

March 17 2021 Regular Meeting

March 17 2021 Regular Meeting - March 17 2021 Regular Meeting

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AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING
March 17, 2021 at 5:30 p.m.

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

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)
<https://zoom.us/j/213497015?pwd=TDIiWXRuWjE4T1Y2YVFWbnF2aGk5UT09>
Meeting ID: 213 497 015
Password: 608092

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

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. NIHD and Inyo County Covid-19 update (*information item*).
 - B. Moment of appreciation by Board members for District employees and providers (*information item*).
 - C. District Board Resolution 21-02, purchase of Pioneer Medical Associates building interest, 152 Pioneer Lane, Bishop, California (*action item*).
 - D. Policy and Procedure approval, *Stabilization and Resuscitation of the Newborn* (*action item*).

- E. Chief Executive Officer search firm selection (*action item*).
- F. Appointment of Board Members to a Northern Inyo Healthcare District/Southern Mono Healthcare District Joint Relations/Problem Resolution and Regional Cooperation Ad Hoc Committee (*action item*).
- G. Joint Conference Committee update (*information item*).
- 4. Chief of Staff Report, Charlotte Helvie, MD:
 - A. Annual Approvals (*action items*):
 - 1. Anesthesia Critical Indicators
 - 2. Surgery Critical Indicators
 - 3. Perinatal Critical Indicators
 - 4. Neonatal Critical Indicators
 - 5. Pediatrics Critical Indicators
 - B. Medical Staff and APP Staff Appointments (*action items*):
 - 1. Jeffrey La Rochelle, MD (*urology*) – Provisional Consulting Staff
 - 2. Ali Kasraeian, MD (*urology*) – Provisional Consulting Staff
 - 3. Arin Stephens, PA-C (*urology*) – Advanced Practice Provider Staff
 - 4. Vanessa Blasic, PA-C (*urology*) – Advanced Practice Provider Staff
 - 5. Joceyln Moll, FNP-C (*urology*) – Advanced Practice Provider Staff
 - C. Medical Staff Reappointment for Calendar Years 2021-2022 (*action item*):
 - 1. Arrash Fard, MD (*cardiology*) – Adventist Health Telemedicine. Category: Telemedicine.
 - D. Requests for Additional Privileges (*action items*):
 - 1. Anne Wakamiya, MD (*internal medicine*) – request for privileges in Stress Test interpretation
 - 2. Daniel Firer, MD (*family med/emergency med*) – request for privileges in Bedside Ultrasound after completion of required coursework
 - E. Medical Staff Resignations (*action items*):
 - 1. Michael Rhodes, MD (*internal medicine*) – effective 11/24/2020
 - 2. Sheila Cai, MD (*psychiatry, Adventist Health*) – effective 1/15/2021
 - 3. Armand Rostamian, MD (*cardiology, Adventist Health*) – effective 11/9/2020
 - F. Medical Executive Committee Meeting Report (*information item*).

Consent Agenda (action items)

5. Approval of minutes of the February 17 2021 regular meeting
6. Approval of minutes of the February 20 2021 special meeting
7. Approval of minutes of the February 27 2021 special meeting
8. Interim Chief Executive Officer and Chief Operating Officer report
9. Interim Chief Medical Officer report
10. Chief Nursing Officer report
11. Financial and Statistical reports as of January 31, 2021
12. Compliance Department quarterly report
13. Policy and Procedure annual approvals
14. Cerner Implementation update

-
15. NIHD Committee updates from Board members (*information items*).
 16. Reports from Board members (*information items*).
 17. Adjournment to Closed Session to/for:
 - A. Conference with Labor Negotiators, Agency Designated Representative: Irma Moisa;
Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
 - B. Conference with legal counsel, existing litigation (*pursuant to Gov. Code Section 54956.9(d)(1)*). Name of case: Robin Cassidy v. Northern Inyo Healthcare District.
 - C. Significant exposure to litigation (*pursuant to Government Code Section 54956.9*), one case.
 18. Return to Open Session and report of any action taken (*information item*).
 19. 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.

This week is National Phlebotomists' Recognition Week! 🥰
Our Interim CEO, Kelli Davis notes "The NIHD Phlebotomy team plays a vital role in the lives of our patients. They work in a fast paced, detail oriented and patient driven environment! We've known what an amazing team we have, but time and again, over this last year, they have excelled even higher under the biggest challenges! Thank you for all you do, every day!!"
#AMTPhlebotomistsWeek #NationalPhlebotomistWeek #NPRW #representAMT #phlebotomist



Please join us for our NIHD February Healthy Lifestyle Talk: Caring For Your Whole Heart. Learn the best path to heart health through cholesterol, blood pressure management, and regular activity. Featuring NIHD's: Stacey Brown, MD, Timothy Brieske, MD, Thad Harlow, MPT, and Thomas Warner, NIHD Dietary Manager. Moderated by NIHD Interim CEO Kelli Davis.



News Alert! 📢 NIHD is excited to announce the rollout of a new patient portal coming in May 🙌 Special staff shout out to NIHD Project Manager Lynda Vance (👩🏫 Barbara Laughon) for her coordination of the project.
The new portal will enhance the overall patient experience by including mobile and dedicated Spanish language access. The new portal will offer safe provider messaging, access to lab results and telehealth visits, improved health history viewing, and better access to bill pay and prescription options. Read the full release here: <http://bit.ly/3sqdl0K>



NIHD COVID-19 Vaccine Roundtable #3
Joy K. Engblade, MD, MMM, Samantha M. Jeppsen, MD, and Jeff Kneip, PharmD sat down yesterday...



northerninyohealthcaresdistrict
In a month known for strong hearts ❤️ #americanheartmonth, Northern Inyo Healthcare District's Medical Staff could not have made better selections for its COVID-19 Heroes honors. Recognized this month are the Rural Health Car Clinic team, who found themselves at the heart of the coronavirus battle; and, Dr. Charlotte Helvie, the lion-hearted pediatrician whose steadfast leadership united her colleagues in an uncertain time.
👏👏
To learn more about each individual and their outstanding performance

**RESOLUTION NO. 21-02
OF THE
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

WHEREAS, the Northern Inyo Healthcare District has conducted a review of its business needs and the potential acquisition of additional property; and

WHEREAS, the Board has determined it has a business need to acquire the real and personal property at 152 Pioneer Lane, Bishop California ("Property"); and

WHEREAS, the Board approved the purchase of the Property at its regular meeting held October 21, 2020; and

WHEREAS, proper survey, appraisal and other necessary property transaction documents and inspections have been completed to the District's satisfaction, including the execution of an agreement whereby the District purchases the remaining partnership interest in the Pioneer Medical Associates partnership ("Partnership") which includes all assets including the Property;

NOW, THEREFORE, BE IT RESOLVED by this Board of Directors of Northern Inyo Healthcare District, meeting in regular session this 17th day of March, 2021 hereby authorizes the Interim Chief Executive Officer to execute all documents necessary to purchase the remaining partnership interest of the Partnership, making the District the sole remaining partner and owner of all real and personal property located at 152 Pioneer Lane, Bishop California from Nickoline Hathaway MD and Asao Kamei MD for a total amount of \$1,017,488 as outlined on the Buyer's Estimated Settlement Statement.

BE IT FURTHER RESOLVED that District Management is instructed to transfer funds and/or execute any and all agreements necessary to make the purchase and occupancy of the property occur.

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

NIHD District Board President

Attest: _____
NIHD District Board Secretary

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Stabilization and Resuscitation of the Newborn	
Scope: Hospital Wide	Manual: Perinatal
Source: Perinatal Nurse Manager	Effective Date: 12/22/20

PURPOSE:

1. To ensure that properly trained personnel are on duty to immediately act to resuscitate and stabilize newborns if needed and to ensure clarity of roles during a resuscitation event. A designated NRP certified RN dedicated solely to infant stabilization will attend every delivery.

POLICY:

1. All RNs working within the Perinatal Unit who care for newborns will have current documentation of completion of Neonatal Resuscitation Program from the AAP/AHA within 3 months of hire.
2. The NRP guidelines will direct all newborn stabilization and resuscitation.
3. All events requiring NRP intervention will be reviewed by the unit manager in a timely manner.
4. A Code Blue Critique will be completed after every Code Blue by the RN lead and House Supervisor.
5. All codes will be peer reviewed as a critical indicator for the Pediatric Providers.
6. All codes will be reviewed by the Resuscitation Committee.
7. Neonatal Resuscitation Record, scanned into the Newborn's Medical Record if used.
8. Equipment and supplies will be checked each shift and prior to each delivery to assure proper working order and availability of resuscitation equipment.

PROCEDURE:

1. Neonatal Resuscitation will be performed in the manner specified by the most current AHA/AAP Neonatal Resuscitation Program edition.
2. The RN lead will be filled by the Perinatal RN designated to care for the infant.
3. The RN lead always have responsibility for assigning APGARS scores.
4. The RN lead will notify staff to call the Pediatric Provider if they are needed and are not already present.
5. The RN lead will determine the need for and initiate a code blue when Pediatric Provider is not immediately available. Reference the *Code Blue Procedure-Code Blue Team Policy* for clarification of responsibilities and roles of each team member.
6. The lead RN will be in charge of performing or delegating all resuscitation efforts until either the Code Blue Team or the Pediatric Provider (Pediatrician or Family Physician with appropriate neonatal privileges) arrives to the bedside.
7. Other available medical providers may participate in a NRP event but roles will be assigned by the RN lead.
8. All procedures, treatments, and medications will be communicated to the recorder to ensure complete and timely documentation.
9. Ensure that noise and unnecessary conversations are kept to a minimum.

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Stabilization and Resuscitation of the Newborn	
Scope: Hospital Wide	Manual: Perinatal
Source: Perinatal Nurse Manager	Effective Date: 12/22/20

REFERENCES:

1. Neonatal Resuscitation 7th Edition AHA/AAP

CROSS REFERENCE P&P:

1. Code Blue Procedure-Code Blue Team

Approval	Date
CCOC	1/12/2021
Peri-Peds Committee	12/22/2020
Resuscitation Committee	2/16/2021
Board of Directors	
Last Board of Directors Review	

Developed: 12/20

Reviewed:

Revised:

**Ad Hoc Committee to Solicit Proposals from and Recommend
An Executive Search Firm for Chief Executive Officer for NIHD**

*Ad Hoc Committee members Topah Spoonhunter & Jean Turner
February 24, 2021*

Communication and proposal solicitation occurred with nine (9) separate executive search firms, beginning in late January. Also our two State associations, CA Hospital Association (CHA) and Association of CA Healthcare Districts (ACHD), were informed and requested to provide any available assistance to notify search firms of NIHD's interest in soliciting proposals. To date, four (4) proposals have been received from the following firms, all of which have a California presence or office location:

HealthCare Recruiters International (HCR)
Merraine Group Inc.
Sterling Search Inc.
AMN Healthcare Inc

This Ad Hoc Committee met on February 24, 2021 to review proposals from executive search firms. Proposals had been scored independently by committee members prior to this meeting. The Committee unanimously recommends AMN Healthcare, Inc. as the best-suited executive search firm to begin our NIHD search for a Chief Executive Officer.

NIHD EXECUTIVE SEARCH FIRM RATING TOOL

Executive Search Firm Name: _____

Board Member: _____ Date: _____

Total Score: _____ (23 or less - Does not meet expectations; 24-29 - Meets Expectations; 30-36 – Exceeds expectations)

Ratings:	Pass	Meets	Exceeds
Pre-search engagement of industry	1	2	3
Attention to NIHD needs, values, experience	1	2	3
Experience with CA and/or Critical Access Hospitals	1	2	3
Experience with rural/remote areas	1	2	3
Repeat or referral business from former clients	1	2	3
Candidate vetting process	1	2	3
Ability to promote NIHD	1	2	3
Candidate pool	1	2	3
Engagement process	1	2	3
Post hiring services/guarantees	1	2	3
Costs/price structure	1	2	3
Recruiting abilities	1	2	3

TOTAL SCORE _____



AMN LEADERSHIP SOLUTIONS

Proposal

Chief Executive Officer

PRESENTED FOR:

Northern Inyo Healthcare District

PRESENTED BY:

Mick Ruel

Vice President, Executive and Physician Leadership Search

Joseph Beam

Inside Sales Consultant, West

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Dear Members of the Northern Inyo Healthcare District Search Committee,

Thank you for considering AMN Leadership Solutions to partner with Northern Inyo Healthcare District on the recruitment of the organization's next Chief Executive Officer. The following is a proposal to conduct a national, retained executive recruitment for the role. Included in the proposal is an overview on AMN Leadership Solutions, our Executive Search practice, highlights of our success in supporting similar recruitments and a summary of proposed terms and fees to retain AMN Leadership Solutions as your search partner. We appreciate the opportunity to submit this proposal, and it would be our great pleasure to assist Northern Inyo Healthcare District with this very important search.

The Leader in Healthcare Executive Recruitment, AMN Healthcare has been recognized by Modern Healthcare as the #1 Senior Executive Search Firm in the healthcare industry. Our client-focused service philosophy, coupled with innovative differences in our recruitment practices, enables positive recruitment outcomes and client service experiences. Having helped healthcare clients for over 20 years, we know there is both an art and a science to recruiting the right leaders. We draw on a tremendous database of healthcare professionals and use a personalized placement methodology, exclusive to the healthcare industry. We also get to know each client's organization and team. Throughout the years, this purposeful combination of organizational understanding and networking data – art and science – has driven success for our clients and our company.

This proposal will describe our client-focused search process which is designed to ensure aligned goals in delivering positive outcomes and service experiences. We fully recognize Northern Inyo Healthcare District's need to complete the search in a rapid fashion and our process will reflect this need. We are fortunate that by virtue of the significant number of Chief Executive Officer searches conducted by AMN Healthcare our network of top-tier healthcare leaders is robust. Community hospitals in rural settings would be a focus for much of our work. We will balance the need for alacrity with ensuring that we have a quality process that provides Northern Inyo Healthcare District with the best candidates for this crucial role.

We are confident that, in partnership with you and the board, we can hone the key priorities for the Chief Executive Officer position, facilitate a smooth search process, and most importantly, engage top quality, "best fit", and diverse candidates for Northern Inyo Healthcare District's Chief Executive Officer role. If you have any questions or require additional information to assist you in the selection process, please let us know.

We look forward to hearing from you and sincerely appreciate your consideration.

Kind Regards,

Mick Ruel
Vice President, Executive Search

Joseph Beam
Inside Sales Consultant, West

EXECUTIVE SUMMARY

AMN Healthcare (AMN) is the largest executive search and total talent solutions firm in the world, employing over 3,000 recruiters and consultants. The executive search division of AMN Healthcare is known as AMN Leadership Solutions (formerly known as Phillips DiPisa and now inclusive of B.E. Smith and Merritt Hawkins) and has been helping healthcare organizations identify C-Suite Leaders since 1995. The AMN Leadership Solutions team are veterans of the healthcare industry, having served in various leadership roles within the industry prior to joining AMN Leadership Solutions.

Our team is comprised of tenured search executives, many of whom are former senior healthcare executives, who have relationships with executives across the country. Those relationships, combined with direct experience and knowledge, are how we help you find leaders who are the right fit for your culture and prepared to take on today's vibrant healthcare landscape. AMN supports healthcare leaders with the latest thought leadership, technology solutions from credentialing to predictive analytics, and access to promising talent and resources.

AMN Leadership Solutions data points:

- 146 days average start to hire timeframe
- Greater than 30% diversity placement rate
- Measured by an outside agency, 95% of searches meet or exceed expectations
- 95% of clients are "highly likely" to recommend our services
- 89% repeat business rate with our clients

WHY AMN LEADERSHIP



A National Presence – Our search team brings knowledge of national and regional healthcare markets, in addition to well-developed relationships and networks throughout the U.S., enabling us to identify and engage the most talented leaders for your organization.



Strong Business Ethics – We build and maintain our client and candidate relationships within a framework of trust, confidentiality, and mutual respect. Our collective culture is to serve clients and senior leaders as "trusted advisors."



Outstanding Knowledge and Expertise – Our consultants are experts in healthcare, and experts in executive search. They remain highly involved in the execution of every search they manage.



Exceptional Services, Continuously Refined – Through a third-party consultant, we survey our clients after every search in an effort to maintain the very highest standards and continually improve our processes.

Approach

- Our search process is unique in the market. We believe that candidate experience and education is important, but even more critical is "how" they accomplish their defined success measures. Will that style fit your culture? Our Advisory Services Division creates a competency map for each position in

each unique organization, so from the very beginning, we are using evidence-based data to evaluate each candidate, rather than a reliance on end of process assessment tools.

- We use the discovery process to provide leadership with a “state of the union” summary that can inform process and hiring decisions, as well as build support for the incoming executive.
- We approach each assignment as your advisors – partnering with the hiring executive, human resources and/or the search committee. We want to discover the key success elements such as: current state, structure, accountabilities, resources and opportunities. What internal and external constituents must be included for a successful outcome? Is a preliminary cultural assessment required? Who are the decision influencers and decision makers? Will there be a search committee involved in the process?
- Once the process participants are identified, again we modify the process to your needs. We can meet on-site or using our LEAN approach to search, via video or teleconference with as few or as many individuals, internal and external to the organization as you deem necessary for our search team to thoroughly understand the position, the experience, style and skills required, the environment in which the new leader will operate, the success measures and the community.

QUALIFICATIONS AND EXPERIENCE OF FIRM

AMN Leadership Solutions is dedicated to exclusively serving the healthcare industry. We serve clients in all healthcare provider categories: academic medical centers, medical schools, multi-hospital health systems, community hospitals, physician organizations, ambulatory care health centers, and post-acute providers. In addition, we have clients from payor organizations and life sciences companies.

AMN Leadership Solutions is committed to serving our clients as trusted advisors. We do not try to serve everyone but rather, we serve a select number of organizations and clients extremely well. Our business model is specifically designed such that our senior consultants remain hands-on, performing candidate interviews and references personally. This strong focus on customer service is appreciated by our clients, and we are proud to have one of the highest repeat business percentages in the healthcare executive search business at 91%. To maintain performance excellence, we survey our clients telephonically after all searches and seek to continually improve our processes.

We understand that choosing an executive recruitment firm is an important decision with strong ramifications to the organization. With this in mind, we offer the following benefits that we believe differentiates AMN Leadership Solutions from other leading search firms:

- **Outstanding Knowledge and Expertise** – Our consultants are experts in healthcare and experts in executive search. We seek to fully understand your environment and the current challenges you face.
- **Integrated competence and culture assessment** – matching the “how” of performance to the “what”.
- **Individually Tailored and Comprehensive Search Services** – We do not subscribe to the “one size fits all” approach to executive search. Instead, we take the time to get to know our clients well, understanding their strengths and challenges. Listening is the foundation of our search process which spans from organizational assessment to executive on-boarding.
- **Diversity as a priority** – Diversity, Inclusion and Antiracism are pillars of AMN culture. The search for a broad range of backgrounds, ethnicity, gender, experience and education are automatic
- **Our Market Position** – Our size, strength, and scale enable us to bring the infrastructure required for “white glove” executive search. At the same time, we are small enough to avoid issues which may be encountered with the largest search firms, such as extensive off limits
- **Our Candidate Relationships** – At AMN Leadership Solutions, we are committed to treating all candidates and prospective candidates with professionalism and consideration. Maturity, kindness, truthfulness, respect, and professional judgment are all hallmarks of our candidate relationships. This is our reputation in the marketplace – and because of it, prospective candidates readily engage with us.

AMN Leadership Solutions is a Division of AMN, Inc. (NYSE: AMN) which was founded in 1985 and is jointly headquartered in San Diego, CA, and Dallas, TX. By revenue and services, AMN Healthcare (AMN) is the largest nationwide provider of healthcare-specific workforce solutions, providing a broad spectrum of workforce and staffing services. Currently, AMN is the parent company of 22 talent management organizations, each of which is a leader in its respective market. Our collective team within AMN Leadership Solutions is committed to the pursuit of a collaborative, best team approach for search execution, to the benefit of our clients and candidates.

QUALIFICATIONS OF STAFF



MICK RUEL

Vice President, Executive and Physician Leadership Search
913.752.4595 | mick.ruel@besmith.com

As a Vice President of Executive and Physician Leadership Search Practice with AMN Leadership Solutions, Mick Ruel's area of expertise includes clinical, management, and senior leadership. Mr. Ruel offers healthcare organizations an extensive network of executive contacts, as well as innovative processes to identify leadership skills that meet their specific needs and unique circumstances. He has partnered with clients nationwide in the selection of leaders ranging from mid-level to executive management and received awards for excellence in recruiting practices. His background includes work with Board Search Committees in CEO search and selection.

Prior to joining AMN, Mr. Ruel managed a national executive search practice with a human resource consulting firm exclusive to healthcare. Mr. Ruel was a member of the executive search team specializing in positions from director to C-level executives.

Mr. Ruel's diverse recruitment experience gives him the ability to work effectively on a broad range of positions uniquely suited to healthcare organizations. His understanding of healthcare organizations and their specific needs has been a cornerstone for his success.



JOSEPH BEAM

Inside Sales Consultant, West
817.915.4913 | joseph.beam@besmith.com

As Inside Sales Consultant, Joseph Beam supports healthcare executives who lead organizations in the western portion of the US. His role consists of assessing and developing leadership solutions tailored to an organization's specific needs.

Prior to joining B.E. Smith, Mr. Beam worked for a leading provider to Healthcare Organizations with compliance solutions for reimbursement, quality, and leadership initiatives through custom training, online tools, and peer-to-peer briefings.

B.E. Smith clients value Mr. Beams' consultative approach to their specific executive leadership challenges. In enhanced patient care, as well as improved financial and operational outcomes.

RECENT CEO/PRESIDENT LEADERSHIP SEARCHES

Position	Organization	City	State
Chief Executive Officer	Newman Memorial Hospital	Shattuck	OK
Chief Executive Officer	Arizona Alliance for Community Health Centers	Phoenix	AZ
Chief Executive Officer	West Holt Memorial Hospital	Atkinson	NE
President, Maine Behavioral Healthcare	MaineHealth	Portland	ME
President and Chief Executive Officer	Nathan Littauer Hospital and Nursing Home	Gloversville	NY
Chief Executive Officer	Good Shepherd Health Care System	Hermiston	OR
President and Chief Executive Officer	Beth Israel Deaconess Hospital Plymouth	Plymouth	MA
Chief Executive Officer	Children's Hospital and Medical Center of Omaha	Omaha	NE
Chief Executive Officer	Humboldt General Hospital	Winnemucca	NV
President	Parkland Health Center - Farmington	Farmington	MO
President and Chief Executive Officer	Northern Light Health (formerly EMHS)	Brewer	ME
President, St. Peter's Health Partners Medical Associates	St. Peter's Health Partners	Albany	NY
Chief Executive Officer	Dialysis Center of Lincoln, Inc.	Lincoln	NE
Chief Executive Officer	Estes Park Health	Estes Park	CO
SVP & CEO, Henry Ford Medical Group	Henry Ford Health System	Detroit	MI
Chief Executive Officer	St. Francis Memorial Hospital	West Point	NE
Chief Executive Officer	Starling Physicians	Rocky Hill	CT
Chief Executive Officer	Harris Health System	Houston	TX
President	Western Maine Health (Duplicate)	Norway	ME
President, Chief Operations Officer	Care New England	Providence	RI
President	Vassar Brothers Medical Center	Poughkeepsie	NY
President	Eastern Maine Medical Center	Bangor	ME
President	Franklin Memorial Hospital	Farmington	ME
Chief Executive Officer	Willapa Harbor Hospital	South Bend	WA

Position	Organization	City	State
President and Chief Executive Officer	River Hospital	Alexandria Bay	NY
Chief Executive Officer	West Holt Memorial Hospital	Atkinson	NE
Chief Executive Officer	Swope Health Services	Kansas City	MO
Chief Executive Officer	Rochelle Community Hospital	Rochelle	IL
President	Memorial Hospital	North Conway	NH
President, Bozeman Deaconess Hospital and Big Sky Hospital	Bozeman Health	Bozeman	MT
President and Chief Executive Officer	South County Hospital	Wakefield	RI
Chief Executive Officer	CodeOne	Monument	CO
Chief Executive Officer	Northern Counties Health Care	Saint Johnsbury	VT
Chief Executive Officer	Human Services Management Corporation	Milford	MA
Chief Executive Officer - Rehab Institute	Sheltering Arms Rehabilitation Hospitals	Mechanicsville	VA
President	Methodist Le Bonheur Germantown Hospital	Germantown	TN
Chief Executive Officer	Heart of Texas Community Health Center	Waco	TX
President	Good Samaritan Hospital Medical Center	West Islip	NY
President	St. Francis Hospital	Roslyn	NY
Chief Executive Officer, Penrose-St. Francis Health Services	Centura Health	Centennial	CO
Chief Executive Officer	Eagle Physicians	Greensboro	NC
President, Chief Operating Officer, Kent Hospital	Care New England	Providence	RI
President and Chief Executive Officer	Northeastern Vermont Regional Hospital	Saint Johnsbury	VT
President	MelroseWakefield Healthcare	Medford	MA
Market President	CHI St. Joseph Health System-CHI Texas Division	Bryan	TX
Chief Executive Officer	Spectrum Health Butterworth Hospital	Grand Rapids	MI

Position	Organization	City	State
Chief Executive Officer	Grant Memorial Hospital	Petersburg	WV
Chief Executive Officer	Prairie Lakes Healthcare System	Watertown	SD
President, Chief Operations Officer, Women & Infants Hospital	Care New England	Providence	RI
Chief Executive Officer	Avera Health	Sioux Falls	SD
Chief Executive Officer	Riverwood Healthcare Center	Aitkin	MN
President	Rogerson Communities	Boston	MA
President	Methodist University Hospital	Memphis	TN
President and Chief Executive Officer	Rutland Regional Medical Center	Rutland	VT
Chief Executive Officer	Southern Maine Health Care Biddeford Campus	Biddeford	ME
President and Chief Executive Officer	Martha's Vineyard Hospital	Oak Bluffs	MA
Chief Executive Officer	Grace Cottage Hospital	Townshend	VT
Chief Executive Officer	Alliance for South Sound Health c/o MultiCare Allenmore Hospital	Tacoma	WA
Chief Executive Officer	North County Health Services	San Marcos	CA
Chief Executive Officer	Detroit Wayne Mental Health Authority	Detroit	MI
President	University of Texas MD Anderson Cancer Center	Houston	TX
Chief Executive Officer	Coquille Valley Hospital	Coquille	OR
Chief Executive Officer	Lake Regional Health System	Osage Beach	MO
President and Chief Executive Officer	Beth Israel Deaconess Hospital Plymouth	Plymouth	MA
Chief Executive Officer	Wyoming Medical Center	Casper	WY
Chief Executive Officer	Elica Health Centers	Sacramento	CA
Chief Executive Officer	St. Peter's Health	Helena	MT
Chief Executive Officer	Physicians Business Network	Overland Park	KS
President & Chief Executive Officer	Central Health	Austin	TX

Position	Organization	City	State
Chief Executive Officer	CommUnityCare Health Centers	Austin	TX
Chief Executive Officer	Northside Cancer Institute Professional Services LLC (AKA Atlanta Cancer Care)	Alpharetta	GA
President	Littleton Regional Healthcare	Littleton	NH

TOOLS AND ASSESSMENTS

AMN Healthcare utilizes the ESSENTIAL Assessment© for Senior Leaders to provide a sound predictive approach for measuring the leadership behaviors identified in the ESSENTIAL Competency Model©. This groundbreaking assessment includes information on why leaders do what they do, what they do, and how they do it. When you are selecting and onboarding senior leaders, knowing their potential to exhibit these essential leadership characteristics is critical for your business' present and future. These characteristics include thinking critically, understanding impact, leveraging knowledge, leading self, directing people, influencing others, initiating actions, and relating successfully.

The assessment was developed in partnership with Hogan Assessments – who has over 30 years of experience providing cutting-edge assessment and consulting solutions to some of the world's largest companies, including over half the Fortune 500. The Hogan Research Team studied the ESSENTIAL Assessment© competencies, including how they are defined and developed. Hogan then mapped them through their assessment battery to identify the most predictive scales for each factor. Hogan then created predictive scoring algorithms for calculating a participant's score within each competency.

Hogan Assessments mapped their Hogan Personality Inventory (H.P.I.), Hogan Development Survey (H.D.S.), and Motives Values Preference Inventory (MVPI) to the leadership competencies. This tailored competency mapping process identified the Hogan scales that are most predictive of each of the competencies and, via the design and implementation of custom results reports, provides a high level of predictive accuracy in the assessment process specific to your needs.

We invite selected finalist candidates to complete the three online Hogan assessments that power the ESSENTIAL Assessment©. Once completed one of our senior executive coaches reviews the resulting data, prepares reports and facilitates a meeting with key stakeholders in your organization to review and discuss the results. Also, we develop an assessment-based interview guide for your final interviews. The interviews questions focus on assessment results that need more exploration through the remainder of the interview and referencing process.

Once the successful candidate is identified, one of our senior executive coaches provides a 90-minute feedback session with your new executive to review and discuss the results. The coach helps the executive understand how to leverage the information for successful onboarding into your organization.

This service incurs an additional charge of \$3500 per candidate tested and is entirely optional. We can also accommodate incorporation of any predictive analytics that are already in use within your organization.

Timeline: Following selection of finalist candidates and before finalist interviews.

Deliverables: Presentation of each candidate's potential profile and candidate specific questions for final interviews. Essential Leadership© Assessment results review call between search committee and senior executive coach.

PHASES OF THE SEARCH

Although certain elements of the search process tend to be standard, each search is unique in strategy and execution. AMN Leadership approaches a search with flexibility through a highly personalized process. Experience shows that coordination and communication are essential to progress.

Our search process for Senior Executives is unique in the industry. How so? It utilizes both LEAN principles and a competency+skills+personality methodology to enhance efficiencies and drive risk from the selection process. This process accounts for the uniqueness of *your specific* organization’s culture and each leadership role you recruit. This adds the “how” to the competency you are seeking. For example, a transformational leader can either solidify an organization around the new vision or create a mass exodus, dependent on “how” they manage change. Details are outlined below. This approach can be utilized with, or without a search committee.

Given the inevitably busy schedules of your colleagues and team members, at the beginning of the search process, we will collectively establish a detailed timeline for all meetings and anticipated candidate interview dates. In our experience recruiting for senior leaders, the average elapsed time from the date a final position description is approved to completion is highly dependent on preplanning interview dates and search committee meetings (if applicable). In addition, the timeline is significantly altered if the position description is not completed and approved in a timely manner as we would not initiate contact with potential candidates until that is approved by the client.

Our Proven Equation: Skills + Competencies + Personality = Success



1

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DISCOVERY

The process begins with an in-depth assessment of the organization and/or specific division’s current environment, requirements for the position (skills, style, experience, education) and success measures for the new leader. We meet with the search committee (if applicable) as well as many other individuals/groups as you deem necessary to accomplish the following; ensure all key stakeholders, influencers and decision maker’s viewpoints have been

heard, build a base of congruence for the candidate profile and success measures, identify and resolve any potential impediments to a successful conclusion and tenure for the new leader, set a timeline for the project. These meetings can be held in multiple formats for maximum efficiency: in-person, video, telephone and electronic survey when large numbers of individuals such as faculty or students require inclusion.

Timeline: As client schedules permit, but usually Week 1-2 after being retained.

LEADERSHIP PROSPECTUS/COMPETENCY MAP DEVELOPMENT

A successful search begins with an assessment process that correctly identifies the necessary core competencies for the role, the culture in which the new executive must be effective, and the parameters by which they will be judged to be successful.



We also ask your marketing/communications department to provide us with an organizational overview to ensure accuracy and maintain your corporate brand integrity requirements. To that, we add the information gathered above, summarized into Position Overview, Candidate Profile (education, experience, style, skills) and Goals & Objectives.

Once the Prospectus is finalized and approved by either the Search Committee or hiring executive, it is given to our Advisory Services Division who craft a competency map for the role. Specific questions are then created for use in our candidate discovery that result in all candidates in the final presentation having the combination of skills and competencies that best fit your expectations.

Timeline: Client Marketing Department dependent for overview section. AMN will deliver first draft within ten business days.

Deliverables: Market ready Prospectus, Competency Map, Marketing Plan

CANDIDATE DEVELOPMENT

The search team will make all initial contact with prospective candidates with the ultimate goal of direct contact with every candidate nationally who is technically qualified for the role. Our leadership search consultants will personally phone screen and perform an in-depth video interview each prospective candidate to ensure legitimate personal, family, and professional commitment to your process. Candidates deemed to be qualified will be presented to the search committee.

The pool of potential candidates who are able, interested and willing to engage will be limited and will likely be highly satisfied in their current roles. Additionally, their families will likely be happily settled. The manner in which these individuals are approached, developed and communicated with can determine whether or not they will participate in the process.

- Contact potential candidates, including all those referred to us by our client and any nominated internal candidate(s), providing detail of the position and the organization to inform and engage each prospective candidate.

Timeline: 6-12 weeks, position dependent

Deliverables: approximately 6-10 fully vetted, pre-qualified, recruitable candidates for discussion

ONGOING COMMUNICATION

During the time of candidate identification and evaluation, we want you to feel that that you have an up-to-the minute understanding of how we are advancing your process. To that end, we schedule regular communications in the format of your choice. We encourage you to let us know upcoming leadership meetings where you are likely to be asked about progress, so we can ensure your preparedness.

We also utilize multiple web-encrypted programs such as Box or Microsoft Teams, so that you can watch the search process unfold. Levels of access can be personalized. The Search Leader can see all applicants, those under consideration, those nominated, every facet of the search, all while maintaining candidate confidentiality. Interim search committee meetings can be scheduled to calibrate candidates against the profile and/or web based dialogue can be ongoing between committee members.

We will schedule, in advance, bi-weekly update calls with the hiring executive or select members of the search committee to apprise all parties of progress and challenges. We will send you an electronic status report, with CVs of individuals under consideration. (These sessions may be conducted by teleconference and the number of meetings and their duration are at your discretion.) We have found these sessions to be very informative and a way in which you can remain engaged throughout the process while providing important feedback to the search team.

Timeline: ongoing until search closure

Deliverables: regularly scheduled updates and candidate grids, posting of all materials to web encrypted location.

CANDIDATE PRESENTATION

Using Lean principles, all key meetings are pre-calendared and participants are provided materials electronically well in advance of the meeting to ensure efficiency and use of the time together for dialogue and commentary. Those involved are provided with CVs and/or resumes, cover letter if required, brief narrative biography, and a

candidate summary grid. The goal of this meeting is the identification of a number of candidates for further consideration through a first round interview.

Timeline: pre-calendared for approximately 8-12 weeks after approval of Leadership Profile.

Deliverables: Candidate CVs and or resumes, cover letter if required, brief narrative biography, candidate summary grid.

CANDIDATE INTERVIEWS

This can be a two or three step process, client dependent. First round screening interviews are conducted via video (client preference) with the committee or hiring executive. Sample interview questions and electronic evaluation tools are provided. Your search team will be present to ensure a smooth transition between each candidate if interviews are done in blocks of time. Again, we pre-calendar the entirety of the search process to ensure all participants, including candidates are available. Following first round interviews, the candidate pool is further honed to semi-or finalist candidates.

Timeline: pre-calendared to occur immediately following the presentation meeting

Deliverables: Interview Questions, electronic evaluation tools, selection of two to three finalists

CLOSING THE INFORMATION GAP

We will verify references provided by the candidates, and we will also contact references from our network that have insight into the candidate's history and performance. Due to confidentiality concerns of high-level candidates, references are typically completed prior to second round interviews.

We do not directly perform credit and criminal background checks. Differentiating fact from innuendo has become increasingly difficult in the world of social media, where claims can be made, but not easily verified. Yet, knowing as much as possible about a potential placement's history to avoid hiring a person who is not a cultural or value fit, has never been more important. Public discovery of a past incident has major negative consequences for all concerned. For these reasons, we believe that this best left to professionals who have expertise and the appropriate insurances and legal protections in this area. We have made a decision to only verify educational and/or medical license and board certification credentials and make introductions for clients to firms, with whom we have worked and have confidence, for all other areas such as credit, criminal, employment verification, publications, media commentary and social platforms. It is too important to be left to chance. These services vary in price, based on the depth of investigation and can even include private deep dives by former investigative agency staff.

Timeline: Prior to Second Round Interviews

Deliverables: Results from reference checks and verification of educational and board certification credentials

SECOND ROUND INTERVIEWS

We continue to assist in coordination of each visit. For the most senior positions, we engage with any significant other in order to ensure the entire family unit is invested in the move. This information is shared with any relocation team members who will be involved with the candidate's visit.

Timeline: Following selection of finalist candidates

Deliverables: Suggested final interview questions based on assessment results. Complete set of references, with the exception of current employer until an offer has been extended.

NEGOTIATION AND POST-SEARCH ACTIVITIES

We remain actively engaged during the compensation negotiations, providing as much assistance as the client requests. If the Essential Leader process was selected, our senior executive coach will schedule a ninety minute onboarding session with the selected individual and will engage as necessary with the hiring executive to ensure a successful transition into the position. Continued coaching, team evaluation, organizational culture assessment services are also available. We will keep in contact with you and your new leader at regular intervals for the first year, 30, 60, 90, 180, days, then we hope to have established a relationships such that continue exchanges occur well into the future.

OUR COMMITMENT TO DIVERSITY

AMN'S ORGANIZATIONAL COMMITMENT TO DIVERSITY

AMN Healthcare has a commitment to diversity and inclusion that permeates our culture and guides our actions. Our philosophy is grounded in and builds upon, AMN's core values of Trust, Respect, Passion, Innovation, Customer Focus, and Continuous Improvement. AMN is committed to fostering and maintaining a diverse team that reflects the communities we serve. Our diversity and inclusion philosophy is that we should respect all voices and that innovation is only possible when many different views are included and encouraged. AMN is a founding member of an organization "30 by 30", which commits to having thirty percent diversity for our own leadership. That commitment and focus on diversity permeates all our internal and external business practices.

Our commitment to diversity also extends to our vendors, contractors, and suppliers. We work to facilitate business partnerships with diverse contractors and suppliers, and partner with national diversity supplier councils including:

- Western Regional Minority Supplier Development Council
- National Minority Supplier Development Council
- Women's Business Enterprise National Council

DIVERSITY IN OUR SEARCH PROCESS

AMN Healthcare's commitment to diversity and inclusion is a cornerstone of our success and this permeates all the search and workforce services we provide. Our candidate identification strategy includes exploring groups of individuals using geographic location and the education and experience benchmarks established by you during our early discussions. Our approach is designed to find the very best candidate regardless of race, religion, gender or sexual orientation for your organization. Focusing on candidate skills and accomplishments, rather than just education or employment pedigree, allows us to evaluate experience on an individual basis and create a more inclusive slate of potential leaders.

Our collective sourcing system is designed to ensure equal opportunity for all candidates in the marketplace. We will meet with your leadership and, if appropriate, your Diversity Officer prior to the initiation of any search to determine and mutually agree upon an approach that ensures a diverse group of applicants. We encourage our clients to provide search committees with unconscious bias training prior to their participation in any selection process. We requires our search consultants to pursue a diverse slate of candidates on every search assignment and to communicate to the client the opportunities and/or barriers to the recruitment of a diverse pool of candidates. We have an exclusive partnership with a HUB (company level diversity certifican) business, Trennis Jones & Associates, to assist us in candidate identification and to broaden our diversity contacts.

Along with candidate identification processes that ensure notification to diverse individuals in each field or profession, the following resources will be used to further enhance our efforts to identify underrepresented peoples as appropriate.

- **American Association for Access, Equity, and Diversity:** The American Association for Access, Equity, and Diversity is the association of professionals managing affirmative action, equal opportunity, diversity and other human resource programs.
- **American Association of University Women:** The American Association of University Women (AAUW) is the nation's leading voice promoting equity and education for women and girls through advocacy, education, philanthropy, and research.
- **Diverse Issues In Higher Education:** *Diverse: Issues In Higher Education* stands alone as the only source of critical news, information and insightful commentary on the full range of issues concerning diversity in American higher education. *Diverse* addresses issues that affect Asian Americans, Hispanics/Latinos, American Indians, people with disabilities, seniors, LGBTQIA, veterans and other underrepresented groups in higher education.
- **Diversity Link:** International organization bringing together diversity professionals, diversity job candidates, and employers around the world.
- **Insight into Diversity:** National, online and print publication connecting businesses with potential employees to better reflect diversity in our local and national communities.
- **Minority Professional Network:** The global career, economic, lifestyle & networking connection for progressive multicultural professionals.
- **National Association of Health Services Executives:** Non-profit association of Black health care executives founded in 1968 to promote the advancement and development of Black health care leaders and elevating the quality of health care services rendered to minority and underserved communities.

We utilize these resources in addition to our database and the personal connections with our diversity placements and former placements. As a result of our diversity recruitment strategies, our diversity placement rate for 2017-2019 is greater than 30 percent. Diversity in these statistics expands upon the Federal definition, supporting your diversity aspirations and our own internal goals to advance leadership diversity, inclusion and antiracism. Our Advisory Services Division offers a program focused on building your diversity pipeline to ensure diversity continues to improve in senior leadership roles.

OUR RESULTS

As stated above our overall diversity placement rate (inclusive of Underrepresented Minorities and gender) is greater than 30 percent across our entire search business. The following information provides a further break down of our diversity sourcing and placement rates:

- 69% - candidate slates with Under Represented Minorities (URM)
- 88% - candidate slates with female candidates
- 19% - URM candidates hired
- 23% - female candidates hired

PRICING SCHEDULE

PROFESSIONAL FEES

Our standard professional fees proposed for each search is 33.3% of the first year's projected cash compensation as spelled out in the letter of employment, inclusive of signing and performance bonus only.

However, we will offer a professional fee discount to 30% of the first year's projected cash compensation. Our hope is to develop a long term partnership with Northern Inyo Healthcare District.

PAYMENT SCHEDULE

- The first invoice for one-third will be sent at the start of the engagement.
- The second invoice for one-third will be sent when the 2nd qualified candidate is presented or when a candidate is brought to Client location for in person interview.
- The third invoice of one-third will be sent when candidate accepts job offer.
- Upon completion of the search, if the actual cash compensation differs the targeted cash compensation above, we will issue a refund or final invoice to account for this difference. In addition, incurred expenses will be added to the above invoices and continue to be billed monthly until the search is completed.

EXPENSES

- We recognize our responsibility as stewards of your resources and make expense decisions accordingly.
- Incurred expenses charged to the Client fall into two general categories. Both categories are groups of direct costs associated specifically with the execution of the client project. There is no mark-up of any direct costs.
 - The first category is for fixed project expenses. AMN Leadership Solutions is reimbursed for expenses that are directly attributable to each engagement at a flat amount of \$8,000. The fixed project expenses are billed with the first professional fee invoice for each engagement. Examples of these expenses include copies, telephone services, delivery charges, video conferencing and other technology involved with execution, education verification and database set up.
 - The second category is Candidate Development expenses. These expenses are the direct costs of travel, meals, hotel, etc., associated with candidate interviewing and selection process and with visits to the client location. It also includes specific research tools. Each item is directly attributable to this client engagement and individually accounted for. An invoice will be submitted to the Client for reimbursement of candidate development expenses incurred. It is our policy to have candidates' expenses reimbursed directly by the Client for their travel and related expenses, unless the Client requests otherwise.
- The Essential Leadership Assessment[®] is an additional service and as described in this document, clients may elect to include this in the search process for an additional fee of \$3500 per candidate evaluated. This is inclusive of the on-boarding ninety minute session with the new hire and/or their hiring executive.

QUALITY GUARANTEE

- AMN Leadership Solutions will guarantee the placement for two-years after the commencement of employment for this search.
- If the person leaves for any reason during this period except death, disability, change in ownership or reporting relationship, or substantive changes in responsibilities or required resources, AMN Leadership Solutions and this team, agrees to recruit another candidate at no charge, except for out-of-pocket expenses connected with the new search.



HealthCare Recruiters

International

262 Eldorado St.
Suite 302
Monterey, California 94022

CONFIDENTIAL

T: 415.773.0333

To: Jean Turner
Member - Board of Directors
Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, CA 93514

From: Jonathan Guidi
CEO
HealthCare Recruiters International
262 Eldorado #302
Monterey, CA 94022

January 29, 2021

RE: CEO Search

Dear Jean,

We appreciate Northern Inyo Healthcare District considering HealthCare Recruiters International (HCRI) as the Executive Search Consultant to recruit for a CEO.

About HealthCare Recruiters International

- **Founded in 1984**
- **Solely dedicated to the Health Care industry**
- **US Staff of 20+**
- **Completed more than 6,600 searches since January of 2000**
- **Executive Search Consultants with Health Care Industry experience**

This search will be led by Jon Guidi and supported by HCRI's research and recruiting teams.

hcrnetwork.com

info@hcrjobs.com

San Francisco | Los Angeles | Dallas | Houston | Philadelphia | Kansas City | Tampa | Chicago | Boston | Louisville

SEARCH STRATEGY, APPROACH AND EXECUTION

Environmental Review – Position and Candidate Specification:

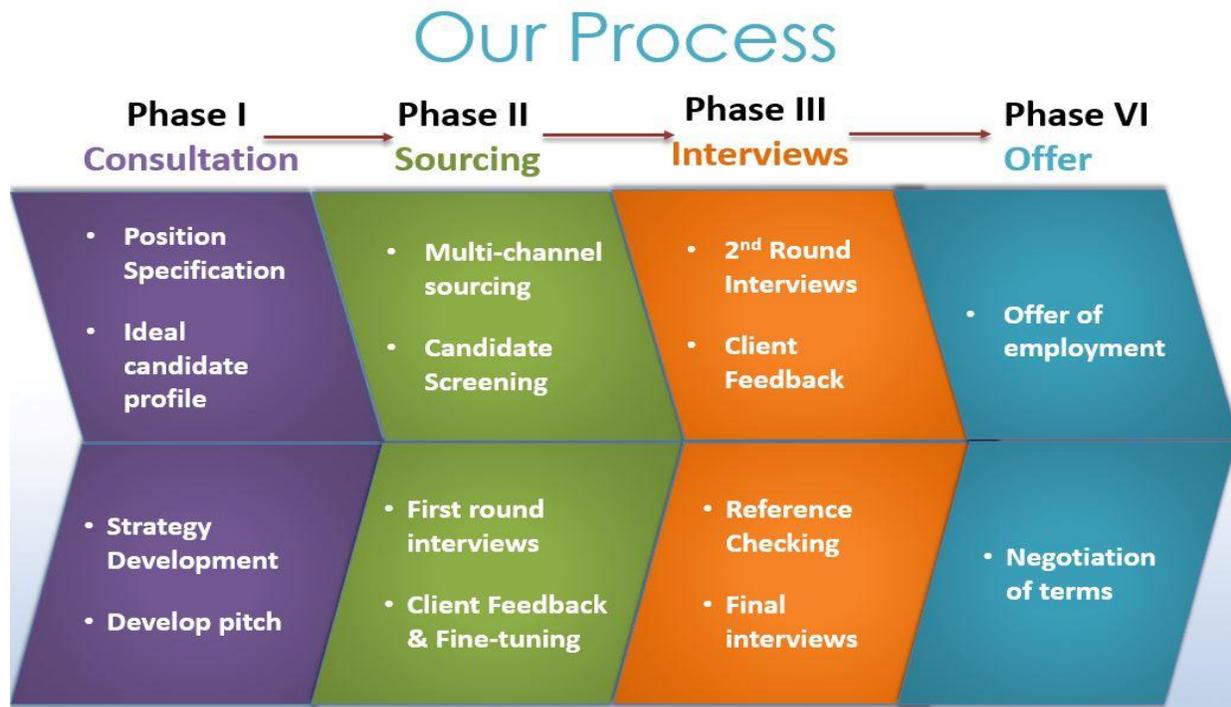
I would like to detail a few points about our process for you and other members of your team:

First, the Position and Candidate Specification, and Candidate Evaluation forms are critical documents and careful crafting at the inception of the engagement allows for the smooth execution of the processes that follow. A mandatory first step for us is to expeditiously discover the Company’s salient critical success factors (“CSF’s”), its culture, characteristics, future potential, etc., all of which enable us to effectively communicate this information and rapidly identify highly qualified candidates.

Execution Time – Calibration Meeting

From a timing standpoint, we can complete most projects in 120 days or less, that timeframe is defined as commencing with an Approved Position and Candidate Specification and ending with candidate acceptance of an offer of employment, given the availability to make interview schedules happen.

We ensure that our projects are “on-track” by convening a “calibration meeting” approximately 21 days after commencement of the search, at which time we discuss, in-depth, the backgrounds of approximately five candidates for the Approved Position. In addition to the CV, we also prepare a matrix summarizing the candidates qualifications against several “must have” and “nice to have” skills that were derived from the CSF review. The matrix is a valuable tool facilitating a force-ranking at the conclusion of the calibration meeting. We recommend that interviewing commence promptly after HCRI’s submission of said candidates.



SEARCH STRATEGY & APPROACH

We employ a highly targeted search strategy through multiple channels. Our channels include direct e-mail (on a confidential basis) as well as direct sourcing calls and networking with relevant contacts developed over 30 years.

The result of these efforts is a target list of high-potential candidates whose names have been referenced (by multiple unrelated parties) as highly respected talent in their respective professional communities.

Vetting the Candidate – The Candidate Report

When a candidate is presented for an interview he/she will have already been vetted by our team in detail, via phone or Skype/video-chat. A written report is provided along with the submission. This report typically provides the following information:

- The reason the candidate elected to join his/her first employer
- The reason the candidate left most recent employer
- The candidate's current employment status
- An analysis and appraisal of the candidate's style and personality
- Reasons why the candidate has been selected focusing on both "hard and soft skills," for example,
 1. Fit with organization culture
 2. Reputation for results
 3. Ability to think strategically
 4. Communication skills
 5. Interpersonal skills

Vetting the Candidate – The Candidate Reference Report

HCRI is known and trusted in the Health Care industry, as such, we are able to obtain in-depth information from these sources, information that goes far beyond the human resource reference. Furthermore, we are sensitive to the legal issues surrounding reference checking. Therefore, no comments, pro or con, are ever attributed directly to a specific referral source. We also strongly suggest that our clients perform some reference checks on their own, and in that regard, we are pleased to provide the necessary contact information.

For every candidate presented, we will also have obtained most recent compensation history and three references provided by the candidate.

“Non Solicitation” POLICY ISSUES

After a preliminary analysis of the organizations we would consider as possible targets for your search, none of our current client companies are “off limits” for this search.

HCRI REFERENCES

HCRI has many clients that are happy to act as references. I can personally discuss appropriate references with you and arrange a conversation. We are very proud of the fact that we have consistently earned repeat business as these executives can attest.

Confidentiality

HCRI will maintain the confidentiality of all proprietary and confidential information supplied by you, it being understood that proprietary and confidential information does not include, and this obligation will not apply to, any information (i) in the public domain, (ii) which is or comes into HCRI’s possession without an obligation of confidentiality, or (iii) which is required by law or Nasdaq/securities exchange requirements to be disclosed.

Additionally, if any candidate presented by HCRI is employed by «[Click and Type Client Name Here]» or any affiliate for a position other than that called for by this assignment, you agree to pay HCRI the agreed upon fee for each candidate.

Professional Engagement and Fees

Consistent with the standards of the search profession, our professional fees are as follows:

Our fee is: 25% of first year’s salary

First Installment: 1/3 of the anticipated fee (calculated at midpoint of salary range) will be due upon execution of fee agreement.

Second Installment: 1/3 of the anticipated fee will be due at the time final interviews are scheduled.

Final Invoice: The final invoice will reflect the fee calculated on the accepted offer. The invoice will be sent upon start date of an offer and is due within 10 days of receipt.

Candidate Guarantee: HCRI will replace any candidate within the first 6 months of employment who either leaves or is terminated by just cause.

If the search is cancelled by either party, your obligations under this agreement, including but not limited to those described in “Professional Engagement and Fees” above, will survive.

General

This agreement constitutes the entire agreement between the parties with respect to the subject matter and supersedes any previous oral or written arrangements or understanding. Equal Employment Opportunity is federal law, and in providing services under this agreement, HCRI will adhere to all prohibitions on discrimination on the basis of race, color, religion, national origin, disability or handicap, sex, age, marital status, sexual orientation, or military veteran's status.

It is HCRI's standard policy to commence work on any search assignment only after written confirmation of the Agreement has been received by HCRI. If you are in agreement with the terms and conditions as stated above, please sign and return a copy of this letter to me as our formal authorization to proceed.

I appreciate the confidence you have placed in HCRI and me, and I look forward to working with you.

Best regards,

Jonathan Guidi
CEO
HealthCare Recruiters International

Jean Turner
Member - BOD
Northern Inyo Healthcare District

January 31, 2021

Jean:

Thank you for your inquiry on Thursday concerning your search for a new CEO for the Northern Inyo Healthcare District. With two decades of experience, Merraine Group is uniquely qualified to assist as you look for a new leader for NIH. As a matter of record, Modern Healthcare has recognized Merraine as one of the top five executive search & recruitment firms for nine consecutive years. In addition, we have been named one of the 1000 fastest growing, privately-held companies in the United States (*source: Inc Magazine 2017, 2019*) while also being recognized by publications such as Forbes, the St Louis Business Journal as well as the San Diego Business Journal & News.

Merraine Group is the premier provider of leadership at rural hospitals across the United States. With two offices in California and 16 offices across the United States (*including one in Nevada City/Grass Valley*), Merraine has filled the C-level roles from California to Kuwait. Recent C-level placements include the CEO at Southern Coos Regional Medical Center in Oregon, the CEO at Sharon Regional Medical Center in Pennsylvania and the COO at the Tuolumne Me-Wuk Health Clinics in Sonora. In addition, please consider the following:

- Merraine Group has an industry leading retention rate of 97.3% - the best in the business
- We are the only major search firm to run a two-shift operation thereby reducing your time-to-fill
- Merraine Group offers a two year guarantee on all C-level placements
- We have staffed more than 1,000 hospitals and medical centers at the leadership level
- Merraine Group is a family owned and operated business whose Team Leaders all stem from the healthcare industry

I have taken the liberty of attaching some information about our firm. I'd like to also invite you to watch this three minute video about our firm which just came out last week: <https://www.youtube.com/watch?v=Hsmzf2oGgM4&t=15s>

In terms of our pricing, all CEO searches utilize a \$10,000 retainer plus a \$4,875.00 marketing and advertising fee. We invoice 25% of the candidate's first year's compensation once the search is completed, but the \$10,000 deposit is deducted from the total service fee at the back end. Merraine provides a 14 day, first right of refusal on all submitted candidates and our two year guarantee means we will replace the candidate free of charge should you decide he or she is not the "ideal fit."

Jean, I can assure you this is our "sweet spot." Merraine Group thrives on filling roles for health systems such as yours, and I am 100% certain our team can find the next CEO of the Northern Inyo Health District. Should you wish to schedule a time to discuss our firm's process in more detail, I have copied my assistant – Jessica Flowers – so she may schedule a time that is convenient for both you and your Board.

On behalf of all of us at Merraine, I would like to thank you for the opportunity to be of service. We look forward to further conversations in the days to come!

David

In Need of a CEO? Nobody Knows the Market Better: <https://bit.ly/303OhEr>

David Gantshar | President & CEO | [bio](#)
dg@merraine.com | direct 845.570.4292 | follow me on 

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main 845.290.1900 | fax 212.918.9184 | www.merraine.com

[Invite Me to Connect](#) *skype: david.merraine*



MERRAINE GROUP INC.



MERRAINE GROUP INC[®]

Providing leaders for Healthcare,
Social Services & Education

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LETTER FROM THE CEO:

In February of 2001 I was right-sized, downsized and considered oversized for my position as Executive VP at a \$100,000,000.00 manufacturing firm in New Jersey. I had spent the previous twelve years of my career in leadership positions building organizations, hiring the most talented individuals to be found, spinning off new organizations, creating retention packages and leading sales divisions.

I began to put a business and marketing plan in place and signed a lease for 4,000 sq ft in New City, New York. That day, I also made one very important phone call to the most talented person I knew... my mother, Barb Ratner. *"I've got two other job offers," she said. "Why should I come work for you?"* After convincing her that while I'd pay her less this would be much more fulfilling, she signed on. Before we hung up she said: *"I have one caveat. It's gotta' be healthcare and social services."* In summary, it's her we can thank.

Within ten years we built one of the most successful executive search and recruitment firms placing senior executives at thousands of healthcare, social service and educational organizations across the globe. In March of 2013 we began our expansion by growing organically while also acquiring well-known brands including Nielsen Healthcare (*Interim Leadership*) and Bowen & Briggs (*Children's Services*). Since then, Merraine Group® has grown from a single office in New York to a global talent acquisition firm providing a suite of services across industries and continents. From California to Kuwait, from interim to perm, from medical centers to social service agencies, a premier brand was born. In the pages that follow, I'd like to introduce you to some of the services we offer. Just as important, I'd like to share with you some of the people we've recruited to our own firm over the years. To say this team is the "best of the best" is an understatement.

According to Modern Healthcare, Merraine Group is now the nation's largest contingency search firm serving the healthcare, social services and educational markets. We have been named a top five retained firm for nine consecutive years. We've stayed humble. This is another lesson Mom taught me. Our defining characteristics continue to be speed to market, discretion and an ability to find the very best candidates in the market. If you want to know what it means to be a "Merrainiac," please give me a call. You'll get it very quickly.



A stylized, handwritten signature in black ink, appearing to read 'David'.

With dedication,

David Gantshar, President & CEO

ABOUT US:

Where talent is short and representation is critical, Merraine Group Inc.® is here to help. Our two-shift operation reduces recruitment cycle times, and our retention rate is second to none. To those of us at Merraine,® sourcing talent is about finding that unusual chemistry that will gel with your culture and make your organization the best it can be. We familiarize ourselves with that unique dynamic within your organization. Ultimately, our goal is to find a candidate with the skills you are looking for, and the character traits that define your leadership team.

Merraine Group Inc.® is a national healthcare and social services recruitment firm defined by exemplary service, rapid turnaround, discretion and superior talent selection. We have offices in more than 15 locations, spanning California to the UK and even as far as the Middle East. Our reach gives us the unique opportunity to source candidates on a national and international level allowing us to find the best candidate for your organization. We remain a family owned business working across a variety of disciplines from hospitals and medical centers to laboratories and universities, from multi-specialty practices to organizations serving those with intellectual and developmental disabilities as well as behavioral health and youth-at-risk.

When you think leadership, think Merraine®.



EXECUTIVE SEARCH & PERMANENT PLACEMENT

When it comes to hiring an executive to lead your organization or manage a division, we want to be certain that our candidate is the perfect pick for you. For us, that means learning an organization inside-out and finding the very best talent that will move your organization forward. That's more than a resume or a skill set. That's chemistry! This is why Merraine Group® excels at building cohesive leadership teams. Whether it's one leader or a new management team, Merraine® will provide a solution tailor-made for your organization. We offer a variety of service options including retained, contingency and priority search, which allow us to not only identify the best individuals in the field, but bring you top talent that will go the distance, playing an ongoing role in growth and development.

Think of Merraine® the way you might think of a good wine. When you go wine tasting, you're asked to close your eyes, swish, take a sip. What do you taste? Your palate might detect citrus or floral, coffee or chocolate, hints of butter or lemongrass. The perfect meal only brings out the flavors and aromas when paired with the perfect wine. Essentially, that's what we do. Our firm knows how to bring the right skill sets, chemistry and experience together to complement your organization. Why does one person succeed in one environment but not in another? For the same reason some personal relationships succeed while others fall flat. It all comes down to the perfect pairing!



INTERIM & CONTRACT STAFFING

Why is interim staffing important?

For an organization to run smoothly and provide the best service, it is essential that key positions are filled with the right people. While short breaks without the proper management may be unavoidable, it is in the best interest of everyone that the gap in leadership be filled immediately. Often, in-house candidates are simply not yet ready for the roles, and having them take over prematurely can result in losses due to inexperience and lack of training. For this reason, having a professional candidate step in for an interim period can allow for a smoother transition and eliminate mistakes along the way. When positions in a company are vacated, responsibilities fall upon others often causing a strain on employees. This can result in erratic and uncoordinated work. Filling the position quickly will relieve those effects ensuring you and your team are confident knowing the work will be done efficiently and in a more focused manner.

Merraine Group® typically provides an interim candidate within three to five business days of the initial request. In 2019, over 99% of our interim candidates completed their assignment and more than one-third were offered the opportunity to join the organization on a permanent basis!

Merraine®'s client service team will handle every detail from candidate selection to travel arrangements, from licensing to payroll. Our commitment is to make the process seamless and stress free.

Need more info?

Our Champion



Meet Brenda Isert, Manager - Interim Services

Brenda is the Divisional Manager of Merraine Interim. Previously, Brenda worked as the General Manager for Nielsen Healthcare, a Merraine company. She has been an Executive Recruiter since 1997. Brenda's team will partner with you to fill leadership roles for managers, directors, senior level executives and more. *Fun fact:* Brenda used to live in Sao Paulo, Brazil.

Contact 845 - 290 - 1900 or info@merraine.com

RPO - RECRUITMENT PROCESS OUTSOURCING



Merraine Group®'s end-to-end RPO service offers the ability to outsource the entire recruitment process or just part of it. Recruitment Process Outsourcing is ideal for organizations with increased hiring activity, limited recruiting budgets, or manpower shortages. During the development process of our tailored RPO solution, your company's goals, vision, and culture are taken into consideration. As a global company, we are uniquely positioned to find you the best candidates for your organization. Here at Merraine Group® we perform all of our pre-employment and onboarding "in house" including criminal and background checks, employment verification, drug testing and behavioral assessments. This allows you the time to focus on your core business and built your organization while we bring the talent right to your door.

Acting as an extension of your human resources function, we help design and customize strategic solutions to meet your hiring needs. From as few as ten to up to one thousand positions, supporting one site or multiple locations, working at your offices or ours, Merraine Group® can "flex up" and "flex out" to ensure almost any timeline is met. Recent RPO's have been completed for a social services organization across New York state, a pharmaceutical corporation in Belgium and a skincare company in Spain.

Need more info?

Our Champion



Meet Kelly Gutrad, RPO Team Lead

Kelly is an accomplished Talent Acquisition Professional with over 20 years of experience in Human Resources Management including Recruiting, Project Management, Training & Development, and Staffing Operations. Her expertise is in leading high-volume recruitment projects.

Fun fact: Kelly began her career as a journalist in Washington, D.C.

Contact 845 - 290 - 1900 or info@merraine.com

HR SOLUTIONS

HRselect®, a Merraine Group® company, is dedicated to making your talent acquisition efforts as easy and smooth as possible. We want to assist in whatever areas you need most, enabling you to choose the services you need us to handle. We find candidates, run background checks, and can even assist with onboarding and payroll. Our staffing specialists have years of industry experience, and our company has strategic partnerships that can bring you significant savings in time and money. With HRselect®, you get to choose the HR services that are right for you.

- Job Fair Assistance
- Job Posting & Optimization
- Drug/TB Testing
- Talent Assessment
- Video Interviews
- Career Counseling
- Video Job Descriptions
- Background Screening
- Reference Checking
- Relocation Services
- Advisory Program
- Outplacement

Need more info?

Our Champion



Meet Donald Ross, Director Career Development & HRselect®

Prior to joining Merraine Group®, Donald spent eleven years with Blue Cross/Blue Shield in their Philadelphia office. For the past decade he has led Merraine®'s Career Development Group where all of the recruitment teams report into him. *Fun fact:* Donald is from Aberdeen, Scotland but does not play golf!

Contact 845 - 290 - 1900 or info@merraine.com

DIVERSITY & INCLUSION

As a company that excels in HR and hiring, we use our influence to help eliminate racial, ethnic, gender, religious and all other forms of discrimination. We want every candidate to have an equal opportunity at any profession without the influence of external or internal biases. Our Diversity and Inclusion team is devoted to allowing all candidates equal footing in the search for career opportunities. Merraine Group® provides companies with access to the most qualified talent while executing upon the growth of a diverse and inclusive workforce.

Across our many offices, we employ a large group of recruiters, from college graduates to established experts in their field, without discrimination against race, gender, ethnicity, sexual orientation or any protected characteristic. We take pride in the many languages we speak and the many countries our team members are from. It is this diversity that has equipped us to serve such a broad scope of organizations so well. Working together to promote more equity and greater inclusion in the workforce, we are spreading the vision of a brighter future.

For more information: <https://www.youtube.com/watch?v=JsFjkNy05ZE&t=5s>

Need more info?

Our Champion



Meet Alfred Hankins, Manager - Diversity & Inclusion

Alfred has over 25 years of experience in corporate structure and operations. His team building skills and passion for innovation have driven Alfred's dedication to diversity, equity and inclusion projects. *Fun fact:* Alfred pilots a Cessna 185 in his spare time.

Contact 845 - 290 - 1900 or info@merraine.com



MERRAINE® ON-SITE

Merraine® On-Site provides your organization with one of our skilled and professional recruiters on-site to assist with regional and national recruitment efforts. We bring all of our recruitment strategies and services to your facility, along with a personal approach to meet your organization's individual needs. Our experts are equipped to handle everything from large-scale RPO efforts to the recruitment of key interim and permanent leaders within your organization. With retention strategies, a good eye for talent, and a unique interest in the dynamic of your company, our on-site service will ease the stress of the recruitment process and help find the right candidates quickly.

For more information: <https://www.youtube.com/watch?v=3xwGZztpUos>

Need more info?

Our Champion



Meet Troy McLean, Coordinator On-Site Services

Troy has been with the firm for nine years bringing a strong background in both interim and permanent placement. His on-site efforts include hospitals in Montana and social service organizations in New York where he brought his expertise to a variety of organizations. *Fun fact:* Troy was born in Kailua, Hawaii and spends almost every weekend fishing.

Contact 845 - 290 - 1900 or info@merraine.com

TRAINING & EDUCATION

We recognize the importance individuals place on joining an organization that embraces continued learning, colleagues committed to ongoing development and leadership dedicated to growth. We offer customized cost-effective avenues achieving higher retention rates and greater performance within your company. We want to give your team the tools they need to do their best.

Below are some of the programs we offer:

- Recruitment Best Practices
- Goal Setting
- Achieving Purposeful Communication
- Embracing Diversity
- Time Management
- Building Trust
- Closing the Deal
- Coaching Competency
- Conflict Resolution
- How to Build a More Welcoming Interview Process
- Retention Strategies

Need more info?

Our Champion



Meet Laura Burgess, Senior Director - Business Development & Training

Laura has more than two decades of experience in business and talent development including many years as the Corporate Director of Training for the world's largest recruitment firm. Her dedication to helping organizations grow in leadership, performance and cultural competency has led to a positive and significant impact on those we partner with. *Fun fact:* Laura previously lived with a ghost.

Contact 845 - 290 - 1900 or info@merraine.com



ORGANIZATIONAL DEVELOPMENT

The Organizational Consulting and Development Team at Merraine Group® helps companies grow by identifying opportunities for improvement in efficiency, operational enhancements and strategy development. With a strong focus on human capital, big-picture perspective and organizational effectiveness, we work with clients to reach their maximum potential.

We offer a variety of tools to analyze organizational structure, leadership effectiveness and mission alignment, allowing your team to do their part in the best possible way. We promote teamwork and encourage a healthier dynamic by offering programs geared towards stronger communication, a shared mission and conflict resolution.

Need more info?

Our Champion



Meet Jonathan Fund, VP Operations & Organizational Development

Jonathan honed his skills at KPMG prior to joining Merraine Group® where he leads the Organizational Consulting division. With a Master's degree in Organizational Consulting and Development, Jonathan has spearheaded consulting projects for both small private companies and large global organizations. *Fun fact:* Jonathan has been playing the piano for more than three decades but refuses to play at company functions.

Contact 845 - 290 - 1900 or info@merraine.com

INTERNATIONAL RECRUITING

Merraine Group® is a global firm, with employees fluent in over a dozen languages. We recruit worldwide and have successfully filled leadership positions across five continents. We have over 15 offices around the globe, from Florida to the UK, California to Dubai. Our offices in Manchester (UK) and Dubai (UAE) have delivered assignments ranging from C-Suite Executives of major hospitals, GPO's, public health organizations and governmental organizations. Merraine's recent expansion to Dubai and our joint venture in Latin America have allowed our firm to better serve our customers throughout these regions. With affiliates in more than 45 countries around the world, our services are offered on every continent and in every time zone.

We are able to provide permanent, interim or temporary solutions across all of our locations with the experience, resources and ability to identify and hire the best talent for your organization, no matter where you are located.

Need more info?

Our Champion



Meet Jeremy Lennard, Managing Director - Global Recruitment

Jeremy has been working in recruitment since 1999, establishing JS3 Recruitment in 2009 with the objective of creating a service led business focused on building genuine relationships. Today Jeremy leads Merraine's UK office. *Fun fact:* At the age of eleven, Jeremy was the mascot of the Leeds United soccer team.

Contact 845 - 290 - 1900 or info@merraine.com





RELOCATION SERVICES

Moving forward in your career often means relocating to another part of the country. Merraine Group® wants to ensure that each transition goes as smoothly as possible. We offer a comprehensive array of relocation services. These include a salary tool to determine how much a candidate needs to earn, a moving calculator to help budget the upcoming move, free city reports to compare side-by-side information on demographics, a religious and educational services locator and a trailing spouse program. We provide all the information needed from cost of living to in-depth school reports on public and private schools, and even a mortgage qualifier to figure out how much can be expected at today's mortgage rates.

With offices across the country, we are knowledgeable of many regions, cities and neighborhoods. Rest assured, we will assist your new hire with every step of the transition. Our job does not end when a candidate signs the offer letter. Often, that's just the beginning. Changing jobs is stressful enough. Merraine Group® will ensure relocation is one less item to worry about. Moving shouldn't get in the way of the dream job or the dream hire. Merraine Group® is here to help.

Need more info?

Our Champion



Meet Jessica Flowers, Executive Assistant to the CEO & Relocation Coach

Jessica has worked at Merraine Group®, Inc. for over ten years. She has participated in many aspects in the company's growth and now works closely with our President & CEO. Jessica is an integral part of the company and oversees our relocation services.

Fun fact: Jessica's idea of a good time is to visit the House of Seven Gables in Salem.

Contact 845 - 290 - 1900 of info@merraine.com

CONTACT INFORMATION

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Port Saint Lucie, FL 34986
Phone: (845) 290 1900

SOUTHWEST OFFICE

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San Diego, CA 92126
Phone: (858) 565 6600

NORTHWEST OFFICE

435 Zion Street
Nevada City, CA 95959
Phone: (530) 475 6755

CENTRAL OFFICE

9920 Watson Road, Suite 114
St. Louis, MO 63126
Phone: (314) 984 0910

MIDWEST OFFICE

1221 Bellevue St., Suite 107
Green Bay, WI 54311
Phone: (920) 434 8770

NORTHEAST OFFICE

734 Walt Whitman Road, Suite 300
Melville, NY 11747
Phone: (516) 364 9290

UNITED KINGDOM & EUROPE

Warth Business Centre, Warth Road,
Bury BL9 9NB
Phone: +44 (0) 203 769 1476

ADDITIONAL OFFICES IN:

[Boston](#) • [Philadelphia](#) • [Morgantown](#)
[Charleston](#) • [Fort Lauderdale](#)
[Cleveland](#) • [Cape Cod](#) • [Dubai](#)

WHAT WE VALUE

As a company, our goal is to help businesses grow and flourish, while empowering change and using our influence to eliminate all forms of discrimination. We value initiative and embrace new ideas; we emphasize working together toward success, finding solutions for our clients through dedication and commitment. At Merraine Group® we value responsibility and accountability, which is why our company strives to be environmentally friendly and is taking tangible steps in the direction of a better future for our planet.

Our Merraine® values serve as guideposts in our business strategy and commitment to build a high-performance culture specializing in the placement of top professionals in world-class organizations.

These values drive our behaviors every day.

TEAMWORK

Working together to succeed.

MAKING A DIFFERENCE

Changing people's lives for the better.

CLIENT FOCUS

Exceeding the expectations of every client.

PIONEERING SPIRIT

Initiating and embracing new ideas with enthusiasm.

BEST IN CLASS

Provide exceptional value added services to our clients.

ETHICS AND INTEGRITY

Strong moral values, keeping our word and doing the right thing.

OPENNESS AND TRUST

Relying on each other and communicating with honesty and acceptance.

RESPECT AND CONCERN FOR EACH OTHER

Accepting and supporting each other both personally and professionally.

FUN ALONG THE WAY

Recognizing contributions, maintaining perspective and celebrating success.

COMMITMENT TO EXCELLENCE

Acting to make a difference, taking responsibility for our actions and continually striving to be even better.

ENVIRONMENTAL AWARENESS & SUSTAINABILITY

Merraine Group® is committed to a sustainability policy that will protect our planet and our natural resources for generations to come. For this reason, our offices are almost completely paperless and efforts have been made across the corporation to reduce both waste and our carbon footprint. Videoconferencing, the usage of recycled materials, halogen and incandescent lighting, sustainable water systems and the recycling of all office products is encouraged across all our offices.

In addition, in the spring of 2020, Merraine Group® initiated a “**Green Pastures**” program. For every placement we make at Merraine®, we plant a tree through our charitable giving program. By planting trees in the environment, Merraine® is not only doing what we can to reduce our carbon footprint but helping to reduce climate change while providing the very best renewable energy source our planet has to offer. Every tree planted in the forest will eventually store 500 to 800 kilograms of carbon. Be assured, Merraine® will do our part to leave this planet a better place than we found it.





Sterling
Search
Intro

Process

Diversity,
Equity &
Inclusion

Retaining
Sterling
Search

Sample
of
Clients

Sterling Search, Inc.

A national boutique executive search firm owned and run by women that places successful leaders in healthcare, nonprofit, and education positions.

Nearly 20 years of national nonprofit search

Recognized by Forbes as one of the best executive recruiting firms of 2020

Forbes

Founder's Bio

Our Team



Sarah Agee Founder, President & CEO

Sarah M. Agee is President of Sterling Search Inc. and has been a professional in executive search/staffing industry for 25 years. Her early career was spent in the UK running two employment agencies. Sarah's path led her to the US and eventually to Korn/ Ferry International Futurestep, where Sarah worked in their nonprofit, education, and healthcare practice.

In 2002, Sarah formed Sterling Search after seeing a void in the market for nonprofit organizations needing to hire the best talent but working with a limited budget. Sterling Search allows Sarah to provide personalized recruiting solutions to her clients by eliminating costly overhead.

Sarah is a regular speaker at the Association of Fundraising Professionals and serves on numerous nonprofit committees in her community for their annual events. Sarah interfaces with leaders in the nonprofit community in its role to assist nonprofits with governance, organizational development, fiscal responsibility, fundraising and board development.

Sarah serves on the Executive Committee of the **Network of Nonprofit Search Consultants** and is the **Co-Chair of the Knowledge and Thought Leadership Committee**. She was previously the Chairman and President of the British American Business Council-Orange County and has served on the selection committee for National Philanthropy Day for the Association of Fundraising Professionals. Educated in England: National Certification of the Business Education Council, GLOSCAT, Sarah currently lives with her family in Newport Beach, CA.

Sterling Search, Inc.

1

Our Team



Julie Lugo

Senior Director Executive Search

Julie has 13 years of experience as a fundraising professional with nonprofits



Nicole Seipel

Director Executive Search

Nicole has 25 years of nonprofit management experience in the arts, health, and social causes



Andrea Taylor

Executive Search

Consultant- Education

Andrea has over 25 years' experience in fundraising and donor/alumni engagement for higher education.



Katherine Biely

Director Executive Search & Operations

Katherine started her career practicing labor and employment law before moving into recruiting.



Michael Ashcroft

Director of Outreach



Navelly Alba

Director of Operations & Special Projects

Timeline

2021	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Mar		1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

2021	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Apr					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	

2021	Sun	Mon	Tue	Wed	Thu	Fri	Sat
May							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					

2021	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Jun			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30			

 Kick off: Position description approved by search committee and Board.
 Benchmarking meetings: Select an hour (first one by phone). The other 2 times a video meeting or by phone in late PM.
 First round interviews: Interview 4 to 6 candidates.
 Second round interviews: Interview 3 candidates select five hours slots. SSI starts references on top 2. Presentation.
 Offered/ background check
 Candidate to give one month notice.

Kick-Off

Search Strategy

The Funnel

Outreach & Screening

Bench marking

Behavioral Interviews

Search Committee Interviews

References, Offer & Negotiations

Kick-Off

#1



Meet with the
Search
Committee

#2



Write Position
Description and
Sizzle

#3



Create Search
Strategy

How do we find NIHD's CEO

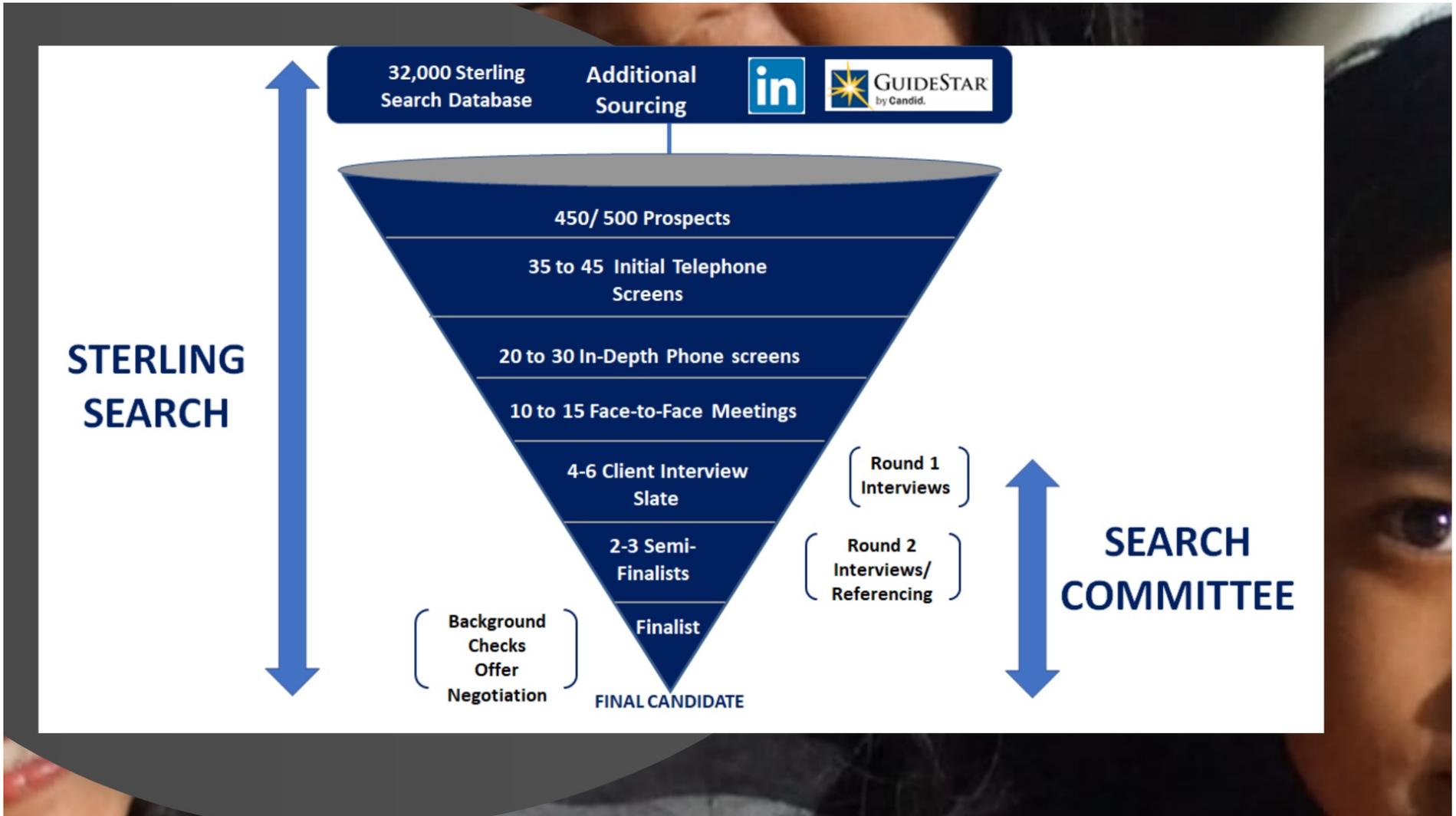


Crelate Inc. provides a cloud-based talent relationship management and applicant tracking solution for executive search firms



19 years tracking over 11,000 nonprofit executives in S. California





Phone screen



**Conduct
20 to 30 Phone
screens
1 hour each**

Name/Title/Org/Loc	Overview
<p>Name</p> <p>Title</p> <p>Company</p> <p>Resides: XXXXX</p> <p>Linkedin</p> <p>Status: Interviewing with Committee</p> <p>Linkedin</p> <p>Status: Interviewing with Committee</p>	<p>Motivation: In her next position, Candidate wants a role that truly drives the future of every aspect of the organization. After going through a nationwide merger at the American Lung Association a few years ago, her role changed, and her current position is not capitalizing on her full skillset or attributes. Her personal connection to Client comes from having a daughter with Asperger's and an aunt who was a paraplegic.</p> <p>Organizational Leadership (strategic planning/ leading through challenging times): Currently in charge of 14 offices, Candidate was nimble in pivoting to move all staff to remote working, incorporating additional time management training and providing a support system. About 65% of her staff are programming and the remainder are fundraising staff. They had 60 planned events, which were either canceled or transitioned to a virtual experience, including one with 1300 participants happening 6 hours after shelter in place was made mandatory. Candidate brought the team together in a virtual space to do a full analysis of programs, fundraising and other community-based work. She led the team in determining how to keep supporters engaged and participants training including virtual kick off events and programs for nutrition and training. She has access to medical officers so implemented COVID focused webinars and townhall meetings. Candidate has also been innovative in her approach to navigating the new normal with regard to fundraising. There were two galas planned in SoCal that were canceled and left a revenue shortfall. She worked with both ED's on a strategy to reimagine an experience which has turned into a virtual talent show using the gala honoree, a former San Diego Padre player, as the muse for the idea. The concept has grown and now includes baseball players from the Dodgers, Angels and Padres displaying their off the field talents and Carson Daly is serving as the MC. Collaborative partnerships and sponsorships have been formed for the event, the "audience" can watch online and vote for their favorite player. The goal for the September event scheduled is \$300k, which they have already exceeded. They have also launched other online multi level campaigns in collaboration with the Board knowing that their usual events are going to be on pause for a while.</p> <p>Budget/fundraising (increase in revenue/budget): Candidate has grown revenue from \$17M to \$21M and is on track to meet or exceed goal by 9%, prior to COVID she was projecting to exceed goal by 19% and has not had to lay off any staff. In addition to her regional goals, she also holds a personal portfolio of 12 large donors and regional Board fundraising.</p> <p>Leadership (staff development creating a defined culture): In her current role Candidate has 8 direct reports and administrative support (direct reports are ED's in each of her states), and ultimate oversight of 68 FTE's. As President and CEO of the American Lung Association, she had 4 direct reports who were all C-suite.</p> <p>Board leadership (governance/board development): Candidate has extensive experience recruiting and developing volunteer leadership boards, and currently has oversight for a regional board of 22 members with oversight of 8 states, who raise an additional \$1M. She also manages relationships with local market specific volunteer leadership.</p> <p>Education: BS, Business Administration, University of Redlands</p> <p>Desired Comp: \$225k</p>



Sterling Search Behavioral Interviews

10 to 12 Interviews

1 1/2 hours per candidate



Search Committee Interviews

Interview 4 to 6

1st round candidates:

1 day or 2 x half days

Interview 2 to 3

2nd round candidates

6 hours

Includes a 15 min presentation



SKILLSURVEY

Refer to Tracy Sample

PRE

SKILLSURVEY Reference

Tracy Sample
PRE AND WP FEEDBACK REPORT - EXECUTIVE SUMMARY
PAGE 1 OF 7

SKILLSURVEY Reference

Tracy Sample
PRE AND WP FEEDBACK REPORT - EXECUTIVE SUMMARY
PAGE 1 OF 7

REFERENCE COMMENT
Each Reference had the option to respond to the separate comment.

WORK-RELATED AREAS
Tracy would benefit from:
Tracy is substantially skilled in all objectives in a graded but has demonstrated weakness in 3 difficult to find someone to...
1. Tracy tends to not doing...
2. Tracy always wants to...

WORK-RELATED STRENGTHS
1. great team member 2. is...
3. Tracy always wants to...

REFERENCE FEEDBACK
The responses for your company group is not provided.

I. Is this person a team player?
Yes: 100
No: 0
N/A: 0

II. Is this person capable of...?
Yes: 100
No: 0
N/A: 0

TIMELINE
Use Submitted Candidate Candidate Response Time
Report First Ready to Hire: March 25, 2019 - 8:12PM

PREDICTIVE ANALYTICS
Numerous reference-related validity studies published by the SkillsSurvey analytics team who followed tens of thousands of new hires for an average of 21 months reveal that two factors - Reference response rate and overall average numeric rating - are statistically predictive of success for release. Below are the Candidate's Reference response rate, overall average numeric rating and the percentile for the Candidate based upon ratings within the relevant team group (PRA).

Reference Response Rate: 100%
(4 of 4 References provided feedback)

Overall Average Numeric Rating: 6.58 out of 7.00
Percentile of Overall Average Numeric Rating on Relevant Group for Relevant Team Group (PRA): 43rd Percentile

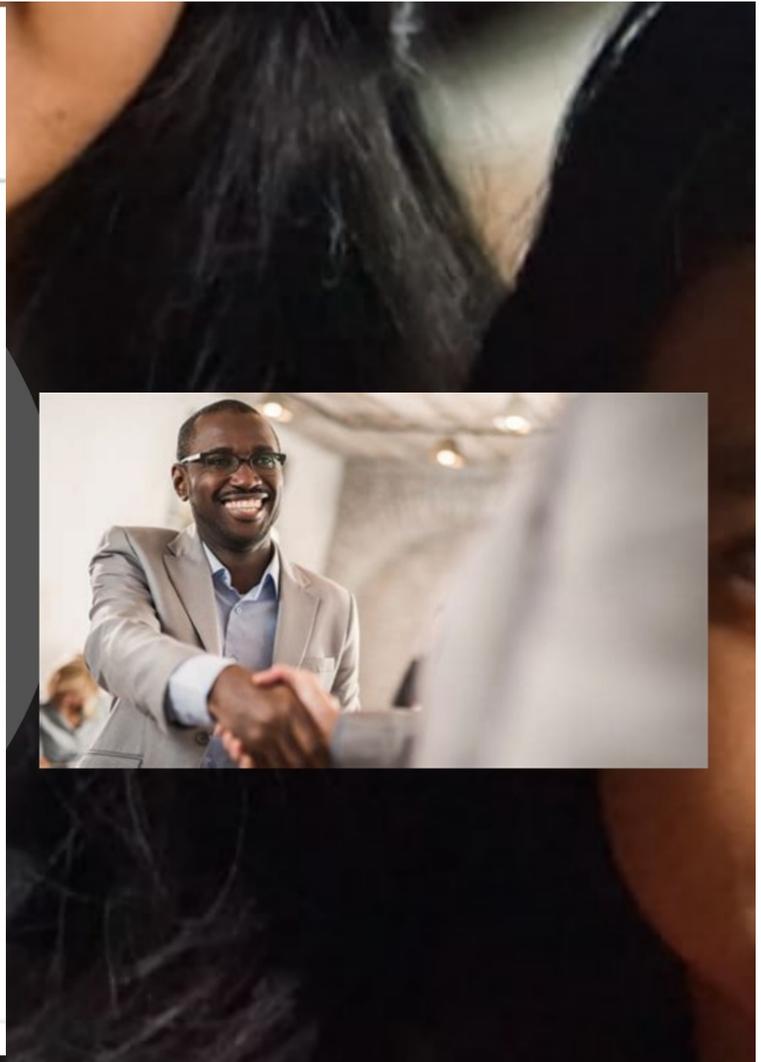
COMPETENCY CLUSTER SUMMARY
The Candidate's References rated together on job-specific behaviors, which are grouped into one of the Competency Clusters. Below is a summary of the average ratings for each Competency Cluster. The percentile for the Candidate is based upon the ratings within the relevant team group. The job-specific behaviors that make up each Competency Cluster can be found in a later section of this report. It is noted that the Candidate's manager's provided feedback is "Manager's Only" and is denoted by light blue.

Competency Cluster	Overall Average Numeric Rating	Percentile
Professionalism	6.58	43rd
Interpersonal Skills	6.58	43rd
Problem Solving and Adaptability	6.58	43rd
Personal Values Commitment	6.58	43rd
Alignment with Values Satisfaction (CANDIDATE)	6.58	43rd

AVERAGE RATING AND PERCENTILE BY REFERENCE
The feedback from each Reference is presented in order by average numeric rating (shown at the end of the bar). The percentile for the Candidate is based upon the ratings within the relevant team group (PRA).

Reference	Average Rating	Percentile
1	6.58	43rd
2	6.58	43rd
3	6.58	43rd
4	6.58	43rd

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Diversity Equity And Inclusion Practice

Katherine Biely
Director, Executive Search & Operations
Diversity, Equity & Inclusion



Katherine began her career as a labor and employment attorney for a large international law firm, shifting gears and moving into recruiting after realizing that she preferred a more hands on approach to helping clients. She was always heavily involved in pro bono work and volunteering, including working with immigrant children to earn legal status in the United States and working with survivors of domestic violence to get restraining orders against their abusers.

When she got the opportunity to use her recruiting skills in conjunction with labor and employment expertise to assist nonprofit organizations, she jumped at the chance to work with Sterling Search, Inc. Katherine lives in Newport Beach, California with her husband and her cat, where she enjoys trying out new baking recipes, wine tasting, and stand up paddle boarding.

She attended the University of Chicago Law School, where she earned her Juris Doctorate, and the University of Missouri, where she earned Bachelor's degrees in Psychology and Political Science. She is a member of the California State Bar and continues to serve her community, volunteering her time mock interviewing local college students and fostering stray kittens.

Education: J.D., University of Chicago Law School

BA, Political Science & Psychology, University of Missouri

Hires

Recent Diversity Hires



Calvin Lyons

Chief Executive Officer
Special Olympics
Southern California



Gloria Jetter

Chief Executive Officer
Make-A-Wish, Orange County
and the Inland Empire



Tina Minh

Chief Communications &
Development Officer
Catalina Island Medical Center



Constanza Pachon

CEO
The Whole Child



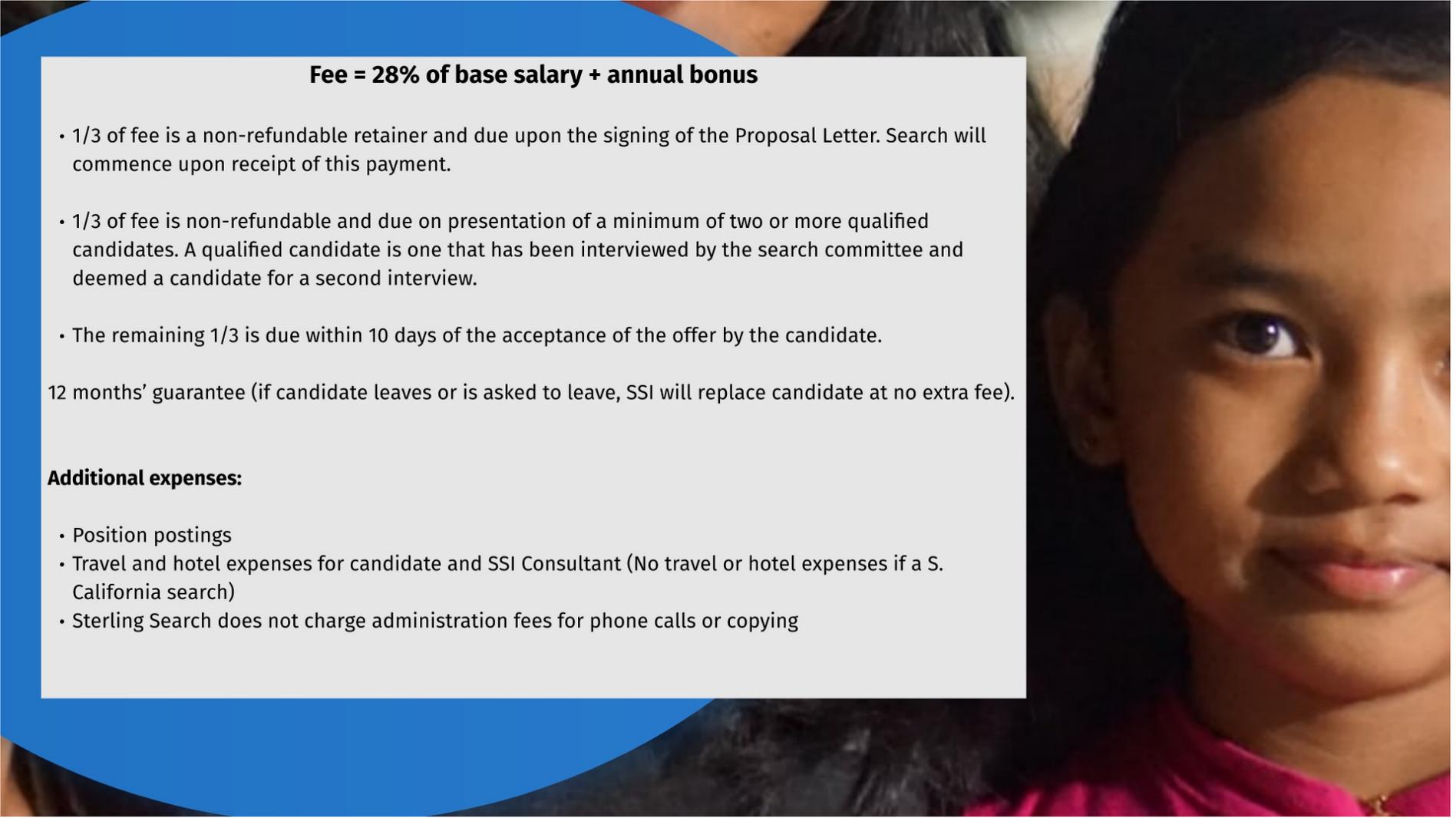
Margaret Lopez

Chief Financial Officer
Wellnest



Ayde Gonzalez

Chief Operating Officer
A Community of Friends



Fee = 28% of base salary + annual bonus

- 1/3 of fee is a non-refundable retainer and due upon the signing of the Proposal Letter. Search will commence upon receipt of this payment.
- 1/3 of fee is non-refundable and due on presentation of a minimum of two or more qualified candidates. A qualified candidate is one that has been interviewed by the search committee and deemed a candidate for a second interview.
- The remaining 1/3 is due within 10 days of the acceptance of the offer by the candidate.

12 months' guarantee (if candidate leaves or is asked to leave, SSI will replace candidate at no extra fee).

Additional expenses:

- Position postings
- Travel and hotel expenses for candidate and SSI Consultant (No travel or hotel expenses if a S. California search)
- Sterling Search does not charge administration fees for phone calls or copying



MLK Community
Health Foundation



Heluna Health
EMPOWERING POPULATION
HEALTH INITIATIVES SINCE 1969



Testimonials



Tom Burnham
Chief Human Resources Officer



ROMAN CATHOLIC
DIOCESE of ORANGE

Special Olympics Southern California - CEO Search



"Sarah.....Well done – I love it when a plan comes together!"

"Great job Sarah – you and your team are the BEST!"



Board Chair
Kelly Johnson, MBA, CFA, CAIA
Portfolio Strategist, Charles Schwab
Investment Advisory, Inc.



CEO - American Family Housing

"When our organization needed a new Development Director, it was important to hire the best person with a track record of success in the community. Even though COVID has unfortunately left many people unemployed and it would seem like a good time for hiring, we decided to hire Sterling Search. The recruiters at Sterling Search brought us 3 highly qualified people to interview, any of whom could have done a great job. None of them were actively looking for a new position and may not have seen our job posting. We hired a candidate with experience in our industry who had terrific references."



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

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

TO: NIHD Board of Directors
FROM: Charlotte Helvie, MD, Chief of Medical Staff
DATE: March 2, 2021
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. Annual Approvals (*action item*)
 - 1. Anesthesia Critical Indicators
 - 2. Surgery Critical Indicators
 - 3. Perinatal Critical Indicators
 - 4. Neonatal Critical Indicators
 - 5. Pediatrics Critical Indicators

- B. Medical Staff and APP Staff Appointments (*action item*)
 - 1. Jeffrey La Rochelle, MD (*urology*) – Provisional Consulting Staff
 - 2. Ali Kasraeian, MD (*urology*) – Provisional Consulting Staff
 - 3. Arin Stephens, PA-C (*urology*) – Advanced Practice Provider Staff
 - 4. Vanessa Blasic, PA-C (*urology*) – Advanced Practice Provider Staff
 - 5. Jocelyn Moll, FNP-C (*urology*) – Advanced Practice Provider Staff

- C. Medical Staff Reappointments for Calendar Years 2021-2022 (*action item*)
 - 1. Arrash Fard, MD (*cardiology*) – Adventist Health Telemedicine. Category: Telemedicine.

- D. Requests for Additional Privileges (*action items*)
 - 1. Anne Wakamiya, MD (*internal medicine*) – request for privileges in Stress Test interpretation.
 - 2. Daniel Firer, MD (*family med/emergency med*) – request for privileges in Bedside Ultrasound after completion of required coursework.

- E. Medical Staff Resignations (*action items*)
 - 1. Michael Rhodes, MD (*internal medicine*) – effective 11/24/2020
 - 2. Sheila Cai, MD (*psychiatry, Adventist Health*) – effective 1/15/2021
 - 3. Armand Rostamian, MD (*cardiology, Adventist Health*) – effective 11/9/2020

- F. Medical Executive Committee Meeting Report (*information item*)

Anesthesia Critical Indicators

~~2020~~2021

Adopted from 'MACRA Ready' Adverse Events Reporting Form

Cardiovascular

1. Dysrhythmia requiring intervention
2. Cardiac arrest (unplanned)
3. Unexpected death
4. Stroke, CVA, or coma
5. Myocardial ischemia
6. Myocardial infarction
7. Vascular access injury (arterial/pneumothorax)
8. Uncontrolled HTN

Respiratory

9. Aspiration
10. Pneumothorax (related to anesthesia)

Regional

11. Failed Regional Anesthetic
12. Systemic local anesthetic toxicity
13. Post-dural puncture headache
14. Epidural hematoma after spinal/epidural
15. Epidural abscess after spinal/epidural
16. Peripheral nerve injury following regional
17. Infection following peripheral nerve block

PACU

18. Temperature <95.9° F or <35.5° C
19. Inadequate Reversal
20. Reintubation (planned trial extubation documented)
21. Reintubation (no planned trial extubation)

Medication

22. Medication administration error
23. Adverse transfusion reaction
24. Anaphylaxis

Process

25. Wrong site surgery
26. Wrong patient
27. Difficult airway
28. Unplanned hospital admission
29. Unplanned ICU admission
30. Wrong surgical procedure

Miscellaneous

31. Dental trauma
32. Visual loss
33. Malignant Hypothermia
34. Awareness under GA
35. Equipment malfunction
36. Fire in OR
37. Airway fire in OR
38. Corneal abrasion
39. Fall in OR
40. Other

Approvals:

Surgery/Tissue/Transfusion/Anesthesia: 01/27/21
Medical Executive Committee: 03/02/21
Board of Directors:

Surgical Critical Indicators

~~2020~~2021

1. Death within 30 days of a surgical or anesthetic procedure.
2. Unanticipated admission to the Intensive Care Unit from a lower level of care.
3. Unanticipated return to the Operating Room.
4. Unanticipated readmission to the hospital within 30 days following a surgical procedure.
5. Unanticipated return to the hospital following surgery.
6. Unanticipated removal or repair of tissue not considered to be a common outcome of the procedure.
7. Unanticipated patient retention of foreign material.
8. Complication consequent to implantation of prosthetic devices or their malfunction or failure.
9. Documented significant postoperative complication within 30 days. These will include ventilator failure, myocardial infarction, stroke, renal failure, pulmonary embolus or deep vein thromboembolic disease, sepsis, or impairment of body function to a level less than that present prior to a surgical or anesthetic procedure, and less than commonly expected as a result of the operative procedure.
10. Airway management for moderate sedation (oral airway or bagging patient).
11. Wrong-site surgery.

Approvals:

Surgery/Tissue/Transfusion/Anesthesia: 01/27/21

Medical Executive Committee: 03/02/21

Board of Directors:

Perinatal Critical Indicators

~~2020~~2021

1. Maternal death or resuscitation
2. Fetal demise beyond 20 weeks gestation
3. Transfer to a higher level of care
4. APGAR score less than 7 at ~~1 or~~ 5 minutes
5. Neonatal trauma
6. ~~Maternal seizure~~Preeclampsia
7. Vaginal deliveries coded with shoulder dystocia
- ~~8. 3rd and 4th degree lacerations~~
- ~~9.~~8. Postpartum hemorrhage requiring transfusion
- ~~10.~~9. Postpartum readmission
- ~~11.~~10. Disruption or infection of obstetrical wound
- ~~12.~~11. Delivery of infant less than 36 weeks gestation
- ~~13.~~12. Delivery of infant greater than 42 weeks gestation
- ~~14.~~13. Maternal admission to ICU
- ~~15.~~14. Maternal induction of labor less than 39 weeks without documented indication
- ~~16.~~15. Staff concerns.

Approvals:

Peri-Peds Committee: 2/4/202/23/21

Medical Executive Committee: 3/3/203/2/21

Board of Directors: 4/15/20

Neonatal Critical Indicators

~~2020~~2021

1. APGAR score less than 7 at ~~1- or~~ 5 minutes
2. Neonatal resuscitation (PPV or beyond)
3. Infant in Neonatal Peds status
4. Birthweight less than 2000g
5. Infant of a diabetic mother
6. Gestation less than 36 weeks
7. Infant re-admitted within 48 hours of discharge
8. Transfer to NICU
9. Pediatrician attended delivery
10. Any chart brought forward by staff due to concerns

Approved:

Peri-Peds Committee: ~~12/5/19~~2/23/21

Medical Executive Committee: 1/7/20

Board of Directors: 1/15/20

Pediatric Critical Indicators

~~2020~~2021

1. Patient transfer to a higher level of care or referral center
2. Readmission to the hospital within 30 days for the same or related diagnosis
3. Respiratory or cardiac arrest (Apnea >15 seconds)
4. Death
5. Abuse
6. Dehydration requiring Intravenous Fluid
7. Neonates < 28 days, admitted to the Acute/Sub Acute Services
8. Length of stay exceeding 48 hours
9. IV/IM antibiotics
10. Nursing concerns

Approved:

Peri-Peds Committee: ~~12/5/19~~2/23/21

Medical Executive Committee: ~~1/7/20~~3/2/21

Board of Directors: 1/15/20

- CALL TO ORDER** The meeting was called to order at 5:30 pm by Robert Sharp, District Board Chair.
- PRESENT** Robert Sharp, Chair
Jody Veenker, Vice Chair
Mary Mae Kilpatrick, Secretary
Topah Spoonhunter, Treasurer
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer
William Timbers MD, Interim Chief Medical Officer
Allison Partridge RN, MSN, Chief Nursing Officer
Vinay Behl, Financial Consultant
Charlotte Helvie MD, Chief of Staff
Keith Collins, General Legal Counsel (Jones and Mayer)
- ABSENT** Jean Turner, Member-at-Large
- OPPORTUNITY FOR PUBLIC COMMENT** Mr. Sharp announced that 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 being allowed 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. No comments were heard.
- NEW BUSINESS**
- NIHD AND INYO COUNTY COVID-19 UPDATE** Interim Chief Executive Officer Kelli Davis reported that at the request and consideration of the Board of Directors, Covid 19 updates will become a standing agenda item at Northern Inyo Healthcare District (NIHD) Board meetings going forward. The following updates were provided:
- The District continues to have weekly Incident Command meetings with key stakeholders, including representatives from Bishop Care Center, Southern Inyo Healthcare District, and the Toiyabe Indian Health Project. Summaries of Incident Command meetings are published weekly.
 - The District is currently continuing to vaccinate members of the community who are 65 years of age and older.
 - The District continues to see a downward trend in Covid 19

- numbers, with a reactivity rate of 20.9% as of this morning.
- The District continues to receive a steady supply of Covid 19 vaccines weekly.
- Inyo County has not yet released its process for mass vaccination, but it is anticipated that information on that topic will be released in the very near future.
- The District continues to strongly recommend that employees undergo regular COVID testing.

Reports from Board members were heard regarding the public's desire for clearer information on vaccination eligibility. Dr. Timbers reported that the state's online website tool (myturn.ca.gov) will soon be available for Inyo County residents to query their eligibility, and to determine local vaccine administration locations.

MOMENT OF
APPRECIATION FOR
DISTRICT EMPLOYEES
AND PROVIDERS

Mr. Sharp recognized District employees and providers for their hard work and excellent patient care, taking a moment to name individuals who had over the last month received patient praise, acknowledgement, or who had participated in District-sponsored community outreach events.

CHIEF EXECUTIVE
OFFICER PEPRA
RETIREMENT PLAN
TERMINATION AND
APPROVAL OF
DISTRICT BOARD
RESOLUTION 21-01

Ms. Davis provided a summary of the District's past retirement plans and reported that in 2016 a PEPRA retirement plan was created specifically for the District Chief Executive Officer. Since its creation, the PEPRA Plan has had only one enrollee, and the District should now determine whether or not it will keep the plan open for future enrollees.

Keith Collins, General Counsel, called attention to proposed District Board Resolution 21-01, which would terminate the 2016 PEPRA retirement plan. It was moved by Jody Veenker, seconded by Topah Spoonhunter, and unanimously passed to approve District Board Resolution 21-01 as presented, and to terminate the PEPRA retirement plan previously created for the Chief Executive Officer.

HUMAN RESOURCES
DEPARTMENT UPDATE

Alison Murray, Acting Human Resources Director, presented to the Board of Directors a detailed summary of the activities the Human Resources department has completed in response to recommendations made by MRG consultants. Those activities included:

- A reassessment of the staffing needs for the department. With the acquisition of Payroll and District Education personnel, the Human Resources department will now be staffed by 7 FTEs.
- Updates on the recruitment process, including the addition of a Recruitment Specialist and working with department leaders to develop plans for difficult-to-fill positions.
- A comprehensive assessment of the leave management process (software will be obtained to automate that process).
- Pursuing PHR (Professional in Human Resources) certification for members of the department
- Development of training programs for District leaders
- Conducting file and process audits for compliance

- Reviewing the District's employee compensation plan and pay philosophy

CHIEF EXECUTIVE
OFFICER SEARCH
UPDATE

This item was tabled for update at the March regular Board of Directors meeting.

FEBRUARY 20, 2021
SPECIAL BOARD
MEETING, ANNUAL
CEO EVALUATION

Ms. Davis reported a Special Board Meeting will be held on February 20, 2021 by online videoconference. After public comment, the meeting will adjourn into Closed Session to conduct the annual Chief Executive Officer evaluation.

BRONCO CLINIC
UPDATE

Ms. Davis reported that Bishop High School Bronco Clinic operations have been suspended as of February 15, 2021. The District is looking to re-open the Clinic before the next school year, after Clinic workflows and billing challenges have been addressed.

CHIEF OF STAFF
REPORT

APPROVAL OF
PROPOSED NIHD
MEDICAL STAFF
BYLAWS

Chief of Medical Staff Charlotte Helvie MD called to attention to proposed draft Medical Staff Bylaws which were approved by the Medical Staff at their February general meeting. It was moved by Mary Mae Kilpatrick, seconded by Jody Veenker, and unanimously passed to approve the draft NIHD Medical Staff Bylaws as presented.

POLICY AND
PROCEDURE
APPROVALS

Dr. Helvie reported following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee recommends approval of the following Policies and Procedures:

1. *Discharge Medications Policy*
2. *Interfacility Transfer Guidelines*
3. *Admission, Care, Discharge and Transfer of the Newborn*
4. *Base Station Pre-Hospital Care Policy*
5. *Base Station Quality Improvement Program Pre-Hospital*

It was moved by Ms. Veenker, seconded by Mary Mae Kilpatrick, and unanimously passed to approve the Policies and Procedures 1 through 5 as presented.

NOTICE OF
AUTOMATIC ACTION

Dr. Helvie reported that in accordance with the Medical Staff Bylaws, the following member has had his privileges suspended for non-compliance with liability insurance requirements, and notice is being provided to the Board of Directors. This action is not for medical disciplinary cause or reason and is not a reportable action.

1. Rainier Manzanilla, MD (*cardiology*)

FORMATION OF AD
HOC JOINT CONF.
COMMITTEE

Dr. Helvie called to attention the creation of a Joint Conference Committee as part of the new Medical Staff Bylaws. The committee will be composed of two Board members, two members of the Medical

Executive Committee, and the CEO or CMO as an ex-officio member. It was moved by Mr. Sharp, seconded by Mr. Spoonhunter, and unanimously passed to appoint the following two Board members to the Joint Conference Committee on a temporary basis:

1. *Robert Sharp*
2. *Jody Veenker*

MEDICAL EXECUTIVE
COMMITTEE MEETING
REPORT

Dr. Helvie additionally provided the following update on recent Medical Staff meetings:

- The Medical Staff general meeting convened and approved the Medical Staff Bylaws
- The Physician Wellness Committee met to compile results of a recent provider engagement and satisfaction survey
- The Medical Executive Committee selected the following COVID 19 response heroes for the month of February from the nominations received:
 - o *The RHC drive-through clinic team members*
 - o *Dr. Charlotte Helvie*

CONSENT AGENDA

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

1. Approval of minutes of the January 20 2021 regular meeting
2. Pioneer Home Health quarterly report
3. Eastern Sierra Emergency Physicians quarterly report
4. Financial and Statistical reports as of December 31 2020
5. Cerner Implementation update

It was moved by Ms. Kilpatrick, seconded by Mr. Spoonhunter, and unanimously passed to approve Consent Agenda Items 1 through 5 as presented.

NIHD COMMITTEE
UPDATES FROM
BOARD MEMBERS

Mr. Sharp asked if any members of the Board of Directors wished to provide updates on their attendance at NIHD Committee meetings. Comments were heard from:

- Ms. Kilpatrick, who reported on her attendance at the Medical Executive Committee meeting. She expressed her appreciation of Dr. Helvie's work on the Bronco Clinic, and reported that Dr. Bowersox would be returning in March to provide surgical services. Ms. Kilpatrick additionally reported on the Pioneer Home Health (PHH) Board of Directors meeting, noting that Pioneer Home Health is currently experiencing billing issues. Ms. Davis stated that she will look into the possibility of providing assistance or resources to PHH.

REVIEW OF NIHD
MEDICAL
STAFF/BOARD OF
DIRECTORS AD HOC

Mr. Sharp called to attention the minutes of the Medical Staff/Board of Directors Ad Hoc Committee meetings. Comments were heard from:

- Ms. Kilpatrick, who recognized the importance of provider participation in the District Strategic Planning sessions and the

MEETING MINUTES importance of obtaining positive feedback from the community to recognize our providers.

- Mr. Sharp, who welcomed provider participation in upcoming Strategic Planning sessions, and also suggested feedback by letter or email to Board members if providers are unable to attend.

REPORTS FROM BOARD MEMBERS Director Kilpatrick reported on her recent experience at the District and expressed her heartfelt thanks for the compassion, caring, and love she received from all NIHD staff members during a very difficult time.

ADJOURNMENT TO CLOSED SESSION At 7:09 pm Mr. Sharp announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- A. Conference with Labor Negotiators, Agency Designated Representative: Irma Moisa; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).

RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN At 9:03 pm the meeting returned to Open Session. Mr. Sharp reported the Board took no reportable action.

ADJOURNMENT The meeting was adjourned at 9:03 pm.

Robert Sharp, Chair

Attest: _____
Mary Mae Kilpatrick, Secretary

CALL TO ORDER The meeting was called to order at 10:01 am by Robert Sharp, District Board Chair.

PRESENT Robert Sharp, Chair
Jody Veenker, Vice Chair
Mary Mae Kilpatrick, Secretary
Topah Spoonhunter, Treasurer
Jean Turner, Member-At-Large
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer

OPPORTUNITY FOR PUBLIC COMMENT Mr. Sharp reported at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. Comments in support of Northern Inyo Healthcare District (NIHD) Interim Chief Executive Officer Kelli Davis were heard from NIHD Information Technology Director Bryan Harper. No other comments were heard.

CLOSED SESSION At 10:03 am Mr. Sharp announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:
1. Conduct a Public Employee Performance Evaluation (*pursuant to Government Code Section 54957(b)*), title: Interim Chief Executive Officer.
Mr. Sharp stated the Board did not anticipate that any reportable action would be announced following the conclusion of Closed Session.

RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN At 12:26 pm the meeting returned to Open Session. Mr. Sharp reported that the Board took no reportable action.

ADJOURNMENT The meeting was adjourned at 12:26 pm.

Robert Sharp, Chair

Attest:

Mary Mae Kilpatrick, Secretary

CALL TO ORDER The meeting was called to order at 9:02 am by Robert Sharp, District Board Chair.

PRESENT Robert Sharp, Chair
Jody Veenker, Vice Chair
Mary Mae Kilpatrick, Secretary
Topah Spoonhunter, Treasurer
Jean Turner, Member-At-Large

OPPORTUNITY FOR PUBLIC COMMENT Mr. Sharp reported at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the Notice for this meeting. No comments were heard.

CLOSED SESSION At 9:03 am Mr. Sharp announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:
1. Conduct a Public Employee Performance Evaluation (*pursuant to Government Code Section 54957(b)*), title: Interim Chief Executive Officer.
Mr. Sharp noted that the Board did not anticipate that any reportable action would be announced following the conclusion of Closed Session.

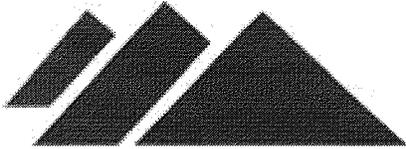
RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN At 12:09 pm the meeting returned to Open Session. Mr. Sharp reported that the Board took no reportable action.

ADJOURNMENT The meeting was adjourned at 12:09 pm.

Robert Sharp, Chair

Attest:

Mary Mae Kilpatrick, Secretary



NORTHERN INYO HEALTHCARE DISTRICT

*Improving our communities, one life at a time.
One Team, One Goal, Your Health!*

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

DATE: March 17, 2021

TO: Board of Director's
Northern Inyo Healthcare District

FROM: Kelli Davis, Interim Chief Executive Officer (CEO)

RE: Bi-Monthly CEO – Northern Inyo Healthcare District

REPORT DETAIL

Leadership

The posting for a permanent Chief Medical Officer (CMO) took place on February 1, 2021. After a multiple tier interview process that was narrowed down to 2 candidates, Dr. Joy Engblade was offered and has accepted the role of Chief Medical Officer for NIHD. Please join me in congratulating Dr. Engblade in her new role!

Dr. Timbers has served as our Interim Chief Medical Officer (CMO) since last April. Dr. Timbers' accomplishments, dedication, vision and forging of paths not previously seen, are recognized and greatly appreciated! Dr. Timbers has held an active role in the CMO interview process and will work closely with Dr. Joy Engblade as she transitions into the CMO role beginning April 5, 2021.

LEAD (Leadership*Engagement*Accountability*Development) Academy- NIHD has partnered with the Hospital Association of Southern California (HASC) to bring an "intensive 12-module training experience using innovative tools and experiential learning" virtual academy to NIHD leaders. "LEAD is built on the underlying principle that effective leadership requires productive relationships to support excellence in patient care, sustainable business objectives and a safe patient environment" (HASC).

NIHD recognizes our employees are the greatest asset we have. Ensuring our leaders have the resources, tools and core foundation to lead with excellence is our top priority. All leaders at NIHD will have the opportunity to participate in the LEAD Academy during one of the sessions taking place over the next year. The first group to participate in the LEAD Academy beginning March 4, 2021, include: Greg Bissonette, Kelli Davis, Patty Dickson, Bryan Harper, Scott Hooker, Frank Laiacona, Barb Laughon, Neil Lynch, Andrew McKie, Richard Miars, Jason Moxley, Dianne Picken, Marjorie Routt, Annette Saddler, Amy Stange, Scott Stoner, Thomas Warner, Larry Weber, and Sarah Yerkes.

The 12-modules will be delivered through a 2-hour virtual e-learning session every 2 weeks for 6 months.

COVID-19

NIHD continues to be fully focused on prevention, testing and caring for patients who are COVID-19 positive. We have continued to see a smaller volume of COVID-19 patients in-house; it is noted, this number has decreased over the last month +. CDPH has not updated the visitor policy recommendations for health care facilities and until such time as they do, we will continue with our visitor practices.

The NIHD Incident Command team meets every Wednesday to evaluate current state, regulatory directives, data, resource and equipment needs, action planning and input from key resources to ensure we remain ahead of the pandemic in all ways possible. This team, led by Dr. Brown, Allison Partridge and Dr. Timbers, are truly amazing and because of this team, we have surpassed expectations for preparedness, planning, life-saving strategies implementation and much more! Please do recognize this team as the guiding force for NIHD's COVID-19 response and actions. Most recently, Bishop Care Center team members, Tom Mead (Administrator) and Joel Ryan (Director of Nursing), and Peter Spiers, Southern Inyo Healthcare District CEO, joined the weekly Incident Command Meetings, along with Ethan Dexter, Chief Operating Officer at Toiyabe Indian Health Project. The addition of these 3 Inyo County partners has been positive, collaborative and very informative as a whole for our health care teams.

NIHD continues to partner with Inyo County in securing the Pfizer and Moderna COVID-19 vaccines. The County Mass Vaccination Fair held a couple of weekends ago was a HUGE success with well over 1100 Inyo County residents vaccinated with their 1st dose. Volunteers from NIHD and throughout Inyo County contributed to the successful workflows that assisted with the ability to vaccinate such a large number of residents on a Saturday/Sunday. NIHD continues our coordinated efforts with the County to vaccinate 65+ year olds on a weekly basis through our RHC vaccination clinic on the NIHD campus. NIHD continues to strongly recommend and offer free testing for COVID-19 for all staff.

Interim CEO Outreach Updates

Medical Staff/Administration Meetings

- 1/26/2021 – Chief of Staff/Interim CEO Monthly Meeting
- 2/1/2021 – Chief of Staff/Interim CEO Monthly Meeting
- 2/23/2021 – Chief of Staff/Interim CEO Monthly Meeting
- 2/26/2021 – Provider Satisfaction Survey Results Presentation – Dr. Gasior/Interim CEO
- 3/1/2021 – Physician Compensation Committee Introductory Meeting
- 3/2/2021 – QI/MEC Monthly Meeting

- 1/4/2021 – Strategic Plan Preparation – David Sandberg/Interim CEO
- 1/20/2021 – Strategic Plan Preparation – David Sandberg/Interim CEO
- 2/3/2021 – Strategic Plan Preparation – David Sandberg/Interim CEO
- 2/24/2021 – Strategic Plan Preparation – David Sandberg/Interim CEO

Community and Industry Outreach

- 1/8/2021 – NIHD COVID-19 Press Conference
- 1/11/2021 – City of Bishop City Council Meeting
- 1/12/2021 – NIH Foundation Monthly Board of Director's Meeting
- 1/22/2021 – ACHD Seismic Working Group Meeting
- 1/29/2021 – Quarterly District CEO Leadership Roundtable
- 2/4/2021 – Introduction Meeting – Tom Mead, Bishop Care Center Administrator/NIHD Interim CEO
- 2/9/2021 – NIH Foundation Board of Director's Meeting
- 2/17/2021 – Pioneer Home Health Care Quarterly Board of Director's Meeting
- 2/18/2021 – NIHD Healthy Lifestyle Talk – “Caring for Your Whole Heart” – Virtual Meeting

3/3/2021 – Introduction Meeting – Joseph Sherman, Toiyabe Indian Health Project, CEO/NIHD Interim CEO/CNO

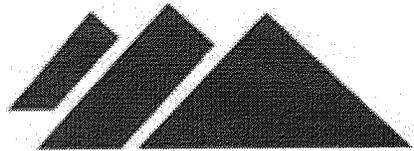
Department Reports

Please find the reports from the department leaders I support in the next pages. You are sure to see much work underway, some challenges and of course, some celebration of the amazing work and service provision taking place at NIHD.

Closing

The support and guidance by the NIHD Board of Director's is greatly appreciated. As always, please do not hesitate to contact me with any questions or to share any concerns you may have.

Respectfully submitted,
Kelli Davis - Interim CEO



NORTHERN INYO HEALTHCARE DISTRICT

*Improving our communities, one life at a time.
One Team, One Goal, Your Health!*

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

DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Rich Miers, Manager of Environmental Services & Laundry

RE: Department Update

REPORT DETAIL

ENVIRONMENTAL SERVICES

The Environmental Service team operates Monday –Sunday 400am to 1230am. Our staff cleans areas from Birch Street, to the Joseph house to our OR's and PACU. We currently have 24 fulltime employees in ES with one vacant spot to fill.

ES was really busy with the Covid spikes, but it has slowed down. Now that the Covid spikes have slowed down, we have eliminated our NOC shift that was working 9pm to 5am just to help the ED with cleaning of contact rooms and washing washable PPE gowns at night for now.

LAUNDRY

The Laundry team operates Monday –Friday from 500am to 1630pm. We currently have 5 employees that stagger-start thru the day. Our chemical line is still safe. All equipment is working well. Our staff is doing great.

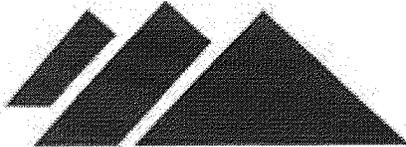
During the Covid spikes we depleted $\frac{3}{4}$ of PPE washable back stock to get PPE out to the departments. We have slowly been purchasing back stock of the washable PPE gowns to get up to the level before the last Covid spike.

The Laundry staff was coming in on Saturday and Sunday just to wash more PPE for the floors, but since the Covid has slowed down, the Laundry staff has been able to enjoy their weekends for almost 3 weeks now.

OTHER INFORMATION

Talent Pool- currently has 5 employees, with 3 other Talent Pool employees joining us 3/8/21 & 3/22/21. We do plan on hiring a Talent Pool employee for our vacant fulltime spot into ES. So far, the applicants in ADP for Talent Pool are still trickling in slowly.

Screeners- We have 5 temp screeners from Sierra Employment Services to cover Radiology for 5 days per week, Main and the ED entrance 7 days per week. Alondra Ojeda is our newest screener. We recently trained 1 fill-in temp screener from Sierra Employment Services: Kayla Talbot. The fill-in screeners cover the 5 screeners when they call out or request time off. They are all really nice and do a great job!



NORTHERN INYO HEALTHCARE DISTRICT

*Improving our communities, one life at a time.
One Team, One Goal, Your Health!*

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

DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Interim CEO Board Report
Lynda Vance, Project Management Specialist

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Cerner Project: Integrated Testing (IT) Session 1.5 happening for first week of March. A large amount of work goes into update SmartSheet for test script tracking. After the big success of using SmartSheet for IT 1.0, the team decided that even if the event was not virtual that SmartSheet is the most efficient way to track a testing event like this.

Project Management Department moved: My office and meeting area has moved to the offices next to the Admin hall printer room and across from the Billing offices. This move completion will help the growing HR team have space near each other to facilitate their work.

Projects (this is a summary of the high-level work, not a complete list)

Discovery – 2(Plant Chiller Upgrade, OR Flooring,)

Kick Offs – 3 (i2i with athemana, InQdocs Subscription Service, GHX

Actively Working – 12 (Roche/ Cobas POC middleware, Steris/ HexaVue OR EHR integration; Logisticare/Motivcare Transport; ADP to Replace Kronos Time areas; Bronco Clinic Restart; Cerner (EHR);; Experian Pricing transparency; Cerner Project outside Wipfli Scope; OneContent DMS update; GPO replacement to CHC, HIMS Desk redo, Internal Med Office update)

Closing – 6 (Para Pricing transparency, Shifthound expansion for new MOU, Bbraun Smart IV Pumps, PPM Navex; Contract assistant, Micromain Server Retirement)

Moves Completed - 7 (Behavior Health and Clinic Director move in RHC Annex, RHC Back office Flooring update, HR and Project Management office Switches, Auth and Ref in Specialty clinic)

On Hold General Projects - 5 (SAP Concur; Door Access Badge standard workflow, Omnicell Cabinets, Myla Lab/Micro Middleware, Employee Health Management System)



NORTHERN INYO HEALTHCARE DISTRICT

*Improving our communities, one life at a time.
One Team, One Goal, Your Health!*

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

DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Interim CEO Board Report
Scott Hooker, Director of Facilities

RE: Department Update

REPORT DETAIL

MAINTENANCE/FACILITIES

New Business:

Work has continued on the building separation project continually for about one month with no interruptions. Colombo and their sub-contractors were able to get all of the underground utilities relocated and roughed in to their new locations. Med gasses hot and cold domestic water have been cut over in their new compliant locations.

Work continues on preparing the Omnicell documents for OSHPD submittal. Colombo Construction has reached out to several different companies to see if we can get a lower proposal. The design and engineering for this small project came in at \$64,000.00.

Security Staff is using Shifthound as our scheduling program.

Old Business:

Work continues on the chiller plant upgrade. This is a very technical and complicated project. OSHPD is requiring many details and documents for this project. We will continue to push as hard and fast as we can on this project so that we can get the temporary chiller returned. Ping and associates have provided a quote to do the design and engineering phase of the work.

Work is ongoing with the building maintenance program. Access points for this system are being installed at key points in the plant.

Temp Chiller

All documentation is up to day at OSHPD just awaiting their comments.

SECURITY

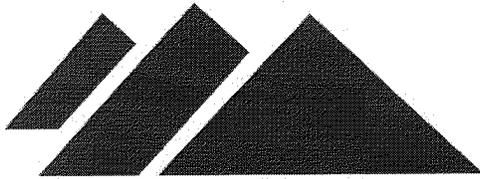
New Business:

Security is running smoothly we had one officer retire so we will be interviewing to fill some positions.

We have two security officers that will be out for approximately five months so the schedule will be tight.

Old Business:

Security is currently operating with 4 officers. Security is onsite Sunday – Thursday 600p-330a Friday and Saturday noon-400a.



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

DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Greg Bissonette, Foundation Executive Director/Grant Writer

RE: Department Update

REPORT DETAIL

FOUNDATION

January and February saw board meetings take place with work continuing on the fundraising training for the board members. February's final training module was postponed until March due to a lack of attendance. February also saw the beginning of research being done on a Gift Acceptance policy for the Foundation, with other policies to follow in the coming months.

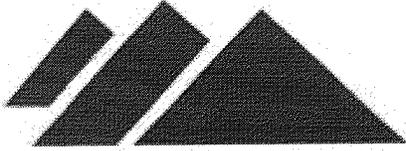
The Foundation also worked with District legal counsel for help with getting an IRS ruling letter as the Foundation is a specific type of 509(a)(3) supporting organization. That ruling from the IRS was requested recently from a private foundation that was looking to make a grant to the Foundation. The Foundation was not in possession of that specific ruling and worked with the foundation to come up with an alternate solution of self-certifying. This led me to pursue having the ruling on hand for potential future requests. Legal counsel directed me to the proper form to complete and the correct filing fee, which I submitted to the IRS and am awaiting that ruling letter.

GRANT WRITING

On the Grant Writing side, there were no new grant opportunities that the District was considering during this period. Work continues on the few grant opportunities addressing Opioid Use Disorder the District was previously funded for.

I was also working with District legal counsel to facilitate an IRS ruling on what type of governmental agency the District is for grant purposes. The aforementioned private foundation was first looking to provide a grant directly to the District, but the only documentation the District had was a general response letter from the IRS stating that the District "may" be this type of governmental agency, but that it would need to seek a formal ruling from the them to have it be an official determination. I tried to use that original letter with the private foundation, but as they were quick to point out, it was not an official ruling. That was why the grant was subsequently passed through the Foundation. After working with legal counsel and determining that the cost of the District seeking that ruling letter far outweighed the rationale behind it, legal counsel drafted an official letter on their behalf, stating how the District is officially recognized by the State of

California and the Federal Government. I will attempt to use that in the future when the District is again approached by a private foundation that requires that ruling.



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

DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Interim CEO Board Report
Alison Murray, Acting Director of Human Resources

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Recruitment: Brittney Watson joined the HR team full-time on 3/1/2021. She has a vast amount of compensation, performance management and recruitment experience, and she will begin to implement to our new recruitment process.

Onboarding: Sarah Rice will join HR on 3/28/2021 as our full-time Onboarding/Compliance Specialist. Sarah will be ensuring that all new hires have all of the required onboarding documents and clearance required prior to orientation. Sarah will also be focusing on doing regular audits of employee files so that we are staying compliant.

Payroll: Reuben Morgenstein continues to work hard on the implementation of the payroll function in ADP. Anticipated go-live for the new process is April/May. All staff will be trained on new system and processes.

Benefits: Carlos Madera continues to assist employees who have COVID-related absences. This is a complicated process but he has become our District expert and works very closely with employees to make the process as easy as he can for them.

District Education: Marjorie Routt is continuing to be a great resource for departments who are going through the Cerner implementation. Marjorie has partnered with managers to assist in securing training locations and time while maintaining COVID protocols.

OLD BUSINESS

HR continues to work on our action plan to increase service delivery. Looking at our present and future state, we know that we will be ready to have an efficiently run human resources department that provides the District with structure and the ability to meet business needs

through managing the District's most valuable resources – its employees. We are a dedicated HR department that can achieve a high level of efficiency and workforce management through developing our many HR functions.



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150 Pioneer Lane
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DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Interim CEO Board Report
Bryan Harper, Director of ITS

RE: Department Update

REPORT DETAIL

NEW BUSINESS

ITS has been working on all hardware and prep work for Cerner along with doing the support for integrated testing.

ITS continues to work on computer upgrades for the district. This is a long and difficult process but, will pay dividends when we move to Cerner next year.

ITS will be doing Network housekeeping in preparation for Cerner Go-Live.

Internal Security Pre-Penetration testing is starting in the next few months.

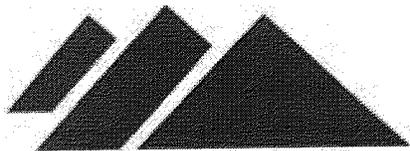
ITS continues on rolling an instant messaging platform for the district.

Clinical Engineering has been working on the Patient Monitor, Fetal Monitor, EKG, and Anesthesia, integration with Cerner. In addition, we are also working on the Internal Medicine Efficiency project as well as our normal day to day tasks.

OLD BUSINESS

ITS is finished working on building a heat maps for the new wireless infrastructure.

Clinical Engineering finished working on the Covid response and items like the new ultra low freezer, added 4 more vapothers for Covid response and added a new Ultrasound for the Surgery Department.



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DATE: March, 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Interim CEO Board Report
Neil Lynch, Purchasing

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Purchasing continues to work on Cerner preparation, workflow, and integration. PPE supply chain is stable. GPO transition is in progress.

OLD BUSINESS

Cerner preparation, workflow, and integration. Covid supply shortages, as this is ongoing. GPO transition, determine scope and project team members.



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DATE: March 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: Interim CEO Board Report
Larry Weber, Director of Diagnostic Services

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Cardiopulmonary:

Amy Stange, Cardiopulmonary Manager, has been successful in recruiting a traveling therapist while we work to recruit a full time solution. Gary Souza has joined the therapists' team. Gary is originally from Florida, most recently traveled to Colorado, and has over 27 years' experience as a respiratory therapist. Gary will be covering some of our nightshift responsibilities and has already demonstrated to the team his abilities to successfully integrate into the department.

Diagnostic Imaging:

Diagnostic Imaging continues to be very busy with outpatient referrals / volume. The team currently is staffed with two traveling technologists and recruiting continues to be a primary focus of the leadership team. Diagnostic Imaging is proud to report that we have passed our renewal for accreditation by the American College of Radiology (ACR) in CT, US, Nuclear Medicine, and Breast MRI. This accreditation only occurs when a department follows best practices relative to the application of imaging services. NIHD should be very proud of the accreditations received by its Diagnostic Imaging Service.

Laboratory Services:

As has been reported consistently, NIHD's Laboratory Services continues to struggle with the recruitment of Clinical Lab Scientists. The national shortage and growing demand for these professionals is a national crisis. NIHD has contracted with multiple companies to assist with the identification and recruitment of these very scarce resources. NIHD is still actively recruiting for four full time CLS staff. Laboratory Services is pending an inspection by the Joint Commission and that survey is expected at any time. The Laboratory manager, Rich Hayden, is in the process of completing a complete review to all Policies and procedures to confirm that our current practices coincide with industry best practices. Laboratory Services has expanded the responsibilities of our LIS Coordinator, Jessica Hepburn, to be a temporary support person for

the management of the department and has named Jessica as Temporary Phlebotomy Coordinator.

OLD BUSINESS

Cardiopulmonary:

The spike in hospitalized Covid patients reported in January's report has slowed and as a result, staffing levels and morale within the department has improved. The overtime that was being required to adequately care for our community has diminished and that has contributed to the return of a more engaged workforce.

Diagnostic Imaging:

No old business to report on for Diagnostic Imaging

Laboratory Services:

The clinical laboratory has completed and submitted to the Medical Staff the NIHD Antibiogram Report. The Antibiogram report demonstrates to local medical staff/providers the local prevalence of microorganisms and demonstrates the frequency of those organisms having resistance mechanisms/patterns to certain antibiotics. This report is intended to guide local providers in the most appropriate initial selection of antibiotics to treat for local microorganisms.



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

DATE: March 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Interim CEO Board Report
Barbara Laughon & Caroline Casey, *Marketing, Communications, & Strategy*
RE: Department Update

REPORT DETAIL

Old Marketing Business

- We continue to host monthly Town Halls for the staff, focusing on self-care during the pandemic and try to include a fun moment with Thomas Warner, our Dietary Manager. The next Town Hall is set for March 18, 2-3 p.m., and will focus on the Cerner Implementation with presentations by Wipfli's Daryl Duenkel, Cerner's Meredith Cook, and NIHD's District Education Coordinator Marjorie Routt.
- We continued to support the County's efforts with distributing the COVID vaccine and assisted Dr. Brown with an on-site news conference during the recent Mass Vaccination event. We stand ready to assist the County further as needed. It has truly been an honor to play even a small role in serving our community at this time.
- We hosted a successful Healthy Lifestyle Talk with Drs. Stacey Brown and Timothy Brieske and Rehabilitation Director Thad Harlow on Feb. 18 regarding heart health, and are working on the March HLT, which will focus on the necessity of screenings, including for Colorectal Cancer. Date to be determined.

New Marketing Business

- We look forward to collaborating with Dr. Robbin Cromer-Tyler on two extended-hours clinics for Colorectal Cancer Screening. The clinics are set for March 23 and 24, with exact hours to be determined.
- We also supported our trusted partners with the Eastern Sierra Cancer Alliance in their fourth annual and now virtual Blue Ribbon Event. All proceeds from this event will benefit cancer patients in Inyo and Mono counties. NIHD is pleased to have launched this effort four years ago, and now to see ESCA continue to grow it into a quality fundraiser is heart-warming.
- We are working with the County of Inyo on some awareness efforts for the upcoming Child Abuse Prevention Month this April. More to come on this.

- We continue to work on projects spotlighting our physicians and services and are particularly excited to be working with Dr. Ercolani's team on adding the Axonics therapy solution for treating symptoms of overactive bladder, bowel incontinence, and urinary retention.

Digital Marketing Update

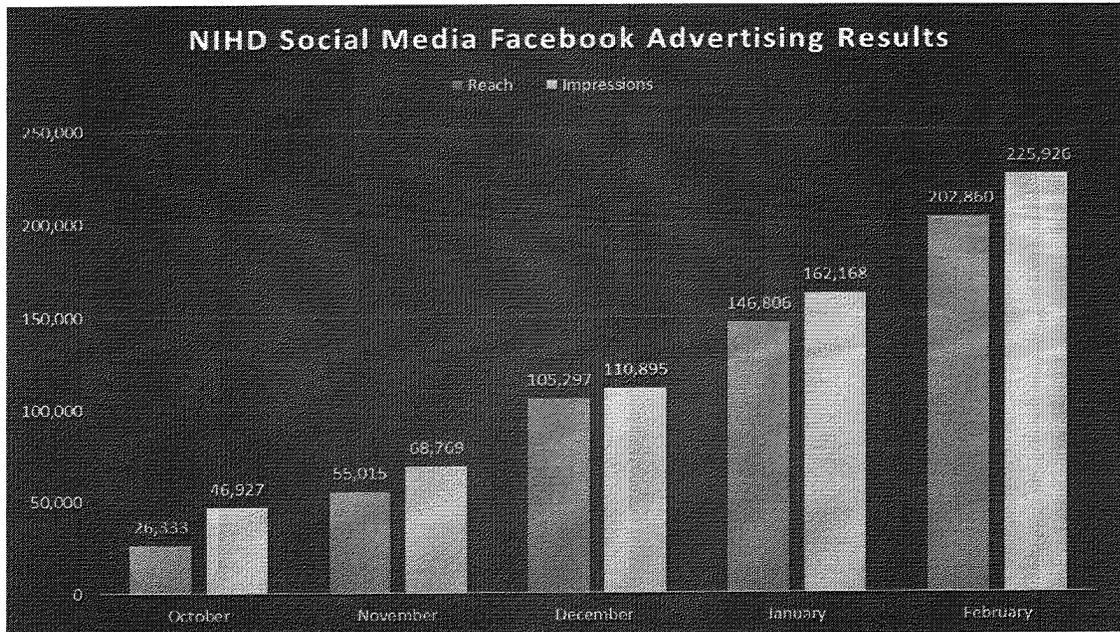
February Facebook Social Media Performance

- 225,926 Overall Impressions. Up 39% to January
- Impressions up 24.9% from January with content being viewed over 300,00 times
- Reach up from 146,806 in January to 202,860 in February
- Blog Posts Performed Well with over 250 Views in January.

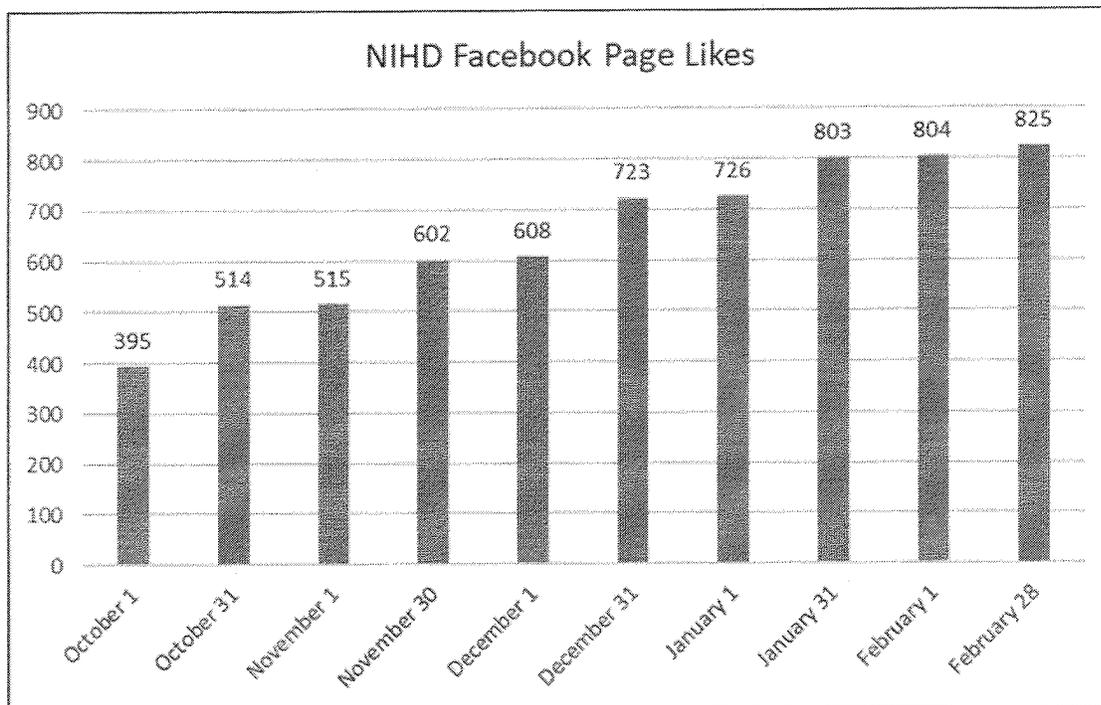
Top Performing Facebook Posts:

Post Title	Date	Total Engagements	Reactions	Comments	Shares	Post Link Clicks	Other Post Clicks
It's Foundation Friday and in honor of February being #AmericanHeartMonth, w	Fri 2/26/2021 7:00 am PST	2,870	22	0	3	20	2,825
Live from the NIHD Kitchen! Dietary Manager, Thomas Warner cooks up a batch of	Thu 2/11/2021 10:00 am...	2,091	16	0	3	24	2,048
It's #WellnessWednesday and we have some great tips from Lindsey K. Hughes, RD!	Wed 2/3/2021 2:00 pm P...	2,002	6	3	1	21	1,971

NIHD Facebook Advertising Results:



NIHD Facebook Page Overall Likes:



New Happenings:

- Instagram Launch
- Google My Business



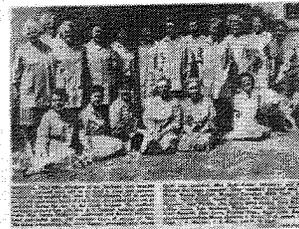
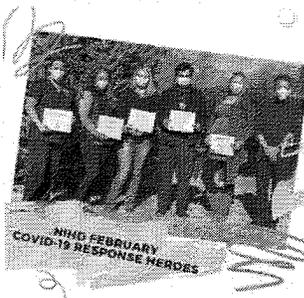
northerninyohealthcaredistrict [Edit Profile](#)

3 posts 108 followers 136 following

NIHD

NIHD is a 25-bed critical access hospital, with a 24-hour ER, plus patient-centered primary care services, that serves the the Eastern Sierra.
www.nih.org

POSTS IGTV SAVED TAGGED



NIHD Website Updates:

- **New Service Line Pages:** Media, COVID-19 Updates
- **Updates to Service Line Pages:** Wound Care, Diagnostic Services, Urology
- **New Resources Pages:** Locations, Physician Profiles

NIHD Website Statistics:

- February Visitation: 8,019
- Average Time On Site: 1:34
- Most Popular Day: Wednesday
- Most Popular Hour: 10am Followed by 9am
- 42.9% on Mobile Devices vs 54.7% Desktop (2.4% Tablet)
- Most Popular Browser: Chrome

March 17th 2021 Interim Chief Medical Officer Report to the Board of Directors

COVID-19 Update

The District and community continue to see a decrease in COVID-19 cases. We are still seeing cases that require hospitalization and ICU level care but our resources are not currently strained. We are working closely with county and state partners to survey the community for the presence of any concerning variants. Absent a more virulent severe COVID-19 strain that becomes predominant and is less susceptible to vaccinations I am hopeful that we will continue to see improvement over the next few months.

COVID-19 Testing

Access to all modalities of COVID-19 testing has remained robust. At this time our future supply lines look good.

COVID-19 Vaccines

The successful District wide vaccine roll out has now expanded to the community in-line with CDC and CDPH guidelines. We are currently offering both the Pfizer/Biontech and Moderna vaccines

depending on availability. We have also partnered with Inyo County to assist with two mass vaccination events which were very successful. At this time our vaccine supply is still limited but we have seen improvements and I foresee this trend continuing. I am optimistic that by late spring anyone who wants to be vaccinated will have the opportunity. We will also see an increase the Johnson and Johnson vaccine. Having multiple vaccines will ensure more access and also decrease the probability that any one new variant would be able to successfully evade the immune response generated by each vaccine. I suspect that we will see a loosening of restrictions on gatherings and activities at both the state and federal level over the next few weeks. As always though our message from the District should continue to be focused on the importance of vaccinating, masking, and hygiene. I think there is light at the end of the proverbial tunnel but we're not there yet, and we need to double down on our efforts.

Weekly Press Briefings

Weekly press briefings continue as needed.

Contract Negotiations

The Compensation Committee meet this month. The purpose of this meeting was to discuss the Committees role in guiding compensation and to introduce some concepts such as fair market value, full time equivalent, relative value units, among others. This multidisciplinary committee will meet at least quarterly in addition to as needed. Again the goal is standardization, transparency, and FMV-based compensation.

Dr. Cheryl Olson

Dr. Olson, a breast surgeon has begun providing care and has been well received.

Dr. Jane Yoon

Dr. Yoon is a pediatrician who has accepted an offer starting in June 2021 to fill Dr. Helvie's position.

General Surgery Update

Recruitment for a general surgeon has continued to be difficult. The most recent promising candidate has accepted a position elsewhere. We are exploring other options in the short term and mid term for coverage. One option is a group from Orange County of 12 general surgeons who may be interested in providing coverage. These conversations are in the early discovery phase.

Medical Staff Office Update

Dianne Picken continues to grow and excel in her role as MSO director with the assistance of Allison Bishop.

Quality

The quality team remains hard at work planning for implementation of Cerner and i2i and how these systems will change our quality reporting and data collection processes.

Pharmacy

Pharmacy continues to be instrumental in helping to store and administer vaccines as well as with helping to administer monoclonal antibody therapy. Pharmacy is also deeply involved in Cerner implementation and ensuring operability.

Cerner Implementation

Cerner work continues. Training of super users and subject matter experts will begin in earnest and work continues on development of order sets, foreign systems interface, and integration testing. COVID-19 has forced creativity in completing some of these tasks and WIPFLI and Cerner have been partners in finding solutions to ensure staff safety while making sure the work gets done. With the easing of COVID-19 restrictions we will welcome small groups of consultants onsite.

Transition of CMO

Lastly, Dr. Joy Engblade has accepted the position of CMO and will start 4/4/21. It has been a privilege to serve the District and community in my interim role, and I sincerely appreciate the support of the Board over the past year. I am confident that Joy will excel in the CMO role and I look forward to working with her over the next few weeks as I and the rest of the Admin team bring her up to speed.

Respectfully,

Will Timbers, MD



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

DATE: March 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Allison Partridge, RN, MSN, Chief Nursing Officer
RE: Department Update

REPORT DETAIL

Old Business

COVID-19

The District as a whole continues to manage daily the challenges that COVID-19 has presented. We continue with weekly incident command meetings. We review the District's current state of preparedness during incident command and identify any areas or opportunities that require additional review and or problem-solving. Recently, leadership from Toiyabe, Bishop Care Center, and Southern Inyo Healthcare District have joined our weekly incident command, which has fostered further collaboration in addressing our community's needs during this pandemic. Our Infection Prevention Team continues to monitor and provide updates on both national and local status and recommendations. NIHD continues to partner with Inyo County Public Health in the administration of COVID-19 vaccines.

New Business

Cerner

The District continues with a focused effort on our upcoming Cerner implementation. Our teams completed Integrated Testing 1.0 and 1.5. Both of these events helped identify areas that require additional focus before go-live.

Efficiency Work

The District continues with efficiency work in the outpatient clinics. We continue working in the RHC and Internal Medicine Clinic and most recently began work in the Pediatric Clinic. There has been outstanding engagement from the clinic teams in this vital work.

Language Services

Our Language Services Department continues to provide translation and interpretation support for our COVID-19 efforts. There has been an extensive collaboration with our District

Communication Team and the Inyo County Communication Team to ensure that community updates and educational materials reach our Spanish-speaking community members.

Overview: January billed charges were under budget for the first time in FY2021.
Even with this decrease in January, YTD is still strong compared to budget.

	<u>Charges</u>	<u>Budget</u>
January 2020	16,271,574	14,095,678
February 2020	13,886,140	13,186,280
March 2020	12,141,181	14,095,678
April 2020	6,887,085	13,640,980
May 2020	10,687,793	14,095,678
June 2020	13,443,103	13,640,980
July 2020	14,939,822	11,862,737
August 2020	13,989,077	11,533,455
September 2020	14,652,230	10,715,581
October 2020	14,539,677	12,487,777
November 2020	12,978,658	11,166,411
December 2020	15,139,508	11,863,789
January 2021	13,060,873	13,778,625

Gross Accounts Receivables in Athena total \$39,066,151, down from \$41.57M at the end of November.
Gross Legacy AR is at \$1,985,009, with most of that being uncollectible due to the age of the AR.

Salaries and Wages for hospital operations were down 20% from December.

	Salaries & Wages	Cost Per Day
January 2020	2,169,008	69,968
February 2020	2,144,412	73,945
March 2020	2,306,958	74,418
April 2020	1,999,126	66,638
May 2020	2,082,141	67,166
June 2020	2,130,598	71,020
July 2020	2,244,335	72,398
August 2020	2,263,144	73,005
September 2020	2,142,762	71,425
October 2020	2,227,959	71,870
November 2020	2,161,607	72,054
December 2020	2,596,191	83,748
January 2021	2,096,158	67,618

January 2021 Financial Results: Revenues trended lower than budget in January, which deviated from the first six months of FY2021. Direct costs were slightly lower than budget in January by \$30k, and G&A costs were lower than budget by \$280k.

FY2021

Unit of Measure	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021
Cash, CDs & LAIF Investments	56,272,847	55,214,586	52,965,190	53,539,618	50,491,090	47,413,188	44,556,758
Days Cash on Hand	226	225	220	218	153	143	162
Gross Accounts Receivable	46,949,619	48,287,230	45,195,462	39,988,328	38,951,324	41,570,823	39,066,151
Average Daily Revenue	481,930	466,595	473,708	472,527	464,702	468,886	462,027
Gross Days in AR	97.42	103.49	95.41	84.63	83.82	88.66	84.55

Key Statistics

Acute Census Days	263	275	232	203	210	310	246
Swing Bed Census Days	42	44	34	8	20	8	16
Observation Days	44	32	46	48	39	28	37
Total Inpatient Utilization	349	351	312	259	269	346	299
Avg. Daily Inpatient Census	11.3	11.3	10.4	8.3	9.0	11.5	10.0
Emergency Room Visits	691	639	581	624	516	504	524
Emergency Room Visits Per Day	22	21	19	20	17	16	17
Operating Room Inpatients	31	26	39	23	27	18	21
Operating Room Outpatient Cases	81	74	74	74	79	90	38
RHC Clinic Visits	2,670	2,614	2,535	2,730	2,490	2,758	2,954
NIA Clinic Visits	1,792	1,794	1,918	1,681	1,555	1,642	1,290
Outpatient Hospital Visits	4,431	3,558	4,139	3,560	3,531	3,837	4,140

Hospital Operations

Inpatient Revenue	3,201,903	3,105,168	3,469,234	2,495,776	2,626,028	4,084,113	3,318,446
Outpatient Revenue	10,836,050	10,143,216	10,036,379	10,848,725	9,124,901	10,195,061	8,853,180
Clinic (RHC) Revenue	901,868	740,693	1,146,616	1,195,178	1,227,729	896,334	889,247
Total Revenue	14,939,822	13,989,076	14,652,230	14,539,679	12,978,658	15,175,508	13,060,873
Revenue Per Day	481,930	451,261	488,408	469,022	432,622	489,533	421,318
% Change (Month over Month)		-6.36%	8.23%	-3.97%	-7.76%	13.15%	-13.93%
Salaries	2,244,335	2,263,143	2,142,762	2,227,959	2,161,607	2,596,191	2,096,158
PTO Expenses	221,460	234,078	225,291	249,855	258,672	124,932	370,227
Total Salaries Expense	2,465,795	2,497,221	2,368,053	2,477,814	2,420,279	2,721,123	2,466,385
Expense Per Day	79,542	80,556	78,935	79,929	80,676	87,778	79,561
% Change		1.27%	-2.01%	1.26%	0.93%	8.80%	-9.36%
Operating Expenses	6,681,333	6,598,376	6,443,189	6,700,067	7,141,845	9,200,728	7,485,656
Operating Expenses Per Day	215,527	212,851	214,773	216,131	238,062	296,798	241,473
Capital Expenses	118,728	243,872	146,626	47,518	24,398	47,743	1,042,766
Capital Expenses Per Day	3,830	7,867	4,888	1,533	813	1,540	33,638
Total Expenses	8,056,147	7,962,211	7,811,638	7,971,619	8,554,701	10,596,071	8,859,968
Total Expenses Per Day	259,876	256,846	260,388	257,149	285,157	341,809	285,805
Gross Margin	2,200,258	1,770,841	1,569,390	1,411,167	667,943	(182,482)	699,801

Debt Compliance

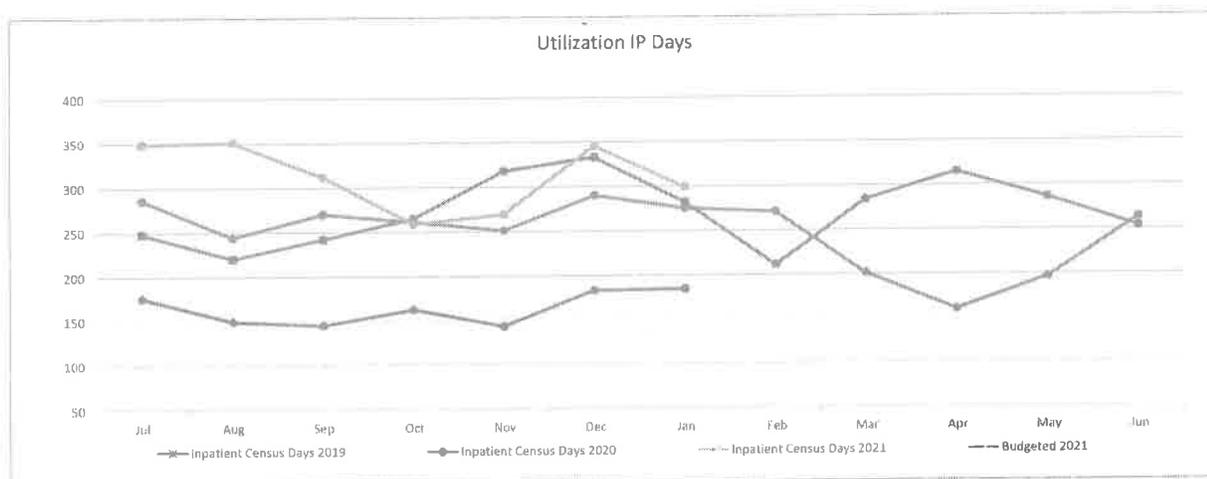
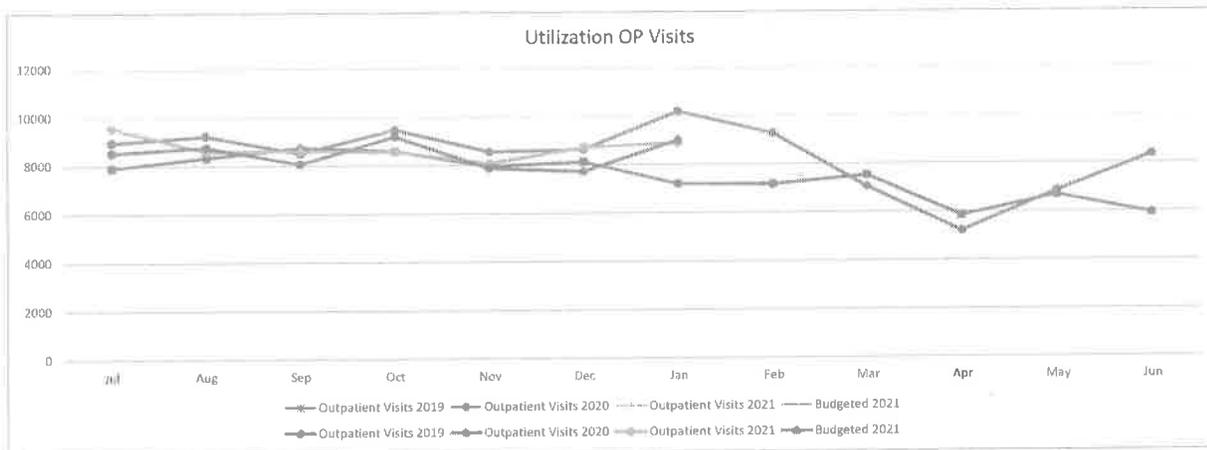
Current Ratio (ca/cl) > 1.50	1.51	1.49	1.47	1.47	1.53	1.52	1.42
Quick Ratio (Cash * Net AR/cl) > 1.33	1.41	1.38	1.36	1.37	1.41	1.39	1.29
Days Cash on Hand > 75	226	225	220	218	185	143	162

	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021
Total Net Patient Revenue	8,881,591	8,369,217	8,239,709	8,111,234	7,809,788	9,018,246	8,185,457
Cost of Services							
Salaries & Wages	2,244,335	2,263,143	2,142,762	2,227,958	2,161,607	2,596,191	2,096,158
Benefits	1,285,813	1,444,212	1,418,815	1,486,044	1,593,889	1,473,236	1,676,074
Professional Fees	1,729,883	1,641,804	1,519,996	1,734,533	1,988,193	2,046,081	2,153,241
Pharmacy	176,452	304,490	373,754	268,114	229,276	403,646	333,834
Medical Supplies	373,322	237,452	307,119	362,431	571,269	284,134	198,902
Hospice Operations	-	-	-	-	-	-	-
Athena EHR System	85,401	86,356	129,219	145,890	103,674	89,294	70,400
Other Direct Costs	592,164	492,312	420,847	475,097	493,937	608,146	457,047
Bad Debt	193,962	128,607	161,285	-	-	1,700,000	500,000
Total Direct Costs	6,681,333	6,598,376	6,473,796	6,700,067	7,141,845	9,200,728	7,485,656
Gross Margin	2,200,258	1,770,841	1,765,913	1,411,167	667,943	(182,482)	699,801
Gross Margin %	24.77%	21.16%	21.43%	17.40%	8.55%	-2.02%	8.55%
General and Administrative Overhead							
Salaries & Wages	341,944	326,215	323,043	340,706	348,981	335,953	331,284
Benefits	280,576	230,351	242,620	273,351	315,018	235,101	253,272
Professional Fees	182,344	187,479	170,202	172,012	230,120	263,864	324,397
Depreciation and Amortization	348,949	350,898	350,981	351,061	351,070	351,786	332,743
Other Administrative Costs	196,201	195,246	152,383	134,422	167,667	208,639	132,616
Total General and Administrative Overhead	1,350,014	1,290,188	1,239,230	1,271,552	1,412,856	1,395,343	1,374,312
Net Margin	850,244	480,653	526,683	139,614	(744,913)	(1,577,825)	(674,511)
Net Margin %	9.57%	5.74%	6.39%	1.72%	-9.54%	-17.50%	-8.24%
Financing Expense	121,150	119,676	114,676	134,694	146,215	115,920	111,327
Financing Income	56,337	56,337	56,337	56,337	1,076,210	56,337	56,337
Investment Income	49,812	29,010	34,393	52,775	23,405	31,044	29,189
Miscellaneous Income	91,226	52,266	51,822	35,727	284,821	88,180	28,264
Net Surplus	926,469	498,589	554,560	149,759	493,308	(1,518,184)	(672,048)

January 2021

Assets	
Current Assets	
Cash and Liquid Capital	218,135
Short Term Investments	42,615,087
PMA Partnership	574,941
Accounts Receivable, Net of Allowance	25,526,030
Other Receivables	1,848,174
Inventory	2,974,756
Prepaid Expenses	1,477,591
Total Current Assets	<u>75,234,715</u>
Assets Limited as to Use	
Internally Designated for Capital Acquisitions	1,193,799
Short Term - Restricted	648,927
Limited Use Assets	
LAIF - DC Pension Board Restricted	935,280
DB Pension	18,895,468
PEPRA - Deferred Outflows	8,320
PEPRA Pension	79,568
Total Limited Use Assets	<u>19,918,636</u>
Revenue Bonds Held by a Trustee	2,594,233
Total Assets Limited as to Use	<u>24,355,595</u>
Long Term Assets	
Long Term Investment	1,764,414
Fixed Assets, Net of Depreciation	75,693,739
Total Long Term Assets	<u>77,458,152</u>
Total Assets	<u><u>177,048,462</u></u>
Liabilities	
Current Liabilities	
Current Maturities of Long-Term Debt	1,564,826
Accounts Payable	5,637,746
Accrued Payroll and Related	9,943,003
Accrued Interest and Sales Tax	266,916
Notes Payable	8,927,628
Unearned Revenue	21,314,925
Due to 3rd Party Payors	2,341,874
Due to Specific Purpose Funds	(25,098)
Other Deferred Credits - Pension	3,045,352
Total Current Liabilities	<u>53,017,173</u>
Long Term Liabilities	
Long Term Debt	37,634,947
Bond Premium	429,098
Accreted Interest	14,244,849
Other Non-Current Liability - Pension	39,799,580
Total Long Term Liabilities	<u>92,108,474</u>
Suspense Liabilities	<u>(4,786,783)</u>
Uncategorized Liabilities	380,340
Total Liabilities	<u><u>140,719,204</u></u>
Fund Balance	
Fund Balance	<u>36,352,404</u>
Temporarily Restricted	648,902
Net Income	<u>(672,048)</u>
Total Fund Balance	<u>36,329,258</u>
Liabilities + Fund Balance	<u><u>177,048,462</u></u>

	Budget	Actual	Budget Expense as a % of Revenue	Actual Expense as a % of Revenue
	1/31/2021	1/31/2021	1/31/2021	1/31/2021
Total Net Patient Revenue	7,578,244	8,185,457		
Cost of Services				
Salaries & Wages	2,554,155	2,096,158	33.70%	25.61%
Benefits	1,612,438	1,676,074	21.28%	20.48%
Professional Fees	1,771,793	2,153,241	23.38%	26.31%
Pharmacy	214,889	333,834	2.84%	4.08%
Medical Supplies	393,447	198,902	5.19%	2.43%
Hospice Operations	49,205	-	0.65%	0.00%
Athena EHR System	134,893	70,400	1.78%	0.86%
Other Direct Costs	215,980	457,047	2.85%	5.58%
Bad Debt	-	500,000	0.00%	6.11%
Total Direct Costs	6,946,801	7,485,656	91.67%	91.45%
Gross Margin	631,443	699,801		
Gross Margin %	8.33%	8.55%		
General and Administrative Overhead				
Salaries & Wages	529,177	331,284	6.98%	4.05%
Benefits	409,107	253,272	5.40%	3.09%
Professional Fees	278,736	324,397	3.68%	3.96%
Depreciation and Amortization	436,775	332,743	5.76%	4.07%
Other Administrative Costs	74,910	132,616	0.99%	1.62%
Total General and Administrative Overhead	1,728,705	1,374,312	22.81%	16.79%
Net Margin	(1,097,262)	(674,511)		
Net Margin %	-14.48%	-8.24%		
Financing Expense	257,831	111,327	3.40%	1.36%
Financing Income	221,247	56,337	2.92%	0.69%
Investment Income	47,908	29,189	0.63%	0.36%
Miscellaneous Income	30,487	28,264	0.40%	0.35%
Net Surplus	(1,055,452)	(672,048)		



Management Discussion and Analysis

- Revenue continues to be robust given strong Inpatient days and outpatient visits
- Inpatient days in Jan were 299 compared to budgeted of 185
- Outpatient visits in Jan were 8908 compared to 9023 budgeted for the month
- Salaries lower compared to previous month due to payout of PTO in December.
- Professional fees is higher due to COVID testing from Labcorp
- Gross margins were consistent with historical performance and are returning to pre COVID levels
- Strain on AR continues with cleaning up of old AR and providing more bad and doubtful reserves
- Cash is trending lower due pending collections from medicare
- AR days trending lower with increased collection efforts and new Rev Cycle Director in place
- Intensive coding assessment and revenue cycle assessments are providing insights into improve revenue cycle operations

**NORTHERN INYO HEALTHCARE DISTRICT
SUBMISSION TO THE BOARD OF DIRECTORS
FOR APPROVAL**

Date: March 5, 2021

Title: **COMPLIANCE DEPARTMENT QUARTERLY REPORT**

Presenter(s): Patty Dickson
Compliance Officer

Synopsis: The Compliance Department Quarterly Report updates the Board on the work of the Compliance Department. It provides information on audits, breaches, contract work, and projects. All information in the report is summarized, however, any additional details will be provided to the Board of Directors upon request.

It is recommended that the Board of Directors accept this quarterly Compliance Report.

Prepared by: Patty Dickson
Compliance Officer

Reviewed by: _____
Name
Title

Approved by: _____
Name
Title

FOR EXECUTIVE TEAM USE ONLY:

Date of Executive Team Approval: _____ Submitted by: _____
Chief Officer

Compliance Report March 2021

1. Compliance Department Team

- a. The Compliance team is currently reviewing applications to add a Compliance Clerk to the department.
- b. The Compliance team is also working with Senior Leadership to add a temporary position specific to the Policy Tech (policy management software) Project.

2. Comprehensive Compliance Program review – no update since Annual Compliance Report of November 2020.

3. Breaches

- a. The Compliance Department has investigated 16 alleged breaches since November 1, 2020.
 - i. Investigations closed with no reporting required – 10
 - ii. Investigations still active – 3
 - iii. Reported to CDPH/OCR – 3
 1. No determinations received from CDPH
- b. The Compliance Department has investigated 75 alleged breaches in CY 2020.
 - i. Investigations closed with no reporting required – 59
 - ii. Investigations still active – 0
 - iii. Reported to CDPH/OCR – 16

4. Issues and Inquiries

- a. The Compliance Team researches regulatory concerns, ever-changing COVID regulations and guidance, and internal policy for all requests for assistance.
- b. Compliance has assisted with more than 30 research requests since the beginning of January 2021.

5. Audits

- a. Employee Access Audits - The Compliance Department Analyst manually completes audits for access of patient information systems to ensure employees' access records only on a work-related, "need to know," and "minimum necessary" basis.
 - i. The HIPAA and HITECH Acts imply that organizations must perform due diligence by actively auditing and monitoring for appropriate use of PHI.

These audits are also required by the Joint Commission and are a component of the “Meaningful Use” requirements.

- ii. Access audits monitor who is accessing records by audit trails created in the systems. These audits allow us to detect unusual or unauthorized access of patient medical records.
- iii. Audits are also conducted when requested or “for cause”
- iv. Compliance performs between 250-800 audits monthly.
 1. Each audit ranges from hundreds of lines of data to thousands of lines of data.
 2. A “flag” is created when any access appears unusual.
 3. Flags are reviewed and resolved by comparison audits, workflow review, discussions with workforce, and discussions with leadership.
- v. See attachment A for audit statistics
- b. Business Associates Agreements (BAA) audit
 - i. We currently have approximately 160 Business Associates Agreements.
 - ii. 7 BAAs are currently in negotiations
 - iii. We have executed around 20 BAAs since June 1, 2020
- c. Vendor Contract reviews
 - i. 29 contracts currently in the review process
 - ii. More than 40 agreements or contracts have been reviewed and executed since August 2020.
 - iii. Reviewing all Athena and Partners contracts for notification of cancellation or renegotiation timelines – 15 contracts are part of this process.
- d. PACS (Picture Archival and Communication System) User Access Agreements - No update since previous quarterly report
- e. HIMS scanning audit – Scheduled for Q2 CY 2021
- f. Language Access Services Audit – Audit currently in progress
 - i. Audits for Language Access Services to ensure Limited English Proficiency (LEP) patients are provided with the appropriate access to ensure safe, quality healthcare.
 - ii. Audits review documentation of language assistance provided to LEP patients
 - iii. Action items from audits allow the Compliance team to work with Language Access Services Manager, Jose Garcia, to develop tools for the workforce to ensure all proper steps are followed.

- iv. Language Access regulations are enforced by the HHS Office of Civil Rights.
 - g. HIPAA Security Risk Assessment – Completed November 2020 (requires collaboration between Compliance Officer and Security Officer)
 - i. Annual requirement to assess security and privacy risk areas as defined in 45 CFR 164.3. Review of 157 privacy and security elements performed in conjunction with Information Technology Services. Due again in Nov 2021
 - ii. NIHD is now using VendorMate (GHX) vendor credentialing software. This allows us to be compliant with our Vendor Credentialing Policy, and several facility security elements of 45 CFR 164.
 - 1. We have over 70 Vendor Companies registered.
 - 2. We have over 127 Representatives registered.
 - h. 340B audit – Annual external audit underway
 - i. An audit of NIHD Board of Directors Agendas, Minutes, and Resolutions is in progress.
- 6. CPRA (California Public Records Act) Requests**
- a. The Compliance office either has responded or is responding to two CPRA requests to date in 2021.
- 7. Compliance Workplan** - – no update since previous quarterly report
- 8. Unusual Occurrence Reports (UOR)** - Transitioned to Quality Department
- a. UORs now addressed by Michelle Garcia with support from Ali Feinberg, Robin Christensen, and assistance from the Compliance Department as needed. Reporting on UORs will no longer accompany the Compliance Quarterly Report.
- 9. Compliance and Business Ethics Committee**
- a. Need to reassess team members and meeting dates
- 10. California Division of Occupational Safety and Health (CAL DOSH) Complaint**
- a. No further communication from CAL DOSH at this time (09/04/2020).
- 11. Optimization, update, and audit of Policy Management software**
- a. Proper policies and policy management is a large component of an effective Compliance Program.
 - b. A small team comprised of nursing, operations, compliance, and ITS representatives have been completing work on the policy management software optimization.
 - c. The Compliance Department is working with the Executive team to bring in an experienced Policy Tech Project Analyst to assist with this very specific project. The

project has had significant delays due to the COVID pandemic and EHR implementation.

12. Optimization, update, and audit of Contract Management software

- a. Update to most current version of software occurred in September 2020
- b. Training for licensed users occurred in September 2020
- c. Approximately 75% of active contracts have been updated to utilize additional features available in the updated software.
- d. Will reduce visible contracts from almost 1800 to the roughly 400 currently active contracts
- e. All historic contracts in the system will still be available for review.

Employee Access Audits

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
TOTAL ED SAME LAST NAME ENCOUNTERS	59	97	108	115	77	104	108	75	29	51
AUDITED ED SAME LAST NAMES ENCOUNTERS	59	97	108	115	77	104	108	75	29	51
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TOTAL ED HIGH PROFILE PT ENCOUNTERS	0	1	0	2	0	2	1	0	1	1
AUDITED ED HIGH PROFILE ENCOUNTERS	0	1	0	2	0	2	1	0	1	1
% AUDITED	#DIV/0!	100.0%	#DIV/0!	100.0%	#DIV/0!	100.0%	100.0%	#DIV/0!	100.0%	100.0%
TOTAL ED - EMPLOYEE ENCOUNTERS	2	13	17	19	11	10	24	12	16	10
AUDITED ED - EMPLOYEE ENCOUNTERS	2	13	17	19	11	10	24	12	16	10
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TOTAL IP SAME LAST NAME ENCOUNTERS	39	41	80	42	54	77	54	31	13	25
AUDITED IP SAME LAST NAMES ENCOUNTERS	39	41	80	42	54	77	54	31	13	25
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TOTAL IP HIGH PROFILE PT ENCOUNTERS	2	2	0	1	0	0	4	6	0	0
AUDITED IP HIGH PROFILE ENCOUNTERS	2	2	0	1	0	0	4	6	0	0
% AUDITED	100.0%	100.0%	#DIV/0!	100.0%	#DIV/0!	#DIV/0!	100.0%	100.0%	#DIV/0!	#DIV/0!
TOTAL IP - EMPLOYEE ENCOUNTERS	5	5	10	13	7	7	9	2	3	0
AUDITED IP - EMPLOYEE ENCOUNTERS	5	5	10	13	7	7	9	2	3	0
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#DIV/0!
TOTAL OP SAME LAST NAME ENCOUNTERS	416	401	537	453	448	618	760	498	225	301
AUDITED OP SAME LAST NAMES ENCOUNTERS	416	401	537	453	448	618	760	498	225	301
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TOTAL OP HIGH PROFILE PT ENCOUNTERS	32	22	13	5	7	17	28	10	7	0
AUDITED OP HIGH PROFILE ENCOUNTERS	32	22	13	5	7	17	28	10	7	0
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#DIV/0!
TOTAL OP - EMPLOYEE ENCOUNTERS	162	187	185	277	258	159	286	245	242	110
AUDITED OP - EMPLOYEE ENCOUNTERS	162	187	185	277	258	159	286	245	242	110
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TOTAL NEW (<90 DAY) EMPLOYEES	13	17	15	3	4	12	10	10	19	11
AUDITED NEW (<90 DAY) EMPLOYEES	13	17	15	3	4	12	10	10	19	11
% AUDITED	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
FOR-CAUSE AUDITS	3	2	4	6	4	3	2	2	2	9
Total # monthly audits	728	792	741	994	870	1009	1286	891	551	518

Audit Flags

	20-Aug	20-Sep	Oct-20	Nov-20	Dec-20	Jan-21
Employee as patient audit	4	5	15	8	10	6
High profile patient audit	0	1	0	0	0	0
New employee audit	0	0	0	0	0	2
Same last name audit	0	1	3	2	0	0
Random	0	0	0	0	0	0
Employee Access Audits	0	0	0	0	0	0
Total	4	7	18	10	10	8
Appears Compliant	4	7	18	10	10	3
Appears Non-Compliant	0	0	0	0	0	5
Ongoing Investigation	0	0	0	0	0	0

Audit flags are concerns that arise during the audit process. They require additional investigation to determine if the access is appropriate use of patient information.

Compliance Policies for annual review	
NIHD Code of Business Ethics and Conduct	Removed references to Chief Performance Excellence Officer
Non Discrimination Policy	Added new review date
Investigation and Reporting of Unlawful Access, Use or Disclosure of Protected Health Information	Added unusual occurrence report as a reporting mechanism
Non-Retaliation Policy	Added new review date
Government Agent Services	Clarified language regarding "copying identification badge"

NORTHERN INYO HEALTHCARE DISTRICT CODE OF BUSINESS ETHICS AND CONDUCT

Introduction

This code affirms the importance of high standards of business conduct at Northern Inyo Healthcare District. Adherence to this Code of Business Ethics and Conduct by all workforce members is the only sure way we can earn the confidence and support of the public.

This code has been prepared as a working guide and not as a technical legal document. Thus, emphasis is on being easy to read and understand, rather than on providing an all-inclusive answer to specific questions. For example, the term *employee* is used in its broadest sense and refers to every workforce member in the organization and its subsidiaries. The word *law* refers to laws, regulations, orders, and so forth. "Workforce" means persons whose conduct, in the performance of their work for NIHD, is under the direct control of NIHD or have an executed agreement with NIHD, whether or not NIHD pays them. The Workforce includes employees, NIHD contracted and subcontracted staff, NIHD clinically privileged Physicians and Allied Health Professionals (AHPs), and other NIHD health care providers involved in the provision of care of NIHD's patients. In observance of this code, as in other business conduct, there is no substitute for common sense. Each employee should apply this code with common sense and the attitude of seeking full compliance with the letter and spirit of the rules presented.

It is your responsibility, as a member of the workforce of Northern Inyo Healthcare District, to perform satisfactorily and to follow our policies and comply with our rules as they are issued or modified from time to time.

These policies and rules are necessary to effectively manage the business and meet the ever-changing needs of the organization. Good performance and compliance with business rules lead to success. Both are crucial since our ability to provide you with career opportunities depend totally on our success in the marketplace. Nonetheless, changes in our economy, our markets, and our technology are inevitable. Indeed, career opportunities will vary between the individual companies. For these reasons, we cannot contract or even imply that your employment will continue for any particular period of time. You may terminate your employment at any time, with or without cause, and we reserve the same right. This relationship may not be modified, except in writing, signed by an appropriate representative of Northern Inyo Healthcare District.

This Code of Business Ethics and Conduct is a general guide to acceptable and appropriate behavior at Northern Inyo Healthcare District, and you are expected to comply with its contents; however, it does not contain all of the detailed information you will need during the course of your employment. Nothing contained in this code or in other communications creates or implies an employment contract or term of employment.

Additionally, we are committed to reviewing our policies continually. This code might be modified or revised from time to time.

You should familiarize yourself with this code so that you might readily identify any proposal or act that would constitute a violation. Each employee is responsible for his or her actions. Violations can result in disciplinary action, including dismissal and criminal prosecution. However, no reprisal will be

NORTHERN INYO HEALTHCARE DISTRICT CODE OF BUSINESS ETHICS AND CONDUCT

made against an employee who in good faith reports a violation or suspected violation.

The absence of a specific guideline practice or instruction covering a particular situation does not relieve an employee from exercising the highest ethical standards applicable to the circumstances.

If any employee has doubts regarding a questionable situation that might arise, he or she should immediately consult his or her immediate supervisor or member of the leadership team.

Competition and Antitrust

Fair Competition

Northern Inyo Healthcare District supports competition based on quality, service, and pride. We will conduct our affairs honestly, directly, and fairly. To comply with the antitrust laws and our policy of fair competition, employees:

- Must never discuss with competitors any matter directly involved in competition between ourselves and the competitor (e.g., sales price, marketing strategies, market shares, and sales policies)
- Must never agree with a competitor to restrict competition by fixing prices or allocating markets, or by other means
- Must not arbitrarily refuse to deal with or purchase goods and services from others simply because they are competitors in other respects
- Must not require others to buy from us before we will buy from them
- Must not require customers to take from us a service they don't want before permitting them to get one they do want
- Must never engage in industrial espionage or commercial bribery
- Must be accurate and truthful in all dealings with customers, and must be careful to accurately represent the quality, features, and availability of company products and services

Compliance with Laws and Regulatory Orders

The applicable laws and regulatory orders of every jurisdiction in which the hospital operates must be followed. Each employee is charged with the responsibility of acquiring sufficient knowledge of the laws and orders relating to his or her duties in order to recognize potential dangers and to know when to seek advice.

In particular, when dealing with public officials, employees must adhere to the highest ethical standards of business conduct. When we seek the resolution of regulatory or political issues affecting Northern Inyo Healthcare District's interests, we must do so solely on the basis of the merits and pursuant to proper procedures in dealing with such officials.

Employees may not offer, provide, or solicit, directly or indirectly, any special treatment or favor in return for anything of economic value or for the promise or expectation of future value or gain. In addition, there shall be no entertaining of employees in the U.S. government.

NORTHERN INYO HEALTHCARE DISTRICT CODE OF BUSINESS ETHICS AND CONDUCT

Conflicts of Interest

Several situations could give rise to a conflict of interest. The most common are accepting gifts from suppliers, employment by another company, ownership of a significant part of another company or business, close or family relationships with outside suppliers, and communications with competitors. A potential conflict of interest exists for employees who make decisions in their jobs that would allow them to give preference or favor to a customer in exchange for anything of personal benefit to themselves or their friends and families. Such situations could interfere with an employee's ability to make judgments solely in Northern Inyo Healthcare District's best interest.

Gifts and Entertainment

Definition of Gifts

Gifts are items and services of value that are given to any outside parties, excluding the following:

- Normal business entertainment items such as meals and beverages
- Items of minimal value, given in connection with sales campaigns and promotions, employee services, or safety or retirement awards
- Items or services with a total nominal value as defined by Northern Inyo Healthcare District policy, "Acceptance of Tips, Gratuities, Rewards, Promotional Gifts or Incentives".

Definition of Supplier

Supplier includes not only vendors providing services and material to Northern Inyo Healthcare District, but also consultants, financial institutions, advisors, and any person or institution who does business with Northern Inyo Healthcare District.

Gifts

No employee or member of his immediate family shall solicit or accept from an actual or prospective customer or supplier any compensation, advance loans, (except from established financial institutions on the same basis as other customers), gifts, entertainment, or other favors that are of more than token value or that the employee would not normally be in a position to reciprocate under normal expense account procedures.

Under no circumstances may a gift or entertainment be accepted that would influence the employee's judgment. In particular, employees must avoid any interest in or benefit from any supplier that could reasonably cause them to favor that supplier over others. It is a violation of the code for an employee to solicit or encourage a supplier to give any item or service to the employee, regardless of its value. Our suppliers will retain their confidence in the objectivity and integrity of our company only if each employee strictly observes this guideline.

Reporting Gifts

Any employee who receives an unsolicited gift from an actual or prospective customer or supplier (items other than food or flowers) should report it to his or her supervisor. Unsolicited gifts shall be turned in to the Administrator's office for disposition.

Food and flowers received as departmental gifts must be shared amongst the Northern Inyo

NORTHERN INYO HEALTHCARE DISTRICT CODE OF BUSINESS ETHICS AND CONDUCT

Healthcare District staff. At no time shall an employee keep gifts of food or flowers for themselves.

Discounts

An employee might accept discounts on a personal purchase of the supplier's or customer's products only if such discounts do not affect Northern Inyo Healthcare District's purchase price and are generally offered to others having a similar business relationship with the supplier or customer.

Business Meetings

Entertainment and services offered by a supplier or customer might be accepted by an employee when they are associated with a business meeting and the supplier or customer provides them to others as a normal part of its business. Examples of such entertainment and services are transportation to and from the supplier's or customer's place of business, hospitality suites, lodging at the supplier's or customer's place of business, and business lunches and dinners for business visitors to the supplier's or customer's location. The services should generally be of the type normally used by Northern Inyo Healthcare District's employees and allowable under the applicable hospital expense account.

Outside Employment

Employees must not be employed outside of Northern Inyo Healthcare District in any business that competes with or provides services to Northern Inyo Healthcare District if it is:

1. In a manner that would affect their objectivity in carrying out their Northern Inyo Healthcare District responsibilities;
2. Where the outside employment would conflict with scheduled hours, including overtime, or the performance of Northern Inyo Healthcare District assignments.

Employees must not use Northern Inyo Healthcare District time, materials, information, or other assets in connection with outside employment.

Relationships with Suppliers and Customers

Business transactions must be entered into solely for the best interests of Northern Inyo Healthcare District. No employee can, directly or indirectly, benefit from his or her position as an employee or from any sale, purchase, or other activity of the hospital. Employees should avoid situations involving a conflict or the *appearance* of conflict between duty to the company and self-interest.

No employee who deals with individuals or organizations doing or seeking to do business with Northern Inyo Healthcare District, or who makes recommendations with respect to such dealings, should:

- Serve as an officer, director, employee, or consultant
- Own a substantial interest in any competitor of the company, or any organization doing or seeking to do business with Northern Inyo Healthcare District (*substantial interest* means an economic interest that might influence or reasonably be thought to influence judgment or action, but shall not include an investment representing less than one percent of a class of outstanding securities of a publicly held corporation.)

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In addition, no employee who deals with individuals or organizations doing or seeking to do business with Northern Inyo Healthcare District, or who makes recommendations with respect to such dealings, may:

1. Have any other direct or indirect personal interest in any business transactions with Northern Inyo Healthcare District (other than customary employee purchases of hospital products and services as consumers and transactions where the interest arises solely by reason of the employee relationship or that of a holder of securities).
2. Provide telecommunications or information service or equipment, either directly or as a reseller, in a manner that would place the objectivity or integrity of Northern Inyo Healthcare District in question.

Our policy is that employees will not do business on behalf of Northern Inyo Healthcare District with a close personal friend or relative; however, recognizing that these transactions do occur, such transactions must be reported on the Conflict of Interest Questionnaire.

Employment of Relatives or Family Members

A relative or family member is defined as including any one of the following: any person who is related by blood or marriage, or whose relationship with the Workforce is similar to that of persons who are related by blood or marriage, including a domestic partner, and any person residing in the Workforce's household.

Examples of relationships by blood or marriage may include, but are not limited to any of the following: Parent, child, husband, wife, grandparent, grandchild, brother, sister, uncle, aunt, nephew, niece, first cousin, step-parent, step-child, relationships by marriage, or domestic partner/cohabitating couple/significant other.

For further details, please refer to the Northern Inyo Healthcare District policy "Employment of Relatives".

Relatives of employees will not be employed on a permanent or temporary basis by Northern Inyo Healthcare District in such a way that the relative directly reports to the employee or the employee exercises any direct influence with respect to the relative's hiring, discipline, benefits, placement, promotions, evaluations, or pay. If two relatives/family members report to the same leader, the Business Compliance Team shall review the roles of the individuals and their relationship and make appropriate recommendations.

Confidential Information and Privacy of Communications

Confidential Information

Confidential information includes all information, whether technical, business, financial, or otherwise, concerning Northern Inyo Healthcare District that is treated as confidential or secret or that is not available or is not made available publicly. It also includes any private information of or relating to patient medical records, employee records, other persons or other companies, and national security information that is obtained by virtue of the employee's position.

Northern Inyo Healthcare District policy and state and federal laws protect the integrity of the

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hospital's confidential information, which must not be divulged except in strict accordance with established company policies and procedures. The obligation not to divulge confidential hospital information is in effect even though material might not be specifically identified as confidential; this obligation exists during and continues after employment with Northern Inyo Healthcare District.

A few examples of prohibited conduct are (1) selling or otherwise using, divulging, or transmitting confidential hospital information, (2) using confidential hospital information to knowingly convert a hospital business opportunity for personal use, (3) using confidential hospital information to acquire property that the employee knows is of interest to the hospital, (4) using, divulging, or transmitting confidential hospital information in the course of outside employment or other relationships or any succeeding employment or other relationship at any time.

Employees shall not seek out, accept, or use any confidential hospital information of or from a competitor of the hospital. In particular, should we hire an employee who previously worked for a competitor, we must neither accept nor solicit confidential information concerning that competitor from our employee.

Company Assets

Cash and Bank Accounts

All cash and bank account transactions must be handled so as to avoid any question or suspicion of impropriety. All cash transactions must be recorded in the hospital's books of account.

All accounts of company funds shall be established and maintained in the name of the hospital and may be opened or closed only on the authority of the hospital's Board of Directors. All cash received shall be promptly recorded and deposited in a hospital bank account. No funds shall be maintained in the form of cash, except as authorized and there is to be no anonymous (numbered) account at any bank. Because payments into numbered bank accounts by the hospital may leave the hospital open to suspicion of participation in a possibly improper transaction, no disbursements of any nature may be made into numbered bank accounts or other accounts not clearly identified to the hospital as to their ownership.

No payments can be made in cash (currency) other than regular, approved cash payrolls and normal disbursements from petty cash supported by signed receipts or other appropriate documentation. Further, corporate checks shall not be written to "cash", "bearer," or similar designations.

Northern Inyo Healthcare District Assets and Transactions

Compliance with prescribed accounting procedures is required at all times. Employees having control over hospital assets and transactions are expected to handle them with the strictest integrity and to ensure that all transactions are executed in accordance with management's authorization. All transactions shall be accurately and fairly recorded in reasonable detail in the hospital's accounting records.

Employees are personally accountable for hospital funds over which they have control. Employees who spend hospital funds should ensure that the hospital receives good value in return and must

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maintain accurate records of such expenditures. Employees who approve or certify the correctness of a bill or voucher should know that the purchase and amount are proper and correct. Obtaining or creating "false" invoices or other misleading documentation, or the invention or use of fictitious sales, purchases, services, loan entities, or other financial arrangements, is prohibited.

Expense Reimbursement

Expenses actually incurred by an employee in performing hospital business must be documented on expense reports in accordance with hospital procedures. In preparing expense reports, employees should review these procedures for the documentation that must be submitted in order to be reimbursed for business expenses.

Northern Inyo Healthcare District Credit Cards

Northern Inyo Healthcare District Board of Directors permits the use of district credit cards by certain hospital employees to pay for actual and necessary expenses incurred in the performance of work-related duties for the district and for hospital required purchases. Hospital credit cards shall be under the control of the Chief Executive Officer of Northern Inyo Healthcare District. No personal expenses will be charged on hospital credit cards. Hospital credit cards should not be used to avoid preparing documentation for direct payment to vendors. Where allowed by local law, charges on hospital credit cards for which a properly approved expense report has not been received at the time of an employee's termination of employment might be deducted from the employee's last paycheck. The hospital will pursue repayment by the employee of any amounts it has to pay on the employee's behalf.

Telephones

The hospital discourages personal use of telephones except in the case of an emergency. It is important that the hospital telephone lines be kept available for hospital business. However, it is recognized that employees sometimes need to make personal local calls from work. All employees are asked to keep these calls to a minimum. Any personal long distance calls should be made by using a personal credit card or by reversing the charges.

Software and Computers

Computerized information and computer software may appear intangible, but they are valuable assets of the hospital and must be protected from misuse, theft, fraud, loss, and unauthorized use or disposal, just as any other hospital property.

Use of hospital computers must be customer service – or job-related. Employees cannot access hospital records of any kind for their personal use. Misappropriation of computer space, time, or software includes, but is not limited to, using a computer to create or run unauthorized jobs, operating a computer in an unauthorized mode, or intentionally causing any kind of operational failure.

Use of hospital computers for personal use may only occur on dedicated breaks.

Hospital computers, email, internet access systems, hardware/software, passwords, messages and attachments which are composed, sent or received using the NIHD computer systems are all the property of the hospital. No communication on any of these devices or systems is private. All such devices or systems are subject to monitoring, access, review and/or disclosure. For additional

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information please see the NIHD "Internet/Email Usage" policy.

Other Assets

The property of the hospital is intended to be used in a way that benefits our patients and organization. Supplies and/or equipment belonging to the hospital will not be used by or loaned to any person, regardless of position, including hospital employees or Medical Staff for their personal use. Please refer to Northern Inyo Healthcare District policy "Company Property – Hospital Equipment and Supplies for Personal Use" for further details.

Employee Conduct

Conduct while on Hospital Business

Violations of hospital policy or illegal activity on hospital premises or while on hospital business will not be condoned and can result in disciplinary action, including dismissal and criminal prosecution. The following illustrates activities that are against hospital policy, and that will not be tolerated on hospital premises, in company vehicles, or while engaged in hospital business:

1. Consumption and storage of alcoholic beverages, except where legally licensed or authorized by an officer of the hospital.
2. Use of tobacco/nicotine products (excluding smoking cessation products) of any sort on hospital premises including in personal vehicles, in company vehicles, or while on hospital business
3. The use of non-physician prescribed controlled substances, such as drugs or alcohol, as well as the unlawful manufacture, distribution, dispensation, possession, transfer, sale, purchase, or use of a controlled substance
4. Driving vehicles or operating hospital equipment while under the influence of alcohol or controlled substances
5. Illegal betting or gambling
6. Carrying weapons of any sort on hospital premises, in hospital vehicles, or while on hospital business, regardless of whether an employee possesses the legally required permits or licenses *with the exception of hospital employed security officers.*

The hospital reserves the right to inspect any property that might be used by employees for the storage of their personal effects. This includes desks, lockers, and vehicles owned by the hospital. It is a violation of hospital policy to store any contraband, illegal drugs, toxic materials, or weapons, on hospital property.

Reporting Violations

All employees are responsible for compliance with these rules, standards and principles. In the area of ethics, legality, and propriety, each employee has an obligation to the hospital that transcends normal reporting relationships. Employees should be alert to possible violations of the code anywhere in the hospital and are encouraged to report such violations promptly. Reports should be made to the employee's manager, Compliance Officer, or Human Resources as the circumstances dictate. Employees will also be expected to cooperate in an investigation of violations. In addition, any employee, who has been convicted of a felony, whether related to these rules or not, should also report that fact.

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All cases of questionable activity involving the code or other potentially improper actions will be reviewed for appropriate actions, discipline, or corrective steps. Whenever possible, the company will keep confidential the identity of employees about or against whom allegations of violations are brought, unless or until it has been determined that a violation has occurred. Similarly, whenever possible, the company will keep confidential the identity of anyone reporting a possible violation. Any hospital employees (including Management), who report a violation or suspected violation shall be protected from any and all retaliation or retribution by any hospital employee (including Management). Such protection shall include immediate disciplinary action or sanction of the perpetrator of retaliation or retribution in addition to any remedies available under the law.

All employees are required to notify the hospital within 5 days of any conviction of any criminal statute violation occurring on the job. In addition, any employee who has been convicted of a felony, whether related to these rules or not, should report that fact.

Discipline

Violation of this code can result in serious consequences for the hospital and its image, its credibility, and the confidence of its customers, and can include substantial fines and restrictions on future operations as well as the possibility of fines and prison sentences for individual employees. Therefore, it is necessary that the hospital ensure that no violations occur. Employees should recognize that it is in their best interest – as well as the hospitals – to follow this code carefully.

The amount of any money involved in a violation may be immaterial in assessing the seriousness of a violation since in some cases, heavy penalties may be assessed against the hospital for a violation involving a relatively small amount of money, or no money.

The hospital shall determine the course of action best suited to the circumstances and may employ progressive discipline procedures as outlined in our hospital policy. The overall seriousness of the matter will be considered in setting the disciplinary action to be taken against an individual employee. Such action, which might be reviewed with the appropriate human resources organization, might include:

- Verbal Counseling
- Written Counseling
- Probation
- Termination

In addition, individual cases might involve:

- Reimbursement of losses or damages
- Referral for criminal prosecution or civil action
- Both of the above

Disciplinary action might also be taken against managers or executives who condone, permit, or have knowledge of illegal or unethical conduct by those reporting to them and who do not take

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corrective action. Disciplinary action might also be taken against employees who make false statements in connection with investigations of violations of this code.

The hospital's rules and regulations regarding proper employee conduct will not be waived in any respect. Violation is cause for disciplinary action, including dismissal. All employees will be held to the standards of conduct described in this booklet.

The hospital never has authorized, and never will authorize, any employee to commit an act that violates this code, or to direct a subordinate to do so. Thus no such act is justifiable as having been directed by someone in higher management.

Compliance Letter and Conflict of Interest Questionnaire

All Northern Inyo Healthcare District workforce members will review the Code of Business Ethics and Conduct, sign the Code's Acknowledgement form. Annually, all workforce members shall complete and sign the Conflict of Interest Questionnaire. If the employee's circumstances change at any time, a new Conflict of Interest Questionnaire or letter of explanation must be requested and completed.

Potential conflicts of interest shall be reviewed by the NIHD Business Compliance Team on an individual basis and appropriate action shall be taken.

The Code of Business Ethics and Conduct Acknowledgement form (on the following page) should be signed and given to Human Resources for inclusion in your personnel file.

Last Board of Directors' review

3/17/2021

**NORTHERN INYO HEALTHCARE DISTRICT
CODE OF BUSINESS ETHICS AND CONDUCT**

Code of Business Ethics and Conduct Acknowledgement Form

I have received and read the Code of Business Ethics and Conduct, and I understand its contents. I agree to comply fully with the standards, policies and procedures contained in the Code and Northern Inyo Healthcare District's related policies and procedures. I understand that I have an obligation to report to my manager, Compliance Officer, or Human Resources any suspected violations of the Code that I am aware of. I acknowledge that the Code is a statement of policies for ethical business conduct and does not, in any way, constitute an employment contract or an assurance of continued employment.

Printed Name

Signature

Date

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Nondiscrimination Policy	
Scope: District Wide	Manual: Compliance
Source: Compliance Officer	Effective Date: 3/1/2018

PURPOSE:

To assure compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975 and any future federal or state laws defining and prohibiting discrimination.

POLICY:

1. No person seeking services at Northern Inyo Healthcare District (NIHD) shall, on the basis or ground of race, color, sex (gender), sexual orientation, age, religion or national origin, be excluded from admission to NIHD, or excluded from any services provided by NIHD, or be otherwise subjected to discrimination in the admission to or provision of those services.
2. No handicapped individual shall, solely by reason of his handicap, be excluded from admission to NIHD, or excluded from any services provided by NIHD, or be otherwise subjected to discrimination in the provision of those services, or be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity provided by NIHD.
3. NIHD employees or qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, sexual orientation, gender identification, pregnancy (pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), national origin, ancestry, citizenship, age, marital status, military status or obligations, physical or mental disability, mental condition, non-job-related disability, or any other protected group status.

Committee Approval	Date
Administration	2/13/2018
Board of Directors	2/21/2018
Last Board Review	05/15/19

Revised: 2/5/2018

Reviewed: 12/16/15, 2/11/2021

Supercedes:

**NORTHERN INYO HOSPITAL
MEDICAL RECORDS
POLICY AND PROCEDURE**

Title: Investigation and Reporting of Unlawful Access, Use or Disclosure of Protected Health Information	
Scope: Hospital Wide	Manual: Compliance
Source: Privacy Officer	Effective Date: 4-26-2018

PURPOSE:

To define the policy and procedures for investigations of suspected breaches of the privacy or security of protected health information and the reporting of such breaches to legally required entities.

Definitions

Breach/Unauthorized Activity - The unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of the PHI.

Compromise the Security or Privacy of PHI – An act or omission that poses a significant risk of financial, reputational or other harm to the subject of PHI.

Disclosure - The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

Electronic Protected Health Information or ePHI: Is PHI that is transmitted by electronic media or is maintained in electronic media. For example, ePHI includes all PHI that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape, jump drive (USB), or other media.

Protected Health Information (PHI) - individually identifiable health information that is transmitted or maintained in any form or medium, including electronic PHI.

Unsecured PHI – PHI that is not secured through use of technology or methods approved by the Secretary of Health and Human Services.

Use – The sharing, employment, application, utilization, examination, or analysis of individually identifiable information within an entity that maintains such information.

Workforce: Persons whose conduct, in the performance of their work for NIHD, is under the direct control of NIHD or have an executed agreement with NIHD, whether or not NIHD pays them. The Workforce includes employees, NIHD contracted and subcontracted staff, NIHD clinically privileged Physicians and Allied Health Professionals (AHPs), and other NIHD health care providers involved in the provision of care, treatment, or services of NIHD's patients.

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MEDICAL RECORDS
POLICY AND PROCEDURE**

Title: Investigation and Reporting of Unlawful Access, Use or Disclosure of Protected Health Information	
Scope: Hospital Wide	Manual: Compliance
Source: Privacy Officer	Effective Date: 4-26-2018

POLICY:

Northern Inyo Healthcare District (NIHD) shall comply with breach notification requirements under federal and state law, including the HIPAA privacy and security regulations, the HITECH regulations, the California Medical Information Act, and other relevant regulations. The Compliance Department shall investigate potential breaches of PHI and ePHI, determine whether notification is required, and manage the investigation, notification, and post-investigation process, as applicable.

A. Reporting Potential Breaches

1. NIHD workforce are required to immediately report unauthorized acquisition, access, use, or disclosure of PHI (“Breaches”) to the Compliance Department utilizing the reporting form provided by NIHD on the NIHD Intranet in person, via interoffice email, unusual occurrence report, or via email. Breaches are determined to be discovered when made known to NIHD workforce other than the workforce member(s) who engaged in the unauthorized activity.
2. Examples of potential Breaches that the workforce should report include but are not limited to:
 - a. PHI mailed, faxed or electronically transmitted to the wrong recipient ;
 - b. Accessing the medical record of a co-worker, colleague, friend, family member or celebrity without authorization or work-related reason;
 - c. Lost or stolen computers, laptops, PDAs, or other electronic computing devices;
 - d. Lost or stolen medical records, computer disks or other paper or electronic files;
 - e. Unlawful verbal disclosures of PHI;
 - f. Posting PHI on public websites;
 - g. Malicious software virus detected in electronic information systems used in connection with PHI; and
 - h. Intentional access to PHI for non-treatment, non-payment or non-healthcare operation purposes.

B. Preliminary Investigation

The Privacy Officer or designee shall conduct a preliminary investigation of all reports of unauthorized activity, and shall:

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MEDICAL RECORDS
POLICY AND PROCEDURE**

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Scope: Hospital Wide	Manual: Compliance
Source: Privacy Officer	Effective Date: 4-26-2018

1. Determine if the unauthorized activity involved Unsecured PHI or other individually identifiable information subject to protections under state or federal laws.
2. Confirm additional facts underlying each report of unauthorized activity by reviewing the submitted PHI Breach Report form.

C. Assessment of Potential Breaches

In assessing a potential breach, the Privacy Officer shall:

1. Determine whether the potential breach fits within one of the following exceptions to the definition of Breach:
 - a. The unauthorized activity involved the unintentional acquisition, access, or use of PHI by an NIHD workforce member;
 - b. The unauthorized activity involved the inadvertent disclosure of PHI from an authorized workforce member or authorized individual within NIHD to another authorized member or authorized individual within NIHD; or
 - c. The unauthorized activity involved unauthorized disclosures in which an unauthorized person to whom PHI was disclosed would not have been able to retain the information.
2. Conduct an assessment to determine whether the unauthorized activity poses a significant risk of financial, reputational or other harm to the subject of the PHI. The assessment may be conducted using the HIPAA Breach Decision Tool and Risk Assessment Documentation which may be found in the California Hospital Association Privacy Manual;
3. Determine whether steps were or should be taken to mitigate any known harm arising from the unauthorized activity;
4. Determine whether individual, governmental or other notice is required under federal or state law and oversee the provision of such notice; and
5. Create and maintain documentation regarding the investigation, risk assessment and related decision-making regarding the Privacy Officers review and response to the unauthorized activity.

D. Notification

1. Breach of PHI

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Source: Privacy Officer	Effective Date: 4-26-2018

When the Privacy Officer determines a Breach has occurred, notification shall be made in accordance with the following:

- a. Patient notice timing: Patient notification must be made without unreasonable delay and in no event later than 15 business days of discovery of the Breach.
- b. Patient notice method: Notice to the patient(s) shall be provided in writing by USPS First Class or by email if the individual has indicated a preference to receive email communications. For individuals for whom NIHD has insufficient contact information, refer to the U.S. Code of Federal Regulations, 45 C.F.R. 164.404, or the Privacy Officer should consult NIHD Legal Counsel.
- c. Notice to the patient(s) shall contain a form titled "Notice of Data Breach,":
 - a. The security breach notification shall be written in plain language, shall be titled "Notice of Data Breach," and
 - b. Shall present the information under the following headings:
 - i. "What Happened,"
 - ii. "What Information Was Involved,"
 - iii. "What We Are Doing,"
 - iv. "What You Can Do," and
 - v. "For More Information."
 - c. Additional information may be provided as a supplement to the notice.
- d. NIHD shall offer paid credit monitoring to patient(s) whose social security number, credit card information, or other significant financial information has been breached. The offer shall be for no less than 12 consecutive months of credit monitoring service.
- e. California Department of Public Health (CDPH) notification must be made without unreasonable delay and in no event later than 15 business days of discovery of the Breach. Notice to the CDPH shall be provided online through the California Healthcare Event and Reporting Tool (CalHEART). CDPH notification shall include all fields on the CalHEART notification tool.
- f. Media Notification: If a Breach of Unsecured PHI involves the PHI of more than 500 residents of a state, notification must be made to a prominent media outlet without unreasonable delay and in no event later than 15 business days of the discovery of the Breach. The Privacy Officer

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Source: Privacy Officer	Effective Date: 4-26-2018

shall consult with NIHD Legal Counsel for consultation prior to publication of any Media Notification.

- g. Notification to the U.S. Department of Health and Human Services' Secretary ("Secretary"): If a Breach of Unsecured PHI involves the PHI of 500 or more individuals, notification must be made to the Secretary. Such notification shall be made at the same time individual notification is provided. In addition, notification of Breaches of individual PHI or Breaches of less than 500 individuals shall be made to the Secretary no later than 60 calendar days after the end of each calendar year. Nothing herein prevents the Privacy Officer of notifying the Secretary at the same time notification is made to CDPH.

E. HIPAA Accountings of Disclosures

The Privacy Officer or designee shall determine whether unauthorized activity is subject to inclusion in disclosures which must be tracked in order to comply with HIPAA accountings and disclosures requirements.

F. Breaches Involving Business Associates

In the event NIHD is notified of unauthorized activity by an NIHD HIPAA Business Associate, the Privacy Officer will investigate and assess the potential Breach in accordance with the Business Associate Agreement. The NIHD Privacy Officer or designee will coordinate with appropriate representatives of the Business Associate in order to ensure that NIHD receives all relevant and necessary information and documentation, and in accordance with the terms of the applicable Business Associate Agreement.

G. Post-Investigation Follow-up

- 1. The Compliance Department will work with Legal Counsel, Information Technology Services, Human Resources, Risk Management and any other department as necessary to mitigate any harmful effects of any breach that are known to NIHD.
- 2. The Compliance Department shall document and track a plan of action, if any, including Sanctions, as appropriate.

REFERENCES:

- 1. 42 U.S.C. Section 17932
- 2. 45 CFR 164.400

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3. California Civil Code Section 1798.82
4. California Health and Safety Code Section 1280.15
5. California Civil Code Section 56.05

Approval	Date
Compliance and Business Ethics Committee	4/2/2018
Board of Directors	4/18/2018
Last Board review	1/15/2020

Responsibility for review and maintenance: Privacy Officer
Index Listings: Privacy, Breach, PHI
Developed: 3-5-14
Revised: 3/30/2018, 2/11/2021
Reviewed: 12/16/15

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Non-Retaliation Policy	
Scope: NIHD	Manual: Compliance
Source: Compliance Officer	Effective Date: 3/16/2016

PURPOSE:

To provide an effective process for Northern Inyo Healthcare District (NIHD) employees to express problems, concerns or opinions without fear of retaliation or retribution.

POLICY:

It is the policy of NIHD to provide and maintain a culture characterized by integrity, responsible behavior and a commitment to the highest legal and ethical standards. NIHD prohibits the taking of any retaliatory action for reporting or inquiring about alleged improper or wrongful activity.

DEFINITIONS:

Retaliation: means an adverse action taken against an employee for filing a complaint or supporting another employee's complaint under a variety of laws.

Retribution: means the act of taking revenge.

Good Faith: means honesty; a sincere intention to deal fairly with others.

ENCOURAGEMENT OF REPORTING

1. NIHD managers and staff are encouraged to report in good faith all information regarding alleged improper or wrongful activity that may constitute:
 - a. Discrimination or harassment;
 - b. Fraud;
 - c. Unethical or unprofessional business conduct;
 - d. Non-compliance with NIHD policies/procedures;
 - e. Circumstances of substantial, specific or imminent danger to an employee or the public's health and/or safety;
 - f. Violations of local, state or federal laws and regulations; or
 - g. Other illegal or improper practices or policies.

PROTECTION FROM RETALIATION

Any NIHD staff member who, in good faith, reports such incidents as described above will be protected from retaliation, threats of retaliation, discharge, or other discrimination including but not limited to discrimination in compensation or terms and conditions of employment that are directly related to the disclosure of such information. In addition, no employee may be adversely affected because they refused to carry out a directive which constitutes fraud or is a violation of local, state, federal or other applicable laws and regulations.

REPORTING PROCESS

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Non-Retaliation Policy	
Scope: NIHD	Manual: Compliance
Source: Compliance Officer	Effective Date: 3/16/2016

NIHD employees should timely report evidence of alleged improper activity as described above by contacting their immediate supervisor, department director, or senior manager. Any instances of alleged retaliation or retribution should be reported in the same manner. If an employee is not satisfied with the response they receive, or is uncomfortable for any reason addressing such concerns to one of these individuals, the employee may contact the Compliance Office or Human Relations Office. For employees who do not wish to address these issues through the reporting process outlined above, the Compliance Confidential Report Line resource is available at (888)200-9764. All reports will be handled as promptly and discreetly as possible, with facts made available only to those who need to know to investigate and resolve the matter.

REFERENCES:

1. Federal Sentencing Guidelines for Organizations, Guidelines Manual Section 8B2.1(b)(5)(C)
2. NIHD Code of Business Ethics and Conduct
3. HIPAA Administrative Simplification: Enforcement; Final Rule (45 CFR 160.316)

Approval	Date
Compliance Committee	9/5/2017
Administration	
Board of Directors	9/20/2017
Last Board of Director review	5/15/19

Developed: 2/2016

Revised:

Reviewed: 9/1/2017, 2/11/2021

Supersedes:

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Governmental Agent Services	
Scope: District Wide	Manual: Compliance
Source: Compliance Officer	Effective Date: 9/1/2017

PURPOSE:

To set forth hospital policy governing the conditions and terms allowed for service provided by outside governmental agents providing services to patients at Northern Inyo Healthcare District (NIHD) and for the identification of regulatory agency personnel.

POLICY:

1. Governmental agents (Agent) from governmental agencies including but not limited to:
 - a. Inyo County Mental Health
 - b. Inyo County Child Protective Services
 - c. Inyo County Adult Protective Services

Agents may be summoned to provide services at NIHD only by nursing supervisors and law enforcement personnel.

2. An Agent will be allowed to perform services for a patient only after meeting with the nursing supervisor on duty.
3. The nursing supervisor will verify that the Agent is wearing an identification badge. If the agent is not wearing an identification badge, the Agents identity will be verified by contacting the agencies home office. Inyo County Agent identification can be confirmed against the Inyo County personnel list available on the hospital Intranet.
4. Nursing Supervisor or designee will escort the Agent to the Patient's location.
5. Upon completion of the Agent's service evaluation of the patient, the Agent may be given temporary work space designated by NIHD Management. Such work space will be isolated from areas where Protected Health Information is accessible. No NIHD employee may give an Agent access to the NIHD information system or computer network.
6. If an Agent needs Internet access for their personal laptop, the Nursing Supervisor may assist the Agent by providing the "Guest Password" for the NIHD Internet access.
7. Only Agents whose credentials have been verified will be allowed to enter patient care areas.

PROCEDURE:

If any person or persons identifying themselves as Inyo County Behavioral Health staff is encountered, immediately escort the person(s) to a nursing supervisor.

If any person or persons identifying themselves as regulatory surveyors (e.g. from The Joint Commission (TJC), California Department of Public Health (CDPH) or Office of Civil Rights (OCR) is encountered, immediately escort the person(s) to one of the following (in order of preference):

1. Chief Executive Officer
2. Administrator-on-call
3. Chief Nursing Officer
4. Chief of Operations
5. Compliance Officer
6. Nursing Supervisor

**NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE**

Title: Governmental Agent Services	
Scope: District Wide	Manual: Compliance
Source: Compliance Officer	Effective Date: 9/1/2017

Administrative personnel will:

1. Make a photocopy of the identification of the surveyor
2. CDPH – Call the agency to verify the legitimacy at **909-383-4777**
3. TJC – Validate that the survey is legitimate by accessing your Joint Commission extranet site.
 - a. Access the Joint Commission’s website at www.jointcommission.org
 - b. Click on “the Joint Commission Connect” logo
 - c. Enter a login and password

Your organization’s extranet site contains the following information (posted by 7:30 a.m. on the morning of your survey):

- Notification of scheduled Joint Commission event authorizing the surveyor’s presence for the unannounced survey
 - Surveyor name(s), picture and biographical sketch
 - Scheduled survey dates
4. Assign a hospital employee to accompany the surveyor(s) during their survey

In the event that the surveyor(s) refuse to allow their identification to be photocopied, themselves to be photographed or if the administration suspects that the surveyor is an imposter:

1. Call the local **Police – 873-5866**
2. Go to The Joint Commission (TJC) website and fill out the Homeland Security Incident Report (even if the imposters claim to be from another agency)

Approval	Date
Chief Executive Officer	
Board of Directors	8/16/17
Last Board of Director Review	9/18/2019

Developed: 5-19-2014

Revised: 8/1/2017

Reviewed: 12/16/15

Supersedes: “Unannounced Regulatory Survey Security Procedure”



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

Date: March 5, 2021
Title: **CERNER PROJECT UPDATE**



Top Accomplishments for this Reporting Period

- 1. Integration Test Events:** We have three rounds of integration testing scheduled. During integration testing we will test workflows and data flow. A team was assembled to create integration test scripts. These scripts test real-world patient scenarios from the time the patient enters the health system at registration continuing on all the way through simulating a claims submission. We successfully completed the first round in February, we will complete the second round on March 12, and have the third round scheduled for April 6 through April 15.

The first round of testing was performed using a hybrid approach with some staff working locally and some staff working from home. In addition, the Cerner and Wipfli support teams worked remotely. This hybrid approach allowed us to observe CDC and NIHD COVID-19 protocols. To make this event as successful as possible, we utilized various technologies like Microsoft Teams sessions as a communication and screen sharing tool, and Smartsheets for distributing and working on the test scripts. We also used online forms for reporting issues. We were pleased with how well the event ran. However, there were some communication delays that had we all been present, we could have worked through easier and more quickly. These communication delays impacted our ability to fully test all of our scripts. We completed approximately eighty percent of our scripts.

During the first week of the second round of integration testing, we had seven Cerner consultants onsite to assist our team. This approach allowed us to manage the safety risks while at the same time allowed us to assist the teams that are more complex and/or may be slightly behind schedule. Depending on the status of the virus, we will consider bringing the full compliment of Cerner staff, approximately twenty to twenty-five staff onsite for the third round of testing.

- 2. Project Communication:** The communication team recently completed a staff survey. The survey gathered information about the level of satisfaction staff have in regard to how well the Communication Team is communicating. The results were very positive. The one area of improvement identified was the ability for the general staff to ask questions about the project. As a result, we have an all-staff Town Hall meeting scheduled for March 18.

In keeping with the spirit to look for opportunities to interject fun into the project, the Communication Team is planning a St. Paddy's Day themed fun event.

- 3. Training Plans:** In preparation for end-user training, our subject matter experts and super users are finalizing their training plans. Depending on each staff's role they will receive between six and twelve hours of training. Most departments will deliver the training in person in small group settings. In departments where this is not possible, they will use zoom meetings. Knowing how important it is for the instructor and the students to be in the same room, zoom will be used as the last resort. The end user training is scheduled to occur between April 15 and May 15.

Whereas our SMEs and SUs will lead the end-user training, Cerner will bring an instructor onsite to lead our provider training. The provider training will also be a combination of in person training and zoom led sessions. Our resident staff will participate in-person and our travelers will participate via zoom. In addition to this training, providers will receive a one on one concierge service. During the concierge session, Cerner will assist the providers in setting up their system favorites. Plans for the training sessions and concierge session are currently being finalized. Training will occur the week of April 26 and Concierge services will occur the week of May 3.

- 4. Multiview Financial Application Conversion / Go-Live Planning:** Multiview is the financial system that we purchased as part of the AthenaHealth replacement project. This financial suite includes Accounts Payable, General Ledger, Fixed Assets and Budgeting. As a stand-alone system, the go-live is a separate date from the Cerner go-live. This allows us to implement Multiview in advance of Cerner. We will convert to and go-live with Multiview on April 1, 2021. In preparation for the Multiview go-live, the finance team is finalizing its testing and training.
- 5. Cerner Conversion / Go-Live Planning:** We are beginning to plan for the conversion. The plan will include the staffing and methodology to provide end-user support. It will also define the issue reporting process and command center roles and responsibilities.

Changes in Scope of Work:

- 1. OneContent Single Sign-on:** OneContent is a data archive system. It will house much of the patient's old medical record that is currently in Athena. This single sign-on functionality will provide a hyperlink in the Cerner medical record that when clicked, will take the provider into the patient's old records in OneContent without having to log into OneContent. This will be a significant customer satisfaction feature for the providers.

Issues or Concerns the Board of Directors Should Be Aware Of

The issues or concerns of this reporting period remain the same as the previous reporting period.

- 1. Staff Availability / Missed Deadlines:** Cerner has expressed concern about some departments falling behind and missing deadlines. These departments include Charge Services, Case/Care Management, Pharmacy, Supply Chain, and Experian. The likely cause for falling behind is related to staff availability to work on project tasks. We continue to look for options to help these departments get caught up. One option we implemented was to bring on seven Cerner consultants during the testing week of March 2 – 4. This allowed the consultant to have dedicated in-person time with our teams to support their needs.

As previously mentioned, Multiview will go-live on April 1, 2021. However, this date was moved back one month from the previously planned go-live date of March 1, 2021. The postponement of Multiview is directly related to staff turnover and availability in the finance department. We have secured additional resources to assist with the day to day operations of the finance department in order to free up time for staff to work on the final preparation tasks.

Date: March 5, 2021
Title: **CERNER PROJECT UPDATE**

- 2. **COVID-19:** The virus continues to be a factor impacting the project. The steering committee made the decision to conduct the first round of the Integration Testing event virtually. They also made the decision to use a hybrid staffing model for the second round of testing.

Upcoming Events or Milestones

- 1. **Integration Testing Rounds 1.5 and 2.** Cerner is a highly integrated system. We will perform end to end testing of our most common patient scenarios using integrated test scripts. We will begin our integration testing on February 2 and will complete testing on April 15.
- 2. **End User Training:** Along with comprehensive testing of the new system, effective end user training is vitally important to the success of the project. Our Education Coordinator and Cerner are working on the education plan and schedule. We will use a Train the Trainer approach and our trainers have received education and will continue to enhance their knowledge over the next couple of months to prepare them to be effective trainers.

Upcoming Event Calendar

— UPCOMING EVENTS —

MARCH 8TH - 16TH
Each week Cerner will be awarding the top three Subject Matter Experts and Super Users who log the most training time

MARCH 17TH
Celebrating St. Patrick's Day and appreciation of YOU!
Look for ye golden coins today!!

MARCH 17th - APRIL 2nd
Each week Cerner will be awarding the top three Subject Matter Experts and Super Users who log the most training time

MARCH 29th - APRIL 2nd
GOLDEN EGG HUNT! Locate 1 of the 10 Golden Eggs hidden around the District and turn in for a special prize!

APRIL 19 - MAY 17th
Each week we will randomly draw a department to have lunch catered of their choice!
Make sure to drop a note of GO LIVE excitement on the Cerner board located in the Admin Hall!!

For any questions regarding SIERRA CERNER PROJECT EVENTS please reach out to your Communication Team: Sarah Yerkes, Barbara Laughon, and Linda Ram

Prepared by: Daryl Duenkel, Project Manager, Wipfli
Name and Title

Reviewed by: _____
Name
Title of Chief who reviewed

Approved by: _____
Name
Title of Chief who approved

FOR EXECUTIVE TEAM USE ONLY:

Date of Executive Team Acceptance: _____ Submitted by: _____
Chief Officer



NEWSLETTER

Produce bi-weekly during The NIHD Cerner Implementation



Brett Gutierrez works through testing with Abby Don, Cerner's ED Solution Consultant Lindsay Berry, Michelle Buckman, and Jacinda Thomsen.

Photo by Barbara Laughon



Project status	P4
From where I sit with Tanya DeLeo & Dr. Gaskin	P2-3
Meet Daryl Duenkel	P4
Upcoming Events	P6

" The difference between who you are and who you want to be is what you do. "

-- Bill Phillips, fitness pro and author

Of new Patient Portals and Cerner Town Halls

Sierra Cerner Project eases into March with an eye on communication and new patient portal

Northern Inyo Healthcare District is excited to be launching a new Patient Portal as part of the Sierra Cerner Project.

A design team consisting of representation from Marketing, the NIA clinics, Health Information Management, Information Tech-

Have Questions?

You can always reach out to our Sierra Cerner Project Managers:

Lynda Vance
Lynda.Vance@NIH.org

Daryl Duenkel
DDuenkel@wipfli.com

nology Services, and Cerner met to discuss branding the site. The goal of the meeting was to
Continued on page 2

From Where I Sit



Greg Gaskin, MD

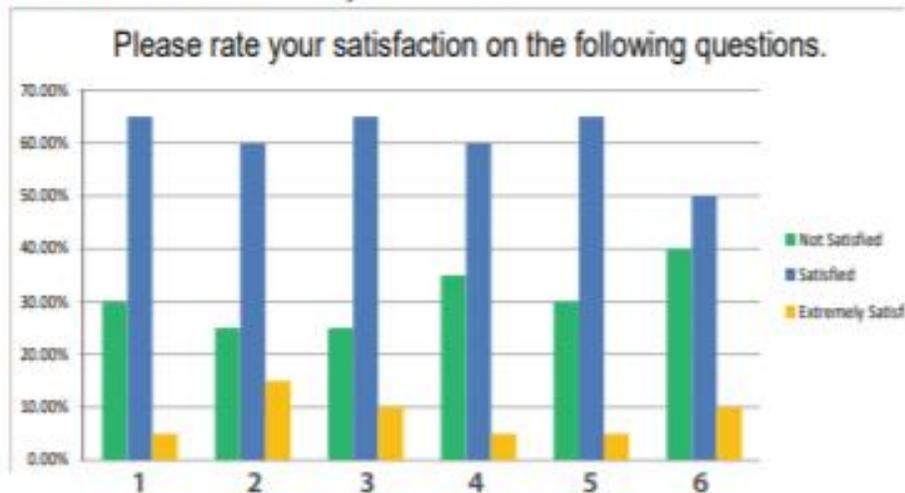
Emergency Department Physician

Did you feel the Virtual Testing was successful?

I really appreciated being able to participate in the Cerner IT1 event as a physician user. For a successful transition, it is vital to have input from all the different user groups and I am glad that Cerner has enabled clinicians to be involved with the process to help ensure that the system is functional and useful in our day-to-day work.

For the IT1 event the team made it easy to go through various "scripts" representing different potential clinical encounters to debug and fine tune the workflow for all different users of the system. The whole team was great and the event went smoothly from my perspective -- thanks especially to Jarred Miller from Cerner for staying on the line all day to help address any issues that came up during testing!

Communication Survey Results



1. How satisfied are you with the information that is being communicated about the Sierra Cerner Project?
2. How satisfied are you with how the Sierra Cerner Project information is being delivered? (Newsletter, podcast, etc.)
3. How satisfied are you with the Sierra Cerner promotional events and prizes?
4. How satisfied are you with the information that is being communicated about the objectives of the Sierra Cerner Project?
5. How satisfied are you with the level of information provided on how Cerner will impact your work?
6. How satisfied are you with the opportunities you have to share concerns, questions, and/or needs?

Portal & Town Hall

From page 1

present a sharpened NIHD image and make decisions required about pre-appointment forms, communication messaging with providers, appointment requests, and posting portions of the patient medical records, (in other words, after visit summaries, lab results, imaging reports and such).

Patients will have an opportunity sign up for the new portal as soon as Monday, May 17.

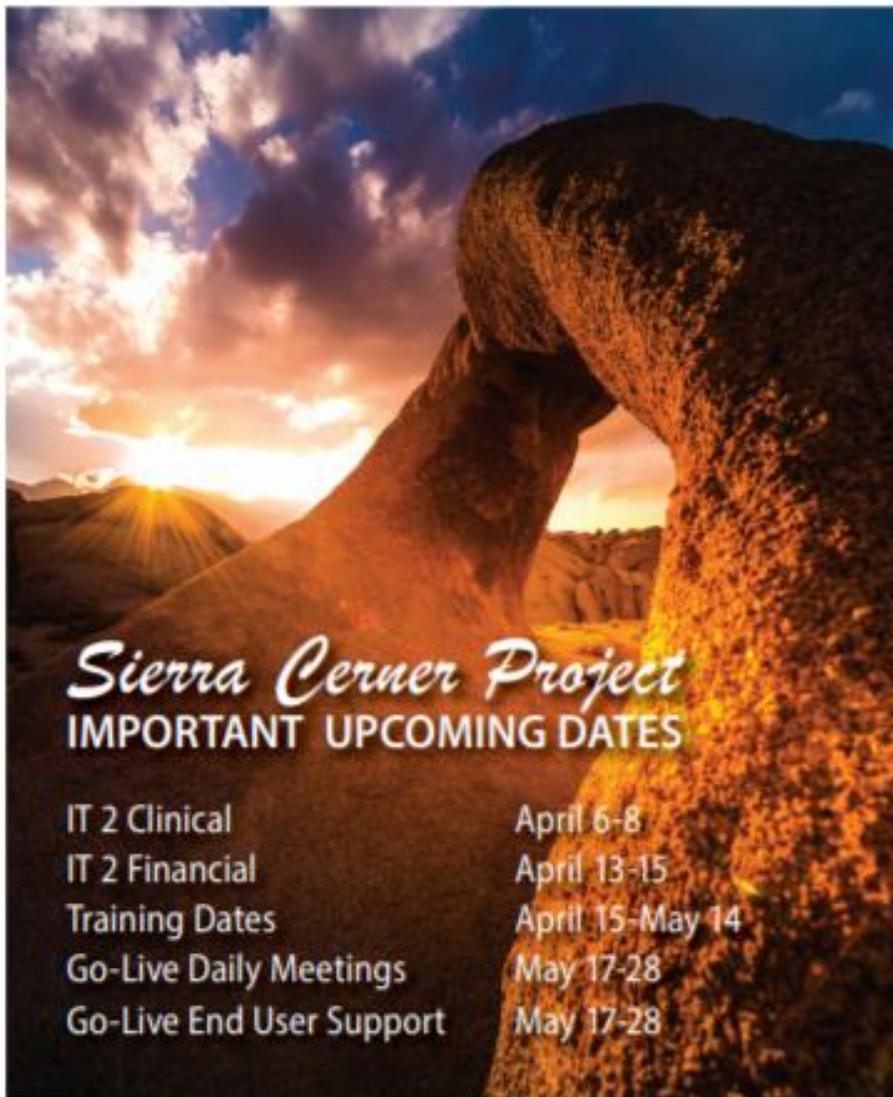
This new portal will provide patients with the opportunity to be more involved in their care, communicate with their providers more easily, and have simple access to portions of their medical records that they may need.

Cerner Town Hall coming soon

Staff completed the Communication Team survey. The results were very positive. In addition to asking the questions listed below the graph (shown above), we also asked open-ended questions aimed toward process improvement suggestions. The Communication Team has reviewed the results and will enact a few improvement suggestions.

Directly related to the response to question #6, we have scheduled an all-employee Town Hall meeting to occur on March 18.

We intend to provide 20-30 minutes of content with the remainder reserved for Q & A.



Sierra Cerner Project

IMPORTANT UPCOMING DATES

IT 2 Clinical	April 6-8
IT 2 Financial	April 13-15
Training Dates	April 15-May 14
Go-Live Daily Meetings	May 17-28
Go-Live End User Support	May 17-28

UPCOMING EVENTS & ACTIVITIES

Integration Testing Rounds 1.5, and 2: We will perform a second and third round of integration testing. See above for dates.

End User Training: Department Super Users with the assistance of our Education Coordinator Marjorie Routt are working on the education plan and schedule. At this time, it looks like we will be able to conduct this training in-person for most departments. There are a couple of departments that might use Zoom. The number of classes and the length of each class is dependent on your role and if you work in a single department or multiple departments. You can expect to receive somewhere between eight and 16 hours of training. You will also receive practice exercises to work on after class.

From Where I Sit



Tanya M. De Leo

Admissions Services Manager

Did you feel the Virtual Testing was successful?

I feel overall testing went well. The first day was a little frustrating, the second day went smoother and the third day went well.

Jeff (Garrison) and I were able to work from our office at NIHD to register patients as needed. Jeff and I were able to communicate in person, and we communicated with Caroline, our Cerner consultant via Microsoft Teams (similar to Zoom) which worked great! She was able to view our screens and help us through items as needed.

The experience was better than expected!

74 **GO LIVE**
DAYS **MAY 17**

Who is that guy sending me all those emails?

Introducing Daryl Duenkel



Introducing Daryl Duenkel, PMP, CPHIMS, Fellow. Daryl is a Director with Wipfli, LLP. We contracted with Wipfli to have Daryl provide project management services for our Sierra Cerner Project.

On a personal note, Daryl is married to his beautiful bride of 35 years, Linda. He has two children and three grandchildren -- the apples of his eye. He admits that his twin granddaughters have him wrapped around their finger!

In his free time Daryl enjoys landscaping. He believes you are not really a landscaper unless you are using equipment that goes beep, beep, beep when it backs up! He also enjoys golfing and describes his game as adventuresome. If you ever golf with Daryl, be careful, he always has an exploding ball in his bag. If you ever need an icebreaker with Daryl, ask him about bowling a perfect 300 game! He'll tell you it's the only thing he's ever done perfectly in his entire life.

Working in the healthcare field is a family thing for Daryl. His wife (retired) and children all work in the healthcare industry. At Daryl's first healthcare job, he frequently used a conference room that had been converted from the OB delivery room that he was born in. You can't get any deeper in healthcare than that.

On a professional note, Daryl has been a certified project management professional helping clients select and implement EHR systems for about as long as he can remember. He has led more than 40

Continued on page 5



The Journey Begins

Today marks the beginning of end-user involvement in our Sierra Cerner Project.

We are entering the beginning of end-user training with the launching of Sierra Cerner Learning Journeys within the CommunityWorks Learning Portal.

Your Learning Journey assignments are based on your department role and will set you up for success when we begin department end-user training in April. You will notice that each journey you are assigned will align with different Cerner solutions that you will need knowledge of, this may result in you being enrolled in multiple journeys.

Each journey will have stages that could include videos, interactive simulations, and job aids. A successful implementation will depend on our end-users completing their journeys in preparation for participation in department-specific training with our subject matter experts and super users.

More will come on your department training plans; in the meantime log into the Learning Journey platform and begin working through your assignments. Your Journey is due before the beginning of your department-specific training, which will be launched no later than April 15th.

Reach out to District Education with questions regarding end-user training, Learning Journeys or for log in support.

This brings us one step closer to our Monday, May 17th go live.

Sierra Cerner Project Update: Still in the Yellow Light area



We use the traffic light analogy of red light-green light to describe our project status. A status of Red indicates there are serious issues that may impact our ability to successfully go-live on our scheduled date. A status of Yellow indicates that some tasks are behind schedule and/or some

issues have arisen that need to be resolved. A Green status means we are on track in all areas with our planned go-live.

Cerner Update:

Our collective team is diligently working towards our go-live and long-term adoption of Cerner. Most department teams are progressing as planned. However, staff turnover and the COVID-19 virus has impacted some departments limiting the amount of time to work on the project tasks. We have five departments that have tasks that are behind schedule. This has placed our project in a Yellow status. We have put corrective actions in place to help get these departments on track. It's important to note that all our team members are working very hard and the Yellow status

is not a statement reflecting effort by any team member. Rather it's a matter of resource availability. Another way to say it is that in some departments the project time demand has been greater than the resource supply.

Our IT1 event in February was generally successful. We began with 34 test scripts. We were able to complete 24 scripts. Ten scripts were partially completed. We identified issues with those 10 scripts and will modify them and retest them during IT1.5. We also identified some system issues as expected. Those issues will be fixed by Cerner. Given that this test event was conducted 100% remotely using Microsoft Teams meetings to communicate between team members and Cerner along with other technologies never used by NIH staff before, the event went better than expected.

Multiview Update:

We are implementing a new financial system that includes Accounts Payable, General Ledger, and Fixed Assets. We will go-live with this system on April 1, six weeks before Cerner. Staggering these go-lives makes it easier to provide go-live support. In addition, we will have six weeks of experience with this new system when we do go live with Cerner.

Meet Daryl Duenkel

From page 4

system selection or implementation projects. As he likes to say, he had a full head of hair when he started, and he has none left.

On our Sierra Cerner Project, Daryl is the lead project manager. Which is to say he is responsible for the more than 20 other project managers from NIH, Cerner, Experian, i2i, LabCorp, MultiView, Night Hawk, OmniCell, OnePACs, Roche, Steris and more. He is also responsible for ensuring that we have the resources required to be successful assigned to our project, and that the resources are working on the right tasks at the right time.

On a day-to-day basis, Daryl sits

in on many of our calls with our Cerner consultants to observe that things are moving smoothly and offering assistance when needed. He leads many of the project management meetings. He guides our Communication Team contributing to the newsletter and the provider podcasts. He leads the organization of our Cerner events like the recently completed IT1 testing event and the current IT1.5 event.

There are a million moving pieces and Daryl has responsibility that they are all moving in synchronization and harmony.

Daryl works closely with our very



Lynda Vance

own project management expert – Lynda Vance. In a project this large and an organization as complex as we are, Daryl says its vital to have boots on the ground expertise. Together they team up to lead us on our journey.

Feel free to contact with questions at dduenkel@wipfli.com.