

# NOTICE

### NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS – GOVERNANCE COMMITTEE MEETING

### May 06, 2024 AT 8:00 AM

The Governance Committee will meet in person at 150 Pioneer Street Bishop, CA 93514 Administration Meeting Room (AMR). Members of the public will be allowed to attend in person or via zoom. Public comments can be made in person or via zoom:

<u>TO CONNECT VIA **ZOOM**</u>: (A link is also available on the NIHD Website) https://us06web.zoom.us/j/82808945975 **Meeting ID**: 828 0894 5975

### **PHONE CONNECTION:**

888 475 4499 US Toll-free 877 853 5257 US Toll-free **Meeting ID**: 828 0894 5975

- 1. Call to Order (at 8:00 am).
- 2. *Public Comment*: At this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Governance Committee is prohibited from generally discussing or taking action on items not included on this Notice.
- 3. Approval of G.C. Meeting Minutes for April 1, 2024 (Action item)
- 4. NIHD Board Calendar of Time Sensitive Business (Agenda reference / information item)
- 5. 2024 NIHD Board Workplan (Agenda reference / information item)
- 6. Open Session:
  - a. New Business:
    - i. Board Self-Assessment recommendations
  - b. Old Business:
    - i. Strategic Planning process
    - ii. Election Window Information
  - c. Standing Business:
    - i. Board Development and Education topics
    - ii. Marketing update
    - iii. Next meeting topic discussion
    - iv. G.C. Workplan updates

v. Board Calendar of Time Sensitive Business updates

#### 7. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board Governance Committee meeting, please contact administration at (760) 873-2838 at least 24 hours prior to the meeting.

Northern Inyo Healthcare District Board of Directors April 01, 2024 Governance Committee (G.C.) Meeting Page 1 of 2 CALL TO ORDER Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:00 a.m. PRESENT Jean Turner, G.C. Chair (Vice Chair, Board of Directors) Stephen DelRossi, MSA, Chief Executive Officer Patty Dickson, Compliance Officer Barbara Laughon, Manager of Marketing & Strategy Katie Manuelito, Board Clerk & CFO Assistant David McCoy Barrett, G.C. Board Member (Treasurer, Board of PRESENT VIA ZOOM Directors) ABSENT **OPPORTUNITY FOR** Governance Committee Chair Jean Turner reported that at this time, PUBLIC COMMENT members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered. There were no comments from the public. **NEW BUSINESS** DISCUSS REVIEW OF G.C. Chair Turner called attention to the first agenda item. BOARD POLICIES/PROCEDURES Discussion ensued. The committee agreed to review all Board polices & procedures at one of the next upcoming G.C. Meetings. DISCUSS STRATEGIC G.C. Chair Turner called attention to the Strategic Planning Process and PLANNING PROCESS AND how to maximize effectiveness. HOW TO MAXIMIZE EFFECTIVENESS Discussion ensued. PLANNING DISCUSSION G.C. Chair Turner called attention to the Planning Discussion for Board FOR BOARD SELF-Self-Assessment results. ASSESSMENT RESULTS Discussion ensued. APPROVAL OF G.C. G.C. Chair Turner called attention to the January 30, 2024 Meeting MEETING MINUTES FOR Minutes. JANUARY 30, 2024 Patty Dickson read the meeting minutes aloud. G.C. Chair Turner called

Northern Inyo Healthcare Dis	trict Board of Director	S	April 01, 2024
Governance Committee (G.C			Page 2 of 2
	for a motion to appro	ve minutes with changes as c	liscussed.
	Motion by: David M Seconded by: Jean T Passed 2-0 vote	-	
APPROVAL OF G.C. MEETING MINUTES FOR FEBRUARY 05, 2024	G.C. Chair Turner ca Minutes.	lled attention to the February	05, 2024 Meeting
	-	e meeting minutes aloud. G. ve minutes with changes as c	
	Motion by: David M Seconded by: Jean T Passed 2-0 vote	•	
APPROVAL OF G.C. MEETING MINUTES FOR FEBRUARY 12, 2024	G.C. Chair Turner ca Minutes.	lled attention to the February	12, 2024 Meeting
	-	e meeting minutes aloud. G. ve minutes with changes as c	
	Motion by: David M Seconded by: Jean T Passed 2-0 vote	•	
APPROVAL OF G.C. MEETING MINUTES FOR FEBRUARY 26, 2024	G.C. Chair Turner ca Minutes.	lled attention to the February	26, 2024 Meeting
		e meeting minutes aloud. G. ve minutes with changes as c	
	Motion by: David M Seconded by: Jean T Passed 2-0 vote	•	
ADJOURNMENT	Adjournment at 08:49	9 a.m.	
		Jean Turner, Northern Inyo H	Healthcare District,

Governance Committee Member

Attest:

David McCoy Barrett, Northern Inyo Healthcare District, Governance Committee Member



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

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



### 2024 Governance Committee Workplan

### January, February, March

Committee 2024 Workplan

Discuss G.C. Terms

Review executive and Board strategic plans to prepare a strategic plan

submission for the full board

Create Board Compliance Program Worksheet

Ensure Conflict of Interest Policy is being adhered to according to the form

700, complete annually for county

April, May, June

**Review Board Policies and Procedures** 

Plan Board Self-assessment and strategic goals for coming year.

July, August, September

Governance Committee member contacts ACHD to initiate/plan the process for

CEO evaluation by the full

Strategic plan mid-year review (current year)

October, November, December

Ensure Board Self-Assessment is complete

Review Board Compliance

Review 2025 GC Workplan (Submit to BOD in January 2025)

Oct - No less than every three years, will review new Board member

orientation Handbook and make recommendations to full Board.

Nov -Prepares slate for rotation of elected officers for the Board Chair to

present to the full Board for a vote.

# Northern Inyo Healthcare District 2024 Governance Self-Assessment

Provided as a Member Service By



# **Self-Assessment Overview**

n March 2024 the Northern Inyo Healthcare District Board of Directors assessed the board's overall leadership performance. The board also identified issues and priorities for the future.

Board members assessed the board's overall performance in ten leadership areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Quality and patient safety;
- Community relationships;
- Relationship with the CEO;
- Relationships with the medical staff;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 167 total criteria in these ten areas.

### How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. All five Northern Inyo Healthcare District board members completed the self-assessment.

Respondents rated a variety of statements in the ten areas above, using a scale ranging from "Level 5 (Strongly Agree)" to "Level 1 (Completely Disagree)." "Not Sure" and "Not Applicable" choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to "Not Sure" and "Not Applicable" ratings.

Finally, board members provided insights about their priorities for the board in the next year; defined the board's strengths and weaknesses; identified key issues that should occupy the board's time and attention in the next year; provided insights about the most significant trends the board must be able to understand and deal with in the next year; and identified critical factors that must be addressed for the organization to successfully achieve its goals.

### **Rating Methodology**

The following rating scale was used to evaluate overall board performance:

- <u>Level 5</u>: I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- <u>Level 4</u>: I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- <u>Level 3</u>: I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- <u>Level 2</u>: I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- <u>Level 1</u>: I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- <u>N/S</u>: Not sure. I do not have enough information to make a determination about our performance in this area.
- <u>N/A</u>: Not applicable.

### **Reviewing This Report**

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from <u>highest to</u> <u>lowest mean score</u>. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear throughout the report, where applicable, and on pages 28-29.

# **Mission, Values and Vision**

#### Mission, Values and Vision

(sorted by highest to lowest mean score)

						Mean Score
Our organization has a clear, focused and relevant written values		4	l.		1	4.80
Our organization has a clear, focused and relevant written vision		4			1	4.80
Our organization has a clear, focused and relevant written mission		4			1	4.80
The board uses the mission, values and vision when making policy and strategic decisions in the best long-term interests of the organization and the community we serve	ź	2		2	1	4.20
Board members fulfill their leadership role by ensuring achievement of the mission, values and vision	2	2	2	2	1	4.00
The mission, values and vision drive organizational strategies, objectives and action plans	1		3		1	4.00
The mission, values and vision drive decision making at all board meetings	1	2	2	1	1	3.60
The board tests all policy and strategy decisions by asking how/if they will strengthen our ability to achieve the mission and vision		4			1	3.60
The board regularly reviews the status of strategies and objectives to ensure fit with the mission and vision	1	1		2	1	3.25
■ Level 5 ■ Level 4 □ Level 3	0 f	1 2 ■ Level 1		3 N/A	4 □ N/S	5

#### **Suggestions for Governance Improvement**

- Under our current leadership, I am confident that we will be measuring our achievement goals in the future.
- More accountability with industry standards presented. Then presentations by CEO as to how to achieve those benchmarks that get us operating at a profit in two years.
- More public awareness and reviewing of all three.
- Having a retreat.

re

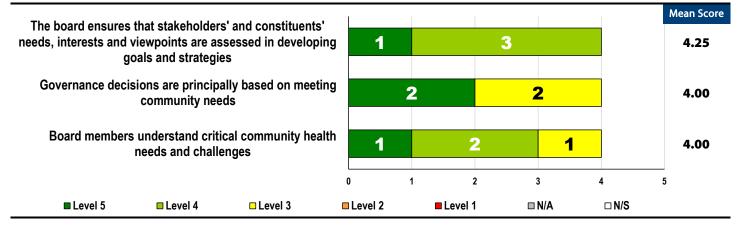
# **Strategic Direction**

#### The Strategic Planning Process

(sorted by highest to lowest mean score)

Strategic information provided to the board enables a cl					Mean Score
Strategic information provided to the board enables a cle understanding of issues and challenges, and facilitate decision making		L		1	4.60
Our organization has a flexible, responsive strate planning process	gic	3		2	4.60
Board members understand strategic issues the organization is facing, and the factors most critical organizational success and performance		3		1 1	4.40
The board focuses the majority of its time on strate thinking and strategic leadership rather than strate plans	gic	2		3	4.40
The board's collective understanding of the evolvi political/economic environment (local, regional ar national) ensures effective strategic decision maki	nd	2	2	1	4.20
The board responds to new challenges with knowledge based ideas and directions	ge- 1		4		4.20
The board is well-familiar with the planning data and assumptions that form the foundation for the strategic p	lan 1		4		4.20
Our organization's strategic objectives are clea communicated to the board, employees and otl stakeholder individuals and organizations		3		<mark>1</mark> 1	3.75
Level 5 Level 4 Level 3	0 □ Level 2	1 2	-	4 □ N/S	5

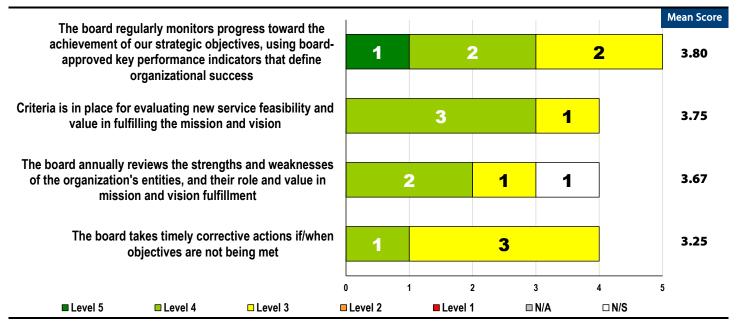
# Community and Stakeholder Perspectives (sorted by highest to lowest mean score)



### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### Monitoring Progress

(sorted by highest to lowest mean score)



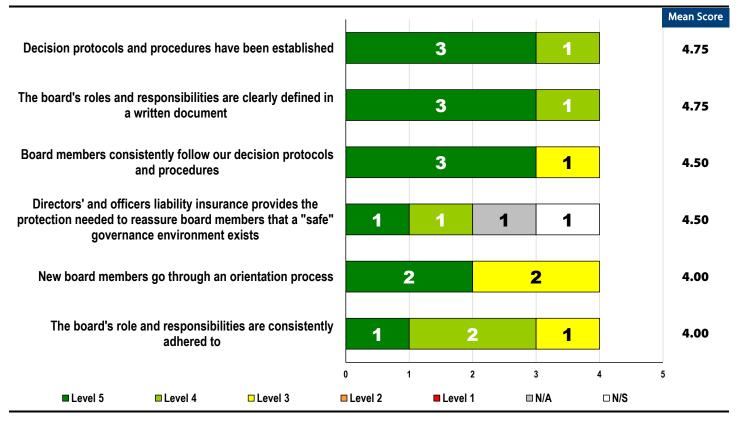
#### Suggestions for Governance Improvement

- Under current CEO leadership, these areas have been continuing to improve, and we have made great progress!
- We need more facts comparing us to industry standards. We need to know how far above the industry standards we must operate to stay in business the next two years. I want more accountability with each department and to know they understand what benchmarks they need to hit in order for the organization not to go bankrupt.
- Clear goals and monthly reporting.
- Review quarterly.

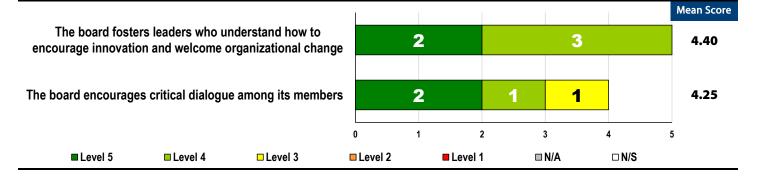
# Leadership Structure and Processes

### Board Roles and Responsibilities

(sorted by highest to lowest mean score)



### **Board Structure and Composition**



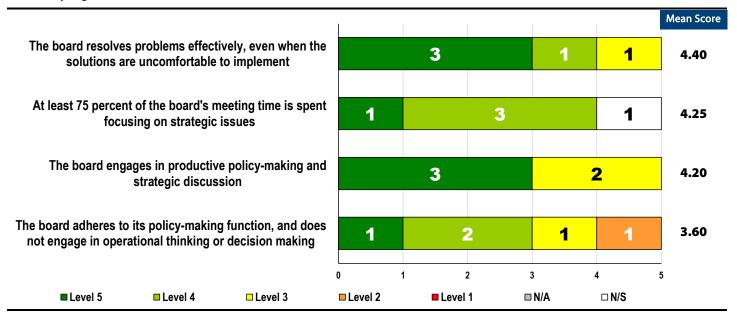
### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### Board Member Performance

(sorted by highest to lowest mean score)

6 I. (	· · · · · · · · · · · · · · · · · · ·							Mean Score
		1		1	1	1	1	4.00
	•	1		1	1	1		4.00
s when non-perfo			2		1	1		3.00
		0	1	2		3	4	5
	forming to the bo requirements ocess for removin board for non-per cess for improvin	ocess for removing a board member board for non-performance cess for improving individual board s when non-performance becomes a overnance issue	forming to the board's standards or requirements ocess for removing a board member board for non-performance cess for improving individual board s when non-performance becomes a overnance issue	forming to the board's standards or requirements ocess for removing a board member board for non-performance cess for improving individual board s when non-performance becomes a overnance issue	forming to the board's standards or requirements ocess for removing a board member board for non-performance cess for improving individual board s when non-performance becomes a overnance issue 0 1 2	forming to the board's standards or requirements ocess for removing a board member board for non-performance cess for improving individual board s when non-performance becomes a overnance issue 0 1 2	forming to the board's standards or requirements         ocess for removing a board member board for non-performance         cess for improving individual board s when non-performance becomes a overnance issue         0       1       2       1       1	forming to the board's standards or requirements11111ocess for removing a board member board for non-performance11111cess for improving individual board s when non-performance becomes a overnance issue21101234

#### **Strategic Focus**



### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### **Board Meetings**

The frequency of our board meetings ensures timely decisions 4.	5.00
Board meetings comply with the Ralph M. Brown Act	5.00
Board meeting attendance meets our organization's need for broad-based and inclusive dialogue, and consensus- based decision making	4.75
The board chair is well-skilled in the dynamics of effective meeting management and leadership, and keeps meetings well-organized and tightly constructed	4.67
Meeting agendas provide adequate time to discuss and act on significant strategic issues 1	4.50
Agendas reflect our strategic issues and priorities, and focus on specific outcomes the board wants to achieve at the meeting	4.25
Board members' time is respected and used efficiently, and board member involvement and participation are enhanced as a result	4.25
The board saves critical time for important discussions by utilizing a consent agenda covering the routine actions that require approval 2 2	4.00
The board chair keeps a tight rein on digressions,         members' side discussions, and issues that have already         been addressed	3.75
0 1 2 3 4	5 □ N/S

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### Board Member Knowledge

(sorted by highest to lowest mean score)

			1						Mean Score
Each board memb information and inte partici		s required for active			3		1	1	4.00
Board members rece and alternatives fro strat		prior to defining a		2		1		2	4.00
A continual flow of r presented at board n information to moc	neetings, and boa	rd members use the	1			3		1	3.80
understanding of t		d comprehensive th care environment its effects on the		2		1	1		3.25
A regular environ ensuring board under in the health care en the organization, it	rstanding of the c vironment, and th	hanges taking place teir implications on			3		1		2.75
Level 5	Level 4	Level 3	0 Level 2	1	2 ■ Level 1		3 □ N/A	4 □ N/S	5

### Governance Development

Level 5

(sorted by highest to lowest mean score)

A governance development process is in place that identifies governance issues, determines educational needs, and manages the governance self-assessment process

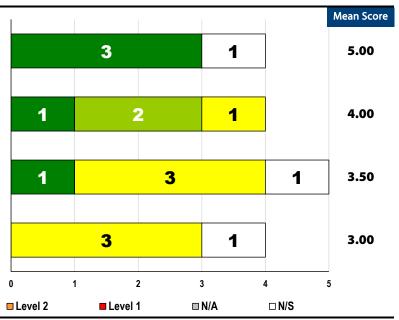
The board develops and implements an annual governance improvement plan

Board orientation and education broadens board members' perspectives about the challenges our organization will face in the future

The board has an education development plan that assures board member understanding of issues essential to effective governance, including education at every board meeting, and annually at the board retreat

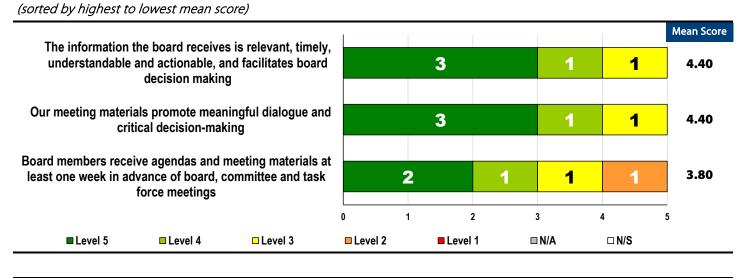
Level 4

Level 3

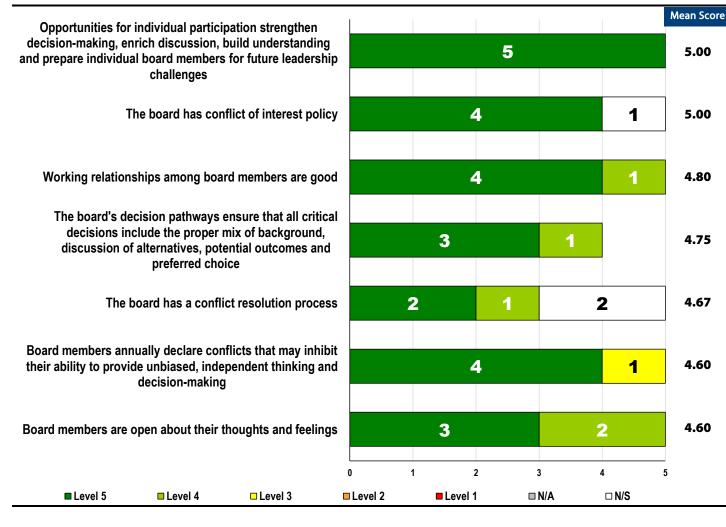


### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### Meeting Materials

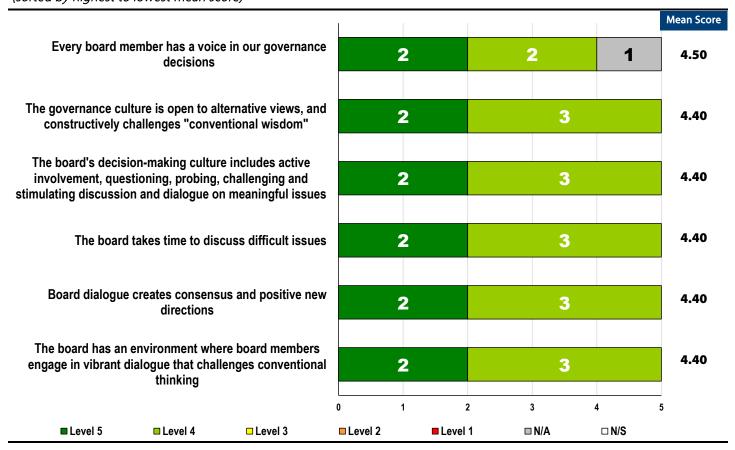


# Board Relationships and Communication: Higher-Rated (sorted by highest to lowest mean score)



### 2024 Northern Inyo Healthcare District Governance Self-Assessment

# Board Relationships and Communication: Lower Rated (sorted by highest to lowest mean score)



#### Suggestions for Governance Improvement

- The current Board members work well together in these areas.
- Again, having a retreat.

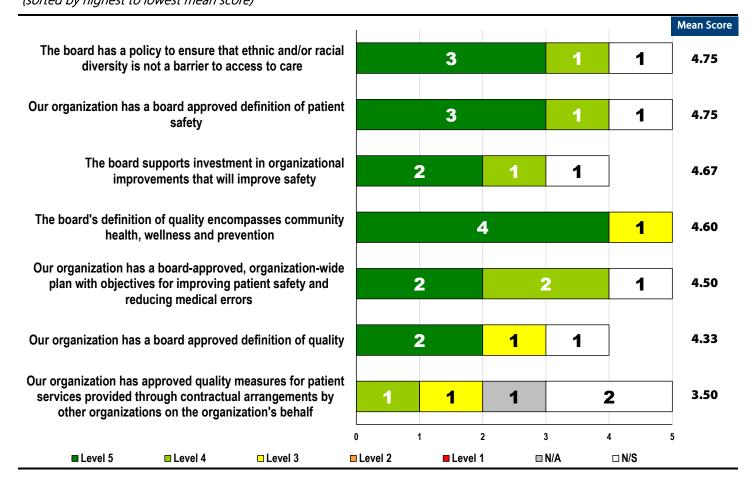
# **Quality and Patient Safety**

### Defining and Understanding Quality and Patient Safety Issues: Higher-Rated

								Mean Score
Quality improv	rement is a core o	rganizational strategy			4		1	5.00
	hieves the Joint C patient safety goa	ommission's national Is			4		1	5.00
	ssed and adheres related accreditation	to Joint Commission on standards			4		1	5.00
The board	l has approved a F	Patients' Bill of Rights		3	;	1	1	5.00
	p team and medic ssion's quality sta	al staff meet the Joint andards			4		1	4.80
		s compliance with julatory and statutory			4		1	4.80
■ Level 5	Level 4	Level 3	0 Level 2	1 ■L	2 .evel 1	3 □ N/A	4 □ N/S	5

### SUMMARY RESULTS 2024 Northern Inyo Healthcare District Governance Self-Assessment

# Defining and Understanding Quality and Patient Safety Issues: Lower-Rated (sorted by highest to lowest mean score)



### 2024 Northern Inyo Healthcare District Governance Self-Assessment

Mean Score

4.75

4.75

4.60

4.60

4.50

4.50

4.25

4.25

4.00

3.40

5

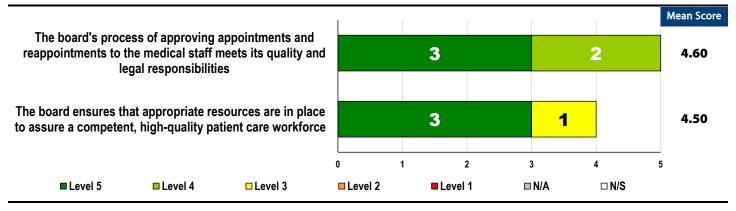
Monitoring Quality and Patient Safety (sorted by highest to lowest mean score)

The board approves the written performance improv or quality assessment plan	vement	3		1	1
The board uses the results of patient perception stu ensure improvement in the patient experience		3		1	1
The board effectively carries out its responsib ensuring high quality, safe patient care		3			2
Our organization has a quality improvement proc identifying and reporting adverse events impac patients, and ensures actions to prevent recurr	cting	3			2
The board consistently evaluates performance a targets to ensure achievement of the board's qual patient safety improvement plan		3		1	1
The board has established clearly-defined and meas quality improvement targets	surable	2	2	2	1
Our organization has a quality improvement proces continuously defines, measures and improves qualit levels, including clinical, service and organizatio development	ty at all	2	1	1	1
The board monitors compliance with applicable federal and local regulatory and statutory require			3		
The CEO's performance objectives are ba measurable and achievable quality go		3		1	1
Quality and patient safety performance and issu reviewed at every board meeting	ues are 1		2		2
Level 5 Level 4 Level 3	0 Level 2			3 N/A	4 □ N/S

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

### Ensuring a Workforce that Provides High Quality and Safe Care

(sorted by highest to lowest mean score)



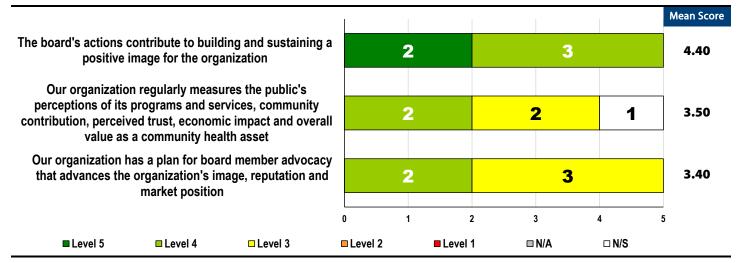
#### Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

# **Community Relationships**

## **Ensuring Public Trust and Confidence**

(sorted by highest to lowest mean score)



Mean Score

4.50

3.80

3.80

3.75

3.50

3.40

5

#### **Ensuring Community Communication and Feedback** (sorted by highest to lowest mean score)

		I				
The board has established a process community input and viewpoints about needs and opportunities	-	2	2		2	1
The board's role in local, regional and advocacy advances the organization's political leaders		2	2		3	
The board utilizes board members as "ambassadors" to communicate with sta important health care issue	akeholders on	1	2	2		2
Our legislators understand ou	r mission/role	1	1		2	1
The board ensures that the organizatio priorities are well-communicated to ou stakeholders		1	1	1	1	1
The board works with others in the commun collaborative partnerships in building a community		1			4	
Level 5 Level 4	Level 3	0 f	1 z	2   1   [	3 ⊐ N/A	4 □ N/S

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

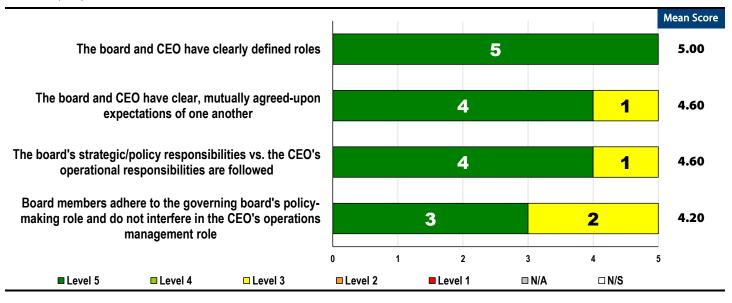
### Suggestions for Governance Improvement

- Much better marketing.
- Each Board member getting involved in some organization.

# Relationship with the CEO

#### **Board and CEO Roles**

(sorted by highest to lowest mean score)



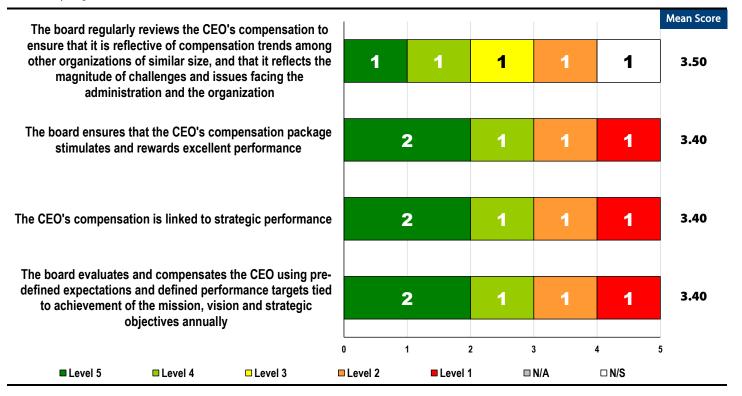
# Communication, Support and Shared Goals (sorted by highest to lowest mean score)

								Mean Score
The board and CEO work together w	rith a sense of purpo	ose		4			1	4.80
Mutual trust and respect exists be and the CEC		ers		4			1	4.80
The board consistently supports the implementation of board-appr		and		3		1		4.75
The chair-CEO relationship sets a framework for the overall boar				4			1	4.60
The board always hears from th difficult or potentially problemat				4			1	4.60
The board uses executive ses communication between t		ben	2		1	2		3.20
		0	1	2	3	4		5
Level 5 Level 4	Level 3	Level 2		Level 1	□ N/A	C	1 <b>N/S</b>	

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### **CEO Evaluation**

(sorted by highest to lowest mean score)

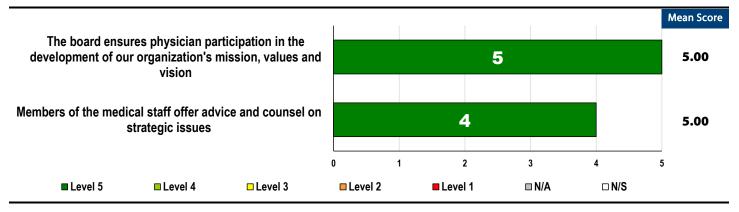


#### Suggestions for Governance Improvement

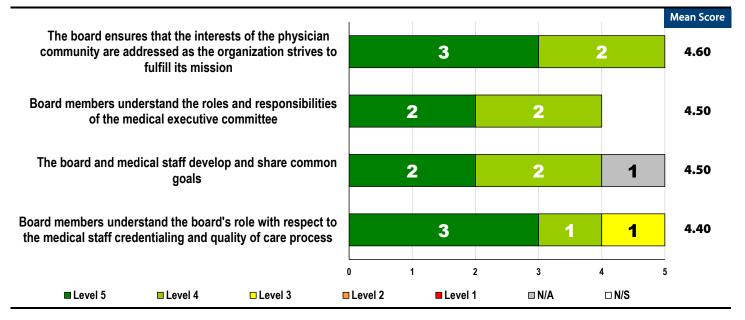
- Having that conversation in a closed session would be helpful.
- Not sure HR regularly checks his compensation with other hospital districts of our size.

# **Relationships with the Medical Staff**

Physician Involvement in Decision Making (sorted by highest to lowest mean score)



### Shared Understanding



### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### **Communication and Interaction** (sorted by highest to lowest mean score) Mean Score There is an effective method for communicating board decisions that impact physicians, their practices and their 3 1 1 4.50 patients There is effective communication between the board and 3 1 1 4.00 the medical staff The board builds trust with physicians through 3 1 1 4.00 collaborative and productive working relationships The board regularly assesses physician attitudes and 1 1 1 1 1 3.00 needs 4 0 1 2 3 5 Level 5 Level 4 Level 3 Level 2 Level 1 □N/A

#### Suggestions for Governance Improvement

- Having the doctors present to us.
- Somehow find a way that the Board can meet with the physicians annually.

# **Financial Leadership**

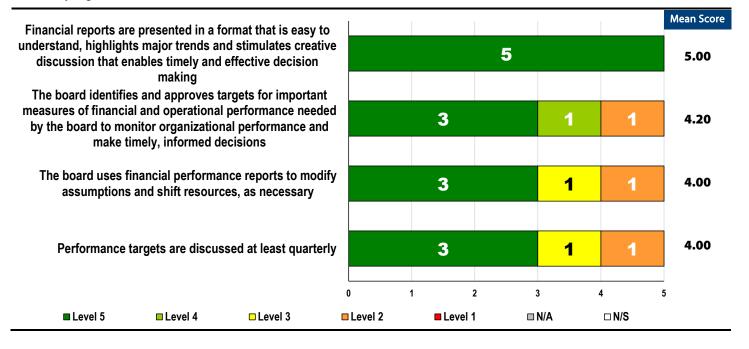
#### The Fiduciary Responsibility (sorted by highest to lowest mean score)

	1					Mean Scor
Regular financial reports made to the board are understandable and meaningful			5			5.00
The board directs the conduct of an annual audit, and thoroughly discusses all recommendations from the independent auditor's report and management letter		4			1	4.80
The board leads the development of long-range and short- range financial planning		3		1	1	4.40
The board successfully carries out its fiduciary responsibility for the oversight of financial resources		3		1	1	4.40
The board ensures that adequate capital is available for our organization's growth	1		3		1	4.25
Board members are comfortable asking questions about financial issues during board meetings		3			2	4.20
The board uses the annual budget process to define the most effective allocation of our organization's limited resources		3		1	1	4.00
The board annually adopts a long-term capital expenditure budget, with expenditures prioritized based on greatest value	1		3		1	3.60
The board measures operational performance against the plans	1	2		1	1	3.60
■ Level 5 ■ Level 4 □ Level 3	0 Level 2	1 2 ■ Level 1	3	s N/A	4 □ N/S	5

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

#### **Monitoring Progress**

(sorted by highest to lowest mean score)



#### Suggestions for Governance Improvement

- This area has improved tremendously under our current CEO.
- Comparing us to industry standards.

# **Community Health**

# **Development and Support of Community Health Initiatives** *(sorted by highest to lowest mean score)*

					Mean Score
CEO performance objectives include a focus on improving community health		4		1	5.00
The board understands the strategic importance of initiatives designed to improve the health of the community		4		1	4.80
There is a board-wide understanding of and commitment to building a healthier community		4		1	4.80
The board has a clear and consensus-driven understanding of the most important community health needs and issues	2		2	1	4.50
Our organization has defined what constitutes our "community"	2		2	1	4.50
Our organization promotes and supports specific initiatives whose sole purpose is improving community health, regardless of financial gain		3	1	1	4.40
Our organization conducts an annual or semi-annual community needs assessment that defines and measures improvement in the community's health	1	2	1	1	3.33
Our organization jointly advocates with other community organizations for legislation, regulation and other actions to address community health and socioeconomic issues	1	2	1	1	3.20
	0 1 I Level 2	2 ■ Level 1	3 □ N/A	4 □ N/S	5

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

# Community Involvement and Communication (sorted by highest to lowest mean score)

Our organization has a process to secure and evaluate community feedback on the value of our programs and services

Our organization uses feedback from the community to enhance responsiveness to its community health improvement opportunities

Our organization, in conjunction with its community partners, regularly assesses the value and impact of our joint community health improvement efforts using specific measures of health status, health outcomes and services provided

Our organization establishes community partnerships to leverage services and resources to maximize community benefit and carry out our community health improvement agenda

Our organization and its community partners disseminate the results of their shared improvement efforts to our state and federal legislators, community and interested stakeholders

Level 4



#### Suggestions for Governance Improvement

Level 5

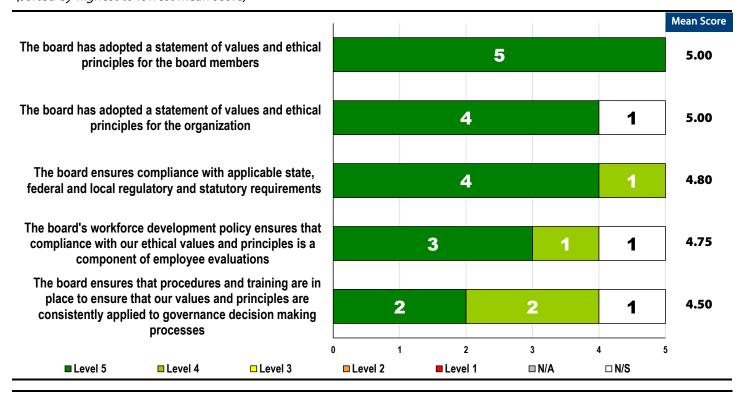
Board members provided the following suggestions for governance improvement in this section:

Level 3

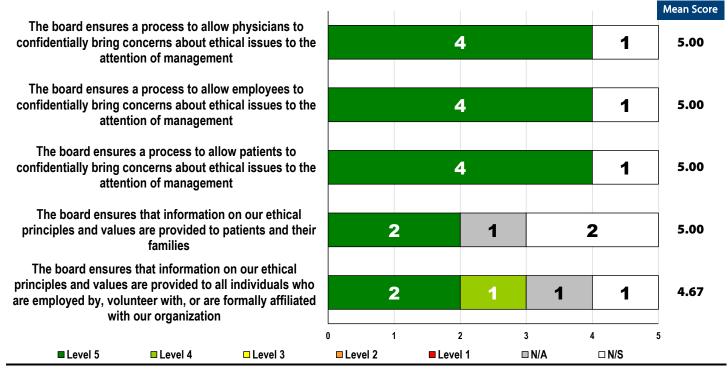
- We could work more on partnering with other entities around service delivery, gap assessment, political advocacy, etc.
- CEO has Town Halls for the community. It really allows the community to ask questions and receive answers.

# **Organizational Ethics**

# Ensuring Development and Implementation of Organizational Ethics (sorted by highest to lowest mean score)



#### Awareness of Ethical Issues



### 2024 Northern Inyo Healthcare District Governance Self-Assessment

### Suggestions for Governance Improvement

No comments or suggestions for governance improvement were provided in this section.

# **Issues and Priorities**

### Highest Priority for the Board in the Next Year

#### Question: What is your single highest priority for the board in the next year?

- Improving the cash on hand number of days!
- To get us operating at a profit.
- Keeping our doors open.
- Working with neighboring health care providers to strengthen the services available to our communities.
- To provide the best service to our community, so they aren't traveling out of town to get it.
- To turn the perception of the hospital around.
- To make sure all providers are inspired both mentally and financially in solving our financial and perception issues.
- To make sure we are not life flighting patients out unnecessarily.
- To make sure our community gets appointments in a timely manner.

#### **Most Significant Strengths**

#### Question: What are the board's most significant strengths?

- Everyone has a different background, different priorities, and different connections in the community.
- Engaged, respectful Board members all subscribe to a culture that supports spirited discussion and disagreement, while still finding a path to consensus decision-making.
- The board is committed and there is a real enthusiasm to solving the issues together.
- There is much respect among the board members.
- Knowledge of the community and history of the hospital.
- Listening to our leadership team and the CEO putting our patients first.

#### **Most Significant Weaknesses**

#### Question: What are the board's most significant weaknesses?

- Not finding a way to be able to discuss important issues. Brown Act seems to hamper this.
- The Brown Act.
- Different understanding of transparency.
- For the most part, this is a really good elected Board, with diverse backgrounds and areas of expertise. We could use more ethnic/racial diversity on the Board to ensure we match the population we serve.

#### Key Issues for Board Focus in the Next Year

#### Question: What key issues should occupy the board's time and attention in the next year?

- Number of days of cash on hand, and ensuring the current financial trajectory continues in a positive direction.
- Financial finding a way to raise money for an RHC building.

### 2024 Northern Inyo Healthcare District Governance Self-Assessment

- Finances and grant opportunities.
- Partnerships for service delivery.
- Working with other health care partners.
- Looking at services needed.
- Staying abreast of patient care.
- Benchmarks of industry standards and holding the CEO accountable for the success rate in which we achieve the goals.
- Becoming more engaged with our Foundation Board members and staff.
- Greatly enhanced marketing of many of the District's operational strengths.
- Being good ambassadors.

#### Significant Trends the Board Must Understand and Deal with in the Next Year

# Question: What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

- Closely monitor and provide course correction, as needed, with our fiscal picture.
- Define a path towards the goal of a new building for the RHC.
- Begin to change the community perception of our hospital services.
- Cash flow and billing
- Closing of rural hospitals.
- Partnerships.

### Critical Factors to Address to Successfully Achieve Goals

#### *Question: What factors are most critical to be addressed if the hospital is to successfully achieve its goals?*

- Continue to strengthen all aspects our fiscal operations and oversight (revenue cycle, collections, denials, etc.).
- Billing and providing the right services. Once the service is provided, making sure there are enough employees to service the customer. I am not happy with the negotiated days for our providers. Recruiting is going to be key.
- Finances and transparency.
- Ensuring the Foundation's Board and Executive Director are fully engaged with District goals and strategic planning, and that they set appropriate goals for ensuring our collective success.
- Following our strategic plan.
- Improve the community perception about our services.
- Keep our current CEO, CMO, and COO!