culture of the organization and its employees, building stability and improving morale.
- Lead the organization in developing a strategic plan and compliance program, ensuring the hospital focuses on regulatory guidelines, quality, patient safety, and patient satisfaction.
- Revitalize the Foundation with the goal of fundraising for a replacement facility.
- Work closely with other small rural hospital leaders in the state of California, with an involvement in California and Federal associations that promote the needs of rural health care.
- Find ways to continue to generate revenue for the organization, including a focus on physician recruitment.



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## **EXPERIENCE/QUALIFICATIONS:**

- Five (5) years of accomplished healthcare leadership in an acute care hospital setting.
- Bachelor's degree in Business, Healthcare Administration or related field required. Graduate degree in Business, Healthcare Administration is preferred, or a comparable combination of education and experience.
- A visionary, proactive leader with the ability to command respect and obtain support to accomplish the vision.
- Strong management skills to identify opportunities to improve operating efficiency, growth, profitability, and compliance.
- The ability to effectively analyze complex issues/problems and lead/influence individuals and groups in developing and implementing successful resolution tactics.
- The ability to set and maintain high standards of performance in a collegial environment, holding people accountable for achieving deliverables. An outcome driven leader.
- The ability to handle multiple priorities simultaneously.
- Excellent presentation, communication, and organization skills. Respect for and understanding of the community and mission of the organization.
- Ability to foster and monitor growth of both the community and the organization in a supportive manner.
- Results oriented individual with a reputation of doing what it takes to get the job done while ensuring strong interpersonal relationships.
- Substantial fundraising experience.
- Experience in leading and developing facility improvements and planning for new construction.

## **ABOUT THE COMMUNITY:**

The town of Portola, California sits along both sides of the middle fork of the Feather River in Plumas County, on the upper eastern part of Northern California. Portola lies off the eastern slopes of the Sierra Nevada, and is the only incorporated city in Plumas County, California, United States. The population was 2,104 at the 2010 census.

Plumas National Forest's 1,200,000 acres offer a wide variety of outdoor recreation opportunities, including hiking, camping, kayaking, swimming, mountain biking, hunting and fishing. The area features more than 100 natural and artificial lakes. Many of the natural lakes are glacial in origin and can be found in and around Lakes Basin Recreation Area. Plumas County also features more than 1,000 miles of rivers and streams. All three forks of the Feather River run through the area.

*For more information on the city of Portola and Plumas County please visit the following websites by clicking on these links:*

[History of Portola](#)

[Portola - Wikipedia](#)

[Discover Portola](#)

[Plumas County - Wikipedia](#)



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# THE ROKOS GROUP

## **COMPENSATION:**

For the selected candidate, a complete and competitive compensation package will be offered which includes salary, major insurances, PTO, retirement, and relocation reimbursement.

## **PROCEDURE FOR CANDIDACY:**

Send resume or nominations to:

Mark Lukacs or Greg Rokos  
The Rokos Group  
3050 Pullman Street  
Costa Mesa, CA 92626

Greg Rokos  
714-406-1989  
[Greg@therokosgroup.com](mailto:Greg@therokosgroup.com)

Mark Lukacs  
707-837-2741  
[Mark@therokosgroup.com](mailto:Mark@therokosgroup.com)



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## Profile Summary Douglas A. McCoy

### Personal Information:

775-722-9238

Doug.mccoy@kindred.com

Doug is an experienced and accomplished healthcare leader who has enjoyed a 20+ year career managing long-term acute and skilled nursing facilities including a role as Market CEO over multiple facilities. Doug grew up in and went to college in Reno and has previously live in Susanville, California where is parents currently reside. He has three grown children who live in Ashland, OR, Las Vegas, NV and Utah. While not married, Doug has a significant other who lives in Reno and they have been together for nearly three years. Doug has a Bachelor of Business Administration degree from University of Reno in Nevada. We have verified his degree (see report).

### Current:

Doug is currently serving as the Market CEO for Kindred Healthcare in Seattle, Washington. Over the last couple of years, he has helped merge the two Kindred facilities into one main campus. He believes he has helped position the organization for success and considers the timing right to explore other opportunities.

### Motivation:

As mentioned above, Doug feels that he has helped Kindred accomplish its key goals and therefore is ready to take on a new challenge. On a personal note, he has maintained a long-distance relationship for nearly 3 years with his girlfriend who lives in Reno. He says they are ready to move in together, so the location of this opportunity works for them. He is also very familiar with the area having grown up in Reno. He believes his experiences have prepared him well for this opportunity and is also excited to round out his knowledge in new areas (such as the ED).

### Style:

Doug is a confident leader who exudes passion as well as humility. He has served in several "turn-around" roles and is not afraid of a challenge. He is a leader who likes to be visible and engage with his staff. His experience has been mostly on the for-profit side of healthcare which has instilled a certain financial discipline in him that he believes has served him well. He has also helped several of his employers prepare for surveys (CSM, DOH, etc.) and likes the notion of having a big and positive impact on the organization and the community in which he serves.





# THE **ROKOS** GROUP

---

**Compensation/package expectations:**

When asked about compensation, Doug shared with us that the stated target salary of “mid \$200k’s” would work for him. He did mention that he has a bonus coming that will be paid in March by his current employer and therefore would be able to start any new role as early as April 2020.

**Video intro:**

**Doug McCoy - Video Introduction**



[www.therokosgroup.com](http://www.therokosgroup.com)



[info@therokosgroup.com](mailto:info@therokosgroup.com)



3050 Pullman Street, Costa Mesa, CA 92626



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

# Executive Search Proposal

Chief Executive Officer

May 2020



RUDISH HEALTH

# Cover Letter

Northern Inyo Healthcare District  
150 Pioneer Lane  
Bishop, CA 93514

To the Board of Directors,

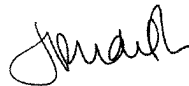
We are pleased to submit a proposal to provide executive search services for the Chief Executive Officer search at Northern Inyo Healthcare District.

Our firm, Rudish Health, is an award-winning boutique healthcare talent leadership and advisory firm primarily serving healthcare providers. We have extensive knowledge of healthcare and unparalleled market connectivity.

Should you choose to work with us, you will receive the benefits of working with a search firm that combines big firm experience with a personalized, small firm feel; a firm that respects your processes

and adjusts the approach accordingly; and, most importantly, a firm that knows healthcare and how finding the right, exceptional talent is critical to supporting your organization's mission to improve your communities, one life at a time.

We look forward to the possibility of working together on your strategic talent needs.



Jessica Rudish, Principal



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



RUDISH HEALTH

## Rudish Health: About Our Firm

### *By the numbers:*

- 5.5** Number of years since inception of our firm
- 3** Number of consecutive years recognized by Modern Healthcare as one of the nation's leading executive search firms (2017-2019)
- 12** Number of team members, with average tenure of 4+ years
- 100%** Percentage of clients in healthcare
- 85%** Percentage of clients that are provider organizations
- \$50M-\$5B+** Net revenue range of our provider clients
- 100%** Recruitment success rate, reflective of world-class people, process and technology
- 1** Certifications: Woman-Owned Small Business<sup>1</sup>

3 Note: 1. Women's Business Enterprise Council; pending final review



NORTHERN INYO HEALTHCARE DISTRICT  
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RUDISH HEALTH

# About Our Talent Leadership Offerings

A Talent Leadership and Healthcare Advisory firm, we serve hospitals and health systems, health plans, healthcare professional services firms, and emergent healthcare companies.



## Our Client Base

- Hospitals & Health Systems
- Physician Groups
- Health Plans
- Healthcare Practices of Professional Services Firms
- Non-profit Medical Associations
- Healthcare Technology Companies
- Other Healthcare-Related Organizations



## Representative Positions Filled

### Healthcare Organizations:

- C-Suite Executives and Officers
- Board Members and Advisors
- VPs, AVPs and Directors
- Physician and Clinical Executives
- Service Line Leaders

### Professional Services:

- Partners, Principals, Managing Directors
- Senior Managers, Vice Presidents



# Your Executive Search Team

Account Oversight



**Russ Rudish**

Chairman. 30+ years in healthcare. Principal & Vice Chairman at Deloitte; Vice President & US Healthcare Leader at Cap Gemini EY; Partner at Ernst & Young. Russ knows (almost) everybody.

Search Lead



**Charlotte Beck**

Senior Recruitment Executive. 25+ years in talent acquisition. Witt/Kieffer, Blue Shield/CA, Cap Gemini Ernst & Young. Charlotte knows research and recruitment.

Account Lead



**Jessica Rudish**

Principal. 10+ years of healthcare management consulting experience. Senior Manager at Deloitte. Jessica knows healthcare.

Search Support



**Helen Huette**

Recruitment Consultant. 10+ years of executive search experience. DHR International. Helen knows research.

Administrative Support



**Beth Diekmann**

Senior Associate. 14+ years in client service and executive search. Stiles Associates. Beth knows client service.

*Please see appendix for detailed bios of our leadership team*



**NORTHERN INYO HEALTHCARE DISTRICT**  
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**RUDISH HEALTH**

## Representative Clients

We serve clients, both large and small, from coast to coast.

### Keck Medicine of USC

- Los Angeles, CA
- \$1.4B Net Patient Revenue



- Greenbrae, CA
- \$375M Net Patient Revenue



- Northridge, CA
- Net Patient Revenue N/A (private company)



- Vancouver, WA
- \$2.6B Net Patient Revenue



- Baltimore, MD
- \$4.1B Net Patient Revenue



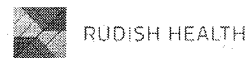
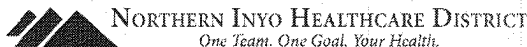
- Urbana, IL
- \$1.0B Net Patient Revenue



- Jacksonville, NC
- \$140M Net Patient Revenue



- Fort Kent, ME
- \$52M Net Patient Revenue



# Our Retained Search Process: Overview

From kick off session to onboarding, client satisfaction is our priority.

- |  |   |                                 |  |
|--|---|---------------------------------|--|
| <b>1</b> Front-end Client Consultation   | <ul style="list-style-type: none"> <li>• Define requirements and performance objectives</li> <li>• ID target sources</li> <li>• Best practices process</li> <li>• Identify internal candidates, if any</li> </ul>   | <b>5</b> Candidate Presentation | <ul style="list-style-type: none"> <li>• Calibration; discuss potential profiles</li> <li>• Present high potential external and internal candidates; target 30-45 days</li> <li>• Provide evaluation &amp; comments</li> <li>• Check references</li> </ul> |
| <b>2</b> Position Description & Approval | <ul style="list-style-type: none"> <li>• Ensure mutual understanding</li> <li>• Portray attractive opportunity</li> <li>• Define evaluation criteria</li> </ul>   | <b>6</b> Interview Process      | <ul style="list-style-type: none"> <li>• Facilitate client/candidate interviews</li> <li>• Provide post-interview feedback</li> <li>• Support client with evaluation &amp; selection</li> <li>• Optional independent background checks</li> </ul>          |
| <b>3</b> Search Strategy                 | <ul style="list-style-type: none"> <li>• Develop targeted search strategy</li> <li>• Structure comprehensive process</li> </ul>   | <b>7</b> Closure                | <ul style="list-style-type: none"> <li>• Act as liaison between client &amp; candidate</li> <li>• Resolve issues</li> <li>• Facilitate offer and acceptance</li> </ul>   |
| <b>4</b> Identify / Evaluate Candidates  | <ul style="list-style-type: none"> <li>• Network &amp; ID prospective candidates</li> <li>• Recruit proactively</li> <li>• Coordinate internal candidates, if any</li> <li>• Interview &amp; evaluate all objectively, per client performance objectives</li> </ul> | <b>8</b> Follow Up & Onboarding | <ul style="list-style-type: none"> <li>• Communicate with candidate periodically</li> <li>• Provide appropriate feedback to client</li> <li>• Optional relocation, coaching, transition labs</li> </ul>  |



NORTHERN INYO HEALTHCARE DISTRICT  
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# Our Retained Search Process: Tools & Project Management

We utilize several proprietary or purchased tools and datasets to support research and project management activities.



## Digital Tools & Datasets



## Project Management Tools

**invenias**  
powering your search for talent

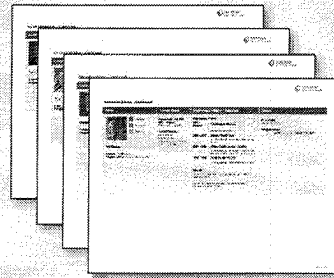
Proprietary candidate database and tracking software based on deep and enduring market relationships



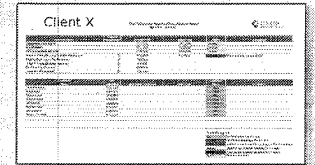
Enhanced access and search tools to the world's largest professional network, LinkedIn



A comprehensive and up-to-date searchable database on hospitals and health systems



Comprehensive Weekly Search Status Report

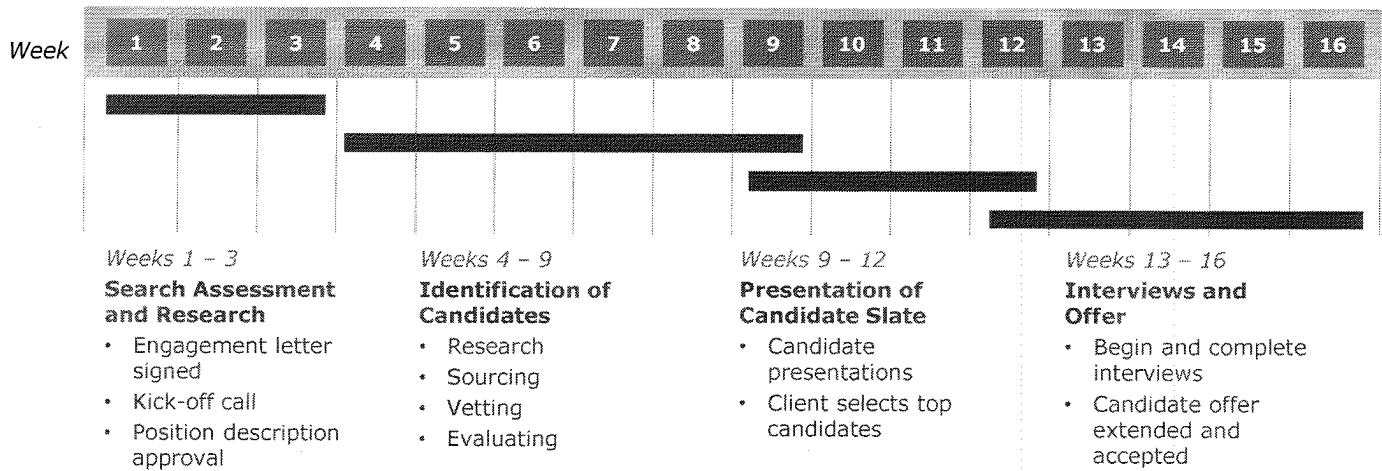


Client Slate Milestone Report



# Our Retained Search Process: Key Activities and Deliverables

A typical search takes ~4 months to complete.

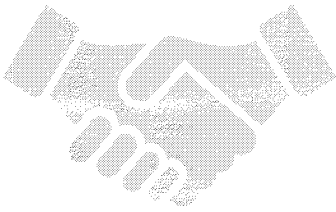


While 4 months is typical, we recognize your desire to be deliberate in selecting your next leader and that the time horizon may be different.



## Retained Search Pricing

Our standard fee arrangement is one-third of total first year compensation. In this case that fee would likely equate to somewhere between \$100,000 and \$150,000.



However, given our strong desire to develop a new relationship with you, and in light of the challenged economic environment, we are suggesting a **flat fee of \$75,000**.

The only additional cost would be candidate travel expenses.



## Commitment to Diversity



We are committed to being **change agents for diversity and inclusion** in our field of healthcare talent leadership services.



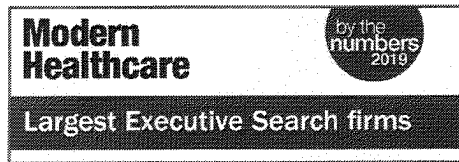
We encourage our professionals to be their **most authentic selves** at work, and we continue to evolve our research and evaluation processes to identify client candidates who **value open and equitable work environments**.



We believe that **diversity and inclusion enhances an organization's creativity and innovation**, and that we may drive impactful change from the inside out by **modeling these values for ourselves and our clients**.



## Award-Winning Client Service

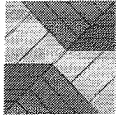


Awarded 2020

- Highly Recommended by Clients
- Respected Among Colleagues
- Driven by Our Total Team Approach

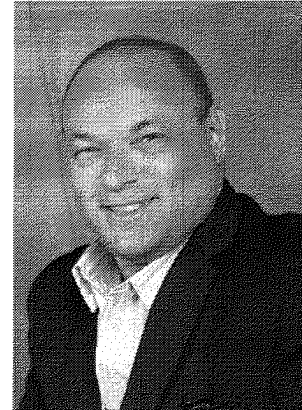


**Appendix:**  
*Leadership Bios*



RUDISH HEALTH

**Russ Rudish**  
**Principal**



Russ is a Principal at Rudish Health, which provides executive search, interim management, and strategic, financial and M&A advisory services.

Russ is also a principal in StarBridge Advisors and Healthcare IT Leaders which provide IT advisory and staffing services. In addition, he serves on the Board of Directors of Craneware, Inc., a healthcare company on the London Stock Exchange, and sits on the Advisory Boards of Gryphon Investors, a private equity firm, and LRV Health, a venture capital firm.

Russ has more than 30 years of experience serving the healthcare industry and has deep and enduring relationships with major healthcare organizations both in the United States and abroad.

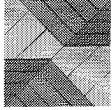
Through May 2014, Russ was Vice Chairman and US and Global Health Care Leader for Deloitte Touche Tohmatsu Limited, the largest health care professional services firm in the world.

Before joining Deloitte in 2006, Russ was executive vice president of Eclipsys Corporation, a healthcare clinical and financial software vendor. Prior to that, Russ was at Cap Gemini Ernst & Young and its predecessor firm Ernst & Young, LLC, where he was a CPA and audit partner for almost 20 years and led the Health Care Practice in the US and Europe.

Russ is a graduate of St. John's University in New York, NY, and Northwestern University's Kellogg School of Management Executive Program. He has homes in New York, New Jersey, and South Florida.

www.rudishhealth.com  
561.409.3526

7491 N. Federal Hwy Suite C5-235  
Boca Raton FL 33487



RUDISH HEALTH



**Charlotte Beck**  
**Senior Recruitment Executive**

Charlotte is the Senior Recruitment Executive at Rudish Health.

Her 25-year executive recruitment career has focused primarily on healthcare and life sciences, with broad-based global corporate leadership experience with Fortune 500 companies and consulting roles in professional services and specialty consulting and executive search firms.

Charlotte has a passion for finding exactly the right candidate for our clients. She is deeply connected to the market and has had a 100% success rate in her five years with Rudish Health. She is a hands-on researcher who also guides and inspires her recruiting team to go above and beyond to find the right executive for our clients.

Charlotte has specific expertise in retained executive search at provider organizations of all sizes, both large systems and smaller independent hospitals, and has extensive experience recruiting in California.

Her earlier positions included National Director of Recruitment for the Healthcare Consulting Practice at Cap Gemini Ernst & Young, Sr. Director of Recruitment with Blue Shield of CA and Director of Executive Search with Goodyear Tire. She began her executive search career at WittKieffer.

Charlotte splits her time between Arizona and Michigan, and is an avid world-wide traveler who enjoys art, photography and experiencing different cultures.





RUDISH HEALTH

**Jessica Rudish**  
**Principal**



Jessica is a Principal at Rudish Health.

Jessica has 12+ years of experience serving healthcare providers, health plans, and other healthcare ecosystem players. At Rudish Health, she oversees all executive search and interim management assignments.

Prior to joining Rudish Health, Jessica was a Senior Manager in Deloitte Consulting's Healthcare Strategy and Operations practice, where she advised clients on a variety of issues including enterprise and business unit strategic planning, M&A strategy, go-to-market strategy, customer strategy, clinically integrated network development, and performance improvement. She began her career at Huron Consulting Group in the healthcare provider performance improvement practice.

Jessica is a graduate of Emory University in Atlanta, GA. She lives in New York City and enjoys tennis, traveling off the beaten path, and spending time with her family.



# Healthcare Advisory & Talent Leadership

## FOCUSED ON THE FUTURE OF HEALTHCARE



### Healthcare Executive Search

We know (almost) everyone in healthcare and utilizing next-gen recruiting strategies, we find the right senior executives for your health system, healthcare professional services firm or technology company.

#### High Touch Relationships

Every search is led by our veteran healthcare executives who offer deep knowledge of the healthcare ecosystem and unparalleled connectivity to its current leadership through enduring professional relationships across the country and around the world.

#### High Tech Solutions

We quickly and effectively connect you to the right candidates by leveraging big-firm tools, our own next-gen digital analytics, and our unparalleled professional connectivity to ensure successful search trajectories aligned with your organization's talent and cultural needs.

#### Our Client Focus

- Hospitals & Health Systems
- Healthcare Professional Services Firms
- Physician Groups
- Health Plans
- Healthcare Private Equity Firms
- Healthcare Technology Companies

#### Our Candidate Focus

- C-Suite Executives and Officers
- Department Chairs and Heads
- VPs and AVPs
- Physician and Clinical Executives
- Partners, Principals, Managing Directors
- Technology Executives



RUDISH HEALTH

#### Contact Us

[www.rudishhealth.com](http://www.rudishhealth.com) | [info@rudishhealth.com](mailto:info@rudishhealth.com)  
Rudish Health Solutions, a Florida Limited Liability Company

**RESOLUTION NO. 20-03**

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE  
NORTHERN INYO HEALTHCARE DISTRICT  
REQUESTING CONSOLIDATION OF ELECTION**

WHEREAS, it is necessary that three (3) directors be elected to the Board of Directors of Northern Inyo Healthcare District, one each from Zones I, IV, and 5 of said District; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Northern Inyo Healthcare District that it request that the Board of Supervisors of the County of Inyo, State of California, consolidate said election of directors with the statewide election to be held on November 3, 2020; and,

BE IT FURTHER RESOLVED THAT THE Hospital Chief Executive Officer be, and is hereby directed to file copies of this Resolution with said Board of Supervisors of the County of Inyo, State of California, and the County Clerk-Recorder, Registrar of Voters of said County.

Adopted, signed and approved this 20th day of May, 2020.

\_\_\_\_\_  
Jean Turner, President

Attest:

\_\_\_\_\_  
Jody Veenker, Secretary

# **CONFLICT OF INTEREST CODE OF THE NORTHERN INYO HEALTHCARE DISTRICT COUNTY OF INYO, STATE OF CALIFORNIA**

## **SECTION 1: Purpose**

Pursuant to California Government Code section 87300, *et seq.*, the Northern Inyo Healthcare District hereby adopts the following Conflict of Interest Code. Nothing contained herein is intended to modify or abridge the provisions of the *Political Reform Act of 1974* (California Government Code section 81000). The provisions of this Conflict of Interest Code are additional to California Government Code section 81700 and other laws pertaining to conflicts of interest. Except as otherwise indicated, the definitions of said Act and regulations adopted pursuant thereto are incorporated herein and this Conflict of Interest Code shall be interpreted in a manner consistent therewith.

## **SECTION 2: Designated Positions**

The positions listed on Appendix “A” are designated positions. Persons holding these designated positions are designated positions and are deemed to make, or participate in the making of, decisions which may have a material effect on a financial interest.

## **SECTION 3: Disclosure Statements**

Each designated position is assigned to one or more of the disclosure categories as set forth in Appendix “B”. Each person in a designated position shall file a statement of financial interest disclosing that person’s interest in investments, business positions, real property, and income, designated as reportable under the disclosure category to which the person’s position is assigned on Appendix “A”.

Notwithstanding the disclosure category to which a consultant position is assigned by Appendix “A”, the Presiding Officer of the Northern Inyo Healthcare District’s Governing Board may determine in writing that a particular consultant, although a “designated” position is hired to perform a range of duties that are limited in scope and, thus, is not required to fully comply with the disclosure requirements of the category designated for consultants on Appendix “A”. Such written determination shall include a description of the consultant’s duties and, based upon that description, a statement of the extent, if any, of the disclosure requirements for such consultant. Such written determination is a public record and shall be filed and retained for public inspection in the same manner and locations as is required for statements of financial interest.

#### **SECTION 4: Place, Time, and Requirements of Filing**

(A) Place of Filing.

All persons required to file a statement of financial interests shall file the original with the Inyo County Clerk, and a copy with the Presiding Officer of the Northern Inyo Healthcare District Governing Board.

(B) Time and Content of Filing.

The first statement by a person in a designated position upon the effective date of this Conflict of Interest Code shall be filed within thirty (30) days after the effective date of this Conflict of Interest Code, and shall disclose investments, business positions, and interest in real property held on the effective date of this Conflict of Interest Code and income received twelve (12) months before the effective date of this Conflict of Interest Code. The first statement by a person who assumes a designated position after the effective date of this Conflict of Interest Code shall be filed within thirty (30) days after assuming such position with the District and shall disclose investments, business positions, and interests in real property held, and income received, during the twelve (12) months before the date of assuming such position. After filing the first statement, each person in a designated position shall file an annual statement on or before April 1, disclosing reportable investments, business positions, interests in real property held, and income received, any time during the previous calendar year or since the date the person assumed the designated position during the calendar year. Every person in a designated position who leaves a designated position shall file, within thirty (30) days of leaving the position, a statement disclosing reportable investments, business positions, interests in real property held, and income received, at any time during the previous calendar year or since the date the person assumed the designated position during the calendar year. Every person in a designated position who leaves a designated position shall file, within thirty (30) days of leaving the position, a statement disclosing reportable investments, business positions, interests in real property held and income received, at any time during the period between the closing date of the last statement required to be filed, and the date of leaving the position.

#### **SECTION 5: Contents of Disclosure Statement**

Statements of financial interest shall be made on forms supplied by the Inyo County Clerk and shall contain all of the information as required by the current provisions of Government Code sections 87206 and 87207 for interest in investments, business positions, real property, and sources of income designated as reportable under the disclosure category to which the person's position is assigned on Appendix "A".

**SECTION 6: Disqualification**

A person in a designated position must disqualify himself or herself from making, or participating in the making, or using their official position to influence the making of any decision which will have a material financial effect, as distinguishable from its effect on the public generally, on any financial interest as defined in Section 87103 of the Government Code. No person in a designated position shall be required to disqualify himself or herself with respect to any matter which could not be legally acted upon or decided without his or her participation.

**APPENDIX "A"**  
**DESIGNATED POSITIONS**

**OF THE NORTHERN INYO HEALTHCARE DISTRICT**  
**COUNTY OF INYO, STATE OF CALIFORNIA**

<u>DESIGNATED POSITIONS</u>	<u>DISCLOSURE CATEGORY</u>
Members of the Board of Directors; Hospital Administrator/CEO; Chief Financial Officer/Chief of Fiscal Services; Chief Operating Officer	1
Chief Information Officer	2
Chief Human Relations Officer	2
Chief Nursing Officer	2
Director of Pharmacy	3
Director of Purchasing	3
Director of Laboratory	3
Director of Diagnostic Imaging	3
Dietary Director	3
Consultants, and Hospital District Legal Counsel	4

**APPENDIX “B”  
OF THE NORTHERN INYO HEALTHCARE DISTRICT**

**DISCLOSURE CATEGORIES**

An investment, business position, interest in real property, or income is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by a person in a designated position.

**Designated persons in Disclosure Category “1” must report:**

All investments, interests in real property and income, any business entity in which the person is a director, officer, partner, trustee, employee, or holds any position of management, and any such business position. Financial interests are reportable only if located within or subject to the jurisdiction of the Northern Inyo Healthcare District or if the business entity is doing business or planning to do business in the jurisdiction or has done business within the jurisdiction at any time during the two years prior to the filing of the statement.

**Designated persons in Disclosure Category “2” must report:**

- A. Investments in any business entity defined to be an “employer” or an “employment agency” within the meaning of the State Labor Statute.
- B. Each source of income, provided that the income was furnished by or on behalf of any person defined to be an “employer, “labor organization”, “employment agency, or “joint apprenticeship council” within the meaning of the California Labor Code.
- C. His or her status as a director, officer, partner, trustee, employee, or any position of management in any business entity defined to be an “employer”, “employment agency”, labor organization”, or “joint apprenticeship council”, within the meaning of the State Labor Statute.

**Designated persons in Disclosure Category “3” must report:**

- A. Investments in any business entity which, within the last two years, has contracted, or in the future foreseeably may contract with the Northern Inyo Healthcare District or with the State of California to provide services, supplies, materials, machinery or equipment to the department or division of the Healthcare District in which the persons serve as designated persons.



- B. Income from any source which, within the last two years, has contracted, or in the future foreseeably may contract with the Healthcare District or with the State of California to provide services, supplies, materials, machinery or equipment to the department or division of the Healthcare District in which the persons serve as designated persons.
- C. His or her status as director, officer, partner, trustee, employee, or holder of a position of management in any business entity, which, within the last two years, has contracted, or in the future foreseeably may contract with the Healthcare District or with the State of California to provide services, supplies, materials, machinery or equipment to the department or division of the Healthcare District in which the persons serve as designated persons.

**Designated persons in Disclosure Category “4”:**

Are consultants. A consultant is any natural person who provides under contract information, advice, or recommendation of counsel to the Northern Inyo Healthcare District. The disclosure required of each consultant shall be determined on a case by case basis by the Hospital Administrator/CEO, based on whether the consultant participates in the making of decisions on behalf of the Northern Inyo Healthcare District which may foreseeably and materially affect any investments, interests in real property, or sources of income conceivably held by the consultant, or any business entity in which the consultant may conceivably hold a business position. The scope of disclosure required of each consultant, if any, shall be determined by the Hospital Administrator/CEO in writing in each case, and may include, but is not limited to, any source listed in Disclosure Categories 1, 2, or 3 or this Appendix.

This acknowledges that the Northern Inyo Healthcare District adopted this Conflict of Interest Code on Wednesday, August 17, 2016.



Signature of Authorized Officer  
John Ungersma MD, Governing Board President  
Northern Inyo Healthcare District

Title:  
Presenter:

Clerical Use Only: <b>AGENDA NUMBER</b>
--

**NORTHERN INYO HEALTHCARE DISTRICT  
INFORMATION TO THE BOARD OF DIRECTORS**

**Type of Agenda item:**

**Area of the Agenda:**

**For the Board Meeting of:**

**Date:**

**TITLE:**

**PRESENTER(S):**

**RECOMMENDATION:**

**CEO RECOMMENDATION:**

**SYNOPSIS:**

Title:  
Presenter:

Clerical Use Only: <b>AGENDA NUMBER</b>
--

**OTHER AGENCY INVOLVEMENT:**

**FINANCING:**

Preparer's signature:

Date:

Title:  
Presenter:

Clerical Use Only:  
**AGENDA NUMBER**

**APPROVALS**

<b>COMPLIANCE:</b>	<b>AGREEMENTS, NEW SERVICE LINE PROPOSALS, CONTRACTS, RESOLUTIONS, ORDINANCES, REQUEST FOR PROPOSALS, COMPLIANCE CONCERNS, AND RELATED ITEMS</b> <i>(Must be reviewed and approved by Compliance prior to submission to the Board.)</i>  Signature: _____ Date: _____
<b>CHIEF FINANCE OFFICER:</b>	<b>ACCOUNTING/FINANCE, ITEMS WITH BUDGETARY IMPACT, AND ITEMS WITH A FINANCIAL COMPONENT</b> <i>(Must be reviewed and approved by the CFO or Designee prior to submission to the Board.)</i>  Signature: _____ Date: _____
<b>HUMAN RESOURCES DIRECTOR:</b>	<b>PERSONNEL, BARGAINING UNIT, AND RELATED ITEMS</b> <i>(Must be reviewed and approved by the Director of HR prior to submission to the Board.)</i>  Signature: _____ Date: _____
<b>INFORMATION TECHNOLOGY SERVICES DIRECTOR:</b>	<b>ALL ITEMS WITH AN IT COMPONENT (STORAGE, INTERNET CONNECTIVITY, NETWORK CONNECTIVITY, APPLICATIONS, SECURITY, AND OTHER RELATED SUPPORT FUNCTIONS)</b> <i>(Must be reviewed and approved by the Director of IT prior to submission to the Board.)</i>  Signature: _____ Date: _____

(Not to be signed until all approvals are received)

**INITIATING LEADER SIGNATURE:**

**DATE:**

**CHIEF SIGNATURE:**

**DATE:**

Title:  
Presenter:

Clerical Use Only:  
**AGENDA NUMBER**

**FOR BOARD OFFICE USE ONLY:**  
Recommendation # \_\_\_\_\_  
Date of Board Acceptance: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Board President

**LEGAL COUNSEL:**

**ALL ACTION ITEMS (AGREEMENTS, CLOSED SESSION ITEMS, CONTRACTS, RESOLUTIONS, ORDINANCES AND RELATED ITEMS) AND ADDITIONAL ITEMS UPON REQUEST.**  
*(Board packet will be reviewed prior to Board meeting for advice and counsel to the Board on items not previously sent to Counsel)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NORTHERN INYO HEALTHCARE DISTRICT**  
**Submission of Materials to the Board of Directors**

**Background**

In order to maintain transparency, consistency, and uniformity of the materials presented to the Northern Inyo Healthcare District (NIHD) Board of Directors, procedures have been established for submission of document(s).

**Policy**

1. Board agenda items are classified as either **informational** items or **action** items, and generally fall into one of the following categories:
  - a. Policies and Procedures
  - b. Medical Staff (Medical Executive Committee) reports, including clinical Policies and Procedures, and Medical Staff privileging
  - c. Regulatory and governmental items
  - d. Reports, routine reports, and informational updates
  - e. Financial matters, transactions and expenditures, including equipment purchases
  - f. Personnel matters, including staffing and physician staffing
  - g. Contracts and agreements
  - h. Closed session (confidential) items, including litigation
  - i. Other
2. Submissions to the Board of Directors must include the "Submission to the Board request form."
3. Action items that are **clinical policies and procedures or Medical Staff privileging** presented by the Medical Executive Committee have already been vetted by the Medical Staff and approved by the appropriate Committees, and may go directly to the Board of Directors for approval. They must still include the "Submission to the Board request form."
4. The "Submission to the Board request form" must be written so any member of the public can read and quickly understand why, without any prior information, this issue is being brought to the Board.
5. All acronyms must be spelled out the first time used.
6. The submission method for all documents for the Board meeting packet is electronic and documents must include "Submission to the Board" review/approval signature form, attached.
7. Items should be submitted to the Chief Officers or to the Board Clerk/Executive Assistant to the CEO via email/electronically.
8. If you have brochures or similar types of items, they will need to be scanned or added electronically.

## Procedure

1. **Informational items** with the completed “Submission to the Board” review and approval form, and supporting documents, if any, must be submitted to the Board Clerk for inclusion in the Board packet.
2. **Action items** with supporting documentation must be submitted for the Board packet with a completed “Submission to the Board” (fillable form attached), including review/approvals.
  - a. The form includes the following information:
    - i. Summary the proposed item or issue
    - ii. Financial impact of the agenda item, including cost
    - iii. Involvement of external agencies
    - iv. CEO recommendation
    - v. Review and approval sign-off
  - b. The recommendation for action should include a clear, precise, and succinct statement of the recommendation, its purpose, rationale and, if appropriate, the date the action will become effective.
  - c. Renewals and modifications of contracts should reference previously executed documents and should contain an explanation of all changes.
  - d. All recommendations requesting a new or revised policy and procedure require the documented review and approval of the appropriate relevant committees.
3. All submissions must be sent to approvers (Director of Human Resources, Chief Financial Officer, Director of Information Technology Services, Compliance Officer, and Chief Executive Officer) and to the Board Clerk/Executive Assistant to the CEO via electronically.
4. If a sign-off is not required, the **reviewer/approver** will enter N/A for not applicable and sign.
5. **The submitter may not skip steps in the sign-off process.** Any edits that are needed or suggested should be sent back to the submitter. The approvers should not make changes to an electronic document without tracking changes.
6. Items not previously reviewed by Legal Counsel will be reviewed in the Board Packet, for advice and counsel to the Board at the meeting, if necessary.

## TIMELINE:

1. Requests to place an item on a Board agenda must be submitted to the Board Clerk (Executive Assistant to the CEO) by the end of the day two Fridays prior to the Board

meeting (12 days in advance of each regular meeting). Items not accompanied by a completed tracking sheet will not be considered.

- Please note:** Regular Board of Directors meetings are scheduled for the 3rd Wednesday of each calendar month. Every attempt will be made to avoid the necessity of scheduling Special Board Meetings to address individual items, so items requiring Board action must be submitted according to the timeline stated in order to allow the District Board of Directors adequate time for review and consideration of the information.

Approval	Date
Compliance Officer	
Executive Team	
Board of Directors	

Developed: 05/01/2020



# Executive Letter to the Board Regarding Board Packet Submission Process

Dear Northern Inyo Board of Directors,

The executive team has reviewed the new proposal for submission of items to the board of directors and is in full agreement that more oversight and accountability is needed to maintain transparency and promote consistency. In support of this directive the executive team has identified several areas that we believe can be better consolidated and streamlined to eliminate inefficiencies and minimize cost while still accomplishing these goals.

The first point the executive team would like to address is policies and procedures. Policies and procedures are wide ranging and touch on every aspect of clinical care and operations throughout the district. These policies and procedures undergo rigorous review by committee(s) with expertise related to their content. While in some cases review by legal council, the chief financial officer, the compliance director, the human resources director, and the information technology services director may be beneficial in the vast majority of these cases it will not. The technical detail of these policies and procedures will often be well out of the scope of these individuals expertise. The result of this is that these individuals will be ill equipped to provide any meaningful insight or feedback and the process becomes less effective and efficient while becoming more costly. For illustration the most recent medical executive committee meeting reviewed several policies and procedures. Among these were the "Code Blue Protocol" and "Sterile Processing Standards of Practice". In the opinion of the executive team the added review of policies and procedures such as these by the above individuals will not add value and will increase cost as well as inefficiencies. These same concerns hold true for the medical staff report which include policies and procedures as well as staff appointments and privileging. To this end the executive team would recommend that clinical policies and procedures as well as medical staff privileging items should utilize the established chain command and be approved by the appropriate chief prior to submission to the board without additional requirements. Legal council, the chief financial officer, the compliance director, the human resources director, and the information technology services director as well as any other relevant resources should be utilized as needed when their area of expertise is required and is expected to impact these items in a meaningful way. Along these lines the executive

team recommends that the information to the board form provide for the option to seek review from these individuals at the direction of the chief rather than as a mandatory action. We further recommend the information to the board form should also include the person(s) or committee(s) who have thus far approved the item. The executive team also is concerned that the new board submission requirements may occasionally result in delays in providing important items to the board of directors. Consequently, we would recommend that information items without the information to the board form or other supporting documents may be provided to the board with the approval of either the chief executive officer or the board president. This would provide a mechanism for informing the board in the event of a delay in the normal process.

In summary, we would like to reiterate that the executive team is in full support of, and commends, the board of director's efforts to increase transparency and ensure consistency. We hope that these recommendations will serve to eliminate inefficiencies as well as unnecessary redundancy and cost. Thank you for your consideration and the executive team looks forward to participating in this submission process going forward.

Respectfully,

Kelli Davis, MBA  
Interim Chief Executive Officer

Tracy Aspel, BSN, RN  
Chief Nursing Officer

William Timbers, MD  
Interim Chief Medical Officer

# MAINTENANCE AGREEMENT

## I. PARTIES

This Maintenance Agreement (the “Agreement”) is effective this 1<sup>st</sup> day of March 2020 by and between NORTHERN INYO HEALTHCARE DISTRICT, (hereafter “NIHD”) and PIONEER MEDICAL ASSOCIATES (herein after “PMA”, a General Partnership in which NIHD has a majority interest).

## II. RECITALS

- A. NIHD is the owner and operator of a District Hospital located at 150 Pioneer Lane, Bishop, California 93514. As an integral part of the District’s interest in maintaining the assets near its campus, NIHD wishes to provide general maintenance services for all the buildings considered part of its campus.
- B. PMA is the owner of a Medical Office Building adjacent to the NIHD Campus, which has a need for general maintenance.
- C. PMA desires to retain the service of NIHD to provide General Maintenance.
- D. NIHD desires to provide services to PMA.

## III. AGREEMENT

- 1. Services Provided by NIHD:
  - a. General oversight as to the mechanical, electrical, plumbing and structural condition of the building.
  - b. Routine maintenance of the building and surrounding grounds, such as filter replacement, minor parts replacement, cleaning of components, landscaping, and periodic inspections. All maintenance and repairs of the leased suites remain the responsibility of the leasee.
  - c. Securing routine maintenance contracts with the approval of PMA.
  - d. Securing maintenance estimates for major work, installations, and jointly supervising the work of contractors.
  - e. Emergency inspections and temporary emergency fixes until permanent solutions can be determined.
- 2. PMA’s Responsibilities.
  - a. Provision of adequate access to the building.
  - b. Access to plans and related documents.

- c. Prompt payment of documented invoices.
  - d. Completion of Work Orders.
3. Term. This Agreement shall commence on the effective date and shall continue for a period of one year (the initial term). Thereafter, this Agreement shall renew automatically each year until canceled by either party in accordance with this section. Cancellation ~~after the initial term of this agreement~~ shall be upon 30 days written notice by either party to the other. ~~Either party may cancel this Agreement for any reason with 60-day notice during the initial term.~~
  4. Compensation. During the term of this Agreement PMA shall pay to NIHD the sum of \$500.00 per month by the tenth of each month. Additionally, PMA shall reimburse NIHD for all of its out-of-pocket and all materials used by NIHD in the performance of its duties upon presentation of bone fide invoices at the end of each month commencing on the effective date of this Agreement and payable no later than the tenth of the month. Invoices shall be detailed, indicating date and time of incurred expense and the project involved.

V.  
CONTRACTOR STATUS

Nothing in this Agreement shall be deemed to create a partnership, joint venture or lease between either of the parties. PMA shall be solely responsible for the satisfaction of any and all obligations it assumes with respect to any employee of PMA.

VI.  
NOTICE

Written notice required under this Agreement shall be delivered to the designated parties at the following addresses (or such other address as may be hereafter designed by a party by written notice thereof to the other party):

If to NIHD: Northern Inyo Healthcare District  
150 Pioneer Lane  
Bishop, California 93514

If to PMA: Pioneer Medical Associates  
152 Pioneer Lane, Suite "C"  
Bishop, California 93514

VII.  
MISCELLANEOUS

1. Entire Agreement. This Agreement contains the entire Agreement of the parties hereto and supersedes any prior written or oral agreement between them.
2. Governing Law. This Agreement shall be governed in accordance with the laws of the State of California. If any legal action is necessary to enforce the terms and conditions of this Agreement, the parties agree that the Superior Court of California, County of Inyo, shall be the sole jurisdiction and venue for the bringing of such action.

3. Section Headings. The various section headings are inserted for convenience of reference only and shall not affect the meaning or interpretation of this Agreement or any section thereof.
4. Severability. If any term, provision or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provision shall remain in full force and effect and shall in no way be effected, impaired or invalidated.
5. Attorneys' Fees. If any legal action is necessary to enforce the terms and conditions of this Agreement, the prevailing party shall be entitled to recover all costs of suit and reasonable attorneys; fees as determined by the court.
6. Force Majeure. If PMA or NIHD is unable to perform its obligations under this Agreement due to acts of God, natural disaster, war, illness, or any other cause not in the control of NIHD, NIHD shall not be held liable for non-performance of its obligations hereunder for the period affected by such causes.
7. Indemnification. PMA shall defend, indemnify and hold NIHD harmless from any and all liability, claims, loss, damages, or expenses, including counsel fees and costs, arising from the performance of this agreement.

**VIII.**  
**EXECUTION**

IN WITNESS WHEREOF, the parties have executed this Agreement in one or more counterparts which taken together, shall constitute one agreement, which Agreement shall be effective as of and on the date set forth above. The signatories hereto represent that they are duly authorized to execute this Agreement on behalf of the party for whom they sign and such party shall be bound by this Agreement.

NORTHERN INYO HEALTHCARE DISTRICT

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

Its: \_\_\_\_\_

PIONEER MEDICAL ASSOCIATES

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Managing Partner



**NORTHERN INYO HEALTHCARE DISTRICT**  
Rural Health Clinic

153 Pioneer Lane  
Suite B  
Bishop, CA 93514  
(760) 873-2849  
Fax (760) 873-2836

**Annual Clinic Evaluation**  
**Fiscal Year 2018**  
**July 1, 2017 to June 30, 2018**

**Medical Director: Stacey L. Brown, MD, FAAFP**  
**Director of Clinical Operations: Jannalyn Lawrence, RN**

**Utilization of RHC Services:**

During the Fiscal Year of 2018 the RHC had 19 medical providers working part-time or throughout the year. The physician staff consisted of 5 Board Certified Family Practice physicians, 3 Board Certified Pediatricians, 3 Board Certified Obstetrician/Gynecologists, 1 Certified Nurse Midwife. The Advanced Practice Practitioners (APP) consisted of 1 Adult, and 1 Family Nurse Practitioner as well as 4 Physician Assistants.

Total visits for FY 2018 were as follows:

Primary Care MD	7962
Primary Care APP	10255
Pediatric MD	2307
Pediatric APP	1082
OB/GYN MD	1570
Certified Nurse Midwife	909
<i>Total</i>	<b>24085</b>

During FY 2018 the clinic saw 24085 patients (up from 22409 in FY2017, representing a 7.5% increase).

Office visits consisted of Family Practice, Pediatric and OB/GYN services to provide preventative care, care of acute illness/injury, chronic illness management, prenatal, gynecologic services, and consultations related to interventional radiologic services.

All visits were documented in the Electronic Health Record – Centricity by GE. Patients were provided with a Clinical Visit Summary at the end of the visit, which contains a list of their medications, problems, recent lab results and specific plan of care and follow up. The record is accessible to the NIHD team when the patients present in the emergency department or require inpatient admission.

The clinic continues to be a Family PACT provider. This allows patients to receive confidential care related to reproductive health issues. The program provides family planning to low income women and men.

The clinic continues to participate as an Every Woman Counts provider for cervical and cancer screening. This program is utilized to provide care to under-insured, age appropriate, low income women. The admission team is also able to enroll patients in the Breast and Cervical Cancer Treatment Programs when appropriate.

Childhood Disability Prevention (CHDP) program continues to be offered and utilized as a method to provide growth and development screening for low income children. Children who are not currently insured and are income eligible are signed up in the “Gateway” program to provide insurance coverage for this service by the RHC Admission team.

The Vaccines for Children (VFC) program provides vaccine to income eligible children at the RHC. The vaccine stock is managed by the RHC team. Yearly audits by CDPH occur.

Standards are maintained per the ACIP recommendations for the RHC patients. The audits demonstrate excellence in delivery of preventative vaccines to the children receiving care at the RHC.

Care of patients in all socio-economic classes was provided to our community at the RHC. The use of the programs listed above allowed for the cost of care to be covered such that the patients who would otherwise not receive care were able to be evaluated and treatment initiated. Patients were enrolled into programs by the RHC team by telephone or in person. In addition, the "Fair Share" program, a part of the NIHD charity care program continues at RHC. Patients who meet the program requirements receive their care for \$10, \$20 or \$30 based upon level of income as compared to the Federal Poverty Guidelines.

The Authorization and Referral Specialists obtain authorizations for services as required. This role has continued to expand over the past 10 years. This same team initiates and follows up RHC provider referrals to other inpatient and outpatient resources. Referral coordination involves an effective hand off of information from within the chart to the specialist, choosing a provider in-network and getting the consultation note/plan back from the specialist. Currently this requires 3 full time staff members to meet the needs of the patients.

The NIH RHC continues to work with other agencies within the region to promote and provide services to our patient population. RHC Registered Nurses work closely with Public Health, Mental Health, In Home Health Services, Child Protective Agency, Adult Protective Services, Inyo County Jail Nurses and Pioneer Home Health Nurses (including Hospice) to coordinate care for our patient. Communication is key to assuring that the medical providers are aware of the patient needs based upon the assessments of the key partners within our community.

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### **Expansion of Services:**

During FY 2018, attention was refocused on concepts of population health with a new Care Coordination service line added. A Care Coordinator position was created (40 hour/week, full-time with benefits) and developed services including assisting with transportation needs, managing care transitions from other providers, ED and inpatient units, developing tailored care plans for each unique patient, and coordinating local community resources to support optimal patient health. Dan David, RN hired for this position.

After many years of open access scheduling across all clinic providers, FY 2018 saw the initiation of panelization of the patient population into discrete provider “teams” as described by the Patient Centered Medical Home (PCMH) model. By the end of the fiscal year, almost 2/3 of the patient population had aligned with a specific MD/APP team. This will allow better continuity of care for the patient population, with the same providers seeing the patient each visit as possible. This will also allow standardization of numbers of patients that each provider can realistically carry, prorated for the provider’s full time equivalent (FTE) status.

Efforts to transition from volume-based care to value-based care were continued during FY2018. Attention was given to quality metrics such as the HEDIS measures required by the MediCal program and its managed care payors, seeing some revenue generated by completing these metrics. Efforts towards CMS Meaningful Use reporting continued this fiscal year with timely reporting of quality metrics back to the provider staff to align workflows through the EHR dashboard portal “CQR.” Quality metric data was collected within the EHR by providers and clinical staff with continued refinement of consistency and accuracy during this second year of documentation. Provider contracts now include a financial incentive to meet productivity measures (patients/hour) as well as quality metric performance (passing Stage II MU thresholds).

Continuing the evolution of same day service to RHC patients in an efficient and timely manner, a “same day” service line was investigated, researched and established during FY 2018. Physician assistant Jennifer Figueroa led the development and implementation of the service and started seeing patients in Aug 2017, 3 days a week, expanding the hours of operation from 0800 to 2000. After rollout to the public with brochures, public events and lectures, rapid patient acceptance and utilization was seen in the local community. Primary care providers were grateful to see their patients get the timely urgent care needed, rather than relying on the emergency department. Initial volume was between 107 to 258 patients per month.

Continuing the mission of the RHC to become a telemedicine originating/remote site, a Telemedicine program was investigated, researched and established in March of 2018. A telemedicine coordinator (Jessica Nichols, MA) was hired and a partnership with Glendale Adventist Health System was developed. Initial offerings of specialty services included Drs Kiramijyan (cardiology), Khawar (rheumatology), and Patel (endocrinology). Patients are referred from their PCP (internal RHC or outside referrals), scheduled in Centricity for a remote session, moderated by the telemedicine coordinator on the day of appointment, then followed up by their PCP or specialist at a later date. The record is scanned into the EHR for review by the PCP. This service line shows great promise to keep the local community members from having to travel great distances to see specialists with the time, energy and costs associated.

The primary care and pediatric service lines saw some staff turnover with regard to providers. Dr Ramakrishna left and was replaced by Drs Sharma and Boo on the PCP side. Drs Rhodus and

Salisbury left and were replaced by Dr Irmiter. Dr Stolnick was added to the Women's clinic staff.

Women's clinic continued to expand their service line with procedures and prenatal visits through Dr Zuger. Obstetrical call responsibilities were augmented by the addition of Dr Zuger to the call rotation. More standardized data collection from the Centricity practice management software in the Women's clinic allowed similar productivity and scheduling data as the primary care side of the RHC to be extracted and analyzed. Prenatal genetic screening services were added by Maternal Fetal Medicine and Certified Genetic Counselor, Dr Stolnick in Jan 2018.

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## **PROVIDER STAFF:**

### **PRIMARY CARE:**

**Stacey Brown, MD- Family Practice-** Dr. Brown is under contract with NIHD as the Clinic Medical Director/Lead Physician. He worked hours providing direct patient care services to the RHC. He also provided direct and indirect supervision of the Advanced Practice Providers (APPs) working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. He provided 1688 visits for the fiscal year. Productivity was 2.47 patients per hour.

**Shruti Ramakrishna, MD - Family Practice-** Dr. Ramakrishna is under contract with NIHD as a Staff Physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 299 visits for the fiscal year. Productivity was 2.1 patients per hour.

**Sarah Zuger, MD – Family Practice-** Dr. Zuger is under contract with NIHD as a Staff Physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1448 visits for the fiscal year. Productivity was 2.13 patients per hour.

**Catherine Leja, MD – Family Practice -** Dr. Leja is under contract with NIHD as a Staff Physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 2065 visits for the fiscal year. Productivity was 2.29 patients per hour.

**Anne Gasier, MD – Family Practice-** Dr. Gasior is under contract with NIHD as a staff physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1284 visits for the fiscal year. Productivity was 2.24 patients per hour.

**Uttama Sharma, MD – Family Practice –** Dr. Sharma is under contract with NIHD as a staff physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes

consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1470 visits for the fiscal year. Productivity was 1.8 patients per hour.

**Thomas Boo, MD – Family Practice** - Dr. Boo is under contract with NIHD as a staff physician. He worked hours providing direct patient care services to the RHC. He also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. He provided 54 visits for the fiscal year. Productivity was 1.42 patients per hour.

**Mara Yolken, RN, MSN- Adult Nurse Practitioner-** Mrs. Yolken is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Leja. She provided 2154 visits for this fiscal year. Productivity was 2.15 patients per hour. She served as Lead APP during part of FY 2018.

**Tracy Drew, RN, MSN- Family Nurse Practitioner-** Mrs. Drew is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Brown. She provided 1918 visits for this fiscal year. Productivity was 2.10 patients per hour. She served as Lead APP during part of FY 2018.

**Rita Klabacha, PA-C – Physician Assistant-** Mrs. Klabacha is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Brown. She provided 2015 visits for this fiscal year. Productivity was 1.97 patients per hour.

**Jennifer Joos, PA-C – Physician Assistant-** Mrs. Joos is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Brown. She provided 2012 visits for this fiscal year. Productivity was 2.09 patients per hour.

#### **PEDIATRIC:**

**Charlotte Helvie, MD- Pediatrics-** Dr. Helvie is under contract with NIHD as a staff physician working hours at the RHC providing care to children up to age 18 years. She provided direct and indirect supervision of the pediatric APP staff working in the clinic. She provided 1264 visits for this fiscal year. Productivity was 2.63 patients per hour.

**Colleen McEvoy, Pediatric Nurse Practitioner –** Ms. McEvoy is under contract with NIHD as a pediatric nurse practitioner working hours at the RHC providing care to children up to 18 years of age. She is supervised by both Pediatric and Family Practice MD staff. She provided 1103 visits for this fiscal year. Productivity was 2.6 patients per hour.

**Cecilia Rhodus, MD – Pediatrics-** Dr. Rhodus was under contract with NIHD as a staff physician working hours per week at the RHC providing care to children up to age 18 years. She provided direct and indirect supervision of the pediatric APP staff working in the clinic. She provided 156 visits for this fiscal year. Productivity was 2.6 patients per hour.

**Kristin Irmiter, MD – Pediatrics -** Dr. Irmiter was under contract with NIHD as a staff physician working hours per week at the RHC providing care to children up to age 18 years. She provided direct and indirect supervision of the pediatric APP staff working in the clinic. She provided 850 visits for this fiscal year. Productivity was 2.6 patients per hour.

### **OBSTETRIC/GYNECOLOGICAL:**

**Jeanine Arndal, MD – OB/GYN** – Dr. Arndal was under contract with NIHD as a staff physician working hours in the RHC providing women's health services and outpatient procedures. She provided direct and indirect supervision of the Certified Nurse Midwife. She provided 878 visits for this fiscal year. Productivity was 2.19 patients per hour.

**Martha Kim, MD – OB/GYN** – Dr. Kim was under contract with NIHD as a staff physician working hours in the RHC providing women's health services and outpatient procedures. She provided direct and indirect supervision of the Certified Nurse Midwife. She provided 906 visits for this fiscal year. Productivity was 2.29 patients per hour.

**Matthew Wise, MD – OB/GYN** – Dr. Wise was under contract with NIHD as a staff physician working hours in the RHC providing women's health services and outpatient procedures. He provided direct and indirect supervision of the Certified Nurse Midwife. He provided 449 visits for this fiscal year. Productivity was 2.33 patients per hour.

**Jennifer Norris, Certified Nurse Midwife** – Ms. Norris is under contract with NIHD as a Certified Nurse Midwife working hours at the RHC providing prenatal and general women's health services. She is supervised by the OB/GYN MD staff. She provided 1315 visits for this fiscal year. Productivity was 1.94 patients per hour.

**Robert Slotnick, MD – Maternal Fetal Medicine/Genetic Counseling** – Dr. Slotnick is under contract with NIHD as a specialty consultant, providing direct patient care on site at the RHC.

### **SAME DAY SERVICE:**

**Jennifer Figueroa, PA – Urgent Care/Same Day** – Ms. Figueroa is under contract with NIHD as an Physician Assistant working hours at the RHC provider same day/urgent care services. She is supervised by Dr Brown. She provided 2189 visits for this fiscal year. Productivity was 1.94 patients per hour.

### **TELEMEDICINE SERVICE:**

**Sarkis Kiramijyan, MD – Cardiology** – Dr Kiramijyan is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. He provided 9 visits for this fiscal year.

**Talha Khawar, MD – Rheumatology** – Dr Khawar is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. She provided 25 visits for this fiscal year.

**Nilem Patel, MD – Endocrinology** – Dr Patel is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. She provided 19 visits for this fiscal year.

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### **Hours of Operation:**

The primary care RHC clinic hours of operation are from 8 am- 5:30 pm on Monday through Saturday. The clinic is closed every Sunday and on holidays honored by NIHD policy. During hours of operation at least one provider staff member is in the clinic building. The clinic closes for lunch from noon- 1pm.

The Women's clinic RHC hours of operation are from 8am – 4:30pm on Monday through Friday.

The same day service line hours of operation are from 8 am – 8 pm on Monday, Tuesday and Fridays.

Staffing of the clinic is done in an attempt to meet the demand for care whenever possible.

### **Performance Improvement:**

#### **Open Chart Review:**

Per NIHD policy, RHC critical indicators for chart review were identified by hospital and clinical staff, forwarded to the physician provider (or supervising physician if APP) for completion of RHC Chart Review template. Critical indicators for FY2018 were as follows:

- 1) Transfer to NIH for emergency care.
- 2) All admissions of RHC patients.
- 3) All deaths of RHC patients.
- 4) Documented specific procedure complication, such as:
  - a) Hemorrhage
  - b) Poor healing
  - c) Impairment of body functions to a level less than that prior to the procedure and less than commonly expected as a result of the procedure.
- 5) Cardiac or respiratory arrest
- 6) Consultation with the physician in the following circumstances:
  - a) emergent conditions requiring prompt medical intervention after the
  - b) stabilization has been initiated
  - c) any injury threatening life or limb
  - d) any laceration requiring complicated suture closure
  - e) any fracture or injury requiring immobilization by full casting
  - f) complicated or extensive burns
- 7) Upon request of the patient/family, provider staff, nursing or ancillary RHC staff, or Medical Staff member

A total of 353 chart reviews were completed in FY2018. A combination of open and closed chart reviews were included. Chart review data was accumulated and reported as below:

	<i>Reviewer</i>	<i>Provider</i>				
<i>Reviewed Provider</i>	Gasior	Leja	Brown	Ramakrishna	Zuger	Sharma
Gasior					2	
Leja			2			
Brown		4				
Sharma	1		84			
Zuger	1					
Drew			5			
Yolken		1	2			
Klabacha		1	3	7	13	10
Joos	1		4	1	13	13
Figuroa		19	144	22		

**Closed Chart Review:**

*Closed* chart review is used to evaluate the completeness of patient chart entries. 38 patient charts were selected for closed review. Closed chart review included proper documentation in the patient’s electronic chart, including:

- Notice of Privacy Practices “NOPP” (signed by patient)
- Conditions of Admission “COA” (signed by patient)
- Authorization to Disclose Health Information to Family Members and Friends (signed by patient)
- Patient history (completed by the patient)

Of the 38 charts reviewed, all had Conditions of Admission found in the medical record. 15 charts were missing a scanned copy of the original patient history (possibly due to unavailability of archived copies from the original paper chart pre-2007). Twenty charts were missing a scanned copy of the signed Notice of Privacy Practices. This will be a focus of improvement for the next fiscal year.

**No show report:**

For FY2018, the overall appointment no-show rate was 7.54%. Breakdown by provider per month is as below:



Provider Resource	Schedule	Appts Made	Appts Kept	Appts Canceled	No Show	No Show % Appts Kept	No Show % Appts Made	Same Day Appt	% of Same Day Appointments
ARNDAL MD, JEANINE	Total	1418	1069	349	20	1.84%	1.41%	55	5.14%
BOO MD, TOM	Total	65	55	10	3	5.17%	4.62%	4	7.27%
BROWN MD MEDICAL DIRECTOR, STACEY L	Total	2023	1616	407	66	3.92%	3.26%	177	10.95%
CROMER-TYLER MD, ROBBIN	Total	1	1	0	0	0.00%	0.00%	0	0.00%
DREW FNP, TRACY L	Total	2419	1923	496	171	8.17%	7.07%	312	16.22%
FIGUEROA PA, JENNIFER	Total	2488	2201	287	49	2.18%	1.97%	2457	111.63%
GASIOR MD, ANNE	Total	1539	1250	289	94	6.99%	6.11%	120	9.60%
HELVIE MD, CHARLOTTE	Total	1631	1258	373	183	12.70%	11.22%	369	29.33%
IRMITER MD, KRISTIN	Total	1057	847	210	103	10.84%	9.74%	328	38.72%
JOOS PA-C, JENNIFER	Total	2835	2059	776	325	13.63%	11.46%	302	14.67%
KHAWAR MD, TALHA	Total	37	26	11	4	13.33%	10.81%	13	50.00%
KIM MD, MARTHA B	Total	1355	1041	314	22	2.07%	1.62%	61	5.86%
KIRAMIJYAN MD, SARKIS	Total	17	13	4	0	0.00%	0.00%	0	0.00%
KLABACHA PA-C, RITA	Total	3087	2200	887	293	11.75%	9.49%	279	12.68%
LAWRENCE-REID MD, NAOMI	Total	72	58	14	10	14.71%	13.89%	16	27.59%
LEJA MD, CATHERINE	Total	2417	1994	423	96	4.59%	3.97%	205	10.28%
MCEVOY, COLLEEN NP	Total	1365	1094	271	137	11.13%	10.04%	429	39.21%
NORRIS CNM, JENNIFER	Total	1867	1446	421	72	4.74%	3.86%	116	8.02%
OB GYN NURSE	Total	320	239	81	6	2.45%	1.88%	27	11.30%
PATEL MD, NILEM	Total	20	19	1	0	0.00%	0.00%	4	21.05%
RAMAKRISHNA MD, SHRUTI	Total	422	300	122	41	12.02%	9.72%	35	11.67%
RHC NURSE	Total	1282	1084	198	6	0.55%	0.47%	397	36.62%
RHODUS MD, CECILIA	Total	195	156	39	23	12.85%	11.79%	47	30.13%
SALISBURY MD, LOUISA	Total	20	12	8	3	20.00%	15.00%	4	33.33%
SHARMA MD, UTTAMA	Total	1931	1440	491	154	9.66%	7.98%	277	19.24%
SLOTNICK MD, ROBERT N	Total	63	46	17	2	4.17%	3.17%	1	2.17%
WISE MD, MATTHEW	Total	690	524	166	13	2.42%	1.88%	33	6.30%
YOLKEN ANP, MARA	Total	2734	2134	600	224	9.50%	8.19%	414	19.40%
ZUGER MD, SARAH	Total	1901	1424	477	124	8.01%	6.52%	122	8.57%
<b>Total</b>		<b>35272</b>	<b>27530</b>	<b>7742</b>	<b>2244</b>	<b>7.54%</b>	<b>6.36%</b>	<b>6605</b>	<b>23.99%</b>

The method of documenting no-show appointments was discovered to vary widely between the primary care RHC and the Women's Clinic front office staff. Thus, the above no-show report does *not* adequately reflect the no-show rate in Women's Clinic provider staff. The process will be examined and refined for the next fiscal year. With correct documentation and reporting, the no-show rate of the RHC primary care providers is 6.65%.

#### Quality Metrics:

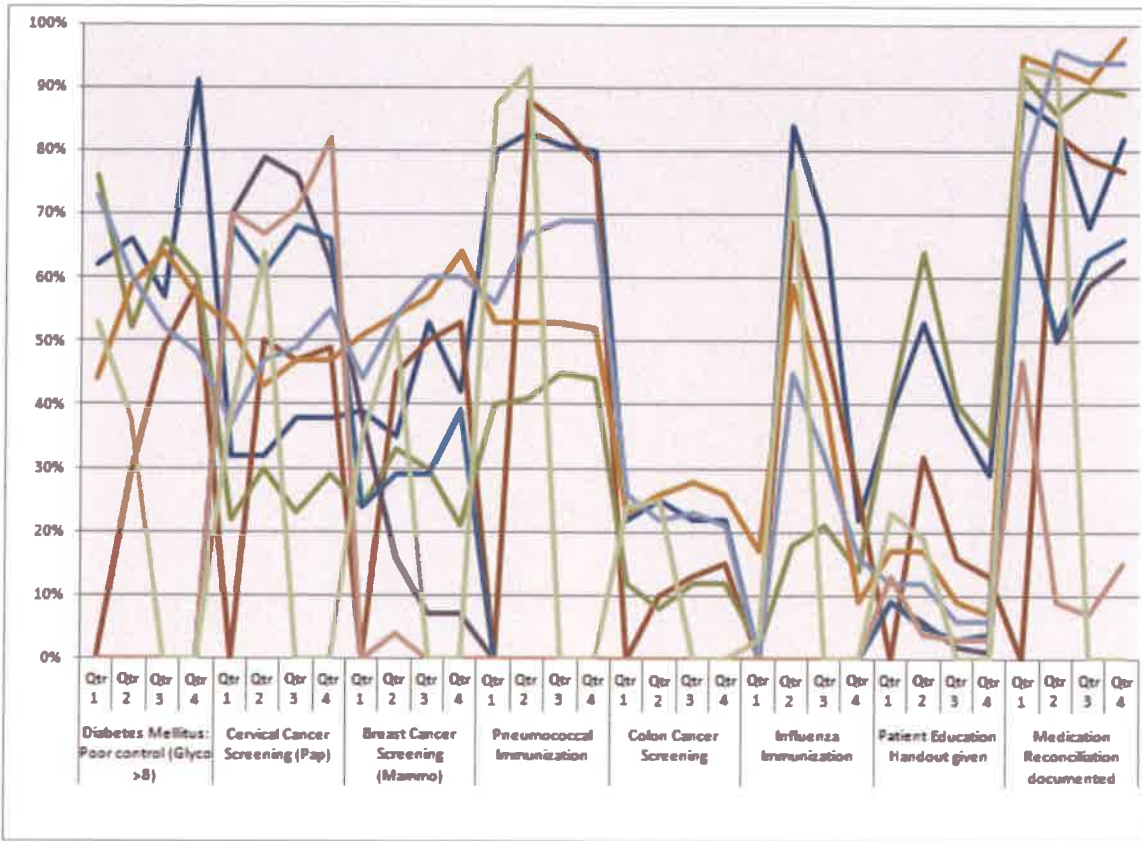
For continued attestation for Stage II Meaningful Use, the following evidence-based quality measures were identified for primary care providers at the RHC:

- Cervical Cancer Screening (CMS 124)
- Breast Cancer Screening (CMS 125)
- Colon Cancer Screening (CMS 130)
- Diabetes Mellitus: Poor control (CMS 122)
- Influenza vaccination (CMS 147)
- Pneumococcal pneumonia vaccination (CMS 127)
- Patient –Specific Education Resources
- Medication Reconciliation

These measures were selected as a continued effort in capturing data accurately at the time of the office visit, compiling the data through the EHR and ability to report the data to the Medicaid EHR Incentive Program as well as movement along with a transition to value-based care.

Each of these measures was evaluated quarterly and reported per RHC PCP provider (colored line) below:





Intermittent compliance by providers/clinic staff in documentation of quality metrics may be responsible for some variability in the current data. Program goals for FY 2018 will include incorporating Women's Clinic into the standardization of the workflow needed to capture and report quality metric data as well as consistency of data recording by clinic staff to capture quality measures in the appropriate place in the EHR.

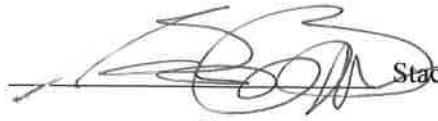
### **Goals for FY2019:**

Opportunities for improvement in both system-wide and individual clinical workflows were identified for the next fiscal year. Specifically:

- 1) *Reinstitution of the student front office program*: This program served as a positive public relations program for NIHD for many years, as well as directing interested students to health-related fields, many of whom return to the community and NIHD to practice.
- 2) *Integration and involvement of Women's and Pediatrics re: chart review process*: With a proven track record of consistent, well-documented and easily reported chart review process for primary care providers, we will roll out the process to the other service lines under the RHC roof.
- 3) *Closed chart review tune-up for NOPP, patient history, and other authorizations at time of check-in*: Identification of closed chart review gaps (see above) lead to process changes at the time of check-in by front office staff. Consistent documentation of receipt of the "welcome to clinic packet" (hours, conduct policy, refill policy, etc.) with the appropriate authorization/privacy forms will be a focus for the next fiscal year.
- 4) *No show reporting*: We will continue to minimize the patient appointment no-show percentage with reminder calls and consistent discharge instruction workflow in addition to standardizing front office documentation, especially at Women's clinic. Also, we will continue to refine the patient notification process for missed appointments.
- 5) *Quality metrics reporting in new service lines*: Specialty-specific quality measure reporting across Women's Clinic (i.e., cervical cancer screening) and pediatrics (i.e., lead screening) has not been consistent or accurate. Different documentation processes will be standardized to capture accurate data by provider and clinical staff consistently across encounters.
- 6) *CMS Meaningful Use Incentive Program*: During the next fiscal year, coordinated efforts by IT, administrative, provider and clinical staff will be focused on feasibility studies, data collection and possible submission to CMS for incentive payments related to the Meaningful Use program, if available.
- 7) *Physical plant expansion*: We will continue to investigate options for optimal space utilization in the current physical plant (Mon-Sat, extended hours, staggered schedules) as well as avenues for new building expansion, including grant-supported funding. Possible hire of walk-in provider to assist with ED unloading/acute care visits ("same day care")
- 8) *Access to specialist care*: Telemedicine at RHC (selected specialists) evaluation, City of Hope expansion in oncologic care, replacement for Renown cardiology for telemedicine/on-site consultations
- 9) *"Opioid epidemic"*: Continued brainstorming and discussions with NIHD/health care providers in region for integrated solution

In conclusion, the utilization of services at the RHC was appropriate for the patient population served by the Healthcare District and its residents. Established policies and procedures (vetted through the NIHD process and approved by the Board of Directors) are being followed at the RHC.

Reviewed by the following on this date,



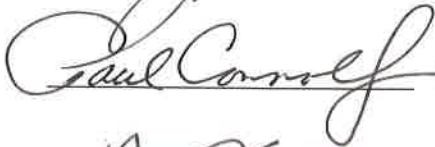
Stacey Brown, MD

Medical Director




Jannalyn Lawrence, RN

Clinical Operations Director



Paul Connolly

Administrative Operations Director



Jennifer Joos, PA

PA/NP Lead



Kevin Flanigan, MD

Chief Executive Officer



Jeff Brown, PharmD

Community Member



**NORTHERN INYO HEALTHCARE DISTRICT**  
**Rural Health Clinic**

153 Pioneer Lane  
Suite B  
Bishop, CA 93514  
(760) 873-2849  
Fax (760) 873-2836

**Annual Clinic Evaluation**  
**Fiscal Year 2019**  
**July 1, 2018 to June 30, 2019**

**Medical Director: Stacey L. Brown, MD, FAAFP**  
**Director of Clinical Operations: Jannalyn Lawrence, RN**  
**Director of Administrative Operations: Paul Connelly**

**Utilization of Services:**

During the period of time from July 2018 through June 2019 (Fiscal Year 2019), the Northern Inyo Healthcare District’s Rural Health Clinic (RHC) had 22 on-site medical providers working part-time or full-time throughout the year. The physician staff consisted of 5 Board Certified Family Practice physicians, 2 Board Certified Pediatricians, 3 Board Certified Obstetrician/Gynecologists, and 1 Certified Genetics Counselor. The Advanced Practice Practitioner staff (APP) consisted of 1 Adult Nurse Practitioner, 3 Family Nurse Practitioners, 4 Physician Assistants and 1 Certified Nurse Midwife. Off-site/remote Telemedicine Providers included 5 Board Certified specialists in Cardiology, Rheumatology, Endocrinology, Dermatology and Infectious Disease.

Total visits for FY 2019 were as follows:

Primary Care	18452
Pediatric	375
OB/GYN	4128
Specialty	459
Same Day	4262
Total	27676

During FY 2019 the clinic saw 27676 patients (up from 24085 in FY2018, representing a 15% increase).

Office visits consisted of Family Practice, Pediatric and OB/GYN services to provide preventative care, care of acute illness/injury, chronic illness management, prenatal, gynecologic services, and consultations related to interventional radiologic services. Same Day service formed a variant of Urgent Care embedded within the clinic for acute, non-emergent care. Specialty services were offered via remote Telemedicine link to specialists at Glendale Adventist Hospital in Los Angeles, California.

All visits were documented in the Electronic Health Record – Centricity by GE until Oct 2018, when NIHD changed to AthenaHealth. Patients were provided with a Clinical Visit Summary/Patient Visit Summary at the end of the visit, which contains a list of their medications, problems, recent lab results and specific plan of care with dates for specific follow up. The record is accessible to the NIHD team 24/7 when the patients present in the emergency department or require inpatient admission.

The clinic continues to be a Family PACT provider. This allows patients to receive confidential care related to reproductive health issues. The program provides family planning to low income women and men.

The clinic continues to participate as an Every Woman Counts provider for cervical and cancer screening. This program is utilized to provide care to under-insured, age appropriate, low income women. The admission team is also able to enroll patients in the Breast and Cervical Cancer Treatment Programs when appropriate.

Childhood Disability Prevention (CHDP) program continues to be offered and utilized as a method to provide growth and development screening for low income children. Children who are not currently insured and are income eligible are signed up in the “Gateway” program to provide insurance coverage for this service by the RHC Admission team.

The Vaccines for Children (VFC) program provides vaccine to income-eligible children at the RHC. The vaccine stock is managed by the RHC team in coordination with NIHD Pharmacy staff. Yearly audits by CDPH occur. Standards are maintained per the ACIP recommendations for the RHC patients. The audits demonstrate excellence in delivery of preventative vaccines to the children receiving care at the RHC.

Care of patients in all socio-economic classes was provided to our community at the RHC. The use of the programs listed above allowed for the cost of care to be covered such that the patients who would otherwise not receive care were able to be evaluated and treatment initiated. Patients were enrolled into programs by the RHC team by telephone or in person. In addition, the "Fair Share" program, a part of the NIHD charity care program continues at RHC. Patients who meet the program requirements receive their care for \$10, \$20 or \$30 based upon level of income as compared to the Federal Poverty Guidelines. The clinic does not employ a standard sliding fee schedule otherwise.

The Authorization and Referral Specialists obtain authorizations for services as required. This role has continued to expand over the past 10 years. This same team initiates and follows up RHC provider referrals to other inpatient and outpatient resources. Referral coordination involves an effective hand off of information from within the chart to the specialist, choosing a provider in-network and obtaining the consultation note/plan back from the specialist. Three full-time staff members are required to meet the needs of the patients.

The NIH RHC continues to work with other agencies within the region to promote and provide services to our patient population. RHC Registered Nurses work closely with Public Health, Mental Health, In Home Health Services, Child Protective Agency, Adult Protective Services, Inyo County Jail Nurses and Pioneer Home Health Nurses (including Hospice) to coordinate care for our patients. Communication is key to assuring that the medical providers are aware of the patient needs based upon the assessments of the key partners within our community.

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## Expansion of Services:

### Care Coordination:

During FY2019, continued growth of this service line included expansion of staff to include 3 Care Coordination Nurse Case Managers and 1 transportation specialist. Referrals to this team created a centralized workflow to arrange community resources for patients. The transportation specialist coordinated the NIHD's CareShuttle program of vehicles and volunteer drivers to assist patients in making appointments to the clinic, hospital campus and outside medical providers within a roughly 60 mile radius. The Nurse Case Managers assisted patients with post-discharge transitions from NIHD ED as well as remote hospitals back to their primary care providers. Close contact with individual patients by phone and in-person prevented fewer readmissions to NIHD for similar illnesses. Care Coordination team members worked closely with Authorization and Referral team members to connect patients to appropriate and timely visits with specialists.

### Patient Centered Medical Home (PCMH):

FY 2019 saw continued efforts to panelize patients into discrete provider teams as described by the PCMH model. Unfortunately, the switch to a new electronic medical record during the second quarter did not transfer the patient's primary care provider (PCP) status, necessitating reassignment of ALL of the RHC patients to a provider panel. However, by the end of FY 2019, nearly 75% of the patients had been successfully reassigned. Alignment of patients with their own PCP as well as within the MD-APP team groups will continue during next fiscal year.

### Quality Metrics/Value-based care:

FY 2019 saw the conclusion of Meaningful Use stage II for the RHC for participating outpatient providers as the switch to MIPS/MACRA legislation supplanted prior value-based metrics. Attention to MIPS measures will be a focus jointly between the Medical Staff Office of NIHD and the RHC.

### Same Day Service Line:

This service line was expanded to meet the demands of the community, adding staffing for full 6 days per week coverage from 0900-2100. RHC patients, NIA patients, non-NIHD affiliated patients and visitors to the area were served. More than 4000 patients were seen in the same-day service line during FY 2019, more than filling the clinic schedule that pediatrics occupied before their departure in August 2018.

### Telemedicine:

Continuing the mission of the RHC to become a telemedicine originating/remote site, a Telemedicine program was established in March 2018. Telemedicine coordinator (Jessica Nichols, MA) continued developing partnerships with Glendale Adventist Health System to offer speciality services including Drs Kiramijyan (cardiology), Khawar (rheumatology), Patel (endocrinology), Ezra (Dermatology) and Maslow (Infectious Disease). This service line continues to evolve and grow, preventing local community members from having to travel great distances at increased time, energy and financial costs associated.

Pediatrics:

After many years of co-habitation between the Bishop Pediatric Clinic and the RHC, a collaborative decision was reached to centralize pediatric care within NIHD to a singular location in the PMA building. Although Drs. Irmiter and Helvie and Ms. McEvoy left the RHC, excellent, standardized pediatric care was still provided by the Family Medicine staff.

Medication Assisted Treatment (MAT):

With the addition of a second X-waivered primary care provider (Ms. Fong), a preliminary discussion with Dr Boo, care coordination leaders, and administration was started to research possible specific therapy directed towards opioid-use and substance-use disorders. Grant opportunities were investigated and funds secured to develop robust behavioral health resources within the Care Coordination unit, including licensed clinical social worker (LCSW) and substance-use disorder (SUD) counselor positions to support the budding new MAT service line for FY 2020.

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## **PROVIDER STAFF:**

### **PRIMARY CARE:**

**Stacey Brown, MD- Family Practice-** Dr. Brown is under contract with NIHD as the Clinic Medical Director/Lead Physician. He worked hours providing direct patient care services to the RHC. He also provided direct and indirect supervision of the Advanced Practice Providers (APPs) working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. He provided 1554 visits for the fiscal year.

**Sarah Zuger, MD – Family Practice-** Dr. Zuger is under contract with NIHD as a Staff Physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1441 visits for the fiscal year.

**Catherine Leja, MD – Family Practice -** Dr. Leja is under contract with NIHD as a Staff Physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1648 visits for the fiscal year.

**Anne Gasiar, MD – Family Practice-** Dr. Gasiar is under contract with NIHD as a staff physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1379 visits for the fiscal year.

**Uttama Sharma, MD – Family Practice –** Dr. Sharma is under contract with NIHD as a staff physician. She worked hours providing direct patient care services to the RHC. She also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. She provided 1697 visits for the fiscal year.

**Thomas Boo, MD – Family Practice -** Dr. Boo is under contract with NIHD as a staff physician. He worked hours providing direct patient care services to the RHC. He also provided direct and indirect supervision of the APP staff working in the clinic. This includes consultations

with the APP staff, chart reviews based upon policy and critical indicators, attendance of medical staff committee meetings and participation in development and review of standardized procedures for the NP providers/standardized protocols for the PA providers. He provided 1450 visits for the fiscal year.

**Mara Yolken, RN, MSN- Adult Nurse Practitioner-** Mrs. Yolken is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Leja. She provided 1662 visits for this fiscal year. She served as Lead APP during part of FY 2019.

**Tracy Drew, RN, MSN- Family Nurse Practitioner-** Mrs. Drew is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Brown. She provided 1881 visits for this fiscal year.

**Rita Klabacha, PA-C – Physician Assistant-** Mrs. Klabacha is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Sharma. She provided 1947 visits for this fiscal year.

**Jennifer Joos, PA-C – Physician Assistant-** Mrs. Joos is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Drs. Zuger. She provided 2342 visits for this fiscal year. She served as Lead APP during part of FY 2019.

**Nancy Fong, RN – Family Nurse Practitioner --** Mrs. Fong is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Boo. She provided Same Day service coverage during May and June 2019 as well. She provided 1258 visits for this fiscal year.

**Alissa Dell – Family Nurse Practitioner --** Mrs. Dell is an employee of NIHD in the nursing department. She worked regular part time at hours under the medical direction of Dr. Brown during her orientation, while waiting for her supervising MD (Anne Wakamiya) to begin at NIA- Internal Medicine office. She provided services from December 2018 through February 2019. She provided 193 visits for this fiscal year.

#### **PEDIATRIC: (Pediatric service line relocated to NIA Pediatrics August 2018)**

**Charlotte Helvie, MD- Pediatrics-** Dr. Helvie is under contract with NIHD as a staff physician working hours at the RHC providing care to children up to age 18 years. She provided direct and indirect supervision of the pediatric APP staff working in the clinic. She provided 154 visits for this fiscal year.

**Colleen McEvoy, Pediatric Nurse Practitioner –** Ms. McEvoy is under contract with NIHD as a pediatric nurse practitioner working hours at the RHC providing care to children up to 18 years of age. She is supervised by both Pediatric and Family Practice MD staff. She provided 119 visits for this fiscal year.

**Kristin Irmiter, MD – Pediatrics -** Dr. Irmiter was under contract with NIHD as a staff physician working hours per week at the RHC providing care to children up to age 18 years. She provided direct and indirect supervision of the pediatric APP staff working in the clinic. She provided 102 visits for this fiscal year.

#### **OBSTETRIC/GYNECOLOGICAL:**

**Jeanine Arndal, MD – OB/GYN** – Dr. Arndal was under contract with NIHD as a staff physician working hours in the RHC providing women’s health services and outpatient procedures. She provided direct and indirect supervision of the Certified Nurse Midwife. She provided 1027 visits for this fiscal year.

**Martha Kim, MD – OB/GYN** – Dr. Kim was under contract with NIHD as a staff physician working hours in the RHC providing women’s health services and outpatient procedures. She provided direct and indirect supervision of the Certified Nurse Midwife. She provided 1124 visits for this fiscal year.

**Matthew Wise, MD – OB/GYN** – Dr. Wise was under contract with NIHD as a staff physician working hours in the RHC providing women’s health services and outpatient procedures. He provided direct and indirect supervision of the Certified Nurse Midwife. He provided 474 visits for this fiscal year.

**Jennifer Norris, Certified Nurse Midwife** – Ms. Norris is under contract with NIHD as a Certified Nurse Midwife working hours at the RHC providing prenatal and general women’s health services. She is supervised by the OB/GYN MD staff. She provided 1503 visits for this fiscal year.

**Robert Slotnick, MD – Maternal Fetal Medicine/Genetic Counseling** – Dr Slotnick is under contract with NIHD as a specialty consultant, providing direct patient care on site at the RHC. He provided 151 visits for this fiscal year.

**SAME DAY SERVICE:**

**Jennifer Figueroa, PA – Urgent Care/Same Day** – Ms. Figueroa is under contract with NIHD as an Physician Assistant working hours at the RHC provider same day/urgent care services. She is supervised by Dr Brown. She provided 2253 visits for this fiscal year. Ms. Figueroa left the clinic June 2019.

**Tammy O'Neill, PA – Urgent Care/Same Day** – Ms. O'Neill is under contract with NIHD as an Physician Assistant working hours at the RHC provider same day/urgent care services. She is supervised by Dr Brown. She provided 2009 visits for this fiscal year. Ms. O'Neill started December 2018.

**TELEMEDICINE SERVICE:**

**Sarkis Kiramijyan, MD – Cardiology** – Dr Kiramijyan is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. He provided 62 visits for this fiscal year.

**Talha Khawar, MD – Rheumatology** – Dr Khawar is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. She provided 82 visits for this fiscal year.

**Nilem Patel, MD – Endocrinology** – Dr Patel is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. She provided 108 visits for this fiscal year.

**David Ezra, MD – Dermatology** – Dr Ezra is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. He provided 21 visits for this fiscal year.

**Elizabeth Maslow, MD – Infectious Disease** - Dr Maslow is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. She provided 5 visits for this fiscal year.

**Azadeh Majlessi, MD – Rheumatology** - Dr Majlessi is under contract with NIHD as a staff telemedicine physician, providing direct patient care remotely from Glendale Adventist via video conferencing equipment. She provided 30 visits for this fiscal year

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**Hours of Operation:**

The primary care RHC clinic hours of operation are from 8 am- 5:30 pm on Monday through Saturday. The clinic is closed every Sunday and on holidays honored by NIHD policy. During hours of operation at least one provider staff member is in the clinic building. The clinic closes for lunch from noon- 1pm.

The Women’s clinic RHC hours of operation are from 8am – 4:30pm on Monday through Friday.

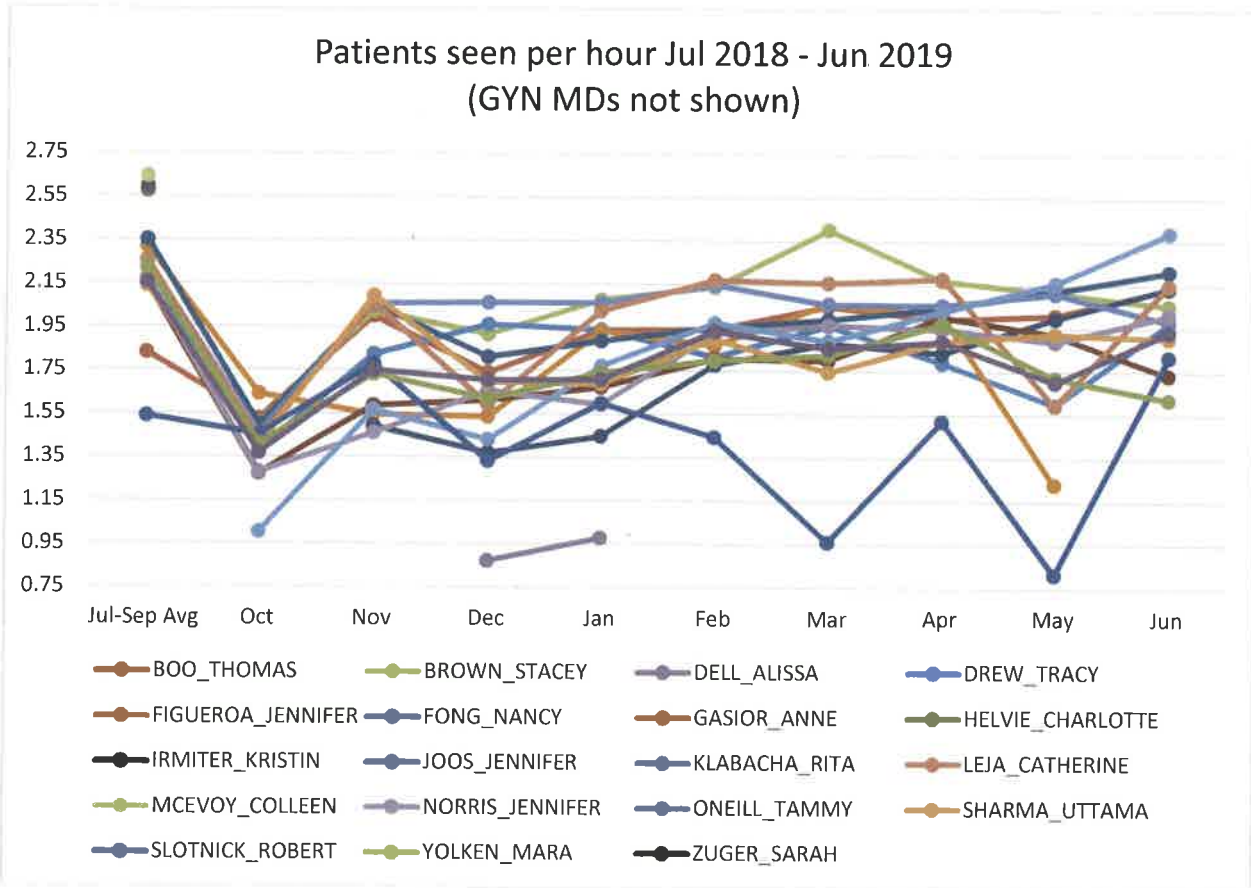
The same day service line hours of operation are from 8 am – 7 pm on Monday through Saturday.

Staffing of the clinic is prioritized to meet the demand for care whenever possible.

**Performance Improvement:**

**Provider Productivity:**

FY 2019 saw a change in EMR systems starting the first of October 2018. November and December saw a decrease in overall clinic visits as providers learned the new system with allowances for longer office visits during the same working hours of operation. January 2019 reverted back to the usual office visit templates, seeing a slow return to prior productivity standards over the rest of the FY.



Open Chart Review:

Per NIHD policy, RHC critical indicators for chart review were identified by hospital and clinical staff, forwarded to the physician provider (or supervising physician if APP) for completion of RHC Chart Review template. Critical indicators for FY2019 were as follows:

- 1) Transfer to NIH for emergency care.
- 2) All admissions of RHC patients.
- 3) All deaths of RHC patients.
- 4) Documented specific procedure complication, such as:
  - a) Hemorrhage
  - b) Poor healing
  - c) Impairment of body functions to a level less than that prior to the procedure and less than commonly expected as a result of the procedure.
- 5) Cardiac or respiratory arrest
- 6) Consultation with the physician in the following circumstances:
  - a) emergent conditions requiring prompt medical intervention after the
  - b) stabilization has been initiated
  - c) any injury threatening life or limb
  - d) any laceration requiring complicated suture closure
  - e) any fracture or injury requiring immobilization by full casting
  - f) complicated or extensive burns
- 7) Upon request of the patient/family, provider staff, nursing or ancillary RHC staff, or Medical Staff member

Unfortunately, identification of critical indicators from the new EMR (AthenaHealth) was not nearly as robust as with the prior EMR (Centricity), leading to a severe underreporting for FY 2019. No charts selected by critical indicators fell out for secondary review at the Medicine/ICU Committee level. A manual process to collect critical indicators is under development for FY 2020.

Charts of APP reviewed by supervising physician from Oct 2018 – Jun 2019 showed no reportable deficiencies in 587 charts. This included 5% chart review for Physician Assistants per CA state regulations.

Oversight Provider	
Leja	62
Kim	29
Brown	251
Zuger	83
Boo	65
Sharma	95
<b>Total Charts Reviewed</b>	<b>587</b>

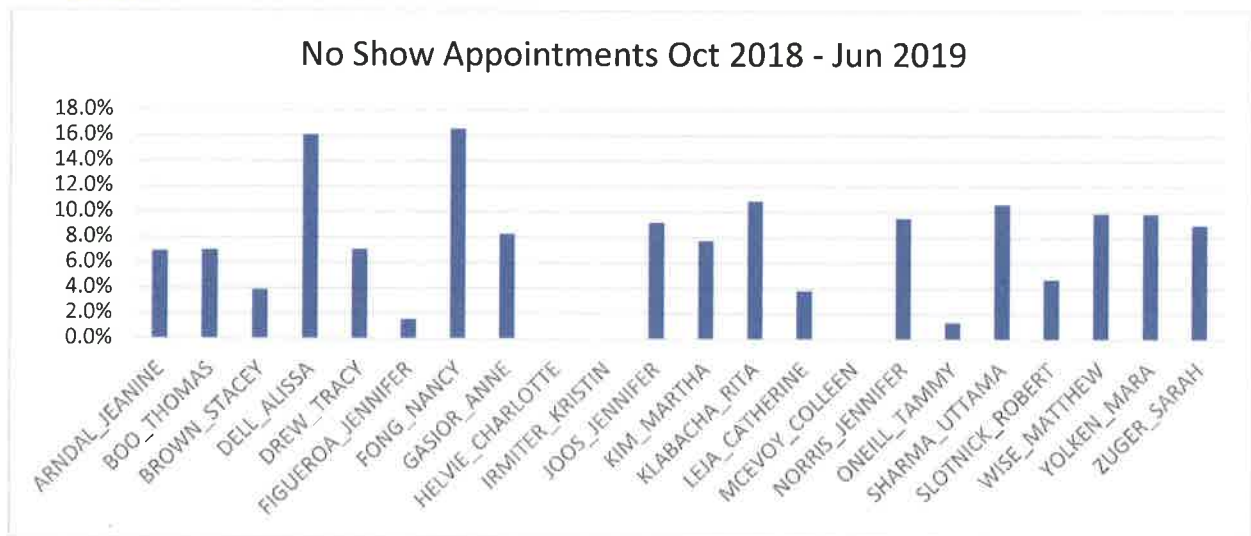
Closed Chart Review:

Closed chart review is used to evaluate the completeness of patient chart entries. 15 patient charts were selected for closed review. Closed chart review included proper documentation in the patient’s electronic chart, including:

- Notice of Privacy Practices “NOPP” (signed by patient)
- Conditions of Admission “COA” (signed by patient)
- Authorization to Disclose Health Information to Family Members and Friends (signed by patient)
- Patient history (completed by the patient)

No show report:

For the period reporting from the new EMR was available, the overall appointment no-show rate was 8.1 %\*. Breakdown by provider per month is as below:

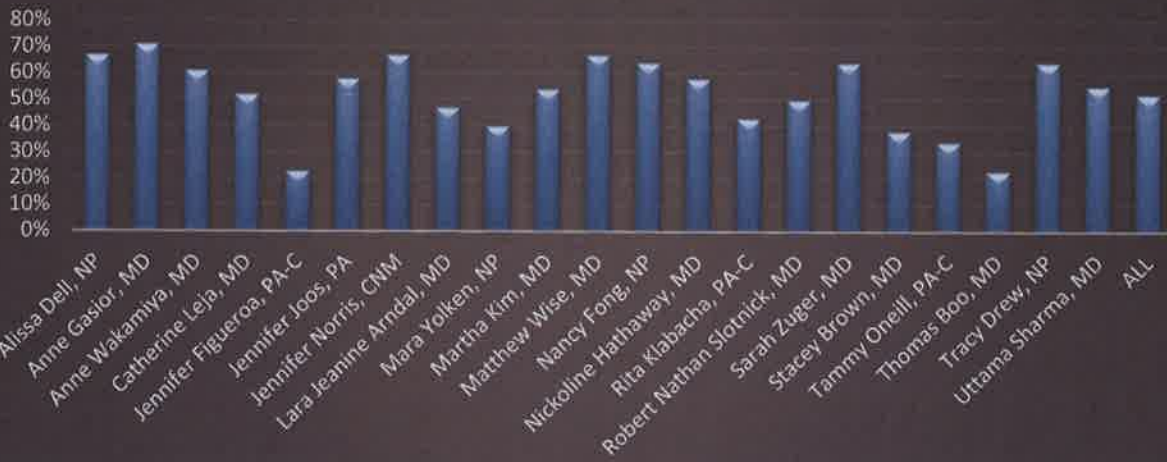


\* Data may not reflect accurate clinic-wide no-show rate as pediatric provider data not included (reported no-show rate combines RHC and Bishop Pediatric Office data)

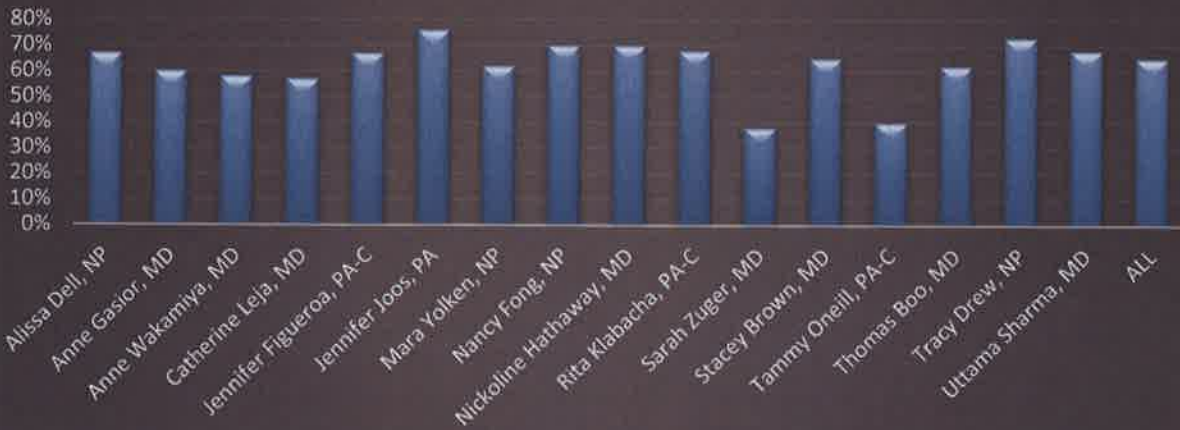
Quality Metrics:

With the switch in EMRs, most of the legacy preventative medicine measures were not migrated and required provider teams to re-enter the data. This led to an underreporting of some multi-year quality metrics such as colorectal cancer screening and pneumonia vaccination rates. Compounding the issue, providers had intermittent compliance with *documentation* of completed quality metrics into the patient’s chart, even if the patient was up to date at that time. Regardless, the documentation of primary care quality metrics were recorded in the following graphs by provider (only data from AthenaHealth Oct 2018 through June 2019):

### Breast Cancer Screening (Mammogram)

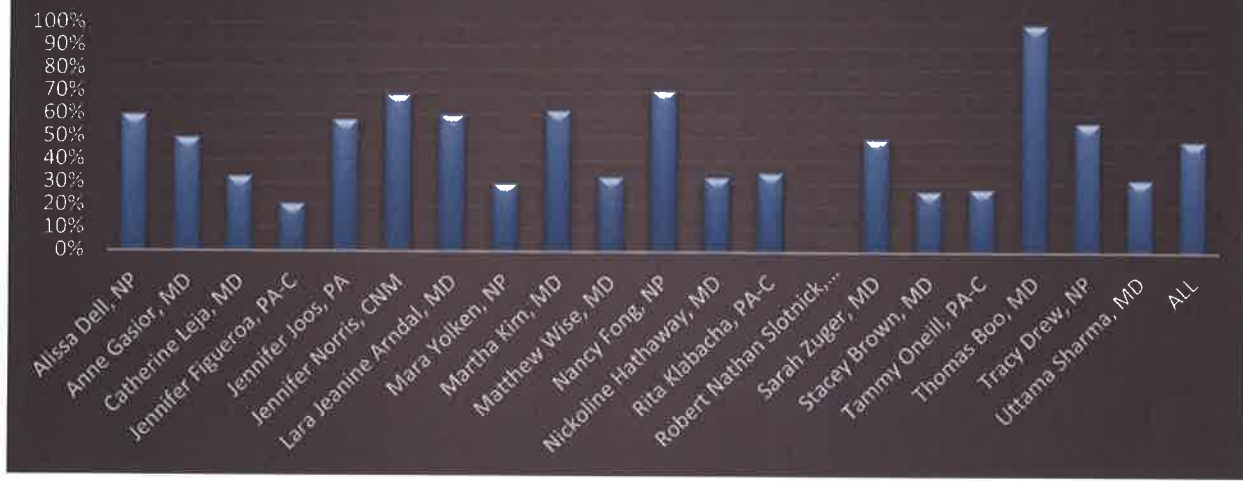


### BP Control in Diabetes (140/90)

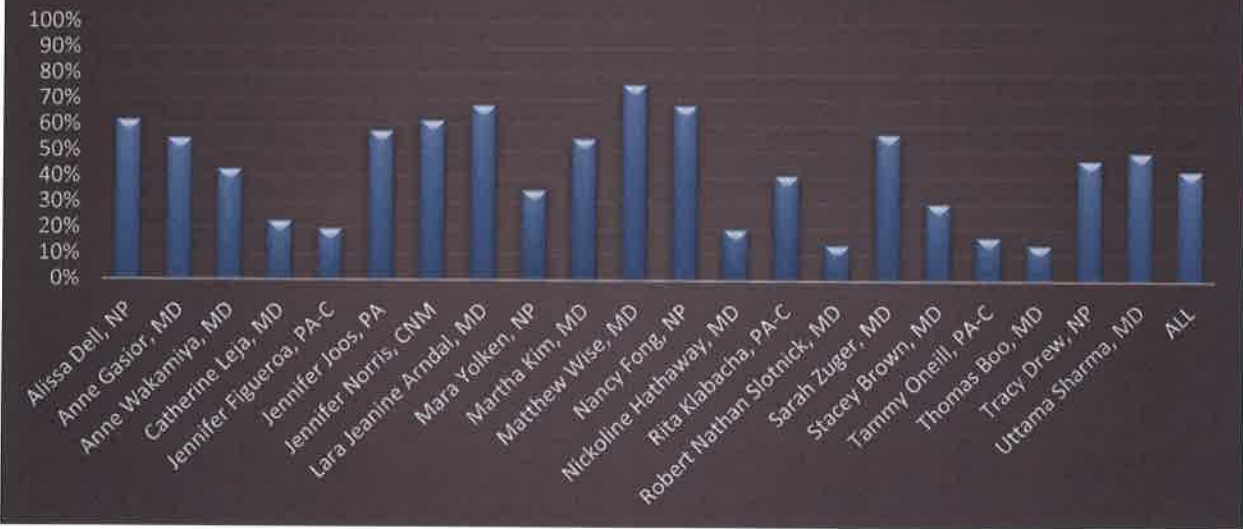


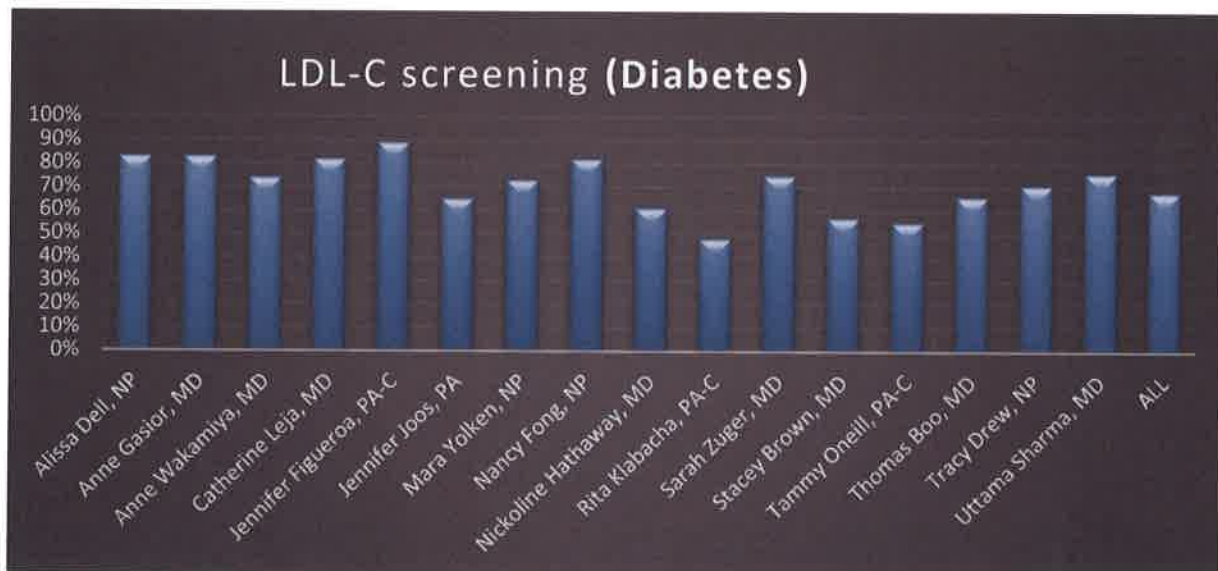
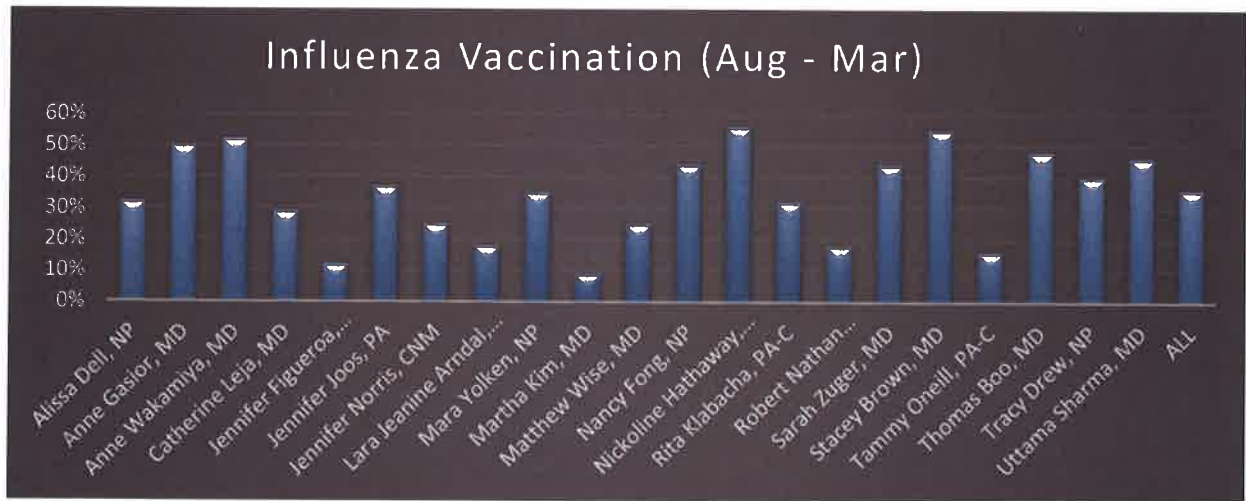
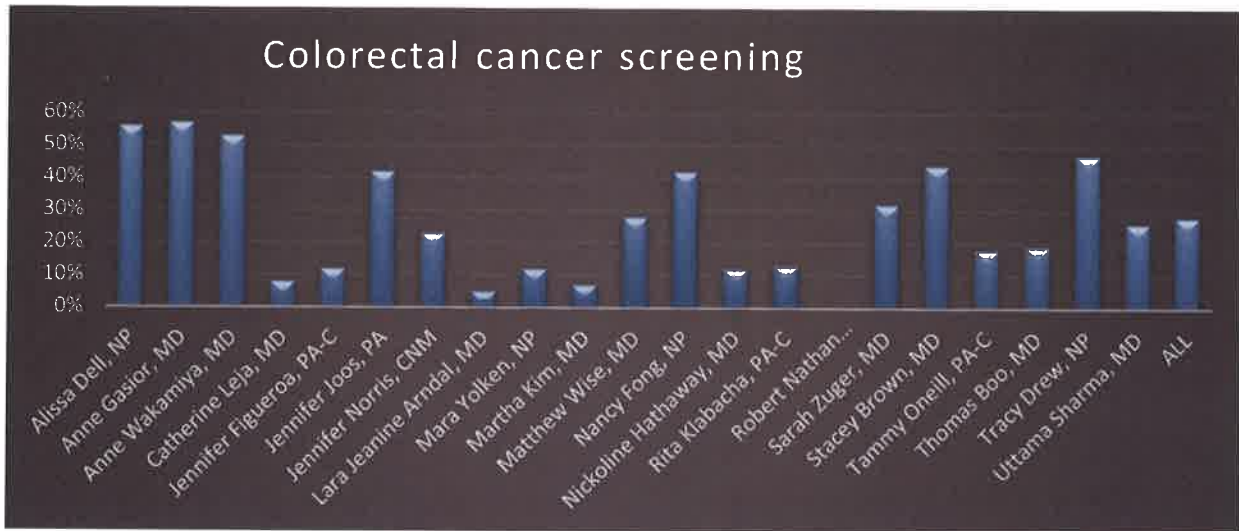


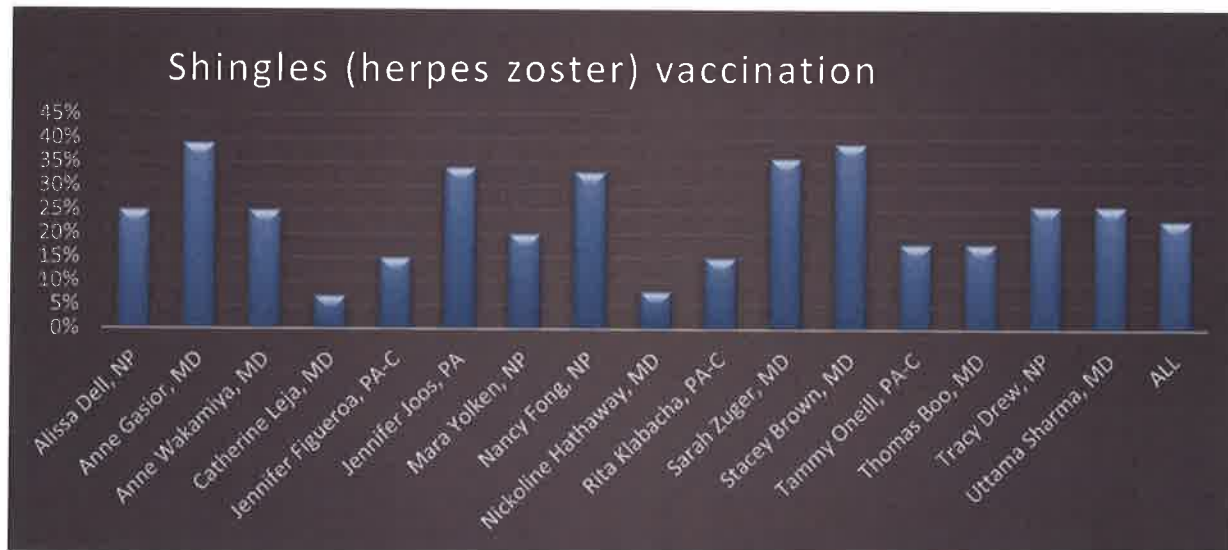
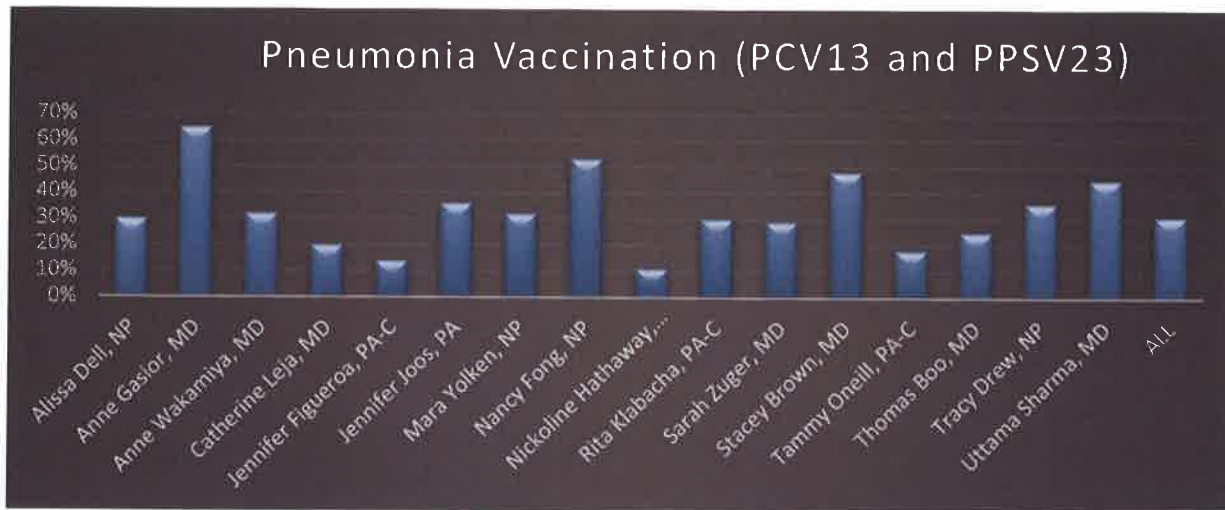
### Cervical Cancer Screening 21-29 (Every three years)



### Cervical Cancer Screening 30-64 (with co-testing)







Continued efforts to help provider teams effectively *document* the quality metrics in the patient charts will be needed in order to accurately reflect the true rates during FY2020.

## Goals for FY2020

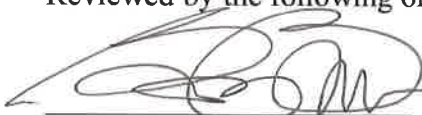

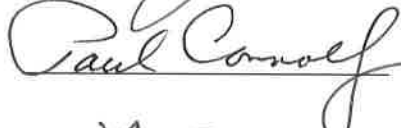



Opportunities for improvement in both system-wide and individual clinical workflows were identified for the next fiscal year. Specifically:

- 1) *Physical plant expansion*: We will continue to investigate options for optimal space utilization in the current physical plant (Mon-Sat, extended hours, staggered schedules) as well as avenues for new building expansion including grant-supported funding or mobile clinic spin-offs. Efforts will continue to optimize space in the Annex for support staff.
- 2) *Access to specialist care*: We will continue to recruit and refine our Telemedicine offerings including Pulmonology, Dermatology, and possibly ENT through partnership with Glendale Adventist. Efforts will continue to create a partnership with Renown Cardiology. Discussions will continue with City of Hope for better oncologic referral process and follow through.
- 3) *Behavioral Health*: Per the most recent Community Health Needs Assessment, expansion of the RHC's role in community behavioral health will be a major focus during FY 2020. With a critical demand for psychiatric services (retirement and decreased access for the only two psychiatrists in the community), we will investigate and establish TelePsychiatry services, partner with Inyo County Mental Health and Toiyabe for possible part-time on-site psychiatry services and roll out an embedded LCSW position into Care Coordination. This will allow clinic-wide integrated behavioral health management as well as direct services that are billable under the RHC banner.
- 4) *"Opioid epidemic"*: With an expanding demand in the local region and the increased capacity for Medically Assisted Treatment for opioid use disorder (Dr Boo and Ms Fong), we will focus on the following strategies:
  - a. Early identification of patients in need from clinic, NIHD, ED and community referrals
  - b. Prescribing of regulated medical treatments (such as Suboxone) with X-waiver training and certification of other providers
  - c. Close partnership with the NIHD emergency department providers in coordinating induction therapy with close clinic follow up
  - d. Close partnership with county and city governments and law enforcement agencies to create a singular process for transitions of high-risk patients
  - e. Harm reduction strategies such as naloxone reversal agent education/dispensing as well as possible needle exchange program
  - f. Leveraging grant funding opportunities to assist in program development, staffing and service line expansion
- 5) *Standardization of workflows across all NIHD outpatient clinic service lines*: Now with a single EMR across all of the NIHD service lines, the RHC will continue to produce and refine administrative, scheduling and clinical workflows. This will help to standardize workflows for better efficiency and cross-coverage of clinic staff as they float from location to location.
- 6) *Mobile Clinic*: We will investigate possibility of a mobile 2-3 room clinic with minor procedure capacity for remote RHC-billable services in HPSA designated areas of our geographic region. Partnership opportunities may exist with Inyo County, Toiyabe, Southern Inyo Healthcare District and other regional stakeholders such as school districts.

- 7) *Bronco Clinic*: We will investigate the possibility of converting the Bishop Union High School clinic (currently through Pediatric service line) to an RHC-billable site and expand the staffing to include RHC providers, especially male providers.

In conclusion, the utilization of services at the RHC was appropriate for the patient population served by the Healthcare District and its residents. Established policies and procedures (vetted through the NIHD process and approved by the Board of Directors) are being followed at the RHC.

Reviewed by the following on this date,

	Stacey Brown, MD	Medical Director
	Jannalyn Lawrence, RN	Clinical Operations Director
	Paul Connolly	Administrative Operations Director
	Jennifer Joos, PA	APP Lead
	Kevin Flanigan, MD	Chief Executive Officer
	Jeff Brown, PharmD	Community Member

May 12, 2020

To: Northern Inyo Healthcare District  
District Board of Directors

From: Scott Hooker Director of Facilities

Topic: Building separation project update

Dear Board of Directors,

We continue to work through change order # 07 with OSHPD. Colombo Construction and our design team have met with OSHPD in the field multiple times each time OSHPD has approved the change order for submission only to have the submittal marked up with comments after it is sent to Sacramento. The most recent plan was submitted on May 11, 2020 if approved by Tuesday May 19, 2020 Colombo Construction will be onsite Thursday May 20, 2020 to perform work. Attached are OSHPD's plan review comments for reference. We are hopeful that OSHPD will approve this final submission and we can move forward with the project. Colombo Construction (Louis Varga, Francisco Garcia) and myself will be available at the May 20, 2020 Board of Directors Meeting for any questions you may have.

Thank You,

Scott Hooker

Project#: S190553-14-00-ACD0007  
 Backcheck#: 2  
 Project Title: Removal of General Acute Care

Facility#: Northern Inyo Hospital - 10200  
 150 Pioneer Ln  
 Bishop, CA 93514

PDF File	Page No.	Sheet Title	Comment No.	Discipline	Comment Date	Comment By	Category	Subcategory	Comment	Comment Disposition	Response By
Plan_S190553-14-00-ACD0007.pdf	5	A771	7	FLS	2/26/2020	Loren DeArmond	No Category	No Subcategory	FM1BCK2- This I beam along with its columns needs to be fire proofed to a minimum of 1hr for VA construction per Table 601 CBC and discovered condition CAN 2-102.6	Open	
Plan_S190553-14-00-ACD0007.pdf	5	A771	18	FLS	5/6/2020	Loren DeArmond	No Category	No Subcategory	FM1 BCK 3- See comment 7 on this page. This beam is to be fire proofed the entire length of beam as its a discovered condition and TYPE VA construction requires this beam to be fire proofed. Show beam fire proofed in all details. TYPICAL	Open	
Plan_S190553-14-00-ACD0007.pdf	5	A771	19	FLS	5/6/2020	Loren DeArmond	No Category	No Subcategory	FM2 BCK 3. See FM 1 BCK 3	Open	
Plan_S190553-14-00-ACD0007.pdf	9	A080	20	FLS	5/6/2020	Loren DeArmond	No Category	No Subcategory	FM3 BCK 3- Provide cross section and elevation of this penetration. Show real detail of actual condition being built in the field.	Open	
Plan_S190553-14-00-ACD0007.pdf	9	A080	21	FLS	5/6/2020	Loren DeArmond	No Category	No Subcategory	FM4 BCK3- Provide beam size and change beam to 1hr in note. This penetration is part of 4 foot butterfly requirement and only needs to be 1hr	Open	
Plan_S190553-14-00-ACD0007.pdf	9	A080	22	FLS	5/6/2020	Loren DeArmond	No Category	No Subcategory	FM5BCK 3 - I believe the I-beam is a 18x35 so a minimum 1/2 inch annular space will not work if opening is a max 18 inches.	Open	





TO: NIHD Board of Directors  
FROM: Stacey Brown, MD, Chief of Medical Staff  
DATE: May 5, 2020  
RE: Medical Executive Committee Report

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

- A. Medical Staff and Advanced Practice Provider Appointments (*action items*)
  - 1. Jennifer Figueroa, PA-C (*women's health clinic*) – Advanced Practice Provider staff
  - 2. Benjamin Ebner, MD (*adult cardiology - Renown*) – telemedicine staff
  - 3. Shabnamzehra Bhojani, MD (*adult and pediatric psychiatry – Regroup*) – telemedicine staff
  - 4. Shilpi Garg, MD (*pediatric cardiology – Children's Heart Center Northern Nevada*) – telemedicine staff
  
- B. Telemedicine Staff Appointments – credentialing by proxy (*action item*)  
*As per the approved Telemedicine Physician Credentialing and Privileging Agreement, and as outlined by 42CFR 482.22, the Medical Staff has chosen to recommend the following practitioners for Telemedicine privileges relying upon Adventist Health's credentialing and privileging decisions.*
  - 1. Sheila Cai, MD (*pediatric psychiatry*) – telemedicine staff
  
- C. Advancements (*action items*)
  - 1. James Fair, MD (*emergency medicine*) – advancement to Active Staff
  - 2. Anna Rudolphi, MD (*emergency medicine*) – advancement to Active Staff
  - 3. Bo Nasmyth Loy, MD (*orthopedic surgery*) – advancement to Active Staff
  
- D. Resignations (*action items*)
  - 1. Tanya Scurry, MD (*peds psychiatry*) – telemedicine staff, Adventist Health – effective 3/26/20
  - 2. Arin Aboulian, MD (*pulmonology*) – telemedicine staff, Adventist Health – effective 4/10/20
  - 3. Kelly Tatum Brace, DPM (*podiatry*) – provisional active staff – effective 4/28/20
  
- E. Policies and Procedures (*action items*)
  - 1. *Chaperone Use for Sensitive Exams*
  - 2. *Patient Identification for Clinical Care and Treatment/Armband Usage*
  - 3. *Sterile Processing Standards of Practice*
  
- F. Annual Approvals (*action items*)
  - 1. *Standardized Procedure – Well Child Care Policy for the Nurse Practitioner*
  - 2. *Standardized Procedure – Well Child Care Policy for the Physician Assistant*
  
- G. Family Medicine Core Privilege Form update (*action item*)
  
- H. Physician recruitment update (*information item*)



**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Chaperone Use for Sensitive Exams	
Scope: District Wide	Manual: Clinical Practice Manual
Source: Chief Nursing Officer	Effective Date:

**PURPOSE:** To provide a standardized safe patient care environment for patients during a sensitive exam or procedure.

**POLICY:**

1. It is the policy of Northern Inyo Healthcare District (NIHD) and Northern Inyo Healthcare Associates (NIA) to provide and utilize chaperones during sensitive exams or procedures and at the request of the patient, their legal representative and/or clinician.
  - a. The use of a chaperone during a sensitive exam provides reassurance to patients of the professional nature of the exam and enhances patient comfort, privacy, security and dignity. A patient or their legal representative may request a chaperone for any examination or procedure.
  - b. A chaperone's presence may also provide protection to clinicians against unfounded allegations of an unprofessional nature. A clinician may request a chaperone for any examination or procedure. Should the patient decline chaperone, the clinician may decline to perform the sensitive exam and will notify a supervisor/manager/leader.
  - c. Patients are given the option to request a chaperone prior to beginning the exam or procedure.
2. Patients may opt out of having a chaperone present during a sensitive exam or procedure. Clinicians will record patient declined offer of chaperone within patient's medical record. (see 1b.)
  - a. Parents may not opt out of a chaperone for their adolescent child.
3. Patient companions, parents or spouses shall not fulfill the role of chaperone.
  - a. EXCEPTION: A family member may serve as a chaperone for a pediatric patient (age 0-10) examination except for examinations or procedures where there is placement of finger(s), speculum, swabs, or any other instruments into the genitalia or rectum or if there is a suspicion of abuse.
  - b. Patient companions, parent or spouse may stay in the room at the request of the patient when the situation allows their presence.
4. A chaperone who witnesses inappropriate or unacceptable behavior on the part of the clinician will immediately report this to their manager or another senior manager, even if they did not stop the procedure while it was ongoing. The chaperone will complete an unusual occurrence form (UOR).
5. Staff is responsible for recognizing personal and cultural preferences, which may broaden individual perceptions and requirements to provide a chaperone.

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Chaperone Use for Sensitive Exams	
Scope: District Wide	Manual: Clinical Practice Manual
Source: Chief Nursing Officer	Effective Date:

**DEFINITIONS:**

1. Chaperone: An observer who, by mutual agreement, is present during an examination to advocate for patients’ rights such as dignity, privacy and consent while also providing a layer of protection for the practitioner performing the examination and the organization.
  - a. A chaperone may be a health professional or a trained unlicensed staff member. This may include medical assistants, nurses, technicians, and therapists.
  - b. A chaperone shall be employed by, or on contract with, NIHD or NIA.
  - c. Whenever possible, the chaperone should be the gender requested by the patient. The chaperone may also assist the health professional or provide support to the patient with personal hygiene, toileting or undressing/dressing requirements when requested or needed by the patient.
  
2. Clinician: A Medical Staff Member, Clinical Program Trainee, Advanced Practice Nurse, Certified Nurse Midwife, Physician Assistant, Registered Nurse, Licensed Vocational Nurse, Diagnostic Imaging Tech, Respiratory Therapist, Certified Nurse Aide, and EKG Tech.
  
3. Patient: A person receiving medical care/services.
  - a. Age 0 to 10 years (Neonate and sub-set of pediatric population)
  - b. Age 11 thru 18 years (Adolescent for purposes of this policy)
  - c. Age 18 years or greater (Adult)
  - d. A vulnerable patient – defined as a person who lacks capacity to give informed consent or is unable to protect him or herself from abuse, neglect or exploitation. This includes those who only lack momentary capacity due to sedation.
  
4. Sensitive exams/ procedures: are any exam/procedure that includes the physical examination of or a procedure involving the genitalia, rectum, or female breast. Other examinations may however be considered by the patient to be intimate due to but not limited by culture and/or beliefs.
  - a. Includes insertion of equipment or medication into or on the penis, rectum, urethra or vagina.
  - b. EXCEPTION: Nursing care that includes perineal cleansing and care as a part of everyday personal hygiene assistance (e.g. incontinence brief changes, bathing, etc.)
  
5. Type of Chaperone Consent Options

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Chaperone Use for Sensitive Exams	
Scope: District Wide	Manual: Clinical Practice Manual
Source: Chief Nursing Officer	Effective Date:

- a. OPT-IN: A chaperone is not required, but is provided at the request of the patient. The following exam/procedures fall under this category:
  - i. Examinations of or procedures to the urethra in both males and females;
  - ii. Breast radiology procedures including mammography, ultrasound, interventional and MRI;
  - iii. Echocardiograms;
  - iv. Standard patient care such as listening to the heart, lungs or placement of cardiac leads.
  - v. Examinations related to gynecology and pregnancy in non-vulnerable populations.
  
- b. OPT-OUT: A chaperone will be present unless declined by the patient in the non-vulnerable adult population. If the clinical staff member is uncomfortable performing the sensitive exam without a chaperone and the patient OPTs OUT, the clinical staff member may refuse to provide the clinical care. The following exam/procedures fall under this category:
  - i. Breast examination;
  - ii. Palpation of the external genitalia;
  - iii. Placement of finger(s), speculum, swabs, or any instruments into the vagina or rectum for vulnerable patients.
  
- c. Mandatory chaperone: A chaperone is mandatory during exams of vulnerable populations. (See Definitions – 3d.) Parent may chaperone for children ages 0 to 10 years with some exception. (See Policy – 3a.)
  
- d. Emergency Situations: Emergency care should not be impeded by this policy.

**PROCEDURE:**

1. Determine level of sensitive exam or procedure (OPT-IN, OPT-OUT or Mandatory).
2. Confidential conversations should occur prior to or after the sensitive exam, unless the clinical provider or patient request otherwise, allowing the chaperone to exit the room.
3. It is a joint responsibility of the clinician and the chaperone to ensure that the following basic considerations are made:
  - a. When appropriate, informed consent process is followed by the medical provider, per NIHD policy. Consent for sensitive exam is obtained verbally and documented in the patient record. Education will be provided and questions answered about the exam/procedure for the patient or guardian/parent. This includes information about option to have a chaperone.
  
  - b. If a patient with decision-making capacity declines a part of or the whole examination, it should not be performed. Documentation of refusal in patient record is required.

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Chaperone Use for Sensitive Exams	
Scope: District Wide	Manual: Clinical Practice Manual
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c. Maintenance of privacy and confidentiality is essential. Examinations should occur in a closed room. Ensure the use of a patient gown, curtains, privacy screen/private changing area. Preserve dignity via use of a sheet or drapes for covering body parts discreetly.

e. Remain alert to verbal and nonverbal cues of distress for the patient.

f. All exams will follow NIHD infection control standards.

3. Document in the patient record, the chaperone's name or when the patient OPTs OUT of using a chaperone.

4. A chaperone has the right to stop a sensitive procedure, examination or care if they feel that the clinician's behavior is inappropriate or unacceptable.

5. A chaperone who witnesses inappropriate or unacceptable behavior on the part of the clinician will immediately report this to their manager or another senior manager, even if they did not stop the procedures while it was ongoing. The chaperone will complete an UOR.

6. It is the responsibility of the health professional to ensure accurate documentation of the clinical contact, which also includes records regarding the use or refusal of a chaperone.

**REFERENCES:**

1. University of Michigan Policy regarding use of Chaperones: 6/2019.
2. AMA Principles of Medical Ethics. Adopted June 2016. Chapter 1: Opinions of Patient-Physician Relationships.
3. Paterson, Ron (AAHPRA) Independent review of the use of chaperones During the Physical Examination of the Pediatric Patient. May, 2011; (Pediatrics Volume, 127, Number 5).

**CROSS REFERENCE P&P:**

1. Consent for Medical Treatment
2. Minors with Legal Authority to Consent

<b>Approval</b>	<b>Date</b>
CCOC	12/16/2019
Surgery, Tissue, Transfusion and Anesthesia Committee	04/22/2020
Medical Services/ICU Committee	02/06/2020
Perinatal/Pediatrics Committee	02/05/2020
Medical Executive Committee	05/05/2020
Board of Directors	
Last Board of Directors Review	

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Chaperone Use for Sensitive Exams	
Scope: District Wide	Manual: Clinical Practice Manual
Source: Chief Nursing Officer	Effective Date:

Developed: 12/2019ta

Reviewed:

Revised:

Supersedes: DI Chaperone Policy; DI Ultrasound, Intimate Exams;

Draft

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: <b>Patient Identification for Clinical Care and Treatment/Armband Usage*</b>	
Scope: Hospital Wide	Department: <b>CPM - Admission, Discharge, Transfer Documentation (ADT)</b>
Source: Nursing Administration	Effective Date: 9/12/16

**PURPOSE:**

In an effort to improve the safety and quality of healthcare delivery at Northern Inyo Hospital (NIH), the development of a standardized process to issue armbands to patients types listed in this policy, will ensure the right patient gets the right kind of care, in the right place, and at the right time.

**POLICY:**

It is the policy of Northern Inyo Hospital to ensure that all patients are properly identified by employees and medical staff prior to any services, care, or treatments being rendered. Where possible, identification shall be performed with the two-identifier process. Once this is successfully completed, attempts should be made to place a hospital armband on the patient as soon as possible.

Patient types identified in this policy who are alert, oriented and able to reliably participate in the patient identification process will receive a hospital armband after positive identification has been performed. The patient will be asked to state their name and date of birth; and that information will be compared to the patient's hospital armband. This is to be done by the receiving care provider. Patients unable to provide identifying information or who experience conditions requiring emergency care will receive a hospital armband with a temporary or fictitious name and identification number assigned by Admission Services. This patient will receive the required care and treatment that is necessary to stabilize their condition, prior to their actual identification.

A hospital armband is a tamperproof, nontransferable identification band. It will include the patient's full name, hospital identification number, medical record number, patient's date of birth, age, sex and the attending physician's name. If the hospital armband is cut off or becomes unreadable, staff will contact Admission Services and request a new hospital armband.

**Principles of Identification:**

A system for positive identification of hospital patients fulfills four (4) basic functions:

1. Provides positive identification of patients from the time of admittance or acceptance for treatment.
2. Provides a positive method of linking patients to their medical records and treatment.
3. Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
4. Improves the accuracy of patient identification, decreases error occurrence and promotes patient safety.

**PROCEDURE:**

**A. Patient Identification**

1. Upon arrival at the hospital, the use of at least two identifiers, patient name and date of birth, will be used to properly match the correct patient with the correct care to be administered.
2. A hospital armband shall be placed on the patient as soon as possible after the identification has been made.
3. Application of the hospital armband will be done by the receiving care provider after confirmation of the two-patient identifier process.
4. If the patient is unable to actively participate in the patient identification process, they will receive a hospital armband with a temporary or fictitious name and identification number assigned by Admission Services.
5. Hospital armbands will be used in all Inpatient settings.

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

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Source: Nursing Administration	Effective Date: 9/12/16

6. Hospital armbands will not be used in the Rural Health Clinic, outpatient diagnostic services with exceptions listed in #7.
7. Hospital armbands will be used in the following Outpatient settings:
  - a. Emergency Department
  - b. Same Day Surgery (PACU)
  - c. Diagnostic Imaging
    - i. Invasive Procedures
    - ii. Nuclear Medicine
  - d. Infusion Center
  - e. Patients whose care requires transportation that crosses multiple hospital departments
  - f. Patients receiving medications
  - g. Observation patients
  - h. Perinatal Outpatients (excluding NEST)
  - i. Pulmonary Function Testing (PFT)
8. Before any procedure is carried out, the hospital armband shall be placed on the patient and will be checked by the receiving and each subsequent care provider.
9. Whenever possible staff should also verbally assess the patient to assure proper identification by asking the patient's name and date of birth and matching the verbal confirmation to the written information on the hospital armband. If the patient's date of birth is not available, other acceptable identifiers defined by the National Patient Safety Goals 01.01.01, include another specific assigned identification number, telephone number, or other person-specific identifier.
10. Procedures and/or activities are, but are not limited to:
  - a. Placement/replacement of patient hospital armband
  - b. When a patient is introduced to a caregiver
  - c. Transfer/discharge
  - d. Medication administration
  - e. Transportation from one hospital area/department to another area/department
  - f. Diagnostic/therapeutic treatments
  - g. Meal/snack trays
  - h. Transfusions of blood or blood components
  - i. Obtaining informed consent
  - j. Vital sign check per shift/per provider
  - k. Surgical procedures
  - l. When performing a treatment
11. No procedure shall be conducted when the patient's identity cannot be verified because the imprinted band is illegible or missing except in an emergent situation.
12. Defective or missing hospital armbands shall be replaced immediately with a new hospital armband.
13. Each healthcare provider conducting assessments on the patient shall include a check of the patient's hospital armband to assure the band is present and legible, as a routine component of the patient assessment process.

**B. Temporary/Downtime Hospital Armband Procedure:**

In the event of a delay in the creation or placement of a hospital armband, or a system downtime occurs where use of a computer and printer is available, Admission Services will print labels that affix onto the armband for patient identification. If there is loss of computer and/or printer functions, a legible handwritten label with the patient's name, date of birth, date and time of admission, and attending physician will be affixed to the armband and placed

**NORTHERN INYO HEALTHCARE DISTRICT  
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on the patient. Once the system is operational again, an armband with the appropriate information will be printed and placed on the patient. The handwritten armband will be removed and discarded.

**C. Children:**

A parent or guardian should verify the identification of minor patients, when present at the time of the patient encounter.

**D. Unconscious/Confused/Incompetent Patients:**

In order to complete the verification process, any unconscious/confused/incompetent patients should, whenever possible, have their identification confirmed by a person (relative, transferring facility, etc.) before the hospital armband is placed on the patient. For the unconscious/confused/incompetent patient who arrives at NIH without someone accompanying them, or identifying paperwork from a transferring facility, a temporary name (e.g. Jane or John Doe) and identifying number (e.g. medical record number) are assigned to the patient. These identifiers can be used to identify the patient and match against specimen labels, medications ordered for the patient or blood product labels. Formal identification of the patient should occur as soon as possible and once confirmed, the confirmed identifying information should be used instead of the temporary identification. Under no circumstance, except for lifesaving or emergency measures, should any patient encounter occur if a hospital armband is not present.

**E. Patient Refusal:**

If the patient is capable and refuses to wear the hospital armband, an explanation of the risks will be provided to the patient and/or family. The designated staff member will reinforce that is the patient's and/or family's opportunity to participate in efforts to prevent medical errors, and it is their responsibility as part of the healthcare team. The designated staff member will document in the medical record patient's refusal, and the explanation provided by the patient or their family member.

**REFERENCES:**

1. Floyd Memorial Hospital. *Patient Safety-Patients*. Floyd Memorial Hospital, n.d. Web. 29 Sept. 2015. <<http://floydmemorial.com/patients/patient-safety/>>.
2. The Joint Commission. "National Patient Safety Goals (NPSG)." *Comprehensive Accreditation Manual for Critical Access Hospitals*. Oak Brook: Joint Commission Resource, 2015. NPSG-3. Print.
3. Main Line Health, Inc. *Administrative Policy and Procedure Manual, Patient Identification*. Main Line Health, n.d. Web. 31 Aug. 2016. <<http://www.mainlinehealth.org/doc/Page.asp?PageID=DOC001368>>.
4. WHO Collaborating Centre For Patient Safety Solution. "Patient Identification." *Patient Safety Solutions 1* (May 2007): n. pag. *WHO Patient Safety Solutions*. World Health Organization, May 2007. Web. 31 Aug. 2016. <<http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution2.pdf>>.



**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

<b>Title: Patient Identification for Clinical Care and Treatment/Armband Usage*</b>	
Scope: Hospital Wide	Department: <b>CPM - Admission, Discharge, Transfer Documentation (ADT)</b>
Source: Nursing Administration	Effective Date: 9/12/16

Committee Approval	Date
CCOC	04/20/2020
MEC	05/05/2020
Board of Directors	
Board of Directors Last Review	

Index Listings: Armbands, Patient Identifier, Patient Identification, Patient ID, Patient Safety, ID, Wristband, PA-Patient Safety, NPSG 01.01.01

Developed: 5/24/2016

Revised: 3/03; 2/06; 7/2011, 4/2020

Supersedes: PA – Patient Safety: Patient Identification for Clinical Care and Treatment

Retired: PA – Patient Safety: Patient Identification for Clinical Care and Treatment

Reviewed: 3/03; 2/06; 1/07; 8/08; 7/2011

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Sterile Processing Standards of Practice	
Scope: Sterile Processing	Manual: Standards of Practice Independent/Interdependent, Sterile Processing
Source: DON Perioperative Services	Effective Date: 10/22/15

**PURPOSE:**

Sterile Processing is part of the Surgery unit in Perioperative Service which is part of the Nursing Department. The staff in Sterile Processing are under the direct supervision of the Surgery Manager and the Director of Perioperative Nursing Services. The Surgery Manager and Director of Perioperative Nursing Services are members of the Infection Prevention Committee and the Safety Committee. Sterile Processing policies and infection control concerns are submitted for review.

**PROCEDURE:**

Sterile Processing is responsible for:

1. Decontamination / Cleaning instruments, supplies, and equipment used in the hospital and NIHD clinics (decontamination: physical or chemical process that renders an inanimate object such as a medical device that may be contaminated with microbes, safe for further handling)
2. Instrument inspection / maintenance – sending instruments out for repair if needed
3. Preparing / Sterilization trays, instruments, instrument packs, supplies, and specialized items
4. Storage of surgical supplies, trays and sterile supplies in a manner that protects sterility
5. Rotation of supplies in Sterile Processing and Surgery to avoid item outdating prior to use
6. Removing / Discarding outdated supplies and recalled items
7. Reordering / Restocking instruments and supplies as needed to replenish trays, packs, and surgery rooms

**Sterile Processing Training**

1. Sterile Processing staff will receive initial education and competency validation of procedures, decontamination and sterilizing equipment, as well as chemicals used and personal protection equipment (PPE)
2. Sterile Processing staff will receive additional education/competency validation when receiving new equipment, instruments and supplies.
3. Manufacturer guidelines for sterilization as well as the most current information from One Source specific to equipment and instrument care will be referred to for sterilization and reprocessing items.
4. Confidentiality and personal privacy will be maintained for patients at all times.

**Categorizing items for reprocessing**

1. Items to be reprocessed should be categorized as critical, semi-critical and noncritical. Sterile processing will utilize the Spaulding System for categorizing items for processing. Processing will be accomplished by utilizing recommendations of the FDA and following the guidelines from the manufacturer, AAMI and AORN.
2. Items that enter sterile tissue or the vascular system are categorized as critical and should be sterile when used. Sterility may be achieved by physical or chemical processes.
3. Items that come in contact with non-intact skin or mucous membranes are considered semi-critical and should receive a minimum of high-level disinfection.
4. Items that contact only intact skin are categorized as noncritical items and should receive intermediate- level disinfection, low-level disinfection, or cleaning.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Sterile Processing Standards of Practice	
Scope: Sterile Processing	Manual: Standards of Practice Independent/Interdependent, Sterile Processing
Source: DON Perioperative Services	Effective Date: 10/22/15

**Equipment Processing**

1. Sterile Processing staff members are trained / familiar with the requirements for cleaning and sterilizing each type of instrument.
2. Instruments are inspected for function and cleanliness prior to sterilization. Broken instruments are removed for repair / disposal.
3. Instruments are placed in trays or packs – identification tape is replaced as needed.
4. Sterile Processing staff know how to properly load each type of sterilizing equipment.
5. Flexible endoscopes will be cleaned and processed utilizing manufacturer, AAMI, and AORN recommendations.
  - a. Flexible scopes will be leak tested prior to being processed.
  - b. Flexible scopes will be cleaned manually before reprocessing.
  - c. Flexible scopes will be stored in designated scope cabinet after processing.
  - d. Flexible scopes will have a date of processing on a label.
1. Power equipment will be cleaned and processed according to manufacturer validated instructions, AAMI and AORN guidelines.
2. Devices labeled as single-use should not be reprocessed unless the FDA guidelines for reprocessing of single use items can be met.
3. Loaner equipment should be examined, cleaned, and sterilized by the receiving healthcare organization before use, according to manufacturers’ written instructions. Manufacture validation for sterilization documentation should be utilized for sterilization

**Packaging**

1. Packaging systems will be evaluated prior to purchase.
2. Packaging systems should permit sterilization of the contents within the package.
3. Packaging should protect the integrity of the contents until the package is opened for use.
4. Packaging should permit the aseptic delivery of the contents to the sterile field.
5. Packaging should be compatible with the specific sterilization method for which they will be used.
6. Rigid containers should be used, cleaned and maintained according to manufacturer information.

**Monitoring – records are kept for each load run in Sterile Processing**

1. Load identification be maintained in sterile processing for retrieval if necessary.
2. Load control numbers are used to designate sterilization equipment used for each item, date, and cycle.
3. Chemical indicators will be placed in each package to prove parameters have been met.
4. Chemical indicators should be visible in clear packaging.
5. Chemical tape will be on outside of wrapped items.
6. All loads will have appropriate biological monitoring. Internal and external chemical indicators are used with each package sterilized as required
7. All biological monitoring will be recorded and read at 24 hours.
8. Steam sterilizers are tested with spore test daily and records are kept
9. Prevacuum autoclaves are tested daily with a DART (Daily Air Removal Test)
10. Sterile processing personnel will have a mechanism in place to recall sterilized items in case of a sterilizer failure.

**Labeling**

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Sterile Processing Standards of Practice	
Scope: Sterile Processing	Manual: Standards of Practice Independent/Interdependent, Sterile Processing
Source: DON Perioperative Services	Effective Date: 10/22/15

1. Individual instruments from units and clinics other than Surgery are labeled with identification tape specific to that unit / clinic and is replaced as needed
  - a. Sterilized materials should be labeled in a manner to ensure sterility and each item should be marked with the sterilization date.
  - b. Shelf life of a packaged sterile item is considered event-related. Integrity of packaging should be checked prior to use.
  - c. Labeling of sterilization should include the item, date, autoclave, load number and expiration date.

**Outdates / Recalls**

1. Hospital-wrapped and hospital-sterilized instruments / supplies will be monitored for outdating: 6 months for peel pack instruments, 12 months for trays as long as package integrity is maintained. The tray or instrument will be reprocessed sooner than the 6 or 12 month outdate if package integrity is not maintained.
2. All manufacturer processed items will be monitored for outdates or considered sterile until opened or damaged. Items that have outdated or package damage will be discarded / replaced as necessary.
3. Sterile Processing will have a quality assurance and performance improvement process in place to measure process and system outcome indicators.
4. When a manufacturer has issued a recall, Sterile Processing Staff will check all affected items and participate in the retrieval and if necessary disposal of the items. The attending physician is notified if patient use / exposure is ascertained. (See the policy for Recall)

**Storage / Distribution**

1. Supplies, packs, trays, and instruments are catalogued and shelved according to the most efficient arrangement for easy access and rotation.
2. Sterile Processing personnel will work with nursing units to promote uniformity and simplicity in the instrument trays and sets maintained for the care of patients.
3. Patient care supplies and equipment will be distributed regularly to Surgery, nursing units, clinics, and other hospital departments.
4. Special instruments, trays, packs, and supplies will be coordinated through the Surgery Manager and Sterile Processing Personnel to ensure workflow for reprocessing and availability of supplies.
5. The Purchasing Department is responsible for purchase orders, invoices, and packing slips.

**Infection Control**

1. Hospital infection control standards will be followed at all times.
2. Sterile Processing employees will wear clean scrub attire and hair covers, and shoe covers at all times when on duty and if they leave the hospital they must change their scrub attire and shoe covers when they return.
3. Personal protection will be utilized at all times when cleaning/disinfecting soiled equipment/instruments per policy.
4. All work areas will be kept clean, neat and well stocked at all times.
5. All employees will observe and encourage frequent hand washing as this is a primary measure for infection control.
6. Workflow patterns provide for the separation of soiled supplies from those that are clean or sterilized.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Sterile Processing Standards of Practice	
Scope: Sterile Processing	Manual: Standards of Practice Independent/Interdependent, Sterile Processing
Source: DON Perioperative Services	Effective Date: 10/22/15

7. In order to prevent cross contamination all items used on the unit are returned to Sterile Processing in clean condition. Though clean, items will be treated as dirty and kept separate from items in clean area until processed.

**Maintenance**

1. Autoclaves are leak-tested weekly (generally Mondays)
  - a. A complete cycle is run then the leak test is performed
  - b. The leak test must be 1.0mm/Hg/min or less, if leak test is higher than 1.0mm/Hg/min – need to notify Biomedical Engineer to have the sterilizer serviced to correct the issue.
  - c. The leak test is for a problem with the piping and integrity of the machine.
  - d. If the Dart and Biological Indicators are good then the machine can be used until a service representative can repair it. Seek advice from Sterilizer Manufacturer regarding this issue.
2. Autoclaves are descaled weekly (follow manufacturer instructions for descaler use)
3. Autoclaves are cleaned monthly: chamber walls, doors and carrier baskets are thoroughly washed then rinsed thoroughly with tap water.
4. Sterile Processing staff maintain adequate supplies / hospital designated sterilizing chemicals to facilitate decontamination / sterilization of hospital / clinic instruments and supplies.
5. Chemicals utilized in the disinfection/sterilization process will be disposed of according to federal, state and local regulations.
6. Preventative maintenance of the sterile processing equipment is carried out regularly. The sterilizing and decontaminating equipment is serviced as needed and meets Federal and State requirements Records of the maintenance are kept by the Biomedical Department.

**REFERENCES:**

Title 22 Standards: 70831, 70833

TJC: EC.02.04.01, EC.02.04.03, IC.02.02.01, IC.02.02.01

AORN: Recommended Practices for Safe Environment of Care

AORN: Recommended Practices for Cleaning and Disinfection of Instruments

AORN: Recommended Practices on Sterilization

AAMI: ST79 and Annex B

<b>Approval</b>	<b>Date</b>
CCOC	04/20/2020
STTA	04/22/2020
MEC	05/05/2020
Board of Directors	
Last Board of Director review	

Developed: 7/2015 BS

Reviewed:

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Sterile Processing Standards of Practice	
Scope: Sterile Processing	Manual: Standards of Practice Independent/Interdependent, Sterile Processing
Source: DON Perioperative Services	Effective Date: 10/22/15

Revised: 4/20aw

Index Listings: Standards of Practice Sterile Processing

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Procedure – Well Child Care Policy for the Nurse Practitioner	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 6/20/18

**PURPOSE:**

This standardized procedure developed for the use by the Family Nurse Practitioner (FNP) or Pediatric Nurse Practitioner (PNP) is designed to establish guidelines that will allow the FNP or PNP to manage well child care.

**POLICY:**

1. This standardized procedure and those authorized to work through this standardized procedure will meet all guidelines as outlined in the *General Policy for the Nurse Practitioner or Certified Nurse Midwife*.
2. This standardized procedure is designed to establish guidelines that will allow the PNP or FNP to perform health maintenance, health promotion and disease prevention activities which promote the physical, psychosocial and developmental well-being of children.
3. Circumstances:
  - a. Patient population: neonatal and pediatric patients
  - b. Settings: Northern Inyo Healthcare District (NIHD) and affiliated locations
  - c. Supervision: Physicians indicated in the supervisory agreements for the NP

**PROCEDURE:**

1. Data Base
  - a. Subjective
    - i. Obtain complete histories on all first time patients; interval histories on subsequent visits.
  - b. Objective
    - i. See schedule of well child care. Gather and review information as indicated on periodicity schedule.
2. Plan
  - a. Diagnosis
    - i. Well child
    - ii. Acute illness
    - iii. Current assessment of chronic illness
  - b. Therapeutic regimen
    - i. Diet as appropriate for age/nutritional status
    - ii. Medications
      1. Vitamins/mineral supplements
      2. Immunizations as indicated
      3. Medication as indicated for chronic or acute illness
    - iii. Activity/exercise as appropriate for age
    - iv. Health education and anticipatory guidance related to developmental level
    - v. Treatment of acute illness as indicated (see *Management of Acute Illness Standardized Procedure*).
  - c. Consultation/referral
    - i. Physician consult to be obtained under the following circumstances:
      1. Unexplained history, physical or laboratory finding
      2. Problem which is not resolving as anticipated





**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Procedure – Well Child Care Policy for the Nurse Practitioner	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 6/20/18

Board of Directors	
Last Board of Directors Review	02/20/2019

Developed:

Reviewed:

Revised: 05/2018 dp, 12/2018 dp, 04/2020 dp

Supersedes:

Index Listings:

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Procedure – Well Child Care Policy for the Nurse Practitioner	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 6/20/18

**APPROVALS**

\_\_\_\_\_  
Chairman, Interdisciplinary Practice Committee      Date \_\_\_\_\_

\_\_\_\_\_  
Administrator      Date \_\_\_\_\_

\_\_\_\_\_  
Chief of Staff      Date \_\_\_\_\_

\_\_\_\_\_  
President, Board of Directors      Date \_\_\_\_\_

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Procedure – Well Child Care Policy for the Nurse Practitioner	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 6/20/18

**ATTACHMENT 1 – LIST OF AUTHORIZED NP’s or CNM’s**

1. \_\_\_\_\_  
NAME DATE
2. \_\_\_\_\_  
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**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Protocol – Well Child Care Policy for the Physician Assistant	
Scope: Physician Assistants	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 12/2012

**PURPOSE:**

1. This standardized protocol is designed to establish guidelines that will allow the Physician Assistant (PA) to manage well child care.

**POLICY:**

1. This standardized protocol and those authorized to work through this standardized protocol will meet all guidelines as outlined in the *General Policy for the Physician Assistant*.
2. Circumstances:
  - a. Patient populations: neonatal and pediatric patients
  - b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations
  - c. Supervision: Physicians indicated in the Delegation of Services Agreement

**PROTOCOL:**

1. Definition: health maintenance, health promotion and disease prevention activities which promote the physical, psychosocial and developmental well-being of children. Includes health assessments, appropriate laboratory tests, and disease prevention through immunizations, developmental screening, and health education.
2. Data Base:
  - a. Subjective:
    - i. Obtain complete histories on all first time patients; interval histories on subsequent visits.
  - b. Objective:
    - i. See schedule of well child care. Gather and review information as indicated on periodicity schedule.
    - ~~i. See schedule of well child care.~~
      - ~~1. At each visit obtain vital signs, height, weight, HC, (under 1 years) plot on growth graph, hearing and vision tests (after 3 years).~~
      - ~~2. Perform complete physical exam.~~
      - ~~3. Perform appropriate development assessment.~~
      - ~~4. Assess parent child interaction; social assessment.~~
      - ~~5. Laboratory testing as needed.~~
3. Plan:
  - a. Diagnosis:
    - i. Well child
    - ii. Acute illness
    - iii. Current assessment of chronic illness
  - b. Therapeutic regimen:
    - i. Diet as appropriate for age/nutritional status

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Protocol – Well Child Care Policy for the Physician Assistant	
Scope: Physician Assistants	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 12/2012

- ii. Medications
  - 1. Vitamins/mineral supplements
  - 2. Immunizations as indicated
  - 3. Medication as indicated for chronic or acute illness
- iii. Activity/ exercise as appropriate for age
- iv. Health education and anticipatory guidance related to developmental level
- v. Treatment of acute illness as indicated (see Acute Illness Protocol).
- c. Physician consultation is to be obtained under the following circumstances:
  - i. Emergent conditions requiring prompt medical intervention after the initial stabilizing care has been started.
  - ii. Acute decompensation of patient situation.
  - iii. Problem which is not resolving as anticipated.
  - iv. History, physical, or lab finding inconsistent with the clinical picture.
  - v. Upon request of patient, family, nurse, or supervising physician.

d. Referral

- v.i. Refer to specialist or other community resource as indicated

d.e. Follow-up

- i. According to well child schedule or sooner as indicated

e.f. Record keeping

- i. Appropriate documentation to be maintained in patient's chart.
- ii. Allergic reaction to vaccine

4. For contraindications and precautions to immunization as stated in the vaccine package insert, consult with a physician before administration of vaccine.

4. Contraindications to immunization

- a. Pertussis is contraindicated in child with evolving neurological disorder (consult with physician first).
- b. Live virus vaccines contraindicated (consult with physician first):
  - i. Patient with disorder of immune system
  - ii. Household member of patient with disorder of immune system
  - iii. Patient who received immune globulin in last 3 months
  - iv. During pregnancy
  - v. PPD should not be administered for 3 months following MMR

5. Management of anaphylactic reactions to immunizations includes but not limited to:

- a. Mild anaphylaxis involving skin (immediate):
  - i. Pruritus, flush, urticaria, angioedema
  - ii. Emergency treatment
    - 1. Maintain patient airway
    - 2. Benadryl IM in appropriate doses

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**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Standardized Protocol – Well Child Care Policy for the Physician Assistant	
Scope: Physician Assistants	Manual: Medical Staff
Source: Medical Staff Support Manager	Effective Date: 12/2012

- ~~3. Administer antihistamine, albuterol, steroids, 1:1000 (aqueous) Epinephrine SQ or IM 0.01 ml/kg. Repeat dose as indicated. Monitor vital signs.~~
- ~~4. Usual dose: infants 0.05-0.10 ml, children 0.10-0.30 ml~~
- ~~5. Consult with physician~~
- ~~b. Systemic in addition to skin rash, rhinitis, redness, tearing of eyes, bronchospasm, laryngeal spasm, shock with cardiovascular collapse.~~
  - ~~i. Treatment:~~
    - ~~1. Maintain patient airway, administer CPR if necessary.~~
    - ~~2. Administer Epinephrine as outlined above.~~
    - ~~3. Refer to M.D. Call 911~~
    - ~~4. Report adverse reaction to local health department/manufacturer of vaccine.~~

**REFERENCES:**

- 1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

**ATTACHMENTS:**

- 1. List of Authorized Physician Assistants and Supervising Physicians

<b>Approval</b>	<b>Date</b>
Interdisciplinary Practice Committee	10/31/2019
Perinatal/Pediatrics Committee	04/28/2020
Medical Executive Committee	05/05/2020
Board of Directors	
Last Board of Directors Review	02/20/2019

Developed:  
 Reviewed:  
 Revised: 12/2018 dp, 04/2019 dp  
 Supersedes: *Well Child Care Policy for the Rural Health Clinic Physician Assistant*

Practitioner Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

**FAMILY MEDICINE**

*Instructions: Please check box next to each core privilege/special privilege requested.*

**INITIAL CRITERIA**

**Education/Formal Training:**

- Completed accredited residency training in family medicine.
- Board Certified/Board Eligible by the American Board of Family Medicine **OR** equivalent (AOA).

**OUTPATIENT CORE PRIVILEGES**

**\*\*Current BLS or ACLS required\*\***

- Assess, evaluate, stabilize and/or provide treatment to patients of any age who present to the outpatient environment with any illness, condition or symptom.
- Evaluate, diagnose, perform H&P, consult, and provide non-surgical treatment to a patient of any age.

**Primary Care**

- Incision and drainage of abscess, excluding peri-rectal
- Allergy immunotherapy
- Anoscopy
- Arthrocentesis/joint injections
- Incision and drainage of Bartholin's cyst/abscess
- Bladder catheterization
- Burn management, 1<sup>st</sup> and 2<sup>nd</sup> degree
- Aspiration of breast cyst
- Application of cast/splint
- Cancer chemotherapy(in consultation with oncologist)
- Cerumen impaction removal
- Cervical dilation (mechanical)
- Removal of cervical polyps, simple
- Circumcision with clamp, pediatric only
- Colposcopy, with or without cervical biopsy
- Cryotherapy, skin
- Cryotherapy, cervix
- Dermoscopy
- Endometrial biopsy
- Foreign body removal (skin, superficial corneal/conjunctival, nose and ear)
- Ganglion cyst aspiration/injection
- Incision of thrombosed external hemorrhoid, simple
- Insertion/removal of implanted contraceptive device (eg, Nexplanon)
- Insertion/removal of intrauterine device (IUD)
- Laceration repair, simple
- Lumbar puncture

**Primary Care (continued)**

- Microscopic examination (urine, vaginal wet mount and skin preparations) – *Provider Performed Microscopy (PPM) competency required*
- Nail removal
- Paracervical block
- Pessary placement
- Digital nerve/ring block anesthesia
- Skin biopsy (excisional, shave, or punch)
- Soft tissue injections/trigger point injections
- Drainage of subungual hematoma
- Tonometry
- Tympanometry
- Application of Unna paste boot
- Vasectomy
- Uncomplicated wound debridement

**Obstetrics/Gynecology**

- Endocervical curettage
- Vulvar/vaginal biopsy
- ~~Saline infusion hysterosonography~~

**Physical Examinations**

- Pre-employment physicals
- Commercial driving medical exams (DOT Medical Examiner's Certificate required)
- Disability evaluations
- Independent medical evaluations (Workman's Compensation)
- Return to work evaluations

**ADULT INPATIENT CORE PRIVILEGES**

Requires inpatient experience within the last 2 years, current ACLS certification, and recommendation by Hospitalist Director.

- Admit, evaluate, diagnose, perform H&P, consult and provide nonsurgical treatment to adult patients presenting with general medical problems.
- Admit, evaluate, diagnose, perform H&P, consult and provide nonsurgical treatment to adult patients presenting with critical illnesses, needing ICU care.
- Ventilator management.



Northern Inyo Hospital Medical Staff  
Clinical Privilege Request Form

Appointment cycle \_\_\_\_\_  
(Office use only)

Practitioner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

<b>SPECIAL PRIVILEGES</b>	
<i>All require experience within last 2 years</i>	
<input type="checkbox"/> Well newborn care/admit to nursery (NRP required, STABLE preferred; approval by Chief of Pediatrics) <input type="checkbox"/> Pediatric consultation and admission (advanced experience managing peds/newborns; PALS & NRP required; approval by Chief of Pediatrics) <input type="checkbox"/> Conscious sedation (requires tutorial and current ACLS certificate per Procedural Sedation policy) <input type="checkbox"/> Surgical first assist (approval by Chief of Surgery) <input type="checkbox"/> <b>Advanced wound care (approval by Chief of Med.)</b>	<b>Special Privileges in Obstetrics:</b> require experience in last 2 years and recommendation by Chief of OB/GYN <input type="checkbox"/> Vaginal delivery; spontaneous <input type="checkbox"/> Vacuum-assisted vaginal delivery <input type="checkbox"/> Episiotomy and repair of vaginal lacerations (1 <sup>st</sup> and 2 <sup>nd</sup> degree only; 3 <sup>rd</sup> /4 <sup>th</sup> degree must consult OB) <input type="checkbox"/> Manual extraction of the placenta <input type="checkbox"/> FSE application/IUPC insertion <input type="checkbox"/> Induction of labor/cervical ripening <input type="checkbox"/> <b>Abdominal/transvaginal OB/GYN ultrasonography</b>

**Acknowledgment of Practitioner:**

I have requested only those privileges for which by education, training, health status, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any Medical Staff Bylaws, Rules and Regulations, and policies and procedures applicable.
- (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 Signature*

\_\_\_\_\_  
*Date*

**APPROVALS**

COMMENTS/MODIFICATIONS TO REQUESTED PRIVILEGES:

\_\_\_\_\_  
RHC/Outpatient Clinic Medical Director                      Date                      Chief of Medicine                      Date

\_\_\_\_\_  
Chief of Pediatrics                      Date                      Chief of Surgery                      Date

\_\_\_\_\_  
Chief of Obstetrics                      Date                      Hospitalist Director                      Date

<i>Approvals</i>	<i>Committee Date</i>
Credentials Committee	
Medical Executive Committee	
Board of Directors	

(Office use only)



**Northern Inyo Healthcare District  
Preliminary Statement of Operations  
As of March 31, 2020**

	Actual Month To Date 03/31/2020	Budget Month To Date 03/31/2020	Variance Actual to Budget 03/31/2020	Actual Prior Month To Date 02/29/2020	Actual Year To Date 03/31/2020	Budget Year To Date 03/31/2020	Variance Actual to Budget 03/31/2020	Actual Prior Year To Date
Inpatient Revenue	1,863,851			2,807,947	24,669,734		25,163,615	
Outpatient Revenue	8,286,531			9,901,586	92,349,913		81,754,036	
Clinic Revenue	1,050,760			738,973	5,461,245		5,014,510	
Total Gross Patient Service Revenue	11,201,142	13,350,095	(2,148,953)	13,448,506	122,480,892	118,428,260	4,052,632	
Deductions from Revenue	(6,219,609)	(6,851,832)	632,223	(7,178,930)	(62,008,934)	(60,782,384)	(1,226,550)	
Other Patient Revenue	2,422	-	-	804	97,491	-	35,016	
Total Net Patient Revenue	4,983,955	-	-	6,270,380	60,569,449	-	52,970,475	
Income/Expense from Cost Reporting								
Medicare Settlement Income/Expense	108,532	-	-	476,468	585,000	-	1,475,035	
Medicaid Settlement Income/Expense	-	-	-	-	47,133	-	-	
Disproportionate Share Income/Loss	-	-	-	-	(1)	-	-	
Total Income/Expense from Cost Reporting	108,532	-	-	476,468	632,132	-	2,449,483	
Other Operating Revenue	804,072	1,141,972	(337,900)	655,945	6,738,888	10,130,397	(3,391,509)	
Operating Expenses								
Repairs and Maintenance	9,709	33,123	23,414	7,858	130,159	293,836	163,677	
Leases and Rental Expenses	56,011	50,959	(5,052)	58,554	300,503	452,055	151,552	
Salary & Wages	2,565,294	2,548,964	(16,330)	2,389,539	22,292,162	22,611,781	319,619	
Benefits	1,552,594	1,814,137	261,543	1,359,142	14,380,439	16,093,151	1,712,712	
Non-Benefit Expenses	7,895	14,268	6,373	5,502	130,492	126,575	(3,917)	
Professional Fees	914,870	988,603	73,733	815,891	7,742,625	8,769,863	1,027,238	
Supplies	939,464	883,288	(56,176)	985,568	7,716,557	7,835,616	119,059	
Contract Services	496,486	407,671	(88,815)	534,202	5,122,809	3,826,599	(1,296,210)	
Other Department Expenses	167,688	101,918	(65,770)	108,263	1,078,008	904,110	(173,898)	
Hospital Insurance Expenses	36,143	30,575	(5,568)	36,143	296,892	271,233	(25,659)	
Utilities	112,604	122,301	9,697	116,031	1,137,841	1,084,932	(52,909)	
Depreciation and Amortization	347,920	356,712	8,792	350,498	3,221,683	3,164,384	(57,299)	
Other Fees	85,293	152,877	67,584	166,346	1,324,853	1,356,164	31,311	
Interest Expense - Operating	284,392	229,315	(55,077)	225,061	2,130,745	2,034,247	(96,498)	
Total Operating Expenses	7,576,363	7,734,712	158,349	7,158,598	67,005,768	68,614,384	1,618,776	
Total Net Operating Profit (Loss)	(1,679,804)	150,074	(1,529,730)	244,195	934,701	1,331,301	(396,600)	
Non-Operating Revenue								
Other Income								
Tax Payer General Support	52,608	53,507	(899)	52,607	450,281	474,658	(24,377)	
Bond/ Tax Payer Bond Support	157,115	145,946	11,169	157,115	1,296,920	1,294,685	2,235	
Investment Income	3,926	5,096	(1,170)	5,235	9,357	45,205	(35,848)	
Fin Chgs-Pt Ar - Int Incm-Jdgmnt	-	-	-	-	-	-	-	
Fin Chgs-Pt Ar - Int Incm-Payors	-	1,784	1,784	-	2,904	15,990	(13,086)	
Interest Income	30,362	38,219	(7,857)	23,581	384,501	339,041	45,460	
Interest on Patient Account	1,503	-	1,503	3,811	15,497	-	15,497	
Total Other Income	245,514	244,552	962	242,349	2,159,460	2,169,411	(9,951)	
Grant Revenue	-	149,479	149,479	13,550	75,017	1,326,027	(1,251,010)	
Other Non-Operating Income	1,596	1,019	577	1,596	12,768	9,041	3,727	
Net Medical Office Activity	(540,328)	(509,589)	(30,739)	(547,290)	(4,910,995)	(4,520,548)	(390,447)	
340b Net Activity	62,194	27,518	34,676	58,384	458,190	244,110	214,080	
Donations	464	1,325	(861)	-	114,237	11,753	102,484	
Rental Income	4,881	3,567	1,314	4,881	44,512	31,644	12,868	
Gain/Loss on Sale of Assets	(4,621)	-	(4,621)	-	(36,384)	-	(36,384)	
Gain - Investments - Other Income	-	-	-	-	17,213	-	17,213	
Total Non-Operating Revenue	(230,300)	(82,129)	(148,171)	(226,530)	(2,065,982)	(728,562)	(1,337,420)	
Non-Operating Expenses	-	(25,479)	25,479	75,000	300,000	(226,027)	526,027	
Total Net Non-Operating Profit	(230,300)	(107,608)	(122,692)	(301,530)	(2,365,982)	(954,589)	(1,411,393)	
Total Net Income	(1,910,104)	42,466	(1,952,570)	(57,335)	(1,431,281)	376,712	(1,807,993)	

**Northern Inyo Healthcare District  
Preliminary Balance Sheet  
As of March 31, 2020**

	Month Ending 03/31/2020
	Actual
<b>Assets</b>	
<b>Current Assets</b>	
Cash and Liquid Capital	5,456,942.33
Short Term Investments	8,595,686.82
PMA Partnership	801,030.00
Accounts Receivable, Net of Allowance	21,069,627.03
Other Receivables	11,117,970.78
Inventory	2,113,673.74
Prepaid Expenses	1,571,446.10
<b>Total Current Assets</b>	<b>50,726,376.80</b>
<b>Assets Limited as to Use</b>	
Internally Designated for Capital Acquisitions	1,193,798.87
Short Term - Restricted	150,576.55
<b>Limited Use Assets</b>	
LAIF - DC Pension Board Restricted	746,697.00
DB Pension	13,632,410.00
PEPRA	5,338.00
<b>Total Limited Use Assets</b>	<b>14,384,445.00</b>
Revenue Bonds Held by a Trustee	2,903,350.94
<b>Total Assets Limited as to Use</b>	<b>18,632,171.36</b>
<b>Long Term Assets</b>	
Long Term Investment	1,762,430.86
<b>Fixed Assets, Net of Depreciation</b>	
Fixed Assets	126,793,640.74
Accumulated Depreciation	52,743,945.55
Construction in Progress	2,897,112.08
<b>Total Fixed Assets, Net of Depreciation</b>	<b>76,946,807.27</b>
<b>Total Long Term Assets</b>	<b>78,709,238.13</b>
<b>Total Assets</b>	<b>148,067,786.29</b>
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Current Maturities of Long-Term Debt	2,246,298.26
Accounts Payable	6,488,704.77
Accrued Payroll and Related	6,470,926.24
Accrued Interest and Sales Tax	484,801.29
Due to 3rd Party Payors	2,341,874.36
Due to Specific Purpose Funds	(25,097.72)
Other Deferred Credits - Pension	3,481,539.70
<b>Total Current Liabilities</b>	<b>21,489,046.90</b>
<b>Long Term Liabilities</b>	
Long Term Debt	39,253,947.15
Bond Premium	439,763.21
Accreted Interest	14,515,202.75
Other Non-Current Liability - Pension	32,705,323.00
<b>Total Long Term Liabilities</b>	<b>86,914,236.11</b>
Suspense Liabilities	290,711.45
Uncategorized Liabilities	29,796.16
<b>Total Liabilities</b>	<b>108,723,790.62</b>
<b>Fund Balance</b>	
Fund Balance	39,628,579.74
Temporarily Restricted	1,625,520.33
Net Income	(1,910,104.40)
<b>Total Fund Balance</b>	<b>39,343,995.67</b>
<b>Liabilities + Fund Balance</b>	<b>148,067,786.29</b>

**Northern Inyo Healthcare District**  
**Preliminary Summary of Key Ratios & Debt Covenants**  
**For the Period Ending March 31, 2020**

Unit of Measure	3/31/2020	2/29/2020	1/31/2020	12/31/2019	11/30/2019	10/31/2019	9/30/2019	8/31/2019	7/31/2019	6/30/2019
Cash, CDs & LAF Investments:	\$ 17,926,445	\$ 18,242,439	\$ 19,278,468	\$ 20,037,907	\$ 20,282,130	\$ 21,751,578	\$ 24,551,976	\$ 24,237,671	\$ 26,353,608	\$ 27,264,480
Days Cash on Hand	76.66	78.01	82.44	85.69	86.74	93.02	105.00	103.65	112.70	116.60
Athena Gross Accounts Receivable	\$ 53,567,532	\$ 54,252,254	\$ 54,252,254	\$ 50,609,241	\$ 51,535,089	\$ 50,776,886	\$ 48,766,032	\$ 48,766,032	\$ 44,505,205	\$ 42,891,066
Average Daily Revenue	\$ 444,743	\$ 470,292	\$ 459,223	\$ 443,212	\$ 437,962	\$ 444,616	\$ 430,894	\$ 440,084	\$ 432,425	\$ 420,533
Gross Days in AR	120.45	115.36	118.14	114.19	117.67	114.20	113.17	110.81	102.92	101.99
<b>Key Statistics</b>										
Acute Census Days	172	228	218	247	203	203	211	191	240	2,803
Swing Bed Census Days	6	7	10	16	14	14	23	15	7	454
Observation Days	23	36	47	27	32	44	36	38	39	485
Total Inpatient Utilization	201	271	275	290	249	261	270	244	286	3,742
Average Daily Inpatient Census	6.48	9.34	8.87	9.35	8.02	8.43	8.71	7.87	9.23	10.25
Average Acute Daily Charge	\$ 10,471.07	\$ 11,948.71	\$ 13,325.87	\$ 12,959.53	\$ 14,251.94	\$ 13,682.15	\$ 10,846.13	\$ 10,281.36	\$ 11,472.19	\$ 10,982.78
Adjusted Daily Census (with OP)	31.91	40.95	45.07	38.53	36.75	40.88	35.91	41.27	41.54	38.29
Emergency Room Visits	601	758	826	703	726	767	641	868	889	9,153
Emergency Room Visits Per Day	19.4	26.1	26.6	23.4	24.2	24.7	21.4	28.0	28.7	25.1
Operating Room Inpatients	9	21	21	21	16	23	20	19	23	230
Operating Room Outpatient Cases	66	83	104	82	92	118	104	90	93	1,240
RHC Clinic Visits	2,179	2,795	2,989	2,546	2,423	2,377	2,439	2,377	2,675	29,446
NIA Clinic Visits	1,145	1,844	2,034	1,829	1,951	2,030	1,864	2,027	1,924	19,244
Outpatient Hospital Visits	3,747	4,652	5,196	4,279	4,203	4,878	4,222	4,549	4,678	46,778
<b>Hospital Operations</b>										
Inpatient Revenue	\$ 1,863,851	\$ 2,807,947	\$ 3,038,298	\$ 3,408,357	\$ 3,092,670	\$ 2,969,027	\$ 2,537,994	\$ 2,117,960	\$ 2,833,630	\$ 35,770,899
Outpatient Revenue	\$ 8,286,531	\$ 9,904,586	\$ 12,213,684	\$ 9,581,304	\$ 9,301,405	\$ 10,838,533	\$ 9,608,636	\$ 11,774,827	\$ 10,843,405	\$ 110,939,678
Clinic (RHC) Revenue	\$ 1,050,760	\$ 738,573	\$ 570,019	\$ 536,445	\$ 506,364	\$ 541,363	\$ 458,568	\$ 593,322	\$ 465,433	\$ 6,784,060
Total Revenue	\$ 11,201,142	\$ 13,448,906	\$ 15,822,001	\$ 13,526,106	\$ 12,900,439	\$ 14,349,923	\$ 12,605,198	\$ 14,486,109	\$ 14,142,468	\$ 153,494,636
Revenue Per Day	\$ 361,327	\$ 463,742	\$ 510,387	\$ 436,326	\$ 430,015	\$ 462,868	\$ 420,173	\$ 467,294	\$ 456,209	\$ 420,533
% Change (Month over Month)	-22.1%	-9.1%	17.0%	1.5%	-7.1%	10.2%	-10.1%	2.4%	1.8%	
Salaries	\$ 2,565,294	\$ 2,389,539	\$ 2,406,843	\$ 2,469,711	\$ 2,496,760	\$ 2,536,958	\$ 2,422,139	\$ 2,528,362	\$ 2,476,554	\$ 25,697,886
PTO Expenses	\$ 246,827	\$ 292,280	\$ 364,101	\$ 190,609	\$ 294,562	\$ 266,736	\$ 254,834	\$ 254,720	\$ 269,335	\$ 3,255,428
Total Salaries Expense	\$ 2,812,121	\$ 2,681,819	\$ 2,770,944	\$ 2,660,320	\$ 2,791,322	\$ 2,803,694	\$ 2,676,974	\$ 2,783,082	\$ 2,745,889	\$ 28,953,314
Expense Per Day	\$ 96,970	\$ 92,477	\$ 85,817	\$ 81,442	\$ 93,044	\$ 90,442	\$ 89,232	\$ 89,777	\$ 88,577	\$ 79,324
% Change	4.9%	3.5%	4.2%	-7.8%	2.9%	1.4%	-0.6%	1.4%	2.8%	
Operating Expenses	\$ 4,131,930	\$ 3,891,415	\$ 4,119,352	\$ 4,014,639	\$ 4,198,689	\$ 4,370,650	\$ 4,330,335	\$ 3,930,250	\$ 4,051,730	\$ 49,294,043
Operating Expenses Per Day	\$ 142,480	\$ 134,187	\$ 132,882	\$ 129,504	\$ 139,956	\$ 140,989	\$ 144,344	\$ 126,782	\$ 130,701	\$ 135,052
Capital Expenses	\$ 632,312	\$ 575,560	\$ 574,402	\$ 630,855	\$ 604,834	\$ 589,185	\$ 590,014	\$ 589,257	\$ 560,212	\$ 7,103,119
Capital Expenses Per Day	\$ 21,804	\$ 19,847	\$ 18,529	\$ 20,350	\$ 20,161	\$ 19,006	\$ 19,667	\$ 19,008	\$ 18,071	\$ 19,461
Total Expenses	\$ 7,576,363	\$ 7,148,794	\$ 7,464,698	\$ 7,305,814	\$ 7,594,845	\$ 7,765,529	\$ 7,597,323	\$ 7,302,590	\$ 7,357,830	\$ 85,350,476
Total Expenses Per Day	\$ 261,254	\$ 246,510	\$ 240,797	\$ 235,671	\$ 253,162	\$ 250,436	\$ 253,244	\$ 235,567	\$ 237,349	\$ 233,837
Gross Margin	\$ (1,679,804)	\$ 253,999	\$ 674,508	\$ 358,996	\$ 53,621	\$ 724,122	\$ (522,456)	\$ 435,083	\$ 522,819	\$ 1,772,471
Gross Margin Per Adjusted Day	\$ (1,815.23)	\$ 213.86	\$ 446.94	\$ 300.53	\$ 48.63	\$ 571.43	\$ (484.97)	\$ 340.09	\$ 406.01	\$ 126.62
<b>Debt Compliance</b>										
Current Ratio (ca/d) > 1.50	2.57	2.47	2.47	2.19	2.29	2.21	2.20	2.26	2.19	2.12
Quick Ratio (Cash & Net AR/d) > 1.33	1.81	1.88	1.88	1.77	1.78	1.76	1.87	1.96	1.93	1.87
Days Cash on Hand > 75	76.66	78.01	82.44	85.69	86.74	93.02	105.00	103.65	112.70	116.60
Debt Service Coverage > 1.5	1.56	1.56	1.56	1.34	1.37	1.54	1.38	2.18	2.19	1.54
Debt Service Coverage > 1.25 > 75 cash	1.41	1.56	1.56	1.34	1.37	1.54	1.38	2.18	2.19	1.54

**NORTHERN INYO HEALTHCARE DISTRICT**  
*Investments as of March 31, 2020*

ID	Purchase Date	Maturity Date	Institution	Broker	Rate	Principal Invested	Market Value
1	30-May-19	01-Jun-19	Local Agency Investment Fund	Northern Inyo Hospital	1.89%	7,640,787.87	7,640,787.87
2	20-May-15	20-May-20	American Express Centurion Bank	Financial Northeaster Corp.	2.05%	100,000.00	100,138.00
3	30-May-19	29-May-20	Reliant BK	Financial Northeaster Corp.	2.40%	150,000.00	150,355.50
4	05-Jun-19	05-Jun-20	Morgan Stanley BK	Financial Northeaster Corp.	2.45%	250,000.00	250,672.50
5	27-Sep-19	25-Sep-20	New York Cmnty BK	Financial Northeaster Corp.	1.80%	250,000.00	250,912.50
<b>SHORT TERM INVESTMENTS</b>						<b>\$ 8,390,787.87</b>	<b>\$ 8,392,866.37</b>
6	07-Jun-19	07-Dec-20	Wex BK Midvalue Utah CTF	Financial Northeaster Corp.	2.50%	250,000.00	252,412.50
7	26-Sep-16	28-Sep-21	Comenity Capital Bank	Multi-Bank Service	1.70%	250,000.00	250,555.00
8	02-Sep-16	28-Sep-21	Capital One Bank	Multi-Bank Service	1.70%	250,000.00	250,555.00
9	28-Sep-16	28-Sep-21	Capital One National Assn	Multi-Bank Service	1.70%	250,000.00	250,555.00
10	28-Sep-16	28-Sep-21	Wells Fargo Bank NA	Multi-Bank Service	1.70%	250,000.00	251,480.00
11	12-Jul-19	12-Jul-21	TIAA, FSB	Financial Northeaster Corp.	2.05%	250,000.00	252,452.50
12	12-Jul-19	12-Jul-21	Goldman Sachs Bank USA	Financial Northeaster Corp.	2.05%	250,000.00	252,452.50
<b>LONG TERM INVESTMENTS</b>						<b>\$ 1,750,000.00</b>	<b>\$ 1,760,462.50</b>
<b>Total Investments</b>						<b>\$ 10,140,787.87</b>	<b>\$ 10,153,328.87</b>
<b>Unrealized Gain (Loss) Since Purchase</b>							<b>\$ 12,541.00</b>

Funds for Defined Contribution Plan held at Local Agency Investment Fund  
 30-Jun-17 01-Jul-17 LAIF Defined Cont Plan

Northern Inyo Hospital	1.89%	948,728.00
<b>LAIF PENSION INVESTMENTS</b>	<b>\$</b>	<b>948,728.00</b>
		<b>11,089,515.87</b>

**NIHD Board of Directors**  
**Chief Nursing Officer Report**

**5/20/2020**

**Education:**

Congratulations to Jennifer Cozen RN who just completed her BSN from Western Governor's University.

**Case Management & Hospital Social Work: Melanie Fox, BSN-RN & Heather Edwall, LCSW**

**COVID-19:**

- We are surviving Coronavirus without patient overflow. YEAH TEAM!!!! 😊 😊 😊
- Have heard good feedback from staff about their confidence in our management's early decisions to get prepared.
- SW is set up to work remotely if necessary and can now conduct patient services via telehealth.

**Next Steps:** We are going to get SW position ready for Billable work in case this need arises in the future through RHC -- could be a good opportunity to recoup some money and to be more flexible in providing services when/where needed.

**PATIENT CARE:**

- SW conducted 82 total visits/referrals with patients: 35 contacts were made for mental health reasons and 5 (combined) CPS/APS reports were made. Dee Booth is generating a new report in IT, which will tally Substance Abuse visits for our next 2-month report.
- RN CM continues to see all other patients to ensure safe discharge including outside resources when necessary (Pioneer Home Health, Bishop Care Center, Southern Inyo, etc.).
- One adoption was completed at NIH, with a loving family found in Nevada for one of our clinic patients who had been hoping to have this outcome for her baby. 😊
- One full-term infant died of birth complications, and extended services have been offered to the grieving family. 😊 Dr. Arndal has bonded tightly with the mom and they are doing some of their healing process together. A debriefing was held for staff and it was noted how special it was that we arranged to have the baby brought back to Bishop (from a Fresno NICU) for end-of-life with both parents.

**RESOURCE DATABASE:**

- We now have 200+ entries in the online Resource Database, including internal NIH phone list, all local churches, and 2 commonly used recent compilations. All staff have read-only privileges (most don't know this yet though).

**Next Steps:** ICU Staff is graciously helping with data entry, and all staff can expect an official rollout email and training on search features, hopefully in the next 2 months and/or when we have about 400 entries. Staff will be asked for their suggestions via email to [resources@nih.org](mailto:resources@nih.org), and can continue to notify list admins about changes, etc. by emailing this address in the future.

**TRAINING:**

- SW completed Postpartum International's in-person 2-day training on perinatal mood disorders with members of RHC, Inyo County, etc.
- SW also completed AAP's online Trauma & Resilience training with members of the RHC Pediatrics team.

**Next Steps:** There is a "Part II" of the Resilience training which SW, Dr. Helvie; et al. may soon participate in.

### **COMMUNITY INVOLVEMENT:**

- SW continues to participate in Inyo County's Tobacco Prevention efforts as time permits. This has become especially important for the long-term health of our patients with the COVID outbreak, as smoking and vaping have been named as complicating factors, which make some individuals susceptible to more serious respiratory illness and poor outcomes.

### **ADMINISTRATIVE:**

- A template was approved between the RHC Care Coordination team & inpatient social services to improve communication/notes from the daily IDT meeting without the need for daily phone calls, especially now that staff is furloughing, the Care team is working from home and people are harder to locate.
- The "Joint ROI" between Inyo County and NIHD (including substance abuse/MAT and mental health services) finally passed the Forms Committee! It is being translated into Spanish and other "common collaborator" agencies (IMACA, Wild Iris, local school districts, etc.) have been asked if their legal teams can also approve and use this form to simplify our patients' experience.
- RN CM continues to write appeals as necessary in collaboration with Billing department and physicians.

### **MISCELLANEOUS:**

- RN CM was NIHD's Employee of the Month!
- SW is now an approved driver for the Care Shuttle.
- RN CM leaves early when possible and SW is furloughing one day per week to help with hospital finances.

### **Emergency Department & Disaster Management: Allison Partridge-DON, MSN-RN, Gina Riesche-Manager, BSN-RN and Jenny Bates-Assistant Nurse Manager, MNE-RN:**

1. We have been concentrating on COVID-19 and have created workflows, processes and procedures to accommodate COVID-19 patients in the ED.
2. "Big Room" was set up for the surge, however has been decommissioned recently. Reopening of the Big Room, if a COVID-19 surge arrives, will required approximately 4 hours.
3. ED leadership has been attending the county Emergency Operation Command (EOC) meetings to assure NIHD has a voice in decisions and is able to update Inyo County on what has been happening at the district.
3. ED started a 16-week ED orientation program for RNs new to ED nursing. Currently we have 1 RN (Abby Don) in the program. The feedback has been positive from the preceptors and orientee.
4. ED RNs are currently working on the Beta- Quest for Zero: Excellence in the Emergency Department. The indicator we are working on is Personal Proficiency Module on Triage and validating with audits of

documentation. This provides the RNs feedback and review for educational purposes. (This also provides a discount for malpractice insurance☺).

**Acute/Subacute & Intensive Care Unit: Allison Partridge-DON, MSN-RN, Justin Nott-Manager, BSN-RN & Brooklyn Burley-Assistant Nurse Manager, RN:**

Congratulations to Brooklyn Burley, who is the new Assistant Nurse Manager for Acute/Subacute & ICU.

We are pleased that Jenna Atha, BSN-RN, took on the role of ICU Clinical Staff Educator (CSE) and Brent Obinger, RN is CSE for Acute/Subacute unit.

Projects in process:

- Improving wound discharge photos, a best practice related to care of patients with wound.
  - 1) Audits to assure a wound photo is taken on day of discharge from hospital.
  - 2) Adding workflow education for staff to Daily Morning Huddle
  - 3) Proving a space for staff to add their barriers/solution to allow for changes in process to lead to staff success in meeting this standard.
- Improving medication ordering process for Swing Bed Patients; such that all medications ordered by provider have medical reason (diagnosis) associated with medication order. This information is required on the Medication Administration Record (MAR) for all patients on Swing Status.
  - 1) Adding to daily check list for staff
  - 2) Spot check swing patient's charts to assure this standard is being met.
- Pain Audits to determine that patients have pain reassessed per policy. New time-frame implanted and staff was educated. Audits will determine if staff are following the new standard.
  - 1) Auditing charts
  - 2) Educating staff
- Proning Education- utilized to treat COVID-19 patients, increases survival rate. Involves rolling patients onto their abdomen while on ventilators. This takes coordination of 5-7 team members in the proning process. Hands-on training is starting. Competency plan is established.
  - 1) Working with Alison/Brent to educate staff
- Insulin Project
  - 1) Meetings of task force team to review industry best practices and establish plan.
  - 2) Creating Policy to reflect best practices
  - 3) Working with medical staff to develop Computerized Physician Order Entry (CPOE) order set for insulin orders.
- Alarm safety/fatigue Project Team
  - 1) Meetings planned to review patient care equipment with alarms.
  - 2) Will review current policy and procedure related to clinical alarms.
  - 3) Project team is multidisciplinary.
- Staying prepared to reopen Respiratory Care Unit (RCU) if needed
  - 1) RCU was open and staff cared for COVID-19 positive and suspected patients in this area
  - 2) Decommissioned this area, turning it back into the ICU.
  - 3) Able to reopen the RCU in approximately 2 hours if COVID-19 surge occurs.

**Perinatal Services: Allison Partridge-DON, MSN-RN:**

We are pleased to welcome Julie Tillemans, BSN-RN, to the role of Perinatal Manager. She will begin her new job on June 7, 2020.

Lindsay Donahue, BSN-RN, has accepted the role of Perinatal Clinical Staff Educator to begin June 7, 2020.

Perinatal Process Improvement for “Crash Caesarean Section” emergencies has been in full swing. This collaborative process has involved the perinatal team, including Obstetricians and Surgery staff. C/Section trays have been labeled and perinatal nursing staff and house supervisors are educated to respond rapidly in emergencies to save moms and newborns.

Perinatal staff (Obstetricians and RN staff) completed education using the Gnosis program includes advanced review of fetal heart monitoring. This earns decreased cost for malpractice insurance from Beta Health, while refreshing skills in this important fetal monitoring process.

NEST program: Data listed below on the number of visits in the various programs within the NEST. This program brings in minimal revenue. Grant money from First Five provides approximately \$23,000 for supplies and education materials or tuition coverage. The grant ends June 30, 2021. Review of this program relative to fiscal costs are in process currently. Newborn visits in the NEST are not reimbursable. These same visits in the clinics (pediatric or family practice) are billable. More information will be available to the board in the future.

Indicator	Baseline	Goal	Q1	Q2	Q3	Q4	YTD
<b>Service</b>							
1. Number of Pre-Admission Visits	103	20/qt	16	17	21		
2. Number of attendees for Prepared Childbirth Education classes	47	10/qt	28	9 (1 class)	29 (2 classes)		
3. Number of post-discharge visits	164	N/A	49	42	37		
4. Number of newborns visits seen for follow-up after initial visit	162	N/A	34	37	42		
5. Number of hearing screen visits	25	N/A	24	4	4		
6. Number of Lactation Consult visits	36	N/A	9	11	25		

**Pre-operative, Post Anesthesia Care Unit (PACU) and Infusion: Ann Wagoner-DON, BSN-RN & Nicole Eddy-Manager, BSN-RN:**

COVID-19 safety plan affected this team with greatly reduced numbers of surgeries. They continued to provide emergencies surgeries until April 20 when the operational status of the district upgraded to limited services. They are seeing increasing number of surgeries over the past two weeks.

Surgeries are scheduled thoughtfully and processes are in place to assure the safety of the patients and the staff. Staff interview patients via telephone for any COVID-19 symptoms. Testing of all patients preoperatively for COVID-19 via nasal swab collection is standard practice.

Infusion and Wound Care patients are also being screen via telephone prior to appointments.

Collaboration with NIHD Lab partners and RHC team have been on going. The testing process for COVID-19 pre-procedure is via the RHC Drive up Clinic. For the future, consideration to use of the Drive up lab service is in process.

Perioperative Director of Nursing, Ann Wagoner, has reviewed and updated approximately 1/3<sup>rd</sup> of the policies & procedures from her department.

**Operative and Sterile Processing Units: Ann Wagoner-DON, BSN-RN & Jullie Allen-Manager, RN:**

Surgery team has participated in the Cesarean Section project with perinatal team. They have structured the process for ability to rapidly open sterile trays and turn on required equipment in an emergency.



Surgery team has worked to review surgical supplies during the “emergency only” operational period. They are hoping to reduce district supply costs because of this process. They have done a deep dive into expiration dates as well. This process helps to prepare for the upcoming inventory process.

Sterile processing team has worked to develop a reprocessing (cleaning) for N95 respirators. This process decontaminates the used N95 mask, which is returned to the original user. The N95 mask may be reprocessed up to 10 times in the hydrogen peroxide cleaner. A task team developed the standard workflow for this process and sent out education to the NIHD team.

**Quality and Informatics: Robin Christensen-Manager, BSN-RN:**

This team welcomed Michelle Garcia as their new Performance Improvement/Quality Analyst. Michelle will be taking over the Unusual Occurrence Reporting (UOR) program for NIHD. This program, ComplyTrack, was built by Patty Dickson and is now ready to be handed off to Michelle.

Inpatient Quality Reporting was completed. This is mandatory reporting to CMS. It is part of meaningful use.

Outpatient Quality Reporting is not required, however NIHD elects to do this reporting for potential grants in the future. This information gives us data that allows us to compare to other facilities on outpatient services.

Derrick Lawrence, BSN-RN, recently completed emergency Department Transitional Care (EDTC) report with help from Gina Riesche, BSN-RN. This information ends up on hospital compare. We have recently improved our numbers, which reflects excellent care in the ED.

Parkinson’s report is a mandated report required quarterly and filed via Cal REDDI system. Michelle Garcia completes this report on behalf of the clinic and hospital provider staff.

PRIME Report requires input from the entire Quality Team. This is reporting data now from both the clinics and the hospital patient populations. It reflects antibiotic stewardship process.

**Infection Prevention and Employee Health: Robin Christensen-Manager, BSN-RN, Colleen Moxley, BSN-RN & Marcia Male, MNE-RN:**

Safe Injection Practice is a safety process that is supported by Centers for Disease Control (CDC) over the past year. Robin Christensen has developed a teaching program and utilized this for all new nursing staff during orientation. “One needle, One syringe, One Patient, One time!”

Robin Christensen and Colleen Moxley have been busy calling patients with COVID-19 test results. Results are called to patients every day (including weekends), for best customer service. Robin & Colleen help our patients to better understand “what to do” when they give out results. They have interfaced with Drs. Brown, Timbers and Richardson making decisions on when patients may come out of isolation and return to work.

Robin Christensen, Infection Preventionist, has the final say on many decisions and workflows related to COVID and infection control. She has been involved in task force teams as well for the COVID Incident Command. She has worked closely with the Incident Command and our medical providers during this pandemic.

Employee Health Specialist, Marcia Male, continues to work on updating the employee health files. She is working to assure all staff have documented series of hepatitis B vaccinations. She is also updating the titers for measles, mumps, rubella and chickenpox for staff who never had these tests completed.

Respectfully Submitted,

Tracy Aspel, BSN, RN

# May 20, 2020 Interim Chief Medical Officer Report to the Board of Directors

## COVID-19 Update

### COVID-19 Operations Action Plan

An action plan for transitioning between essential, limited, and full operations was developed in conjunction with NIHD departments. Please refer to the attached copy of this document for more detail. Briefly, this action plan outlines the criteria for determining the risk of COVID-19 exposure and spread in our community and designates these as either high, moderate, or low risk. There is a process for shifting between different operations levels based on the current risk to the community. Furthermore, the required staffing and other resources needed for each operations level is outlined. This action plan has provided a framework for allowing the district to safely transition from essential operations to our current limited operations status.

### Intubation Kits and Workflow

The emergency physicians, nursing leadership, respiratory therapists, and hospitalists have created a workflow for intubating suspected or confirmed COVID-19 patients. This involves using minimal personal, appropriate PPE, and utilizing a pre-made intubation kits complete with a pre-cut drape and bag valve mask (BVM) with viral filter to minimize aerosols and exposure. This has worked well during intubations.

### Employee IgG Antibody Testing

NIHD has recently transitioned to Abbott for in-house antibody testing. Abbott has had these tests approved by the FDA under their emergency use authorization (EUA) and they have reported high sensitivity and specificity. NIHD was able to obtain several hundred antibody tests from the state of California for free and have begun offering free and voluntary testing to all NIHD staff and

employees. This will hopefully give us a sense of if we are a COVID-19 naive community or if we have under recognized a significant number of asymptomatic or mildly symptomatic staff and employees.

## In-house COVID-19 Testing

We have recently transitioned to relying heavily on the real time polymerase chain reaction (RT-PCR) Cepheid test which can be run in-house and results in approximately an hour. This test detects viral RNA directly. We have been using this test on all patients who are admitted or transferred as well as for stress test patients, trans-esophageal echocardiogram (TEE) patients, pulmonary function test (PFT) patients, OB patients, and for all elective surgery patients. We continue to rely on send out testing for the drive through testing and other outpatient testing sites. Once we are able we will transition fully to in-house PCR and antibody testing.

## Suspension of respiratory care unit (RCU) and ED “Big Room” Operations

With the decline in COVID-19 cases and no apparent short term threat of a surge we have decommissioned the RCU and Big Room. These areas can be again setup for patient care in a matter of hours in the event we need to utilize them in the setting of a second wave of COVID-19 patients.

## Process for Sterilization of N95’s and Extended Use of N95’s

The medical staff, nursing, and peri-operative teams have developed a workflow to sterilize N95 respirators using the hospital’s V-PRO Max in the event our PPE supplies are critically low. We have also worked to develop an extended use plan for N95’s in the event of a shortage.

## Weekly Press Briefings

The administrative team and Dr. Brown continue to have weekly press briefings with local media to give updates on COVID-19 and related topics.

## Ethics Committee

Dr. Wakamiya has been spearheading the creation of a multidisciplinary ethics committee tasked with addressing hard questions such as resource allocation in the event of a overwhelming COVID-19 surge. This has been well received and well attended by participants from the medical staff, nursing, clergy, and social work among others.

## Contract Negotiations

In conjunction with the CEO I will begin taking a lead role in physician contract negotiations. Several physician contracts are up for renewal and review within the next few months.

## Recruitment and Staffing

1. Dr. Tang from Barton Health has joined the hospitalist team part time.
2. Dr. Ma is a current locums hospitalist but hospital leadership would like to buyout his contract. Dr. Ma has been providing nocturnist coverage.
3. Dr. Engblade will be returning to NIHD full time in August and will be assuming the role of hospitalist director.
4. Dr. Jesionek has signed a letter of intent to relocate to Bishop after he completes his residency this summer to provide full time hospitalist coverage.
5. Dr. Ricci will be joining pediatrics in October
6. Dr. O'Neal is a general surgeon in Oakland, CA who is interested in providing approximately two weeks per month of general surgery coverage and assuming Dr. Harness's breast surgery practice. She has extensive critical access hospital and breast surgery experience. Will plan a site visit post COVID-19 restrictions.
7. Dr. Plank is a plastic surgeon with sub specialization in orthopedic hand surgery and dermatologic cancers who is interested in offering services part time in Bishop with a goal of transition to a full time practice and relocating to the area. Will plan a site
8. Dr. Zukerman is a general surgeon with sub specialty training in hepatobiliary surgery currently working in Kalispell, MT who is interested in relocating. Will plan a site visit post COVID-19 restrictions.
9. Dr. Kasia Bartczak is interested in joining our hospitalist team this fall. She will do a site visit as soon as COVID-19 restrictions are loosened.

## Departmental Updates

### Medical Director Meetings

I have instituted monthly meetings with the medical directors to address friction points and concerns as well as to help facilitate and identify projects that offer clinical and/or financial benefit. This will hopefully lead to clearer communication between the administration and medical departments and help to align goals and priorities.

### Clinic Total Visits (03/01/2020 - 05/10/2020)

1. March - 3047
2. April - 2354
3. May 890

### ED Total Visits (03/01/2020 - 05/10/2020)

1. March- 603
2. April- 335
3. May- 160

### Surgical Cases (03/01/2020 - 05/10/2020)

March April May 1st-10th

1. Surgeries 75 21 15
  2. Procedures 317 231 59
  3. After Hour 31 9 0
- Procedures

### Hospitalist

Dr. Mehrens continues to work on several protocols including a sepsis protocol, an alcohol withdrawal protocol, several diabetes protocols including hypoglycemia, diabetic keto acidosis

(DKA), insulin sliding scales (ISS), insulin pump protocols, and hyper-osmolar hyperglycemia state (HHS). Dr. Joy Engblade will be assuming the role of hospitalist director in August.

## RHC and NIA Clinics

The RHC and NIA clinics continue to provide telemedicine services in addition to in person visits in line with limited operations. Dr. Helvie is working to roll out (Adverse Childhood Experience) ACE screening As well as the AAP Community Access to Child Health (CATCH) program grant.

## Emergency Department

Dr. Fair completed the first trans-esophageal echocardiogram (TEE) at NIHD. It went very well.

## Surgery

Elective cases have been occurring under limited operations. This has been going well. We are testing all patients pre-operatively for COVID-19.

Respectfully,

Will Timbers

Interim Chief Medical Officer

**Title:** NIHD COVID-19 Disaster Operations  
**Scope:** Hospital Wide  
**Department:** All Departments  
**Source:** Will Timbers, MD Interim CMO  
**Effective Date:** 4/17/2020

## **NORTHERN INYO HOSPITAL ACTION PLAN**

**PURPOSE:** As the SARS-CoV-2 virus and the clinical disease it causes, known as COVID-19, remains a clear and present danger globally, nationally, and locally there needs to be a framework for Northern Inyo Healthcare District's operations to help guide our response to this pandemic. The primary purpose of this framework is to protect staff, patients, and the community from the spread of this disease and to limit morbidity and mortality as well as avoid overwhelming our local resources. Initial district wide effort focused on defining and implementing "essential services". These essential services are those that, if withheld would very likely result in high morbidity or mortality within a period of hours or days. Our subsequent experience was a precipitous, but predicted, drop in volumes across the district. While a surge of COVID-19 stricken patients in the near term remains a possibility it is unrealistic to assume the threat of this disease would end following a surge. It is also feasible that our rural location, preparations and precautions mean an overwhelming surge of COVID-19 patients is unlikely. However, in either scenario the district may experience months of prolonged exposure to this disease where the prevalence and incidence remains low but persistent. While our shift to essential operations is justifiable and provides a reliable mechanism for limiting spread of SARS-CoV-2 it has several limitations and untoward effects. First are the financial implications. With drastically decreased services, our revenue projections are significantly lower than expected. While safety is paramount, it is also important to consider that maintaining the district's financial health allows us to remain solvent and to continue to provide care for our community. Additionally, as this pandemic persists services that initially were deemed non-essential may become essential. For example, if over an extended period screening studies such as mammography, colonoscopy, cardiac stress testing etc. are delayed the risk of missing significant pathology increases. It seems reasonable to conclude that the persistent risk of COVID-19 going forward will need to be carefully weighed against the persistent medical needs of our community and the financial health of the district.

Clearly, what is needed is a means of nimbly responding to the current risk of COVID-19 in our community and shifting our response accordingly. To this end, the following document provides a framework for defining low, moderate, and high community risk of SARS-CoV-2. Also outlined are definitions and designations pertaining to operations at the district. These designations, full operations, limited operations, and essential operations correspond to the current risk of SARS-CoV-2 spread in the community. It is our hope that by being able to adapt our resources to the corresponding risk we can reach a steady state that both meets the needs of our community as well as addresses our fiscal reality.

### **POLICY**

1. **SARS-CoV-2 risk designations:** NIHD will define three levels of SARS-CoV-2 risk. Low risk, Moderate risk, and high risk. These risk designations describe the risk of SARS-CoV-2 transmission and spread in Inyo County and the health care district. Refer to Procedure 1.

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2. **SARS-CoV-2 disaster operations definitions:** NIHD will create standardized definitions as they pertain to SARS-CoV-2 disaster operations. These will include definitions of operational designations, staffing levels, supplies of personal protective equipment (PPE), and supplies of blood products.
3. **SARS-CoV-2 general precautions and recommendations:** During essential and limited operations NIHD will maintain a list of precautions and recommendations related to SARS-CoV-2 disaster operations planning. These will relate to PPE, social distancing, screening, testing, and tracking.
4. **SARS-CoV-2 disaster operations designations:** NIHD will determine the operational level, staffing requirement, and visitation restrictions for all clinical sites. These will be separated into the designations, "full operations", "limited operations", and "essential operations". Refer to Procedure 3.
5. **Surgical services status determination:** NIHD will consider PPE supply, blood product supply, and operations level when determining if it is safe to proceed with elective surgical cases. Refer to Procedure 4.

## PROCEDURE

1. A SARS-CoV-2 Risk designation is identified as outlined in '1a-c'.
  - a. **Low Risk:** In the event that the California Department of Public Health AND/OR the Inyo County Public health Officer determine the risk of COVID-19 prevalence and incidence to be low in our community AND there have been no new confirmed or suspected cases over a fourteen day period AND there are adequate hospital resources a low risk designation may be made by the medical staff in conjunction with incident command. During periods of low risk Northern Inyo Healthcare District will institute full operations.
  - b. **Moderate Risk:** In the event that the California Department of Public Health AND/OR the Inyo County Public health Officer determine the risk of COVID-19 prevalence and incidence to be moderate in our community AND/OR there has been no significant rate of rise of new confirmed or suspected cases over a 7 day period AND there are adequate hospital resources a moderate risk designation may be made by the medical staff in conjunction with incident command. During periods of moderate risk Northern Inyo Healthcare District will institute limited operations.
  - c. **High Risk:** In the event that the California Department of Public Health AND/OR the Inyo County Public health Officer determine the risk of COVID-19 prevalence and incidence to be high in our community AND/OR there has been a significant rate of rise of new confirmed or suspected cases over a 3 day period AND/OR there are inadequate hospital resources a high risk designation may be made by the medical staff in conjunction with incident command. During periods of high-risk Northern Inyo Healthcare District will institute essential operations.



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2. For each risk designation suspected or confirmed cases will be based on the number of persons under investigation (PUI's) presenting to the rural health clinic, NIHD Clinics, NIHD emergency department, and those admitted to Northern Inyo Hospital or transferred from NIHD to other receiving hospitals. Suspected or confirmed cases from other regional agencies such as Southern Inyo Hospital, Southern Mono Healthcare District, Toiyabe Indian Health Project, the Bishop Care Center, and Sterling Heights should also be considered.
3. A NIHD SARS-CoV-2 disaster operations designation will be determined by the corresponding SARS-CoV-2 risk designation as outlined in '1a-c'. Low risk corresponds to full operations, moderate risk to limited operations, and high risk to essential operations. The disaster operations designation may change at any given time based on the current risk of the virus in the community. The disaster operations designations and associated resource allocations are as follow.

**a. Full Operations**

- i. Full services definition: The usual scope of services that the district provides to the community in the absence of an intrinsic or extrinsic disaster.
  1. Services provided for all departments: Full
- ii. Full staffing definition: The usual number of staff required by the district in the absence of an intrinsic or extrinsic disaster with routine support from float pool.
  1. Staffing for all departments: Full
- iii. Additional visitation restrictions for all departments: None
- iv. Full operations personal protective equipment (PPE): Staff, patients, and visitors are required to wear appropriate PPE as defined by usual operations district policy and based on the clinical environment.

**b. Limited Operations**

- i. Limited services definition: Services that the district provides to the community that if withheld could, as determined by the provider, very likely result in high morbidity or mortality within a period of hours, days, or months.
- ii. Limited staffing definition: The minimum number of staff required to safely and effectively provide the scope of services defined as limited with routine support from the float pool.
- iii. Limited operations personal protective equipment (PPE): Staff, patients, and visitors are required to wear appropriate PPE as defined by district policy and based on the clinical environment. This will be in the context of COVID-19 resource management and resource limitations. At a

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minimum, this includes wearing cloth masks when on district property or conducting district related business in the community.

iv. Social distancing

1. Clinic visits and operative cases should be scheduled so that there is no, or minimal overlap.
2. In person visits and elective surgeries should not be scheduled for greater than one week in the future when feasible.
3. Telehealth should be employed whenever possible rather than in person visits.
4. Staff and employees who are able to perform their work duties remotely should do so.
5. When safe, patients awaiting evaluation, testing, results, or treatment should wait in their vehicle.
6. Seating in waiting rooms should be at least six feet apart.

v. Screening

1. All patients presenting to the district for care should undergo screening for COVID-19 as defined by district policy.

vi. Testing

1. All PUI's being admitted to the hospital or transferred to another receiving hospital should undergo COVID-19 PCR antigen testing. In the event that rapid testing kits become more available all admitted, transferred, and surgery patients should be tested.
2. Testing for outpatients should be considered depending on the availability of test kits and predicted effect of testing on patient management or disposition. As test kits become more available testing efforts should increase to quickly identify new cases and enact contact tracing and institute quarantine.

vii. Tracking

1. Suspected and confirmed cases of COVID-19 should be tracked daily from all NIHD clinical sites and trended over time. If available suspected and confirmed cases from other local agencies should be included.

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### **viii. Inpatient**

1. Services provided
  - a. Med/Surg: Full. The medical/surgical service will continue to admit and treat patients who require inpatient or observation levels of care for all admitting services at NIHD.
  - b. ICU: Full. Inpatient medicine will continue to admit and treat patients who require intensive care for all admitting services at NIHD.
2. Staffing
  - a. RN Staffing: Full
    - i. Med/Surg: Full
      1. 2-3 RN's per 12-hour shift based on census
    - ii. ICU: Full
      1. 1 RN per 12-hour shift
  - b. Provider Staffing
    - i. Med/Surg and ICU: Full
      1. 1 Provider
  - c. Ancillary Staffing
    - i. Med/Surg: Full
      1. 2 CNA's from 0630-1900 daily and 1 CAN from 1830-0700 daily
    - ii. ICU: Full
      1. 1 LVN per 12-hour shift
3. Additional visitation restrictions: One visitor designated throughout patient stay. In the event the patient is in isolation, no visitors are allowed apart from for pediatric and end of life patients.

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#### **ix. Rural Health Clinic**

1. Services provided: Limited. Maximum of 8 in person visits per day per provider not including patients seen in the drive through clinic. Allow elective procedures and non-essential in person visits. Will continue to utilize telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 2 RN's
  - b. Provider staffing: Limited
    - i. 5 Providers
  - c. Ancillary Services Staffing: Limited
    - i. 5 Medical Assistants
    - ii. 5 Clerks
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **x. Orthopedics OR**

1. Services provided: Limited. Maximum of 4 outpatient elective operations such as arthroscopy or other minor surgeries. In the event of a low inpatient census and adequate resources inpatient operations such as total joints may be considered. Maximum of 3 total joints per day would be allowed.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited

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- i. 1 Surgeon
- ii. 1 Anesthesia provider
- c. Ancillary Services Staffing: Limited
  - i. 1 OR tech
  - ii. 2 Sterile processing techs
  - iii. 1 Industry representative as needed

#### **xi. Orthopedics Clinic**

1. Services provided: Limited. Maximum 14 in person visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Out-patient Staffing
  - a. RN Staffing: Limited
    - i. None
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 2 Medical assistants
    - ii. 2 Clerks
    - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xii. General Surgery OR**

1. Services provided: Limited. Maximum of 6 minor procedures such as colonoscopies or endoscopies. Maximum of 2 major or robotics cases.
2. Staffing

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- a. RN Staffing: Limited
  - i. 1 Circulator
  - ii. 1 First assist
  - iii. 1-2 Pre-surgical
  - iv. 2 PACU
- b. Provider staffing: Limited
  - i. 1 Surgeon
  - ii. 1 Anesthesia provider
- c. Ancillary Services Staffing: Limited
  - i. 1 OR tech
  - ii. 2 Sterile processing techs
  - iii. Da Vinci support tech as needed

### **xiii. General Surgery Clinic**

1. Services provided: Limited. Maximum of 12 in person visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. None
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1-2 Medical assistants
    - ii. 1 Clerk
    - iii. 1 Office manager

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3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xiv. Internal Medicine Outpatient**

1. Services provided: Limited. Maximum 8 in person visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 RN
    - ii. 2 LVN's
  - b. Provider staffing: Limited
    - i. 3 Providers
  - c. Ancillary Services Staffing: Limited
    - i. 2 Clerks
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xv. Women's Health Clinic**

1. Services provided: Limited. Maximum 8 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. None
  - b. Provider staffing: Limited
    - i. 1-2 Providers
  - c. Ancillary Services Staffing: Limited

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- i. 2 Medical assistants/LVN's
  - ii. 1 Clerks
  - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xvi.OB/GYN OR**

1. Services provided: Limited. Maximum of 4 minor surgical cases such as loop electrosurgical excision procedure (LEEP) or hysteroscopy and up to 2 major surgical cases such as robotics cases or trans-vaginal hysterectomy or laparotomy.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited
    - i. 1-2 Surgeons
    - ii. 1 Anesthesia Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 OR Tech
    - ii. 2 Sterile processing techs
    - iii. Da Vinci support tech as needed

#### **xvii.Peri-natal**

1. Services provided: Full. The peri-natal unit will continue to admit women who require inpatient or observation levels of care.



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## 2. Staffing

### a. RN Staffing:

- i. 2 RN's from 0700 – 1900 (if C-section scheduled then 3 RN's)
- ii. 2 RN's 1900 – 0700
- iii. 1 NEST RN 0700 – 1730 on Tuesday, Thursday, Friday
- iv. 1 NEST RN 0800 – 1430 on Monday, Wednesday

### b. LVN Staffing

- i. 1 LVN 0700 – 1900 Sunday through Friday

### c. Provider staffing:

- i. 1 Provider plus emergency coverage
- ii. Anesthesia on call

### d. Ancillary staffing:

- i. RT on call

## xviii. Pediatrics

1. Services provided: Limited. Maximum of 12 in person visits per day for pediatrics clinic. Maximum of 20 in person visits per day for vaccine clinic. Separate vaccine clinic will operate 2 days a week. Will perform acute visits, infant well checks, new patient appointments on site. Will continue to utilize Telehealth when possible.

## 2. Staffing

### a. RN Staffing: Limited

- i. None

### b. Provider staffing: Limited

- i. 2 Providers

### c. Ancillary Services Staffing: Limited

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- i. 2 Medical assistants
  - ii. 1-2 Clerks
  - iii. 1 Office manager
3. Additional visitation restrictions: One visitor is allowed and is designated as the only one allowed throughout the patient's visit.

#### **xix.Ophthalmology OR**

1. Services provided: Limited. Maximum of 8 minor surgical cases such as cataract removal and 3 major cases per day.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1-2 Pre-surgical
    - iii. 2 PACU
  - b. Provider staffing: Limited
    - i. 1 Surgeon
    - ii. 1 Anesthesia provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 OR tech
    - ii. 2 Sterile processing techs

#### **xx.Ophthalmology Clinic**

1. Services provided: Limited. Maximum 12 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. None

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- b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 2 Medical assistants
    - ii. 1 Clerks
    - iii. 1 Office manager
3. Visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxi. Breast Surgery OR**

- 1. Services provided: Limited. Maximum of 4 minor surgical cases or 2 major cases per day.
- 2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited
    - i. 1 Surgeon
    - ii. 1 Anesthesia provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 OR tech
    - ii. 2 Sterile processing techs

**xxii. Breast Surgery Clinic**

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1. Services provided: Limited. Maximum 12 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 RN
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 Medical assistants
    - ii. 1 Clerks
    - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxiii.Urology OR**

1. Services provided: Limited. Maximum of 5 minor cases such as urolift, cystoscopy, stent placement. Maximum of 3 major cases such as transurethral resection of the prostate (TURP) and robotics cases.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited
    - i. 1 Surgeon

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- ii. 1 Anesthesia provider
- c. Ancillary Services Staffing: Limited
  - i. 1 OR tech
  - ii. 2 Sterile processing techs
  - iii. Da Vinci support as needed

#### **xxiv.Urology Clinic**

1. Services provided: Limited. Maximum 12 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 RN
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 Medical assistants
    - ii. 1 Clerks
    - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxv.Emergency Department (ED)**

1. Services provided: Full. The ED will continue to evaluate and treat patients for urgent and emergent conditions and provide appropriate dispositions. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Full

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- i. 3 RN's staffed from 0700 – 1900
    - ii. 2 RN's staffed from 1900 – 0700
    - iii. 1 RN staffed from 1000 – 2200
    - iv. 1 RN staffed from 1500 – 0300
  - b. Provider Staffing: Full
    - i. 1 Provider per 8-hour shift with emergency backup
  - c. Ancillary Staffing: Full
    - i. 1 Tech from 0500 – 1500
    - ii. 1 Tech from 1500 – 0100
3. Additional visitation restrictions: No visitors except for pediatric patients in which case one visitor is designated throughout the patient's visit.

#### **xxvi. Anesthesia**

1. Services provided: Full. Anesthesia will continue to provide care for preoperative, intra-operative, and perinatal patients as well as provide usual on call coverage.
2. Staffing
  - a. Provider Staffing: Full
    - i. 2 Providers per 12 hours divided between call and in-house depending on volumes.

#### **xxvii. Laboratory**

1. Services provided
  - a. Inpatient and ED: Full. The lab will continue to provide inpatient lab draws as well as blood bank, hematology, microbiology, and chemistry services.
  - b. Outpatient: Limited. Blood draws by appointment only. Scheduled every 15 minutes and total of 48 patients per day in addition car draws under essential operations.
2. Staffing

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- a. Inpatient and ED: Full
  - i. 1 phlebotomist
  - ii. 1 Lab scientist
- b. Outpatient: Limited
  - i. 1 Order entry
  - ii. 1 Receiver
  - iii. 1 Car draw phlebotomist
  - iv. 1 in office phlebotomist
  - v. 1 Lab scientist

- 3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxviii. Diagnostic Imaging (DI) and Diagnostic and Interventional Radiology (IR)**

- 1. Services provided
  - a. Inpatient and ED: Full. Diagnostic radiology will read all imaging studies. IR will provide full inpatient services for emergent and urgent procedures. DI will perform imaging studies of all modalities.
  - b. Outpatient: Limited. Diagnostic radiology will read all imagine studies. IR will perform non-essential and elective procedures. DI will perform all modalities but at a maximum of 31 exams per day.
    - i. 8 maximum Magnetic resonance imaging (MRI) per day
    - ii. 4 maximum Computed tomography's (CT) per day
    - iii. 8 maximum Ultrasounds (US) per day
    - iv. 4 maximum Mammographs per day
    - v. 4 maximum DEXA Scans per day

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vi. 3 maximum Fluoroscopies per day

2. Staffing

a. Inpatient and ED: Full

i. DI

1. Refer to outpatient staffing 0800 – 1700 Monday to Friday
2. 1 CT and X-ray tech 1700 – 0800 and weekends
3. 1 US tech on call 1700 – 0800 and weekends

ii. Diagnostic and Interventional radiology

1. 1 Provider

b. Outpatient: Limited

i. DI

1. 1 MRI Tech
2. 1 CT Tech
3. 1 US Tech
4. 1 Mammography/DEXA Tech
5. 1 X-ray Tech
6. 3 Clerks
7. 1 Provider

ii. Diagnostic and Interventional Radiology

1. 1 Provider

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.



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**xxix. Physical therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP)**

1. Services provided

- a. Inpatient: Full. PT/OT/SLP will provide full inpatient therapy services.
- b. Outpatient: Limited. Maximum of 64 PT, 16 OT, and 16 SLP in person visits per day. Patients will be asked COVID-19 screening questions and their temperature will be taken upon the therapist's arrival. Patients will be provided with a surgical or equivalent mask. Therapists will be self-monitoring for symptoms of COVID-19 and will be taking their temperature daily. Social distancing will be observed when possible in the therapy gym and waiting room.

2. Staffing

- a. Inpatient: Full
  - i. 1 PT
  - ii. 1 SLP
  - iii. 1 OT
- b. Outpatient: Limited
  - i. 8 PT's
  - ii. 2 SLP
  - iii. 2 OT

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxx. Cardiopulmonary**

1. Services provided

- a. Inpatient and ED: Full. Cardiopulmonary will provide full respiratory therapy, EKG, and echocardiography services.

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- b. Outpatient: Limited. Maximum of 6 stress tests per day and 4 exams from the following. Holter monitor setup, Zio patch placement, pacemaker interrogation. Maximum number of echocardiograms per day is 5. Stress test and TEE patients will have COVID-19 PCR testing completed before the exam. Negative patients will proceed as scheduled and positive patients will have the exam delayed. Restrict pulmonary function testing (PFT).

## 2. Staffing

### a. Inpatient and ED: Full

- i. 1 EKG Tech
- ii. 1 Echo Tech
- iii. 2 Respiratory therapists (RT)

### b. Outpatient: Limited

#### i. Cardio Staffing

- 1. 1 Provider for stress tests
- 2. 1 EKG Tech

#### ii. Echocardiography staffing

- 1. 1 Provider if trans-esophageal echocardiogram (TEE). No provider needed for trans-thoracic echocardiogram (TTE)
- 2. 1 Echo Tech

#### iii. Respiratory Staffing

- 1. None

- 3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

## xxxi. Infusion

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1. Services provided: Limited. Maximum of 20 patients per day. The infusion center will provide services including chemotherapy treatments, blood transfusions, and antibiotic infusions.
2. Staffing: Limited
  - a. RN Staffing
    - i. 1-2 RN's
  - b. Provider Staffing
    - i. None
  - c. Ancillary Staffing
    - i. 1 Clerk
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxxii. Dietitians**

1. Services provided
  - a. Inpatient: Full. Full with the exception that nutrition assessments will be conducted via phone.
  - b. Outpatient: Limited. Dietitians will only provide services deemed critical by the ordering provider. Nutrition assessments will be conducted via phone.
2. Staffing
  - a. Inpatient: Full
    - i. 1 Dietitian
    - ii. 1 Dietary director
  - b. Outpatient: Full
    - i. 1 Dietitian
    - ii. 1 Dietary director

#### **c. ESSENTIAL OPERATIONS:**

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- i. Essential services definition: Services that the district provides to the community that if withheld could, as determined by the provider, very likely result in high morbidity or mortality within a period of hours or days.
- ii. Essential staffing definition: The minimum number of staff required to safely and effectively provide the scope of services defined as essential.
- iii. Personal protective equipment (PPE): Staff, patients, and visitors are required to wear appropriate PPE as defined by district policy and based on the clinical environment. This will be in the context of of COVID-19 resource management and resource limitations. At a minimum, this includes wearing cloth masks when on district property or conducting district related business in the community.
- iv. Social distancing
  1. Clinic visits and operative cases should be scheduled so that there is no overlap.
  2. Telehealth should be employed whenever possible rather than in person visits.
  3. Staff and employees who are able to perform their work duties remotely should do so.
  4. When safe, patients awaiting evaluation, testing, results, or treatment should wait in their vehicle.
  5. Seating in waiting rooms should be at least six feet apart.
- v. Screening
  1. All patients, staff, and employees presenting to the district for care should undergo screening for COVID-19 as defined by district policy.
- vi. Testing
  1. All PUI's being admitted to the hospital or transferred to another receiving hospital should undergo COVID-19 PCR antigen testing. In the event that rapid testing kits become more available all admitted, transferred, and surgery patients should be tested.
  2. Testing for outpatients should be considered depending on the availability of test kits and predicted effect of testing on patient management or disposition. As test kits become more available

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testing efforts should increase to quickly identify new cases and enact contact tracing and institute quarantine.

#### vii. Tracking

1. Suspected and confirmed cases of COVID-19 should be tracked daily from all NIHD clinical sites and trended over time. If available suspected and confirmed cases from other local agencies should be included.

#### viii. Inpatient

1. Services provided
  - a. Med/Surg: Full. The medical/surgical service will continue to admit and treat patients who require inpatient or observation levels of care for all admitting services at NIHD.
  - b. ICU: Full. Inpatient medicine will continue to admit and treat patients who require intensive care for all admitting services at NIHD.

#### 2. Staffing

- a. RN Staffing:
  - i. Med/Surg: Full
    1. 2-3 RN's per 12-hour shift based on census
  - ii. ICU: Full
    1. 1 RN per 12-hour shift
- b. Provider Staffing
  - i. Med/Surg and ICU: Full
    1. 1 Provider
- c. Ancillary Staffing
  - i. Med/Surg: Full

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1. 2 CNA's from 0630-1900 daily and 1 CAN from 1830-0700 daily

ii. ICU: Full

1. 1 LVN per 12-hour shift
3. Additional visitation restrictions: One visitor designated throughout patient stay. In the event the patient is in isolation, no visitors are allowed apart from for pediatric and end of life patients.

**ix. Rural Health Clinic**

1. Services provided: Essential. Restrict annual wellness visits, preventative care visits, annual physicals, well child visits, and elective procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**x. Orthopedics OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

**xi. Orthopedics Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing

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- a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xii.General Surgery OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

#### **xiii.General Surgery Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Limited
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xiv.Internal Medicine Outpatient**

1. Services provided: Essential. Restrict annual wellness visits, preventative care visits, annual physicals, elective procedures.
2. Staffing
  - a. RN Staffing: Essential

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- b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xv. Women's Health Clinic**

- 1. Services provided: Essential. Maximum of 8 combined in person and Telehealth visits per day per provider. Restrict well women visits and elective gynecology visits.
- 2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
- 3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xvi. OB/GYN OR**

- 1. Services provided: Essential. Restrict non-emergent surgeries.
- 2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

**xvii. Peri-natal**

- 1. Services provided: Full. The peri-natal unit will continue to admit women who require inpatient or observation levels of care.
- 2. Staffing
  - a. RN Staffing:



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- i. 2 RN's from 0700 – 1900 (if C-section scheduled then 3 RN's)
  - ii. 2 RN's 1900 – 0700
  - iii. 1 NEST RN 0700 – 1730 on Tuesday, Thursday, Friday
  - iv. 1 NEST RN 0800 – 1430 on Monday, Wednesday
- b. LVN Staffing
- i. 1 LVN 0700 – 1900 Sunday through Friday
- c. Provider staffing:
- i. 1 Provider plus emergency coverage
  - ii. Anesthesia on call
- d. Ancillary staffing
- i. RT on call

#### **xviii. Pediatrics**

1. Services provided: Essential. Restrict well child visits, sports physicals, annual physicals, elective procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: One visitor is allowed and is designated as the only one allowed throughout the patient's visit.

#### **xix. Ophthalmology OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing Essential

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- b. Provider staffing: Essential
- c. Ancillary Services Staffing: Essential

#### **xx.Ophthalmology Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxi.Breast Surgery OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

#### **xxii.Breast Surgery Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

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3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxiii.Urology OR**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

#### **xxiv.Urology Clinic**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxv.Emergency Department**

1. Services provided: Full. The ED will continue to evaluate and treat patients for urgent and emergent conditions and provide appropriate dispositions. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Full
    - i. 3 RN's staffed from 0700 – 1900
    - ii. 2 RN's staffed from 1900 – 0700

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- iii. 1 RN staffed from 1000 – 2200
- iv. 1 RN staffed from 1500 – 0300
- b. Provider Staffing: Full
  - i. 1 Provider per 8-hour shift with emergency backup
- c. Ancillary Staffing: Full
  - i. 1 Tech from 0500 – 1500
  - ii. 1 Tech from 1500 – 0100
- 3. Additional visitation restrictions: No visitors except for pediatric patients in which case one visitor is designated throughout the patient's visit.

#### **xxvi. Anesthesia**

- 1. Services provided: Full. Anesthesia will continue to provide care for preoperative, intra-operative, and perinatal patients as well as provide usual on call coverage.
- 2. Staffing
  - a. Provider Staffing: Full
    - i. 2 Providers per 12 hours divided between call and in-house depending on volumes.

#### **xxvii. Laboratory**

- 1. Services provided
  - a. Inpatient and ED: Full. The lab will continue to provide inpatient lab draws as well as blood bank, hematology, microbiology, and chemistry services.
  - b. Outpatient: Essential. Restrict non-essential and routine blood draws.
- 2. Staffing
  - a. Inpatient and ED: Full
    - i. 1 phlebotomist

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ii. 1 Lab scientist

b. Outpatient: Essential

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

### **xxviii. Diagnostic Imaging (DI) and Diagnostic and Interventional Radiology (IR)**

1. Services provided

a. Inpatient and ED: Full. Diagnostic radiology will read all imaging studies. IR will provide full inpatient services for emergent and urgent procedures. DI will perform imaging studies of all modalities.

b. Outpatient: Essential. Diagnostic radiology will read all imaging studies. Restrict IR non-essential and elective procedures. Restrict non-essential imaging studies.

2. Staffing

a. Inpatient and ED: Full

i. DI

1. Refer to outpatient staffing 0800 – 1700 Monday to Friday

2. 1 CT and X-ray tech 1700 – 0800 and weekends

3. 1 US tech on call 1700 – 0800 and weekends

ii. Diagnostic and Interventional radiology

1. 1 Provider

b. Outpatient: Essential

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

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**xxix. Physical therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP)**

1. Services provided
  - a. Inpatient: Full. PT/OT/SLP will provide full inpatient therapy services.
2. Outpatient: Essential. Restrict non-essential PT/OT/SLP.
3. Staffing
  - a. Inpatient: Full
    - i. 1 PT
    - ii. 1 SLP
    - iii. 1 OT
  - b. Outpatient: Essential
4. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxx. Cardiopulmonary**

1. Services provided:
  - a. Inpatient and ED: Full. Cardiopulmonary will provide full respiratory therapy, EKG, and echocardiography services.
  - b. Outpatient: Essential. Restrict non-essential stress testing, pulmonary function testing, echocardiography and EKG.
2. Staffing:
  - a. Inpatient and ED: Full
    - i. 1 EKG Tech
    - ii. 1 Echo Tech
    - iii. 2 Respiratory therapists (RT)
  - b. Outpatient: Essential

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3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxxi. Infusion**

1. Services provided: Essential. Maximum of 10 patients per day. The infusion center will provide services including chemotherapy treatments, blood transfusions, and antibiotic infusions.
2. Staffing: Essential
  - a. RN Staffing
    - i. 1 RN's
  - b. Provider Staffing
    - i. None
  - c. Ancillary Staffing
    - i. 1 Clerk
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxxii. Dietitians**

1. Services provided
  - a. Inpatient: Full with the exception that nutrition assessments will be conducted via phone.
  - b. Outpatient: Limited. Dietitians will only provide services deemed critical by the ordering provider. Nutrition assessments will be conducted via phone.
2. Staffing
  - a. Inpatient: Full
    - i. 1 Dietitian
    - ii. 1 Dietary director
  - b. Outpatient: Full

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- i. 1 Dietitian
- ii. 1 Dietary director

4. When considering elective surgical cases or procedures the following definitions and considerations should be applied and the decision matrix should be referenced to determine if the elective surgery should be performed.

a. Personal protective equipment (PPE) Level definitions

- i. Available PPE supply: PPE supplies are at adequate levels to provide protection for staff and patients in accordance with CPDH and CDC non-disaster guidelines.
- ii. Low PPE supply: PPE supplies are at adequate levels to provide protection for staff and patients in accordance with CPDH and CDC disaster guidelines.
- iii. Critical PPE supply: PPE supplies are at inadequate levels AND/OR will become inadequate within 14 days to provide protection for staff and patients in accordance with CPDH and CDC disaster guidelines.

b. Blood Products Supply definitions

- i. Available blood products Supply: Blood products supplies are 50-100% of normal NIHD stock.
- ii. Low blood products supply: Blood product supplies are 25-50% of normal NIHD stock.
- iii. Critical blood products supply: Blood product supplies are less than 25% of normal NIHD stock.

c. Only one operating room (OR) per day should be used for elective cases. A second OR should be reserved for emergent cases.

d. Additionally, all elective cases should have a pre-operative COVID-19 PCR antigen test performed prior to the surgery. This will be done at the RHC drive through testing site and should be scheduled ahead of time.

- i. In the event of a negative result the procedure may proceed.
- ii. In the event of a positive result, the procedure should be delayed or cancelled.

e. If feasible, all patients undergoing emergent or urgent surgery should undergo COVID-19 PCR antigen testing prior to surgery.



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- i. In the event of a negative result, the procedure may proceed in a “clean” OR.
- ii. In the event of a positive result, and the procedure cannot be delayed or cancelled, the procedure may proceed in a “dirty” OR.

**Elective Surgery Decision Matrix**

Operations designation	Blood availability	PPE Supplies	Surgical cases permitted
Full Services	Available	Available	Full operations for surgical services
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Low Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Critical Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
Limited Services	Available	Available	Proceed with elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Low Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery

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		Critical Supply	No elective surgery
	Critical Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
Essential Services	Available	Available	No elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Low supply	Available	No elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Critical supply		No elective surgery
			No elective surgery
			No elective surgery

Document revised: 04/22/2020 by Will Timbers, MD



# May 20, 2020 Interim Chief Medical Officer Report to the Board of Directors

## COVID-19 Update

### COVID-19 Operations Action Plan

An action plan for transitioning between essential, limited, and full operations was developed in conjunction with NIHD departments. Please refer to the attached copy of this document for more detail. Briefly, this action plan outlines the criteria for determining the risk of COVID-19 exposure and spread in our community and designates these as either high, moderate, or low risk. There is a process for shifting between different operations levels based on the current risk to the community. Furthermore, the required staffing and other resources needed for each operations level is outlined. This action plan has provided a framework for allowing the district to safely transition from essential operations to our current limited operations status.

### Intubation Kits and Workflow

The emergency physicians, nursing leadership, respiratory therapists, and hospitalists have created a workflow for intubating suspected or confirmed COVID-19 patients. This involves using minimal personal, appropriate PPE, and utilizing a pre-made intubation kits complete with a pre-cut drape and bag valve mask (BVM) with viral filter to minimize aerosols and exposure. This has worked well during intubations.

### Employee IgG Antibody Testing

NIHD has recently transitioned to Abbott for in-house antibody testing. Abbott has had these tests approved by the FDA under their emergency use authorization (EUA) and they have reported high sensitivity and specificity. NIHD was able to obtain several hundred antibody tests from the state of California for free and have begun offering free and voluntary testing to all NIHD staff and

employees. This will hopefully give us a sense of if we are a COVID-19 naive community or if we have under recognized a significant number of asymptomatic or mildly symptomatic staff and employees.

## In-house COVID-19 Testing

We have recently transitioned to relying heavily on the real time polymerase chain reaction (RT-PCR) Cepheid test which can be run in-house and results in approximately an hour. This test detects viral RNA directly. We have been using this test on all patients who are admitted or transferred as well as for stress test patients, trans-esophageal echocardiogram (TEE) patients, pulmonary function test (PFT) patients, OB patients, and for all elective surgery patients. We continue to rely on send out testing for the drive through testing and other outpatient testing sites. Once we are able we will transition fully to in-house PCR and antibody testing.

## Suspension of respiratory care unit (RCU) and ED “Big Room” Operations

With the decline in COVID-19 cases and no apparent short term threat of a surge we have decommissioned the RCU and Big Room. These areas can be again setup for patient care in a matter of hours in the event we need to utilize them in the setting of a second wave of COVID-19 patients.

## Process for Sterilization of N95’s and Extended Use of N95’s

The medical staff, nursing, and peri-operative teams have developed a workflow to sterilize N95 respirators using the hospital’s V-PRO Max in the event our PPE supplies are critically low. We have also worked to develop an extended use plan for N95’s in the event of a shortage.

## Weekly Press Briefings

The administrative team and Dr. Brown continue to have weekly press briefings with local media to give updates on COVID-19 and related topics.

## Ethics Committee

Dr. Wakamiya has been spearheading the creation of a multidisciplinary ethics committee tasked with addressing hard questions such as resource allocation in the event of a overwhelming COVID-19 surge. This has been well received and well attended by participants from the medical staff, nursing, clergy, and social work among others.

## Contract Negotiations

In conjunction with the CEO I will begin taking a lead role in physician contract negotiations. Several physician contracts are up for renewal and review within the next few months.

## Recruitment and Staffing

1. Dr. Tang from Barton Health has joined the hospitalist team part time.
2. Dr. Ma is a current locums hospitalist but hospital leadership would like to buyout his contract. Dr. Ma has been providing nocturnist coverage.
3. Dr. Engblade will be returning to NIHD full time in August and will be assuming the role of hospitalist director.
4. Dr. Jesonek has signed a letter of intent to relocate to Bishop after he completes his residency this summer to provide full time hospitalist coverage.
5. Dr. Ricci will be joining pediatrics in October
6. Dr. O'Neal is a general surgeon in Oakland, CA who is interested in providing approximately two weeks per month of general surgery coverage and assuming Dr. Harness's breast surgery practice. She has extensive critical access hospital and breast surgery experience. Will plan a site visit post COVID-19 restrictions.
7. Dr. Plank is a plastic surgeon with sub specialization in orthopedic hand surgery and dermatologic cancers who is interested in offering services part time in Bishop with a goal of transition to a full time practice and relocating to the area. Will plan a site
8. Dr. Zukerman is a general surgeon with sub specialty training in hepatobiliary surgery currently working in Kalispell, MT who is interested in relocating. Will plan a site visit post COVID-19 restrictions.
9. Dr. Kasia Bartczak is interested in joining our hospitalist team this fall. She will do a site visit as soon as COVID-19 restrictions are loosened.

## Departmental Updates

### Medical Director Meetings

I have instituted monthly meetings with the medical directors to address friction points and concerns as well as to help facilitate and identify projects that offer clinical and/or financial benefit. This will hopefully lead to clearer communication between the administration and medical departments and help to align goals and priorities.

### Clinic Total Visits (03/01/2020 - 05/10/2020)

1. March - 3047
2. April - 2354
3. May 890

### ED Total Visits (03/01/2020 - 05/10/2020)

1. March- 603
2. April- 335
3. May- 160

### Surgical Cases (03/01/2020 - 05/10/2020)

March April May 1st-10th

1. Surgeries 75 21 15
  2. Procedures 317 231 59
  3. After Hour 31 9 0
- Procedures

### Hospitalist

Dr. Mehrens continues to work on several protocols including a sepsis protocol, an alcohol withdrawal protocol, several diabetes protocols including hypoglycemia, diabetic keto acidosis

(DKA), insulin sliding scales (ISS), insulin pump protocols, and hyper-osmolar hyperglycemia state (HHS). Dr. Joy Engblade will be assuming the role of hospitalist director in August.

## RHC and NIA Clinics

The RHC and NIA clinics continue to provide telemedicine services in addition to in person visits in line with limited operations. Dr. Helvie is working to roll out (Adverse Childhood Experience) ACE screening As well as the AAP Community Access to Child Health (CATCH) program grant.

## Emergency Department

Dr. Fair completed the first trans-esophageal echocardiogram (TEE) at NIHD. It went very well.

## Surgery

Elective cases have been occurring under limited operations. This has been going well. We are testing all patients pre-operatively for COVID-19.

Respectfully,

Will Timbers

Interim Chief Medical Officer



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## **NORTHERN INYO HOSPITAL ACTION PLAN**

**PURPOSE:** As the SARS-CoV-2 virus and the clinical disease it causes, known as COVID-19, remains a clear and present danger globally, nationally, and locally there needs to be a framework for Northern Inyo Healthcare District's operations to help guide our response to this pandemic. The primary purpose of this framework is to protect staff, patients, and the community from the spread of this disease and to limit morbidity and mortality as well as avoid overwhelming our local resources. Initial district wide effort focused on defining and implementing "essential services". These essential services are those that, if withheld would very likely result in high morbidity or mortality within a period of hours or days. Our subsequent experience was a precipitous, but predicted, drop in volumes across the district. While a surge of COVID-19 stricken patients in the near term remains a possibility it is unrealistic to assume the threat of this disease would end following a surge. It is also feasible that our rural location, preparations and precautions mean an overwhelming surge of COVID-19 patients is unlikely. However, in either scenario the district may experience months of prolonged exposure to this disease where the prevalence and incidence remains low but persistent. While our shift to essential operations is justifiable and provides a reliable mechanism for limiting spread of SARS-CoV-2 it has several limitations and untoward effects. First are the financial implications. With drastically decreased services, our revenue projections are significantly lower than expected. While safety is paramount, it is also important to consider that maintaining the district's financial health allows us to remain solvent and to continue to provide care for our community. Additionally, as this pandemic persists services that initially were deemed non-essential may become essential. For example, if over an extended period screening studies such as mammography, colonoscopy, cardiac stress testing etc. are delayed the risk of missing significant pathology increases. It seems reasonable to conclude that the persistent risk of COVID-19 going forward will need to be carefully weighed against the persistent medical needs of our community and the financial health of the district.

Clearly, what is needed is a means of nimbly responding to the current risk of COVID-19 in our community and shifting our response accordingly. To this end, the following document provides a framework for defining low, moderate, and high community risk of SARS-CoV-2. Also outlined are definitions and designations pertaining to operations at the district. These designations, full operations, limited operations, and essential operations correspond to the current risk of SARS-CoV-2 spread in the community. It is our hope that by being able to adapt our resources to the corresponding risk we can reach a steady state that both meets the needs of our community as well as addresses our fiscal reality.

### **POLICY**

1. **SARS-CoV-2 risk designations:** NIHD will define three levels of SARS-CoV-2 risk. Low risk, Moderate risk, and high risk. These risk designations describe the risk of SARS-CoV-2 transmission and spread in Inyo County and the health care district. Refer to Procedure 1.

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2. **SARS-CoV-2 disaster operations definitions:** NIHD will create standardized definitions as they pertain to SARS-CoV-2 disaster operations. These will include definitions of operational designations, staffing levels, supplies of personal protective equipment (PPE), and supplies of blood products.
3. **SARS-CoV-2 general precautions and recommendations:** During essential and limited operations NIHD will maintain a list of precautions and recommendations related to SARS-CoV-2 disaster operations planning. These will relate to PPE, social distancing, screening, testing, and tracking.
4. **SARS-CoV-2 disaster operations designations:** NIHD will determine the operational level, staffing requirement, and visitation restrictions for all clinical sites. These will be separated into the designations, "full operations", "limited operations", and "essential operations". Refer to Procedure 3.
5. **Surgical services status determination:** NIHD will consider PPE supply, blood product supply, and operations level when determining if it is safe to proceed with elective surgical cases. Refer to Procedure 4.

## PROCEDURE

1. A SARS-CoV-2 Risk designation is identified as outlined in '1a-c'.
  - a. **Low Risk:** In the event that the California Department of Public Health AND/OR the Inyo County Public health Officer determine the risk of COVID-19 prevalence and incidence to be low in our community AND there have been no new confirmed or suspected cases over a fourteen day period AND there are adequate hospital resources a low risk designation may be made by the medical staff in conjunction with incident command. During periods of low risk Northern Inyo Healthcare District will institute full operations.
  - b. **Moderate Risk:** In the event that the California Department of Public Health AND/OR the Inyo County Public health Officer determine the risk of COVID-19 prevalence and incidence to be moderate in our community AND/OR there has been no significant rate of rise of new confirmed or suspected cases over a 7 day period AND there are adequate hospital resources a moderate risk designation may be made by the medical staff in conjunction with incident command. During periods of moderate risk Northern Inyo Healthcare District will institute limited operations.
  - c. **High Risk:** In the event that the California Department of Public Health AND/OR the Inyo County Public health Officer determine the risk of COVID-19 prevalence and incidence to be high in our community AND/OR there has been a significant rate of rise of new confirmed or suspected cases over a 3 day period AND/OR there are inadequate hospital resources a high risk designation may be made by the medical staff in conjunction with incident command. During periods of high-risk Northern Inyo Healthcare District will institute essential operations.

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2. For each risk designation suspected or confirmed cases will be based on the number of persons under investigation (PUI's) presenting to the rural health clinic, NIHD Clinics, NIHD emergency department, and those admitted to Northern Inyo Hospital or transferred from NIHD to other receiving hospitals. Suspected or confirmed cases from other regional agencies such as Southern Inyo Hospital, Southern Mono Healthcare District, Toiyabe Indian Health Project, the Bishop Care Center, and Sterling Heights should also be considered.
3. A NIHD SARS-CoV-2 disaster operations designation will be determined by the corresponding SARS-CoV-2 risk designation as outlined in '1a-c'. Low risk corresponds to full operations, moderate risk to limited operations, and high risk to essential operations. The disaster operations designation may change at any given time based on the current risk of the virus in the community. The disaster operations designations and associated resource allocations are as follow.

**a. Full Operations**

- i. Full services definition: The usual scope of services that the district provides to the community in the absence of an intrinsic or extrinsic disaster.
  1. Services provided for all departments: Full
- ii. Full staffing definition: The usual number of staff required by the district in the absence of an intrinsic or extrinsic disaster with routine support from float pool.
  1. Staffing for all departments: Full
- iii. Additional visitation restrictions for all departments: None
- iv. Full operations personal protective equipment (PPE): Staff, patients, and visitors are required to wear appropriate PPE as defined by usual operations district policy and based on the clinical environment.

**b. Limited Operations**

- i. Limited services definition: Services that the district provides to the community that if withheld could, as determined by the provider, very likely result in high morbidity or mortality within a period of hours, days, or months.
- ii. Limited staffing definition: The minimum number of staff required to safely and effectively provide the scope of services defined as limited with routine support from the float pool.
- iii. Limited operations personal protective equipment (PPE): Staff, patients, and visitors are required to wear appropriate PPE as defined by district policy and based on the clinical environment. This will be in the context of COVID-19 resource management and resource limitations. At a

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minimum, this includes wearing cloth masks when on district property or conducting district related business in the community.

iv. Social distancing

1. Clinic visits and operative cases should be scheduled so that there is no, or minimal overlap.
2. In person visits and elective surgeries should not be scheduled for greater than one week in the future when feasible.
3. Telehealth should be employed whenever possible rather than in person visits.
4. Staff and employees who are able to perform their work duties remotely should do so.
5. When safe, patients awaiting evaluation, testing, results, or treatment should wait in their vehicle.
6. Seating in waiting rooms should be at least six feet apart.

v. Screening

1. All patients presenting to the district for care should undergo screening for COVID-19 as defined by district policy.

vi. Testing

1. All PUI's being admitted to the hospital or transferred to another receiving hospital should undergo COVID-19 PCR antigen testing. In the event that rapid testing kits become more available all admitted, transferred, and surgery patients should be tested.
2. Testing for outpatients should be considered depending on the availability of test kits and predicted effect of testing on patient management or disposition. As test kits become more available testing efforts should increase to quickly identify new cases and enact contact tracing and institute quarantine.

vii. Tracking

1. Suspected and confirmed cases of COVID-19 should be tracked daily from all NIHD clinical sites and trended over time. If available suspected and confirmed cases from other local agencies should be included.

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### **viii. Inpatient**

1. Services provided
  - a. Med/Surg: Full. The medical/surgical service will continue to admit and treat patients who require inpatient or observation levels of care for all admitting services at NIHD.
  - b. ICU: Full. Inpatient medicine will continue to admit and treat patients who require intensive care for all admitting services at NIHD.
2. Staffing
  - a. RN Staffing: Full
    - i. Med/Surg: Full
      1. 2-3 RN's per 12-hour shift based on census
    - ii. ICU: Full
      1. 1 RN per 12-hour shift
  - b. Provider Staffing
    - i. Med/Surg and ICU: Full
      1. 1 Provider
  - c. Ancillary Staffing
    - i. Med/Surg: Full
      1. 2 CNA's from 0630-1900 daily and 1 CAN from 1830-0700 daily
    - ii. ICU: Full
      1. 1 LVN per 12-hour shift
3. Additional visitation restrictions: One visitor designated throughout patient stay. In the event the patient is in isolation, no visitors are allowed apart from for pediatric and end of life patients.

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#### **ix. Rural Health Clinic**

1. Services provided: Limited. Maximum of 8 in person visits per day per provider not including patients seen in the drive through clinic. Allow elective procedures and non-essential in person visits. Will continue to utilize telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 2 RN's
  - b. Provider staffing: Limited
    - i. 5 Providers
  - c. Ancillary Services Staffing: Limited
    - i. 5 Medical Assistants
    - ii. 5 Clerks
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **x. Orthopedics OR**

1. Services provided: Limited. Maximum of 4 outpatient elective operations such as arthroscopy or other minor surgeries. In the event of a low inpatient census and adequate resources inpatient operations such as total joints may be considered. Maximum of 3 total joints per day would be allowed.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited

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- i. 1 Surgeon
- ii. 1 Anesthesia provider
- c. Ancillary Services Staffing: Limited
  - i. 1 OR tech
  - ii. 2 Sterile processing techs
  - iii. 1 Industry representative as needed

#### **xi. Orthopedics Clinic**

1. Services provided: Limited. Maximum 14 in person visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Out-patient Staffing
  - a. RN Staffing: Limited
    - i. None
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 2 Medical assistants
    - ii. 2 Clerks
    - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xii. General Surgery OR**

1. Services provided: Limited. Maximum of 6 minor procedures such as colonoscopies or endoscopies. Maximum of 2 major or robotics cases.
2. Staffing

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- a. RN Staffing: Limited
  - i. 1 Circulator
  - ii. 1 First assist
  - iii. 1-2 Pre-surgical
  - iv. 2 PACU
- b. Provider staffing: Limited
  - i. 1 Surgeon
  - ii. 1 Anesthesia provider
- c. Ancillary Services Staffing: Limited
  - i. 1 OR tech
  - ii. 2 Sterile processing techs
  - iii. Da Vinci support tech as needed

### **xiii. General Surgery Clinic**

- 1. Services provided: Limited. Maximum of 12 in person visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
- 2. Staffing
  - a. RN Staffing: Limited
    - i. None
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1-2 Medical assistants
    - ii. 1 Clerk
    - iii. 1 Office manager



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3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xiv. Internal Medicine Outpatient**

1. Services provided: Limited. Maximum 8 in person visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 RN
    - ii. 2 LVN's
  - b. Provider staffing: Limited
    - i. 3 Providers
  - c. Ancillary Services Staffing: Limited
    - i. 2 Clerks
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xv. Women's Health Clinic**

1. Services provided: Limited. Maximum 8 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. None
  - b. Provider staffing: Limited
    - i. 1-2 Providers
  - c. Ancillary Services Staffing: Limited

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- i. 2 Medical assistants/LVN's
  - ii. 1 Clerks
  - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xvi.OB/GYN OR**

1. Services provided: Limited. Maximum of 4 minor surgical cases such as loop electrosurgical excision procedure (LEEP) or hysteroscopy and up to 2 major surgical cases such as robotics cases or trans-vaginal hysterectomy or laparotomy.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited
    - i. 1-2 Surgeons
    - ii. 1 Anesthesia Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 OR Tech
    - ii. 2 Sterile processing techs
    - iii. Da Vinci support tech as needed

#### **xvii.Peri-natal**

1. Services provided: Full. The peri-natal unit will continue to admit women who require inpatient or observation levels of care.

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## 2. Staffing

### a. RN Staffing:

- i. 2 RN's from 0700 – 1900 (if C-section scheduled then 3 RN's)
- ii. 2 RN's 1900 – 0700
- iii. 1 NEST RN 0700 – 1730 on Tuesday, Thursday, Friday
- iv. 1 NEST RN 0800 – 1430 on Monday, Wednesday

### b. LVN Staffing

- i. 1 LVN 0700 – 1900 Sunday through Friday

### c. Provider staffing:

- i. 1 Provider plus emergency coverage
- ii. Anesthesia on call

### d. Ancillary staffing:

- i. RT on call

## xviii. Pediatrics

1. Services provided: Limited. Maximum of 12 in person visits per day for pediatrics clinic. Maximum of 20 in person visits per day for vaccine clinic. Separate vaccine clinic will operate 2 days a week. Will perform acute visits, infant well checks, new patient appointments on site. Will continue to utilize Telehealth when possible.

## 2. Staffing

### a. RN Staffing: Limited

- i. None

### b. Provider staffing: Limited

- i. 2 Providers

### c. Ancillary Services Staffing: Limited

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- i. 2 Medical assistants
  - ii. 1-2 Clerks
  - iii. 1 Office manager
3. Additional visitation restrictions: One visitor is allowed and is designated as the only one allowed throughout the patient's visit.

#### **xix. Ophthalmology OR**

1. Services provided: Limited. Maximum of 8 minor surgical cases such as cataract removal and 3 major cases per day.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1-2 Pre-surgical
    - iii. 2 PACU
  - b. Provider staffing: Limited
    - i. 1 Surgeon
    - ii. 1 Anesthesia provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 OR tech
    - ii. 2 Sterile processing techs

#### **xx. Ophthalmology Clinic**

1. Services provided: Limited. Maximum 12 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. None

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- b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 2 Medical assistants
    - ii. 1 Clerks
    - iii. 1 Office manager
3. Visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxi. Breast Surgery OR**

- 1. Services provided: Limited. Maximum of 4 minor surgical cases or 2 major cases per day.
- 2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited
    - i. 1 Surgeon
    - ii. 1 Anesthesia provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 OR tech
    - ii. 2 Sterile processing techs

**xxii. Breast Surgery Clinic**

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1. Services provided: Limited. Maximum 12 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 RN
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 Medical assistants
    - ii. 1 Clerks
    - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxiii.Urology OR**

1. Services provided: Limited. Maximum of 5 minor cases such as urolift, cystoscopy, stent placement. Maximum of 3 major cases such as transurethral resection of the prostate (TURP) and robotics cases.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 Circulator
    - ii. 1 First assist
    - iii. 1-2 Pre-surgical
    - iv. 2 PACU
  - b. Provider staffing: Limited
    - i. 1 Surgeon

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- ii. 1 Anesthesia provider
- c. Ancillary Services Staffing: Limited
  - i. 1 OR tech
  - ii. 2 Sterile processing techs
  - iii. Da Vinci support as needed

#### **xxiv.Urology Clinic**

1. Services provided: Limited. Maximum 12 visits per day per provider. Allow elective procedures and non-essential in person visits. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Limited
    - i. 1 RN
  - b. Provider staffing: Limited
    - i. 1 Provider
  - c. Ancillary Services Staffing: Limited
    - i. 1 Medical assistants
    - ii. 1 Clerks
    - iii. 1 Office manager
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxv.Emergency Department (ED)**

1. Services provided: Full. The ED will continue to evaluate and treat patients for urgent and emergent conditions and provide appropriate dispositions. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Full

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- i. 3 RN's staffed from 0700 – 1900
    - ii. 2 RN's staffed from 1900 – 0700
    - iii. 1 RN staffed from 1000 – 2200
    - iv. 1 RN staffed from 1500 – 0300
  - b. Provider Staffing: Full
    - i. 1 Provider per 8-hour shift with emergency backup
  - c. Ancillary Staffing: Full
    - i. 1 Tech from 0500 – 1500
    - ii. 1 Tech from 1500 – 0100
3. Additional visitation restrictions: No visitors except for pediatric patients in which case one visitor is designated throughout the patient's visit.

#### **xxvi. Anesthesia**

1. Services provided: Full. Anesthesia will continue to provide care for preoperative, intra-operative, and perinatal patients as well as provide usual on call coverage.
2. Staffing
  - a. Provider Staffing: Full
    - i. 2 Providers per 12 hours divided between call and in-house depending on volumes.

#### **xxvii. Laboratory**

1. Services provided
  - a. Inpatient and ED: Full. The lab will continue to provide inpatient lab draws as well as blood bank, hematology, microbiology, and chemistry services.
  - b. Outpatient: Limited. Blood draws by appointment only. Scheduled every 15 minutes and total of 48 patients per day in addition car draws under essential operations.
2. Staffing



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- a. Inpatient and ED: Full
  - i. 1 phlebotomist
  - ii. 1 Lab scientist
- b. Outpatient: Limited
  - i. 1 Order entry
  - ii. 1 Receiver
  - iii. 1 Car draw phlebotomist
  - iv. 1 in office phlebotomist
  - v. 1 Lab scientist

- 3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxviii. Diagnostic Imaging (DI) and Diagnostic and Interventional Radiology (IR)**

- 1. Services provided
  - a. Inpatient and ED: Full. Diagnostic radiology will read all imaging studies. IR will provide full inpatient services for emergent and urgent procedures. DI will perform imaging studies of all modalities.
  - b. Outpatient: Limited. Diagnostic radiology will read all imagine studies. IR will perform non-essential and elective procedures. DI will perform all modalities but at a maximum of 31 exams per day.
    - i. 8 maximum Magnetic resonance imaging (MRI) per day
    - ii. 4 maximum Computed tomography's (CT) per day
    - iii. 8 maximum Ultrasounds (US) per day
    - iv. 4 maximum Mammographs per day
    - v. 4 maximum DEXA Scans per day

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vi. 3 maximum Fluoroscopies per day

2. Staffing

a. Inpatient and ED: Full

i. DI

1. Refer to outpatient staffing 0800 – 1700 Monday to Friday
2. 1 CT and X-ray tech 1700 – 0800 and weekends
3. 1 US tech on call 1700 – 0800 and weekends

ii. Diagnostic and Interventional radiology

1. 1 Provider

b. Outpatient: Limited

i. DI

1. 1 MRI Tech
2. 1 CT Tech
3. 1 US Tech
4. 1 Mammography/DEXA Tech
5. 1 X-ray Tech
6. 3 Clerks
7. 1 Provider

ii. Diagnostic and Interventional Radiology

1. 1 Provider

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

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**xxix. Physical therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP)**

1. Services provided

- a. Inpatient: Full. PT/OT/SLP will provide full inpatient therapy services.
- b. Outpatient: Limited. Maximum of 64 PT, 16 OT, and 16 SLP in person visits per day. Patients will be asked COVID-19 screening questions and their temperature will be taken upon the therapist's arrival. Patients will be provided with a surgical or equivalent mask. Therapists will be self-monitoring for symptoms of COVID-19 and will be taking their temperature daily. Social distancing will be observed when possible in the therapy gym and waiting room.

2. Staffing

- a. Inpatient: Full
  - i. 1 PT
  - ii. 1 SLP
  - iii. 1 OT
- b. Outpatient: Limited
  - i. 8 PT's
  - ii. 2 SLP
  - iii. 2 OT

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxx. Cardiopulmonary**

1. Services provided

- a. Inpatient and ED: Full. Cardiopulmonary will provide full respiratory therapy, EKG, and echocardiography services.

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- b. Outpatient: Limited. Maximum of 6 stress tests per day and 4 exams from the following. Holter monitor setup, Zio patch placement, pacemaker interrogation. Maximum number of echocardiograms per day is 5. Stress test and TEE patients will have COVID-19 PCR testing completed before the exam. Negative patients will proceed as scheduled and positive patients will have the exam delayed. Restrict pulmonary function testing (PFT).

## 2. Staffing

- a. Inpatient and ED: Full
  - i. 1 EKG Tech
  - ii. 1 Echo Tech
  - iii. 2 Respiratory therapists (RT)
- b. Outpatient: Limited
  - i. Cardio Staffing
    - 1. 1 Provider for stress tests
    - 2. 1 EKG Tech
  - ii. Echocardiography staffing
    - 1. 1 Provider if trans-esophageal echocardiogram (TEE). No provider needed for trans-thoracic echocardiogram (TTE)
    - 2. 1 Echo Tech
  - iii. Respiratory Staffing
    - 1. None

- 3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

## xxxi. Infusion

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1. Services provided: Limited. Maximum of 20 patients per day. The infusion center will provide services including chemotherapy treatments, blood transfusions, and antibiotic infusions.
2. Staffing: Limited
  - a. RN Staffing
    - i. 1-2 RN's
  - b. Provider Staffing
    - i. None
  - c. Ancillary Staffing
    - i. 1 Clerk
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxxii. Dietitians**

1. Services provided
  - a. Inpatient: Full. Full with the exception that nutrition assessments will be conducted via phone.
  - b. Outpatient: Limited. Dietitians will only provide services deemed critical by the ordering provider. Nutrition assessments will be conducted via phone.
2. Staffing
  - a. Inpatient: Full
    - i. 1 Dietitian
    - ii. 1 Dietary director
  - b. Outpatient: Full
    - i. 1 Dietitian
    - ii. 1 Dietary director

#### **c. ESSENTIAL OPERATIONS:**

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- i. Essential services definition: Services that the district provides to the community that if withheld could, as determined by the provider, very likely result in high morbidity or mortality within a period of hours or days.
- ii. Essential staffing definition: The minimum number of staff required to safely and effectively provide the scope of services defined as essential.
- iii. Personal protective equipment (PPE): Staff, patients, and visitors are required to wear appropriate PPE as defined by district policy and based on the clinical environment. This will be in the context of of COVID-19 resource management and resource limitations. At a minimum, this includes wearing cloth masks when on district property or conducting district related business in the community.
- iv. Social distancing
  1. Clinic visits and operative cases should be scheduled so that there is no overlap.
  2. Telehealth should be employed whenever possible rather than in person visits.
  3. Staff and employees who are able to perform their work duties remotely should do so.
  4. When safe, patients awaiting evaluation, testing, results, or treatment should wait in their vehicle.
  5. Seating in waiting rooms should be at least six feet apart.
- v. Screening
  1. All patients, staff, and employees presenting to the district for care should undergo screening for COVID-19 as defined by district policy.
- vi. Testing
  1. All PUI's being admitted to the hospital or transferred to another receiving hospital should undergo COVID-19 PCR antigen testing. In the event that rapid testing kits become more available all admitted, transferred, and surgery patients should be tested.
  2. Testing for outpatients should be considered depending on the availability of test kits and predicted effect of testing on patient management or disposition. As test kits become more available

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testing efforts should increase to quickly identify new cases and enact contact tracing and institute quarantine.

#### vii. Tracking

1. Suspected and confirmed cases of COVID-19 should be tracked daily from all NIHD clinical sites and trended over time. If available suspected and confirmed cases from other local agencies should be included.

#### viii. Inpatient

1. Services provided
  - a. Med/Surg: Full. The medical/surgical service will continue to admit and treat patients who require inpatient or observation levels of care for all admitting services at NIHD.
  - b. ICU: Full. Inpatient medicine will continue to admit and treat patients who require intensive care for all admitting services at NIHD.
2. Staffing
  - a. RN Staffing:
    - i. Med/Surg: Full
      1. 2-3 RN's per 12-hour shift based on census
    - ii. ICU: Full
      1. 1 RN per 12-hour shift
  - b. Provider Staffing
    - i. Med/Surg and ICU: Full
      1. 1 Provider
  - c. Ancillary Staffing
    - i. Med/Surg: Full

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1. 2 CNA's from 0630-1900 daily and 1 CAN from 1830-0700 daily

ii. ICU: Full

1. 1 LVN per 12-hour shift
3. Additional visitation restrictions: One visitor designated throughout patient stay. In the event the patient is in isolation, no visitors are allowed apart from for pediatric and end of life patients.

**ix. Rural Health Clinic**

1. Services provided: Essential. Restrict annual wellness visits, preventative care visits, annual physicals, well child visits, and elective procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**x. Orthopedics OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

**xi. Orthopedics Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing



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- a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xii.General Surgery OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

**xiii.General Surgery Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Limited
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xiv.Internal Medicine Outpatient**

1. Services provided: Essential. Restrict annual wellness visits, preventative care visits, annual physicals, elective procedures.
2. Staffing
  - a. RN Staffing: Essential

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- b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xv. Women's Health Clinic**

- 1. Services provided: Essential. Maximum of 8 combined in person and Telehealth visits per day per provider. Restrict well women visits and elective gynecology visits.
- 2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
- 3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xvi. OB/GYN OR**

- 1. Services provided: Essential. Restrict non-emergent surgeries.
- 2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

**xvii. Peri-natal**

- 1. Services provided: Full. The peri-natal unit will continue to admit women who require inpatient or observation levels of care.
- 2. Staffing
  - a. RN Staffing:

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- i. 2 RN's from 0700 – 1900 (if C-section scheduled then 3 RN's)
  - ii. 2 RN's 1900 – 0700
  - iii. 1 NEST RN 0700 – 1730 on Tuesday, Thursday, Friday
  - iv. 1 NEST RN 0800 – 1430 on Monday, Wednesday
- b. LVN Staffing
- i. 1 LVN 0700 – 1900 Sunday through Friday
- c. Provider staffing:
- i. 1 Provider plus emergency coverage
  - ii. Anesthesia on call
- d. Ancillary staffing
- i. RT on call

#### **xviii. Pediatrics**

1. Services provided: Essential. Restrict well child visits, sports physicals, annual physicals, elective procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: One visitor is allowed and is designated as the only one allowed throughout the patient's visit.

#### **xix. Ophthalmology OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing Essential

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- b. Provider staffing: Essential
- c. Ancillary Services Staffing: Essential

#### **xx.Ophthalmology Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxi.Breast Surgery OR**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

#### **xxii.Breast Surgery Clinic**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

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3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxiii.Urology OR**

1. Services provided: Essential. Restrict non-emergent clinic visits and procedures.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential

#### **xxiv.Urology Clinic**

1. Services provided: Essential. Restrict non-emergent surgeries.
2. Staffing
  - a. RN Staffing: Essential
  - b. Provider staffing: Essential
  - c. Ancillary Services Staffing: Essential
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxv.Emergency Department**

1. Services provided: Full. The ED will continue to evaluate and treat patients for urgent and emergent conditions and provide appropriate dispositions. Will continue to utilize Telehealth when possible.
2. Staffing
  - a. RN Staffing: Full
    - i. 3 RN's staffed from 0700 – 1900
    - ii. 2 RN's staffed from 1900 – 0700

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- iii. 1 RN staffed from 1000 – 2200
- iv. 1 RN staffed from 1500 – 0300
- b. Provider Staffing: Full
  - i. 1 Provider per 8-hour shift with emergency backup
- c. Ancillary Staffing: Full
  - i. 1 Tech from 0500 – 1500
  - ii. 1 Tech from 1500 – 0100
- 3. Additional visitation restrictions: No visitors except for pediatric patients in which case one visitor is designated throughout the patient's visit.

#### **xxvi. Anesthesia**

- 1. Services provided: Full. Anesthesia will continue to provide care for preoperative, intra-operative, and perinatal patients as well as provide usual on call coverage.
- 2. Staffing
  - a. Provider Staffing: Full
    - i. 2 Providers per 12 hours divided between call and in-house depending on volumes.

#### **xxvii. Laboratory**

- 1. Services provided
  - a. Inpatient and ED: Full. The lab will continue to provide inpatient lab draws as well as blood bank, hematology, microbiology, and chemistry services.
  - b. Outpatient: Essential. Restrict non-essential and routine blood draws.
- 2. Staffing
  - a. Inpatient and ED: Full
    - i. 1 phlebotomist

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ii. 1 Lab scientist

b. Outpatient: Essential

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxviii. Diagnostic Imaging (DI) and Diagnostic and Interventional Radiology (IR)**

1. Services provided

a. Inpatient and ED: Full. Diagnostic radiology will read all imaging studies. IR will provide full inpatient services for emergent and urgent procedures. DI will perform imaging studies of all modalities.

b. Outpatient: Essential. Diagnostic radiology will read all imaging studies. Restrict IR non-essential and elective procedures. Restrict non-essential imaging studies.

2. Staffing

a. Inpatient and ED: Full

i. DI

1. Refer to outpatient staffing 0800 – 1700 Monday to Friday

2. 1 CT and X-ray tech 1700 – 0800 and weekends

3. 1 US tech on call 1700 – 0800 and weekends

ii. Diagnostic and Interventional radiology

1. 1 Provider

b. Outpatient: Essential

3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

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**xxix. Physical therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP)**

1. Services provided
  - a. Inpatient: Full. PT/OT/SLP will provide full inpatient therapy services.
2. Outpatient: Essential. Restrict non-essential PT/OT/SLP.
3. Staffing
  - a. Inpatient: Full
    - i. 1 PT
    - ii. 1 SLP
    - iii. 1 OT
  - b. Outpatient: Essential
4. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

**xxx. Cardiopulmonary**

1. Services provided:
  - a. Inpatient and ED: Full. Cardiopulmonary will provide full respiratory therapy, EKG, and echocardiography services.
  - b. Outpatient: Essential. Restrict non-essential stress testing, pulmonary function testing, echocardiography and EKG.
2. Staffing:
  - a. Inpatient and ED: Full
    - i. 1 EKG Tech
    - ii. 1 Echo Tech
    - iii. 2 Respiratory therapists (RT)
  - b. Outpatient: Essential



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3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxxi. Infusion**

1. Services provided: Essential. Maximum of 10 patients per day. The infusion center will provide services including chemotherapy treatments, blood transfusions, and antibiotic infusions.
2. Staffing: Essential
  - a. RN Staffing
    - i. 1 RN's
  - b. Provider Staffing
    - i. None
  - c. Ancillary Staffing
    - i. 1 Clerk
3. Additional visitation restrictions: No visitors except for pediatric patients and demented/deleterious adults in which case one visitor is designated throughout the patient's visit.

#### **xxxii. Dietitians**

1. Services provided
  - a. Inpatient: Full with the exception that nutrition assessments will be conducted via phone.
  - b. Outpatient: Limited. Dietitians will only provide services deemed critical by the ordering provider. Nutrition assessments will be conducted via phone.
2. Staffing
  - a. Inpatient: Full
    - i. 1 Dietitian
    - ii. 1 Dietary director
  - b. Outpatient: Full

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- i. 1 Dietitian
    - ii. 1 Dietary director
- 4. When considering elective surgical cases or procedures the following definitions and considerations should be applied and the decision matrix should be referenced to determine if the elective surgery should be performed.
  - a. Personal protective equipment (PPE) Level definitions
    - i. Available PPE supply: PPE supplies are at adequate levels to provide protection for staff and patients in accordance with CPDH and CDC non-disaster guidelines.
    - ii. Low PPE supply: PPE supplies are at adequate levels to provide protection for staff and patients in accordance with CPDH and CDC disaster guidelines.
    - iii. Critical PPE supply: PPE supplies are at inadequate levels AND/OR will become inadequate within 14 days to provide protection for staff and patients in accordance with CPDH and CDC disaster guidelines.
  - b. Blood Products Supply definitions
    - i. Available blood products Supply: Blood products supplies are 50-100% of normal NIHD stock.
    - ii. Low blood products supply: Blood product supplies are 25-50% of normal NIHD stock.
    - iii. Critical blood products supply: Blood product supplies are less than 25% of normal NIHD stock.
  - c. Only one operating room (OR) per day should be used for elective cases. A second OR should be reserved for emergent cases.
  - d. Additionally, all elective cases should have a pre-operative COVID-19 PCR antigen test performed prior to the surgery. This will be done at the RHC drive through testing site and should be scheduled ahead of time.
    - i. In the event of a negative result the procedure may proceed.
    - ii. In the event of a positive result, the procedure should be delayed or cancelled.
  - e. If feasible, all patients undergoing emergent or urgent surgery should undergo COVID-19 PCR antigen testing prior to surgery.

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- i. In the event of a negative result, the procedure may proceed in a “clean” OR.
- ii. In the event of a positive result, and the procedure cannot be delayed or cancelled, the procedure may proceed in a “dirty” OR.

**Elective Surgery Decision Matrix**

Operations designation	Blood availability	PPE Supplies	Surgical cases permitted
Full Services	Available	Available	Full operations for surgical services
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Low Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Critical Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
Limited Services	Available	Available	Proceed with elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Low Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery

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		Critical Supply	No elective surgery
	Critical Supply	Available	Proceed with low bleeding risk elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
Essential Services	Available	Available	No elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Low supply	Available	No elective surgery
		Low Supply	No elective surgery
		Critical Supply	No elective surgery
	Critical supply		No elective surgery
			No elective surgery
			No elective surgery













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**NURSING DEPARTMENT POLICY AND PROCEDURE ANNUAL APPROVALS, MAY 2020**

Infection Control:


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Type	Title
	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
	Sterilization Challenge Pack (Verify Assert)
	Surgical Drains Care of
	Surgical Hand Hygiene and Hand Scrub

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Type	Title
	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-CoV) or Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection
	Sharps Injury Protection Plan
	Surveillance for Hospital Acquired Infections (HAI's)

Page 2 of 2 (21 items) << < 1 **2** > >>

Type	Title
▼ 	Tuberculosis Exposure Control Plan



## Medical Staff Services

Department: Medical Staff Administration  
 Pillars of Excellence: FY July 1, 2019-June 30, 2020  
 3<sup>rd</sup> quarter

Indicator	Baseline	Goal	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	YTD
			2019	2019	2019	2020	
			Q4	Q1	Q2	Q3	
<b>Service</b>							
1. Customer satisfaction							
a. Average Credentialing TAT (from receipt of complete application)	10 days	<21 days	7 d	19 d	34 d	26 d	20 d
b. Average Privileging TAT (from receipt of complete application)	36 days	<60 days	42 d	35 d	83 d	47 d	48 d
c. Percent on-time start	80%	100%	100%	100%	80%	100%	97%
2. Application times							
a. Average time for any application materials to be returned	18 days	<14 days	14 d	20 d	49 d	18 d	22 d
b. Average time for <u>complete</u> application to be returned	32 days	<45 days	33 d	69 d	83 d	56 d	58 d
<b>Quality</b>							
1. Credentialing/Privileging							
a. Percent processed within time frame specified in bylaws	97%	100%	100%	100%	100%	88%	97%
b. Percent of applicants granted temporary/expedited privileges	37%	<33%	33%	67%	0%	63%	45%
<b>People</b>							
1. Active Staff	42	N/A	42	40	41	41	
2. All Medical Staff Members and Allied Health Professionals (+ tele)	108	N/A	108	110	114	113	
3. Locums/Temporary Staff	12	N/A	12	10	6	6	
4. Resignations	5	N/A	5	8	9	0	
<b>Finance</b>							
1. Total initial applications processed	35/year	N/A	9	9	5	8	31
2. Number of initial locum tenens applications	14/year	N/A	4	3	0	4	11
3. Number of initial applications abandoned/discontinued	9/year	N/A	4	0	0	4	8

LEGEND	
	Exceeds goal; 100%
	Meets goal
	Close to goal
	Does not meet goal





## Medical Staff Services

### Q3: FY 2020

#### Narrative Notes:

The medical staff office was able to improve its performance on its Service pillars of excellence in Q3 by dedicating additional time and resources towards the higher demands of credentialing.

One out of the eight applications this quarter was not processed in the timeframe specified in the bylaws, resulting in a score of 88% in this category. This was due to the applicant's refusal to submit billing-related information, which delayed his application and was outside the control of the Medical Staff Office.

Lastly, this quarter saw a higher percentage of expedited privileges granted (3 locum tenens surgeons to urgently cover Dr. Allison Robinson's practice, 1 urologist and 1 surgical oncologist for urgent patient care needs).

Dianne Picken, MS  
Medical Staff Support Manager  
4/17/2020

- CALL TO ORDER** The meeting was called to order at 5:32 pm by Jean Turner, District Board Chair.
- PRESENT** Jean Turner, Chair  
Robert Sharp, Vice Chair  
Jody Veenker, Secretary  
Mary Mae Kilpatrick, Treasurer  
Topah Spoonhunter, Member-At-Large  
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer  
John Tremble, Chief Financial Officer (via WebEx)  
Tracy Aspel RN, BSN, Chief Nursing Officer  
Will Timbers MD, Interim Chief Medical Officer  
Stacey Brown MD, Chief of Staff
- ABSENT** Kevin S. Flanigan MD, MBA, Chief Executive Officer
- OPPORTUNITY FOR PUBLIC COMMENT** Ms. Turner stated at this time persons in 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. Comments were heard from John Ungersma MD on the agenda item regarding approval of a contract for General Counsel legal services.
- REQUEST FOR CMS ADVANCED PAYMENTS** Chief Financial Officer John Tremble called attention to a Covid-19 Medicare cash advance opportunity created in response to financial challenges incurred as a result of the Coronavirus pandemic. Mr. Tremble requested Board authorization to apply for the maximum cash advance available to Northern Inyo Healthcare District (NIHD), noting that the advance will need to be repaid in one year in order to avoid being charged an interest rate of 10.25%. Any cash advance monies received will be deposited into NIHD's Local Agency Investment Fund (LAIF), and they will not be accessed unless absolutely necessary. It was moved by Jody Veenker, seconded by Robert Sharp, and unanimously passed to approve NIHD requesting the maximum cash advance available from the Centers for Medicare and Medicaid Services (CMS), including an amendment that the Chief Executive Officer and the Board of Directors will receive a detailed accounting of the handling of all funds received. Mr. Tremble noted that the cash advance will change the District's year-end Balance Sheet in terms of the value of Current Assets and Current Liabilities.
- APPOINTMENT OF GENERAL COUNSEL** Ms. Turner called attention to a proposed agreement for Legal Services with the law firm of Jones & Mayer, noting that the firm would not replace current Healthcare District legal counsel, but will provide additional general counsel services. The proposed agreement was developed as a result of a lengthy publishing of a Request For Proposal (RFP) for Legal Services, which was both advertised and also

directly mailed to all local attorneys. It was moved by Mr. Sharp, seconded by Ms. Veenker, and passed by a vote of 4 to 1 to approve a six month legal services contract with Jones & Mayer (from April 1 2020 to October 1 2020) with Director Mary Mae Kilpatrick voting “no” on this agenda item.

ADJOURNMENT TO  
CLOSED SESSION

At 6:05 pm Ms. Turner announced the meeting would adjourn to Closed Session to allow for:

- Discussion of a real estate negotiation regarding possible purchase, sale, or lease of property at 153 Pioneer Lane, Bishop, California (*pursuant to government Code Section 54956.8*).

RETURN TO OPEN  
SESSION AND REPORT  
OF ACTION TAKEN

At 6:51 pm the meeting returned to Open Session. Ms. Turner reported the Board took no reportable action.

NIHD RURAL HEALTH  
CLINIC REBUILD  
UPDATE

Chief Financial Officer John Tremble provided an overview and update on the proposed NIHD Rural Health Clinic (RHC) Opportunity Zone Replacement Project, which included the following:

- A financial analysis of the proposed project has revealed the overall cost to the District would be much higher than originally thought. This is due to many factors including the financial economic impact of Covid 19; higher than expected real estate taxes; a rapid drop in mortgage and interest rates; and higher than anticipated construction costs.
- Many unknowns still exist including Medicaid revenues and rates; land suitability; additional costs for temporary relocation of services; loss of rental revenue received from Pioneer Medical Associates; and possible street closing costs.
- NIHD’s debt ratio would be affected by the project for a period of 10 years
- Parking challenges for clinic staff and patients are as yet unresolved
- NIHD’s investment in new equipment would be substantially more than originally projected

Following discussion of this agenda item a consensus was reached that the RHC rebuild project should continue to move forward, however an Opportunity Zone project is not in the District or investor Sam Walker’s best interest at this time. NIHD plans to move forward with creating an architectural design for a new clinic, and will proceed to create a “shovel ready” project for the best future building opportunity that may arise. It was noted that we expect to see an increased focus on healthcare in the upcoming years, and that potential building opportunities should be a reality. Members of the Board thanked Mr. Walker for his support of the District and area residents, and for bringing the possibility of a new Rural Health Clinic close to reality. The Board of Directors and Mr. Walker are both interested in identifying new opportunities for an RHC rebuild project in the future.

OPPORTUNITY FOR  
PUBLIC COMMENT

Ms. Turner again asked if any members of the public wished to comment on any items listed on the Notice for this meeting. No comments were heard.

ADJOURNMENT

The meeting adjourned at 7:32 pm.

\_\_\_\_\_  
Jean Turner, Chair

Attest:

\_\_\_\_\_  
Jody Veenker, Secretary

CALL TO ORDER                    The meeting was called to order at 4:00 pm by Jean Turner, District Board Chair.

PRESENT                            Jean Turner, Chair  
Robert Sharp, Vice Chair  
Jody Veenker, Secretary  
Mary Mae Kilpatrick, Treasurer  
Topah Spoonhunter, Member-At-Large  
Kelli Davis MBA, Interim Chief Executive Officer, Chief Operating Officer  
Tracy Aspel RN, BSN, Chief Nursing Officer  
Will Timbers MD, Interim Chief Medical Officer  
John Tremble, Chief Financial Officer (via WebEx)  
Stacey Brown MD, Chief of Staff

ABSENT                             Kevin S. Flanigan MD, MBA, Chief Executive Officer

OPPORTUNITY FOR PUBLIC COMMENT                    Ms. Turner stated at this time persons in the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of 3 minutes each. Comments in support of Chief Executive Officer Kevin S. Flanigan, MD, MBA were heard from the following:

- Charlotte Helvie, MD
- Robbin Cromer-Tyler, MD
- Bo Loy, MD
- Richard Meredith, MD (also on behalf of Kristen Meredith, MD)
- Jennifer Figueroa, PA
- Martha Kim, MD
- Colleen McEvoy, PA
- Stacey Brown, MD

ADJOURNMENT TO CLOSED SESSION                    At 4:25 pm Ms. Turner announced the meeting would adjourn to Closed Session to allow the District Board of Directors to discuss:

- Public Employee Performance Evaluation/Discipline/Dismissal/Release (*pursuant to Government Code Sections 54954.5 and 54957(b)*) title: Chief Executive Officer.

RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN                    At 8:50 pm the meeting returned to Open Session. Ms. Turner reported following lengthy discussion the Board took no reportable action, pending further deliberation at next week's meeting.

Ms. Turner then expressed thanks to members of the community who have donated fabric masks for the use of Northern Inyo Healthcare District employees during the Covid-19 pandemic.

ADJOURNMENT                    The meeting was adjourned at 9:02 pm.

\_\_\_\_\_  
Jean Turner, Chair

\_\_\_\_\_  
Attest: Jody Veenker, Secretary

CALL TO ORDER                      The meeting was called to order at 5:30 pm by Jean Turner, District Board Chair.

PRESENT                                Jean Turner, Chair  
Robert Sharp, Vice Chair  
Jody Veenker, Secretary  
Mary Mae Kilpatrick, Treasurer  
Topah Spoonhunter, Member-At-Large  
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer  
Keith Collins, District Legal Counsel  
Participants via Zoom:  
Tracy Aspel RN, BSN, Chief Nursing Officer  
John Tremble, Chief Financial Officer  
Will Timbers, MD, Interim Chief Medical Officer  
Stacey Brown MD, Chief of Staff

ABSENT                                 Kevin S. Flanigan MD, MBA, Chief Executive Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Ms. Turner stated that due to Covid 19 (Coronavirus) health concerns, the meeting has been made available for attendance via the Zoom platform and phone dial-in. She stated 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 are limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the agenda for the meeting. Public comments in support of Kevin S. Flanigan MD, MBA were heard from the following:

- Tami Stottlemire
- Charlotte Helvie, MD
- Kristin Meredick, MD
- Jenni Figueroa, PA

FINANCIAL IMPACT OF COVID 19 ON NIHD                      Chief Financial Officer John Tremble provided an overview of the financial effects of Covid 19 on Northern Inyo Healthcare District (NIHD). Mr. Tremble's report included the following:

- Timeline of the Covid situation beginning March 12 2020 (patient cancellations begin)
- March 21: NIHD reduces to essential services only, drive-up Covid screening begins
- March 27: Cares Act is signed, District volumes drop by 70% for most services
- March 31: revenues for the month are \$3 million less than budget
- NIHD begins discussions on timeline for expansion of services beyond essential (potential reopening of non-essential services)

- Operational expenses have declined slightly but not significantly
- An overview was provided of the Cares Act; delay of sequestration cuts; a Medicare Cash Advance program; and other Federal help potentially available to NIHD. It was reported that the District received \$1,646,00 in grant funds with use requirements at the start of this week.
- At the current pace, NIHD could possibly face a year-to-date net loss of up to \$5.1 million

PIONEER HOME  
HEALTH 5 YEAR  
ACTION PLAN

Pioneer Home Health (PHH) Administrator Ruby Allen, RN presented a *Five-year Action Plan for Responsible Growth and Financial Stability* for Pioneer Home Health. Ms. Allen’s presentation called attention to the following:

- Pioneer Home Health referrals are increasing and patient volumes are currently up
- Efforts are underway to educate the community on services available at PHH, in an effort to further increase volume
- Fundraising and grant opportunities are being pursued as sources of additional revenue
- Goals and future action plans include creating and implementing a disease management program
- Projected revenues were provided through 2024, as well as monthly expense detail for the months of March and April 2020
- Ms. Allen reported that PHH will not require additional financial support from NIHD for the next operating month

EMERGENCY MUTUAL  
AID MEMORANDUM  
OF UNDERSTANDING

Interim Chief Executive Officer Kelli Davis called attention to a Healthcare Coalition Emergency Mutual Aid Memorandum of Understanding (MOU) between NIHD; Mammoth Hospital; Southern Inyo Hospital; and Toiyabe Indian Health Project. The proposed MOU is a voluntary agreement that allows area healthcare providers to reach out to each other and collaborate in the event of a community emergency or disaster, in order to meet the medical needs of area residents. It was moved by Robert Sharp, seconded by Mary Mae Kilpatrick, and unanimously passed to approve the proposed Emergency Mutual Aid MOU between NIHD; Mammoth Hospital; Southern Inyo Hospital; and Toiyabe Indian Health Project as presented.

APPOINTMENT OF  
CHIEF MEDICAL  
OFFICER

Ms. Davis also reported that at the beginning of the Covid 19 healthcare crisis it became obvious that it would be beneficial to the District to appoint a Chief Medical Officer, in accordance with the Chief Medical Officer (CMO) job description previously approved by the District Board. Ms. Davis was pleased to report that Will Timbers MD has accepted the role of Interim CMO, and Stacey Brown MD has agreed to act as the NIHD Chief of Medical Staff, the position previously held by Dr. Timbers. The appointment of a CMO effectively brings a Medical Staff leadership presence to the Executive Suite during a time that such a presence is crucial to the effective operation of the District.

IDENTITY THEFT RED  
FLAGS RULE

Chief Financial Officer John Tremble called attention to a proposed *Identity Theft Red Flags Rule Policy and Procedure* intended to assist in identifying, detecting, and mitigating the risk of identity theft for patients of Northern Inyo Hospital and its' outpatient clinics. It was moved by Mr. Sharp, seconded by Jody Veenker, and unanimously passed to approve the proposed *Identity Theft Red Flags Rule Policy and Procedure* as presented.

TEMPORARY  
FLOATING STAFF  
POLICY

HR Analyst-Labor Relations Specialist Alison Murray called attention to a proposed *Temporary Floating Staff Policy and Procedure* to identify the process for floating staff who do not have a workload in their routinely assigned (home) department due to Covid-19. The policy is intended to decrease the need to low-census staff, and to float them to other departments where a need exists. Ms. Murray noted that the District has worked closely with the American Federation of State, County, and Municipal Employees (AFSCME) to develop the proposed policy. It was moved by Ms. Kilpatrick, seconded by Ms. Veenker, and unanimously passed to approve the *Temporary Floating Staff Policy and Procedure* as presented.

TEMPORARY  
TELECOMMUTING  
ASSIGNMENT POLICY

Ms. Murray also called attention to a *Temporary Telecommuting Assignment Policy and Procedure* being established to ensure the highest possible level of continuity of operations in light of the COVID-19 (coronavirus) outbreak, while addressing health and safety concerns for employees. Ms. Murray noted that the District has also worked in cooperation with the AFSCME union to establish the proposed policy. It was moved by Ms. Veenker, seconded by Mr. Sharp, and unanimously passed to approve the *Temporary Telecommuting Assignment Policy and Procedure* as presented.

SAFETY IN THE  
OPERATING ROOM  
POLICY AND  
PROCEDURE

Ms. Davis called attention to an updated Policy and Procedure titled *Safety in the Operating Room*, which identifies potential hazards associated with use of electrical equipment in the operating room. It was moved by Mr. Sharp, seconded by Ms. Veenker, and unanimously passed to approve the Policy and Procedure titled *Safety in the Operating Room* as presented.

FINANCE  
DEPARTMENT POLICY  
AND PROCEDURE  
APPROVALS

Chief Financial Officer John Tremble called attention to minor updates made to the following District Wide Policies and Procedures:

- *Asset Control*
- *Asset Management*
- *Capitalization of Assets*
- *Fixed Assets and Depreciation*

It was moved by Ms. Veenker, seconded by Topah Spoonhunter, and unanimously passed to approve all four updated Finance Department Policies and Procedures as presented.



BUILDING  
SEPARATION  
CONSTRUCTION  
PROJECT UPDATE

NIHD Property Manager Scott Hooker reported the District has received approval from the Office of Statewide Healthcare Planning and Development (OSHPD) to continue work on the building separation project. Colombo Construction is knowledgeable about following proper work practices during the Covid 19 pandemic, and they will be back onsite next week to resume work.

RHC BUILDING  
UPDATE

Stacey Brown MD reported following a Special Board meeting on the subject of the NIHD Rural Health Clinic (RHC) rebuild project, a decision was made not to pursue the option of an Opportunity Zone building project at this time. The District will move forward to prepare for a future rebuild of the RHC using a different mechanism, and will proceed to create a design for the new Clinic with the goal of having a shovel-ready project prepared for when future building opportunities arise.

CHIEF OF STAFF  
REPORT

Doctor Brown also reported following careful review and consideration the Medical Executive Committee recommends approval of the following:

- *Medical Staff Bylaws Amendment for Disaster Privileging*

MEDICAL STAFF  
BYLAWS AMENDMENT

It was moved by Mr. Sharp, seconded by Ms. Kilpatrick, and unanimously passed to approve the proposed *Medical Staff Bylaws Amendment for Disaster Privileging* as requested.

POLICY AND  
PROCEDURE  
APPROVALS

Doctor Brown also stated 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. *Credentialing Healthcare Practitioners in the Event of a Disaster*
2. *Biological Monitoring System for Steam Sterilizers*
3. *High-Level Disinfection of Equipment*
4. *Steris System 1E Processor*
5. *Manual Jet Ventilator*
6. *Clinic Patient No-Show, Missed Appointment, and Late Cancellation Policy*
7. *OP Hospital No-Show, Missed Appointment, and Late Cancellation Policy*

He additionally stated that an eighth policy titled *New Line of Service Implementation Policy and Procedure* which was listed on the agenda for this meeting will be sent back to the Medical Executive Committee for further consideration prior to being approved by the District Board. It was moved by Ms. Kilpatrick, seconded by Mr. Spoonhunter, and unanimously passed to approve Policies and Procedures 1 through 7 as presented.

PHYSICIAN  
RECRUITMENT  
UPDATE

On the topic of physician recruitment Doctor Brown reported that pediatrician Lindsey Ricci MD is expected to come on board at NIHD in October, and that a general surgery candidate, a breast surgery candidate, and a family practice candidate are also actively engaged in recruitment discussions with District leadership.

PREVIOUSLY TABLED ITEMS

Doctor Brown additionally called attention to the following items that were originally submitted for approval at the March 18 2020 Board of Directors meeting, and tabled for approval at this month's meeting:

ANNUAL APPROVALS

Annual Approvals:

1. Critical Indicators
  - i. *ICU*
  - ii. *Medical Services*
  - iii. *Perinatal*

It was moved by Ms. Veenker, seconded by Mr. Spoonhunter, and unanimously passed to approve all three Critical Indicators as requested.

POLICIES AND PROCEDURES

Doctor Brown also requested approval of the following District-wide policies and approvals:

- i. *Plan to Eliminate or Substantially Reduce Medication-Related Errors*
- ii. *Standardized Procedure – Emergency Care Policy for the Nurse Practitioner or Certified Nurse Midwife*
- iii. *Standardized Protocol – Emergency Care Policy for the Physician Assistant*
- iv. *Standardized Procedure – Medical Screening Examination for Obstetrical Patient*
- v. *Standardized Procedures for Medical Functions by RN in the Emergency Department*

It was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve Policies and Procedures 1 through 5 as presented.

RADIATION SAFETY POLICIES AND PROCEDURES

Doctor Brown also called attention to approval of the following Radiation Safety Policies and Procedures:

- i. *ALARA Program*
- ii. *DI – Area Monitoring and Controls*
- iii. *DI – Radiation Protection for the Patient*
- iv. *DI – Reportable/Recordable Events in CT, Fluoroscopy and Nuclear Medicine*
- v. *DI CT Radiation Safety Policy*
- vi. *DI – Lead Apron/Protective Equipment Policy*
- vii. *Diagnostic Imaging – C-Arm (Fluoroscope) radiation Safety*
- viii. *Diagnostic Imaging – Disposal of Radioactive Sharps*
- ix. *Diagnostic Imaging – Handling of Radioactive Packages, Non-nuclear medicine personnel*
- x. *Diagnostic Imaging – Nuclear Medicine New Employee/Annual Orientation*
- xi. *Diagnostic Imaging – Ordering Radioactive Materials*
- xii. *Diagnostic Imaging – Radioactive Material Hot Lab Security*
- xiii. *Diagnostic Imaging – Radioactive Material Spills Procedure*
- xiv. *Diagnostic Imaging – Radioactive Materials Deliver After-Hours*

*Policy/Procedure*

- xv. *Diagnostic Imaging – Radioactive Waste storage and Disposal*
- xvi. *Dosimetry Program – Occupational Radiation Exposure Monitoring Program*
- xvii. *Radiation Policy for Management of Patients with Excessive Exposure*
- xviii. *Radiation Safety Committee*
- xix. *Radiology Services Pregnant Personnel*
- xx. *Responsibilities and Duties of Radiation Safety Committee (RSC)*

It was moved by Ms. Veenker, seconded by Mr. Sharp, and unanimously passed to approve all 20 Radiation Safety Policies and Procedures as presented.

Doctor Brown also reported that the RHC has seen a significant upswing in the number of telemedicine visits as part of the District's efforts to ensure patient safety during the Covid 19 crisis.

CONSENT AGENDA

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

- *Approval of minutes of the March 18 2020 regular meeting*
- *Financial and statistical reports as of February 2020*
- *Policy and Procedure annual approvals*

It was moved by Mr. Sharp, seconded by Mr. Spoonhunter, and unanimously passed to approve all three Consent Agenda items, with a correction being made to the minutes of the March 18 regular meeting.

BOARD MEMBER REPORTS

Ms. Turner asked if any members of the District Board of Directors wished to comment on any items of interest. Directors Kilpatrick and Turner praised the recent employee Town Hall meeting held to provide Covid 19 information and updates. Ms. Veenker expressed kudos to NIHD staff on behalf of Covid 19-positive patients in this community, and for all they do in the interest of maintaining the health of area residents. Director Kilpatrick also praised NIHD's infection prevention achievements and efforts during this time of healthcare crisis, and complimented District staff as a whole on their diligent work. Director Spoonhunter expressed thanks to all District staff and physicians, and praised the efforts of the entire Northern Inyo Healthcare District team during the Covid 19 crisis. Mr. Sharp also stated he has received extremely positive feedback on the subject of telemedicine visits at the NIHD Rural Health Clinic.

ADJOURNMENT TO CLOSED SESSION

At 6:50 pm Ms. Turner reported the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- A. Confer with Legal Counsel regarding threatened litigation, 1 matter pending (*pursuant to Government Code Section 54956.9(d)(2)*).
- B. Conference with Legal Counsel regarding existing litigation, Inyo County Local Agency Formation Commission and Northern Inyo

Healthcare District v. Southern Mono Healthcare District  
(pursuant to Government Code Section 54956.9).

- C. Public Employee Performance Evaluation (*Government Code Section 54957(b)*) title: Chief Executive Officer.
- D. Public Employee Performance Evaluation (*Government Code Section 54957(b)*) title: Chief Financial Officer.

RETURN TO OPEN  
SESSION AND REPORT  
OF ACTION TAKEN

At 9:25 pm the meeting returned to Open Session. Ms. Turner reported the Board took no reportable action.

CHANGE OF  
AUTHORIZED  
ADMINISTRATORS ON  
DISTRICT ACCOUNTS  
HELD AT UNION BANK

District Legal Counsel Keith Collins then stated the District Board is allowed to add an agenda item if it is determined that an immediate need to take action has arisen following the posting of the agenda for the meeting. He additionally stated that the NIHD Board has determined that an immediate need exists to authorize a change of authorized administrators on the Northern Inyo Healthcare District bank accounts held at Union Bank to be NIHD Interim Chief Executive Officer Kelli Davis, and NIHD Controller Genifer Owens. It was first moved by Ms. Veenker, seconded by Mr. Spoonhunter, and unanimously passed to add the agenda item due to an immediate need to act regarding authorizing a change of authorized administrators on District accounts held at Union Bank. Following the addition of that agenda item, it was moved by Ms. Veenker, seconded by Ms. Kilpatrick, and unanimously passed to approve the change of authorized administrators on District accounts held at Union Bank to be NIHD Interim Chief Executive Officer Kelli Davis and NIHD Controller Genifer Owens.

ADDITIONAL BOARD  
MEMBER REPORTS

Directors Sharp and Turner again expressed thanks to all essential healthcare workers and staff at Northern Inyo Healthcare District. Mr. Sharp also thanked those individuals in the community who have donated fabric masks to the District for the use of employees and patients. He additionally asked that the meeting be adjourned in honor of all NIHD employees and physicians.

ADJOURNMENT

The meeting was adjourned at 9:29 pm.

\_\_\_\_\_  
Jean Turner, Chair

Attest:

\_\_\_\_\_  
Jody Veenker, Secretary

CALL TO ORDER                    The meeting was called to order at 5:30 pm by Jean Turner, Chair.

PRESENT                            Jean Turner, Chair  
Robert Sharp, Vice Chair  
Jody Veenker, Secretary  
Mary Mae Kilpatrick, Treasurer  
Topah Spoonhunter, Member-At-Large  
Kelli Davis, MBA, Interim Chief Executive Officer and Chief Operating Officer  
Tracy Aspel RN, BSN, Chief Nursing Officer (via Zoom)  
Will Timbers MD, Interim Chief Medical Officer (via Zoom)  
Stacey Brown MD, Chief of Staff  
Keith Collins, General Legal Counsel

ABSENT                             Kevin S. Flanigan MD, MBA, Chief Executive Officer

OPPORTUNITY FOR  
PUBLIC COMMENT                Ms. Turner stated at this time persons in the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of 3 minutes each. Comments were heard from Chief of Staff Stacey Brown, MD.

ADJOURNMENT TO  
CLOSED SESSION                At 5:37 pm Ms. Turner reported the meeting would adjourn to Closed Session to allow the District Board of Directors to discuss:  
- Public Employee Performance Evaluation (*Government Code Section 54957(b)*) title: Chief Executive Officer

RETURN TO OPEN  
SESSION AND REPORT  
OF ACTION TAKEN                At 6:46 pm the meeting returned to Open Session. Ms. Turner reported the District Board of Directors voted 5 to 0 to terminate the contract of Chief Executive Officer Kevin S. Flanigan MD, MBA pursuant to his Employment Agreement, without cause, effective May 4 2020. Ms. Turner stated the District wished to clarify that any reports that alleged that Dr. Flanigan was accused of embezzlement are false and untrue. The investigation that was conducted focused on financial and operational issues, and was never about embezzlement. The District will be moving in a new direction and wishes Dr. Flanigan the best in his future endeavors.

GOVERNANCE  
ASSESSMENT AND  
UPDATE                            Ms. Turner also reported the Board will continue to work with Jim Rice with Gallagher Associates on governance assessment and education, and will schedule a Zoom meeting with him in the near future. Mr. Rice will contact the District Board in the near future regarding completion of a Board of Directors self-assessment as the next step going forward. Director Veenker requested that format for the next Board self-assessment include a comment opportunity following every response that is given.

ADJOURNMENT

The meeting was adjourned at 6:53pm.

\_\_\_\_\_  
Jean Turner, Chair

Attest:

\_\_\_\_\_  
Jody Veenker, Secretary

May 5, 2020

Board of Directors  
Northern Inyo Healthcare District  
Bishop, California

Dear Members of the Board:

We have audited the financial statements of Northern Inyo Healthcare District (the "District") and its discretely presented component unit for the year ended June 30, 2019, and have issued our report thereon dated May 5, 2020. Professional standards require that we provide you with the following information related to our audit.

#### **Our Responsibility Under Auditing Standards Generally Accepted in the United States**

As stated in our engagement letter dated May 9, 2019, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States (GAAP). Our audit of the financial statements does not relieve you or management of your responsibilities.

#### **Supplementary Information Accompanying Audited Financial Statements**

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with GAAP, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

#### **Other Information in Documents Containing Audited Financial Statements**

The auditor's responsibility for other information in documents containing audited financial statements does not extend beyond the financial information identified in our report, and we have no obligation to perform any procedures to corroborate other information contained in a document. Our responsibility is to read the other information and consider whether such information, or the manner of its presentation, is materially inconsistent with information, or the manner of its presentation, appearing in the financial statements. We are not aware of any documents or other information containing audited financial statements and, furthermore, management has not requested us to devote attention to any documents containing audited financial statements.

### **Planned Scope and Timing of the Audit**

We performed the audit according to the planned scope and timing previously communicated to your representative, John Tremble CFO, in addition to our engagement letter dated May 9, 2019, accepted by Mr. Tremble.

### **Qualitative Aspects of Accounting Practices**

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2019, except for the adoption of Governmental Accounting Standards Board Statement No. 87 regarding accounting for lease arrangements. The changes resulting from the implementation of this standard have been accounting for prospectively with no changes to the previously reported amounts of net position.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- The adequacy of the allowance for accounts receivable is one of the most subjective estimates affecting the financial statements. The allowance for accounts receivable is maintained at a level, which management believes is adequate to provide for possible write-offs. Management periodically evaluates the adequacy of the allowance using the District's past bad debt experience, known and inherent risks in accounts receivable, current economic conditions, and other relevant factors. We evaluated the key factors and assumptions used to develop the allowance for accounts receivable in determining that it is reasonable in relation to the financial statements taken as a whole.
- The contractual adjustments on accounts receivable is also an estimate that is maintained at levels management believes are adequate to provide for the contractual discounts on accounts receivable from third-party payors. Management periodically evaluates the adequacy of the contractual adjustments using the District's past experience with the third-party payors, current third-party payor contracts, and other relevant factors. We evaluated the key factors and assumptions used to develop the contractual adjustments on accounts receivable after audit adjustments in determining that is reasonable in relation to the financial statements taken as a whole.
- The estimated final settlements on the Medicare cost reports and Medi-Cal cost reports are based on audits conducted by the fiscal intermediary. Management periodically evaluates the adequacy of the balance using the District's experience, known and inherent risks in the preparation of these cost reports, and risks associated with doing business in the health care industry. We reviewed the estimated settlements recorded for each open year to determine the reasonableness of the estimates based on the results of previous audits by the fiscal intermediary.



### **Qualitative Aspects of Accounting Practices (Continued)**

- The adequacy of the reserve for self-funded health insurance claims is also subjective. The reserve for health insurance claims is maintained at a level, which management believes is adequate to cover claims incurred during the year ended June 30, 2019, but not paid until after year ended June 30, 2019. Management periodically evaluates the reserve using the District's past experience, known claims, and other relevant factors. We evaluated the key factors and assumptions used to develop the reserve for health insurance claims in determining that it is reasonable in relation to the financial statements.
- The adequacy of the estimated asset and liability for the net pension assets and net pension obligation is subjective and contingent upon the assumptions used in the actuarial study and roll forward of that study to the reporting date. We evaluated key factors and assumptions used to develop the net pension obligation, and the related deferred outflows and inflows, in determining that they are reasonable in relation to the financial statements.

The disclosures in the financial statements are neutral, consistent, and clear. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements are as follows:

- The disclosure of reimbursement arrangements with third-party payors in Note 2 of the financial statements.
- The disclosure of retirement plans in Note 12 of the financial statements.

### **Difficulties Encountered in Performing the Audit**

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### **Corrected and Uncorrected Misstatements**

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements.

A schedule of the audit adjustments to the financial statements accompanies this letter.

### **Disagreements with Management**

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### **Management Representations**

We have requested certain representations from management that are included in the management representation letter dated May 5, 2020, a copy of which accompanies this letter.

### **Management Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. To our knowledge, management has not obtained any opinions from other independent accountants on the application of GAAP that would affect the District's financial statements or on the type of opinion that may be rendered on the financial statements.

### **Other Audit Findings or Issues**

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors for the preceding year. However, these discussions occurred in the normal course of our professional relationship and our responses were not, in our judgment, a condition of our retention.

### **Internal Control Matters**

In planning and performing our audit of the financial statements of the District and its component unit as of and for the year ended June 30, 2019, in accordance with auditing standards generally accepted in the United States, we considered District's internal control over financial reporting ("internal control") as a basis for designing our auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control.

Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, significant deficiencies and material weaknesses may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be significant deficiencies or material weaknesses.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis.

*We consider the following deficiency in internal control to be a significant deficiency:*

A client's internal control over financial reporting does not end at the general ledger, but extends to the financial statements and notes. As part of our professional services for the year ended June 30, 2019, we assisted in drafting the basic financial statements and related notes. We assisted with adding Pioneer Home Health Care, Inc. as a blended component unit to the audited financial statements; this condition is included in this internal control matter.

### Internal Control Matters (Continued)

*We consider the following deficiencies in internal control to be material weaknesses:*

#### Manual Journal Entry Processing

We observed a lack of documentation for the initiation or approval of manual journal entries. We observed no routine documentation of review and approval of manual journal entries prepared by certain members of management posted during the year.

#### Information Systems

We observed instances of the enterprise information system allowing for duplicate revenue entries for the same transaction or group of transactions, if unchecked. This includes, but is not necessarily limited to, pharmacy revenue entries. Management has implemented a review process for all pharmacy transactions in order to mitigate the risk of misstatement prospectively.

#### Reconciliation of Material Accounts

The following accounts were not reconciled at year-end, which resulted in material journal adjustments identified through our audit procedures:

- Net position entry was required to include prior year audit entries. Recording all proposed and management-accepted audit journal entries ensures the Board of Directors has an accurate interim financial statement after audit completion.
- Cash reconciliation entry was necessary due to unreconciled cash accounts at year-end. Reconciling cash, monthly, will ensure appropriate use and tracking of District assets as well as accurate interim financial statements.
- Pharmacy accounts receivable for 340B revenue. The pharmacy accounts receivable should be reconciled monthly in order to track outstanding receivables from third-party vendor.
- Accounts payable reconciliation required adjustment to agree general journal balance to accounts payable detail.
- Due to third-party reimbursement programs required adjustments to correctly account for activity with third-party payor settlements.

Board of Directors  
Northern Inyo Healthcare District  
Page 6  
May 5, 2020

**Other**

We appreciate the opportunity to be of service to the District.

This communication is intended solely for the information and use of the Board of Directors and, if appropriate, management and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

*Wipfli LLP*

Wipfli LLP

Enc.

May 5, 2020

Wipfli LLP  
505 Fourteenth St., Fifth floor  
Oakland, California 94612

This representation letter is provided in connection with your audits of the financial statements of Northern Inyo Healthcare District (the District) and its discretely presented component unit, which comprise the statements of net position as of June 30, 2019 and 2018, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements for the purpose of expressing opinions as to whether the financial statements are presented fairly, in all material respects in accordance with accounting principles generally accepted in the United States (GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief as of date of this letter, the following representations made to you during your audits.

#### Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated May 9, 2019.
2. The financial statements referred to above are fairly presented in conformity with GAAP.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

5. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
6. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of GAAP.
7. All events subsequent to the date of the financial statements and for which GAAP requires adjustment or disclosure have been adjusted or disclosed.
8. We agree with the adjusting journal entries proposed by you and which are given effect to in the financial statements.
9. You did not communicate to us and we are not aware of any uncorrected misstatements.
10. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
11. Material concentrations have been properly disclosed in accordance with GAAP.
12. Guarantees, whether written or oral, under which the District is contingently liable, have been properly recorded or disclosed in accordance with GAAP.

#### Information Provided

13. We have provided you with:
  - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
  - b. Additional information that you have requested from us for the purpose of the audit.
  - c. Unrestricted access to persons within the District from whom you determined it necessary to obtain audit evidence.
14. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
15. We have no knowledge of any fraud or suspected fraud affecting the District involving:
  - a. Management.

- b. Employees who have significant roles in internal control.
  - c. Others where the fraud could have a material effect on the financial statements.
16. We have no knowledge of any allegations of fraud or suspected fraud affecting the District's financial statements communicated by employees, former employees, grantors, regulators, or others, except the Board of Directors hired a forensic accountant and conducted an investigation into financial matters following the administrative actions taken against the District's former CEO and CFO. The forensic accountant's report and the Board of Director's conclusions resulting from the investigation have been provided to you in their entirety.
17. We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements. Specifically:
- a. There are no violations or possible violations of laws or regulations, such as those related to the Medicare and Medicaid antifraud and abuse statutes, including but not limited to the Medicare and Medicaid Anti-Kickback Statute, Limitations on Certain Physician Referrals (the Stark law), and the False Claims Act, in any jurisdiction, whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements.
  - b. Billings to third-party payors comply in all material respects with applicable coding guidelines (for example, ICD-10-CM and CPT-4) and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies, if required; and properly rendered.
  - c. There have been no communications (oral or written) from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction (including those related to the Medicare and Medicaid antifraud and abuse statutes), deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.
18. Receivables recorded in the financial statements represent valid claims for charges arising on or before the balance sheet date and have been appropriately reduced to their estimated net realizable value as follows:
- a. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to prospective payment system assignments.

- b. Recorded valuation allowances are necessary, appropriate, and properly supported.
  - c. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available to you.
19. Provision has been made, when material, for estimated retroactive adjustments by third-party payors under reimbursement agreements. In regards to cost reports filed with third-parties:
- a. All required Medicare, Medicaid, and similar reports have been properly filed on a timely basis.
  - b. Management is responsible for the accuracy and propriety of all cost reports filed.
  - c. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payors.
  - d. The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.
  - e. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
  - f. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
  - g. Recorded third-party settlements include differences between filed (and to be filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. While management believes the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.
20. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
21. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with GAAP.
22. We have disclosed to you the identity of the District's related parties and all the related party relationships and transactions of which we are aware.



23. Provisions have been made for losses to be sustained in the fulfillment of, or from inability to fulfill, any sales commitments.
24. Provisions have been made for losses to be sustained as a result of purchase commitments for inventory quantities in excess of normal requirements or at prices in excess of the prevailing market prices.
25. Provisions have been made for losses to be sustained as a result of the reduction of excess or obsolete inventories to their estimated net realizable value.
26. Provisions have been made for losses which may be sustained in the collection of notes receivable.
27. Inventories fairly represent the value of inventories at average cost on the first-in, first-out method, or net-realizable value.
28. The District has properly classified equity securities with readily determinable fair values and all debt securities as other-than-trading securities and reported these investments at fair value.
29. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
30. The District has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any material asset been pledged, except as disclosed in the notes to the financial statements.
31. The District has complied with all aspects of contractual agreements, including debt agreements, that would have a material effect on the financial statements in the event of noncompliance.
32. The District is in compliance with bond and/or debt covenants.
33. For each of the District's outstanding bond issues, the District is in compliance with post issuance requirements, as specified in the Internal Revenue Code, including, but not limited to, the areas of arbitrage and private business use.
34. The District has maintained an appropriate composition of net position in amounts needed to comply with all donor restrictions.
35. The District has classified net position as unrestricted, net investment in capital assets, or restricted based on its assessment. Reclassifications between net position classes are proper.

36. The internal controls over receipt and recording of received contributions are adequate.
37. The allocation of functional expenses reported in the notes to the financial statements is reasonable based on the District's current operations.
38. The District has identified all accounting estimates that could be material to the financial statements, including the key factors and significant assumptions underlying those estimates, and I believe the estimates are reasonable in the circumstances.
39. There are no estimates that may be subject to a material change in the near term that have not been properly disclosed in the financial statements. We understand that near term means the period within one year of the date of the financial statements. In addition, we have no knowledge of concentrations existing at the date of the financial statements that make the District vulnerable to the risk of severe impact that have not been properly disclosed in the financial statements.
40. The District is not subject to the requirements of *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)* because it did not expend more than \$750,000 in federal awards during the year.
41. We acknowledge our responsibility for presenting the combining statements of net position of the district and component units, the combining statements of revenues, expenses, and changes in net position of the district and component units, and statistical information, in accordance with GAAP, and we believe the combining statements of net position of the district and component units, the combining statements of revenues, expenses, and changes in net position of the district and component units, and statistical information, including its form and content, is fairly presented in accordance with GAAP. The methods of measurement and presentation of the combining statements of net position of the district and component units, the combining statements of revenues, expenses, and changes in net position of the district and component units, and statistical information, have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplementary information.

Sincerely,

Northern Inyo Healthcare District



Jean Turner - Chair, Board of Directors



Kelli Davis - Interim CEO

**Northern Inyo County Local Hospital District**  
 Year End: June 30, 2019  
 AJE  
 Date: 7/1/2018 To 6/30/2019

AJE		
Started	Completed	Reviewed
Partner	RAK 11/6/2018	DI 11/12/2019
30 1/15/2020	Concurring	

Number	Date	Name	Account No	Reference	Debit	Credit	Net Income (Loss)	Amount Chg	Recurrence	Misstatement
Net Income (Loss) Before Adjustments							(317,686.00)			
AJE.1	6/30/2019	Accounts Payable - Other	200300 HOSP	CFD.LTD.117	1,540,903.00					
AJE.1	6/30/2019	Intuitive Surgical Capital Lease	210900 HOSP	CFD.LTD.117	252,151.00					
AJE.1	6/30/2019	Intuitive Surgical Capital Lease	210900 HOSP	CFD.LTD.117		1,717,360.00				
AJE.1	6/30/2019	Intuitive Surgical Capital Lease-Current Portion	210910 HOSP	CFD.LTD.117		252,151.00				
AJE.1	6/30/2019	Sales Tax & Freight	730300 HOSP	CFD.LTD.117	13,201.00					
AJE.1	6/30/2019	Equipment Lease	752100 HOSP	CFD.LTD.117	147,893.00					
AJE.1	6/30/2019	Interest Leases Exp	755800 HOSP	CFD.LTD.117	15,363.00					
Intuitive Surgical Capital lease reclass					1,969,511.00	1,969,511.00	(494,143.00)	(176,457.00)		
AJE.2	6/30/2019	Accounts Payable - Other	200300 HOSP	CFD.LTD.118	343,161.00					
AJE.2	6/30/2019	7 Medical Capital Lease	211100 HOSP	CFD.LTD.118		354,873.00				
AJE.2	6/30/2019	7 Medical Capital Lease	211100 HOSP	CFD.LTD.118	57,144.00					
AJE.2	6/30/2019	7 Medical Capital Lease-current portion	211101 HOSP	CFD.LTD.118		57,144.00				
AJE.2	6/30/2019	Other Professional Service	711300 HOSP	CFD.LTD.118	26,417.00					
AJE.2	6/30/2019	Other Professional Service	711300 HOSP	CFD.LTD.118		37,311.00				
AJE.2	6/30/2019	Interest Leases Exp	755800 HOSP	CFD.LTD.118	6,265.00					
AJE.2	6/30/2019	Repairs/Maintenance	760100 HOSP	CFD.LTD.118	16,341.00					
7 Medical Capital Lease reclass					449,328.00	449,328.00	(505,855.00)	(11,712.00)		
AJE.5	6/30/2019	US Bank	100100 HOSP	A1		9.00				
AJE.5	6/30/2019	MUFG General Checking	102000 HOSP	A1	12,378.00					
AJE.5	6/30/2019	ESCB General Checking	102400 HOSP	A1		15.00				
AJE.5	6/30/2019	Equipment Expense	728100 HOSP	A1		12,354.00				
AJE.5	6/30/2019	PMA CASH	W110000 PMA-CU	A1		26,496.00				
AJE.5	6/30/2019	El Dorado Checking Account	W130000 AUX	A1	877.00					
AJE.5	6/30/2019	PMA GROSS RENTS	W410000 PMA-CU	A1	26,496.00					
AJE.5	6/30/2019	Gifts	W430001 AUX	A1		877.00				
IMM Entry to true up cash to reconciled balances					39,751.00	39,751.00	(519,120.00)	(13,265.00)		
AJE.6	6/30/2019	PMA Partnership	193000 HOSP		121,272.00					
AJE.6	6/30/2019	Investment Income	861100 HOSP			121,272.00				
True up PMA partnership balance										Judgmental

5/8/2020  
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**Northern Inyo County Local Hospital District**  
 Year End: June 30, 2019  
 AJE  
 Date: 7/1/2018 To 6/30/2019

AJE-1

Started	Completed	Reviewed
Partner	Concurring	
03/1/15/2020		03/11/12/2019

Number	Date	Name	Account No	Reference	Debit	Credit	Net Income (Loss)	Amount Chg	Recurrence	Misstatement
					121,272.00	121,272.00	(397,848.00)	121,272.00		
AJE.7	6/30/2019	Other Current Lease - Current Portion	210800 HOSP	AA1	18,089.00					
AJE.7	6/30/2019	Misc. Expenses	729300 HOSP	AA1		18,089.00				
		To adjust the carryforward amount of the GE Gov't finance lease.								Factual
					18,089.00	18,089.00	(379,759.00)	18,089.00		
AJE.8	6/30/2019	MUFG General Checking	102000 HOSP	SS.1/SS. 98	1,454,944.00					
AJE.8	6/30/2019	Retained Earnings	290100 HOSP	SS.1/SS. 98		1,343,411.00				
AJE.8	6/30/2019	Contractual Adjustment	500100 HOSP	SS.1/SS. 98		111,533.00				
AJE.8	6/30/2019	PMA UNRESTRICTED	W312000 PMA-CU	SS.1/SS. 98	34,421.00					
AJE.8	6/30/2019	PMA GROSS RENTS	W410000 PMA-CU	SS.1/SS. 98		34,421.00				
		To correct opening balance of net position								Factual
					1,489,365.00	1,489,365.00	(233,805.00)	145,954.00		
PBC.1	6/30/2019	MUFG General Checking	102000 HOSP	B3. 1	500,000.00					
PBC.1	6/30/2019	ST Investment - LAIF	115000 HOSP	B3. 1		500,000.00				
		PBC to record returned wire correction.								
					500,000.00	500,000.00	(233,805.00)	0.00		
PBC.2	6/30/2019	Accounts Receivable	120100 HOSP	PBC. 3		1,484,248.00				
PBC.2	6/30/2019	Contractual Allowance for A/R	120104 HOSP	PBC. 3	942,052.00					
PBC.2	6/30/2019	Patient Revenue	300100 HOSP	PBC. 3	1,484,248.00					
PBC.2	6/30/2019	Contractual Adjustment	500100 HOSP	PBC. 3		942,052.00				
		To adjust overstated pharmacy revenue								
					2,426,300.00	2,426,300.00	(776,001.00)	(542,196.00)		
PBC.3	6/30/2019	Accounts Receivable	120100 HOSP	PBC. 3						
PBC.3	6/30/2019	Contractual Allowance for A/R	120104 HOSP	PBC. 3						
PBC.3	6/30/2019	Other Receivables	125200 HOSP	PBC. 3		3,992.00				
PBC.3	6/30/2019	Prepaid Expenses	141100 HOSP	PBC. 3		6,549.00				
PBC.3	6/30/2019	Accounts Payable - Accrued Liability	200010 HOSP	PBC. 3		232,656.00				
PBC.3	6/30/2019	Accounts Payable - Other	200300 HOSP	PBC. 3	21,788.00					
PBC.3	6/30/2019	Patient Revenue	300100 HOSP	PBC. 3						
PBC.3	6/30/2019	Contractual Adjustment	500100 HOSP	PBC. 3						

5/8/2020  
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**Northern Inyo County Local Hospital District**

Year End: June 30, 2019

AJE

Date: 7/1/2018 To 6/30/2019

AJE-2

Started	Completed	Reviewed
Partner	RAK 11/6/2019	D1 11/12/2019
5/8/15/2020	Concurring	

Number	Date	Name	Account No	Reference	Debit	Credit	Net Income (Loss)	Amount Chg	Recurrence	Misstatement
PBC.3	6/30/2019	Pro Fees - Physicians	705000 HOSP	PBC. 3	178,078.00					
PBC.3	6/30/2019	Other Professional Service	711300 HOSP	PBC. 3	1,350.00					
PBC.3	6/30/2019	Physician Related Expense	730500 HOSP	PBC. 3	28,228.00					
PBC.3	6/30/2019	Equipment Lease	752100 HOSP	PBC. 3	10,488.00					
PBC.3	6/30/2019	Repairs/Maintenance	760100 HOSP	PBC. 3		16,341.00				
PBC.3	6/30/2019	Utilities Phone/Internet	770500 HOSP	PBC. 3	130.00					
PBC.3	6/30/2019	Interpreter Services Revenue	850000 HOSP	PBC. 3	19,476.00					
PBC - To record various adjustments posted by the hospital as a result of fieldwork.					259,538.00	259,538.00	(997,410.00)	(221,409.00)		
PBC.4	6/30/2019	Incentive Income	350100 HOSP			1,332,957.00				
PBC.4	6/30/2019	Other Oper Rev - M/Cal Newly Eligible OP Income	383100 HOSP		882,577.00					
PBC.4	6/30/2019	Other Oper Rev - M/Cal Newly Eligible OP Income	383100 HOSP		822,577.00					
PBC.4	6/30/2019	Other Oper Rev - M/Cal TR Supp OP Income	383200 HOSP		450,380.00					
PBC.4	6/30/2019	Other Oper Rev - M/Cal TR Supp OP Income	383200 HOSP			822,577.00				
PBC - AB915 Receipt Correction					2,155,534.00	2,155,534.00	(997,410.00)	0.00		
					0.00	0.00	(997,410.00)	0.00		
RJE.4	6/30/2019	Patient Revenue	300100 HOSP	PL.1, TAB 2	119,480,696.00					
RJE.4	6/30/2019	Incentive Income	350100 HOSP	PL.1, TAB 2						
RJE.4	6/30/2019	Patient Revenue - Outpatient	300100W HOSP	PL.1, TAB 2		119,480,696.00				
To reclass outpatient revenue for financial statement presentation purposes.					119,480,696.00	119,480,696.00	(997,410.00)	0.00		
RJE.5	6/30/2019	Accounts Payable - Other	200300 HOSP	AA1	90,342.00					
RJE.5	6/30/2019	Orchard Software Capital Lease	211000 HOSP	AA1		95,324.00				
RJE.5	6/30/2019	ORCHARD LEASE OBLIGATION - CURRENT POR	211010 HOSP	AA1		67,898.00				
RJE.5	6/30/2019	Interest Leases Exp	755800 HOSP	AA1	72,880.00					
To correct LTD/Orchard Lease					163,222.00	163,222.00	(1,070,290.00)	(72,880.00)		
AJE.600	6/30/2019	MUFG General Checking	102000 HOSP	PBC. 4		1,332,957.00				

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**Northern Inyo County Local Hospital District**

Year End: June 30, 2019

AJE

Date: 7/1/2018 To 6/30/2019

AJE-3

Started	Completed	Reviewed
Partner	RAK 11/6/2018	DI 11/12/2019
03 1/15/2020	Concurring	

Number	Date	Name	Account No	Reference	Debit	Credit	Net Income (Loss)	Amount Chg	Recurrence	Misstatement
AJE.600	6/30/2019	Incentive Income	350100 HOSP	PBC. 4	1,332,957.00					
		** PBC ** MEDI CAL RECEIPT DUPLICATION REVERSAL								
					1,332,957.00	1,332,957.00	(2,403,247.00)	(1,332,957.00)		
AJE.601	6/30/2019	Accum Depr - Major Movable Equip	156100 HOSP	PBC. 7	29,046.00					
AJE.601	6/30/2019	Depreciation Expense - Major Movable Equipment	751200 HOSP	PBC. 7		29,046.00				
		PBC - To reverse duplicate transaction								
					29,046.00	29,046.00	(2,374,201.00)	29,046.00		
AJE.602	6/30/2019	Accounts Payable - Accrued Liability	200010 HOSP	PBC. 8		58,929.00				
AJE.602	6/30/2019	Workers Comp	620300 HOSP	PBC. 8	58,929.00					
		PBC - Worker's comp accrual								
					58,929.00	58,929.00	(2,433,130.00)	(58,929.00)		
AJE.603	6/30/2019	Medicare Settlement 18/19	125205 HOSP	MM21	2,205,069.00					
AJE.603	6/30/2019	Medicare Settlement Income/Expense	540100 HOSP	MM21		2,205,069.00				
		PBC - to record MCR settlement receivable								
					2,205,069.00	2,205,069.00	(228,061.00)	2,205,069.00		
AJE.604	6/30/2019	Medi-Cal Settlement, 13/14	251200 HOSP	MM20	382,330.00					
AJE.604	6/30/2019	Medi-Cal Settlement, 14/15	251210 HOSP	MM20	682,594.00					
AJE.604	6/30/2019	Medicare Settlement 18/19 - RHC	251300 HOSP	MM20	135,506.00					
AJE.604	6/30/2019	Medicare Settlement Income/Expense	540100 HOSP	MM20		135,506.00				
AJE.604	6/30/2019	Medicaid Settlement Income/Expense	541100 HOSP	MM20		1,064,924.00				
		*PBC* AB-715 audit adj								
					1,200,430.00	1,200,430.00	972,369.00	1,200,430.00		
AJE.605	6/30/2019	Other Receivables - IPS	125800 HOSP	MM19						
AJE.605	6/30/2019	Medicare Settlement 18/19	251160 HOSP	MM19		413,925.00				
AJE.605	6/30/2019	Medicare Settlement 18/19	251160 HOSP	MM19						
AJE.605	6/30/2019	Medicare Settlement Income/Expense	540100 HOSP	MM19	413,925.00					
		*PBC* To establish reserve for MCR 18/19								

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**Northern Inyo County Local Hospital District**  
 Year End: June 30, 2019  
 AJE  
 Date: 7/1/2018 To 6/30/2019

AJE-4

Started	Completed	Reviewed
Partner	RAK 11/6/2019	DI 11/12/2019
03 1/15/2020	Concurring	

Number	Date	Name	Account No	Reference	Debit	Credit	Net Income (Loss)	Amount Chg	Recurrence	Misstatement
					413,925.00	413,925.00	558,444.00	(413,925.00)		
AJE.606	6/30/2019	Accounts Payable - Accrued Liability	200010 HOSP	PBC. 9		46,171.00				
AJE.606	6/30/2019	Medical Service	712110 HOSP	PBC. 9	46,171.00					
		PBC - To accrue Labcorp Expense								Factual
					46,171.00	46,171.00	512,273.00	(46,171.00)		
AJE.607	6/30/2019	Accounts Payable - Accrued Liability	200010 HOSP	PBC.10		26,220.00				
AJE.607	6/30/2019	Equipment Lease	752100 HOSP	PBC.10	26,220.00					
		PBC - Intuitive lease exp correction								Factual
					26,220.00	26,220.00	486,053.00	(26,220.00)		
AJE.608	6/30/2019	Other Receivables	125200 HOSP	PBC.11A&B	12,427.00					
AJE.608	6/30/2019	Other Receivables	125200 HOSP	PBC.11A&B		11,199.00				
AJE.608	6/30/2019	Other Professional Service	711300 HOSP	PBC.11A&B		257.00				
AJE.608	6/30/2019	Other Professional Service	711300 HOSP	PBC.11A&B		670.00				
AJE.608	6/30/2019	Interpreter Services Revenue	850000 HOSP	PBC.11A&B		12,684.00				
AJE.608	6/30/2019	Interpreter Services Revenue	850000 HOSP	PBC.11A&B		11,869.00				
		PBC - HCIN Correction								Factual
					24,553.00	24,553.00	509,679.00	23,826.00		
AJE.610	6/30/2019	Major Movable Equipment	151100 HOSP	AA5		137,563.00				
AJE.610	6/30/2019	Accounts Payable - Other	200300 HOSP	AA5	54,724.00					
AJE.610	6/30/2019	Intuitive Surgical Capital Lease-Current Portion	210910 HOSP	AA5		37,858.00				
AJE.610	6/30/2019	Orchard Software Capital Lease	211000 HOSP	AA5	83,391.00					
AJE.610	6/30/2019	ORCHARD LEASE OBLIGATION - CURRENT POR	211010 HOSP	AA5		2,462.00				
AJE.610	6/30/2019	7 Medical Capital Lease	211100 HOSP	AA5	30,338.00					
AJE.610	6/30/2019	7 Medical Capital Lease-current portion	211101 HOSP	AA5		729.00				
AJE.610	6/30/2019	Interest Leases Exp	755800 HOSP	AA5	10,159.00					
		Minor PBC corrections to amortization calendars:								
					178,612.00	178,612.00	499,520.00	(10,159.00)		
AJE.611	6/30/2019	Medicare Settlement 17/18	251150 HOSP	MM. 6	1,414,133.00					
AJE.611	6/30/2019	Medicare Settlement Income/Expense	540100 HOSP	MM. 6		1,414,133.00				
		** PBC ** Lump sum correction								

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**Northern Inyo County Local Hospital District**

Year End: June 30, 2019

AJE

Date: 7/1/2018 To 6/30/2019

AJE-5

Started	Completed	Reviewed
Partner	RAK 11/6/2019	DI 11/12/2019
03 1/15/2020	Concurring	

Number	Date	Name	Account No	Reference	Debit	Credit	Net Income (Loss)	Amount Chg	Recurrence	Misstatement
Trans 2784										
					1,414,133.00	1,414,133.00	1,913,653.00	1,414,133.00		
AJE.612	6/30/2019	Medicare Settlement 18/19	125205 HOSP	MM 1		108,532.00				
AJE.612	6/30/2019	Medicare Settlement Income/Expense	540100 HOSP	MM 1	108,532.00					
		To reduce 2019 Medicare Cost Report receivable to agree to tentative settlement (MM19)								
					108,532.00	108,532.00	1,805,121.00	(108,532.00)		
AJE.613	6/30/2019	Other Receivables - IPS	125800 HOSP	D.52		328,000.00				
AJE.613	6/30/2019	Medicare Settlement Income/Expense	540100 HOSP	D.52	328,000.00					
		** PBC Trans No 2785 ** To remove receivable improperly posted as a result of lump sum payment								
					328,000.00	328,000.00	1,477,121.00	(328,000.00)		
					136,439,183.00	136,439,183.00	1,477,121.00	1,794,807.00		

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