

November 17 2021 Regular Board Meeting

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AGENDA

NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS REGULAR MEETING

November 17, 2021 at 5:30 p.m.

As of July 1, 2021, the Board is again meeting in person at 2957 Birch Street Bishop, CA 93514. Members of the public will be allowed to attend in person or via zoom. Public comments can be made in person or via zoom:

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

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1. Call to Order (at 5:30 pm).
 2. **Public Comment:** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
 3. Adjournment to Closed Session to/for:
 - A. Conference with legal counsel, anticipated litigation. Significant exposure to litigation (pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9) one case.

- B. Conference with legal counsel, existing litigation (pursuant to Gov. Code Section 54956.9(d)(1) one case.
- C. Conference with legal counsel, existing litigation (pursuant to Government Code 54956.9(d)(1). One Case: NIHD v. SMHD
- 4. Return to Open Session and report of any action taken (information item).
- 5. New Business:
 - A. Annual Approval of Northern Inyo Healthcare District Employee Pay Scale (*Board will consider the approval of the District's Annual Employee Pay Scale*)
 - B. COVID-19 Prevention Program Plan (CPP) (*Board will receive this information item for review*)
 - C. Approval of District Board Resolution 21-10, adopting a procedure relating to, *Board Member Resignation and Filling of Vacancies (Board will consider the approval of this Procedure and District Board Resolution)*
 - D. Approval of District Board Resolution 21-11, Amending the NIHD bylaws regarding the duties of Board Chair and Vice Chair (*Board will consider the approval of this District Board Resolution*).
 - E. Compliance Department Quarterly Report (*Board will consider the approval of this report*)
- 6. Chief of Staff Report, Sierra Bourne MD:
 - A. Policies/Procedures (*Board will consider the approval of these Policies and Procedures*)
 - 1. Infection Prevention Plan
 - 2. Nursing Qualifications for the RN Trained to Insert Peripherally Inserted Central-Catheters and Midlines
 - 3. Diagnostic Imaging - Premedication for Radiographic Contrast Sensitivity
 - B. Annual Review of Critical Indicators (*Board will consider the approval of this Annual Review of Critical Indicators*)
 - 1. Radiology Critical Indicators
 - C. Medical Executive Committee Meeting Report (*information item*)

Consent Agenda

- 7. Approval of District Board Resolution 21-12, to continue to allow Board meetings to be held virtually (*Board will consider the approval of this District Board Resolution*)

8. Approval of minutes of the October 20, 2021 Regular Board Meeting (*Board will consider the approval of these minutes*)
 9. Approval of the minutes of the November 8, 2021 Special Board Meeting (*Board will consider the approval of these minutes*)
 10. Pioneer Home Health Care Quarterly Report (*Board will consider accepting this report*)
 11. Chief Executive Officer Report (*Board will consider accepting this report*)
 12. Chief Medical Officer Report (*Board will consider accepting this report*)
 13. Chief Nursing Officer Report (*Board will consider accepting this report*)
 14. Financial and Statistical reports as of September 30, 2021 (*Board will consider accepting this report*)
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15. Reports from Board members (*information items*).
16. Adjournment.

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



NORTHERN INYO HEALTHCARE DISTRICT PAY SCALES

NIHD JOB TITLE DESCRIPTION	MIN	MAX
340B ANALYST PHARMACY TECH	\$ 24.91	\$ 37.00
340B SPECIALIST	\$ 31.49	\$ 45.86
ACCOUNTS PAYABLE CLERK	\$ 17.28	\$ 23.02
ACCOUNTS RECEIVABLE TECHNICIAN	\$ 17.35	\$ 25.37
ACUTE-SUBACUTE CNA-DEPARTMENT CLERK	\$ 18.51	\$ 24.66
ACUTE-SUBACUTE DEPARTMENT CLERK	\$ 17.28	\$ 23.02
ACUTE-SUBACUTE RN	\$ 39.82	\$ 59.13
ACUTE-SUBACUTE RN CSE	\$ 43.94	\$ 60.59
ADMIN EXECUTIVE ASSISTANT	\$ 25.63	\$ 38.07
ADMINISTRATIVE ASSISTANT	\$ 25.63	\$ 38.07
ADMISSION SERVICES ASSISTANT MANAGER	\$ 27.60	\$ 37.07
ADMISSION SERVICES EMERGENCY REGISTRAR	\$ 19.81	\$ 28.37
ADMISSION SERVICES FLOAT CLERK	\$ 19.21	\$ 26.05
ADMISSION SERVICES INSURANCE VERIFIER	\$ 18.33	\$ 25.23
ADMISSION SERVICES MANAGER	\$ 35.99	\$ 54.69
ADVANCE IMAGING COORDINATOR	\$ 49.08	\$ 71.10
ADVANCED PRACTICE PROVIDER	\$ 56.73	\$ 85.84
ANCILLARY SPECIALIST	\$ 24.91	\$ 37.00
ANCILLARY SPECIALIST TRAINEE	\$ 19.72	\$ 26.21
APPLICATION ADMINISTRATOR DBA	\$ 50.05	\$ 73.97
ASSIST MNGR ACUTE SUBACUTE	\$ 55.13	\$ 83.42
ASSISTANT CONTROLLER	\$ 31.49	\$ 45.86
ASST MANAGER OF ED AND DISASTER PLAN	\$ 55.13	\$ 83.42
ASSISTANT LABORATORY MANAGER	\$ 40.72	\$ 55.94
BIOMEDICAL ENGINEER TECHNICIAN 1	\$ 30.16	\$ 45.03
BOARD CLERK - ADMINISTRATIVE ASSISTANT	\$ 24.91	\$ 37.00
BUSINESS OFFICE COORDINATOR	\$ 24.39	\$ 36.64
BUSINESS OFFICE DATA ENTRY CLERK	\$ 17.28	\$ 23.02
BUSINESS OFFICE MANAGER	\$ 34.98	\$ 53.15
CARDIOPULMONARY COORDINATOR	\$ 27.60	\$ 37.07
CARDIOPULMONARY EKG TREADMILL TECH	\$ 24.81	\$ 31.56
CARDIOPULMONARY MANAGER	\$ 49.08	\$ 71.10
CARE COORDINATOR MANAGER	\$ 57.43	\$ 89.51
CARPENTER	\$ 22.45	\$ 29.18
CASE MANAGER	\$ 45.56	\$ 67.11
CENTRAL REGISTRATION REGISTRAR	\$ 18.33	\$ 25.23
CERTIFIED NURSE MIDWIFE	\$ 58.08	\$ 95.92
CERTIFIED PHARMACY TECHNICIAN	\$ 22.73	\$ 30.73
CHARGE CAPTURE ANALYST	\$ 31.49	\$ 45.86
CHARGE CAPTURE MANAGER	\$ 34.98	\$ 53.15
CHARGE ENTRY SPECIALIST	\$ 19.36	\$ 26.87
CHIEF EXECUTIVE OFFICER	\$ 136.51	\$ 204.89



NORTHERN INYO HEALTHCARE DISTRICT PAY SCALES

CHIEF MEDICAL OFFICER	\$ 138.08	\$ 201.65
CHIEF NURSING OFFICER	\$ 79.73	\$ 122.12
CLINICAL DIETITIAN	\$ 36.00	\$ 49.46
CLINICAL INFORMATICS NURSE SPECIALIST	\$ 45.05	\$ 65.40
CLINICAL INFORMATICS AND SURVEY READINESS RN	\$ 45.05	\$ 65.40
CLINICAL INFORMATICS-QUALITY	\$ 32.39	\$ 46.94
CLINICAL LAB SCIENTIST	\$ 41.90	\$ 57.56
CLINICAL STAFF DIRECTOR RHC NIA	\$ 64.09	\$ 103.82
CNA DEPARTMENT CLERK	\$ 18.51	\$ 24.66
COMPLIANCE ANALYST	\$ 27.68	\$ 37.55
COMPLIANCE CLERK	\$ 18.96	\$ 25.90
COMPLIANCE OFFICER	\$ 57.64	\$ 95.51
COMPUTER SERVICES ANALYST	\$ 30.16	\$ 45.03
CONTROLLER	\$ 52.62	\$ 77.26
COOK	\$ 17.25	\$ 23.29
COORDINATOR DIETARY	\$ 23.70	\$ 35.61
COORDINATOR FRONT OFFICE CLINIC	\$ 24.39	\$ 36.64
COORDINATOR OF CHEMISTRY CLS	\$ 44.14	\$ 64.70
COORDINATOR OF HEMATOLOGY CLS	\$ 44.14	\$ 64.70
COORDINATOR OF IMMUNOLOGY CLS	\$ 44.14	\$ 64.70
COORDINATOR OF LIS	\$ 30.16	\$ 45.03
COORDINATOR OF PHLEBOTOMY	\$ 24.39	\$ 36.64
CREDIT AND BILLING COORDINATOR	\$ 24.39	\$ 36.64
CRNA	\$ 88.36	\$ 120.17
DI CLERK	\$ 18.33	\$ 25.23
DIAGNOSTIC COORDINATOR	\$ 49.08	\$ 71.10
DIETARY ASSISTANT MANAGER	\$ 26.82	\$ 36.03
DIETARY CLERK	\$ 17.78	\$ 23.68
DIGITAL MARKETING SPECIALIST	\$ 26.82	\$ 36.03
DIRECTOR OF DIAGNOSTIC SERVICES	\$ 64.09	\$ 103.82
DIRECTOR OF FACILITIES	\$ 49.09	\$ 75.00
DIRECTOR OF ITS	\$ 57.97	\$ 90.33
DIRECTOR OF PURCHASING	\$ 47.71	\$ 72.88
DIRECTOR OF REHABILITATION	\$ 57.97	\$ 90.33
DIRECTOR OF REVENUE CYCLE	\$ 55.44	\$ 88.12
DON PERIOPERATIVE SERVICES	\$ 64.09	\$ 103.82
DON QUALITY AND INFECTION PREVENTION	\$ 64.09	\$ 103.82
ED CLINICAL STAFF EDUCATOR	\$ 43.94	\$ 60.59
ED DEPT TECH CLERK	\$ 17.28	\$ 23.02
ED RN	\$ 39.82	\$ 59.13
ED TECH DEPT CLERK CNA EMT	\$ 17.78	\$ 23.68
EMPLOYEE HEALTH INFECT PREV SPEC	\$ 40.89	\$ 61.61
ENTERPRISE APPLICATION ANALYST	\$ 31.49	\$ 45.86



NORTHERN INYO HEALTHCARE DISTRICT PAY SCALES

ENVIRONMENTAL SERVICES ATTENDANT	\$ 16.50	\$ 21.42
ENVIRONMENTAL SERVICES COORDINATOR	\$ 23.70	\$ 35.61
ES-LAUNDRY ASSISTANT MANAGER	\$ 26.82	\$ 36.03
EVS FLOOR TECHNICIAN	\$ 18.13	\$ 24.04
EVS JOSEPH HOUSE	\$ 16.50	\$ 21.42
FINANCIAL BUDGET ANALYST	\$ 31.49	\$ 45.86
FOOD SERVICE WORKER	\$ 16.50	\$ 21.42
FOUNDATION ED GRANT WRITER	\$ 46.70	\$ 64.63
HEALTHCARE INTERPRETER	\$ 21.50	\$ 29.59
HIM CODING COORDINATOR	\$ 36.63	\$ 44.03
HIM COORDINATOR	\$ 24.39	\$ 36.64
HISTOTECHNICIAN	\$ 35.58	\$ 41.53
HOUSE SUPERVISOR	\$ 48.61	\$ 71.43
HR ANALYST-LABOR RELATIONS SPECIALIST	\$ 31.49	\$ 45.86
HR CLERK	\$ 18.96	\$ 25.90
HR DIRECTOR	\$ 64.09	\$ 103.82
HR GENERALIST- BENEFIT SPECIALIST	\$ 31.49	\$ 45.86
HR MANAGER	\$ 51.14	\$ 75.09
HR RECRUITER	\$ 31.49	\$ 45.86
ICU LVN MONITOR TECH CERTIFIED	\$ 24.59	\$ 33.67
ICU REGISTERED NURSE	\$ 39.82	\$ 59.13
ICU RN-CSE	\$ 43.94	\$ 60.59
INFECTION PREVENTIONIST	\$ 40.89	\$ 61.61
INTERNAL MEDICINE COORDINATOR	\$ 24.39	\$ 36.64
INTERNAL MEDICINE LVN	\$ 24.59	\$ 33.67
INTERNAL MEDICINE REG CLERK	\$ 17.28	\$ 23.02
INTERNAL MEDICINE RN-CLINIC CSE	\$ 43.94	\$ 60.59
ITS COORDINATOR	\$ 40.89	\$ 61.61
ITS SYSTEM ADMINISTRATOR	\$ 38.22	\$ 52.78
JR. NETWORK SYSTEMS ANALYST	\$ 30.16	\$ 45.03
LAB ASST I	\$ 20.30	\$ 26.97
LAB ASST II	\$ 22.12	\$ 30.45
LAB ASST III	\$ 24.39	\$ 36.64
LAB ASST IV	\$ 29.44	\$ 39.45
LAB ASST POINT OF CARE INFORMATICS COORD	\$ 30.16	\$ 45.03
LANGUAGE ACCESS SERVICES MANAGER	\$ 34.98	\$ 53.15
LAUNDRY WORKER	\$ 16.50	\$ 21.42
LICENSED CLINICAL SOCIAL WORKER	\$ 41.70	\$ 58.26
MAINT ENGINEERING OFFICE ASST	\$ 19.21	\$ 26.05
MAINT WORKER SKILLED	\$ 20.04	\$ 28.71
MAINTENANCE COORDINATOR	\$ 24.39	\$ 36.64
MAINTENANCE MANAGER	\$ 35.99	\$ 54.69
MANAGER MED SURG ICU	\$ 57.43	\$ 89.51



NORTHERN INYO HEALTHCARE DISTRICT PAY SCALES

MANAGER OF CLINICAL ENGINEERING	\$ 51.14	\$ 75.09
MANAGER OF ED AND DISASTER PLANNING	\$ 57.43	\$ 89.51
MANAGER OF ENVIRONMENTAL SERVICES	\$ 35.99	\$ 54.69
MANAGER OF HIM	\$ 44.14	\$ 64.70
MANAGER OF MARKETING COMM AND STRATEGY	\$ 35.99	\$ 54.69
MANAGER OF NUTRITIONAL SERVICES	\$ 40.74	\$ 60.87
MANAGER OF PROJECT MANAGEMENT	\$ 51.14	\$ 75.09
MEDICAL ASSISTANT	\$ 17.47	\$ 24.49
MEDICAL RECORDS CLERK	\$ 17.28	\$ 23.02
MEDICAL STAFF DIRECTOR	\$ 47.71	\$ 72.88
MEDICAL STAFF SUPPORT GENERALIST	\$ 24.91	\$ 37.00
MGR OF QUALITY INFORMATICS-SURVEY READI	\$ 57.43	\$ 89.51
NETWORK SYSTEMS ENGINEER	\$ 38.22	\$ 52.78
NIA NURSE PRACTITIONER	\$ 56.73	\$ 85.84
NIA RHC RESOURCE NURSE	\$ 43.94	\$ 60.59
OCCUPATIONAL THERAPIST	\$ 41.70	\$ 58.26
OCCUPATIONAL THERAPIST II	\$ 45.27	\$ 62.71
ONBOARDING SPECIALIST	\$ 31.49	\$ 45.86
OP PACU CSE	\$ 43.94	\$ 60.59
OP PACU MANAGER	\$ 57.43	\$ 89.51
ORTHO CLINIC CLERK	\$ 17.28	\$ 23.02
ORTHOPEDIC CLINIC BACK OFFICE TECHNICIAN	\$ 26.82	\$ 36.03
PACU CLERK	\$ 17.99	\$ 23.97
PACU RN	\$ 39.82	\$ 59.13
PAT ACCT REP ANALYST	\$ 19.36	\$ 26.87
PATIENT NAVIGATOR	\$ 32.39	\$ 46.94
PAYROLL SPECIALIST	\$ 32.41	\$ 47.19
PBX INPATIENT REGISTRAR	\$ 18.33	\$ 25.23
PED CLINIC CLERK	\$ 17.28	\$ 23.02
PEDIATRIC CLINIC MEDICAL ASSISTANT	\$ 17.47	\$ 24.49
PEDIATRIC CLINIC NURSE PRACTITIONER	\$ 56.73	\$ 85.84
PEDIATRIC CLINIC REGISTRATION CLERK	\$ 17.28	\$ 23.02
PEDIATRIC COORDINATOR	\$ 26.82	\$ 36.03
PERINATAL LVN CERTIFIED	\$ 24.59	\$ 33.67
PERINATAL RN	\$ 39.82	\$ 59.13
PERINATAL ASSISTANT MANAGER	\$ 55.13	\$ 83.42
PERINATAL CSE RN	\$ 39.82	\$ 59.13
PERINATAL NURSE MANAGER	\$ 57.43	\$ 89.51
PERIOP SERV SNR INVENTORY CNTRL ANALYST	\$ 26.82	\$ 36.03
PERIOPERATIVE CLERK CNA	\$ 18.51	\$ 24.66
PHARMACY DIRECTOR	\$ 73.70	\$ 109.78
PHARMACY-340B COORDINATOR-PHARM INFO	\$ 65.27	\$ 86.66
PHYSICAL THERAPIST	\$ 41.70	\$ 58.26



NORTHERN INYO HEALTHCARE DISTRICT PAY SCALES

PHYSICAL THERAPIST II	\$ 45.27	\$ 62.71
PHYSICAL THERAPIST III	\$ 48.88	\$ 65.68
PHYSICAL THERAPY ASSISTANT	\$ 28.61	\$ 38.33
PHYSICAL THERAPY ASSISTANT II	\$ 30.16	\$ 45.03
POCT COORDINATOR	\$ 44.14	\$ 64.70
PRIMARY CARE PRACTICE MANAGER	\$ 41.92	\$ 62.63
PRIMARY CLINIC ASSISTANT MANAGER	\$ 28.48	\$ 38.64
PROJECT MANAGEMENT SPECIALIST	\$ 39.73	\$ 59.87
PSYCHOTHERAPIST	\$ 41.70	\$ 58.26
PURCHASING BUYER	\$ 19.81	\$ 28.37
PURCHASING CLERK	\$ 17.28	\$ 23.02
QUAL ASSUR AND PERFOR IMPROVEMENT ANALY	\$ 27.68	\$ 37.55
RAD TECH I	\$ 36.00	\$ 49.46
RAD TECH II	\$ 41.16	\$ 57.02
RAD TECH III	\$ 45.27	\$ 62.71
RAD TECH IV	\$ 47.51	\$ 63.83
RAD TECH IV MRSO	\$ 47.51	\$ 63.83
RECOVERY SUPPORT NAVIGATOR	\$ 32.39	\$ 46.94
REHAB SCHEDULER	\$ 18.33	\$ 25.23
REHABILITATION AIDE	\$ 17.28	\$ 23.02
REHABILITATION OFFICE ASSISTANT MANAGER	\$ 27.60	\$ 37.07
RESPIRATORY CARE PRACTITIONER	\$ 35.11	\$ 47.74
REVENUE CYCLE ADMINISTRATIVE COORDINATOR	\$ 24.39	\$ 36.64
RHC ADMINISTRATIVE ASSISTANT	\$ 24.91	\$ 37.00
RHC AUTHORIZATION AND REFERRAL SPECIALIS	\$ 18.56	\$ 28.05
RHC DRIVER	\$ 23.70	\$ 35.61
RHC INS BILLER	\$ 17.35	\$ 25.37
RHC NIA CLINIC RN	\$ 39.82	\$ 59.13
RHC NURSE PRACTITIONER	\$ 56.73	\$ 85.84
RHC PA SAME DAY CARE	\$ 56.73	\$ 85.84
RHC PHYSICIAN ASSISTANT	\$ 56.73	\$ 85.84
RHC REGISTRATION CLERK	\$ 17.28	\$ 23.02
RHC RN	\$ 39.82	\$ 59.13
RHC WOMENS CLINIC CLERK	\$ 17.28	\$ 23.02
RHC WOMENS CLINIC RN	\$ 39.82	\$ 59.13
RHC WOMENS HEALTH LVN	\$ 24.59	\$ 33.67
RNFA	\$ 43.94	\$ 60.59
SCAN FILE CLERK	\$ 17.28	\$ 23.02
SECURITY OFFICER	\$ 45.33	\$ 45.33
SECURITY OFFICER II	\$ 32.07	\$ 32.07
SONOGRAPHER	\$ 41.16	\$ 57.02
SONOGRAPHER II	\$ 45.27	\$ 62.71
SONOGRAPHER III	\$ 47.51	\$ 63.83



NORTHERN INYO HEALTHCARE DISTRICT PAY SCALES

SPECIALTY CARE ASSISTANT MANAGER	\$ 27.60	\$ 37.07
SPECIALTY CARE PRACTICE MANAGER	\$ 35.99	\$ 54.69
SPECIALTY CLINIC RN	\$ 39.82	\$ 59.13
SPEECH LANGUAGE PATHOLOGIST	\$ 41.70	\$ 58.26
SPEECH LANGUAGE PATHOLOGIST II	\$ 45.27	\$ 62.71
STAFF ACCOUNTANT	\$ 29.59	\$ 41.86
STAFF PHARMACIST	\$ 62.92	\$ 82.92
STERILE PROCESSING TECH	\$ 20.02	\$ 26.94
SUPPORT STAFF TALENT POOL	\$ 16.50	\$ 21.42
SURGERY CLINIC CLERK	\$ 17.28	\$ 23.02
SURGERY CLINIC LVN	\$ 24.59	\$ 33.67
SURGERY CLINICAL STAFF EDUCATOR	\$ 43.94	\$ 60.59
SURGERY MANAGER	\$ 57.43	\$ 89.51
SURGERY RN	\$ 39.82	\$ 59.13
SURGERY SUPPLY CHAIN MANAGER	\$ 34.98	\$ 53.15
SURGERY TECH I	\$ 27.60	\$ 37.07
SURGERY TECH II	\$ 31.03	\$ 45.42
SURGERY TECH III	\$ 35.11	\$ 47.74
SURGERY TECH IV	\$ 37.05	\$ 50.90
SYRINGE SERVICE PLANNER-TEMP GRANT FUND	\$ 19.72	\$ 26.21
TELEHEALTH SPECIALIST	\$ 16.98	\$ 23.80
TRANSPORTATION COORDINATOR	\$ 24.39	\$ 36.64

October 27, 2021

Vinay Behl, Chief Financial Officer
Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, CA 93514

Re: Placement Agent Engagement Letter
Refunding Revenue Bonds, Series 2021 (the "Securities")

Dear Mr. Behl:

This letter confirms the agreement (the "Agreement") between Piper Sandler & Co. ("Piper Sandler" or "we" or "us") and Northern Inyo Healthcare District (the "Issuer" or "you") as follows:

1. **Engagement.** The Issuer engages Piper Sandler to act as its exclusive representative to assist you on a best efforts basis in placing the proposed private transaction (the "Transaction") of the above-referenced Securities. You acknowledge and agree that Piper Sandler's engagement hereunder is not an agreement by Piper Sandler or any of its affiliates to underwrite, place or purchase the Securities or otherwise provide any financing to you. We may decline to participate in the Transaction if we reasonably determine that the Transaction has become impractical or undesirable. We accept this engagement upon the terms and conditions set forth in this agreement.

As currently contemplated, the Transaction will be a placement of the Securities with gross proceeds of approximately \$11,500,000. You may in your discretion postpone, modify, abandon or terminate the Transaction prior to closing. Sale and delivery of the Securities by the Issuer and purchase by the purchasers will occur on the day of closing ("Closing Date").

During the term of our engagement, we will as directed by you and as appropriate to the Transaction, provide the following services:

- (a) consult with you in planning and implementing the Transaction;
 - (b) assist you in reviewing any transaction materials (the "Transaction Materials") we mutually agree are beneficial or necessary to the consummation of the Transaction;
 - (c) assist you in preparing for due diligence conducted by potential investors;
 - (d) identify potential investors and use our reasonable commercial efforts to assist in arranging sales of the Securities to investors;
 - (e) consult with you in structuring the investment; and
 - (f) assist you in negotiating definitive documentation.
2. **Fees and Expenses.**
 - (a) For our services, you agree to pay us:

\$7.50/1000 of the gross proceeds received by you on all sales of the Securities payable by wire transfer of immediately available funds at closing. For avoidance of doubt, the fee shall not be payable in the event a closing of the Transaction does not occur.

3. ***Representations, Warranties and Agreements of the Issuer.***

You represent and warrant to, and agree with us, that:

- (a) the Securities will be sold by you in compliance with the requirements for exemptions from registration or qualification of, and otherwise in accordance with, all federal and state Securities laws and regulations;
- (b) all financial projections that have or will be made available to Piper Sandler by you or any of your representatives in connection with the Transaction (the "Projections") have been and will be prepared in good faith and will be based upon assumptions believed by you to be reasonable (it being understood that projections by their nature are inherently uncertain and no assurances are being given that the results reflected in the Projections will be achieved);
- (c) you will make available to us and each purchaser such documents and other information which we and each purchaser reasonably deem (the "Transaction Materials") appropriate and will provide access to your officers, directors, employees, accountants, counsel and other representatives and will provide each purchaser and us opportunities to ask questions and receive answers from these persons; it being understood that we and each purchaser will rely solely upon such information supplied by you and your representatives without assuming any responsibility for independent investigation or verification thereof;
- (d) you agree to be responsible for the accuracy and completeness of any Transaction Materials to the extent of federal securities laws applicable to the Transaction. You agree to notify us promptly of any material adverse changes, or development that may lead to any material adverse change, in your business, properties, operations, financial condition or prospects and concerning any statement contained in any Transaction Material, or in any other information provided to us, which is not accurate or which is incomplete or misleading in any material respect;
- (e) On the Closing Date, you will deliver or cause to be delivered to the Placement Agent:
 - (1.) The Opinion of Bond Counsel to the Issuer, dated the Closing Date relating to:
 - (i) the validity of the Securities;
 - (ii) exemption from registration and qualification under federal and state securities law; and
 - (iii) the tax-exempt status of the Securities, together with a reliance letter from such counsel, dated the Closing Date and addressed to us and in a form acceptable to us.

4. ***Other Matters Relating to Our Engagement.*** You acknowledge that you have retained us solely to provide the services to you as set forth in this agreement. As placement agent, Piper Sandler may provide advice concerning the structure, timing, terms, and other similar matters concerning the Transaction. You acknowledge and agree that: (i) the primary role of Piper Sandler as a placement agent, is to place securities to investors in an arms-length commercial transaction and that Piper Sandler has financial and other interests that differ from your interests (ii) Piper Sandler

is not acting as a municipal advisor, financial advisor or fiduciary to you or any other person or entity and has not assumed any advisory or fiduciary responsibility to you with respect to the transaction contemplated herein and the discussions, undertakings and proceedings leading thereto (irrespective of whether Piper Sandler has provided other services or is currently providing other services to you on other matters) (iii) the only obligations Piper Sandler has to you with respect to the transaction contemplated hereby expressly are set forth in this agreement and (iv) you have consulted your own legal, accounting, tax, financial and other advisors, as applicable, to the extent deemed appropriate in connection with the transaction contemplated herein.

5. **Disclosure.** Attached to this letter are regulatory disclosures required by the Securities and Exchange Commission and the Municipal Securities Rulemaking Board to be made by us at this time because of this engagement. We may be required to send you additional disclosures regarding the material financial characteristics and risks of such transaction or describing those conflicts. At that time, we also will seek your acknowledgement of receipt of any such additional disclosures. It is our understanding that you have the authority to bind the Issuer by contract with us, and that you are not a party to any conflict of interest relating to the Securities. If our understanding is incorrect, please notify the undersigned immediately.
6. **Termination.** You or we may terminate our engagement under this agreement, with or without cause, upon ten days' written notice to the other party *provided, however*, no such notice may be given by you prior to 180 days from the date of this agreement. The fee, expense reimbursement, your representations, warranties and agreements and miscellaneous provisions of this agreement will survive any termination of our engagement under this agreement.
7. **Section Headings.** Section headings contained herein are for convenience of reference only and are not part of this agreement.
8. **Amendment.** This agreement may be amended only by a written instrument executed by each of the Parties. The terms of this agreement may be waived only by a written instrument executed by the party waiving compliance.
9. **Entire Agreement.** This agreement embodies the entire agreement and understanding between you and us and supersedes all prior agreements and understandings relating to the subject matter of this agreement.
10. **No Assignment.** This agreement has been made by the Issuer and Piper Sandler, and no other person shall acquire or have any right under or by virtue of this agreement.
11. **Governing Law.** This agreement, and all claims or causes of action (whether in contract or tort) that may be based upon, arise out of or relate to this agreement or the negotiation, execution or performance of this agreement, will be governed by and construed in accordance with the laws of New York. You and we hereby waive all right to trial by jury in any action, proceeding, or counterclaim (whether based upon contract, tort or otherwise) in connection with any dispute arising out of this agreement or any matters contemplated by this agreement.
12. **Consent to Jurisdiction; Service of Process.** The parties each hereby (a) submits to the jurisdiction of any state or federal court sitting in the County of New York, State of New York for the resolution of any claim or dispute with respect to or arising out of or relating to this agreement or the relationship between the parties (b) agrees that all claims with respect to such actions or proceedings may be heard and determined in such court, (c) waives the defense of an inconvenient forum, (d) agrees not to commence any action or proceeding relating to this agreement other than in a state or federal court sitting in the County of New York, State of New York and (e) agrees that a final judgment in any such action or proceeding shall be conclusive and may be enforced in other jurisdictions by suit on the judgment or in any other manner provided by law. Each party hereto irrevocably consents to service of process in the manner provided for

notices in Section 16. Nothing in this agreement will affect the right of any party to this agreement to serve process in any other manner permitted by law.

- 13. **Effectiveness.** This agreement shall become effective upon its execution by duly authorized officials of all parties hereto and shall be valid and enforceable from and after the time of such execution.
- 14. **Severability.** In the event any provision of this agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof. You and us will endeavor in good faith negotiations to replace the invalid or unenforceable provisions with valid provisions the economic effect of which comes as close as possible to that of the invalid or unenforceable provisions.
- 15. **Counterparts.** This agreement may be executed in several counterparts (including counterparts exchanged by email in PDF format), each of which shall be an original and all of which shall constitute but one and the same instrument.
- 16. **Notices.** Any notice required or permitted to be given under this agreement shall be given in writing and shall be effective from the date sent by registered or certified mail, by hand, facsimile or overnight courier to the addresses set forth on the first page of this agreement with a copy sent to the General Counsel of such Party.
- 17. THE PARTIES HEREBY IRREVOCABLY WAIVE ALL RIGHT TO A TRIAL BY JURY IN ANY ACTION, PROCEEDING OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT.

Please confirm that the foregoing correctly and completely sets forth our understanding by signing and returning to us the enclosed duplicate of this engagement agreement.

Sincerely,



Todd Van Deventer, Managing Director
Piper Sandler & Co.

Acknowledgement and Approval of Engagement
and Receipt of Appendix A Disclosures

Vinay Behl, Chief Financial Officer
Northern Inyo Healthcare District

Date: _____

Appendix A – G-17 Disclosure

We are providing you with certain disclosures relating to the Bonds as required by the Municipal Securities Rulemaking Board (MSRB) Rule G-17 in accordance with MSRB Notice 2012-25 (May 7, 2012)¹. Under new federal regulations, all underwriters and placement agents are now required to send the following disclosures to you (as the Issuer of the Bonds) in order to clarify the role of a placement agent and other matters relating to a private placement of the Bonds.

Piper Sandler intends to serve as a placement agent respecting the Bonds and not as a financial advisor or municipal advisor to you. As part of our services as a placement agent, Piper Sandler may provide advice concerning the structure, timing, terms, and other similar matters concerning an issue of municipal securities that Piper Sandler is placing.

Our Role as Placement Agent:

In serving as placement agent for the Bonds, these are some important disclosures that clarify our role and responsibilities:

- (i) MSRB Rule G-17 requires us to deal fairly at all times with both municipal issuers and investors;
- (ii) Our primary role in this transaction is to facilitate the sale and purchase of municipal securities between you and one or more investors for which we will receive compensation;
- (iii) Unlike a municipal advisor, we do not have a fiduciary duty to you under the federal securities laws and are, therefore, not required by federal law to act in your best interests without regard to our own financial or other interests;
- (iv) We have a duty to arrange the purchase securities from you at a fair and reasonable price, but must balance that duty with our duty to arrange the sale to investors at prices that are fair and reasonable; and
- (v) In the event an official statement is prepared, we will review the official statement for your securities in accordance with, and as part of, our responsibilities to investors under the federal securities laws, as applied to the facts and circumstances of the transaction.

Our Compensation:

As placement agent, compensation will be by a fee that was negotiated and entered into in connection with the issuance of the Bonds. Payment or receipt of the underwriting fee, discount or placement agent fee will be contingent on the closing of the transaction and the amount of the fee or discount may be based, in whole or in part, on a percentage of the principal amount of the Bonds. While this form of compensation is customary in the municipal securities market, it presents a conflict of interest since the underwriter or placement agent may have an incentive to recommend to the Issuer a transaction that is unnecessary or to recommend that the size of the transaction be larger than is necessary.

Risk Disclosures:

In accordance with the requirements of MSRB Rule G-17, attached as Appendix B is a description of the material aspects of a typical fixed rate offering, including the Bonds. This letter may be later supplemented if the material terms of the Bonds change from what is described here.

If you have any questions or concerns about these disclosures, please make those questions or concerns known immediately to me. In addition, you should consult with your own financial, legal, accounting, tax and other advisors, as applicable, to the extent you deem appropriate.

¹ Interpretive Notice Concerning the Application of MSRB Rule G-17 to Underwriters of Municipal Securities (effective August 2, 2012).

Appendix B – Risk Disclosures

The following is a general description of the financial characteristics and security structures of fixed rate municipal bonds (“Fixed Rate Bonds”), as well as a general description of certain financial risks that you should consider before deciding whether to issue Fixed Rate Bonds.

Financial Characteristics

Maturity and Interest. Fixed Rate Bonds are interest-bearing debt securities issued by state and local governments, political subdivisions and agencies and authorities. Maturity dates for Fixed Rate Bonds are fixed at the time of issuance and may include serial maturities (specified principal amounts are payable on the same date in each year until final maturity), one or more term maturities (specified principal amounts are payable on each term maturity date), a combination of serial and term maturities, or bullet maturities, in which all the Bonds mature on a single maturity date. The final maturity date typically will range between 10 and 30 years from the date of issuance. Interest on the Fixed Rate Bonds typically is paid semiannually at a stated fixed rate or rates for each maturity date.

Redemption. Fixed Rate Bonds may be subject to optional redemption, which allows you, at your option, to redeem some or all of the bonds on a date prior to scheduled maturity, such as in connection with the issuance of refunding bonds to take advantage of lower interest rates. Fixed Rate Bonds will be subject to optional redemption only after the passage of a specified period of time, often approximately ten years from the date of issuance, and upon payment of the redemption price set forth in the bonds, which may include a redemption premium. You will be required to send out a notice of optional redemption to the holders of the bonds, usually not less than 30 days prior to the redemption date. Fixed Rate Bonds with term maturity dates also may be subject to mandatory sinking fund redemption, which requires you to redeem specified principal amounts of the bonds annually in advance of the term maturity date. The mandatory sinking fund redemption price is 100% of the principal amount of the bonds to be redeemed.

The Bonds may be structured with the potential for accelerated payments or a change in terms, including a change in amortization or interest rates. These could be triggered by a put to the bank prior to the final maturity at the end of the bank’s stated holding period. An acceleration of the payment of principal or a change in the terms of the Bonds could also be triggered by an event of default, such as defaults on parity debt, ratings changes, or similar events. Acceleration provisions or changes may create financial stress for you and are not subject to your ability to incur additional debt or access the public markets.

Other Financial Characteristics Specific to Direct Purchases of Bonds. Purchasers of bonds in a direct purchase, private placement context sometimes ask for certain financial terms not typically included in publically offered bonds. For example, after a stated period of time (typically ten years or less), the purchaser may require that the interest rate on the Bonds be reset at a higher rate or require that the entire notional amount of the Bonds become due, which may require the refinancing of the Bonds in unfavorable market conditions. See section entitled “*Refinancing Risk*” below. Financial terms could include other provisions that raise your interest rate during the term of the bonds. For example, a margin rate clause (also known as “gross up” or “increased cost”) triggers an automatic interest rate increase should federal corporate tax rates be reduced, allowing the purchaser to offset the decreased value of the bonds. Other potential interest rate increases could include a higher rate triggered by an event of default (a “default rate”), an increase in the interest rate if there is a determination that interest on the bonds is includable in gross income for federal income tax purposes or a higher interest rate if the instrument fails to be bank-qualified. For any of these scenarios, the resulting interest rate may or not be capped by a maximum interest rate. If a rate cap applies, purchasers may ask that any interest that would have accrued but for a rate cap be deferred and paid out in later years. Another example of terms that may apply in a

private placement include acceleration clauses, which may permit the bank purchaser to request immediate payment of outstanding principal in an event of default or otherwise force a restructuring of the bonds to a more accelerated amortization schedule. Lenders may also seek provisions requiring that any interest that would have accrued but for legal maximum rate restrictions to be deferred and paid if and when the applicable rate goes below such maximum rate (commonly known as a “clawback” or “recapture provision”).

These features could impact your liquidity, debt service coverage ratios or force you to divert funds to pay debt service on the Bonds that were intended for other purposes. Unexpected increases in interest rates could also impact your outstanding credit rating.

Security

Payment of principal of and interest on a municipal security, including Fixed Rate Bonds, may be backed by various types of pledges and forms of security, some of which are described below.

General Obligation Bonds

“General obligation bonds” are debt securities to which your full faith and credit is pledged to pay principal and interest. If you have taxing power, generally you will pledge to use your ad valorem (property) taxing power to pay principal and interest. Ad valorem taxes necessary to pay debt service on general obligation bonds may not be subject to state constitutional property tax millage limits (an unlimited tax general obligation bond). The term “limited” tax is used when such limits exist.

General obligation bonds constitute a debt and, depending on applicable state law, may require that you obtain approval by voters prior to issuance. In the event of default in required payments of interest or principal, the holders of general obligation bonds have certain rights under state law to compel you to impose a tax levy.

Revenue Bonds

“Revenue bonds” are debt securities that are payable only from a specific source or sources of revenues. Revenue bonds are not a pledge of your full faith and credit and you are obligated to pay principal and interest on your revenue bonds only from the revenue source(s) specifically pledged to the bonds. Revenue bonds do not permit the bondholders to compel you to impose a tax levy for payment of debt service. Pledged revenues may be derived from operation of the financed project or system, grants or excise or other specified taxes. Generally, subject to state law or local charter requirements, you are not required to obtain voter approval prior to issuance of revenue bonds. If the specified source(s) of revenue become inadequate, a default in payment of principal or interest may occur. Various types of pledges of revenue may be used to secure interest and principal payments on revenue bonds. The nature of these pledges may differ widely based on state law, the type of issuer, the type of revenue stream and other factors.

General Fund Obligations

“General Fund Obligations” are debt securities that are payable from an issuer’s general fund and are not secured by a specific tax levy like a general obligation bond or a specific revenue pledge like a revenue bond. General fund obligations come in many varieties and may be a continuing obligation of the general fund or may be subject to annual appropriation. Often general fund obligations are issued in the form of certificates of participation in a lease obligation of the issuer.

Financial Risk Considerations

Certain risks may arise in connection with your issuance of Fixed Rate Bonds, including some or all of the following:

Risk of Default and Fiscal Stress

You may be in default if the funds pledged to secure your bonds are not sufficient to pay debt service on the bonds when due. The consequences of a default may be serious for you and may

include the exercise of available remedies against you on behalf of the holders of the bonds. Depending on state law, if the bonds are secured by a general obligation pledge, you may be ordered by a court to raise taxes or other budgetary adjustments may be necessary to enable you to provide sufficient funds to pay debt service on the bonds. If the bonds are revenue bonds, subject to applicable state law and the terms of the authorizing documents, you may be required to take steps to increase the available revenues that are pledged as security for the bonds.

Bonds payable from the general fund, particularly bonds without a defined revenue stream identified to pay debt service, reduce your flexibility to balance the general fund. Because a fixed debt service payment is required to be paid regardless of how your general fund is impacted by revenue losses or by increased expenses, you have less flexibility in the options available to you in assuring a balanced budget for your general fund.

General Fund Obligations that are Project Based. Some general fund obligations are issued for projects which are expected to generate revenues that will pay for some or all of the debt service on the bonds. In the event the project does not generate the anticipated levels of revenues available for debt service, or, in the extreme case, does not create any revenue available for debt service, you may need to make payments from other available general fund revenues. This may force you to reduce other expenditures or to make difficult decisions about how to pay your debt service obligation while meeting other expenditure needs.

General Fund Obligations that are Subject to Annual Appropriation. Some general fund obligations require that debt service is subject to annual appropriation by your governing body. If your governing body decides not to appropriate payments for debt service, your credit ratings may be negatively impacted and you may be forced to pay a higher interest rate on future debt issuance or may be unable to access the market for future debt issuance.

For all bonds, a default may negatively impact your credit ratings and may effectively limit your ability to publicly offer bonds or other securities at market interest rate levels. Further, if you are unable to provide sufficient funds to remedy the default, subject to applicable state law and the terms of the authorizing documents, it may be necessary for you to consider available alternatives under state law, including (for some issuers) state-mandated receivership or bankruptcy. A default also may occur if you are unable to comply with covenants or other provisions agreed to in connection with the issuance of the bonds.

Redemption Risk

Your ability to redeem the bonds prior to maturity may be limited, depending on the terms of any optional redemption provisions. In the event that interest rates decline, you may be unable to take advantage of the lower interest rates to reduce debt service.

Refinancing Risk

If the financing plan contemplates refinancing some or all of the bonds at maturity (for example, if there are term maturities, bullet maturities or if a shorter final maturity is chosen than might otherwise be permitted under the applicable federal tax rules), market conditions, changes to the credit of the Bonds or changes in law may limit, make more expensive or prevent the refinancing of those bonds when required.

Reinvestment Risk

You may have proceeds of the bonds to invest prior to the time that you are able to spend those proceeds for the authorized purpose. Depending on market conditions, you may not be able to invest those proceeds at or near the rate of interest that you are paying on the bonds, which is referred to as “negative arbitrage”.

Tax Compliance Risk

The issuance of tax-exempt bonds is subject to a number of requirements under the United States

Internal Revenue Code, as enforced by the Internal Revenue Service (IRS). You must take certain steps and make certain representations prior to the issuance of tax-exempt bonds. You also must covenant to take certain additional actions after issuance of the tax-exempt bonds. A breach of your representations or your failure to comply with certain tax-related covenants may cause the interest on the bonds to become taxable retroactively to the date of issuance of the bonds, which may result in an increase in the interest rate that you pay on the bonds or the mandatory redemption of the bonds. The IRS also may audit you or your bonds, in some cases on a random basis and in other cases targeted to specific types of bond issues or tax concerns. If the bonds are declared taxable, or if you are subject to audit, the market price of your bonds may be adversely affected. Further, your ability to issue other tax-exempt bonds also may be limited.



**NORTHERN INYO HEALTHCARE DISTRICT
PLAN**

Title: Northern Inyo Healthcare District: COVID-19 Prevention Program (CPP)		
Owner: Director of Quality and Infection Prevention	Department: Nursing Administration	
Scope: District Wide		
Date Last Modified: 11/02/2021	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

This COVID-19 Prevention Program (CPP) is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace. It has been prepared in compliance with AB684 and the Cal/OSHA Emergency Temporary Regulation for COVID-19 Prevention Requirements (8CCR §3205. COVID-19 Prevention.
Program effective June 17, 2021

PURPOSE:

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

Table of Contents.

- Authority and Responsibility
- Identification and Evaluation of COVID-19 Hazards
- Control of COVID-19 Hazards
- Investigating and Responding to COVID-19 Cases
- System for Communicating
- Education and Instruction
- Exclusion of COVID-19 Cases
- Reporting, Recordkeeping, and Access
- Return-to-Work Criteria

Appendices:

- Appendix A: Identification of COVID-19 Workspace Hazards
- Appendix B: COVID-19 Inspections

- Appendix C: Investigating and Responding to COVID-19 Cases

Authority and Responsibility

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

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

Identification and Evaluation of COVID-19 Hazards

NIHD will implement the following in our workplace:

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

Employee Participation:

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

Employee Screening:

NIHD screens our employees by requiring the employee to be screened prior to entering the District. Screening stations are located at NIHD main front entrance, Emergency Department, Rehabilitation Department, Radiology Department and RHC/NIA Clinics. NIHD offers volunteer COVID-19 PCR testing weekly to all NIHD workforce. Results are faxed to Employee Health team.

Unvaccinated employees who exhibit COVID-19 symptoms will be offered testing at no cost.

Employee Housing and Transportation:

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

Control of COVID-19 Hazards:

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

Definition:

Close Contact: means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings.

Control of COVID-19 Hazards:**Physical Distancing**

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

- Conducting video conferencing meetings
- Reducing the number of people in an area at one time, including visitors
- Floor markings indicating six feet distancing
- Visitation signage guidelines
- Staggered break times
- Adjusted work processes or procedures
- Reviewed breakroom and meeting room occupancy

Face Coverings:

NIHD follows Inyo County Health Department, CDPH, and CDC guidelines. NIHD provides clean, undamaged face coverings and ensures that employees and non-employees properly wear them. Employees and non-employees observed to not be wearing a face covering appropriately will be asked to don one unless they have an exemption as described below. NIHD does not allow persons entering into the District to wear a bandana or gaiter style face covering.

Employees who are not fully vaccinated may request respirators for voluntary use at no cost. Employees are explicitly allowed to wear a face covering without fear of retaliation from employer.

The following are exceptions to the use of face coverings in NIHD workplace:

- When an employee is alone in an office
- While eating and drinking at the workplace, provided employees are at least six feet apart and the outdoor supply air to the area, if indoors, has been maximized to the extent possible
- Employees wearing respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders.
- Employees are not required to wear face coverings outdoors regardless of vaccination status except for employees in proximity to patient care areas outdoors.

Engineering Controls:

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

NIHD implemented the following measures:

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

Cleaning and Disinfecting:

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

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

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

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

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, and writing materials must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by employees.

Hand Sanitizing:

In order to implement effective hand sanitizing procedures, NIHD:

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

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

NIHD evaluates the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provides such PPE as needed.

When it comes to respiratory protection, NIHD evaluates the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.

NIHD provides and ensures use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

NIHD encourages all persons entering the District implement and follow Respiratory Etiquette. Respiratory Etiquette signage is posted throughout the District.

Investigating and Responding to COVID-19 Cases:

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

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

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

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

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

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

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

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

System for Communicating:

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

- Whom employee should report COVID-29 symptoms and possible hazards to.
 - Employee should notify their direct supervisor via phone if they are symptomatic or have a positive COVID-19 test. If the supervisor is not available, the employee is to contact the House Supervisor, Infection Prevention, Employee Health, or Human Resources.
 - Employees can report symptoms or positive test results to the NIHD COVID-19 Hotline.
- Employees can report symptoms and hazards without fear of reprisal.
- Employees that have medical or other conditions that put them at risk for severe COVID-19 illness can contact Human Resources.
- Where and how employees can access COVID-9 testing. NIHD offers free voluntary testing for all employees.
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the action plan and resources available for a COVID-19 positive test.
- Information about COVID-19 hazards (including other employers and individuals in contact in our workplace) employees may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures
- COVID-19 information is deployed to NIHD employees via:
 - Talking Points
 - Department daily huddles
 - Email
 - Incident Command Briefings
 - NIHD Website
 - Safety Huddle

Training and Instruction:

NIHD will provide training and instruction that includes:

- COVID-19 procedures to protect employees from COVID-19 hazards
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws
- Training and information relating to:
 - COVID-19 is an infectious disease that can be spread via airborne droplets
 - Policy and procedure titled Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth
 - Signs and symptoms related to COVID-19
 - Respiratory hygiene and cough etiquette
 - Infection Control Basics within Relias
 - Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings
 - The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective
 - Hand Hygiene
 - Proper use of face coverings. NIHD employees are required to wear surgical masks or higher.
 - Donning and doffing of Personal Protective Equipment (PPE)
 - Just in Time training Powered Air Purifying Respirator
 - Employees to stay home if ill
 - COVID-19 workflows and communication. This information is located on NIHD intranet for all employees. Link located below.
searchms:displayname=Search%20Results%20in%20Shared&crumb=location:H%3A%5CShare\Coronavirus_workflow or
file:///root/home/Shared/Coronavirus_workflow

Exclusion of COVID-19 Cases:

NIHD will provide effective training and instruction that includes:

- COVID-19 policies and procedures to protect employee from COVID-19 hazards
- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met
- Excluding employees with COVID-19 exposure from the workplace per federal, state and local guidelines
- Information and resources available relating to employee benefits and pay

Reporting, Recordkeeping, and Access:

It is NIHD’s policy to:

- Report information about COVID-19 cases at our workplace to the local public health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment. Link: <https://www.dir.ca.gov/title8/330.html>

- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Keep record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- Employee notification about possible or known exposure to COVID-19 at the workplace per AB 685. Link https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB685

Return-to-Work Criteria

NIHD employees who have a positive COVID-19 test or are symptomatic will not return to work until all the following criteria are met, and they have work release from a medical provider.

- At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
- COVID-19 symptoms have improved.
- At least 10 days have passed since COVID-19 symptoms first appeared or has a work release from their medical provider.
- COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test, and they have a return to work notice from the local county health department.
- A negative COVID-19 test will not be required for an employee to return to work.
- If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective
- Fully vaccinated employees do not need to test after close contact with a high risk exposure outside of work or be excluded from work, unless having symptoms.

Multiple COVID-19 Infections and Outbreaks

If NIHD is identified by Inyo County Public Health Department as the location of a COVID-19 outbreak, or there are three or more consecutive COVID-19 cases at NIHD within a 14-day period. Reference CDPH All Facilities Letter 20-75.

This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

- NIHD will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours.

- COVID-19 testing consists of the following:
 - All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
 - After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
 - We will provide additional testing when deemed necessary by Cal/OSHA.

Exclusion of COVID-19 cases

NIHD will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace in accordance with our **CPP Exclusion of COVID-19 Cases and Return to Work Criteria** requirements, and local health officer orders if applicable.

Investigation of workplace COVID-19 illness

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

COVID-19 investigation, review and hazard correction

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

The investigation and review will be documented and include:

- Investigation of new or existing COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.
 - Insufficient outdoor air.
 - Insufficient air filtration.
 - Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. NIHD will consider:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.
 - Improving air filtration.

- Increasing physical distancing as much as possible.
- Evaluate Respiratory protection practices
- Evaluate Infection Prevention & Control Practices

Notifications to the Local Health Department

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, Infection Prevention Department will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
 - NIHD will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. NIHD will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.
- Link to §3205.1. Multiple COVID-19 Infections and COVID-19 Outbreak.
https://www.dir.ca.gov/title8/3205_1.html

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

Revision Date: August 25, 2021 Approved at Incident Command

REFERENCES:

1. California Code of Regulations Title 8 Section 3205. COVID-19 (6-17-2021) Retrieved from <https://www.dir.ca.gov/title8/3205.html>
2. California Hospital Association. (11 January 2021). CAL/OSHA Updates COVID-19 Emergency Temporary Standards FAQs. Retrieved from <https://www.osha.gov/coronavirus/control-prevention>
3. California Hospital Record and Data Retention Schedule 9th Edition (October 2018). Retrieved from http://intranet/Forms/Compliance/recordretention2018_epub_enterprise.pdf
4. California Department of Industrial Relations. (2021). COVID-19 Prevention Emergency Temporary Standards-Facts Sheets, Model Written Program and Other Resources. Retrieved from <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>
5. Occupational Safety and Health Administration (OSHA). COVID-19 Control and Prevention. Site accessed August 2021. Retrieved from <https://www.osha.gov/coronavirus/control-prevention>

CROSS REFERENCED POLICIES AND PROCEDURES:

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

RECORD RETENTION AND DESTRUCTION:

Employee Subject to OSHA regulations must keep records duration of employment, plus 30 years.

Supersedes: N/A

Supersedes: Not Set

DRAFT



**NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL PROCEDURE**

Title: Board Member Resignation and Filling of Vacancies		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 11/10/2021	Last Review Date: No Review Date	Version: 1
Final Approval by: Executive Committee		Original Approval Date:

PURPOSE:

1. The purpose of this procedure is to set forth the procedure by which a member of the Board of Directors may resign and the procedure by which vacancies may be filled.

PLAN TO FILL A BOARD VACANCY BY APPOINTMENT:

1. On a semi-annual basis, District staff will secure from the County of Inyo/Recorder’s Office a list of registered voters in each of the Zones within the jurisdiction of the Northern Inyo Healthcare District.
2. On an ongoing and continuous basis, Board members will encourage interested registered voters to serve the Northern Inyo Healthcare District through service on the Board of Directors.

CIRCUMSTANCES CAUSING A VACANCY:

1. A vacancy on the Board of Directors may occur upon the occurrence of any of the events described in Government Code section 1770, including but not limited to, written resignation and the failure to discharge the duties of a Board member for a period of 3 consecutive months.
2. Board members wishing to resign must deliver written resignation to the Chief Executive Officer.

PROCEDURE FOR FILLING A VACANCY:

Pursuant to Article III, Section 4 of the Northern Inyo Healthcare District Bylaws, all vacancies on the Board of Directors shall be filled in compliance with the procedures outlined in Government Code section 1780 and this procedure. Vacancies may be filled by either appointment or election. Upon the occurrence of any vacancy on the Board of Directors, the District shall notify the Inyo County elections official within 15 days.

PROCEDURE FOR FILLING A VACANCY BY APPOINTMENT:

1. Upon the occurrence of a vacancy, or the District being notified of a Board vacancy, District staff shall immediately determine the date by which the vacancy must be filled.

2. If the Board decides to fill the vacancy by appointment, the Board shall appoint an ad hoc committee to make a recommendation regarding filling the vacancy. District staff will, in collaboration with the ad hoc committee members, establish target dates by which various parts of this process shall be completed so as to afford the ad hoc committee members and any potential applicant the fullest of opportunities to fill the vacant position with a qualified candidate.
3. After the Board has appointed an ad hoc committee, District staff shall coordinate availability of schedules between all appointed ad hoc committee members so that there is sufficient time to complete the interviews, make a recommendation to the full Board and to make the appointment, all of which must occur within 60 days.
4. District staff shall post the notice of the Board vacancy in at least 3 conspicuous places.
5. District staff shall receive applications from each candidate and will immediately review the application for completeness.
6. Upon receipt of a completed application, District staff shall determine if the candidate meets the required qualifications for the Board vacancy as follows:
 - a. Applicant must be a resident of the Zone of the Healthcare District in which the vacancy occurs;
 - b. Applicant must be a registered voter of the Zone of the Healthcare District in which the vacancy occurs;
 - c. Applicant must acknowledge that applicant will be subject to the Healthcare District's Conflict of Interest policy;
 - d. Applicant must acknowledge that applicant will be required to complete Form 700 "Statement of Economic Interests."
7. If the applicant meets the required qualifications for the Board vacancy as set forth above, District staff shall transmit an informational booklet to the applicant and shall transmit the application to each ad hoc committee Member for a determination on whether to interview the candidate.
8. Upon receipt of a notification from the ad hoc committee that a candidate is to be scheduled for the interview, District staff shall consult the schedules of the ad hoc committee members and the candidates to set a mutually convenient time for the interview. Notification of the dates set for the interviews shall be transmitted to both the ad hoc committee and the candidate.
9. At the option of the ad hoc committee, the attached guidelines for interviewing candidates and sample interview questions may be used. The ad hoc committee may also opt to set scoring criteria for the interviews.
10. Upon completion of all interviews, the ad hoc committee will bring a recommendation for the appointment to the full Board for consideration.

11. The Board shall make the appointment within 60 days of the vacancy or receipt of the notice of vacancy, whichever occurs later. Upon receipt of the Board's decision on the ad hoc committee's recommendation, District staff will be instructed to notify the unsuccessful candidate(s), if any, and the successful candidate of the Board's appointment.
12. At the Board's direction, District staff shall transmit the Board's appointment to the county elections official as per the Board's policy.
13. The length of the appointee's term shall be determined pursuant to Government Code section 1780(d)(1)-(2).

PROCEDURE FOR FILLING A VACANCY BY ELECTION:

1. Upon the occurrence of a vacancy, or the District being notified of a Board vacancy, District staff shall immediately determine the date by which the vacancy must be filled.
2. If the Board decides to fill the vacancy by election, the Board shall call an election to fill the vacancy within 60 days, to be held on the next established election day [Elec. Code § 1000 et seq.] that is at least 130 days from the date the Board calls the election.
3. The person elected to fill the vacancy shall hold office for the balance of the unexpired term.

REFERENCES:

1. Appointments to the NIHD Board of Directors Policy.
2. Gov. Code § 1780.
3. County of Inyo/Recorder Office.
4. Work Flow for Appointments to Fill Board Vacancy (With Approximate Time Frames).

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCES POLICIES AND PROCEDURES:

Supersedes: N/A

RESOLUTION NO. 21-10

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT MODIFYING DISTRICT PROCEDURE REGARDING RESIGNATION AND VACANCIES ON THE BOARD OF DIRECTORS.

WHEREAS, the Northern Inyo Healthcare District has adopted bylaws that govern the operation of the District and its officers; and

WHEREAS, the Board of Directors finds that the attached procedure governing the filling of vacancies on the Board of Directors is necessary to comply with the District's bylaws on this subject.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

SECTION 1. The attached procedure entitled "Board Member Resignation and Filling of Vacancies" is hereby adopted.

SECTION 2. The Clerk shall certify to the adoption of this Resolution.

PASSED, APPROVED AND ADOPTED this 17th day of November 2021.

Robert Sharp, Chair
Board of Directors

ATTEST:

Clerk

RESOLUTION NO. 21-11

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT MODIFYING DISTRICT BYLAWS REGARDING THE DUTIES OF BOARD CHAIR AND VICE-CHAIR.

WHEREAS, the Northern Inyo Healthcare District has adopted bylaws that govern the operation of the District and its officers; and

WHEREAS, the Board of Directors finds that modifications to the bylaws are necessary to clarify the duties and expectations of the Board Chair and Vice-Chair.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

SECTION 1. Subsection (3) of Subparagraph (a) (“Chair”) of Section 3 (“Duties”) of Article V (“Officers and their Duties”) is hereby amended to read as follows:

(3) Shall act as the main liaison between the Board and management for communications and oversight purposes. It is expected that the Chair will discuss District business with the Chief Executive Officer and Vice Chair on a regular basis;

SECTION 2. Subparagraph (b) (“Vice-Chair”) of Section 3 (“Duties”) of Article V (“Officers and their Duties”) is hereby amended to read as follows:

Vice President: The Vice-Chair shall, in the event of death, absence, or other inability of the Chair, exercise all the powers and perform all the duties herein given to the Chair. It is expected that the Vice-Chair will participate in regular discussions with the Chair and Chief Executive Officer regarding District business.

SECTION 3. The Clerk shall certify to the adoption of this Resolution.

PASSED, APPROVED AND ADOPTED this 17th day of November 2021.

Robert Sharp, Chair
Board of Directors

ATTEST:

Clerk

Compliance Report Update November 2021

1. **Comprehensive Compliance Program review** – no update since Compliance Report of 08/2021.
2. **Privacy Investigations**
 - a. The Compliance Department has investigated 36 alleged breaches between January 1, 2021 and October 25, 2021
 - i. Investigations closed with no reporting required – 28
 - ii. Investigations still active – 3
 - iii. Reported to CDPH/OCR – 5
 1. 3 with no determinations received from CDPH
 2. 2 were substantiated with no deficiencies
3. **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. Cerner semi-automated auditing software tracks all workforce interactions and provides a summary dashboard for the compliance team. The dashboard provides “flags” for unusual activity.
 - ii. Conor Vaughan, the Compliance Analyst, reviews all of the flags as we receive them. To date since Cerner go-live in May, he has investigated over 575 “flags.” Most are a variance in employee routine or require minor training. There have been 10-15 that resulted in education/coaching on District policy, but none have resulted in any disciplinary action to date.
 - b. Business Associates Agreements (BAA) audit
 - i. We currently have approximately 165 Business Associates Agreements.
 - c. Vendor Contract reviews
 - i. 61 contracts currently in the review process
 - ii. More than 210 agreements or contracts have been reviewed and executed since March 2021.

- 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 – Self-audit for DHCS underway
 - i. Vendor Diversity Audit – NIHD has around 1500 vendors.
- 4. CPRA (California Public Records Act) Requests**
- a. The Compliance office either has responded to seven (7) CPRA requests to date in 2021.
- 5. Compliance Workplan** - – no update since previous quarterly report
- 6. 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.
- 7. Compliance and Business Ethics Committee**
- a. Need to reassess team members and meeting dates

8. California Division of Occupational Safety and Health (CAL DOSH) Complaint

- a. No further communication from CAL DOSH at this time (09/04/2020).

9. 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.
- d. Tracy Aspel, Compliance Policy Project Analyst, has touched more than 1650 policies (at least once) and worked to provide education to 7 members of the NIHD to be Policy Tech “superusers.”
- e. She has worked with Directors and Leaders at the District to ensure they understand the program, how it works, and District processes. She has helped build a leadership team at the District that understands the importance of policies and standardized process. She has also provided many classes and sessions with District leadership to ensure they are trained and comfortable with the system of policy management.
- f. She and the team have built templates in the program that will help the District sustain the progress that we have made.



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

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

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: November 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. Policies/Procedures (*action items*)
 - 1. *Infection Prevention Plan*
 - 2. *Nursing Qualifications for the RN Trained to Insert Peripherally Inserted Central-Catheters and Midlines*
 - 3. *Diagnostic Imaging - Premedication for Radiographic Contrast Sensitivity*

- B. Annual Review of Critical Indicators (*action item*)
 - 1. Radiology Critical Indicators

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



NORTHERN INYO HEALTHCARE DISTRICT

PLAN

Title: Infection Prevention Plan*		
Owner: Director of Quality and Infection Prevention	Department: Nursing Administration	
Scope: District Wide		
Date Last Modified: 08/16/2021	Last Review Date: No Review Date	Version: 8
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/13/1999	

PURPOSE:

1. The goal of Northern Inyo Healthcare District (NIHD) is to establish a comprehensive Infection Prevention and Control Program. The program is to ensure that the organization has a functioning coordinated process in place to minimize the risks of endemic and epidemic Healthcare Associated Infections (HAI's) in patients, visitors, and healthcare workers and to optimize use of resources through a strong preventive program while utilizing evidenced base practices and principles. The continuously developing Infection Control Program is part of NIHD ongoing commitment to provide high quality healthcare. Through the Infection Control Program, NIHD systematically involves each team member in the process of maintaining a safe environment for our patients, visitors, team members, and other healthcare providers.
2. The Infection Control (IC) Program incorporates the following on an ongoing basis:
 - Surveillance, prevention and control of infection throughout the organization.
 - Develop alternative techniques to address the real and potential exposure.
 - Select and implement the best techniques to minimize adverse outcomes.
 - Evaluate and monitor the results and revise techniques as needed.
 - Administrative support to ensure adherence to the program standards.
 - Northern Inyo Healthcare District NIHD ensures that all team members are effectively trained and educated on infection control issues and procedures through orientation and an ongoing continuing education program.
3. The infection control process and its supporting mechanisms are based on current scientific knowledge, acceptable practice guidelines, applicable laws and regulations, sound epidemiologic principles and research on HAI's It takes into consideration the following factors: the facility's geographic location, patient volume, patient population served, the hospital's clinical focus and number of team members.

POLICY:

The Infection Prevention and Control Program at NIHD, which allows for a systematic coordinated and continuous approach, is guided and implemented by:

1. Adherence to the established IC Program standards is continuously monitored through surveillance. Problems identified through surveillance are analyzed, evaluated, and monitored for resolution. Surveillance is used to identify opportunities to improve care while playing an integral role in continuous quality improvement effort.
2. OSHA regulations and pertinent federal, state, and local regulation pertaining to infection prevention which are implemented and followed.

3. Education upon hire and again annually with particular emphasis on proper use of personal protective equipment (PPE) for healthcare workers at risk of accidental exposure to blood borne pathogens. In addition, emphasis is placed on educating staff regarding airborne diseases and its mode of transmission.
4. Surveillance will include HAI's among patient and personnel when possible. Targeted studies will be conducted on infection that are high risk, high volume. In addition, selected HAI's and microbiology reports will be monitored.
5. Monitoring and evaluation of key performance aspects of infection control surveillance and management which are:
 - Device related infections.
 - Multi-Drug Resistant Organisms.
 - TB: Suspected, confirmed, or conversion in patients and staff
 - Occupational Exposure to Bloodborne Pathogens
 - Other Communicable diseases
 - Employee Health trends
 - Surgical Site Infections
 - Construction and renovation activities
6. Continuous collection and/or screening of data to identify potential infectious outbreaks.
7. Participating in an organizational proactive education program in an effort to reduce and control the spread of infection.
8. Facilitating a multidisciplinary approach to the prevention and control of infections.
9. Utilizing epidemiologic principles and nosocomial infection research from recognized authoritative agencies.
10. Collaborating with NIHD organization policies and procedures affecting the prevention and control of infections.
11. Interacting with and reporting governmental agencies
12. The Infection Control Program is connected with the Inyo County Health Department to ensure appropriate follow-up of infection is implemented within the communities and rural areas served by Northern Inyo Healthcare District.
13. The Infection Prevention Plan and goals will be reviewed annually; evaluation of pillars will be completed quarterly. The review and evaluation will be presented at the Nurse Executive Committee and the Infection Prevention Committee.

DEFINITIONS:

1. Hospital- Acquired Infections (HAI's): Infection people get while they're receiving healthcare for another condition. HAI's can happen in any healthcare facility.
2. Outbreak- An increase in the occurrence of cases of infection or disease over what is expected in a defined setting or group in a specified time; synonym of epidemic but used more often when limiting the geographic area.

PROCEDURE:

1. When evaluation identifies an area of concern, a specific problem, or an opportunity for improvement, a corrective action plan will be formulated. The corrective action plan is collaborative in nature.
2. When problems or opportunities for improvement are identified; actions taken/recommended will be documented in the appropriate committee meeting minutes.
3. If immediate action is necessary, the Infection Preventionist, Infection Control. Committee, or designee has the authority to institute any surveillance, prevention and control measures if there is reason to

believe that any patient or personnel is at risk. The actions will be reported to the appropriate committee, and leadership.

4. The Infection Control Committee/Infection Preventionist has the responsibility for infection prevention and control activities throughout the organization. This committee is presided by a physician having knowledge of infection control and prevention practices and performance improvement methodologies. The physician guides the committee and decisions for improvement of care through the prevention and control of infections.
5. The responsibility and direct accountability for the surveillance, data gathering, aggregation and analysis is assigned to the Infection Prevention team.
6. Hospital personnel and medical staff members share accountability in reporting of isolation cases suspected or confirmed HAI's. There is collaboration among departments as well as the Infection Control Nurse to identify any HAI trends or pattern that may occur, or opportunities to improve outcome in the reduction and control of infections.
7. The Infection Prevention team will:
 - Review all positive cultures to determine if HAI's or reportable disease.
 - Review and do an evaluation of confirmed infectious cases to assure correct implementation of PPE as appropriate. Periodic observation of clinical department at assure maintenance or standard precautions on all patients.
 - Complete Infection Prevention and Control inspections.
 - Collaboratively review of hazardous waste management and disposal with the maintenance department.
 - Provide a Chairperson for the sharps committee.
 - Participate in product evaluation.
 - Report to governmental and local agencies.
 - Will complete annual Infection Control Risk Assessments and update as needed
 - Will complete Infection Control Risk Assessment (ICRA) related to construction or renovation.
8. Identify and track key performance measure related to process and outcome in an effort to continuously improve the management of HAI's throughout the organization.
9. Work collaborative with District Education to provide education related to infection prevention and control practices to ensure a safe environment for patients and healthcare personnel.
10. The Infection Preventionist work closely with the Quality Council to identify potential quality problems throughout the organization.
11. Work closely with Safety team of possible infectious issues that are potentially hazardous to patients and staff.
12. Monitoring the results of the Infection Prevention (IP) Program allows the hospital to determine if the techniques already in effect are working well, or if changed conditions require new or revised techniques. The process of monitoring provides control and coordination of the IP program and also causes the infection control process to renew itself through new information. Monitoring is achieved through:
 - Committee interaction
 - Daily job functions of the Infection Prevention team
 - Comparisons of current statistical information and historical data and bench marking
 - Policy and procedure reviews; future surveys and inspections, internal and external.
 - Action plans

METHODOLGY:

1. Case findings and identification of demographically important HAI's provide surveillance data. Nosocomial infection data, using, as appropriate, rates stratified by infection risk or focused infection studies, are collected on an ongoing basis.
2. In addition to the use of planned surveillance methods, special studies may be conducted that include:
 - The investigation of clusters of infections above expected levels.
 - The investigation of single cases of unusual or epidemiologically significant HAI's
 - A focus on procedures with significant potential for HAI's, particularly when the procedure is new or substantially changed.
 - The comparison of a group of infected patients with an uninfected control group to detect statistically significant risk factors for which control measures can be developed.
3. The Infection Control Manager or designee will conduct outbreak investigations whenever appropriate by following any or all of the below steps if indicated:
 - Verify the diagnosis and confirm possible outbreak
 - Implement immediate control measures if needed
 - Define the outbreak; refine as the outbreak investigation progresses
 - Conduct case findings by making a line listing that may contain:
 - i. Name and Medical Record Number
 - ii. Age, sex, diagnosis
 - iii. Unit or location
 - iv. Date of Admission
 - v. Date of Symptom Onset
 - vi. Procedures
 - vii. Symptoms
 - viii. Positive Cultures and pertinent labs
 - Form Outbreak Control Team, if preliminary assessment suggests actual outbreak. The team may include all or some of the following:
 - i. Infection Preventionist
 - ii. Infection Control Medical Staff Chairperson
 - iii. Microbiologist
 - iv. Lab Manager
 - v. Administrator on call
 - vi. Inyo County Health Officer
 - vii. Strategic Communications Specialist
 - viii. Administrative Assistant
 - Hospital Incident Command Center will be followed as necessary.
 - Evaluate control case (ex: any new cases)
 - Communicate findings with leadership.
 - Keep record of all data and communication.
 - Contact CDC or other agencies for advice or assistance if deemed appropriate or necessary.
4. Interventions to reduce infections risks other than those directly related to prevention of transmission may include the following strategies:
 - The Surveillance function itself.
 - Review positive microbiology/Lab results
 - Institution of prevention and control measure as indicated (e.g. isolation, improved hand hygiene, active surveillance of cultures, and environmental cleaning)
 - Perform Surveillance for healthcare –associated infection by:

- i. Follow CDC National Healthcare Safety Network (NHSN) definitions
 - ii. Prospective surveillance: Monitor patients during hospitalization and post discharge
 - iii. Retrospective surveillance: Identify infections via chart reviews
 - Monitored incidence of healthcare-associated, device-related or procedure-related infections:
 - i. Central catheter-associated bloodstream infections
 - ii. Ventilator -associated events
 - iii. Surgical site infections
 - iv. Catheter-associated urinary tract infections
 - v. MDRO infections
 - Conduct Periodic tracer activity
 - Ensure compliance with The Joint Commission Critical Access Hospital requirements and the California Department of Public Health regulations.
5. The assessment of reasons for infection rates not being reduced by surveillance alone and interventions undertaken to address problems in the following areas:
- Knowledge – innovative educational approaches beyond the routine or standard in services.
 - Behavior – activities by managers to change behavior.
 - Systems – such as staffing, sink number and placement, control of over-crowding, lack of proper equipment and supplies.

POLICIES AND PROCEDURES:

1. Policies and procedures are based on recognized guidelines and applicable law and regulations. Policies and procedures address prevention and control mechanisms used in all patient care and service areas to prevent the transmission of infection among patients, team members, medical staff, contractors, volunteers and visitors; and also, address specific environmental issues.
2. Policies and procedures address the following:
 - Measures that is scientifically valid, applicable in all seeing, and practical to implement.
 - The relationship between team member activities and the infection prevention and control program.
 - Various methods used to reduce the risk of transmission of infection between or among team members and patients.
 - Appropriate patient care practices, sterilization, disinfection and antisepsis, and pertinent environmental controls.
 - Educational and consultative roles of the Infection Preventionist.
3. Infection control policies and procedures will be reviewed/revised annually or every three years as needed by the Infection Preventionist Manager with approval of the Clinical Consistency Oversight Committee (CCOC) and Infection Control Committee and prior to submission to the Medical Executive Committee.

LEADERSHIP AND RESPONSIBILITY:

1. Board of Directors has the final authority and oversight of the Infection Control Program. The Board monitors and supports organizational efforts to continuously improve the quality of patient care services and customer satisfaction. The Board ensures the necessary resources and education for the hospital to achieve these goals. The Board delegates the responsibility of maintenance of the Infection Control Program to the Medical Executive Committee and Chief Executive Officer.
2. Medical Executive Committee is responsible for overseeing the Infection Control Program and delegates the development and monitoring of infection surveillance, prevention and control processes to the Infection Control Committee. The Medical Executive Committee receives information related to actions

taken to resolve issues of infection control and, if necessary, acts upon any issues related to infection control. The Medical Executive Committee grants the Infection Preventionist Manager authority, under the direction of the Infection Control Committee Chair or his/her designee, to institute surveillance, prevention and control measures of studies, when there is reason to believe that any patient or team member may be in danger. In the absence of the Infection Preventionist Manager, nursing staff trained in Infection Prevention practices assumes the Infection Control responsibilities and are able to take appropriate actions as outlined in Infection Control Policies.

3. Chief Executive Officer serves as a liaison between the Board of Directors and the Medical Executive Committee. He/she ensures that all hospital departments, programs, and disciplines participate in and provide support for the Infection Control Program.
4. NIHD administration is responsible for supporting the Infection Preventionist and the Infection Control Committee, by supporting efforts to prevent and control the spread of infection.
5. Infection Control Medical Staff Chairperson acts as a resource for the Infection Control Manager. This person will have training and/or experience in infection control as stated in *Senate Bill 158* (Attachment 1) and will review the Infection Control Program, including rates, make recommendations as needed and have input into policies and procedures.
6. Infection Preventionist assumes the responsibility of managing and carrying out the infection surveillance, prevention and control functions within NIHD. This person has training in infection surveillance, prevention and control as well as knowledge and job experience in the areas of epidemiological principles and infectious disease, sterilization, sanitation and disinfection practices. This individual also is knowledgeable in adult education principles and patient care practice. This person maintains records and logs of incidents related to infections and communicable disease. The Infection Preventionist Manager and/or designee reviews culture and sensitivity testing, reviews antibiotic usage reports, reports suspected infections, conducts department specific periodic rounding, infection control annual risk assessment and implements isolation procedures in accordance with hospital policy, maintain policies and procedures that are specific to patient care activities and are based on recognized guidelines and applicable laws and regulations. The Infection Preventionist Manager has input into staff education to ensure all team members are competent to participate in infection monitoring, prevention and control activities. The Infection Preventionist Manager refers cases for physician review and communicates pertinent clinical infection control information to the Infection Control Committee.
7. Clinical staff is responsible for being familiar with infection prevention and control policies and procedures.
8. Quality Council is responsible for review and assistance in performance activities related to infection prevention and control.

REPORTING AND COMMUNICATION:

1. Information about infections is reported both internally and to public health agencies, providing clinical practitioners with valid epidemiological measures of the risk of infection in their patients. This will allow them to take action to reduce those risks and decrease infection rates.
9. When the hospital becomes aware that it received a patient from another organization who has an infection requiring action and the infection was not communicated by the referring organization, the Infection Preventionist Manager will inform the referring organization. Upon discharge, the case manager and/or nurse caring for the patient will inform the accepting facility of any infections the patient may have, site treatment and any special precautions. If the patient is transferred to another facility and there are pending laboratory results the transfer form will be completed indicating "Pending Lab Culture and the ordering physician will be notified via telephone and fax with laboratory results. If

the ordering physician is no longer caring for the patient, the ordering physician will inform the laboratory technician of the physician or facility caring for the patient.

10. Donor/Tissue postoperative infections/complications identified through surveillance activities that are suspected of being directly related to the use of the tissue will be investigated promptly. Notification of the post-transplant infection or adverse event will be reported to the tissue supplier by the Infection Preventionist Managers as soon as the hospital becomes aware of the event.
11. Infection Control committee meetings will be conducted not less than quarterly and more often as needed. Minutes will be recorded by the Medical Staff Office.
12. Findings, quality assessment activities, performance improvement recommendations, actions and follow-up evaluations will be forwarded to Infection Control Committee members, other medical staff committees as appropriate, Medical Executive Committee and the Board of Directors.
13. Review of infections-and surveillance data within the hospital will be completed quarterly through Infection Prevention Pillars, annual goals, Infection Committee, National Health Safety Network (NHSN) Database.

INFECTION CONTROL AND PREVENTION RESOURCES:

There are multiple resources for information about infection prevention and control. Although not an exhaustive list, several professional associations and governmental websites are listed below. In addition, local and health state departments offer a wealth of information.

- Center for Disease Control and Prevention
www.cdc.gov
- HICPAC Healthcare Infection Control Practices Advisory Committee

https://www.cdc.gov/faca/committees/hicpac.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmaso%2Ffacm%2FfacmHICPAC.html
- U.S. Department of Labor – Occupational Safety & Health Administration
www.osha.gov
- U.S. Food and Drug Administration
www.fda.gov
- American Public Health Association
www.apha.org
- American Society for Healthcare Engineering
www.ashe.org
- Association for Professionals in Infection Control, Inc.
www.apic.org
- The Society for Healthcare Epidemiology of America, Inc.
www.shea-online.org
- The Infectious Disease Society of America
www.idsociety.org
- International Sharps Injury Prevention Society (ISIPS)
<http://www.isips.org/>
- World Health Organization (WHO)
<http://www.who.int/en/>
- State of California Department of Industrial Relations (Cal/OSHA)
<https://www.dir.ca.gov/covid/>

REFERENCES:

1. All Facilities Letter 14-36 California Department of Public Health, 12/19/2014, Regarding SB 1311: Antimicrobial Stewardship Programs.
2. APIC Text of Infection Control and Epidemiology. (April 7, 2020). Outbreak Investigations. Retrieved from <https://text.apic.org/toc/epidemiology-surveillance-performance-and-patient-safety-measures/outbreak-investigations?token=2AE989223FAE2142>
3. Centers for Disease Control and Prevention. (2021) Infection Control in Health Care Facilities. Retrieved from <https://www.cdc.gov/flu/professionals/infectioncontrol/>
4. Centers for Disease Control and Prevention. (2021). Outbreak Investigations in Healthcare Settings. Retrieved from <https://www.cdc.gov/hai/outbreaks/index.html>
5. Centers for Disease Control and Prevention. (2016). Infection Prevention and Control Assessment Tool for Acute Care Hospitals. Retrieved from <https://www.cdc.gov/infectioncontrol/pdf/icar/hospital.pdf>
6. Centers for Disease Control and Prevention. (2012) (Site accessed April 29, 2021). Principles of Epidemiology in Public Health Practice, Third Editions an Introduction to applied epidemiology and biostatistics Lesson 6: Investigating an outbreak. Retrieved from <https://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson6/section2.html>
7. Comprehensive Accreditation Manual for Critical Access Hospital (2021) Infection Prevention and Control (IC) IC.01.01.01, IC.01.04.01, IC.01.05.01., IC.02.01.01, IC.02.05.01, IC.03.01.01,
8. Association for Professionals in Infection Control and Epidemiology (APIC). (Site accessed 4-29-21) Content of an Infection Prevention and Control Plan. Retrieved from https://apic.org/Resource_/TinyMceFileManager/Education/ASC_Intensive/Resources_Page/Content_of_an_Infection_Prevention_and_Control_Plan.pdf

CROSS REFERENCE P&P:

1. NIH Medical Staff Bylaws and Rules Amendment, 01/20/2021 Infection Control Committee Section Article XI Section 11.7 pg. 75-76
2. Infection Control: Northern Inyo Healthcare District Surge Plan
3. Scope of Service –Infection Prevention
4. Scope of Service Employee Health

Supersedes: v.7 Infection Prevention Plan*
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**NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY**

Title: Nursing Qualifications for the RN Trained to Insert Peripherally Inserted Central-Catheters and Midlines		
Owner: Manager Acute/Subacute ICU	Department: Medical/Surgical	
Scope: Qualified RNs		
Date Last Modified: 10/11/2021	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE: To define the initial training and what constitutes demonstration of competency for the Registered Nurse qualified to insert Peripherally Inserted Central Catheters (PICCs). To define the annual requirements to maintain competency to insert PICC lines and Midlines.

POLICY: The Intravenous Nursing Society (INS) recommends that an institution create a set criteria to evaluate the competency of nurses learning to place PICC line / Midline catheters. In line with the INS recommendations, the following criteria must be met and documented for the RN to be considered qualified to insert a PICC line or a midline at Northern Inyo Healthcare District (NIHD).

- ~~1. The RN who wishes to place PICC lines will complete a PICC insertion educational course.~~
- ~~1. The RN who wishes to place PICC lines should attend an educational course.~~

- a. The educational course must meet the standards to provide a minimum of 8 hours of continuing education accepted by the California Board of Registered Nursing.
 - b. Training must include ultrasound use for vascular access, anatomy, physiology, care and maintenance of PICC and midlines, patient education, vessel selection, emergency and nonemergency complication management, and sterile insertion technique.
 - c. This course must have a theoretical component and a hands on practicum with supervision.
2. The RN who places PICC lines must prove that they have attended a course that meets the previously outlined requirements, and NIHD will maintain records of such education.
 3. The RN who places PICC lines needs to prove initial competency in their technique of PICC line placement through a minimum of 3 observed successful insertions, observed by a proficient RN, Advanced Practice Provider (APP), or Physician.
 4. The RN who places PICC lines needs to prove competency annually.
 - a. Annual competency can be provided by a successful insertion observed by a PICC qualified RN, Advanced Practice Provider (APP), or Physician or

- b. 4 or more successful insertions throughout the calendar year.
- 5. Documentation of PICC competency will be kept in the RN's education binder and on file with the nursing administration department.
- 6. All PICC insertions will follow the NIHD approved Lippincott Procedure "Peripherally inserted central catheter (PICC) insertion".

REFERENCES:

- 1. INS. Infusion Nursing Standards of Practice. JIN. 2011;34(1S):S1-110.

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

- 1. Lippincott Procedure "Peripherally inserted central catheter (PICC) insertion"

Supersedes: N/A

**NORTHERN INYO HEALTHCARE DISTRICT
PROCEDURE**

Title: Premedication for Radiographic Contrast Sensitivity	
Scope: Diagnostic Imaging	Department: Diagnostic Imaging
Source: Director of Diagnostic Services	Effective Date:

PURPOSE: Provides guidance for premedication of patients with known sensitivity to radiographic contrast

Procedure:

1. At the time of scheduling, Imaging Admissions Clerks verify if the patient has known sensitivity to radiographic contrast or has had a significant allergic reaction to iodine or contrast.
2. NIH may pre-medicate patients with known sensitivity to (iodinated or non-iodinated) radiographic contrast upon receipt of orders from the referring physician or radiologist.
3. These reactions necessitate notification of the radiologist or referring physician for pre-medication orders.
 - a. Shortness of breath
 - b. Drop in blood pressure
 - c. Reaction resulting in hospitalization
4. Pharmacy shall be informed of the patient name, date of birth, allergy and reaction type.
5. Patients receiving premedication for contrast should be informed to arrive 15 minutes prior to scheduled exam time and informed that they will need to wait 45 minutes after completion of the exam before leaving.
6. NIH staff will inform patients receiving pre-medication for contrast sensitivity that they require a ride home following the 45-minute post-procedure wait time.
7. **Pre-medication protocol:**
 - a. Oral (preferred):
 - i. Day before exam:
 1. Diphenhydramine 25 mg P.O. at lunch time and bed time
 2. Prednisone 5 mg P.O. at lunch time and bed time
 - ii. Day of exam:
 1. Diphenhydramine 25 mg P.O. one hour before scheduled procedure time
 2. Prednisone 40 mg P.O. one hour before scheduled procedure time
 - b. Intravenous (if emergent or unable to begin prep day before exam)
 - i. 30 minutes before exam (coordinate with CT to ensure scan time):
 1. Soluortef – 100 mg IV push administered by ER staff
 2. Diphenhydramine– 25 mg to 50 mg IV push, weight-based, at radiologist discretion administered by ER staff

REFERENCES:

1. ACR Manual on Contrast Media – 2021 edition

CROSS REFERENCE P&P:

1. Contrast use with Patients on Metformin
2. Diagnostic Imaging Method of Practice
3. DI – CT Contrast Administration

RECORD RETENTION:

Committee Approval	Date
CCOC	7/6/2021
Radiology Services Committee	9/15/2021
Pharmacy and Therapeutics Committee	
Medical Executive Committee	

**NORTHERN INYO HEALTHCARE DISTRICT
PROCEDURE**

Title: Premedication for Radiographic Contrast Sensitivity	
Scope: Diagnostic Imaging	Department: Diagnostic Imaging
Source: Director of Diagnostic Services	Effective Date:

Administration	2/17/2015
Board of Directors	4/15/2015
Board of Directors Last Review	3/18/2020

Developed: 7/25/2014

Reviewed: 5/29/2018

Revised: 5/21/1w

Draft

Radiology Services Committee

Critical Indicators

2021

1. Death within 24 hours of invasive procedure.
2. Admission to ED within 24 hours of invasive procedure.
3. Severe contrast reaction.
4. Code Blue in the department
5. Patient called back for having wrong procedure performed.
6. Staff concerns.

Approvals

Radiology Services Committee: 06/16/2021

Medical Executive Committee: 06/02/20

Board of Directors: 06/17/20

RESOLUTION NO. 21-12

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT MAKING THE LEGALLY REQUIRED FINDINGS TO CONTINUE TO AUTHORIZE THE CONDUCT OF REMOTE “TELEPHONIC” MEETINGS DURING THE STATE OF EMERGENCY

WHEREAS, on March 4, 2020, pursuant to California Gov. Code Section 8625, the Governor declared a state of emergency stemming from the COVID-19 pandemic (“Emergency”); and

WHEREAS, on September 17, 2021, Governor Newsom signed AB 361, which bill went into immediate effect as urgency legislation; and

WHEREAS, AB 361 added subsection (e) to Government Code Section 54953 to authorize legislative bodies to conduct remote meetings provided the legislative body makes specified findings; and

WHEREAS, as of September 19, 2021, the COVID-19 pandemic has killed more than 67,612 Californians; and

WHEREAS, social distancing measures decrease the chance of spread of COVID-19; and

WHEREAS, this legislative body previously adopted a resolution to authorize this legislative body to conduct remote “telephonic” meetings; and

WHEREAS, Government Code 54953(e)(3) authorizes this legislative body to continue to conduct remote “telephonic” meetings provided that it has timely made the findings specified therein.

NOW, THEREFORE, IT IS RESOLVED by the Board of Directors of Northern Inyo Healthcare District as follows:

1. This legislative body declares that it has reconsidered the circumstances of the state of emergency declared by the Governor and at least one of the following is true: (a) the state of emergency, continues to directly impact the ability of the members of this legislative body to meet safely in person; and/or (2) state or local officials continue to impose or recommend measures to promote social distancing.

PASSED, APPROVED AND ADOPTED this 17th day of November, 2021 by the following roll call vote:

AYES:

NOES:

ABSENT:

Robert Sharp, Chair
Board of Directors

ATTEST:

Name: _____
Title: _____

- CALL TO ORDER The meeting was called to order at 5:32 pm by Robert Sharp, District Board Chair.
- PRESENT Robert Sharp, Chair
Jody Veenker, Vice Chair
Mary Mae Kilpatrick, Secretary
Jean Turner, Member-at-Large
Kelli Davis MBA, Interim Chief Executive Officer and Chief Operating Officer
Vinay Behl, Interim Chief Financial Officer
Joy Engblade MD, Chief Medical Officer
Allison Partridge RN, MSN, Chief Nursing Officer
Sierra Bourne MD, Chief of Staff
Keith Collins, General Legal Counsel (Jones & Mayer)
- ABSENT Topah Spoonhunter, Treasurer
- 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. Comments were heard from the following:
- Kaylyn Rickford
 - Bobbie Scott
 - Zoe Kothman
 - Jennifer Sandstrom
 - Samantha Bumgarner
 - Brittany Burton
 - Rachel Todd
- NEW BUSINESS
- NORTHERN INYO
HEALTHCARE
DISTRICT AND
PIONEER HOME
HEALTH CARE
PARTNERSHIP Chief Executive Officer and Chief Operating Officer Kelli Davis, explained after a discussion with Ruby Allen, Administrator of Pioneer Home Health Care she would like to request that the Board of Directors consider having Noel Caughman with BBK Law Firm attend the Pioneer Home Health Board of Directors meeting on Nov 10th. Jody Veenker asked if Board Members of Northern Inyo Healthcare District (NIHD)

OVERVIEW
PRESENTATION

would be allowed to attend this meeting as well. Ms. Davis explained she would relay the NIHD Board Members interest to attend this meeting with Pioneer Home Health. No action taken.

EASTERN SIERRA
EMERGENCY
PHYSICIAN GROUP
PRESENTATION

Ms. Davis introduced Northern Inyo Healthcare District (NIHD) Emergency Physician, Adam Hawkins, MD. Doctor Hawkins provide a presentation to re-introduce The Eastern Sierra Emergency Physician Group (ESEP) and provided an update on the changes that have taken place since his last presentation to the Board of Directors. Doctor Hawkins thanked all NIHD employees for their hard work during these challenging times.

Mary Mae Kilpatrick mentioned about her positive experience with a hospitalist at NIHD. Jean Turner expressed appreciation for this report.

POLICY AND
PROCEDURE
APPROVAL,
EMPLOYEE HEALTH
ACCESS OF PATIENT
PERSONAL MEDICAL
RECORD

Ms. Davis, presented this policy titled *Employee Health Access of Patient Personal Medical Records*, asked if any members of the Board of Directors had questions on the policy and procedure. No questions were asked.

It was moved by Ms. Kilpatrick, seconded by Jody Veenker, and passed with a 4 to 0 vote to approve the Employee Health Access of Patient Medical Records as presented.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp
NOES:
ABSENT: Topah Spoonhunter
ABSTAIN:

HG WILSON
FINANCIAL ADVISOR
CONTRACT

Interim Chief Financial Officer, Vinay Behl called attention to the proposed HG Wilson Financial Advisor Contract he explained that the District is need of an advisor who is specialized in General Obligation Bonds.

It was moved by Ms. Turner, seconded by Ms. Veenker, and passed with a 4 to 0 vote to approve the HG Wilson Financial Advisor Contract as presented.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp
NOES:
ABSENT: Topah Spoonhunter
ABSTAIN:

COMPLIANCE AND
ETHICS COMMITTEE

Patty Dickson, Compliance Officer called attention to the need to select a Northern Inyo Healthcare District (NIHD) Board Member to serve on the Compliance and Ethics Committee. A discussion took place, the Board then proposed to appoint Jody Veenker to serve as member of this committee until the Election of Board Officers 2022 in the month of December 2021.

It was moved by Ms. Turner, and seconded by Ms. Kilpatrick, and passed by a 4 to 0 vote to appoint Ms. Veenker as requested by the Board of Directors. No objections were heard.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp
NOES:
ABSENT: Topah Spoonhunter
ABSTAIN:

CONTRACT FOR CHIEF
EXECUTIVE OFFICER

Mr. Sharp called attention to the proposed Contract for Chief Executive Officer with Kelli Davis, and asked if any members of the public wish to comment on this item. Public comments in favor were heard from the following:

- Patty Dickson
- Bryan Harper
- Mary Mae Kilpatrick
- Robert Sharp
- Jean Turner

It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and passed with a 4 to 0 vote to approve the Contract of Chief Executive Officer as presented.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp
NOES:
ABSENT: Topah Spoonhunter
ABSTAIN:

DISCUSSION TO
CREATE AN AD HOC
COMMITTEE TO
ATTEND WEEKLY
CONFERENCE CALLS
WITH THE CHIEF
EXECUTIVE
OFFICER AND APPOINT
OF BOARD
REPRESENTATIVES

A discussion took place, to propose for an Ad Hoc Committee or an amendment to the District Bylaws to allow Board members to meet with NIHD Chief Executive Officer on a regular basis. NIHD Legal Counsel Keith Collins recommended additional language to the duties of Chair and Vice-Chair which would allow meetings with the Chief Executive Officer. A resolution to amend the bylaws will be presented at the next Regular Board Meeting. No action taken.

CHIEF OF STAFF
REPORT

Chief of Staff Sierra Bourne, MD reported following careful review and consideration the Medical Executive Committee recommends approval of the following District-Wide Policy and Procedure:

POLICY AND
PROCEDURE
APPROVALS

1. Evaluation and Assessment of Patients' Nutritional Needs

It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and passed with a 4 to 0 vote to approve the one (1) Policy and Procedure as presented.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp

NOES:

ABSENT: Topah Spoonhunter

ABSTAIN:

BIENNIAL REVIEW OF
MEDICAL STAFF
POLICIES

Doctor Bourne also reported following careful review, consideration and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following Biennial Review of Medical Staff Policies:

- 1. End of Life Option Act*
- 2. Standardized Procedure – Management of Chronic Illness Policy for the Nurse Practitioner or Certified Nurse Midwife*
- 3. Standardized Procedure – Management of Minor Trauma Policy for the Nurse Practitioner or Certified Nurse Midwife*
- 4. Standardized Protocol – Management of Chronic Illness for the Physician Assistant*
- 5. Standardized Protocol – Management of Minor Trauma for the Physician Assistant*
- 6. Standardized Protocol – Management of Acute Illness for the Physician Assistant*

It was moved by Ms. Veenker, seconded by Ms. Turner, and passed with a 4 to 0 vote to approve the all six (6) Biennial Review of Medical Staff Policies as presented.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp

NOES:

ABSENT: Topah Spoonhunter

ABSTAIN:

MEDICAL EXECUTIVE
COMMITTEE REPORT

Doctor Bourne also provided a report on the Medical Executive Committee meeting noting that Inyo County has the highest rate in COVID cases in the entire state. Doctor Bourne would like to recognize Dr. Engblade in her efforts to recruit physician for various departments.

CONSENT AGENDA

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

1. *Approval of District Board Resolution 21-07 to continue to allow Board meetings to be held virtually.*
2. *Approval of minutes of the August 18, 2021 regular meeting*
3. *Approval of minutes of the September 15, 2021 regular meeting*
4. *Approval of minutes of the September 30, 2021 special meeting*
5. *Financial and Statistical reports for July 31, 2021 and August 31, 2021*

It was moved by Ms. Turner, seconded by Ms. Veenker, and passed with a 4 to 0 vote to approve all five (5) Consent Agenda items as presented.

AYES: Jean Turner, Mary Mae Kilpatrick, Jody Veenker, Robert Sharp

NOES:

ABSENT: Topah Spoonhunter

ABSTAIN:

BOARD MEMBER
REPORTS ON ITEMS OF
INTEREST

Mr. Sharp additionally asked if any members of the Board of Directors wished to report on any items of interest.

Ms. Veenker reported on her attendance at the ACHD Annual Conference.

ADJOURNMENT TO
CLOSED SESSION

At 7:25 pm Mr. Sharp reported the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- A. Conference with legal counsel, anticipated litigation. Significant exposure to litigation (pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9) two cases.
- B. Conference with Labor Negotiators, Agency Designated Representative: Kevin R. Dale; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*)

Mr. Sharp additionally noted that it was not anticipated that any action would be reported out following the conclusion of Closed Session.

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 8:48 pm the meeting returned to Open Session. Mr. Sharp reported that the Board took no reportable action.

ADJOURNMENT

The meeting adjourned at 8:49 pm.

Robert Sharp, Chair

Attest:

Mary Mae Kilpatrick, Secretary

- CALL TO ORDER** The meeting was called to order at 6:00 pm 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
Vinay Behl, Interim Chief Financial Officer
Joy Engblade MD, Chief Medical Officer
Allison Partridge RN, MSN, Chief Nursing Officer
Peter Tracy, Of Counsel (Jones & Mayer)
- 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. At this time persons in the audience may speak only on items listed on the Notice of this meeting. Comments were heard from:
- Brittney Cooper
- ADJOURNMENT TO CLOSED SESSION** At 6:03 pm Mr. Sharp reported the meeting would adjourn to Closed Session to allow the District Board of Directors to discuss:
- A. Conference with Labor Negotiators, Agency Designated Representative: Irma Rodriguez and Kevin R. Dale; Employee Organization: AFSCME Council 75 (pursuant to Government Code Section 54957.6)
- B. Conference with legal counsel, anticipated litigation. Significant exposure to litigation (pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9) one case.
- Director Topah Spoonhunter, arrived at the Board of Directors Meeting at 6:08 pm.

RETURN TO OPEN
SESSION AND REPORT
OF ANY ACTION
TAKEN

At 6:44 pm the meeting returned to Open Session. Mr. Sharp reported that the Board took no reportable action.

AMMENDMENT TO
DISTRICT BOARD
RESOLUTION 21-08 &
21-09

Mr. Sharp requested to amend District Board Resolution 21-08 & 21-09, to reflect the correct spelling of Northern Inyo Healthcare District.

It was moved by Jody Veenker, seconded by Jean Turner, and unanimously passed to approve the amendment to District Board Resolution 21-08 & 21-09, to reflect correct spelling of Northern Inyo Healthcare District as request by Mr. Sharp.

APPROVAL OF
TENTATIVE
AGREEMENT
BETWEEN NIHD AND
AMERICAN
FEDERATION OF
STATE, COUNTY AND
MUNICIPAL
EMPLOYEES (AFSCME)
TECHNICAL UNIT; AND
APPROVAL OF
DISTRICT BOARD
RESOLUTION 21-08

Mr. Sharp called attention to proposed Tentative Agreement between NIHD and American Federation of State, County, and Municipal Employees (AFSCME): and approval of District Board Resolution 21-08.

It was moved by Mary Mae Kilpatrick, seconded by Jody Veenker, and unanimously passed to approve the Tentative Agreement between NIHD and American Federation of State, County, and Municipal Employees (AFSCME) Technical Unit: and approval of District Board Resolution 21-08, with the correct spelling of Northern Inyo Healthcare District as request by Mr. Sharp.

The Board of Directors thanked the NIHD team for all of the hard work that went into reaching these agreements.

APPROVAL OF
TENTATIVE
AGREEMENT
BETWEEN NIHD AND
AMERICAN
FEDERATION OF
STATE, COUNTY AND
MUNICIPAL
EMPLOYEES (AFSCME)
RN UNIT; AND
APPROVAL OF
DISTRICT BOARD
RESOLUTION 21-09

Mr. Sharp called attention to proposed Tentative Agreement between NIHD and American Federation of State, County, and Municipal Employees (AFSCME) RN Unit: and approval of District Board Resolution 21-09.

It was moved by Jody Veenker, seconded by Mary Mae Kilpatrick, and unanimously passed to approve the Tentative Agreement between NIHD and American Federation of State, County, and Municipal Employees (AFSCME) RN Unit: and approval of District Board Resolution 21-09, with the correct spelling of Northern Inyo Healthcare District as request by Mr. Sharp

APPROVAL OF COVID
CRISIS STAFFING
SHIFT BONUS
TECHNICAL UNIT SIDE
LETTER, NIHD AND
AMERICAN
FEDERATION OF
STATE, COUNTY, AND
MUNICIPAL
EMPLOYEE (AFSCME)

Mr. Sharp called attention to proposed COVID Staffing Crisis Shift Bonus Technical Unit Side Letter, NIHD and American Federation of State, County, and Municipal Employees (AFSCME) Technical Unit. Executive Chief Officer, Kelli Davis, reported that the funds from the COVID-19 Relief Program allows the District to be able to offer these incentive bonuses to employees who choose to take an extra shift.

It was moved by Jody Veenker, seconded by Mary Mae Kilpatrick, and unanimously passed to approve the COVID Crisis Staffing Shift Bonus Technical Unit Side Letter, NIHD and American Federation of State, County and Municipal Employee (AFSCME) as presented.

Ms. Kilpatrick thanked Administration for providing these COVID Crisis Staffing Shift Bonuses to district employees. Ms. Turner concurred with Ms. Kilpatrick.

ADJOURNMENT

The meeting adjourned at 6:56 pm.

Robert Sharp, Chair

Attest:

Mary Mae Kilpatrick, Secretary

**Pioneer Home Health Care, Inc.
Quarterly Agency Report to NIHD
Wednesday, November 17, 2021**

- I. Quarterly Summary and Program Review
- II. Quality Assurance Performance Improvement Reports
- III. Annual 2021 Corporate Compliance Report
- IV. Fundraising Flyers

Pioneer Home Health Care, Inc. (PHHC)
Quarterly Summary Report
November 17, 2021

Dear Distinguished NIHD Board Members –

Please see the attached summary of the services we have provided from January – September 2021:

1. Admission Analysis by referral source for Home Health services.
2. Admission Analysis by referral source for Hospice services.
3. Home health visit totals, with historical visit numbers included for comparison.
4. Hospice visit totals, with historical visit numbers included for comparison.
5. Personal Care Program (PCP) hours

PROGRAM REPORTS

Home Health Program

Statistics through September 30, 2021

177 admits

1245 visits

24,331 miles traveled – average 19.54 miles per HH visit

Present number of active patients = 20

Medicare is changing to yet another form of reimbursement for home health services; Value Based Purchasing (VBP). Sandra Johnson, Internal Services Coordinator and Ruby Allen, Administrator, have been attending webinars in an effort to understand the new payment system, but it appears to be very complex, and it is possible that we will not know how we will be reimbursed until after our care has been furnished. It is also not clear how or if PDGM (our current reimbursement system) will be incorporated or completely taken out of the mix. The VBP payment system will be linked to our initial assessment of the patient called Oasis, and our last assessment, and if we have or have not made measurable improvements in the patients' condition. Also, if the patient has had any hospitalizations or ER visits (it will be counted against us) and in addition, the survey responses from our patients. We receive very few survey responses, and the number of responses as well as the type of response will play a role in determining our payment. As a result, we have developed a new discharge protocol to encourage survey responses, as well as improve our visibility to the community, provide an opportunity to learn how to improve our services, and to market our Personal Care Program if needs have been expressed.

For the past 6 months, the administrator has been reviewing all discharges, and once approved, the discharge documentation is being faxed to the patients' physician. From there we will make follow up calls within 1-3 weeks post discharge to all discharged patients, asking:

1. Their opinion about our services.
2. If there are any recommendations to improve our services.
3. If there are any current health care or medication concerns that have not been addressed. We will also encourage follow up with their physician or specialist.
4. Educate the patient that a survey will be mailed to their home, and let them know what to expect, what the survey looks like and encourage them to complete the survey and mail it out.
5. There is already a sample survey in the patients, admission & Start of Care packet, which has been addressed in person by the attending clinician. We are hoping this additional process will garner an increase in the amount of surveys we receive back. We are hoping the comments expressed can help us to improve our services. These surveys are all sent out by mail and are handled by a third party vendor called Deyta/HealthCare First.

Our Oasis “scrubber” analytic assessment tool for home health services, Home Health Gold, is sun setting at the end of the year. We have researched an alternative program called SHP, and are in the process of signing up with them and are currently reviewing the contract. The increased cost will be \$1,744.00 for the first year and \$2,744.00 each year thereafter. SHP will also take over the task of sending out the home health care surveys, at a reduced cost from what we are currently paying Deyta, this will help to offset the cost a bit of switching from HH Gold to SHP. Our plan is to start with them January 1, 2022.

The home health team has updated the Start of Care/Admissions Home Health packet, which all home health patients receive upon admission. And they have updated the educational material in the packet, working on making it more user friendly with colorful pictures, bold captions and less wording.

Care Plan Updates: Specific Nursing plans for specific disease processes have been created, they will be added into our Electronic Medical Record (EMR) for the nurses to be able to tailor their care plans to the patient and to improve in our care of the patient, and improve on our efficiency. We already have specific care plans for physical therapy, which are currently in use, and per Ilah Cavanaugh our therapy supervisor, they have proven to be effective in individualizing patient care and expediting our documentation process. We will begin working on creating specific care plans for Speech Therapy and Occupational Therapy.

Hospice

Statistics through September 30, 2021

Have served 27 hospice patients and provided 236 home visits this year

Average length of stay (LOS) = 24.54 days

2,748 miles traveled – average miles traveled per HOS visit = 11.64

Present number of patients = 3

The Hospice of the Owens Valley, Grief Support Group, is a 6 week, no-cost support group led by our chaplain, Patrick Thompson. It is currently in progress. So far the response has been very positive. Each attendee is given a grief journal to work through, and then the group gets together by zoom weekly to compare and share their results. We have 7 participants in this fall class. Currently we are providing this support group twice a year, and our goal is to provide this

opportunity at least three times a year, and even more if the demand is there. This is where some of our fund raising efforts are concentrated on.

Light Up A Life Event:

This event will be held outdoors again to allow for social distancing, weather permitting. Plan for December 9, 2021 at 5:30 PM. The community is invited to attend. We will begin promoting the event in November, hoping to have music, hand held candles, memory ornament craft, an outdoor screening of all the names represented by the donation lights, and open fire pits for marshmallow roasting in designated groups. The office will be simply decorated outdoors, and no open house is planned. See attached flyer.

Our second Volunteer training class of the year has been completed, volunteers have various talents and availabilities and we will work with what they have to offer us. Medicare is waiving the mandatory 5% volunteer hours of total patient care hours through the third week of January 2022 as part of the Public Health Emergency (PHE) response.

Personal Care Program (PCP)

Statistics through September 30, 2021

Present number of active clients is 23

Staffing: currently have 14 caregivers

9,726 hours of caregiving have been provided to community members

This program continues to show a loss, we have been unable to procure enough help to meet the community demand and to make strides in gaining volume. To reduce the loss, the coordinator position was changed to a 30-hour work week in order to reduce overhead. Some of those hours will be spent in home health clerical duties when time allows. We have implemented the deminimus payment for all attendants, which is an amount paid on the calculation base of 2 minutes of pay per shift worked within the pay period. This has been created in order to pay the employee for time spent procuring assignments, discussing clients outside of the shift. This has been very beneficial to the attendants, and may have contributed in our ability to procure more staff, however it has amounted to increase our payroll by \$936.95 in the last 5 months. We based the 2-minute time frame, by measuring the time attendants spent procuring assignments, contacting the coordinator, etc. for a period of 2 weeks. The plan is to re-measure the work related minutes, and the belief is that most likely the time spent discussing clients, etc. will be 1 minute per shift. We may have to check this deminimus twice a year and adjust the deminimus calculation amount accordingly.

Paying the attendants for transportation time and mileage now, has also added to the personal care program overhead by \$4,483.03 in the last 5 months. Due to this increase in overhead, the decision was made to increase our rates to \$26/hour, and also include travel fees to locations outside of Bishop, based solely on the location of the client. These new changes are consistent with Wage Order 15, and the attendants are enjoying the perk, however we are adding to our overhead as the only licensed home care agency in the area.

Agency Wide:

The Employee Manual has been completely brought up to date, with the assistance from attorney Elizabeth Murphy. All employees have received a copy of the manual and there will be a manual available in the front office for easy reference if required.

We have a new equipment lending policy and procedure. Because we are required to provide durable medical equipment (DME) to our hospice patients, it is in our best interest to utilize whatever equipment is reusable, and is available from the community. We are now equipped to maintain, clean and store simple DME to lend out to our home health and hospice patients.

The State of California has mandated that all employers with 5 or more employees, to provide a retirement plan option. We do offer a 401K program for any employee that has worked more than 1,000 hours and has been with the agency for more than one year. This does not provide a retirement plan option to those that are new to the agency or working part time. The state has designed a program called Cal Savers, which we can take part in, at no cost to us, for the employees that do not qualify for our 401K program, or we can change the 401K program to include any new employee that did not meet our previous enrollment requirements. There are clerical hours involved in managing either program and we have until June 2022 to make a decision.

Corona Virus Update: Infection control policy/plan still in place. All employees have been wearing cloth, paper, or N-95 masks on all home visits, this includes our personal care attendants providing in home care. The personal care program is not seeing any active COVID cases, however our home health clinicians are and they don additional personal protective gear if the patient is reported as positive for COVID. Employees exposed to COVID or diagnosed with COVID have quarantined as directed and overall we are faring well with minimal absenteeism.

The Personal Protective Equipment (PPE) supplies provided by the state are being used up, and we have resumed ordering the more frequently used supplies such as gloves and masks.

HUMAN RESOURCE REPORT

Billing department is doing a great job of keeping all Home Health, Hospice and commercial billing up to date. We now have 3 excellent billers! Holly Mullanix who was in commercial billing will be replacing Marianne Rogers, administrative assistant as she is retiring in Feb-March of 2022. Holly has already started to train in the position as per the transition plan. Grace Tanksley has been hired to fill Holly's position and has already proven to be a quick study. We are excited to have her as a team member and appreciate her broad insurance knowledge.

Julie Allen, RN, has joined the nursing department full time and has hit the ground running. Her background includes work in the paramedic and law enforcement fields, so she is well suited to this type of work. We are so excited to have her join our home health and hospice team.

Currently our staffing appears to be sufficient for home health, but could improve for hospice if we are planning to begin educating the community and local physicians regarding the importance of timely hospice referrals. We will not be able to build the program without more nurses.

We have hired new Personal Care Attendants, Shelly Carr, Raeanna Davenport and Amy Cutright. One 24/7 case has ended, so we are now in a better position to meet the community's needs with personal care hours, as we now have those lost hours available.

Benefits: healthcare insurance. We are still in the process of choosing a new Blue Shield plan. Marianne, Holly and Ruby will review the options and make the choice as a committee.

GENERAL INFORMATION

Fund raising events:

We've held 3 events this year, including a large yard sale where Mrs. Dolly Brown donated 75% of the proceeds of the sale to Hospice. We held a concurrent bake sale and raised a total of \$2,000. Our plan is to participate in any Christmas bazaar opportunities, we are prepared, however it is unclear if any will be held this year locally.

Bishop Twin Theater has graciously donated their theater for the showing of The Polar Express, a children's movie, for a fundraising event for Hospice of the Owens Valley. We attempted this last year, but it was cancelled so we are hoping to be able to follow through with this family event slated for Monday eve, December 6th at 6:00pm. See attached flyer.

We will have our annual Christmas Gift Tree Raffle. Donations in the form of gift certificates or cash are already being collected to don a decorated artificial tree, which in turn will be raffled off as a whole. The goal is that the tree's value will be at least \$500 or more, and that we earn double that by holding the raffle. Raffle tickets will be sold; one for \$5, or five raffle tickets for \$20. In the past two years of holding this fund raiser, it has been found to be successful and a light hearted way to celebrate the season.

Respectfully submitted by
Ruby Allen, RN, Administrator

**Pioneer Home Health Care / Home Health
Admission Analysis by Referral Source**

for period ending 09/30/21

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Totals
Acute Rehab - Carson													0
Acute Rehab - Renown Health			1										1
Acute Rehab - Other					1								1
Clinic - Mammoth Lakes Fam Med		2			1								3
Clinic - Rural Health NIH	1	5	2	2	2		4						16
Clinic - SIH				1									1
Clinic - Toiyabe						1							1
Family / Friend / Self								1					1
Hospital - Carson/Tahoe				1	1								2
Hospital - Glendale Adventist													0
Hospital - Loma Linda													0
Hospital - Mammoth Lakes	1	1	2	1		1	1						7
Hospital - Northern Inyo	9	6	10	13	8	5	9	8	8				76
Hospital - Renown Medical Center	2	3	3	3	3	4	1	2	2				23
Hospital - Sierra Surg - Carson													0
Hospital - Southern Inyo													0
Hospital - St. Mary's							1						1
Hospital - UCLA Medical Center	1												1
Hospital - USC / Keck Med			1		1				1				3
Hospital - VA													0
Hospital - Other	1	1	1	1	4	1			2				11
Other													0
Physicians' Office Local	2		1					6	1				10
Physicians' Office Out-of-Counties	1												1
SNF - Bishop Care Center	2		2	3	1	1	2	1	2				14
SNF - Southern Inyo						1							1
SNF - Other	1	1			1								3
Another HH Agency													0
Workers Comp Insurance													0
Totals	21	19	23	25	21	16	18	18	16	0	0	0	177

Hospice of the Owens Valley / Hospice Admission Analysis by Referral Source

for period ending 09/30/21

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Totals
Acute Rehab - Carson													0
Acute Rehab - Renown Health													0
Acute Rehab - Other													0
Clinic - Mammoth Lakes Fam Med													0
Clinic - Rural Health NIH				3		1	1	1					6
Clinic - SIH													0
Clinic - Toiyabe						1	1						2
Family / Friend / Self													0
Hospital - Carson/Tahoe													0
Hospital - Glendale Adventist													0
Hospital - Loma Linda													0
Hospital - Mammoth Lakes													0
Hospital - Northern Inyo		1			2								3
Hospital - Renown Medical Center			1					1					2
Hospital - Sierra Surg - Carson													0
Hospital - Southern Inyo													0
Hospital - St. Mary's													0
Hospital - UCLA Medical Center													0
Hospital - USC / Keck Med													0
Hospital - VA													0
Hospital - Other		2											2
Other													0
Physicians' Office Local													0
Physicians' Office Out-of-Counties		3			4	1	1		3				12
SNF - Bishop Care Center													0
SNF - Southern Inyo													0
SNF - Other													0
Another Hospice Agency													0
Totals	0	6	1	3	6	3	3	2	3	0	0	0	27

**Pioneer Home Health Care
2021 Home Health Visit Totals**

Home Health Visits													
through September 2021													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
SN	66	61	48	53	56	29	49	45	51	0	0	0	458
PT	59	62	58	91	61	68	56	58	61	0	0	0	574
OT	10	7	13	15	14	12	19	30	28	0	0	0	148
ST	2	3	2	0	0	4	2	2	4	0	0	0	19
MSW	4	10	7	8	2	3	7	2	3	0	0	0	46
CHHA	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	141	143	128	167	133	116	133	137	147	0	0	0	1245
Average visits per month =												138	
2020	121	124	134	189	148	191	202	242	203	195	153	174	2076
2019	91	118	116	134	131	129	131	142	94	165	147	160	1558
2018	61	75	71	107	73	49	73	120	93	160	138	93	1113
2017	104	86	72	88	63	65	70	84	53	75	61	49	870
2016	143	117	161	139	126	138	98	87	92	67	87	78	1333
2015	144	180	164	154	170	174	197	144	127	124	130	101	1809
2014	211	210	172	143	170	143	217	172	191	153	140	139	2061
2013	213	178	195	207	152	226	133	138	211	260	185	192	2290
2012	134	173	196	219	201	175	158	160	156	195	197	149	2113
2011	199	239	230	152	203	215	199	169	200	184	159	177	2326
2010	243	193	228	185	226	209	172	195	151	189	219	231	2441
2009	237	193	237	170	179	233	256	196	172	178	154	203	2408
2008	177	159	145	156	172	202	216	154	208	184	199	205	2177
2007	146	119	135	134	124	99	157	118	137	121	138	169	1597

Hospice of the Owens Valley
2021 Hospice Visit Totals

Hospice Visits													
through September 2021													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
SN	3	10	20	22	21	22	17	24	12	0	0	0	151
PT	0	0	0	0	0	0	0	0	0	0	0	0	0
OT	0	1	4	2	2	0	0	0	0	0	0	0	9
MSW	0	3	2	4	2	2	3	3	3	0	0	0	22
Aide	0	0	0	0	0	0	0	0	0	0	0	0	0
Chaplain	0	2	10	9	4	9	7	6	7	0	0	0	54
Bereavement	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	3	16	36	37	29	33	27	33	22	0	0	0	236
Average visits per month =											26.0		
2020	51	30	36	21	24	23	24	23	25	19	11	23	310
2019	25	27	12	39	25	22	26	36	37	38	66.0	62	415
2018	27	25	50	39	53	51	23	56	32	32	37.0	16	441
2017	2	9	0	0	0	20	15	24	21	12	24	19	146
2016				2	1	11	19	18	18	14	16	0	99
Hospice Volunteer Visits													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
1	1	2	4	5	1	0							13
Hospice Visits - Volunteers													
2020	3	2	3	0	4								12
2019	1	0	2	1	1	5	5	5					15
2018	1	4	3	4	3	6	4	7	2	0			34

**Pioneer Home Health Care
Personal Care Program Hours**

For period ending September 30, 2021

	15-Jan	31-Jan	15-Feb	28-Feb	15-Mar	31-Mar	15-Apr	30-Apr	15-May	31-May	15-Jun	30-Jun
PCA Billable Hours	469.75	432.92	454.00	486.00	572.00	516.00	539.75	608.50	603.25	611.43	570.59	597.66
PCA Billable Charges	11743.75	10823.00	11350.00	12150.00	14300.00	12900.00	13493.75	15212.50	15081.25	15285.75	14264.75	14941.50

	15-Jul	31-Jul	15-Aug	31-Aug	15-Sep	30-Sep	15-Oct	31-Oct	15-Nov	30-Nov	15-Dec	31-Dec	Totals
PCA Billable Hours	574.32	570.25	534.98	571.99	483.32	529.75							9726.46
PCA Billable Charges	14358.00	14256.25	13374.50	14299.75	12083.00	13243.75	0.00	0.00	0.00	0.00	0.00	0.00	\$ 243,161.50

Hours by Month:	
January	902.67
February	940.00
March	1088.00
April	1148.25
May	1214.68
June	1168.25
July	1144.57
August	1106.97
September	1013.07
October	0.00
November	0.00
December	0.00
	9726.46

2021 Annual Quality Assurance Improvement Performance (QAPI) Report

October 1, 2021

Home Health Annual QAPI Report

1. QAPI Process was identified as being ineffective, so was updated, and we changed from the 2019 format of Plan-Do-Study- Act (PDSA), to the Focus-Analyze-Develop Plan-Execute and Evaluate (FADE) method which appears to be more direct and flows better. A problem is identified and verified, then the problem is analyzed, with data patterns reviewed, and influential factors of the problem are considered, from there a plan of action, and solutions are developed, finally we execute our plan and then evaluate the results. This process will be utilized for both Home Health and Hospice programs with start, review and finally end dates.
2. Clinician Orientation was identified as being disorganized, this was discovered on exit interviews. Our goal is employee satisfaction and longevity with efficiency in mind as well. This problem was identified in 2018, and a plan was created: one mentor would follow the employee for at least 5 months, and an orientation binder would be created. This binder was created, and we are currently utilizing it with our new nurse. The ability to closely mentor a new employee has been difficult due to our staffing shortage. As a result, the administrator has had to play a strong role in her orientation process. Plan to evaluate this QAPI problem again in 6 months.
3. Improvement of care quality needed. This project has been in process since 2018. Plan was to have all case managers attend Oasis C classes, to improve outcomes. However since then Medicare has changed their assessment to Oasis D and we have undergone some training, but new clinicians will still need additional training. We believe SHP our new analytic company will be able to help us compare our ratings to other agencies of our size, and compare us to our state and national competitors. Not a lot of work has been done on this project unfortunately, so it will remain open.
4. Fall Prevention Plan: open since May of 2020, we identified that our current fall prevention booklet, which is included in all patient admission packets, is not appealing, and while educational, is not meeting our patient education needs. In response, our plan of action was to create specific therapy care plans which address fall prevention. Through our twice a year utilization review of falls, we can assess the effectiveness of the care plans. Also, we created a two sided colorful fall education sheet, in lieu of the older booklet. This sheet is used by all clinicians to review ways to avoid falls with each of their patients. We are hopeful that colorful and simple engaging symbols and caricatures will promote more attention to the topic of fall prevention. We will be able to close this project once it has been assessed that the fall rate in relation to the census (percentage wise) has decreased.
5. Another project; improving our medical records requesting process has been closed. We updated our medical records request form, and have the direct number of NIHD medical records

to procure necessary chart information. We continue to have difficulty obtaining out of area hospital records, but try to ask for all information upfront as part of the referral process.

6. We have had one significant workers comp case, and a second smaller one last year (2020) therefore we identified this as a problem. We created a Body Mechanics Training educational in-service, which will be provided by the therapy department, for all new employees. It will include written education material as well. We also implemented an Illness and Injury Prevention program, which is spearheaded and presented by our therapy supervisor to all staff members, including the personal care program attendants, on a quarterly basis. This quarters' presentation will focus on self-care, avoiding burn out with resulting illness, addressing the varied stressors and losses in our community. We will have a therapist focus on education on body relaxation exercises, social worker assistant will provide coping instruction and address the social aspects of our work, and our chaplain will provide instruction on how to cope through hard times utilizing spirituality.
7. There is a back log of QAPI projects that can now be closed as well. We are looking at having our per diem nurse review these projects and prepare them for closure, or reopen if needed. There are a few overlapping Hospice and Home Health projects.

Annual Quality Assurance Performance Improvement (QAPI) Report

October 1, 2021

QAPI Hospice Project Report:

1. It was identified that hospice charts need to be reviewed for completeness of Interdisciplinary Group (IDG) notes, the notes are required as a condition of participation for Medicare reimbursement. MSW reviewed all charts for the year, and presented her findings. It was decided the current system of having a "scribe" document the IDG meeting; findings/reports and attendance is very helpful. IDG notes were complete, however some items were missing in the visit notes. Our plan included itemizing items that would be required to be addressed in each visit note. This has improved the completeness of the chart, but has also added to the documentation time. We have not closed this QAPI project, as a second review of the hospice charts is planned to evaluate our progress, and to identify continued "holes" in our documentation.

Part of this project included sending out timely Hospice Item Set (HIS) reports to CMS. In 2020 we were delinquent in sending out timely HIS reports in about 20% of our submissions. This is significant, and CMS wanted to penalize us 2% of all hospice reimbursements in 2022. However, the administrator was able to appeal the penalty, and created a plan to reduce or completely eliminate late HIS filings. The appeal was accepted, and we will NOT be penalized the 2% in 2022.

2. Underutilization of MSW and Chaplain services in our hospice program was identified as an issue. We developed a plan where the intake coordinator would introduce the concept of an entire team, to the patient and family prior to admission. The MSW and Chaplain visits would be scheduled right along with the initial admission visit completed by the nurse. This appears to be working, as we were able to demonstrate that MSW visits have increased from .6 visits (v)/per patient in 2020 to 0.77 v/pt in 2021, and chaplain visits have increased from 0.88v/pt in 2020 to 2.3 v/pt in 2021, an increase of greater than two and a half times more chaplain visits. Because we can still improve in this area, this QAPI project will remain open.
3. It was identified that we did not have clear records for Physician Ordered Life Sustaining Treatment (POLST) nor Advanced Health Care Directives (AHCD) forms on our hospice patients. To remedy this problem, we updated the Hospice Intake Sheet to clearly address the need for these "documents of determination". Also, the Intake Coordinator is now addressing the need for these forms prior to admission and we are asking physicians to address the POLST, with the patient, as part of the hospice discussion and referral process. The POLST, certification of terminal illness, and the hospice protocol med list are now the signature forms required for hospice admission.
4. Staffing shortage: have worked with a head hunter, Indeed, face book, newspaper ads, word of mouth, etc to procure help. We are in process of training LVN Carolyn Crawl in the role of CHHA

which has not been filled for almost a full 2 years. New nurse Julie Allen has been hired and her hospice training is in progress. All other discipline roles are filled at this time, however to adequately promote the hospice program we will need to procure more nurses to work in the field.

5. As a result of our last hospice survey in early 2020, it was discovered that our visit orders did not reflect MD orders. It indicated we needed to improve on our "housekeeping" of cancelled visits. Administrator is now using an analytic tool in our current EMR to keep track of what may seem to be missed visits, but they are actually patient cancelled visits that need to be reported to the MD by means of an MD order, a fax or phone call to the physician, reporting the declined visit. We also review the visits during the IDG meeting to make sure none are missed, and cancelations are addressed. Will keep this project open through 2021.
6. Bereavement process, have improved the bereavement plan of care, multiple disciplines will be involved in creating the plan of care of the bereaved family member left behind. An updated version of the Bereavement Service Report was created in January of 2021. Our chaplain is also our bereavement coordinator, and volunteer Marga Foote assists him. Project still open, as timeliness in sending out cards, letters regarding bereavement services, our hospice survey and our year anniversary cards continues to be an issue.
7. Mono County deaths are handled by the Mono Co Sheriff department, and have been intrusive in the past. Due to the Public Health Emergency (PHE) they have changed their policy and have now asked us to pronounce the patient in the home, we then notify them, but they will no longer make a home visit, but will then contact the mortuary for body retrieval at that time. They have provided us with their Coroners Record Report, which we can work on with the family and provide to the Sheriff department when completed. This issue has been on going despite multiple conversations with Ingrid Braun in Mammoth, and her team. We would like to evaluate how a few more deaths have been handled in Mono County before closing out this problem.

Pioneer Home Health Care, Inc.

2021 Annual Corporate Compliance Program Review and Report

This annual review continues to utilize the seven fundamental elements of an effective compliance program for the sake of outlining and addressing all parts of this audit.

I. Implementing written policies, procedures and standards of conduct

The written corporate compliance policies and procedures remain current and comprehensive. The Employee Handbook was recently enhanced to more clearly address conduct expected of every employee. It was determined:

- A. Admission and care criteria are being met:
 1. Medical necessity
 2. Homebound
 3. Physician's certification of plan of care
 4. Has a qualifying service need
- B. Evidence of cost report being completed accurately and timely with use of contracted vendor.

II. Designating a Compliance Officer and Compliance Committee

Pat West, PHN and Senior Advisor, continues in the role of Compliance Officer (CCO). The agency continues to believe that, due to our small size, a committee is not warranted. The general staff continues to work together as a team on all issues.

III. Conducting Effective Training and Education

It continues to be the agency's standard of practice to include corporate compliance training for each and every new employee, volunteer and contracted therapist. This topic is also included as part of each employee's annual education program. Historically, this training has been done through Home Care Institute (HCI) online education. This vendor was recently purchased by Home Care Pulse. The agency is now in the process of gaining access to this new learning portal.

IV. Developing Effective Lines of Communication

A new system of communication was put in place last year to be used for reporting of any corporate compliance concerns. Over this past year, the CCO has not been contacted with any employee issues. Upon termination of employ for any reason, each person has been requested to complete our corporate compliance survey. There have been 18 people who left the agency's employ and we have received 2 completed surveys. There was no indication of any concerns of misconduct by employee or the agency in general. Because there are expectations that more departing employees should be completing this survey, the recommendation is:

- Survey should be physically attached to the Termination Checkout Sheet and be issued to the departing employee for completion directly prior to completing the check sheet with HR or Supervisor. It should be handed in at that time or faxed directly to the CCO. If there are any issues of concern noted on the survey, the agency must immediately fax it to the CCO.

V. Enforcing Standards Through Well-Publicized Disciplinary Guidelines

Again, the employee handbook has been updated to strengthen the disciplinary guidelines.

VI. Conducting Internal Monitoring and Auditing

During the week of September 13th – 17th, 2021, the annual onsite audit took place.

- A. Utilization patterns were reviewed and found appropriate – 22 records reviewed.
- B. Billing – staff interviewed and found knowledgeable and following correct procedures.
- C. Examined logs for patient complaints. Review of patient complaints found none.
Review of CAHPS Home Health surveys for year-to-date 2021, led to finding one anonymous patient documenting that the physical therapist was 2 hours late.
Recommend to staff that visit appointment times be more accurate for improved patient satisfaction. Since this April comment, more PT staff has been hired.
- D. Reviewed personnel files for reprimands and follow-up compliance found only one personnel file of a person, who resigned 5/28/2021, where a disciplinary plan of action could have been more clearly documented. Since then, the Agency has created a specific Performance Improvement Plan (PIP) form to be used when an issue is identified and corrective action is required.
- E. Clinical documentation reviewed with focus on Plan of Care (POC) and clinician notes to determine if POCs are being followed. On a number of patient charts, a disconnect was found between diagnosis used on the Plan of Care (POC), the written POC orders, and the treatment/care performed at the visits.
- F. Financial records thoroughly reviewed and found solid.
- G. Reviewed that validation of qualifications of physicians is taking place on a regular basis and found better regularity needed. Recommended checking qualifications at initial order and quarterly thereafter.
- H. Security Risk Assessment – this was completed by our IT Support Team at NIHD on 12/21/20 and all issues immediately remedied. See attachment to audit checklist.
Recommend this continue at least annually.

VII. Responding Promptly to Detected Offenses and Developing Corrective Action

While no deliberate offenses were found, a number of issues (already mentioned above) were addressed with management staff. All of these issues are presently being processed into action plans.

Respectfully Submitted,

Pat West, CCO
September 15, 2021

Pioneer Home Health Care, Inc.

**Quality Assurance Performance Improvement (QAPI)
Suggested Projects Resulting
from Annual Corporate Compliance Audit 2021**

1. Improve timeliness of Plan of Care (POC) MD order.
2. Audit a minimum of 20 home health charts semi-annually to equal a total of 40 charts per year.
3. Recommend all computer screens be re-set to a shorter non-use time to protect private health information (PHI) better.
4. After review of CAHPS Survey (home health), recommend a project to improve patient's perception of medication assessment, side effects, and instructions. (See survey scores)
5. A tighter system needs to be in place to routinely validate ordering/referring physician licenses, and their Office of Inspector General (OIG) standing, at least on an initial and quarterly basis. Consider task be part of job descriptions.
6. Improve cohesiveness between POC, diagnosis, written POC, and actual care documented on visit notes.
7. For better response to corporate compliance survey at departure from employment at Pioneer, include a written survey as part of the check-out process.

Take a Ride on the **POLAR EXPRESS**



at the Bishop Twin Theatre!



**December 6, 2021
at 6:00pm**

\$10.00 per person

Wear your jammies and get a free bell!



Snack bar open!

Proceeds to benefit Hospice of the Owens Valley

Pre-sale tickets available at Pioneer Home Health Care

363 Academy Avenue, Bishop 760/872-4663

Light Up A Life

Everyone is invited to the
Hospice Tree Lighting Ceremony

Where friends and loved ones are honored, remembered or memorialized. Your gift of \$10.00 will light a bulb in their honor while supporting the good works of hospice care.

**Thursday, December 9th, 2021 at 5:30pm (Dress Warm!)
at**

**Pioneer Home Health Care, Inc.
363 Academy Street, Bishop**

Light refreshments will follow the ceremony

THE ENTIRE COMMUNITY IS WELCOME!
(social distancing, please wear a mask)

*Donations for a light(s) on the Hospice Tree of Lights can be sent to
Hospice of the Owens Valley
363 Academy Avenue
Bishop, CA 93514*

Enclosed is \$ _____ for _____ lights (suggested donation of \$10.00 per bulb)

Donated by: _____

Address: _____

In Memory of _____
Send acknowledgment to: _____

In Memory of _____
Send acknowledgment to: _____

In Honor of a living person: _____

Send acknowledgment to: _____

In Honor of a living person: _____

Send acknowledgment to: _____

– For Tax Deduction Purposes –
Hospice of the Owens Valley is a program of Pioneer Home Health Care, Inc.
(a non-profit 501c(3) corporation) Tax ID #: 77-0266099



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

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

DATE: November 1, 2021

TO: Board of Director’s, Northern Inyo Healthcare District

FROM: Kelli Davis, Chief Executive Officer (CEO)

RE: Bi-Monthly CEO Report– Northern Inyo Healthcare District

REPORT DETAIL

2021 – 2024 Strategic Plan Project Pillars include: Finance, People, Service/Patient, Growth, Quality and Community. Each bi-monthly CEO Report will provide an update on key areas of progress with which the CEO is actively involved.

Project Pillar	Project Task	Status Update
People 2.1	Improve workforce (employee and provider) satisfaction	-Increased avenues for clear, consistent communication with employees and providers includes monthly “Chiefly Speaking” email, monthly “Employee & Provider Town Hall” including continued ways for questions to be submitted via email, drop box and in-person. -Plans underway for 2021 Employee & Provider Engagement Survey to open in late Nov/early Dec. Focus is on increased participation and improved scores
Service/Patient 3.2.2	Facilitate partnership venues for community, providers and employees	Provider Roundtables, Healthy Lifestyle Talks, education and service oriented media boosts and forums promoting information share are in the development stage; most will be zoom for the near future.
Growth 4.1	NIHD Strategic Marketing team will promote everything NIHD	Heightened increase of utilizing all marketing venues to reach the masses is underway. Routine meetings for the marketing group provide a venue for open discussion and monthly advance

		planning.
Quality 5.3	Comply with 2030 seismic building requirements	ACHD and state political representatives are initiating concerted efforts to understand the cost and resource intensity of the OSHPD (HCAI) 2030 requirements on hospitals across California. Scott Hooker, Jason Moxley and I are part of the ACHD Working Group. Our next meeting is this month.
Community	Incorporate Auxiliary, Foundation and Pioneer Home Health Care in the Strategic Plan	Marketing strategies to support all 3 components of NIHD are underway. The Auxiliary recently purchased a Bedside Monitor for patient care. The Foundation donated the monies for 2 of the catered meals for our workforce during the “NIHD 75 th Anniversary” Celebration.

Hospital Council of Northern & Central California

Met with David Bacci, Regional Vice President in October for a District status update. We were able to have significant discussions around the effect the national healthcare staffing shortages are having on hospitals including NIHD. David shared some resource information and guided us on ways to receive state assistance. Additional items for discussion included behavioral health, governmental regulation/mandates and of course CV19.

Wild Iris

Toured and met with the Executive Director of Wild Iris, Matias Bernal, in October. This provided an opportunity for NIHD and Wild Iris to share in support and resources for victims of abuse. Workforce (employees and providers) will be introduced to Matias in the near future and opportunities for training and education are being planned.

Leadership Retreat

The Executive Team met in October for a full-day meeting that included service line operations, staffing and leadership needs. This was a preliminary meeting for ongoing discussions.

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 - CEO

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

REPORT DETAIL

New Marketing Business

- **CEO Kelli Davis gave her first media interview as CEO** to Sierra Wave Media on Oct. 21. James Tyler of Laughing Parrot Productions conducted the interview. Sierra Wave will feature this as a three-part series.



- A belated welcome to **new Digital Marketing Specialist Scot Swan** (*shown at right*) who joined our team and hit the ground running in August. Scot comes to us from Bakersfield, holds a degree in Digital Media Communications, and has solid experience in social media, video and podcasting. Consultant Amanda Long, owner of Social Media Squad in Carson City, will continue to work with NIHD's StratComm team to develop long-term campaigns. Scot and Amanda will be responsible for the digital report below.



- NIHD held its **75th Anniversary Celebration**, Oct. 18-23. Throughout the week, NIHD team members were treated to meals from the **Rollin' Chef, Pinos Pies, and Astorga's Mexican Restaurant**. Friday was the culmination with **commemorative fleece jackets** being made available to the team along with scrumptious desserts courtesy of **Skratch Kitchn's** Gina Steinhoff. Members of the **NIH Foundation** were on-hand to assist with distribution of the jackets and desserts. The Foundation also stepped in and helped cover the costs of

the desserts and Astorga's taco cart. Human Resources and StratComm teamed up to host a gift certificate drawing for team members each day. **Assemblyman Devin Mathis** awarded the District with two certificates of recognition: one for its 75th Anniversary of service to the people of Northern Inyo County, and one recognizing NIHD's ED Nurses on Emergency Nurses Day, Oct. 13. *(Please see last page for some event photos.)*

- October is traditionally a business month for NIHD as it is also **Breast Cancer Awareness Month**. Once again, NIHD hosted Moonlight Mammograms, a three evening affair that extends our Diagnostic Imaging hours for those who cannot schedule screening during normal business hours. Many thanks to our Mammography team *(shown at right)* – **Katie Galvin, Ashley Weatherford, and Krissy Alcalá** – for their continued willingness to go the distance to serve these ladies. Also thanks to the NIHD team members who serve on the **Eastern Sierra Cancer Alliance** and help present the Annual 5K Run/Walk, put on **Community Pink Day** (October 15) to also raise awareness of **National Mammography Day**, and who annually petition local governments to **recognize valued partnerships** between ESCA, NIHD, SIHD, and Toiyabe Indian Health Project that make these events possible. Serving on ESCA from the NIHD team: Rosie Graves, Michelle Garcia, Amy Stange, and new to the board, your author, Barbara Laughon.



- NIHD supported **Bishop Bronco Football** through its season by purchasing advertising with the team, and then encouraging TeamNIHD to wear its best Bronco Blue on game Day Fridays. The NIHD EVS team went the extra step in showing their spirit with Bronco-logged work shirts.
- NIHD paid homage to those team members who volunteer their time as **First Responders** on October 28. *(Shown below, l-r, are those who gave us permission to share their photos: Oscar Esparza, BVFD; Neil Lynch, BPVFD; Scott Stoner, BPVFD; Dominic Jahn, BVFD; and Mykala Howard, BPVFD.)*



- NIHD also spotlighted **Interim Pharmacy Director Jeff Kneip** in our Getting to Know You segment on social media for October. We will spotlight **Clinical Engineering Manager Scott Stoner** in November.
- NIHD took great pride in featuring our **Rural Health Women’s Clinic Team** on an expanded social media campaign that drew great interest and many compliments.
- NIHD captured and paid tribute to organ donor **Donella “Dreamy” Metcalf** with an **Honor Walk** for her and her family, friends and caregivers. As of this writing, *Dreamy’s Honor Walk* has drawn more than 104,000 views on the NIHD YouTube channel. We thank Dreamy for the life-saving decision she made to be an organ donor.

Digital Marketing Update

Facebook Overview July 31st 2021 – October 28th 2021

➤ Closing in on 1,000 Facebook followers.

Post Engagement

 7.8K

↑ 59% in last 3 months

Page Clicks

 6.2K

↑ 2339 in last 3 months

Total Fans

 38

↑ 73% in last 3 months

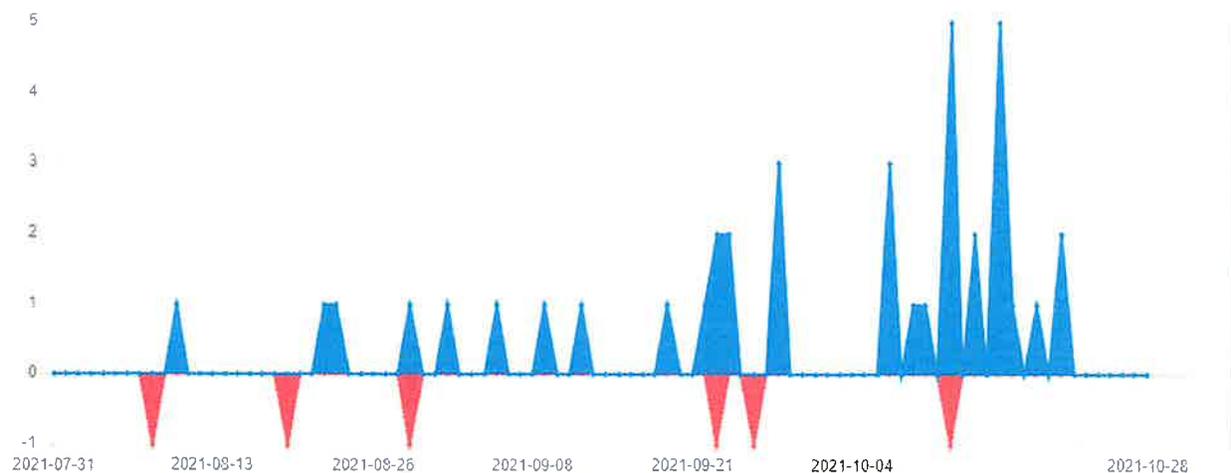
Post Published

 46

Great Going!

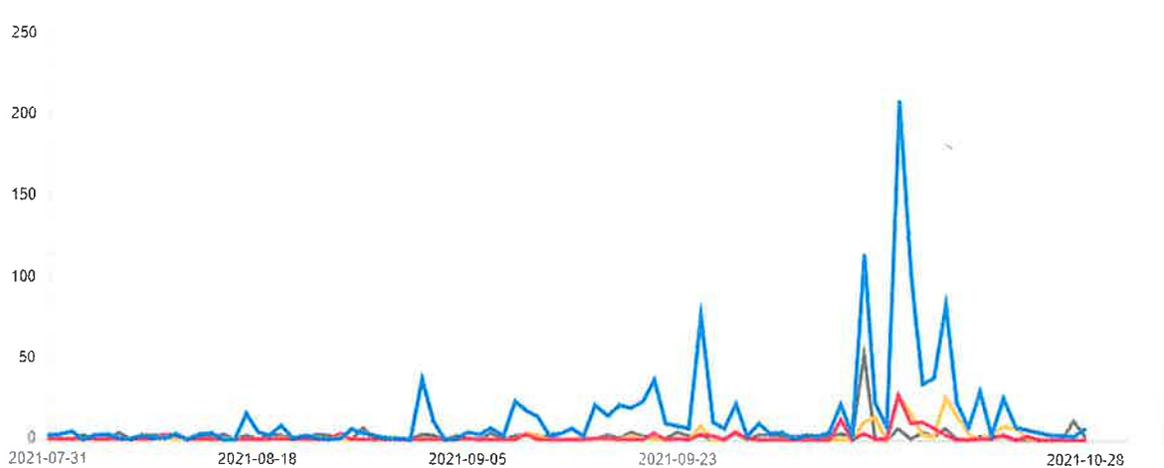
Audience Growth

Audience Growth shows the number of fans (likes on your page) you have gained and lost each day



Audience Engagement

Audience Engagement shows the number of likes, comments and shares on your posts



Audience Insights

Since Previous Period

3.67% ↑

Total Fans Increased

Total Likes	904
Net New Likes	32
Organic Likes	38
Paid Likes	0
Unlikes	6

Engagement Insights

Since Previous Period

57% ↑

Total Engagement Increased

1258 Likes + Reactions
114 Shares
172 Comments
211 Others

Fans Online

Sunday	803
Monday	800
Tuesday	811
Wednesday	803
Thursday	813
Friday	800
Saturday	812

Post Performance

Post performance is the total number of likes, shares, reach and engagement on your post.

Published On	Posts	Type	Likes	Shares	Reach	Engagement
Oct 10, 2021 06:00 pm	Recently, NIHD got to honor a very special patient, Dreamy Metcalf. Dreamy is 58 years old and an organ donor. Her liver and kidneys will save lives.	Video	195	47	3887	19%
Oct 27, 2021 11:57 pm	Today is National First Responders Day, where across the nation we honor all those who are first on the scene during stressful and often dangerous situations.	Image	123	9	2243	36%
Oct 07, 2021 02:12 pm	This month we are featuring Jeff Kneip, Pharmacist in the October edition of the "Getting To Know You" series. Jeff has been part of the NIHD since a...	Image	76	4	1110	16%
Oct 14, 2021 02:44 pm	Meet Jennifer L. Norris! She is a Certified Nursing Midwife in our Women's Health Clinic. Did you know we had a Midwife at NIHD?	Image	59	2	534	22%

Instagram Overview September 31st 2021 – October 28th 2021

Followers

 262

Doing Great!

Profile Views

 85

↑ 85% in last 15 days

Reach

 3.2K

↑ 3214% in last 15 days

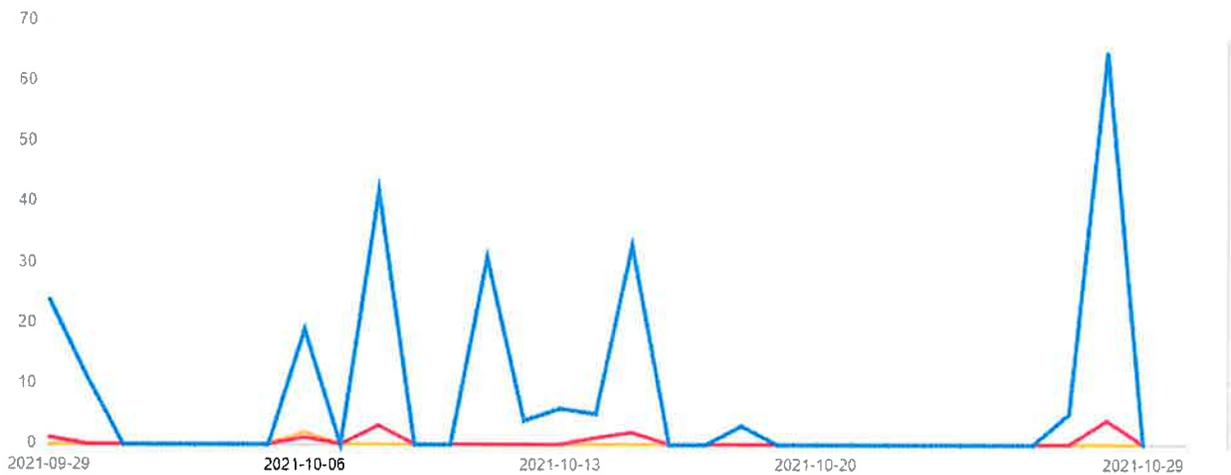
Impressions

 5.1K

↑ 5137% in last 15 days

Post Engagement

Post Engagement shows the number of likes, comments and saves on your posts.



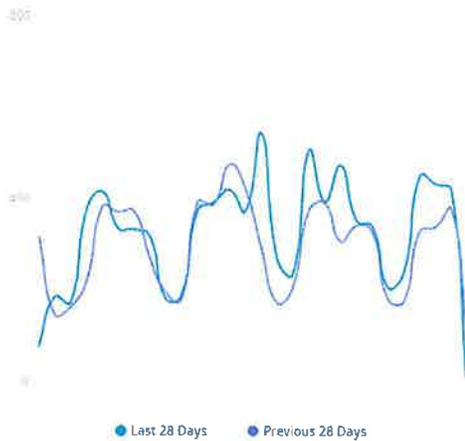
NIHD Website Statistics:

Visitors/Leads 28d

Organic Visitors
9.1k

Organic Leads
13

Visitors Leads



Top Entrance Pages



Page	Visitors
nih.org	5,159
Rural Health Clinic	522
Careers	480
Providers	175
Services	160

Top Physicians

All Physicians



Stacey Brown
MD

Views: 90
Specialties: 1



Timothy Brieske
MD

Views: 66
Specialties: 1



Jennifer Figueroa
PA-C

Views: 55
Specialties: 1



Catherine Leja
MD, PhD

Views: 54
Specialties: 2



Anne Gasior
MD

Views: 53
Specialties: 2

Visitors
9.4k

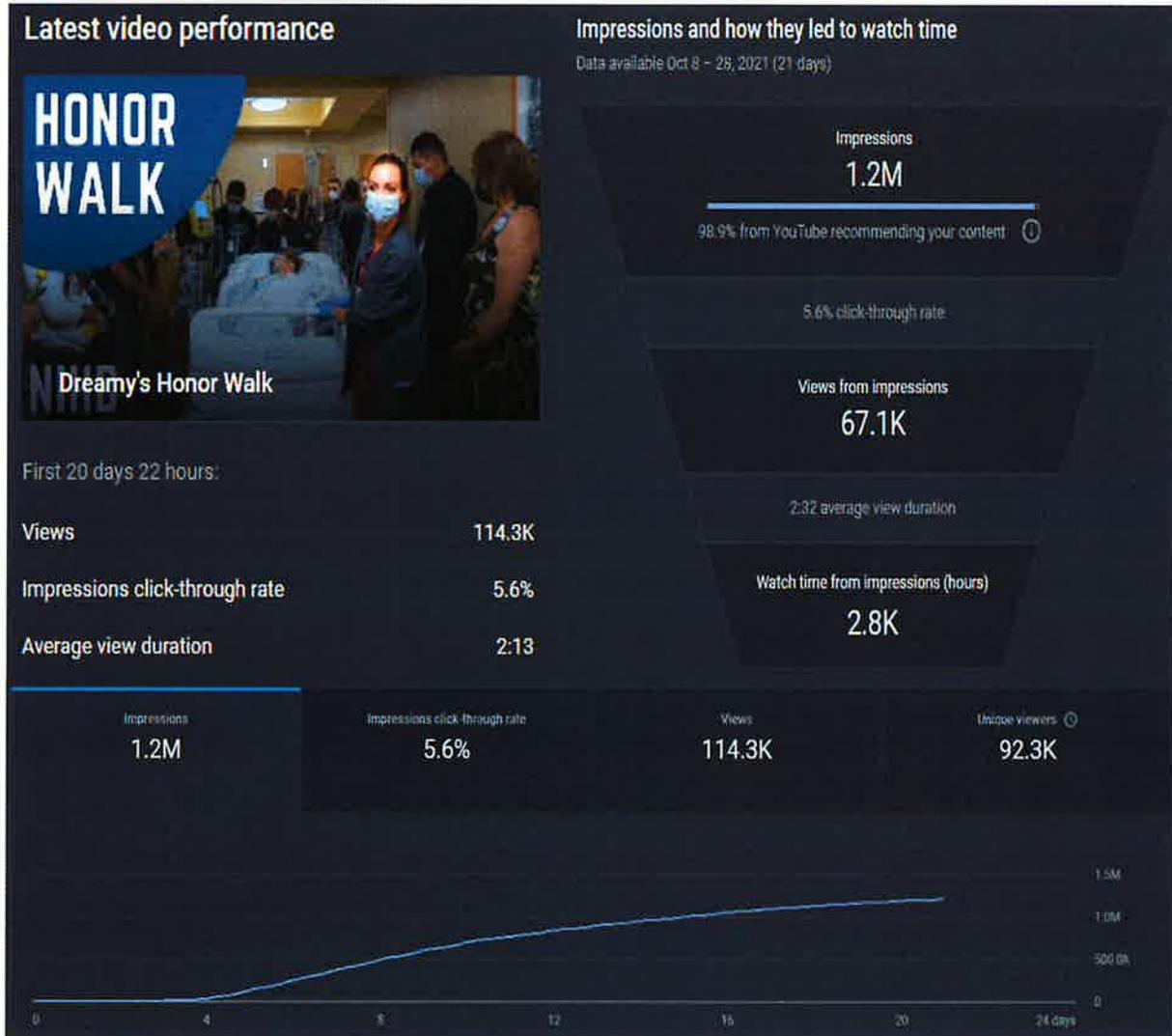
Page Views
22k ↗

Avg. Time on Page
01:27 ↗

Bounce Rate
59% ↗

New Visitors
64% ↗

YouTube Overview: Currently at 330 Subscribers.



75TH ANNIVERSARY FUN





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: November 2021

TO: Board of Directors
Northern Inyo Healthcare District

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

RE: Department Update

REPORT DETAIL

HR Manager (Marjorie Routh): Working with the HR team to develop comprehensive SOP binders. Overseeing the implementation of multiple ADP modules. Facilitating the return of employee engagement activities such as Employee of the Month, Birthday Celebrations, and retirement recognition. Assisting with District-wide 75th Anniversary Celebration.

Recruitment (Brittney Watson): Working very hard to assist District leaders during the COVID crisis staffing shortage. Partnering with Strategic Communications to get job postings on multiple social media platforms.

Onboarding (Sarah Rice): Stepped in to facilitate payroll process while Head of Payroll is out on LOA. Continued audits of current employee requirements (licensure, certification, fit tests, OIG, I-9, TB testing, etc.). Developing training for leaders on the onboarding process and setting realistic timelines. Partnering with recruiter to facilitate weekly orientations (usually biweekly) to assist with staffing crisis.

Payroll (Reuben Morgenstein): Payroll specialist out on LOA. ADP comprehensive Payroll was purchased and implementation is underway. Will provide payroll support to the Head of Payroll who will oversee the process and assist with reporting and analysis requirements.

Benefits (Carlos Madera): Virtual Benefit Fair and Open Enrollment for October. Managing COVID-related leaves.

HR/District Education (Open position): Finishing up recruitment on permanent placement. Wrapping up Professionalism training. LEAD Academy.

Human Resources (Alison Murray): District-wide compensation review with union contract negotiations (wages) underway. Continued work on strategic planning for HR department as well

as District. Working on initiatives identified during the Employee Engagement survey. Overseeing staff compliance with the state mandate requiring vaccination or testing for employees. Attending annual CALPELRA training for labor relations.



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

DATE: November 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 (CP):

Our Cardiopulmonary department continues to be in a near critical state relative to staffing stability. Our CP department is currently down 3 staff members which represents almost 30% of their staffing model. The department has been searching for Respiratory Therapists in both the traveling model and permanent placement and has yet to have success due to the national demand and subsequent shortage of these professionals. The team has bonded together and are getting the hospital staffed, but the stress of the additional hours and working off shifts must be resolved in the short term. On the positive side, October 24-31 was National Respiratory Care Week. To Celebrate the department, and in an attempt to celebrate every respiratory therapists, the hospital provided lunch to the team on three days so as to cover all employees and all shifts. In addition, the department was provided Cardiopulmonary specific jackets embroidered with the NIHD logo, the department name, and the employee name. The celebrations for the week were a very good distraction to what otherwise has been a very difficult stretch of time within the department.

Diagnostic Imaging (DI):

In conjunction with several other key departments, the DI department successfully hosted another month of "Moonlight Mammos" as we recognize Breast Cancer Awareness Month at the district. Moonlight Mammos is an initiative where the DI department offers after hours mammogram appointments for women who may not be able to schedule their exam during normal working hours. The intent is to remove barriers that may exist to completing your annual screening exam. In addition to the three evenings of screening appointments that were made available to our community, the DI department also carved out complete days schedule for some of our community partners in an effort to have them encourage their employees and patients to get their screening mammogram. Partners that had days dedicate to them included Southern Inyo Hospital and Toiyabe. NIHD also had a day dedicated to our employees to encourage the

screening exam. In total 46 patients received their screening mammogram as a result of the effort and who otherwise may not have received their annual screening exam.

Special thanks goes out to our Dietary department and Rosie Graves and Barbara Laughon for their help in making the events a success. The DI department also sponsored a table at the Eastern Sierra Cancer Alliance walk and run and it is reported that Ashley Weatherford put together two of the most sought after baskets in the raffle. By all accounts, the DI table and baskets were the hit of the event.

Laboratory Services (the Lab):

The Joint Commission arrived at our district on September 17th of this year for our bi-annual lab accreditation survey. A single surveyor was on site for four days evaluating our laboratory's service compliance with Joint Commission accreditation requirements. The surveyor was very thorough in his review of our operations and was very complementary of many aspects of the work being done at NIHD. Specifically, the surveyor commented on the clear and obvious teamwork that exists between the laboratory service employees and the nursing staff. To paraphrase, the surveyor stated that the collaboration and team effort that is demonstrated between the disciplines is clear and obvious and should be applauded. The hospital should be proud of this collaboration was his final point on the subject. The survey did result in the need to address 16 elements of performance that were out of compliance with Joint Commission standards. All findings are being addressed and resolution will be in place by mid-November.

I am happy to report that we have successfully recruited Rich Hayden as our Laboratory Manager. Rich has been acting manager as a traveler since January of this year. He has been instrumental in building his lab team and is very supported by his team and by me. He is a great addition to our permanent leadership team at the district.

OLD BUSINESS

Cardiopulmonary:

No old business to report for Cardiopulmonary

Diagnostic Imaging:

No old business to report on for Diagnostic Imaging

Laboratory Services:

No old business to report on for the Lab



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

DATE: October 2021

TO: Board of Directors
Northern Inyo Healthcare District

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

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Service Desk staff continue working on hardware upgrades and patches.

Security Penetration testing was completed this month we are waiting on the report to share with the board.

The team is currently starting to deploy and setup the secure messaging platform (instant message).

The ITS team has completed the roll out of SSON with 2FA which will meet the requirements to obtain and keep Cyber security insurance going forward.

ITS has been working with Cerner about ongoing credit card issues. We are at 90% working currently

OLD BUSINESS

The technical team is in the process of a large VMware Platform upgrade.

Clinical Engineering has completed all tasks associated with Cerner implementation. We are in the process of going live with Worxhub, our new medical equipment maintenance software. We are also currently working on a district wide defibrillator replacement project. In addition, we are in the process of scoping for larger district-wide projects such as the OR floor replacement.



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

DATE: November 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Scott Hooker, Director of Facilities

RE: Department Update

REPORT DETAIL

MAINTENANCE/FACILITIES

New Business:

OSHPD is now known as HCAI, their fire life safety officer will be onsite November 2nd to hopefully perform the final inspection on the building separation project. Pharmacy project is still under HCAI review and is tracking on schedule for an expedited review.

OSHPD Projects (6 projects)

Building Separation project-the Fire Life Safety Officer will be onsite November 4th to perform the final inspection, hopefully we will be able to close this project out.

Pharmacy Project – Plans are at OSHPD going through their first plan check process, hoping to have comments back 1st week of November. OSHPD has agreed to do an expedited review on the Pharmacy plans (expedited is relevant.....)

Temporary Chiller Project – this project is monitored by OSHPD until we get rid of the temporary chiller. That will happen after the Chiller Plant Upgrade (or condenser plant upgrade). Which leads me into the next project

Chiller Plant Upgrade / Condenser plant upgrade – OSHPD approved the project, Colombo Construction has this project out to bid.

Omnicell medication cabinet replacement project – plans are at OSHPD expected delivery of the product and install expected in February

OSHPD changed its name – the new name is California Department of Health Care Access and Information (HCAI)

Old Business:

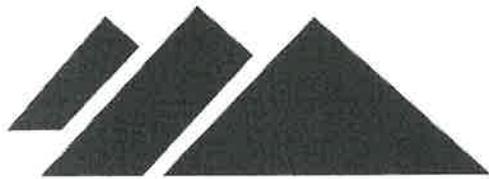
SECURITY

New Business:

Security is running smoothly we hired two new Security Officers; Patrick Powell and Patrick Olson. Waiting for HR to make an officer for the last Security Officer position.

Old Business:

Security is currently operating with 5 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: November 2021

TO: Board of Directors
Northern Inyo Healthcare District

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

RE: Department Update

REPORT DETAIL

FOUNDATION

September and October saw some exciting fundraising news with almost \$700 coming in from CAREshuttle passengers and the donation envelopes that are available in the vans. Then, the Foundation received word from Eastern Sierra Community Bank that it would be donating \$5,000 towards the CAREshuttle. There were also regularly scheduled board meetings where the Board approved funding for a neonatal cardiac monitor at \$9,400 and \$644 in funding for CAREshuttle maintenance. The Foundation also wanted to support the District in its 75th anniversary celebrations and agreed to fund both the Friday desserts and the Saturday lunch.

GRANT WRITING

As reported last time, the District was pursuing some reimbursement funding through HRSA's new DATA 2000 Waiver Training Payment Program. They are providing \$3,000 per practitioner to RHCs for those who received their X-waiver to treat opioid abuse patients after January of 2019. The District ended up receiving \$6,000 for both Dr. Brown and Dr. Engblade. If any new physicians come on board who received their training after 01/2019, we will pursue funding for them as well.

Administration and maintenance for our current grants is ongoing. There were no new grants that were under consideration or being applied for during this period.



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

DATE: November 2021

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Lynda Vance, Manager of Project Management

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Project Management Specialist: I completed the process with HR on a new permanent position on the project management team. A new staff person will start mid-month in November as our Project Management Specialist. I am excited for the next stage of project management at NIHD that this new person will bring. I am very thankful for our Temporary Project Clerk, Monica Watterson, who has been assisting me with so many things in the office for the last five months. I wish her luck in her new endeavor with a permanent position with another NIHD team.

Cerner Project: Working to ensure proper engagement from Cerner to support the NIHD teams. The Revenue and HIMS teams have continued to work through challenges.

Project Process updates: I am continuing to work on streamlining project processes, tracking, and reporting. I am finalizing the Project Priority Matrix to include a Gantt chart and timelines to ensure transparency of projects at NIHD.

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

Discovery – 4 (Onboarding Workflow Efficiency, Employee Health Management System, Myla Lab/Micro Middleware, BDM Interface Cerner project)

Actively Working – 25 (OR and PACU Flooring, Cerner Support and SR review, Supply requisition Challenges, Hematology Analyzer, HCIQ and Valify GPO CHC Project, Omnicell Cabinets, ADP Empower/ Payroll and Employee services, Defibrillator Replacement, City of Hope Telehealth, Report Governance Committee, Advance Capture, GHX, MAT Grant Project, Smartsheet upgrade for PHI compliance, State Mandate Tracking, Scanning-clinic efficiency, i2i with athena, i2i with Cerner, Flu and NSHN tracking, Bronco Clinic Restart, Experian Pricing transparency, OneContent Centricity upload, OneContent athena upload, Internal Med Office update, PPM SaaS)

Closing – 5 (EcoLab Sanitizer, Imprivata SSO, Reference Lab price updates, Urology Surgery Tracking, ADP to Replace Kronos Time areas)

Moves Completed - 6 (Partial DI Staff office update, HIMS desk ergonomic update, RHC RN's located, Director of Rehabilitation, Central Registration office updates, Primary Care Practice Manager at the RHC)

On Hold Projects - 14 (InQdocs Subscription Service, Phlebotomy draw area update, Partial DI Staff office update, Copay Workflow Improvement, FEEs system, Hemodialysis for IP, Kitchen Update, Wound Care, Additional Ortho Services, Logisticare/Modivcare Transport, Surgery/ PACU office changes, SAP Concur, Door Access Badge standard workflow, Perinatal Manager Office)



Northern Inyo Healthcare District

150 Pioneer Lane
Bishop, CA 93514
(760) 873-5811
www.nih.org

Date: 10/21/21

To: Board of Directors

From: Joy Enblade, MD, MMM, FACP, Chief Medical Officer

Re: Bi-Monthly CMO report

Medical Staff Department update

The Medical Staff office continues to be busy. Dianne Picken, MSO Director is now back from medical leave and the office is busy with credentialing new providers. She will also be sitting for the CPMSM certification exam in a few weeks (Certified Professional Medical Services Management). Certification requires a high level of Medical Staff Management knowledge and being certified will be a great accomplishment! Part of our strategic plan is standardizing processes through the Medical Staff office and certainly having this level of proficiency in the Medical Staff Office will assist with this work.

We would also usually be re-credentialing half of our medical staff now (all staff re-credential every 2 years), but due to Dianne's leave and Covid, we are allowed an extension. For physicians who are due to re-credential by Dec 31st, this deadline has been moved to March 14, 2022.

In terms of physician recruitment, Dr. Lucian Oprea has verbally accepted a position at the RHC, replacing Dr. Zuger. Dr. Oprea will be coming to us from the San Diego area. He is an Internal Medicine physician with an interest in MAT. We have also received a verbal acceptance from Dr. Jennifer Lizcano who is slated to start in the Internal Medicine office in February 2022. She will be making the transition from being an inpatient hospitalist to being an outpatient provider. We are excited to have both of them join us! We continue to recruit for a General Surgeon. We are in communication with 2 potential candidates and one of them, Dr. Cyrus Rahnama, will be coming to do some locums work with us in early November. Dr. Paul Kim, anesthesia will also be joining the NIHD team in April 2022.

Pharmacy Department update

We are happy to announce that Jeff Kneip, PharmD has accepted the position of Pharmacy Director. He has done an amazing job of stepping up between Pharmacy Directors through the years so finally, he will be the permanent Director. The Pharmacy department is elated, as is the rest of the District!

We have now transitioned our Hazardous Drug compounding to Dwayne's pharmacy and this is going well. Our outpatient infusion patients have not noted a delay in medication infusion.

The pharmacy construction project continues to move along and completing this project is part of our strategic plan. Regular updates are received from Scott Hooker and Colombo construction.

Quality Department update

The Quality Department has had some staffing changes; Teresa Weber has taken a position as the Primary Care Clinic manager and Derrick Lawrence has retired. Their positions have been posted and interviews will commence soon. In the meantime, the department continues to submit data to multiple regulatory agencies and are working to create a dashboard with the data, so the information can be shared throughout the District. Infection Prevention (Robin Christensen and Jennifer Yednock) continue to be extremely busy with the Covid spike in our community regarding home quarantine, isolation, return to work and reporting. They continue to work closely with CDPH and Inyo County Health Department. Once weekly, the District continues to share important information from various departments regarding Survey Readiness.

Covid 19

We continue to have weekly Incident Command meetings and we share information across the District and with our community partners. As of the time of this writing (mid-late October) our Covid numbers continue to climb. We have deployed several point of care rapid Covid PCR testing units across the District. This enables our providers to test for Covid quickly, so results can be given to patients within an hour, without having to utilize lab staff. We continue to provide Covid vaccinations in the front lobby of the hospital on Tuesdays. This will be transitioning to the Rural Health Clinic and the Pediatric Clinic in the next month or two. We also encourage all health care providers to receive their booster shot. There are several vaccine sites across the community including NIHD, Dwaynes Pharmacy, Rite Aid Pharmacy and Vons Pharmacy.

Physician Compensation Update

A physician compensation update was given at the Med Staff meeting on October 12th. We are working on creating a small working group to work on a list of District expectations and a compensation structure.

ACEs (Adverse Childhood Experiences)

Some of our providers are already screening for ACEs, but we are looking at ways we can roll this out as a District. The ACEs website has great information regarding training and implementation. <https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>. We have found Luke Wilson, the Wellness Navigator at the Owens Valley Career Development Center to be a great resource. Luke has now moved on to a different role, but put together great information to assist our patients and providers with this difficult topic.

Thank you

A big thank you from the Medical Staff and NIHD for the work that you do as a Board. We know that NIHD has faced, and continues to face challenges and we appreciate the attention and support that you provide.



NORTHERN INYO HEALTHCARE DISTRICT

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

DATE: November 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. 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 and is working to create accessibility of vaccines in the RHC and NIA clinics. The District also has processes in place for the administration of Monoclonal Antibody Therapy. We have seen a recent increase in the demand for this therapy.

Annual Competency Validation

Skills Days are underway in each of the clinical departments. These events are led by our clinical staff educators (CSE). Each year the CSE's complete a department assessment to identify the skills that will be covered in these events. The skills are selected based on several criteria: high risk low volume, regulatory requirement, team request, new service line/procedure. There is a great deal of preparation and planning that goes into these events and they are very well received by our teams.

New Business

Defibrillator Project

The District is currently in the process of replacing our defibrillators throughout the clinical areas. This project is led by Jenny Bates, Justin Nott, Scott Stoner, and Lynda Vance. The new defibrillators will bring advanced technology including CPR feedback.

Team Recognition

The District celebrated the retirement of Gretchen Schumacher, LVN Perinatal, on her retirement from the District after 43 years of service. Gretchen touched many lives and did it with both compassion and grace.

Congratulations to Rosie Graves, our Oncology Patient Navigator, who recently earned her Master's degree in Public Administration in Health Care Management from Grand Canyon University.

Gratitude to all our team members throughout the District who continue to work every day to support our patients and community through this pandemic.

Each department leader has submitted a department specific report to follow.



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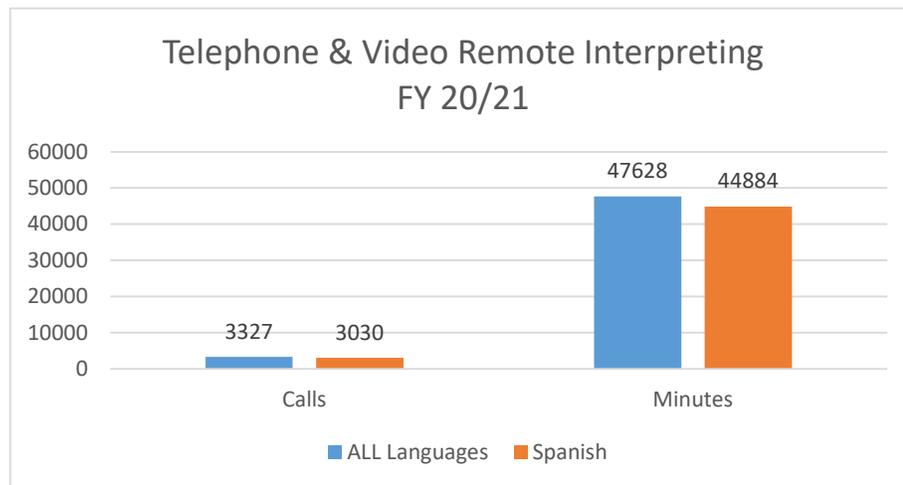
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DATE: November 2021
 TO: Board of Directors, Northern Inyo Healthcare District
 FROM: Jose Garcia, *Language Access Services Manager*
 RE: Department Update

REPORT DETAIL

Old Business

The final Department Annual report for FY 20/21 illustrates the District’s patient population, and how vital communication is in order to provide high quality care to all patients. As mentioned during the July report, video and telephone remote interpreting services for Spanish account for most of the use, totaling 91% of all calls and 94.2% of all minutes, combining all three service providers.



Other than English, the District provided services in the following languages (in alphabetical order): American Sign Language (ASL), French, Gujarati, Hindi, Japanese, Mandarin, Mongolian, Polish, Spanish, Thai, and Vietnamese.

The District's Interpreter Services Call Center RECEIVED 5,749 service calls (from within the HCIN network), providing 76,081 minutes of interpreting services in Spanish, all during the 20/21 fiscal year.

The Department provided 237 in-person interpreting sessions throughout the District, and 118 translations during the FY 20/21.

New Business

The Department continuously evaluates the District's service needs, and makes the necessary adjustments to the contracted services in order to provide the most effective interpreting services.

Historically, the District contracted with only one remote interpreting service provider: LanguageLine. Over the years, we have added two other service providers: HCIN (Health Care Interpreter Network), and CyraCom. The latter becoming our primary service provider seven years ago. However, the COVID-19 pandemic added a significant demand on interpreting services, resulting in extended waiting times when connecting to an interpreter. We made the strategic decision to have LanguageLine as our primary service provider last month.

During September, and October, we deployed three more iPads for interpreting services for a total of 23 units in service throughout the District now, including one at the Bronco Clinic.

Sincerely,

Jose Garcia, CD, CHI™



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DATE: November 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Jannalyn Lawrence, *Director of Outpatient Clinics*
RE: Department Update

REPORT DETAIL

Old Business

With COVID again on the rise in our community, our Car Clinic team continues to provide care to patients seeking testing and treatment for COVID. They are outdoors rain or shine, and we commend them for their commitment to our patients. Clinic staff has continued to partner with Inyo County to facilitate a weekly COVID vaccine clinic in the hospital's front lobby.

New Business

We will soon be offering COVID vaccine in our RHC and Pediatric Clinic. This will replace the vaccine clinic in the hospital lobby and offer expanded opportunity for patients to receive the vaccine during routine visits with their provider.

Our MAT team has been working hard to continue raising awareness about substance use and treatment options. We have seen six overdoses reversed with NIHD-issued Narcan out in the community in recent weeks! We are very proud and appreciative of the important work this team is doing.



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DATE: November 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Jenny Bates
RE: Department Update

REPORT DETAIL

Old Business

The community's health and well-being is our priority and the Emergency Department is always available and open to provide safe and essential emergency care. Inyo County is currently experiencing the highest positivity rates in the State, however, the ED continues to operate under the District's Covid emergency preparedness plan and we ensure the highest levels of safety are observed.

New Business

1. The ED team has been successful in securing several travelers to help with our staffing shortages through the winter months. These travelers are scheduled to start in mid-November and will help the team through the busy flu/Covid/RSV season.



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DATE: November 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Justin Nott, Med/Surg and ICU Manager
RE: Department Update

REPORT DETAIL

Med/Surg and ICU

During the last quarter, a large focus for med/surg and the ICU has been ensuring that we have appropriate staffing. We are currently well staffed on med/surg with permanent staff. In the ICU we have multiple open RN positions posted, but we currently have all of those positions staffed with travelers.

The RCU has been intermittently opened and closed during the last quarter, but we have recently been experiencing a surge of admissions to the RCU. The med/surg and ICU staff have continued to go above and beyond, frequently floating to the RCU whenever they are needed.

On med/surg and in the ICU, we have recently implemented a new medical device called Purewick. Purewick is an externally placed urinary catheter for females. Staff are currently being educated regarding the appropriate use of the Purewick catheter and the indications for use. When indicated, this device will allow us to avoid having to place a Foley catheter which can eliminate the risk for infection that comes with the placement of a Foley catheter.

We have just purchased a new bariatric bed that allows us to provide the best possible care to our bariatric patients. Some of the key features include a patient weight range of up to 1000 lbs as well as a low air loss mattress and continuous lateral rotation, both of which can help to prevent skin breakdown.

We continue to move forward with the development of a peripherally inserted central catheter (PICC) team. A policy outlining the requirements to be considered qualified to insert PICC lines and Midlines at NIHD has been written and is currently making its way through the appropriate committees. Once the policy has been approved, we will begin to move forward with the actual training of a team.



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DATE: November 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Julie Tillemans, *Perinatal Nurse Manager*
RE: Department Update

REPORT DETAIL

Old Business

The Perinatal Unit achieved Beta's Quest for Zero: Excellence in OB for the 2021 year. Improving patient safety is our utmost priority. Risk reduction was focused on shoulder dystocia recognition and management, along with management of the patient who presents and or develops preeclampsia. Policies and procedures surrounding the recognition, management and treatment of these OB emergencies were created and updated to reflect best practice. In my absence I would like to give Kuddos to Dr. Martha Kim, Intern Nurse Manager Summer Gilstrap and our Team for championing this improvement by participating in drills, case reviews, education, and implementation of policy and procedure updates.

New Business

We are pleased to announce partnership with the Maternal-Fetal Transport Program of Pomona Valley Hospital Medical Center. Our physicians can now utilize consultation services with their Maternal Fetal Medicine Team and/or Neonatologists. This newly formed partnership and program is essential to our District to ensure a higher level of care for our patients when appropriate. In addition, our Team gets to participate in simulation and training offered by their team, focusing on OB Emergencies. Our first upcoming training is scheduled for November!

Also exciting for our unit is our participation with GoMoms; an obstetric crisis-orientation team training course developed by Stanford University. The simulation training is geared towards improving team performances. In particular, obstetric crisis simulations because it allows team members to understand the needs of others in an emergency and to practice effective communication! Our upcoming training will begin in November and will focus on management of postpartum hemorrhage and hypertensive emergencies in pregnancy, which coincides with the Joint Commissions new standards of perinatal safety requirements. Participants will include Dr. Kim, Dr. Arndal, Jen Norris (Certified Nurse Midwife), Dr. Efros (Anesthesiologist) in addition to myself, our Clinical Staff Educator Carly True and staff nurse, Laura Partridge. We are thrilled

to be able to receive direct online simulation training to improve our ability to care for our community.



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DATE: November 2021
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Name, Director Quality/ Infection Prevention
RE: Department Update

REPORT DETAIL

Old Business

Clinical Informatics: The Clinical Informatics team works on Cerner projects and partners with departments across the District. The team continues to work with all departments to help improve workflow efficiency, optimize, and promote the new processes' adoption.

Survey Readiness: The weekly Accreditation Readiness Team (ART) meets weekly, led by the Quality Department. The ART meeting is attended by the NIHD leadership team to help prepare for continuous survey readiness with a focus on quality and safety of patients care and operational performance improvement.

Employee Health: Continues to work collaboratively with Human Resources and RHC to streamline the employee onboarding process. In addition, Employee Health continues to streamline the manual process of Employee Health records to help prepare for Agility the new Employee Health database. Finally, Employee Health and the Rehabilitation Department continue ergonomic rounding within NIHD departments.

Infection Prevention: Continues to work with Inyo County Health Department with COVID-19 related activities. Infection Prevention works closely with Human Resources to ensure that NIHD meets COVID-19 regulatory guidelines relating to employees and patients. The team continues to monitor and provide updates on local, state, and federal guidelines and recommendations. Infection Prevention continues working with Cerner on workflow. The Infection Prevention team attended the annual APIC conference that was held virtually, we were able to network with other Infection Preventionist

New Business

Clinical Informatics: Currently, the Clinical Informatics team is down two positions. Both positions are currently posted, and we are hoping to fill them soon. The leadership team will be working closely with Amanda Santana and NIHD to ensure that the department is covered.

Survey Readiness: The Quality/Survey readiness team has started tracer activities throughout the District. The team has experienced great participation from all departments, and the teams are taking the tracer activity as learning opportunities. Leadership has been taking turns presenting information relevant to the regulatory requirements for their department and steps they are taking for continuous survey readiness. In addition, the presentations give insight to other NIHD leaders and staff on regulatory requirements in other areas of the District.

Employee Health: Mid-September, the employee health team has started the 2021-2022 influenza vaccine for all NIHD workforce. We continue open office hours six days' week for employees to get the vaccine. As of 10/20/2021, the NIHD percentage of vaccinated HCW's is 55%; there are 29 declinations. Dr. Engblade and Employee Health will be discussing ways to help increase flu vaccine compliance.

Infection Prevention: Continues to work on COVID-19 related activities as Inyo County has increased infections. The NIHD workforce COVID-19 vaccine rate as of 10/20/2021 is 88%. The 2021 International Infection Prevention week was October 17-23. The theme this year was 'Make Your Intention Infection Prevention.' The goal is to highlight the science behind infection prevention and inspire the next generation of Infection Preventionist (IPs) to join the fight, and recognize the efforts of IPs and their work at fighting COVID-19.

FY2021

Unit of Measure	Jul-21	Aug-21	Sep-21
Cash, CDs & LAIF Investments	51,541,102	51,660,613	51,218,981
Days Cash on Hand	194	192	192
Gross Accounts Receivable	41,543,690	41,469,576	44,188,822
Average Daily Revenue	497,079	459,646	500,563
Gross Days in AR	83.58	90.22	88.28
Key Statistics			
Acute Census Days	171	156	170
Swing Bed Census Days	24	0	0
Total Inpatient Utilization	195	156	170
Avg. Daily Inpatient Census	6.3	5.0	5.7
Emergency Room Visits	712	680	619
Emergency Room Visits Per Day	23	22	21
Operating Room Inpatients	6	6	19
Operating Room Outpatient Cases	101	86	84
Observation Days	77	59	62
RHC Clinic Visits	2,302	2,683	2,780
NIA Clinic Visits	1,829	1,808	1,731
Outpatient Hospital Visits	3,530	3,781	3,527
Hospital Operations			
Inpatient Revenue	2,774,294	2,563,061	3,191,692
Outpatient Revenue	11,561,101	10,530,380	10,697,544
Clinic (RHC) Revenue	1,074,051	1,155,594	1,127,660
Total Revenue	15,409,445	14,249,034	15,016,896
Revenue Per Day	497,079	459,646	500,563
% Change (Month to Month)		-7.53%	8.90%
Salaries	2,138,510	2,212,918	2,141,534
PTO Expenses	249,855	249,855	249,855
Total Salaries Expense	2,388,364	2,462,773	2,391,388
Expense Per Day	77,044	79,444	79,713
% Change		3.12%	0.34%
Operating Expenses	7,106,030	7,175,843	7,101,734
Operating Expenses Per Day	229,227	231,479	236,724
Capital Expenses	-	-	-
Capital Expenses Per Day	-	-	-
Total Expenses	8,553,152	8,589,725	8,605,222
Total Expenses Per Day	275,908	277,088	286,841
Gross Margin	906,881	233,655	707,334
Debt Compliance			
Current Ratio (ca/cl) > 1.50	1.60	1.55	1.47
Quick Ratio (Cash + Net AR/cl) > 1.33	1.24	1.29	1.36
Days Cash on Hand > 75	194	192	192

	FY 2020	FY 2021	Jul-21	Aug-21	Sep-21
Total Net Patient Revenue	76,229,126	86,844,620	8,012,911	7,409,498	7,809,068
IGT Revenues	13,729,686	20,295,927	416,667	638,921	416,667
Total Patient Revenue	89,958,812	107,140,547	8,429,578	8,048,419	8,225,735
Cost of Services					
Salaries & Wages	26,275,799	27,016,877	2,138,510	2,212,918	2,141,534
Benefits	18,316,171	22,382,407	1,744,276	1,780,166	1,722,741
Professional Fees	19,573,242	22,565,034	1,866,282	1,869,781	1,868,032
Pharmacy	3,105,981	4,035,279	300,152	304,019	314,542
Medical Supplies	4,199,962	4,136,111	245,191	246,010	267,601
Hospice Operations	505,000	-	-	0	0
Athena EHR System	1,164,797	1,480,088	185,500	188,317	186,908
Other Direct Costs	4,813,483	5,810,258	626,120	574,632	600,376
Total Direct Costs	77,954,434	87,426,053	7,106,030	7,175,843	7,101,734
Gross Margin	12,004,378	19,714,494	906,881	233,655	707,334
Gross Margin %	13.34%	18.40%	11.32%	3.15%	9.06%
General and Administrative Overhead					
Salaries & Wages	4,681,985	3,906,499	319,290	323,708	313,266
Benefits	4,150,743	3,754,395	295,590	297,912	288,302
Professional Fees	2,337,874	3,978,605	387,945	382,869	392,548
Depreciation and Amortization	4,275,662	4,094,658	332,720	332,720	332,720
Other Administrative Costs	1,412,451	1,396,332	111,578	76,674	176,652
Total General and Administrative Overhead	16,858,715	17,130,488	1,447,122	1,413,882	1,503,488
Net Margin	(18,584,023)	(17,711,920)	(540,240)	(1,180,227)	(796,153)
Net Margin %	-24.38%	-20.39%	-6.74%	-15.93%	-10.20%
Financing Expense	2,362,880	1,413,155	179,672	176,219	176,219
Financing Income	2,372,608	1,755,654	-	(0)	(0)
Investment Income	600,420	387,349	23,766	16,474	16,474
Miscellaneous Income	1712917.01	1361183.52	849,744	868,938	8,931,290
Net Surplus	(2,531,273)	4,675,038	570,264	167,886	8,392,058