

Board Meetings

April 19, 2023 Regular BOD Meeting

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AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

April 19, 2023 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. Ad Hoc Committee Reports *(Board will provide this information)*
 - a. Governance (Jean Turner)
 - b. HR (Mary Mae Kilpatrick)
 - c. Finance (Melissa Best-Baker)
 - d. Compliance (Jody Veenker)
 - B. Chief Executive Officer Report *(Board will receive this report)*

- C. Chief Financial Officer Report
 - a. Financial & Statistical Reports (*Board will consider the approval of these reports*)
 - b. TAG Update (*Board will receive this report*)
 - D. RSM Update, Michael Brown (*Board will receive this report*)
 - E. Interim CEO Contract (*Board will consider the approval of the Interim CEO Contract*)
 - F. Pharmacy/Infusion and Chiller Plant Projects, Scott Hooker (*Board will consider the approval of the project budget*)
4. Chief of Staff Report, Sierra Bourne MD:
- A. Medical Staff Appointments 2023 – 2024 (*Board will consider the approval of these Medical Staff Appointments*)
 - a. Murat Aklin, MD (*psychiatry*) – Consulting Staff
 - b. Sue Park, NP (*psychiatric nurse practitioner*) – Advanced Practice Provider
 - c. Kunal Agrawal, MD (*neurology*) – Telemedicine Staff
 - d. Nandini Bakshi, MD (*neurology*) – Telemedicine Staff
 - e. Michael Chen, MD (*neurology*) – Telemedicine Staff
 - f. Rajiv Narula, MD (*neurology*) – Telemedicine Staff
 - g. Kussay Nassr, MD (*neurology*) – Telemedicine Staff
 - h. Neal Prakash, MD (*neurology*) – Telemedicine Staff
 - i. Sam Saha, MD (*neurology*) – Telemedicine Staff
 - j. Ruchir Shah, MD (*neurology*) – Telemedicine Staff
 - B. Additional Privileges (*Board will consider the approval of these additional privileges*)
 - a. Earl Landrito, MD– (*radiology*) – privileges in Breast Imaging
 - C. Medical Staff Resignations (*Board will consider the approval of these Medical Staff Resignations*)
 - a. Curtis Schweizer, MD (*anesthesiology*) – effective 3/6/2023
 - D. Medical Executive Committee Report (*Board will receive this report*)

Consent Agenda

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

- 5. Approval of minutes of the March 15, 2023 Regular Board Meeting (Board will consider the approval of these minutes)
- 6. Approval of minutes of the March 24, 2023 Special Board Meeting (Board will consider the approval of these minutes)

7. Approval of minutes of the April 5, 2023 Special Board Meeting (Board will consider the approval of these minutes)
 8. Approval of Policies and Procedures – Biennial Review, no changes required (*Board will consider the approval of these Policies and Procedures*)
 - a. *Address Change*
 - b. *Benefits as Affected by Changes in Employment Status*
 - c. *Final Payroll Check*
 - d. *Holidays*
 - e. *Introductory Period*
 - f. *Orientation*
 - g. *Parking*
 - h. *Standards of Conduct*
 - i. *State Disability Insurance (SDI)*
 - j. *Time Off*
 9. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures*)
 - a. *Billing Write Off*
 - b. *Competency Notebook*
 - c. *Minors with Legal Authority to Consent*
 - d. *Orientation to Nursing Departments*
 - e. *Patient Visit Registration Related to Accidents on Northern Inyo Healthcare District (NIHD) Property*
 - f. *Purchasing and Signature Authority*
 - g. *Scheduling of Nursing Personnel*
 - h. *Weapons Policy*
 10. Approval of Archiving of Policy (*Board will consider the approval of archiving this policy*)
 - a. *We Care Program*
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11. Reports from Board Members (*Board will provide this information*)

12. Public comments on closed session items.

13. Adjournment to Closed Session to/for:

- a. Conference with Legal Counsel - Anticipated Litigation. Government Code 54956.9(d)(2).
Number of Cases (1)
- b. Public Employee Performance Evaluation pursuant to Government Code Section 54957 (b)(1).
Title: Interim CEO

14. Return to open session and report on any actions taken in closed session.
15. 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

February 2023 – Financial Summary

	MONTH	PY MONTH	YTD	PY YTD
IP Gross Revenue	2,545,535	2,908,927	25,470,570	24,872,964
OP Gross Revenue	11,030,636	8,539,211	94,942,114	82,698,743
Clinic Gross Revenue	1,266,634	1,067,009	11,042,104	9,352,722
Net Patient Revenue	8,391,755	7,584,561	54,613,647	61,675,489
IP Days	163	223	1,693	1,788
IP Days w/o Newborns	138	192	1,504	1,591
OP Visits	3,165	3,412	28,585	28,982
RHC Visits	2,389	2,559	20,981	22,259
NIA Clinic Visits	1,561	1,396	13,376	12,933
Surgeries IP	18	19	153	152
Surgeries OP	91	6	794	601
Diagnostic Imaging	1,799	1,714	15,959	15,386
Emergency	765	627	6,544	5,709
Rehab	573	748	5,727	6,692
Nursing Visits	231	331	2,013	2,362
Observation Hours	1,589	1,366	14,281	12,189

REVENUE

Payor mix

Blue Cross	16.60%	26.90%	18.20%	20.90%
Commercial	4.90%	9.90%	5.80%	5.50%
Medicaid	29.40%	23.30%	26.20%	29.10%
Medicare	42.90%	39.50%	46.30%	42.30%
Self-pay	4.90%	40.00%	2.90%	1.80%
Workers' Comp	1.20%	0.00%	0.20%	30.00%

DEDUCTIONS

Contract Adjust	6,829,397	5,364,554	63,640,727	51,841,104
Bad Debt	1,387,069	1,071,017	9,368,186	4,556,129
Write-off	234,813	417,884	3,457,866	1,385,311
Other	(1,998,568)	(1,910,955)	412,386	(2,428,032)

Other deductions is favorable due to a reduction in the MCR Cost Settlement, as a result of our Medicare Cost Report Secondary Audit.

CENSUS

Patient Days	163	223	1,693	1,788
Adjusted Days	982	959	8,759	8,405
Employed FTE	331	343	338	349
Contract FTE	32	45	41	39
Total FTE	363	388	379	388
EPOB	2.38	2.02	1.97	1.91

DENIALS

under review

CHARITY

under review

BAD DEBT

under review

CASH

Cash collections were \$6,907,306 for February.

Disbursements were \$14,385,134 for February.

Year-to-date change in cash position is (\$17,240,682)

PAYOR ISSUES

Blue Cross owes \$1.3 million of non-routine collections. We have reported to the insurance Medicare Cost Report 2nd audit complete - awaiting confirmation on settlement amount due

SALARIES

Per Adjust Bed Day	\$	2,370	\$	2,485	\$	2,344	\$	2,468
Total Salaries	\$	2,327,349	\$	2,382,791	\$	20,532,269	\$	20,739,891

BENEFITS

Per Adjust Bed Day	\$	1,989	\$	2,199	\$	1,804	\$	2,080
Total Benefits	\$	1,953,550	\$	2,109,261	\$	15,800,802	\$	17,485,111

PROFESSIONAL FEES

Per Adjust Bed Day	\$	2,515	\$	2,882	\$	2,614	\$	2,281
Total Physician Fee	\$	1,301,786	\$	922,742	\$	10,401,963	\$	9,222,305
Total Contract Labor	\$	247,771	\$	1,066,430	\$	7,074,238	\$	5,428,577
Total Other Pro-Fees	\$	919,921	\$	774,507	\$	5,423,354	\$	4,522,563

PHARMACY

Per Adjust Bed Day	\$	333	\$	378	\$	300	\$	333
Total Rx Expense	\$	327,171	\$	362,249	\$	2,626,784	\$	2,802,077

MEDICAL SUPPLIES

Per Adjust Bed Day	\$	207	\$	166	\$	360	\$	304
Total Medical Supplies	\$	203,442	\$	159,263	\$	3,154,246	\$	2,554,885

EHR SYSTEM

Per Adjust Bed Day	\$	141	\$	114	\$	137	\$	110
Total EHR Expense	\$	138,908	\$	112,757	\$	1,198,500	\$	928,421

OTHER EXPENSE

Per Adjust Bed Day	\$	717	\$	838	\$	729	\$	748
Total Other	\$	703,829	\$	803,353	\$	6,383,368	\$	6,285,457

DEPRECIATION AND AMORTIZATION

Per Adjust Bed Day	\$	351	\$	312	\$	311	\$	331
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Total Other	\$	344,315	\$	298,932	\$	2,720,694	\$	2,785,100
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NIHD Statistics

FY 2023

	Dec			Jan			Feb Totals			Mar Totals			FYTD		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Inpatient Days															
Total Patient Days	231	202		273	247		163	138		198	169		1,891	1,673	
Total Admits	98	79		93	74		76	59		90	72		756	618	
Total Discharges	105	86		92	73		80	67		93	77		764	633	
ADC (average daily census)	7.45	6.52		8.81	7.97		5.82	4.93		7.07	5.45		7.78	6.88	
ALOS (average length of stay)	2.36	2.56		2.94	3.34		2.14	2.34		2.20	2.35			2.71	
Inpatient Revenue		3,417,546			3,898,882			2,545,535			3,685,610			29,156,180	
Outpatient Revenue		11,309,707			11,943,811			11,030,636			12,610,463			107,552,578	
Total Hospital Revenue		14,727,253			15,842,693			13,576,171			16,296,073			136,708,758	
Clinic (RHC) Revenue		1,602,344			1,552,193			1,266,634			1,550,229			12,592,333	
Total Gross Revenue		16,329,598			17,394,887			14,842,805			17,846,302			149,301,091	
Hospital Only OP Factor		4.31			4.06			5.33			4.42			4.69	
Total OP Factor		4.78			4.46			5.83			4.84			5.12	
Adjusted Admissions		340			301			315			318			2,898	
Adjusted Patient Days (Hospital)		870			1,004			736			747			7,844	
Adjusted Patient Days (Total)		965		1,218	1,102		950	805		959	818		9,683	8,567	
Adjusted ADC		31.14			35.55			28.74			26.40			35.26	
Patient Days by Financial Class															
Blue Cross	54	41	23.4%	24	18	8.8%	27	17	16.6%	41	28	20.7%	349	260	18.5%
Commercial	9	9	3.9%	27	25	9.9%	8	4	4.9%	15	11	7.6%	114	102	6.0%
Medicaid	5	2	2.2%	-	-	0.0%	1	1	0.6%	2	2	1.0%	30	27	1.6%
Medi-Cal	7	5	3.0%	26	25	9.5%	12	9	7.4%	18	18	9.1%	152	124	8.0%
Medi-Cal Managed Care	37	27	16.0%	40	24	14.7%	35	30	21.5%	34	23	17.2%	316	242	16.7%
Medicare	107	107	46.3%	140	140	51.3%	67	67	41.1%	71	71	35.9%	835	835	44.2%
Medicare Advantage	-	-	0.0%	10	10	3.7%	3	3	1.8%	16	16	8.1%	36	36	1.9%
Other	-	-	0.0%	5	5	1.8%	-	-	0.0%	-	-	0.0%	5	5	0.3%
Self Pay	10	10	4.3%	1	-	0.4%	8	5	4.9%	1	-	0.5%	50	39	2.6%
Veterans Administration	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%
Worker's Compensation	2	1	0.9%	-	-	0.0%	2	2	1.2%	-	-	0.0%	4	3	0.2%
Admissions by Financial Class															
Blue Cross	30	21	30.6%	14	9	15.1%	18	11	23.7%	24	16	26.7%	181	124	23.9%
Commercial	4	4	4.1%	10	9	10.8%	5	2	6.6%	9	6	10.0%	50	41	6.6%
Medicaid	2	1	2.0%	-	-	0.0%	1	1	1.3%	2	2	2.2%	13	12	1.7%
Medi-Cal	7	5	7.1%	6	5	6.5%	4	3	5.3%	5	5	5.6%	64	48	8.5%
Medi-Cal Managed Care	20	14	20.4%	27	16	29.0%	17	14	22.4%	20	13	22.2%	171	124	22.6%
Medicare	30	30	30.6%	32	32	34.4%	22	22	28.9%	26	26	28.9%	240	240	31.7%
Medicare Advantage	-	-	0.0%	2	2	2.2%	1	1	1.3%	4	4	4.4%	10	10	1.3%
Other	-	-	0.0%	1	1	1.1%	-	-	0.0%	-	-	0.0%	-	-	0.0%
Self Pay	3	3	3.1%	1	-	1.1%	7	4	9.2%	-	-	0.0%	23	16	3.0%
Veterans Administration	2	1	2.0%	-	-	0.0%	-	-	0.0%	-	-	0.0%	2	1	0.3%
Worker's Compensation	-	-	0.0%	-	-	0.0%	1	1	1.3%	-	-	0.0%	1	1	0.1%
Discharges by Financial Class															
Blue Cross	33	24	31.4%	15	9	16.3%	16	11	20.0%	27	17	29.0%	182	125	23.8%
Commercial	6	6	5.7%	10	9	10.9%	6	3	7.5%	8	5	8.6%	49	40	6.4%
Medicaid	2	1	1.9%	-	-	0.0%	1	1	1.3%	2	2	2.2%	13	12	1.7%
Medi-Cal	7	5	6.7%	6	5	6.5%	5	4	6.3%	5	5	5.4%	65	49	8.5%
Medi-Cal Managed Care	19	13	18.1%	25	15	27.2%	20	15	25.0%	19	12	20.4%	169	121	22.1%
Medicare	33	33	31.4%	33	33	35.9%	22	22	27.5%	27	27	29.0%	248	248	32.5%
Medicare Advantage	-	-	0.0%	1	1	1.1%	2	2	2.5%	4	4	4.3%	11	11	1.4%
Other	-	-	0.0%	1	1	1.1%	-	-	0.0%	-	-	0.0%	-	-	0.0%
Self Pay	3	3	2.9%	1	-	1.1%	7	4	8.8%	-	-	0.0%	22	15	2.9%
Veterans Administration	2	1	1.9%	-	-	0.0%	-	-	0.0%	-	-	0.0%	2	1	0.3%
Worker's Compensation	-	-	0.0%	-	-	0.0%	1	1	1.3%	-	-	0.0%	1	1	0.1%
Surgery															
Surgeries - IP	21			19			18			19			172		
Surgeries - OP	88			108			91			117			911		

NIHD Statistics

FY 2023

	Dec			Jan			Feb Totals			Mar Totals			FYTD		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Total Surgeries	109			127			109			136			1,083		
Surgery Minutes - IP	1,144			1,275			1,111			1,445			10,483		
Surgery Minutes - OP	3,447			4,799			1,782			4,626			34,977		
Anesthesia Minutes - IP	1,903			1,971			3,472			2,186			18,369		
Anesthesia Minutes - OP	5,433			7,134			5,550			7,060			57,133		
Surgeries by Payor															
Blue Cross	40		36.7%	46		36.2%	30		27.5%	39		28.7%	332		30.7%
Commercial	5		4.6%	15		11.8%	4		3.7%	8		5.9%	67		6.2%
Medicaid			0.0%			0.0%			0.0%			0.0%	6		0.6%
Medi-Cal	1		0.9%	1		0.8%	5		4.6%	4		2.9%	33		3.0%
Medi-Cal Managed Care	14		12.8%	10		7.9%	15		13.8%	22		16.2%	139		12.8%
Medicare	46		42.2%	48		37.8%	51		46.8%	58		42.6%	461		42.6%
Medicare Advantage	1		0.9%	3		2.4%			0.0%	2		1.5%	18		1.7%
Other			0.0%						0.0%	1		0.7%	2		0.2%
Self Pay	2		1.8%	1		0.8%	2		1.8%	2		1.5%	12		1.1%
Veterans Administration			0.0%			0.0%	1		0.9%			0.0%	2		0.2%
Worker's Compensation			0.0%	3		2.4%	1		0.9%			0.0%	11		1.0%
Surgeries by Specialty															
General	51		46.8%	58		45.7%	39		35.8%	71		52.2%	465		42.9%
Gynecology & Obstetrics	9		8.3%	12		9.4%	12		11.0%	9		6.6%	104		9.6%
Ophthalmology	24		22.0%	26		20.5%	27		24.8%	23		16.9%	236		21.8%
Orthopedic	23		21.1%	29		22.8%	30		27.5%	31		22.8%	255		23.5%
Pediatric			0.0%			0.0%			0.0%			0.0%	1		0.1%
Podiatry	1		0.9%			0.0%			0.0%			0.0%	3		0.3%
Urology	1		0.9%	2		1.6%	1		0.9%	2		1.5%	19		1.8%
Surgeries by Physician															
Arndal, Lara Jeanine MD	2		1.8%	7		5.5%	2		1.8%	3		2.2%	41		3.8%
Bautista, Jhoanne Lynne MD							2		1.8%			0.0%	2		0.2%
Brown, Darnell MD			0.0%			0.0%			0.0%			0.0%	1		0.1%
Brown, Scott MD	1		0.9%	1		0.8%			0.0%	1		0.7%	5		0.5%
Chiang, George MD	1		0.9%	1		0.8%	1		0.9%	1		0.7%	16		1.5%
Cromer-Tyler, Robbin MD	39		35.8%	33		26.0%	22		20.2%	50		36.8%	302		27.9%
Guy, Cascillas MD	2		1.8%	8		6.3%			0.0%			0.0%	10		0.9%
Hewchuck, Andrew DPM	1		0.9%			0.0%	1		0.9%	1		0.7%	10		0.9%
Kim, Martha MD	3		2.8%	3		2.4%	2		1.8%			0.0%	24		2.2%
Loy, Bo MD	11		10.1%	8		6.3%	11		10.1%	8		5.9%	87		8.0%
Lussenden, Ryan MD	2		1.8%			0.0%			0.0%			0.0%	6		0.6%
Meredick, Richard MD	8		7.3%	15		11.8%	17		15.6%	21		15.4%	121		11.2%
Olson, Cheryl MD			0.0%	1		0.8%	4		3.7%	4		2.9%	20		1.8%
Pflum, Jeannie DO	4		3.7%	2		1.6%	8		7.3%	6		4.4%	41		3.8%
Plank, David MD	1		0.9%	1		0.8%	1		0.9%	1		0.7%	12		1.1%
Reid, Thomas MD	24		22.0%	26		20.5%	27		24.8%	23		16.9%	236		21.8%
Robinson, Allison MD	6		5.5%	15		11.8%	9		8.3%	17		12.5%	94		8.7%
Robinson, Mark MD	4		3.7%	6		4.7%	2		1.8%			0.0%	36		3.3%
Wetter, Lowell MD			0.0%			0.0%			0.0%			0.0%	12		1.1%
Yoon, Victor MD			0.0%			0.0%			0.0%			0.0%	7		0.6%
Labor and Delivery															
Total Births	20			20			16			19			149		
Cesarean Section Deliveries	6			5			5			4			43		
Vaginal Deliveries	14			15			11			15			106		
Delivering OB															
Arndal, Lara Jeanine MD	4			6			2			7			40		
Kim, Martha MD	8			9			5			5			48		
Meredick, Kristin MD													2		
Norris, Jennifer CNM	2			3			1			1			16		
Pflum, Jeannie DO	6			2			8			6			43		

NIHD Statistics

FY 2023

	Dec			Jan			Feb Totals			Mar Totals			FYTD		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Deliveries by Financial Class															
Blue Cross	9		45.0%	5		25.0%	7		43.8%	8		42.1%	59		39.6%
Commercial			0.0%	3		15.0%	3		18.8%	3		15.8%	11		7.4%
Indian Beneficiary			0.0%			0.0%			0.0%			0.0%	1		0.7%
Medicaid	1		5.0%			0.0%			0.0%	1		5.3%	5		3.4%
Medi-Cal	3		15.0%	1		5.0%	1		6.3%			0.0%	20		13.4%
Medi-Cal Managed Care	6		30.0%	11		55.0%	3		18.8%	7		36.8%	49		32.9%
Self Pay			0.0%			0.0%	2		12.5%			0.0%	3		2.0%
Veterans Administration	1		5.0%			0.0%			0.0%			0.0%	1		0.7%
Outpatient Visits **OP Visits Exclude Clinic & ED															
Total Outpatient Visits	3,641			3,647			3,165			3,857			32,442		
Blue Cross	1,264		34.7%	1,200		32.9%	1,041		32.9%	1,194		31.0%	10,397		32.0%
Client	64		1.8%	54		1.5%	70		2.2%	59		1.5%	719		2.2%
Commercial	186		5.1%	173		4.7%	174		5.5%	223		5.8%	1,724		5.3%
Indian Beneficiary			0.0%			0.0%			0.0%			0.0%	11		0.0%
Medicaid	7		0.2%	7		0.2%	8		0.3%	7		0.2%	209		0.6%
Medi-Cal	112		3.1%	125		3.4%	93		2.9%	111		2.9%	1,260		3.9%
Medi-Cal Managed Care	435		11.9%	427		11.7%	373		11.8%	464		12.0%	4,824		14.9%
Medicare	1,381		37.9%	1,416		38.8%	1,181		37.3%	1,529		39.6%	11,423		35.2%
Medicare Advantage	61		1.7%	86		2.4%	72		2.3%	126		3.3%	623		1.9%
Other	12		0.3%	10		0.3%	17		0.5%	6		0.2%	75		0.2%
Self Pay	41		1.1%	73		2.0%	45		1.4%	51		1.3%	462		1.4%
Veterans Administration	5		0.1%	1		0.0%	1		0.0%	2		0.1%	87		0.3%
Worker's Compensation	73		2.0%	75		2.1%	90		2.8%	85		2.2%	562		1.7%
Clinic Visits															
Rural Health Clinic Visits	2,869			2,816			2,389			2,773			23,754	34,725.00	
Blue Cross	1,090		38.0%	1,067		37.9%	964		40.4%	1,095		39.5%	9,075		38.2%
Charity			0.0%			0.0%			0.0%			0.0%	-		0.0%
Commercial	180		6.3%	170		6.0%	118		4.9%	151		5.4%	1,454		6.1%
Medicaid	6		0.2%	8		0.3%	9		0.4%	8		0.3%	76		0.3%
Medi-Cal	101		3.5%	120		4.3%	83		3.5%	81		2.9%	940		4.0%
Medi-Cal Managed Care	528		18.4%	529		18.8%	487		20.4%	543		19.6%	4,450		18.7%
Medicare	821		28.6%	765		27.2%	617		25.8%	746		26.9%	6,504		27.4%
Medicare Advantage	27		0.9%	30		1.1%	18		0.8%	50		1.8%	254		1.1%
Other			0.0%			0.0%			0.0%			0.0%	1		0.0%
Self Pay	87		3.0%	95		3.4%	58		2.4%	76		2.7%	753		3.2%
Veterans Administration	7		0.2%	9		0.3%	7		0.3%	4		0.1%	52		0.2%
Worker's Compensation	22		0.8%	23		0.8%	28		1.2%	19		0.7%	195		0.8%
Total NIA Clinic Visits	1,711			1,756			1,561			1,890			15,266	22,899.00	
Bronco Clinic Visits	23			50			52			25			268	402.00	
Internal Medicine Clinic Visits	338			400			286			367			3,356	5,034.00	
Orthopedic Clinic Visits	310			314			302			359			2,880	4,320.00	
Pediatric & Allergy Clinic Visits	655			568			513			592			5,094	7,641.00	
Specialty Clinic Visits	233			287			273			332			2,399	3,598.50	
Surgery Clinic Visits	100			99			102			135			875	1,312.50	
Virtual Care Clinic Visits	52			38			33			80			394	591.00	
Total Clinics	4,580			4,572			3,950			4,663			39,020	57,624	
DI Exams															
Bone Density	35			57			41			43			384		
Computed Tomography	366			334			268			318			3,093		
General Diagnostic	856			935			790			903			8,013		
Magnetic Resonance Imaging	136			93			132			149			1,161		
Mammography	171			175			159			179			1,567		
Nuclear Cardiac	15			17			13			20			151		
Nuclear Medicine	9			12			22			11			97		
Ultrasound	335			332			329			355			3,070		

NIHD Statistics

FY 2023

	Dec			Jan			Feb Totals			Mar Totals			FYTD		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Vascular Ultrasound	47			44			45			59			460		
Total Exams	1,970			1,999			1,799			2,037			17,996		
ED Visits															
ED Visits per day	25			24			27			26					
ED Visits - OP	703			708			720			748			6,880		
ED Visits - Admitted to IP	62			45			45			45			452		
ED Admits % of ED Visits	8.1%			6.0%			5.9%			5.7%					
ED Left W/O Being Seen (No Charges)	2			2			5			1			32		
Total ED Visits	765			753			765			793			7,337		
Blue Cross	158		20.7%	166		22.0%	187		24.4%	196		24.7%	1,710		23.3%
Charity			0.0%			0.0%			0.0%			0.0%	-		0.0%
Commercial	59		7.7%	59		7.8%	51		6.7%	49		6.2%	548		7.5%
Medicaid	12		1.6%	8		1.1%	8		1.0%	7		0.9%	105		1.4%
Medi-Cal	51		6.7%	41		5.4%	64		8.4%	57		7.2%	564		7.7%
Medi-Cal Managed Care	196		25.6%	193		25.6%	209		27.3%	202		25.5%	1,841		25.1%
Medicare	204		26.7%	200		26.6%	167		21.8%	187		23.6%	1,771		24.1%
Medicare Advantage	17		2.2%	12		1.6%	16		2.1%	27		3.4%	147		2.0%
Other	4		0.5%	4		0.5%	5		0.7%	2		0.3%	20		0.3%
Self Pay	39		5.1%	40		5.3%	36		4.7%	35		4.4%	404		5.5%
Veterans Administration	2		0.3%	3		0.4%	2		0.3%	2		0.3%	26		0.4%
Worker's Compensation	23		3.0%	27		3.6%	20		2.6%	29		3.7%	201		2.7%
Outpatient Nursing Visits															
Infusion	121			117			124			106			1,201		
Injection	57			59			45			66			499		
Multiple Services							1			2			2		
Wound Care	56			72			61			73			556		
Total OP Nursing Visits	234			248			231			245			2,258		
Blue Cross	82		35.0%	63		25.4%	65		28.1%	46		18.8%	300		13.3%
Charity			0.0%			0.0%			0.0%			0.0%	-		0.0%
Commercial	14		6.0%	4		1.6%	8		3.5%	8		3.3%	44		1.9%
Medicaid			0.0%			0.0%			0.0%			0.0%	-		0.0%
Medi-Cal	8		3.4%	9		3.6%	19		8.2%	26		10.6%	78		3.5%
Medi-Cal Managed Care	13		5.6%	26		10.5%	23		10.0%	22		9.0%	131		5.8%
Medicare	112		47.9%	137		55.2%	102		44.2%	127		51.8%	602		26.7%
Medicare Advantage	5		2.1%	9		3.6%	6		2.6%	15		6.1%	44		1.9%
Other			0.0%			0.0%	8		3.5%	1		0.4%	9		0.4%
Self Pay			0.0%			0.0%			0.0%			0.0%	1		0.0%
Veterans Administration			0.0%			0.0%			0.0%			0.0%	-		0.0%
Worker's Compensation			0.0%			0.0%			0.0%			0.0%	-		0.0%
Rehab Visits															
Occupational Therapy	91			81			63			90			736		
Physical Therapy	719			667			509			675			5,336		
Speech Therapy	60			-			1			2			422		
Total Rehab Visits	870			748			573			767			6,494		
Blue Cross	344.00		39.5%	277		37.0%	205.00		35.8%	235		30.6%	1,319		20.3%
Charity			0.0%			0.0%			0.0%			0.0%	-		0.0%
Commercial	47.00		5.4%	38		5.1%	28.00		4.9%	54		7.0%	206		3.2%
Medicaid	2.00		0.2%			0.0%			0.0%			0.0%	2		0.0%
Medi-Cal	16.00		1.8%	30		4.0%	7.00		1.2%	9		1.2%	69		1.1%
Medi-Cal Managed Care	107.00		12.3%	87		11.6%	66.00		11.5%	81		10.6%	429		6.6%
Medicare	278.00		32.0%	223		29.8%	172.00		30.0%	269		35.1%	1,161		17.9%
Medicare Advantage	10.00		1.1%	28		3.7%	23.00		4.0%	35		4.6%	109		1.7%
Other	6.00		0.7%	7		0.9%	1.00		0.2%			0.0%	14		0.2%
Self Pay	2.00		0.2%	4		0.5%	5.00		0.9%	18		2.3%	29		0.4%
Veterans Administration			0.0%			0.0%			0.0%			0.0%	-		0.0%
Worker's Compensation	58.00		6.7%	54		7.2%	66.00		11.5%	66		8.6%	299		4.6%

NIHD Statistics

FY 2023

	Dec			Jan			Feb Totals			Mar Totals			FYTD		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Other Hospital Statistics															
Observation Days	75			72			66			80			675		
Observation Visits	70			69			69			71			638		
Observation Hours	1,800.28			1,738.08			1,588.99			1,915.69			16,196.91		
Blue Cross	407.64		22.6%	377.23		21.7%	601.53		37.9%	356.89		18.6%	3,544.55		21.9%
Charity			0.0%			0.0%			0.0%			0.0%	-		0.0%
Commercial	25.01		1.4%	252.77		14.5%	42.72		2.7%	191.21		10.0%	1,407.93		8.7%
Medicaid	2.47		0.1%			0.0%			0.0%	40.68		2.1%	269.94		1.7%
Medi-Cal	141.05		7.8%	91.55		5.3%	46.31		2.9%	14.99		0.8%	748.78		4.6%
Medi-Cal Managed Care	126.11		7.0%	255.87		14.7%	141.45		8.9%	292.87		15.3%	1,998.81		12.3%
Medicare	822.14		45.7%	437.73		25.2%	671.04		42.2%	697.36		36.4%	6,758.80		41.7%
Medicare Advantage	152.06		8.4%	308.35		17.7%	43.20		2.7%	321.69		16.8%	1,073.04		6.6%
Other	51.68		2.9%			0.0%			0.0%			0.0%	51.68		0.3%
Self Pay	50.48		2.8%	14.58		0.8%	42.74		2.7%			0.0%	296.32		1.8%
Veterans Administration	21.65		1.2%			0.0%			0.0%			0.0%	21.65		0.1%
Worker's Compensation			0.0%			0.0%			0.0%			0.0%	25.41		0.2%
Hours of Inservice Nursing Ed													-		
Meals Served - Cafeteria (Employee's & Visitors)	3,304			2,540			2,470			2,419			23,272		
Meals Served - Dietary (Patients)	1,140			1,155			816			950			8,823		
Meals Served - Total	4,444			3,695			3,286			3,369			32,095		
Avg Daily Emp & Visitors	106.58			81.94			88.21			78.03					
Avg Daily Patients	36.77			37.26			29.14			30.65					
Care Coordination Trips	228			190			190			286			2,442		
Clean Lbs - Laundry	15,724			16,249			13,930			-			104,868		
Patients	10,388			10,660			8,234						65,978		
Central Supply	-			-			-						130		
DI:	1,784			2,073			1,605						13,146		
Dietary:	341			486			202						2,686		
ED:	670			586			1,203						4,727		
ER Docs:	306			309			314						2,128		
ES:	1,137			1,114			1,110						8,329		
EKG	-			-			-						21		
Surgery:	458			493			649						3,772		
Nurse:	19			29			67						326		
OB:	142			133			131						814		
PT	231			136			140						1,043		
RHC:	34			72			88						379		
Ortho Clinic:	1			14			3						28		
Surgery Clinic:	1			5			-						27		
Specialty Clinic:	3			3			7						35		
Women's Clinic:	89			45			53						512		
RT Scrubs:	5			-			5						62		
Lab Coats:	15			21			18						119		
ED Doctors Scrubs:	21			22			37						191		
Es Scrubs:	-			2			-						2		
Pioneer Home Health	28			7			6						75		
Pharmacy Coat	7			-			-						66		
Gross Square Footage	163,816			163,816			163,816			163,816					
Employee Statistics															
FTE factor	177.14			177.14			160.00			177.14			1,565.71		
PP 1 Hours - Productive	25,226.16	PPE 12/03/22		28,211.12	PPE 01/14/23		27,613.90	PPE 02/11/2023		27,553.33	3/11/2023		244,431.33		
PP 2 Hours - Productive	28,269.33	PPE 12/17/22		28,110.72	PPE 01/28/23		25,827.33	PPE 02/25/2023		27,640.57	3/25/2023		245,901.67		
PP 3 Hours (if applicable) - Productive	26,603.97	PPE 12/31/22											54,227.49		
Accrual reversal (prior month accrual)	(21,897.13)						(6,023.73)			(5,534.43)			(98,614.65)		
Accrual for ME				6,023.73			5,534.43			5,922.98			78,583.85		
Employee FTEs	328.56			351.95			330.95			313.77			335.01		

NIHD Statistics

FY 2023

	Dec			Jan			Feb Totals			Mar Totals			FYTD		
	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix	Total	Total w/o NB	Payor Mix
Contract Labor Hours	5,328			6,286			5,609			6,206			64,351.73		
Contract FTEs	30.08			35.48			35.06			35.04			41.10		
Total FTEs	359			387			366			349			376		
EPOB (employee per occupied bed)	1.78			1.57			2.40			2.06			1.76		
Adjust EPOB	0.37			0.35			0.41			0.43			0.34		

Northern Inyo Healthcare District
Income Statement
Fiscal Year 2023

	7/31/2022	7/31/2021	8/31/2022	8/31/2021	9/30/2022	9/30/2021	10/31/2022	10/31/2021	11/30/2022	11/30/2021	12/31/2022	12/31/2021	1/31/2023	1/31/2022	2/28/2023	2/28/2022	2023 YTD	2022 YTD
Gross Patient Service Revenue																		
Inpatient Patient Revenue	3,986,305	2,774,294	3,395,933	2,563,061	1,938,350	3,193,923	2,813,064	3,361,605	3,474,955	3,958,181	3,417,547	2,404,683	3,898,882	3,708,290	2,545,535	2,908,927	25,470,570	24,872,964
Outpatient Revenue	11,474,649	11,563,898	12,619,549	10,530,380	11,643,340	10,677,079	12,337,627	10,581,296	12,582,796	10,120,970	11,309,707	11,882,529	11,943,811	8,803,380	11,030,636	8,539,211	94,942,114	82,698,743
Clinic Revenue	1,112,050	1,074,051	1,281,637	1,155,594	1,298,041	1,126,962	1,312,937	1,206,362	1,616,268	1,137,285	1,602,344	1,136,568	1,552,193	1,448,892	1,266,634	1,067,009	11,042,104	9,352,722
Gross Patient Service Revenue	16,573,004	15,412,242	17,297,119	14,249,034	14,879,730	14,997,964	16,463,628	15,149,263	17,674,019	15,216,437	16,329,598	15,423,780	17,394,886	13,960,561	14,842,805	12,515,147	131,454,789	116,924,429
Deductions from Revenue																		
Contractual Adjustments	(9,974,707)	(4,886,114)	(7,321,894)	(6,636,885)	(6,081,011)	(6,880,919)	(9,139,351)	(7,559,945)	(8,553,896)	(7,207,126)	(8,204,159)	(7,224,448)	(7,536,311)	(6,081,113)	(6,829,397)	(5,364,554)	(63,640,727)	(51,841,104)
Bad Debt	(1,834,762)	(1,956,168)	(2,292,073)	(524,864)	110,396	(120,841)	(789,398)	115,976	(134,138)	(132,762)	(2,354,124)	(266,596)	(687,018)	(599,855)	(1,387,069)	(1,071,017)	(9,368,186)	(4,556,129)
A/R Writeoffs	(378,045)	(6,801)	(717,468)	(138,222)	(739,907)	(70,088)	(325,216)	(73,605)	(338,106)	(181,117)	(344,283)	(286,045)	(380,030)	(211,549)	(234,813)	(417,884)	(3,457,866)	(1,385,311)
Other Deductions from Revenue	67,000	67,000	(67,000)	67,000	-	67,000	950	67,000	17,166	67,000	410	91,038	(2,429,480)	91,039	1,998,568	1,910,955	(412,386)	2,428,032
Deductions from Revenue	(12,120,514)	(6,782,083)	(10,398,435)	(7,232,972)	(6,710,522)	(7,004,848)	(10,253,015)	(7,450,574)	(9,008,974)	(7,454,005)	(10,902,156)	(7,686,051)	(11,032,838)	(6,801,478)	(6,452,711)	(4,942,500)	(76,879,165)	(55,354,511)
Other Patient Revenue																		
Incentive Income	-	34,766	-	(35,500)	-	665	-	24,456	-	1,619	-	10	-	(24,026)	-	(16)	-	1,974
Other Oper Rev - Rehab Thera Serv	5,303	17,014	4,367	18,560	4,346	13,352	10,361	15,820	7,875	15,908	3,545	2,625	566	8,388	1,660	11,929	38,022	103,597
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	5,303	51,780	4,367	(16,940)	4,346	14,017	10,361	40,275	7,875	17,528	3,545	2,635	566	(15,638)	1,660	11,913	38,022	105,571
Net Patient Service Revenue	4,457,793	8,681,939	6,903,050	6,999,123	8,173,554	8,007,133	6,220,974	7,738,965	8,672,921	7,779,959	5,430,987	7,740,364	6,362,614	7,143,445	8,391,755	7,584,561	54,613,647	61,675,489
Cost of Services - Direct																		
Salaries and Wages	2,175,027	2,138,510	2,269,022	2,212,918	2,195,439	2,099,073	2,179,142	2,131,194	2,262,511	2,303,918	2,158,750	2,726,796	2,338,917	2,346,958	1,959,005	2,047,905	17,537,812	18,007,270
Benefits	2,008,070	1,618,760	1,759,698	1,635,349	1,801,034	1,795,655	1,669,695	1,801,576	1,754,398	2,059,894	1,064,181	2,085,215	1,867,561	2,199,930	1,681,176	1,799,225	13,605,814	14,995,603
Professional Fees	1,381,538	1,415,923	1,438,889	1,354,663	1,650,775	1,487,469	1,797,498	1,766,505	1,963,643	1,340,719	1,652,265	1,388,736	1,652,745	1,452,179	1,942,950	1,498,674	13,480,304	11,704,868
Contract Labor	992,406	455,352	622,813	541,517	1,451,288	491,195	1,024,423	527,022	1,493,476	449,716	(20,338)	434,773	1,001,828	865,229	219,870	971,010	6,785,766	4,735,813
Pharmacy	211,326	274,517	671,932	354,714	54,166	344,942	136,557	405,802	596,330	392,006	268,920	380,870	360,384	286,978	327,171	362,249	2,626,784	2,802,077
Medical Supplies	315,752	277,812	290,221	255,157	578,033	358,049	366,356	369,855	474,848	451,788	448,838	497,972	476,757	184,989	203,442	159,263	3,154,246	2,554,885
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	107,979	112,267	220,753	114,869	220,408	132,491	183,047	112,342	146,908	108,392	54,304	115,958	126,194	119,346	138,908	112,757	1,198,500	928,421
Other Direct Expenses	546,374	589,703	667,228	544,051	808,934	585,893	572,765	689,732	793,341	618,316	471,021	679,861	598,990	643,886	531,119	646,224	4,989,773	4,997,667
Total Cost of Services - Direct	7,738,472	6,882,843	7,940,556	7,013,237	8,760,076	7,294,767	7,929,482	7,804,027	9,485,455	7,724,749	6,097,940	8,310,179	8,423,377	8,099,494	7,003,641	7,597,308	63,379,000	60,726,604
General and Administrative Overhead																		
Salaries and Wages	360,265	319,290	365,276	323,708	370,478	319,740	381,872	305,823	373,439	355,039	373,193	412,400	401,590	361,734	368,344	334,886	2,994,457	2,732,621
Benefits	356,264	283,420	312,157	299,665	316,570	312,500	1,160,994	243,511	302,169	322,152	(788,291)	382,695	262,752	335,529	272,374	310,036	2,194,988	2,489,509
Professional Fees	535,217	342,533	190,076	351,845	318,029	177,703	265,196	194,953	274,630	188,260	191,161	360,435	291,948	225,696	278,757	198,574	2,345,014	2,040,000
Contract Labor	30,218	78,500	52,224	69,031	92,958	44,534	57,021	87,853	156,142	111,853	(102,132)	102,071	(25,859)	103,502	27,901	95,420	288,473	692,764
Depreciation and Amortization	318,087	370,335	332,153	358,995	334,828	347,178	362,317	358,655	346,018	347,192	340,523	369,148	342,452	334,665	344,315	298,932	2,720,694	2,785,100
Other Administrative Expenses	79,314	234,811	164,310	117,308	199,538	140,164	119,767	134,758	314,165	154,566	152,489	190,884	191,302	158,172	172,710	157,128	1,393,595	1,287,791
Total General and Administrative Overhead	1,679,363	1,628,889	1,416,196	1,520,552	1,632,402	1,341,820	2,347,167	1,325,552	1,766,564	1,479,063	166,944	1,817,634	1,464,185	1,519,298	1,464,400	1,394,976	11,937,221	12,027,783
Total Expenses	9,417,836	8,511,732	9,356,752	8,533,790	10,392,477	8,636,587	10,276,649	9,129,578	11,252,019	9,203,811	6,264,884	10,127,813	9,887,562	9,618,792	8,468,041	8,992,284	75,316,220	72,754,387
Financing Expense	183,196	179,672	182,350	179,585	180,796	176,035	182,190	138,640	178,894	136,649	183,171	101,007	180,418	227,252	172,904	472,448	1,443,918	1,611,286
Financing Income	64,203	173,785	431,229	173,785	247,716	173,785	247,716	173,785	247,716	173,785	247,716	173,785	247,716	173,785	247,716	148,687	1,981,726	1,365,180
Investment Income	74,115	23,766	23,389	16,876	(18,154)	20,534	99,582	20,443	16,704	16,045	50,390	27,865	124,884	6,662	41,183	4,964	412,094	137,153
Miscellaneous Income	484,508	499,440	(364,949)	1,105,828	146,486	9,508,790	10,519	384,016	68,632	407,081	2,271,115	2,688,686	485,200	844,798	1,810,358	856,972	4,911,869	16,295,612
Net Income (Change is Financial Position)	(4,520,413)	687,526	(2,546,383)	(417,762)	(2,023,671)	8,897,620	(3,880,048)	(951,010)	(2,424,941)	(963,590)	1,552,152	401,879	(2,847,566)	(1,677,354)	1,850,066	(869,548)	(14,840,803)	5,107,761
Operating Income	(4,960,043)	170,207	(2,453,702)	(1,534,666)	(2,218,923)	(629,454)	(4,055,675)	(1,390,614)	(2,579,099)	(1,423,852)	(833,897)	(2,387,449)	(3,524,949)	(2,475,347)	(76,286)	(1,407,724)	(20,702,574)	(11,078,898)

Northern Inyo Healthcare District
Balance Sheet
Fiscal Year 2023

	Prior Year Balances	July 2022	July 2021	August 2022	August 2021	Sept 2022	Sept 2021	Oct 2022	Oct 2021	Nov 2022	Nov 2021	Dec 2022	Dec 2021	Jan 2023	Jan 2022	Feb 2023	Feb 2022
Assets																	
Current Assets																	
Cash and Liquid Capital	9,223,997	8,260,905	14,045,922	9,033,146	14,143,765	7,095,805	11,519,636	8,362,653	10,520,186	7,944,312	14,241,387	7,573,136	14,713,417	9,828,615	10,869,882	7,914,764	11,528,856
Short Term Investments	26,808,421	24,254,218	37,710,931	24,248,339	37,459,437	21,741,818	37,895,338	21,873,055	34,353,251	19,367,377	34,281,644	16,815,916	34,196,777	16,922,335	34,103,636	10,418,390	31,011,373
PMA Partnership	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	24,367,758	21,409,786	17,138,201	19,693,748	16,475,304	20,999,337	16,272,228	17,315,384	19,413,168	18,278,787	20,940,657	14,674,565	21,359,592	12,132,383	23,422,744	17,074,098	21,478,443
Other Receivables	1,504,271	2,029,713	7,663,674	2,200,753	9,643,932	3,264,049	10,601,529	3,433,651	13,216,871	3,673,398	10,901,419	8,350,857	9,978,572	6,856,285	8,858,544	7,710,216	11,734,556
Inventory	3,145,539	3,116,641	3,364,669	3,111,028	3,426,323	3,075,988	3,413,915	3,071,145	3,371,955	3,077,236	3,379,016	3,037,613	3,341,506	3,039,453	3,375,509	3,063,026	3,382,774
Prepaid Expenses	1,318,137	1,842,961	1,788,612	1,808,098	1,636,519	1,708,822	1,778,307	1,404,076	1,476,186	1,765,502	1,554,182	1,717,688	1,612,547	1,645,043	1,651,594	1,777,964	1,292,820
Total Current Assets	66,368,122	60,914,224	81,712,009	60,095,113	82,785,279	57,885,819	81,480,953	55,459,964	82,351,618	54,106,613	85,298,304	52,169,776	85,202,410	50,424,114	82,281,909	47,958,459	80,428,825
Assets Limited as to Use																	
Internally Designated for Capital Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,953,496	2,044,212	2,499,267	2,044,299	2,499,373	2,044,383	1,639,227	1,327,387	61,230	182,493	61,232	182,501	61,232	162,508	61,236	1,446,108	1,307,758
Limited Use Assets																	
LAIF - DC Pension Board Restricted	639,041	747,613	665,411	753,493	916,906	760,014	981,005	714,585	1,046,467	720,262	1,118,074	771,724	1,202,941	774,348	1,316,833	778,293	1,409,097
DB Pension	14,044,924	14,044,924	18,395,253	14,044,924	18,395,253	14,044,924	18,395,253	14,044,924	18,395,253	14,044,924	18,395,253	14,044,924	18,395,253	14,044,924	18,395,253	14,044,924	18,395,253
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Limited Use Assets	14,683,965	14,792,537	19,060,664	14,798,417	19,312,159	14,804,938	19,376,258	14,759,509	19,441,720	14,765,186	19,513,327	14,816,648	19,598,194	14,819,272	14,712,086	14,823,217	19,804,350
Revenue Bonds Held by a Trustee	1,111,723	1,105,984	3,215,549	1,100,247	3,375,336	1,090,633	3,535,124	1,085,089	3,694,911	1,092,945	4,004,827	1,092,945	4,392,668	1,087,201	14,073,128	1,081,516	13,804,794
Total Assets Limited as to Use	17,749,184	17,942,733	24,775,481	17,942,963	25,186,867	17,939,954	24,550,609	17,171,984	23,197,861	16,027,045	23,579,386	16,092,094	34,052,094	16,068,980	33,846,450	17,350,841	34,916,902
Long Term Assets																	
Long Term Investment	2,274,315	2,274,959	1,502,414	2,777,201	1,001,121	2,741,517	1,000,001	2,731,432	997,171	2,729,926	996,539	2,745,703	1,002,414	2,749,221	989,654	2,744,893	1,729,276
Fixed Assets, Net of Depreciation	77,253,188	76,967,404	76,716,557	76,801,899	76,469,300	77,108,738	76,345,403	76,801,887	76,203,344	76,795,344	75,900,447	76,891,894	75,809,403	76,738,947	76,833,219	76,663,419	76,915,188
Total Long Term Assets	79,527,504	79,242,363	78,218,971	79,579,100	77,470,421	79,850,255	77,345,404	79,533,319	77,200,515	79,525,271	76,896,986	79,637,597	76,811,816	79,488,168	77,822,872	79,408,312	78,644,464
Total Assets	163,644,810	158,099,320	184,706,460	157,617,176	185,442,568	155,676,027	183,376,965	152,165,267	182,749,993	149,658,928	185,774,676	147,899,466	196,066,320	145,981,262	193,951,231	144,717,612	193,990,191
Liabilities																	
Current Liabilities																	
Current Maturities of Long-Term Debt	2,606,169	2,575,534	3,383,794	2,549,958	3,382,136	2,524,301	3,350,577	2,053,565	2,901,929	1,405,934	2,866,983	1,381,851	1,601,919	953,873	1,596,844	957,628	1,574,086
Accounts Payable	4,848,604	3,993,933	3,353,229	5,404,967	3,965,055	5,504,922	3,242,192	5,447,118	3,578,083	6,960,778	4,124,296	5,056,395	2,899,914	5,116,954	3,252,430	4,417,799	2,515,732
Accrued Payroll and Related	4,977,342	5,908,449	6,153,387	6,822,949	6,804,295	6,615,701	6,354,107	6,726,652	7,392,086	6,895,391	8,762,183	6,678,615	9,981,694	5,348,020	9,408,509	4,961,239	10,660,919
Accrued Interest and Sales Tax	99,832	145,639	261,043	252,061	369,624	321,777	195,444	126,986	303,558	17,172	405,047	94,617	149,454	168,763	200,365	238,573	248,727
Notes Payable	2,133,708	2,133,708	9,386,372	2,133,708	9,386,372	2,133,708	458,744	2,133,708	458,744	2,133,708	458,744	2,133,708	458,744	2,133,708	-	2,133,708	500,000
Unearned Revenue	2,534,074	1,299,762	13,653,194	607,290	13,344,456	607,290	12,972,529	607,290	12,867,638	607,290	14,815,460	268,418	14,410,638	168,418	14,439,154	134,685	14,079,239
Due to 3rd Party Payors	-	-	-	-	-	-	-	-	-	-	-	-	-	2,429,480	-	215,907	-
Due to Specific Purpose Funds	-	-	(25,098)	-	(25,098)	-	(25,098)	-	(25,098)	-	(25,098)	-	(25,098)	-	(25,098)	-	-
Other Deferred Credits - Pension	2,146,080	2,146,080	2,124,655	2,146,080	2,124,655	2,146,080	2,124,655	2,146,080	2,124,655	2,146,080	2,124,655	2,146,080	2,124,655	2,146,080	2,124,655	2,146,080	2,124,655
Total Current Liabilities	19,345,808	18,203,104	38,290,575	19,917,013	39,351,496	19,853,780	28,673,149	19,241,398	29,601,595	20,166,352	33,532,270	17,759,683	31,601,920	18,465,295	30,996,860	15,205,618	31,703,358
Long Term Liabilities																	
Long Term Debt	33,455,947	33,455,947	35,607,947	33,455,947	35,607,947	33,455,947	35,257,947	33,455,947	35,257,947	32,310,948	35,257,947	33,053,530	47,102,947	33,455,530	47,102,947	33,455,530	47,102,947
Bond Premium	240,908	237,771	375,441	234,634	371,314	231,497	367,186	228,359	363,059	225,222	358,931	222,085	354,804	218,948	350,677	215,811	346,549
Accreted Interest	16,725,130	16,820,264	16,282,647	16,915,399	16,352,123	17,010,533	16,421,599	17,105,668	15,772,325	17,200,803	15,806,051	16,553,354	15,806,051	16,648,086	15,987,335	16,743,218	16,134,894
Other Non-Current Liability - Pension	47,950,740	47,950,740	45,570,613	47,950,740	45,570,613	47,950,740	45,570,613	48,813,068	45,570,613	48,813,068	45,570,613	47,821,876	45,570,613	47,821,876	45,570,613	47,821,876	45,570,613
Total Long Term Liabilities	98,372,724	98,464,722	97,836,648	98,556,720	97,901,997	98,648,717	97,617,346	99,603,043	96,963,944	98,550,041	96,993,542	97,650,846	108,834,415	98,144,440	109,011,572	98,236,435	109,155,003
Suspense Liabilities	-	-	(70,699)	-	(70,699)	-	(70,699)	-	(70,699)	-	(70,699)	-	(70,699)	-	(70,699)	-	-
Uncategorized Liabilities	425,933	451,476	629,381	709,722	656,981	763,396	656,756	790,738	705,749	837,281	733,749	831,523	712,992	561,672	703,159	615,594	691,039
Total Liabilities	118,144,465	117,119,302	136,685,905	119,183,454	137,839,774	119,265,892	126,876,552	119,635,178	127,200,589	119,553,674	131,188,862	116,242,052	141,078,627	117,171,407	140,640,892	114,057,647	141,549,400
Fund Balance																	
Fund Balance	44,833,877	42,910,729	44,833,874	42,910,729	44,833,874	42,910,729	44,833,874	42,910,729	44,833,874	42,910,729	44,833,874	42,910,729	44,833,874	42,910,729	44,833,874	42,910,729	44,833,874
Temporarily Restricted	2,589,615	2,589,701	2,499,156	2,589,789	2,499,156	2,589,873	2,499,156	2,589,875	2,499,156	2,589,981	2,499,156	2,589,989	2,499,156	2,589,995	2,499,156	2,590,039	2,499,156
Net Income	(1,923,148)	(4,520,413)	687,526	(7,066,796)	269,764	(9,090,467)	9,167,384	(12,970,515)	8,216,374	(15,395,456)	7,252,784	(13,8					

Northern Inyo Healthcare District
Statement of Cash Flows
Fiscal Year 2023

Operating Activities

Receipts from and on behalf of patients	\$ 59,684,309
Payments to suppliers, contractors, and employees	\$ (77,782,974)
Other receipts and payments, net	\$ 3,472,129
Net Cash from Operating Activities	<u>\$ (14,626,536)</u>

Noncapital Financing Activities

Noncapital contributions (and grants)	\$ 491,804
Property taxes received	\$ 502,349
Reduction of CMS advance	\$ -
Other	\$ -
Net Cash from Noncapital Financing Activities	<u>\$ 994,153</u>

Capital and Capital Related Financing Activities

Principal payments on long-term debt	\$ (1,664,196)
Interest paid	\$ (1,216,995)
Purchase and construction of capital assets	\$ (2,395,859)
Property Taxes Received	\$ 1,283,557
Net Cash used for Capital and Capital Related Financing Activities	<u>\$ (3,993,493)</u>

Investing Activities

Investment income	\$ 385,194
Net Cash from Investing Activities	<u>\$ 385,194</u>

Net Change in Cash and Cash Equivalents \$ (17,240,682)

Cash and Cash Equivalents, Beginning of Year \$ 36,597,376 Cash Flow as of 7/1/22

Cash and Cash Equivalents, YTD 2023 \$ 19,356,693

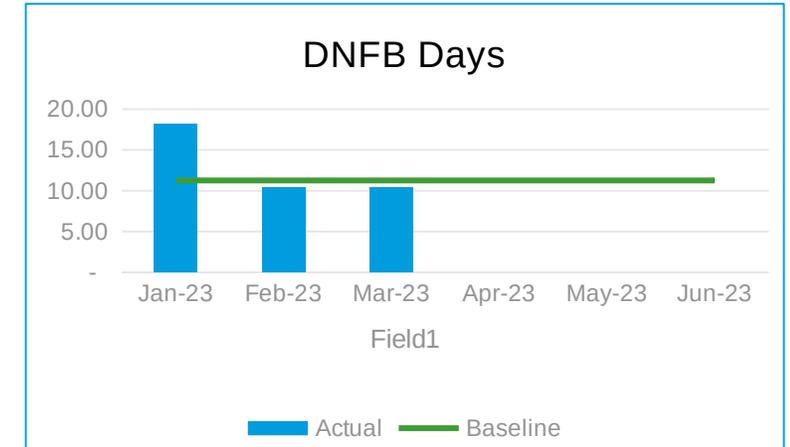
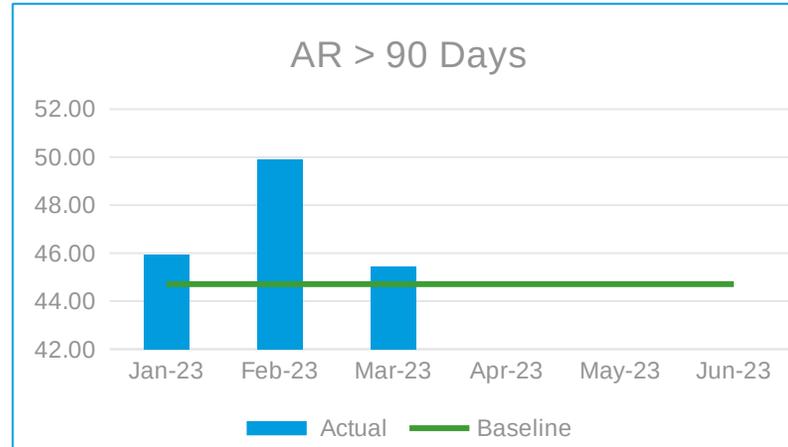
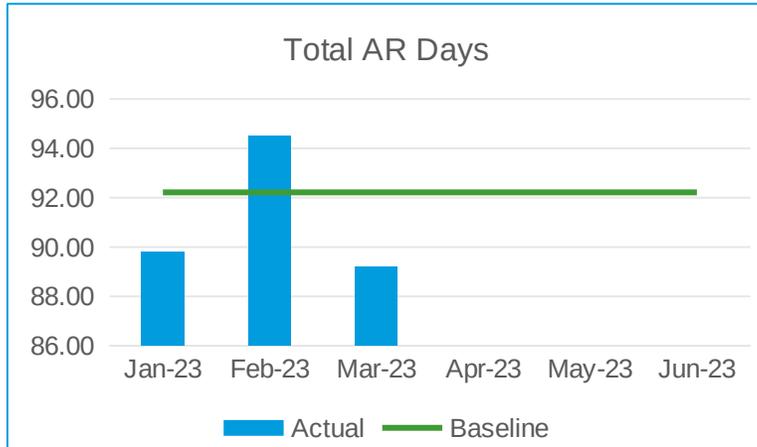


Northern Inyo Healthcare District Revenue Cycle / Margin Improvement

RSM Slides – NIH Board Meeting

April 19, 2023

2/1/23 to 3/31/23 NIH has collected \$2.6M Above Q4 2022 Average



Baseline A/R Days (92.2) are defined as outstanding A/R as of 12/31/22

Month	Metric	Status
January 2023	89.8	●
February 2023	94.5	●
March 2023	89.2	●

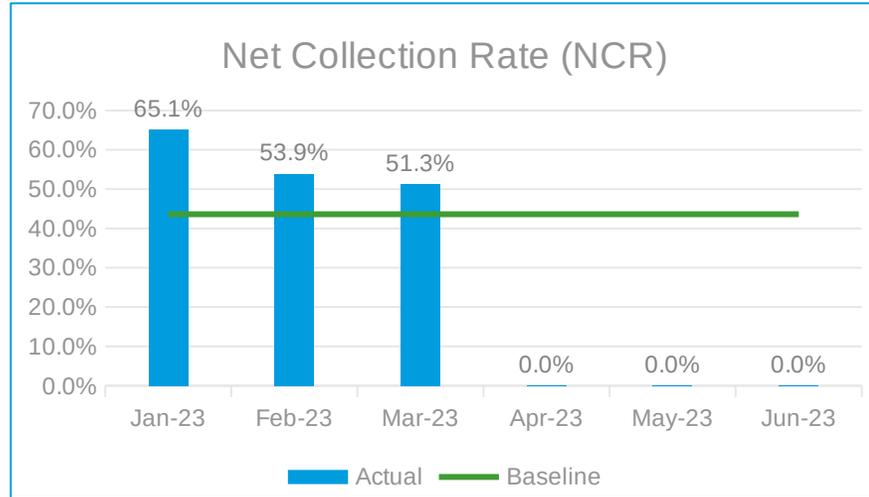
Baseline A/R > 90 Days (44.71) are defined as outstanding A/R as of 12/31/22

Month	Metric	Status
January 2023	45.9	●
February 2023	49.9	●
March 2023	45.5	●

DNFB Days (11.25) are defined as outstanding A/R as of 12/31/22

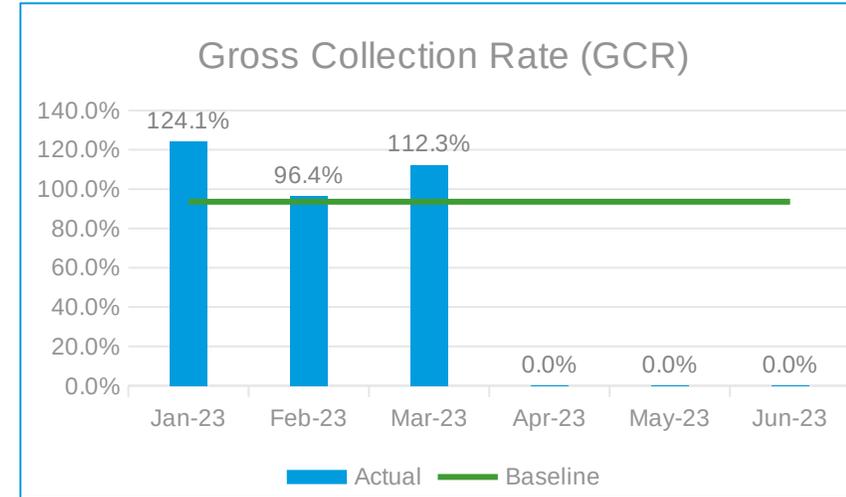
Month	Metric	Status
January 2023	18.1	●
February 2023	10.4	●
March 2023	10.4	●

2/1/23 to 3/31/23 NIH has collected \$2.6M Above Q4 2022 Average



Baseline Net Collection Rate (43.6%) is defined as percent of payments over charges for Q4 2022.

Month	Metric	Status
January 2023	65.1%	●
February 2023	53.9%	●
March 2023	51.3%	●



Baseline Gross Collection Rate (93.6%) is defined as percent of payments & adjustments over charges for Q4 2022.

Month	Metric	Status
January 2023	124.1%	●
February 2023	96.4%	●
March 2023	112.3%	●

RSM | Revenue Cycle / Margin Improvement



Project Management & Change Management →



RSM has identified 14 technical defects within the Cerner build related to: Clinic Client Billing, Pre-Registration, Itemized Billing, Work Item Assignment, Claim Rule Errors and are working toward resolution



Technical and operational training materials delivered for registration, coverage changes, work item resolution, registration error resolution



Several processes require re-engineering to align NIH to Cerner model workflows. RSM is working through re-engineering Pre-Registration, Clinic Client Billing, and Case Management

Target Items for Cash Acceleration - Technical

- Update work item assignment rules and assigned users
- Update work item resolution triggers
- Automate data exchange between NIH and Novus
- Inactivate settings causing creation of duplicate Financial Identification Numbers (FINs) within Cerner
- Activate No Show functionality to prevent encounters from being sent to coding erroneously

Target Items for Cash Acceleration - Operational

- Establishing standards of practice in registration, check-in, check-out, coding, billing, collections, adjustment posting, cash posting in alignment with Cerner Model
- Establishing service level agreements for management of vendor responsibilities and performance
- Establishing unified policies for revenue cycle follow up, appeals and adjustments

Strategic Response Plan

A/R Days

- RSM is assisting NIH with the redesign of the insurance and self pay collection workflows and assembling a library of Cerner revenue cycle training sessions that will improve staff efficiency and accelerate cash.
- RSM is assisting NIH with the redesign of the clinic pre-registration workflows to allow for automated eligibility verification three days prior to scheduled appointments. This will improve the clean claim rate and accelerate cash.
- RSM is facilitating the high balance review meeting each week to assess barriers to collection on high value accounts. Operational and technical contributions to these barriers are being discussed openly and intervention plans are being executed.

DNFB Days

- RSM continues to facilitate the DNFB Task Force which is a multi-disciplinary team of NIH employees, UASI, OS Health and NOVUS. Defects in process and technical build impacting unbilled charges are being vetted by RSM and recommendations are being provided to resolve root cause. These activities will continue to expedite billing and accelerate cash.

A/R > 90 Days

- An “at-risk” analysis has been applied to the full inventory of accounts to identify collectible, at-risk and collectible revenue. 9.7M of uncollectible has been identified which includes self pay bad debt (5.5M) and uncollectible insurance (4.2M). Targeted areas of At-Risk revenue are being communicated with NIH revenue cycle staff and revenue cycle vendors to reduce further losses.



This document contains general information, may be based on authorities that are subject to change, and is not a substitute for professional advice or services. This document does not constitute audit, tax, consulting, business, financial, investment, legal or other professional advice, and you should consult a qualified professional advisor before taking any action based on the information herein. RSM US LLP, its affiliates and related entities are not responsible for any loss resulting from or relating to reliance on this document by any person. Internal Revenue Service rules require us to inform you that this communication may be deemed a solicitation to provide tax services. This communication is being sent to individuals who have subscribed to receive it or who we believe would have an interest in the topics discussed.

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AGREEMENT FOR EMPLOYMENT OF INTERIM CHIEF EXECUTIVE OFFICER

This EMPLOYMENT AGREEMENT is made as of this 19 day of April, 2023, by and between STEPHEN DELROSSI (“DELROSSI”) and NORTHERN INYO HEALTHCARE DISTRICT (“DISTRICT”).

RECITALS

A. DISTRICT is a Local Healthcare District duly organized and existing under the laws of the State of California and more specifically pursuant to the provision of Health and Safety Code §§ 32000, et seq. known as the Local Healthcare District Law.

B. DISTRICT owns and operates NORTHERN INYO HOSPITAL (“HOSPITAL”), an acute care licensed hospital facility, a Rural Health Clinic (1206(d)), and multiple 1206(b) clinics, all located in Bishop, California.

C. The DISTRICT desires to engage and employ DELROSSI as its Interim Chief Executive Officer to serve at the pleasure of the Board of Directors of the DISTRICT pursuant to the terms and provisions of this Agreement and to continue his employment as the Chief Financial Officer.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANTS AND CONDITIONS CONTAINED HEREIN, THE PARTIES AGREE AS FOLLOWS:

AGREEMENT

1. Title and Scope of Employment

A. DELROSSI shall be the Interim Chief Executive Officer (“CEO”) of DISTRICT. In this regard, DELROSSI agrees to devote such amount of time to the conduct of the business of DISTRICT as may be reasonably required to effectively discharge his duties, subject to the supervision and direction of District’s Board of Directors. DELROSSI agrees to perform those duties and have such authority and powers as are customarily associated with the office of Administrator and Chief Executive Officer of a licensed general acute care hospital and as more fully set forth in **Exhibit 1**, attached hereto and made a part hereof. In addition to the foregoing, the specific duties and obligations of DELROSSI shall include, without limitation, as prescribed by the California Health Care District Law (*Health & Safety Code § 32000, et seq.*, and other applicable State and Federal law). The DISTRICT reserves the right to modify this position and duties at any time in its sole and reasonable discretion. DELROSSI acknowledges and understands that as the Interim CEO and administrator of a Healthcare District, he is a public officer and a public employee pursuant to California Law.

B. DELROSSI shall also continue to perform the duties of the Chief Financial Officer as those are specified in the existing job description.

2. Term of Employment/At-Will Employment

A. The term of employment shall be for a twelve-month period beginning on May 1, 2023 at 5:00 p.m. (the “Effective Date”) and shall automatically renew for successive one-month terms unless and until this Agreement is terminated as provided herein. At all times, DELROSSI shall be an “at will” employee as provided in Section 32121(h) of the *California Health & Safety Code* (“the CODE”) and shall serve at the pleasure of the Board of Directors of the DISTRICT. DELROSSI acknowledges that “at will” employees may be terminated by the DISTRICT at any time, with or without cause and without notice or an opportunity to be heard regarding such employment decisions and all such employees may voluntarily terminate their employment at any time.

B. Should the Board exercise its right to terminate DELROSSI’s employment as Interim Chief Executive Officer, DELROSSI shall be offered the opportunity to return to the position of Chief Financial Officer (“CFO”), except if he is terminated “for cause” as specified in Section 9.4 of this Agreement. Should he return to the position of CFO, his salary and compensation will be determined based on the salary schedule in effect for the CFO position and shall be set at the discretion of the DISTRICT.

3. Place of Employment

Performance of services under this Agreement shall be rendered in the City of Bishop and the County of Inyo and within the boundaries of the DISTRICT (including satellite offices and facilities), subject to necessary travel requirements for the position and duties described herein.

4. Loyal and Conscientious Performance of Duties

DELROSSI represents and warrants to the best of his ability and experience, that he will at all times loyally and conscientiously perform all duties and obligations to the DISTRICT during the term of this Agreement. As an exempt salaried senior management employee, he shall work such hours as is required by the nature of his job description and duties.

5. Devotion of Full Time to the DISTRICT Business

5.1 DELROSSI shall diligently and conscientiously devote his entire productive time, ability, energy, knowledge, skill, attention and diligent efforts to the furtherance of his duties and obligations to the DISTRICT during the term of this Agreement.

5.2. During the term of this Agreement, DELROSSI shall not engage in any other business duties or pursuits, nor render any services of a commercial or a professional nature, to any other person, organization or entity, whether for compensation or otherwise, without written consent of the DISTRICT, which consent shall be within the sole and absolute discretion of the DISTRICT.

5.3 This Agreement shall not be interpreted to prohibit DELROSSI from making personal investments or conducting private business affairs, so long as those activities do

not materially or substantially interfere or compete in any way with the services required under this Agreement. DELROSSI shall not directly or indirectly, acquire, hold, or obtain any ownership of other financial interest in any business enterprise competing with a or similar in nature to the business of the DISTRICT or which may be in contravention of any conflict-of-interest code or regulations adopted by any federal, state or local agency, prohibition, law, rule, regulation, or ordinance, including any conflict-of-interest code adopted by the DISTRICT.

6. Compensation and Benefits

6.1. Base Salary and Additional Wages. As of the Effective Date, DELROSSI shall be paid an annual salary of Three Hundred and Seventy-One Thousand, Five Hundred Seventy-One Dollars and Twenty Cents (\$371,571.20) (“Base Salary”). Said sum shall be paid in equal installments structured, and on the same schedule as, pay periods for DISTRICT employees. DELROSSI is also expected to perform the duties of the CFO during the term of this Agreement and this Base Salary encompasses this expectation.

6.2. Retirement or Pension Benefits. DELROSSI shall be eligible to participate in all employee benefit programs of the DISTRICT offered from time to time during the term of this Agreement by the DISTRICT to employees or management employees, to the extent DELROSSI qualifies under the eligibility provisions of the applicable plan or plans, in each case consistent with the DISTRICT’s then-current practice as approved by the Board of Directors from time to time. Subject to the extent financially feasible for the DISTRICT, the foregoing shall not be construed to require the DISTRICT to establish such plans or to prevent the modification or termination of such plans once established, and no such action or failure thereof shall affect this Agreement. DELROSSI recognizes that the DISTRICT has the right, in its sole discretion, to amend, modify, or terminate its benefit plans without creating any rights in his. DELROSSI expressly understands and agrees that he is not eligible for participation in the DISTRICT’s 401(a) Defined Contribution Plan.

6.3 Paid Time Off. DELROSSI shall be entitled to Paid Time Off (“PTO”) as described in DISTRICT’s PTO policy.

6.4. Health Insurance and other Miscellaneous Benefits. DELROSSI shall, at all relevant times during the term of this Agreement, receive health insurance, dental coverage, and other miscellaneous fringe benefits of employment that are similar to those offered to managerial and other full-time supervisory employees of the DISTRICT. Miscellaneous fringe benefits shall include, but not be limited to, life insurance, plus the opportunity to purchase, at his own expense and subject to applicable Internal Revenue Service regulations, additional life insurance beyond that already provided by the DISTRICT to all employees in multiples of one, two or three times his annual base salary.

6.5 Holidays and Additional Leave Time. DELROSSI shall be entitled to paid holidays and additional leave time in a manner substantially similar to that provided for other full-time managerial and supervisory employees of the DISTRICT.

6.6 Continuing Education and Professional Activities. The DISTRICT encourages DELROSSI to participate in community functions, continuing education programs, seminars, and other gatherings of professional organizations. In connection herewith, the parties shall meet and confer on a periodic basis to enable DELROSSI to participate in a reasonable number of these activities, with reasonable tuition, attendance fees, travel and lodging costs being paid by the DISTRICT. Benefits provided under this Paragraph shall include annual dues for membership in one Bishop service club.

7. **Performance Review.** At or near 90 days from the Effective Date, and thereafter at or near each annual anniversary date of employment, the Board of Directors shall conduct a performance review, including salary and compensation in light of his job performance and the DISTRICT's financial condition. The DISTRICT may, in the sole discretion of the Board of Directors, adjust salary and compensation by amounts and inclusion or exclusion of benefits as it deems appropriate. Any reduction in benefits must be similar to those suffered at or near the same time by managerial and other full-time supervisory employees of the DISTRICT. Nothing in this paragraph shall be construed to imply or infer an obligation on the part of DISTRICT to increase the salary of DELROSSI. The Board of Directors, in its sole and absolute discretion, may conduct such reviews and performance evaluations on a more frequent basis.

8. **Indemnification; Directors & Officers Insurance**

8.1 Indemnification. The DISTRICT shall indemnify and defend DELROSSI against reasonable expenses (including reasonable attorney's fees), judgments (excluding any award of punitive damages), administrative fines (but excluding fines levied after conviction of any crime), and settlement payments incurred by him in connection with such actions, suits or proceedings to the maximum extent permitted by law and by the bylaws and governing documents of the DISTRICT in the event DELROSSI is made a party, or threatened to be made a party, to any threatened or pending civil, administrative, and/or investigative action, suit or proceeding, by reason of the fact that he is or was an officer, manager, or employee of the DISTRICT, in which capacity he is or was performing services within the course and scope of the employment relationship of this Agreement.

8.2 D&O Insurance. The DISTRICT shall use reasonable commercial efforts to maintain Directors & Officers insurance for the benefits of DELROSSI with a level of coverage comparable to other hospitals and healthcare districts similarity situated with regard to geography, location, and scope of operations.

9. **Severance Compensation**

9.1 Termination by DISTRICT Without Cause; Pay in Lieu of Notice. In the event DELROSSI's employment is terminated by the DISTRICT for any reason other than: (1) "For Cause" (as defined in Section 9.4 below); or (2) due to the death of DELROSSI, DELROSSI will be offered the opportunity to return to his CFO position at compensation set by the DISTRICT. Should DELROSSI elect not to return to the CFO position, DISTRICT will pay to DELROSSI, subject to DELROSSI signing a full release in a form set forth in **Exhibit 2**, a lump sum severance pay equal to three months of DELROSSI's Base Salary ("Severance Pay"). The Severance Pay

will be paid as specified in Exhibit 2. Notwithstanding the foregoing, in no event during the term of this Agreement may Severance Pay exceed the number of months remaining of the term of the Agreement at the time of termination.

9.2 Termination by DISTRICT For Cause. In the event DELROSSI's employment is terminated by the DISTRICT "For Cause" (as defined in Section 9.4 below), DELROSSI shall not be entitled to any Severance Pay and shall not be offered the opportunity to return to the CFO position.

9.3 Termination by DELROSSI for any Reason; No Severance; Ninety-Day Notice Requested. In the event DELROSSI terminates his employment with DISTRICT for any reason, DELROSSI or DELROSSI's estate will not be entitled to any Severance Pay. Except in cases of death, DELROSSI is requested to give the DISTRICT ninety (90) days' prior written notice of his intent to terminate this Agreement for any reason.

9.4 Definitions. For purposes of this Agreement, the following terms have the following meanings:

"For Cause" means termination by DISTRICT of DELROSSI's employment: (i) by reason of DELROSSI's serious abuse such as fraud, embezzlement, misappropriation of DISTRICT property, willful dishonesty towards, or deliberate injury or attempted injury to, the DISTRICT; (ii) by reason of DELROSSI's material breach of this Agreement, including, but not limited to, performing services for a competitor during the term of this Agreement; (iii) by reason of DELROSSI's intentional misconduct with respect to the performance of DELROSSI's duties under this Agreement; or (iv) DELROSSI's repeated failure to perform the essential functions of his job in a satisfactory fashion; provided, however, that no such termination will be deemed to be a termination For Cause unless the DISTRICT has provided DELROSSI with written notice of what it reasonably believes are the grounds for any termination For Cause and DELROSSI fails to take appropriate remedial actions during the ten (10) day period following receipt of such written notice.

10. Business Expenses. The DISTRICT shall promptly reimburse DELROSSI for reasonable and necessary expenditures incurred by his for travel, entertainment, and similar items made in furtherance of his duties under this Agreement and consistent with the policies of the DISTRICT as applied to all management staff. DELROSSI shall document and substantiate such expenditures as required by the policies of the DISTRICT, including an itemized list of all expenses incurred, the business purposes of which such expenses were incurred, and such receipts reasonably can provide.

11. No Assignment. Due to the unique nature of services being rendered by DELROSSI to the DISTRICT as provided for herein and that this Agreement is for personal services of DELROSSI who shall not assign, sublet, delegate, or otherwise convey his rights and obligations pursuant to this Agreement. Any attempt to so assign by DELROSSI shall be deemed null, void and shall entitle the DISTRICT to immediately terminate this Agreement, and DELROSSI shall not be entitled to compel payment of Severance Pay.

12. Remedies. Enforcement of any provisions of this Agreement shall be by proceedings at law or in equity against any person of entities violating or attempting to violate any promise, covenant, or condition contained herein, either to restrain violation, compel action, or to recover damages. Any and all remedies provided by this Agreement, operation of law, or otherwise, shall be deemed to be cumulative, and the choice or implementation of any particular remedy shall not be deemed to be an election of remedies to the mutual exclusion of any other remedy provided for herein, by operation of law, or otherwise.

13. Attorney's Fee. In the event any action at law or in equity is initiated to enforce or interpret the terms of this Agreement, or arises out of or pertains to this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any other relief to which that party may be entitled.

14. Integration. It is intended by the parties that this Agreement be the final expression of the intentions and agreements of the Parties. This Agreement supersedes any and all prior or contemporaneous agreements, either oral or in writing, between the parties hereto and contains all the covenants and agreements between the parties. No other agreements, representations, inducements, or promises, not contained in this Agreement shall be valid or binding. Any modification of this Agreement shall be effective only if it is in writing and signed by the party to be charged. In the event of any conflict or inconsistency with any term or provision of this Agreement and any written personnel policy or procedure of the DISTRICT, this Agreement shall prevail, except as may otherwise be prohibited by law.

15. Effect of Waiver No waiver of any breach of any term, covenant, agreement, restriction, or condition of this Agreement shall be construed as a waiver of any succeeding breach of the same or any other covenant, agreement, term, restriction, or condition of this Agreement. The consent or approval of either party to or of any action or matter requiring consent or approval shall not be deemed to waive or render unnecessary any consent to or approval of any subsequent or similar act or matter.

16. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the heirs, executors, administrators, personal representatives, successors, and assigns of each of the parties hereto. This provision shall not supersede or abrogate the provisions of Paragraph 11.

17. Severance. In the event any term or provision of this Agreement is deemed to be in violation of law, null and void, or otherwise of no force or effect, the remaining terms and provisions of this Agreement shall remain in full force and effect.

18. Governing Law, Venue. This Agreement shall be interpreted under the laws of the State of California. Exclusive venue for any legal action under California law shall be Inyo, County, California and, if brought under federal law, the United States District Court for Eastern California in Fresno, California.

19. Attorney Representation. This Agreement has been prepared by Irma Rodriguez Moisa, Atkinson, Andelson, Loya, Ruud & Romo, outside labor counsel of the DISTRICT. DELROSSI has been advised to seek the advice and counsel of his own legal counsel in reviewing

and executing this Agreement. Legal counsel for the DISTRICT has not rendered any advice to DELROSSI in any matter or form whatsoever.

20. Gender Neutral. All personal pronouns used in this Agreement, whether used in the masculine, feminine or neutral gender, shall include all other genders, and the singular shall include the plural and vice versa.

21. Facsimile Signature. Facsimile signature pages shall be deemed original signature pages and shall be admissible as the same in a court or other tribunal as though such were originals.

22. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument.

23. Notice. Any written notice given pursuant to this Agreement shall be deemed when either (a) personally served or (b) deposited in the United States Mail, first-class postage prepaid, addressed to the respective parties as follows:

To the District: President, Board of Directors
 Northern Inyo Healthcare District
 150 Pioneer Lane
 Bishop, California 93514

To DELROSSI STEPHEN DELROSSI, CEO

IN WITNESS WHEREOF, this Agreement is executed as of the day and year first above written.

NORTHERN INYO HEALTHCARE DISTRICT

By _____
Mary Mae Kilpatrick, President
Board of Directors

STEPHEN DELROSSI

STEPHEN DELROSSI, MSA

EXHIBIT 1

Job Duties

The job duties of the Interim Chief Executive Officer shall include, but not be limited to, the following:

- To temporarily designate an individual to act for himself in his absence, in order to provide the DISTRICT with administrative direction at all times.
- To carry out all policies established by the Board of Directors and medical staff of HOSPITAL.
- To serve as a liaison officer and channel of communications between the DISTRICT Board of Directors and any of its committees, professional staff and independent contractors, and the medical staff.
- To prepare an annual budget showing the expected receipts and expenditures as required by the Board of Directors and prepare the DISTRICT forecasts.
- To recruit, select, employ, control, manage and discharge all employees.
- To develop and maintain personnel policies and practices for the DISTRICT.
- To insure that all physical plant facilities and properties are kept in good state of repair and in operating condition.
- To supervise all business affairs and insure that all funds are collected and expended to the best possible advantage of the DISTRICT.
- To submit not less than monthly to the Board of Directors or its authorized committees or officers reports showing the professional service and financial activities of the DISTRICT and to prepare and submit such special reports from time to time as may be required or requested by the Board of Directors.
- To attend all meetings of the Board of Directors and, if requested, attend meetings from time to time of board committees, both standing and *ad hoc*.
- To perfect and submit to the Board of Directors for approval and maintain a plan of organization of the personnel and others concerned with the operations of the DISTRICT.
- To prepare or cause to be prepared all plans and specifications for the construction and repair of buildings, improvements, works, and facilities of the DISTRICT.
- To maintain proper financial and patient statistical data and records; data required by governmental, regulatory, and accrediting agencies; and special studies and reports required for the efficient operation of the DISTRICT.
- To represent the Board of Directors as a member, ex-officio, of all its committees and adjunct organizations, including the Medical Staff, the Medical Staff Executive Committee, and Auxiliary organizations, unless the Board of Directors directs otherwise or unless it or DELROSSI determine that his attendance and participation would be inappropriate or otherwise not in the best interests of the District.

- Attend, or name a designee to attend, in his capacity as an *ex officio member*, all meetings of the Medical Staff and its committees, within the parameters of the Medical Staff Bylaws adopted by the DISTRICT.
- To report to the Board of Directors on a regular basis within the scope of purview of informing the Board concerning the competency and performance of all individuals who provide patient care services at DISTRICT but who are not subject to the medical staff peer review and privilege delineation process. Such reports shall be received by the Board in executive or closed session pursuant to *Health & Safety Code §32155* and applicable portions of the Ralph M. Brown Act (*Government Code §54900, et seq.*)
- To recruit physicians and other medical providers as same may be needed from time to time to meet medical service needs of the communities served by the DISTRICT.
- To supervise independent contractor professional services agreements between physicians and other medical providers and the DISTRICT.
- To perform any other duties that the Board of Directors may deem to be in the best interests of the DISTRICT.

EXHIBIT 2
Form of Release

SEPARATION AND RELEASE AGREEMENT

This Separation and Release Agreement (“Agreement”) is made this _____ day of _____, 20XX by and between Northern Inyo Healthcare District (“Employer”) and STEPHEN DELROSSI, an individual (“Employee”).

In consideration of the covenants undertaken and the releases contained in this Agreement Employer and Employee agree as follows:

1. Separation of Employment. Employee’s last day of employment with Employer is _____.

2. Consideration. For and in consideration of the release of all claims as set forth hereafter, Employer shall pay to Employee the total sum of \$_____ (the “Severance Payment”). *The Severance Payment shall be subject to all applicable state and federal withholdings.*

The Severance Payment shall be reported by Employer on an IRS form W-2. Employee hereby declares that that the sum paid pursuant to this paragraph 2 represents adequate consideration for the execution of this Agreement and the release of all claims as set forth herein.

The Severance Payment shall be made on the eighth (8th) day after this Agreement is executed by Employee, provided Employee has, before this date, forwarded a copy of the executed Agreement to Employer. If the 8th day falls on a weekend or holiday, the Severance Payment shall be made on the next business day.

The Severance Payment shall be mailed to Employee at the following address:

It is understood and agreed that Employer is not involved with nor liable for the apportionment, if any, of the settlement proceeds between Employee and him attorney(s), if any, and any other person or entity, including, but not limited to, any payment of applicable taxes, other than those payroll taxes withheld in accordance with this paragraph.

3. General Release and Discharge. Employee on behalf of himself, his descendants, dependents, heirs, executors, administrators, assigns, and successors, and each of them, hereby covenants not to sue and fully releases and discharges Employer, its subsidiaries, affiliates and joint ventures, past, present and future, and each of them, as well as its and their trustees, directors, officers, agents, attorneys, insurers, employees, representatives, partners, shareholders, assigns, predecessors and successors, past, present and future, and each of them (hereinafter together and collectively referred to as "Releasees") with respect to and from any and all claims, demands, rights, liens, agreements, contracts, covenants, actions, suits, causes of action, obligations, debts, costs, expenses, attorneys' fees, damages, judgments, orders and liabilities of whatever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, absolute or contingent, and whether or not concealed or hidden, which Employee now owns or holds or which Employee has at any time heretofore owned or held or may in the future hold against said Releasees, arising out of or in any way connected with Employee's employment relationship with Employer, the termination of Employee's employment with Employer, or any other transactions, occurrences, acts or omissions or any loss, damage or injury whatever, known or unknown, suspected or unsuspected, resulting from any act or omission by or on the part of said Releasees, or any of them, committed or omitted prior to the date of this Agreement. With the exception of the amount set forth under Paragraph 2 of this Agreement, such released and discharged claims include, but are not limited to, without limiting the generality of the foregoing, any claim under Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the California Fair Employment and Housing Act, the California Family Rights Act, the California Labor Code (excluding a claim under the California Workers' Compensation Act, or a claim for wages due and owing as of the date of this Agreement), ERISA, any claim for retirement benefits pursuant to a retirement plan sponsored by Employer, or any claim for severance pay, bonus, sick leave, holiday pay, life insurance, health or medical insurance or any other fringe benefit. In addition, Employee agrees and covenants not to file any suit, charge or complaint against Releasees with any administrative agency with regard to any claim, demand liability or obligation arising out of his employment with Employer or separation there from. However, nothing in this Agreement shall be construed to prohibit Employee from filing a charge with or participating in any investigation or proceeding conducted by the EEOC or a comparable state or local agency. Notwithstanding the foregoing sentence, Employee agrees to waive his right to recover monetary damages in any charge, complaint or lawsuit filed by Employee or by anyone else on Employee's behalf in any charge or proceeding conducted by the EEOC or a comparable state or local agency.

4. Waiver of Statutory Provision. It is the intention of Employee in executing this instrument that the same shall be effective as a bar to each and every claim, demand and cause of action hereinabove specified. In furtherance of this intention, Employee hereby expressly waives any and all rights and benefits conferred upon his by the provisions of Section 1542 of the California Civil Code and expressly consents that this Agreement shall be given full force and effect according to each and all of its express terms and provisions, including those related to

unknown and unsuspected claims, demands and causes of action, if any, as well as those relating to any other claims, demands and causes of action hereinabove specified. Section 1542 provides:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.”

Employee acknowledges that he may hereafter discover claims or facts in addition to or different from those which he now knows or believes to exist with respect to the subject matter of this Agreement and which, if known or suspected at the time of executing this Agreement, may have materially affected this settlement.

Nevertheless Employee hereby waives any right, claim or cause of action that might arise as a result of such different or additional claims or facts. Employee acknowledges that he understands the significance and consequence of such release and such specific waiver of Section 1542.

5. Waiver of ADEA and OWBPA Claims. Employee expressly acknowledges and agrees that, by entering into this Agreement, he is waiving any and all rights or claims that he may have arising under the Age Discrimination in Employment Act of 1967, as amended by the Older Workers' Benefit Protection Act, 29 U.S.C. § 621 et seq., and as provided under the Older Workers' Benefit Protection Act of 1990 which have arisen on or before the date of execution of the Agreement. Employee further expressly acknowledges and agrees that:

- A. In return for the execution of this Agreement, Employee will receive compensation beyond that which he was already entitled to receive before entering into this Agreement;
- B. Employee has read and understands the terms of this Agreement.
- C. Employee has been advised to consult with legal counsel before signing this Agreement;
- D. Employee has been provided full and ample opportunity to study this Agreement, including a period of at least twenty-one (21) days within which to consider it.
- E. To the extent Employee takes less than twenty-one (21) days to consider this Agreement before execution, Employee acknowledges that he has had sufficient time to consider this Agreement with his counsel and that he expressly, voluntarily and knowingly waives any additional time;

F. Employee is informed hereby that he has seven (7) days following the date of execution of this Agreement in which to revoke the Agreement. and that the Agreement shall not become effective or enforceable until the seven (7) day revocation period expires. Notice of revocation must be made in writing and must be received by the EMPLOYER by sending a letter to Irma Rodriguez Moisa, Atkinson, Andelson, Loya, Ruud & Romo, 12800 Center Court Drive, Suite 300, Cerritos, CA 90703; Email imoisa@aalrr.com; or by FAX (562) 653-3657.

Employee understands that the right of revocation set forth in this section of this Agreement applies only to the release of any claim under the ADEA, and if Employee elects to revoke this Agreement for ADEA claims, the District will have the option to: (i) enforce this Agreement in its totality, excluding waived ADEA claims, or (ii) rescind the entire Agreement

6. Confidentiality of Release Agreement. Employee shall keep confidential the terms and conditions of this Agreement, all communications made during the negotiation of this Agreement, and all facts and claims upon which this Agreement is based (collectively referred to as the “*Confidential Settlement Information*”). Neither Employee nor his agents or attorneys shall, directly or indirectly, disclose, publish or otherwise communicate such Confidential Settlement Information to any person or in any way respond to, participate in or contribute to any inquiry, discussion, notice or publicity concerning any aspect of the Confidential Settlement Information. Notwithstanding the foregoing, Employee may disclose the Confidential Settlement Information to the extent he/she is required to do so to his/her legal counsel, accountants and/or financial advisors, or to anyone else as required by applicable law or regulation. Employee agrees to take all steps necessary to ensure that confidentiality is maintained by any and all of the persons to whom authorized disclosure is or was made, and agree to accept responsibility for any breach of confidentiality by any of said persons. Employee shall not make any public, oral or written or otherwise derogatory or negative comments about Employer concerning Employee's employment or the separation thereof; provided, however, that this Agreement does not preclude Employee from giving testimony as may be required by legal process. In the event that Employee is served with legal process which potentially could require the disclosure of the contents of this Agreement, he/she shall provide prompt written notice (including a copy of the legal process served) to Employer.

7. Non-Disparagement. Employee shall not make any public, oral or written or otherwise derogatory or negative comments about Employer or anyone associated with Employer concerning Employee's employment or the separation thereof; provided, however, that this Agreement does not preclude Employee from giving testimony as may be required by legal process. Employee acknowledges and agrees that the obligations set forth in this paragraph 7 are essential and important. Employee agrees his breach of this paragraph will result in irreparable injury to Employer, the exact amount of which will be difficult to ascertain. Accordingly, Employee agrees that if he/she violates the provisions of this paragraph 7, Employer shall be

entitled to seek specific performance of Employee's obligations under this paragraph and liquidated damages in the sum of \$10,000.

8. Trade Secrets. Employee acknowledges that he has occupied a position of trust and confidence with the Employer prior to the date hereof and has become familiar with the following, any and all of which constitute trade secrets of Employer (collectively, the "*Trade Secrets*"): (i) all information related to customers including, without limitation, customer lists, the identities of existing, past or prospective customers, customer contacts, special customer requirements and all related information; (ii) all marketing plans, materials and techniques including but not limited to strategic planning ; (iii) all methods of business operation and related procedures of the Employer; and (iv) all patterns, devices, compilations of information, copyrightable material, technical information, manufacturing procedures and processes, formulas, improvements, specifications, research and development, and designs, in each case which relates in any way to the business of Employer. Employee acknowledges and agrees that all Trade Secrets known or obtained by his, as of the date hereof, is the property of Employer. Therefore, Employee agrees that he will not, at any time, disclose to any unauthorized persons or use for his own account or for the benefit of any third party any Trade Secrets, whether Employee has such information in his memory or embodied in writing or other physical form, without Employer's prior written consent (which it may grant or withhold in its discretion), unless and to the extent that the Trade Secrets are or becomes generally known to and available for use by the public other than as a result of Employee's fault or the fault of any other person bound by a duty of confidentiality to the Employer, Employee agrees to deliver to Employer at any time Employer may request, all documents, memoranda, notes, plans, records, reports, and other documentation, models, components, devices, or computer software, whether embodied in a disk or in other form (and all copies of all of the foregoing), relating to the businesses, operations, or affairs of Employer and any other Trade Secrets that Employee may then possess or have under his control. Employee agrees his breach of this paragraph will result in irreparable injury to Employer, the exact amount of which will be difficult to ascertain. Accordingly, Employee agrees that if he violates the provisions of this paragraph 8, Employer shall be entitled to seek specific performance of Employee's obligations under this paragraph.

9. No Admission of Liability. This Agreement is the result of compromise and negotiation and shall never at any time or for any purpose be deemed or construed as an admission of liability or responsibility by any party to this Agreement. The parties continue to deny fully such liability and to disclaim any responsibility whatsoever for any alleged misconduct in connection with this Agreement.

10. Complete Agreement/Modification. This instrument constitutes and contains the entire agreement and understanding concerning Employee's employment, the separation of that employment and the other subject matters addressed herein between the parties, and supersedes and replaces all prior or contemporaneous negotiations, representations, understandings and agreements, proposed or otherwise, whether written or oral, concerning the subject matters hereof.

This is an integrated document. This Agreement may be amended and modified only by a writing signed by Employer and Employee.

11. Severability of Invalid Provisions. If any provision of this Agreement or the application thereof is held invalid, such provisions shall be severed from this Agreement, and the remaining provisions shall remain in effect, unless the effect of such severance would be to alter substantially this Agreement or obligations of the parties hereto, in which case the Agreement may be immediately terminated.

12. Counterpart Execution; Effect; Photocopies. This Agreement may be executed in counterparts, and each counterpart, when executed, shall have the efficacy of a signed original. Photographic copies of such signed counterparts may be used in lieu of the originals for any purpose.

13. Gender Neutral. All personal pronouns used in this Agreement, whether used in the masculine, feminine or neuter gender, shall include all other genders, and the singular shall include the plural and vice versa.

14. No Assignment. Employee hereby represents that he has not heretofore assigned or transferred, or caused or purported to assign or transfer, to any person any of the claims released herein. If any such transfer or assignment or purported transfer or assignment occurred prior to the execution of this Agreement, Employee hereby agrees to indemnify and hold Employer harmless from and against any and all claims, demands, obligations, debts, liabilities, costs, expenses, rights of action, causes of action or judgments based upon or arising from any such transfer or assignment or purported transfer or assignment. Any assignment after the execution of this Agreement may only be made with the express written approval of all parties hereto. Employer and Employee represent and warrant that, prior to executing this Agreement, each has not filed any complaints or charges of lawsuits with any court or governmental agency against the other based in whole or in part upon any matter covered, related to or referred to in this Agreement.

15. No Third Party Beneficiaries. Nothing contained in this Agreement is intended nor shall be construed to create rights running to the benefit of third parties.

16. Prior Litigation. Employee represents and warrants that, prior to executing this Agreement, he has not filed any complaints or charges of lawsuits with any court or governmental agency against the Employer based in whole or in part upon any matter covered, related to or referred to in this Agreement.

17. Governing Law. This Agreement shall be interpreted under the laws of the State of California. Exclusive venue for any legal action under California law shall be Inyo, County, California and, if brought under federal law, the United States District Court for Eastern California in Fresno, California.

18. Complete Defense. This Agreement may be pled as a full and complete defense, and may be used as the basis for an injunction against any action, claim, suit, worker's compensation action or any other proceeding which may subsequently be instituted, prosecuted or

attempted, which is based in whole or in part upon any matter covered, related to or referred to in this Agreement.

19. Attorneys' Fees. In the event of litigation between Employee and Employer relating to or arising from this Agreement, the prevailing party or the party designated as such by the arbitrator or judge shall be entitled to receive reasonable attorneys' fees, costs, and other expenses, in addition to whatever other relief may be awarded, including such fees and costs any may be incurred in enforcing a judgment or order entered in any arbitration or action. Any judgment or order entered in such arbitration or action shall contain a specific provision providing for the recovery of such attorneys' fees and costs. In addition, any award of damages as a result of the breach of this Agreement or any of its provisions shall include an award of prejudgment interest from the date of the breach at the maximum rate of interest allowed by law.

20. Advice from Counsel. Employee represents and agrees that he has been advised and fully understands that he has the right to discuss all aspects of the Agreement with legal counsel; that he has carefully read and fully understand and appreciates all provisions of this Agreement, and the effect thereof; and that he is voluntarily entering into this Agreement.

21. Future Employment. Employee agrees that he is not now or hereafter entitled to employment or reemployment with Employer and he agrees not to knowingly seek such employment on any basis, including as an independent contractor or through an employment agency.

22. Cooperation in Litigation. Employee agrees to cooperate with Employer and its legal counsel with respect to any litigation now pending, or filed in the future in which Employee may be called as a witness to testify either at trial or deposition and to reasonably cooperate with Employer in the preparation of his testimony for same.

23. Notice. All notices and other communications required by this Agreement shall be in writing, and shall be deemed effective: (a) when personally delivered; (b) when mailed by certified or registered mail, return receipt requested; or (c) when deposited with a comparably reliable postage delivery service (such as Federal Express); addressed to the other party at the following address:

EMPLOYER:

Attention: _____

EMPLOYEE:

The parties may change their respective addresses by giving each other prior written notice of the change.

Executed this _____ day of _____, _____, at _____, California.

By _____

Executed this _____ day of _____, _____, at _____, California.

By _____

WAIVER OF 21 DAY CONSIDERATION PERIOD

I, STEPHEN DELROSSI, hereby acknowledge that I was given 21 days to consider the foregoing Agreement and voluntarily chose to sign the Agreement before the expiration of 21-day period.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED this ____ day of _____, _____ at _____,
California.

STEPHEN DELROSSI, MSA

**NORTHERN INYO HEALTHCARE DISTRICT
RECOMMENDATION TO THE BOARD OF DIRECTORS
FOR ACTION**

Date: 3/29/2023

Title: **APPROVAL OF THE PHARMACY AND INFUSION PROJECT UPDATED BUDGET**

Synopsis: We are asking for Board approval for the Pharmacy / Infusion remodel project new budget number.

See Colombo backup documentation for this request.

Prepared by: Scott Hooker
Director of Facilities

Reviewed by: Allison Partridge CNO/interim
Name: Allison Partridge
Title of Chief who reviewed: CNO

Approved by: Allison Partridge CNO/interim
Name: Allison Partridge
Title of Chief who approved: CNO

FOR EXECUTIVE TEAM USE ONLY:

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



FACILITY PROJECTS UPDATE

4/19/2023

Prepared by:

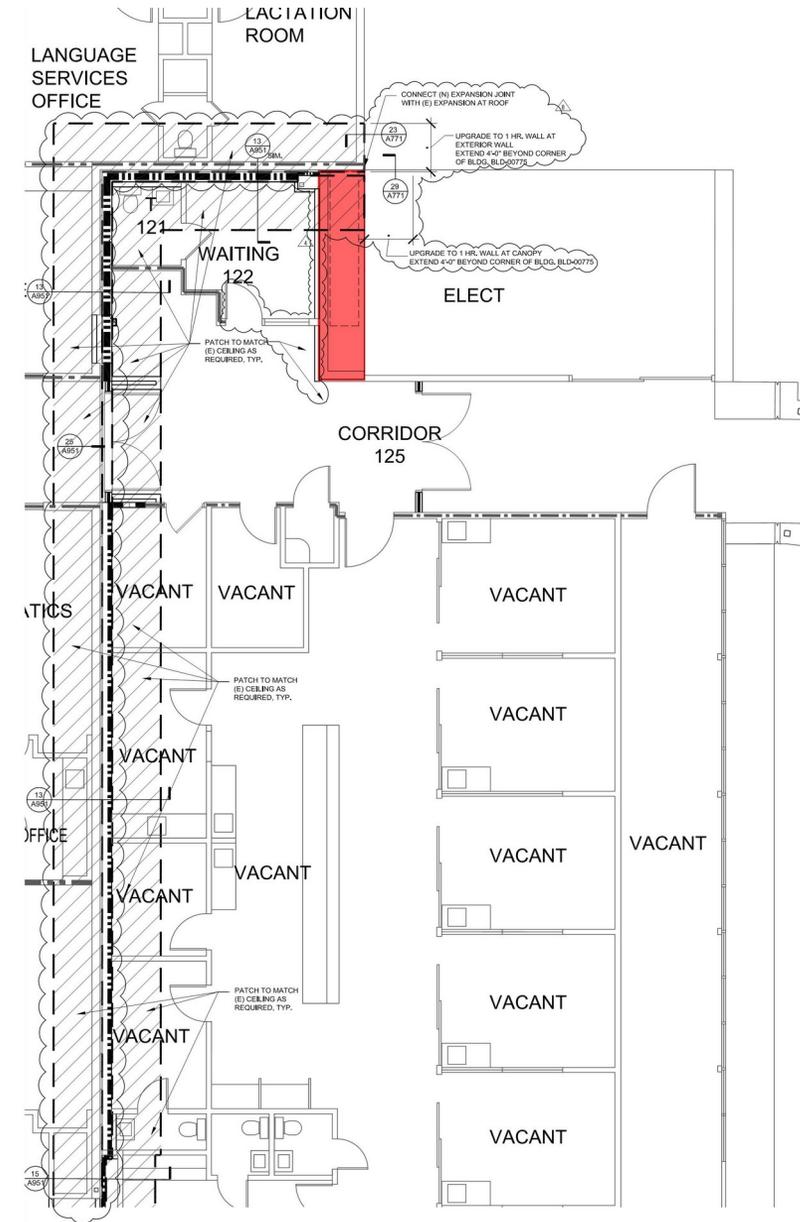


COLOMBO
CONSTRUCTION COMPANY, INC.



Building Separation Update

- Provide a 2hr building separation for HCIA Compliance.
- Project is complete and certified





Omnicell XT Automated Dispensing Cabinets

1. Omnicell System is designed to help hospitals streamline the medication ordering process while assuring patient safety, workflow efficiency and inventory control.
2. Complete



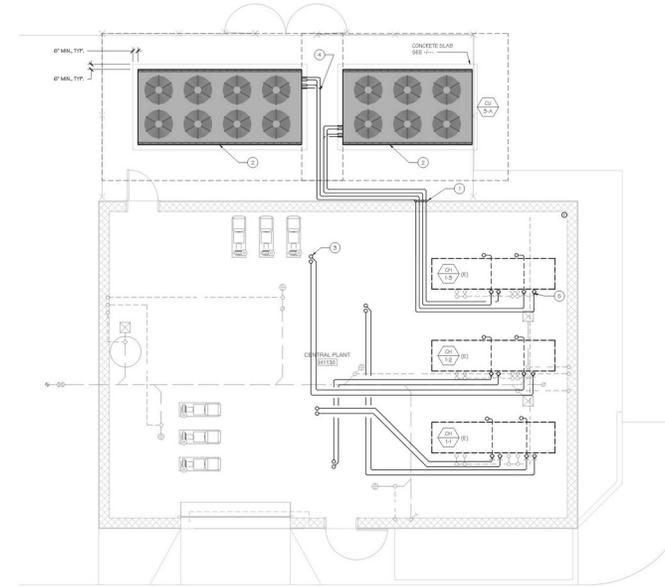


Condenser Replacement Project

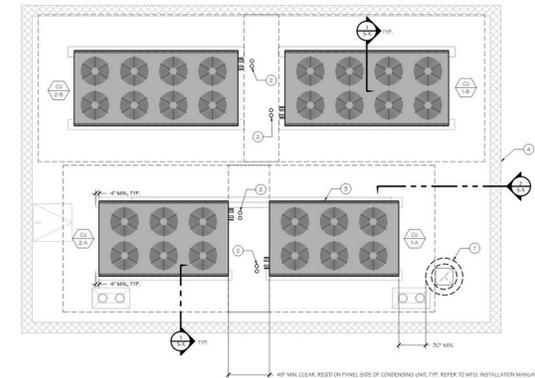
1. Replace Existing Rooftop Condensers
2. New Larger Capacity Condensers Installed
3. Two New Condensers Installed on the ()
4. Fenced in Area

Status:

- Phase 1 is complete and operational
- Phase 2 to be completed end of July
- Budget - good



FLOOR PLAN
SCALE: 1/4"=1'-0"



ROOF PLAN
SCALE: 1/4"=1'-0"



Pharmacy/Infusion Unforeseen Change Events

- | | |
|---|------------------|
| 1. Roofing replacement above the Pharmacy - | \$160,366 |
| • Not part of original scope - beyond repair and patch | |
| 2. Penthouse Roofing Replacement | \$16,000 |
| • Same as above | |
| 3. Install 2nd Layer of Drywall at Rated Roof | \$69,191 |
| • Shown on original plans, not installed during original construction | |
| 4. Replace Noncompliant Sheer Wall | \$104,934 |
| • Shown on original plans, installed incorrectly during original construction | |
| 5. Add Fire Smoke Dampers | \$91,375 |
| • Required after HCIA Plan Approval by FLS | |



Pharmacy/Infusion Unforeseen Change Events

Total Cost of Change Events	\$441,866
Projected Cost to Complete	\$(171,000)
Project Team Recommends	\$300,000



TO: NIHD Board of Directors
 FROM: Sierra Bourne, MD, Chief of Medical Staff
 DATE: April 4, 2023
 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. Medical Staff Appointments 2023- 2024 (*action item*)

Name	Specialty	Category
Murat Akalin, MD	Psychiatry	Consulting Staff
Sue Park, NP	Psychiatric Nurse Practitioner	Advanced Practice Provider
Kunal Agrawal, MD	Neurology	Telemedicine Staff
Nandini Bakshi, MD	Neurology	Telemedicine Staff
Michael Chen, MD	Neurology	Telemedicine Staff
Rajiv Narula, MD	Neurology	Telemedicine Staff
Kussay Nassr, MD	Neurology	Telemedicine Staff
Neal Prakash, MD	Neurology	Telemedicine Staff
Sam Saha, MD	Neurology	Telemedicine Staff
Ruchir Shah, MD	Neurology	Telemedicine Staff

B. Additional Privileges (*action item*)

1. Earl Landrito, MD (*radiology*) – privileges in Breast Imaging

C. Medical Staff Resignations (*action item*)

1. Curtis Schweizer, MD (*anesthesiology*) – effective 3/6/2023

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

- CALL TO ORDER The meeting was called to order at 5:30 p.m. by Mary Mae Kilpatrick, Northern Inyo Healthcare District (NIHD) Board Chair.
- PRESENT Mary Mae Kilpatrick, Chair
Melissa Best-Baker, Vice Chair
Jean Turner, Secretary
Ted Gardner, Treasurer
Jody Veenker, Member-at-Large
Lionel Chadwick PhD, Interim Chief Executive Officer
Stephen DelRossi, MSA, Chief Financial Officer
Joy Engblade, MD, Chief Medical Officer
Allison Partridge RN, MSN, Chief Nursing Officer
- PUBLIC COMMENTS ON
CLOSED SESSION ITEMS Chair Kilpatrick announced at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. There were no public comments.
- ADJOURNMENT TO
CLOSED SESSION At 5:32, Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:
- a. Discussion of Public Employment (Gov. Code § 54957(b)(1))
Title: CEO Candidate
 - b. Conference with Labor Negotiators, District Designated
Representatives: HR Director; Employee Organization:
AFSCME Council 57 (pursuant to Government Code Section
54957.6)
- RETURN TO OPEN
SESSION AND REPORT
ON ANY ACTION TAKEN
IN CLOSED SESSION At 7:10 p.m., the meeting returned to Open Session. Chair Kilpatrick reported the Board took no reportable action.
- OPPORTUNITY FOR
PUBLIC COMMENT Chair Kilpatrick announced the purpose of public comment is to allow members of the public to address the Board of Directors. 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, and speakers will be limited to a maximum of three minutes each. The Board of Directors is prohibited from generally discussing or taking action on items not included on the agenda for this meeting. Public comments on agenda items should be made at the time each item is considered. Public comments were heard from the following:
- Dr. Jeanine Arndal
 - Dr. Bo Loy
 - Dr. Martha Kim

NEW BUSINESS

AD HOC COMMITTEE
REPORTS

Chair Kilpatrick called attention to Ad Hoc Committee reports.

Jean Turner reported the Governance Committee completed their tasks in August and there is no current activity.

Chair Kilpatrick thanked the HR Committee for the hard work they have done.

Jody Veenker noted the full compliance report is in this meeting's Consent Agenda.

Finance Committee: no report

CHIEF EXECUTIVE
OFFICER REPORT

Chair Kilpatrick introduced the Chief Executive Officer Report. Interim CEO Chad Chadwick provided updates on the following items:

- Dr. Joy Engblade, Chief Medical Officer, is leaving at the end of March. Dr. Stefan Schunk will be interim CMO through July, and Dr. Adam Hawkins will take on the permanent CMO position effective August 1, 2023.
- Interim CEO Chadwick gave a presentation to Bishop City Council on Monday night.
- Planning continues for Mr. Halfen's plaque.
- NIH and Mammoth Hospital Leadership teams met to discuss opportunities for cooperation.
- Eastern Sierra Cancer Alliance is having a Blue Ribbon Walk & Run on March 25th for Colorectal Cancer Awareness.
- Telestroke program is due to commence in May.
- Hospital Auxiliary donated \$10,000 toward the purchase of a nerve block locating device.

CHIEF FINANCIAL
OFFICER REPORT

Chair Kilpatrick introduced the Chief Financial Officer report. CFO DelRossi provided an overview of the financial and statistical reports.

It was motioned by Melissa Best-Baker to approve the financial and statistical reports, seconded by Jody Veenker and the motion passed 5-0.

CFO DelRossi introduced Andrea Mossman, Controller, who provided an update on RSM.

CFO DelRossi provided an update on the Turnaround Acton Group (TAG).

CFO DelRossi introduced discussion on the status of the last financial audit and asked for the Board's approval to seek out a new audit firm.

It was motioned by Jody Veenker to approve the search for a new audit firm, seconded by Melissa Best-Baker and the motion passed 5-0.

INTERIM CEO REMOTE
WORK DAYS

Chair Kilpatrick called attention to Interim CEO remote work days. Interim CEO Chadwick reported the following dates were approved for remote work in accordance with his agreement.

- 12/23/2022 – 12/30/2022
- 1/23/2023 – 1/27/2023
- 2/28/2023 – 3/2/2023
- 3/27/2023 – 3/31/2023

It was motioned by Jody Veenker to approve the listed Interim CEO remote work days, seconded by Jean Turner, and the motion passed 5-0.

INTERIM CEO CONTRACT
EXTENSION

Chair Kilpatrick called attention to Interim CEO Contract extension. A discussion took place and HR Director Alison Murray answered questions. Chair Kilpatrick stated the contract extension provides for \$7,500/week and allows for a work schedule of 20% onsite work through June 30, 2023.

It was motioned by Jody Veenker to approve the Interim CEO contract extension, seconded by Jean Turner, and the motion passed 5-0.

BOARD EDUCATION

Chair Kilpatrick called attention to Board Education. Noel Caughman, Best & Krieger, presented information on the relationship between the Governing Board and the Medical Staff.

SYMPLR CONTRACT
SOFTWARE

Chair Kilpatrick called attention to Symplr Contract software. Patty Dickson, Compliance Officer, presented information on the search for contract lifecycle management software. She reported they had received information on other potential software companies and were still researching the best purchase. She asked the Board to approve the purchase of the best product rather than approving a specific product at this time.

It was motioned by Melissa Best-Baker to authorize up to \$45,000 in the first year for the purchase of contract lifecycle management software, and not to exceed \$30,000/year in out years, seconded by Jody Veenker and the motion passed 5-0.

CHIEF OF STAFF REPORT

Chair Kilpatrick introduced Dr. Bourne who provided the Chief of Staff report.

Dr. Bourne introduced the medical staff appointments and asked if the Board had any questions.

Jody Veenker motioned to approve the medical staff appointments, Ted Gardner seconded, and the motion passed 5-0.

Dr. Bourne introduced the medical staff appointments by proxy credentialing and asked if the Board had any questions.

Jean Turner motioned to approve the medical staff proxy appointments, Melissa Best-Baker seconded, and the motion passed 5-0.

Dr. Bourne introduced the medical staff additional privileges.

Jean Turner motioned to approve the medical staff additional privileges, Melissa Best-Baker seconded, and the motion passed 5-0.

Dr. Bourne introduced the change in staff category.

Melissa Best-Baker motioned to approve the change in staff category, Jody Veenker seconded, and the motion passed 5-0.

Dr. Bourne called attention to the medical staff resignations and thanked the providers for their service.

Ted Gardner motioned to approve the medical staff resignations, Melissa Best-Baker seconded, and the motion passed 5-0.

Dr. Bourne introduced new privilege forms for Neurology and Nurse Practitioner - Psychiatry.

Jody Veenker motioned to approve the new privilege forms for Neurology and Nurse Practitioner - Psychiatry, Melissa Best-Baker seconded, and the motion passed 5-0.

Dr. Bourne provided an overview of the policy for approval.

a. Direct Notification of Abnormal Microbiology Findings

Jody Veenker motioned to approve the policy as written, Jean Turner seconded, and the motion passed 5-0.

MEDICAL EXECUTIVE
COMMITTEE REPORT

Dr. Bourne provided a report of the Medical Executive Committee meeting.

CONSENT AGENDA

Chair Kilpatrick called attention to the consent agenda.

Jean Turner brought attention to a correction of the February 15, 2023 meeting minutes.

Jean Turner motioned to approve the Consent Agenda with the proposed correction, Melissa Best-Baker seconded, and the motion passed 4-0. Jody Veenker abstained from the February 15, 2023 Regular Board Meeting minutes because she was absent from that meeting.

REPORTS FROM BOARD
MEMBERS

Chair Kilpatrick opened up reports to Board Members.
Jean Turner reported she participated in her first ACHD Board meeting.
Chair Kilpatrick reported she has been working with the HR team, she
judged the high school speech competition, and she attended the Pioneer
Home Health Board meeting.

ADJOURNMENT

Adjournment at 8:48 p.m.

Mary Mae Kilpatrick, Northern Inyo Healthcare
District, Chair

Attest:

Jean Turner, Northern Inyo Healthcare District,
Secretary

CALL TO ORDER The meeting was called to order at 5:30 p.m. by Mary Mae Kilpatrick, Northern Inyo Healthcare District (NIHD) Board Chair.

PRESENT Mary Mae Kilpatrick, Chair
 Melissa Best-Baker, Vice Chair
 Jean Turner, Secretary (present via zoom)
 Ted Gardner, Treasurer (present via zoom)
 Jody Veenker, Member-at-Large
 Lionel Chadwick PhD, Interim Chief Executive Officer
 Stephen DelRossi, MSA, Chief Financial Officer (present via zoom)
 Allison Partridge RN, MSN, Chief Nursing Officer (present via zoom)
 Joy Englade, MD, Chief Medical Officer (present via zoom)

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

ANESTHESIA UPDATE Chair Kilpatrick called attention to Anesthesia Update. Chair Kilpatrick stated the board would receive information and public input, but would not take formal action on what is a District management matter. Interim CEO Chadwick provided a financial status review of the anesthesia services at NIHD. Public comments were heard from the following:

- Bo Loy, MD
- Sierra Bourne, MD (provided a letter to the Board)
- Kevin Efros, MD
- Jeanine Arndal, MD
- Martha Kim, MD
- Robbin Cromer-Tyler, MD
- Mark Robinson, MD
- Madison Keesler, RN (via zoom)
- Aviva Regev, MD (via zoom)
- Grant Meeker, MD
- Jennifer Meeker, MD

PUBLIC COMMENTS ON CLOSED SESSION ITEMS Chair Kilpatrick announced at this time, persons in the audience may speak only on items on the Closed Session portion of this meeting. There were no public comments.

ADJOURNMENT TO CLOSED SESSION At 6:42, Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- a. Discussion of Public Employment (Gov. Code § 54957(b)(1))
Title: CEO Candidate

- b. Conference with Labor Negotiators (Gov. §54957.6) Agency
Designated Representative: Northern Inyo Healthcare District
Human Resources Director
Unrepresented Employee: CEO Candidate

Chair Kilpatrick announced there would be no reportable action.

ADJOURNMENT

Adjournment at 7:06 p.m.

Mary Mae Kilpatrick, Northern Inyo Healthcare
District, Chair

Attest:

Jean Turner, Northern Inyo Healthcare District,
Secretary

CALL TO ORDER The meeting was called to order at 5:30 p.m. by Mary Mae Kilpatrick, Northern Inyo Healthcare District (NIHD) Board Chair.

PRESENT Mary Mae Kilpatrick, Chair
Melissa Best-Baker, Vice Chair
Jean Turner, Secretary
Ted Gardner, Treasurer
Lionel Chadwick PhD, Interim Chief Executive Officer (present via zoom)
Stephen DelRossi, MSA, Chief Financial Officer
Allison Partridge RN, MSN, Chief Nursing Officer
Stefan Schunk, CMO

ABSENT Jody Veenker, Member-at-Large

ADJOURNMENT TO CLOSED SESSION At 5:30, Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- a. Public Employee Performance Evaluation pursuant to Government Code Section 54957 (b)(1). Title: Interim CEO

RETURN TO OPEN SESSION AND REPORT ON ANY ACTION TAKEN IN CLOSED SESSION At 6:06 p.m., the meeting returned to Open Session. Chair Kilpatrick reported the Board took no reportable action.

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

CEO SEARCH UPDATE Chair Kilpatrick called attention to CEO Search Update. Interim CEO Chad Chadwick gave update on the status of the CEO search.

NEW SEARCH RECOMMENDATIONS CEO Chadwick recommended the Board fill the position of Interim CEO with existing team member Stephen DelRossi CFO, and he recommended they negotiate a term of no less than 6 months.

Chair Kilpatrick called for comments from the public. Comments were heard from:
Barbara Stuhaan, retired nurse.

Chair Kilpatrick called for comments from the Board and discussion ensued.

It was motioned by Ted Gardner to immediately enter into negotiations with Stephen DelRossi to enter into the role of Interim CEO effective May 1, 2023, seconded by Chair Kilpatrick and the motion passed 4-0.

ADJOURNMENT

Adjournment at 6:26 p.m.

Mary Mae Kilpatrick, Northern Inyo Healthcare
District, Chair

Attest:

Jean Turner, Northern Inyo Healthcare District,
Secretary



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Address Change		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

Please notify the Human Resources Department promptly of any change of name, address, phone number, marital status, domestic partner status, or any other material facts about yourself so that our records may be kept up-to-date.

REFERENCE: N/A

RECORD RETENTION AND DESTRUCTION:

Maintain payroll records, including workforce member’s address information for:

- Non-pension workforce for a minim of 15 years.
- Workforce entitled to pension: life of employee plus 6 years

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

Supersedes: v.1 19-01 ADDRESS CHANGE
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK**

Title: Benefits as Affected by Changes in Employment Status		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

Full-time to regular part-time: When an employee changes from full-time to regular part-time status, the benefits accumulated according to the full-time schedule are retained, and the accumulation of benefits according to the regular part-time schedule begins on the effective date of the change. Lifetime benefit hours (LBH) are used to determine where on the regular part-time schedule the regular part-time employee will be placed.

Regular part-time to full-time: When an employee changes from regular part-time to full-time status, benefits are accumulated according to the full-time schedule effective with the date of the change and are added to any benefits which were accumulated according to the regular part-time schedule while the employee was regular part-time. Lifetime benefit hours (LBH) are used to determine where on the full-time schedule the full-time employee will be placed.

Per diem to full-time or regular part-time: Per diem employees who accept a full-time or regular part-time position with the District may have their introductory period waived at the discretion of the employee's department head and the Chief Executive Officer. The rate of pay for any such employee is changed to conform to the District's wage and salary administration policy. Lifetime benefits hours (LBH) accumulated while the employee was in a per diem status are recognized in determining maximum pay period Paid Time Off accrual amounts.

Full-time or regular part-time to per diem: A full-time or regular part-time employee who decides to accept per diem employment with the District is paid for any benefits which are payable under the Termination Benefits Policy. Paid Time Off does not accrue while the employee is classified as per diem. Sick leave benefits previously accrued are shown on the employee's pay stub. Lifetime benefits hours (LBH) continue to accumulate while the employee is classified as per diem.

REFERENCES: N/A

RECORD RETENTION AND DESTRUCTION:

Maintain payroll records for non-pension workforce for a minim of 15 years.
Employees entitled to pension: life of employee plus 6 years

CROSS-REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

2. [Personnel Classifications](#)
3. [Benefits - Domestic Partner Recognition](#)
4. [Benefits - Employee Assistance](#)
5. [Benefits - Lifetime Benefit Hours \(LBH\)](#)
6. [Paid Time Off \(PTO\)](#)

Supersedes: v.1 15-04 BENEFITS AS AFFECTED BY CHANGES IN EMPLOYMENT STATUS
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Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020
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NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Final Payroll Check		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

If you resign, your final check will be available to you from the Human Resources Department on your last day of work if you have given at least 72 hours’ notice. If you quit without notice, your check will be available from the Human Resources Department no later than 72 hours after your last day of work. For employees who are terminated, the final paycheck will be available in the Human Resources Department immediately upon termination.

Name badges and other District property must be surrendered (or proof of return of property must be given) to the Human Resources Department at the time the final check is released. Employee uniforms owned by the District may be given to terminating employees at the discretion of the employee's supervisor, department head, or the Administrator if the uniforms cannot be used by another employee.

REFERENCES:

1. State of California – Department of Industrial Relations <https://www.dir.ca.gov/dlse/finalpay.pdf>

RECORD RETENTION AND DESTRUCTION:

Maintain payroll records for non-pension workforce for a minim of 15 years.
 Employees entitled to pension: life of employee plus 6 years

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. [Payroll Check Advances](#)
3. [Payroll Policies and Guidelines](#)

Supersedes: v.1 07-01 FINAL PAYROLL CHECK
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Holidays		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

The District has designated the following as holidays:

- DT 1. New Year’s Day (6:00 P.M. on December 31 to 11:00 P.M. on January 1)
- 2. Presidents’ Day (3rd Monday in February) (11:00 P.M. to 11:00 P.M.)
- 3. Memorial Day (4th or 5th Monday in May) (11:00 P.M. to 11:00 P.M.)
- 4. Independence Day (July 4) (11:00 P.M. to 11:00 P.M.)
- 5. Labor Day (1st Monday in September) (11:00 P.M. to 11:00 P.M.)
- DT 6. Thanksgiving Day (11:00 P.M. to 11:00 P.M.)
- DT 7. Christmas Day (6:00 P.M., December 24 to 11:00 P.M., December 25)
- 8. Day of choice

Since it is not possible for all employees to receive the actual date of the holiday off, non-exempt (hourly) employees who are required to work on the actual date of any of the holidays numbered 2 through 5 will be paid at a time and one-half rate for hours worked during any of those four designated holidays. Non-exempt (hourly) employees who are required to work on the holidays numbered 1, 6 or 7 will be paid at a double-time rate for hours worked during these times. (Non-exempt employees may choose to work when not required at their normal hourly rate.)

Further details of the policy on holidays are listed in the Northern Inyo Healthcare District Payroll Policies and Guidelines.

If your religious beliefs call for the recognition of special days, you may substitute holidays or arrange for time off without pay provided prior arrangements have been made with your supervisor. If you work on these special days you will not be paid a premium rate of pay for hours worked during these special days.

REFERENCES:

1. State of California – Department of Industrial Relations
https://www.dir.ca.gov/dlse/faq_holidays.htm#:~:text=There%20is%20nothing%20in%20state,40%20hours%20in%20a%20workweek.

RECORD RETENTION AND DESTRUCTION:

Maintain payroll records for non-pension workforce for a minim of 15 years.

Employees entitled to pension: life of employee plus 6 years

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. [Payroll Policies and Guidelines](#)
3. [Time Off](#)

Supersedes: v.1 09-01 HOLIDAYS
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Introductory Period		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

Your first 90 calendar days of employment represent an introductory period. This period is a time for you to be oriented to your job and to adjust to new surroundings and co-workers. During your introductory period you will be trained in your new job and evaluated by your supervisor so that you know how you are doing. Your introductory period may be extended beyond 90 calendar days if your supervisor determines that such an extension is appropriate.

Successful completion of the introductory period is not a guarantee of a right to long-term or continued employment. During the introductory period, as well as the entire period of employment with the District, the District is free to change the employee’s terms and conditions of employment with or without notice and with or without cause, including, but not limited to, termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work.

Employees are eligible for benefits during their introductory period as follows: Newly hired benefited employees may use Paid Time Off (PTO) immediately after it is accrued. They are also eligible to enroll in the District’s health plan, and life and long-term disability plans beginning the first day of the month following their hire date. In the event an employee was initially hired into a non-benefited position, and then transferred into a benefited position, eligibility for the District’s health plan and life and long-term disability plans will be the first day of the month following their benefited date.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) January 2023; Standard HR.01.04.01 EP 1 & 3.

RECORD RETENTION AND DESTRUCTION:

Retention of documents related to orientation, training or competency validation is for length of employment, plus six (6) years.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. [Employee Conduct - Attendance](#)
3. [Orientation](#)
4. [Performance Evaluations](#)

Supersedes: v.1 03-02 INTRODUCTORY PERIOD
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Orientation		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

There will be a general orientation program for each new employee shortly after hire. This is the time when the new employee will be taken on a tour of the District facilities and have the fire and disaster plan explained, emergency codes reviewed, and other relevant District wide policies discussed.

Employees will also receive detailed introductions and orientation of their specific department and job responsibilities by their supervisor.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) January 2023; Standard HR.01.04.01 EP 1 & 3.

RECORD RETENTION AND DESTRUCTION:

Retention of documents related to orientation, training or competency validation is for length of employment, plus six (6) years.

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. [Competency Notebook Competency Plan](#)
3. [Cross-Training of RN Staff](#)
4. [Floating Nursing Workforce](#)
5. [Orientation/Cross Training Time Frames*](#)
6. [Introductory Period](#)
7. [Diagnostic Imaging Department Orientation and Competency](#)

Supersedes: v.2 02-03 ORIENTATION
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



**NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK**

Title: Parking		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

Parking facilities are provided at no charge for employees in designated areas. However, you may not park in the emergency or outpatient parking areas, nor may you park in those areas designated for physicians only.

REFERENCES: N/A

RECORD RETENTION AND DESTRUCTION: N/A

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies

Supersedes: v.1 15-02 PARKING
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Standards of Conduct		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

In order to provide employees of Northern Inyo Healthcare District some guidance concerning unacceptable behavior, the following are some examples of types of conduct considered impermissible. Employees who engage in any misconduct or whose performance is unsatisfactory may be subject to disciplinary action, up to and including termination. The list is intended simply to provide some examples of disciplinary offenses and includes, but is not limited to:

1. Unsatisfactory performance on the job such as:

Absence without proper notification/explanation, excessive absenteeism or tardiness. Excessive absenteeism or tardiness results when an employee is absent or tardy without excuse two or more times in a 30-day period; or is absent or tardy without excuse five or more times in a 90-day period.

Leaving assigned work area without permission during working time.

Breach of professional confidence.

Insubordination; refusal to follow directions or obey legitimate orders of supervisor.

Refusal to wear appropriate personal protective equipment.

Negligence in performance on the job.

Sleeping, or giving the appearance of sleeping, while on duty.

2. Falsification of or making a material omission on forms, records, or reports, including punch detail reports, application materials, or other records. Examples are:

Failure to report an incident in accordance with the District's guidelines for the use of incident reports.

Making entries on another employee's punch detail report or edit sheet, or allowing someone else to make entries on your punch detail report or edit sheet; or falsification of punch detail reports or edit sheets in any manner.

3. Violating safety or health rules or practices or engaging in conduct that creates a safety or health hazard such as:

Failure to report an accident or incident involving a patient, visitor or yourself.

Threatening, intimidating, coercing, or interfering physically with fellow employees, patients or visitors on District property; unauthorized possession of firearms, explosives or knives.

Workplace bullying which is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is abusive conduct that is:

- Threatening, humiliating, or intimidating, or
- Work interference – sabotage – which prevents work from getting done, or
- Verbal abuse

Demonstrating incompetency, inefficiency or negligence where a patient's welfare is concerned.

Ignoring a fire alarm, fire drill, disaster alarm or disaster drill.

Reporting for work under the influence of alcohol or narcotics, or using either on the District's premises or in District-owned vehicles whether on or off duty.

4. Other types of misconduct include:

Abuse of the building or equipment.

Unauthorized posting or removal of materials on official District bulletin boards.

Violation of the District's solicitation and distribution rules.

Abusive or obscene language.

Sexual intercourse, oral copulation, or sodomy, committed on the District's premises, whether or not such conduct is lawful.

Stealing from fellow employees, patients, the District, or others on District premises; taking District property, records, or District information without permission.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) (Jan. 1, 2023) LD.03.01.01 EP4.

RECORD RETENTION AND DESTRUCTION: N/A

CROSS REFERENCED POLICIES AND PROCEDURES:

1. [Employee Conduct - Acceptance of Tips, Gratuities, Rewards, Promotional Gifts or Incentives \(18-01\)](#)
2. [Employee Conduct - Attendance](#)
3. [Employee Conduct - Hours, Rest and Meal Periods \(04-03\)](#)
4. [Employee Conduct - Solicitation and Distribution of Literature on Hospital Property \(17-03\)](#)
5. [Telephone Courtesy](#)

6. [Employee Conduct -Performance Improvement and Progressive Discipline](#)
7. [Medical Staff Professional Conduct Policy](#)
8. [NIHD Code of Business Ethics and Conduct](#)
9. InQuiseek – General Employment Policies

Supersedes: v.1 18-02 STANDARDS OF CONDUCT
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Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020
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NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: State Disability Insurance (SDI)		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

As required by California law, a payroll deduction is made for State Disability Insurance (SDI) entitling employees to disability insurance payments when they are unable to work because of injury or illness not caused by their jobs.

California law requires a deduction of a percentage of your gross wages up to the tax limit for the calendar year for SDI. This amount is deposited with the State of California. The percentage of the deduction and the maximum gross wages to which the percentage applies is, as with all state laws, subject to revision.

SDI benefits begin on the eighth day after your disability, as the first seven days of your claim is a waiting period during which no benefits are payable. By law, employees may not draw full wages and a disability portion of SDI benefits at the same time. If disability payments are received during a time when the employee has drawn full wages, the amount of the SDI payments must be refunded by the employee to the State.

As a cost containment measure, Northern Inyo Healthcare District requires its employees to apply for SDI benefits after 14 consecutive days of illness. SDI claim forms and further information may be obtained from the Human Resources Department.

In conjunction with the SDI plan, the District coordinates your leave benefits to the extent that you receive your total net (take home) wages during your period of disability.

REFERENCES:

1. Employment Development Department State of California
https://edd.ca.gov/en/disability/employer_requirements/

RECORD RETENTION AND DESTRUCTION:

Maintain payroll records for non-pension workforce for a minim of 15 years.
Employees entitled to pension: life of employee plus 6 years

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. [SICK LEAVE](#)
3. [Wages - Payroll Deductions \(06-03\)](#)

Supersedes: v.2 11-01 STATE DISABILITY INSURANCE (SDI)
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Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020
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NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Time Off		
Owner: Director of Human Resources	Department: Human Resources	
Scope: District Wide		
Date Last Modified: 03/21/2023	Last Review Date: 08/19/2021	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/20/2002	

POLICY:

Work schedules and days off vary throughout the District depending upon the staffing requirements. Your schedule will be explained to you by your supervisor. Every effort will be made to arrange for you to receive two days off each week whenever possible, and no less than four days off in each two-week pay period unless there are unusual circumstances.

Department heads and supervisors are authorized (and are expected) to instruct their personnel not to report to work when a low workload makes this possible. Department heads and supervisors are also authorized (and are also expected) to instruct their personnel to leave work early when a low workload makes this possible. This policy applies to full-time, regular part-time, and per diem personnel.

Full-time and regular part-time employees instructed not to report to work, or instructed to leave work early, have the option of taking the time off with or without *Paid Time Off*. It is at the discretion of the department head or supervisor to determine how employees are selected not to work. Generally, per diem personnel should not be called in to work unless full-time and regular part-time personnel request days off and staffing is short.

REFERENCES:

1. State of California – Department of Industrial Relations
https://www.dir.ca.gov/dlse/faq_vacation.htm

RECORD RETENTION AND DESTRUCTION:

Payroll Records for non-pension workforce are maintained for a minim of 15 years.
Employees entitled to pension: life of employee plus 6 years

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. [Employee Conduct - Attendance](#)
3. [Nursing Low Census Days](#)
4. [Utilization of Personnel From Outside Agencies*](#)
5. [Paid Absence INVOLUNTARY LEAVE OF ABSENCE](#)
6. [Leaves of Absence - Vacations](#)
7. [Paid Time Off \(PTO\)](#)

- 8. [Personnel Classifications](#)
- 9. [Benefits as Affected by Changes in Employment Status](#)

Supersedes: v.2 04-04 TIME OFF
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Billing Write Off		
Owner: Chief Financial Officer		Department: Fiscal Services
Scope: Revenue Cycle		
Date Last Modified: 01/05/2023	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE: To ensure compliant coding and billing practices. Maintain and assure the integrity of the hospital’s Accounts Receivable activity. Set forth and define protocol and authority for billing adjustments and or write-off activity.

POLICY: Defined Write-Offs are not permitted by any staff other than those provided the authority by this policy. No Write-Off activity is permitted outside the defined Write-Offs listed in this policy unless directed and approved by the Chief Financial Officer or the Chief Executive Officer.

PROCEDURE:

- **Non-Billable Item**
Items charged to a patient account listed as “non-billable” per Hospital payor contract will be system flagged for Biller to write-off the patient account as claim final bills. Payor Non-Covered items are not submitted to the payor or patient.
- **Non-Covered Services - Payor Contract**
Non-covered services performed outside payor contract are not billed to patient if District did not inform patient of non-covered service prior to service. Charges are written off by billing staff using the Non-Covered Write-Off code.
- **Denials - Payor Contract**
Unresolvable account denials for unforeseen non-covered service will be written off by the business office to the code Insurance Contractual. Items above \$1,000.00 will be submitted to the business office manager for review and approval. Items above \$2,500.00 will be submitted to the Chief Financial Officer for review and approval. Sufficient documentation is required to review and approve the write off.
- **Billing Process Related Denials**
Unresolvable denials related to “Billing Process” activities for covered services are written off by the business office using the Administrative Write-Off code. Items above \$1,000.00 will be submitted to the business office manager for review and approval. Items above \$2,500.00 will be submitted to the Chief Financial Officer for review and approval. Sufficient documentation is required to review and approve the write off.
- **Administrative Adjustment Write-Off (Discretionary)**
When it is determined that reimbursable services should be written off based on factors of unfavorable business outcomes, or other discretionary purposes, balances are adjusted using the administrative

adjustment code. Such discretion may be out of concern for patient relation purposes; billing or clerical error/oversight affecting reimbursement not related to activities covered in other policies.

- **Small Balance Write-Off**

Small balance write-offs are patient account balances that do not merit the time and cost of sending a bill to the patient. The threshold for small balance write-offs is \$9.99 or less.

Monitor all write off activity for unusual activity, trends, accuracy, and adherence to policy.

REFERENCES: N/A

RECORD RETENTION AND DESTRUCTION:

Maintain records for fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Charge Reduction or Removal at Department Level

Supersedes: Not Set



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

Title: Competency Notebook		
Owner: Chief Nursing Officer-Interim COO	Department: Nursing Administration	
Scope: Nursing Services Department		
Date Last Modified: 03/15/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 07/01/2013	

PURPOSE:

To establish a process for staff record keeping of competency information (that is non computerized) that is to be reviewed with management (at the time of the introductory evaluation) and submitted to Human Resources (HR) at the end of the calendar year.

POLICY:

1. Each Nursing Services employee will be issued a Competency Notebook by the Nursing Administrative Assistant at the time of hire and/or transfer.
 - a. The employee will keep the competency notebook in the department hired and take the notebook with them if transferred to another department.
 - b. If the employee terminates from employment, return the notebook to Nursing Administration Administrative Assistant.
2. The Manager or designee will update the department’s staff Competency Notebook annually with the Department Annual Competency Plan.
3. The Employees Competency Based Orientation/Evaluation Check off information will be kept in the notebook.
4. If an employee cross-trains to another position or department, the Cross Training Competency Based Orientation/Evaluation will be kept in the notebook.

PROCEDURE:

1. The Competency Notebook issued to each employee will contain:
 - a. Original orientation
 - b. Current calendar plus 2 previous years of competencies
2. The Department manager has ultimate responsibility for completion and contents of the competency notebook.

REFERENCES: N/A

RECORD RETENTION AND DESTRUCTION:

Competency Records become a part of the workforce member’s HR file. HR maintains the records for six (6) years after workforce separation.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. [Competency Plan](#)
2. [Orientation/Cross Training Time Frames*](#)
3. [Training and Competency in Fern Testing](#)
4. [Training and Competency in Point of Care Testing*](#)
5. [Floating Nursing Workforce](#)
6. [Nursing Services Competency Plan](#)
7. [Orientation Competency Committee](#)
8. [District Competency Plan](#)

Supersedes: v.1 Competency Notebook



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Minors with Legal Authority to Consent		
Owner: Compliance Officer	Department: Compliance	
Scope: District Wide		
Date Last Modified: 06/27/2022	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/15/2019	

PURPOSE:

To provide guidance to staff for circumstances in which a minor may have the legal authority to consent to various medical procedures, diagnosis, and treatment.

DEFINITIONS:

Capacity - a person has the ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes, in the case of proposed health care, the ability to understand its significant benefits, risks, and alternatives (Probate Code Section 4609)

Emancipated minor – a minor 14 years of age or older who has been granted, by the courts, release from the custody and control of his/her parent(s). Emancipated minors will have a Department of Motor Vehicles (DMV) identification card, which states the individual is emancipated, or a court order declaring emancipation

Minors – all persons under 18 years of age [Family Code Section (FCS) 6500]

Self-sufficient minor – a minor 15 years or older, living separate and apart from his/her parent(s) or legal guardian, with or without their consent, who manages his/her own financial affairs, regardless of source of income.

POLICY:

- 1) A minor may have the legal authority to consent to medical procedures, diagnosis, and treatment without parental consent, knowledge, or liability:
 - a) When he/she has been emancipated by the courts [FCS 7002 and 7050 (e)(1)]; or
 - b) When, in good faith, he/she has been deemed self-sufficient (FCS 6922); or
 - c) While serving on active duty with any branch of the U.S. armed services [FCS 7002 and 7050 (e)(1)]; or
 - d) When he/she has entered into a valid marriage, whether or not such marriage has been terminated by dissolution or death of the spouse [FCS 7002 and 7050 (e)(1)]; or
 - e) For care related to the treatment or prevention of pregnancy, regardless of age or marital status (FCS 6925); or
 - f) When he/she is 12 years or older, and may have come into contact with an infectious, contagious, or communicable disease that must be reported to the local health officer, or a related sexually transmitted infection (STI), and prevention of STI, including consent to HIV tests (FCS 6926); or

- g) When the minor is 12 years or older and has allegedly been raped, including information concerning and access to the “morning after” pill, and the collection of evidence with regard to the alleged rape (FCS 6927); or
 - h) When he/she, of any age, has allegedly been sexually assaulted, including, but not limited to rape, sodomy, or oral copulation, and the collection of evidence with regard to the alleged assault (FCS 6928);
 - i) When he/she is 12 years or older and requires certain mental health treatment or counseling in specific circumstances (consult Consent Manual pp. 2.24 – 2.25);
 - j) When he/she is 12 years or older and requires certain drug- or alcohol- related treatment or counseling in specific circumstances (consult Consent Manual pp. 2.25 – 2.26).
- 2) Parents of a minor are **not** financially responsible for health care or related services for which the minor may legally give consent.
 - 3) A minor has the right to privacy in health information resulting from services to which the minor is authorized to consent, and often, even when the parent or guardian gives consent (CHA 2016 Consent Manual, p 2.21).
 - 4) Minor providing consent must have the capacity to make health care decisions. If there are basic capacity concerns, consult the primary care physician.

PROCEDURE:

- 1) Upon presentation of a minor with or without parent(s) or guardian, the minor may have legal authority to provide consent under circumstances listed above, including the ability to sign the Conditions of Admission.
- 2) If a minor is unable to produce documents proving emancipation, the determination must be made as to whether the minor is self-sufficient, by completing the Self-Sufficient Minor Information form (CHA form 2-1s- see attachments).
- 3) California does not consider “common law marriage” to be valid.
- 4) When a minor seeks healthcare services listed below, employees should ask the minor if he/she would like the medical record, health information, and bill to be kept private from the parent(s) or guardian:
 - a) Family planning services
 - b) Pregnancy treatment or prevention
 - c) Abortion
 - d) Sexual assault
 - e) Sexually transmitted diseases
 - f) Mental health outpatient treatment, with some limitations
 - g) Substance abuse treatment
- 5) All healthcare services not specifically listed in the policy section (1) (a – j) or procedure section (2) (a-g) require parent or guardian consent.
- 6) If the minor patient requests information not be shared with parents or guardians:
 - a) The parents should not be listed as the guarantor; and

- b) The bill should not be mailed to the parent’s home; and
 - c) The minor patient should not be contacted at the parent’s home number; and
 - d) The Encounter Comments will be added stating “MINOR PRIVACY” should be entered into the HIS (see procedure “Minor Privacy Procedure – NIH Admission Services” for additional procedural details).
- 7) If the minor does not require the legally available privacy as described in this policy, a note documenting the choice should be entered into the visit information.

REFERENCES:

- 1. California Hospital Association 2021 Consent Manual.
- 2. California Hospital Association 2017 Minors and Health Law Manual.
- 3. Family Code Section (FCS) 7002 and 7050 (e)(1)
- 4. Family Code Section 6922
- 5. Family Code Section 6925
- 6. Family Code Section 6926
- 7. Family Code Section 6927
- 8. Family Code Section 6928
- 9. Probate Code Section 4609

See Attachment: Consent Requirements for Medical Treatment of Minors

See Attachment: Self-Sufficient Minor Information

RECORD RETENTION AND DESTRUCTION:

All consent forms, including the conditions of admission, become a part of the patient medical record. The medical record is maintained by the Northern Inyo Healthcare District’s Medical Records Department.

CROSS REFERENCED POLICIES AND PROCEDURES:

- 1. Minors with Legal Authority to Consent
- 2. Guarantor Verification Procedure - NIH Admissions Services

Supersedes: v.1 Minors with Legal Authority to Consent*



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Orientation to Nursing Departments		
Owner: Chief Nursing Officer-Interim COO	Department: Nursing Administration	
Scope: Nursing Services		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/15/2017	

PURPOSE:

To provide guidelines for orienting new employees to the home based nursing departments

The goal of orientation is to ensure that orientee receive consistent information regarding policies, procedures, standards and documentation to support practice and familiarize them with the Northern Inyo Hospital vision, mission, values, goals and organizational structure. In addition, each orientee is shown how to independently access online policies, procedures and competencies.

POLICY:

All new nursing workforce will be afforded appropriate orientation, in-service training and continuing education utilizing a consistent check list of items to be reviewed and or demonstrated. The orientation includes review of policies and procedures, demonstrations, use of learning management software modules and opportunities for questions.

Workforce members rehired to the same job role after being absent from the District for less than six (6) months are not required to do a full orientation. They are afforded opportunity to review any new equipment or procedures with support of team members who have current knowledge and skills.

PROCEDURE:

1. After completion of general orientation, the new nursing workforce members will be provided adequate orientation to their department in order to be prepared for his/her responsibilities and functions.
2. Each new employee will be provided with a clinical based orientation evaluation (CBOE) form specific to their job role. They will be expected to complete the self-evaluation portion.
3. Each new employee will be assigned to a staff member who will guide and coordinate their orientation to the department. Department orientation will be based on individual needs.
4. Each new employee must attend the general hospital orientation class.
5. Each new employee will complete all of the checklists including but not limited to the general orientation checklist as well as the department specific checklist within the first three months of employment.
 - a. Should an opportunity for specific experience not arise during the ninety (90) day introductory period, a plan will be established for assuring proctoring when the nursing workforce member has the opportunity. (Example – assisting with central line insertion. When a patient with need for this procedure is under the care of the Nurse who has not yet demonstrated competence in this procedure, it would require another nurse to participate in procedure with the new nurse to assure process is followed.)
6. The New Employee will receive feedback and evaluations which includes goals and accomplishments.

REFERENCES:

1. The Joint Commission (CAMCHA Manual) July 1, 2022 – Standards: HR.01.05.03 EP 1.
2. The Joint Commission (CAMCHA Manual) July 1, 2022 – Standards: HR.01.04.01 EP 1 & 3.
3. The Joint Commission (CAMCHA Manual) July 1, 2022 – Standards: PC.02.01.11 EP 4.

RECORD RETENTION AND DESTRUCTION:

Competency validations, including orientation checklist and CBOE forms are sent to Human Resources for maintenance within the workforce member's file.

A copy is also maintained within the Workforce Members Competency Notebook on the nursing unit. Three (3) years of past documents are maintained within this notebook.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. [Competency Notebook](#)
2. [Competency Plan](#)
3. [Training and Competency in Fern Testing](#)
4. [Training and Competency in Point of Care Testing*](#)
5. [Nursing Services Competency Plan](#)

Supersedes: v.1 Orientation to Nursing Departments*



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Patient Visit Registration Related to Accidents on Northern Inyo Healthcare District (NIHD) Property		
Owner: Director of Patient Access	Department: Patient Access	
Scope: Patient Access		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:

To provide guidance on how to register visits for visitors who are involved in an accident on Northern Inyo Healthcare District (NIHD) property and are seen in the Emergency Department (ED).

This policy pertains to visitors and outpatients who are injured while on NIHD property. It does not apply to patients in admitted to Observation or Inpatient status.

POLICY:

When a visitor/outpatient has an accident such as a slip and fall, trip and fall, etc. in the parking lots, the roadway between the NIHD campus buildings or inside of the hospital or Clinics, they may be seen in the ED. The visit created is to be specifically related to the injury incurred in the accident. No other conditions the patient may have are to be dealt with.

PROCEDURE:

1. An Unusual Occurrence Report (UOR) must be filled out and submitted to Compliance.
2. The Emergency Department (ED) patient access workforce registers the injured person with an encounter number specific to their accident.
3. The patient, or parent/guardian in cases of minor patients, is left as the guarantor and all insurances for that patient are verified, entered or updated.
4. Send an email to the Business Office Manager listing the patient’s name, DOB, encounter number and providing details of the injury event.
5. The Patient Access Representative will be asked to change the guarantor in the visit *only* if NIHD becomes the guarantor for the visit.

REFERENCES: N/A

CROSS-REFERENCE P&P:

1. InQuiseek - #500 Financial Policies
2. [Guarantor Verification Procedure - NIH Admission Services](#)

RECORD RETENTION AND DESTRUCTION:

Registration Records are maintained by the Northern Inyo Healthcare District Health Information Management Department.

Supersedes: Not Set



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Purchasing and Signature Authority		
Owner: Interim CEO	Department: Administration	
Scope: District Leadership		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/20/2016	

PURPOSE:

To control the commitment of healthcare District funds, including purchasing and contracting activities. Goods and services purchased with District funds must be necessary and relevant to the District’s business and the advancement of its mission. District funds include Local District Taxing Authority revenues and carry with them fiduciary responsibilities. Proper stewardship of District funds is the responsibility of all employees involved in procurement transactions.

POLICY:

1. Established purchase levels are tiered in low, mid and high value purchasing authority. All purchases including purchase orders and check requests will follow these guidelines as outlined in the procedure below. The only exception made is for emergency purchases as outlined in the Emergency Purchases Policy.
2. Only those employees given explicit written authority by the Northern Inyo Healthcare District (NIHD) Board of Directors, currently the Chief Executive Officer (CEO) or designee may execute the procurement agreements. (Written procurement agreements contractually bind the District and a supplier to a purchasing obligation.) Such written authority includes terms and conditions, typically including a review by the Compliance Officer and all such terms and conditions are legally binding.
3. Group Purchasing Organization (GPO) contracts, approved by the CEO, allow Directors to work within the terms stipulated. Various departments utilize GPO contracts without requiring new signatures per the established purchasing levels.

PROCEDURE:

1. Purchase Levels are established in the following manner:
 - i. Authorization of Purchases up to \$1,000 require the signature of manager level (or higher) associated with the cost center.
 - ii. Purchase requests over \$1,000 and below \$2,500 require the signature of a director level (or higher) member of the NIHD Management team associated with the cost center.
 - iii. Purchase requests above \$2,500 and below \$5,000 require the signature of an executive level member of the NIHD team.
 - iv. Over \$5,000 and below \$40,000 require the signature of the CEO or in his/her absence the Administrator-On-Call (AOC) for emergency purchases.
 - v. All purchase requests above \$40,000 require the approval of the NIHD Board of Directors with the exception of Capital Approved purchases that were part of the NIHD Board Budget approval process. See Capitalization of Asset policy for specific information on capital purchase limits.

- vi. All checks for payments based on any paid invoices are subject the Check Signing Policy regardless of purchase approval level.
2. Materials Management via Purchasing Department with Predetermined Catalog items
 - i. Board of Directors approves the annual District budget, which includes materials supplied via the Purchasing Department.
 - ii. Pre-established Periodic Automated Replenishing (PAR) levels based on department needs are built into the District's information system.
 - iii. Upon documented use of items, District Information System reorders the items necessary to maintain PAR stock.
 - iv. Items reordered within the PAR do not fall into the need for purchase orders or signature requirements listed within procedure #1.
 - v. Special order items, not routinely requested or on the PAR, do fall under the purchase signature requirements listed within procedure #1.
3. Reporting violations for complaints or concerns regarding compliance with the above, please contact the Chief Finance Officer (CFO) or the Compliance Officer.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) January 2022. Standard LD.01.04.01 EP 1.

RECORD RETENTION AND DESTRUCTION:

Maintenance of Fiscal records, including documents associated with procurement contracts and purchase orders is for fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. [Capitalization of Assets](#)
2. [Check Signing](#)
3. [Emergency Purchases](#)

Supersedes: v.3 Purchasing and Signature Authority*



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Scheduling of Nursing Personnel		
Owner: Chief Nursing Officer-Interim COO	Department: Nursing Administration	
Scope: Nursing Directors, Managers and Assistant Nurse Managers		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 08/2014	

PURPOSE:

1. The Nursing Services Directors, Managers and Assistant Nurse Managers (ANM) will use long range planning to determine the staffing needs of each department, and to strive to meet those needs through the utilization and allocation of supplemental personnel.
2. Long range planning assures that each department and shift has adequate personnel to meet the patient care requirements.
3. To provide staffing patterns for all staff that address appropriate coverage for the care required to each patient assigned.

POLICY:

1. As part of the Master Staffing Plan, a general Master Schedule is developed for each department based on the budgeted mean census (defined as average census over the previous 12 months). Attention to fluctuations in census on each unit will be taken into consideration in the development of the Master Staffing Plans.
2. A coverage staffing plan will also be maintained to provide coverage for benefit hour usage and high mode census (defined as the most commonly occurring census above the mean over the previous 12 months.)
3. Staff will be hired for a specific position in a department that correlates with a position control number. The position control is derived from the master Schedule.
4. Full and part time staff is hired with no restrictions for scheduling purposes. Staff may be occasionally asked to rotate shifts based on a department need, unless precluded by contract.
5. Staff who change positions to another department, status, classification or shift, will automatically assume the weekend obligation of the new position.
6. The staffing schedule will cover a six-week period and is equivalent to three pay periods, except in the perioperative department where a 4-week schedule will be utilized. The staffing week begins on Sunday for days and Saturday for PM shift. The schedule will be posted 2 weeks prior to the start of the schedule. Staff will be expected to have requests for time off into the scheduling software 6 weeks prior to the start of the schedule to allow for every opportunity to approve the request.
7. The department Director, Manager or Assistant Nurse Manager is responsible for developing the schedule.

8. Order of time off request received and longevity of employee within the department are considered when granting Paid Time Off (PTO). All staff has an obligation to work their weekend shifts. Request for time off may only be approved when the employee has the time accrued in PTO at the time of the request.
9. Working schedules are maintained in the scheduling software program.
 - a. Approval for requested time off will be done within the scheduling software by the Director, Manager or ANM.
 - b. PTO will be granted based on the NIHD PTO Policy.

PROCEDURE:

1. Department specific staffing patterns (Master Schedules) will be developed at the department level by the department DON and/or Manager with approval by the CNO based on the hours of nursing care and average daily census.
2. As soon as the staff member is aware of time needed off, a request for time off is completed within the scheduling software.
 - a. Approval or denial of request occurs within the software program by Director, Manager or ANM within 15 days of the employee request.
 - b. Set schedules are not guaranteed, however every attempt will be made to provide schedules that benefit the workforce.
4. Once the Schedule becomes approved, minimal schedule changes will be expected. If a staff member needs time off, they will be required to find coverage except for times of illness or emergency.
5. The six week Working Schedule is published via the scheduling software. Once this occurs, employees who desire time off, are expected to find coverage.
 - a. Coverage (trading of shifts) must be approved by the Director, Manager or ANM. In their absence, the House Supervisor may approve the trade.
6. Any time an employee has an emergent staffing situation; the employee is to go through the Manager or Assistant Manager of their department.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) (Jan 2022) Standard NR.02.02.01 EP 1.
The Nurse Executive, registered nurses, and other designated nursing staff write and approve the following – Nurse staffing plan(s)

CROSS REFERENCED POLICIES AND PROCEDURES:

1. [Staffing Management Plan](#)
2. [Routine Hours of Work](#)
3. [Week-End Shifts](#)

RECORD RETENTION AND DESTRUCTION:

Nurse staffing patterns, including methodology used is to be maintained for 6 years.

Supersedes: v.1 Scheduling of Nursing Personnel



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

Title: Weapons Policy		
Owner: Interim CEO		Department: Administration
Scope: District Wide		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date: 07/21/2006

PURPOSE:

To set a standard for Northern Inyo Healthcare District workforce related to carrying weapons on District property.

DEFINITIONS:

Pocket Knife: Under California Penal Code Section 17235, all folding knives are legal in the state and can be concealed if they are in the folded position. There is no restriction on the blade length when it comes to owning or possessing a folded knife.

Weapon: An instrument or device designed or used for inflicting bodily harm or physical damage. For example, weapons may include while not being limited to the following: guns, stun guns, knives, swords, pepper or mace spray, etc.

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

POLICY:

NIHD Workforce (excluding NIHD Security Staff), patients, and visitors shall not bring weapons (other than ordinary pocketknives) onto the District premises.

Law Enforcement Officers may carry weapons in the line of duty while on the District Premises.

The District has a zero tolerance for violent acts or threats of violence against employees, or non-employees with whom the District has a business, service, or professional relationship. No employee may commit or threaten to commit any violent act against a co-worker or other individual. This includes, but is not limited to, discussing the use of weapons or bringing weapons onto District property, even in a joking manner. Any employee who is subjected to or threatened with violence by a co-worker or another individual, or is aware of another individual who has been subjected to or threatened with violence, must immediately report this information to Human Resources. When an investigation discloses a violation of this policy, appropriate

disciplinary action may be taken up to and including termination. There will be no retaliation against any workforce member who, in good faith, files such a complaint.

REFERENCE:

1. California Penal Code Section 17235; December 2021.

RECORD RETENTION AND DESTRUCTION: N/A

CROSS REFERENCE POLICIES AND PROCEDURES:

1. [Workplace Violence Prevention Policy](#)
2. [NIHD Code of Business Ethics and Conduct](#)
3. [Patients Under Legal or Correctional Restriction*](#)
4. [EOP Emergency Response Plan- Active Shooter EM.02.01.01EP2 & SS-EC.02.01.01EP9](#)
5. [Employee Conduct -Performance Improvement and Progressive Discipline](#)

Supersedes: v.1 Weapons Policy

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: We Care Program	
Scope: NIHD	Manual: Administration
Source: Chief Financial Officer	Effective Date: 04/2010

PURPOSE:

To encourage patients with no healthcare coverage, or limited coverage, to seek regular mammography screenings.

POLICY:

Patients with no healthcare coverage or limited coverage, who-need a Mammogram, may have a mammogram for a co-pay of \$10.00 at Northern Inyo Hospital on an annual basis if necessary including self referrals.

Unlike regular protocol, patients will not be required to seek other potential financial assistance available for this service.

The We Care Program will extend to cover through pathological diagnosis of a detected abnormality, with a \$10 co-pay per visit. Upon pathological diagnosis, other potential financial assistance programs will be explored with the patient for any further necessary treatment.

PROCEDURE:

During the registration process, Admission Services Staff will offer the program to patients with limited or no coverage, and inform the Diagnostic Imaging (DI) Tech of any eligible patients during the service. DI will notify the Credit & Billing Information Office of eligible patient accounts for proper handling.

All healthcare coverage of patients will be billed for the mammogram and related services regardless of the anticipated coverage. If reimbursement from insurance is less than 50% of the bill, the patient is eligible for the We Care Program and the balance after the \$10.00 co-pay is written off to the program.

Committee Approval	Date

Revised 06/2010
 12/2011
 11/2012
 01/2016

Reviewed
 Supersedes