

August 17 2022 Regular Board Meeting

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AGENDA

NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS REGULAR MEETING

August 17, 2022 at 5:30 p.m.

Northern Inyo Healthcare District invites you to join this meeting:

TO CONNECT VIA ZOOM: *(A link is also available on the NIHD Website)*
<https://zoom.us/j/213497015?pwd=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

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:

1. Call to Order (at 5:30 pm).
2. **Public Comment:** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. New Business:
 - A. QHR Presentation of 2022 Northern Inyo Healthcare District Community Health Needs Assessment *(Board will consider the approval of this presentation)*

- B. Northern Inyo Healthcare District Workforce Housing Focus Update (*Board will receive and discuss community housing options for workforce needs*)
 - C. Chief Financial Officer Update (*Board will receive this update*)
 - 4. Chief of Staff Report, Sierra Bourne MD:
 - A. Medical Staff Appointments (*Board will consider the approval of this Medical Staff Appointment*)
 - 1. Peter Verhey, MD (radiology)- Telemedicine Staff
 - B. Critical Indicators (*Board will consider the approval of these Critical Indicators*)
 - 1. Emergency Medicine
 - 2. Inpatient Medicine
 - C. Policies (*Board will consider the approval of these policies*)
 - 1. Credentialing Healthcare Practitioners in the Event of a Disaster
 - 2. Rapid Response Team
 - D. Medical Executive Committee Meeting Report (*Board will receive this report*)
-

Consent Agenda

- 5. Approval of District Board Resolution 22-14, to continue to allow Board meetings to be held virtually (*Board will consider the adoption of this District Board Resolution*)
- 6. Approval of minutes of the July 20, 2022 Regular Board Meeting (*Board will consider the approval of these minutes*)
- 7. Approval of minutes of the August 8, 2022 Special Board Meeting (*Board will consider the approval of these minutes*)
- 8. Pioneer Home Health Care Quarterly Report (*Board will consider accepting this report*)
- 9. Compliance Department Quarterly Report (*Board will consider accepting this report*)
- 10. Eastern Sierra Emergency Physician Quarterly Report (*Board will consider accepting this report*)
- 11. Financial and Statistical reports for June 31, 2022 (*Board will consider accepting this report*)
- 12. Governance Committee Meeting Update (*Board will consider accepting this report*)
- 13. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures*)
 - A. Using and Disclosing Protected Health Information for Treatment, Payment and Health Care Operations.
 - B. Investigation and Reporting of Unlawful Access, Use or Disclosure of Protected Health Information.
 - C. California Public Records Act- Information Requests
 - D. New Project Implementation.

- E. Compensation of the Chief Executive Officer.
- F. Authority of the Chief Executive Officer for Contracts and Bidding.

-
- 14. Reports from Board members (*Board will provide this information*).
 - 15. Public comments on closed session items.
 - 16. Adjournment to Closed Session to/for:
 - A. Conference with legal counsel. Significant exposure to litigation. Government Code 54956.9(d)(2) (One case)
 - B. Conference with Labor Negotiators, Agency Designated Representatives: Irma Rodriguez Moisa and Andrew M. Aller; Employee Organization: AFSCME Council 57 (pursuant to Government Code Section 54957.6)
 - C. Public Employee Performance Evaluation (pursuant to Government Code Section 54957 (b)) title: Chief Executive Officer.
 - 17. Return to open session and report on any actions taken in closed session.
 - 18. 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.

QHR Bios

Lindsay Marietti: Lindsay serves as Director on the Strategy team for QHR Health and supports healthcare leaders across the country to identify future opportunities for sustainable growth. In her current role, Lindsay partners with hospitals to develop strategies that align with the competitive dynamics of their market as well as broader trends impacting the healthcare landscape, including innovation, partnerships, and consumerism.

Kylie Lattimore: Kylie is an Associate Consultant on the Strategy team for QHR Health working with healthcare organizations across the country to conduct community health needs assessments. She helps organizations identify key health priorities, service area gaps, and strategic relationships to improve community health.



Northern Inyo Healthcare District

Community Health Needs Assessment
Board Report

August 17, 2022

The CHNA Process

A Community Health Needs Assessment (CHNA) is designed to provide information about the community's current health status, needs, and disparities and is a requirement of all non-profit hospitals. It has many strategic benefits such as identifying service area gaps, understanding perceptions of the community, and potential partnership and outreach strategies.



Identify and survey local stakeholders

Develop a list of contacts representing individuals with specific knowledge of the community



Solicit feedback from the broader community

Distribute survey to community members to assess significant health needs and progression towards improvement.

- **643** community members provided information on top community health needs.



Analyze health factor and community data

Review relevant data resources to provide quantitative feedback on the local community.

- **737** different data points were analyzed during the CHNA process.



Determine top health needs

Evaluate CHNA survey findings and other data inputs to identify top needs that can feasibly be addressed by the hospital.

- **7** health factors were identified as being the top needs in the community.




Develop an implementation plan


Facilitated discussions around key resources, partnerships, and plans to address health priorities.

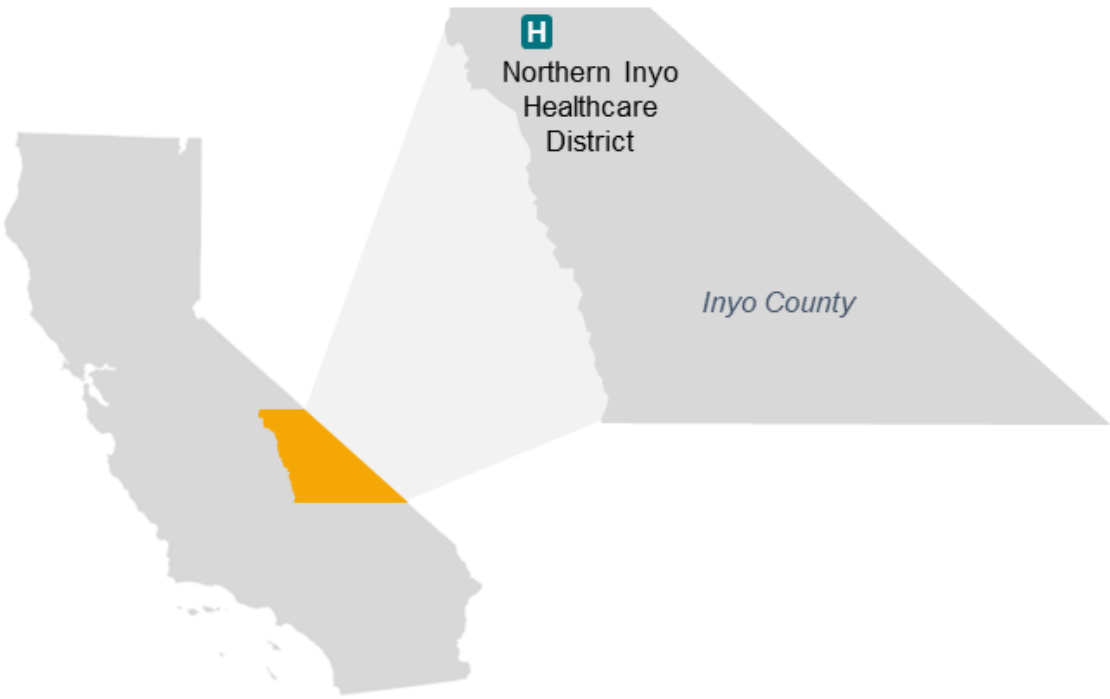
- **3** strategies were developed to address the top health needs in a targeted and efficient way.

Primary Community Served – Inyo County

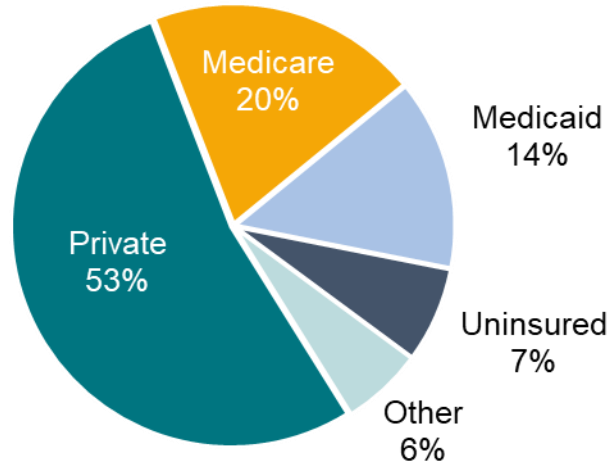
Inyo County Population


Current Population :
18,907



Age 65+ Population:
24.1%
CA: 15.2%





Insurance Coverage




Race/Ethnicity



61%
White


23%
Hispanic


13%
American Indian

Education & Income


High School Diploma or Less:
39%
CA: 36%


Median HH Income:
\$59,990
CA: \$88,930

Seven health priorities identified from the 2022 CHNA survey



Mental Health

- Mental health provider ratio: **201:1** (CA: 244:1)
- Suicide death rate (per 100,000): **17.6** (CA: 10.0)



Healthcare Services: Affordability

- Uninsured: **6.7%** (CA: 7.2%)
- Median household income: **\$59,990** (CA: \$88,930)



Access to Senior Services

- Population 65+: **24.1%** (CA: 15.4%)
- Medicare annual wellness visits: **15%** (CA: 20%)



Diabetes

- Diabetes mortality (per 100,000): **16.4** (CA: 25.4)
- Adult obesity: **28%** (CA: 26%)



Drug/Substance Abuse

- Drug overdose mortality rate (per 100,000): **40.7** (CA: 17.3)
- Any opioid overdose ED visits (per 100,000): **85.1** (CA: 40.9)



Healthcare Services: Physical Presence

- Primary care physician ratio: **1,061:1** (CA: 1,240:1)
- Dentist ratio: **1,505:1** (CA: 1,132:1)



Cancer

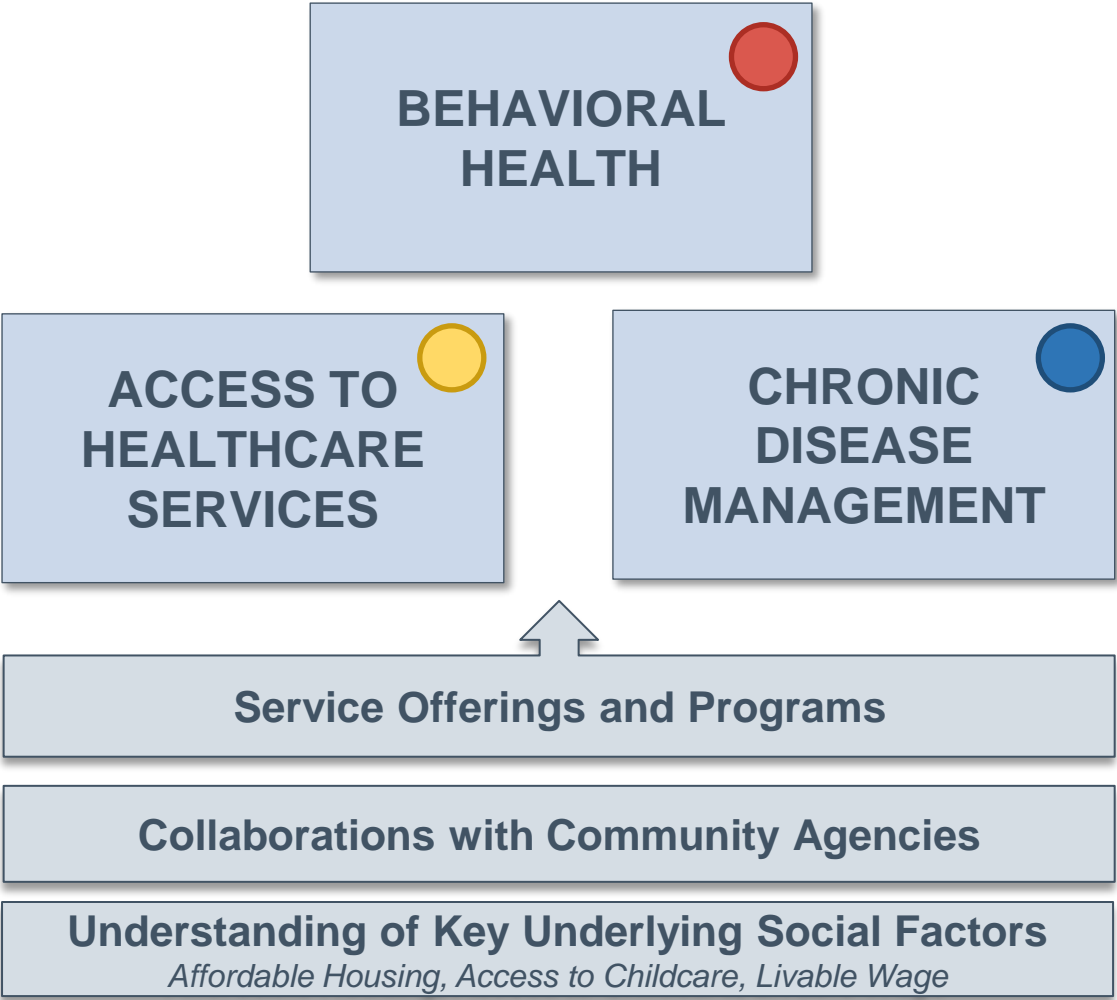
- Cancer mortality (per 100,000): **159.3** (CA: 130.3)
- Cancer incidence (per 100,000): **433.3** (CA: 402.4)

Implementation Plan Framework



-  **Mental Health**
-  **Healthcare Services: Affordability**
-  **Healthcare Services: Physical Presence**
-  **Cancer**
-  **Drug/Substance Abuse**
-  **Diabetes**
-  **Access to Senior Services**

Implementation Plan Framework



NIHD CHNA Implementation Plan Summary

Overarching CHNA Priorities:

1. Closing gaps in care for priority populations (racial/ethnic minorities, seniors, children/adolescents, LGBTQ+)
2. Community outreach and education on services/resources available in the community
3. Collaborating with key partners to meet community needs



Behavioral Health

Key Priorities

- Define NIHD behavioral health services throughout the ever-changing behavioral health environment in the community
- Continue successful Drug/Substance Abuse programming and outreach
- Explore opportunities to meet mental health needs, with a focus on connecting patients to community resources.

Future actions to address this need

- Partner with Inyo County to collaborate on behavioral health services.
- Evaluate the need to hire additional behavioral health providers.
- Increase education and awareness of behavioral health services.
- Reduce barriers to care for priority populations.
- Explore opportunities for care coordination.



Access to Healthcare Services

Key Priorities

- Growing outreach/ education and increasing access for priority populations.
- Addressing affordability of care.
- Ensuring access to needed services via multiple channels, including telehealth and partnerships.

Future actions to address this need

- Evaluate opportunities to decrease wait times.
- Grow attendance at Healthy Lifestyle talks.
- Optimize coordination of interpretation services.
- Improve outreach and education on services available at NIHD.
- Increase the number of health fairs in the community.
- Evaluate hours of operation and opportunities to best serve the community.



Chronic Disease Management

Key Priorities

- Providing the right Diabetes/ Cancer service offerings to meet community needs.
- Promoting awareness of current services and supporting patients with care navigation.

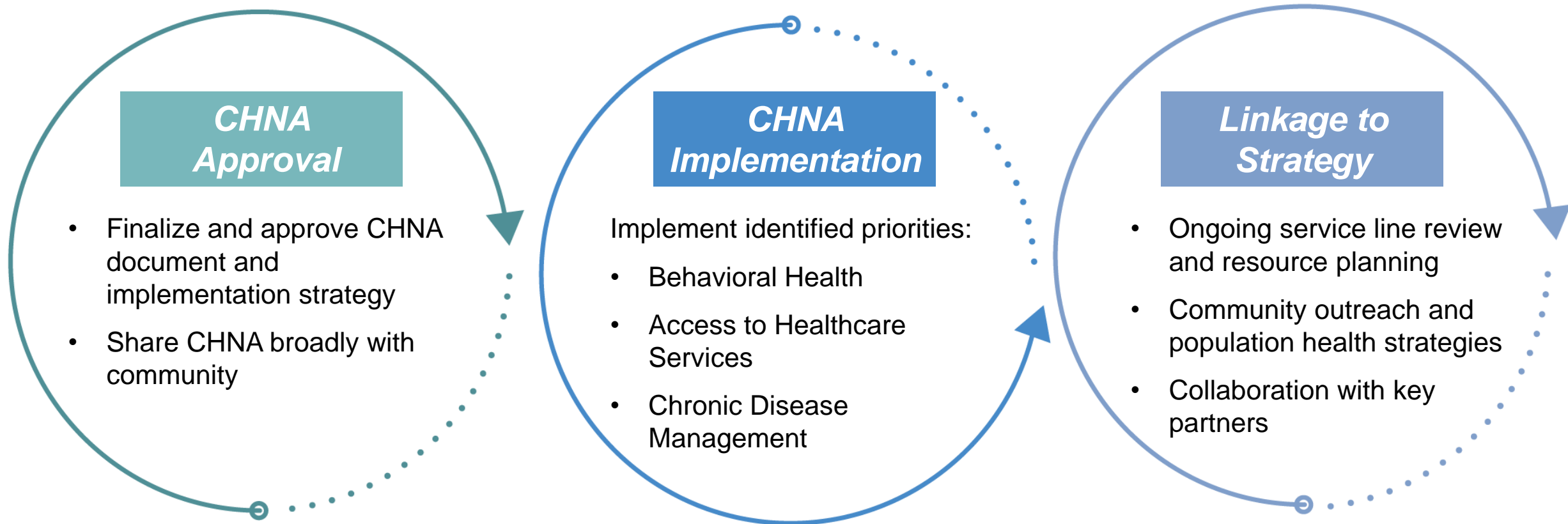
Future actions to address this need

- Support Dietitian in achieving Diabetes Educator certification.
- Improve outreach and education on services available at NIHD.
- Continue to strengthen relationships with partners such as the Eastern Sierra Cancer Alliance and City of Hope to increase access to care for cancer patients.



Note: Full implementation plan including a list of resources and future actions can be found in the NIHD 2022 CHNA Report

CHNA work is positioned to serve as a key input into organizational strategic planning



Questions?



Thank You





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

Northern Inyo Healthcare District 2022 *Community Health Needs Assessment*



Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

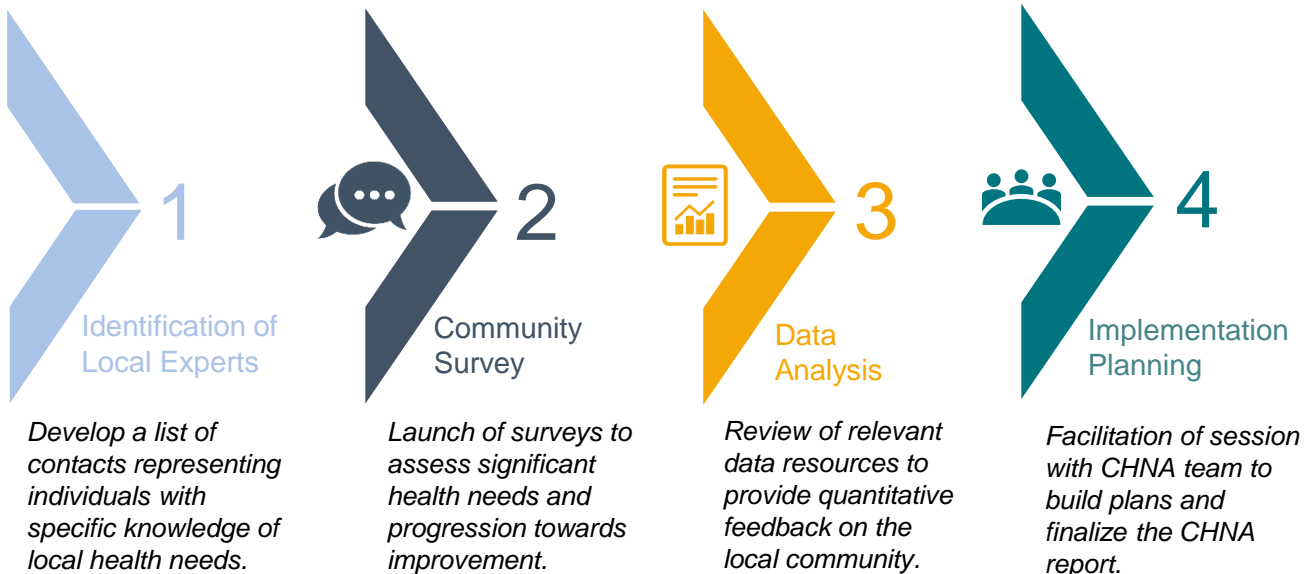
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



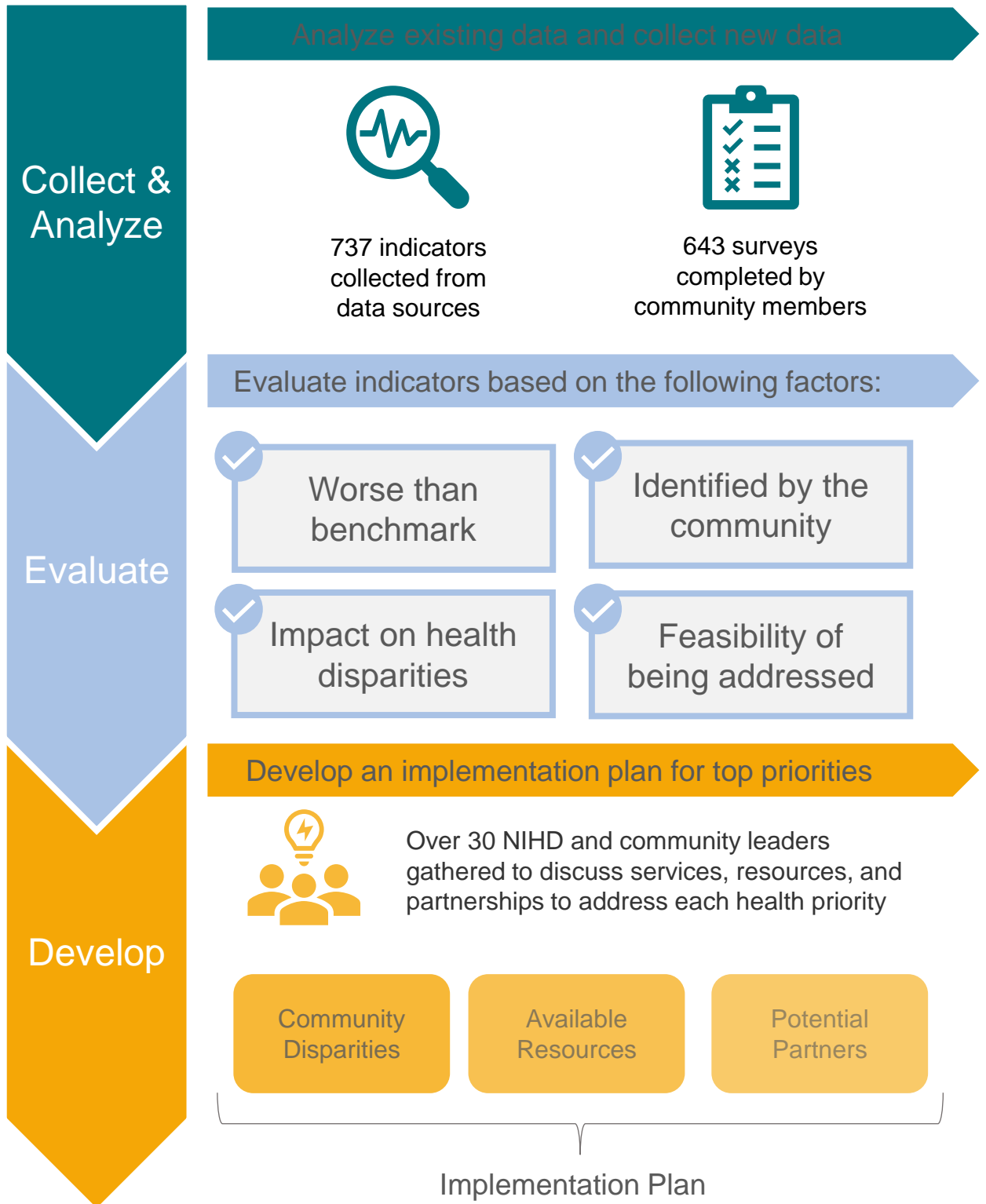
Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process



Methods of Identifying Health Needs



Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible and the District could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Affordable Housing		✓		✓
Healthcare Services: Affordability	✓	✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Diabetes		✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Livable Wage	✓	✓		✓

2022 Top Health Priorities for Inyo County

Behavioral Health



Mental Health

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