Northern Inyo Healthcare District

Board Meetings

January 17, 2024 Regular Board of Directors Meeting

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

AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

January 17, 2024 at 5:30 p.m.
Northern Inyo Healthcare District invites you to join this meeting:

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

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

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

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

B. Appoint Board Members to Governance Standing Committee (*Board Chair will appoint 2 Board members per committee and Board will vote (action item))*

C. Appoint Board Members to Ad Hoc Committee
   a. Community Benefit Committee *(Board Chair will appoint 2 Board members and Board will vote (action item))*

D. Chief Executive Officer Report *(Board will receive this report)*
   a. Growth
   b. CFO Search
   c. Keenan Breach

E. Chief Financial Officer Report
   a. Financial & Statistical Reports *(Board will consider the approval of these reports*)
   b. Revenue Cycle
   c. Cash Collections

F. Chief of Staff Report, Sierra Bourne MD:
   a. Locum Tenens – 120 day extension *(Board will consider the approval of these extensions)*

      1.Karvier Yates, MD (Anesthesiology)

      2.Marcus Vieira, DO (Anesthesiology)

      3.Cathy Xu, MD (Pediatrics)

   b. Policies (*Board will consider the approval of these Policies and Procedures*)
      1. Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)
      2. Standardized Protocol – Laboratory and Diagnostic Testing Policy
      3. Standardized Protocol – Management of Acute Illness
      4. Standardized Protocol – Management of Chronic Illness
      5. Standardized Protocol – Management of Minor Trauma
      6. Standardized Protocol – Medication / Device Policy
   c. Medical Executive Committee Report *(Board will receive this report)*

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

   A. Approval of minutes of the December 20, 2023 Regular Board Meeting *(Board will consider the approval of these minutes)*

B. Department Reports *(Board will consider the approval of these reports)*
C. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures)*
    a. Investment Annual Plan
    b. Billing and Collections
    c. Pricing Transparency Policy
    d. Hospital Accounts
    e. Wages – Punch Detail Report (06-01)
    f. Benefits – Lifetime Benefit Hours (LBH)
    g. Worker Housing Policy
    h. Wages – Payroll Deductions (06-03
    i. Shift Differential
    j. Payroll Advances
    k. Assignments and Garnishments

D. General Information from Board Members (*Board will provide this information*)
E. Adjournment

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

Northern Inyo Healthcare District
Income Statement
Fiscal Year 2024

	9/30/2023	9/30/2022	10/31/2023	10/31/2022	11/30/2023	11/30/2022	2024 YTD	2023 YTD	YOY Change
Gross Patient Service Revenue									
Inpatient Patient Revenue	3,530,592	1,938,350	3,277,300	2,813,064	3,424,188	3,474,955	17,266,921	15,608,606	(50,767)
Outpatient Revenue	12,209,645	11,643,340	14,790,086	12,337,627	12,912,788	12,582,796	68,406,086	60,657,961	329,992
Clinic Revenue	1,455,030	1,298,041	1,599,317	1,312,937	1,643,491	1,616,268	7,693,507	6,620,933	27,223
Gross Patient Service Revenue	17,195,267	14,879,730	19,666,703	16,463,628	17,980,468	17,674,019	93,366,513	82,887,499	306,449
Deductions from Revenue									-
Contractual Adjustments	(4,068,387)	(6,082,559)	(9,911,289)	(9,137,803)	(8,433,073)	(8,553,896)	(39,962,763)	(37,268,087)	120,823
Bad Debt	(625,969)	(1,268,812)	(421,557)	589,809	(957,743)	(134,138)	(3,962,832)	(3,478,983)	(823,606)
A/R Writeoffs	(784,171)	(739,907)	(289,298)	(325,216)	(295,322)	(338,106)	(2,418,337)	(2,498,741)	42,784
Other Deductions from Revenue	-	-	-	950	-	17,166	-	449,028	(17,166)
Deductions from Revenue	(5,478,527)	(8,091,278)	(10,622,143)	(8,872,259)	(9,686,138)	(9,008,974)	(46,343,932)	(42,796,784)	(677,164)
Other Patient Revenue									-
Incentive Income	-	-	-	-	-	-	-	-	-
Other Oper Rev - Rehab Thera Serv	-	4,346	-	10,361	-	7,875	1,387	32,251	(7,875)
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-
Other Patient Revenue	-	4,346	-	10,361	-	7,875	1,387	32,251	(7,875)
Net Patient Service Revenue	**11,716,740**	**6,792,798**	**9,044,559**	**7,601,730**	**8,294,330**	**8,672,921**	**47,023,968**	**40,122,967**	**(378,591)**
CNR%	**68%**	**46%**	**46%**	**46%**	**46%**	**49%**	**50%**	**48%**	**-3%**
Cost of Services - Direct									-
Salaries and Wages	3,511,439	2,195,439	2,804,438	2,179,142	2,694,788	2,262,511	14,038,148	11,081,140	432,277
Benefits	1,284,353	1,801,034	1,679,949	1,669,695	1,536,819	1,754,398	7,522,009	8,992,896	(217,579)
Professional Fees	1,825,852	1,650,775	1,442,077	1,797,498	1,875,536	1,963,643	8,814,424	8,232,343	(88,107)
Contract Labor	657,327	1,451,288	278,108	1,024,423	263,663	1,493,476	1,997,523	5,247,015	(1,229,813)
Pharmacy	379,562	54,166	283,643	136,557	434,409	596,330	2,146,253	1,670,310	(161,921)
Medical Supplies	375,431	578,033	690,604	366,356	421,832	474,848	2,489,484	2,025,210	(53,017)
Hospice Operations	-	-	-	-	-	-	-	-	-
EHR System Expense	8,890	220,408	273,794	183,047	(1,122)	146,908	547,759	888,694	(148,029)
Other Direct Expenses	569,841	808,934	664,293	572,765	695,124	793,341	3,209,702	3,388,643	(98,217)
Total Cost of Services - Direct	8,612,694	8,760,076	8,116,905	7,929,482	7,921,050	9,485,455	40,765,302	41,526,251	(1,564,406)
									-
General and Administrative Overhead									-
Salaries and Wages	541,249	370,478	445,153	381,872	431,997	373,439	2,279,895	1,851,330	58,558
Benefits	226,122	316,570	275,400	1,160,994	267,702	302,169	1,268,335	2,448,154	(34,468)
Professional Fees	667,309	318,029	(5,392)	265,196	124,043	274,630	1,263,313	1,583,148	(150,587)
Contract Labor	43,254	92,958	93,075	57,021	(52,500)	156,142	213,565	388,563	(208,642)
Depreciation and Amortization	326,475	334,828	324,565	362,317	356,176	346,018	1,656,346	1,693,404	10,158
Other Administative Expenses	128,953	199,538	176,006	119,767	233,094	314,165	909,550	877,094	(81,071)
Total General and Administrative Overhead	1,933,362	1,632,402	1,308,807	2,347,167	1,360,512	1,766,564	7,591,003	8,841,692	(406,052)
Total Expenses	**10,546,056**	**10,392,477**	**9,425,712**	**10,276,649**	**9,281,562**	**11,252,019**	**48,356,305**	**50,367,943**	**(1,970,458)**
									-
Financing Expense	177,359	180,796	179,095	182,190	182,866	178,894	898,283	907,426	3,972
Financing Income	228,125	247,716	228,125	247,716	228,125	247,716	1,140,623	1,238,579	(19,591)
Investment Income	61,899	(18,154)	158,200	99,582	324,800	16,704	658,157	195,637	308,096
Miscellaneous Income	72,221	146,486	185,286	10,519	381,083	68,632	1,071,639	345,196	312,451
Net Income (Change is Financial Position)	**1,355,571**	**(3,404,427)**	**11,363**	**(2,499,292)**	**(236,090)**	**(2,424,941)**	**639,798**	**(9,372,990)**	**2,188,850**
Operating Income	1,170,684	(3,599,679)	(381,153)	(2,674,919)	(987,232)	(2,579,099)	(1,332,337)	(10,244,976)	1,591,867
Net Profit Margin	11.6%	-50.1%	0.1%	-32.9%	-2.8%	-28.0%	1.4%	-23.4%	25.1%
Operating Margin	10.0%	-53.0%	-4.2%	-35.2%	-11.9%	-29.7%	-2.8%	-25.5%	17.8%

Northern Inyo Healthcare District
Balance Sheet
Fiscal Year 2024

	PY Balances	7/31/2023	7/31/2022	8/31/2023	8/31/2022	9/30/2023	9/30/2022	10/31/2023	10/31/2022	11/30/2023	11/30/2022	YOY Change
Assets												
Current Assets												
Cash and Liquid Capital	17,525,946	19,768,284	8,260,905	18,008,863	9,033,146	18,771,541	7,095,805	15,130,616	8,362,653	9,784,681	7,944,312	1,840,369
Short Term Investments	10,497,077	10,513,789	24,254,218	10,555,533	24,248,339	10,555,533	21,741,818	10,658,191	21,873,055	8,158,191	19,367,377	(11,209,186)
PMA Partnership	-	-	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	15,430,119	13,605,084	22,573,731	13,668,526	22,319,458	15,119,591	22,244,291	18,412,645	19,941,094	20,460,545	20,904,497	(443,952)
Other Receivables	307,939	66,067	3,628,324	321,629	3,799,364	794,581	4,862,660	1,149,410	5,032,262	2,837,260	5,272,009	(2,434,749)
Inventory	5,159,474	5,120,179	3,116,641	5,099,597	3,111,028	5,155,489	3,075,988	5,210,947	3,071,145	5,211,962	3,077,236	2,134,726
Prepaid Expenses	1,960,680	2,321,465	1,466,831	2,821,462	1,431,968	2,326,052	1,332,692	2,377,751	1,027,946	2,269,168	1,389,372	879,796
Total Current Assets	**50,881,235**	**51,394,868**	**63,300,650**	**50,475,610**	**63,943,304**	**52,722,787**	**60,353,254**	**52,939,560**	**59,308,155**	**48,721,807**	**57,954,804**	**(9,232,996)**
Assets Limited as to Use												#VALUE!
Internally Designated for Capital Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,466,355	1,466,418	2,044,212	1,466,541	2,044,299	1,466,663	2,044,383	1,466,789	1,327,387	1,466,910	182,493	1,284,418
Limited Use Assets												-
LAIF - DC Pension Board Restricted	798,218	870,163	747,613	828,419	753,493	828,419	760,014	828,417	714,585	828,417	720,262	108,155
Other Patient Revenue	13,076,830	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	13,076,830	19,296,858	(6,220,028)
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-	-	-	-
Total Limited Use Assets	13,875,048	13,946,993	20,044,471	13,905,249	20,050,351	13,905,249	20,056,872	13,905,247	20,011,443	13,905,247	20,017,120	(6,111,873)
Revenue Bonds Held by a Trustee	923,902	918,195	1,105,984	912,490	1,100,247	752,501	1,090,633	746,796	1,085,089	760,392	1,079,366	(318,974)
Total Assets Limited as to Use	**16,265,305**	**16,331,607**	**23,194,667**	**16,284,281**	**23,194,897**	**16,124,414**	**23,191,888**	**16,118,832**	**22,423,918**	**16,132,549**	**21,278,979**	**(5,146,429)**
Long Term Assets												
Long Term Investment	2,767,655	2,776,508	2,274,959	2,783,284	2,777,201	2,790,423	2,741,517	2,797,561	2,731,432	3,057,305	2,729,926	327,378
Fixed Assets, Net of Depreciation	77,707,415	77,207,398	76,799,479	77,751,338	76,624,374	77,428,005	76,931,213	77,676,251	76,624,362	77,683,085	76,617,819	1,065,266
Total Long Term Assets	**80,475,070**	**79,983,907**	**79,074,438**	**80,534,623**	**79,401,575**	**80,218,428**	**79,672,730**	**80,473,812**	**79,355,794**	**80,740,390**	**79,347,746**	**1,392,644**
Total Assets	**147,621,610**	**147,710,381**	**165,569,755**	**147,294,513**	**166,539,776**	**149,065,629**	**163,217,871**	**149,532,205**	**161,087,867**	**145,594,746**	**158,581,528**	**(12,986,782)**
Liabilities												
Current Liabilities												
Current Maturities of Long-Term Debt	732,605	825,158	2,575,534	798,370	2,549,958	801,314	2,524,301	655,101	2,053,565	676,353	1,405,934	(729,581)
Accounts Payable	6,906,962	7,062,903	5,058,837	6,750,705	6,469,871	6,935,344	6,569,826	6,819,778	6,512,022	5,370,018	8,025,682	(2,655,664)
Accrued Payroll and Related	8,545,541	11,742,012	6,269,082	11,656,151	7,183,582	12,664,513	6,976,334	12,669,463	7,087,285	8,534,376	7,256,024	1,278,353
Accrued Interest and Sales Tax	85,509	169,971	145,639	244,123	252,061	96,606	321,777	166,957	126,986	240,254	17,172	223,082
Notes Payable	1,633,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	1,633,708	2,133,708	(500,000)
Unearned Revenue	(4,542)	(4,542)	1,160,535	(4,542)	468,063	(4,542)	468,063	(4,542)	468,063	(4,542)	468,063	(472,605)
Due to 3rd Party Payors	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	-
Due to Specific Purpose Funds	-	-	-	-	-	-	-	-	-	-	-	-
Other Deferred Credits - Pension	1,873,995	1,873,995	2,146,080	1,873,995	2,146,080	1,873,995	2,146,080	1,873,995	2,146,080	1,873,995	2,146,080	(272,085)
Total Current Liabilities	**20,467,025**	**23,996,452**	**20,182,661**	**23,645,757**	**21,896,570**	**24,694,185**	**21,833,337**	**24,507,707**	**21,220,955**	**19,017,409**	**22,145,909**	**(3,128,500)**
Long Term Liabilities												
Long Term Debt	33,455,530	33,455,530	33,455,947	33,455,530	33,455,947	32,730,530	33,455,947	32,730,530	33,455,947	31,715,530	32,310,948	(595,418)
Bond Premium	203,263	200,126	237,771	196,989	234,634	193,852	231,497	190,715	228,359	187,578	225,222	(37,645)
Accreted Interest	17,123,745	17,218,877	16,820,264	17,314,009	16,915,399	17,409,141	17,010,533	17,504,273	17,105,668	17,599,405	17,200,803	398,602
Other Non-Current Liability - Pension	47,257,663	47,257,663	47,950,740	47,257,663	47,950,740	47,257,663	47,950,740	47,257,663	48,813,068	47,257,663	48,813,068	(1,555,405)
Total Long Term Liabilities	**98,040,201**	**98,132,196**	**98,464,722**	**98,224,191**	**98,556,720**	**97,591,186**	**98,648,717**	**97,683,181**	**99,603,043**	**96,760,176**	**98,550,041**	**(1,789,866)**
Suspense Liabilities	-	-	-	-	-	-	-	-	-	-	-	-
Uncategorized Liabilities	44,693	44,693	451,476	36,944	709,722	36,944	763,396	68,644	790,738	107,118	837,281	(730,163)
Total Liabilities	**118,551,920**	**122,173,341**	**119,098,859**	**121,906,892**	**121,163,011**	**122,322,315**	**121,245,449**	**122,259,532**	**121,614,735**	**115,884,703**	**121,533,231**	**(5,648,528)**
Fund Balance												
Fund Balance	43,831,306	23,268,194	43,831,306	23,268,194	43,831,306	23,268,194	43,831,306	23,786,064	43,831,306	26,459,404	43,831,306	(17,371,902)
Temporarily Restricted	2,610,286	2,610,349	2,589,701	2,610,472	2,589,789	2,610,594	2,589,873	2,610,720	2,589,875	2,610,841	2,589,981	20,861
Net Income	(17,371,902)	(341,503)	49,888	(491,045)	(1,044,330)	864,526	(4,448,757)	875,889	(6,948,049)	639,798	(9,372,990)	10,012,788
Total Fund Balance	**29,069,690**	**25,537,040**	**46,470,896**	**25,387,621**	**45,376,765**	**26,743,313**	**41,972,422**	**27,272,672**	**39,473,131**	**29,710,043**	**37,048,297**	**(7,338,253)**
Liabilities + Fund Balance	**147,621,610**	**147,710,381**	**165,569,755**	**147,294,513**	**166,539,776**	**149,065,629**	**163,217,871**	**149,532,205**	**161,087,867**	**145,594,746**	**158,581,528**	**(12,986,782)**
(Decline)/Gain		88,771	(1,743,492)	(415,868)	970,022	1,771,115	(3,321,905)	466,576	(2,130,005)	(3,937,458)	(2,506,339)	(1,431,119)
-	-	-	-	-	-	-	-	-	-	-	-	-

Northern Inyo Healthcare District
Statement of Cash Flows
Fiscal Year 2024

Operating Activities		
Receipts from and on behalf of patients (per bank account)	$	46,303,910
Payments to suppliers, contractors, and employees	$	(54,638,762)
Other receipts and payments, net	$	1,071,639
Net Cash from Operating Activities	**$**	**(7,263,213)**
Noncapital Financing Activities		
Noncapital contributions (and grants)	$	-
Property taxes received	$	1,140,623
Reduction of CMS advance	$	-
Other	$	-
Net Cash from Noncapital Financing Activities	**$**	**1,140,623**
Capital and Capital Related Financing Activities		
Principal payments on long-term debt	$	(633,063)
Interest Paid	$	(898,283)
Purchase and construction of capital assets	$	31,164
Property Taxes Received	$	-
Net Cash used for Capital and Capital Related Financing Activities	**$**	**(1,500,182)**
Investing Activities		
Investment income	$	658,157
Net Cash from Investing Activities	**$**	**658,157**
Net Change in Cash and Cash Equivalents	**$**	**(6,964,615)**
Cash and Cash Equivalents, Beginning of Year	$	29,776,260
Cash and Cash Equivalents, YTD 2024	**$**	**22,811,646**

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

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

Long-Term Debt Service Coverage Ratio Calculation

Numerator:	HOSPITAL FUND ONLY
Excess of revenues over expense	$ (500,824)
+ Depreciation Expense	1,656,346
+ Interest Expense	898,283
Less GO Property Tax revenue	1,140,623
Less GO Interest Expense	218,201
2013 and 2021 Indenture)	**$ 3,412,629**

Other Patient Revenue

Denominator:	
3rd Supplemental Indenture of Trust)	
2021A Revenue Bonds	$ 112,700
2021B Revenue Bonds	905,057
2009 GO Bonds (Fully Accreted Value)	
2016 GO Bonds	
Financed purchases and other loans	1,704,252
Total **Maximum Annual Debt Service**	**$ 2,722,009**
Ratio: (numerator / denominator)	**1.25**
Required Debt Service Coverage Ratio:	1.10
In Compliance? (Y/N)	**No**

Unrestricted Funds and Days Cash on Hand

	HOSPITAL FUND ONLY
Cash and Investments-current	$ 17,942,872
Cash and Investments-non current	3,057,305
Sub-total	21,000,177
Less - Restricted:	
PRF and grants (Unearned Revenue)	-
Held with bond fiscal agent	(760,392)
Building and Nursing Fund	(1,466,910)
Total Unrestricted Funds	**$ 18,772,875**
Total Operating Expenses	$ 48,356,305
Less Depreciation	1,656,346
Net Expenses	46,699,959
Average Daily Operating Expense	$ 305,228
Days Cash on Hand	**62**

Key Financial Performance Indicators	Industry Benchmark	Nov-22	FYE 2023 Average	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Variance to Prior Month	Variance to FYE 2023 Average	Variance to Prior Year Month	Variance to Benchmark	Reduction Target	Comment
Volume														
Admits	41	79	68	64	57	67	75	75	-	7	(4)	34		Mammoth monthly average in 2022 per HCAI
Adjusted Patient Days	n/a	1,226	984	951	945	862	1,169	854	(315)	(130)	(372)	n/a		
Total Surgeries	153	129	120	134	148	114	173	149	(24)	29	20	(4)		Mammoth monthly average in 2022 per HCAI
ER Visits	659	986	810	925	899	885	899	782	(117)	(28)	(204)	123		Mammoth monthly average in 2022 per HCAI
RHC and Clinic Visits	n/a	4,807	4,353	3,875	5,099	4,314	4,619	4,768	149	415	(39)	n/a		
Diagnostic Imaging Services	n/a	1,992	2,020	2,108	2,174	1,955	2,182	1,897	(285)	(123)	(95)	n/a		
Rehab Services	n/a	679	762	661	662	329	521	614	93	(148)	(65)	n/a		
AR & Income														
Gross AR (Cerner only)	n/a	$ 55,510,968	$ 53,638,580	$ 51,928,721	$ 50,613,728	$ 51,259,303	$ 53,295,391	$ 52,529,762	$ (765,629)	$ (1,108,818)	$ (2,981,206)	n/a		
AR > 90 Days	$ 7,688,895.45	$ 24,211,484	$ 23,440,542	$ 23,660,417	$ 23,784,037	$ 23,867,624	$ 23,888,672	$ 26,122,265	$ 2,233,593	$ 2,681,723	$ 1,910,781	$ 18,433,370	(18,433,370)	15% of gross AR is benchmark
AR % > 90 Days	15%	43.6%	45.3%	45.84%	46.59%	46.19%	44.50%	50.23%	5.7%	4.9%	6.6%	35.2%		Industry average
AR Days	45.00		91.35	90.52	85.93	84.50	86.92	87.85	0.93	(3.50)	$ 88	42.85		Industry average
Net AR	n/a	$ 20,904,497	$ 17,800,084	$ 13,605,084	$ 13,668,526	$ 15,119,591	$ 18,412,645	$ 20,460,545	$ 2,047,900	$ 2,660,461	$ (443,952)	n/a		
Net AR % of Gross	n/a	37.7%	33.1%	26.2%	27.0%	29.5%	34.5%	39.0%	4.4%	5.9%	1.3%	n/a		
Gross Patient Revenue/Calendar Day	n/a	$ 589,134	$ 546,652	$ 589,494	$ 653,218	$ 573,176	$ 634,410	$ 599,349	$ (35,061)	$ 52,697	$ 10,215	n/a		
Net Patient Revenue/Calendar Day	n/a	$ 289,097	$ 243,317	$ 281,629	$ 297,995	$ 390,558	$ 291,760	$ 276,478	$ (15,282)	$ 33,161	$ (12,620)	n/a		
Net Patient Revenue/APD	n/a	$ 7,074	$ 7,622	$ 9,180	$ 9,775	$ 13,593	$ 7,739	$ 9,712	$ 1,974	$ 2,090	$ 2,638	n/a		
Wages														
Wages	n/a	$ 2,889,378	$ 3,281,173	$ 3,246,211	$ 3,393,123	$ 4,052,687	$ 3,249,591	$ 3,126,785	$ (122,806)	$ (154,388)	$ 237,407	n/a		
Employed paid FTEs	n/a	390.90	384.63	365.27	357.51	351.58	352.89	350.57	(2.32)	(34.06)	(40.33)	n/a	-11%	
Employed Average Hourly Rate	$ 38.00	$ 43.12	$ 48.51	$ 50.17	$ 53.58	$ 67.24	$ 51.98	$ 52.03	$ 0.04	$ 3.52	$ 8.91	$ 14.03		According to California Hospital Association data
Benefits	n/a	$ 1,803,140	$ 1,907,194	$ 1,782,070	$ 1,030,526	$ 1,510,474	$ 1,955,349	$ 1,804,521	$ (150,828)	$ (102,673)	$ 1,381	n/a		
Benefits % of Wages	30%	62.4%	58.7%	54.9%	30.4%	37.3%	60.2%	57.7%	-2.5%	-1.0%	-4.7%	27.7%	(500,064)	Industry average
Contract Labor	n/a	$ 1,649,618	$ 808,284	$ 493,990	$ 629,779	$ 700,581	$ 371,183	$ 211,163	$ (160,020)	$ (597,121)	$ (1,438,455)	n/a		
Contract Labor Paid FTEs	n/a	35.82	40.27	31.42	24.01	24.82	22.35	23.22	0.87	(17.05)	(12.60)	n/a		
Total Paid FTEs	n/a	426.72	424.90	396.69	381.53	376.40	375.24	373.79	(1.45)	(51.11)	(52.93)	n/a		
Contract Labor Average Hourly Rate	$ 81.04	$ 268.64	$ 112.84	$ 88.75	$ 148.05	$ 164.66	$ 93.74	$ 53.05	$ (40.69)	$ (59.79)	$ (215.59)	$ (27.99)	$ 115,137	Per zip recruiter as of August 2023 for California, higher range is benchmark
Total Salaries, Wages, & Benefits	n/a	$ 6,342,136	$ 5,996,651	$ 5,522,271	$ 5,053,428	$ 6,263,742	$ 5,576,123	$ 5,142,469	$ (433,654)	$ (854,182)	$ (1,199,667)	n/a		
SWB% of NR	50%	73.1%	79.8%	63.3%	54.7%	53.5%	61.7%	62.0%	0.3%	-17.8%	-11.1%	$ 0	$ 715,901	Per Becker Healthcare, max should be 50%
SWB/APD	2,903	$ 5,173	$ 5,935	$ 5,807	$ 5,348	$ 7,267	$ 4,771	$ 6,022	$ 1,251	$ 87	$ 849	n/a		Industry average
SWB % of total expenses		69.8%	66.0%	58.7%	51.7%	59.4%	59.2%	55.4%	-3.8%	-10.6%	-14.4%	n/a		
Physician Spend														
Physician Expenses	n/a	$ 1,556,109	$ 1,400,634	$ 1,369,822	$ 1,536,032	$ 1,424,804	$ 1,432,267	$ 1,713,978	$ 281,711	$ 313,344	$ 157,869	n/a		
Physician expenses/APD	n/a	$ 1,269	$ 1,451	$ 1,440	$ 1,625	$ 1,653	$ 1,225	$ 2,007	$ 782	$ 556	$ 738	n/a		
Supplies														
Supply Expenses	n/a	$ 1,071,178	$ 544,557	$ 786,000	$ 1,264,257	$ 754,993	$ 974,247	$ 856,240	$ (118,007)	$ 311,683	$ (214,938)	n/a		
Supply expenses/APD		$ 874	$ 579	$ 826	$ 1,338	$ 876	$ 834	$ 1,003	$ 169	$ 424	$ 129	n/a		
Other Expenses														
Other Expenses	n/a	$ 111,022	$ 1,138,604	$ 1,724,605	$ 1,928,164	$ 2,102,517	$ 1,443,075	$ 1,568,875	$ 125,800	$ 430,271	$ 1,457,853	n/a		
Other Expenses/APD	n/a	$ 91	$ 1,178	$ 1,813	$ 2,040	$ 2,439	$ 1,235	$ 1,837	$ 602	$ 660	$ 1,747	n/a		
Margin														
Net Income	n/a	$ (2,424,941)	$ (1,448,727)	$ (341,503)	$ (149,542)	$ 1,355,571	$ 11,363	$ (236,090)	$ (247,453)	$ 1,212,637	$ 2,188,851	n/a		
Net Profit Margin	n/a	-28.0%	-20.8%	-3.9%	-1.6%	11.6%	0.1%	-2.8%	-2.9%	18.0%	25.2%	n/a		
Operating Income	n/a	$ (2,579,099)	$ (2,495,327)	$ (590,588)	$ (544,049)	$ 1,170,684	$ (381,153)	$ (987,232)	$ (606,079)	$ 1,508,095	$ 1,591,867	n/a		
Operating Margin	2.9%	-29.7%	-33.0%	-6.8%	-5.9%	10.0%	-4.2%	-11.9%	-7.7%	21.1%	17.8%	-14.8%		Per Kaufman Hall September Natitonal Hospital Flash
Cash														
Avg Daily Disbursements	n/a	$ 382,431	$ 363,636	$ 296,364	$ 490,705	$ 321,703	$ 304,199	$ 421,951	$ 117,752	$ 58,315	$ 39,520	n/a	$ (4,248)	12%
Average Daily Cash Collections	n/a	$ 297,301	$ 340,919	$ 257,089	$ 306,137	$ 255,132	$ 299,951	$ 373,008	$ 73,057	$ 32,089	$ 75,707	n/a	$ 4,248	21%
Average Daily Net Cash		$ (85,130)	$ (22,716)	$ (39,275)	$ (184,569)	$ (66,571)	$ (4,248)	$ (48,943)	$ (44,695)	$ (26,227)	$ 36,187	n/a	$ 4,248	76%
Unrestricted Funds	n/a	$ 23,584,817	$ 25,069,144	$ 19,768,284	$ 18,008,863	$ 18,771,541	$ 15,130,616	$ 13,784,681	$ (1,345,935)	$ (11,284,463)	$ (9,800,136)	n/a		-38%

Northern Inyo Healthcare District
Nov 2023 – Financial Summary

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	MOM % Variance	YOY % Variance	YTD Budget % Variance
Net Income (Loss)	(236,090)	(2,424,941)	(1,559,870)	2,188,850	1,323,780	639,798	(9,372,990)	(9,673,835)	10,012,788	10,313,633	90%	107%	107%
Operating Income (Loss)	(987,232)	(2,579,099)	(1,843,639)	1,591,867	856,407	(1,332,337)	(10,244,976)	(11,114,471)	8,912,639	9,782,134	62%	87%	88%

Income is favorable to prior year for November due to a decrease in expenses. YTD is favorable to prior year due to a decrease in expenses and increase in revenue.

IP Gross Revenue	3,424,188	3,474,855	3,323,024	(50,667)	101,164	17,266,921	15,608,506	14,861,261	1,658,414	2,405,660	-1%	11%	16%
OP Gross Revenue	12,912,788	12,582,796	12,701,934	329,992	210,854	68,406,086	60,657,961	62,172,252	7,748,125	6,233,834	3%	13%	10%
Clinic Gross Revenue	1,643,491	1,616,268	1,346,193	27,223	297,298	7,693,507	6,620,933	6,070,972	1,072,574	1,622,535	2%	16%	27%
Net Patient Revenue	8,294,330	8,672,821	7,305,499	(378,491)	988,831	47,023,968	40,122,867	34,958,217	6,901,101	12,065,751	-4%	17%	35%
Cash Net Revenue % of Gross	46%	49%	42%	-3%	4%	50%	48%	42%	2%	8%			20%

Revenue is slightly under prior year due to a decrease in volume. For the year, revenue us up due to an increase in volume in surgeries and the clinics.

Admits (excl. Nursery)	75	79		(4)		338	334		4		-5%	1%	
IP Days	204	264		(60)		1,028	1,026		2		-23%	0%	
IP Days (excl. Nursery)	179	241		(62)		914	917		(3)		-26%	0%	
Average Daily Census	5.77	8.03		(2.26)		9.93	9.97		(0)		-28%	0%	
ALOS	2.39	3.05		(0.66)		2.70	2.75		(0)		-22%	-2%	
Deliveries	16	16		-		80	74		6		0%	8%	
OP Visits	3,445	3,455		(10)		17,334	18,132		(798)		0%	-4%	
RHC Visits	3,136	2,957		179		14,948	12,907		2,041		6%	16%	
NIA Clinic Visits	1,632	1,850		(218)		7,727	8,348		(621)		-12%	-7%	
Bronco Clinic Visits	36	35		1		105	118		(13)		3%	-11%	
Internal Medicine Clinic Visits		425		(425)		201	1,965		(1,764)		-100%	-90%	
Orthopedic Clinic Visits	345	320		25		1,779	1,595		184		8%	12%	
Pediatric & Allergy Clinic Visits	691	641		50		3,058	2,766		292		8%	11%	
Specialty Clinic Visits	398	302		96		1,773	1,274		499		32%	39%	
Surgery Clinic Visits	133	86		47		607	439		168		55%	38%	
Virtual Care Clinic Visits	29	41		(12)		204	191		13		-29%	7%	
Surgeries IP	23	17		6		111	95		16		35%	17%	
Surgeries OP	126	112		14		607	507		100		13%	20%	
Total Surgeries	149	129		20		718	602		116		16%	19%	
Diagnostic Imaging	1,897	1,992		(95)		10,316	10,191		125		-5%	1%	
Emergency Visits	782	986		(204)		4,390	4,261		129		-21%	3%	
ED Admits	45	59		(14)		222	255		(33)		-24%	-13%	
ED Amits % of ED Visits	5.8%	6.0%		-0.2%		5.1%	29.9%		-25%		-4%	-83%	
Rehab	614	679		(65)		2,787	3,536		(749)		-10%	-21%	
Nursing Visits	330	251		79		1,471	1,300		171		31%	13%	
Observation Hours	1,949	2,001		(52)		9,017	9,154		(137)		-3%	-1%	

Admissions decreased to to less ER admits. Outpatient volumes decrease in ER, DI services, and clinics. For the year, volumes are higher due to more surgeries and strong clinic volumes.

Payor mix													
Blue Cross	20.10%	9.85%		10.25%		17.90%	19.79%		-1.89%				
Commercial	6.86%	7.58%		-0.71%		3.60%	5.36%		-1.76%				
Medicaid	30.88%	29.92%		0.96%		24.22%	27.39%		-3.17%				
Medicare	40.69%	49.24%		-8.56%		50.39%	44.54%		5.85%				
Self-pay	1.47%	3.41%		-1.94%		3.31%	3.31%		0.00%				
Workers' Comp	0.00%	0.00%		0.00%		0.49%	0.00%		0.49%				
Other	0.00%	0.00%		0.00%		0.10%	0.00%		0.10%				
DEDUCTIONS													
Contract Adjust	(8,433,073)	(8,553,896)	(9,377,764)	120,823	944,691	(39,962,763)	(37,268,087)	(44,858,164)	(2,694,675)	4,895,401	-1%	7%	-11%
Bad Debt	957,743	134,138	343,944	823,606	613,799	3,962,832	3,478,983	1,644,052	483,848	2,318,780	614%	14%	141%
Write-off	(295,168)	(322,374)	(343,944)	27,207	48,776	(2,404,678)	(2,366,994)	(1,644,052)	(37,684)	(760,626)	-8%	2%	46%
Other	-	17,166	-	(17,166)	-	-	449,028	-	(449,028)	-	-100%		

For the month, payor mix shifted from Medicare to Blue cross. YTD, net revenue is up 2% of gross revenue.

DENIALS

Denials $300k less than 6-month average and $2.5M less than December 2022 (baseline for RSM revenue cycle project)

CHARITY	(154)	(15,731)	-	15,578	(154)	(13,659)	(131,747)	-	118,088	(13,659)	-99%	-90%

Charity discounts were minimal (less than $1k)

BAD DEBT

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	MOM % Variance	YOY % Variance	YTD Budget % Variance
Bad debt write offs were $611k.													
CASH													
Cash deficit for October was -$1.5M or $-50k/day due to SB 1334 retro payouts and additional bond debt payment of $1.015M.													
CENSUS													
Patient Days	204	264		(60)		1,028	1,026		2		-23%	0%	
Adjusted Days	1,071	1,343		(272)		5,584	3,085		2,499		-20%	81%	
Employed Paid FTE	351	391		(40)		356	390		(35)		-10%	-9%	
Contract Paid FTE	23	36		(13)		23	47		(23)		-35%	-50%	
Total Paid FTE	351	427		(76)		379	437		(58)		-18%	-13%	
EPOB (Employee per Occupied Bed	1.74	1.49		0		1.00	1.25		(0)		17%	-19%	
Adjusted EPOB	0.33	0.30		0.0		0.19	0.23		(0)		10%	-21%	
Decline in contract FTEs and total FTEs due to RIFFs and staffing management.													
SALARIES													
Per Adjust Bed Day	$ 2,920	$ 1,963		$ 957		$ 2,922	$ 4,192		$ (1,270)		49%	-30%	
Total Salaries	$ 3,126,785	$ 2,635,950	$ 3,144,182	$ 490,835	(17,396)	$ 16,318,043	$ 12,932,470	$ 16,053,254	$ 3,385,572	264,789	19%	26%	2%
Normalized Salaries (incl PTO used)	$ 3,126,785	$ 2,876,946	$ 3,144,182	$ 249,840	(17,396)	$ 16,318,043	$ 14,323,895	$ 16,053,254	$ 1,994,148	264,789	9%	14%	2%
Average Hourly Rate	$ 52.03	$ 42.93		$ 9.10		$ 52.48	$ 41.98		$ 10.50		21%	25%	
Employed Paid FTEs	350.57	390.90		(40.34)		355.62	390.23		(34.61)				
Salaries are up for the month and the year compared to prior year due to merit increases. Total paid employed FTEs are down due to RIFFs that occurred during April and July.													
BENEFITS													
Per Adjust Bed Day	$ 1,685	$ 1,532		$ 153		$ 1,574	$ 3,709		$ (2,135)		10%	-58%	
Total Benefits	$ 1,804,521	$ 2,056,568	$ 2,033,824	$ (252,047)	(229,303)	$ 8,790,344	$ 11,441,049	$ 9,905,747	$ (2,650,705)	(1,115,403)	-12%	-23%	-11%
Benefits % of Wages	58%	78%	65%	-20%		54%	88%		-35%		-26%	-39%	
Pension Expense	$ 330,787	$ 856,153	$ 808,824	$ (525,365)	(478,037)	$ 2,120,181	$ 5,213,566	$ 3,911,822	$ (3,093,385)	(1,791,641)	-61%	-59%	-46%
MDV Expense	$ 1,146,839	$ 195,221	$ 564,476	$ 951,618	582,363	$ 5,151,198	$ 1,017,282	$ 2,734,363	$ 4,133,916	2,416,835	487%	406%	88%
Payroll Taxes & WC insurance	$ 282,729	$ 276,942	$ 345,169	$ 5,787	(62,439)	$ 1,508,597	$ 1,322,233	$ 1,717,292	$ 186,364	(208,695)	2%	14%	
PTO Incurred	$ -	$ 240,995		$ (240,995)		$ -	$ 1,391,425		$ (1,391,425)		-100%	-100%	
PTO Accrued	$ 301,596	$ 227,806		$ 73,790	301,596	$ 1,475,550	$ 1,358,090		$ 117,460		32%	9%	
Normalized Benefits	$ 1,804,521	$ 1,815,573	$ 2,033,824	$ (11,052)		$ 8,790,344	$ 10,049,625	$ 9,905,747	$ (1,259,281)	(1,115,403)	-1%	-13%	-11%
Normalized Benefits % of Wages	58%	63%	65%	-5%		54%	70%				-9%	0%	
Benefits at a % of Wages are down due to reduced pension now that employees are matching pension contributions. MDV increased due to higher volume of usage/claims.													
Salaries, Wages & Benefits	$ 4,931,306	$ 4,692,518	$ 5,178,005	$ 238,788	(246,699)	$ 25,108,387	$ 24,373,520	$ 25,959,001	$ 734,867	(850,614)	5%	3%	-3%
SWB/APD	$ 4,604.83	$ 3,495		$ 1,110		$ 4,497	$ 7,901		$ (3,405)		32%	-43%	
Total SWB for November were consistent with prior year. Wage increases offset decreases in pension benefits. Total YTD SWB is over 3% due to an increase in MDV expenses.													
PROFESSIONAL FEES													
Per Adjust Bed Day	$ 2,064	$ 2,896		$ (831)	2,064	$ 2,201	$ 5,006		$ (2,805)	$ 5,006	-29%	-56%	
Total Physician Fee	$ 1,713,978	$ 1,556,589	$ 1,088,613	$ 157,389	625,365	$ 7,476,902	$ 6,980,335	$ 5,423,956	$ 496,567	$ 2,052,946	10%	7%	38%
Total Contract Labor	$ 211,163	$ 1,649,618	$ 408,639	$ (1,438,455)	(197,476)	$ 2,211,088	$ 5,635,578	$ 2,166,425	$ (3,424,491)	$ 44,663	-87%	-61%	2%
Total Other Pro-Fees	$ 285,601	$ 682,163	$ 504,124	$ (396,563)	(218,523)	$ 2,600,834	$ 2,825,556	$ 2,706,545	$ (224,722)	$ (105,711)	-58%	-8%	-4%
Total Professional Fees	$ 2,210,742	$ 3,888,371	$ 2,001,376	$ (1,677,629)	209,366	$ 12,288,824	$ 15,441,469	$ 10,296,926	$ (3,152,645)	$ 1,991,898	-43%	-20%	19%
Contract Paid FTEs	23.22	35.82		(12.60)		23.46	46.81		(23.35)		-35%	-50%	
Physician Fee per Adjust Bed Day	$ 1,601	1,159		441.26		$ 1,339	2,263		(924)				
Physician expense increase due to anesthesia expenses, adding a general surgeon, and urology. However, this is contributing to higher volumes and revenue. YTD physician fee per adjusted bed day is lower than last year. Contract labor reductions have occurred and is being limited to essential personnel.													
PHARMACY													
Per Adjust Bed Day	$ 406	$ 444		$ (38)		$ 384	$ 541		$ (157)		-9%	-29%	
Total Rx Expense	$ 434,409	$ 596,330	$ 354,897	$ (161,921)	79,512	$ 2,146,253	$ 1,670,310	$ 1,806,329	$ 475,943	339,924	-27%	28%	19%
Supplies are lower for November due to lower volume. YTD supplies are higher to to higher volume													
MEDICAL SUPPLIES													
Per Adjust Bed Day	$ 394	$ 354		$ 40		$ 446	$ 657		$ (211)		11%	-32%	
Total Medical Supplies	$ 421,832	$ 474,848	$ 377,229	$ (53,017)	44,603	$ 2,489,484	$ 2,025,210	$ 1,855,696	$ 464,274	633,788	-11%	23%	34%
Supplies are lower for November due to lower volume. YTD supplies are higher to to higher volume													

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	MOM % Variance	YOY % Variance	YTD Budget % Variance
Supplies are lower for November due to lower volume. YTD supplies are higher to to higher volume													
EHR SYSTEM													
Per Adjust Bed Day	$ (1)	$ 109		$ (110)		$ 98	$ 288		$ (190)		-101%	-66%	
Total EHR Expense	$ (1,122)	$ 146,908	$ 151,595	$ (148,029)	(152,717)	$ 547,759	$ 888,694	$ 757,975	$ (340,936)	(210,216)	-101%	-38%	-28%
YTD corrections/cleanup made in current month causing credit in November.													
OTHER EXPENSE													
Per Adjust Bed Day	$ 867	$ 825		$ 42		$ 738	$ 1,383		$ (645)		5%	-47%	
Total Other	$ 928,219	$ 1,107,506	$ 716,945	$ (179,288)	211,274	$ 4,119,252	$ 4,265,737	$ 3,551,316	$ (146,485)	567,936	-16%	-3%	16%
Utilities and insurance increased compared to last October. YTD expenses are fairly flat compared to prior year													
DEPRECIATION AND AMORTIZATION													
Per Adjust Bed Day	$ 333	$ 235		$ 97		$ 297	$ 561		$ (264)		41%	-47%	
Total Depreciation and Amortization	$ 356,176	$ 315,711	$ 369,091	$ 40,465	(12,915)	$ 1,656,346	$ 1,730,886	$ 1,845,445	$ (74,540)	(189,099)	13%	-4%	-10%
Total dollar consistent with run-rate.													
Total Expenses	$ 9,281,562	$ 11,222,192	$ 9,149,138	$ (1,940,631)		$ 48,356,305	$ 50,395,825	$ 46,072,688	$ (2,039,520)	2,283,617	-17%	-4%	5%

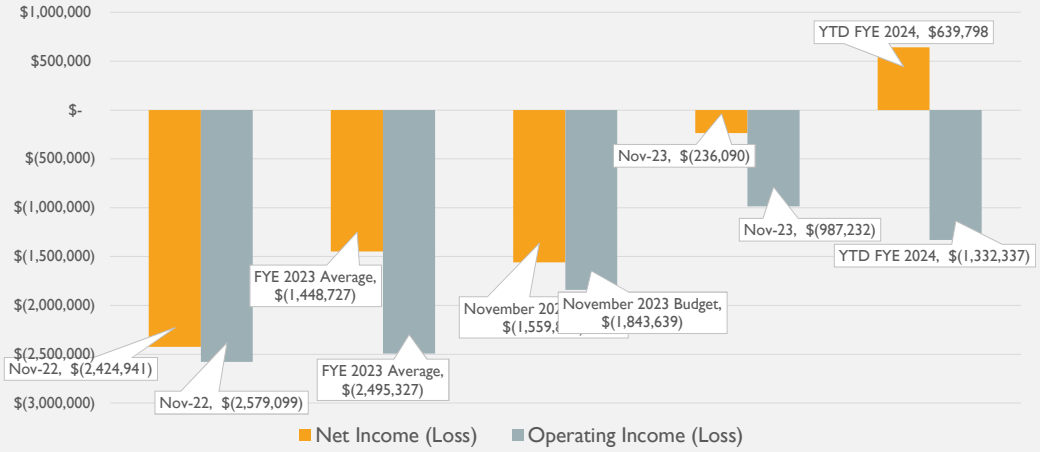
For the month, expenses are down to prior year due to less professional fees including contract labor along with supplies and other expenses. YtD expenses are under prior year due to less contract labor but over budget due to $2M in additional physician fees along with $1M in supplies increases for volume.

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

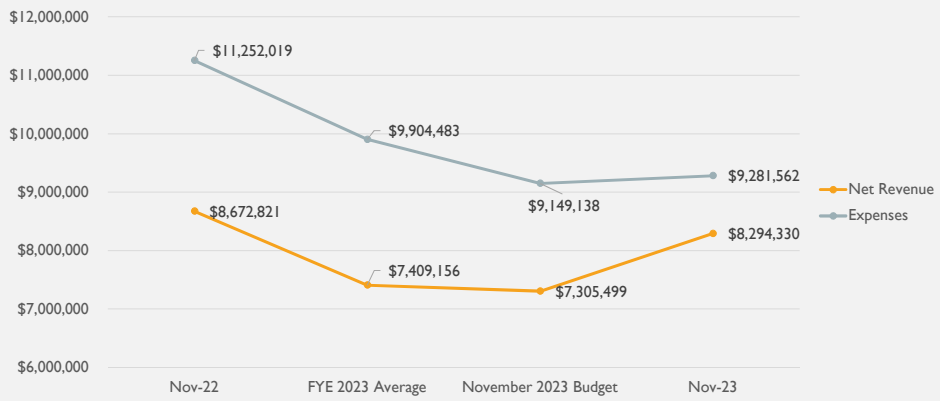
NIHD FINANCIAL UPDATE

November 2023

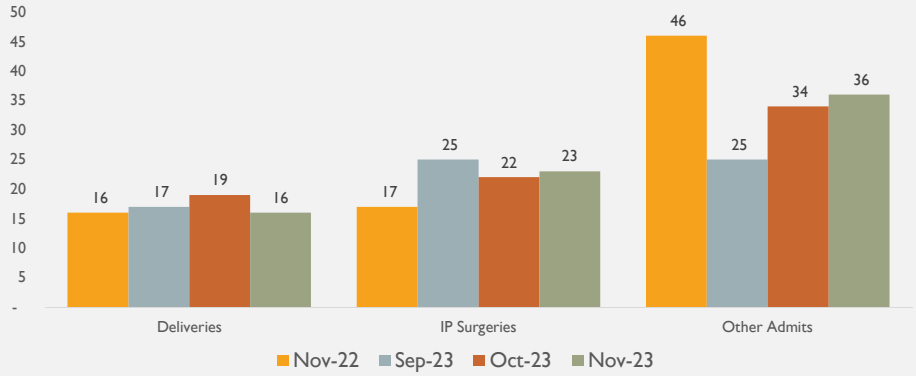
NOVEMBER 2023 FINANCIAL PERFORMANCE



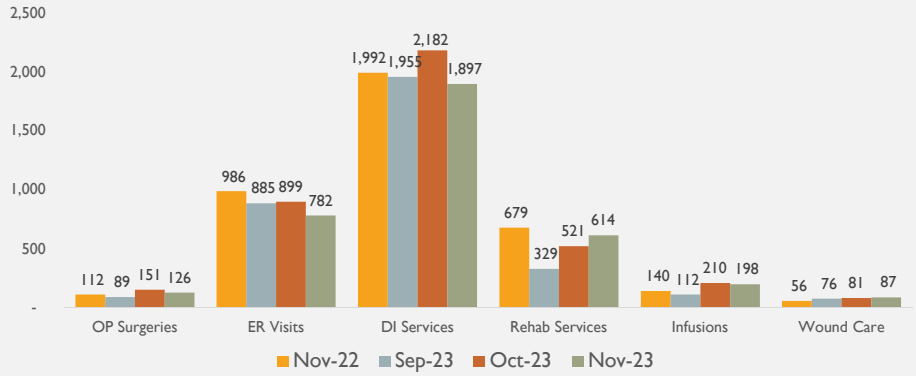
NOVEMBER 2023 OPERATING INCOME (LOSS) PERFORMANCE



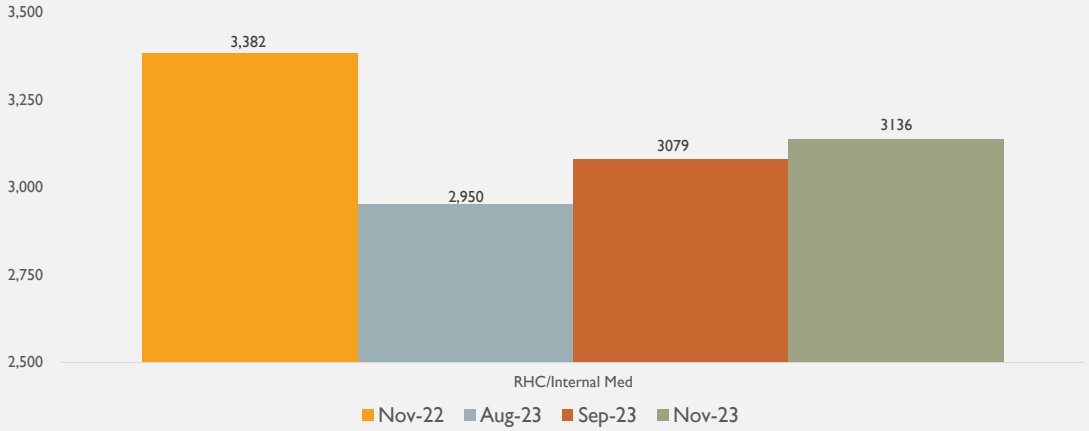
NOVEMBER 2023 INPATIENT VOLUME PERFORMANCE



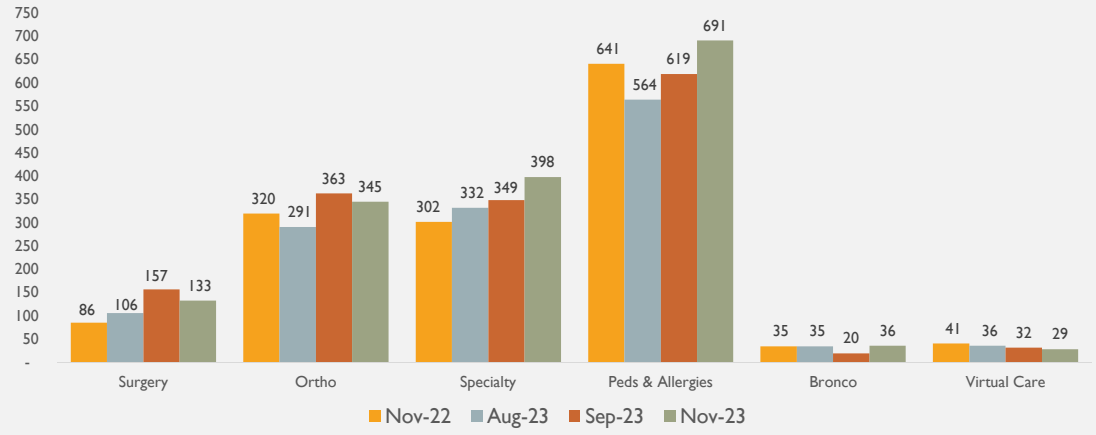
NOVEMBER 2023 OUTPATIENT VOLUME PERFORMANCE



NOVEMBER 2023 RHC VOLUME PERFORMANCE



NOVEMBER 2023 CLINIC VOLUME PERFORMANCE



KEY PERFORMANCE INDICATORS

CASH

Metric	November 2022	November 2023	% Change
Average Daily Disbursements	$382,431	$421,951	10%
Average Daily Cash (includes grants, IGT, and tax appropriations)	$297,301	$373,008	25%
Average Daily Net Cash	-$85,130	-$48,943	43%
Unrestricted Funds	$23,584,817	$13,784,681	-42%

WAGE COSTS

Metric	November 2022	November 2023	% Change
Total Paid FTEs	427	351	-18%
Salaries, Wages, Benefits (SWB) per Adjusted Patient Day (APD)	$3,495	$4,605	32%
Employed Average Hourly Rate	$42.93	$52.03	21%
Benefits % of Wages	63%	58%	-5%

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

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

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: January 2, 2024
RE: Medical Executive Committee Report

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

A. Extension of Locum Tenens Privileges for 120 days (*action item*)
    1. Karvier Yates, MD (anesthesiology)
    2. Marcus Vieira, DO (anesthesiology)
    3. Cathy Xu, MD (pediatrics)

B. Policies (*action item*)
    1. *Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)*
    2. *Standardized Protocol – Laboratory and Diagnostic Testing Policy*
    3. *Standardized Protocol – Management of Acute Illness*
    4. *Standardized Protocol – Management of Chronic Illness*
    5. *Standardized Protocol – Management of Minor Trauma*
    6. *Standardized Protocol – Medication/Device Policy*

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

NORTHERN INYO HEALTHCARE DISTRICT

PLAN

Title: Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)		
Owner: Manager Employee Health & Infection Control	Department: Infection Prevention	
Scope: District Wide		
Date Last Modified: 12/20/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

This COVID-19 Prevention Program (CPP) is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace. It has been prepared in compliance with AB684 and the Cal/OSHA Emergency Temporary Regulation for COVID-19 Prevention Requirements (8CCR §3205. COVID-19 Prevention.
The COVID-19 Prevention non-emergency regulations are in effect until 3/3/2025.

PURPOSE:

To protect Northern Inyo Healthcare District (NIHD) patients, the NIHD workforce, and visitors from exposure to and infection with the Coronavirus Disease 2019 (COVID-19). NIHD will implement infection prevention and control strategies to prevent CVOID-19 transmission.

Table of Contents.

Authority and Responsibility

Chief Executive Team, Infection Prevention and Human Resources, has overall authority and responsibility for implementing the provisions of this COVID-19 Prevention Program (CPP) in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

Identification and Evaluation of COVID-19 Hazards

NIHD will implement the following in our workplace:

- Conduct workplace-specific evaluations. NIHD may use the **Appendix A: Identification of COVID-19 Workplace Hazards** or report through other means
- Evaluate employees potential workplace exposures
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the Inyo County Local Health Department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- Reduce employee exposure and transmission to COVID-19
    - Passive COVID-19 symptom screening for all persons entering the District
    - Maintaining a distance of at least 6 feet between persons at the workplace when possible
    - Providing employees, patients, or visitors with surgical masks or higher for use within the District when requested.
    - Avoiding shared workspaces (desks, offices, and cubicles) and work items (phones, computers, other work tools, and equipment) when possible. If areas and items must be shared, clean and disinfect shared workspaces and items with Sani-Cloth wipes before and after use
    - Encouraging staff to stagger breaks to help ensure social distancing
    - Informing employees of their possible exposure to COVID-19 in the workplace if an employee is confirmed to have COVID-19 infection, while maintaining the confidentiality of the infected employee
    - Notify NIHD workforce where they can get the COVID-19 vaccination
    - Communication to NIHD workforce with any regulations, or policy and procedure updates.

Employee Participation:
NIHD workforce are encouraged to participate in the identification and evaluation of COVID-19 hazards or concerns. The employee will report to leadership, Infection Prevention, Human Resources or Incident Command.

Employee Screening:
NIHD performs passive screening on persons entering the District.

Employees who exhibit COVID-19 symptoms and are on a Return to Work or Exposure Pathway will be offered testing at no cost.

Employee Housing and Transportation:

Employee housing and transportation are exempt from the regulation where all the employees are fully vaccinated**.**

Control of COVID-19 Hazards:

Unsafe or unhealthy work conditions, practices, or procedures may be documented on the Appendix B: COVID-19 inspection form, and corrected in a timely manner based on the severity of the hazards identified. NIHD Maintenance Department, Project Management, Employee Health, and Infection Prevention will conduct hazard assessment in the workplace, and correct hazards in a timely manner when hazards are identifed through spot checks, new workspace, complaints, referrals, recommendations made through daily safety huddle, Incident Command, or reports.

Definitions:

Close Contact: Means the following, unless otherwise defined by regulation or order of the California Department of Public Health (CDPH), in which case the CDPH definition shall apply:

- In indoor spaces of 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period, as defined by this section, regardless of the use of face coverings.
- In indoor spaces of greater than 400,000 cubic feet per floor, a close contact is defined as being within six feet of the COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period, as defined by this section, regardless of the use of face coverings.
- Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces.

COVID-19 Hazard: means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

COVID-19 Symptoms: Means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.

Exposed Group: Means all employees at a work location, working area, or a common area at work, within employer-provided transportation covered by section 3205.3, or residing within housing covered by section 3205.2, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

- For the purpose of determining the exposed group, a place where persons momentarily pass through, without congregating, is not a work location, working area, or a common area at work.

- If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

Control of COVD-19 Hazards:

Physical Distancing

Where possible, though no longer required, NIHD recommends at least six feet of physical distancing by:

- Conducting video conferencing meetings
- Reducing the number of people in an area at one time, including visitors
- Staggered break times
- Adjusted work processes or procedures
- Breakroom and meeting room occupancy

Face Coverings:

NIHD follows Inyo County Health Department, CDPH, CMS, and CDC guidelines. NIHD provides clean, undamaged face coverings upon request and ensures that employees and non-employees properly wear them.

Employees may request respirators for voluntary use at no cost. Employees are explicitly allowed to wear a face covering without fear of retaliation from employer.

Face coverings will be worn by NIHD workforce and visitors if required by federal, state, or local authorities. NIHD workforce will be notified if masking is required.

Engineering Controls:

NIHD reviews Cal-OSHA guidance for ventilation, filtration, and air quality in indoor environments. NIHD evaluates ventilation systems to maximize outdoor air and increase filtration efficiency and evaluates the use of additional air cleaning systems.

NIHD implemented the following measures:

- Physical barriers or partitions where feasible
- Furniture rearranged
- Use of N95s when caring for confirmed or suspected COVID-19 patients. Personnel that are identified in the Aerosolized Transmissible Disease Plan shall be medically cleared to wear an N95 and shall be fit tested by Respiratory Therapy to ensure proper fit, use, and care for the mask.
- Provide Powered Air Purifying Respirator (PAPR) to employees who are unable to wear N95 mask and for high risk procedures
- Hepa-Filters placed in Pediatric office and RHC clinic. These rooms will be utilized for high risk procedures and patients with suspected or confirmed COVID-19
- Implemented drive through clinic for suspected or confirmed COVID-19 patients
- Monitor HVAC system and Airborne Infection Isolation Room’s (AIIR’s)

- Posts appropriate transmission based precautions signage outside patient room

Cleaning and Disinfecting:

NIHD implemented the following cleaning and disinfection measures for frequently touched surfaces.

- Obtained 360 Electrostatic cleaning system to be utilized during terminal cleaning and scheduled cleaning.
- Environmental Services Department is responsible for daily disinfection of common-touch surfaces in public areas throughout the district. Departments are responsible for disinfection in areas they maintain. All individuals are required to disinfect their personal workspace surfaces.
- Cleaning and disinfecting products are supplied to all departments
- Frequency of disinfection shall be at least daily outside patient care areas
- NIHD follows Lippincott Procedures: Disinfection, Noncritical Patient Care Equipment, and Ambulatory Care

Shared Tools, Equipment and Personal Protective Equipment (PPE):

PPE must not be shared, e.g., gloves, goggles and face shields.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, and writing materials will be cleaned and disinfected between uses by employees.

Hand Sanitizing:

In order to implement effective hand sanitizing procedures, NIHD:

- Offers alcohol based hand rub throughout the District
- Follows Lippincott Procedures, Hand Hygiene
- NIHD workforce requires onboarding and annual hand hygiene education
- Conducts hand hygiene observations

Personal Protective Equipment (PPE) used to control employee's exposure to COVID-19:

- NIHD evaluates the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provides such PPE as needed.
- When it comes to respiratory protection, NIHD evaluates the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.
- NIHD provides and ensures use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.
- NIHD encourages all persons entering the District implement and follow Respiratory Etiquette. Respiratory Etiquette signage is posted throughout the District during respiratory illness season.

Investigating and Responding to COVID-19 Cases:

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute

for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' personal medical records and employee health records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions:

- Unredacted medical records provided to the Inyo County Local Health Department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and
- Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

NIHD workforce who are confirmed COVID-19 positive or suspect that have been in contact with someone who is positive is encouraged to contact Employee Health, Infection Prevention, or Human Resources. NIHD leadership who are directly informed by an employee of any work related injury or illness, COVID-19 included, should contact Employee Health, Infection Prevention or Human Resources.

NIHD Employee Health and/or Infection Prevention collects information on reports of COVID-19 cases. This includes the following information:

- Where the infected individual worked or visited on District campus during the infectious period.
- The last date the employee was at the workplace
- The infectious period 2- days prior to positive test as it relates to potential exposure of others in the workplace
- The date the person was tested for COVID-19 or became symptomatic
- If the infection was acquired during the course of work or contracted outside of work

NIHD and Inyo County Public Health contact tracing identifies potentially exposed persons and determines who might need testing, quarantine, or isolation.

Employee Health and/or Infection Prevention investigates incidents of workplace exposure through interviews with the appropriate stakeholders with workplace oversight responsibilities to determine what workplace conditions could have contributed to the exposure, and any corrective actions required. NIHD Human Resources will notify Cal/OSHA in the event of a serious employee illness or fatality per regulatory guidelines.

System for Communicating:

NIHD's goal is to ensure that we have effective two-way communication with our employees, in a forum, they can readily understand, and that it includes the following information:

- Whom employee should report COVID-19 symptoms and possible hazards:
    - Employee should notify their direct supervisor via phone if they are symptomatic or have a positive COVID-19 test. If the supervisor is not available, the employee is to contact the House Supervisor, Infection Prevention, Employee Health, or Human Resources.
- Employees can report symptoms and hazards without fear of reprisal.
- Employees that have medical or other conditions that put them at risk for severe COVID-19 illness can contact Human Resources.
- Where and how employees can access COVID-9 testing for return to work or if symptomatic.

- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the action plan and resources available for a COVID-19 positive test.
- Information about COVID-19 hazards (including other employers and individuals in contact in our workplace) employees may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures
- COVID-19 information is deployed to NIHD employees via:
    - Talking Points
    - Department daily huddles
    - Email
    - NIHD Website

Training and Instruction:

NIHD will provide training and instruction that includes:

- COVID-19 procedures to protect employees from COVID-19 hazards
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws
- Training and information relating to:
    - COVID-19 is an infectious disease that can be spread via airborne droplets
    - Policy and procedure titled Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program
    - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth
    - Signs and symptoms related to COVID-19
    - Respiratory hygiene and cough etiquette
    - Infection Control Basics within Relias
    - Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings
    - The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective
    - Hand Hygiene
    - Proper use of face coverings.
    - Donning and doffing of Personal Protective Equipment (PPE)
    - Just in Time training Powered Air Purifying Respirator
    - Employees that are not fit tested and want to wear N95 are instructed on seal check.
    - Employees to stay home if ill

Exclusion of COVID-19 Cases:

NIHD will provide effective training and instruction that includes:

- COVID-19 policies and procedures to protect employee from COVID-19 hazards
- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met
- Ensuring exposed worker is on Exposed Worker Pathway

- Information and resources available relating to employee benefits and pay

Reporting, Recordkeeping, and Access:

It is NIHD's policy to:

- Report information about COVID-19 cases at our workplace to the local public health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment. Link: https://www.dir.ca.gov/title8/330.html
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Keep record of and track NIHD workforce COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- Employee notification about possible or known exposure to COVID-19 at the workplace per AB 685. Link https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB685

Return-to-Work Criteria

NIHD workforce will be placed on Return to Work or Exposure Pathway. Employees who have a positive COVID-19 test will not return to work until return to work criteria (pathway) has been met. NIHD Leadership will evaluate critical staffing needs and work with Inyo County Health Department to determine critical staffing needs and follow CDPH guidelines.

Multiple COVID-19 Infections and Outbreaks

NIHD will notify Inyo County Public Health Department if a COVID-19 outbreak was confirmed or suspected. The below is the threshold for outbreak investigation and reporting requirements.

Acute Care Hospitals:

Threshold for Additional Investigation by Facility:

- ≥1 case of probable[1] or confirmed COVID-19 in a patient 4 or more days after admission for a non-COVID condition;
- ≥1 case of suspect[2], probable or confirmed COVID-19 in HCP

Threshold for Reporting to Local Public Health:

- ≥2 cases of probable or confirmed COVID-19 in a patient 4 or more days after admission for a non-COVID condition, with epi-linkage[3];
- ≥3 cases of suspect, probable or confirmed COVID-19 in HCP with epi-linkage[4] in counties where the level of SARS-CoV-2 transmission in the community is low to moderate, or
- Any identified cluster of suspect, probable or confirmed COVID-19 in HCP with epi-linkage in counties where the level of SARS-CoV-2 transmission in the community is substantial or high (or ≥100/100,000 for 7 days)

Outbreak Definition:

- ≥2 cases of probable or confirmed COVID-19 in a patient 4 or more days after admission for a non-COVID condition, with epi-linkage[3];
- ≥3 cases of suspect, probable or confirmed COVID-19 in HCP with epi-linkage[4] and no other more likely sources of exposure for at least 2 of the cases

Outbreak Definitions:

- [1] Probable case is defined as a person meeting presumptive laboratory evidence. Presumptive laboratory evidence includes the detection of SARS-CoV2 specific antigen in a clinical or post-mortem specimen using a diagnostic test performed by a Clinical Laboratory Standards Institute (CLIA)-certified provider.
- [2] Suspect case is defined as a person meeting supportive laboratory evidence OR meeting vital records criteria with no confirmatory or presumptive laboratory evidence for SARS-CoV-2. Supportive laboratory evidence includes the detection of SARS-CoV-2 specific antigen by immunocytochemistry OR detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.
- [3] Epi-linkage among patients is defined as overlap on the same unit or ward, or other patient care location (e.g., radiology suite), or having the potential to have been cared for by common HCP within a 7-day time period of each other. Determining epi-linkages requires judgment and may include weighing evidence whether or not patients had a common source of exposure.
- [4] Epi-linkage among HCP is defined as having the potential for close contact while working in the facility during the 7 days prior to the onset of symptoms; for example, worked on the same unit during the same shift, and no more likely sources of exposure identified outside the facility. Determining epi-linkages requires judgment and may include weighing evidence whether or not transmission took place in the facility, accounting for likely sources of exposure outside the facility.

COVID-19 testing

- NIHD will provide COVID-19 testing to all employees if exposed in the workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 7-day period. COVID-19 testing will be provided at no cost to employees.
- NIHD will provide additional testing when deemed necessary by federal, state, local authorities. NIHD workforce will be notified if testing is required.

COVID-19 testing consists of the following:

- Employee who had a "close contact" (as defined in the COVID-19 Prevention regulations) with a person with COVID-19 except for recently returned1 employee COVID-19 cases ("returned cases") without symptoms
- **During an outbreak:**
  - Make testing available weekly to all employees in the exposed group.
  - Test employees after close contact or exclude them from the workplace until the return-to-work requirements for COVID-19 cases are met. Please see the CDPH Isolation & Quarantine section of this FAQ for information on when COVID-19 cases may return to work.
- **During a major outbreak:**

- Test employees in the exposed group or exclude them from the workplace until the return-to-work requirements for COVID-19 cases are met. Please see the CDPH Isolation & Quarantine section of this FAQ for information on when COVID-19 cases may return to work.
- Testing is required twice a week for all employees in the exposed group.

Investigation of workplace COVID-19 illness

NIHD Infection Prevention department will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 outbreak investigation, review and hazard correction

In addition to our CPP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, NIHD will periodically perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review will be documented and may include:

- Investigation of new or existing COVID-19 hazards including:
  - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
  - Insufficient outdoor air.
  - Insufficient air filtration.
  - Lack of physical distancing, and break of infection prevention practices

- Updating the review:
  - In response to new information or to new or previously unrecognized COVID-19 hazards.
  - When otherwise necessary.

- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. NIHD will consider:
  - Moving indoor tasks outdoors or having them performed remotely.
  - Increasing outdoor air supply when work is done indoors.
  - Improving air filtration.
  - Increasing physical distancing as much as possible.
  - Evaluate Respiratory protection practices
  - Evaluate Infection Prevention & Control Practices

Notifications to the Local Health Department

- Immediately, but no longer than 48 hours after learning of potential or confirmed outbreak , Infection Prevention Department will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- NIHD will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status and any other information requested by the local health department. NIHD will continue to give notice to the local health department of any subsequent COVID-19 outbreak cases at our workplace.

- Link to §3205.1. Multiple COVID-19 Infections and COVID-19 Outbreak. https://www.dir.ca.gov/title8/3205_1.html

This plan will be reviewed and updated periodically to ensure it reflects the most accurate interpretation of regulations and official guidance.

REFERENCES:

1. California Code of Regulations Title 8 Section 3205. COVID-19 (Accessed 4/4/2023) Retrieved from https://www.dir.ca.gov/title8/3205.html
2. California Department of Health (CDPH). (January 18, 2023). Coronavirus Disease 2019 (COVID-19) Outbreak Investigation and Reporting Thresholds (AFL 23-09). Retrieved from https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-09.aspx
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4. California Hospital Record and Data Retention Schedule 9th Edition (October 2018). Retrieved from http://intranet/Forms/Compliance/recordretention2018_epub_enterprise.pdf
5. California Department of Industrial Relations. (2021). COVID-19 Prevention Emergency Temporary Standards-Facts Sheets, Model Written Program and Other Resources. Retrieved from https://www.dir.ca.gov/dosh/coronavirus/ETS.html
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8. Occupational Safety and Health Administration (OSHA). COVID-19 Control and Prevention. Site accessed August 2021. Retrieved from https://www.osha.gov/coronavirus/control-prevention

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program
2. Lippincott Procedures Hand Hygiene
3. Lippincott Procedures Standard Precautions
4. Lippincott Procedures Respiratory Hygiene and Cough Etiquette Ambulatory Care
5. Lippincott Procedures Disinfection, Non-Critical Patient Care Equipment Ambulatory Care
6. Lippincott Procedures Personal Protective Equipment (PPE), Putting on
7. Lippincott Procedures Personal Protective Equipment (PPE), Removal
8. Airborne Infection Isolation Rooms (AIIR)
9. InQuiseek – COVID-19Vaccination Policy

RECORD RETENTION AND DESTRUCTION:
Employee Subject to OSHA regulations must keep records duration of employment, plus 30 years.

Supersedes: v.1 Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL STANDARDIZED PROTOCOL

Title: Standardized Protocol – Laboratory and Diagnostic Testing Policy for the Physician Assistant		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Physician Assistants		
Date Last Modified: 01/02/2024	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/20/2019	

PURPOSE:

This protocol is designed to establish guidelines that will allow the Physician Assistant (PA) to order laboratory and diagnostic tests.

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. Laboratory and diagnostic tests may be ordered by the PA under the following conditions:
    a. As an appropriate adjunct to the determination of diagnosis.
    b. When necessary, to implement, monitor or adjust treatment.
3. Circumstances:
    a. Patient population: neonatal, pediatric, adult and geriatric patients – as appropriate for specialty.
    b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations.
    c. Supervision: Physician consultation is available at all times, either on-site, by phone, or by electronic means.

PROTOCOL:

1. Conditions
    a. The following diagnostic tests can be initiated by the Physician Assistant Provider without prior consultation with supervising physician:
        i. Any blood work
        ii. Urine: any urine test
        iii. Cultures: any culture
        iv. Radiologic/Sonographic: any radiologic/sonographic exam including CT scans and MRI examinations
        v. Audiometric testing/speech evaluation
        vi. Pregnancy tests
        vii. Cardiac Testing

b. All other diagnostic tests will be ordered by the Physician Assistant in consultation with the physician including:
    i. When diagnostic test of choice is in doubt.

REFERENCES:

1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

ATTACHMENTS:

1. List of Authorized Physician Assistants and Supervising Physicians

RECORD RETENTION AND DESTRUCTION:

Supersedes: v.3 Standardized Protocol – Laboratory and Diagnostic Testing Policy for the Physician Assistant

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL STANDARDIZED PROTOCOL

Title: Standardized Protocol – Management of Acute Illness for the Physician Assistant		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Physician Assistants		
Date Last Modified: 01/02/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/20/2019	

PURPOSE:

1. This standardized protocol is designed to establish guidelines that will allow the Physician Assistant (PA) to medically manage acute illnesses and conditions.

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 population: pediatric and adult patients
    b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations
    c. Supervision: Physician consultation is available at all times, either on-site, by phone, or by electronic means.

PROTOCOL:

1. Definition: this protocol covers the medical management of acute illness, allergies, symptomatic complaints and emergencies in children and adults presenting to NIHD and affiliated locations.
2. Data Base:
    a. Subjective:
        i. Historical information relevant to the acute illness.
        ii. Historical information regarding concurrent problems.
        iii. Historical information regarding relevant past medical problems.
        iv. Patient's/family's efforts to treat the illness/condition.
        v. History of allergic/adverse reactions to medications.
        vi. Status of patient's functional and instrumental abilities.
    b. Objective:
        i. Perform physical exam pertinent to presenting symptoms.
        ii. Evaluate severity of complaint (i.e., vital sign changes, level of consciousness, unusual or unexpected symptoms).

iii. Order laboratory testing and diagnostic procedure as indicated.

c. Assessment:
   i. Diagnosis consistent with subjective and objective findings.
   ii. Record data on appropriate areas on patient's chart.
d. Plan:
   i. Medications as indicated (see Practice Agreement)
   ii. Order further diagnostic testing as indicated.
   iii. Patient education appropriate to acute illness and any procedures, diagnostic testing, or medications ordered.
   iv. Order/perform therapeutic procedures as appropriate.
   v. Order medical supplies and necessary equipment for treatment.
   vi. Refer as indicated to other services/specialties.
   vii. Follow-up as indicated.
e. 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, nurse, or supervising physician.

REFERENCES:

1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

ATTACHMENTS:

1. List of Authorized Physician Assistants and Supervising Physicians

RECORD RETENTION AND DESTRUCTION:

Supersedes: v.2 Standardized Protocol – Management of Acute Illness for the Physician Assistant

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL STANDARDIZED PROTOCOL

Title: Standardized Protocol – Management of Chronic Illness for the Physician Assistant		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Physician Assistants		
Date Last Modified: 01/02/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/20/2019	

PURPOSE:

1. This standardized protocol is designed to establish guidelines that will allow the Physician Assistant (PA) to manage chronic illnesses.

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 population: pediatric and adult patients
    b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations
    c. Supervision: Physician consultation is available at all times, either on-site, by phone, or by electronic means.

PROTOCOL:

1. Definition: this protocol covers the management of chronic illness in children and adults at NIHD and affiliated locations.
2. Data Base:
    a. Subjective:
        i. Pertinent history including symptoms related to the chronic illness.
        ii. Present state of chronic illness (patient's perception).
        iii. Historical information regarding relevant past medical problems.
        iv. Effects of chronic illness on activities of daily living, psychological, physical and financial status.
        v. Patient's attitude and behaviors regarding the chronic illness.
        vi. Patient's physical, social, financial support systems.
        vii. Documentation of complete history updated minimally on an annual basis.
    b. Objective:
        i. Complete pediatric Well Child Care (WCC) or adult Health Maintenance Exam (HME) annually.

ii. Physical assessment pertinent to chronic illness.
iii. Laboratory/diagnostic testing as indicated.

c. Assessment:
   i. Qualification/quantification of chronic illness status.
   ii. Record appropriately on patient chart.

d. Plan:
   i. Medications as indicated (see Practice Agreement)
   ii. Laboratory/diagnostic testing as indicated.
   iii. Patient education appropriate to chronic illness and any procedures, diagnostic testing, or medications ordered.
   iv. Order/perform therapeutic procedures as appropriate.
   v. Order medical supplies and necessary equipment for treatment.
   vi. Refer as indicated to other specialists/services/school programs.
   vii. Follow-up as indicated.

e. 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, nurse, or supervising physician.

REFERENCES:

1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

ATTACHMENTS:

1. List of Authorized Physician Assistants and Supervising Physicians

RECORD RETENTION AND DESTRUCTION:

1. Life of policy, plus 6 years

Supersedes: v.2 Standardized Protocol – Management of Chronic Illness for the Physician Assistant

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL STANDARDIZED PROTOCOL

Title: Standardized Protocol - Management of Minor Trauma for the Physician Assistant		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Physician Assistants		
Date Last Modified: 01/02/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/20/2019	

PURPOSE:

1. This standardized protocol is designed to establish guidelines that will allow the Physician Assistant (PA) to manage patients presenting with minor traumatic injuries.

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 population: pediatric and adult patients
    b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations
    c. Supervision: Physician consultation is available at all times, either on-site, by phone, or by electronic means.

PROTOCOL:

1. Data Base:
    a. Subjective:
        i. Obtain pertinent history related to the injury or traumatic event.
        ii. Collect appropriate information, including past medical history, review of systems, allergies, immunizations, and medications.
    b. Objective:
        i. Perform limited physical examinations pertinent to the injury, including any possible involved organ system.
        ii. Obtain appropriate evaluative studies, including but not limited to, lab work and x-rays (see Laboratory and Diagnostic Testing protocol).
2. Assessment:
    a. Formulate a working diagnosis consistent with data base collected.
3. Plan:
    a. If indicated, develop or initiate a therapeutic regimen including, but not limited to, the following:
        i. Physician consultation prior to management as per policy statement or in the following cases:
            1. Any injury threatening to life or limb.

2. Any laceration requiring complicated suture closure (see minor surgical protocol).
3. Any fracture or injury requiring immobilization by full casting.
4. Complicated or extensive burns.
5. Injury that may involve litigation or compensation.
6. Any case where surgical intervention may be needed.

ii. Further diagnostic tests.
iii. Skin/wound care appropriate to injury.
iv. Apply or furnish appropriate medications and/or immunizations.
v. Refer to appropriate support services including Physical Therapy, and "in-house" support services.
vi. Develop appropriate follow-up care plan to maximize healing and rehabilitation.
    1. Provide appropriate health education materials including, but not limited to, cast care and precautions, head trauma, suture care, and use of oral or topical medications.
    2. Schedule follow-up appointments as appropriate.
vii. Update problem list.

REFERENCES:

1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

ATTACHMENTS:

1. List of Authorized Physician Assistants and Supervising Physicians

RECORD RETENTION AND DESTRUCTION:

1. Life of policy, plus 6 years.

Supersedes: v.2 Standardized Protocol - Management of Minor Trauma for the Physician Assistant

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL STANDARDIZED PROTOCOL

Title: Standardized Protocol – Medication/Device Policy for the Physician Assistant		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Physician Assistants		
Date Last Modified: 01/02/2024	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/20/2019	

PURPOSE:

This standardized protocol developed for use by the Physician Assistant (PA) is designed to cover the management of drugs and devices for patients of all ages.

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 population: neonates, pediatrics, adults and geriatrics – as appropriate for specialty.
    b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations.
    c. Supervision: Physician consultation is available at all times, either on-site, by phone, or by electronic means.
3. The PA may initiate, alter, discontinue, and renew medication included on, but not limited to the formulary referenced in Appendix A. Schedule I medications are excluded. PAs will be required to have completed a controlled substances course. All PA providers will be required to have a DEA certificate and will prescribe within the constraints of this certification.

PROTOCOL:

1. Data Base:
    a. Subjective data information will include but is not limited to: Relevant health history to warrant the use of the drug or device, no allergic history specific to the drug or device, and no personal and/or family history which is an absolute contraindication to use the drug or device.
    b. Objective data information will include but is not limited to: Physical examination appropriate to warrant the use of the drug or device and laboratory tests or procedures to indicate/contraindicate use of drug or device if necessary.
    c. Assessment: Subjective and objective information consistent for the use of the drug or device.
2. Treatment
    a. Physician assistants may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device per Business and Professions Code, Title 16, §3502.1.(a)

b. Medications/devices prescribed by the PA may be either over-the-counter or medications/devices requiring a prescription.
c. Medications/devices may be furnished directly to the patient, or the patient's direct care giver, by the PA.
d. Physician assistants may only prescribe medication/devices appropriate for use in the type of practice engaged in by the current supervising physician(s) defined in the Practice Agreement.
e. Office samples, when applicable, may be dispensed per NIHD policy.
f. The drug or device will be appropriate to the condition being treated:
    i. Dosage will be in the effective range per formulary references
    ii. Not to exceed upper limit dosage per formulary references.
    iii. Indications or uses as specified by the formulary references.
    iv. No absolute contraindications of the use of the drug or device.
g. Medication history has been obtained including other medications being taken, medication allergies, and prior medications used for current condition.
h. All medications/devices furnished shall be documented in the patient's medical record. The effectiveness of the medication/device shall also be documented in the patient's medical record.

3. Patient Education:
    a. Provide the patient with information and counseling in regard to the medication/device. Caution the patient regarding potential side effects or complications with chosen medication/device. Document the education process in the medical record.
4. Physician consultation is to be obtained under the following circumstances:
    a. Non-responsiveness to appropriate therapy and/or unusual or unexpected side effects and as indicated in general policy statement.
    b. Emergent conditions requiring prompt medical intervention after the initial stabilizing care has been started.
    c. Acute decompensation of patient situation.
    d. Problem which is not resolving as anticipated.
    e. History, physical, or lab finding inconsistent with the clinical picture.
    f. Upon request of patient, nurse, or supervising physician.
5. Documentation
    a. A current drug list will be maintained in the patient's record. All medications furnished, changes in medications, and renewals will be documented on this list.
    b. The name and DEA of the PA is written on the transmittal order.

REFERENCES:

1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

ATTACHMENTS:

1. List of Authorized Physician Assistants and Supervising Physicians

RECORD RETENTION AND DESTRUCTION:

1. Life of policy, plus 6 years

APPENDIX A:

FORMULARY SPECIFICATIONS for

Furnishing Medications/Devices Policy for the Nurse Practitioner/Physician Assistant

STANDARDIZED PROCEDURE/PROTOCOL

Formulary: Lexicomp drug database as accessed through UpToDate online reference, current as published and updated online.

Deletions: None.

Supersedes: v.4 Standardized Protocol – Medication/Device Policy for the Physician Assistant

CALL TO ORDER

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

PRESENT

Mary Mae Kilpatrick, Chair
Melissa Best-Baker, Vice Chair
Jean Turner, Secretary
Ted Gardner, Treasurer
David McCoy Barrett, Member at Large
Stephen DelRossi, MSA, Chief Executive Officer
Allison Partridge RN, MSN, Chief Operations Officer / Chief Nursing Officer *(present via zoom)*
Adam Hawkins, DO, Chief Medical Officer
Alison Murray, Chief Human Resources Officer *(present via zoom)*
Sierra Bourne, MD, Chief of Staff

ABSENT

OPPORTUNITY FOR PUBLIC COMMENT

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

Public comments were heard from the following:

- Susan Cash

REPORTS FROM BOARD MEMBERS

Chair Kilpatrick called attention to the Reports from Board Members.

Secretary Turner commented that she did not have a report, but wanted to make sure that the recently approved governance forms e.g., code of conduct, governance matrix, and calendar of time sensitive business are added to the Board of Directors orientation packet.

NEW BUSINESS

ELECTION OF BOARD OFFICERS FOR CALEDNAR YEAR 2024

Chair Kilpatrick called attention to the Election of Board Officers for Calendar Year 2024. Chair Kilpatrick proposed the following slate of officers:

- Chair, Melissa Best-Baker
- Vice Chair, Jean Turner
- Secretary, Ted Gardner
- Treasurer, David McCoy Barrett
- Member at Large, Mary Mae Kilpatrick

CHIEF EXECUTIVE OFFICER REPORT

Chair Kilpatrick called attention to the Chief Executive Officer Report. Mr. DelRossi reported the following:

- Ridgecrest- Mr. DelRossi reported that Ridgecrest Regional Hospital plans to discontinue all women's services, including child birthing services starting February 2024. NIHD has been working to start advertising this month, and will continue to advertise for the next six months to communicate our support to the local Ridgecrest population in need of our services. Mr. DelRossi also added that following the February 2024 Ridgecrest discontinuation of women's services, NIHD will be the only facility offering child birthing services in the Eastern Sierra's.

- CFO Search- Mr. DelRossi reported that we have two strong candidates that have been invited to visit NIHD campus for follow up interviews within the next six weeks.

- Leadership Training- Mr. DelRossi reported that NIHD will soon be rolling out new leadership training through the current employee training system Relias. This new training will focus on improving communication, develop standardized language and methodology.

CHIEF FINANCIAL OFFICER REPORT

Chair Kilpatrick introduced the Chief Financial Officer report.

- Financial & Statistical Reports:
  - Andrea Mossman presented the financial & statistical report. Discussion ensued.

Motion by: Melissa Best Baker
Seconded by: Jean Turner
Passed 5-0 vote

- Clifton Larson Allen (CLA) LLP Charge Capture SOW:
  - CLA has submitted a bid to complete a charge master review for NIHD. Per industry standards a facility like NIHD should be reviewed every two years and NIHD has not had a review in the last four.

Motion by: Ted Gardner
Seconded by: David McCoy Barrett
Passed 5-0 vote

- Mid-Year Projection: Mr. DelRossi reported that NIHD is waiting for the month of December to conclude and will have a report to present at the next Board of Directors meeting.

DISTRICT BOARD RESOLUTION 23-08	Chair Kilpatrick introduced District Board Resolution 23-08 Chair Kilpatrick read Resolution 23-08 aloud. Motion by: Ted Gardner Seconded by: Melissa Best-Baker Passed 5-0 vote
CERNER WORK QUEUE MONITOR	Chair Kilpatrick called attention to the Cerner Work Queue Monitor. Amanda Santana, Informatics Lead presented the Cerner Work Queue Monitor. Discussion ensued. Motion by: Jean Turner Seconded by: David McCoy Barrett Passed 5-0 vote
BOARD OF DIRECTOR BYLAWS	Chair Kilpatrick called attention to the Bylaws. Discussion ensued. Motion by: Jean Turner Seconded by: Ted Gardner Passed 5-0 vote
BRONCO CLINIC PRESENTATION	Chair Kilpatrick called attention to the Bronco Clinic Presentation. Dr. Stacey Brown and Colleen McCovey, PNP showcased the Bronco Clinic Presentation. Discussion ensued.
CHIEF OF STAFF REPORT	Chair Kilpatrick called attention to the Chief of Staff report. Dr. Sierra Bourne presented the Chief of Staff report. Discussion ensued.
MEDICAL STAFF APPOINTMENTS	Dr. Sierra Bourne introduced the Medical Staff appointments. Dr. Sierra Bourne read the appointments aloud. Motion by: Melissa Best-Baker Seconded by: Ted Gardner Passed 5-0 vote
MEDICAL STAFF REAPPOINTMENTS	Dr. Sierra Bourne introduced the Medical Staff reappointments. Discussion ensued. Motion by: Melissa Best-Baker Seconded by: Jean Turner

Passed 5-0 vote

ADDITIONAL PRIVILEGES AND CHANGE IN STAFF CATEGORY

Dr. Sierra Bourne introduced the additional privileges and change in staff category.

Discussion ensued.

FORMS / POLICIES

Dr. Sierra Bourne provided an overview of the Form.

- Form:
  - Certified Nurse Midwife

Motion by: Jean Turner
Seconded by: Melissa Best-Baker
Passed 5-0 vote

Dr. Sierra Bourne provided an overview of the policies/procedures.

- Policies
  - Medical Waste Management Plan

Discussion ensued.

Motion by: Melissa Best-Baker
Seconded by: Ted Gardner
Passed 5-0 vote

MEDICAL EXECUTIVE COMMITTEE REPORT

Dr. Sierra Bourne provided the Medical Executive Committee meeting report.

Discussion ensued.

CONSENT AGENDA

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

- *October 18, 2023 Regular Board Meeting Minutes*
- *November 15, 2023 Regular Board Meeting Minutes*
- *Department Reports*
- *Approval of Policies and Procedures*
  i. *Workforce Access to His or Her own Protected Health Information*
  ii. *Nursing Services Competency Plan*
  iii. *Orientation/Cross Training Time Frames*
  iv. *Nursing Students Requesting Clinical Preceptorship Rotation*
  v. *Business Associate Agreements Execution and Management*
  vi. *Governmental Agent Services*
  vii. *Financial Assistance Policy*
  viii. *DI Venipuncture by Radiologic Technologists*

ix. *ALARA Program*
x. *DI – Posting Requirements for Radiology*
xi. *DI – Repeat Rate and Analysis*
xii. *DI NM General Rules for the Safe Use of Radioactive Materials*
xiii. *Diagnostic Imaging – C-Arm (fluoroscope) Radiation Safety*
xiv. *Diagnostic Imaging – Disposal of radioactive sharps*
xv. *Diagnostic Imaging – Guidelines for use of radiology equipment in other areas*
xvi. *Diagnostic Imaging – Handling of Radioactive Packages, Non-nuclear medicine personnel*
xvii. *Diagnostic Imaging – Imaging Equipment Quality Control*
xviii. *Diagnostic Imaging – Maintenance of Diagnostic Imaging Equipment*
xix. *Diagnostic Imaging – Monitoring and Documentation of Fluoroscopic Quality Control*
xx. *Diagnostic Imaging – Nuclear Medicine New Employee/Annual Orientation*
xxi. *Diagnostic Imaging – Ordering Privilege and Procedure*
xxii. *Diagnostic Imaging – Ordering Radioactive Materials*
xxiii. *Diagnostic Imaging – Radioactive Material Hot Lab Security*
xxiv. *Diagnostic Imaging – Radioactive Materials Deliver After-hours Procedure*
xxv. *Diagnostic Imaging – Radioactive Waste Storage and Disposal*
xxvi. *Dosimetry Program – Occupational Radiation Exposure Monitoring Program*
xxvii. *Mammography Medical Audit Procedure*
xxviii. *Radiation Safety Committee Charter*
xxix. *Radiology Services Pregnant Personnel*

Discussion ensued.

Motion by: Melissa Best-Baker
Seconded by: Jean Turner
Passed 5-0 vote

GENERAL INFORMATION FROM BOARD MEMBERS

Chair Kilpatrick called for information from Board Members.

Mr. McCoy Barrett shared his first months experience as a new member of the Board of Directors and praised the dedication and compassion of the employees he has been able to speak with. Mr. McCoy Barrett also

commended CEO DelRossi on his leadership style and daily efforts serving NIHD and the local community.

Secretary Turner voiced that she recently participated in an Association of California Healthcare Districts' (ACHD) Board meeting and reported that the main topics discussed were healthcare district financial constraints and executive level turnover rate. Secretary Turner added that a lot of what was discussed were issues for which NIHD also has concerns. Secretary Turner also added that one of the hot topics at the yearly conference is school-based clinics and suggests that NIHD present in the near future.

Vice Chair Best-Baker also voiced her appreciation to CEO DelRossi and the Executive Team for actively reaching out and communicating with our neighboring healthcare facilities.

ADJOURNMENT

Adjournment at 08:06 p.m.

_____
Mary Mae Kilpatrick, Northern Inyo Healthcare District, Chair

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

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

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

DATE: January 2024

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Greg Bissonette, Foundation Executive Director/Grant Writer

RE: Department Update

REPORT DETAIL

FOUNDATION

At the November board meeting the Board approved to spend around $400 to purchase and embroider winter jackets for the CAREshuttle drivers and the volunteers. Those were completed and handed out to the crew in the beginning of December. The Board also approved to reimburse the District in the amount of $540 for the pink ribbons that were put up around the community in honor of Breast Cancer Awareness Month.
December's meeting was a very brief gathering to review recommendations on the Foundation's investment account and whether or not to stay in the stock market during the upcoming election year. After multiple sources confirmed that it would be in the best interest of the Foundation to stay the course, there was no action taken and the account remains as it was.

GRANT WRITING

The annual grant opportunity from the Small Rural Hospital Improvement Program (SHIP) out of the Department of Health Care Access and Information (HCAI) at the State was released and I'm working with the Quality Department on this year's work plan. The grant is typically around $13,000 and mostly covers software licenses that department uses for State and Federal quality metrics reporting.

I also submitted our 2023 annual report and our 2024 funding request to the Donald M. Slager Sunset Foundation. This grant award is usually around $20,000 and used to support the training software Relias, which the District uses for all staff to stay current on their clinical competencies and all other required trainings the District must provide to its employee. Administration and maintenance for all other current grants is ongoing.

NORTHERN INYO HEALTHCARE DISTRICT

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One Team, One Goal, Your Health!

150 Pioneer Lane
Bishop, California 93514

(760) 873-5811

DATE: January 2024

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Jannalyn Lawrence, Outpatient Clinics

RE: Department Update

REPORT DETAIL

NEW BUSINESS

1. Continued expansion of Specialty Services: Dr. Davis, urology, is very busy both in clinic and OR. New patient visit wait time is 3-4 weeks currently. Dr. Wiles is also ramping up clinic and OR schedules.

2. Dr. Rowan, cardiologist, has started seeing patients in Specialty Clinic. He is booking out into June and we hope to add more clinic days to accommodate high demand. We plan to offer a pacemaker interrogation clinic in the Spring, something that patients have not had local access to for many years.

3. Women's Clinic has responded to the news of Ridgecrest L&D closure with great enthusiasm. We recognize this as an opportunity to provide high-quality prenatal care to families beyond our usual service area. With plans to enhance clinic and provider staffing, we have so far been able to accept every Ridgecrest transfer request. We are monitoring this process closely and the transition seems to be going very smoothly.

4. A shout-out to RHC Car Clinic team, who have been incredibly busy the last 6+ weeks, seeing up to 30 pts per day. This service has become invaluable to our community, and kudos to the providers and MAs who are working outside during these cold winter months.

OLD BUSINESS

None

NORTHERN INYO HEALTHCARE DISTRICT

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150 Pioneer Lane
Bishop,California 93514

(760) 873-5811

DATE: January 2024

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Tanya De Leo, Patient Access

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Auth & Referral will be adding 2 additional team members due to the increase in referrals being submitted by providers and with the additional addition of providers to the district. This will allow for more efficient and timely processing.

OLD BUSINESS

RHC phones are now being answered in the Administration Building which provides a quiet space to communicate with patients.

RHC has added a 3rd check-in window, avoiding long lines for patients checking in.

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

150 Pioneer Lane
Bishop, California 93514
(760) 873-5811 Ext. 3415

DATE: January 2024

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Barbara Laughon, Manager, *Marketing, Communications, & Strategy*

RE: Department Update

REPORT DETAIL

COMMUNITY OUTREACH

Community events: NIHD team members – and often, their families – participated in several holiday events including the Community Holiday Parade, Hospice of the Owens Valley's Light Up a Life event, and the Bishop Chamber of Commerce Holiday mixer. Many thanks to: *CNO Allison Partridge, CHRO Alison Murray, Scott Hooker, Logan Needham, Rosie Graves, Michelle Garcia, Casey Solomon, Tawni Barrick, Jessica and Justin Nott, and Ben Mitchell*. Many thanks to those team members who also recorded Holiday Wishes videos/radio spots.

Healthy Lifestyle Talks: Hosted Diabetes Awareness talk Dec. 5, with RHC's Elizabeth Haun, FNP-BC; Dietitian Kalina Gardiner, RDN; and Rehabilitation Director Joanne Henze, PT, MPT, GCS, PCS; and hosted by CMO Dr. Adam Hawkins. Video available on NIHD YouTube Channel. This month's offering to be determined.

Podcast: Many new episode topics on tap for the New Year and will be announced as they are prepared for release.

MARKETING

Electronic Newsletter: NIHD did soft launch of new electronic newsletter receiving a strong response from our community. Efforts underway to increase sign-ups. Sign-up form available on NIH.org/newsletters. We plan to publish on the third Tuesday of every month.

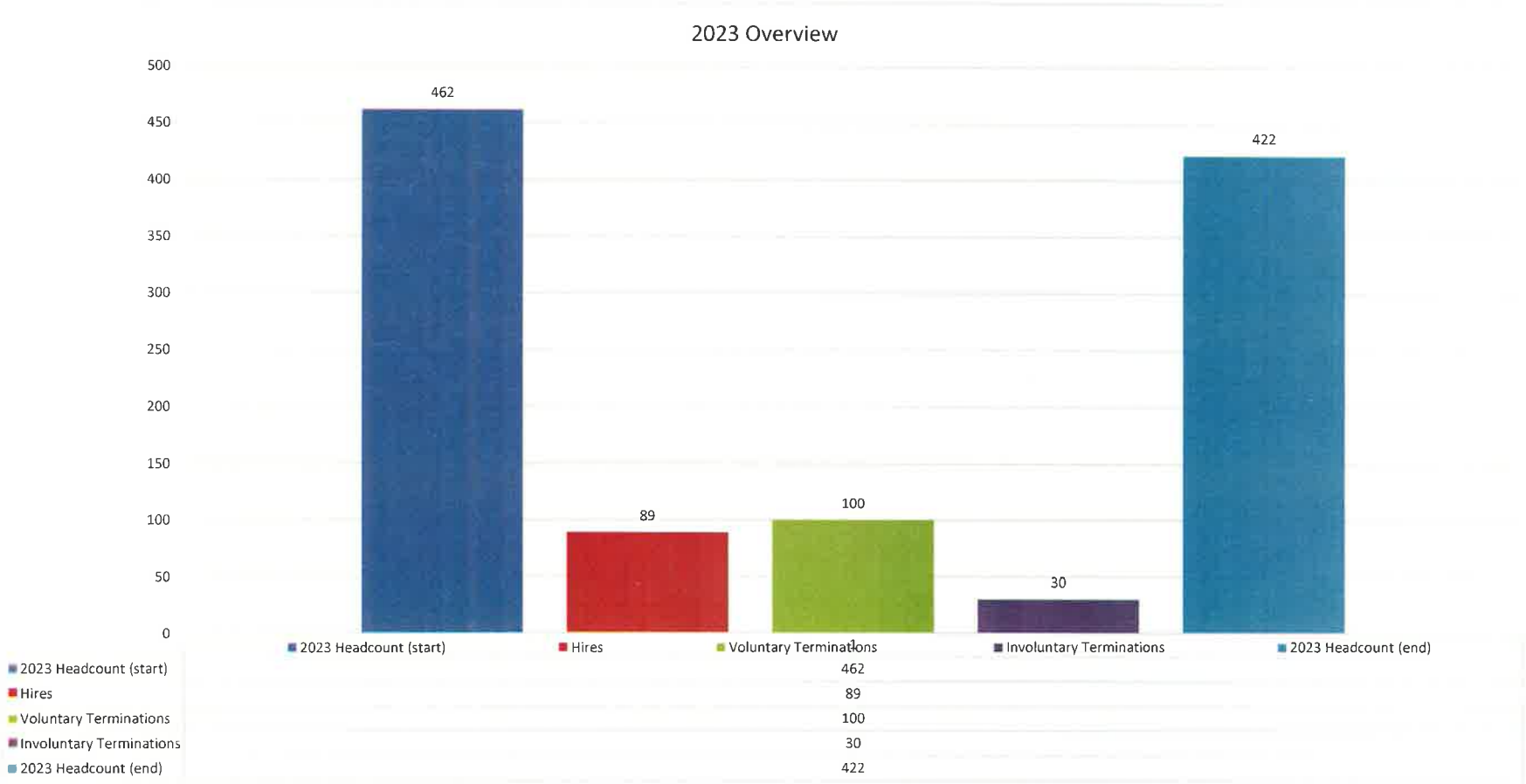
Ridgecrest: NIHD added Ridgecrest's *Daily Independent* to advertising efforts to highlight our availability and services. Working to develop ongoing relationship with *DI* staff.

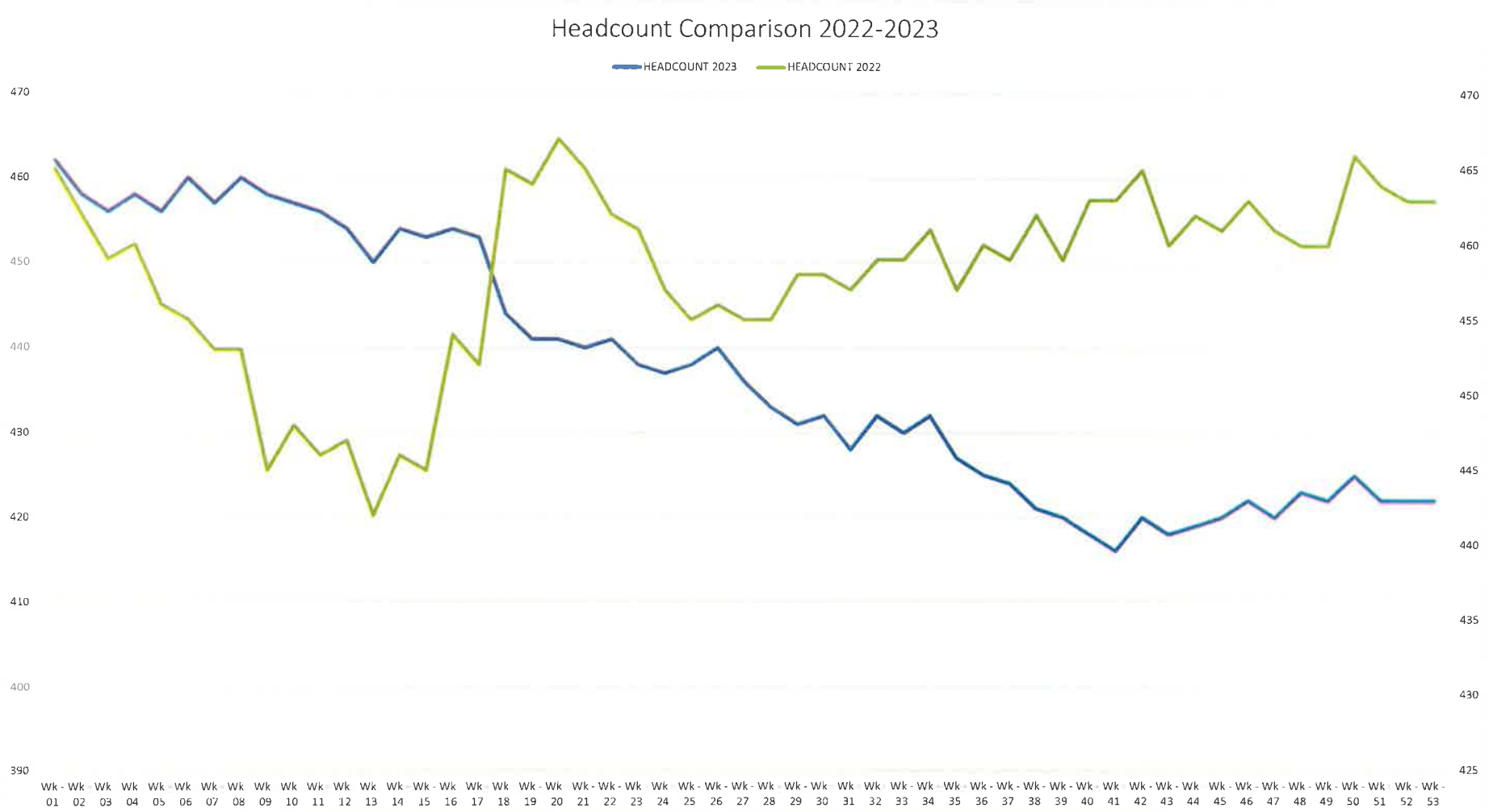
Rehabilitation Relocation/Open House: Working with CMO Hawkins, Rehabilitation Director Henze and Interim Maintenance Manager Brandon Cox on these efforts.

COMMUNICATIONS

Internal: Employee Town Halls: Thursdays, Jan. 25 and Feb. 22, 8:30 a.m. via Zoom

External: Community Town Hall scheduled for Thursday, April 25, 5:30 p.m. via Zoom webinar. News outlets spotlighted new Board member, elevation of CEO Rossi, false bomb threat to NIHD/Mammoth Hospital, and status of respiratory illnesses in Inyo.


2023 Overview
500
450
400
350
300
250
200
150
100
50
0
462
89
100
30
422
2023 Headcount (start)
Hires
Voluntary Terminations
Involuntary Terminations
2023 Headcount (end)
1
2023 Headcount (start) 462
Hires 89
Voluntary Terminations 100
Involuntary Terminations 30
2023 Headcount (end) 422


Headcount Comparison 2022-2023
HEADCOUNT 2023
HEADCOUNT 2022
470
460
450
440
430
420
410
400
390
470
465
460
455
450
445
440
435
430
425
Wk 01 - Wk 02 - Wk 03 - Wk 04 - Wk 05 - Wk 06 - Wk 07 - Wk 08 - Wk 09 - Wk 10 - Wk 11 - Wk 12 - Wk 13 - Wk 14 - Wk 15 - Wk 16 - Wk 17 - Wk 18 - Wk 19 - Wk 20 - Wk 21 - Wk 22 - Wk 23 - Wk 24 - Wk 25 - Wk 26 - Wk 27 - Wk 28 - Wk 29 - Wk 30 - Wk 31 - Wk 32 - Wk 33 - Wk 34 - Wk 35 - Wk 36 - Wk 37 - Wk 38 - Wk 39 - Wk 40 - Wk 41 - Wk 42 - Wk 43 - Wk 44 - Wk 45 - Wk 46 - Wk 47 - Wk 48 - Wk 49 - Wk 50 - Wk 51 - Wk 52 - Wk 53

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
New Hires 2022	6	9	6	16	24	6	8	9	8	12	5	9
New Hires 2023	5	10	3	10	13	8	4	8	4	11	8	5

Northern Inyo Healthcare District
www.nih.org

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

Date: 01/12/2024
To: Board of Directors
From: J. Adam Hawkins, DO Chief Medical Officer
Re: Bi-Monthly CMO report

Medical Staff Department update

Project Updates:

- Behavioral Health: Our Psychiatric Physician Assistant, Sue Park, will be on leave; that is anticipated to start at the end of Feb and last until April. We have been able to arrange for temporary provider coverage for this department in Sue's absence. Although securing reliable coverage for this department was challenging, we are very grateful that our patient's will still have access to a provider while Sue is away on leave. We anticipate that Sue will return to her normal clinical schedule this April.
- Cardiology:
    - ECHO's: 2023 saw the single busiest year in ECHO being completed since 2001. Total of 910. Of those, 621 (68.2%) were outpatients, 289 (31.7%) were inpatients and 38 (4%) were pediatric. This year saw the beginning of training in echocardiography for Adam Wills. Adam is about three months in and his training is progressing as expected. The third quarter was particularly busy, largely because of the busiest month ever (October, 104 echos) accounting for 30% of the annual total.
    - Loop Recorders: We are in the process of finalizing a workflow to start providing this service in February.
    - Dr. Rowan is currently booked out through May. We are actively working with him to secure more clinic availability to meet the demands of our community. The demand for outpatient cardiology services has been exacerbated by Toiyabe losing its cardiology services starting this year. Dr. Rowan has been very complimentary of our support staff and we look forward to growing this service line.
    - Calcium CT Scoring: Internal validation for this new diagnostic modality was completed at the end of 2023. This is a great tool that will allow our PCP's and cardiologist to help risk stratify our patients for coronary artery disease (CAD). Dr. Rowan gave a talk to our RHC providers earlier this month. We are hoping to set up an in person dinner for our medical staff to undergo further education on this new modality for those interested.
- Plastic Surgery: We were able to arrange for Dr. Plank to add a new virtual component to his practice this month. Right now we are aiming for one 0.5 virtual clinic days / month to augment his in person practice. We will assess the demand and can increase the offering as volumes require. He continues to provide comprehensive plastics care to our patient's. We have done internal campaigning to our referring providers to highlight that he can manage a wide array of dermatologic issues, specifically related to skin biopsies and excisions.

- Ridgecrest: Since learning of Ridgecrest hospitals plans to terminate obstetric services, we have been in ongoing communication with their hospital's clinical leadership team. As of now, they are planning on ceasing all obstetric and L&D services at the end of February. It is our understanding that they plan on maintaining some gynecological service for their community. We have been working with our OB's, Women's Health Clinic team, Pediatric Department, and L&D team to make sure we are prepared for the potential for increased patient volumes. Point about NIHD being very committed to women's health and maintaining this service line.
- New Service Lines: The Administrative team hosted Dr. George Hanna, MD on campus last week. Dr. Hanna is a fellowship trained Neurosurgeon who specializes in Spinal Surgery along with Skull Base pathology. He currently works at Cedars Sinai Hospital in Los Angeles, CA. We have been in ongoing discussions about entering into a mutually beneficial partnership. During his visit to Bishop, Dr. Hanna met with our referring providers in the RHC and also met with our operating room leadership team. Discussions are ongoing, however, it is our hope that we can come to a mutually beneficial agreement that will allow our community members access to a fellowship trained neurosurgeon and spinal surgeon. If we can come to an agreement, Dr. Hanna would provide coverage 1-3 days per month in our specialty clinic but would also provide expedited referrals and care for our patients at his practice in Cedar Sinai.
- Toiyabe: I continue to meet with key stakeholders of Toiyabe's clinical leadership team as well as their administrative team to try and promote a partnership that allows us to deliver the best possible care to our mutual patients. We are currently working to see if we can find creative, practical, and financially sustainable ways to better share our mutual patients' private health information between our electronic medical records (EMR's). This is a complex issue with many barriers. However, I am hopeful with ongoing dialogue we can improve on the status quo.

Physician Recruitment update:

- We have contracted with 2 new pediatricians that will be providing coverage starting this year. I am grateful that we will be able to provide Dr. Ricci and Dr. K. Meredick some much needed relief regarding their "on call" burden. We are still recruiting for a long-term, permanent pediatrician to join this department.
- After protracted discussions, I am happy to announce that The District has signed an agreement with Dr. Ted Rasoumoff, one of current per diem anesthesiologists. He is coming to us after practicing within a large group at one of the bigger hospital systems in Tucson, AZ. We are very much looking forward to him and Dr. Paul Kim serving as pillars of a new Anesthesiology provider practice.

Quality Department update

- The Quality Department Manager is currently out on an extended leave. In the meantime, the quality team is preparing for 2023 reporting and coordinating 2024 projects.
- QIP Update
    - Performance Year 6 (Jan 1, 2023- Dec 31, 2023)
        - PY 6 has now concluded and we are working on finalizing our performance rates. This involves compiling data from our health plans and verifying continuous enrollment for patients included in our measures. We are currently waiting on finalized enrollment data, claims data and pharmacy data which we will expect to have by March/April. Our reporting deadline is 6/15/24 for 12 measures. As it stands now, we are performing on over 12 measures and will narrow the list down on what we will report closer to the deadline and once we have finished compiling health plan data. After we have reported on 12 measures in June, we will start preparing for an extensive audit that will take place sometime between Aug-Sept.

- Performance Year 7 (Jan 1, 2024- Dec 31, 2024)
    - The first quarter of PY 7 will include launching a few performance improvement projects focused on QIP measures that we are performing poorly on. So far, we have begun work on cervical cancer screening and depression screening. The Quality dept also plans to continue working on the performance improvement projects we launched in PY 6 in areas such as pediatrics, perinatal, and RHC. Our measure re-attestation will occur in the next 2 months where we plan to re-attest to 12 measures and maximize our potential earnings. The PY 7 manual was just released last week and we have to spend some time familiarizing ourselves with it and looking at any new measures introduced. More to come on any new measures we can potentially tackle this year.

Dietary Department

- Our full-time dietician, Kalina, has been working hard with our project management, billing, coding, and revenue cycle teams to improve the District's ability to capture the revenue associated with the work she has been doing for our patients. We have made tremendous progress in this regard.

Rehab Department

- The rehab department is planning on moving into their new space in the Pioneer building starting January 19th. We hope that our therapists will be seeing patients in their new building starting January 21st. This will allow for no interruptions in patient care! I want to recognize the amazing collaboration that has taken place between the Rehab department, IT, & our Facilities department for making sure we can accomplish this move with minimal to no interruptions in patient care. We are tentatively planning for a lunch-time open house to show off the new space the week of February 12th. We will send out more information when a date and time for the open house has been finalized.
- Physical Therapy: We are currently still recruiting for 3 FT Physical Therapists. However, in the meantime we have contracted with 3 traveler providers that are doing an amazing job.
- OT: We are currently recruiting for a per diem position
- SLP: Still recruiting for an SLP.

NORTHERN INYO HEALTHCARE DISTRICT

PLAN

Title: Investment Annual Plan		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 01/10/2024	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

CONTENTS

1. SCOPE

This policy covers all funds and investment activities under the direct authority of the NIHD Governing Body, as set forth in the State Government Code, Sections 53600 *et seq*., with the following exceptions:

- Proceeds of debt issuance shall be invested in accordance with the NIHD Governing Body general investment philosophy as set forth in this policy; however, such proceeds are to be invested pursuant to the permitted investment provisions of their specific bond indentures.
- Any other funds specifically exempted by the NIHD Governing Body.

POOLING OF FUNDS

Except for cash in certain restricted and special funds, the NIHD Governing Body will consolidate cash and reserve balances from all funds to maximize investment earnings and to increase efficiencies with regard to investment pricing, safekeeping and administration. Investment income will be allocated to the various funds based on their respective participation and in accordance with generally accepted accounting principles.

2. PRUDENCE

Pursuant to California Government Code, Section 53600.3, all persons authorized to make investment decisions on behalf of the NIHD Governing Body are trustees and therefore fiduciaries subject to the *Prudent Investor Standard*:

> "…all governing bodies of local agencies or persons authorized to make investment decisions on behalf of those local agencies investing public funds pursuant to this chapter are trustees and therefore fiduciaries subject to the prudent investor standard. When investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the Agency, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the Agency. Within the limitations of this section and considering individual investments as part of an overall strategy, investments may be acquired as authorized by law."

The Chief Financial Officer and other authorized persons responsible for managing NIHD Governing Body funds acting in accordance with written procedures and this investment policy and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes provided that the Chief Financial Officer or other authorized persons acted in good faith. Deviations from expectations of a security's credit or market risk should be reported to the governing body in a timely fashion and appropriate action should be taken to control adverse developments.

3. OBJECTIVES

The NIHD Governing Body's overall investment program shall be designed and managed with a degree of professionalism worthy of the public trust. The overriding objectives of the program are to preserve principal, provide sufficient liquidity, and manage investment risks, while seeking a market-rate of return.

- **SAFETY.** Safety of principal is the foremost objective of the investment program. Investments will be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. To attain this objective, the NIHD Governing Body will diversify its investments by investing funds among a variety of securities with independent returns.
- **LIQUIDITY.** The investment portfolio will remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated.
- **RETURN ON INVESTMENTS.** The investment portfolio will be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints for safety and liquidity needs.

4. DELEGATION OF AUTHORITY

Authority to manage the NIHD Governing Body's investment program is derived from California Government Code, Sections 41006 and 53600 *et seq*.

The Governing Body is responsible for the management of the NIHD Governing Body's funds, including the administration of this investment policy. Management responsibility for the cash management of the NIHD Governing Body's funds is hereby delegated to the (Chief Financial Officer).

The CFO will be responsible for all transactions undertaken and will establish a system of procedures and controls to regulate the activities of subordinate officials and employees. Such procedures will include explicit delegation of authority to persons responsible for investment transactions. No person may engage in an investment transaction except as provided under the terms of this policy and the procedures established by the CFO.

The NIHD Governing Body may engage the services of one or more external investment advisers, who are registered under the Investment Advisers Act of 1940, to assist in the management of the NIHD Governing Body's investment portfolio in a manner consistent with the NIHD Governing Body's objectives. External investment advisers may be granted discretion to purchase and sell investment securities in accordance with this investment policy.

The NIHD Governing Body's overall investment program shall be designed and managed with a degree of professionalism that is worthy of the public trust. The NIHD Governing Body recognizes that in a diversified portfolio, occasional measured losses may be inevitable and must be considered within the context of the overall portfolio's return and the cash flow requirements of the NIHD Governing Body

5. ETHICS AND CONFLICTS OF INTEREST

All participants in the investment process shall act as custodians of the public trust. Investment officials shall recognize that the investment portfolio is subject to public review and evaluation. Thus employees and officials involved in the investment process shall refrain from personal business activity that could create a conflict of interest or the appearance of a conflict with proper execution of the investment program, or which could impair their ability to make impartial investment decisions.

Employees and investment officials shall disclose to the Chief Executive Officer any material interests in financial institutions with which they conduct business, and they shall further disclose any large personal financial/investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking any personal investment transactions with the same individual with whom business is conducted on behalf of the Agency.

6. INTERNAL CONTROLS

The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the entity are protected from loss, theft, or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Periodically, as deemed appropriate by the NIHD Governing Body and/or the Governing Body, an independent analysis by an external auditor shall be conducted to review internal controls, account activity, and compliance with policies and procedures.

7. AUTHORIZED FINANCIAL INSTITUTIONS, DEPOSITORIES, AND BROKER/DEALERS

To the extent practicable, the Chief Financial Officer shall endeavor to complete investment transactions using a competitive bid process whenever possible. The NIHD Governing Body's Chief Financial Officer will determine which financial institutions are authorized to provide investment services to the NIHD Governing Body. It shall be the NIHD Governing Body's policy to purchase securities only from authorized institutions and firms.

The Chief Financial Officer shall maintain procedures for establishing a list of authorized broker/dealers and financial institutions which are approved for investment purposes that are selected through a process of due diligence as determined by the NIHD Governing Body. Due inquiry shall determine whether such authorized broker/dealers, and the individuals covering the NIHD Governing Body are reputable and trustworthy, knowledgeable and experienced in Public Agency investing and able to meet all of their financial obligations. These institutions may include "primary" dealers or regional dealers that qualify under Securities and Exchange Commission (SEC) Rule 15c3-1 (uniform net capital rule).

In accordance with Section 53601.5, institutions eligible to transact investment business with the NIHD Governing Body include:

- Institutions licensed by the state as a broker-dealer.
- Institutions that are members of a federally regulated securities exchange.
- Primary government dealers as designated by the Federal Reserve Bank and non-primary government dealers.
- Nationally or state-chartered banks.
- The Federal Reserve Bank.
- Direct issuers of securities eligible for purchase.

Selection of financial institutions and broker/dealers authorized to engage in transactions will be at the sole discretion of the NIHD Governing Body, except where the NIHD Governing Body utilizes an external investment adviser in which case the Agency may rely on the adviser for selection.

All financial institutions which desire to become qualified bidders for investment transactions (and which are not dealing only with the investment adviser) must supply the Chief Financial Officer with audited financials and a statement certifying that the institution has reviewed the California Government Code, Section 53600 *et seq*. and the NIHD Governing Body's investment policy. The Chief Financial Officer will conduct an annual review of the financial condition and registrations of such qualified bidders.

Public deposits will be made only in qualified public depositories as established by State law. Deposits will be insured by the Federal Deposit Insurance Corporation, or, to the extent the amount exceeds the insured maximum, will be collateralized in accordance with State law.

Selection of broker/dealers used by an external investment adviser retained by the NIHD Governing Body will be at the sole discretion of the adviser. Where possible, transactions with broker/dealers shall be selected on a competitive basis and their bid or offering prices shall be recorded. If there is no other readily available competitive offering, best efforts will be made to document quotations for comparable or alternative securities. When purchasing original issue instrumentality securities, no competitive offerings will be required as all dealers in the selling group offer those securities at the same original issue price.

8. AUTHORIZED INVESTMENTS

The NIHD Governing Body's investments are governed by California Government Code, Sections 53600 *et seq*. Within the investments permitted by the Code, the NIHD Governing Body seeks to further restrict eligible investments to the guidelines listed below. In the event a discrepancy is found between this policy and the Code, the more restrictive parameters will take precedence. Percentage holding limits listed in this section apply at the time the security is purchased.

Any investment currently held at the time the policy is adopted which does not meet the new policy guidelines can be held until maturity and shall be exempt from the current policy. At the time of the investment's maturity or liquidation, such funds shall be reinvested only as provided in the current policy.

An appropriate risk level shall be maintained by primarily purchasing securities that are of high quality, liquid, and marketable. The portfolio shall be diversified by security type and institution to avoid incurring unreasonable and avoidable risks regarding specific security types or individual issuers.

1. **MUNICIPAL SECURITIES** include obligations of the NIHD Governing Body, the State of California and any local agency within the State of California, provided that:

    - The securities are rated in a rating category of "A" or its equivalent or better by at least one nationally recognized statistical rating organization ("NRSRO").
    - No more than 5% of the portfolio may be invested in any single issuer.
    - No more than 30% of the portfolio may be in Municipal Securities.
    - The maximum maturity does not exceed five (5) years.

2. **MUNICIPAL SECURITIES (REGISTERED TREASURY NOTES OR BONDS)** of any of the other 49 states in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other 49 states, in addition to California.

    - The securities are rated in a rating category of "A" or its equivalent or better by at least one nationally recognized statistical rating organization ("NRSRO").
    - No more than 5% of the portfolio may be invested in any single issuer.
    - No more than 30% of the portfolio may be in Municipal Securities.
    - The maximum maturity does not exceed five (5) years.

3. **U.S. TREASURIES** and other government obligations for which the full faith and credit of the United States are pledged for the payment of principal and interest. There are no limits on the dollar amount or percentage that the NIHD Governing Body may invest in U.S. Treasuries, provided that:

   - The maximum maturity is five (5) years.

4. **FEDERAL AGENCIES** or United States Government-Sponsored Enterprise obligations, participations, or other instruments, including those issued by or fully guaranteed as to principal and interest by federal agencies or United States government-sponsored enterprises. There are no limits on the dollar amount or percentage that the NIHD Governing Body may invest in Federal Agency or Government-Sponsored Enterprises (GSEs), provided that:

   - No more than 30% of the portfolio may be invested in any single Agency/GSE issuer.
   - The maximum maturity does not exceed five (5) years.
   - The maximum percent of agency callable securities in the portfolio will be 20%.

5. **BANKER'S ACCEPTANCES,** provided that**:**

   - They are issued by institutions which have short-term debt obligations rated "A-1" or its equivalent or better by at least one NRSRO; or long-term debt obligations which are rated in a rating category of "A" or its equivalent or better by at least one NRSRO.
   - No more than 40% of the portfolio may be invested in Banker's Acceptances.
   - No more than 5% of the portfolio may be invested in any single issuer.
   - The maximum maturity does not exceed 180 days.

6. **COMMERCIAL PAPER**, provided that the securities are issued by an entity that meets all of the following conditions in either paragraph (a) or (b) and other requirements specified below:
   a. **SECURITIES** issued by corporations:
      (i) A corporation organized and operating in the United States with assets more than $500 million.
      (ii) The securities are rated "A-1" or its equivalent or better by at least one NRSRO.
      (iii) If the issuer has other debt obligations, they must be rated in a rating category of "A" or its equivalent or better by at least one NRSRO.
   b. **SECURITIES** issued by other entities:
      (i) The issuer is organized within the United States as a special purpose corporation, trust, or limited liability company.
      (ii) The securities must have program-wide credit enhancements including, but not limited to, overcollateralization, letters of credit, or a surety bond.
      (iii)The securities are rated "A-1" or its equivalent or better by at least one NRSRO.

   - No more than 10% of the outstanding commercial paper of any single issuer.
   - No more than 25% of the Agency's investment assets under management may be invested in Commercial Paper. Under a provision sunsetting on January 1, 2026, no more than 40% of the portfolio may be invested in Commercial Paper if the Agency's investment assets under management are greater than $100,000,000.
   - No more than 5% of the portfolio may be invested in any single issuer.
   - The maximum maturity does not exceed 270 days.

7. **NEGOTIABLE CERTIFICATES OF DEPOSIT (NCDS)**, issued by a nationally or state-chartered bank, a savings association or a federal association, a state or federal credit union, or by a federally licensed or state-licensed branch of a foreign bank, provided that:

    - The amount of the NCD insured up to the FDIC limit does not require any credit ratings.
    - Any amount above the FDIC insured limit must be issued by institutions which have short-term debt obligations rated "A-1" or its equivalent or better by at least one NRSRO; or long-term obligations rated in a rating category of "A" or its equivalent or better by at least one NRSRO.
    - No more than 30% of the total portfolio may be invested in NCDs (combined with CDARS).
    - No more than 5% of the portfolio may be invested in any single issuer.
    - The maximum maturity does not exceed five (5) years.

8. **FEDERALLY INSURED TIME DEPOSITS** (Non-Negotiable Certificates of Deposit) in state or federally chartered banks, savings and loans, or credit unions, provided that:

    - The amount per institution is limited to the maximum covered under federal insurance.
    - No more than 20% of the portfolio will be invested in a combination of federally insured and collateralized time deposits.
    - The maximum maturity does not exceed five (5) years.

9. **COLLATERALIZED TIME DEPOSITS** (Non-Negotiable Certificates of Deposit) in state or federally chartered banks, savings and loans, or credit unions in excess of insured amounts which are fully collateralized with securities in accordance with California law, provided that:

    - No more than 20% of the portfolio will be invested in a combination of federally insured and collateralized time deposits.
    - The maximum maturity does not exceed five (5) years.

10. **CERTIFICATE OF DEPOSIT PLACEMENT SERVICE (CDARS)**, provided that:

    - No more than 30% of the total portfolio may be invested in a combination of Certificates of Deposit, including CDARS.
    - The maximum maturity does not exceed five (5) years.

11. **COLLATERALIZED BANK DEPOSITS.** NIHD Governing Body's deposits with financial institutions will be collateralized with pledged securities per California Government Code, Section 53651. There are no limits on the dollar amount or percentage that the NIHD Governing Body may invest in collateralized bank deposits.

12. **REPURCHASE AGREEMENTS** collateralized with securities authorized under California Government Code, maintained at a level of at least 102% of the market value of the Repurchase Agreement. There are no limits on the dollar amount or percentage that the NIHD Governing Body may invest, provided that:

- Securities used as collateral for Repurchase Agreements will be delivered to an acceptable third party custodian.
- Repurchase Agreements are subject to a Master Repurchase Agreement between the NIHD Governing Body and the provider of the repurchase agreement. The Master Repurchase Agreement will be substantially in the form developed by the Securities Industry and Financial Markets Association (SIFMA).
- The maximum maturity does not exceed one (1) year.

13. STATE OF CALIFORNIA LOCAL AGENCY INVESTMENT FUND (LAIF), provided that:

- The NIHD Governing Body may invest up to the maximum amount permitted by LAIF.
- LAIF's investments in instruments prohibited by or not specified in the NIHD Governing Body's policy do not exclude the investment in LAIF itself from the NIHD Governing Body s list of allowable investments, provided LAIF's reports allow the Chief Financial Officer to adequately judge the risk inherent in LAIF's portfolio.

14. LOCAL GOVERNMENT INVESTMENT POOLS

- Other LGIPs permitted by client.
- There is no issuer limitation for Local Government Investment Pools

15. CORPORATE MEDIUM TERM NOTES (MTNS), provided that:

- The issuer is a corporation organized and operating within the United States or by depository institutions licensed by the United States or any state and operating within the United States.
- The securities are rated in a rating category of "A" or its equivalent or better by at least one NRSRO.
- No more than 30% of the total portfolio may be invested in MTNs.
- No more than 5% of the portfolio may be invested in any single issuer.
- The maximum maturity does not exceed five (5) years.

16. ASSET-BACKED, MORTGAGE-BACKED, MORTGAGE PASS-THROUGH SECURITIES, AND COLLATERALIZED MORTGAGE OBLIGATIONS FROM ISSUERS NOT DEFINED IN SECTIONS 3 AND 4 OF THE AUTHORIZED INVESTMENTS SECTION OF THIS POLICY, provided that:

- The securities are rated in a rating category of "AA" or its equivalent or better by a NRSRO.
- No more than 20% of the total portfolio may be invested in these securities.
- No more than 5% of the portfolio may be invested in any single Asset-Backed or Commercial Mortgage security issuer.
- The maximum legal final maturity does not exceed five (5) years.

17. MUTUAL FUNDS AND MONEY MARKET MUTUAL FUNDS that are registered with the Securities and Exchange Commission under the Investment Company Act of 1940, provided that:

a. **MUTUAL FUNDS** that invest in the securities and obligations as authorized under California Government Code, Section 53601 (a) to (k) and (m) to (q) inclusive and that meet either of the following criteria:
   (i) Attained the highest ranking or the highest letter and numerical rating provided by not less than two (2) NRSROs; or
   (ii) Have retained an investment adviser registered or exempt from registration with the Securities and Exchange Commission with not less than five years' experience investing in the securities and obligations authorized by California Government Code, Section 53601 and with assets under management in excess of $500 million.

   - No more than 10% of the total portfolio may be invested in shares of any one mutual fund.

b. **MONEY MARKET MUTUAL FUNDS** registered with the Securities and Exchange Commission under the Investment Company Act of 1940 and issued by diversified management companies and meet either of the following criteria:
   (i) Have attained the highest ranking or the highest letter and numerical rating provided by not less than two (2) NRSROs; or
   (ii) Have retained an investment adviser registered or exempt from registration with the Securities and Exchange Commission with not less than five years' experience managing money market mutual funds with assets under management in excess of $500 million.

   - No more than 20% of the total portfolio may be invested in the shares of any one Money Market Mutual Fund.

c. No more than 20% of the total portfolio may be invested in these securities.

18. SUPRANATIONALS, provided that:

- Issues are US dollar denominated senior unsecured unsubordinated obligations issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank.
- The securities are rated in a rating category of "AA" or its equivalent or better by a NRSRO.
- No more than 30% of the total portfolio may be invested in these securities.
- No more than 10% of the portfolio may be invested in any single issuer.
- The maximum maturity does not exceed five (5) years.

9. PROHIBITED INVESTMENT VEHICLES AND PRACTICES

- State law notwithstanding, any investments not specifically described herein are prohibited, including, but not limited to futures and options.
- In accordance with Government Code, Section 53601.6, investment in inverse floaters, range notes, or mortgage derived interest-only strips is prohibited.
- Investment in any security that could result in a zero interest accrual if held to maturity is prohibited. Under a provision sunsetting on January 1, 2026, securities backed by the U.S. Government that could result in a zero- or negative-interest accrual if held to maturity are permitted.

- Trading securities for the sole purpose of speculating on the future direction of interest rates is prohibited.
- Purchasing or selling securities on margin is prohibited.
- The use of reverse repurchase agreements, securities lending or any other form of borrowing or leverage is prohibited.
- The purchase of foreign currency denominated securities is prohibited.
- Agencies that are not Qualified Institutional Buyers (QIB) as defined by the Securities and Exchange Commission are prohibited from purchasing Private Placement Securities. The SEC defines a QIB as having at least $100,000,000 in securities owned and invested.

10. INVESTMENT POOLS/MUTUAL FUNDS

The NIHD Governing Body shall conduct a thorough investigation of any pool or mutual fund prior to making an investment, and on a continual basis thereafter. The Chief Financial Officer shall develop a questionnaire which will answer the following general questions:

- A description of eligible investment securities, and a written statement of investment policy and objectives.
- A description of interest calculations and how it is distributed, and how gains and losses are treated.
- A description of how the securities are safeguarded (including the settlement processes), and how often the securities are priced and the program audited.
- A description of who may invest in the program, how often, what size deposit and withdrawal are allowed.
- A schedule for receiving statements and portfolio listings.
- Are reserves, retained earnings, etc. utilized by the pool/fund?
- A fee schedule, and when and how is it assessed.
- Is the pool/fund eligible for bond proceeds and/or will it accept such proceeds?

11. COLLATERALIZATION

CERTIFICATES OF DEPOSIT (CDS). The NIHD Governing Body shall require any commercial bank or savings and loan association to deposit eligible securities with an agency of a depository approved by the State Banking Department to secure any uninsured portion of a Non-Negotiable Certificate of Deposit. The value of eligible securities as defined pursuant to California Government Code, Section 53651, pledged against a Certificate of Deposit shall be equal to 150% of the face value of the CD if the securities are classified as mortgages and 110% of the face value of the CD for all other classes of security.

COLLATERALIZATION OF BANK DEPOSITS. This is the process by which a bank or financial institution pledges securities, or other deposits for the purpose of securing repayment of deposited funds. The NIHD Governing Body shall require any bank or financial institution to comply with the collateralization criteria defined in California Government Code, Section 53651.

REPURCHASE AGREEMENTS. The NIHD Governing Body requires that Repurchase Agreements be collateralized only by securities authorized in accordance with California Government Code:

- The securities which collateralize the repurchase agreement shall be priced at Market Value, including any Accrued Interest plus a margin. The Market Value of the securities that underlie a

repurchase agreement shall be valued at 102% or greater of the funds borrowed against those securities.

- Financial institutions shall mark the value of the collateral to market at least monthly and increase or decrease the collateral to satisfy the ratio requirement described above.
- The NIHD Governing Body shall receive monthly statements of collateral.

12. DELIVERY, SAFEKEEPING AND CUSTODY

DELIVERY-VERSUS-PAYMENT (DVP). All investment transactions shall be conducted on a delivery-versus-payment basis.

SAFEKEEPING AND CUSTODY. To protect against potential losses due to failure of individual securities dealers, and to enhance access to securities, interest payments and maturity proceeds, all cash and securities in the NIHD Governing Body's portfolio shall be held in safekeeping in the NIHD Governing Body's name by a third party custodian, acting as agent for the NIHD Governing Body under the terms of a custody agreement executed by the bank and the NIHD Governing Body. All investment transactions will require a safekeeping receipt or acknowledgment generated from the trade. A monthly report will be received by the NIHD Governing Body from the custodian listing all securities held in safekeeping with current market data and other information.

The only exceptions to the foregoing shall be depository accounts and securities purchases made with: (i) local government investment pools; (ii) time certificates of deposit, and, (iii) mutual funds and money market mutual funds, since these securities are not deliverable.

13. MAXIMUM MATURITY

To the extent possible, investments shall be matched with anticipated cash flow requirements and known future liabilities.

The NIHD Governing Body will not invest in securities maturing more than five (5) years from the date of trade settlement, unless the NIHD Governing Body has by resolution granted authority to make such an investment.

14. RISK MANAGEMENT AND DIVERSIFICATION

MITIGATING CREDIT RISK IN THE PORTFOLIO

Credit risk is the risk that a security or a portfolio will lose some or all its value due to a real or perceived change in the ability of the issuer to repay its debt. The NIHD Governing Body will mitigate credit risk by adopting the following strategies:

- The diversification requirements included in the "Authorized Investments" section of this policy are designed to mitigate credit risk in the portfolio.
- No more than 5% of the total portfolio may be deposited with or invested in securities issued by any single issuer unless otherwise specified in this policy.
- The NIHD Governing Body may elect to sell a security prior to its maturity and record a capital gain or loss in order to manage the quality, liquidity or yield of the portfolio in response to market conditions or NIHD Governing Body's risk preferences.
- If a security owned by the NIHD Governing Body is downgraded to a level below the requirements of this policy, making the security ineligible for additional purchases, the following steps will be taken:

- Any actions taken related to the downgrade by the investment manager will be communicated to the Chief Financial Officer in a timely manner.
- If a decision is made to retain the security, the credit situation will be monitored and reported to the Governing Body.

MITIGATING MARKET RISK IN THE PORTFOLIO

Market risk is the risk that the portfolio value will fluctuate due to changes in the general level of interest rates. The NIHD Governing Body recognizes that, over time, longer-term portfolios have the potential to achieve higher returns. On the other hand, longer-term portfolios have higher volatility of return. The NIHD Governing Body will mitigate market risk by providing adequate liquidity for short-term cash needs, and by making longer-term investments only with funds that are not needed for current cash flow purposes.

The NIHD Governing Body further recognizes that certain types of securities, including variable rate securities, securities with principal paydowns prior to maturity, and securities with embedded options, will affect the market risk profile of the portfolio differently in different interest rate environments. The NIHD Governing Body, therefore, adopts the following strategies to control and mitigate its exposure to market risk:

- The NIHD Governing Body will maintain a minimum of six months of budgeted operating expenditures in short term investments to provide sufficient liquidity for expected disbursements.
- The maximum stated final maturity of individual securities in the portfolio will be five (5) years, except as otherwise stated in this policy.
- The duration of the portfolio will generally be approximately equal to the duration (typically, plus or minus 20%) of a Market Benchmark, an index selected by the NIHD Governing Body based on the NIHD Governing Body's investment objectives, constraints and risk tolerances.

15. REVIEW OF INVESTMENT PORTFOLIO

The Chief Financial Officer shall periodically, but no less than quarterly, review the portfolio to identify investments that do not comply with this investment policy and establish protocols for reporting major and critical incidences of noncompliance to the NIHD Governing Body.

16. PERFORMANCE EVALUATION

The investment portfolio shall be designed to attain a market-average rate of return throughout budgetary and economic cycles, taking into account the NIHD Governing Body's risk constraints, the cash flow characteristics of the portfolio, and state and local laws, ordinances or resolutions that restrict investments.

The Chief Financial Officer shall monitor and evaluate the portfolio's performance relative to the chosen market benchmark(s), which will be included in the Chief Financial Officer's quarterly report. The Chief Financial Officer shall select an appropriate, readily available index to use as a market benchmark.

17. REPORTING

MONTHLY REPORTS

Monthly transaction reports will be submitted by the Chief Financial Officer to the NIHD Governing Body within 30 days of the end of the reporting period in accordance with California Government Code Section 53607.

QUARTERLY REPORTS

The Chief Financial Officer will submit a quarterly investment report to the NIHD Governing Body which provides full disclosure of the NIHD Governing Body's investment activities within 30 days after the end of the quarter. These reports will disclose, at a minimum, the following information about the Agency's portfolio:

1. An asset listing showing par value, cost and independent third-party fair market value of each security as of the date of the report, the source of the valuation, type of investment, issuer, maturity date and interest rate.
2. Transactions for the period.
3. A description of the funds, investments and programs (including lending programs) managed by contracted parties (i.e. LAIF; investment pools, outside money managers and securities lending agents)
4. A one-page summary report that shows:
   a. Average maturity of the portfolio and modified duration of the portfolio;
   b. Maturity distribution of the portfolio;
   c. Percentage of the portfolio represented by each investment category;
   d. Average portfolio credit quality; and,
   e. Time-weighted total rate of return for the portfolio for the prior one month, three months, twelve months and since inception compared to the NIHD Governing Body's market benchmark returns for the same periods;
5. A statement of compliance with investment policy, including a schedule of any transactions or holdings which do not comply with this policy or with the California Government Code, including a justification for their presence in the portfolio and a timetable for resolution.
6. A statement that the NIHD Governing Body has adequate funds to meet its cash flow requirements for the next six months.

ANNUAL REPORTS

A comprehensive annual report will be presented to the Governing Board. This report will include comparisons of the NIHD Governing Body's return to the market benchmark return, suggest policies and improvements that might enhance the investment program, and will include an investment plan for the coming year.

18. REVIEW OF INVESTMENT POLICY

The investment policy will be reviewed and adopted at least annually within 120 days of the end of the fiscal year, to ensure its consistency with the overall objectives of preservation of principal, liquidity and return, and its relevance to current law and financial and economic trends.

Any recommended modifications or amendments shall be presented by Staff to the NIHD Governing Body for their consideration and adoption.

REFERENCES:

1. California Senate Bill 998; Local Government Investments (Jan 1, 2021).
2. California Government Code, Section 41006, 53600.3, 53651 and 53607.
3. California Hospital Association – Record and Data Retention Schedule (2018).

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Check signing policy
2. Pension funding policy
3. Purchasing and signature authority

RECORD RETENTION AND DESTRUCTION:

Investment records must be maintained for fifteen (15) years after final redemption.

Supersedes: Not Set

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Billing and Collections		
Owner: Chief Executive Officer	Department: Administration	
Scope: Patient Access, Billing and Collections		
Date Last Modified: 12/21/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:
To provide clear and consistent guidelines for conducting cash and cash equivalent collection functions in a manner that promotes compliance with federal, state, and District rules, patient satisfaction, and efficiency.

POLICY:
In non-emergent circumstances, at or before the time of service, NIHD will collect the patient's co-pay, deductible, and patient's share on insurance eligibility. In emergent circumstances, collection will occur after the patient has been stabilized and is no longer in distress from the medical emergency.

PROCEDURE:
General Rules:
With respect to the collection of medical debt, the statute of limitations for breach of written contract is typically four years. The start time is either the most recent payment date, or the date on which the breach occurred – whichever happened later.

Under state law, NIHD must allow a 180-day negotiation period, which is roughly equivalent to five months, for the determination of a payment plan. NIHD will not send medical bills to a debt collection agency until the 180-day period has elapsed.

The Fair Debt Collection Practices Act (FDCPA) and the California Fair Debt Collection Practices Act (CFDCPA) - Rosenthal Fair Debt Collection Practices Act - protects consumers from abusive or deceptive debt collection practices. The FDCPA prohibits numerous consumer debt collection strategies. The following actions will not be taken by NIHD:

- Call repeatedly for the purpose of causing annoyance or distress.
- Make threats of any kind.
- Pretend to be lawyers, credit reporting company representatives, or government representatives.
- Use abusive or obscene language.

Before assigning a bill to collections or selling patient debt, NIHD will, at a minimum, provide the following:

- Date or services of the bill;
- Name of the entity to which the bill is being assigned or sold;
- Declaration as to how to obtain an itemized bill and an application for the hospital's financial assistance and charity care program.

Section 127430 - Written notice prior to commencing collection activities against patient
(a) Prior to commencing collection activities against a patient, the hospital, any assignee of the hospital, or other owner of the patient debt, including a collection agency, shall provide the patient with a clear and conspicuous written notice containing both of the following:
(1) A plain language summary of the patient's rights pursuant to this article, the Rosenthal Fair Debt Collection Practices Act (Title 1.6C (commencing with Section 1788) of Part 4 of Division 3 of the Civil Code), and the federal Fair Debt Collection Practices Act (Subchapter V (commencing with Section 1692) of Chapter 41 of Title 15 of the United States Code). The summary shall include a statement that the Federal Trade Commission enforces the federal act.

The summary shall be sufficient if it appears in substantially the following form: "**State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov**."

(2) A statement that nonprofit credit counseling services may be available in the area.
(b) The notice required by subdivision (a) shall also accompany any document indicating that the commencement of collection activities may occur.
(c) The requirements of this section shall apply to the entity engaged in the collection activities. If a hospital assigns or sells the debt to another entity, the obligations shall apply to the entity, including a collection agency, engaged in the debt collection activity.

Insurance Billing:

- For all insured patients, NIHD will bill applicable third-party payers based on information provided by or verified by the patient or their guarantor in a timely manner.
- If a claim is denied (or is not processed) by a payer due to an error by NIHD, NIHD will not bill the patient or their guarantor for any amount in excess of what the patient or their guarantor would have owed had the payer paid the claim.
- If a claim is denied or is not processed by a payer due to factors outside of NIHD's, staff will follow up with the payer and patient or their guarantor as appropriate to facilitate resolution of the claim. If resolution does not occur after follow-up efforts, Northern Inyo Healthcare District will bill the patient or their guarantor.
- After insurance adjudicates the bill, the appropriate entries will be added to the record.
- If a balance remains on the account, the account will move to Early-out, Self-pay status.
- The general flow of a patient's bill is as follows:
    - Verification of benefits
    - Bill insurance company or companies;
    - After insurance resolution, bill appropriate amount as determined through contractual arrangements; simultaneously, the account moves to self-pay, early-out status;
    - Patient will receive 5 monthly statements, telephonic communications, or any other reasonable means of communication;
    - Patient will receive a Good Bye letter on the 6th statement informing them, among others, that their balance is transferring to a debt collection agency;

- Up until the time the account is sent to the collection agency, the patient has the opportunity to seek assistance, if assistance is still available due to timing issues, through the Financial Assistance and Charity Care policy.

Patient Billing: Early-out and Self-pay

- Hospital care at NIHD is available to all those who may be in need of necessary services.
- Patient or guarantor may request an itemized statement at any time.
- For uninsured patients, NIHD will bill uninsured patients or guarantors and they will receive a statement as part of the organization's normal billing process.
- NIHD will provide all uninsured patients their Notice of Available Financial Assistance and Charity Care Services**.**
- For insured patients, after claims have been processed by third-party payers, NIHD will bill patient or guarantor the liability amount as determined by their insurer.
- If a patient or guarantor disputes account, has questions or concerns, or requests documentation regarding the bill, NIHD will seek resolution. Patient will be notified of findings.
- NIHD may approve payment plan arrangements for patients or their guarantor who indicate they may have difficulty paying their balance in a single installment.
- Generally, based on income, the balance may be financed for a length up to 60 months. The length of the financing will be based upon the corresponding Federal Poverty Level (FPL), and as follows:
  - When the total income is at or below 100% of the FPL, NIHD will offer financing up to 60 months with a minimum payment of $10.00 per month*;
  - When the total income is above 100% and equal to or lower than 200%, NIHD will offer financing up to 60 months with a minimum payment of $20 per month*;
  - When the total income is above 200% and equal to or lower than 250%, NIHD will offer financing up to 60 months with a minimum payment of $25 per month*;
  - When the total income is above 250% and equal to or lower than 300%, NIHD will offer financing up to 60 months with a minimum payment of $30 per month*;
  - When the total income is above 300% and equal to or lower than 350%, NIHD will offer financing up to 60 months with a minimum payment of $35 per month*;
  - When the total income is above 350%, NIHD will offer long-term financing up to 60 months with a minimum payment of $40 per month*;
  - Under unusual circumstances (e.g. outstanding balance greater than $1,500), the length of financing may exceed 60 months;
    - Approval must be obtained from the CFO for variances;
  - Financing must be offered in 6 month increments until an agreement is made;
  - The minimum amounts can be less than stated with the approval of the CFO.
- * The minimum payment may be less than or more than stated above based on the individual's ability to pay.

NIHD is not required to accept patient or their guarantor initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient or their guarantor is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

Collections Practices

In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, Northern Inyo Healthcare District may engage in collection activities—including outsourcing to outside collection agency to collect outstanding patient balances.

1. General collection activities may include patient statements, follow-up calls, letters, email, messages, or any other authorized form.
2. Northern Inyo Healthcare District will make every effort to identify eligibility for financial assistance programs or charity for uninsured, under insured, or high cost patients.
3. Patient balances may be referred to an outside collection agency for collection for all accounts greater than 180 days if financing arrangements were not reached. The District will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:
   a. There is a reasonable basis to believe the patient or their guarantor owes the debt.
   b. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient or their guarantor. NIHD shall not bill a patient or their guarantor for any amount that an insurance company is obligated to pay.
   c. NIHD will not refer accounts for collection while a claim on the account is still pending payer payment. However, the District may classify certain claims as "denied" if such claims are in "pending" mode for an unreasonable length of time despite efforts to facilitate resolution.
   d. NIHD will not refer accounts for collection where the claim was denied due to a District error. However, NIHD may still refer the patient liability portion of such claims for collection if unpaid.
   e. NIHD will not refer accounts for collection where the patient or their guarantor has initially applied for financial assistance, charity care or other District-sponsored program and NIHD has not yet notified the patient or their guarantor of its determination (provided the patient or their guarantor has complied with the timeline and information requests delineated during the application process).

Financial Assistance
NIHD provides all patients or their guarantor the opportunity to apply for financial assistance or charity care for their accounts, payment plan options, and other applicable programs.

NIHD assist patients or their guarantor with access to financial assistance and charity service programs during the collections process.

See Northern Inyo Healthcare District Financial Assistance and Charity Care Program for procedure.

IRS Rule:
26 U.S. Code § 61 - Gross income defined
(a)General definition
Except as otherwise provided in this subtitle, gross income means all income from whatever source derived, including (but not limited to) the following items:
(11)Income from discharge of indebtedness;
NIHD reserves the right to negotiate financing based on applicable IRS Codes and References.

REFERENCES:
1. 26 U.S. Code § 61 - Gross income defined
2. Fair Debt Collection Practices Act (FDCPA)
3. California Fair Debt Collection Practices Act (CFDCPA) - Rosenthal Fair Debt Collection Practices Act
4. Medicare CMS Manual 15: The Provider Reimbursement Manual.

RECORD RETENTION AND DESTRUCTION:
Maintenance of records is for a minimum of fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Financial Assistance and Charity Care Program
2. Bad Debt Policy
3. Pricing Transparency Policy

Supersedes: v.1 Billing and Collections

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Pricing Transparency Policy		
Owner: Chief Executive Officer	Department: Administration	
Scope: Compliance, Fiscal Department		
Date Last Modified: 12/06/2023	Last Review Date: 08/18/2021	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:

To ensure that Northern Inyo Healthcare District (NIHD) complies with CMS's final rule regarding Price Transparency.

POLICY:

The Public Health Services Act, Section 2718(e), requires that all hospitals make public a record of gross charges and negotiated rates for all services in the hospital Charge Master Description, as well as a listing of Shoppable Services effective 01/01/2021. The information posted online is in a machine-readable format and in a layout that is easily accessible to a patient without the need for the patient to be identified by a login or establishing an account.

Additionally, a consumer-friendly list of 300 types of standard charges for a limited set of "shoppable services" is required to be posted allowing consumers to compare services across the healthcare setting.

DEFINITIONS:

1. Public Health Services Act, Section 2718(e): "Bringing Down the Cost of Healthcare Coverage ", was enacted as part of the Affordable Care Act.
2. Northern Inyo Healthcare District (NIHD).
3. Hospital: "An institution in any State in which State or applicable local law provides for the licensing of hospitals and that is: 1) licensed as a hospital pursuant to such law; or 2) approved, by the agency of such State or locality responsible for licensing hospitals, as meeting the standards established for such licensing".
4. Items and Services: Items and services are "all amenities, including individual items and services and/or service packages that could be provided by a hospital to a patient in connection with an Inpatient admission or an Outpatient Department visit for which the hospital has established a standard charge".
5. Third-Party Payer: An "entity that is, by statute, contract or agreement, legally responsible for payment of a claim for a healthcare item or service".
6. Standard Charge: "The regular rate established by the hospital for an item or service provided to a specific group of paying patients".
7. Gross Charges: The amount listed in the hospital's charge master as the charge for an item or service without any discounts.
8. Payer Specific Negotiated Rates: The amount negotiated by the hospital with a specific third party payer for an item or service.

9. Discounted Cash Price: The discounted amount charged to an uninsured patient or to an insured patient who waives their insurance benefits and is treated as self-pay.
10. De-identified Minimum Negotiated Charge: Across all third-party payers, the lowest negotiated amount for an item or service.
11. De-identified Maximum Negotiated Charge: Across all third-party payers, the highest negotiated amount for an item or service.
12. Shoppable Service: A service that can be scheduled by a healthcare consumer in advance and can be a group of related services, when ancillary services are provided alongside the main or primary service.
13. Ancillary Service: An item or service a hospital customarily provides as part of or in conjunction with a shoppable primary service.
14. Charge Description Master (CDM): A tool or listing of codes and prices for hospital (In and Outpatient) providers to communicate medical services to payers and patients.
15. Centers for Medicare and Medicaid Services (CMS): The agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major healthcare programs.
16. Current Procedural Terminology (CPT): A medical code set used to report medical, surgical and diagnostic procedures and services for physicians, insurance companies and accreditation organizations. The American Medical Association annually publishes the "Physicians' Current Procedural Terminology", or CPT manuals.
17. Fee Schedule: A comprehensive listing of the 'Usual and Customary' fees a physician or group of physician's charge for their services. All of the clinic charges at NIHD live in a Fee Schedule.
18. Centers for Medicare & Medicaid Services (CMS): The agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major healthcare programs

PROCEDURE:

1. Charge Master Requirements
   (a) Machine-Readable Elements
      (i) Description of each item or service
      (ii) List of all standard charges including
         a. Gross charges
         b. Payer-specific negotiated charges
         c. Discounted cash price
         d. Minimum and maximum negotiated charges
      (iii) All codes used by the hospital for purposes of accounting or billing for the item or service
   (b) Format
      (i) Published in a machine-readable file or digital representation of data or information that can be imported or read into a computer system for further processing
      (ii) The information must be available in a single digital file that is of a specific file type; i.e., .XML,. JSON, and .CSV
   (c) Location and accessibility
      (i) The file is displayed prominently and is clearly identifiable on the hospital website using a CMS-specified naming convention
      (ii) The information is easily accessible, without barriers, including that it is accessible free of charge, does not require the user to establish an account, is password free and no personal identifying information is required
      (iii) The file is digitally searchable
      (iv) All information in the file is updated at least annually and clearly displays the last date the file was updated

2. Shoppable Service Requirements
   (a) A display of payer-specific negotiated charges, de-identified minimum and maximum negotiated charges, and discounted cash prices are shown on the hospital website for 300 shoppable services.
      (i) 70 ‘shoppable services’ have been identified by CMS
      (ii) 230 ‘shoppable services’ have been identified by NIHD
      (iii) For every ‘shoppable service’ of the CMS listing that NIHD does not provide, an additional service must be identified and added to the list, making the posted number 300
      (iv) In the case that the district does not have 300 services to display, then all services within the District must be listed
      (v) The list of ‘shoppable services’ selected for display by the hospital should include services commonly provided to the hospital’s patient population
      (vi) A plain-language description will be used along with all primary codes used by the hospital for proposed accounting or billing
      (vii) A list or groupings of primary ‘shoppable services’ will include the addition of all ancillary services associated with the procedure, are to be displayed
      (viii) A record of where the ‘shoppable service’ is provided, Inpatient or Outpatient

   (b) Format
      (i) NIHD has the discretion of format for making public the customer-friendly information
      (ii) The file is displayed prominently and is clearly identifiable on the hospital website using a CMS-specified naming convention
      (iii) The information is easily accessible, without barriers, including that the file is accessible free of charge, does not require the user to establish an account, is password free and no personal identifying information is required
      (iv) The file is digitally searchable
      (v) The file is updated at least annually and clearly displays the last date the file was updated

3. Compliance
   (a) NIHD will meet the requirements of Public Health Services Act, Section 2718(e) by making public standard charges and ‘shoppable services for 300 services and, by maintaining an internet-based price estimator tool that can:
      (i) Run estimates for all 300 identified shoppable services
      (ii) Has the information displayed on the hospital’s website
      (iii) Is accessible to public without a charge and without needing to register with an account or password
      (iv) Allows consumer access at all times

REFERENCES:

1. Healthcare Business Insights, Price Transparency Requirements for 2021, 2019.
2. Healthcare Financial Management Association, Negotiated Rate Posting Requirement CY 2020 OPPS Proposed Rule
3. CMS Medicare Learning Network, CY 2020 Hospital OPPS Policy Changes: Hospital Transparency Requirements, 12/3/2019

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Billing for Rehabilitation Services
2. Charge Capture Policy & Procedure
3. Charge Master Procedure for Clinics
4. Financial Assistance Program
5. COVID Vaccination Financial Policy
6. Outpatient Infusion Charge Description
7. Prompt Pay Discounts
8. Surgery Charges
9. Use off Hospital Issued Notice of Noncoverage (HINN)

Supersedes: N/A

Title: Hospital Accounts		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 03/16/2022	Last Review Date: 01/10/2024	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

An employee who has an account with the District may make arrangements with the Credit and Collections office for monthly payments of the account. If the employee wishes, the payments may be set up on a payroll deduction plan until the account is paid.

The payroll deduction amount will be in accordance with the payment terms offered to the general public and/or the residents of the District.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

Supersedes: v.1 15-03 HOSPITAL ACCOUNTS
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Wages - Punch Detail Report (06-01)		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 07/20/2021	Last Review Date: 01/10/2024	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

Your punch detail report from the timekeeping system is an accurate record of your working time and is the basis for computing your paycheck. It is your responsibility to ensure that your punch detail report is accurate. Employees who knowingly swipe or time stamp in or out for another employee, or manually sign in or out for another employee, are subject to disciplinary action up to and including termination.

You must swipe or time stamp in closest to your actual assigned work area at a timekeeping terminal or a computer using time stamp. Time stamp may be used ONLY while working on Northern Inyo Healthcare District properties, not while working from home. You may only work from home with Chief Executive Officer approval and that time must be submitted manually on an edit sheet.

You must not swipe or time stamp in more than six minutes before your scheduled starting time, nor swipe out more than six minutes after the time that your shift ends without prior written approval of your supervisor. Further details are listed in the Payroll Policies and Guidelines.

If any corrections are needed regarding your punch detail, please complete and submit a manual payroll edit sheet.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Payroll Policies and Guidelines

Supersedes: v.2 Wages - PUNCH DETAIL REPORT (06-01)
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Benefits - Lifetime Benefit Hours (LBH)		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 07/20/2021	Last Review Date: 01/10/2024	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

Regardless of employee status or personnel classification (full-time, regular part-time, per diem, temporary), LBH represents the cumulative number of hours paid by the District since your current hire date.

LBH--hours paid--includes the following hours: regular time, overtime, double-time, education time, Paid Time Off (PTO), sick leave, and miscellaneous nonproductive time (e.g. jury duty, bereavement leave). LBH also includes Zero Pay.

Hours/units excluded from LBH: e.g. standby hours, 1-time callback units, supervisor differential units, ICU differential units, and retroactive adjustment units.

LBH accumulates from date of hire and is used for determining maximum Paid Time Off (PTO) accrual rates.

LBH is earned by the pay period.

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

Supersedes: v.3 Benefits - LIFETIME BENEFIT HOURS (LBH) (07-05)
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Worker Housing Policy		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 07/21/2021	Last Review Date: 01/10/2024	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:
To specify the circumstances and conditions on which the District will provide housing to workforce.

POLICY:
In light of the extremely limited supply of suitable housing in the vicinity of the District's health care facilities and the substantial difficulties of finding suitable housing faced by workforce who need to relocate in connection with commencing work for the District, it shall be the policy of the District to acquire and maintain an inventory of suitable housing in the vicinity of the District's health facilities and to make such housing available to workforce in appropriate circumstances, all in accordance with the following procedure.

PROCEDURE:
Based on the recommendations of the District Chief Executive Officer (CEO) and management, the District Board of Directors shall periodically review and, where warranted, approve the District's acquisition and maintenance of an inventory of suitable housing, specified by type, size, location and whether rented or owned, taking into account the reasonable needs of District workforce, the general availability of suitable housing, the cost of such housing and the financial resources of the District available for such purposes. District management shall use commercially reasonable efforts to obtain and maintain an inventory of housing consistent with the Board's approvals from time-to-time.

The District CEO, in reviewing and approving proposed compensation packages for District workforce shall have authority to include, in the District CEO's reasonable discretion, the provision of housing as an element of compensation, consistent with the District's available housing inventory, the reasonable needs of the workforce member, and the District's other needs for housing.

If on or after the Effective Date of this Policy, the District CEO approves the inclusion of housing as an element of an workforce member's compensation, the terms and conditions of the approved housing shall be specified in writing to workforce member, including the type and size of housing, its location, the expected duration, and, except in connection with temporary work assignments having an expected duration of less than one year (or the housing is otherwise reasonably expected to be excluded from gross income for income tax purposes), the fair rental value of the housing and any included utilities, together with a statement that such value shall be included as an element of taxable compensation, which, among other consequences, shall be taken into account for purposes of withholding and reporting to the Internal Revenue Service and other appropriate tax authorities on Form W-2 and/or Form 1099. Where other terms and conditions of employment or other work relationship

are specified in writing, the terms and conditions of any and all housing benefits shall be included in the same writing.

Except in unusual circumstances, in the case of housing leased by the District, the fair rental value shall be deemed to be the amount paid by the District for the housing. In the case of housing owned by the District, District management shall, from time-to-time, establish fair rental value with the assistance of knowledgeable real estate agents, appraisers or other professionals.

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCES POLICIES AND PROCEDURES:

Supersedes: Worker Housing Policy Version #1
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Wages - Payroll Deductions (06-03)		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 07/21/2021	Last Review Date: 01/10/2024	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

There are two types of deductions: those required by law and those authorized by you. Those required by law include but may not be limited to:

A. Amount required by federal law for income tax.
B. Amount required by federal law for Social Security and Medicare.
C. State income tax.
D. Amount required by state law for disability insurance.
E. Court ordered child support, alimony, and other garnishments.

Those authorized by you including but not limited to:

A. Health insurance dependent coverage premium.
B. Northern Inyo Healthcare District charges.
C. Credit Union.
D. Deferred Compensation Program (Tax Sheltered Annuity).
E. Miscellaneous deductions such as additional life insurance or long-term disability buy-up.
F. Cafeteria charges and other items authorized by use of your identification badge.

With the exception of the deductions required by law, we will deduct from your pay only when authorized by you in a written request or by use of your identification badge.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

Supersedes: v.1 06-03 PAYROLL DEDUCTIONS
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Shift Differential		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 03/16/2022	Last Review Date: 01/10/2024	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

Standard day shift workers are not paid shift differential for any hours worked. A standard day shift is a shift that starts at, or any time after, 6:00 A.M. and ends not later than 6:30 P.M. When an employee does not start and end work at times within this window, the employee will be paid shift differential according to the following rule: eight percent of the employee's hourly base rate of pay for each hour worked between 3:00 P.M. and 11:00 P.M., and twenty-five percent of the employee's hourly base rate of pay for each hour worked between 11:00 P.M. and 7:00 A.M. This rule will apply to call time falling within this window, as well.

The shift differential is excluded from pay for any Paid Time Off.

Further details on the District's shift differential policy are listed in the Northern Inyo Healthcare District Payroll Policies and Guidelines.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

Supersedes: v.1 10-01 SHIFT DIFFERENTIAL
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Payroll Advances		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 03/16/2022	Last Review Date: 01/10/2024	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

Payroll advances are given only in the following circumstances:

A. Paid Time Off (PTO) in cases of extreme emergency (e.g., death in employee's family).

B. Paid Time Off (PTO) if requested two or more weeks in advance of the first day of actual vacation, resignation or other routine needs.

Please refer to the Payroll Check Advances Policy and Procedure and the Check Advance Request Form.

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

Supersedes: v.1 07-02 PAYROLL ADVANCES
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020

Title: Assignments and Garnishments		
Owner: Chief Executive Officer	Department: Administration	
Scope: District Wide		
Date Last Modified: 03/16/2022	Last Review Date: 01/10/2024	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

POLICY:

We must honor legal garnishments as provided by State and federal laws.

Garnishments are usually effective for a period of ninety days after being served. During this period the employer is required to deduct a percentage from the earnings of the employee.

REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

Supersedes: v.1 22-04 ASSIGNMENTS AND GARNISHMENTS
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020