

# Board Meetings

## May 17, 2023 Regular Board Meeting

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**AGENDA**  
**NORTHERN INYO HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS REGULAR MEETING**

**May 17, 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.

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1. Call to Order (at 5:30 pm).
2. **Public Comment:** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are **limited to three (3) minutes per speaker**, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. 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
    - a. CEO Sentinel Event (*Board will receive this report*)
    - b. Construction in Progress (CIP) Update, Birch St Property, PMA Property (*Board will receive this report*)
    - c. CEO / CFO Segregation of Duties, Check Signing (*Board will receive this report*)
  - C. Chief Financial Officer Report
    - a. 2022 Audit Results (*Board will receive this report*)
    - b. Financial & Statistical Reports (*Board will consider the approval of these reports*)
    - c. TAG Update (*Board will receive this report*)
    - d. Med-Plan / Hauge Implementation (*Board will receive this report*)
    - e. CliftonLarsonAllen LLP (CLA) Scope of Work (*Board will consider the approval of this audit firm*)
    - f. Approval of Signers for Financial Northeastern Companies (*Board will consider the approval of the Corporate Resolution Certification*)
  - D. RSM Update, Stephen DelRossi (*Board will receive this report*)
  - E. Pioneer Home Health, Stephen DelRossi
    - a. Amended and Restated Articles of Incorporation for Pioneer Home Health Inc (*Board will consider the approval of the Amended and Restated Articles of Incorporation*)
    - b. Amended Bylaws for Pioneer Home Health Inc (*Board will consider the approval of the Amended Bylaws*)
    - c. Memorandum of Understanding for Un-Affiliation (*Board will consider the approval of the Memorandum of Understanding for Un-Affiliation*)
  - F. Pension Plan Changes, Alison Murray
    - a. Approval of District Board Resolution 2023-04 Authorizing Implementation of the Provisions of Section 414(h)(2) of the Internal Revenue Code to Tax Defer Employee Retirement Contributions to the Northern Inyo County Local Hospital District Retirement Plan (*Board will consider the approval of this District Board Resolution*)
    - b. Approval of Amendment No. 2 to the Northern Inyo Healthcare District 401(a) Retirement Plan (*Board will consider the approval of this Amendment*)
    - c. Approval of Amendment No. 6 to the Northern Inyo County Local Hospital District Retirement Plan (*Board will consider the approval of this Amendment*)
4. Chief of Staff Report, Sierra Bourne MD:
- A. Extension of Temporary Privileges for Good Cause (*Board will consider the approval of these extensions of temporary privileges for good cause*)

1. Jhoanne Bautista, MD (*general surgery*) – temporary privileges granted for 180 days
2. Guy Cascillas, MD (*general surgery*) – temporary privileges granted for 180 days
- B. Policies (*Board will consider the approval of these Policies and Procedures*)
  1. *Bloodborne Pathogen Exposure Control Plan*
  2. *Discharge Planning for Homeless Patients*
  3. *Discharge Planning for the Hospitalized Patient*
  4. *Interdisciplinary Plan of Care Coordination*
  5. *Management of Discharge Disputes from Medicare Patients*
  6. *Plan for the Provision of Social Services at NIHD*
  7. *Standardized Procedure - General Policy for the NP or CNM*
  8. *Standardized Procedure for Admission of the Well Newborn*
  9. *Standardized Procedures for Medical Functions by RN in the Emergency Department*
  10. *Standardized Protocol - Adult Health Maintenance for the Physician Assistant*
  11. *Utilization Review Plan*
  12. *Access to ePHI by Third Party*
  13. *Informed Consent Policy - Practitioner's Responsibility*
  14. *Medical Staff Department Policy - Outpatient Medicine*
  15. *Patient Rights and Responsibilities*
- C. Medical Executive Committee Report (*Board will receive this report*)

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**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 April 19, 2023 Regular Board Meeting (*Board will consider the approval of these minutes*)
  6. Chief Nursing Officer/Chief Operations Officer Report (*Board will consider accepting this report*)
  7. Chief Medical Office Report (*Board will consider accepting this report*)
  8. Compliance Department Quarterly Report (*Board will consider the accepting this report*)
  9. Department Reports (*Board will consider the accepting these reports*)
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10. Reports from Board Members (*Board will provide this information*)
  11. 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.*



April 28, 2023

To the Board of Directors  
Northern Inyo Healthcare District  
Bishop, California

We have audited the financial statements of the Northern Inyo Healthcare District (District) as of and for the year ended June 30, 2022 and have issued our report thereon dated April 28, 2023. Professional standards require that we advise you of the following matters relating to our audit.

**Our Responsibility in Relation to the Financial Statement Audit under Generally Accepted Auditing Standards and *Government Auditing Standards***

As communicated in our letter dated August 1, 2022, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of your respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of the District solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We have provided our comments regarding control deficiencies during our audit in our Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* dated April 28, 2023.

**Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope we previously communicated to you.

**Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, and our firm have complied with all relevant ethical requirements regarding independence.

## Qualitative Aspects of the Entity's Significant Accounting Practices

### *Significant Accounting Policies*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during 2022. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

### *Significant Accounting Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements are:

Collectability of Patient Receivables – Management's estimate of the realization of patient receivables is based on review of outstanding receivables and their aging, historical collection information updated for recent trends in collection and agings, and existing economic conditions and collection rates from third-party payors.

Estimated Third-Party Payor Settlements – Management's estimate of the amounts either owed to or receivable from third-party payors is based on both final and tentatively settled cost reports. Laws and regulations governing the Medicare and Medi-Cal programs are extremely complex and subject to interpretation. There is a reasonable possibility that recorded estimates will change by a material amount in the near term. Management believes that the estimates for all open years are adequate but not excessive. Any differences between the estimates and the final settlements will be recorded in the period the final settlements are made.

Provider Relief Funds – Amounts received from the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Fund are subject to terms and conditions imposed by the Department of Health and Human Services (HHS), which state payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to the coronavirus. Management's estimate of the funds recognized as revenue is based on meeting the terms and conditions, and these terms and conditions are subject to significant interpretation and continuing and future updated guidance. As of and for the year ended June 30, 2022, \$3,065,371 was recognized as nonoperating revenue for Provider Relief Funds.

Self-Insurance Claims - The adequacy of the reserve for self-funded health insurance claims is also subjective. The reserve for health insurance claims is maintained at a level, which management believes is adequate to cover claims incurred during the year ended June 30, 2022, but not paid until after year ended June 30, 2022. Management periodically evaluates the reserve using the District's past experience, known claims, and other relevant factors.

Net Pension Liabilities - Amounts related to the net pension liability, related deferred inflows of resources and deferred outflows of resources, pension expense, and related disclosures, are based on actuarial valuations.

We evaluated the key factors and assumptions used to develop these accounting estimates and determined that they are reasonable in relation to the basic financial statements taken as a whole.

#### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the District's financial statements relate to:

- The disclosure of net patient service revenue is included in Note 5 to the financial statements and includes amounts recorded associated with contractual and other adjustments for amounts to or from third-party payors, as well as amounts received and recorded as revenue from Medi-Cal and other State programs. It also discloses amounts related to Medicare advance payments received from the Center for Medicare & Medicaid Services (CMS). This disclosure identifies payments received from CMS and amounts recorded in the financial statements, as well as expected recoupment by the government.
- The disclosure of Provider Relief Funds is described in Note 13. This disclosure identifies funds administered by HHS and received by the District through the Provider Relief Fund and American Rescue Plan Rural Distribution (PRF) and amounts recorded as nonoperating revenue by the District in the 2022 financial statements. These funds may be retained upon meeting certain terms and conditions that are subject to significant interpretation and potential future guidance and audit.

#### **Significant Difficulties Encountered During the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

#### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole and each applicable opinion unit.

The attached schedule summarizes misstatements that we identified as a result of our audit procedures and were brought to the attention of, and corrected by, management.

There were no uncorrected misstatements identified as a result of our audit procedures.

#### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the financial statements or the auditor's report. No such disagreements arose during the course of the audit.

## **Circumstances that Affect the Form and Content of the Auditor's Report**

For purposes of this letter, professional standards require that we communicate any circumstances that affect the form and content of our auditor's report. We did not identify and circumstances that affect the form and content of the auditor's report.

## **Representations Requested from Management**

We have requested certain written representations from management which are included in the management representation letter dated April 28, 2023.

## **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

## **Other Significant Matters, Findings, or Issues**

In the normal course of our professional association with the District, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, significant events or transactions that occurred during the year, operating conditions affecting the entity, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the District's auditors.

## **Other Information Included in Annual Reports**

Pursuant to professional standards, our responsibility as auditors for other information in documents containing the District's audited financial statements does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

This report is intended solely for the information and use of the Board of Directors and management of the District and is not intended to be, and should not be, used by anyone other than these specified parties.



Sacramento, California

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 1</b>			
Audit Adjustment - Adjustment to Roll beginning Fund Balance			
290100	Retained Earnings	\$ 14,997.00	
729200	Postage/Freight	80,447.00	
W32100	W321000 FOUND FOUNDATION - RETAINED EARNINGS	160.00	
W430004	W430004 AUX Membership Dues	1,738.00	
290102	Fund Balance - Nursing Scholarship		\$ 80,447.00
382000	Other Oper Rev - Insv Rev		14,997.00
W33000	W330000 AUX NET POSITION		1,738.00
W51000	W510000 FOUND Refunds		160.00
<b>Total</b>		<b><u>97,342.00</u></b>	<b><u>97,342.00</u></b>
<b>Adjusting Journal Entries JE # 2</b>			
Audit Adjustment - Other supplemental receivables testing, zeroing balances for 125220 and 125225 based on testing, See Ref. B.33 for more details.			
382500	Other Deduction - Gain Prgrm Reim	8,371,430.00	
125220	Other Receivables - Anthem IGT		1,592,580.00
125225	Other Receivables - CHW IGT		6,778,850.00
<b>Total</b>		<b><u>8,371,430.00</u></b>	<b><u>8,371,430.00</u></b>
<b>Adjusting Journal Entries JE # 3</b>			
Client Adjustment - Account 125203 Medicare Penalty Withholding Reversal			
121400	ESCB Cash Clearing - Cerner	3,999,114.00	
125203	Other Receivables - Medicare Withheld Amounts		3,999,114.00
<b>Total</b>		<b><u>3,999,114.00</u></b>	<b><u>3,999,114.00</u></b>
<b>Adjusting Journal Entries JE # 4</b>			
Client Adjustment - To correct unnecessary pro fee accrued liability, as the physician's contract with the district ended in May 2022			
705000	Pro Fees - Physicians	55,067.00	
200010	Accounts Payable - Accrued Liability		55,067.00
<b>Total</b>		<b><u>55,067.00</u></b>	<b><u>55,067.00</u></b>
<b>Adjusting Journal Entries JE # 5</b>			
Client Adjustment - Reclass IGT Check from State to correct Departments			
999999	Cerner Unaliased	151,135.00	
125210	Other Receivables - DHCS IGT		72,744.00
382500	Other Deduction - Gain Prgrm Reim		78,391.00
<b>Total</b>		<b><u>151,135.00</u></b>	<b><u>151,135.00</u></b>

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 6</b>			
Client Adjustment - To adjust IBNR based on history			
232300	MDV Claims	\$ 512,285.00	
620100	Medical, Dental, Vision Plan Expense		\$ 512,285.00
<b>Total</b>		<b><u>512,285.00</u></b>	<b><u>512,285.00</u></b>
<b>Adjusting Journal Entries JE # 7</b>			
Client Adjustment - AB915 Reimbursement			
125200	Other Receivables	1,376,622.00	
500115	Contractuals - AB915 Funds		1,376,622.00
<b>Total</b>		<b><u>1,376,622.00</u></b>	<b><u>1,376,622.00</u></b>
<b>Adjusting Journal Entries JE # 8</b>			
Client Adjustment - Additional General Accrual for invoices paid in July but were not accrued for in June			
705000	Pro Fees - Physicians	65,105.00	
710110	Contract Labor	32,576.00	
710130	Contract Labor	33,470.00	
200010	Accounts Payable - Accrued Liability		131,151.00
<b>Total</b>		<b><u>131,151.00</u></b>	<b><u>131,151.00</u></b>
<b>Adjusting Journal Entries JE # 9</b>			
Client Adjustment - Year End Adjustment for Acct 125200; To reclass items to correct departments			
125200	Other Receivables	3,988.00	
542100	Disproportionate Share Income/Loss	24,038.00	
850000	Interpreter Services Revenue	48,492.00	
232100	Other PR Tax/Ded -FSA		464.00
383200	Other Oper Rev - M/Cal TR Supp OP Income		46,917.00
500100	Contractual Adjustment - Athena - Cerner		6,710.00
600300	Salary - APP		1,121.00
611700	Unemployment Expense		14,368.00
710110	Contract Labor RN		6,938.00
<b>Total</b>		<b><u>76,518.00</u></b>	<b><u>76,518.00</u></b>

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 10</b>			
Client Adjustment - Re-Class to correct departments and accounts			
232300	MDV Claims	\$ 2,412.00	
300101	Outpatient Revenue - Cerner and Athena	483.00	
752100	Equipment Lease	3,730.00	
620100	Medical, Dental, Vision Plan Expense		\$ 2,412.00
730200	Licenses and Taxes		3,730.00
999999	Cerner Unaliased		483.00
<b>Total</b>		<b><u>6,625.00</u></b>	<b><u>6,625.00</u></b>
<b>Adjusting Journal Entries JE # 11</b>			
Client Adjustment - Pension Entry			
231200	Other PR Tax/Ded -DB Plan	3,405,766.00	
620200	Pension	3,346,115.00	
145100	DB Pension		4,350,329.00
256000	Other Deferred Credits - Pension		21,425.00
275500	Non-Current Liability - Pension		2,380,127.00
<b>Total</b>		<b><u>6,751,881.00</u></b>	<b><u>6,751,881.00</u></b>
<b>Adjusting Journal Entries JE # 12</b>			
Client Adjustment - Capitalization of Flooring Project and 2 month Depreciation Expense for the Flooring Project			
153300	Building	1,265,997.00	
750100	Depreciation Expense - Buildings and Improvements	14,067.00	
150170	Construction in Progress 8		1,265,997.00
158300	Accum Depreciation - Building		14,067.00
<b>Total</b>		<b><u>1,280,064.00</u></b>	<b><u>1,280,064.00</u></b>
<b>Adjusting Journal Entries JE # 13</b>			
Client Adjustment - Additional Accruals			
200010	Accounts Payable - Accrued Liability	179,419.00	
710130	Contract Labor Other	59,729.00	
710110	Contract Labor RN		230,174.00
711300	Other Professional Service		8,974.00
<b>Total</b>		<b><u>239,148.00</u></b>	<b><u>239,148.00</u></b>

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 14</b>			
Client Adjustment - Provider Relief Funds			
241500	Deferred Revenue - COVID19	\$ 352,816.00	
241600	RHC American Rescue Plan Funds	2,712,555.00	
382700	Other Oper Rev Grants Oth Program Rev		\$ 3,065,371.00
<b>Total</b>		<b><u>3,065,371.00</u></b>	<b><u>3,065,371.00</u></b>
<b>Adjusting Journal Entries JE # 15</b>			
Client Adjustment - To reclass items to correct departments			
382900	Other Oper Rev - Misc Incm	36,987.00	
880100	Misc Non-Operating Revenue	78,934.69	
382500	Other Deduction - Gain Prgrm Reim		36,987.00
620200	Pension		78,934.69
<b>Total</b>		<b><u>115,921.69</u></b>	<b><u>115,921.69</u></b>
<b>Adjusting Journal Entries JE # 16</b>			
Client Adjustment - To update TB to agree NHID TB with EB FS Drafting TB			
383200	Other Oper Rev - M/Cal TR Supp OP Income	22,149.00	
701100	Dues/Fees	4,848.00	
720170	Pharmaceuticals	482,901.00	
720190	Other Medical Center Materials	56,046.00	
720270	Other Non-Medical Supplies	7,122.00	
960100	Interest Expense	6.00	
W51000	W510000 FOUND Refunds	160.00	
W620014	W620014 FOUND FOUNDATION - SERVICE CHARGES	894.00	
200010	Accounts Payable - Accrued Liability		435,940.00
200300	Accounts Payable - Other		21,400.00
210300	LT Loans - Banks, B/A - Current Portion		4,848.00
705000	Pro Fees - Physicians		110,131.00
711300	Other Professional Service		753.00
W53000	W53000 FOUND Interest Income		894.00
W62002	W620020 FOUND Website Fees		160.00
<b>Total</b>		<b><u>574,126.00</u></b>	<b><u>574,126.00</u></b>

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 17</b>			
Reclass accumulated depreciation credit entry from capital improvements to deferred outflow-PMA excess acquisition for CY amortization - Removed entry and regrouped amortization account.			
145400	Deferred Outflow - Excess Acquisition	\$ 34,387.00	
158400	Accum Depr - Capital Improvement		\$ 34,387.00
<b>Total</b>		<b>0.00</b>	<b>0.00</b>
<b>Adjusting Journal Entries JE # 18</b>			
Reclass current portion of PHH Mortgage payable			
W2555	W2555 PHH Mortgage - Academy Avenue	5,355.00	
W2555C	W2555C PHH Current Portion of PHH Mortgage		5,355.00
<b>Total</b>		<b>5,355.00</b>	<b>5,355.00</b>
<b>Adjusting Journal Entries JE # 19</b>			
Reclassify pension contributions made after the measurement date to deferred outflow of resources			
145100	DB Pension	5,251,934.00	
620200	Pension		5,251,934.00
<b>Total</b>		<b>5,251,934.00</b>	<b>5,251,934.00</b>
<b>Adjusting Journal Entries JE # 20</b>			
Client adjustment - Medicare Cost Report Reserve for FY19, FY20, FY21, FY22			
125205	Other Receivable - Medicare Settlement	56,247.00	
540100	Medicare Settlement Income/Expense	400,000.00	
540100	Medicare Settlement Income/Expense	293,247.00	
251140	Medicare Settlement 16/17		293,247.00
251160	Medicare Settlement 18/19		100,000.00
251161	Medicare Settlement 19/20		100,000.00
251162	Medicare Settlement 20/21		100,000.00
251163	Medicare Settlement 21/22		100,000.00
540100	Medicare Settlement Income/Expense		56,247.00
<b>Total</b>		<b>749,494.00</b>	<b>749,494.00</b>
<b>Adjusting Journal Entries JE # 21</b>			
Client adjusting entry - Accrual of FY22 Medicare Cost Report Recon Liability			
540100	Medicare Settlement Income/Expense	430,912.00	
251163	Medicare Settlement 21/22		430,912.00
<b>Total</b>		<b>430,912.00</b>	<b>430,912.00</b>

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 22</b>			
Client adjustment - To reclass CIP 5 - Cerner EHR System - into Capital and Expense Account			
150140	Construction in Progress 5	\$ 9,600.00	
151600	Cerner Capital	78,081.00	
789120	Cerner Expense	202,525.00	
150140	Construction in Progress 5		\$ 280,606.00
789120	Cerner Expense		9,600.00
<b>Total</b>		<b><u>290,206.00</u></b>	<b><u>290,206.00</u></b>
<b>Adjusting Journal Entries JE # 23</b>			
Client Adjustment - Reclass of expenses to CIP 10 - Chiller/Condenser			
150190	Construction in Progress 10	25,000.00	
711300	Other Professional Service		25,000.00
<b>Total</b>		<b><u>25,000.00</u></b>	<b><u>25,000.00</u></b>
<b>Adjusting Journal Entries JE # 24</b>			
Client Adjustment - Reclass Patient Credits out of the Patient Accounts Receivable to Patient Credits Liability			
120000	Accounts Receivable - Cerner (Athena Last Year)	947,180.00	
120100	Accounts Receivable - Athena	437,001.00	
200200	Refunds Payable		947,180.00
200210	Refund Payable - Legacy		437,001.00
<b>Total</b>		<b><u>1,384,181.00</u></b>	<b><u>1,384,181.00</u></b>
<b>Adjusting Journal Entries JE # 25</b>			
Client adjustment - Accrual of Cardinal Health, Inc. Invoice #2057206445 05-2022 and 2057206445 06-2022			
720190	Other Medical Center Materials	56,853.00	
200010	Accounts Payable - Accrued Liability		56,853.00
<b>Total</b>		<b><u>56,853.00</u></b>	<b><u>56,853.00</u></b>
<b>Adjusting Journal Entries JE # 26</b>			
Client adjustment - Reversal of posting of July 2022 Invoice #73 of Cromer-Tyler, Robbin MD			
200000	Accounts Payable - Trade	376,130.00	
141100	Prepaid Expenses		376,130.00
<b>Total</b>		<b><u>376,130.00</u></b>	<b><u>376,130.00</u></b>

Northern Inyo Healthcare District  
Schedule of Corrected Misstatements  
Year Ended June 30, 2022

Account	Description	Debit	Credit
<b>Adjusting Journal Entries</b>			
<b>Adjusting Journal Entries JE # 27</b>			
Audit adjustment - Accrual of Medical Solutions Invoices for FY22 that were not Accrued			
710110	Contract Labor	\$ 337,390.00	
200010	Accounts Payable - Accrued Liability		\$ 337,390.00
<b>Total</b>		<b><u>337,390.00</u></b>	<b><u>337,390.00</u></b>
<b>Adjusting Journal Entries JE # 28</b>			
Audit Reclass Adjustment - To True-up the GL Balance of the Accelerated Payments to the Support Provided by Noridian			
249100	Accelerated Payments	139,227.00	
121400	ESCB Cash Clearing - Cerner		139,227.00
<b>Total</b>		<b><u>139,227.00</u></b>	<b><u>139,227.00</u></b>
<b>Adjusting Journal Entries JE # 29</b>			
MDV Liability True-up			
620100	Medical, Dental, Vision Plan Expense	360,633.00	
232300	MDV Claims		360,633.00
<b>Total</b>		<b><u>360,633.00</u></b>	<b><u>360,633.00</u></b>
<b>Adjusting Journal Entries JE # 30</b>			
Net AR Adjustment			
500100	Contractual Adjustment - Athena - Cerner	3,883,008.00	
120110	Contractual Allowance for A/R - Cerner		3,883,008.00
<b>Total</b>		<b><u>3,883,008.00</u></b>	<b><u>3,883,008.00</u></b>
<b>Adjusting Journal Entries JE # 31</b>			
Client adjustment to accrue supplemental receivable/revenue for the QIP Program period 1/1/2021 through 12/31/2021.			
125220	Other Receivables - Anthem IGT	767,012.00	
125225	Other Receivables - CHW IGT	775,352.00	
382500	Other Deduction - Gain Prgrm Reim		1,542,364.00
<b>Total</b>		<b><u>1,542,364.00</u></b>	<b><u>1,542,364.00</u></b>
	<b>Total Adjusting Journal Entries</b>	<b><u>\$41,636,487.69</u></b>	<b><u>\$41,636,487.69</u></b>



**Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Directors  
Northern Inyo Healthcare District  
Bishop, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the business-type activities and fiduciary activities of the Northern Inyo Healthcare District, (the District), as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements and have issued our report thereon dated April 28, 2023.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying Schedule of Findings and Responses we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings and Responses as items 2022-001, 2022-003 and 2022-005 to be material weaknesses.

A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in the accompanying Schedule of Findings and Responses as item 2022-002 to be a significant deficiency.

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **District's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on The District's response to the findings identified in our audit and described in the accompanying Schedule of Findings and Responses. The District's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Sacramento, California  
April 28, 2023

**2022-001 BALANCE SHEET RECONCILIATIONS**

**Type of Finding: Material Weakness**

*Criteria:*

The District should maintain procedures to ensure that year-end closing procedures address all balance sheet accounts. The District should also have policies and procedures in place requiring District management to review year-end account balances and determine the propriety and classification of the account balances. Finally, the District should design and implement internal controls over the financial reporting process to ensure that the general ledger fiscal year period is closed and related financial statements supporting schedules are prepared and reconcile to the general ledger and that the final trial balance figures are subject to sufficient management review so that balances are presented in accordance with generally accepted accounting principles (GAAP).

*Condition Found:*

As a result of our audit, we noted that the District did not appear to have adequate policies and internal controls in place to review and evaluate the propriety or nature of various material balance sheet accounts at the balance sheet date, and prior to providing the final trial balance for audit.

During our audit of balance sheet accounts, we noted the following:

- Supplemental receivables were not reconciled prior to the beginning of the audit, requiring adjustment of \$8.3 million to correct the balances.
- Debit balances were recorded for various patient accounts receivable clearing accounts that are normally a zero balance or a credit balance. After further examination, the District proposed adjustments to correct these accounts.
- Patient credits that represented refunds owed were required to be reclassified from account receivable to accounts payable.
- Reconciliation over long-term debt accounts was not performed on a monthly basis.
- The District does not perform a review over the monthly reconciliation of capital asset module accounts.
- The District made disbursements related to training costs for Cerner, which had been recorded in Construction-in-Progress. Costs related to ongoing operations of the software or software licenses such as training, manual data conversion, and maintenance and support costs during post implementation of software are not capitalizable. As such, an adjustment was necessary to properly record the training costs as expenses.
- The District does not perform a reconciliation of net position, compared to the prior year audited financial statements. An adjustment was needed to reconcile the District's beginning net position to the prior year audited financial statements.
- The District under accrued for the Medical, Dental and Vision liability. An adjustment of \$360,633 was needed to record additional amounts required.

Each of the items noted above resulted in client adjustments to the financial statements.

*Cause:*

The District has made improvements to the policies and procedures over monthly and year-end account reconciliations. However, the District experienced significant turnover in key positions in FY 2022, resulting in several of the accounts to not be fully reconciled prior to the audit.

*Effect:*

As a result of the adjustments proposed and posted to the District's financial statements, management and the board were relying on unadjusted and incomplete financial statements.

*Recommendation:*

We recommend that management continue to implement internal controls and procedures to ensure that the proper analysis and reconciliation of balance sheet accounts during the year and for the year-end close.

*Views of Responsible Officials:*

Management agrees with the finding.

**2022-002**

**PENSION ADMINISTRATION**

**Type of Finding: Significant Deficiency**

*Criteria:*

In accordance with Government Code Section 60201(12), the District is required to retain records that document the amount of compensation paid to District employees or officers or to independent contractors providing personal or professional services to the District, or relates to expense reimbursement to District officers or employees, or to the use of District paid credit cards or any travel compensation mechanism. The records described above may be destroyed or disposed of pursuant to this section seven years after the date of payment.

The District's record retention policies that apply to employment records required these records to be destroyed after five (5) years.

*Condition Found:*

As a result of our audit, we noted the District was not able to provide personnel files for the samples selected for census data testing. Even though these employees are no longer active, the District's plan is required to maintain personnel files. The lack of these documents could lead to various critical plan matters (eligibility, participation, allocation, contribution amount, etc.) being unsupported and open to dispute in the future.

*Cause:*

Management asserts the missing files are due to the District destroying human resource records after five (5) years, contrary to Government Code.

*Effect:*

The lack of these documents could lead to various critical plan matters (eligibility, participation, allocation, contribution amount, etc.) being unsupported and open to dispute in the future. We recommend that steps be taken to attempt to locate all misplaced personnel files and store them in one central location.

*Recommendation:*

We recommend that steps be taken to attempt to locate all misplaced personnel files and store them in one central location.

*Views of Responsible Officials:*

Management agrees with the finding.

**2022-003 DEFERRED OUTFLOW OF RESOURCES – PENSION**

**Type of Finding: Material Weakness**

*Criteria:*

The District should maintain procedures to ensure that contributions made to the pension plan subsequent to the measurement date are recorded properly as deferred outflow of resources rather than in pension expense.

*Condition Found:*

The District made \$5.3 million of contributions to the Defined Benefit Pension Plan trust after the Pension Liability Measurement date of December 31, 2021, which were not reported in deferred outflows of resources related to pensions but rather reported as an expense. An adjustment was required to correct the balance.

*Cause:*

The District's internal controls did not detect the error in recording pension contributions that occurred subsequent to the measurement date.

*Effect:*

Adjustments were made to remove the \$5.3 million from pension expense into deferred outflow of resources related to pension.

*Recommendation:*

The District should maintain procedures to ensure that contributions subsequent to the measurement date are reported correctly in the general ledger. This review should be reviewed by management each month.

*View of Responsible Officials:*

Management agrees with the finding.

**2022-004**

**CONTRACTUAL ALLOWANCE AND THIRD-PARTY SETTLEMENTS**

**Type of Finding: Material Weakness**

*Criteria:*

Healthcare entities need to estimate third party settlement amounts that ultimately will be realizable in order for net patient revenues to be fairly stated in accordance with generally accepted accounting principles. In addition, preparation of third-party cost reports should be reviewed for accuracy and completeness prior to filing to intermediary agencies.

*Condition Found:*

During our audit, we noted that significant audit adjustments were proposed and recorded to current patient revenue to adjust net patient service revenue to its net realizable value and estimates related to third party settlements. These adjustments were related to patient revenue and outstanding Medicare and MediCal cost settlement reports. We noted we that the Hospital's analysis of contractual allowances utilized zero balance information for financial classes which were dated over a year from fiscal year-end which resulted in an undervalued amount calculated for contractual reserves. An adjustment of \$3.9 million was recorded to reflect the effects of more timely zero balance information. We also noted the District did not initially record an estimated net settlement liability for the FY 2022 cost report until after an amended FY 2022 cost report was filed in February. The amended cost report lowered the District's initial estimated liability of approximately \$2 million. These adjustments have been reflected in the financial statements.

*Cause:*

The District's internal controls did not detect the errors or consider changes in estimates related to the prior year cost reports.

*Effect:*

Adjustments were made to reflect the correction of the errors and changes in estimates.

*Recommendation:*

We recommend that the District establish procedures to ensure cost report settlements receivables and liabilities are periodically reviewed for accuracy and completeness based on their estimated realizable amounts, and estimates are established each year to estimate year end cost report settlements.

*View of Responsible Officials:*

Management agrees with the finding.

Northern Inyo Healthcare District  
Summary Schedule of Prior Year Findings  
June 30, 2022

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<b>Finding Number</b>	<b>Description of Finding</b>	<b>Status</b>
2021-001	Balance Sheet Reconciliations	Partially Implemented. See Finding 2022-001.
2021-002	Pension Administration	Not Implemented. See Finding 2022-002.
2021-003	Reconciliation of Time Keeping System with Payroll Processer	Implemented
2021-004	Timely Submittal of Medicare Patient Credit Reports	Implemented



Basic Financial Statements and Supplementary Information  
June 30, 2022

## Northern Inyo Healthcare District

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## Independent Auditor's Report

To the Board of Directors  
Northern Inyo Healthcare District  
Bishop, California

### Report on the Audit of the Financial Statements

#### *Opinion*

We have audited the financial statements of the business-type activities and fiduciary activities of the Northern Inyo Healthcare District (District), as of and for the year then ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and fiduciary activities the District, as of June 30, 2022, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinion*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the schedule of changes in the net pension liability and related ratios, schedule of pension contributions, and schedule of investment returns, as listed in the table of content be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted the management’s discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinions on the basic financial statements are not affected by the missing information.

### ***Supplementary Information***

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District’s basic financial statements. The combining financial statements of the District and component units are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the combining financial statements of the District and component units are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

### ***Other Information***

Management is responsible for the other information included in the basic financial statements. The other information comprises the statistical information of the District but does not include the basic financial statements and our auditor's report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated April 28, 2023 on our consideration of the District’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of District’s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering District’s internal control over financial reporting and compliance.

  
Sacramento, California  
April 28, 2023

Northern Inyo Healthcare District  
Statement of Net Position  
June 30, 2022

Current Assets	
Cash and cash equivalents	\$ 39,885,950
Receivables	
Patient, net of estimated uncollectibles	21,802,947
Other receivables	3,138,750
Inventory	3,145,539
Prepaid expenses and other assets	<u>945,532</u>
Total current assets	<u>68,918,718</u>
Noncurrent Cash and Investments	
Restricted for specific operating purposes and capital improvements	1,953,496
Restricted by trustee for debt reserve	<u>598,216</u>
Total noncurrent cash and investments	<u>2,551,712</u>
Capital Assets	
Capital assets not being depreciated	6,176,495
Capital assets being depreciated, net	<u>70,731,229</u>
Total capital assets	<u>76,907,724</u>
Total assets	<u>148,378,154</u>
Deferred Outflows of Resources	
Deferred outflows related to pensions	19,296,858
Deferred outflows related to refunding	504,172
Deferred outflows related to acquisition	<u>538,710</u>
Total deferred outflows of resources	<u>20,339,740</u>
Total assets and deferred outflows of resources	<u><u>\$ 168,717,894</u></u>

Northern Inyo Healthcare District  
Statement of Net Position  
June 30, 2022

Current Liabilities	
Notes payable	\$ 500,000
Current maturities of long-term debt	1,992,146
Current maturities of CMS advance	2,095,202
Accounts payable	
Trade	6,168,833
Estimated third-party payor settlements	1,067,912
Accrued expenses	
Salaries and wages	4,253,699
Interest and sales taxes	108,094
Self-insurance claims	1,202,957
Unearned revenue	881,184
Total current liabilities	18,270,027
Long-Term Debt, Less Current Maturities	52,917,523
Net Pension Liability	47,950,740
Total liabilities	118,999,063
Deferred Inflows of Resources	
Deferred inflows related to pensions	2,146,080
Total	2,146,080
Net Position	
Net investment in capital assets	24,022,813
Restricted	
Programs	105,460
Capital Improvements	1,848,036
Unrestricted	21,596,442
Total net position	47,572,751
Total liabilities, deferred inflows of resources, and net position	\$ 168,717,894

Northern Inyo Healthcare District  
Statement of Revenues, Expenses and Changes in Net Position  
Year Ended June 30, 2022

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Operating Revenues	
Net patient service revenue	\$ 92,008,470
Other revenue	6,811,185
Total operating revenues	<u>98,819,655</u>
Operating Expenses	
Salaries and wages	42,542,168
Employee benefits	24,257,917
Professional fees and purchased services	15,791,529
Supplies	12,676,432
Purchased services	4,886,029
Depreciation and amortization	4,160,976
Other	8,916,502
Total operating expenses	<u>113,231,553</u>
Operating Loss	<u>(14,411,898)</u>
Nonoperating Revenues (Expenses)	
Property tax for operations	830,305
Property tax for debt service	2,369,523
Investment income	146,779
Interest expense	(2,615,776)
Noncapital contributions and grants	551,080
Provider relief funds	3,065,371
Paycheck protection program loan forgiveness	9,218,579
Gain on disposal of capital assets	1,735
Rental income	1,826
Net nonoperating revenues	<u>13,569,422</u>
Change in Net Position	(842,476)
Net Position, Beginning of Year	<u>48,415,227</u>
Net Position, End of Year	<u><u>\$ 47,572,751</u></u>

Northern Inyo Healthcare District  
Statement of Cash Flows  
Year Ended June 30, 2022

Operating Activities	
Receipts from and on behalf of patients	\$ 86,006,869
Payments to suppliers and contractors	(39,218,829)
Payments to and on behalf employees	(65,572,931)
Other receipts and payments, net	<u>13,574,597</u>
Net Cash used for Operating Activities	<u>(5,210,294)</u>
Noncapital Financing Activities	
Noncapital contributions and grants	639,687
Property taxes received	830,305
Reduction of CMS advance	(11,733,984)
Provider relief funds received	3,065,371
Proceeds from CHFFA loans	981,877
Proceeds from line of credit	500,000
Other	<u>56,419</u>
Net Cash used for Noncapital Financing Activities	<u>(5,660,325)</u>
Capital and Capital Related Financing Activities	
Principal payments on long-term debt	(2,564,629)
Proceeds from the issuance of refunding revenue bonds	11,845,000
Payment to defease revenue bonds	(12,530,000)
Interest paid	(2,634,420)
Purchase and construction of capital assets	(3,735,161)
Cash paid on note payable for acquisition of PMA capital assets	(917,488)
Property taxes received	<u>2,369,523</u>
Net Cash used for Capital and Capital Related Financing Activities	<u>(8,167,175)</u>
Investing Activities	
Investment income	<u>146,779</u>
Net Cash from Investing Activities	<u>146,779</u>
Net Change in Cash and Cash Equivalents	(18,891,015)
Cash and Cash Equivalents, Beginning of Year	<u>61,328,677</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 42,437,662</u></u>

Northern Inyo Healthcare District  
Statement of Cash Flows  
Year Ended June 30, 2022

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Reconciliation of Cash and Cash Equivalents to the Statements of Net Position	
Cash and cash equivalents in current assets	\$ 39,885,950
Cash and cash equivalents in noncurrent cash and investments	<u>2,551,712</u>
Total cash and cash equivalents	<u><u>\$ 42,437,662</u></u>
Reconciliation of Operating Loss to Net Cash used for Operating Activities	
Operating loss	\$ (14,411,898)
Adjustments to reconcile operating income to net cash from operating activities	
Depreciation and amortization	4,160,976
Pension expense	1,499,947
Provision for bad debts	12,629,745
Changes in assets and liabilities	
Patient receivables	(19,955,995)
Other receivables	6,764,887
Inventory	229,307
Prepaid expenses	456,216
Accounts payable	1,929,339
Estimated third-party payor settlements	1,323,174
Accrued expenses	<u>164,008</u>
Net Cash used for Operating Activities	<u><u>\$ (5,210,294)</u></u>
Supplemental Disclosure of Noncash Capital and Capital Related Financing Activities:	
Paycheck Protection Program Loan Forgiveness	<u>\$ 9,218,579</u>
Amortization of PMA excess acquisition	<u>\$ 34,387</u>
Purchase of Equipment on Account	<u>\$ 750,000</u>

Northern Inyo Healthcare District  
Statement of Fiduciary Net Position – Pension Trust Fund  
December 31, 2021

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Assets

Investments at fair value

Cash and cash equivalents	\$ 46,140
Fixed dollar account	3,597,144
Indexed bond fund	<u>2,894,087</u>

Total assets \$ 6,537,371

Net Position

Restricted for Pensions	<u>\$ 6,537,371</u>
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Total liabilities and net position \$ 6,537,371

Northern Inyo Healthcare District  
Statement of Changes in Fiduciary Net Position – Pension Trust Fund  
Year Ended December 31, 2021

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Additions		
Contributions		
Employer	\$	347,300
Investment earnings		
Interest, dividends, and other		2,082,706
Total investment earnings		2,082,706
Total additions		2,430,006
Deductions		
Benefits paid to participants or beneficiaries	(6,023,511)	
Administrative expenses	(57,983)	
Total deductions		(6,081,494)
Change in Net Position		(3,651,488)
Net Position, Beginning of Year		10,188,859
Net Position, End of Year	\$	6,537,371

## **Note 1 - Reporting Entity and Summary of Significant Accounting Policies**

The financial statements of Northern Inyo Healthcare District (the District) have been prepared in accordance with accounting principles generally accepted in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the District are described below.

### **Reporting Entity**

The District was organized in 1946 under the terms of the Local Health Care District Law and is operated and governed by an elected Board of Directors. The District includes a 25-bed acute care facility that provides inpatient, outpatient, emergency care services, and a rural health clinic in Bishop, California, and its surrounding area.

### **Blended Component Units**

Northern Inyo Hospital Foundation, Inc. (the "Foundation") is a legally separate 501(c)(3) tax-exempt nonprofit public benefit corporation. The Foundation acts primarily as a fundraising organization to supplement the resources that are available to the District. Although the District does not control the timing or amount of receipts from the Foundation, the majority of the resources, or income thereon that the Foundation holds and invests are restricted to the activities of the District by the Foundation's bylaws. The Foundation's Board of Directors may also restrict the use of such funds for capital asset replacement, expansion, or other specific purposes. The District shall appoint the Board of Directors for the Foundation per the Foundation's bylaws, and for this reason it is a blended component unit of the District. No separate financial report is prepared for the Foundation.

Northern Inyo Hospital Auxiliary, Inc. (the "Auxiliary") is also a legally separate 501(c)(3) tax-exempt public benefit corporation. The Auxiliary's actions are subject to the approval of the District and for this reason it is a blended component unit of the District. The Auxiliary's fiscal year ends is May 31, 2022. No separate financial report is prepared for the Auxiliary.

Pioneer Home Health Care, Inc. (PHHC) is also a legally separate 501(c)(3) tax-exempt public benefit corporation. The District is the sole corporate owner of PHHC and for this reason it is a blended component unit of the District. PHHC's fiscal year ends December 31, 2021. No separate financial report is prepared for PHHC.

All intercompany balances and transactions, if any, have been eliminated.

### **Fiduciary Component Unit**

Northern Inyo Local Hospital District Retirement Plan (the "Plan") is a single employer defined benefit retirement plan organized under Internal Revenue Code (IRC) Section 415 for District employees who meet certain eligibility criteria. The Pension Trust Fund - Plan is reported in the accompanying financial statements in separate statements of fiduciary net position and changes in fiduciary net position to emphasize that it is legally separate from the District. The Plan's fiscal year end is December 31, 2021. Separate financial statements for the fiduciary component unit are not available.

### **Measurement Focus and Basis of Accounting**

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

### **Basis of Presentation**

The statements of net position displays the District's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following categories/components:

*Net investment in capital assets* consists of capital assets, net of accumulated depreciation and reduced by outstanding balances of bonds, notes, and other debt that are attributable to the acquisition, construction, or improvement of those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the acquisition, construction, or improvement of those assets or related debt are included in this component of net position.

*Restricted net position* consists of restricted assets reduced by liabilities and deferred inflows of resources related to those assets. Assets are reported as restricted when constraints are placed on asset use either by external parties or by law through constitutional provision or enabling legislation.

*Unrestricted net position* is the net amount of the assets, deferred outflows of resources, liabilities, and deferred inflows of resources that does not meet the definition of the two preceding categories.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the District's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the District considers its investment in the Local Agency Investment Fund (LAIF) and all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding noncurrent cash and investments.

The District is authorized under California Government Code (CGC) to make direct investments in local agency bonds, notes, or warrants within the state; U.S. Treasury instruments; registered state warrants or treasury notes; securities of the U.S. government or its agencies; bankers' acceptances; commercial paper; certificates of deposit placed with commercial banks and/or savings and loan companies; repurchase or reverse repurchase agreements; medium-term corporate notes; shares of beneficial interest issued by diversified management companies, certificates of participation, and obligations with first-priority security; and collateralized mortgage obligations.

All investments are stated at fair value, except for guaranteed investment contracts, which are stated at amortized cost. Investment gain (loss) includes changes in fair value of investments, interest, and realized gains and losses.

### **Restricted Cash and Investments**

Restricted cash consists cash and investments held under indenture agreements or restricted for programs.  
Northern Inyo Healthcare District

### **Patient Receivables**

Patient receivables are uncollateralized customer and third-party payor obligations. The District does not charge interest on unpaid patient receivables. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the District analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts.

For receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The District has a discount policy established for residents of the District. Details of forgone charges related to discounts are discussed further in Note 5.

### **Inventories**

Inventories are stated at the lower of cost, determined on the average cost method, or net realizable value.

### **Fair Value Measurement**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A three-tier hierarchy prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as quoted market prices in active markets for identical assets or liabilities; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as significant unobservable inputs therefore, requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement within the hierarchy is based on techniques that maximize the use of relevant observable inputs and minimizes the use of unobservable inputs.

Assets or liabilities measured and reported at fair value are classified and disclosed in one of the three following categories:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the District has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs, other than quoted prices, those are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

### **Investment Income**

Interest, dividends, gains, and losses, both realized and unrealized, on investments and deposits are included in nonoperating revenues when earned.

### Capital Assets

Capital asset acquisitions in excess of \$3,000 are capitalized and recorded at cost. Contributed capital assets are reported at their acquisition value at the date of donation. All capital assets other than land and construction in progress are depreciated using the straight-line method of depreciation using the following asset lives:

Land improvements	2-25 years
Buildings and improvements	2-25 years
Equipment	3-20 years

### Accreted Interest

Interest expense on capital appreciation bonds is being accreted on the straight-line basis to maturity of the individual bonds, which approximates interest accreted on the effective interest method.

### Bond Premiums

Bond premiums relating to the General Obligation Bonds are netted against the debt payable on the Statement of Net Position. Bond premiums are amortized over the period the related obligation is outstanding using the straight-line method, which approximates the effective interest method. The amortization is included in interest expense.

### Compensated Absences

The District employees earn paid-time off (PTO) at varying rates, depending on years of service. PTO accumulates up to a specific amount, as defined in the District's employee manual. Employees are paid for accumulated PTO if employment is terminated. The liability for compensated absences is included with accrued salaries and benefits in the accompanying financial statements.

### Estimated Health Claims Payable

The District provides for self-insurance reserves for estimated incurred but not reported claims for its employee health plan. These reserves, which are included in current liabilities on the Statement of Net Position, are estimated based upon historical submission and payment data, cost trends, utilization history, and other relevant factors. Adjustments to reserves are reflected in the operating results in the period in which the change in estimate is identified.

### Unemployment Compensation

The District is a part of a pooled unemployment insurance group through California Association of Hospital and Healthcare Systems (CAHHS) for unemployment insurance and does not pay state unemployment tax.

## **Retirement Plan**

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Northern Inyo County Local Hospital District Retirement Plan (Plan) and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by the Plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

## **Deferred Outflows/Inflows of Resources**

In addition to assets, the statement of financial position includes a separate section for deferred outflows of resources. Deferred outflows of resources represent a consumption of net assets that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The District has three items that qualify for reporting in this category: It is the deferred charge on refunding reported in the statement of net position, the deferred amounts related to pensions, and the deferred amounts related to acquisitions. The deferred charge on refunding resulted from the difference between the carrying value of refunded debt and its reacquisition price. This amount is deferred and amortized over the shorter of the life of the refunded or refunding debt. The deferred amounts related to pensions relates to the differences between expected and actual experience, changes in actuarial assumptions, contributions made after the measurement date, and the net difference between estimated and actual investment earnings. The deferred amounts relate to the acquisition of Pioneer Medical Associates.

In addition to liabilities, the statement of financial position includes a separate section for deferred inflows of resources. Deferred inflows of resources represent an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The District has one item that qualifies for reporting in this category. It is the deferred amounts related to pensions for the differences between expected and actual experience and changes in actuarial assumptions.

## **Unearned Revenue**

Unearned revenue arise when resources are unearned by the District and received before it has a legal claim to them, as when grant monies are received prior to the incurrence of qualifying expenditures. In subsequent periods, when both revenue recognition criteria are met, or when the District has a legal claim to the resources, the liability for unearned revenue is removed from the applicable financial statement and revenue is recognized.

Unearned revenue consists of receipts of federal awards, including unexpended American Resucu Plan (ARP) Rural Distribution payments, and other grants for which the earnings process was not yet completed at June 30, 2022 because the eligibility requirements were not yet met.

## **Property Tax**

Property taxes are levied by the County on the District's behalf and are intended to support operations and to service debt. The amount of property tax received is dependent upon the assessed real property valuations as determined by the County Assessor. Secured property taxes are levied July 1, and are due in two equal installments on November 1 and February 1 each year, and are delinquent if not paid by December 10 and April 10. Secured property taxes become a lien on the property on January 1.

## **Operating Revenues and Expenses**

The District's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues of the District result from exchange transactions associated with providing healthcare services – the District's principal activity, and the costs of providing those services, including depreciation and excluding interest cost. All other revenues and expenses are reported as nonoperating.

## **Net Patient Service Revenue**

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined.

## **Charity Care**

The District provides healthcare services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the District does not pursue collection of these amounts, they are not reported as patient service revenue. The estimated cost of providing these services was \$340,000 for the year ended June 30, 2022, calculated by multiplying the ratio of cost to gross charges for the District by the gross uncompensated charges associated with providing charity care to its patients.

## **Grants and Contributions**

The District receives grants and contributions from governmental and private entities. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenue. Amounts restricted for capital acquisitions are reported after nonoperating revenues and expenses.

## **Effect of New Governmental Accounting Standards Board (GASB) Pronouncements**

### **Effective in Current Fiscal Year**

**GASB Statement No. 87** – In June 2017, GASB issued Statement No. 87, *Leases*. The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases; enhancing the comparability of financial statements between governments; and also enhancing the relevance, reliability (representational faithfulness), and consistency of information about the leasing activities of governments. This Statement is effective for reporting periods beginning after June 15, 2021. The District has determined the statement did not have an impact on the financial statements.

**GASB Statement No. 89** – In June 2018, the GASB issued Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*. The objective of this Statement are to enhance the relevance and comparability of information about capital assets and the cost of borrowing for a reporting period and to simplify accounting for interest cost incurred before the end of a construction period. The Statement is effective for reporting periods beginning after December 15, 2020. The District has determined the statement did not have an impact on the financial statements.

**GASB Statement No. 92** – In January 2020, the GASB issued Statement No. 92, *Omnibus 2020*. The objectives of this Statement are to enhance comparability in accounting and financial reporting to improve the consistency of authoritative literature by addressing practices issues that have been identified during implementation and application of certain GASB Statements. The Statement is effective for reporting periods beginning after June 15, 2021. The District has determined the statement did not have an impact on the financial statements.

**GASB Statement No. 93** – In March 2020, the GASB issued Statement No. 93, *Replacement of Interbank Offered Rates*. The objective of this Statement is to address the accounting and financial reporting implications that result from the replacement of an IBOR. The Statement is effective for reporting periods beginning after June 15, 2021. The District has determined the statement did not have an impact on the financial statements.

**GASB Statement No. 97** – In June 2020, the GASB issued Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. The objective of this Statement are to increase consistency and comparability related to the reporting of fiduciary component units in circumstances in which a potential component unit does not have a governing board and the primary government performs the duties that a governing board typically would perform; mitigate costs associated with the reporting of certain defined contribution pension plans, defined contribution other postemployment benefit (OPEB) plans, and employee benefit plans other than pension plans or OPEB plans (other employee benefit plans) as fiduciary component units in fiduciary fund financial statements; and enhance the relevance, consistency, and comparability of the accounting and financial reporting for Internal Revenue Code (IRC) Section 457 deferred compensation plans (Section 457 plans) that meet the definition of a pension plan and for benefits provided through those plans. The Statement is effective for reporting periods beginning after June 15, 2021. The District has determined the statement did not have an impact on the financial statements.

#### **Effective in Future Fiscal Years**

The GASB has issued the following pronouncements that have effective dates which may impact future financial statement presentation. The District has not determined the effect of the following Statements:

GASB Statement No. 91 - *Conduit Debt Obligations*

GASB Statement No. 94 - *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*

GASB Statement No. 96 - *Subscription-Based Information Technology Arrangements*

GASB Statement No. 99 - *Omnibus 2022*

GASB Statement No. 100 - *Accounting Changes and Error Corrections*

GASB Statement No. 101 - *Compensated Absences*

## **Note 2 - Net Patient Service Revenue**

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: Inpatient acute and outpatient services rendered to Medicare program beneficiaries are reimbursed primarily under a cost reimbursement methodology pursuant to the District's designation as a critical access hospital. Costs are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare Administrative Contractor (MAC). The District's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. Medicare cost reports have been audited by the fiscal intermediary through June 30, 2018.

Medi-Cal: Reimbursement for hospital inpatient services provided to Medi-Cal beneficiaries are based on a diagnosis-related group (DRG)-based methodology and uses the All-Patient Refined DRGs (APR-DRGs) algorithm. Medi-Cal cost reports have been audited through June 30, 2019. Outpatient services are paid at prospectively determined rates per procedure determined by the State of California. Outpatient services delivered at the clinic are reimbursed using a prospectively determined payment system.

The District has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates and discounts from established charges.

Patient revenue from the Medicare and Medi-Cal programs accounted for approximately 36% and 10% of the District's net patient service revenue for the year ended June 30, 2022.

Laws and regulations governing the Medicare, Medi-Cal, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient service revenue for the year ended June 30, 2022 increased/decreased \$43,000 due to removal of allowances previously estimated that are no longer necessary as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations.

### **Medi-Cal Payments**

California legislation (AB-915) provides for a Medi-Cal supplemental payment for Medi-Cal outpatient hospital services. As a result of this program, payments received were \$1,376,622 in the year ended June 30, 2022.

The California Department of Healthcare Services (DHCS) implemented The Hospital Quality Assurance Fee (HQUAF) program in 2010. The program provides funding for supplemental payments to California hospitals that serve Medi-Cal and uninsured patients. The District received \$973,436 in the year ended June 30, 2022, under this program.

California legislation also provides for a Nondesignated Public Hospital Intergovernmental Transfer Program (IGT) for additional payments for outpatient managed care hospital services. As a result of this program, net payments recognized were \$1,542,364 in the year ended June 30, 2022. Amounts due under this program total \$1,542,364 as of June 30, 2022 and are reported as other receivables on the statement of net position.

The District records these amounts as other operating revenue, when the revenue is estimable and is reasonably assured of being collected, generally when payments are received or expected to be received.

**CMS Advanced Payment**

The CMS Advanced Payment balance consists of advanced payments received from the Centers for Medicare and Medicaid Services (CMS), in order to increase cash flow for Medicare Part A providers who were impacted by the COVID-19 pandemic. The District received \$14,594,154 in an advanced payment during April 2020, which will be recouped through the Medicare claims processed beginning 365 days after the date of issuance of the advanced payment. This recoupment process will continue until the balance of the advanced payment has been recouped, or for 29 months from the date that the advanced payment was issued, at which point any remaining unpaid balance is due. The advanced payment balance is non-interest bearing through the 29-month repayment period. The portion expected to be recouped in the next 12 months is included in current liabilities and the portion expected to be recouped in greater than 12 months is presented in long-term liabilities in the accompanying statements of net position. The outstanding balance at June 30, 2022, was \$2,095,202.

**Note 3 - Deposits and Investments**

The carrying amounts of deposits and investments as of June 30, 2022 are as follows:

Carrying Amount	
Petty cash	\$ 2,556
Cash and deposits	11,922,570
Investments	<u>30,512,536</u>
Total	<u><u>\$ 42,437,662</u></u>

Deposits and investments are reported in the following statement of net position captions:

Cash and investments	\$ 39,885,950
Restricted for nurses scholarships and debt service	1,953,496
Restricted for debt service reserve	<u>598,216</u>
	<u><u>\$ 42,437,662</u></u>

**Investments Authorized by the California Government Code and the Entity’s Investment Policy**

The table below identifies the investment types that are authorized for the District by the California Government Code (or the District’s investment policy, where more restrictive). The table also identifies certain provisions of the California Government Code (or the District’s investment policy, where more restrictive) that address interest rate risk, credit risk, and concentration of credit risk. This table does not address investments of debt proceeds held by bond trustee that are governed by the provisions of debt agreements of the District, rather than the general provisions of the California Government Code or the District’s investment policy.

Authorized investment type	Maximum maturity:	Maximum percentage of portfolio: *	Maximum investment in one issuer:
Local agency bonds	5 years	None	None
U.S. Treasury obligations	5 years	None	None
U.S. agency securities	5 years	None	None
Banker's acceptances	180 days	40%	30%
Commercial paper	270 days	25%	10%
Negotiable certificates of deposit	5 years	30%	None
Repurchase agreements	1 year	None	None
Reverse repurchase agreements	92 days	20% of base value	None
Medium-term notes	5 years	30%	None
Mutual funds	N/A	20%	10%
Money market mutual funds	N/A	20%	10%
Mortgage pass-through securities	5 years	20%	None
County pooled investment funds	N/A	None	None
Local agency investment fund (LAIF)	N/A	None	\$75M per account
JPA pools (other investment pools)	N/A	None	None

\* Excluding amounts held by bond trustee that are not subject to CGC restrictions.

**Investments Authorized by Debt Agreements**

Investment of debt proceeds held by bond trustee are governed by provisions of the debt agreements, rather than the general provisions of the California Government Code or the Entity’s investment policy. The table below identifies the investment types that are authorized for investments held by bond trustee. The table also identifies certain provisions of these debt agreements that address interest rate risk, credit risk, and concentration of credit risk.

Authorized investment type	Maximum maturity:	Maximum percentage of portfolio:	Maximum investment in one issuer:
U.S. Treasury obligations	None	None	None
U.S. agency securities	None	None	None
Banker's acceptances	180 days	None	None
Commercial paper	270 days	None	None
Money market mutual funds	N/A	None	None
Investment contracts	30 years	None	None
Local agency investment fund (LAIF)	N/A	None	\$75M per account

**Interest Rate Risk**

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways that the District manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for operations. Information about the sensitivity of the fair values of the District’s investments (including investments held by bond trustee) to market interest rate fluctuation is provided by the following table that shows the distribution of the District’s investments by maturity at June 30, 2022:

Investment Type	Carrying Amount	Rating	Investment Maturities (in Years)		
			Less Than 1	1 - 5	6 - 10
Guaranteed Investment Contract	\$ 575,000	Baa1	\$ -	\$ -	\$ 575,000
Certificates of deposits	2,274,314	P-1/Aa1	2,274,314	-	-
Mutual Funds	192,544	AAAm	192,544	-	-
Money Market Mutual Funds	23,216	AAAm	23,216	-	-
Local Agency Investment Fund	27,447,462	Not Rated	27,447,462	-	-
<b>Total</b>	<b>\$ 30,512,536</b>		<b>\$ 29,937,536</b>	<b>\$ -</b>	<b>\$ 575,000</b>

**Credit Risk**

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The CGC limits the minimum rating required for each investment type. The LAIF is not rated.

**Custodial Credit Risk**

Custodial credit risk for *deposits* is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for *investments* is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code and the District’s investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits or investments, other than the following provision for deposits: The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The market value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure the District’s deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits.

As of June 30, 2022, \$10,500,416 of the District’s deposits with financial institutions in excess of federal depository insurance limits were held in uncollateralized accounts.

### Investment in State Investment Pool

The District is a voluntary participant in the Local Agency Investment Fund (LAIF) that is regulated by the California Government Code under the oversight of the Treasurer of the State of California. The fair value of the District's investment in this pool is reported in the accompanying financial statements at amounts based upon the District's pro-rata share of the fair value provided by LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on an amortized cost basis.

### Fair Value Measurements

Assets measured at fair value on a recurring basis and the related fair value of these assets as of June 30, 2022, are as follows:

<u>Investments by fair value</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
District Investments				
Certificates of Deposit	\$ 2,274,314	\$ -	\$ 2,274,314	\$ -
Mutual Funds	192,544	192,544	-	-
Money Market Mutual Funds	23,216	23,216	-	-
	<u>2,490,074</u>	<u>\$ 215,760</u>	<u>\$ 2,274,314</u>	<u>\$ -</u>
Total District Investments Measured at Fair Value				
Investments not measured at fair value or subject to fair value hierarchy				
Local Agency Investment Fund	27,447,462			
Guaranteed Investment Contract	575,000			
	<u>30,512,536</u>			
Total District Investments				

The value of publicly-traded assets, which would be listed as Level 1, are based on unaffiliated industry sources believed to be reliable. Values for non-publicly traded assets, listed as Level 2, may be determined from other unaffiliated sources. Assets for which a current value is unavailable, which would be listed as Level 3, may be reflected at the last reported price or at par, using the best information available in the circumstances.

The District's investments in traded certificates of deposit and U.S. Government obligations, which are reported in short-term and long-term investments, are based on quoted market prices for identical investments in an inactive market or similar investments in markets that are either active or inactive. Guaranteed investment contracts are valued at cost.

Deposits and withdrawals in governmental investment pools, such as LAIF are made on the basis of \$1 and not fair value. Accordingly, the District's proportionate share in these types of investments is an uncategorized input not defined as a Level 1, Level 2, or Level 3 input.

**Employees' Retirement System**

The District's governing body has the responsibility and authority to oversee the investment portfolio. Various professional investment managers are contracted to assist in managing the District's investments; all investment decisions are subject to California law and the investment policy established by the governing body. The District's investments are held by a trust company.

**Pension Plan Investment Policy**

The Plan's investment policy authorizes the Plan to invest in all investments allowed by state statute. These include deposits/investments in insured commercial banks, savings and loan institutions, interest-bearing obligations of the U.S. Treasury and U.S. agencies, interest-bearing bonds of the State of California or any county, township, or municipal corporation of the State of California, money market mutual funds whose investments consist of obligations of the U.S. Treasury or U.S. agencies, separate accounts managed by life insurance companies, mutual funds, and California Funds (created by the State Legislature under the control of the State Treasurer that maintains a \$1 per share value, which is equal to the participant's fair value). During the year ended June 30, 2022, there were no changes to the investment policy.

**Pension Plan Credit Risk**

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by assignment of a rating by a nationally recognized statistical rating organization. The Plan has an investment policy that limit investment choices by credit rating.

Investment Type	Carrying Amount	Rating	Investment Maturities (in Years)		
			Less Than 1	1 - 5	6 - 10
Indexed bond fund	\$ 2,894,087	AA+	\$ 2,894,087	\$ -	\$ -
Fixed dollar account	3,597,144	AA+	3,597,144	-	-
Money Market Mutual Funds	46,410	A	46,410	-	-
<b>Total</b>	<b>\$ 6,537,641</b>		<b>\$ 6,537,641</b>	<b>\$ -</b>	<b>\$ -</b>

**Pension Plan Custodial Credit Risk**

For an investment, custodial credit risk is the risk that, in the event of the failure of the counter party (e.g., broker-dealer) to the transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Plan's investment policies do not limit the exposure to custodial credit risk for investments.

**Pension Plan Fair Value Measurements**

The District’s retirement system investments are stated at net asset value (NAV) and fair value. The fixed dollar fund is stated at NAV, which is determined based on the total value of all investments in its portfolio minus the value of liabilities. The index bond fund is stated at fair value and is considered a level 2 investment on the fair value hierarchy. The fixed dollar fund is stated at cost.

**Note 4 - Patient Receivables, Net**

Patient receivables - net for the District consisted of the following at June 30, 2022:

Gross accounts receivable	\$ 52,635,311
Less:	
Contractual adjustments	(17,750,622)
Provision for uncollectible accounts	<u>(13,081,742)</u>
Patient receivables, net	<u>\$ 21,802,947</u>

**Note 5 - Net Patient Service Revenue**

Net patient service revenue for the District consisted of the following for the year ended June 30, 2022:

Gross patient service revenue	\$ 183,270,425
Less:	
Contractual adjustments	(78,632,210)
Provision for uncollectible accounts	<u>(12,629,745)</u>
Net patient service revenue	<u>\$ 92,008,470</u>

**Note 6 - Capital Assets**

Capital assets additions, retirements, transfers and balances for the year ended June 30, 2022, are as follows:

Depreciation expense for the year ended June 30, 2022 was \$4,126,589 and is reported with depreciation and amortization expense on the statement of revenues, expenses and changes in net position.

Construction in progress at June 30, 2022, represents the ICU Building Retrofit. The estimated cost to complete this project is \$1.164 million with construction commitments of \$1.164 million as of June 30, 2022, which will be financed with District funds.

**Note 7 - Long-Term Debt**

Long-term debt consists of the following at June 30, 2022:

	Balance June 30, 2021	Additions	Deletions	Balance June 30, 2022	Due Within One Year
General Obligation Bonds					
Direct Placement - 2016 General Obligation Refunding Bonds	\$ 16,118,000	\$ -	\$ (350,000)	\$ 15,768,000	\$ 445,000
2009 General Obligation Bonds	7,726,947	-	(417,000)	7,309,947	402,000
Revenue Bonds					
Revenue Bonds, 2010 Series	5,060,000	-	(5,060,000)	-	-
Revenue Bonds, 2013 Series	8,730,000	-	(8,730,000)	-	-
Direct Placement - Refunding Revenue Bonds, Series 2021A	-	3,220,000	-	3,220,000	-
Direct Placement - Refunding Revenue Bonds, Series 2021B	-	8,625,000	-	8,625,000	620,000
Subtotal Bonds Payable	37,634,947	11,845,000	(14,557,000)	34,922,947	1,467,000
Bond premiums:					
2009 General Obligation Bonds	278,552	-	(37,645)	240,907	-
2013 Revenue Bonds	101,016	-	(101,016)	-	-
Total Bonds Payable	38,014,515	11,845,000	(14,695,661)	35,163,854	1,467,000
Accrued Interest - 2009 General Obligation Bonds	16,213,171	511,959	-	16,725,130	-
Financed purchases - Direct borrowings:					
Equipment purchase	-	750,000	-	750,000	98,170
Intuitive Surgical	1,180,122	-	(333,036)	885,520	360,031
7 Medical	208,057	-	(60,837)	147,220	61,590
Total Capital Lease Obligations	1,388,179	750,000	(393,873)	1,782,740	519,791
Direct borrowings:					
Pioneer Home Health Mortgage	261,164	-	(5,064)	256,068	5,355
Subtotal long-term debt	55,877,029	13,106,959	(15,094,598)	53,927,792	1,992,146
Other Liabilities					
Direct borrowings:					
Line of credit	-	500,000	-	500,000	500,000
CHFFA bridge loan #1	-	497,000	-	497,000	-
CHFFA bridge loan #2	-	484,877	-	484,877	-
Notes payable - PMA Acquisition	917,488	-	(917,488)	-	-
Paycheck Protection Payment Loan - District	8,927,628	-	(8,927,628)	-	-
Paycheck Protection Payment Loan - PHHC	290,951	-	(290,951)	-	-
CMS Advance	13,689,959	-	(11,594,757)	2,095,202	2,095,202
Total long-term debt	<u>\$ 79,703,055</u>	<u>\$ 14,588,836</u>	<u>\$ (36,825,422)</u>	<u>\$ 57,504,871</u>	<u>\$ 4,587,348</u>

The terms and due dates of the District's general obligation bonds at June 30, 2022, are as follows:

#### **General Obligation Bonds, 2009 Series**

On April 21, 2009, the District issued \$14,464,947 in General Obligation Bonds, 2005 Election, 2009 Series to finance the construction and equipping of an expansion and renovation of the Hospital. The 2009 Bonds consist of two types of bonds, Current Interest Bonds and Capital Appreciation Bonds, issued in the amounts of \$6,320,000 and \$8,144,947, respectively. The Current Interest Bonds maturing through November 1, 2019 have been fully paid. The Term Bond maturing November 1, 2038 was partially extinguished in 2016 using proceeds from the issuance of the 2016 General Obligation Refunding Bond.

Interest on the Capital Appreciation Bonds is accreted annually and paid at maturity. The Capital Appreciation Bonds mature annually commencing on November 1, 2020, through November 1, 2038, in amounts ranging from \$1,020,000 to \$3,420,000, including interest accreted through such maturity dates. The Capital Appreciation Bonds are not subject to redemption prior to their fixed maturity dates.

The District has pledged its tax revenue as security for the General Obligation Bonds, 2009 Series and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

The general obligation bonds are general obligations of the District. The District has the power and is obligated to cause to be levied and collected the annual ad valorem taxes for payment of the bonds and the interest thereon upon all property within the District and without limitation as to rate or amount.

Accreted interest is to be added to the Capital Appreciation Bonds in future years. Principal maturities, which commenced October 2021, and future accreted interest on the Capital Appreciation Bonds, are included in Accreted Interest Payable.

#### **Revenue Bonds, 2010 Series**

On April 14, 2010, the District issued \$11,600,000 in Revenue Bonds, 2010 Series to finance the replacement hospital, finance the bond reserve account, and pay certain costs of issuance related to the 2010 Bonds.

Interest on the 2010 Bonds is payable semiannually on June 1 and December 1 at rates ranging from 5.000% to 6.375%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$510,000 to \$1,145,000, are due annually through December 2025. The 2010 Bonds maturing on December 1, 2021, may be called by the District beginning December 1, 2016.

On December 1, 2021 the Revenue Bonds, 2010 Series were refunded through the issuance of the Refunding Revenue Bonds, Series 2021A.

#### **Revenue Bonds, 2013 Series**

On January 17, 2013, the District issued \$11,335,000 in Revenue Bonds, 2013 Series to finance the replacement hospital, finance the bond reserve account, and pay certain costs of issuance related to the 2013 Bonds.

Interest on the 2013 Bonds is payable semi-annually on June 1 and December 1 at rates ranging from 3.875% to 5.000%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$295,000 to \$1,805,000, are due annually through December 2029.

On December 1, 2021 the Revenue Bonds, 2010 Series were refunded through the issuance of the Refunding Revenue Bonds, Series 2021B.

**Direct placements:**

**2016 General Obligation Refunding Bond**

On May 12, 2016, the District issued \$17,557,000 in a 2016 General Obligation Refunding Bond, to refinance the General Obligation Bonds, 2005 Series in whole and to pay the term portion of General Obligation Bonds, 2009.

Interest on the 2016 bond is payable semiannually on November 1 and May 1 at a rate of 3.450%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$278,000 to \$1,874,000, are due annually through December 2035.

The District has pledged its tax revenue as security for the 2016 General Obligation Refunding Bond and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

The general obligation bonds are general obligations of the District. The District has the power and is obligated to cause to be levied and collected the annual ad valorem taxes for payment of the bonds and the interest thereon upon all property within the District and without limitation as to rate or amount.

**Refunding Revenue Bonds, Series 2021A**

On December 1, 2021, the District issued \$3,220,000 in a Refunding Revenue Bond, Series 2021A, to provide funds to refund, on a current basis, the District's Revenue Bonds, Series 2010 and paying the costs of issuing the 2021A bonds.

Interest on the Refunding Revenue Bonds, Series 2021A is payable semiannually on December 1 and June 1 at a rate of 3.50%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$380,000 to \$980,000, are due annually through December 2036.

The proceeds were used to refund on a current basis \$4,170,000 of the outstanding Series 2010 bonds. The net proceeds of \$4,209,137 (including \$1,065,337 of existing 2010 debt service reserve funds and after payment of \$76,200 in underwriting fees and other issuance costs) were deposited in an irrevocable trust with an escrow agent to provide funds for the future debt service payment on the refunded bonds. As a result, the 2010 Bonds are considered defeased and the liability for those bonds has been removed from the statement of net position. The reacquisition price exceeded the net carrying amount of the old debt by \$39,137. This amount is reported as a deferred outflow of resources and amortized over the remaining life of the refunded debt, which had a shorter remaining life than the refunding debt. The advance refunding reduced its total debt service payments by \$91,241 and to obtain an economic gain (difference between the present values of the debt service payments on the old and new debt) of \$189,091. As a result, the Series 2010 bonds are considered defeased and the liability for those bonds has been removed from the statement of net position.

The District has pledged its gross revenue as security for the Refunding Revenue Bonds, Series 2021A and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment. The District is required to maintain a long-term debt service coverage ratio at the end of each fiscal year that is not less than 1.25 to 1 (or 1.1 to 1, if the District has 75 or more days cash on hand) and provide various reporting under the agreement.

#### **Taxable Refunding Revenue Bonds, Series 2021B**

On December 1, 2021 the District issued \$8,625,000 in Taxable Refunding Revenue Bonds, to refund, on an advanced basis, the District's Revenue Bonds, Series 2013 and paying the cost of issuing the 2021B Bonds.

Interest on Taxable Refunding Revenue Bonds, Series 2021B is payable semiannually on December 1 and June 1 at rates ranging from 2.93% to 3.200%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$505,000 to \$860,000, are due annually through December 2033.

The proceeds were used to advance refund \$8,360,000 of the outstanding Series 2013 bonds. The net proceeds of \$9,011,315 (including \$587,785 of existing 2013 debt service reserve funds and after payment of \$201,470 in underwriting fees and other issuance costs) were deposited in an irrevocable trust with an escrow agent to provide funds for the future debt service payment on the refunded bonds. As a result, the 2013 Bonds are considered defeased and the liability for those bonds has been removed from the statement of net position. The reacquisition price exceeded the net carrying amount of the old debt by \$555,251. This amount is reported as a deferred outflow of resources and amortized over the remaining life of the refunded debt, which had a shorter remaining life than the refunding debt. The advance refunding reduced its total debt service payments by \$189,723 and to obtain an economic loss (difference between the present values of the debt service payments on the old and new debt) of \$154,639. As a result, the Series 2013 bonds are considered defeased and the liability for those bonds has been removed from the statement of net position.

The District has pledged its gross revenue as security for the Refunding Revenue Bonds, Series 2021B and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment. The District is required to maintain a long-term debt service coverage ratio at the end of each fiscal year that is not less than 1.25 to 1 (or 1.1 to 1, if the District has 75 or more days cash on hand) and provide various reporting under the agreement.

#### **Defeased Debt**

At June 30, 2022, \$8,360,000 of the Series 2013 defeased revenue bonds remain outstanding.

#### **Direct borrowings:**

##### **Line of Credit**

The District has a line of credit at one of the financial institutions where it holds deposits. As of the end of the fiscal year, the District has drawn down an amount of \$500,000 which is due to be paid back on April 23, 2023. As of the end of the fiscal year, the unused line of credit was \$3,000,000.

### **Financed Purchases**

Finance obligations to Intuitive Surgical are due in total monthly installments of \$29,815 in May 2020 through 2024, including interest at 3.500%.

Finance obligations to Ascension Capital for 7 Medical are due in total monthly installments of \$5,447 in October 2021 through 2025, including interest at 2.500%.

Finance obligations are secured by equipment and contain provisions that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

### **Purchase Agreement**

Purchase agreement with Stryker Mako with an original principal amount of \$750,000, with payments due in annual installments of \$119,936 due March 2023 through 2029, including interest at 2.900%.

### **Mortgage Payable**

Pioneer Home Health Care entered into a mortgage note in the amount of \$280,000 for the purchase of a commercial office building. The note pays principal and interest monthly, at an interest rate of 5.0%. The note matures on September 1, 2023.

### **Nondesignated Public Hospital Bridge Loan Program**

In September 2021, the Governor signed into law the Nondesignated Public Hospital Bridge Loan Program (NDPH Program), which enables California Health Facilities Financing Authority (CHFFA) to issue up to a total of \$40 million in working capital loans. The NDPH Program provides zero interest rate low-cost loans to eligible nondesignated public hospitals (as defined in paragraph (25) of subdivision (a) of Section 14105.98 of the Welfare and Institutions Code, excluding designated public hospitals) that are affected by financial delays associated with the transition from the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program to the Quality Incentive Program (QIP). These loans are required to be paid back in two years. The loans issued by CHFFA are secured by a borrower's Medi-Cal reimbursements.

The District received \$497,000 associated with this loan program's first funding round at 0% interest which will be repaid no later than 24 months from February 3, 2022. If total repayment of \$497,000 is not received before or on the due date, CHFFA will intercept 20% of the District's Medi-Cal payments until the loan is satisfied.

The District received \$484,877 associated with this loan program's second funding round at 0% interest which will be repaid no later than 24 months from May 3, 2022. If total repayment of \$484,877 is not received before or on the due date, CHFFA will intercept 20% of the District's Medi-Cal payments until the loan is satisfied.

Scheduled principal and interest payments on long-term debt are as follows:

Years Ending June 30,	General Obligation Bonds		Revenue Bonds		Direct Borrowings		Totals	
	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest
2023	\$ 847,000	\$ 1,279,287	\$ 620,000	\$ 356,331	\$ 3,120,348	\$ 63,287	\$ 4,587,348	\$ 1,698,905
2024	1,054,855	1,201,283	665,000	352,757	1,923,050	41,247	3,642,905	1,595,287
2025	1,106,909	1,294,595	670,000	336,860	125,628	16,097	1,902,537	1,647,552
2026	1,171,947	1,383,336	690,000	315,100	106,968	12,969	1,968,915	1,711,405
2027	1,232,981	1,488,253	710,000	292,700	110,072	9,864	2,053,053	1,790,817
2028-2032	7,712,035	8,694,257	3,905,000	1,101,980	229,821	10,053	11,846,856	9,806,290
2033-2037	9,015,597	11,125,367	4,585,000	408,126	-	-	13,600,597	11,533,493
2038-2042	936,623	5,628,705	-	-	-	-	936,623	5,628,705
Sub-Totals	<u>\$23,077,947</u>	<u>\$32,095,083</u>	<u>\$11,845,000</u>	<u>\$ 3,163,853</u>	<u>\$ 5,615,887</u>	<u>\$ 153,517</u>	<u>40,538,834</u>	<u>\$35,412,453</u>
						Premium on Bonds	240,907	
						Accreted Interest	<u>16,725,130</u>	
						Total	<u>\$57,504,871</u>	

Under the terms of the revenue bonds and general obligation bonds agreements, the District is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use in the financial statements. The loan agreement also places limits on the incurrence of additional borrowings and requires that the District satisfy certain measures of financial performance.

### Paycheck Protection Program Note Payable

In May 2020, the District and PHHC were granted a \$8,927,628 and \$290,951 loan, respectively, under the Paycheck Protection Program (PPP) administered by a Small Business Administration (SBA) approved partner. Each loan is uncollateralized and is fully guaranteed by the Federal government. The District and PHHC were eligible for loan forgiveness of up to 100% of the loan, upon meeting certain requirements. The District and PHHC applied for and received notification from the SBA that the PPP loans have been fully forgiven. As such, there is no payable balance as of June 30, 2022 and the District and PHHC have recorded \$8,927,628 and \$290,951 respectively, to recognize forgiveness income for the year ended June 30, 2022.

### Note 8 - Retirement Plans

#### Defined Benefit Plan - Plan Description

The District sponsors a single-employer defined benefit pension plan for employees over age 21 with at least one year of service. The plan is governed by the District's Board of Directors, which may amend benefits and other plan provisions and which is responsible for the management of plan assets. The primary factors affecting the benefits earned by participants in the pension plan are employees' years of service and compensation levels. A separate financial report is not prepared for the Plan.

**Benefits Provided**

The District provides service retirement and pre-retirement death benefits to plan members, who must be District employees and beneficiaries. Benefits are based on years of credited service, equal to one year of full-time employment. Members with five years of total service are eligible to retire at age 55 with statutorily reduced benefits. All members are eligible for pre-retirement death benefits after five years of service. The benefit vesting schedule is 50% vesting after five years, increasing 10% per year to 100% vested after 10 years of service. The Plan was closed to new entrants effective January 1, 2013.

Active participants automatically become 100% vested upon attainment of normal retirement age or if they become totally and permanently disabled.

The Plan’s provisions and benefits in effect at June 30, 2022, are summarized as follows:

Hire Date	Prior to January 1, 2013
Benefit payments	Life Annuity or Lump Sum
Retirement age	65-70
Monthly benefits, as a % of eligible compensation	2.50%, not less than \$600
Required employer contribution rates	19.0%

Employees covered at December 31, 2021, by the benefit terms for the Plan are as follows:

Inactive employees or beneficiaries currently receiving benefits	4
Inactive employees entitled to but not yet receiving benefits	72
Active employees	104
 Total	 180

**Contributions**

The employer contribution rates are determined on an annual basis by the actuary and shall be effective on July 1 following notice of a change in the rate. Funding contributions for the Plan are determined annually on an actuarial basis as of January 1 by the Plan. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. For the year ended June 30, 2022, the employer contribution was \$347,300.

**Rate of Return**

For the year ended December 31, 2021, the annual money-weighted rate of return on pension plan investments, net of pension plan investment expense, was 36.17%. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

**Concentration of Credit Risk**

The Plan's policy does not limit the percentage of any asset in the Plan portfolio. The composition of plan assets consisted of the following at December 31, 2021:

Asset Allocation	Percent of Total Plan Assets
Fixed dollar account	55.0%
Indexed bond fund	44.3%
Trust fund account	0.7%
Accrued contributions	0.0%
Total	100%

**Net Pension Liability**

The District's net pension liability was measured as of December 31, 2021, and the total pension liability used to calculate the net pension liability was determined by an actuarial as of December 31, 2021.

*Actuarial Assumptions* - The total pension liability in the January 1, 2021 actuarial valuation were determined using the following actuarial assumptions:

Valuation Date	January 1, 2021
Measurement Date	December 31, 2021
Actuarial Cost Method	Entry-Age Normal Cost Method
Actuarial Assumptions:	
Discount Rate	4.00%
Projected salary increase	3.00%
Investment Rate of Return	4.00%

Mortality rates for pre-retirement were based on the Pri-2012 Private Retirement Plans Mortality Tables Report, using the Employee Amount-Weighted Mortality with Generational Projection from 2012 Base Year, and using Scale MP-2021. Mortality rates for post-retirement (Annuity) were based on the Pri-2012 Private Retirement Plans Mortality Tables Report, using the Retiree/Contingent-Survivor Amount-Weighted Mortality with Generational Projection from 2012 Base Year, and using Scale MP-2020. Mortality rates for post-retirement (Lump-Sum) were based date of participation (DOP). DOP before July 1, 2009 based on the 1984 Uninsured Pensioner Mortality Table (UP) set back 4 years. DOP on or after July 1, 2009 based on the RP-2000 Table for Males set back 4 years.

The long-term expected rate of return on plan investments was determined using a building block method which best estimate ranges of expected future real rates of return (expected return, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The table below reflects geometric average real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These geometric rates of return are net of administrative expenses.

<u>Asset Class</u>	<u>Asset Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>
Cash	0.16%	-0.93%
U.S. Fixed Income	92.08%	0.20%
U.S. Government Bonds	0.32%	-0.31%
U.S. Credit Bonds	1.78%	0.90%
U.S. Mortgages	2.14%	0.32%
U.S. Municipal Bonds	0.40%	0.19%
U.S. Bank/Leverage Loans	2.10%	2.31%
U.S. High Yield Bonds	0.47%	3.17%
Private Equity	0.47%	9.12%
Hedge Funds - Multi-Strategy	0.08%	2.87%
 Total	 <u>100%</u>	

*Discount rate* – The discount rate used to measure the total pension liability was 4.00% for the plan. The project of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that the District’s contributions will be made at rates equal to the difference between actuarially determined contribution rates and the employee rate. Based on those assumptions, the pension plan’s fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

**Changes in the Net Pension Liability**

The changes in the net pension liability for the plan are as follows:

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability/(Asset)
Balance at December 31, 2020	\$ 55,759,472	\$ 10,188,859	\$ 45,570,613
Changes in the year:			
Service Cost	1,706,921	-	1,706,921
Interest on Total Pension Liability	2,179,367	-	2,179,367
Differences between Expected and Actual Experience	769,805	-	769,805
Change of assumptions	96,057	-	96,057
Contribution - Employer	-	347,300	(347,300)
Net investment income	-	2,082,706	(2,082,706)
Benefit payments including refunds of member contributions	(6,023,511)	(6,023,511)	-
Administrative Expense	-	(57,983)	57,983
Net changes	<u>(1,271,361)</u>	<u>(3,651,488)</u>	<u>2,380,127</u>
Balance at December 31, 2021	<u>\$ 54,488,111</u>	<u>\$ 6,537,371</u>	<u>\$ 47,950,740</u>

*Sensitivity of the net pension liability to changes in the discount rate* – The following presents the net pension liability of the District calculated using the discount rate of 4.00%, as well as what the District’s net pension liability would be if it were calculated using a discount rate that is 1- percentage-point lower or 1- percentage-point higher than the current rate.

	1% Decrease (3.00%)	Current Discount Rate (4.00%)	1% Increase (5.00%)
	District net pension liability	\$ 56,588,099	\$ 47,950,740

**Pension expenses and deferred outflows/inflows of resources related to pensions**

For the fiscal year ending June 30, 2022, the District recognized pension expense of \$7,099,181. At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 5,402,895	\$ (1,022,799)
Changes of assumptions	8,642,029	(436,505)
Net differences between projected and actual earnings on plan investments	-	(686,776)
Contributions made subsequent to the measurement date	5,251,934	-
Total	\$ 19,296,858	\$ (2,146,080)

Amounts reported as deferred outflows and deferred inflows of resources related to pensions will be recognized in future pension expense as follows:

Year ending June 30	
2023	\$ 3,150,523
2024	3,071,214
2025	1,776,577
2026	1,539,201
2027	1,635,180
Thereafter	726,149
Total	\$ 11,898,844

**Defined Contribution Plan – Plan Description**

The District sponsors and contributes to the Northern Inyo County Local Hospital District 401(a) Retirement Plan (NICLHD), a defined contribution pension plan, for its employees. The plan covers its employees who have attained the age of 21 years and were not a participant in the District's defined benefit plan prior to January 1, 2013, and completed of one year of service. NICLHD is administered by the District.

Benefit terms, including contribution requirements, for NICLHD are established and may be amended by the District's Board of Directors. For each employee in the pension plan, the District is required to contribute 7 percent as a percent of annual salary, exclusive of overtime pay, to an individual employee account. Employees are not permitted to make contributions to the pension plan. For the year ended June 30, 2022, the District made employer contributions in the amount of \$347,300.

Each participant shall have a nonforfeitable and vested right to his or her account for each year of service completed while an employee of the employer, in accordance with the following schedule:

Years	Nonforfeitable Percentage
5	50.0%
6	60.0%
7	70.0%
8	80.0%
9	90.0%
10 or more	100.0%

**Note 9 - Risk Management**

The District is exposed to various risks of loss related to medical malpractice; torts; theft of, damage to, and destruction of assets; errors and omissions; injuries of employees; and natural disasters.

The District’s comprehensive general liability insurance covers losses of up to \$20,000,000 per claim with \$30,000,000 annual aggregate for occurrence basis during a policy year regardless of when the claim was filed (occurrence-based coverage).

The District’s professional liability insurance covers losses up to \$5,000,000 per claim with \$5,000,000 annual aggregate for claims reported during a policy year (claims-made coverage). Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the District.

Although there exists the possibility of claims arising from services provided to patients through June 30, 2022, which have not yet been asserted, the District is unable to determine the ultimate cost, if any, of such possible claims, and accordingly no provision has been made for them. Settled claims have not exceeded commercial coverage in any of the three preceding years.

The District is a participant in the Association of California Healthcare Districts’ ALPHA Fund, which administers a self-insured workers’ compensation plan for participating member hospitals and their employees. The District pays a premium to the ALPHA Fund; the premium is adjusted annually. If participation in the ALPHA Fund were terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the ALPHA Fund.

**Note 10 - Self-Insured Healthcare Plan**

The District has a self-funded health care plan that provides medical and dental benefits to employees and their dependents. Employees share in the cost of health benefits. Health care expense is based on actual claims paid, reinsurance premiums, administration fees, and unpaid claims at year-end. The District buys reinsurance to cover catastrophic individual claims over \$200,000. The District records a liability for claims incurred, but not reported that is recorded in accrued payroll and related liabilities in the accompanying statements of net position.

Year	Beginning Liability	Current Year Claims and Changes in Estimates	Claim Payments	Ending Liability
2021	\$ 2,336,797	\$ 7,819,797	\$ (9,390,438)	\$ 766,156
2022	766,156	6,548,576	(6,111,775)	1,202,957

**Note 11 - Concentration of Credit Risk**

The District grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2022 was as follows:

	2022
Medicare	29%
MediCal	28%
Other third-party payors	36%
Patients	7%
	100%

**Note 12 - Contingencies**

**Malpractice Insurance**

The District has malpractice insurance coverage to provide protection for professional liability losses on claims-made basis subject to a limit of \$10 million per claim and an annual aggregate limit of \$20 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

**Litigation, Claims, and Disputes**

The District is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs or operating activities, some of which could be material. In the opinion of management, the ultimate settlement of litigation, claims, and disputes will not be material to the financial position, operations, or cash flows of the District.

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Department of Health and Human Services (HHS) and the Medicare and Medi-Cal programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by healthcare providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

#### **Paycheck Protection Program Loan Review**

Loans issued under the PPP were subject to good-faith certifications of the necessity of the loan request. Borrowers with loans issued under the program in excess of \$2 million are subject to review by the SBA for compliance with the program requirements. If the SBA determines that a borrower lacked an adequate basis for the loan or did not meet the program requirements, the loan will not be eligible for loan forgiveness and the SBA will seek repayment of the outstanding PPP loan balance.

The District and PHHC applied for and received loan forgiveness from the SBA on its PPP loans in 2022. In accordance with PPP loan requirements, the District is required to maintain PPP loan files and certain underlying supporting documents for periods ranging from three to six years. The District is also required to permit access to such files upon request by the SBA. Accordingly, there is potential the District's PPP loan could be subject to further review by the SBA and that previously recognized forgiveness could be reversed based on the outcome of this review.

#### **Note 13 - Provider Relief Funds**

The District received amounts from the U.S. Department of Health and Human Services (HHS) through the Provider Relief Fund and American Rescue Plan Rural Distribution (PRF) program during the year ended June 30, 2022, totaling \$3,404,243. The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS currently has deadlines for incurring eligible expenses and lost revenues, varying based on the date the Hospital received the funds. Unspent funds will be expected to be repaid.

These funds are considered subsidies and recorded as a liability when received, and are recognized as revenues in the accompanying statements of revenues, expenses, and changes in net position as all terms and conditions are considered met. As these funds are considered subsidies, they are considered nonoperating activities. The terms and conditions are subject to significant interpretation, changes, and future clarification, the most recent of which have been considered through the date that the financial statements were issued. In addition, this program may be subject to oversight, monitoring, and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

As of June 30, 2022, the District incurred eligible expenses including lost revenues and, therefore, recognized nonoperating revenues totaling \$3,065,371 during the year ended June 30, 2022 on the statements of revenues, expenses, and changes in net position. As of June 30, 2022, the District had a liability of \$338,872, which was included in unearned revenue on the accompanying statement of net position.

#### Note 14 - Condensed Combining Information

The following summarizes combining information for the District, Foundation, Auxillary (May 31, 2022), and PHHC (December 31, 2021), which have been presented as a blended component units, as of and for the year ended June 30, 2022.

Statement of net position as of June 30, 2022:

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
Assets and deferred outflows of resources					
Assets					
Current assets	\$ 67,727,590	\$ 254,491	\$ 77,425	\$ 859,212	\$ 68,918,718
Capital assets, net	76,546,553	-	-	361,171	76,907,724
Other assets	2,551,712	-	-	-	2,551,712
Total assets	146,825,855	254,491	77,425	1,220,383	148,378,154
Deferred outflows of resources	20,339,740	-	-	-	20,339,740
Total assets and deferred outflows of resources	<u>\$ 167,165,595</u>	<u>\$ 254,491</u>	<u>\$ 77,425</u>	<u>\$ 1,220,383</u>	<u>\$ 168,717,894</u>
Liabilities, deferred inflows of resources, and net position					
Liabilities					
Current liabilities	\$ 18,129,608	\$ -	\$ -	\$ 140,419	\$ 18,270,027
Long-term liabilities	100,478,322	-	-	250,714	100,729,036
Total liabilities	118,607,930	-	-	391,133	118,999,063
Deferred inflows of resources	2,146,080	-	-	-	2,146,080
Net position					
Net investment in capital assets	23,917,711	-	-	105,102	24,022,813
Restricted	1,953,496	-	-	-	1,953,496
Unrestricted	20,540,378	254,491	77,425	724,148	21,596,442
Total net position	46,411,585	254,491	77,425	829,250	47,572,751
Total liabilities, deferred inflows of resources, and net position	<u>\$ 167,165,595</u>	<u>\$ 254,491</u>	<u>\$ 77,425</u>	<u>\$ 1,220,383</u>	<u>\$ 168,717,894</u>

Operating results and changes in net position for the year ended June 30, 2022:

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
Operating revenues					
Net patient service revenue	\$ 90,624,896	\$ -	\$ -	\$ 1,383,574	\$ 92,008,470
Other operating revenue	6,787,133	-	22,577	1,475	6,811,185
Total operating revenues	<u>97,412,029</u>	<u>-</u>	<u>22,577</u>	<u>1,385,049</u>	<u>98,819,655</u>
Operating expenses					
Depreciation and amortization	4,134,640	-	-	26,336	4,160,976
Other operating expenses	107,568,997	76,042	25,000	1,400,538	109,070,577
Total operating expenses	<u>111,703,637</u>	<u>76,042</u>	<u>25,000</u>	<u>1,426,874</u>	<u>113,231,553</u>
Operating loss	(14,291,608)	(76,042)	(2,423)	(41,825)	(14,411,898)
Net nonoperating revenues	13,279,695	11,723	-	278,004	13,569,422
Revenues in excess of (less than) expenses and change in net postion	(1,011,913)	(64,319)	(2,423)	236,179	(842,476)
Net position, beginning of year	47,423,498	318,810	79,848	593,071	48,415,227
Net position, end of year	<u>\$ 46,411,585</u>	<u>\$ 254,491</u>	<u>\$ 77,425</u>	<u>\$ 829,250</u>	<u>\$ 47,572,751</u>

Cash flows for the year ended June 30, 2022:

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
Net cash from (used for) operating activities	\$ (5,134,986)	\$ (76,042)	\$ (2,423)	\$ 3,157	\$ (5,210,294)
Net cash from (used for) noncapital financing activities	(5,625,704)	11,723	-	(46,344)	(5,660,325)
Net cash from used for capital and capital related financing activities	(8,149,133)	-	-	(18,042)	(8,167,175)
Net cash from investing activities	146,779	-	-	-	146,779
Net change in cash and cash equivalents	(18,763,044)	(64,319)	(2,423)	(61,229)	(18,891,015)
Cash and cash equivalents, beginning of year	60,260,529	318,810	79,848	669,490	61,328,677
Cash and cash equivalents, end of year	<u>\$ 41,497,485</u>	<u>\$ 254,491</u>	<u>\$ 77,425</u>	<u>\$ 608,261</u>	<u>\$ 42,437,662</u>

**Note 15 - Related Party Transactions**

In the ordinary course of business, the District has and expects to continue to have transactions with its employees and elected officials. In the opinion of management, such transactions were on substantially the same terms, including interest rates and collateral, as those prevailing at the time of comparable transactions with other persons and did not involve more than a normal risk of collectibility or present any other unfavorable features to the District.



Required Supplementary Information  
June 30, 2022

## Northern Inyo Healthcare District

Northern Inyo Healthcare District  
Schedule of Changes in the Net Pension Liability and Related Ratios – Pension Plan  
Last Ten Fiscal Years

	2022	2021	2020	2019	2018	2017	2016	2015
Total Pension Liability								
Service Cost	\$ 1,706,921	\$ 1,951,401	\$ 1,781,772	\$ 2,121,997	\$ 2,281,116	\$ 2,812,178	\$ 2,219,985	\$ 2,683,298
Interest on the total pension liability	2,179,367	2,298,637	2,694,973	2,726,359	2,805,649	3,053,437	3,047,939	3,356,235
Differences between expected and actual experience	769,805	880,397	2,640,361	3,016,650	1,343,607	(3,295,677)	1,385,608	108,261
Changes in assumptions	96,057	1,737,567	6,850,017	(84,200)	(185,137)	(417,283)	12,966,856	(1,841,294)
Benefit payments	(6,023,511)	(13,117,516)	(8,053,422)	(8,082,821)	(5,554,354)	(7,575,753)	(8,213,871)	(9,321,220)
Net change in total pension liability	(1,271,361)	(6,249,514)	5,913,701	(302,015)	690,881	(5,423,098)	11,406,517	(5,014,720)
Total pension liability - beginning	55,759,472	62,008,986	56,095,285	56,397,300	56,575,151	61,998,249	50,591,732	55,606,452
Total pension liability - ending (a)	\$ 54,488,111	\$ 55,759,472	\$ 62,008,986	\$ 56,095,285	\$ 57,266,032	\$ 56,575,151	\$ 61,998,249	\$ 50,591,732
Plan fiduciary net position								
Contributions - employer	\$ 347,300	\$ 3,000,000	\$ 5,242,000	\$ 6,300,000	\$ 5,340,000	\$ 5,340,000	\$ 3,900,000	\$ 4,320,000
Net investment income	2,082,706	(746,702)	1,893,587	(116,063)	(292,381)	(126,769)	880,376	1,223,136
Benefit payments	(6,023,511)	(13,117,516)	(8,053,422)	(8,082,821)	(5,554,354)	(7,575,753)	(8,213,871)	(9,321,220)
Administrative expense	(57,983)	(54,472)	(58,625)	(64,562)	(88,502)	(55,640)	(51,336)	-
Net change in plan fiduciary net position	(3,651,488)	(10,918,690)	(976,460)	(1,963,446)	(595,237)	(2,418,162)	(3,484,831)	(3,778,084)
Plan fiduciary net position - beginning	10,188,859	21,107,549	22,084,009	24,047,455	26,087,619	28,505,781	31,990,612	35,768,696
Plan fiduciary net position - ending (b)	6,537,371	10,188,859	21,107,549	22,084,009	25,492,382	26,087,619	28,505,781	31,990,612
Net pension liability - ending (a)-(b)	\$ 47,950,740	\$ 45,570,613	\$ 40,901,437	\$ 34,011,276	\$ 31,773,650	\$ 30,487,532	\$ 33,492,468	\$ 18,601,120
Plan fiduciary net position as a percentage of the total pension liability	12.00%	18.27%	34.04%	39.37%	44.52%	46.11%	45.98%	63.23%
Covered payroll	\$ 9,243,630	\$ 9,302,388	\$ 10,780,522	\$ 11,537,345	\$ 12,968,106	\$ 13,529,712	\$ 15,892,425	\$ 17,664,833
Net pension liability as percentage of covered payroll	518.74%	489.88%	379.40%	294.79%	245.01%	225.34%	210.74%	105.30%
Measurement date	December 30, 2021	December 31, 2020	December 31, 2019	December 31, 2018	December 31, 2017	December 31, 2016	December 31, 2015	December 31, 2014

Notes to Schedule:

\* - Fiscal year 2015 was the 1st year of implementation; therefore only eight years are shown. Will have 10 years presented by 2024.

Northern Inyo Healthcare District  
Schedule of Contributions – Pension Plan  
Last Ten Fiscal Years

	2022	2021	2020	2019	2018	2017	2016	2015
Actuarially determined contribution	\$ 9,056,000	\$ 7,752,000	\$ 6,072,000	\$ 5,484,000	\$ 4,716,000	\$ 5,340,000	\$ 3,900,000	\$ 4,320,000
Contributions in relation to the actuarially determined contributions	5,599,234	3,000,000	5,500,000	6,060,000	5,340,000	5,340,000	3,900,000	4,320,000
Contribution deficiency (excess)	<u>\$ 3,456,766</u>	<u>\$ 4,752,000</u>	<u>\$ 572,000</u>	<u>\$ (576,000)</u>	<u>\$ (624,000)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered payroll	\$ 9,243,630	\$ 9,302,388	\$ 10,780,522	\$ 11,537,345	\$ 12,968,106	\$ 13,529,712	\$ 15,892,425	\$ 17,664,833
Contributions as a percentage of covered payroll	60.57%	32.25%	51.02%	52.53%	41.18%	39.47%	24.54%	24.46%

Notes to Schedule

Valuation date: January 1, 2022

Methods and assumptions used to determine contribution rates:

Actuarial cost method	Entry Age Normal Cost Method
Amortization method	Level percent of payroll
Remaining amortization period	15 years
Asset valuation method	Market value
Inflation	2.50%
Salary increases	3%, including inflation
Investment rate of return	4.00%
Retirement age	65, or 70

\* - Fiscal year 2015 was the 1st year of implementation; therefore only eight years are shown. Will have 10 years presented by 2024.

Northern Inyo Healthcare District  
 Schedule of Investment Returns – Pension Plan  
 Last Ten Fiscal Years

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	2022	2021	2020	2019	2018	2017	2016	2015
Annual money-weighted rate of return, net of investment expense	36.17%	-4.36%	8.74%	-0.47%	-1.16%	-0.48%	3.11%	3.86%

\* - Fiscal year 2015 was the 1st year of implementation; therefore only eight years are shown. Will have 10 years presented by 2024.



Supplementary Information  
June 30, 2022

## Northern Inyo Healthcare District

Northern Inyo Healthcare District  
Combining Statement of Net Position  
June 30, 2022

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
<b>Assets and Deferred Outflows of Resources</b>					
<b>Current Assets</b>					
Cash and cash equivalents	\$ 38,945,773	\$ 254,491	\$ 77,425	\$ 608,261	\$ 39,885,950
Receivables					
Patient, net of estimated uncollectibles	21,555,522	-	-	247,425	21,802,947
Other receivables	3,138,750	-	-	-	3,138,750
Inventory	3,145,539	-	-	-	3,145,539
Prepaid expenses and other assets	942,006	-	-	3,526	945,532
<b>Total current assets</b>	<b>67,727,590</b>	<b>254,491</b>	<b>77,425</b>	<b>859,212</b>	<b>68,918,718</b>
<b>Noncurrent Cash and Investments</b>					
Restricted for specific operating purposes and capital improvements	1,953,496	-	-	-	1,953,496
Restricted by trustee for debt reserve	598,216	-	-	-	598,216
<b>Total noncurrent cash and investments</b>	<b>2,551,712</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,551,712</b>
<b>Capital Assets</b>					
Capital assets not being depreciated	6,046,495	-	-	130,000	6,176,495
Capital assets being depreciated, net	70,500,058	-	-	231,171	70,731,229
<b>Total capital assets</b>	<b>76,546,553</b>	<b>-</b>	<b>-</b>	<b>361,171</b>	<b>76,907,724</b>
<b>Total assets</b>	<b>146,825,855</b>	<b>254,491</b>	<b>77,425</b>	<b>1,220,383</b>	<b>148,378,154</b>
<b>Deferred Outflows of Resources</b>					
Deferred outflows related to pensions	19,296,858	-	-	-	19,296,858
Deferred outflows related to refunding	504,172	-	-	-	504,172
Deferred outflows related to acquisition	538,710	-	-	-	538,710
<b>Total deferred outflows of resources</b>	<b>20,339,740</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20,339,740</b>
<b>Total assets and deferred outflows of resources</b>	<b>\$ 167,165,595</b>	<b>\$ 254,491</b>	<b>\$ 77,425</b>	<b>\$ 1,220,383</b>	<b>\$ 168,717,894</b>

Northern Inyo Healthcare District  
Combining Statement of Net Position  
June 30, 2022

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
Liabilities, Deferred Inflows of Resources, and Net Position					
Current Liabilities					
Notes payable	\$ 500,000	\$ -	\$ -	\$ -	\$ 500,000
Current maturities of long-term debt	1,986,791	-	-	5,355	1,992,146
Current maturities of CMS advance	2,095,202	-	-	-	2,095,202
Accounts payable					
Trade	6,168,833	-	-	-	6,168,833
Estimated third-party payor settlements	1,067,912	-	-	-	1,067,912
Accrued expenses					
Salaries and wages	4,135,019	-	-	118,680	4,253,699
Interest and sales taxes	108,094	-	-	-	108,094
Self-insurance claims	1,202,957	-	-	-	1,202,957
Unearned revenue	864,800	-	-	16,384	881,184
Total current liabilities	18,129,608	-	-	140,419	18,270,027
Long-Term Debt, Less Current Maturities	52,666,809	-	-	250,714	52,917,523
Net Pension Liability	47,950,740	-	-	-	47,950,740
Total liabilities	118,607,930	-	-	391,133	118,999,063
Deferred Inflows of Resources					
Deferred inflows related to pensions	2,146,080	-	-	-	2,146,080
Net Position					
Net investment in capital assets	23,917,711	-	-	105,102	24,022,813
Restricted:					
Programs	105,460	-	-	-	105,460
Capital Improvements	1,848,036	-	-	-	1,848,036
Unrestricted	20,540,378	254,491	77,425	724,148	21,596,442
Total net position	46,411,585	254,491	77,425	829,250	47,572,751
Total liabilities, deferred inflows of resources, and net position	\$ 167,165,595	\$ 254,491	\$ 77,425	\$ 1,220,383	\$ 168,717,894

Northern Inyo Healthcare District  
Combining Statement of Revenues, Expenses and Changes in Net Position  
Year Ended June 30, 2022

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
<b>Operating Revenues</b>					
Net patient service revenue	\$ 90,624,896	\$ -	\$ -	\$ 1,383,574	\$ 92,008,470
Other revenue	6,787,133	-	22,577	1,475	6,811,185
<b>Total operating revenues</b>	<b>97,412,029</b>	<b>-</b>	<b>22,577</b>	<b>1,385,049</b>	<b>98,819,655</b>
<b>Operating Expenses</b>					
Salaries and wages	41,649,506	-	-	892,662	42,542,168
Employee benefits	24,009,110	-	-	248,807	24,257,917
Professional fees and purchased services	15,791,426	103	-	-	15,791,529
Supplies	12,662,491	104	-	13,837	12,676,432
Purchased services	4,851,617	-	-	34,412	4,886,029
Depreciation and amortization	4,134,640	-	-	26,336	4,160,976
Other	8,604,847	75,835	25,000	210,820	8,916,502
<b>Total operating expenses</b>	<b>111,703,637</b>	<b>76,042</b>	<b>25,000</b>	<b>1,426,874</b>	<b>113,231,553</b>
<b>Operating Loss</b>	<b>(14,291,608)</b>	<b>(76,042)</b>	<b>(2,423)</b>	<b>(41,825)</b>	<b>(14,411,898)</b>
<b>Nonoperating Revenues (Expenses)</b>					
Property tax for operations	830,305	-	-	-	830,305
Property tax for debt service	2,369,523	-	-	-	2,369,523
Investment income	146,779	-	-	-	146,779
Interest expense	(2,602,829)	-	-	(12,947)	(2,615,776)
Noncapital contributions and grants	539,357	11,723	-	-	551,080
Provider relief funds	3,065,371	-	-	-	3,065,371
Paycheck protection program loan forgiveness	8,927,628	-	-	290,951	9,218,579
Gain on disposal of capital assets	1,735	-	-	-	1,735
Rental income	1,826	-	-	-	1,826
<b>Net nonoperating revenues</b>	<b>13,279,695</b>	<b>11,723</b>	<b>-</b>	<b>278,004</b>	<b>13,569,422</b>
<b>Change in Net Position</b>	<b>(1,011,913)</b>	<b>(64,319)</b>	<b>(2,423)</b>	<b>236,179</b>	<b>(842,476)</b>
<b>Net Position, Beginning of Year</b>	<b>47,423,498</b>	<b>318,810</b>	<b>79,848</b>	<b>593,071</b>	<b>48,415,227</b>
<b>Net Position, End of Year</b>	<b>\$ 46,411,585</b>	<b>\$ 254,491</b>	<b>\$ 77,425</b>	<b>\$ 829,250</b>	<b>\$ 47,572,751</b>

Northern Inyo Healthcare District  
Combining Statement of Cash Flows  
Year Ended June 30, 2022

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
<b>Operating Activities</b>					
Receipts from and on behalf of patients	\$ 84,593,894	\$ -	\$ -	\$ 1,412,975	\$ 86,006,869
Payments to suppliers and contractors	(38,876,109)	(76,042)	(25,000)	(241,678)	(39,218,829)
Payments to and on behalf employees	(64,404,791)	-	-	(1,168,140)	(65,572,931)
Other receipts and payments, net	13,552,020	-	22,577	-	13,574,597
<b>Net Cash from (used for) Operating Activities</b>	<b>(5,134,986)</b>	<b>(76,042)</b>	<b>(2,423)</b>	<b>3,157</b>	<b>(5,210,294)</b>
<b>Noncapital Financing Activities</b>					
Noncapital contributions and grants	674,308	11,723	-	(46,344)	639,687
Property taxes received	830,305	-	-	-	830,305
Reduction of CMS advance	(11,733,984)	-	-	-	(11,733,984)
Provider relief funds received	3,065,371	-	-	-	3,065,371
Proceeds from CHFFA loans	981,877	-	-	-	981,877
Proceeds from line of credit	500,000	-	-	-	500,000
Other	56,419	-	-	-	56,419
<b>Net Cash from (used for) Noncapital Financing Activities</b>	<b>(5,625,704)</b>	<b>11,723</b>	<b>-</b>	<b>(46,344)</b>	<b>(5,660,325)</b>
<b>Capital and Capital Related Financing Activities</b>					
Principal payments on long-term debt	(2,559,534)	-	-	(5,095)	(2,564,629)
Proceeds from the issuance of refunding revenue bonds	11,845,000	-	-	-	11,845,000
Payment to defease revenue bonds	(12,530,000)	-	-	-	(12,530,000)
Interest paid	(2,621,473)	-	-	(12,947)	(2,634,420)
Purchase and construction of capital assets	(3,735,161)	-	-	-	(3,735,161)
Cash paid on note payable for acquisition of PMA capital assets	(917,488)	-	-	-	(917,488)
Property taxes received	2,369,523	-	-	-	2,369,523
<b>Net Cash used for Capital and Capital Related Financing Activities</b>	<b>(8,149,133)</b>	<b>-</b>	<b>-</b>	<b>(18,042)</b>	<b>(8,167,175)</b>
<b>Investing Activites</b>					
Investment income	146,779	-	-	-	146,779
<b>Net Cash from Investing Activities</b>	<b>146,779</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>146,779</b>
<b>Net Change in Cash and Cash Equivalents</b>	<b>(18,763,044)</b>	<b>(64,319)</b>	<b>(2,423)</b>	<b>(61,229)</b>	<b>(18,891,015)</b>
Cash and Cash Equivalents, Beginning of Year	60,260,529	318,810	79,848	669,490	61,328,677
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 41,497,485</b>	<b>\$ 254,491</b>	<b>\$ 77,425</b>	<b>\$ 608,261</b>	<b>\$ 42,437,662</b>

Northern Inyo Healthcare District  
Combining Statement of Cash Flows  
Year Ended June 30, 2022

	Hospital	Foundation	Auxillary	Pioneer Home Health Care	Total
Reconciliation of Cash and Cash Equivalents to the Statements of Net Position					
Cash and cash equivalents in current assets	\$ 38,945,773	\$ 254,491	\$ 77,425	\$ 608,261	\$ 39,885,950
Cash and cash equivalents in noncurrent cash and investments	2,551,712	-	-	-	2,551,712
Total cash and cash equivalents	<u>\$ 41,497,485</u>	<u>\$ 254,491</u>	<u>\$ 77,425</u>	<u>\$ 608,261</u>	<u>\$ 42,437,662</u>
Reconciliation of Operating Loss to Net Cash from (used for) Operating Activities					
Operating loss	\$ (14,291,608)	\$ (76,042)	\$ (2,423)	\$ (41,825)	\$ (14,411,898)
Adjustments to reconcile operating income loss to net cash from (used for) operating activities					
Depreciation on capital assets	4,134,640	-	-	26,336	4,160,976
Pension expense	1,499,947	-	-	-	1,499,947
Provision for bad debts	12,618,420	-	-	11,325	12,629,745
Changes in assets and liabilities					
Patient receivables	(19,972,596)	-	-	16,601	(19,955,995)
Other receivables	6,764,887	-	-	-	6,764,887
Inventory	229,307	-	-	-	229,307
Prepaid expenses	436,560	-	-	19,656	456,216
Accounts payable	1,931,604	-	-	(2,265)	1,929,339
Estimated third-party payor settlements	1,323,174	-	-	-	1,323,174
Accrued expenses	190,679	-	-	(26,671)	164,008
Net Cash from (used for) Operating Activities	<u>\$ (5,134,986)</u>	<u>\$ (76,042)</u>	<u>\$ (2,423)</u>	<u>\$ 3,157</u>	<u>\$ (5,210,294)</u>
Supplemental Disclosure of Noncash Capital and Capital Related Financing Activities:					
Paycheck Protection Program					
Loan Forgiveness	<u>\$ 8,927,628</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 290,951</u>	<u>\$ 9,218,579</u>
Amortization of PMA excess acquisition	<u>\$ 34,387</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,387</u>
Purchase of financed equipment	<u>\$ 750,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 750,000</u>



Statistical Section  
June 30, 2022

# Northern Inyo Healthcare District

Northern Inyo Healthcare District  
Statistical Information  
Last 6 Years

	2022	2021	2020	2019	2018	2017
<b>Bed Complement</b>						
Medical/surgical	11	11	11	11	11	11
Prenatal/obstetrics	6	6	6	6	6	6
Pediatric	4	4	4	4	4	4
Intensive care	4	4	4	4	4	4
Total licensed bed capacity	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>	<u>14</u>
<b>Utilization</b>						
	2022	2021	2020	2019	2018	2017
License beds	25	25	25	25	25	25
Patient days	2,646	2,931	2,968	3,257	3,474	3,777
Discharges	993	1,050	1,104	1,037	1,106	1,136
Occupancy percentage	29%	32%	33%	36%	38%	41%
Average stay (days)	3	3	3	3	3	3
Emergency room visits	8,730	7,066	8,262	9,153	8,798	8,764
Outpatient visits	44,067	48,938	40,472	38,960	38,651	38,454
<b>Medical Staff</b>						
	2022	2021	2020	2019	2018	2017
Active	49	50	54	50	53	44
Consulting	21	25	19	17	17	30
Honorary	2	2	11	11	11	10
AHP	16	18	18	12	10	8
Other - Telemedicine	32	30	33	27	-	-
Total practitioners	<u>120</u>	<u>125</u>	<u>135</u>	<u>117</u>	<u>91</u>	<u>92</u>
<b>Employees</b>						
	2022	2021	2020	2019	2018	2017
Full-time	350	370	361	362	330	296
Part-time and per diem	104	113	124	131	126	98
Total employees	<u>454</u>	<u>483</u>	<u>485</u>	<u>493</u>	<u>456</u>	<u>394</u>
Full-time equivalents	<u>348</u>	<u>349</u>	<u>374</u>	<u>375</u>	<u>393</u>	<u>321</u>

Northern Inyo Healthcare District  
Statistical Information (Continued)  
Last 6 Years

<b>Bond Debt Service Coverage</b> <i>(In Thousands)</i>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
Excess (deficit) of revenue over expenses	\$ (842)	\$ 8,650	\$ (2,641)	\$ 1,725	\$ 1,696	\$ 1,086
Add:						
Depreciation expense	4,161	4,170	4,302	4,267	4,457	5,167
Interest expense	<u>2,616</u>	<u>3,890</u>	<u>2,377</u>	<u>2,912</u>	<u>2,893</u>	<u>3,299</u>
Available to meet debt service	<u>\$ 5,935</u>	<u>\$ 16,710</u>	<u>\$ 4,038</u>	<u>\$ 8,904</u>	<u>\$ 9,046</u>	<u>\$ 9,552</u>
Actual debt service (principal and interest):						
2009 General obligation bonds	\$ 1,100	\$ 1,020	\$ 860	\$ 1,364	\$ 955	\$ 625
2016 General obligation bonds	1,317	865	1,242	1,178	1,179	1,182
2010 Revenue bonds	1,209	1,204	1,179	765	769	764
2013 Revenue bonds	765	769	762	864	814	860
2021 A Refunding revenue bonds	48	-	-	-	-	-
2021 B Refunding revenue bonds	84	-	-	-	-	-
Financed purchases	<u>394</u>	<u>382</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Totals	<u>\$ 4,917</u>	<u>\$ 4,240</u>	<u>\$ 4,043</u>	<u>\$ 4,171</u>	<u>\$ 3,717</u>	<u>\$ 3,431</u>
Historical debt service coverage ratio	<u>1.21</u>	<u>3.94</u>	<u>1.00</u>	<u>2.13</u>	<u>2.43</u>	<u>2.78</u>

Details regarding the District's outstanding debt can be found in the notes to the financial statements. General obligation bonds are secured by ad valorem taxes on all property within the District subject to taxation by the District. Revenue bonds are secured by a pledge of revenue set forth under the indenture. The coverage calculations presented in this schedule differ from those required by the 2021A and 2021B bond indentures.

Northern Inyo Healthcare District  
March 2023 – Financial Summary

	PY		PY		Budget Variance	YTD	PY		PY		Budget Variance
	MONTH	MONTH	BUDGET	Variance			BUDGET	Variance	BUDGET	Variance	
IP Gross Revenue	3,633,689	3,231,022	3,042,612	402,667	591,077	29,104,259	28,103,986	28,655,289	1,000,273	448,970	
OP Gross Revenue	12,610,463	11,061,511	12,935,335	1,548,952	(324,872)	107,552,577	93,760,253	102,780,379	13,792,323	4,772,198	
Clinic Gross Revenue	1,550,929	1,246,889	1,246,700	304,040	304,229	12,593,033	10,599,611	10,885,072	1,993,422	1,707,961	
Net Patient Revenue	7,704,549	7,118,611	8,822,052	585,938	(1,117,503)	62,318,195	68,794,099	69,509,078	(6,475,904)	(7,190,882)	
Cash Net Revenue % of Gross	43%	46%	51%	-3%	-5%	42%	52%	49%	-10%	3%	

Gross revenue increased primarily in OP due to an increase in surgeries along with ER volume.

IP Days	198	223		(25)	1,891	2,011		(120)
IP Days w/o Newborns	169	189		(20)	1,673	1,780		(107)
OP Visits	3,857	4,114		(257)	32,442	33,096		(654)
RHC Visits	2,773	2,808		(35)	23,754	25,067		(1,313)
NIA Clinic Visits	1,890	1,744		146	15,266	14,677		589
Surgeries IP	19	18		1	172	170		2
Surgeries OP	117	61		56	911	668		243
Diagnostic Imaging	2,037	2,108		(71)	17,996	17,494		502
Emergency	793	656		137	7,337	6,365		972
Rehab	767	923		(156)	6,494	7,615		(1,121)
Nursing Visits	245	305		(60)	2,258	2,667		(409)
Observation Hours	1,916	1,619		297	16,197	15,597		600

**REVENUE**

**Payor mix**

Blue Cross	20.70%	21.10%		-0.40%	18.50%	20.90%		-2.40%
Commercial	7.60%	4.90%		2.70%	6.00%	5.40%		0.60%
Medicaid	27.30%	27.40%		-0.10%	26.30%	28.90%		-2.60%
Medicare	43.90%	45.70%		-1.80%	46.10%	42.70%		3.40%
Self-pay	0.50%	0.90%		-0.40%	2.60%	1.70%		0.90%
Workers' Comp	0.00%	0.00%		0.00%	0.20%	0.20%		0.00%

**DEDUCTIONS**

Contract Adjust	9,900,790	6,807,575	7,343,782	3,093,215	2,557,008	73,541,517	58,648,679	63,636,644	14,892,838	9,904,874
Bad Debt	(525,913)	1,307,312	796,231	(1,833,225)	(1,322,143)	8,842,273	5,863,441	6,899,639	2,978,832	1,942,633
Write-off	721,088	362,354	262,583	358,734	458,505	4,178,954	1,747,664	2,275,379	2,431,290	1,903,575
Other	(38)	(67,000)	-	66,963	(38)	412,348	(2,495,032)	-	2,907,381	412,348

Favorable bad debt allowance this month as a result of a decrease in >270 AR balances and March self-pay charges.

**CENSUS**

Patient Days	198	223		(25)	1,891	2,011		(120)
Adjusted Days	959	1,073		(114)	9,683	9,479		204
Employed FTE	314	351		(37)	335	349		(14)
Contract FTE	35	43		(8)	41	40		1
Total FTE	349	394		(45)	376	389		(13)
EPOB	2.06	2.09		(0)	1.76	1.93		(0)

**DENIALS**

Denials from 2/26/23 to 3/26/23 were \$4M.

The majority of the claims were needing additional information be to submitted in order to get paid.

**CHARITY**

under review

**BAD DEBT**

No bad debt write-offs in recent months. Anticipating more write-offs in May as we transition to new process and vendor.

**CASH**

Cash collections were \$11,788,072 for March. This includes \$1.043M in IGT-QIP payments and \$1.712M in IGT outpatient income

Disbursements were \$11,641,759 for March. This includes \$413k lump-sum retirement payment

Year-to-date change in cash position is (\$15,830,813 ) due to operating expenses being higher than cash payments for services

**PAYOR ISSUES**

Blue Cross owes \$1.7 million of non-routine collections. We have reported to the insurance commissioner's office.

Blue Cross paid one claim, thus legal is now involved.

**SALARIES**

Per Adjust Bed Day	\$ 3,097	\$ 2,488		\$ 609		\$ 2,427	\$ 2,470		\$ (42)	
Total Salaries	\$ 2,969,777	\$ 2,669,596	\$ 2,861,801	\$ 300,182	107,976	\$ 23,502,046	\$ 23,409,487	\$ 25,294,628	\$ 92,559	(1,792,582)

Hospital-wide raises went into effect this month.

**BENEFITS**

Per Adjust Bed Day	\$ 4,902	\$ 1,922		\$ 2,980		\$ 2,117	\$ 2,062		\$ 55	
Total Benefits	\$ 4,701,163	\$ 2,061,965	\$ 2,286,394	\$ 2,639,198	2,414,769	\$ 20,501,965	\$ 19,547,076	\$ 20,208,769	\$ 954,889	293,196

\$2.5M true-up made to pension due to an increase in liability.

Per actuary, annual census data was updated causing increase.

Northern Inyo Healthcare District  
March 2023 – Financial Summary

	MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance
<b>PROFESSIONAL FEES</b>										
Per Adjust Bed Day	\$ 2,912	\$ 2,559			2,912	\$ 2,653	\$ 2,312		\$ 341	
Total Physician Fee	\$ 1,327,488	\$ 1,370,274		\$ (42,787)	1,327,488	\$ 11,729,451	\$ 10,592,579		\$ 1,136,872	11,729,451
Total Contract Labor	\$ 815,399	\$ 1,093,240		\$ (277,841)	815,399	\$ 7,889,637	\$ 6,521,816		\$ 1,367,820	7,889,637
Total Other Pro-Fees	\$ 649,763	\$ 282,637		\$ 367,126	649,763	\$ 6,073,117	\$ 4,805,200		\$ 1,267,918	6,073,117
Total Professional Fees	\$ 2,792,649	\$ 2,746,151	\$ 2,795,600	\$ 46,499	(2,950)	\$ 25,692,205	\$ 21,919,595	\$ 24,709,495	\$ 3,772,610	982,710
<b>Other Pro-Fees increase is due to a reclass of USAI (United Audit Systems, Inc) expense out of Contract Labor accounts</b>										
<b>PHARMACY</b>										
Per Adjust Bed Day	\$ 348	\$ 308		\$ 39		\$ 306	\$ 331		\$ (25)	
Total Rx Expense	\$ 333,474	\$ 330,943	\$ 323,699	\$ 2,531	9,775	\$ 2,960,258	\$ 3,133,021	\$ 2,861,086	\$ (172,762)	99,173
<b>MEDICAL SUPPLIES</b>										
Per Adjust Bed Day	\$ 506	\$ 228		\$ 278		\$ 376	\$ 295		\$ 81	
Total Medical Supplies	\$ 485,465	\$ 244,786	\$ 394,227	\$ 240,679	91,238	\$ 3,639,711	\$ 2,799,671	\$ 3,484,459	\$ 840,040	155,252
<b>Increase due to accrual in February. March reflects normal monthly expense.</b>										
<b>EHR SYSTEM</b>										
Per Adjust Bed Day	\$ 167	\$ 114		\$ 53		\$ 140	\$ 114		\$ 27	
Total EHR Expense	\$ 160,195	\$ 148,178	\$ 116,462	\$ 12,017	43,733	\$ 1,358,695	\$ 1,076,599	\$ 1,029,372	\$ 282,096	329,323
<b>OTHER EXPENSE</b>										
Per Adjust Bed Day	\$ 850	\$ 763		\$ 87		\$ 743	\$ 749		\$ (6)	
Total Other	\$ 814,839	\$ 818,295	\$ 831,889	\$ (3,456)	(17,050)	\$ 7,198,207	\$ 7,103,753	\$ 7,352,821	\$ 94,455	(154,614)
<b>DEPRECIATION AND AMORTIZATION</b>										
Per Adjust Bed Day	\$ 356	\$ 309		\$ 48		\$ 316	\$ 329		\$ (13)	
Total Depreciation and Amortizat	\$ 341,803	\$ 331,373	\$ 379,565	\$ 10,429	(37,762)	\$ 3,062,497	\$ 3,116,473	\$ 3,354,866	\$ (53,976)	(292,369)

**Northern Inyo Healthcare District  
Income Statement  
Fiscal Year 2023**

	2/28/2023	2/28/2022	3/31/2023	3/31/2022	2023 YTD	2022 YTD
<b>Gross Patient Service Revenue</b>						
Inpatient Patient Revenue	2,545,535	2,908,927	3,633,689	3,231,022	29,104,259	28,103,986
Outpatient Revenue	11,030,636	8,539,211	12,610,463	11,061,511	107,552,577	93,760,253
Clinic Revenue	1,266,634	1,067,009	1,550,929	1,246,889	12,593,033	10,599,611
Gross Patient Service Revenue	14,842,805	12,515,147	17,795,080	15,539,422	149,249,869	132,463,850
<b>Deductions from Revenue</b>						
Contractual Adjustments	(6,829,397)	(5,364,554)	(9,900,790)	(6,807,575)	(73,541,517)	(58,648,679)
Bad Debt	(1,387,069)	(1,071,017)	525,913	(1,307,312)	(8,842,273)	(5,863,441)
A/R Writeoffs	(234,813)	(417,884)	(721,088)	(362,354)	(4,178,954)	(1,747,664)
Other Deductions from Revenue	1,998,568	1,910,955	38	67,000	(412,348)	2,495,032
Deductions from Revenue	(6,452,711)	(4,942,500)	(10,095,928)	(8,410,241)	(86,975,092)	(63,764,752)
<b>Other Patient Revenue</b>						
Incentive Income	-	(16)	-	-	-	1,974
Other Oper Rev - Rehab Thera Serv	1,660	11,929	5,396	(10,570)	43,419	93,026
Medical Office Net Revenue	-	-	-	-	-	-
Other Patient Revenue	1,660	11,913	5,396	(10,570)	43,419	95,001
<b>Net Patient Service Revenue</b>	<b>8,391,755</b>	<b>7,584,561</b>	<b>7,704,549</b>	<b>7,118,611</b>	<b>62,318,195</b>	<b>68,794,099</b>
<b>Cost of Services - Direct</b>						
Salaries and Wages	1,959,005	2,047,905	2,511,015	2,305,644	20,048,827	20,312,915
Benefits	1,681,176	1,799,225	1,831,123	1,750,987	15,436,937	16,746,589
Professional Fees	1,942,950	1,498,674	1,716,884	1,493,507	15,197,188	13,198,375
Contract Labor	219,870	971,010	788,024	976,833	7,573,789	5,712,646
Pharmacy	327,171	362,249	333,474	330,943	2,960,258	3,133,021
Medical Supplies	203,442	159,263	485,465	244,786	3,639,711	2,799,671
Hospice Operations	-	-	-	-	-	-
EHR System Expense	138,908	112,757	160,195	148,178	1,358,695	1,076,599
Other Direct Expenses	531,119	646,224	651,545	655,135	5,641,318	5,652,802
Total Cost of Services - Direct	7,003,641	7,597,308	8,477,724	7,906,014	71,856,723	68,632,618
<b>General and Administrative Overhead</b>						
Salaries and Wages	368,344	334,886	458,763	363,951	3,453,219	3,096,572
Benefits	272,374	310,036	2,870,040	310,978	5,065,028	2,800,487
Professional Fees	278,757	198,574	260,367	159,404	2,605,381	2,199,404
Contract Labor	27,901	95,420	27,375	116,407	315,848	809,171
Depreciation and Amortization	344,315	298,932	341,803	331,373	3,062,497	3,116,473
Other Administrative Expenses	172,710	157,128	163,294	163,160	1,556,889	1,450,951
Total General and Administrative Overhead	1,464,400	1,394,976	4,121,641	1,445,273	16,058,862	13,473,056
<b>Total Expenses</b>	<b>8,468,041</b>	<b>8,992,284</b>	<b>12,599,365</b>	<b>9,351,287</b>	<b>87,915,586</b>	<b>82,105,674</b>
Financing Expense	172,904	472,448	180,509	218,276	1,624,427	1,829,562
Financing Income	247,716	148,687	247,716	173,785	2,229,442	1,538,964
Investment Income	41,183	4,964	40,992	(1,624)	453,086	135,530
Miscellaneous Income	1,810,358	856,972	5,590,718	1,871,757	10,502,587	18,167,369
<b>Net Income (Change in Financial Position)</b>	<b>1,850,066</b>	<b>(869,548)</b>	<b>804,101</b>	<b>(407,035)</b>	<b>(14,036,702)</b>	<b>4,700,726</b>
Operating Income	(76,286)	(1,407,724)	(4,894,817)	(2,232,677)	(25,597,390)	(13,311,575)

Northern Inyo Healthcare District  
Balance Sheet  
Fiscal Year 2023

	Feb 2023	Feb 2022	March 2023	March 2022
<b>Assets</b>				
<b>Current Assets</b>				
Cash and Liquid Capital	7,914,764	11,528,856	10,502,555	10,768,413
Short Term Investments	10,418,390	31,011,373	10,410,937	30,904,455
PMA Partnership	-	-	-	-
Accounts Receivable, Net of Allowance	17,074,098	21,478,443	17,936,650	21,459,561
Other Receivables	7,710,216	11,734,556	7,718,718	10,098,207
Inventory	3,063,026	3,382,777	3,089,267	3,363,612
Prepaid Expenses	1,777,964	1,292,820	1,710,115	1,555,592
<b>Total Current Assets</b>	<b>47,958,459</b>	<b>80,428,825</b>	<b>51,368,241</b>	<b>78,149,841</b>
<b>Assets Limited as to Use</b>				
Internally Designated for Capital Acquisitions	-	-	-	-
Short Term - Restricted	1,446,108	1,307,758	1,466,171	1,307,813
Limited Use Assets				
LAIF - DC Pension Board Restricted	778,293	1,409,097	785,746	1,516,014
Other Patient Revenue	14,044,924	18,395,253	14,044,924	18,395,253
PEPRA - Deferred Outflows	-	-	-	-
PEPRA Pension	-	-	-	-
Total Limited Use Assets	14,823,217	19,804,350	14,830,670	19,911,267
Revenue Bonds Held by a Trustee	1,081,516	13,804,794	1,075,802	1,109,439
<b>Total Assets Limited as to Use</b>	<b>17,350,841</b>	<b>34,916,902</b>	<b>17,372,643</b>	<b>22,328,520</b>
<b>Long Term Assets</b>				
Long Term Investment	2,744,893	1,729,276	2,752,606	1,710,676
Fixed Assets, Net of Depreciation	76,663,419	76,915,188	76,851,499	77,925,637
<b>Total Long Term Assets</b>	<b>79,408,312</b>	<b>78,644,464</b>	<b>79,604,105</b>	<b>79,636,313</b>
<b>Total Assets</b>	<b>144,717,612</b>	<b>193,990,191</b>	<b>148,344,989</b>	<b>180,114,674</b>
<b>Liabilities</b>				
<b>Current Liabilities</b>				
Current Maturities of Long-Term Debt	957,628	1,574,086	901,673	1,580,536
Accounts Payable	4,417,799	2,515,732	4,121,554	2,428,540
Accrued Payroll and Related	4,961,239	10,660,919	5,553,361	9,765,596
Accrued Interest and Sales Tax	238,573	248,727	310,734	237,243
Notes Payable	2,133,708	500,000	2,133,708	1,648,830
Unearned Revenue	134,685	14,079,239	134,685	12,848,670
Due to 3rd Party Payors	215,907	-	-	-
Due to Specific Purpose Funds	-	-	-	-
Other Deferred Credits - Pension	2,146,080	2,124,655	2,146,080	2,124,655
<b>Total Current Liabilities</b>	<b>15,205,618</b>	<b>31,703,358</b>	<b>15,301,794</b>	<b>30,634,071</b>
<b>Long Term Liabilities</b>				
Long Term Debt	33,455,530	47,102,947	33,455,530	34,572,947
Bond Premium	215,811	346,549	212,674	250,319
Accreted Interest	16,743,218	16,134,894	16,838,349	16,282,453
Other Non-Current Liability - Pension	47,821,876	45,570,613	50,366,473	45,570,613
<b>Total Long Term Liabilities</b>	<b>98,236,435</b>	<b>109,155,003</b>	<b>100,873,027</b>	<b>96,676,332</b>
Suspense Liabilities	-	-	-	-
Uncategorized Liabilities	615,594	691,039	686,039	770,515
<b>Total Liabilities</b>	<b>114,057,647</b>	<b>141,549,400</b>	<b>116,860,860</b>	<b>128,080,918</b>
<b>Fund Balance</b>				
Fund Balance	42,910,729	44,833,874	42,910,729	44,833,874
Temporarily Restricted	2,590,039	2,499,156	2,610,102	2,499,156
Net Income	(14,840,803)	5,107,761	(14,036,702)	4,700,726
<b>Total Fund Balance</b>	<b>30,659,966</b>	<b>52,440,791</b>	<b>31,484,129</b>	<b>52,033,756</b>
<b>Liabilities + Fund Balance</b>	<b>144,717,612</b>	<b>193,990,191</b>	<b>148,344,989</b>	<b>180,114,674</b>
(Decline)/Gain	(1,263,649)	38,959	3,627,377	(13,875,517)

**Northern Inyo Healthcare District**  
**Statement of Cash Flows**  
**Fiscal Year 2023**

**Operating Activities**

Receipts from and on behalf of patients	\$ 68,645,218
Payments to suppliers, contractors, and employees	\$ (89,017,302)
Other receipts and payments, net	\$ 7,494,957
<b>Net Cash from Operating Activities</b>	<b><u>\$ (12,877,127)</u></b>

**Noncapital Financing Activities**

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

**Capital and Capital Related Financing Activities**

Principal payments on long-term debt	\$ (1,664,196)
Other Patient Revenue	\$ (1,624,427)
Purchase and construction of capital assets	\$ (2,395,859)
Property Taxes Received	\$ 1,283,557
<b>Net Cash used for Capital and Capital Related Financing Activities</b>	<b><u>\$ (4,400,925)</u></b>

**Investing Activities**

Investment income	\$ 453,086
<b>Net Cash from Investing Activities</b>	<b><u>\$ 453,086</u></b>

**Net Change in Cash and Cash Equivalents** **\$ (15,830,813)**

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

**Cash and Cash Equivalents, YTD 2023** **\$ 20,766,562**

**Northern Inyo Healthcare District  
Long-Term Debt Service Coverage Ratio  
FYE 2023**

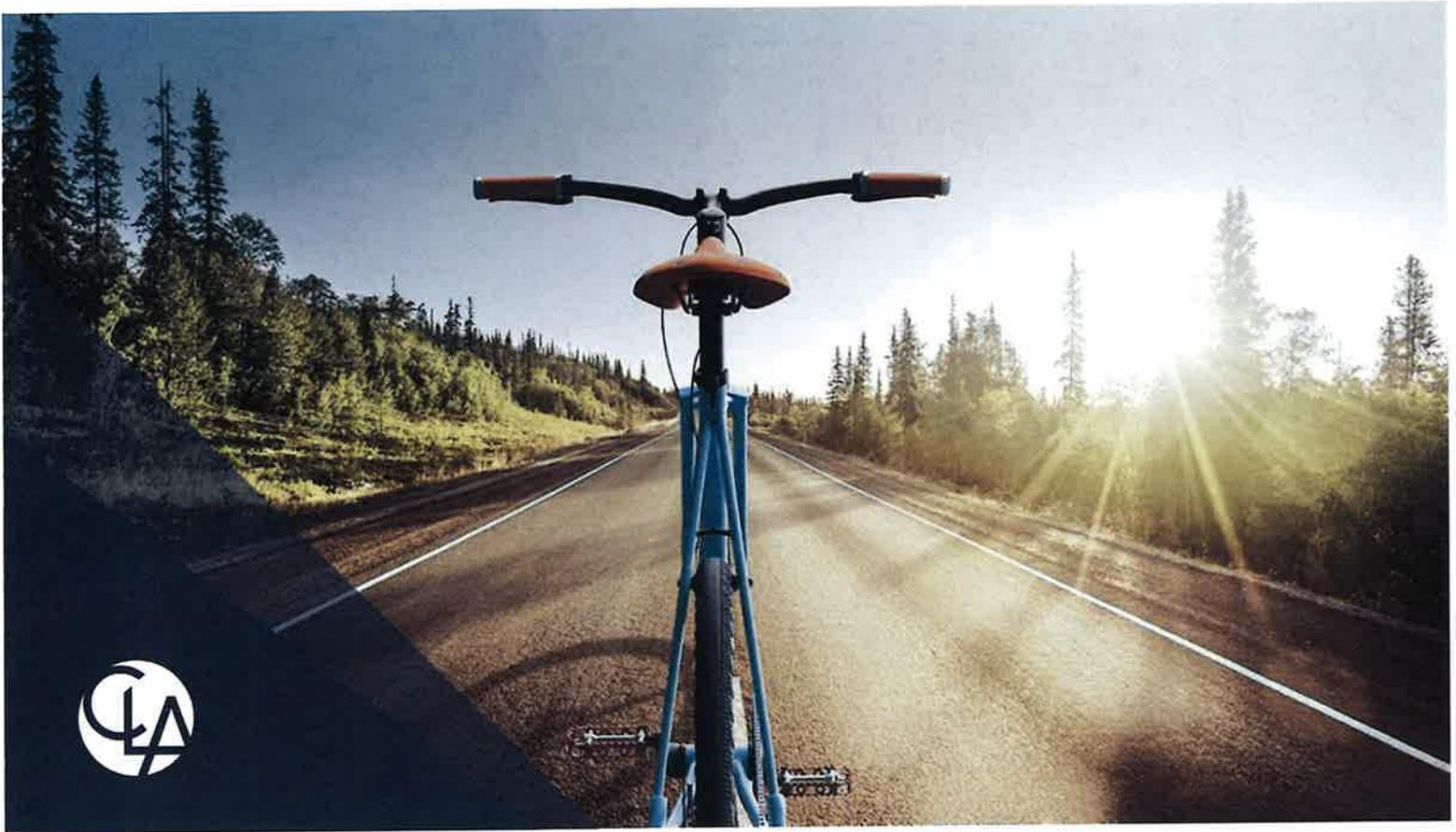
Calculation method agrees to SECOND and THIRD SUPPLEMENTAL INDENTURE OF TRUST 2021 Bonds Indenture

**Long-Term Debt Service Coverage Ratio Calculation**

Numerator:	<b>HOSPITAL FUND ONLY</b>	
Excess of revenues over expense	FS \$ (15,822,608)	net of GO bond property tax revenue and interest expense
+ Depreciation Expense	FS 3,062,497	FS
+ Interest Expense	FS 1,624,427	FS
Less GO Property Tax revenue	-	
Less GO Interest Expense	-	
2013 and 2021 Indenture)	<b>\$ (11,135,684)</b>	
Other Patient Revenue		
<b>Denominator:</b>		
<b>Supplemental Indenture of Trust)</b>		
2021A Revenue Bonds	\$ 112,700	Per 2021A Revenue Bonds Official Statement
2021B Revenue Bonds	905,057	Per 2021A Revenue Bonds Official Statement
2009 GO Bonds (Fully Accreted Value)		
2016 GO Bonds		
Financed purchases and other loans	1,704,252	Per Intuitive, Stryker, CHFFA and 7 Medical Equipment Lease Agreements
Total <b>Maximum Annual Debt Service</b>	<b>\$ 2,722,009</b>	
Ratio: (numerator / denominator)	<b>Rx (4.09)</b>	
Required Debt Service Coverage Ratio:	1.10	75 or more Days Cash on Hand per Indenture
In Compliance? (Y/N)	<b>No</b>	

**Unrestricted Funds and Days Cash on Hand**

	<b>HOSPITAL FUND ONLY</b>	
Cash and Investments-current	FS \$ 20,913,492	FS
Cash and Investments-non current	FS 785,746	FS
Sub-total	21,699,237	
Less - Restricted:		
PRF and grants (Unearned Revenue)	FS -	FS
Held with bond fiscal agent	FS (1,075,802)	FS
Building and Nursing Fund	FS (1,466,171)	FS
<u>Total Unrestricted Funds</u>	<b>\$ 19,157,264</b>	<b>B</b>
Total Operating Expenses	FS \$ 87,915,586	FS
Less Depreciation	FS 3,062,497	FS
Net Expenses	84,853,088	<b>A</b>
Average Daily Operating Expense	Rx \$ 232,474	<b>A</b> divided by 365 = <b>C</b>
Days Cash on Hand	<b>Rx 82</b>	<b>B</b> divided by <b>C</b>



April 12, 2023

Proposal to provide professional services to:

## Northern Inyo Healthcare District

Prepared by:

**Adam Roth, CPA, Principal**  
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Direct 916-218-7107

**[CLAconnect.com](https://www.CLAconnect.com)**

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAGlobal.com/disclaimer](https://www.CLAGlobal.com/disclaimer).

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





April 12, 2023

Stephen DelRossi, CFO  
Northern Inyo Healthcare District  
150 Pioneer Ln.  
Bishop, CA 93514

*Via email submittal only*

Dear Stephen:

Thank you for inviting us to propose our services to you. We gladly welcome the opportunity to share our approach to helping Northern Inyo Healthcare District (NIHD) meet its need for professional services. The enclosed proposal responds to your request for financial statements auditing, cost report and tax services for the fiscal year ending June 30, 2023.

Based on our discussions, we have tailored our responses to convey our commitment to helping health care clients through a relationship that exceeds the services themselves. We are confident our proposal not only addresses your requests, but also demonstrates our capabilities and insights.

CLA exists for one reason: to create opportunities — for our clients, our people, and our communities. We create these opportunities when we live the **CLA Promise: We promise to know you and help you.**

As a professional services firm, we can provide clients with a wide array of services. But living the CLA Promise requires an incredible amount of trust. We seek to build a trusting relationship and create personal connections with NIHD so we can understand your business, risks, opportunities, and challenges. This is what allows us to provide insight and perspective on the critical strategic decisions that lie ahead for NIHD.

We are excited for the opportunity to serve in the traditional services being requested but also related to the future changes and transformation of the organization and the industry into the future. Whatever NIHD's needs are – audit and reimbursement, tax, consulting, outsourcing, or wealth advisory services – we'll bring ideas to help with the things that matter. Thank you for this invitation and we look forward to hearing from you soon. If you have any questions regarding the content of our proposal, please do not hesitate to let me know.

Sincerely,

CliftonLarsonAllen LLP

A handwritten signature in blue ink that reads "Adam Roth".

Adam Roth, CPA, Principal  
[adam.roth@CLAconnect.com](mailto:adam.roth@CLAconnect.com)  
Direct 916-218-7107

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# Executive Summary

## Why choose CLA?

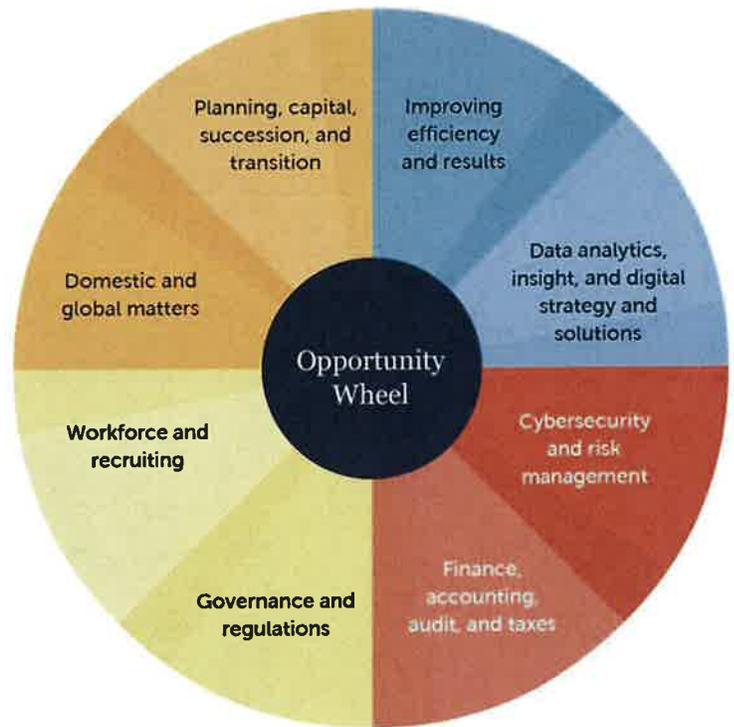
With CLA by your side, you can find everything you need in one firm. We know your industry, and we want to know you.

- Need help getting started? We can provide resources.
- Want to improve your performance and results? We assemble the right team for you.
- Planning for an ownership or leadership transition? CLA has the tools you need.

## Support at every turn

You can expect:

- **A proposed team of professionals carefully selected for compatibility with NIHD’s needs and circumstances** — Your service team understands the strategic, operational, and regulatory issues impacting your organization. These professionals dedicate a substantial percentage of their time assisting similar clients with financial, regulatory, and information security matters.
- **Diversity, equity, and inclusion (DEI)** — We are dedicated to building a diverse, equitable, and inclusive culture that thrives on different beliefs and perspectives. Our DEI team identifies strategies that foster and support the many dimensions of diversity within the firm. When we embrace an inclusive culture, we can truly know and help each other and our clients — that’s how we create opportunities together.
- **Commitment to the community** — CLA family members bring meaningful social impact through volunteer efforts, charitable contributions, service on boards, and a focus on sustainable practices. Our community engagement team is bolstered by the diversity and inclusion team and the CLA Foundation — a philanthropic organization that has awarded more than \$7 million to advance career opportunities in communities across the nation.
- **Efficiency** — Our goal is to provide exceptional client service at the lowest possible cost. A well-planned and well-executed engagement by an experienced service team will minimize disruption to your staff and enable timely completion of all deliverables.
- **Experience and continuity** — Each engagement team member has in-depth industry experience in accounting, auditing, or tax matters. We will commit the necessary resources to provide quality client service and timely report delivery. We have an extensive local and national practice from which to draw resources.
- **Fresh perspective** — NIHD can benefit from a fresh look at your business, systems, and processes. You will be served by an engagement team with enthusiasm and a desire to develop a strong relationship that will help us exceed your expectations. We are confident that our industry experience will reveal new ideas, approaches, and opportunities.



## Innovation at CLA

Artificial intelligence, machine learning, cryptocurrencies, and other technologies are disrupting the way we all do business. Disruption creates the need for innovation; innovation is an opportunity to improve the way we do our work and interact with you. Our entrepreneurial culture requires us to embrace change wherever we find it, learn from it, and create solutions designed to make interactions easier, more transparent, and more seamless.

We use a combination of technical and non-technical means to improve efficiency, enhance quality, and make your experience better.

As your company continues to innovate, we're doing the same by continually increasing our knowledge of you and understanding of your industry so we can help you address the business issues you face.



**Innovation at CLA is a purposeful approach to problem-solving that transforms technology into better experiences for our clients.**



## The CLA Seamless Assurance Advantage

The CLA Seamless Assurance Advantage (SAA) is an innovative approach to auditing that utilizes leading technologies, analytics, and audit methods to help solve client problems and create a seamless experience.



### A different approach

SAA is unlike any conventional audit process. SAA does not depend on physical location. It reduces the time our professionals spend on site, creates fewer disruptions, enables more efficient use of resources (yours and ours), and allows for more impactful interactions with your people.



### Insights through analytics

CLA uses strategic data analysis to examine whole data sets to gain a deeper understanding of your organization. Insights that were once impossible can now come into focus to help you measure performance, enhance strategic decision making, and understand your competitive opportunities.



### Effective technology

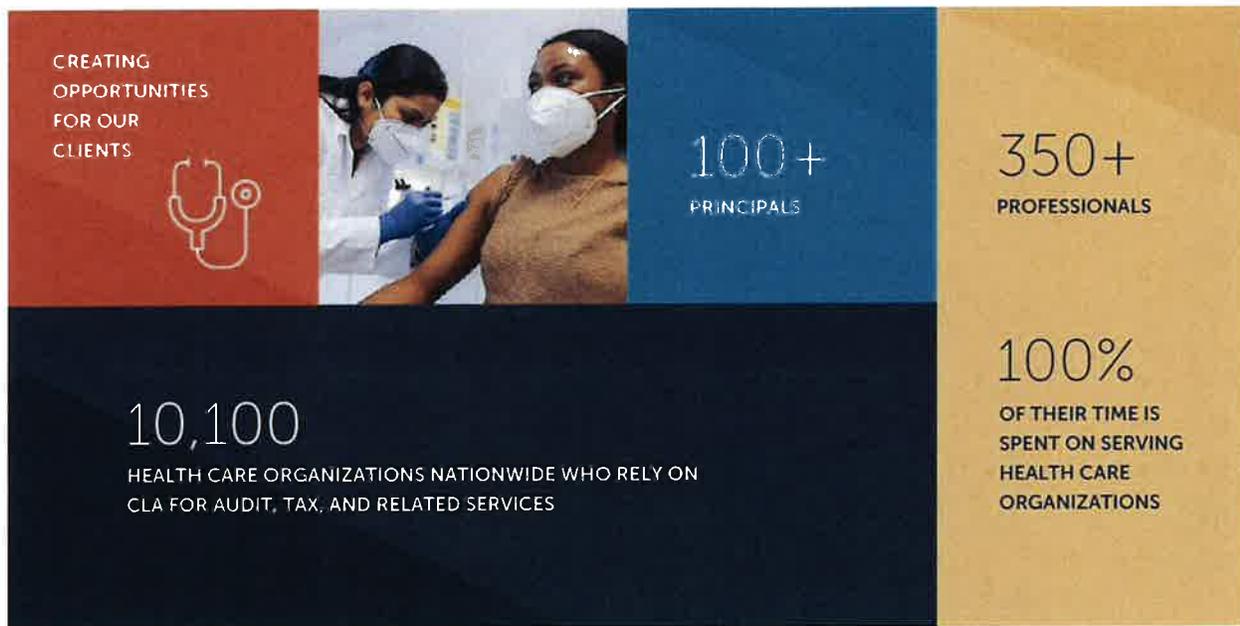
CLA embraces technologies that help solve client problems and create a seamless experience. Assurance Information Exchange (AIE) is a web-based application developed by CLA to digitally request and obtain audit documents through a secure and efficient online portal.



# Understanding Your Industry

## Health care experience

CLA has developed one of the nation's leading health care practices. Our team includes CPAs and a diverse range of experienced professionals with backgrounds and skill sets ranging from CEOs and CFOs to RNs, certified coders, and certified medical practice executives. Represented by team members possessing up to 30 years of dedicated experience to the health care field, we develop innovative responses and creative strategies for clients who demand specialized consultation and advice, as well as providers who require traditional CPA services. Our consulting and advisory services focus on finance, strategy, capital planning, internal audit, operations and performance improvement, and facilities. Our independent and objective professionals are guided by your strategic vision and your unique environment.



To break it down further, we serve:

- 900+ hospitals and health systems, including approximately 80 critical access hospitals
- 3,200+ senior living providers including nursing facilities, CCRCs, assisted living facilities, HUD housing, etc.
- 200+ home care, hospice, and other community-based providers
- 5,800+ physicians, dentists, and medical practices

## Hospitals experience

We work with more than 1,000 hospitals and health systems across the country, using a dynamic process that integrates the perceptions of frontline staff, patients, managers, executive leaders, and the board. Working collaboratively and keeping the lines of communication open, we impact the future of health care by building deep and lasting relationships with our clients.

Although we provide audit and other financial services, we see ourselves primarily as health care professionals. We understand the expectation to constantly improve quality of care. CLA's team of knowledgeable, accessible, and responsive professionals provide customized services that support your evolving needs and enhance your organization's performance.



We've helped organizations across the health care spectrum with:

- Preparing for and implementing health care reform
- Strengthening hospital and physician relationships
- Transitioning through payment reform activities
- Access to capital
- Maintaining public image

## Reimbursement experience

CLA has extensive experience with Medicare and Medicaid reimbursement and in preparing and analyzing Medicare and Medicaid cost reports. Nationally, on an annual basis, we prepare or review nearly 600 Medicare and Medicaid cost reports. In addition, we review intermediary adjustments for virtually all of our clients. We have extensive experience in providing other services such as revenue enhancement review, intermediary and PRRB appeals, and numerous other reimbursement consulting services.

At CLA, we act as your advisor when it comes to filing cost reports and interpreting reimbursement regulations. Our process is interactive and would involve NIHD's personnel from start to finish. We will advise you on opportunities within reimbursement regulations, and work with you to implement them. Consultation on how changes in your business environment will impact reimbursement will be provided to your organization. With CLA, NIHD will receive proactive advice to assist you to reach peak operating performance.

## Industry participation

CLA actively supports industry education as a thought leader and industry speaker. Our firm focuses on supporting the educational needs of the industry through nationally sponsored trade events. Our team of health care professionals is sought after, both as educators and as experienced speakers who are invited to speak and teach at major professional events by leading trade associations.

- National Association of Community Health Centers (NACHC)
- National Association of Home Care & Hospice (NAHC)
- Healthcare Financial Management Association (HFMA)
- American Health Care Association/National Center for Assisted Living (AHCA/NCAL)
- ElevatingHOME/VNAA (Visiting Nurses Associations of America)
- Health Care Compliance Association (HCCA)
- Medical Group Management Association (MGMA)
- National Rural Health Association (NRHA)

## Nonprofits

- American Institute of Certified Public Accountants
  - Not-for-Profit Entities Expert Panel
  - Not-for-Profit Financial Executive Forum
  - Governmental Audit Quality Center Executive Committee
  - Health Care Entities Expert Panel
- IRS Advisory Council on Tax Exempt and Governmental Entities (ACT),
- Exempt Organization Sub-Committee
- Financial Accounting Standards Board, Not-for-Profit Resource Group
- Center for Nonprofit Advancement (CNA)
- National Association of Professional Women

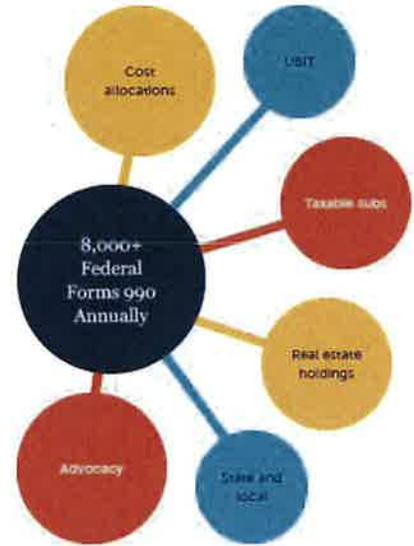


## Nonprofit tax experience

CLA prepares more 990s than the majority of the top ten firms across the United States based on data obtained from CauseIQ. We share what we've learned from our experiences with our tax-exempt clients to keep them aware of potential tax issues. We will share these perspectives and insights throughout the year, not just at tax filing time.

Tax laws and regulations for nonprofit organizations are complex. Federal, state, and local tax laws affecting NIHD create a complicated and ever-changing landscape which is under the watchful eye of the IRS and state taxing authorities. In addition, your form 990s are available for public inspection, making them accessible to a variety of stakeholders and interested persons. With CLA, NIHD will get a firm that:

- Has extensive experience in preparing 990, 990-T, and state tax returns, including the required schedules
- Has working knowledge of the nonprofit community's accounting and tax needs
- Offers a streamlined, efficient approach to information return preparation using CLA 990 Exchange
- Is diligent in meeting deadlines to avoid late filing and other tax penalties



The table below demonstrates the depth of CLA's experience serving tax-exempt organizations:

CPA Firm Ranking of Nonprofits Served Nationwide*	
Firm	Number Served
CLA	8,314
PWC	8,029
E&Y	7,571
Forvis	4,174
RSM	4,048
BDO	3,072
Eide Bailly	2,750
Wipfli	2,463
Plante and Moran	2,023
Deloitte	2,004

\*The list is based on a database of approximately 1,126,000 nonprofit filed Forms 990 (filers with annual revenue greater than \$50,000), which is maintained by CauseIQ. The totals do not include 990N and other nonprofits that do not need to file such as religious organizations. Therefore, the numbers listed above do not include all nonprofits served by CLA.



## National nonprofit tax team

We have assembled a nationwide team of nonprofit tax professionals who hold advanced degrees in finance, business administration, taxation, and law. These professionals have extensive knowledge of local, state, national, and international tax issues and laws and constantly monitor for tax law changes, court decisions, and pending legislation and regulations. For example, in past sessions of the Maryland General Assembly, local members of our tax department were invited to testify before committees regarding state tax legislation under consideration.

We share these insights with our clients in the form of regular articles, webinars, and roundtable discussions. In addition, our professionals have broad experience representing organizations under examination by the IRS and state taxing authorities. We leverage that experience to provide you with complete, accurate, and transparent tax filings designed to minimize the risk of being selected for such an examination.

Examples of our nonprofit experience include:

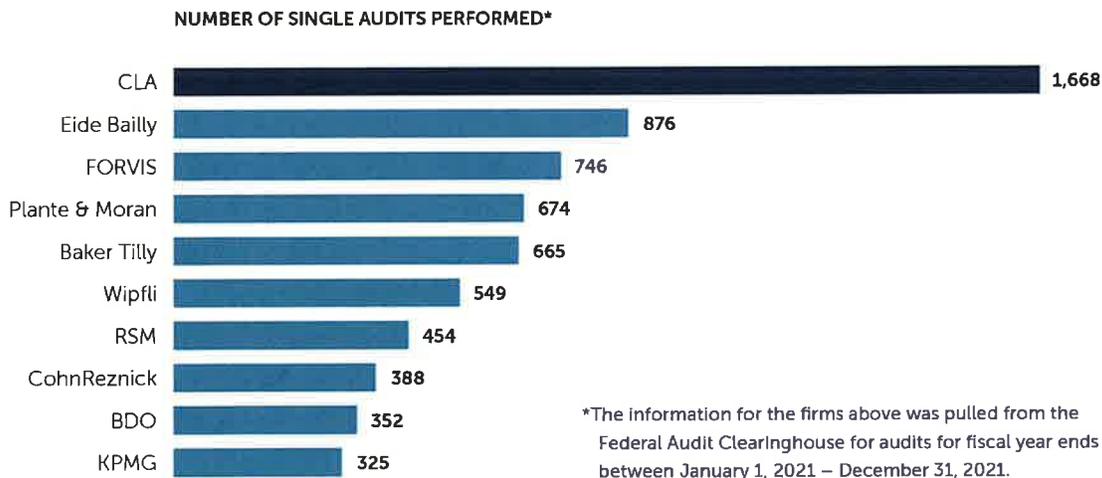
Potential Tax Issues	CLA's Knowledge
Unrelated Business Income (UBI)	Unrelated business activities can generate additional filing requirements, increase recordkeeping burdens, and even jeopardize your tax-exempt status. Traditional activities include advertising, rent from debt-financed property, administrative services, partnership investments, sale of inventory, and career center job listings. We will consult with and advise you regarding revenue that causes UBI, expense allocations, tracking of net operating losses, and how to protect your organization's tax exemption.
Deferred Compensation	We effectively explain the complex regulations under IRC Section 457 and 409(A) affecting deferred compensation arrangements. We will consult with you regarding how your organization and your employees are impacted.
Employee Benefits and Expense Reimbursements	We can assist you in identifying taxable and nontaxable benefits for your employees. Proper reporting is essential both for payroll tax purposes and to avoid excise taxes for incomplete disclosure on Form 990. We can help you properly design an accountable plan for expense reimbursements and document retention.
State and Local Taxes (SALT)	Exemption from federal income tax does not automatically create exemption from state and local taxes. Many nonprofit organizations must comply with state tax requirements for unrelated business income tax, real estate tax, personal property tax, sales and use tax, and state registration. Our SALT professionals can help you identify your organization's nexus to nonresident states, comply with filing requirements, and generate voluntary disclosure agreements where necessary.
Payroll and Employment Taxes	We can assist you with worker classification, employment tax audits, and best practices for compliance reporting. We can provide guidance and advice regarding the treatment of signing bonuses, severance payments, early retirement, royalties, and settlement payments.



Potential Tax Issues	CLA's Knowledge
2017 Tax Act and the <i>Wayfair</i> decision	Recent changes to the Internal Revenue Code impact nonprofit organizations. We can help you understand how the new law affects you. We can also help you understand how the Supreme Court recently overturned the long-standing "physical presence" standard and how your provision of goods and services in accordance with your mission can create "economic nexus" with other states.
Miscellaneous Tax Reporting	We can assist you with identifying and reporting lobbying and political activity, accounting for charitable fundraising events, reporting gaming activities, complying with the requirements for written acknowledgement of donations, maintaining a group exemption for subordinates, structuring your membership fees and benefits, and a wide variety of issues relevant to NIHD.

## Single audit experience

The chart below illustrates CLA's experience in serving organizations that receive federal funds and demonstrates our firm's dedication to serving the government and nonprofit industry. **CLA performs the largest number of single audits in the United States. We audited nearly \$278 billion dollars in federal funds in 2021.**



It is more important than ever to find qualified auditors who have significant experience with federal grants specific to NIHD and can enhance the quality of NIHD's single audit. Therefore, if needed, the single audit will be performed by a team of individuals who are managed by personnel who specialize in single audits in accordance with OMB's Uniform Guidance and who can offer both knowledge and quality for NIHD. As part of our quality control process, the single audit will be reviewed by a firm Designated Single Audit Reviewer.



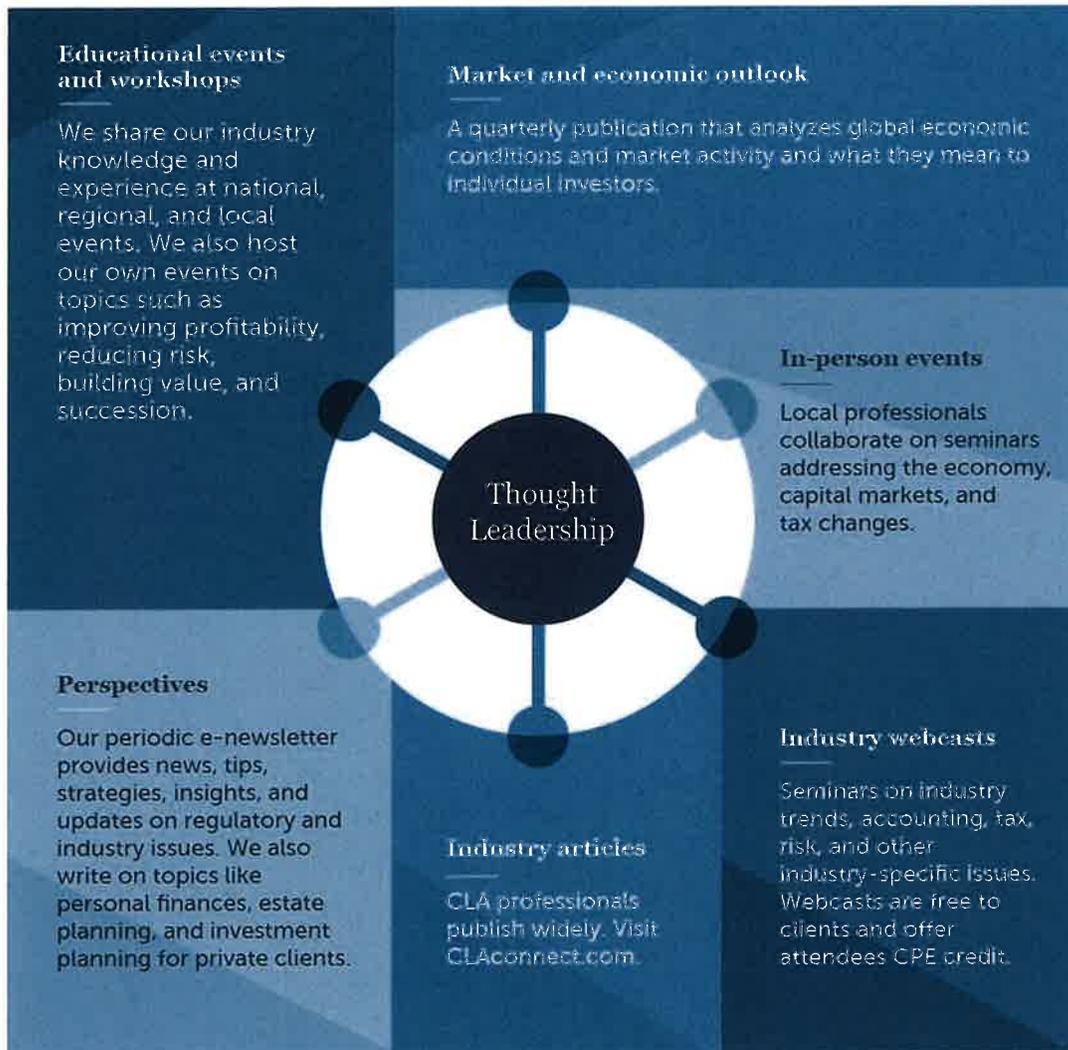
## Broader capabilities of CLA

- **Outsourcing and CAST (Custom Accounting Solutions Team):** CLA's outsourcing team provides short- and long-term finance and accounting services, with strategies customized to meet your needs. This allows you to focus your resources on growing and strengthening your company.
- **M&A and Transaction Advisory:** Our team of experienced advisors make transitioning your business, whether through sale, succession, or merger, profitable and smooth. With individuals knowledgeable in your industry, we are able to tailor the process to fit your needs.
- **Information Security:** We combine system administrators, CPAs, and IT to protect your company from both internal and external security threats. Our professionals work diligently to prevent a breach before it happens.
- **Valuation:** Whether you're looking to buy, sell, or restructure your business, CLA's transaction advisory team has the experience to help you make informed decisions, resulting in a smooth transition.
- **CLA Search:** CLA Search considers three critical areas when helping you look for executive-level leaders: competency, culture, and chemistry. We take your needs into account when recruiting among the best leadership for your company.



## Thought leadership and industry information

CLA goes beyond the numbers and offers value-added strategies. Rest assured, you will hear from us throughout the year. We send periodic email publications and host webcasts to keep clients and friends of the firm informed of relevant industry updates. Below are just a few of the resources we offer. You can register for our webcasts and find our extensive resource library on our website, [CLAconnect.com](https://www.claconnect.com).



# Firm Overview

## Create opportunities

CLA exists to create opportunities for our clients, our people, and our communities through industry-focused wealth advisory, digital, audit, tax, consulting, and outsourcing services. Our broad professional services allow us to serve clients more completely — from startup to succession and beyond.

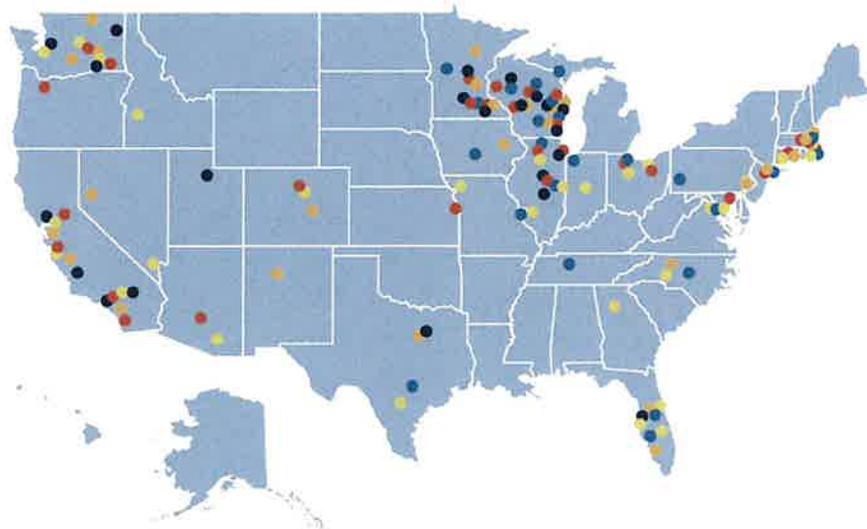
Our professionals are immersed in the industries they serve and have specialized knowledge of their operating and regulatory environments. With more than 8,500 people in nearly 130 U.S. locations and a global vision, we promise to know you and help you.

8,500+  
PEOPLE

130  
NEARLY 130 U.S. LOCATIONS

AN INDEPENDENT  
NETWORK MEMBER OF

CLA Global



## It takes balance

With CLA by your side, you can find everything you need in one firm. Professionally or personally, big or small, we can help you discover opportunities and bring balance to get you where you want to go.

For two consecutive years, CLA has been certified as a Great Place to Work®, based on employee feedback and workplace experience.



## What makes us different?

You can depend on CLA for several uncommon advantages:

### Deep industry specialization

Our people are, first and foremost, industry practitioners. You will work with professionals who know you, your organization, and your industry. We combine their knowledge with yours to make you stronger.



### Seamless, integrated capabilities

We offer planning and guidance from startup through succession, with a particular care for the people behind the enterprise. Your team connects with a broad network of resources behind the scenes to support you.

### Premier resource for health care

We are champions and thought leaders promoting our capabilities, serving as a trusted advisor for health care providers. Our goal is to help our clients build a valuable and sustainable business for generations to come.



### Inspired careers

Our team members are personally invested in your success. You will work with entrepreneurial people who are constantly developing capabilities to help you meet any challenge you face.

For more information about CLA, visit [CLAconnect.com/aboutus](https://CLAconnect.com/aboutus).



# Services Approach

## Seamless assurance advantage: a different way to audit

Many organizations view an audit as a requirement that doesn't contribute to their overall operations or value. At CLA, we believe an audit should be an annual check-up that gives you insight into your organization, allowing you to take advantage of opportunities and improve your operations.

**Our industry experience makes it easier** — CLA auditors are industry aligned, making our audit process fast and smooth. We focus on operational efficiency and leverage our industry experience to bring you meaningful insights that go beyond compliance requirements. A dedicated team of professionals will listen to your goals and concerns, then work with you to navigate industry pressures, changing markets, and complex standards, all with a common goal to drive your business toward success.

**Your time has value** — Your day is filled with competing priorities and constant distractions. We elevate your experience by utilizing a variety of communication tools, such as a web-based document portal, video conferencing, email, and phone calls, to keep everyone informed and on track. These tools provide ultimate flexibility so that you can choose where and how your audit is performed. In contrast to a traditional engagement, where a team spends weeks on site at your location, our Seamless Assurance Advantage focuses on having the right team members on your engagement and isn't dependent upon any physical locations.

**A simple transition** — We recognize changing accounting firms presents an opportunity as well as a challenge. Our approach deliberately and effectively minimizes the impact of transition.



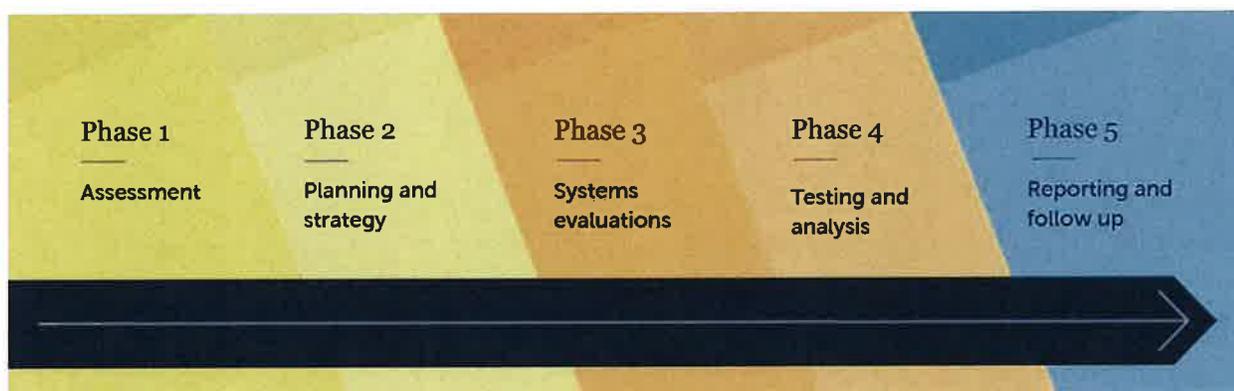
**No surprises** — We will provide NIHD with a no surprises approach to our services, based on frequent and timely communication and clarity around roles and expectations. If issues arise during your audit, we engage the right people in a frank discussion to resolve them.

**Significant involvement of principals and managers** — Because our principals and managers are directly involved in your engagement, we can proactively identify significant issues and resolve them with your management. We believe that your time is best spent with key decision makers so that you can ask clarifying questions, discuss organizational strategies, and navigate sensitive reporting issues.

**We tailor the audit just for you** — While our audit programs provide typical approaches for given audit areas, CLA designs a client-specific, risk-based audit approach for each client. We use custom, industry-tailored programs, procedures, and tools that are designed specifically to focus on the issues that are applicable to you.

**You'll learn about what we're doing and what we've found in plain, everyday language** — We believe our services can contribute to better business and administrative practices. By working closely with your staff, CLA continuously learns about your organization. This involvement enables us to offer you recommendations for improvements in your systems and procedures that are more comprehensive, better understood, and more frequently implemented.

The CLA audit methodology utilizes a five-phase approach.



When performing an audit, we are sensitive to and understanding of the fact that we report to those charged with governance. We maintain objectivity and independence in order to be able to issue our audit opinions. We will act within our philosophy of total client service, maintain the professional relationship refined with management, and fulfill our responsibilities with the utmost professionalism.

We begin the audit with an in-depth planning and preparation phase and culminate with the timely delivery of our reports. We will work with you immediately upon receipt of a signed engagement letter to coordinate and schedule the engagement to minimize any potential disruptions to your business. We will then work with you to finalize dates that accommodate your schedules.

**Year-long support** — We encourage your staff to take advantage of our accessibility throughout the year for questions that may arise. Our people, working with you and your staff, can provide proactive advice on new accounting or GAAP pronouncements and their potential impact, help with immediate problems including answers to brief routine questions, and share insights and best practices to assist you in planning for your future success.



## Summary of benefits

NIHD will realize the following benefits from CLA's services:

- An objective look at your operations to help you make sound business decisions.
- Credibility only an outside professional can provide to your constituencies and stakeholders.
- Confidence that accounting principles have been evaluated for application accuracy.
- An opportunity to improve internal controls and accounting procedures, which enhances reliability of accounting records and financial statements.
- Improved efficiency and effectiveness of the assurance service, thus adding value to the process while reducing disruption to your operations.

## Use of technology

We're reimagining the audit process through technology to elevate your experience!

**Assurance Information Exchange (AIE)** – CLA offers a secure web-based application to request and obtain documents necessary to complete client engagements. This application allows clients to view detailed information, including due dates for items that CLA requests. Additionally, the application allows clients to attach electronic files and add commentary related to the document requests directly on the application. AIE is provided at no additional cost, subject to the terms of the Assurance Information Exchange Portal Agreement.



**Microsoft® Teams** – Our services approach focuses on impactful interactions. We've said goodbye to the days of setting up camp in our clients' conference rooms for weeks on end. We know our clients have organizations to run, so our interactions have purpose. To assist with communications when we are not onsite, we utilize tools such as Microsoft Teams, which allow for two-way screen sharing and video. We've found this helps minimize disruptions in our clients' environments while continuing to effectively communicate with each other.

**TeamMate Analytics and Expert Analyzer (TeamMate)** – To analyze and understand large data sets, we use TeamMate Analytics and Expert Analyzer. We customize the application by industry in order to perform the most applicable procedures. This allows us to go beyond sampling and instead analyze the entire general ledger for targeted anomalies. Far beyond the audit application, our six-phase process of Risk Assessment, Data Analytics and Review (RADAR) can also provide actionable insights to help you understand your entity better.

## Reimbursement compliance approach

CLA has extensive experience with Medicare and Medicaid reimbursement and in preparing and analyzing Medicare and Medicaid cost reports. Nationally, on an annual basis, we prepare or review nearly 600 Medicare and Medicaid cost reports. In addition, we review intermediary adjustments for virtually all of our clients. We have extensive experience in providing other services such as revenue enhancement review, intermediary and PRRB appeals, and numerous other reimbursement consulting services.

At CLA, we act as your adviser when it comes to filing cost reports and interpreting reimbursement regulations. Our process is interactive and would involve NIHD personnel from start to finish. We will advise you on opportunities within reimbursement regulations, and work with you to implement them. Consultation on how changes in your business environment will impact reimbursement will be provided to your organization. With CLA, NIHD will receive proactive advice to assist you to reach peak operating performance.



## Tax planning and compliance

Even in tax exempt organizations, many business decisions have tax consequences. Working with an exempt tax professional year-round allows you to make informed decisions to help keep more of your hard-earned resources for mission.

And your time is valuable, so we approach our work with innovative strategies in mind, continually rolling out tools to make smart use of data — and make life easier for you. When it comes to tax consulting, our “CLA 990 Exchange” for nonprofits efficiently manages many compliance aspects; allowing us to focus our work together on relevant actionable insights.

How? We look for data mining opportunities, gathering information and knowledge from working with X clients in the nonprofit industry. And we extract themes and benchmarks to bring added value to your engagement. The insights we glean from working with similar clients and being a center of influence in your industry help us turn data into value by identifying trends and anomalies that may indicate potential risk areas and other opportunities for you.

## Efficiency through automation: CLA 990 Exchange<sup>SM</sup>

We simplify the Form 990 information return process with CLA 990 Exchange, an easy-to-use web-based technology. Compile your documents and the information our tax professionals need to complete your Form 990, then upload them using the secure online tool.

Our tax professionals will pull information from the prior year’s Form 990 to prepopulate sections of CLA 990 Exchange so you don’t have to re-enter that information each year. In real time, we can see your information submission progress. Your data is then flowed to our tax software for a precise and efficient process, allowing more time to focus on critical insights identified during the compliance process.

## Services integration

An engagement such as outlined in this proposal requires the interaction of numerous individuals working within relatively narrow time frames. Our assurance and tax staff work as a team. We are in close, regular contact, keeping each other informed of our progress and any issues that arise. We emphasize communication — making sure that issues that cross disciplines are fully evaluated by the entire team.

## Engagement timetable

Our project management methodology results in a client service plan that provides for regular, formal communication with the entire management team and allows us to be responsive to your needs. The schedule allows for input from your personnel to make certain that the services are completed based on your requirements. The plan may also be amended during the year based on input from the Board of Directors.

Significant Milestones	Target Dates
Entrance conference	Upon engagement
Interim audit work begins	Late June/Early July
Field audit work begins	Late August/Early September
Draft reports	By October 31
Presentation to Board of Directors and Management	As requested
Issued Financial Statements	By November 31



## Commitment to communication with management

Continual communication starts when an engagement letter is issued and continues throughout the remainder of the year. This includes the exchange of ideas and advice as changes are considered or implemented by the entity or the accounting profession. Our commitment to this practice encourages open lines of communication and often prevents or mitigates service delivery issues.

During the engagement, we will hold regular status meetings with NIHD to address and understand day-to-day operations, results, and outlying issues. Tracking and formally reporting the engagement status can:

- Provide a consistent technique for monitoring progress against plan
- Identify issues quickly to allow for timely corrective action
- Provide an objective rather than subjective evaluation of status
- Provide timely information on a regular basis
- Assist with obtaining buy-in of audit recommendations on a timely basis

## Engagement Team Experience

An experienced engagement team has been aligned to provide the most value to your organization. The team members have performed numerous engagements of this nature and will commit the resources necessary to provide top quality service throughout the engagement. Following are our proposed management team members:



The most important resource any business has is people – *the right people.*

Engagement Team	Role	Experience
Adam Roth, CPA	Client relationship and audit and tax engagement principal	11+ years
Victor Villalobos, CPA	Audit engagement director	7+ years
Kurt Bennion, CPA	Tax engagement director	16+ years
Daniel Larsen, CPA	Reimbursement engagement principal	25+ years
Irena Zaneva	Reimbursement engagement director	12+ years
James Mann, CPA	Hospital subindustry resource principal	15+ years

Detailed biographies are available in **Appendix A** of this proposal.

## Continuity of service

We are committed to providing continuity throughout this engagement. It is our policy to maintain the same staff throughout an engagement, providing maximum efficiency and keeping the learning curve low. With a solid, steady engagement team, each year brings the additional benefits of trust and familiarity. We are also flexible in exploring alternative strategies to non-mandatory rotation policies.

In any business, however, turnover is inevitable. If and when it happens, we will provide summaries of suggested replacements and will discuss re-assignments prior to finalizing. We have a number of qualified staff members to provide NIHD with quality service over the term of the engagement.



CLA is committed to maintaining high staff retention rates, which we believe are a strong indicator of service quality. High retention rates also indicate that our staff members have the resources they need to perform their tasks and maintain a positive work/life balance.

## Professional Fees

Our fees are based on the timely delivery of services provided, the experience of personnel assigned to the engagement, and our commitment to meeting your deadlines.

CLA understands the importance of providing our clients with value-added strategies. We propose to provide routine, proactive meetings — as part of our fee — that will allow us to review and discuss with you the impact of new accounting issues, as well as any other business issues you are facing and how they should be handled. This level and frequency of interaction will no doubt enable CLA to help you tackle challenges as they come up and take full advantage of every opportunity that presents itself.

Professional Services	2023
Perform an audit of the annual financial statements for Northern Inyo Healthcare District for the year ending June 30	\$80,000
Prepare the federal and state tax returns for Pioneer Home Health Care, Inc for the year ending December 31*	\$3,000
Prepare the Medicare cost report for Northern Inyo Healthcare District for the year ending June 30	\$20,000
Prepare the Medi-Cal cost report for Northern Inyo Healthcare District for the year ending June 30	\$10,000
Medicare cost report settlement template	\$4,000
Technology and client support fee (5%)	\$5,850
<b>Total</b>	<b>\$122,850</b>

\* - CLA can perform the 990's for Northern Inyo Hospital Foundation, Inc and Northern Inyo Hospital Auxiliary, Inc. for \$1,750 each if requested.

We have found over the years that our clients don't like fee surprises. Neither do we. We commit to you, as we do all of our clients, that:

- We will be available for brief routine questions at no additional charge, a welcome investment in an on-going relationship.
- Like most firms, we are investing heavily in technology to enhance the client experience, protect our data environment, and deliver quality services. We believe our clients deserve clarity around our technology and client support fee, and we will continue to be transparent with our fee structure.
- Any additional charges not discussed in this proposal will be mutually agreed upon up front.
- We will always be candid and fair in our fee discussions, and we will avoid surprises.



## Fee considerations

The fee proposal is based on the following:

- NIHD's personnel will provide assistance periodically throughout the year and during the assurance fieldwork with regard to account analysis and provision of year-end account reconciliation work papers and schedules.
- NIHD's personnel will prepare the year-end tax workpapers and schedules to the extent performed in prior years, which we will complete, review, and examine.
- The assurance reports will be delivered in accordance with NIHD's deadlines.
- The tax returns will be completed by a mutually agreed upon date sufficient to allow timely filings.
- Satisfactory completion of our firm's normal client acceptance procedures.
- Professional standards and regulations currently in effect. We reserve the right to modify your proposed fee if professional standards or regulations change for any engagement period.
- No significant changes in the operations of NIHD subsequent to the date of this proposal.
- Preparation of the state income tax returns filed in the prior year.

## Billing for phone calls and questions

It is not our policy or practice to bill our clients every time we receive a phone call. In the course of providing our services to you, we will regularly consult with you regarding accounting, financial reporting, and significant business issues. If a specific project is complex or requires significant time or resources, we will discuss the scope of the project and its fee with you first to make sure there are no surprises. While it is difficult to establish an exact policy for billing in these situations, we commit to discussing the request with you in advance of performing our services if we believe the time requirement to provide you the desired assistance is other than routine. We will discuss the scope of the project and our estimate to complete it prior to commencing work.

## Hourly rates

The table below shows our standard hourly billing rates by classification:

Staff Level	2023
Principal/Signing Director	\$345 - \$515
Director	\$230 - \$320
Manager	\$185 - \$285
Senior	\$160 - \$220
Associate	\$140 - \$170

Our last word on fees — we are committed to serving you. Therefore, if fees are a deciding factor in your selection of an accounting firm, we would appreciate the opportunity to discuss our scope of services.

At CLA, it's more than just getting the job done.



# Appendix

## A. Engagement team biographies





# Adam Roth, CPA

## CLA (CliftonLarsonAllen LLP)

Principal  
Roseville, CA

916-218-7107  
adam.roth@CLAconnect.com



### Profile

Adam is a principal at CLA and works closely with the health care group. Before joining CLA, he worked for four years at Ernst & Young and then another two years at Moss Adams. He has been practicing public accounting since graduating from California State University, Sacramento in 2011.

Adam is an experienced professional in providing assurance services to nonprofit, governmental, and for-profit integrated health systems, hospitals, and ancillary providers. Previously, he worked as an accounting supervisor for UC Davis Health System (Health System) where he was responsible for providing technical accounting guidance for complex transactions. Adam was also in charge of the Health System’s vendor maintenance process and helped improve the Health System’s AR valuation and IBNR models. As part of his duties, he assisted with the implementation of the Health System’s new ERP for the procure-to-pay process, including developing processes for dual system vendor management and payment, and the procurement cut over process into the new system.

### Technical experience

- Health care
- Nonprofit
- State and local government

### Education and professional involvement

- Bachelor of Science in Business Administration from California State University, Sacramento
- Certified Public Accountant
- American Institute of Certified Public Accountants (AICPA), member
- California Society of Certified Public Accountants (CalCPA), member
- Healthcare Financial Management Association (HFMA), member
- Medical Group Management Association (MGMA), member

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# Victor Villalobos, CPA

## CLA (CliftonLarsonAllen LLP)

Director  
Sacramento, CA

916-266-8442  
victor.villalobos@CLAconnect.com



### Profile

Victor joined CliftonLarsonAllen (CLA) as a director with the health care group in August 2020. Before joining CLA, he worked for more than four years at Moss Adams. Victor has been practicing public accounting since graduating from California State University, Sacramento in 2015. Prior to graduating from CSUS, he worked in accounting for three years as a general manager in private industry. Victor is an experienced professional in providing assurance services to nonprofit, governmental, and for-profit integrated health systems, hospitals, and ancillary providers.

### Technical experience

- Health care
- Nonprofit entities
- Financial institutions

### Education and professional involvement

- Bachelor of science in business administration, accountancy from California State University, Sacramento
- Certified Public Accountant for the state of California
- American Institute of Certified Public Accountants (AICPA), member
- California Society of Certified Public Accountants (CalCPA), member

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# Kurt Bennion, CPA

## CLA (CliftonLarsonAllen LLP)

Director  
Bellevue, Washington

425-250-6074  
kurt.bennion@CLAconnect.com



### Profile

Kurt, a health care director at CLA, has more than 16 years of experience specializing in the tax and exemption issues facing tax-exempt organizations in the nonprofit industries. Kurt provides technical knowledge in addressing the most recent developments in laws and regulations that impact tax-exempt nonprofit organizations. Kurt leads all of CLA's tax services for tax-exempt health care organizations.

### Technical experience

Currently, Kurt is focusing on helping hospitals exempt under Section 501(c)(3) understand and comply with the Section 501(r) requirements, including the community health needs assessment, the financial assistance policy, and related policies. His experience also includes the reporting requirements of Forms 990 and 990-PF; federal and state unrelated business income tax ("UBIT") filings; registering for and maintaining charitable status with state agencies; applying for income tax exemption from the IRS; applying for sales and property tax exemption from state agencies; and analysis of activities for unrelated business activities. Kurt's professional background includes a tax analyst position at a large health system, serving the system's needs related to income, sales, and property taxes; registering for tax-exemption; and addressing the tax implications of accountable care organizations.

### Education and professional involvement

- Master of accounting from Brigham Young University, Provo, Utah
- Bachelor of science in accounting, minor in economics from Brigham Young University, Provo, Utah
- Two years of coursework toward a doctorate in accounting from Cornell University, Ithaca, New York
- American Institute of Certified Public Accountants (AICPA)
- Washington State Society of Certified Public Accountants
  - Washington State CPA Society's annual Nonprofit and Healthcare Conference, *Chair*
- Minnesota Society of Certified Public Accountants, *Inactive*
- Washington-Alaska Chapter of the Healthcare Financial Management Association
- Minnesota Chapter of the Healthcare Financial Management Association, *Past Officer*
- American Health Lawyers Association

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# Daniel L. Larsen, CPA

## CLA (CliftonLarsonAllen LLP)

Reimbursement Principal  
Rochester, Minnesota

507-280-2328  
dan.larsen@CLAconnect.com



### Profile

Daniel Larsen is a principal with the health care group of CLA specializing in consulting services in the area of revenue cycle improvement, financial analysis, and Medicare and Medicaid reimbursement. Daniel leads our critical access hospital reimbursement consulting practice.

### Technical experience

Daniel has more than 26 years of audit, cost report preparation, financial and reimbursement consulting experience for hospitals, critical access hospitals, nursing homes and clinics. He has provided numerous value added services to hospitals, critical access hospitals, and clinics, including financial modeling and forecasting, debt capacity analyses, chargemaster assessments, compliance assistance, budget assistance, provider based clinic analyses, and various other reimbursement and performance analyses. Daniel has prepared numerous Medicare and Medicaid cost reports for various types of healthcare providers. Daniel also has extensive experience and capabilities as related to data extraction techniques and data manipulation which complement the ability to leverage meaningful data in the provision of the above services.

### Experience in serving clients

Daniel has more than 26 years of experience in public accounting, mainly devoted to the health care industry. His current consulting work includes various forms of reimbursement and financial analysis including, CAH performance benchmarking, CAH Gold Standard benchmarking, reimbursement strategy sessions, chargemaster assessments, price opportunity studies, debt capacity assessments, financial projections, etc. Daniel has been involved in dozens of chargemaster assessments, including electronic review and validation of chargemaster data, non-billable supply identification, and chargemaster interviews with an emphasis on process review to identify areas where the charge capture process may need improvement.

### Education and professional involvement

Daniel graduated magna cum laude from Luther College in Decorah, IA, with degrees in Accounting and Economics, along with a minor in International Studies. He is a Certified Public Accountant, licensed in Minnesota. He is a member of the Minnesota Society of Certified Public Accountants, the American Institute of Certified Public Accountants, and the Health Care Financial Management Association.

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# Irena Zaneva

## CLA (CliftonLarsonAllen LLP)

Director  
Broomfield, Colorado

303-439-6039  
irena.zaneva@CLAconnect.com



### Profile

Irena is a reimbursement director in CLA’s health care group. She has more than 12 years of health care reimbursement experience, both as a consultant, as well as leading the reimbursement department of a nine-hospital health system based in Colorado. Presently, Irena conducts and coordinates financial and compliance risk reimbursement related functions for health care clients. She oversees the preparation and audits related to various regulatory filings on behalf of our health care clients. In her former position, she directed all financial management functions related to the reimbursement department, including the month-end close processes, financial forecasts and budgeting. Similar to her current responsibilities, she provided reimbursement compliance reporting and advisory services to system office leadership as well as care sites CFOs.

### Technical experience

- Medicare/Medicaid Cost Reports
- Wage Index
- Occupational Mix Surveys
- Medicaid DSH Surveys/Data Aggregations
- Reimbursement Optimization Strategies
- Interim Rate Reviews
- Medicare Bad Debts
- Medicare DSH/Uncompensated Care
- S-10 reviews and audits
- Geographic Reclassifications
- Low Volume Adjustments

### Education and professional involvement

- Master of accountancy from Millsaps College in Jackson, Mississippi
- Bachelor of business administration in accounting from Millsaps College in Jackson, Mississippi
- Healthcare Financial Management Association – Colorado Chapter

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# James L. Mann, CPA

## CLA (CliftonLarsonAllen LLP)

Principal  
Broomfield, Colorado

303-439-6028  
james.mann@CLAconnect.com



### Profile

James is a principal in the CLA health care group. He specializes in serving providers in the hospital/health system and physician group sub-industries, providing audit, reimbursement, and other consulting services.

James has more than 14 years of experience in public finance, starting out with delivering audit, cost report, and tax return services to health care clients across the continuum of care. Over the years, James moved into manager and principal positions with responsibility for planning, executing, and supervising the completion of these services. While James’s main focus has been on the audit side, he has significant experience related to reimbursement through preparing cost reports, as well as consulting with clients on reimbursement related issues. James has also specifically focused his entire career in the health care industry, with clients ranging from community health centers to multi-billion dollar national health systems. The significant reimbursement and other experience from these clients allows James to be one of the main contacts for a client in all types of situations, not just the core services like the audit, tax, and cost report preparation.

### Technical experience

- Audits of various health care sub industries:
  - Federally Qualified Health Centers
  - Hospitals and health systems
  - Physician groups
  - Skilled nursing facilities, CCRCs, and other senior living organizations
- Preparation of cost reports (Medicare/Medicaid)
- Preparation and supervision of nonprofit tax returns for all types of health care organizations
- Building benchmarking tools for client/industry comparison

### Education and professional involvement

- Bachelor of accounting, University of North Dakota, Grand Forks, North Dakota
- Certified Public Accountant
- Healthcare Financial Management Association (HFMA), Wyoming Chapter
- Wyoming Healthcare Financial Management Association, Past President
- Colorado Society of Certified Public Accountants
- Minnesota Society of Certified Public Accountants
- American Institute of Certified Public Accountants

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## B. Quality control procedures and peer review report

In the most recent peer review report, dated November 2022, we received a rating of *pass*, which is the most positive report a firm can receive. We are proud of this accomplishment and its strong evidence of our commitment to technical excellence and quality service.

In addition to an external peer review, we have implemented an intensive internal quality control system to provide reasonable assurance that the firm and our personnel comply with professional standards and applicable legal and regulatory requirements. Our quality control system includes the following:

- A quality control document that dictates the quality control policies of our firm. In many cases, these policies exceed the requirements of standard setters and regulatory bodies. Firm leadership promotes and demonstrates a culture of quality that is pervasive throughout the firm's operations. To monitor our adherence to our policies and procedures, and to foster quality and accuracy in our services, internal inspections are performed annually.
- Quality control standards as prescribed by the AICPA. The engagement principal is involved in the planning, fieldwork, and post-fieldwork review. In addition, an appropriately experienced professional performs a risk-based second review of the engagement prior to issuance of the reports.
- Hiring decisions and professional development programs designed so personnel possess the competence, capabilities, and commitment to ethical principles, including independence, integrity, and objectivity, to perform our services with due professional care.
- An annual internal inspection program to monitor compliance with CLA's quality control policies. Workpapers from a representative sample of engagements are reviewed and improvements to our practices and processes are made, if necessary, based on the results of the internal inspection.
- Strict adherence to the AICPA's rules of professional conduct, which specifically require maintaining the confidentiality of client records and information. Privacy and trust are implicit in the accounting profession, and CLA strives to act in a way that will honor the public trust.
- A requirement that all single audit engagements be reviewed by a designated single audit reviewer, thereby confirming we are in compliance with the standards set forth in the Uniform Guidance.



## Report on the Firm's System of Quality Control

To the Principals of CliftonLarsonAllen LLP  
and the National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of CliftonLarsonAllen LLP (the "Firm") applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2022. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants ("Standards").

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards, may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

### Firm's Responsibility

The Firm is responsible for designing and complying with a system of quality control to provide the Firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The Firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

### Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of and compliance with the Firm's system of quality control based on our review.

### Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1<sup>®</sup> and SOC 2<sup>®</sup> engagements).

As a part of our peer review, we considered reviews by regulatory entities as communicated by the Firm, if applicable, in determining the nature and extent of our procedures.

### Opinion

In our opinion, the system of quality control for the accounting and auditing practice of CliftonLarsonAllen LLP applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended May 31, 2022, has been suitably designed and complied with to provide the Firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. CliftonLarsonAllen LLP has received a peer review rating of *pass*.

*Cherry Bekaert LLP*

Cherry Bekaert LLP  
Charlotte, North Carolina  
November 18, 2022

cbh.com

# Corporate Resolution Certification

## STEP 1. ACCOUNT INFORMATION

Account Title Northern Inyo Healthcare District
Account Number QRT -183196

## STEP 2. CERTIFICATION

I HEREBY CERTIFY that at a meeting, duly called, of the Board of Directors of Northern Inyo Healthcare District, a Corporation, at which said meeting a quorum was present and acting throughout, the following preamble and resolution was adopted and ever since has been and now is in full force and effect.

WHEREAS this Corporation is duly authorized and permitted by its Charter and Bylaws to:

- Engage in cash and/or margin transactions in any and all forms of securities including, but not limited to, stocks, options, mutual funds, stock options, stock index options, short sales, foreign currency options and debt instrument options, bonds, bond debentures, annuities, notes, scrips, participation certificates, rights to subscribe, warrants, certificates of deposit, mortgages, choses in action, evidences of indebtedness, commercial paper certificates or indebtedness, and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise.
- Receive on behalf of the Corporation or deliver to the Corporation or third parties, including but not limited to the President, Vice President, Treasurer or any other authorized officer or person listed in Certification and Signatures below giving such instruction, monies, stocks, bonds, and other securities. To sell, assign, and endorse for transfer, certificates representing stocks, bonds, or other securities now registered or hereafter registered in the name of the Corporation.
- Establish and maintain an asset management account with debit card, check writing and margin privileges, from which account funds are directly spent, in the names of each authorized person and/or any additional signatories (as indicated in the separate Asset Management Account Agreement), the responsibility for which is entirely that of the Corporation.
- Borrow money or make any contract the effect of which is to borrow money, and secure such obligations by mortgages or other liens upon Corporate property; borrow, guarantee and/or pledge any Corporate assets as collateral, as the case may be, with respect to a loan; guarantee a borrowing of money or to make any contract the effect of which is to guarantee a borrowing, and secure such obligations by mortgages or other liens upon any Corporate property.

NOW THEREFORE BE IT RESOLVED that this Corporation opened an account or accounts in its name with

FINANCIAL NORTHEASTERN CORPORATION

Name of Introducing Firm

- and that the individuals named in Certification and Signatures below ("Authorized Person") or any one of them acting individually, may, on behalf of this Corporation, be and they hereby are and each of them hereby is authorized and empowered to (1) give written or oral orders in the said account or accounts for the purchase, sale, or other disposition of stocks, bonds, and other securities, (2) deliver to and receive from Pershing LLC (Pershing), on behalf of this Corporation monies, stocks, bonds, and other securities, (3) establish and maintain an asset management account with debit card, check writing and margin privileges from which account funds are directly spent with each authorized person as indicated in the separate asset management account agreement having check writing and debit card privileges, (4) order the transfer or delivery of funds, monies or securities to any other person whatsoever, including the President, Vice President, Treasurer or any other authorized officers or persons indicated below giving such instructions, (5) sign acknowledgements of the correctness of all statements of accounts, (6) borrow, pledge, guarantee or otherwise encumber Corporate assets, and (7) make, execute, and deliver under the corporate seal any and all written endorsements, releases and documents necessary or proper to effectuate the authority hereby conferred; the within authorization to each of said officers to remain in full force and effect until written notice of the revocation thereof shall have been received by

FINANCIAL NORTHEASTERN CORPORATION

and Pershing.

Name of Introducing Firm



**STEP 3. CERTIFICATION AND SIGNATURES**

I FURTHER CERTIFY that the following are the names, titles and signatures of the officers (or others) authorized by the foregoing resolution to act for this Corporation:

Printed Name Stephan Del Rossi	Date
Title CFO	
Signature X	

Printed Name Andrea Mossman	Date
Title Controller	
Signature X	

Printed Name Allison Partridge	Date
Title COO/CNO	
Signature X	

Printed Name	Date
Title	
Signature X	

Printed Name	Date
Title	
Signature X	

Printed Name	Date
Title	
Signature X	

**Certification**

This individual may or may not be listed in the authorized persons box above and may also be an Officer, Director, Secretary or Sole Officer/Secretary of the corporation.

Printed Name Stephen DelRossi	Date
Title CFO	
Signature X	

If the Certification is executed by a Signer who is empowered to act for the Corporation pursuant to these resolutions and certifications, but is not an Officer of the Corporation, an Officer must complete and execute the Additional Certification in Additional Certification below.

If the Corporation has only one Sole Officer, that Sole Officer must make the certification immediately above indicating his or her company title in addition to filling in and executing the Additional Certification in Additional Certification below.

**STEP 4. ADDITIONAL CERTIFICATION**

This section to be completed only if the Signer in Certification and Signatures above is authorized to act pursuant to the foregoing Resolutions, but is not an Officer of the Corporation, OR if the Corporation has only one Officer.

**Check one:**

- I FURTHER CERTIFY that the Signer in Certification and Signatures above is authorized by the foregoing resolutions and its operating documents to act hereunder if listed as an authorized person.
- I FURTHER CERTIFY that the Corporation has only one Sole Officer/Secretary and that I am that Sole Officer/ Secretary and am authorized to execute legal and binding documents in the name of and on behalf of the Corporation pursuant to its governing documents.

Printed Name	Date
Title	
Signature X	

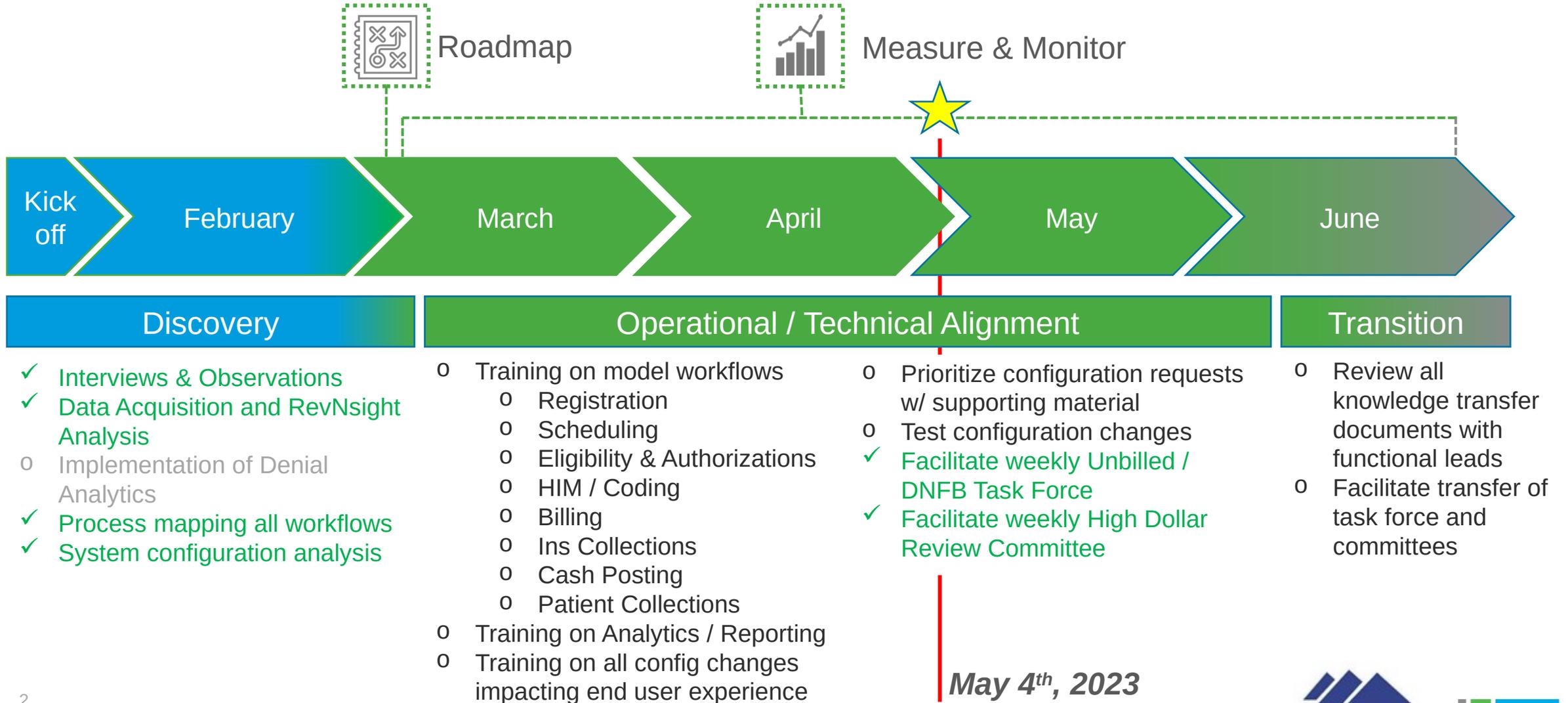


# Northern Inyo Healthcare District Revenue Cycle / Margin Improvement

## RSM Slides – NIH Board Meeting

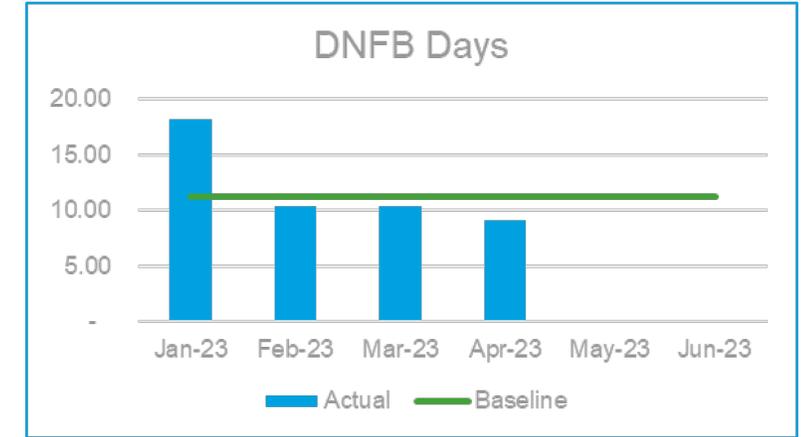
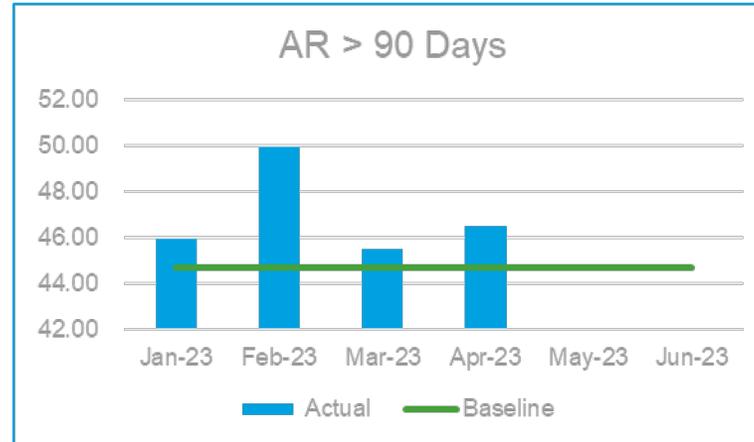
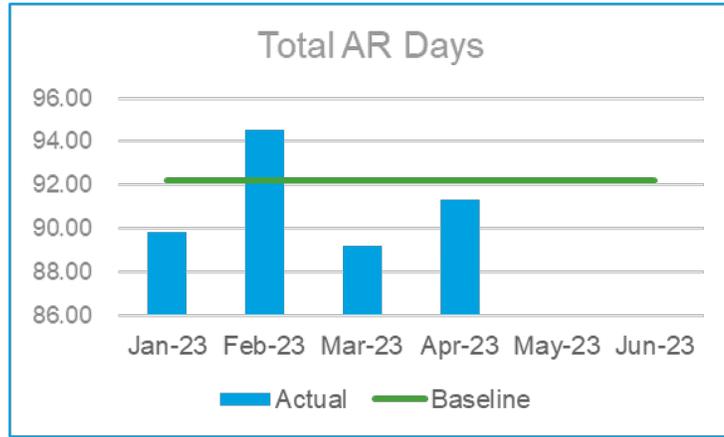
May 17, 2023

# RSM Activities - Timeline



**May 4<sup>th</sup>, 2023**

# 2/1/23 to 4/30/23 NIH has collected \$2.9M 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	●
April 2023	91.3	●

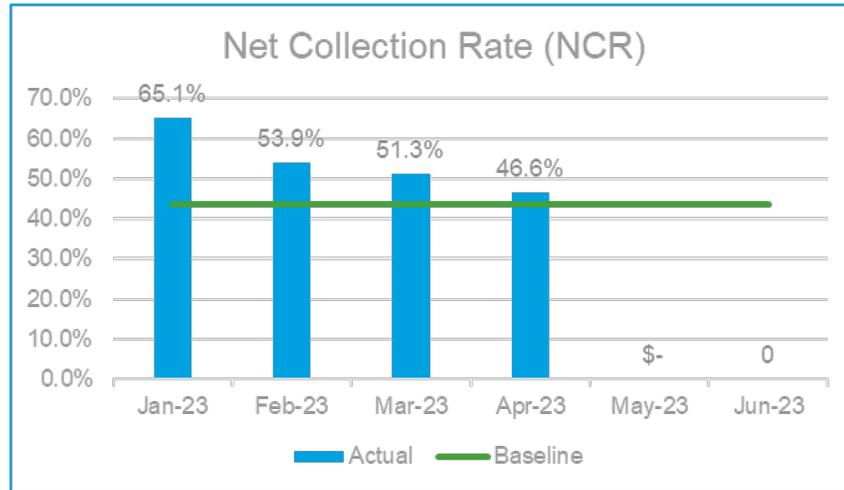
**Baseline A/R > 90 Days (44.71)** are defined as outstanding A/R as of 12/31/22

Month	Metric	Status
January 2023	45.9	●
February 2023	49.9	●
March 2023	45.5	●
April 2023	46.5	●

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

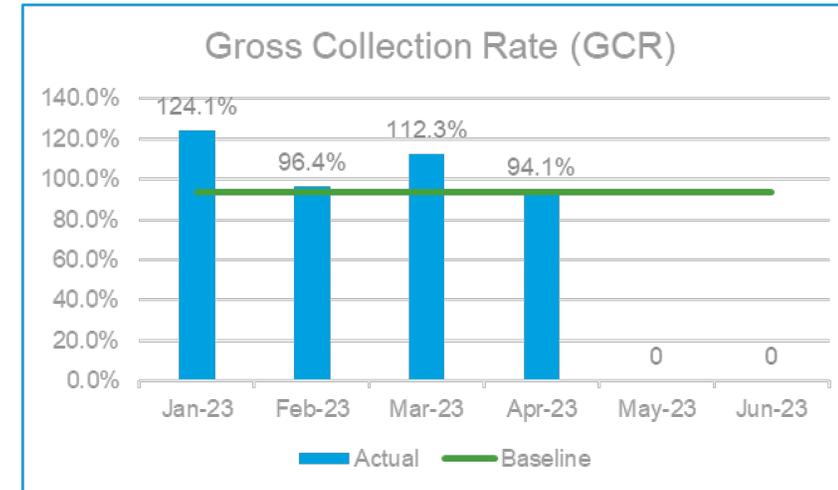
Month	Metric	Status
January 2023	18.1	●
February 2023	10.4	●
March 2023	10.4	●
April 2023	9.12	●

# 2/1/23 to 4/30/23 NIH has collected \$2.9M 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%	●
April 2023	46.6%	●



**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%	●
April 2023	94.1%	●

RSM has realized \$2.5M of \$20M total cash opportunity for NIH

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# Corrective Action Plan

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## **Cash Posting Process Training (Jean Stone)**

- RSM will provide additional training on the Cerner model workflows for posting remittances, resolution of remittance balancing errors, daily reconciliation, identifying and researching missing remittances / checks

## **Edit Failure Root Cause Analysis (Jordan Fuller)**

- RSM will be working with NIH to evaluate all edit failures preventing timely submission of claims to identify root cause and oversee implementation of operational or technical changes

## **Denial Avoidance Program (Michael Brown)**

- RSM will be jointly facilitating the implementation of a new denial avoidance program to assess denial trends by payer, provider and procedure to determine root cause and oversee the implementation of operational and technical changes

## **Charge Review (Jordan Fuller)**

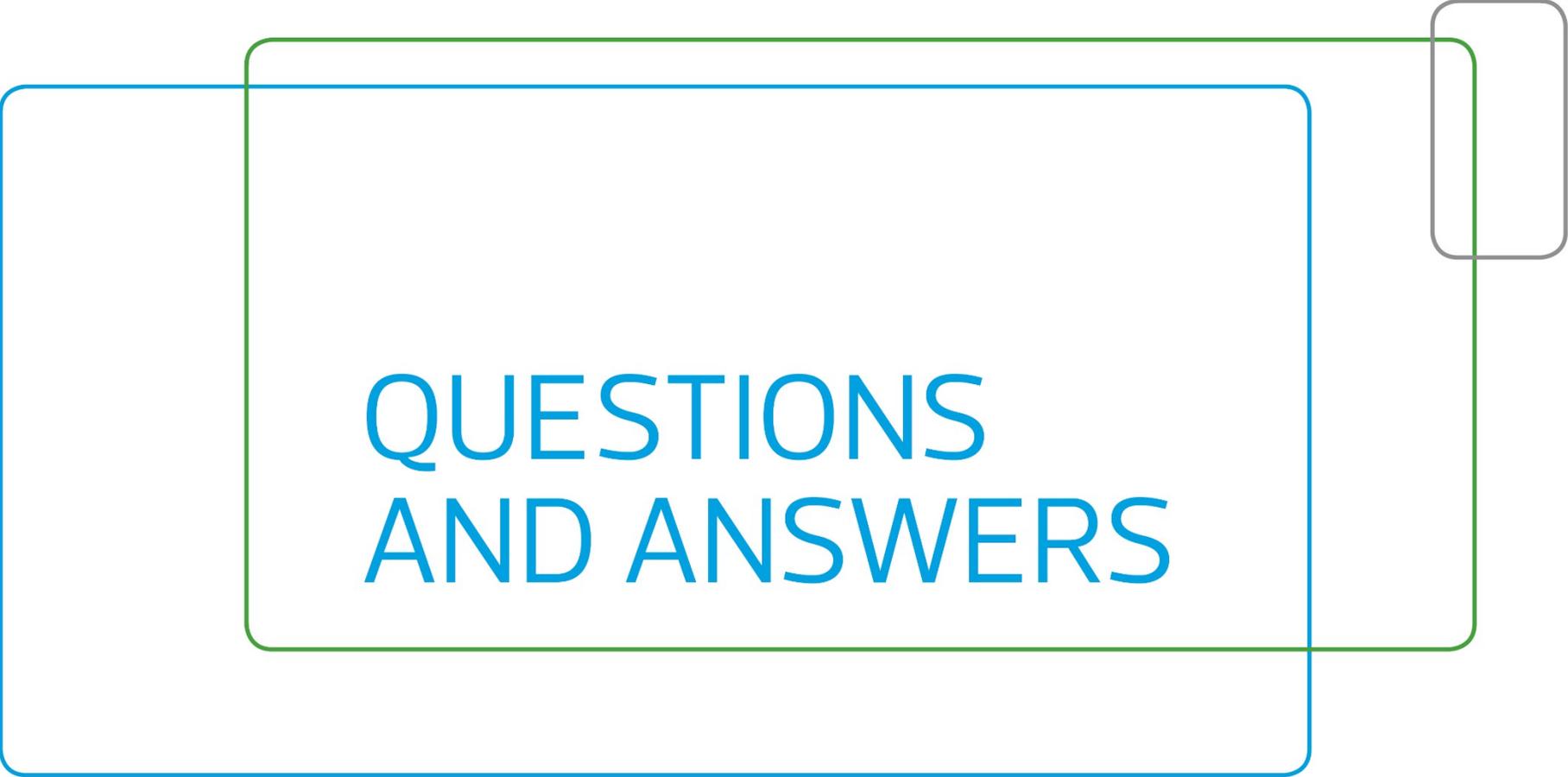
- Evaluate the charge configuration to identify where gaps may exist in the current build which have the potential to cause revenue leakage.

## **Advanced Medical Necessity Checks (Jean Stone)**

- Evaluate the configuration of Cerner's medical necessity checks within PowerChart, SurgiNet, RadNet, LabNet. Identify gaps, oversee the testing and implementation of required changes

## **835 Remittance Posting Rules (Jordan Fuller)**

- Evaluate the profit business manager rules governing the posting of payments and adjustments in accordance with NIH policies and financial reporting requirements



# QUESTIONS AND ANSWERS



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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**AMENDED AND RESTATED ARTICLES OF INCORPORATION  
FOR**

**PIONEER HOME HEALTH CARE, INC.  
#1673079**

The undersigned certify that:

1. They are the President and Secretary, respectively, of Pioneer Home Health, Inc., a California corporation.
2. The Articles of Incorporation of this corporation are amended and restated to read as follows:

**ONE:** The name of the corporation is Pioneer Home Health Care, Inc.

**TWO:** This corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes. The specific purposes for which this corporation is organized are:

- (a) To establish and maintain comprehensive home health and hospice care and affiliated services for all needy members of the communities of Inyo and Mono Counties, with special attention to the needs of the frail, elderly homebound;
- (b) To provide information, education, support, and referral services to the general communities; and
- (c) Such other services as the board may deem appropriate, without violation of any California Nonprofit Public benefit Corporation laws or codes.

**THREE:** This corporation is organized and operated exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and successor provisions thereto (the "Code").

- (a) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities permitted to be carried on: (1) by a corporation exempt from federal income tax under section 501(c)(3) of the Code; or (2) by a corporation, contributions to which are deductible under section 170(c)(2) of the Code.
- (b) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

**FOUR:** The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment or provision for payment of all debts and liabilities of this corporation shall be transferred: (1) exclusively to and shall become the property of such nonprofit funds, foundations or corporations as are designated by the Board of Directors of this corporation and which: (A) have established their tax-exempt status under section 501(c)(3) of the Code; and (B) are organized and operated exclusively for religious, charitable, hospital, scientific purposes, or charitable *and* educational purposes meeting the requirements for exemption provided by Section 214 of the Revenue and Taxation Code; or, (2) at the option of the Board of Directors, exclusively to and shall become the property of the Northern Inyo Healthcare District, a political subdivision to the State of California.

**FIVE:** The name of the corporation's agent for service of process is Ruby Sharon Allen, 363 Academy Avenue, Bishop, California 93514.

**SIX:** The street and mailing address for the principle office of the corporation is 363 Academy Avenue, Bishop, California 93514.

3. The foregoing amendment and restatement of Articles of Incorporation has been approved by the board of directors.
4. The foregoing amendment and restatement of Articles of Incorporation has been duly approved by the required vote of the sole member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of own knowledge.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Kelli Davis, President

DATE: \_\_\_\_\_

\_\_\_\_\_  
Marga Foote, Secretary

**AMENDED AND RESTATED BYLAWS**  
**OF**  
**PIONEER HOME HEALTH CARE, INC.**  
**A CALIFORNIA PUBLIC BENEFIT CORPORATION**  
**December 10, 1998**  
**Amended and Restated \_\_\_\_\_, 2023**

**ARTICLE 1  
OFFICES**

**SECTION 1. PRINCIPAL OFFICE**

The principal office of the corporation for the transaction of its business is located in Inyo County, California.

**SECTION 2. CHANGE OF ADDRESS**

The county of the corporation’s principal office can be changed only by amendment of these Bylaws and not otherwise. The principal office of the corporation shall be located at 363 Academy Ave., Bishop, CA 93514. The Board of Directors may, however, change the principal office from one location to another within the named county by noting the changed address and effective date below, and such changes of address shall not be deemed an amendment of these Bylaws:

Dated: \_\_\_\_\_, 202\_

Dated: \_\_\_\_\_, 202\_

Dated: \_\_\_\_\_, 202\_

**SECTION 3. SECTION 3. OTHER OFFICES**

The corporation may also have offices at such other places, within or without the State of California, where it is qualified to do business, as its business may require and as the Board of Directors may, from time to time, designate.

**ARTICLE 2  
PURPOSES**

**SECTION 1. OBJECTIVES AND PURPOSES**

The primary objectives and purposes of this corporation shall be:

(a) Under California Home Health State Licensure and Medicare Certification, to provide the care of (but not necessarily limited to) Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, and Home Health Aide to patients (especially the frail elderly), in their home, under their physicians’ plan of care. Patients shall be accepted to service regardless of age, race, color, ancestry, national origin, or ability to pay. The goal is to provide the highest quality service to patients and their physicians, and to provide a professional and caring work environment for all employees.

(b) To provide information, education, support and referral services to the general community.

**ARTICLE 3  
INTENTIONALLY OMITTED**

**ARTICLE 4  
DIRECTORS**

**SECTION 1. NUMBER**

The corporation shall have not less than five (5) nor more than seven (7) directors, with the exact number to be fixed within these limits by approval of the Board of Directors in the manner provided in these Bylaws. Collectively they shall be known as the Board of Directors. The number may be changed by amendment of this Bylaw, or by repeal of this Bylaw and adoption of a new Bylaw, as provided by these Bylaws.

Anything to the contrary herein notwithstanding, the Board of Directors shall nominate the directors to the Board of Directors.

**SECTION 2. POWERS**

Subject to the provisions of the California Nonprofit Public Benefit Corporation law, the activities and affairs of this corporation shall be conducted and all corporate powers shall be exercised by or under the direction of the Board of Directors.

**SECTION 3. DUTIES**

It shall be the duty of the Board of Directors to:

- (a) Perform any and all duties imposed on them collectively or individually by law, by the Articles of Incorporation of this corporation, or by these Bylaws;
- (b) Appoint and remove, employ and discharge, and, except as otherwise provided in these Bylaws, prescribe the duties and fix the compensation, if any, of all officers, agents and employees of the corporation;
- (c) Supervise all officers, agents and employees of the corporation to assure that their duties are performed properly;
- (d) Meet at such times and places as required by these Bylaws;
- (e) Register their addresses with the Secretary of the corporation and notices of meetings mailed or e-mailed to them as such addresses shall be valid notices thereof.

**SECTION 4. TERMS OF OFFICE**

Each director shall hold office until the next annual meeting for nomination by the Board of Directors as specified in these Bylaws, and until his or her successor is nominated and approved by the Board of Directors.

## **SECTION 5. COMPENSATION**

Directors shall serve without compensation.

Directors may not be compensated for rendering services to the corporation in any capacity other than director unless such other compensation is reasonable and is allowable under the provisions of Section 6 of this Article. **RESTRICTION REGARDING INTERESTED DIRECTORS**

Notwithstanding any other provision of these Bylaws, not more than forty-nine percent (49%) of the persons serving on the Board of Directors may be interested persons. For purposes of this Section, “interested persons” means either:

(a) Any person currently being compensated by the corporation for services rendered it within the previous twelve (12) months, whether as a full- or part-time officer or other employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a director as director; or

(b) Any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in law, daughter-in-law, mother-in-law, or father-in-law of any such person.

## **SECTION 6. PLACE OF MEETINGS**

Meetings shall be held at the principal office of the corporation unless otherwise provided by the Board of Directors or at such place within or without the State of California which has been designated from time to time by resolution of the Board of Directors. In the absence of such designation, any meeting not held at the principal office of the corporation shall be valid only if held on the written consent of all directors given either before or after the meeting and filed with the Secretary of the corporation or after all directors have been given written notice of the meeting as hereinafter provided for special meeting of the Board of Directors. Any meeting, regular or special, may be held by conference telephone or similar communication equipment so long as all directors participating in such meeting can hear one another.

## **SECTION 7. REGULAR AND ANNUAL MEETINGS**

At the Board of Director’s Annual meeting each February, the regular, quarterly meeting dates and times for the following May, August, November and February shall be determined.

With respect to the nomination of directors, cumulative voting shall not be permitted. The candidates receiving the highest number of votes up to the number of directors to be nominated shall be nominated. Each director shall cast one vote, with voting being by ballot only.

## **SECTION 8. SPECIAL MEETINGS**

Special meetings of the Board of Directors may be called by the Chairperson of the board, the President, the vice President, the Secretary, or by any two (2) directors, and such meeting shall be held at the place, within or without the State of California, designated by the person or persons calling the meeting, and in the absence of such designation, at the principal office of the corporation.

## **SECTION 9. NOTICE OF MEETINGS**

Regular meetings of the Board of Directors may be held without notice. Special meeting of the board shall be held upon four (4) days' notice by first-class mail or forty-eight (48) hours' notice delivered personally or by telephone or e-mail. If sent by mail or e-mail, the notice shall be deemed to be delivered on its deposit in the mails or on its delivery to the recipient with receipt confirmed. Such notices shall be addressed to each director at his or her address as shown on the books of the corporation. Notice the time and place of holding an adjourned meeting need not be given to absent directors if the time and place of the adjourned meeting are fixed at the meeting adjourned and if such adjourned meeting is held no more that twenty-four (24) hours from the time of the original meeting. Notice shall be given of any adjourned regular or special meeting to directors absent from the original meeting if the adjourned meeting is held more that twenty-four (24) hours from the time of the original meeting.

## **SECTION 10. CONTENTS OF NOTICE**

Notice of meeting not herein dispensed with shall specify the place, day and hour of the meeting. The purpose of any board meeting need not be specified in the notice.

## **SECTION 11. WAIVER OF NOTICE AND CONSENT TO HOLDING MEETINGS**

The transactions of any meeting of the Board of Directors, however called and noticed or wherever held, are as valid as though the meeting had been duly held after proper call and notice, provided a quorum, as hereinafter defined, is present and provided that either before or after the meeting each director not present signs a waiver of notice, a consent to holding the meeting, or an approval of the minutes thereof. All such waivers, consents, or approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

## **SECTION 12. QUORUM FOR MEETINGS**

A quorum shall consist of two thirds of the total Directors.

Except as otherwise provided in these Bylaws or in the Articles of Incorporation of this corporation, or by law, no business shall be considered by the Board of Directors at any meeting at which a quorum, as hereinafter defined, is not present, and the only motion which the Chairperson shall entertain at such meeting is a motion to adjourn. However, a majority of the directors present at such meeting may adjourn from time to time until the time fixed for the next regular meeting of the Board of Directors.

When a meeting is adjourned for lack of a quorum, it shall not be necessary to give any notice of the time and place of the adjourned meeting or of the business to be transacted at such

meeting, other than by announcement at the meeting at which the adjournment is taken, except as provided in Section 10 of this Article.

The directors present at a duly called and held meeting at which a quorum is initially present may continue to do business notwithstanding the loss of a quorum at the meeting due to a withdrawal of directors from the meeting, provided that any action thereafter taken must be approved by at least a majority of the required quorum for such meeting or such greater percentage as may be required by law, or the Articles of Incorporation or Bylaws of this corporation.

### **SECTION 13. MAJORITY ACTION AS BOARD ACTION**

Every act or decision done or made by a majority of the directors present at a meeting duly held at which a quorum is present is the act of the Board of Directors, unless the Articles of Incorporation or Bylaws of this corporation, or provisions of the California Nonprofit Public Benefit Corporation Law, particularly those provisions relating to appointment of committees (Section 5212), approval of contracts or transactions in which a director has a material financial interest (Section 5233 and indemnification of directors (Section 5238e), require a greater percentage or different voting rules for approval of a matter by the Board of Directors.

### **SECTION 14. CONDUCT OF MEETINGS**

Meetings of the Board of Directors shall be presided over by the Chairperson of the Board, or, if no such person has been so designated or, in his or her absence, the President of the corporation or, in his or her absence, by the Vice president of the corporation or, in the absence of each of these persons, by a Chairperson chosen by a majority of the directors present at the meeting. The Secretary of the corporation shall act as secretary of all meetings of the Board of Directors, provided that, in his or her absence, the presiding officer shall appoint another person to act as Secretary of the Meeting.

Meetings shall be governed by Robert's Rules of Order as such rules may be revised from time to time, insofar as such rules are not inconsistent with or in conflict with these Bylaws, with the Articles of Incorporation of this corporation, or with provisions of law.

### **SECTION 15. ACTION BY UNANIMOUS WRITTEN CONSENT WITHOUT MEETING**

Any action required or permitted to be taken by the Board of Directors under any provision of law may be taken without a meeting, if all the directors shall individually or collectively consent in writing to such action. For the purposes of this Section, only, "all directors of the board" shall not include any "interested director" as defined in Section 5233 of the California Nonprofit Public Benefit Corporation Law. Such written consent or consents shall have the same force and effect as the unanimous vote of the directors. Any certificate or other document filed under any provision of law which relates to action so taken shall state that the action was taken by unanimous written consent of the Board of Directors without a meeting and that the Bylaws of this corporation authorize the directors to so act, and such statement shall be prima facie evidence of such authority.

### **SECTION 16. VACANCIES**

Vacancies on the Board of Directors shall exist (1) on the death, resignation or removal of any director, and (2) whenever the number of authorized directors is increased.

The Board of Directors may declare vacant the office of a director who has been declared of unsound mind by a final order of court, or convicted of a felony, or been found by a final order of judgment of any court to have breached any duty under Section 5230 and following of the California Nonprofit Public Benefit Corporation Law.

Any director may resign effective upon giving written notice to the Chairperson of the Board, the President, the Secretary, or the Board of Directors, unless the notice specifies a later time for the effectiveness of such resignation. No director may resign if the corporation would then be left without a duly elected director or directors in charge if its affairs, except upon notice to the Attorney General.

Vacancies on the Board of Directors may be filled only by the nomination of the Board of Directors.

A person elected to fill a vacancy as provided by this Section shall hold office until the next meeting for nomination of directors by the Board of Directors or until his or her earlier death, resignation or removal from office.

#### **SECTION 17. NON-LIABILITY OF DIRECTORS**

The director's shall not be personally liable for the debts, liabilities, or other obligations of the corporation.

#### **SECTION 18. INDEMNIFICATION BY CORPORATION OF DIRECTORS, OFFICERS, EMPLOYEES AND OTHER AGENTS**

To the extent that a person who is, or was, a director, officer, employee or other agent of this corporation has been successful on the merits in defense of any civil, criminal, administrative or investigative proceeding brought to procure a judgment against such person by reason of the fact that he or she is, or was, an agent of the corporation, or has been successful in defense of any claim, issue or matter, therein, such person shall be indemnified against expenses actually and reasonably incurred by the person in connection with such proceeding.

If such person either settles any such claim or sustains a judgment against him or her, then indemnification against expenses, judgments, fines, settlements and other amounts reasonably incurred in connection with such proceedings shall be provided by this corporation but only to the extent allowed by, and in accordance with the requirements of, Section 5238 of the California Nonprofit Public Benefit Corporation Law.

#### **SECTION 19. INSURANCE FOR CORPORATE AGENTS**

The Board of Directors may adopt a resolution authorizing the purchase and maintenance of insurance on behalf of any agent of the corporation (including a director, officer, employee or other agent of the corporation) against any liability other than for violating provisions of law relating to self-dealing (Section 5233 of the California Nonprofit Public Benefit Corporation Law)

asserted against or incurred by the agent in such capacity or arising out of the agent's status as such, whether or not the corporation would have the power to indemnify the agent against such liability under the provisions of Section 5238 of the California Nonprofit Public Benefit Corporation Law.

## **ARTICLE 5 OFFICERS**

### **SECTION 1. NUMBER OF OFFICERS**

The officers of the corporation shall be a President, a Secretary, and a Chief Financial Officer. The corporation may also have, as determined by the Board of Directors, a Chairperson of the Board, one or more Vice Presidents, Assistant Secretaries, or other officers. Any number of offices may be held by the same person except that neither the Secretary nor the Chief Financial Officer may serve as the President or Chairperson of the Board.

### **SECTION 2. QUALIFICATION, ELECTION AND TERM OF OFFICE**

Any person may serve as officer of this corporation. Officers shall be elected by the Board of Directors, at any time, and each officer shall hold office until he or she resigns or is removed or is otherwise disqualified to serve, or until his or her successor shall be elected and qualified, whichever occurs first.

### **SECTION 3. SUBORDINATE OFFICERS**

The Board of Directors may appoint such other officers or agents as it may deem desirable, and such officers shall serve such terms, have such authority, and perform such duties as may be prescribed from time to time by the Board of Directors.

### **SECTION 4. REMOVAL AND RESIGNATION**

Any officer may be removed, either with or without cause, by the Board of Directors, at any time. Any officer may resign at any time by giving written notice to the Board of Directors or to the President or Secretary of the corporation. Any such resignation shall take effect at the date of receipt of such notice or at any later date specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. The above provisions of this Section shall be superseded by any conflicting terms of a contract which has been approved or ratified by the Board of Directors relating to the employment of any officer of the corporation.

### **SECTION 5. VACANCIES**

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any officer shall be filled by the Board of Directors. In the event of a vacancy in any office other than that of President, such vacancy may be filled temporarily by appointment by the President until such time as the Board shall fill the vacancy. Vacancies occurring in offices of officers appointed at the discretion of the Board of Directors may or may not be filled as the Board of Directors shall determine.

## **SECTION 6. DUTIES OF THE PRESIDENT**

The President shall be the chief executive officer of the corporation and shall, subject to the control of the Board of Directors, supervise and control the affairs of the corporation and the activities of the officers. He or she shall perform all duties incident to his or her office and such other duties as may be required by law, by the Articles of Incorporation of this corporation, or by these Bylaws, or which may be prescribed from time to time by the Board of Directors. Unless another person is specifically appointed as Chairperson of the Board of Directors, he or she shall preside at all meeting of the Board of directors. If applicable, the President shall preside at all meetings of the Board of Directors. Except as otherwise expressly provided by law, by the Articles of Incorporation, or by these Bylaws, he or she shall, in the name of the corporation, execute such deeds, mortgages, bonds, contracts, checks, or other instruments which may from time to time be authorized by the Board of Directors.

## **SECTION 7. DUTIES OF THE VICE PRESIDENT**

In the absence of the President, or in the event of his or her inability or refusal to act, the vice President shall perform all the duties of the President, and when so acting shall have all the powers of, and be subject to all the restrictions on, the President. The vice President shall have other powers and perform such other duties as may be prescribed by law, by the Articles of Incorporation or by these Bylaws, or as may be prescribed by the Board of Directors.

## **SECTION 8. DUTIES OF THE SECRETARY**

The Secretary shall:

Certify and keep at the principal office of the corporation the original, or a copy of these Bylaws as amended or otherwise altered to date.

Keep at the principal office of the corporation or at such other place as the board may determine, a book of minutes of all meetings of all directors, and, if applicable, meeting of committees of directors, recording therein the time and place of holding, whether regular or special, how called, how notice thereof was given, the names of those present or represented at the meeting, and proceedings thereof.

See that all notices are duly given in accordance with the provisions of these Bylaws or as required by law.

Be custodian of the records and of the seal of the corporation and see that the seal is affixed to all duly executed documents, the execution of which on behalf of the corporation under its seal is authorized by law or these Bylaws.

Keep at the principal office of the corporation a membership book containing the name and address of each, and, in the case where any membership has been terminated, he or she shall record such fact in the membership book together with the date on which such membership ceased.

Exhibit at all reasonable times to any director of the corporation, or to his or her agent or attorney, on request therefor, the Bylaws, the membership book and the minutes of the proceedings of the directors of the corporation.

In general, perform all duties incident to the office of Secretary and such other duties as may be required by law, by the Articles of Incorporation of this corporation, or by these bylaws, or which may be assigned to him or her from time to time by the Board of Directors.

## **SECTION 9. DUTIES OF CHIEF FINANCIAL OFFICER**

The Chief Financial Officer of the corporation shall keep and maintain or cause to be kept and maintained adequate and correct account of the properties and business transactions of the corporation, including accounts of its assets, liabilities, receipts, disbursements, gains and losses. The books of account shall at all times be open to inspection by any Board member. The Chief Financial Officer shall be charged with safeguarding the assets of the corporation and he or she shall sign financial documents on behalf of the corporation in accordance with the established policies of the corporation. He or she shall have such other powers and perform such other duties as may be prescribed by the Board of Directors from time-to-time.

## **SECTION 10. COMPENSATION**

The salaries of the officers, if any, shall be fixed from time to time by resolution of the Board of Directors, and no officer shall be prevented from receiving such salary by reason of the fact that he or she is also a director of the corporation, provided, however, that such compensation paid a director for serving as an officer of this corporation shall only be allowed if permitted under the provisions of Article 4, Section 5 of these Bylaws. In all cases, any salaries received by officers of this corporation shall be reasonable and given in return for services actually rendered for the corporation which relate to the performance of the charitable or public purposes of this corporation.

## **ARTICLE 6 COMMITTEES**

### **SECTION 1. EXECUTIVE COMMITTEE**

The Board of Directors may, by a majority vote of the directors, designate two (2) or more of its directors (who may also be serving as officers of this corporation) to constitute an Executive Committee and delegate to such Committee any of the powers and authority of the Board of Directors in the management of the business and affairs of the corporation, except with respect to:

- (a) The filling of vacancies on the Board of Directors or on any committee which has the authority of the Board of Directors.
- (b) The fixing of compensation of the directors for serving on the Board of Directors or on any committee.
- (c) The amendment or repeal of Bylaws or the adoption of new Bylaws.

(d) The amendment or repeal or any resolution of the Board of Directors which by its express terms is not so amenable or repealable.

(e) The appointment of committees of the Board of Directors or the committee members thereof.

(f) The approval of any transaction to which this corporation is a party and in which one or more of the directors has a material financial interest; except as expressly provided in Section 5233(d) (3) of the California Nonprofit Public Benefit Corporation Law.

By a majority vote of its directors then in office, the Board of Directors may at any time revoke or modify any or all of the authority so delegated, increase or decrease but not below (2) the number of its committee members, and fill vacancies therein from the directors. The Committee shall keep regular minutes of its proceedings, cause them to be filed with the corporate records, and report the same to the Board of Directors from time to time as the Board of Directors may require.

## **SECTION 2. OTHER COMMITTEES**

The corporation shall have such other committees as may from time to time be designated by resolution of the Board of Directors. Such other committees may consist of persons who are not also directors. These additional committees shall act in an advisory capacity only to the Board of Directors and shall be clearly titled as “advisory” committees.

## **SECTION 3. MEETINGS AND ACTION OF COMMITTEES**

Meetings and action of committees shall be governed by, noticed, held and taken in accordance with the provisions of these Bylaws concerning meetings of the Board of Directors, with such changes in the context of such Bylaw provisions as are necessary to substitute the committee and its committee members for the Board of Directors and its directors, except that the time for regular meetings of committees may be fixed by resolution of the Board of Directors or by the committee. The time for special meetings of committees may also be fixed by the Board of Directors. The Board of Directors may also adopt rules and regulations pertaining to the conduct of meetings of committees to the extent that such rules and regulations are not inconsistent with the provisions of these Bylaws.

# **ARTICLE 7 EXECUTION OF INSTRUMENTS, DEPOSITS AND FUNDS**

## **SECTION 1. EXECUTION OF INSTRUMENTS**

The Board of Directors, except as otherwise provided in these Bylaws, may by resolution authorize any officer or agent of the corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances. Unless so authorized, no officer, agent, or employee shall have any power or authority to bind the corporation by any contract or engagement or to pledge its credit or to render it liable monetarily for any purpose or in any amount.

## **SECTION 2. CHECKS AND NOTES**

Except as otherwise specifically determined by resolution of the Board of Directors, or as otherwise required by law, checks, drafts, promissory notes, orders for the payment of money, and other evidence of indebtedness of the corporation shall be signed by the Chief Financial Officer and countersigned by the President of the corporation.

## **SECTION 3. DEPOSITS**

All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depositories as the Board of Directors may select.

## **SECTION 4. GIFTS**

The Board of Directors may accept on behalf of the corporation any contribution, gift, bequest, or devise for the charitable or public purposes of this corporation.

# **ARTICLE 8 CORPORATE RECORDS, REPORTS AND SEAL**

## **SECTION 1. MAINTENANCE OF CORPORATE RECORDS**

The corporation shall keep at its principal office in the State of California:

- (a) Minutes of all meetings of directors, committees of the Board of Directors indicating the time and place of holding such meetings, whether regular or special, how called, the notice given, and the names of those present and the proceedings thereof;
- (b) Adequate and correct books and records of account, including accounts of its properties and business transactions and accounts of its assets, liabilities, receipts, disbursements, gains and losses;
- (c) A copy of the corporation's Articles of Incorporation and Bylaws as amended to date.

## **SECTION 2. CORPORATE SEAL**

The Board of Directors may adopt, use, and at will alter, a corporate seal. Such seal shall be kept at the principal office of the corporation. Failure to affix the seal to corporate instruments, however, shall not affect the validity of any such instrument.

## **SECTION 3. DIRECTOR'S INSPECTION RIGHTS**

Every director shall have the absolute right at any reasonable time to inspect and copy all books, records and documents of every kind and to inspect the physical properties of the corporation.

#### **SECTION 4. INTENTIONALLY OMITTED**

#### **SECTION 5. RIGHT TO COPY AND MAKE EXTRACTS**

Any inspection under the provisions of this Article may be made in person or by agent or attorney and the right to inspection includes the right to copy and make extracts.

#### **SECTION 6. ANNUAL REPORT**

The Board of Directors shall cause an annual report to be furnished not later than one hundred twenty (120) days after the close of the corporation's fiscal year to all directors of the corporation, which report shall contain the following information in appropriate detail:

- (a) The assets and liabilities, including the trust funds, of the corporation as of the end of the fiscal year;
- (b) The principal changes in assets and liabilities, including trust funds, during the fiscal year;
- (c) The revenue or receipts of the corporation, both unrestricted and restricted to particular purposes, for the fiscal year;
- (d) The expenses or disbursements of the corporation, for both general and restricted purposes during the fiscal year;
- (e) Any information required by Section 7 of this Article.

The annual report shall be accompanied by any report thereon of independent accountants, or, if there is no such report, the certificate of an authorized officer of the corporation that such statements were prepared without audit from the books and records of the corporation.

#### **SECTION 7. ANNUAL STATEMENT OF SPECIFIC TRANSACTIONS TO THE DIRECTORS**

This corporation shall mail or deliver to all directors a statement within one hundred and twenty (120) days after the close of its fiscal year which briefly describes the amount and circumstances of any indemnification or transaction of the following kind:

- (a) Any transaction in which the corporation, or its parent or its subsidiary, was a party, and in which either of the following had a direct or indirect material financial interest:
- (b) Any director or officer of the corporation, or its parent or subsidiary (a mere common directorship shall not be considered a material financial interest); or
- (c) Any holder of more than ten percent (10%) of the voting power of the corporation, its parent or its subsidiary.

The above statement need only be provided with respect to indemnification's or advances aggregating more than TEN THOUSAND DOLLARS (\$10,000) paid during the previous fiscal year to any director or officer.

Any statement required by this Section shall briefly describe the names of the interested persons involved in such transactions, stating each person's interest in the transaction and, where practical, the amount of such interest, provided that in the case of a transaction with a partnership of which person is a partner, only the interest of the partnership need be stated.

## **ARTICLE 9 FISCAL YEAR**

### **SECTION 1. FISCAL YEAR OF THE CORPORATION**

The fiscal year of the corporation shall begin on the first day of January and end on the thirty-first day of December in each year.

## **ARTICLE 10 AMENDMENT OF BYLAWS**

### **SECTION 1. AMENDMENT**

Subject to any provision of law applicable to the amendment of Bylaws of public benefit nonprofit corporations, these Bylaws, or any of them, may only be altered, amended, or repealed and new Bylaws adopted by approval of the Board of Directors.

## **ARTICLE 11 AMENDMENT OF ARTICLES**

### **SECTION 1. AMENDMENT OF ARTICLES**

Amendment of the Articles of Incorporation may only be adopted by the approval of the Board of Directors.

### **SECTION 2. CERTAIN AMENDMENTS**

Notwithstanding the above Section of this Article, this corporation shall not amend its Articles of Incorporation to alter any statement which appears in the original Articles of Incorporation of the names and addresses of the first directors of this corporation, nor the name and address of its initial agent, except to correct an error in such statement or to delete such statement after the corporation has filed a "Statement by ad Domestic Non-Profit Corporation" pursuant to Section 6210 of the California Nonprofit Corporation Law.

**ARTICLE 12**  
**PROHIBITION AGAINST SHARING CORPORATE PROFITS AND ASSETS**

**SECTION 1. PROHIBITION AGAINST SHARING CORPORATE PROFITS AND ASSETS**

No member, director, officer, employee, or other person connected with this corporation, or any private individual, shall receive at any time any of the net earnings or pecuniary profit from the operations of the corporation, provided, however, that this provision shall not prevent payment to any such person of reasonable compensation for services performed for the corporation in effecting any of its public or charitable purposes, provided that such compensation is otherwise permitted by these Bylaws and is fixed by resolution of the Board of Directors; and no such person or persons shall be entitled to share in the distribution of, and shall not receive any of the corporate assets on dissolution of the corporation.

**ARTICLE 13**  
**AMENDMENT AND RESTATEMENT**

**SECTION 1. AMENDMENT AND RESTATEMENT**

These Bylaws amend and restate the previous Bylaws of this corporation in their entirety, which are of no further force or effect.

**WRITTEN CONSENT OF DIRECTORS ADOPTING BYLAWS**

We, the undersigned, are all of the directors of Pioneer Home Health Care, Inc., a California nonprofit corporation, and, pursuant to the authority granted to the directors by these Bylaws to take action by unanimous written consent without a meeting, consent to, and hereby do, adopt the foregoing Bylaws, consisting of 15 pages, as the Bylaws of this corporation.

Date:

\_\_\_\_\_  
Randall Van Tassell

\_\_\_\_\_  
Marga Foote

\_\_\_\_\_  
Kelli Davis, President

\_\_\_\_\_  
Tom Boo, MD

\_\_\_\_\_  
Mary May Kilpatrick

\_\_\_\_\_  
Lynda Salcido

**CERTIFICATE**

This is to certify that the foregoing is a true and correct copy of the Bylaws of the corporation named in the title thereto and that such Bylaws were duly adopted by the Board of Directors of said corporation.

Date:

\_\_\_\_\_  
Marga Foote, Secretary

Memorandum of Understanding

Pioneer Home Health Care, Inc.  
and  
North Inyo Health Care District

This Memorandum of Understanding, dated as of \_\_\_\_\_, 2023, is entered into by and between the Pioneer Home Health Care, Inc., a California nonprofit public benefit corporation (“Pioneer”), and Northern Inyo Health Care District, a local health care district formed pursuant to the California Local Health Care District Law (California Health & Safety Code Section 32000 *et. seq.*) (“District”).

1. Background.

- (a) Pioneer was originally organized on September 24, 1990 and then restructured as a nonprofit corporation on February 16, 1999 to provide home health and hospice care and affiliated services for all needy members of the communities of Inyo and Mono counties.
- (b) In September of 2018, in furtherance of the charitable mission of Pioneer, and in the interest of the District’s charitable mission to help ensure adequate healthcare for individuals served by the District, Pioneer was restructured to provide that the District would be the sole member of Pioneer with certain rights and responsibilities as more specifically set forth in the Pioneer Articles of Incorporation and Bylaws.
- (c) The Parties now desire to remove the District as the sole member of Pioneer (the “Un-Affiliation”).
- (d) The Parties therefore agree to the following in order to effectuate the “Un-Affiliation” of the two Parties.

2. Un-Affiliation Date. The Un-Affiliation shall be accomplished on or about May 30, 2023 (“Un-Affiliation Date”).

3. Amendment to Pioneer Articles of Incorporation. The District and Pioneer have agreed upon the text of an amendment to the Articles of Incorporation that shall accomplish the “Un-Affiliation”, the text of which is attached to this Memorandum of Understanding (“Amendment to Articles”) at Attachment One.

4. Amendment to Bylaws. The District and Pioneer have agreed upon the text of an amendment to the Bylaws of Pioneer that shall accomplish the Un-Affiliation, the text of

which is attached to this Memorandum of Understanding (“Amendment to Bylaws”) at Attachment Two.

5. Process to Accomplish Un-Affiliation. The District and Pioneer shall accomplish the Un-Affiliation through the following process, in the order as set forth below.
- (a) Approval of Amendment to Articles by Pioneer Board of Directors. Pioneer shall submit the Amendment to Articles to Pioneer’s Board of Directors for approval.
  - (b) Approval of Amendment to Bylaws by Pioneer Board of Directors. Pioneer shall submit the Amendment to Bylaws to Pioneer’s Board of Directors for approval.
  - (c) Approval of Amendment to Articles by District Board of Directors. The District shall submit the Amendment to Articles to the District’s Board of Directors for approval.
  - (d) Approval of Amendment to Bylaws by District Board of Directors. The District shall submit the Amendment to Bylaws to District’s Board of Directors for approval.
  - (e) Filing of Amendment to Articles. Once the Amendment to Articles and Amendment to Bylaws has been approved by the District, Pioneer shall, within fifteen (15) days thereof, file the Amendment to Articles with the California Secretary of State.
6. Cooperation. The District and Pioneer shall cooperate and work together to accomplish the Un-Affiliation by the Un-Affiliation Date as described in this Memorandum of Understanding.

Northern Inyo Health Care District

Pioneer Home Health Care, Inc.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

By: \_\_\_\_\_  
Name: Kelli Davis  
Title: President

Attachment One  
Amendment to Articles

Attachment Two  
Amendment to Bylaws

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

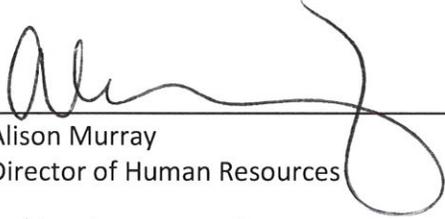
Date: May 5, 2023

Title: **APPROVAL OF BOARD RESOLUTION NO. 2023-04**

Synopsis: It is recommended that the Board of Directors approve Resolution No. 2023-04. This resolution allows for the implementation of Internal Revenue code 414(h)(2) that allows for tax deferral of the employee contributions into the Defined Benefit plan as approved by the Board of Directors on February 21, 2023.

This resolution has been reviewed and approved by legal as well as Stephen DelRossi, Interim CEO/CFO.

Prepared by:

  
Alison Murray  
Director of Human Resources

Approved by:

  
Stephen DelRossi  
Interim Chief Executive Officer/Chief  
Financial Officer

**RESOLUTION NO. 2023-04**

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
NORTHERN INYO HEALTHCARE DISTRICT  
AUTHORIZING IMPLEMENTATION OF THE  
PROVISIONS OF SECTION 414(h)(2) OF THE INTERNAL  
REVENUE CODE TO TAX DEFER EMPLOYEE  
RETIREMENT CONTRIBUTIONS TO THE  
NORTHERN INYO COUNTY LOCAL  
HOSPITAL DISTRICT RETIREMENT PLAN**

**WHEREAS**, Northern Inyo Healthcare District (“District”) maintains the Northern Inyo County Local Hospital District Retirement Plan (“Plan”) which is qualified as a defined benefit plan under Section 401(a) of the Internal Revenue Code (“Code”) and which provides retirement benefits for certain eligible employees; and

**WHEREAS**, the Board of Directors of the District (“Board”) has the authority to implement the provisions of Section 414(h)(2) of the Internal Revenue Code (“IRC”) such that any amount contributed to a public employer’s retirement plan, which is designated as an employee contribution, may be picked up on a pre-tax basis by the public employer and excluded from an employee’s gross income if the employer specifies that the contributions, although designated as employee contributions to the plan, are being paid by the employer in lieu of contributions by the employee, and the employee cannot choose to receive the amounts directly instead of having them paid into the plan; and

**WHEREAS**, the Board has determined that even though the implementation of the provisions of IRC Section 414(h)(2) is not required by law, the tax benefit offered by IRC Section 414(h)(2) in reducing taxable employee gross income should be provided to all employees who participate in the Plan that are required to make contributions to the Plan which are designated as employee contributions; and

**WHEREAS**, Internal Revenue Service Revenue Ruling 2006-43 requires that the District take contemporaneous action evidencing an intent to establish a proper pick-up under IRC Section 414(h)(2).

**NOW, THEREFORE, BE IT RESOLVED ORDERED AND DIRECTED THAT:**

**Section 1. Employer Pick Up of Employee Contributions.**

(a) Pursuant to Section 414(h)(2) of the Code, the Board hereby elects to implement an employer pick-up of contributions to the Plan that are designated as employee contributions.

(b) Picked up contributions, although designated as employee contributions by the Plan, will be picked up on a pre-tax basis by the District in lieu of employee contributions so that such contributions are treated as employer contributions.

(c) Employees shall not have the option of choosing to receive the picked up amounts directly instead of having them paid into the Plan by the District.

(d) Amounts picked up by the District shall be paid from the same source of funds as used in paying salary.

(e) If any section, subsection, clause or phrase in this Resolution is for any reason held invalid, the validity of the remainder of this Resolution shall not be affected thereby. The Board hereby declares that it would have adopted this Resolution and each section, subsection, sentence, clause or phrase thereof, irrespective of the fact that one or more sections, subsections, sentences, clauses or phrases or the application thereof be held invalid.

Section 2. The Recitals set forth above are incorporated herein and made an operative part of this Resolution.

Section 3. The effective date of this Resolution shall be May 17, 2023.

This Resolution is adopted on May 17, 2023 by vote of the Board of Directors.

\_\_\_\_\_  
NIHD Board President

\_\_\_\_\_  
NIHD Board Secretary

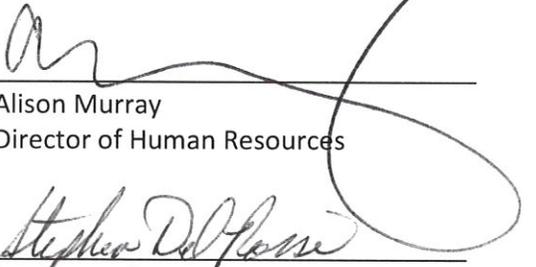
**NORTHERN INYO HEALTHCARE DISTRICT  
RECOMMENDATION TO THE BOARD OF DIRECTORS  
FOR ACTION**

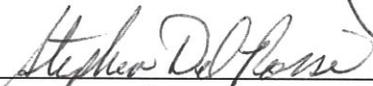
Date: May 5, 2023

Title: **APPROVAL OF AMENDMENT NO. 2 TO THE NORTHERN INYO HEALTHCARE DISTRICT 401(a) RETIREMENT PLAN**

Synopsis: It is recommended that the Board of Directors approve Amendment No. 2 to the Northern Inyo Healthcare District 401(a) Retirement Plan. This amendment allows for the implementation of a matching employer contribution up to 3.5% as approved by the Board of Directors on February 21, 2023. This also allows for a revision to the vesting schedule and entry date into the plan bringing the plan into market with other plans in the industry.

This resolution has been reviewed and approved by legal as well as Stephen DelRossi, Interim CEO/CFO.

Prepared by:   
Alison Murray  
Director of Human Resources

Approved by:   
Stephen DelRossi  
Interim Chief Executive Officer/Chief  
Financial Officer

**AMENDMENT NO. 2  
TO THE  
NORTHERN INYO HEALTHCARE DISTRICT  
401(a) RETIREMENT PLAN**

RECITALS

A. The NORTHERN INYO HEALTHCARE DISTRICT (“Employer”), adopted the NORTHERN INYO HEALTHCARE DISTRICT 401(a) RETIREMENT PLAN (the “Plan”) effective as of January 1, 2013, and restated the Plan effective as of January 1, 2016.

B. The Employer wishes to amend the Plan to revise the eligibility, vesting schedule and contributions under the Plan.

C. The Employer hereby amends the Plan effective as of June 1, 2023 except as otherwise indicated.

D. Section 10.1 of the Plan provides that the Employer reserves the right to amend the Plan at any time.

AMENDMENT

NOW, THEREFORE, Employer hereby amends the NORTHERN INYO HEALTHCARE DISTRICT 401(a) RETIREMENT PLAN as follows

1. Section 1.6, “Compensation,” of Article I, “General Definitions,” is restated and amended by adding the following subsection (c) at the end of the Section to read as follows:

(c) Subject to the foregoing provisions of this Section, “Compensation” for purposes of determining a Participant’s Matching Contributions under the Plan shall mean amounts paid by the Employer as wages, shift differential, and standby pay, but excluding bonuses, overtime, premium pay, commissions, and the value of any unused and unpaid sick leave existing at the time of Severance from Employment.

2. Section 1.12, “Entry Date,” is restated and amended to read as follows:

1.12 Entry Date. “Entry Date” shall mean the later of (i) the Employee’s date of employment or (ii) the day the Employee first becomes eligible to participate in the Plan in accordance with the provisions of Section 4.1.

3. Article I, “General Definitions,” is amended by adding the following definition at the end of the Article:

1.28 Matching Contributions. “Matching Contributions” means those contributions made to the Plan by the Employer under Section 5.1 of the Plan.

4. Section 4.1, “Eligibility,” of Article IV, Eligibility and Participation,” is restated and amended to read as follows:

4.1 Eligibility. Each Employee, who has attained the age of 21 and who is not eligible to participate in the Employer's defined benefit plan, shall become eligible to participate in the Plan.

5. Section 5.1, "Employer Contributions," is restated and amended to read as follows

5.1 Employer Matching Contributions.

- (a) As of each payroll period, the Employer shall make a Matching Contribution to the Plan on behalf of each Employee eligible for participate in this Plan under Section 4.1 of the Plan. Matching Contributions shall be allocated to the Participant's Account.
- (b). Subject to Section 5.1(d), below, the Employer has determined that the Employer Matching Contribution shall equal one hundred percent (100%) of the amount deferred by each Participant to the Northern Inyo Hospital 457(b) Plan for each payroll period up to three and one-half percent (3.5%) of the Participant's Compensation for such payroll period.
- (c). Matching Contributions shall be made with respect to catch-up contributions under the Age 50 Catch-Up Contributions and the Special NRA Catch-Up Contributions provisions of the Northern Inyo Hospital 457(b) Plan.
- (d). If for any Plan Year Matching Contributions are allocated on a basis that is more frequent than annually, and if on the last day of any such Plan Year, the dollar amount of any such Matching Contributions made on behalf of a Participant is less than the dollar amount that would have been made if Matching Contributions for that Plan Year had been contributed on an annual basis only, then the Employer will for such Plan Year make additional Matching Contributions in order to make the amount contributed on behalf of a Participant for the full Plan Year equal to the amount that would have been contributed for the Participant if the Matching Contributions for that Plan Year had been contributed on an annual basis.
- (e) For purposes of the 2023 calendar year, Matching Contributions will be allocated in accordance with Section 5.1(d) for amounts deferred to the Northern Inyo Hospital 457(b) Plan for the full 2023 calendar year. No other Employer contributions shall be contributed to the Plan for the 2023 calendar year.
- (f) The Plan shall continue to be designed to qualify as a profit-sharing plan for purposes of Sections 401(a) and 402 of the Code.

6. Section 7.2, "Vesting Schedule," is amended by adding the following at the end to read as follows:

For each Employee eligible to participate in the Plan on or after June 1, 2023, the Employee shall have a nonforfeitable and vested right to his or her Account for

each Year of Service completed while an Employee of the Employer, in accordance with the following schedule:

<u>Completed Years of Service</u>	<u>Nonforfeitable Percentage</u>
1	20%
2	40%
3	60%
4	80%
5	100%

7. All other provisions of the Plan as in effect prior to this Amendment No. 2 shall remain unchanged by the Amendment No. 2.

Executed this 17 day of May, 2023.

EMPLOYER:

**NORTHERN INYO HEALTHCARE  
DISTRICT**

By: \_\_\_\_\_

Title:  
\_\_\_\_\_

APPROVED AS TO FORM AND CONTENT  
BEST BEST & KRIEGER LLP

By: \_\_\_\_\_

—  
Attorneys for Employer

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

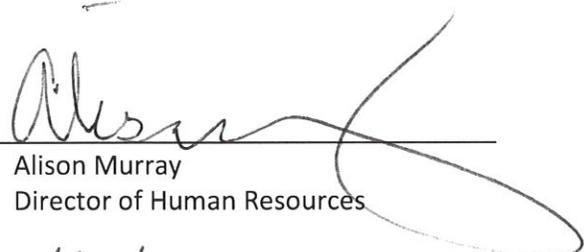
Date: May 5, 2023

Title: **APPROVAL OF AMENDMENT NO. 6 TO THE NORTHERN INYO COUNTY LOCAL  
HOSPITAL DISTRICT RETIREMENT PLAN**

Synopsis: It is recommended that the Board of Directors approve Amendment No. 6 to the Northern Inyo County Local Hospital District Retirement Plan. This amendment allows for the implementation of employee contributions into the Defined Benefit plan on a tax deferred basis as approved by the Board of Directors on February 21, 2023.

This resolution has been reviewed and approved by legal as well as Stephen DelRossi, Interim CEO/CFO.

Prepared by:



Alison Murray  
Director of Human Resources

Approved by:



Stephen DelRossi  
Interim Chief Executive Officer/Chief  
Financial Officer

**AMENDMENT NO. 6 TO THE  
NORTHERN INYO COUNTY LOCAL  
HOSPITAL DISTRICT RETIREMENT PLAN**

**RECITALS**

A. The NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT (the "Employer"), adopted the NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT RETIREMENT PLAN (the "Plan") for the benefit of its Employees and their Beneficiaries, effective as of March 1, 1975, and subsequently amended and restated the Plan as of January 1, 2009.

B. The Employer wishes to amend the Plan in order to amend the definition of compensation and to add mandatory employee contributions provisions to the Plan.

C. Section 8.1 of the Plan provides that the Employer reserves the right to amend the Plan at any time by an instrument in writing executed in the name of the Employer by an officer or officers duly authorized to execute such instrument.

D. The Employer hereby amends the Plan effective as of the date that this amendment is executed by a representative of the Employer's Board of Directors.

**AMENDMENT**

NOW, THEREFORE, Employer hereby amends the NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT RETIREMENT PLAN as follows:

1. Section 1.9, "Compensation," is amended by replacing the last sentence of the Section with the following.

Compensation shall not include the value of any unused and unpaid sick leave existing at the time of termination of employment.

2. Section 7.3, "Employee Contribution," of the Plan is deleted and the following inserted in its place:

7.3 Employee Contributions.

(a) Each Employee who is an active Plan Participant is required to make the following mandatory contributions to the Plan:

(i) As of the effective date of this amendment, 2.5% of Compensation.

(ii) Effective as of July 1, 2023, 3.5% of Compensation.

(b) Employee mandatory contributions shall be deducted from a Participant's Compensation on a payroll-by-payroll basis.

- (c) The sum of each Participant's contributions shall be referred to as the Participant's Accumulated Contributions.
- (d) No earnings or losses shall be allocated to a Participant's Accumulated Contributions.
- (e) The Participant's Accrued Benefit derived from Employer contributions shall be the Participant's total Accrued Benefit under the Plan less the Participant's Accrued Benefit derived from such Participant's Accumulated Contributions.
- (f) An Employee's Accumulated Contributions shall be 100% vested at all times.
- (g) No in-service withdrawals of Accumulated Contributions shall be permitted.
- (h) If upon the cessation of a Participant's retirement benefit payments, there is an excess of the Participant's Accumulated Contributions over the amount paid as the retirement benefit, the remaining amount shall be paid in a single sum to the Participant's Beneficiary.
- (i) The Employer may pick up, for the sole and limited purposes of deferring taxes under Code section 414(h)(2) Employee Contributions under this section.

Executed this 17 day of May, 2023.

EMPLOYER

**NORTHERN INYO COUNTY LOCAL  
HOSPITAL DISTRICT**

By: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS TO FORM AND CONTENT  
BEST BEST & KRIEGER LLP

By: \_\_\_\_\_  
Attorneys for Employer



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TO: NIHD Board of Directors  
FROM: Sierra Bourne, MD, Chief of Medical Staff  
DATE: May 2, 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. Extension of Temporary Privileges for Good Cause (*action item*)
  - 1. Jhoanne Bautista, MD (*general surgery*) – temporary privileges granted for 180 days
  - 2. Guy Cascillas, MD (*general surgery*) – temporary privileges granted for 180 days
  
- B. Policies (*action item*)
  - 1. *Bloodborne Pathogen Exposure Control Plan*
  - 2. *Discharge Planning for Homeless Patients*
  - 3. *Discharge Planning for the Hospitalized Patient*
  - 4. *Interdisciplinary Plan of Care Coordination*
  - 5. *Management of Discharge Disputes from Medicare Patients*
  - 6. *Plan for the Provision of Social Services at NIHD*
  - 7. *Standardized Procedure - General Policy for the NP or CNM*
  - 8. *Standardized Procedure for Admission of the Well Newborn*
  - 9. *Standardized Procedures for Medical Functions by RN in the Emergency Department*
  - 10. *Standardized Protocol - Adult Health Maintenance for the Physician Assistant*
  - 11. *Utilization Review Plan*
  - 12. *Access to ePHI by Third Party*
  - 13. *Informed Consent Policy - Practitioner's Responsibility*
  - 14. *Medical Staff Department Policy - Outpatient Medicine*
  - 15. *Patient Rights and Responsibilities*
  
- C. Medical Executive Committee Meeting Report (*information item*)



# NORTHERN INYO HEALTHCARE DISTRICT

## PLAN

Title: Bloodborne Pathogen Exposure Control Plan		
Owner: Manager Employee Health & Infection Control		Department: Infection Prevention
Scope: District Wide		
Date Last Modified: 02/08/2023	Last Review Date: No Review Date	Version: 8
Final Approval by: NIHD Board of Directors		Original Approval Date: 02/01/2010

### PURPOSE:

The goal of this plan is to minimize or eliminate health care worker exposure to bloodborne pathogens. This plan focuses on safer work practices, personal protective equipment, and engineering and administrative controls. Adhering to this plan ensures compliance with all applicable laws and regulations relating to bloodborne pathogens exposure, and is in accordance with The Division of Occupational Safety and Health (DOSH), better known as Cal/OSHA Bloodborne Pathogens Standard (Title 8, California Code of Regulations, Section 5193). This plan continues our commitment to providing a safe and healthy environment in which to deliver patient care.

### POLICY

Northern Inyo Healthcare District is committed to providing a safe and healthy environment for its entire staff. All employees and physicians working within this facility who may be potentially exposed will follow this policy and procedure to bloodborne pathogens. Failure to follow this policy and procedure may result in disciplinary actions.

### DEFINITIONS

**Bloodborne pathogens** – Pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

**Contaminated** – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

**Decontamination** – The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Engineering controls** – Controls such as sharps disposal containers, needleless systems and sharps with engineered sharps injury protection that isolate or remove the bloodborne pathogens hazard from the workplace.

**Engineered sharps injury protection** – A physical attribute built into a needle device used for withdrawing other potentially infectious materials accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting,

encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

**Exposure incident** – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

**Healthcare Worker (HCW)** - Refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

**Needless system:** A device that does not use a needle and is used to withdraw body fluids after initial venous or arterial access is established; to administer medication or fluids; or for any other procedure involving the potential for an exposure incident

**Occupational exposure** – A job category where skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials could be reasonably anticipated.

**Other potentially infectious materials (OPIM)** –

- Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as in an emergency response
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV or HCV:
  - –Cell, tissue, or organ cultures from humans or experimental animals
  - –Blood, organs or other tissues from experimental animals
  - –Culture medium or other solutions

**Passive safety:** A feature that requires no action by the user.

**Personal Protective Equipment (PPE):** PPE is specialized clothing or equipment worn by an employee to minimize exposure to a variety of hazards.

**Safety Engineered Devices:** A device that has a built in sharps injury protection mechanism such as an attached sheath covering the needle or scalpel after use or needles that retract.

**Sharps:** Devices or objects capable of cutting or piercing. Examples include scalpels, razor blades, broken glass, microscope slides, and needles.

**Sharps container:** Rigid puncture resistant container with a secure lid that can safely store sharps waste.

**Source individual** – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

**Standard precautions** – An approach to infection control. Standard precautions expand the universal precautions concept (*see below*) to include all other potentially infectious materials with the intent of protecting

employees from any disease process that can be spread by contact with a moist body substance. This isolation technique includes substances such as feces, urine, saliva and sputum that were not included in Standard universal precautions unless they contained visible blood.

**Universal precautions** – Is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens. Universal Precautions emphasizes the use of Personal Protective Equipment (PPE) barrier to prevent contact with blood and other potentially infectious materials. Precautions apply to blood, semen, and vaginal secretions; amniotic, cerebrospinal, pericardial, peritoneal, pleural, and synovial fluids; and any other body fluid visibly contaminated with blood.

**Work Practice Controls:** Are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **EXPOSURE DETERMINATION**

The exposure determination looks at all job classifications to determine the potential for occupational exposure to blood or other potentially infectious materials. Health care worker (HCW) job classifications listed below have been determined to be at risk for occupational exposure. This list includes those job classifications in which only some employees have occupational exposure. All elements of this exposure control plan apply to all employees in these jobs.

- Admission Services
- Biomedical engineers
- Central Supply
- Diagnostic Imaging Technologists
- EKG technicians
- Environmental Services
- Laboratory employees
- Language Services
- Laundry
- Maintenance/Plant Operations
- Nursing- All
- Pharmacy
- Physicians
- Rehab Department
- Respiratory therapists
- Security
- Social Services
- Dietary

## **METHODS OF COMPLIANCE**

This section reviews the numerous work practices and procedures necessary to minimize or eliminate unprotected exposure to bloodborne pathogens. Compliance with these practices and procedures is MANDATORY and is a condition of employment.

### **Standard Precautions**

*Refer to Lippincott Procedures Standard Precautions.*

Use standard precautions in all patient care to prevent contact with blood and OPIM. Always treat the following body fluids as if infectious for HBV, HCV or HIV:

- \* Human blood, blood components and products made from human blood
- \* **Other potentially infectious materials (OPIM)**
  - –semen
  - –vaginal secretions
  - –cerebrospinal fluid
  - –synovial fluid
  - –pleural fluid
  - –pericardial fluid
  - –peritoneal fluid
  - –amniotic fluid
  - –any other body fluid contaminated with blood such as saliva or vomitus
  - –any unfixed tissue or organ from a human

In circumstances where it is difficult or impossible to differentiate between body fluid types, those fluids are assumed to be potentially infectious.

The Infection Preventionist of Northern Inyo Healthcare District (NIHD) and leadership is responsible for overseeing the use of standard precautions by all NIHD workforce members.

### **Engineering Controls:**

Engineering controls are used to minimize or eliminate HCW occupational exposures to bloodborne pathogens. These controls include, but are not limited to:

- Devices with engineered sharps injury protection
- Needleless systems
- Safety design devices
- Hand washing facilities
- Sharps containers
- Laboratory safety hoods where appropriate
- Pneumatic Tube Safety
- Specimen containers
- Protective shields

### **Use of Needleless Systems, Needle Devices, Non-needle Sharps**

When feasible, needless system(s) will be used for:

- Withdrawing OPIM after initial venous or arterial access is established.

- Administering medications or fluids
- Any other procedure involving the potential exposure incident for which a needle device with engineered sharps injury protection is available

When feasible, devices with engineered sharp injury protection will be used for:

- Withdrawing OPIM
- Accessing a vein or artery
- Administering medication or fluid
- Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

Non-needle sharps (e.g., scalpels, lancets) shall have engineered sharps injury protection mechanisms

Employees with potential occupational exposure to blood and OPIM will be trained in the use of engineering controls provided for their use. Additional training will be provided as necessary when new engineering controls are adopted.

NIHD Sharps Protection Injury Committee evaluates engineering control on an as needed basis and determines which ones provide the best protection without compromising patient care.

***Engineered sharps injury protection devices are not required in the following situations only:***

- An engineering control is not available in the marketplace during a pandemic or during a national shortage.
- A licensed health care professional, directly involved in a patient’s care, determines in the reasonable exercise of clinical judgment, that the use of the engineering control will jeopardize the patient’s safety or the success of a medical or nursing procedure involving the patient. In such cases, the use of this exception shall be investigated and documented by the Infection Preventionist or designee, and must be approved by the NIHD Infection Committee.
- The employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing incidents than the alternative used by the employer.
- There is no reliable or specific safety performance information available on the safety performance of the safety control for this facility’s procedures. NIHD actively determines whether the use of engineering controls lacking reliable or specific safety performance information will reduce the risk of exposure incidents occurring in this facility.
- The use of engineering controls will be re-evaluated annually during the yearly review of this exposure control plan. Additions or deletions will be made at that time or as indicated by ongoing monitoring activities.

**Work Practice Controls:**

The use of standard precautions is an integral part of this exposure control plan and of NIHD infection prevention program. Standard precautions will be practiced whenever exposure to blood or OPIM is anticipated. When differentiation between body fluid types is difficult or impossible, all other potentially infectious materials will be considered potentially infectious materials.

Work practice controls/procedures have been implemented to minimize exposure to bloodborne pathogens. Each department manager/supervisor is responsible for implementing, evaluating and monitoring compliance with these work practices. Infection Preventionist, department designee, and Department Safety Officers will monitor work practices as part of routine rounds through each area.

Specific infection control policies and procedures are in place to address work practices and procedures centered on the concept of standard precautions. The minimization and elimination of exposure to blood and OPIM is the primary goal.

**The following is a summary of work practice controls:**

- Hands will be washed with soap and water or alcohol based hand rub (ABHR) before patient contact, after the removal of gloves or other personal protective equipment and immediately following contact or exposure to blood or Other potentially infectious materials before clean/aseptic procedure, and after touching patient surroundings. *Wash hands with soap and water if there is any visible contamination with blood or other fluids.*
- Mucous membranes and eyes will be immediately flushed with water following exposure to blood or other potentially infectious materials.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure (e.g., nurses' station).
- Food, drink and oral medications will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials may be present.
- All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets.
- Specimens of blood or other potentially infectious materials will be placed in containers that prevent leakage during collection, handling, processing, storage, transportation or shipping. Syringes containing blood or other potentially infectious materials will not be transported with needles attached unless an engineered safety device is in place permanently shielding the needle.
- The container for storage, transport or shipping to outside of the facility will be labeled or color-coded with the legend "biohazard." These labels shall be fluorescent orange or orange-red, with lettering and symbols in a contrasting color. The surgery department labels are blue for specimens.
- If outside contamination of the primary container occurs, the primary container will be placed within a second container that prevents leakage during handling, processing, storage, transport or shipping and is properly labeled. If specimen could puncture the primary container, the primary container will be placed within the secondary container that is also puncture-resistant.
- Equipment that may be contaminated with blood or other potentially infectious materials will be decontaminated prior to servicing or shipping. If decontamination is not feasible, a biohazard-warning label (that meets the Cal/OSHA requirements) will be attached to the equipment identifying the contaminated portions. Information will be conveyed to all affected employees, servicing people and/or the manufacturer prior to handling to ensure that appropriate precautions are taken.
- Pneumatic Tube System: In case of a biohazard spill in the system:
  - On control panel of the pneumatic tube system, the employee should immediately push "911 and hit the "Special Function" key. This disables the system and prevents other tubes from becoming contaminated.
  - During the day notify maintenance and during off hours notify the Nursing Supervisor.

- To prevent this problem, all employees who may place either blood or urine in the tube, need to remember how important it is to carefully seal every biohazard bag.
- To prevent possible hand contamination, open all tubes slowly and carefully.

Pneumatic Tube educational video available on NIHD

Intranet\\root.nih.org\home\Public\Video\EQUIPMENT-VIDEOS\PneumaticTube.wmv

### Managing Blood/OPIM Spills.

- Basic principles
  - Standard precautions apply, including use of PPE as applicable
  - Spills should be cleaned before the area is cleaned (adding liquid to spills increase the size of the spill and should be avoided)
- Management small spill < 10cm
  - Secure the spill area notify appropriate personnel
  - Wipe the area immediately with paper toweling
  - Clean with approved hospital disinfectant
  - Management of large spill > 10cm
    - Secure the spill area and notify appropriate personnel
    - Contain the spill using spill kit
    - Remove absorbed material with a scraper and pan and place in a biohazard bag
- Clean with approved hospital disinfectant

### Handling Contaminated Sharps

All procedures involving the use of sharps in connection with patient care will be performed using the following effective patient-handling techniques and other methods designed to minimize risk of a sharps injury:

- Contaminated needles and syringes, and other sharps will not be bent, broken, recapped or otherwise manipulated and will be disposed of in rigid-walled disposable sharps containers. **Exception:** Syringes that contain radioactive pharmaceuticals that must be returned to the pharmaceutical company for disposal may be recapped using a safety device designed for this purpose or by the “one-handed” method.
- Reusable sharps will be placed in labeled, puncture resistant, leak-proof containers for appropriate cleaning and sterilization. Cleaning of such sharps will not require employees to reach their hands into sharps containers.
- Do not reuse disposable sharps under any circumstances.
- Contaminated sharps will be immediately, or as soon as possible after use, disposed of in rigid, puncture-resistant, leak proof containers that are labeled “Sharps Waste” or with the international biohazard symbol and the word “Biohazard.”
- Sharps container seals must be leak resistant and difficult to reopen.
- Sharps containers will be readily available and easily accessible for all situations in which sharps are used or can be anticipated to be found, including dietary trays and laundry, if applicable.

- Sharps containers will be maintained in the upright position and will be replaced when reaches the fill line (2/3 full) to avoid overfilling.
- Broken glassware that may be contaminated will not be picked up by hand, but by mechanical means such as a brush and dustpan, tongs or forceps.
- No items shall be placed on top of the sharps container (e.g. germicidal wipes, Kleenex boxes)
- Staff must ensure that no items are sticking out and/or stuck in the opening of sharps containers
- A safety device will be used (ex-point lock) if there is no engineered safety device.
- The employee or physician performing the procedure **SHOULD** dispose of his/her own sharps except in the Operating room.
- Always dispose of needles into sharps box with one-handed technique; do not open lid with second hand.

### **Personal Protective Equipment:**

Personal protective equipment is an essential component of a plan to reduce or eliminate exposure to bloodborne pathogens. The following policies and procedures will be adhered to:

- Personal protective equipment will be used in conjunction with engineered controls and work practice controls.
- Where the potential for occupational exposure exists, staff will be provided, at no cost to the employee, appropriate personal protective equipment such as gloves, gowns, aprons, laboratory coats, splash goggles, glasses, face shields, masks, mouthpieces, resuscitation bags, pocket masks, hoods, shoe covers, etc.
- Appropriate personal protective equipment will not permit blood or other potentially infectious materials to pass through (e.g., impervious gowns) or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucus membranes under normal conditions of use.
- Hypoallergenic gloves, glove liners, powderless gloves, and other similar alternatives will be readily available to those employees who experience allergenic problems with the standard gloves.
- Department managers will insure that personal protective equipment in the appropriate size is readily available and utilized when necessary to provide the needed level of protection from anticipated exposure.
- The Infection Preventionist will monitor compliance by checking use of personal protective equipment as part of the environmental rounds, and department managers will monitor compliance on a day-to-day basis.
- Employees will be provided training on the appropriate use of personal protective equipment. Training will be completed at the time of initial assignment to a job classification or task/procedure that presents the potential for blood, body fluid or other potentially infectious material exposure.
- A staff member may temporarily and briefly decline to use personal protective equipment only under rare and extraordinary circumstances. If he/she believes, based on their own professional judgment, that its use would prevent the delivery of health care or public safety services or would pose an increased hazard to worker safety, then they may decline to use the personal protective equipment. If this occurs, the Infection Preventionist will investigate and document the circumstances to determine whether changes should be implemented to prevent a similar occurrence in the future. NIHD encourages employees to report all such instances.

- NIHD will be responsible for the cleaning, laundering, repairing, replacing and disposing of personal protective equipment as needed to maintain effectiveness at no cost to the employee.
- Any garment(s) penetrated by blood or other potentially infectious materials will be removed immediately or as soon as feasible, and placed in the designated area or container for storage until washed or disposed of by the facility.
- All personal protective equipment will be removed prior to leaving the work area and patients room
- Employees are responsible for placing their personal protective equipment, after removal, in a designated area or container for storage, washing, decontamination or disposal.
- Employees will wear gloves when it is reasonably anticipated that they will have hand contact with blood or other potentially infectious materials, mucous membranes and non-intact skin when performing vascular access procedures, and when handling or coming into contact with contaminated items or surfaces.
- Disposable gloves will be replaced, as soon as practical when contaminated, torn or punctured or when their ability to function as a barrier has been compromised.
- Disposable gloves will not be washed or decontaminated for reuse.
- Heavy duty, utility gloves may be decontaminated for reuse; however, they must be discarded if cracked, peeling, torn or exhibit any signs of deterioration that would compromise their barrier protection.
- Employees will wear masks in combination with eye protective devices such as glasses with solid sidepieces, goggles or face shields whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- Gowns, aprons, lab coats or similar outer garments will be worn whenever the potential for exposure to blood or other potentially infectious materials is likely.
- Surgical caps or hoods, and impermeable shoe covers or boots will be worn in instances where “gross contamination” is anticipated (e.g., autopsies, orthopedic surgery, labor and delivery).

### **Cleaning and Decontaminating the Work Site:**

Listed below are cleaning and decontaminating policies and procedures that must be followed:

- Environmental Services is responsible for maintaining the facility in a clean and sanitary manner. Policies and procedures have been developed and implemented to ensure that cleaning is scheduled appropriately and proper methods for cleaning and decontaminating are followed. A written schedule for cleaning and decontaminating the worksite has been developed and is posted in Environmental Services work stations and in the Environmental Services manual
- All dirty linen is handled in compliance with standard precautions. All appropriate steps are taken to minimize or eliminate potential exposures. If the soiled linen is wet and presents the likelihood of causing exposure, a plastic bag will be used to prevent leakage or exposure.
- Linen will be bagged or containerized at the point of use and will not be sorted or rinsed in this location.
- The Infection Control Committee is responsible for reviewing and approving policies and procedures that address proper cleaning, disinfection, and/or sterilization of equipment or environmental surfaces that become contaminated.

### **A summary of cleaning requirements follows:**

- All equipment and environmental and work surfaces will be cleaned and decontaminated as soon as possible after contact with blood or other potentially infectious materials.

- Contaminated work surfaces, or surfaces that come into contact with the hands, will be cleaned and decontaminated immediately or as soon as feasible in the event they become overtly contaminated, when blood or other potentially infectious materials fluid spills occur, or when procedures are completed, using a disinfectant with a hepatitis B or tuberculocidal claim.
- All bins, pails, cans and similar receptacles that become contaminated with blood or other potentially infectious materials will be cleaned and decontaminated immediately or as soon as feasible, no later than at the end of the work shift.
- Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment or environmental surfaces will be removed, replaced and appropriately disposed of at the end of each work shift. If such covering becomes overtly contaminated, it will be removed and disposed of immediately or as soon as feasible.

### **Waste Disposal:**

The California Medical Waste Management Act, in conjunction with this plan, will provide direction on the proper disposal of biohazardous waste to include sharps waste and wastes contaminated with blood or OPIM. The following will be placed in red plastic bags marked with the word and symbol for “biohazard” and disposed of using the biohazard waste pathway:

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that contain liquid or semi-liquid blood or are caked with dried blood and are capable of releasing these materials when handled or compressed
- Contaminated sharps
- Pathological and microbiological wastes containing blood or other potentially infectious materials

### **Accepting Community Needles:**

1. NIHD will accept contaminated needles from the community for disposal
2. Refer questions from persons with needles to infection control or maintenance.
3. A sharps disposal unit is at the front of the hospital and all community sharps may be placed in this unit.
4. Sharps containers may not be sold or given to patients or other individuals for home use.
5. Sharps disposal located at NIHD front entrance (large **red** receptacle with the wording “sharps”)
  - a. Must be in a rigid hard plastic bottle or container with screw lids.
  - b. Sharp boxes designed for sharps
  - c. Will not be accepted otherwise.
6. Any ambulance service may dispose of their needles/infectious waste at NIHD, at any time, but must dispose of it themselves in appropriate infectious waste containers.

### **Hepatitis B Vaccination Program:**

In an effort to provide maximum protection from hepatitis B infection, NIHD offers a vaccination program, at no employee cost, to all staff that has potential occupational exposure to bloodborne pathogens. Components of the program are outlined below:

- The vaccination program will be discussed with applicable staff following the training outlined in this plan and within 10 days of initial assignment and annually during the bloodborne pathogens training program.

The safety of the vaccine and the advantages of receiving the vaccine will be reviewed with all applicable staff. Details for receiving the vaccine also will be included.

- Vaccine will be provided when indicated by Employee Health as part of the initial employment physical for all new employees with potential exposure to blood or other potentially infectious materials. Employee Health follows up with each employee until the vaccination series is complete.
- Current employees also will be offered the HBV vaccine free of charge from Employee Health. The vaccine is offered to physicians and non-licensed contracted employees with potential exposure to blood free of charge.
- All employees have the right to decline immunization and are required to complete and sign the declination statement. If the employee subsequently changes his/her mind and requests the vaccine, it will be provided at no cost to the employee.

### **Post-Exposure Evaluation and Follow-Up: Follow P&P Exposure Evaluation-Blood Borne Pathogen**

A bloodborne pathogen exposure prophylaxis protocol has been implemented to provide an immediate, confidential medical evaluation and follow-up of employees exposed to blood or other potentially infectious materials. This protocol is in accordance with the most recent recommendations of the U.S. Public Health Service.

**Note:** *The Standard requires providers to follow procedures as recommended by the U.S. Public Health Service. The Centers for Disease Control and Prevention periodically issue new recommendations. Providers, and in particular, medical professionals who conduct post-exposure evaluations, need to keep updated on the CDC's recommendations. Current recommendations and checklists are incorporated into packets and outlined below to ensure comprehensive and appropriate treatment.*

- The protocol and information packets are available from the infection policies and procedures manual. Detailed instructions and all necessary forms are included in the packet for the employee, supervisor and physician, to ensure the evaluation is comprehensive and thorough.
- The Emergency Department Physician conducts initial Medical Evaluation of the exposed healthcare worker. The initial workflow is conducted by Nursing Supervisor, Emergency Department Nurses, Infection Prevention Nurse, or Employee Health Nurse Specialist. Follow up labs are conducted by Employee Health Nurse Specialist or Infection Prevention Nurse. A primary care physician conducts follow up medical care.
- If the healthcare worker refuses post-exposure medical evaluation and laboratory testing, “refusal of care document” will be signed, and healthcare worker is encouraged to follow up with their primary care as soon as possible.
- Medical evaluation and laboratory tests will be provided at no cost to the employee.
- All medical records will be maintained in the patient’s confidential employee health file.
- The treating health care professional will provide to the employee, within 15 days, a copy of his/her written opinion following the post-exposure evaluation and follow-up.

### **Reporting and Documenting Sharps Injuries:**

All sharps related injuries will be reported as an occupational injury following the facility’s Occupational Injury and Illness Reporting procedure. All sharps devices used within the facility will be available and

displayed to assist the employee in identifying the device that caused the injury. A report denoting the frequency of use of the types and brands of sharps involved in exposure incidents will be generated and reported to the Safety and Infection Control Committees annually. Frequency of use will be approximated by product ordering trends. All sharps devices used within the facility will be available and displayed to assist the employee in identifying the device that caused the injury.

In addition, all sharps injuries will be recorded on the sharps injury log within 14 working days of the date the incident was reported. The log will be maintained for a minimum of five years by Employee Health.

The log will include the following information

- Job classification of the exposed employee.
- Date and time of the exposure incident.
- Type and brand of the sharp involved, if known.
- A description of the exposure incident which must include:
  - Job classification of the exposed employee.
  - Department or work area where the exposure incident occurred.
  - The procedure the exposed employee was performing at the time of the incident.
  - How the incident occurred.
  - The body part involved in the exposure incident.
  - If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation, or after activation.
  - If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
  - The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

### **Communicating Hazards to Employees:**

In addition to the provisions of standard precautions, the following hazard communication provisions are implemented as part of the exposure control plan:

- Biohazardous waste will be collected in red bags pre-printed with both the word **BIOHAZARD** and the biohazard symbol.
- Warning labels with the legend **BIOHAZARD** will be affixed to refrigerators and freezers containing blood or other potentially infectious materials-and all other containers used to store, transport or ship blood or other potentially infectious materials.
- Biohazardous wastes will be labeled with the legend **BIOHAZARDOUS WASTE** or **SHARPS WASTE** as appropriate. Labels shall be fluorescent orange or orange-red, with lettering and symbols in a contrasting color.

### **The following items *do not* require hazard labels/signs:**

- Containers of blood or blood products already labeled as to their contents and released for transfusion or other clinical use.

- Individual containers, tubes and specimen cups of blood or other potentially infectious materials placed in biohazard labeled bags or containers for storage, transport, shipment or disposal.
- Primary specimen containers, as all staff are trained to use standard precautions when handling patient specimens.
- Laundry bags and containers, as both staff and laundry workers are trained in standard precautions.
- Biohazardous (regulated) waste which has been decontaminated (e.g., processed in a sterilizer) prior to disposal.

**Note:** *The California Medical Waste Management Act also requires hazard-warning signs/labels of biohazardous waste. The requirements of this exposure plan are not intended to supersede these requirements but augment them.*

### **Information and Training:**

All employees and physicians covered by this plan will be provided training at the time of initial assignment to an at-risk job classification.

Training will be provided by the Infection Preventionist or assigned training. Training will be provided in the language and vocabulary appropriate to the employee's education, literacy and language background.

Training will occur:

- At the time of initial assignment to an at-risk job classification.
- Annually, within 12 months of the previous training.
- When changes affect the employee's occupational exposure, such as new engineering, administrative or work practice controls, modifications of tasks/procedures or institution of new tasks/procedures. This training may be limited to these changes.

The training program will contain, at a minimum, the following elements:

- Copy and explanation of the Standard – A copy of Cal/OSHA's Bloodborne Pathogens Standard is available for review in the Infection Prevention department and this plan.
- Epidemiology and symptoms – A general explanation of the epidemiology and symptoms of bloodborne pathogens.
- Modes of transmission – A general explanation of the modes of transmission of bloodborne pathogens.
- Employer's exposure control plan – An explanation of the plan and how an employee can obtain a copy.
- Risk identification – An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Methods of compliance – An explanation of the use and limitations of methods to prevent or reduce exposure, including appropriate engineering controls, administrative or work practice controls, and personal protective equipment.
- Personal protective equipment – Information on the types, proper use, location, removal and an explanation of the basis for selecting personal protective equipment.
- Decontamination and disposal – Information on handling and the decontamination and disposal of personal protective equipment.

- Hepatitis B vaccination – Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated, and that it will be offered free of charge.
- Emergencies – Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- Exposure incident – An explanation of the procedure to follow if an exposure incident occurs, including how the incident should be reported, the medical follow-up available and the procedure for recording the incident on the sharps injury log.
- Post-exposure evaluation and follow-up – Information on the post-exposure evaluation and follow-up that will be provided to the employee after an exposure incident.
- Signs and labels – An explanation of the signs, labels and/or color-coding used to identify hazards.
- Interactive questions and answers – An opportunity for interactive questions and answers with the trainer.

### **Recordkeeping:**

Records covered in this section are available through Human Resources, Employee Health, and Infection Prevention. Records must be made available under these circumstances:

- All records (training records, medical records and sharps injury log) will be provided upon request to Cal/OSHA and NIOSH for examination and copying.
- Employee training records will be provided upon request to employees and employee representatives.
- Employee medical records will be provided to the subject employee upon request for examination and photocopying. Anyone with written consent from this employee may also request the employee health and medical records.
- The sharps injury log is available upon request to examine and photocopy, and will be made available to employees and to employee representatives upon request.

### **Medical Records**

Employee Health will maintain a medical record for each employee who performs duties that may result in an exposure incident. These records will include the following information:

- The name and social security number of the affected employee.
- A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all examination and medical testing results, and follow-up procedures.
- The employer's copy of the health care professional's written opinion.
- A copy of the information provided to the health care professional.

These records will be kept confidential and will not be disclosed or reported without the employee's expressed written consent except as required by Title 8, California Code of Regulations, Section 3204, and other applicable laws. These records will be maintained within the above listed departments for at least the duration of employment plus 30 years.

### **Training Records**

Full documentation of training must be completed for all employees trained. Documentation will be maintained by, and be the responsibility of, department managers and the Infection Preventionist.

Training records must include, at a minimum, the following:

- Date of training session
- Summary of content
- Names and job titles of attendees
- Names and qualifications of trainers

**Annual Review:**

A review of bloodborne pathogens is conducted each year. The Infection Preventionist and Sharps Injury Prevention Committee members will conduct this review. Frontline health care workers—those who have contact with patients and use sharps frequently—will be included in this review. As part of the review process, the committee will consider the effectiveness of the program in preventing “exposure incidents” and will include a review of current engineering controls and work practice. The Infection Preventionist Manager is responsible for reviewing and updating the Bloodborne Pathogen Exposure Control Plan annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure. The annual review process will include soliciting input from frontline healthcare workers who have contact with patients and use sharps frequently.

**CROSS-REFERENCE P&P:**

1. Handling of Soiled Linen
2. Exposure Evaluation
3. Handling and Disposal of Needle/Sharps
4. Handling of Infectious/Non-Infectious Waste
5. Hepatitis Prophylaxis/Needles Stick Policy
6. Injury and Illness Prevention Program
7. Lippincott Standard Precautions
8. Personal Protective Equipment (PPE’s) Putting On
9. Personal Protective Equipment (PPE’s) Removing with critical notes
10. Personal Protective Equipment (PPE’s) and Supplies
11. Pneumatic Tube Use
- 12.
13. Adult Immunization in the Healthcare Worker
14. Recommendation for Prophylaxis after Occupational Exposure to HIV
15. Waste Management Plan
16. InQuiseek – Blood Borne Pathogens: Exposure Control
17. InQuiseek – Infection Control Policy

## REFERENCES:

1. The Joint Commission (2021). Infection Prevention and Control IC.02.03.01. Retrieved from <https://edition.jcrinc.com/MainContent.aspx>
2. State of California: Department of Industrial Relations (Last accessed 3-15-21). Exposure control plan for Bloodborne Pathogens. Retrieved from [https://www.dir.ca.gov/dosh/dosh\\_publications/expplan2.pdf](https://www.dir.ca.gov/dosh/dosh_publications/expplan2.pdf)
3. United States Department of Labor: Occupational Safety and Health Administration (OSHA) (Last accessed 8/15/22). Bloodborne Pathogens and Needlestick Prevention. Retrieved from <https://www.osha.gov/SLTC/bloodbornepathogens/evaluation.html>
4. California Code of Regulations. (Site accessed 5/25/2020). § 5193. Blood borne Pathogens. Retrieved from <https://www.dir.ca.gov/title8/5193.html>
5. Centers for Disease Control and Prevention. (2014). Bloodborne Pathogen Exposure. Retrieved from <https://www.cdc.gov/niosh/docs/2007-157/default.html>
6. Centers for Disease Control and Prevention. (2015). Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program. Retrieved from [https://www.cdc.gov/sharpssafety/pdf/sharpssworkbook\\_2008.pdf](https://www.cdc.gov/sharpssafety/pdf/sharpssworkbook_2008.pdf)
7. California Hospital Record and Data Retention Schedule. (2018).

## RECORD RETENTION AND DESTRUCTION:

See medical records and training records section of this annual plan.

Sharps injury training records will be kept for at least six years.

Sharps Injury log will be kept for 10 years

Supersedes: v.7 Bloodborne Pathogen Exposure Control Plan*
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## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Discharge Planning for Homeless Patients		
Owner: DON Inpatient Services	Department: Acute/Subacute Unit	
Scope: Emergency Department, ICU, Acute/Subacute, Perinatal		
Date Last Modified: 03/09/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 01/16/2019	

### **PURPOSE:**

To help NIHD staff understand the law on preparing to return homeless patients to the community.

### **POLICY:**

1. Transitional care (discharge planning) for homeless patients will align with the Discharge Planning for the Hospitalized Patient policy, beginning upon admission to inpatient.
2. Homeless patients in the Emergency Department (ED) will receive additional services to meet their unique needs as outlined in procedure below.

### **DEFINITION:**

1. Homeless patient – an individual who:
  - a. Lacks a fixed and regular nighttime residence, or
  - b. Has a primary nighttime residence that is a supervised operated shelter, or
  - c. Is residing in a public or private place not designed to be used as a sleeping accommodation.
2. Residence – the location identified to the hospital by the homeless patient as his/her principal dwelling place.

### **PROCEDURE:**

1. Determination of housing status
  - a. Lack of housing must not be used to discriminate against a homeless patient.
  - b. Discharge planning must include inquiry about housing status for all ED and Inpatients. This must be documented in the patient’s medical record.
2. Discharge planning must be individualized for each homeless patient and must be provided in a culturally competent manner; including use of a language that the patient understands.
  - a. Must be guided by the best interests of the homeless patient
  - b. Must include plans to address physical and mental conditions
3. The homeless patient has the right to refuse District plans or services offered to support discharge planning.
4. The District will work with the patient to identify a post-discharge destination. Currently no homeless shelters exist within the County of Inyo.
  - a. Attempts will be made to determine current ‘residence’ of the patient
  - b. Documentation of alternative destination choice by the patient will be made by nursing or case management staff when the patient so chooses.
  - c. Homeless patients may not be sent out of county, per state law, during discharge process unless:
    - i. Prior notice has been given to the agency, and

- ii. Prior authorization from the agency has been obtained specifically for the individual patient, which may be a verbal acceptance.
- 5. Physician examination and determination of stability for discharge is required along with a discharge plan and order.
  - a. EMTALA regulations apply in the ED setting.
  - b. Person must be alert and oriented to person, place and time.
  - c. Must be referred to a source of follow-up care if medically necessary.
  - d. Behavioral health follow-up care, if necessary,
  - e. Discharge instructions shall be provided to the patient.
- 6. Food must be offered to the homeless patient.
  - a. NIHD Dietary services will have shelf stable food prepared in advance to provide to individuals as need arises.
  - b. Documentation of the provision or refusal of food will be required within the medical record.
  - c. Meal may be provided prior to discharge or at the time of discharge to go with the patient.
- 7. Clothing will be offered to the homeless patient if the patient fails to have weather appropriate clothing.
  - a. Clothing will be stored in clean condition for dispensing; it is not required to be new clothing.
  - b. Completion of Discharge Planning – Weather Appropriate Clothing form is required.
    - i. This form serves as documentation of refusal to accept weather appropriate clothing or acceptance of such.
    - ii. Form shall be routed to the Nursing Administrative Assistant, who will restock clothing and send form to Health Information Management to scan into the patient chart.
- 8. Discharge medications shall be arranged via local pharmacies during business hours.
  - a. During non-business hours, dose starter packs may be dispensed by the ED Physician as necessary.
  - b. Dose starter pack will meet the required labeling and be of limited quantity to be equal to or less than a 72-hour supply.
- 9. Infectious disease screening will be addressed by the physician based upon presenting symptoms as necessary.
  - a. Inyo County Health Officer has not identified any current infectious diseases common within the county currently.
  - b. Vaccinations will be provided at the direction of the physician order based upon medical need determination on a case-by-case basis.
- 10. Transportation will be provided to the homeless patient up to 30 minutes or 30 miles from the District facilities to the post-discharge destination.
- 11. The homeless patient must be screened for, and helped to enroll in, any affordable health insurance coverage for which he/she is eligible.
  - a. The patient will be provided written notice of the hospital’s charity care and discount policy, information about eligibility and contact information for the Credit and Billing Information office.
  - b. Appointment may be made with Credit and Billing Information office for patient assistance.
- 12. If the patient is accepted by an outside agency for services to meet post-hospital needs for medical or behavioral health needs, the minimum necessary information must be shared with that agency in order to assure continuation of care.

**REFERENCES:**

- 1. California Legislative Senate Bill No. 1152, author Senator Hernandez. Effective 1/1/2019.
- 2. California Hospital Discharge Planning for Homeless Patients, November 2018, California Hospital Association.
- 3. California Department of Public Health, All Facilities Letter AFL 19-01, January 04, 2019.

**RECORD RETENTION AND DESTRUCTION:**

Documentation within the District’s information system, includes registration records with demographics and emergency contacts. This information, along with the documentation of care and discharge planning is included in the medical record. Medical records are maintained by the NIHD Health Information Management Services (HIMS) Department.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. [Discharge Planning for the Hospitalized Patient\\*](#)
2. [Language Access Services Policy](#)
3. [Language Access Services Program](#)
4. [EMTALA Policy](#)
5. [Discharge Instructions Emergency Department](#)

Supersedes: v.1 Discharge Planning for Homeless Patients
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**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL POLICY AND PROCEDURE**

<b>Title: Discharge Planning for the Hospitalized Patient</b>		
<b>Owner: DON Inpatient Services</b>	<b>Department: Acute/Subacute Unit</b>	
<b>Scope: Emergency Department, Acute/Subacute, Perinatal, Intensive Care Unit</b>		
<b>Date Last Modified: 03/09/2023</b>	<b>Last Review Date: No Review Date</b>	<b>Version: 2</b>
<b>Final Approval by: NIHD Board of Directors</b>		<b>Original Approval Date: 04/15/2017</b>

**PURPOSE:**

To ensure an effective discharge plan is in place to meet the patient’s continuing healthcare needs post-hospitalization. Discharge Planning is an integral part of the hospital’s provision of care, involving the assessment and treatment of the patient’s medical, psychological, and social needs that contribute to continuity of care to ensure a safe recovery post-hospitalization. The Case Management staff recognizes the relationship between psychosocial factors, the patients’ health/illness, the influence these factors have on the patient’s recovery, and the potential for re-hospitalization. The goal is to provide all patients with discharge planning that creates a continuity of care that includes the input and coordination of the interdisciplinary care team, the primary care practitioner, the patient and their family, and/or primary care givers.

**POLICY:**

1. Discharge planning will be conducted with all in-patients admitted to Northern Inyo Healthcare District (NIHD), or upon request from the Emergency Department or Post-Anesthesia Care Unit (PACU), according to state and federal regulatory requirements.
2. Discharge planning will be conducted by either a Registered Nurse (RN) or a Social Worker trained in the process of effective discharge planning and case management. Supervision and oversight of the discharge planning process shall be by the Chief Nursing Officer (CNO).
3. A hospitalized patient and the patient’s family and/or care giver shall be given the opportunity to participate in the discharge planning process.
4. Discharge planning evaluations will be initiated upon admission.
5. Patients shall be discharged based upon attainment of patient care goals as evident in the interdisciplinary plan of patient care and access to sufficient resources.
6. The entire interdisciplinary care team shall have input into the discharge planning process, including physicians, nursing staff, rehabilitation staff, social services/case managers, respiratory staff, pharmacists, etc.
7. The discharge planning needs of the patient shall be reassessed daily during the Interdisciplinary Care Team meetings. Changing needs of the patient or family/caregivers shall be taken into consideration and reflected in the discharge plan and documentation.
8. If discharge plans include transferring a patient to another facility, NIHD will collaborate with the patient and/or family to make arrangements for the transfer, and include all necessary medical information and documentation to facilitate continuity of care.

**PROCEDURE:**

1. The discharge planning process will include the following elements:

- A. **Screening-** of all patients which includes identifying risk factors that have the potential to create adverse health consequences to the patient post-hospitalization. Screening risk factors can include bio, psycho, social components such as diagnosis, age, lack of adequate resources or sources of support, co-existing illnesses, behavioral health issues, etc.
- B. **Evaluation-** This process involves interviewing the patient, family, and/or caregivers to determine their needs, preferences, challenges, resources and how they are coping and adjusting to the illness and hospitalization. The interview should attempt to ask the following questions and gather the following information:
1. Current living situation, including identifying any potential safety issues
  2. Sources of support, both financial resources and family/caregiver assistance.
  3. Upon discharge, will the patient be capable of performing their own ADL's; if unable a plan for necessary types of assistance will be arranged.
  4. What equipment will the patient need if they are returning home?
  5. What referrals are important to facilitate a safe and effective discharge? (e.g. nursing home placement, out-pt. rehabilitation, home health services, etc.)
  6. Will the patient's insurance cover post-discharge services?
  7. Do they have transportation to follow up appointments?
  8. Are there any safety concerns with this patient? (e.g. fall risk, negligent spouse or caregiver, can the patient continue to safely drive)
  9. Are the patient's family and /or caregivers competent, capable and willing to help provide care or assistance to the patient? How much, for how long?
  10. What changes have occurred in the patient's physical or cognitive functioning that will require adjustments in the services or support provided to the patient post-discharge? (e.g. has the pt. moved from one level of care to another?)
  11. Has there been a change in the patient's cognitive functioning and executive decision-making ability? Are they capable of making sound decisions regarding their post-hospital needs?
  12. Does the patient have a behavioral health problem that adds a layer of complexity to their hospitalization and creates additional risk to their health and safety, such as a psychiatric diagnosis, suicidal ideations, or a history of substance abuse and dependence? If so, are they motivated to address these issues as part of the discharge plan?
  13. Does the patient and family and/or caregiver demonstrate good insight and awareness into the nature and contributing factors that led to the patient's hospitalization?
  14. Does the patient and family and/or caregivers have realistic expectations about post-hospitalization and recovery?
  15. Are the patient and family coping effectively with the patient's illness, hospitalization or diagnosis?
  16. What behavioral health needs do the patient and family and/or caregiver need in order to improve their functioning, enhance their hospital experience, or to ensure the patient's continuity of care upon discharge? (e.g. crisis intervention, brief grief counseling, education about illness or diagnosis)
  17. Does the patient have an Advanced Directive or a Durable Power of Attorney? Make sure it's on file and up to date.
  18. If the patient is a minor, are they eligible and meet the criteria for California Children Services?
  19. If the patient is a minor, was the cause of the injury or illness the result of neglect or potential abuse on the part of an adult or legal guardian? While it is not our responsibility to investigate and decide the causes of such incidents leading to illness or injury, we are

mandated reporters required to follow the state laws, which includes filing a verbal and written report to California Child Protective Services.

20. Any bio, psycho, social factors that have the potential to complicate a successful discharge in a timely manner, or create risk to the patient for continuity of care.

**C. Development-** This process requires that the case manager/social worker take the results and findings of the evaluation and present them to the Interdisciplinary Care Team for additional information and get their input, based upon their assessments or observations.

1. All discharge plans will be developed in collaboration with the patient, the patient's family and/or caregivers, and the attending physician. Discharge options will be considered and reviewed.
2. The patient's family members and/or caregivers may attend a care conference so that the care team can provide education and clarify goals and resources needed for an effective discharge and continuity of care.
3. The attending physician will provide clarity and leadership about anticipated time frames for discharge and specific needs for the patient based upon diagnosis, recovery process, the patient's response to treatments and therapies, on-going medical needs, and continuity of care.
4. The Case Manger or social worker will take any new or additional information obtained from the Interdisciplinary Care Team and incorporate it into the discharge plan.
5. If the Interdisciplinary Care Team decides to transition the patient to a Swing Bed, the Case Manager or social worker are responsible for providing written notice of transfer to the patient and family that includes explanation for the decision and how this decision will impact the discharge planning process.
6. Once a plan has been developed and agreed upon by the patient (whenever possible), their family and/or caregiver, and the Interdisciplinary Care Team the Case Manager/social worker will document the plans under the Medical Record Discharge Planning within the E.H.R. and begin the Implementation phase of discharge planning.
7. Discharge plans will be reassessed daily with the Interdisciplinary Care Team so that changes in the care level or needs of the patient can be adequately modified in the discharge plan.
8. The discharge planning process will assess and take into consideration patterns or trends that contributed to a patient readmission if prior hospitalization was within the last 30 days when appropriate.

**D. Implementation-** This process will be driven by the findings and results of the evaluation and will often include tasks such as:

1. Calling various skilled nursing homes seeking short or long term placement for the patient, and making arrangements for patient transfers, along with relevant medical records necessary to provide continuity of care.
2. If the patient is returning home, referring for home health services or durable medical equipment, if indicated.
3. Researching alternative housing options if patient needs additional assistance but does not meet the criteria for skilled placement. (e.g. Assisted living, or family members)
4. Ensuring the patient and family are aware of all follow-up appointment for the patient.
5. Collaborating discharge plans and patient's post-hospitalization needs with other community providers (e.g. Toiyabe clinic and case management services)

6. Making referrals for additional out-patient sources of support which could include referrals for drug and alcohol treatment, on-going counseling services, resources for homelessness, psychiatric evaluations, or other community based services.
7. Provide education (within scope of practice) to patients and their family/caregivers regarding rationale about discharge disposition, importance of adherence to discharge plan, and follow up with aftercare.
8. Daily documentation should be made in the patient's electronic medical record indicating progress made towards discharge plans or any changes or updates made to the discharge plan. (See P &P on Documentation Requirements and Guidelines)
9. Each patient will receive a **Discharge Instructions Packet that will include:**
  - a) Discharge instructions and directions related to discharge disposition.
  - b) New Prescriptions and medication lists with directions
  - c) Educational materials
  - d) Relevant community resources, including contact information for Skilled Nursing facilities in the region, and home health services.

#### REFERENCES:

1. Department of Health and Human Services, Centers for Medicare & Medicaid Services; CMS Manual, Conditions of Participation 482.43(a) – 482.43 (e)
2. California Department of Public Health, Senate Bill 675: Hospital Discharge Planning and Family Caregivers; Health and Safety Code section 1262.5, Chapter 494
3. The Comprehensive Accreditation Manual for Critical Care Access Hospitals as published by The Joint Commission; Standards PC.04.01.03; PC.04.02.01; PC.04.01.05

#### CROSS-REFERENCE P&P:

1. [Documentation of Case Management Services](#)
2. [Discharge Planning for Homeless Patients](#)
3. [Discharge Medications](#)
4. [Leaving Hospital Against Medical Advice Refusal of Treatment or Transfer](#)
5. [Management of Discharge Disputes from Medicare Patients\\*](#)

Supersedes: v.1 Discharge Planning for the Hospitalized Patient*
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## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Interdisciplinary Plan of Care Coordination		
Owner: Chief Nursing Officer-Interim COO	Department: Nursing Administration	
Scope: ICU and Acute/Subacute Units		
Date Last Modified: 01/09/2023	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 12/01/2014	

### **PURPOSE:**

To establish the framework by which the plans of care developed by the clinical disciplines are monitored for patient goal achievement (Interdisciplinary Plan of Care) toward discharge planning for patients admitted as inpatients or in observation status at Northern Inyo Healthcare District (NIHD).

### **POLICY:**

1. The patient/family for an inpatient admission can expect that care will be provided by a variety of interdisciplinary caregivers in a consistent and collaborative method.
2. All disciplines that provide care, treatment, or services to the patient collaborate in the care of the patient and coordinate their efforts to support the goals outlined in the plan of care.
3. The Medical Staff Practitioner initiates the admission with Inpatient Orders (treatment plan). NIHD uses clinical practice guidelines to develop medical staff approved (via committee) Order sets.
4. The admitting Registered Nurse (RN) initiates the nursing plan of care within a defined department to which the patient has been admitted, as part of the nursing admission assessment; referrals are made to the Interdisciplinary Team based on identified triggers for referral at admission.
5. Patient Problem List is used to Prioritize and develop the plan of care by each clinical discipline (Nursing, Respiratory Therapy, Physical Therapy, etc.) involved in the care of the patient. Problems are prioritized by each discipline involved in the care. Goals (expected outcomes) and interventions are planned to meet the patient's individual needs.
6. The Case Manager works with the Interdisciplinary Team to monitor patient progress toward goal achievement (Interdisciplinary Plan of Care), and to assure consistency and continuity of care.

### **DEFINITIONS:**

1. Care Plan: A written plan based on data gathered during assessment that identifies care needs and treatment goals, describes the strategy for meeting those needs and goals, outlines the criteria for terminating any interventions, and documents progress towards meeting the plan's objectives.
2. Interdisciplinary Plan of Care: An approach to care that involves two or more disciplines or professions (for example, nursing, medicine, specialist consultation, respiratory) collaborating to plan, treat, or provide care or services to a patient, resident, or individual served and/or that person's family.

### **PROCEDURE:**

1. The Case Manager will collaborate with other clinical disciplines involved in the care of the patient to see that the patient's specific goals are being met. An Interdisciplinary Team Meeting will be held daily, beginning on the day after admission to discuss patient progress.
2. The Case Manager will use an Interdisciplinary Plan of Care to monitor patient progress toward desired goals set by the Interdisciplinary Team. Documentation of findings from the Interdisciplinary Team Meeting will be made within the patient's medical record.

- a. In the absence of the Case Manager, the House Supervisor or Licensed Clinical Social Worker will perform the documentation from the Interdisciplinary Team Meeting.
  - b. The Hospitalist is present and co-chairs the meeting with the Case Manager or designee.
  - c. Swing Bed Patients and/or Family Members may participate in the Interdisciplinary meeting during collaboration specific to their care. Patient centered input will be welcomed.
3. Care Plans are established addressing physical and psychosocial health issues that are evidence based and within current standards of care. These are contained within the electronic health record and specifically identified by the professional workforce members providing direct care to the patients.
  4. For patients that are not progressing toward established goals, the Case Manager and/or other disciplines may schedule a Care Conference with identified members of the Interdisciplinary Team and family members.
  5. The RN assigned to the patient will consult daily with Case Manager. Case Management will coordinate the discharge plan.

**REFERENCES:**

1. The Joint Commission (CAMCAH Manual) July 1, 2022, Functional Chapter: PC02.01.05 EP 1. JCR: Oakbrook Terrace, Illinois.
2. The Joint Commission (CAMCAH Manual) July 1, 2022, Functional Chapter: PC.02.01.03 EP 1. JCR: Oakbrook Terrace, Illinois.

**RECORD RETENTION AND DESTRUCTION:**

Retention and Destruction of the documentation of interdisciplinary care and care plans are per standards within the Health Information Management (HIMs) Department at NIHD.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. Organization-wide Assessment and Reassessment of Patients
2. Plan for the Provision of Care
3. Discharge Planning for the Hospitalized Patient
4. Management of Discharge Disputes from Medicare Patients
5. Admission, Discharge, Transfer of Patients: Continuum of Care

Supersedes: v.4 Interdisciplinary Plan of Care*
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## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Management of Discharge Disputes from Medicare Patients		
Owner: DON Inpatient Services	Department: Acute/Subacute Unit	
Scope: Inpatient Nursing Units		
Date Last Modified: 01/11/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 01/18/2017	

### PURPOSE:

To provide direction and guidelines for the physicians and case managers when a Medicare patient and/or their family does not agree with the discharge date, and believe the patient needs to continue receiving care in an acute care setting. This policy DOES NOT address dispute over the actual discharge plan, only the anticipated date of discharge.

This policy is to ensure that NIHD is adhering to the **Important Message from Medicare About Your Rights standard CMS-R-193**, which is intended to inform all hospitalized Medicare patients of their Hospital Discharge Appeal Rights (CMS-4105-F). This policy also supports NIHD policies to coordinate all discharge plans with the patients and their family/caregivers. The following procedures are congruent and aligned with CMS as described and outlined in form OMB Approval No. 0938-0692.

### POLICY:

It is the policy of Northern Inyo Hospital District (NIHD) that all Medicare patients admitted to the hospital for medical services have the right to file an appeal with the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) if they and/or their family believe they should not be discharged on the date proposed by the physician and care team and, instead, need to continue to receive medical care in an acute care setting. The patient and their family/caregivers have the right to have their discharge date dispute reviewed by the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) reviewer, hired by Medicare to decide discharge dispute appeals.

### PROCEDURE:

1. Upon admission to NIHD all Medicare patients and their family/caregiver will be provided education and information about the Discharge Dispute Appeal process and asked to sign **Important Message form CMS-R-193**. This form describes the steps that patient/family/caregiver can take if they do not think the patient is ready for discharge. This dispute process is based upon the patients need for acute in-patient medical care. This form is provided by admission services.
2. If the patient or family/caregiver believes that the patient needs to remain in the hospital for acute medical care, they will inform the patient's physician or another member of the healthcare team.
3. The patient's physician and case manager (or designee) will then meet with the patient and family/caregiver to discuss their concerns.
4. If the physician still believes that the patient is ready for discharge and no longer meets the criteria for acute in-patient care, the physician will then seek the opinion of the UR Physician Advisor.

5. If the physician and UR Physician Advisor are in agreement with the discharge date, then the case manager will review with the patient and family the steps to complete the Discharge Appeal process as outlined in the Important Message from Medicare About Your Rights, form 0938-0692.
6. The patient and family/caregiver must contact the Medicare Quality Improvement Organization (QIO) at the phone number provided on form 0938-0692 PRIOR to being discharged.
7. Once the patient or family/caregiver speak to somebody or leave a message with QIO, the appeal process has begun and **the patient cannot be discharged until the physician and NIHD have been informed of QIO's decision.**
8. The patient should be reminded that if they do not engage in the formal appeal process, but decide to stay in the hospital past the planned discharge date, they may have to pay for any hospital services they receive past the discharge date. **If this is the case, the physician and case manager will present the patient and family/caregiver with a Notice of Non-Coverage Continued Stay letter (see HINN 129 Discharge forms, located on NIHD Intranet).** The physician and case manager will explain the letter and a representative from admitting and/or billing will be available to answer additional questions.
9. In addition, provide the patient with a copy of **form 0938-1019 entitled Detailed Notice of Discharge.** This form discloses to the patient and family/caregiver the medical conditions that are related to the decision to discharge and is sent to QIO for the appeal process.
10. The QIO reviewer will contact NIHD Health Information Management Service (HIMS) and, using our provider identification number, request the patient's medical records for review. This is usually done within 24 hours of initiating the appeal process.
11. The QIO will review the medical records and notify the patient and NIHD of their decision within 1 day after receiving all necessary information
12. If the QIO finds that the patient is not ready to be discharged, Medicare will continue to cover the patient's hospital stay.
13. If the QIO finds that the patient is ready for discharge, Medicare will continue to cover the patient's hospital services until noon the day after the QIO notifies the patient of its decision.
14. If the QIO finds that the patient is not ready for discharge, the patient's physician and the interdisciplinary care team will meet to re-evaluate the discharge date and plan.
15. Every effort should be made to provide support and assistance in preparing the patient and family/caregiver for the revised discharge date.

#### **REFERENCES:**

1. Department of Health and Human Services Centers for Medicare and Medicaid Services; CMS-R-193 CMS Form#0938-0692.
2. *Your Discharge Planning Checklist: For patients and their caregivers planning to leave the hospital.* <https://www.medicare.gov/Pubs/pdf/11376-discharge-planning-checklist.pdf>

#### **RECORD RETENTION AND DESTRUCTION:**

Documents signed by the patient become a part of the Medical Record. Documentation of interactions related to Discharge Disputes are included in the patient's medical record, which is maintained by the Health Information Management Services (HIMS) Department of NIHD.

#### **CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Discharge Plan
2. Utilization Review Plan
3. Discharge Planning for the Hospitalized Patient

Supersedes: v.1 Management of Discharge Disputes from Medicare Patients\*



**NORTHERN INYO HEALTHCARE DISTRICT**  
**ANNUAL PLAN**

Title: Plan for the Provision of Social Services at NIHD		
Owner: DON Inpatient Services	Department: Acute/Subacute Unit	
Scope: Social Services, House Supervisors		
Date Last Modified: 01/11/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 12/13/2017

**PURPOSE:**

In order to achieve the goal of the Social Service Department to make timely, appropriate referrals for social service assistance, we practice an open, informal manner of cooperation between Northern Inyo Hospital, Northern Inyo Healthcare District (NIHD) Clinics and other community resources.

**POLICY:**

1. While each patient will not require social services, it is the policy of Northern Inyo Healthcare District (NIHD) to have services available to every patient, inpatient or outpatient, and his or her family.
  - a. The Licensed Clinical Social Worker (LCSW) during hours of availability.
  - b. During hours of LCSW unavailability, the NIHD House Supervisor provides social service support to patients and their families.
  
2. Social Service Department is an integral part of the total health care of the patient and family. Social services are planned and administered in combination with related medical, educational and public assistance services. This involves referral to the services as discussed in this section of the Social Service Manual.

**PROCEDURE:**

1. Patient referral for services can come from many sources and can encompass many problems. Patient referral may come from physicians, nursing staff, the patient, his or her family and friends.
  
2. Contact the social worker as soon as possible after a request for social service has been made. The social worker will respond promptly to each referral (within 24 hours, weekends and holidays excluded), and record the results and referrals in the patient's medical record.
  - a. During emergencies, social services assistance will be available by calling the social worker or in their absence, the House Supervisor.
  
3. After consultation with the patient, family and/or physician, a plan is established.
  - a. When referrals are required, contact the community agency by telephone.
  - b. A written referral to that service will follow as required.

4. Whenever circumstances indicate, the social worker shall contact the patient or family after discharge to determine the status of the patient.
5. All information received by the social worker shall be treated with the strictest confidentiality and shared with only the appropriate referral sources as required to ensure proper care for the patient. No breach of the policy will be allowed.

**REFERENCES:**

1. Title 22- 70711. Social Services

**RECORD RETENTION AND DESTRUCTION:**

Maintained within the patient’s medical record are documentation of social work interactions, plan development and referral orders. Retention of medical records is the responsibility of the Health Information Management Services (HIMS) Department at NIHD.

**CROSS-REFERENCE P&P:**

1. Utilization Review Plan
2. Discharge Planning
3. Social Services Resource List (NIHD Intranet>Resources>Links>Social Services Resource List)  
[http://socialwork.root.nih.org/ layouts/15/start.aspx#/Lists/Resource%20List/All%20Items.aspx](http://socialwork.root.nih.org/layouts/15/start.aspx#/Lists/Resource%20List/All%20Items.aspx)

Supersedes: v.2 WORKING WITH OTHER AGENCIES IN THE COMMUNITY
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**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL STANDARDIZED PROCEDURE**

Title: Standardized Procedure - General Policy for the Nurse Practitioner or Certified Nurse Midwife		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Nurse Practitioners, Certified Nurse Midwives		
Date Last Modified: 05/03/2023	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 06/20/2018	

**PURPOSE:** To outline the general policy for the development of standardized procedures and the evaluation of those authorized to perform the standardized procedure functions, as promulgated by the guidelines of the Medical Board of California and the Board of Registered Nursing.

**DEFINITIONS:**

1. **Nurse Practitioner** (ANP, FNP, or PNP) is licensed by the State of California Board of Registered Nursing and possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care, and who has been prepared in a program that conforms to board standards.
  
2. **Certified Nurse Midwife** (CNM) encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; prescribe medications; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling.

**POLICY:**

1. Development and Review of Standardized Procedures
  - a. All standardized procedures are developed collaboratively and approved by the Northern Inyo Healthcare District (NIHD) Interdisciplinary Practice Committee (IDPC) and must conform to all steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
  - b. All standardized procedures will be kept in a manual (either hardcopy or electronic) that includes dated and signed approval sheets of the standardized procedures and a list of persons covered by the standardized procedures.
  - c. All standardized procedures are to be reviewed biennially by the NP(s), Medical Director of the setting the NP(s) function(s) in, and by the IDPC. Standardized procedures will be updated as practice changes.

- d. All changes or additions to the standardized procedures are to be approved by the IDPC. All standardized procedures approved by the IDPC will be sent to the Medical Staff Executive Committee and, if so approved, to the NIHD Board of Directors.
2. Setting of Practice
    - a. Northern Inyo Healthcare District (NIHD) and affiliated locations, as appropriate for specialty.
  3. Scope of Practice
    - a. The NP & CNM may perform the following functions within his/her specialty area and consistent with their experience and credentialing: assessment, management, and treatment of episodic illness, chronic illness, contraception, certifying disability, and the common nursing functions of health promotion, and general evaluation of health status (including but not limited to ordering laboratory procedures, x-rays, and physical therapies as well as recommending diets, and referring to specialty services when indicated).
    - b. Standardized procedure functions, such as managing medication regimens, are to be performed at the approved setting of practice. The supervising physician, or his/her relief, will be available in person, by electronic means, or by phone. PNP(s) will consult the Pediatrician supervisor on call. CNM(s) will consult OB/GYN Physician on call.
    - c. Physician consultation is to be obtained under the following circumstances:
      - i. Emergent conditions requiring prompt medical intervention after the initial stabilizing care has been started.
      - ii. Acute decompensation of patient situation.
      - iii. Problem which is not resolving as anticipated.
      - iv. History, physical, or lab finding inconsistent with the clinical picture.
      - v. Upon request of patient, nurse, or supervising physician.
    - d. Medical Records
      - i. Medical record entries by the NP or CNM shall include, for all problems addressed: the patients' statement of symptoms, the physical findings, results of special studies, the NP's or CNM's assessment and management plan including further studies ordered, medication or procedures, information given patient and the names of any physicians consulted.
    - e. Supervision of Medical Assistants
      - i. An NP or CNM may provide supervision of the medical assistant, although the supervising physician is ultimately responsible for the patient's treatment and care.
  4. Qualifications and Evaluations
    - a. Each nurse performing standardized procedure functions must have a current California registered nursing license, be a graduate of an approved Nurse Practitioner or Certified Nurse Midwife program, and have current certification as a NP or CNM by the California Board of Registered Nursing.
    - b. Evaluation of competence in performance of standardized procedure functions will be done in the following manner:
      - i. Initial: Within the initial focused professional practice evaluation (FPPE) period the Supervising Physician(s) will evaluate performance via direct observation, consultations and chart review/co-signature and provide feedback to the interim NP or CNM. Input from other physicians and colleagues will be utilized. Recommendations to move from interim status to full status once the FPPE has been satisfactorily completed will be considered. Nurse Manager(s) along with the Medical Director(s) and Supervising Physician(s) will provide feedback utilizing performance evaluation based upon the NP/CNM job description.
      - ii. Routine: frequency in accordance with the Medical Staff Ongoing Professional Practice Evaluation (OPPE) policy.

- iii. Follow-up: areas requiring increased proficiency, as determined by the initial or routine evaluation, will be reevaluated by the supervising physician at appropriate intervals until acceptable skill level is achieved.
- c. Further requirements shall be regular continuing education in primary care, including reading of appropriate journals and new text books, attending conferences in primary care sponsored by hospitals, professional societies, and teaching institutions equaling as many hours as required by the California licensing board for renewal of licensure.
  - i. A record of continuing education must be submitted to the Medical Staff Office every other year at re-credentialing.

5. Protocols

- a. The standardized procedure protocols developed for the use by the NP and CNM are designed to describe the steps of medical care for given patient situations. They are to be used in the following circumstances: health promotion exams, contraception, routine gynecological problems, trauma, infectious disease contacts, management of acute/episodic or chronic conditions, and furnishing of medications.

**REFERENCES:**

1. (2021) Title 16, California Code of Regulations, Section 1474. Standardized Procedure Guidelines.
2. (2021) Title 16, California Code of Regulations, Section 1366. Additional Technical Support Services.

**RECORD RETENTION AND DESTRUCTION:**

1. Life of policy, plus 6 years.

Supersedes: v.4 Standardized Procedure - General Policy for the Nurse Practitioner or Certified Nurse Midwife
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**APPROVALS**

\_\_\_\_\_  
Chairman, Interdisciplinary Practice Committee      Date \_\_\_\_\_

\_\_\_\_\_  
Administrator      Date \_\_\_\_\_

\_\_\_\_\_  
Chief of Staff      Date \_\_\_\_\_

\_\_\_\_\_  
President, Board of Directors      Date \_\_\_\_\_

**ATTACHMENT 1 – LIST OF AUTHORIZED NP’s or CNM’s**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_



**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL STANDARDIZED PROCEDURE**

Title: Standardized Procedure for Admission of the Well Newborn		
Owner: Perinatal Nurse Manger	Department: Perinatal	
Scope: Perinatal RN		
Date Last Modified: 03/16/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 4/21/2021

**PURPOSE:**

To ensure well newborns receive immediate and short-term ongoing assessment, care, and timely administration of prophylactic ophthalmic erythromycin to prevent ophthalmia neonatorum, intramuscular Hepatitis B vaccine for perinatal Hepatitis B prevention, and intramuscular Vitamin K to prevent Vitamin K deficient bleeding (VKDB), pending notification of the pediatrician and receipt of physician orders for continuing care.

**POLICY**

It is the policy of Northern Inyo Healthcare District (NIHD) that all well newborns will be assessed and provided care upon admission under the direction of a Registered Nurse (RN) with annual documented competencies following this Standardized Procedure. All well newborns will receive prophylactic administration of erythromycin ophthalmic ointment, Hepatitis B vaccine, and Vitamin K by an RN/LVN, unless there is a documented refusal by the parent, under this Standardized Procedure.

**PROCEDURE**

1. Experience, Training, and/or Education Requirements of the RN
  - a. Current California RN licensure
  - b. Current Neonatal Resuscitation Program (NRP) card
  - c. Successful completion of orientation to newborn care at NIHD
2. Method of Initial and Continued Evaluation of Competence
  - a. Initial evaluation: successful completion and demonstration of competency and clinical decision making in assessment of the newborn, as documented in the unit-specific clinical competency orientation checklist.
  - b. Ongoing evaluation: annual completion of competency validation of the newborn assessment and administrations of prophylactic medications to a neonate.
3. Maintenance of Records of those authorized in Standardized Procedure
  - a. A list of RNs competent to perform this standardized procedure is maintained with the Chief Nursing Officer and is updated annually.
4. Settings where Standardized Procedure may be performed
  - a. Admission of a well newborn and administration of prophylactic medications may take place in the Perinatal unit at the mother’s bedside, newborn nursery, or in the Post Anesthesia Care Unit.

## 5. Standardized Procedure

### a. Circumstance under which Standardized Procedure may be performed:

- i. Well newborn delivered at NIHD

### b. Procedure

- i. The RN will perform an admission assessment according to policy

- ii. The RN will initiate the Newborn Admission Orders:

- Code Status:
  - Full Code
- When to call Pediatrician:
  - Call Pediatrician Between 0630-0730 to inform them of any delivery after 5pm the previous day.
  - If born before 5pm, call Pediatrician ASAP
- Please call Pediatrician immediately, **at any hour**, in the event of:
  - Infant requiring resuscitation efforts following birth
  - Maternal Chorioamnionitis
  - Maternal GBS positive without adequate maternal antibiotic coverage if infant is <37 weeks or ROM  $\geq$ 18 hours' even if otherwise well
  - Immediately for infant fever  $\geq$ 100.4°F
  - For sustained HR abnormalities, >5 minutes when infant calm, HR >180 and or < 100
  - Respiratory Rate >60
  - Immediately for other concerns that cannot wait until normal rounding time
  - If indicated per Pulse Ox Screening, Hyperbilirubinemia, or Hypoglycemia policies
- Vital signs every 30 minutes x4 and PRN
- Vital signs every 8 hours for the term, uncomplicated infant born via vaginal birth
- Vital signs every 4 hours x24 hours, then every 8 hours for infants born via cesarean-section
- Vital signs every 4 hours for infants <37 weeks' gestation
- Infant diet: Breastfeed only unless maternal refusal or medical need per policy
  - Breastfeed on demand
- Oximetry per protocol
- Drugs of Abuse Screen:
  - If mother's DOA positive for THC only:
    - i. File CPS Report
    - ii. Consult to social worker
    - iii. Cord Segment to be sent
    - iv. Advise patient that breastfeeding is not advised if planning to continue use of marijuana/THC containing products
  - If a mother's DOA positive for drugs other than THC: -RN to file CPS report
    - i. Consult to social worker

- ii. Cord Segment to be sent
- iii. Newborn urine drug screen

- Newborn Hearing Screening before discharge
- Newborn Screening Test before discharge
- Bili scan at 24 hours or earlier, then daily until discharge
- Bili Scan PRN for worsening jaundice or any jaundice prior to 24 hours of age
- Congenital Heart Disease Screen at 24 hours
- Sweet Ease for pain control only
- Pacifier use for pain control only unless requested by parent and pacifier use education provided
- Collect cord blood workup specimen
- Heel Stick Blood Sugar per *Newborn Blood Sugar Monitoring Policy*
- Inform Provider of any medication refusal by family, during normal office hours
- Erythromycin Ophthalmic Ointment 0.5 %, 1 application within 2 hours of delivery
- Phytonadione IM (Vitamin K) Give 1 mg. Give within 2 hours of delivery
- Hepatitis B Vaccine IM 0.5 mL within 24 hours if mother is Hepatitis B negative. Give as soon as possible within 12 hours of age if mother is Hepatitis B positive or unknown.
  - Notify Pediatric Provider on call if the mother is Hepatitis B positive
- Cholecalciferol Oral Drops 400 unit every day. Start day of discharge
  - 400 IU = 1 DROP Q day to start on the day of discharge.

6. Review of Standardized Procedure

- a. Standardized procedures are reviewed and approved annually by the Interdisciplinary Practice Committee.

**REFERENCES:**

1. AWHONN (2021) Perinatal Nursing (5<sup>th</sup> Ed.) Wolters Kluwer.
2. American Academy of Pediatrics & College of Obstetricians and Gynecologist (2017). *Guidelines for Perinatal Care (8<sup>th</sup> Ed.)*. Elk Grove Village, IL: Author
3. California State and Consumer Services Agency, Board of Registered Nursing. (2011). “An explanation of the scope of RN practice including standardized procedures”. Retrieved from [www.rn.gov](http://www.rn.gov) Section 2725 of California Nurse Practice Act.

**CROSS-REFERENCED POLICIES AND PROCEDURES:**

1. [Admission, Care, Discharge and Transfer of the Newborn](#)
2. [Drugs of Abuse Maternal and Infant](#)
3. [Transcutaneous Bilirubin Testing \(Bili Scan\)](#)
4. [Infant Feeding Policy](#)
5. [Newborn Pulse Oximetry Screen](#)
6. [Newborn Hearing Screening Program](#)
7. [Newborn Blood Glucose Monitoring](#)

8. Lippincott: Newborn assessment:

<https://procedures.lww.com/lmp/view.do?pId=7149440&hits=neonatal,newborn,neonate,neonates&a=false&ad=false&q=newborn>

**RECORD RETENTION AND DESTRUCTION:**

Documentation is maintained within the patient and medical record, which is managed by the NIHD Medical Records Department.

Supersedes: v.2 Standardized Procedure for Admission of the Well Newborn
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**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL STANDARDIZED PROCEDURE**

Title: Standardized Procedures for Medical Functions by RN in the Emergency Department		
Owner: Manager of ED and Disaster Planning		Department: Emergency Department
Scope: Emergency Department RN's		
Date Last Modified: 02/08/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 04/15/2020

**PURPOSE:**

The purpose of the policy is to define designated medical functions that may be performed by the RN as a standardized procedure in the ED.

**POLICY:**

It is the policy of Northern Inyo Healthcare District (NIHD) that only standardized procedure functions based on defined circumstances as outlined in this document may be performed by a Registered Nurse (RN) in the Emergency Department (ED) without previous written authorization of the Emergency Department Physician.

**PROCEDURE:**

1. Competency Requirements
  - a. To be eligible to perform this standardized procedure in the ED, the RN must:
    - i. Hold a current CA RN License
    - ii. Complete an initial training course specific to the elements of the standardized procedure outlined in this policy.
    - iii. Competency is demonstrated annually and documented in the employee's competency assessment files.
    - iv. A list of RN's competent to perform this standardized procedure is maintained with the Chief Nursing Officer and is updated annually.
2. Abdominal Pain
  - a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 18 years of age and older presenting with complaint of Abdominal Pain with a documented Emergency Severity Index (ESI) level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition

- c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of Abdominal Pain and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Saline Lock
      - 2. NPO
      - 3. CBC with automated differential
      - 4. Comprehensive Metabolic Panel
      - 5. Urine Dip and Hold Urine
      - 6. Urinalysis, culture and sensitivity if urine dip shows leukoesterase or nitrates
      - 7. Female 10 years of age to 60 years of age:
        - a. Pregnancy Test Urine Qualitative
      - 8. For Upper Abdominal Pain:
        - a. Lipase
        - b. EKG if age >35
      - 9. If nausea present:
        - a. Ondansetron (Zofran) 4 mg IV X1
      - 10. If vomiting present:
        - If no medical history of Chronic Renal disease or heart failure, Normal Saline Bolus 1000ml
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
3. Chest Pain 35 years of age and older
  - a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 35 years of age and older presenting with complaint of Chest Pain with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of Chest Pain and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. STAT EKG
      - 2. Continuous Pulse Oximetry
      - 3. Continuous Cardiac Monitoring
      - 4. Saline Lock
      - 5. Chest X-ray 2 views, if able to stand. If unable to stand 1 view portable

6. CBC with automated differential
  7. Comprehensive Metabolic Panel
  8. Troponin I
  9. If patient takes Coumadin:
    - a. Prothrombin Time (PT) and INR
    - b. Partial Thromboplastin Time
  10. Oxygen via nasal cannula to keep oxygen saturation >95%
  11. Aspirin 325mg PO Stat if not taken prior to arrival, or equivalent to equal 325mg if partial dose taken prior to arrival, and no contraindications to aspirin
- d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
4. Chest Pain 16 years of age to 34 years of age
    - a. Circumstances under which the procedure maybe performed:
      - i. Any patient in the ED 16 years of age to 34 years of age presenting with complaint of Chest Pain with a documented ESI level 2-5.
    - b. Circumstances under which the Physician must be contacted:
      - i. Any patient classified as an ESI Level 1.
      - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
      - iii. Any significant change in patient condition
    - c. Standardized procedure:
      - i. Upon presentation to the ED with complaint of Chest Pain and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
        1. STAT EKG
        2. Chest X-ray 2 views, if able to stand. If unable to stand 1 view portable
    - d. Complications:
      - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
    - e. Documentation:
      - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
  5. Dysuria
    - a. Circumstances under which the procedure maybe performed:
      - i. Any patient presenting to the ED with complaint of Dysuria with a documented ESI level 2-5.
    - b. Circumstances under which the Physician must be contacted:
      - i. Any patient classified as an ESI Level 1.
      - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.

- iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of Dysuria and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Urine Dip and Hold Urine
      - 2. Urinalysis, culture and sensitivity if urine dip shows leukesterase or nitrates
      - 3. Female 10 years of age to 60 years of age:
        - a. Pregnancy Test Urine Qualitative
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
- 6. Fever 16 years of age and older
  - a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 16 years of age and older presenting with complaint of fever with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of fever and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Acetaminophen 650mg PO X one for temperature >100.4 Fahrenheit if unable to swallow may order PR.
      - 2. If Acetaminophen has been administered in the last 6 hours, and Ibuprofen has not been administered in last 6 hours, order will be placed for Ibuprofen 600mg PO X1.
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
- 7. Fever 3 months of age to 15 years of age
  - a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 3 months to 15years of age presenting with complaint of fever with a documented ESI level 2-5.

- b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of fever and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Acetaminophen Suspension 15mg/kg PO X1 (maximum dose 1000mg) for temperature >100.4 Fahrenheit if unable to swallow notify ED Physician. If patient is greater than 6 months of age and Acetaminophen has already been administered in last 6hours and Ibuprofen has not been administered in last 6 hours, order will be placed for Ibuprofen 10mg/kg PO X1 (maximum dose 600mg) for temperature greater than 100.4 Fahrenheit.
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
8. Extremity Deformity or pain from trauma
- a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 5 years of age and older presenting with extremity deformity or pain from trauma with a documented ESI level 2-5, and assessed to have normal circulation, movement, and sensation in the distal extremity.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with extremity deformity or pain from trauma assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. If Ibuprofen has not been administered in the last 6 hours order will be placed for Ibuprofen 10mg/kg max dose of 600mg PO X1, if no NSAIDS have been taken in the last 6 hours.
      - 2. Contact ED Physician for pain medication order if needed
      - 3. Obtain Radiology: X-ray of the affected extremity
      - 4. Ice Therapy
      - 5. Elevate affected extremity
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.

- e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
9. Vomiting 18 years of age and older
- a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 18 years of age and older presenting with complaint of vomiting with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of vomiting and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Place Saline Lock
      - 2. If no medical history of Chronic Renal disease or heart failure, Normal Saline Bolus 1000ml
      - 3. Ondansetron (Zofran) 4mg IV X1
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
10. Vomiting 6 months of age to 17 years of age
- a. Circumstances under which the procedure maybe performed:
    - i. Any patient in the ED 6 months to 17 years of age presenting with complaint of vomiting with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of vomiting and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Ondansetron (Zofran) 0.5mg/kg Oral Disintegrating Tab (ODT), max dose 4mg.
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:

- i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
- 11. Shortness of Breath WITH history of Asthma (patients of all ages)
  - a. Circumstances under which the procedure maybe performed:
    - i. Any patient presenting to the ED with complaint of Shortness of Breath with history of Asthma and with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of Shortness of Breath with history of Asthma and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Continuous pulse oximetry
      - 2. Oxygen administration titrate to keep saturation >90%
      - 3. Duoneb x1
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
- 12. Shortness of Breath 18 years of age and older WITHOUT history of Asthma
  - a. Circumstances under which the procedure maybe performed:
    - i. Any patient presenting to the ED 18 years of age and older with complaint of Shortness of Breath without history of Asthma with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of Shortness of Breath without history of Asthma and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Saline Lock
      - 2. Continuous pulse oximetry
      - 3. Continuous cardiac monitoring
      - 4. Chest X-ray 2 views, if able to stand. If unable to stand 1 view portable
      - 5. EKG if patient >35 years of age

- 6. Oxygen administration titrate to keep saturation >90%
  - 7. If wheezes are present:
    - a. Duoneb x1
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
13. Shortness of Breath 17 years of age and younger WITHOUT history of Asthma
- a. Circumstances under which the procedure maybe performed:
    - i. Any patient presenting to the ED 17 years of age and younger with complaint of Shortness of Breath without history of Asthma with a documented ESI level 2-5.
  - b. Circumstances under which the Physician must be contacted:
    - i. Any patient classified as an ESI Level 1.
    - ii. Any patient classified as an ESI level 2 will require notification within 10 minutes.
    - iii. Any significant change in patient condition
  - c. Standardized procedure:
    - i. Upon presentation to the ED with complaint of Shortness of Breath without history of Asthma and assigned an ESI level 2-5, if the physician cannot immediately evaluate the patient, the EDRN will place the following orders prior to the patient being seen by the ED Physician.
      - 1. Continuous pulse oximetry
      - 2. Oxygen administration titrate to keep saturation >90%
      - 3. If wheezes are present in patients 2 years of age or older:
        - a. Albuterol 2.5mg via hand held nebulizer x1
  - d. Complications:
    - i. Immediate Physician notification of abnormal Vital Signs and or change in status to higher priority category.
  - e. Documentation:
    - i. Patient specific information obtained for ED nursing documentation includes subjective data, objective data, and record of any actions taken per standardized procedure.
14. Standardized procedures are reviewed and approved annually by the Interdisciplinary Practice Committee.

## REFERENCES:

1. California State and Consumer Services Agency, Board of Registered Nursing. (2011). *“An explanation of the scope of RN practice including standardized procedures”*. Retrieved from [www.rn.gov](http://www.rn.gov) Section 2725 of California Nurse Practice Act.

2. **Emergency Severity Index (ESI) Implementation Handbook, 2012 Edition. Retrieved from [www.ahrg.gov/researchh/esi/esi7.htm](http://www.ahrg.gov/researchh/esi/esi7.htm).**

**RECORD RETENTION AND DESTRUCTION:**

Documentation is maintained within the patient medical record, which is managed by the NIHD Medical Records Department.



**NORTHERN INYO HEALTHCARE DISTRICT  
CLINICAL STANDARDIZED PROTOCOL**

Title: Standardized Protocol – Adult Health Maintenance for the Physician Assistant		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Physician Assistant		
Date Last Modified: 05/03/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 12/01/2018	

**PURPOSE:**

This standardized protocol developed for use by the Physician Assistant is designed to establish guidelines for the management of adult health maintenance (specific chronic diseases – protocols i.e. hypertension, diabetes).

**POLICY:**

1. This standardized protocol and those authorized to work through this standardized protocol will meet all guidelines as outlined in the *General Policy for the Physician Assistant*.
2. Function: management of adult health maintenance.
3. Circumstances:
  - a. Patient population: Adult patients
  - b. Setting: Northern Inyo Healthcare District (NIHD) and affiliated locations
4. Supervision: Physician consultation is available at all times, either on-site, by phone, or by electronic means.

**PROTOCOL:**

1. Definition: health maintenance, health promotion and prevention activities which promote the physical, psychosocial and developmental well-being of adults.
  - a. Includes health assessment and disease prevention utilizing:
    - i. physical exam
    - ii. diagnostic testing
    - iii. immunizations
    - iv. developmental screening
    - v. health education
2. Data Base:
  - a. Subjective:
    - i. Obtain complete histories on all first time patients; interval histories on subsequent visits.
  - b. Objective:
    - i. At each visit obtain vital signs, weight, pain assessment and allergy history.
    - ii. Risk assessment when establishing care and as indicated.
    - iii. Perform complete physical examinations as indicated.
    - iv. Perform appropriate psychosocial assessment.
    - v. Laboratory/diagnostic testing as needed.
    - vi. Initiate and modify orders for home health services as needed

3. Plan:

- a. Diagnosis established utilizing current coding standards in CPOE format.
  - i. Health maintenance
  - ii. Acute illness
  - iii. Current assessment of chronic illness
- b. Therapeutic regimen
  - i. Diet as appropriate for age/nutritional status
  - ii. Medications
    1. Vitamins/mineral supplements
    2. Immunizations as indicated
    3. Hormonal replacement as indicated
    4. Medications appropriate to address acute and chronic health problems.
      - a. For contraindications and precautions to immunization as stated in the vaccine package insert, consult with a physician before administration of vaccine.
  - iii. Activity/exercise as appropriate for age/health status
  - iv. Health education related to age/health status, preventive health behaviors.
  - v. Interventions appropriate to address acute and chronic health problems.
  - vi. Refer to specialist or other community resource indicated.
- c. Physician consultation is to be obtained under the following circumstances:
  - i. Emergent conditions requiring prompt medical intervention after the initial stabilizing care has been started.
  - ii. Acute decompensation of patient situation.
  - iii. Problem which is not resolving as anticipated.
  - iv. History, physical, or lab finding inconsistent with the clinical picture.
  - v. Upon request of patient, nurse, or supervising physician.
- d. Follow-up
  - i. According to adult health maintenance schedule sooner as indicated.
- e. Record keeping
  - i. Appropriate documentation to be maintained patient's chart.
  - ii. Allergic reaction to vaccine/medication.

**REFERENCES:**

1. UpToDate-evidence-based, Physician-authorized clinical decision support resource

**ATTACHMENTS:**

1. List of Authorized Physician Assistants and Supervising Physicians

**RECORD RETENTION AND DESTRUCTION:**

1. Life of policy, plus 6 years

Supersedes: v.2 Standardized Protocol – Adult Health Maintenance for the Physician Assistant

**ATTACHMENT 1 – LIST OF AUTHORIZED PHYSICIAN ASSISTANTS**

- 1. \_\_\_\_\_  
NAME SIGNATURE DATE
  
- 2. \_\_\_\_\_  
NAME SIGNATURE DATE
  
- 3. \_\_\_\_\_  
NAME SIGNATURE DATE
  
- 4. \_\_\_\_\_  
NAME SIGNATURE DATE

**LIST OF SUPERVISING PHYSICIANS**

1.	_____	_____	_____
	NAME	SIGNATURE	DATE
2.	_____	_____	_____
	NAME	SIGNATURE	DATE
3.	_____	_____	_____
	NAME	SIGNATURE	DATE
4.	_____	_____	_____
	NAME	SIGNATURE	DATE
5.	_____	_____	_____
	NAME	SIGNATURE	DATE
6.	_____	_____	_____
	NAME	SIGNATURE	DATE
7.	_____	_____	_____
	NAME	SIGNATURE	DATE
8.	_____	_____	_____
	NAME	SIGNATURE	DATE



**NORTHERN INYO HEALTHCARE DISTRICT**

**PLAN**

Title: Utilization Review Plan		
Owner: Chief Nursing Officer-Interim COO	Department: Nursing Administration	
Scope: Hospital Wide		
Date Last Modified: 03/29/2023	Last Review Date: No Review Date	Version: 8
Final Approval by: NIHD Board of Directors		Original Approval Date: 02/2015

**PURPOSE:**

The purpose of this plan is to identify the elements of a comprehensive utilization review (UR) management plan, which is necessary to satisfy Medicare Conditions of Participation. This plan is coordinated to support Northern Inyo Healthcare District (NIHD) mission and vision by collecting and reviewing data that assures the appropriate allocation of hospital resources and specifically monitoring the necessity for appropriateness of hospitalization, extended length of stay, and the quality of this interaction. This plan provides framework for addressing under and over utilization of resources as well as the review of treatment to determine that the care provided meets professionally recognized standards of care.

**POLICY:**

1. Northern Inyo Healthcare District’s (NIHD’s) UR plan applies to all admitted patients (inpatients, observations & swing patients) regardless of payment source and all admissions are reviewed in accordance with federal and state regulations governing utilization review.
2. Findings and recommendations of the Utilization Review Committee are reported to the Medical Executive Committee. Additional issues may be referred to Billing and Coding Compliance Committee as needed.
3. The UR plan shall be reviewed by the Utilization Review Committee and the Medical Executive Committee at least once a year and revised as needed.

**DEFINITIONS:**

1. **Utilization Management Plan** is the organizational plan that contains the essential requirements for the establishment and implementation of a utilization management process to ensure the quality, appropriateness and efficiency of care and resources furnished by the facility and medical staff. The purpose of this plan is to ensure that patients at Northern Inyo Hospital receive medically necessary and appropriate care at the appropriate time and in the appropriate setting.
2. **InterQual Criteria** are clinical decision support guidelines licensed for use by hospitals to evaluate the appropriateness of medical interventions and level of care based on clinical criteria and standards.
3. **Secondary Review** is a clinical review performed by a provider member of the Utilization Review Committee or a Provider Advisor when InterQual guidelines suggest a different patient status or level of care than that ordered by the patient’s provider and/or a potential quality concern.

## PROCEDURE:

### Overview:

1. A developed plan that contains a delineation of responsibilities and authority of personnel for conducting internal utilization review.
2. Establishes procedures to review the medical necessity of admissions, extended stays, and professional services, and appropriateness of settings.
3. Establish procedures for coverage determinations, denials, appeals, and peer review within the organization.
4. Establishes reporting, corrective action and documentation requirements for the utilization management process.

### Plan Requirements:

1. Commitment and cooperation from the District administration and Medical/Hospital staff.
2. Objective Review Criteria
3. Maintenance of appropriate data
4. Integration of UR findings into quality improvement activities
5. Patient record access appropriate for Utilization review

### Composition: – See *Medical Staff bylaws*

1. The Utilization Review (UR) committee is a standing committee of the medical staff and is responsible to the Medical Executive Committee (MEC). The UR Chair or designee will lead this committee. The utilization review committee shall consist of at least three (3) medical staff members. Representatives from quality, utilization review, nursing, billing, medical records, and social services shall be invited as non-voting members.
2. The UR committee may be supported by representatives from Case Management and Administration, but only providers and other practitioners are members for regulatory purposes.
3. No person with a direct financial interest may participate in reviews conducted by the Committee.

### Meetings:

1. The UR committee shall meet as a separate and distinct committee with its own agenda and minutes. The committee shall meet as often as necessary to accomplish primary functions, but no fewer than quarterly.
2. Committee minutes shall be maintained according to hospital policy and include the date/time of the meeting, attendees, standard reports, action item follow-up, focused reviews, audits, and action to be taken.

### Standard Reports:

1. Length of Stay
2. Avoidable Day
3. Appeal Outcomes
4. Denials
5. Readmission Review

### Critical Indicators for Peer Review:

1. Will be developed by the UR Committee and updated annually.
2. Approved at the Medical Executive Committee and Board of Directors annually.

3. Include the follow items:
  - a. InterQual review results-cases that do not satisfy criteria for admission, continued stay and/or level care
  - b. Condition Code 44
  - c. Incorrect Status
  - d. Inadequate Documentation

Authority and Responsibility:

**UR (Case Management) Committee Chair**

1. Assigns responsibility for medical necessity secondary review process
2. Evaluates the effectiveness of utilization management activities
3. Reports evaluation results and/or issues to appropriate committees.

**Utilization Review Committee** shall perform the following functions:

1. Delineate the scope of utilization review provided within the hospital
2. Develop critical indicators to be used as screening devices in reviewing the utilization of Hospital Services.
3. Establish thresholds used to trigger provider review.
4. After cases have been isolated using the critical indicators, evaluate the quality and appropriateness of care administered and identify areas for improvement.
5. Review patient care services to ascertain if quality care within the standards of the Hospital and Medical Staff is being provided in the most cost-effective manner, address inappropriate utilization of care and resources.

**Chief Nursing Officer** under the direction of the Utilization Review Committee, has responsibility for the following activities:

1. Delegates responsibilities to appropriate personnel to ensure coverage for determining appropriate patient status.
2. Provides guidance to the medical staff and hospital personnel regarding medical necessity criteria and appropriate service determinations
3. The process of measuring and assessing the use of professional care, services, procedures, and facilities, including the medical necessity and appropriateness of:
  - a. Admission
  - b. Level of care
  - c. Appropriate utilization of resources
  - d. Continued stay
  - e. Discharge/post hospital referrals
  - f. Readmissions
  - g. Performance improvement team activities to improve systems and processes associated with inefficient or inappropriate delivery of care and services.

**Case Manager (CM):**

1. Reviews medical record documentation to obtain information necessary for UR determinations.
2. Screens patients from time of admission for potential discharge and aftercare needs.
3. Applies UR criteria objectively regarding level of care using InterQual guidelines on all admissions and continued stays regardless of payer.
4. Reviews all continued stays and addresses all concerns with attending provider/hospitalist.

5. If admission criteria are not satisfied, the reviewer shall contact the attending provider for additional information. If additional information is provided to support the admission, the admission shall be approved.
  - a. If additional information is not provided or the case still fails to satisfy admission criteria, an alternate level of care (LOC) shall be discussed with the attending provider. If the attending provider agrees that an alternate LOC is appropriate, the CM shall facilitate the transfer. If the attending does not agree to transfer to an alternate LOC, the case shall be referred for secondary review.

### **Secondary Review Process**

1. When an admission or continued stay case is referred by the Case Manager to a medical provider who is a member of the UR committee for secondary review, the reviewer shall review the case based on the documentation in the medical record and discussions with the attending provider in order to determine medical judgment. Secondary review determinations shall be documented and supported with clinical rationale.
2. If the medical provider of the UR committee determines that an admission or a continued stay is not medically necessary, the Case Manager will be contacted and provided instructions on the appropriate level of care. Any determination to transfer a patient from the inpatient level of care to the observation level of care resulting from the secondary review process must involve a provider of the UR committee and must also comply with the requirements of Condition Code 44.
3. If the UR committee or designee decides that continued stay in the hospital is not medically necessary, the designee must give written notification to the hospital, the patient, and the practitioner responsible for the care no later than two (2) days after the determination. (*See Utilization Review Plan*)

### **REFERENCES:**

1. A-0308
  - a. **§482.30 Condition of Participation: Utilization Review**
2. A-309
  - a. **§482.30(a) Standard: Applicability**
3. A-0310
  - a. **§482.30(b) Standard: Composition of Utilization Review Committee**
4. A-0311
  - a. **§482.30(c) Standard: Scope and Frequency of Review**
5. A-3012
  - a. **§482.30(d) Standard: Determination Regarding Admissions or Continued Stays**
6. A-0313
  - a. **§482.30(e) Standard: Extended Stay Review**
7. A-0314
  - a. **§482.30(f) Standard: Review of Professional Services**
8. TENET Utilization Management Plan

### **CROSS REFERENCE P&P:**

1. Discharge Planning
2. Management of Discharge Disputes from Medicare Patients
3. NIHD Medical Staff Bylaws (revised 1/04/2022).

### **RECORD RETENTION AND DESTRUCTION:**

Maintain meeting minutes for a minimum of six (6) years.

Supersedes: v.7 Utilization Review Plan\*



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

Title: Access to ePHI by Third-Party		
Owner: Compliance Officer	Department: Compliance	
Scope: HIMS, ITS, Compliance		
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 a process that allows for third-party access to electronic Protected Health Information (ePHI) for use related to treatment, payment or operations.

(This does not address patient access to health records, nor emergent access to health records.)

**DEFINITIONS:**

Electronic Access – Health Record Access request by an internet-based method that makes electronic health records rapidly accessible and where no manual effort is required to fulfill the request.

ePHI – electronic Protected Health Information includes a designated record set (document types) as defined by a facility. Electronic PHI is electronic media maintained in an electronic format and transmissible electronically. For example, ePHI includes all data that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape, jump drive (USB) or other media.

Exclusion from ePHI: Psychotherapy notes that are separate from the rest of the patient’s medical record; or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding.

Healthcare Provider – for the purposes of this topic, the definition is very broad. It includes medical facilities, clinics, pharmacies, home health entity, skilled nursing facilities, ambulatory surgical centers, physicians, advanced practice providers, mental health, dialysis centers, an entity under the 340B Drug Pricing Program and therapist. See HITECH Act under section 3000(3).

Information Blocking – a process or practice by a healthcare provider that, except as required by law or covered by an exception set forth in federal regulation, is likely to interfere with access, exchange, or use of electronic health information.

Remote Access: defined by Northern Inyo Healthcare District (NIHD) as any device that connects to the NIHD data network from a non-NIHD controlled network, for example: DSL, cable modem, or a cellular network, using a computer, smartphone or other device.

Third Party: any entity external to a company typically referred to as a vendor, partner, or business associate. In healthcare, the third party may create, receive, maintain or transmit ePHI on behalf of another business associate. Physicians from outside facilities, providing care to a patient with ePHI owned by NIHD, would be a third party when accessing health records for treatment of the patient. Insurance companies are also a third party when they access ePHI, billing records, from the District for purposes of payment. Third-Party interactions with business associates constitute essential operations and are allowed per HIPAA and required per Information Blocking regulations.

## **POLICY:**

NIHD is committed to both protections of patient information and provision of rapid access to third-party individuals who meet the HIPAA standards as partners in the treatment, payment or operations of healthcare. Monitoring of third party access will occur, to assure compliance with NIHD policies: minimum necessary access, use and disclosure of protected health information, password policy, and Cyber Security. Failure to follow the above listed policies will result in exclusion from electronic access to ePHI within the NIHD system.

## **PROCEDURE:**

- I. Granting External Access for Third-Party eligible persons.
  - A. Third Party (healthcare provider/vendor) contacts NIHD workforce and requests access.
    - a. Support of requests includes setting expectation of Third Party; process requires several business days to complete.
    - a. NIHD workforce notifies compliance of request via Compliance email group; including name of requestor and contact information.
    - b. Compliance determines the Third-Party fits within the HIPAA roles of treatment, payment or operations and is therefore eligible to have access to ePHI.
    - c. Request for access entered into *District Access ePHI Requests* within SMART sheet.
      - i. Includes purpose of ePHI
      - ii. Role of requestor
      - iii. Name of business
      - iv. Contact information of requestor
  - B. Compliance sends appropriate confidentiality/individual agreements. These may include:
    - a. Business Associates Agreement;
    - b. HIPAA agreement;
    - c. ePHI Individual User Access form;
    - d. ePHI Confidentiality Agreement; and
    - e. Password policy; Cyber Security policy; and Access to ePHI by Third-Party;
    - f. Written instruction for end user log in process.
  - C. Compliance receives appropriately signed agreements.
    - a. Signed documents are electronically stored within the SMART sheet.
- II. Access Activation
  - A. Compliance notifies NIHD Information Technology Services (ITS) by sending in a Service Desk request to add provider(s) access to the EHR system.
  - B. NIHD Information ITS adds access and notifies the Third Party.
    - a. Provided access with limit to 'read-only'. Remote users may not print, copy, export, or otherwise capture records containing ePHI or confidential information unless a specific agreement is in place with NIHD allowing further access options.
    - b. NIHD ITS Service Desk supports Third Party with connectivity issues.
  - C. Access to ePHI includes 'Designated Record Set' as defined by NIHD HIMS Department policy.
    - a. Exclusions from Designated Record Set:
      - i. Psychotherapy notes; and
      - ii. Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. EHI excludes de-identified information.
- III. Data Handling Standards:
  - A. Level of privilege is determined (read only – versus – ability to print or upload ePHI to another electronic health record).

- B. Password updates are required.
    - a. Password change is required in Storefront every 90 days.
    - b. Password change is required in NIHD medical record every 60 days.
  - C. Remote devices accessing ePHI from NIHD will be subject to one or all of the following: automatic network disconnect, or password screen lock, after 10 minutes of inactivity.
  - D. Users accessing ePHI remotely must immediately logout or password lock the device screen when left unattended. As an added safeguard, a screen saver lock must automatically lock the devices after 10 minutes of inactivity.
  - E. Anyone with documented permission to retain records on a remote device must follow all HIPAA Privacy requirements with regard to the use and sharing of retained data.
  - F. ePHI data copied or otherwise retained by a remote device must be encrypted.
  - G. Retained notes or portions of a patient record for quality or care purposes is limited to the minimum necessary and be properly erased or destroyed after use.
  - H. It is unacceptable to use Standard text messaging containing ePHI.
  - I. Remote communication tools not supported by NIHD such as, email, instant messaging, or social media and internet applications are not to be used for conduction business containing ePHI unless reviewed and approved by NIHD ITS.
- IV. Auditing ePHI access by Third-Party users
- A. SMART Sheet is utilized to track current Third Party users and past users history.
  - B. Compliance will audit accesses on a regular rotation.
  - C. Quarterly audits for “date of last login” to be performed to ensure access not routinely utilized is discontinued.
- V. NIHD does not charge fees to Third Parties for accessing ePHI through internet-based methods.

**REFERENCES:**

1. 21<sup>st</sup> Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program, 45 CFR Parts 170 and 171.
2. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164.
3. *The New Information Blocking Rule: What it means for Healthcare Providers*, Parsons Behle & Latimer Healthcare Law Update; August 9, 2021.

**RECORD RETENTION AND DESTRUCTION:**

NIHD maintains compliance audits for 6 years; including electronic record access audits.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. [Cyber Security Policy](#)
2. [Password Policy](#)
3. [Compliance with Information Blocking Rule](#)

Supersedes: Not Set



## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Informed Consent Policy - Practitioner's Responsibility		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Medical Staff and Advanced Practice Providers		
Date Last Modified: 03/06/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 11/18/2020	

### PURPOSE:

The purpose of this policy is to describe:

1. When informed consent must be obtained, and when exceptions can be made in an emergency;
2. Who has responsibility for obtaining informed consent; and
3. The properly executed informed consent process, which ensures that the patient, or patient’s representative, is provided with the information and disclosures necessary to enable him/her to evaluate whether or not to submit to complicated (invasive) medical or surgical treatment.

### DEFINITIONS:

1. **Informed Consent** – a process of communication between the patient, or the patient’s legal representative, and the healthcare practitioner in which the nature of the illness and the purpose of the procedure are discussed and an opportunity for questions is allowed.

### POLICY:

1. Informed consent must be obtained by the practitioner(s) responsible for the treatment or procedure prior to the procedure being performed.
  - a. Separate consents must be obtained and documented by each practitioner when:
    - i. Different practitioners are performing different aspects of the same operative procedure, each with different risks requiring different skill sets; or
    - ii. Multiple sequential procedures will be performed on the same date by different practitioners.
2. The informed consent discussion must include the following:
  - a. The nature of the procedure or treatment;
  - b. The risks, complications, and expected benefits or effects of the procedure or treatment; and
  - c. Any alternatives to the procedure or treatment and the risks and benefits, including the consequences of non-treatment.
3. Procedures which require informed consent are complex in nature and include, but are not limited to:
  - a. Procedures involving penetration of the skin, with the exception of drawing blood or establishing peripheral access;
  - b. Endoscopic procedures;
  - c. Intraluminal procedures including transesophageal procedures, but excluding placement of transurethral bladder catheters, diagnostic cystoscopes, and nasogastric tubes;
  - d. Procedures which are considered irreversible.
    - i. Special procedures, such as elective sterilization, have a consent process described in the policy *Surgical Procedures that Require Special Consents*.

4. Documentation that informed consent was obtained must be included in the patient’s medical record. Any special circumstances should also be documented.
5. A consent remains effective until the patient revokes it or until circumstances change so as to materially affect the nature of, or the risks of, the procedure and/or the alternatives to the procedure to which the patient consented.
6. In the event of an emergency, a procedure that would ordinarily require consent may be performed without informed consent. All of the following criteria must be met in order to qualify as an emergency situation:
  - a. The patient’s life or health is in immediate and substantial danger.
  - b. The patient is incapable of consenting.
  - c. Any potential risks associated with the treatment are materially outweighed by the potential benefits associated with treatment.
7. Informed consent from patients with Limited English Proficiency will be obtained and documented with the participation of a qualified interpreter.
8. For informed consent of minors, see policy *Minors with Legal Authority to Consent*.

**PROCEDURE:**

1. Northern Inyo Healthcare District has certain approved forms (e.g., Informed Consent to Surgery or Special Procedure Form) that may be used to document that informed consent was obtained.
2. The patient, or patient’s legal representative, must sign and date the form.
3. The practitioner obtaining informed consent must sign and date the form.
4. A witness must sign the form to confirm that the patient, or patient’s legal representative, is the person signing. The witness signature does not confirm that the informed consent process has taken place.
5. While the completion of the form may be delegated to a staff member as appropriate, the practitioner performing the procedure is responsible for carrying out the informed consent process and addressing any questions that a patient may have.

**REFERENCES:**

1. California Hospital Association. *California Hospital Consent Manual 2017*.
2. Centers for Medicare and Medicaid Services, Hospital Condition of Participation §482.51(b)(2), §482.13(b)(2) and §482.24(c)(4)(v).
3. Gossman W, Thornton I, Hipskind JE. “Informed Consent.” July 2019. Treasure Island (FL): StatPearls Publishing.
4. Joint Commission. “Informed Consent: More than getting a signature.” Issue 21. February 2016.
5. University of Connecticut Health. “Clinical Informed Consent – Obtaining and Documenting.” Policy 2015-03. Retrieved March 23, 2018.

**RECORD RETENTION AND DESTRUCTION:**

1. Consents are maintained within the patient’s medical record and are retained for a minimum of 15 years for adults and 25 years for minors.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. [Consent for Medical Treatment](#)
2. [Minors with Legal Authority to Consent](#)
3. [Surgical Procedures that Require Special Consents](#)
4. Informed Consent (Nursing); Lippincott Procedures

Supersedes: v.1 Informed Consent Policy - Practitioner's Responsibility
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## NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Medical Staff Department Policy - Outpatient Medicine		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Outpatient Medicine Practitioners		
Date Last Modified: 03/21/2023	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/19/2021	

**PURPOSE:** To delineate clear expectations for Outpatient Medicine practitioners within Northern Inyo Healthcare District (NIHD).

**POLICY:** All practitioners (physicians and Advanced Practice Providers) assigned to the Outpatient Medicine department will adhere to the following protocols.

### PROTOCOLS:

1. Patient Care Responsibilities:
  - a. Practitioners will be expected to see patients according to their individual schedules, which shall be arranged in conjunction with the Chief Medical Officer (CMO) and the director of their department.
  - b. Practitioners will be expected to evaluate, diagnose, and manage conditions within their scope of practice.
  - c. Advanced Practice Providers (APPs) will be assigned a supervising physician as per California regulations, if required.
  - d. Practitioners will complete appropriate documentation for any given patient encounter within 72 hours.
  - e. Lab, imaging, and pathology results should be reviewed within 96 hours of receipt. Critical values should be addressed within 24 hours.
2. Call
  - a. Physicians will participate in after-hours call (remotely) on a rotating schedule as set by their home department. Advanced Practice Providers may participate in after-hours call, but must have physician back-up readily available. Call requirements and guidelines will be dictated by a practitioner's home department.
3. Credentialing:
  - a. Outpatient Medicine physician practitioners must be board certified or board eligible by the American Board of Medical Specialties or the American Osteopathic Association in their field.
  - b. Nurse Practitioners must be certified by a nationally-recognized agency in their field (ex., American Association of Nurse Practitioners).
  - c. Physician Assistants must be certified by the National Commission on Certification of Physician Assistants (NCCPA).
4. Meeting Attendance:
  - a. Practitioners are expected to attend committees as assigned:
    - i. Outpatient Medicine Committee Meeting, quarterly
    - ii. Provider meetings per home department
    - iii. Additional meetings per Medical Staff Bylaws requirements (General Medical Staff meetings, specific committee meetings)

5. Coverage:
  - a. During vacation times, practitioners will be expected to coordinate with other practitioners or team members to ensure continuous delivery of service.
6. Focused Professional Practice Evaluation (FPPE):
  - a. Practitioners new to NIHD will be expected to undergo 100% chart review for a minimum of two weeks.
  - b. Procedural competency will be demonstrated through five directly observed procedures by a practitioner who has privileges in the procedure.
7. Ongoing Professional Practice Evaluation (OPPE):
  - a. Practitioners will be expected to participate in all requirements of OPPE.
8. Peer Review:
  - a. Outpatient charts identified by critical indicators will be peer reviewed by the Chief of Outpatient Medicine or delegated practitioner. Selected cases will be reviewed at the Outpatient Medicine committee at its next scheduled meeting. A standardized peer review form will be utilized in the process (for example, refer to Attachment 1). Records are confidential and will be kept by the Medical Staff Office.
9. Re-Entry:
  - a. Outpatient practitioners may be eligible for re-entry as per policy.

**REFERENCES:**

1. None

**RECORD RETENTION AND DESTRUCTION:**

1. Credentialing information will be kept for the duration of the practitioner's membership/privileges plus 6 years.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. [Northern Inyo Healthcare District Medical Staff Bylaws](#)
2. [Focused and Ongoing Professional Practice Evaluation](#)
3. [Practitioner Re-Entry Policy](#)
4. [Medical Records Delinquency Policy](#)

Supersedes: v.1 Medical Staff Department Policy - Outpatient Medicine
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# NORTHERN INYO HEALTHCARE DISTRICT

## ANNUAL PLAN

Title: Patient's Rights and Responsibilities		
Owner: Compliance Officer		Department: Compliance
Scope: District Wide		
Date Last Modified: 03/15/2023	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 01/2001

### PURPOSE:

To inform all patients and workforce of the rights and responsibilities of all patients while undergoing treatment in our District facilities.

### POLICY:

1. Northern Inyo Healthcare District shall comply with the California statues regarding patient rights and responsibilities.
2. A list of patients' rights shall be posted in both English and Spanish in appropriate areas within the District, making them available to all patients.
3. Patients shall receive written 'Patient Rights and Responsibilities' as part of the admission packet.
4. All District workforce performing patient care shall observe these patient rights.

### PATIENT RIGHTS - As a patient of Northern Inyo Healthcare District (NIHD), you have the right to:

1. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status, or the source of payment for care.
2. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
3. Know the name of the licensed health care provider acting within the scope of his or her professional licensure, who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care during hospitalization and for discharge planning, to meet your medical and psychological needs. You have the right to participate in the ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment, or to request an Ethics Consult.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or

- non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
6. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment. However, the patient does not have the right to demand treatment or services deemed medically unnecessary or inappropriate.
  7. Full consideration of privacy concerning medical care will be maintained. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence and consent to the presence of any individual.
    - a. Patient has the right to have visitors leave prior to an examination and/or prior to discussion about treatment.
    - b. Privacy curtains will be used in non-private patient care areas.
  8. Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Basic information may be released to the public, unless specifically prohibited in writing by the patient. Written permission must be obtained before medical records can be made available to anyone not directly concerned with the care of the patient except as may otherwise be required or permitted by law.
  9. Reasonable responses to any reasonable requests he or she may make for service.
  10. Leave the hospital even against the advice of physicians, to the extent permitted by law.
  11. Reasonable continuity of care, to know in advance the time and location of appointments, as well as the identity of persons providing the care.
  12. Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
  13. Be informed of continuing health care requirements following discharge from the hospital.
  14. Examine and receive and explanation of the bill regardless of source of payment.
  15. Know which District rules and policies apply to the patient's conduct while a patient.
  16. Have all of his or her rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
  17. Designate visitors of his or her choosing, if the patient has decision making capacity, whether or not the visitor is related by blood or marriage, unless:
    - a. No visitors are allowed.
    - b. The Healthcare District reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the Healthcare District workforce, or other visitor to the Healthcare District campus, or would significantly disrupt the operations of the District.
    - c. The patient has indicated to the District workforce that the patient no longer wants this person to visit.
  18. Have his or her wishes considered for purposes of determining who may visit if the patient lacks decision-making capacity and to have the method of that consideration disclosed in the Healthcare District policy on visitation. At a minimum, the Healthcare District shall include any person living in the household. Verbally designate a support person, who may exercise the patient's visitation rights if the patient is unable.
  19. Right to know the identity of persons caring for you, including your caregivers. Workforce is required to wear name badge with name and job title.
  20. Right to be informed of continuing care requirements after discharge. If the patient authorizes, a friend or family member maybe given information on continuing care requirements after discharge.

21. Formulate advance directives for healthcare and have hospital staff and practitioners who provide care in the hospital comply with these directives. This includes the designation of a decision maker if he or she becomes incapable of understanding a proposed treatment or becomes unable to communicate his or her wishes regarding care. The patient has the right to have a family member (or representative of the patient's choice) and the patient's own physician notified promptly of the patient's admission to the hospital.
22. The patient has the right to appropriate assessment and management of his or her pain, information about pain, pain relief measures and to participate in pain management decisions. If the patient suffers from severe chronic intractable pain, the patient has the option to request or reject the use of any or all modalities to relieve pain, including opiate medication. The patient's doctor may refuse to prescribe opiate medication, but if so, must inform the patient that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.
23. Right to have family member and personal physician notified within 24 hours of admission, should you be incapable of communication. Reasonable efforts to reach the person with authority to make health care decisions for the patient will be made by NIHD workforce.
24. Have District documents communicated/printed to make them readable/understandable. NIHD provides these documents in English and Spanish. Other language needs are met via the 'Language Access Services Procedure.' Aids will be utilized to assist in effective communication for those with disabilities or limited English proficiency.
25. Receive care in a safe setting. Be free from physical or mental abuse, corporal punishment, restrain or seclusion, or any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restrain or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
26. Access, request amendment to, and obtain information on disclosures of your health information (medical records) in a reasonable amount of time.
27. Examine and receive an explanation of District's bill regardless of source of payment.
28. These patient rights may not be construed to prohibit the Healthcare District from otherwise establishing restrictions on visitation, including restrictions upon the hours of visitations and number of visitors.

**PATIENT RESPONSIBILITIES – As a patient of Northern Inyo Healthcare District (NIHD), you have the responsibility to:**

1. Provide complete and accurate information regarding his or her medical history to those involved with his or her care.
2. Inform the physician or nurse of any changes in his or her health.
3. Inform the provider and the nurse of any pain he or she has and results of pain control measures.
4. Make it known whether he or she clearly understands the course of action and expectations set by NIHD.
5. Make it known to appropriate Healthcare District staff and/or his or her provider that he or she is in need of interpreter services or other assistance because of language or communication barriers.
6. Work with your provider and the District's patient care staff in developing and carrying out agreed upon treatment plans.
7. The patient shall follow Healthcare District rules and regulations affecting patient care and conduct.
8. Fulfill the financial rules and obligations of his or her health care as promptly as possible.
9. Be considerate of the rights or other patients and Healthcare District personnel.
10. The patient shall take responsibility for maximizing health habits, such as exercising, not smoking, and eating a healthy diet.

11. Avoid knowingly spreading disease.
12. Recognize the reality of risks and limits of the science of medical care, and the human fallibility of the health care professional.
13. Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
14. Report wrongdoing and fraud to appropriate resources or legal authorities.

### **Grievance Instructions for Patients:**

Should there be a conflict between the care expectations of the patient (or the care expectations of the parents and/or guardians of neonate, child or adolescent patients); the patient (or patient's representative) should request a care conference by speaking to the physician or NIHD Leader of the department. The conference should involve the patient (and/or the patient's representative) and District staff members involved in the conflict, and should be conducted within 24 hours of the request for the conference.

If those attending the patient care conference cannot resolve the conflict, the patient or the representative should file a grievance verbally or in writing. Presentation of a grievance or complaint will not compromise a patient's access to care. File a grievance in writing or via phone.

To report a grievance, call the Northern Inyo Healthcare District Compliance Department @ (760) 873-2083 or send a written correspondence to NIHD Compliance Officer, 150 Pioneer Lane, Bishop, CA 93514.

The District Compliance staff will review each grievance and provide the patient with response in accordance with the Grievance Policy. The written response will contain the name of a person to contact at the Healthcare District, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Refer concerns regarding quality of care or premature discharge to the appropriate utilization and Quality Control Peer Review Organization (PRO).

The patient has the right to file a complaint with the State Department of Health Services regardless of whether the Healthcare District's grievance process is used or not.

The State Department of Health Service's phone number and address is **California Department of Health Services, Licensing and Certification**, San Bernardino District Office, 464 West 4<sup>th</sup> Street, Suite 529, San Bernardino, Ca 92401, phone 909-383-4777 or 800-344-2896.

### **REFERENCES:**

1. Centers for Medicare and Medicaid Services, §482.13 Condition of participation: Patient's rights. December 2, 2011.
2. Title 22, California Code of Regulations, Section 70707 and 70715.
3. UNRUH Civil Rights Act – Civil Code Sections 51-53.
4. U.S. Department of Health and Human Services, Office for Civil Rights: Patient Protection and Affordable Care Act (ACA), Section 1557.
5. California Hospital Association Consent Manual, 2021.

**CROSS-REFERENCE POLICIES AND PROCEDURES:**

1. [Management of Discharge Disputes from Medicare Patients\\*](#)
2. [Patient Visitation Rights Complaint or Grievance Process for Reporting, Tracking, Investigating and Resolution](#)  
[Discharge Planning for the Hospitalized Patient\\*](#)
3. [Advance Directives](#)
4. [Language Access Services Policy](#)
5. [Language Access Services Program](#)
6. [Therapy Animals and Pets in District Buildings](#)

**RECORD RETENTION AND DESTRUCTION:**

Maintain all unusual occurrence reports (UOR) at NIHD for 10 years.

Supersedes: v.2 Patient's Rights
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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  
Stefan Schunk, MD, Chief Medical Officer  
Allison Partridge RN, MSN, Chief Nursing Officer

OPPORTUNITY FOR PUBLIC COMMENT                      Chair Kilpatrick reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered. There were no comments from the public.

NEW BUSINESS  
AD HOC COMMITTEE REPORTS                      Chair Kilpatrick called attention to Ad Hoc Committee reports.

Finance Committee: Melissa Best-Baker reported there was discussion at the TAG meeting regarding the potential for bankruptcy and the urgency of changes.

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

- In following current financial duress the administration has announced they will not be as active in celebrating Doctors Day, Nurses Week and Hospital Week. However, administration very much recognizes and appreciates all the people in the health care team.
- The Executive Team is drafting policy regarding service reductions to provide understanding of things that may have significant import to the community.
- Administration has regrettably been engaged in reduction in force at the District because we must get cost profile in line with revenue profile. There has been some concern on whether this is

reportable to CDPH; it is not. The reduction in force does not affect clinical services.

- Implementation has begun on the new contract software, Evisort. \$33K implementation, next 4 years \$25K
- This will be Interim CEO Chadwick's last board meeting. The team has begun process of right sizing and righting the financial ship. There is an expectation there may be service changes. We are not out of woods, but can see some daylight. Chad stated it has been an honor to serve the District and he leaves it in good hands.
- Chair Kilpatrick thanked Chad for stepping in, and the Board appreciates everything he has done.

CHIEF FINANCIAL  
OFFICER REPORT

Chair Kilpatrick introduced the Chief Financial Officer report. CFO DelRossi stated that while without improvements the District is still on course for bankruptcy, it is in better shape than 10 days ago.

TAG UPDATE

CFO DelRossi provided an update on TAG:

- The TAG Labor Committee recommended positions to be eliminated. There is a YTD decrease in 40 FTEs since July 1. Internal Medicine is moving to RHC which will yield a 22% increase in return. This will also free up the PMA building allowing Surgery and Rehab to move in and vacate the rented trailers which will save the District \$225,000 annually.
- RSM is helping with projects and clinical notes and we will be giving providers the education they need to complete notes.
- We have begun vetting software solution for registration, which will include self-check in for registration and appointment reminders. There will be processes in place for people who do not have access to the software.

FINANCIAL &  
STATISTICAL REPORTS

CFO DelRossi reviewed the financial and statistical reports. He stated the District needs to go to the public to ask for an occupancy tax on hotels.

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

RSM UPDATE

Chair Kilpatrick called attention to RSM Update. Michael Brown reported the District is starting to see incremental improvement.

INTERIM CEO CONTRACT

Chair Kilpatrick called attention to the Interim CEO Contract for Stephen DelRossi. Interim CEO Chad Chadwick reviewed his recommendation made at the last meeting and discussion ensued. Noel Caughman, BBK Law, asked for the financial terms to be read into the record and Alison Murray read, "DelRossi shall be paid an annual salary of \$371,571.20 (Base Salary)." She stated this is the median range for CEO salary and requires him to maintain CFO duties as well. There is no change in benefits which are the same as all other District employees.

There was a question from the public regarding potential conflict of interest with the same person holding both CEO and CFO positions. Alison Murray stated the contract was vetted by Legal Counsel. Patty Dickson reported as Compliance Officer she has a role of oversight and reports with a “dotted line” to the Board. She also acknowledged the increased role of general compliance oversight, for the Board and the Compliance Officer because there is the potential for conflict.

Melissa Best-Baker stated concern about the 12 month term of the contract and discussion ensued. Mr. DelRossi agreed to change to 6 months.

It was motioned by Ted Gardner to approve the Interim CEO contract as written. Jody Veenker offered a friendly amendment of a 6 month term.

Melissa Best-Baker seconded the motion with the friendly amendment of a 6 month term. Stephen DelRossi agreed to the change to 6 months, and the motion passed 5-0.

PHARMACY / INFUSION  
AND CHILLER PLANT  
PROJECTS

Chair Kilpatrick called attention to Pharmacy/Infusion and Chiller Plant Projects. Scott Hooker gave an overview of the project and introduced Louis Varga, representative of Colombo Construction, who gave a presentation on the status of the project and the need for a request for more funds to complete the project. Discussion ensued.

It was motioned by Jody Veenker to approve up to \$300,000 to complete the project, seconded by Melissa Best-Baker, and the motion passed 5-0.

CHIEF OF STAFF REPORT

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

MEDICAL STAFF  
APPOINTMENTS

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

Jean Turner motioned to approve the medical staff appointments a-j as presented, Jody Veenker seconded, and the motion passed 5-0.

ADDITIONAL  
PRIVILEGES

Dr. Bourne introduced the medical staff additional privileges.

Jody Veenker motioned to approve the medical staff additional privileges, Chair Kilpatrick seconded, and the motion passed 5-0.

MEDICAL STAFF  
RESIGNATIONS

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

Jody Veenker motioned to approve the medical staff resignations, Jean Turner seconded, and the motion passed 5-0.

MEDICAL EXECUTIVE  
COMMITTEE REPORT

Dr. Bourne provided a report of the Medical Executive Committee meeting. She stated significant time was spent at the MEC and Med Staff General meetings discussing the dire situation, and the Med Staff is galvanized in responding.

CONSENT AGENDA

Chair Kilpatrick called attention to the consent agenda which contained the following items.

1. *Approval of minutes of the March 15, 2023 Regular Board Meeting*
2. *Approval of minutes of the March 24, 2023 Special Board Meeting*
3. *Approval of minutes of the April 5, 2023 Special Board Meeting*
4. *Approval of Policies and Procedures – Biennial Review*
5. *Approval of Policies and Procedures*
6. *Approval of Archiving of Policy*

Melissa Best-Baker motioned to approve the Consent Agenda, Ted Gardner seconded, and the motion passed 5-0.

REPORTS FROM BOARD  
MEMBERS

Chair Kilpatrick opened up reports to Board Members.

Jean Turner reported there is an increased turnover rate of healthcare CEOs, which means increased competition for hiring.

Ted Gardner stated it is very important for people voicing public comments to approach the podium and identify themselves out of respect for the people attending via zoom who cannot see the speakers when they speak from the audience.

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 7:19, Chair Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

- 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*

Chair Kilpatrick announced there would be no reportable action.

ADJOURNMENT

Adjournment at 8:13 p.m.

\_\_\_\_\_  
Mary Mae Kilpatrick, Northern Inyo Healthcare  
District, Chair

Attest:

\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Secretary



NORTHERN INYO HEALTHCARE DISTRICT

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

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

DATE: May 2023  
TO: Board of Directors, Northern Inyo Healthcare District  
FROM: Allison Partridge, RN, MSN, Chief Nursing Officer, Chief Operations Officer  
RE: Department Update

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## REPORT DETAIL

### Nursing

We celebrated National Nurses Week from May 6-May 12. During this time, we recognize the tireless effort, dedication, and compassionate care our Nursing Teams provide our patients and community. This year's Nurses Week Award recipients included:

- Daisy Award: Lynn Kruse, Specialty Clinic
- Rookie Of The Year: Melissa Galvin, Emergency Department
- Mission and Spirit Award: Cindy Knight, Emergency Department

Tele-Stroke: NIHD went live with tele-stroke and Code Stroke on Wednesday, May 10<sup>th</sup>. This project involved a multidisciplinary team that developed a comprehensive Code Stroke workflow. This workflow includes our internal response to a possible stroke and the use of tele-neurology to support medical decision-making. The team conducted several Code Stroke drills in preparation for our Go-Live. Implementing Code Stroke and tele-neurology supports our pursuit of excellence and the highest quality in patient care.

### Inpatient Nursing

We have hired a new Case Manager, Tawny Barrick, who joined the NIHD team on May 1<sup>st</sup>. Our Case Management and inpatient leadership team is working with RSM to ensure that we have streamlined and efficient workflows regarding utilization management.

Our inpatient leadership team has implemented Code Amber Drills to support a constant state of preparedness. These drills allow us to evaluate our workflows and address gaps when identified.

Perinatal leadership is working on implementing Peripartum Resuscitative C-Section drills, which involve multiple different departments. These drills support our teams in ensuring we are prepared to address critical events.

The Perinatal Department has completed Tier 1 Beta requirements and is on track to meet Tier 2 requirements, focusing on perinatal safety and collaboration with the Emergency Department.

### Outpatient Nursing

The Emergency Department has completed Tier 1 and Tier 2 Beta requirements. Tier 1 focused on Sepsis, and Tier 2 focused on Triage.

The Emergency Department Leadership team meets regularly with our new ambulance partners, Coast to Coast. We look forward to continued collaboration and partnership. Of note, Coast to Coast participated in our recent Code Stroke Drill and was eager to participate in optimizing stroke workflows from the pre-hospital setting.

The Perioperative Department is excited to welcome Brett Gutierrez as the Assistant Manager for Outpatient PACU.

### Recruitment

We are excited to share that as of the end of April, all full-time and part-time permanent positions have been filled in the Emergency Department, ICU, Medical/Surgical Unit, and PACU.

## **Diagnostic Services**

### Cardiopulmonary (CP)

Our Cardiopulmonary Department has implemented our new Stress Test equipment that allows complete system integration with our EHR.

### Diagnostic Imaging (DI)

As part of the Turnaround Action Group planning and consistent with District-wide direction, the Diagnostic Imaging department at NIHD has changed our leadership structure to have one manager responsible for the imaging department. I am pleased to announce that Marci Boyd has

accepted the Manager – Diagnostic Imaging position. Marci will officially transition into her new role on May 21 and oversee all department staff and operations.

### Laboratory Services (the Lab)

Laboratory Services continues to look at our testing menu to identify opportunities to create revenue streams by bringing higher volume testing in-house and to reduce expenses by sending to our reference lab lower utilized tests. Lab leadership is currently working with our OB/GYN providers and our ER/Same-day clinic providers to bring in-house a gynecological panel that will reduce the testing turnaround time from 5 days to one hour and will yield a new annual revenue stream.

As part of the work within the turnaround action group, the lab and ancillary leadership team reviewed many opportunities to reduce inefficiencies within the departments. As a result of this work, we found opportunities to reassign several staff members to positions of greater need within the district. The lab is now working towards normalizing the new workflows developed with these changes and will report the outcome of this efficiency work, as updates are available and pertinent.

## **MAINTENANCE/FACILITIES**

### Construction

Colombo Construction has contractors on site working on the chiller plant upgrade and the Pharmacy Project. The Chiller Plant Upgrade is scheduled to be completed in July 2023; the Pharmacy project will be finished by the end of 2023.

### DIETARY

We are pleased to announce that Chris Gaskill has transitioned to the role of Dietary Manager.

### **Pharmacy**

Our Pharmacy team in partnership with our Facilities team is working to prepare for the completion of the pharmacy project. This includes a great deal of focus in preparing all elements needed for final inspection by the California Department of Public Health and the State Board of Pharmacy.



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**Northern Inyo Healthcare District**

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Date: 5/8/2023  
To: Board of Directors  
From: Stefan Schunk, MD, Interim Chief Medical Officer  
Re: Bi-Monthly CMO report

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**Introduction**

I joined Northern Inyo Healthcare District in 2019 as a hospitalist. Since Dr. Enblade's departure, I assumed the role of Interim CMO. I feel an introduction of my perspective and focus points is warranted:

1. Expand close collaboration with the Medical Staff on important matters.
  - Weekly dyad leadership meetings to ensure that I have a clear direction and message as to what Administration is trying to achieve.
  - Monthly dyad leadership meeting with the COS, Dr. Bourne, to ensure that the dialog between Medical Staff is open and unencumbered (to start this month).
  - Close discussions with service lines (e.g. Pediatrics, Anesthesia) that require timely staffing decisions.
  - Meetings with service lines that are significantly impacted by financial decisions. This includes IM move to RHC and General Surgery to PMA building as an example.
  
2. Increase Medical Staff awareness of the district's concerning financial situation.
  - Monthly report outs (with CFO) of financial concerns to MEC and Medical Staff.
  - Advancing Medical Staff proposals regarding cost-saving measures and productivity efficiencies.
  - Facilitating coding and documentation education to providers.

**Sentinel Event**

Will be discussed in open session.

**Medical Staff Department update**

Ongoing projects include:

- Telestroke/Teleneurology service with Sevaro will start 5/10/2023.
- Staying up to date with new regulations that affect the Medical Staff and Advanced Practice Providers

#### Physician Recruitment update:

- Actively recruiting for Pediatrics and Anesthesia.
- New ED physicians starts: Cali Kirkham 7/1/2023, Scott Kobner 7/14/2023 and Amy Do 8/1/2023.
- New physicians starting 8/14/2023: Clayton Davis (Urology) and Connor Wiles (General Surgery).

#### Pharmacy Department update

Now under COO.

#### Quality Department update

- Our Quality department continues to be very active with a large focus on our Quality Incentive Program (QIP). These projects will span multiple years and the goal is for improved access and clinical outcomes for all of our patients.
- We are in the final stages of preparing data submission for 2022 (3 metrics) and plan to work on 12 metrics in 2023. Each successfully completed metric is worth \$250,000. Metrics may include appropriate treatment of high blood pressure, high cholesterol, obesity, and tobacco use.

#### Dietary Department

No new updates. Our full time Registered Dietician is out on leave but per-diem coverage continues for acute care needs.

#### Rehab Department

- We recently hired a new Physical Therapist for inpatient and outpatient work.
- We are in the midst of recruiting for a Speech-Language Pathologist ("Speech Therapist") which will be an integral part of the Telestroke/Teleneurology service.

#### Infection Prevention

- Clinical Informatics is transitioning to Information Technology to streamline services.
- We continue to run the RHC "Car Clinic" for acute illness needs, testing for Covid, RSV and influenza. We have seen an uptick in Covid and RSV cases which we are tracking closely.
- A new Covid variant, XBB.1.16, named "Arcturus" is now present in California. Here are some salient features of this virus:
  - One of the most contagious Covid strains yet as it is able to infect previously infected or vaccinated individuals.
  - Originates from the Omicron lineage so PCR testing still useful in detection.
  - Illness is usually not severe, and it presents with the typical respiratory symptoms plus "allergy" symptoms (itchy, red eyes).

**Community Health Needs Assessment (CHNA)**

Behavioral Health, Access to Healthcare and Chronic Disease Management were lead findings as local needs according to the CHNA. Our psychiatric nurse practitioner is ramping up and we have received excellent feedback from patients. The addition of Telestroke/Teleneurology, an additional General Surgeon and an Urologist will improve local access to care.

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

Date: May 9, 2023

Title: **Compliance Department Report**

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

Prepared by: Patty Dickson, Compliance Officer

Reviewed by: \_\_\_\_\_

Name

Title of Chief who reviewed

**FOR EXECUTIVE TEAM USE ONLY:**

Date of Executive Team Approval: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Chief Officer

## Quarterly Compliance Report –Calendar year 2023, Q1 May 8, 2023

### Comprehensive Compliance Program review summary:

1. **Audits** - A wide variety of audits in the Compliance Program review for privacy concerns, language access issues, fraud, waste, and abuse.
2. **Security Risk Assessment** - District HIPAA (Health Insurance Portability and Accountability Act) Security Risk Assessment for 2022 was completed by Compliance and IT Security.
3. **SAFER** - Office of National Coordinator of Health Information Technology SAFER ((Safety Assurance Factors for EHR (Electronic Health Record) Resilience)) was completed. Cooperative process between Quality, IT, Informatics, and Compliance.
4. **Compliance Workplan** - The Compliance Workplan is updated annually, and as needed, to adjust the focus of certain audits, in alignment with the Office of Inspector General (of the Department of Health and Human Services) and our local Medicare Administrative Contractor (MAC), Noridian priorities.
5. **Conflicts of Interest** – This important component of the Compliance Program ensures that no parties use or conduct District business for personal financial gain.
6. **Privacy Investigations** – Privacy investigations can arise due to complaints, access audits, HIMS audits, and anonymous reporting.
7. **Other Investigations** – Other compliance related investigations are conducted to avoid regulatory non-compliance, investigate regulatory compliance, and respond to regulatory agency inquiries and investigations.
8. **Compliance Committees** – This section provides a brief overview of the work of the Compliance committees and sub-committees.
9. **Issues and Inquiries** – The compliance team researches numerous questions, concerns and regulatory issues to allow other NIHD team members to take a proactive approach.
10. **CPRA Requests** – The Compliance Officer is responsible for intake and review of public records requests, and research, investigation, redaction and fulfillment of those requests.

11. **Policy Management Software** – The Compliance Team currently manages the software, user configuration, policy tracking for approvals, education and support for District leadership.
12. **Contract Management** – The Compliance Team is currently implementing contract lifecycle management software. Compliance currently reviews all contracts except those used in the Purchasing procurement process. The Compliance team manages the software, user configuration, and tracking of documents.
13. **Unusual Occurrence Reports** – The Compliance Team currently processes and tracks all unusual occurrence reports for the District. Compliance provides the quality data to leadership and teams for monitoring and trending. Compliance manages the software, reporting, user configuration and resolution of all UORs.

## 1. Audits

- A. Employee Access Audits - The Compliance Department Analyst, Conor Vaughan, completes audits for access of patient information systems to ensure employees access records only on a work-related, need-to-know, and minimum necessary basis.
  - i. Cerner semi-automated auditing software tracks all workforce interactions and provides a summary dashboard for the compliance team. The dashboard provides “flags” for unusual activity. Flags require further investigation and review by the Compliance Team.
  - ii. The following is Q4 CY22 activity
    - a. New Employee Audits: 37
      - I. Flags: 0
      - II. Flags resulting in policy violations: 0
    - b. For Cause Audits: 12
      - I. Flags: 2
      - II. Flags resulting in policy violations: 0
    - c. In “own” chart flags: 10
      - I. Flags resulting in policy violations: 10
        - i. Provided education and training: 10
        - ii. Repeat violations: 1
    - d. Same Last Name Search Flags: 274
      - I. Resulted in follow up with employee: 9

II. Flags resulting in policy violations: 3

B. Business Associates Agreements (BAA) audit

- i. Business Associates are vendors who access, transmit, receive, disclose, use, or store protected health information to provide business services to the District. These vendors range from our billing and coding companies to companies that provide medical equipment that transmits protected health information to the electronic health record. The Business Associates Agreements assure NIHD that the vendor meets the strict governmental regulations regarding how to handle, transmit, and store protected information to protect NIHD and NIHD patient information.
- ii. NIHD currently has approximately 200 BAAs.
  - a. 5 were completed this quarter

C. Contract and Agreement reviews/audit

- i. Contracts and agreements are in the following status for Q1 CY 23:
  - a. ~85 contracts were reviewed and executed
  - b. ~13 contracts are in the review process
  - c. ~15 are on hold
  - d. ~25 existing contracts are also in the review process
  - e. 5 agreements have been terminated
  - f. ~7 contract terminations are in progress

D. HIMs (Health Information Management) scanning audit

- i. To be conducted by HIMS and summary reports will be sent to Compliance

E. Email security audit/reviews

- i. Reviewed at least once a month
- ii. Review email security systems for violations of data loss prevention rules
  - a. Typically results in reminder emails to use email encryption sent to members of workforce.
  - b. Occasionally results in full investigations of potential privacy violations.

F. Language Access Services Audit

- i. Facilitation of Language Access Services has relocated to the Compliance Department.

- ii. Translation (written word) services may be requested by a form on the intranet. Completion of this form sends a request to the Compliance Department, who then seeks translation from a third party vendor.
- iii. Interpretive (spoken word) services are provided via telephone and video interpreting units from third parties, CyraCom and Language Line.
- iv. Language Access policies are in the process of being updated to accommodate changes during the reorganization of the District.
- v. Language Access regulations are enforced by the HHS (US Department of Health and Human Services) Office of Civil Rights.

**G. 340B program audits**

- i. The 340B drug program is designed to provide rural and underserved communities access to discount drug prices, allowing the facility to save several hundred thousand dollars annually. Those funds are used by the District to improve services provided to the community.
- ii. Annual 340B audit has been completed by SpendMend (formerly TurnKey)
  - a. Several observations for minor tweaks/improvements to the program.
  - b. Commendation from the auditing firm for the NIHD teams engagement and “excellent job with 340B oversight”
  - c. All sample audits met status and eligibility requirement, however, one small issue with out-of-state Medicaid was identified and corrected.
  - d. The Compliance Department recognizes Becky Wanamaker and Jeff Kneip for their excellent work on this program.
- iii. DHCS (CA Department of Health Care Services) Self Audit – completed. One area of concern that was corrected to DHCS’ satisfaction.

**H. Narcotic Administration/Reconciliation Audit**

- i. Working in conjunction with Pharmacy to review narcotic administration.
- ii. One “for-cause” audit completed (January 2023)

**I. Vendor Diversity Audit – NIHD has approximately 1370 vendors.**

- i. Health and Safety Code Section 1339.85-1339.87 required the Department of Health Care Access and Information (HCAI, formerly OSHPD) to develop and administer a program to collect hospital supplier diversity reports, including certified diverse vendors in the following categories: minority-owned, women-owned, lesbian/gay/bisexual/transgender-owned, and disabled veteran-owned businesses.

- ii. NIHD is currently gathering the information for the required vendor diversity reporting that is due on July 1, 2023.

**J. Provider Verifications**

- i. More than 130 providers were verified and were checked for state and federal exclusions in the first quarter of calendar year 2023
- ii. No exclusions were found for verified providers.
- iii. NIHD may not bill for referrals for designated health services from excluded providers. Billing for referrals from excluded providers could put NIHD at risk for false claims.

**K. Claim/Charge Audits, completed in Q1 CY 2023**

- i. None at this time

**2. HIPAA Security Risk Assessment (SRA) – Completed November 2022**

- A. This is a mandatory risk assessment under the jurisdiction of the HHS OIG
- B. Penetration Testing is scheduled with IT (Information Technology) Security.
- C. Internal pre-penetration testing is underway by NIHD security.

**3. Office of National Coordinator of Health Information Technology SAFER Audit ((Safety Assurance Factors for EHR (Electronic Health Record) Resilience)) has been completed.**

**4. Compliance Work Plan – Updated May 2023, [see attached](#)**

**5. Conflicts of Interest**

- A. The Compliance department emailed the NIHD workforce the 2022 Conflicts of Interest (COI) form.
  - i. Compliance is processing COI forms received and will notify the Business Compliance Team when ready to schedule a meeting to review the forms.
- B. No COI forms submitted to the compliance department noted any knowledge or concern for the following:
  - i. Business transactions with an aim for personal gain.
  - ii. Gifts, loans, tips, or discounts to create real or perceived obligations.
  - iii. Use of NIHD resources for purposes other than NIHD business, NIHD sponsored business activities, or activities allowed by policy.
  - iv. Bribes, kickbacks, or rewards with the intent to interfere with NIHD business or workforce.
  - v. Use of NIHD money, goods, or services to influence government employees, or for special consideration or political contribution.

- vi. False or misleading accounting practices or improper documentation of assets, liabilities, or financial transactions.

## 6. Privacy Investigations

- A. Privacy investigations/potential breaches between January 1, 2023 – March 31, 2023 – total 9
  - i. Reported to CDPH/OCR – 3
    - a. CDPH substantiated one breach, with no deficiencies
  - ii. Investigations still active in the Compliance Department for Q1– 0
  - iii. Investigations closed by the Compliance Department with no reporting required - 6
- B. Privacy investigations/potential breaches outstanding with CDPH
  - i. Privacy investigations from 2022
    - a. Reported to CDPH/OCR – 6
    - b. Four breaches in submitted/in progress status with CDPH
  - ii. Privacy investigations from 2021
    - a. Reported to CDPH/OCR 2021– 4
    - b. Two potential breaches are in submitted status with CDPH
- C. Privacy investigations from 2020 (outstanding with regulatory agency)
  - i. Reported to CDPH/OCR 2020
    - a. Eight (8) potential breaches have no CDPH determination at this time.
- D. Privacy investigations from 2019 (outstanding with regulatory agency)
  - i. Reported to CDPH/OCR 2019
    - a. One (1) potential breach has no CDPH determination at this time.

## 7. Investigations

- A. Compliance has conducted or assisted with eleven (11) investigations/reviews that were not related to privacy/breach allegations thus far in 2023 including the following:
  - i. California Occupational Safety and Health (January 2023)
    - a. One complaint alleged regarding training on location of Personal Protective Equipment (PPE) and providing time to don PPE
    - b. Response sent by Compliance Officer timely, with no further follow up requests from Cal DOSH.
  - ii. California Department of Justice, Office of Attorney General (March 2023)
    - a. One consumer complaint regarding NIHD RHC Car Clinic.

- b. Response sent by Compliance Officer timely, with no further follow up requests from DOJ.
- iii. California Department of Public Health
  - a. Review of District reorganization
  - b. Response sent timely by Chief Nursing Officer, with no further follow up requests from CDPH

## 8. Compliance Committees

- A. Compliance and Business Ethics Committee (CBEC)
  - i. Meeting held in March 17, 2023
- B. Billing and Coding Compliance Committee (BCCC) reports to the CBEC committee.
  - i. This group reviews billing/coding issues, chargemaster changes, and policies that affect billing/coding/accounting. This subcommittee is chaired by the Compliance Officer and meets bi-weekly.
  - ii. The chair of this meeting will transition to the Billing Office throughout 2023.
- C. Business Compliance Team (BCT) reports to the CBEC Committee.
  - i. This group reviews all Conflict of Interest questionnaires with potential conflicts to determine the appropriate and consistent method to address the conflict. This subcommittee is chaired by the Compliance Officer and meets on an ad hoc basis.
- D. Forms Committee
  - i. NIHD develops forms in compliance with our Forms Control Policy. Forms are branded with NIHD logos. There are standardized templates, designated fonts, official translations, and mandatory non-discrimination and language access information.
  - ii. All forms and public information documents used at the District for patient care, regulatory requirements, orders, down-time documentation, standardized workflows, and process improvement are submitted to the Forms Committee. Once approved they are maintained in a location on the NIHD Intranet (a quick link named “Approved Forms”) for access by NIHD workforce.
  - iii. The team will begin requesting postings and signage to be approved through the Forms Committee, as there is problem with “signage fatigue,” inconsistency, failure to meet Affordable Care Act Section 1557 standards,

failure to use consistent District branding, and failure to obtain appropriate translations.

- iv. We have added Barbara Laughon to this committee to ensure her review and approval of all signage and postings, other than those posters legally required by employment law.
- v. One meeting held so far in 2023. District reorganization has slowed the Forms development and approval process.

## 9. Issues and Inquiries

- A. Compliance has researched around 40 issues for the District in the first quarter of 2023. They include minor privacy regulations, billing issues, sentinel event reporting, Substance Abuse and Mental Health Services Administration (SAMHSA) regulations, confidentiality issues, release of information and information blocking regulations, regulatory updates, mandatory reporting, and many other areas of interest and concern.

## 10. CPRA (California Public Records Act) Requests

- A. Compliance has received nine (9) CPRA requests in Q1 CY 2023.
  - i. All are completed.
- B. The Compliance office received one (1) in April 2023
  - i. This request is still in progress.

## 11. Optimization, update, and audit of Policy Management software

- A. Proper policies and policy management is a large component of an effective Compliance Program. Tracy Aspel transitioned user set up, policy administration, and other software optimization to Katie Manuelito prior to her retirement in March of 2023.

## 12. Implementation of Contract Lifecycle Management Software

- A. Evisort Contract Lifecycle Management Software
  - i. In the middle implementation project currently
  - ii. We have uploaded 1176 documents
    - a. Not all are contracts, some are supporting documents
  - iii. [See attached](#) dashboard documents – these are from the initial intake information generated by the “artificial intelligence” reading of the documents. We have some clean-up work to do, however, we already have more information on our contracts than ever in the history of NIHD. This is overview information, designed to display on screen. Every data point in the

graphs allows the user to “click” on it to drill into the exact contracts represented.

- iv. We have a few more weeks of system building before rolling out leadership training for the system. All department leaders will have access to the contracts they need for the operations of their areas.
- v. All contracts will be connected to a “cost center,” which will ensure review of all contracts by department and cost center during budgeting time. It will also allow the Budget Analyst to pull all info by cost center.
- vi. The ability to manage contracts instead of storing contracts will save the District tens of thousands of dollars annually, by ease of access to termination terms, monitoring of renewal/non-renewal terms, and proactive monitoring and notification for upcoming renewals/expiration.

### 13. Unusual Occurrence Reports (UOR)

- A. UOR quality report data for January 1, 2023 through March 31, 2023, [see attached](#)
  - i. Notable trends out of 137 UORs received in Q1 CY 2023:
    - a. UORs regarding complaints and requests to review billing and care continue to be the highest volume,
    - b. Specimen issues are the second highest volume in UORs
    - c. Medication Occurrences are trending up slightly. These are reviewed in detail during the Medication Administration Improvement Committee.
    - d. Several UORs have resulted in systemic changes in 2023.
- B. The UOR process involves significant work and time from the Compliance team.
  - i. All UORs in Complytrack are currently received by the Compliance Team.
    - a. Many patient complaint and concern phone calls are transferred to the Compliance team for intake and assistance.
    - b. The Compliance team typically provides response letters for the patient complaints, although the CMO assists on specific clinical matters.
  - ii. UORs are triaged and assigned to appropriate department leaders for review. Emails and phone calls are placed to leaders for urgent UORs.
  - iii. The Compliance team reviews replies, ensures thorough responses and corrective actions, provides follow up letters to patients, and ensures the executive team is aware of all areas of concern.
  - iv. The Compliance team follows up with leaders who are having difficulty with timely responses and attempts to assist them with resolution.



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- v. The Compliance team ensures UORs are closed after thorough review, corrective actions and, in most cases, resolution.

No.	Item	Reference	Comments
<b>Compliance Oversight and Management</b>			
1.	Review and update charters and policies related to the duties and responsibilities of the Compliance Committees.	NIHD Compliance Program (p.17)	Review November 2023
2.	Develop and deliver the annual briefing and training for the Board on changes in the regulatory and legal environment, along with their duties and responsibilities in oversight of the Compliance Program.	NIHD Compliance Program (p.17)	Legal counsel and ACHD provide education and training to Board members. Compliance provides ad hoc training as requested or required.
3.	Develop a Compliance Department budget to ensure sufficient staff and other resources to fully meet obligations and responsibilities.		Compliance budget developed. Decrease in personnel by 2. Increase in software budget.
4.	District Policy and Procedure management		Katie Manuelito provides support to leadership and policy software management.
<b>Written Compliance Guidance</b>			
4.	Audit of required Compliance related policies.		Annual review conducted on regular schedule throughout the year
5.	Annual review of Code of Conduct to ensure that it currently meets the needs of the organization and is consistent with current policies. (Note: Less than 12 pages, 10 grade reading level or below)		07/2023
6.	Verify that the Code of Conduct has been disseminated to all new employees and workforce.		Ongoing in conjunction with HR. Current to date.
<b>Compliance Education and Training</b>			
7.	Verify all workforce receive compliance training and that documentation exists to support results. Report results to Compliance and Business Ethics Committee.		Relias reports will be sent to CBEC
8.	Ensure all claims processing staff receive specialized training programs on proper documentation and coding.		Billing and Coding now performed by outside agencies. Summary reports to Compliance Officer, internal reporting and

			review delayed due to reduction in staffing.
9.	Review and assess role-based access for EHR (electronic health record) and partner programs. Implement/evaluate standardized process to assign role-based access.		Cerner has role-based access, however, not all roles align with NIHD positions. Selections reviewed by ITS access security, Cybersecurity Officer and Privacy officer. Ad hoc reviews as needed/requested
10.	Compliance training programs: fraud and abuse laws, coding requirements, claim development and submission processes, general prohibitions on paying or receiving remuneration to induce referrals and other current legal standards.	Completed at Orientation.	Completed at orientation – current through 03/31/2023. False Claims Act Policy assigned annually.
<b>Compliance Communication</b>			
11.	Review unusual occurrence report trends and compliance concerns. Prepare summary report for Compliance Committee on types of issues reported and resolution		Annual and quarterly reports submitted to appropriate committees and Board of Directors.
12.	Develop a report that evidences prompt documenting, processing, and resolution of complaints and allegations received by the Compliance Department.	Complytrack	Processed 137 UORs in Q1CY 2023. 108 UORs closed
13.	Document test and review of Compliance Hotline.		Completed 05/2023
14.	Physically verify Compliance hotline posters appear prominently on employee boards in work areas.		Scheduled for July 2023
<b>Compliance Enforcement and Sanction Screening</b>			
15.	Verify that sanction screening of all employees/workforce and others engaged by NIHD against Office of Inspector General (OIG) List of Excluded Individuals and Entities has been performed in a timely manner, and is documented by a responsible party.	Ongoing – HR performs employees/travelers/temps monthly. Compliance verifies new referring providers. Medical Staff Office (MSO) verifies all medical staff. Accounting verifies all vendors.	Current through 03/31/2023
16.	Develop a review and prepare a report regarding whether all actions relating to the enforcement of disciplinary standards are properly documented.		On hold due to current reorganization.
17.	Audits		

	a. Arrangements with physician (database)		Physician Contracts are now in a review cycle. All templates created/reviewed in conjunction with legal counsel (BBK).
	b. EMTALA (Emergency Medical Treatment and Active Labor Act)		All EMTALA concerns immediately reviewed. Current through 05/01/2023
	c. Financial Audits	FY 2023	Financial audits in progress by Eide Bailly.
	d. Payment patterns		On hold while reviewing best way to extract data from Cerner.
	e. Bad debt/ credit balances, AR days		Ongoing monitoring and review by multiple committees and RSM project.
	f. Home health and DME (Durable Medical Equipment)	HHS OIG target	NIHD Compliance Officer does not have a role in Compliance Oversight with PHHC/HOV. NIHD does not currently have a DME license.
	Lab services	MAC target	On hold due to reorganization.
	Imaging services (high cost/high usage)	MAC target	On hold due to reorganization.
	Rehab services	HHS OIG workplan	On hold due to reorganization.
18.	Ensure that high risks associated with HIPAA and HITECH Privacy and Security requirements for protecting health information undergo a compliance review.		Completed security risk assessment November 2022 with Cybersecurity Officer.
	a. Annual Security Risk Assessment		Due November 2023
	b. Periodic update to Security Risk Assessment		Updated following penetration testing in June 2023
	c. Monthly employee access audits		Cerner provides continuous semi-automated monitoring, reducing the need for a completely manual auditing process.
19.	Audit required signage		Due 08/2023

20.	Audit HIMS (Health Information Management) scanned document accuracy		On hold due to reorganization
21.	Develop metrics to assess the effectiveness and progress of the Compliance Program		Due 9/2023
22.	Implement automated access monitoring/auditing software		Automated auditing in progress with follow up on all flags
23.	Review CMS Conditions of Participation		Ongoing
<b>Response to Detected Problems and Corrective Action</b>			
24.	Verify that all identified issues related to potential fraud are promptly investigated and documented		ongoing
25.	Conduct a review that ensures all identified overpayments are promptly reported and repaid.		Monitored by Revenue Cycle Team and Accounting. Reporting to Compliance as needed.
26.	UOR tracking and trending – UOR/Unusual occurrence reporting is now a function of the Compliance Department.		See UOR reporting attached to Board Report for Q1CY2023, attached.
	a. Provide trend feedback to leadership to allow for data driven decision-making		Quarterly
	I. Overall UOR process		May 2023
	II. Workplace Violence		May 2023
	III. Falls		May 2023
27.	Pioneer Home Health and Hospice of the Owens Valley Compliance Review, ACE (Affiliated Covered Entity) agreement		Currently, Board is reviewing PHHC becoming own unaffiliated entity. NIH Compliance has no oversight role for PHHC, Inc.
28.	Patient complaints		Documented and tracked in Unusual Occurrence Reporting system
30.	Breach Investigations	HIPAA, HITECH, CMIA	On-going – see Compliance reports

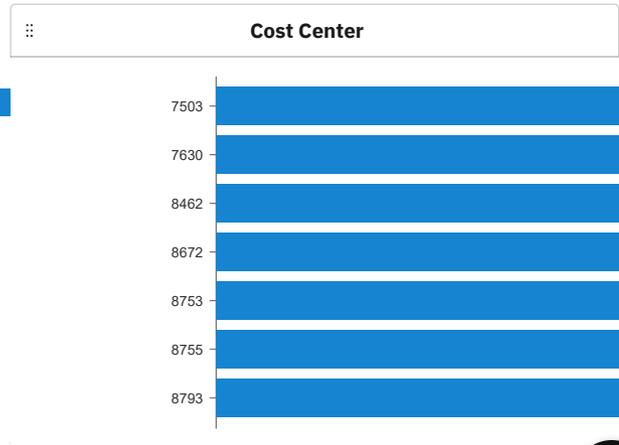
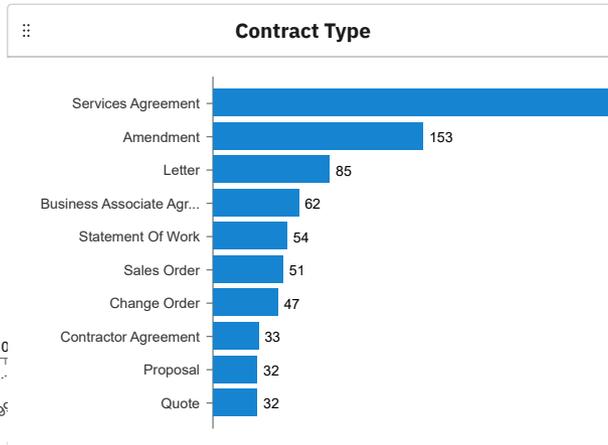
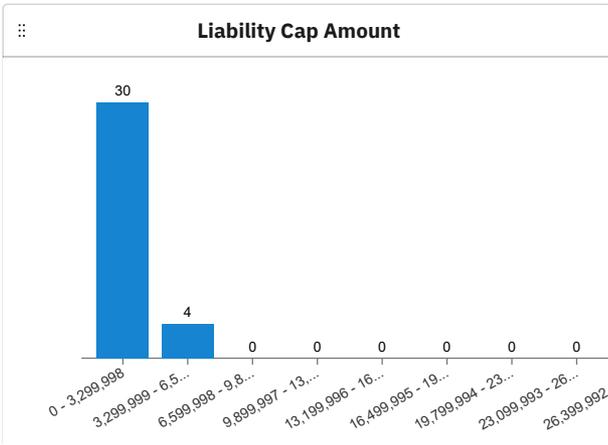
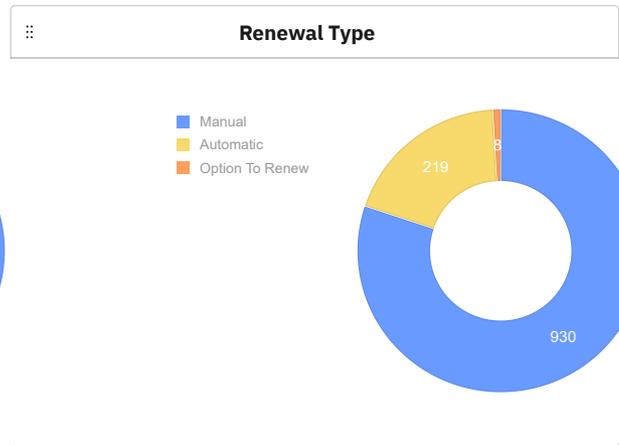
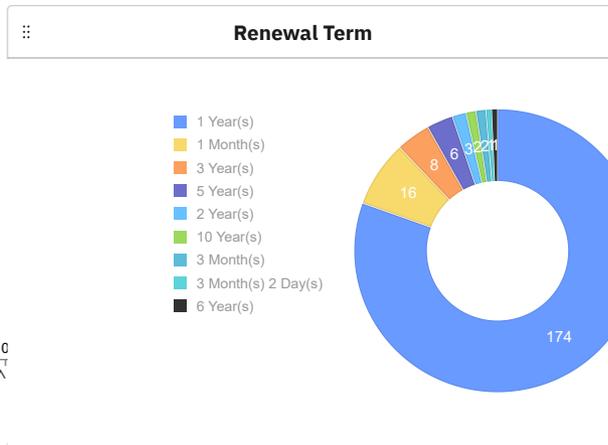
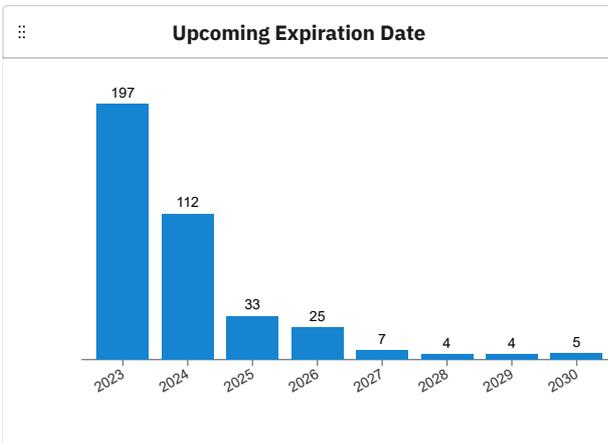
2023 Compliance Workplan – updated 05/2023

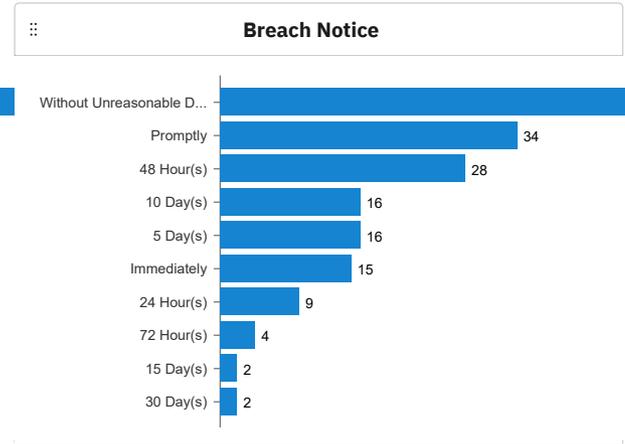
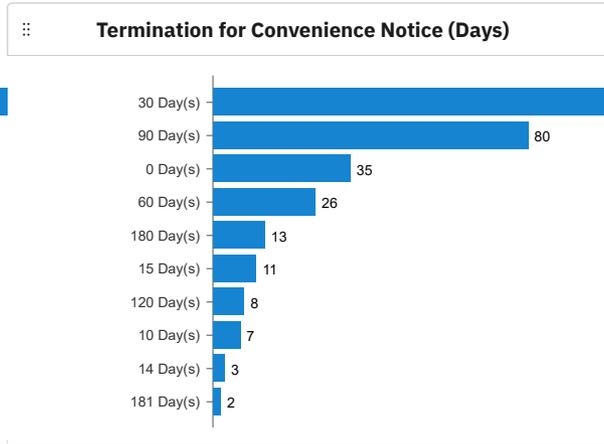
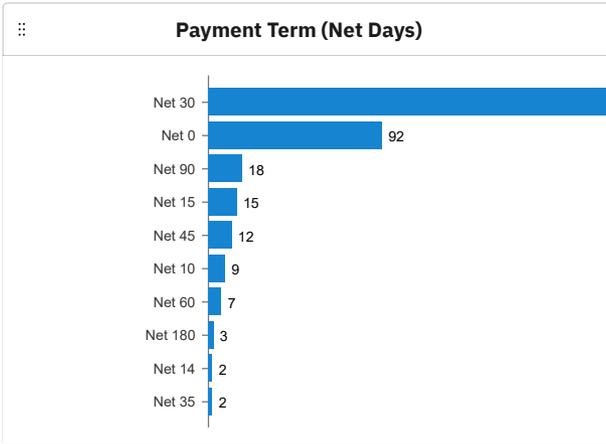
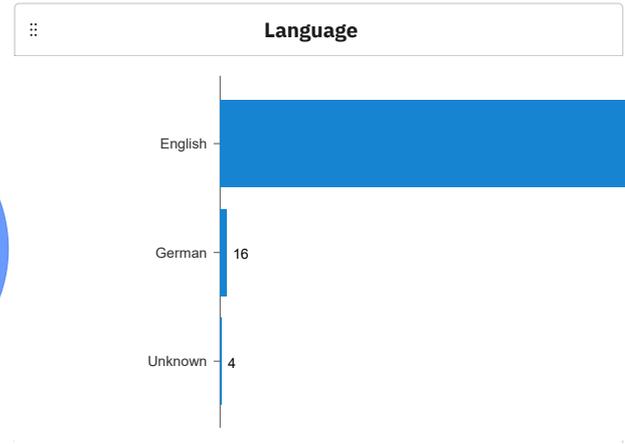
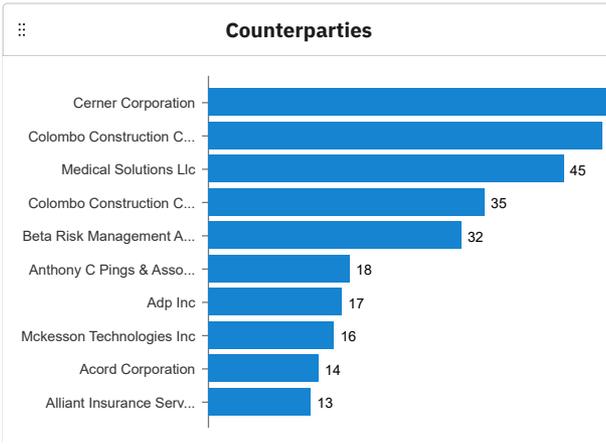
# Contracts Overview

Edit Charts Save As Save

Search filenames and content [Operators](#)

Refine your results  Counterparties  Contract Type  Effective Date  Start Date  Initial Expiration Date  Renewal Type  Renewal Notice Date  Upcoming Expiration Date  Governing Law  Folders  Clause Type [Clear Filters](#) [Add Filters](#) [Query Builder](#)





1 - 20 of 1176

Name ↑	Contract Type	Counterparties	Document Group	Effective Date
<a href="#">09301 Visalia Ceramic...</a>	Contractor Agreement, Services Agreement	Visalia Ceramic Tile Inc, Colombo Constru...		2022-04-27
<a href="#">09301 Visalia Ceramic...</a>	Services Agreement, Letter	Visalia Ceramic Tile Inc, Colombo Constru...		2022-06-20
<a href="#">192 E. Line St Rental A...</a>	Lease Agreement	Mike Dean, Marydawn Dean		2022-07-01
<a href="#">2021 NIH Rate Range ...</a>	Amendment	California Health and Wellness Plan		2023-02-28
<a href="#">2021 Northern Inyo I...</a>	Services Agreement	Anthem Blue Cross		2023-03-20
<a href="#">2021-11-18 Piper San...</a>	Engagement Letter, Letter	Piper Sandler & Co		2021-10-27

# Upcoming Termination info

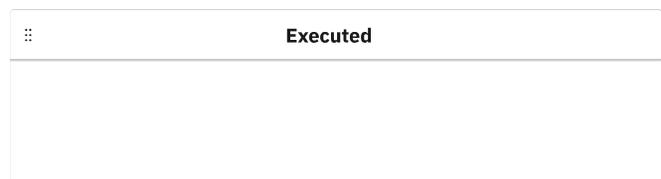
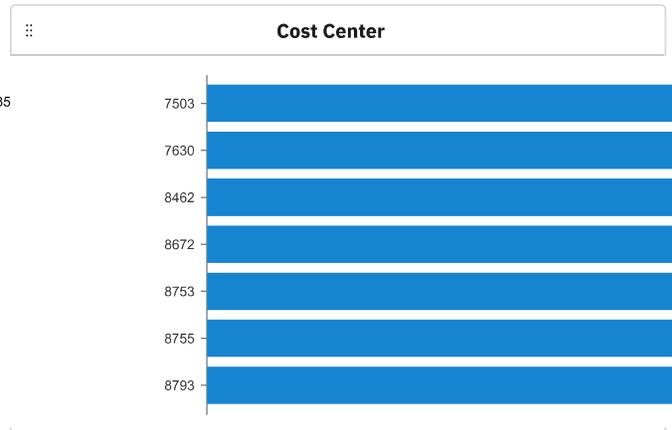
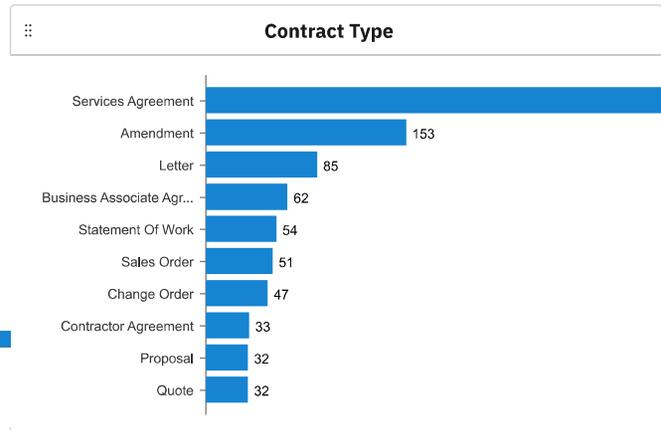
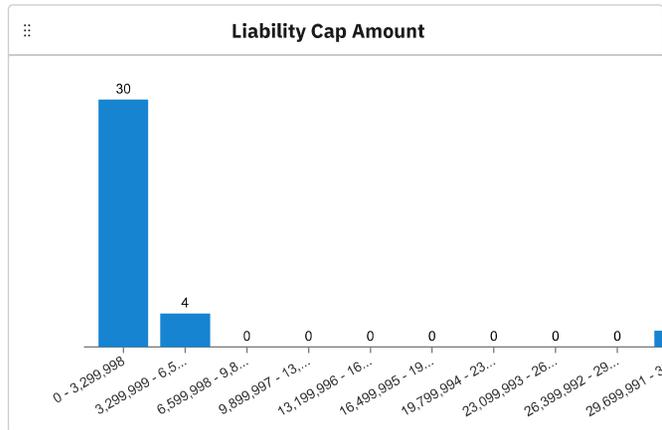
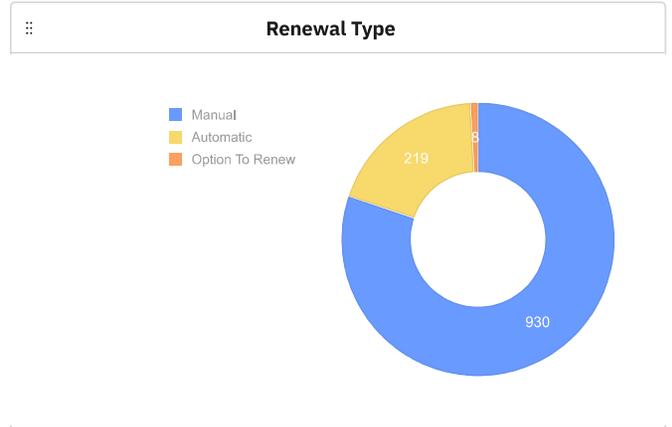
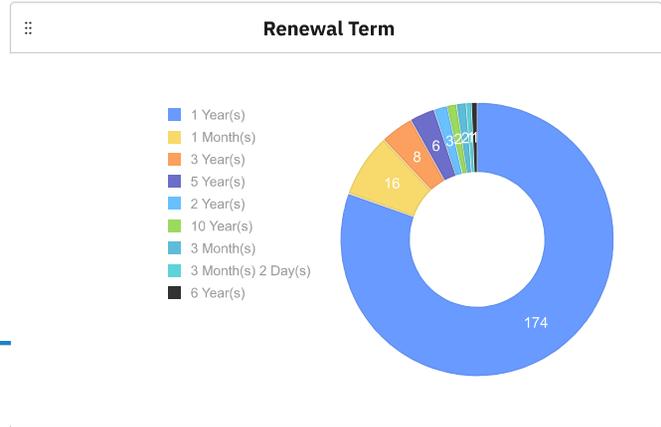
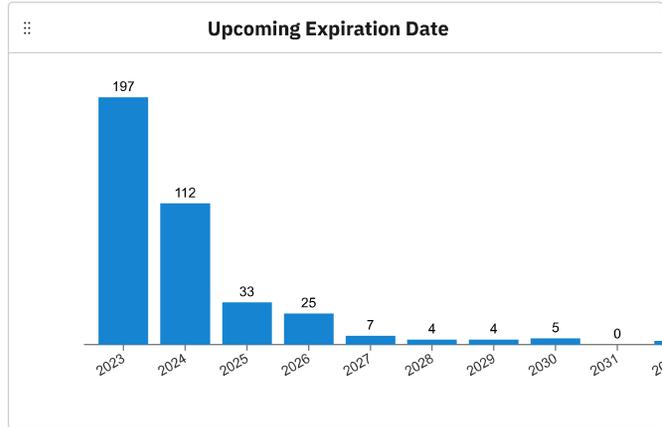
Edit Charts Save As Save

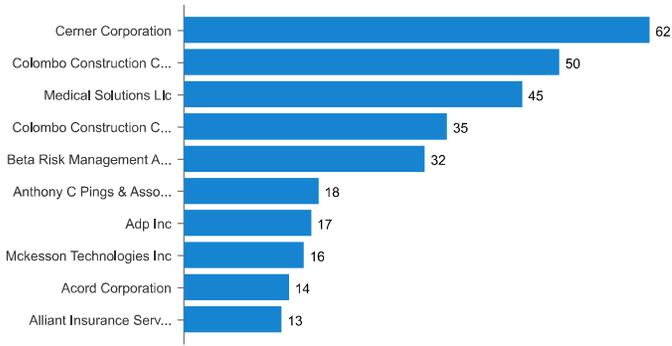
Search filenames and content

Operators

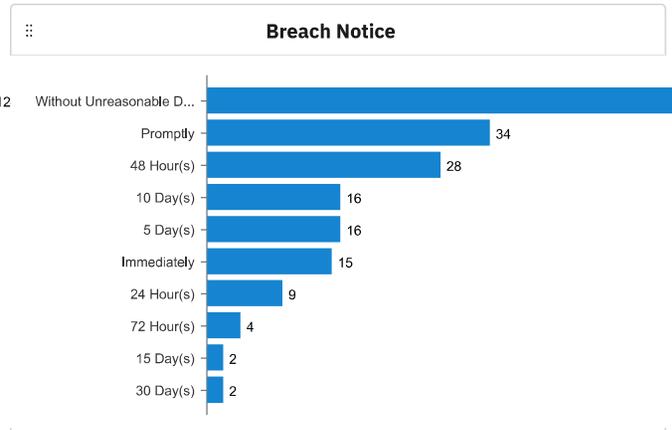
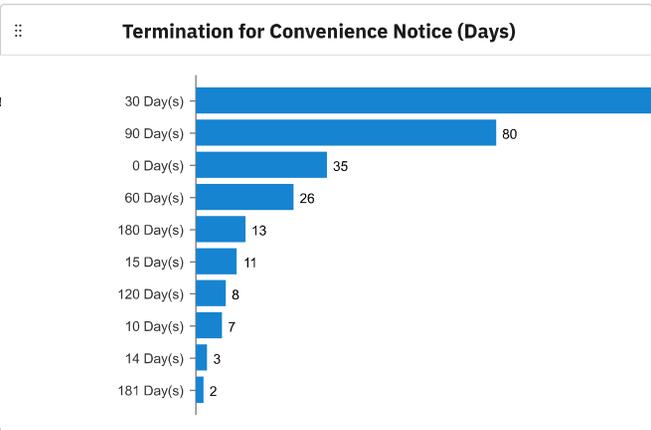
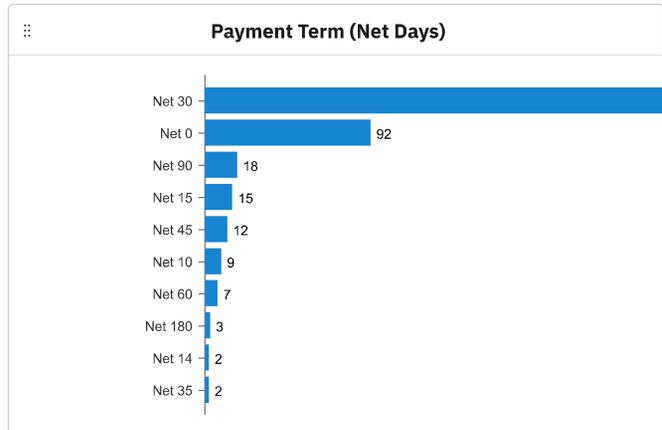
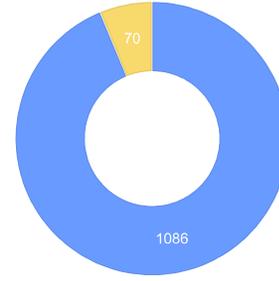
Refine your results

Counterparties  Contract Type  Effective Date  Start Date  Initial Expiration Date  Renewal Type  Renewal Notice Date  Upcoming Expiration Date   
 Governing Law  Folders  Clause Type [Clear Filters](#) [Add Filters](#) [Query Builder](#)





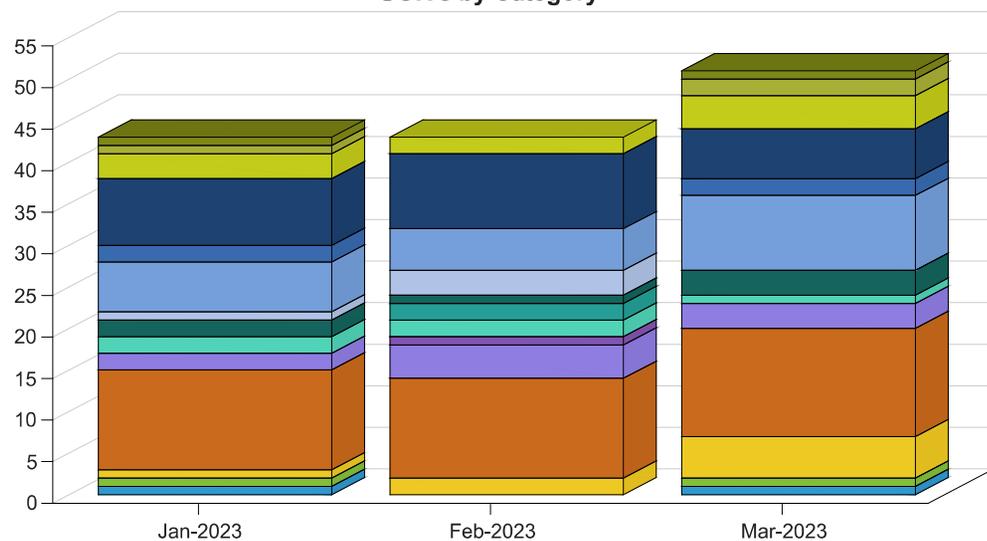
■ True  
■ False



1 - 20 of 1176

Name ↑	Contract Type	Counterparties	Document Group	Effective Date	Initial Expi
<a href="#">09301 Visalia Ceramic...</a>	Contractor Agreement, Services Agreement	Visalia Ceramic Tile Inc, Colombo Constru...		2022-04-27	2022-06-3 ...
<a href="#">09301 Visalia Ceramic...</a>	Services Agreement, Letter	Visalia Ceramic Tile Inc, Colombo Constru...		2022-06-20	...
<a href="#">192 E. Line St Rental A...</a>	Lease Agreement	Mike Dean, Marydawn Dean		2022-07-01	2023-06-3 ...
<a href="#">2021 NIH Rate Range ...</a>	Amendment	California Health and Wellness Plan		2023-02-28	2024-12-3 ...
<a href="#">2021 Northern Inyo I...</a>	Services Agreement	Anthem Blue Cross		2023-03-20	2023-09-3 ...
<a href="#">2021-11-18 Piper San...</a>	Engagement Letter, Letter	Piper Sandler & Co		2021-10-27	...
<a href="#">2022-01-19 ESEP Con...</a>	Services Agreement	Eastern Sierra Emergency Physicians Inc		2022-03-01	2025-02-2 ...
<a href="#">2022-2023 APIP Evid...</a>	Invoice	Alliant Insurance Services Inc	<a href="#">Insurance Coverage</a>	2022-07-01	...
<a href="#">2022-2023 Binder Evi...</a>		Lexington Insurance Company, XL Insuran...	<a href="#">Insurance Coverage</a>	2022-07-01	2023-07-0 ...

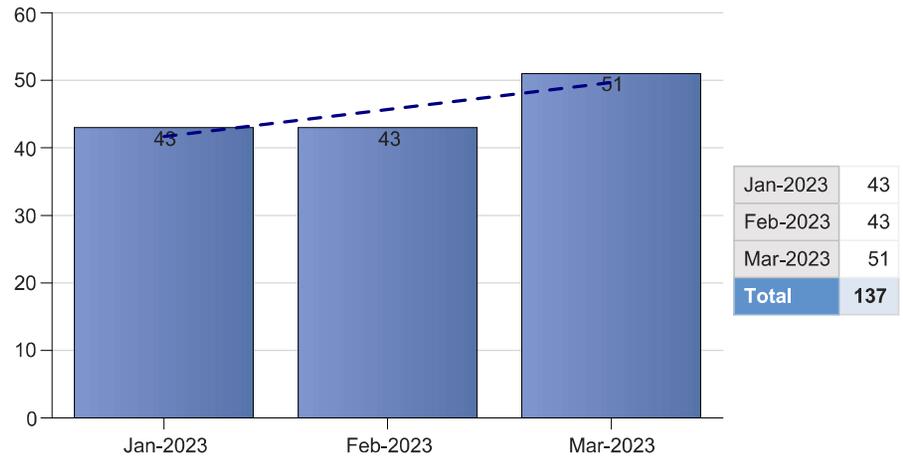
UOR's by Category



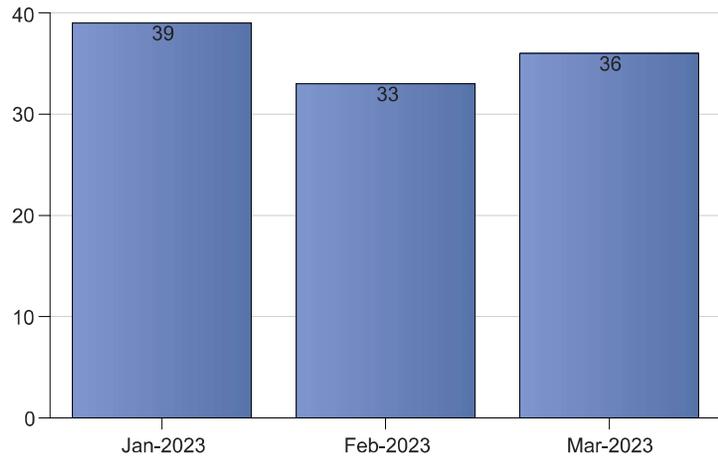
- Anesthesia
- Complaints/review request
- ED
- Med Surg
- Procedure/Test/Specimen problem
- Bloodborne Pathogen Exposure- ..
- Confidentiality/PHI Breach/HIPA...
- Equipment/Supply/Devices
- Falls/Slips
- Medication Occurrence/Error
- OB/Nursery
- Safety/Security
- Communication
- Critical Indicator
- Transfer - Internal or External
- Workplace Violence

	Jan-2023	Feb-2023	Mar-2023	Total
Anesthesia	1		1	2
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1		1	2
Communication	1	2	5	8
Complaints/review request	12	12	13	37
Confidentiality/PHI Breach/HIPAA violation	2	4	3	9
Critical Indicator		1		1
ED	2	2	1	5
Equipment/Supply/Devices		2		2
Falls/Slips	2	1	3	6
Med Surg	1	3		4
Medication Occurrence/Error	6	5	9	20
OB/Nursery	2		2	4
Procedure/Test/Specimen problem	8	9	6	23
Safety/Security	3	2	4	9
Transfer - Internal or External	1		2	3
Workplace Violence	1		1	2
<b>Total</b>	<b>43</b>	<b>43</b>	<b>51</b>	<b>137</b>

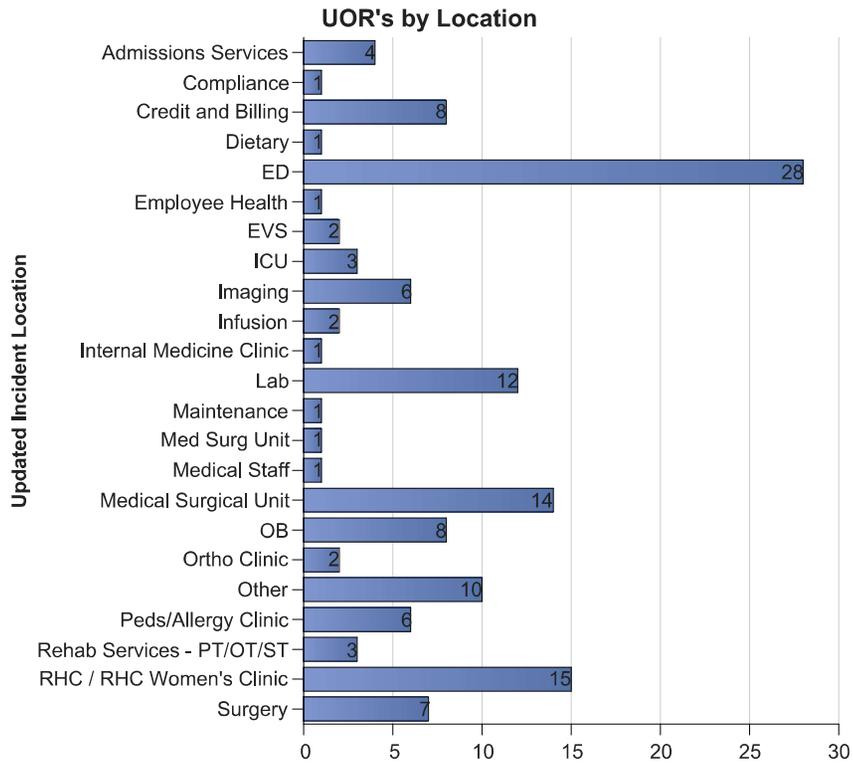
### UOR's



**Number of Closed UOR's**



	Closed
Jan-2023	39
Feb-2023	33
Mar-2023	36
<b>Total</b>	<b>108</b>

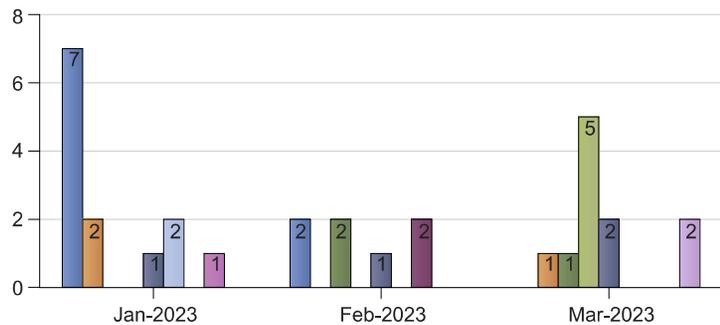


Admissions Services	4
Compliance	1
Credit and Billing	8
Dietary	1
ED	28
Employee Health	1
EVS	2
ICU	3
Imaging	6
Infusion	2
Internal Medicine Clinic	1
Lab	12
Maintenance	1
Med Surg Unit	1
Medical Staff	1
Medical Surgical Unit	14
OB	8
Ortho Clinic	2
Other	10
Peds/Allergy Clinic	6
Rehab Services - PT/OT/ST	3
RHC / RHC Women's Clinic	15
Surgery	7
<b>Total</b>	<b>137</b>

000002

### UOR's Related to Nursing by Nursing Unit Involved

(only when Nursing Unit Involved = Yes)



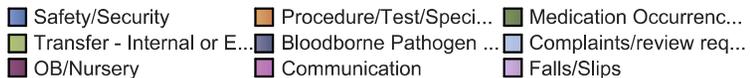
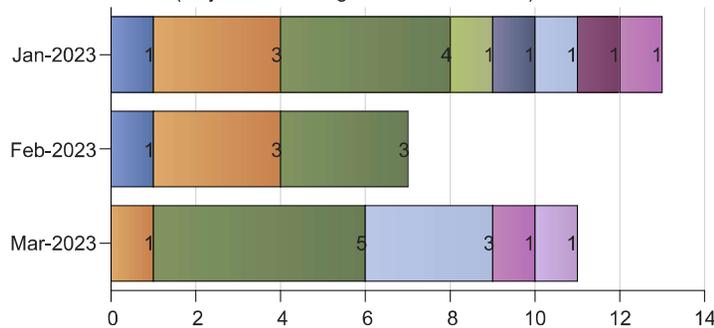
	Yes
Emergency	9
ICU	3
Infusion	3
Medical/Surgical	5
NIA Clinic	4
OB	2
OR	2
PACU	1
RHC	2
<b>Total</b>	<b>31</b>

#### Updated Nursing Unit Involved



### UOR's Related to Nursing

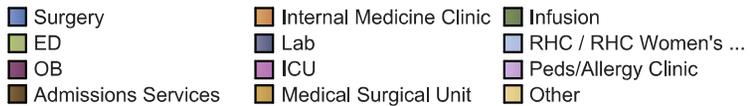
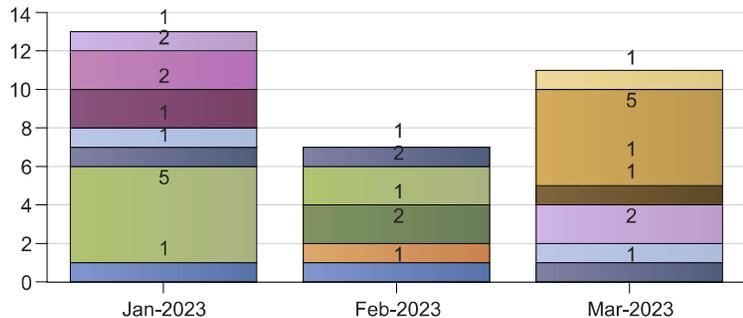
(only when Nursing Unit Involved = Yes)



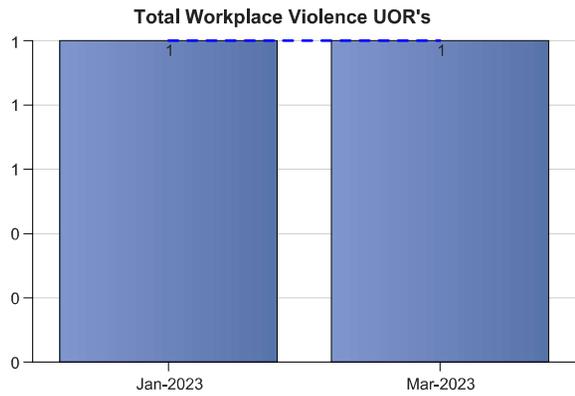
	Jan-2023	Feb-2023	Mar-2023	Total
Safety/Security	1	1	0	2
Procedure/Test/Specimen problem	3	3	1	7
Medication Occurrence/Error	4	3	5	12
Transfer - Internal or External	1	0	0	1
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1	0	0	1
Complaints/review request	1	0	3	4
OB/Nursery	1	0	0	1
Communication	1	0	1	2
Falls/Slips	0	0	1	1
<b>Total</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>31</b>

### UOR's Related to Nursing by Location

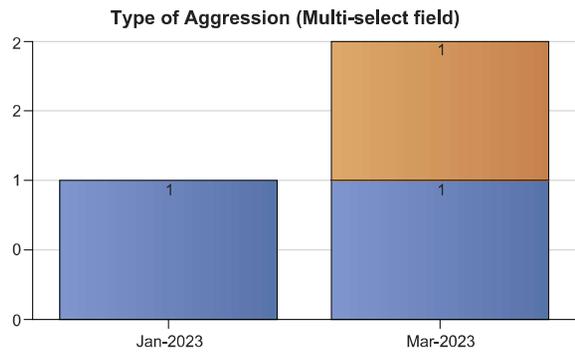
(only when Nursing Unit Involved = Yes)



	Jan-2023	Feb-2023	Mar-2023	Total
Surgery	1	1		2
Internal Medicine Clinic		1		1
Infusion		2		2
ED	5	2		7
Lab	1	1	1	3
RHC / RHC Women's Clinic	1		1	2
OB	2			2
ICU	2			2
Peds/Allergy Clinic	1		2	3
Admissions Services			1	1
Medical Surgical Unit			5	5
Other			1	1
<b>Total</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>31</b>

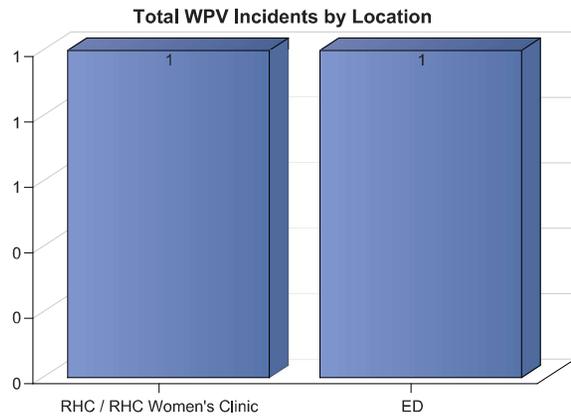


	Jan-2023	Mar-2023	Total
Workplace Violence	1	1	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

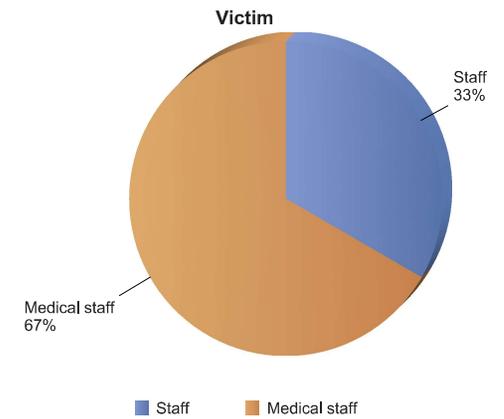
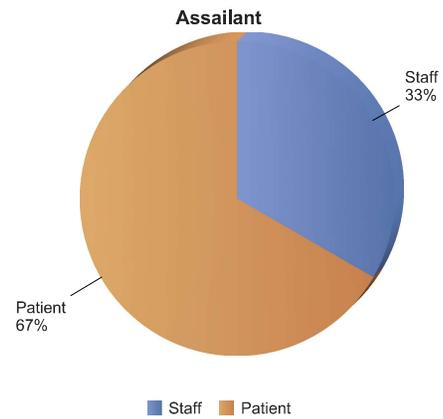
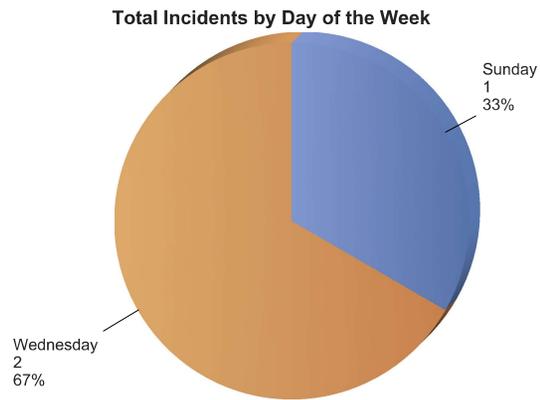


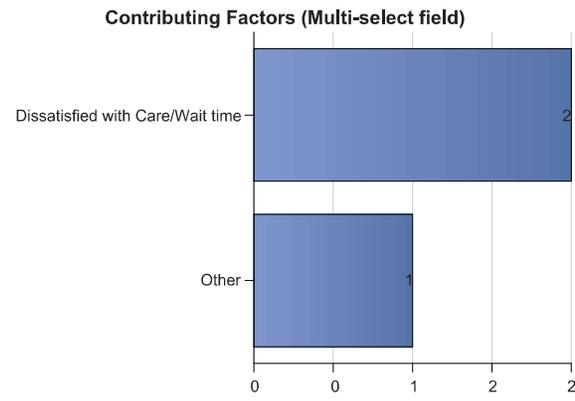
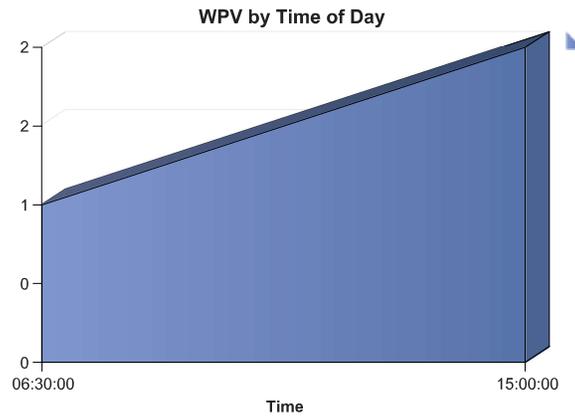
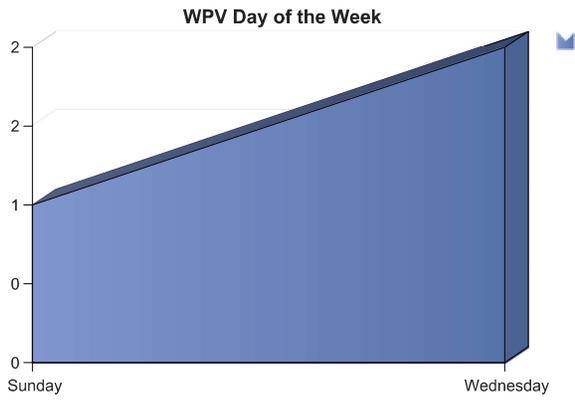
	Jan-2023	Mar-2023	Total
Verbal abuse	1	1	2
Other threat of physical force	0	1	1
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>

■ Verbal abuse
 ■ Other threat of physical force



RHC / RHC Women's Clinic	1
ED	1
<b>Total</b>	<b>2</b>





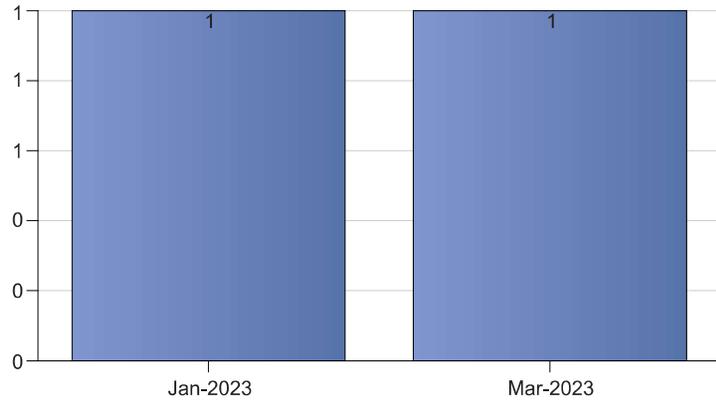
Dissatisfied with Care/Wait time	1
Other	1
<b>Total</b>	<b>2</b>

RHC Incidents by Day of the Week - No Data Available

No Data Available  
No Data Available  
No Data Available

No Data Available  
No Data Available  
No Data Available

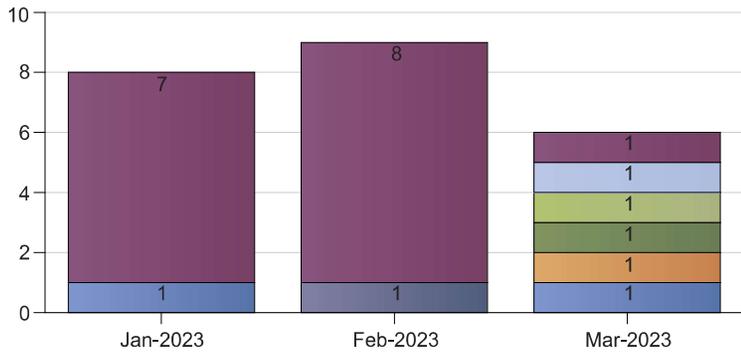
### Bloodborne Pathogen Exposure



	Jan-2023	Mar-2023	Total
Bloodborne Pathogen Exposure- Splash/ Mucous Membrane	1	1	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

■ Bloodborne Pathogen Exposure- Splash/ Mucous Membrane  
No Data Available

### UOR's Related to Lab

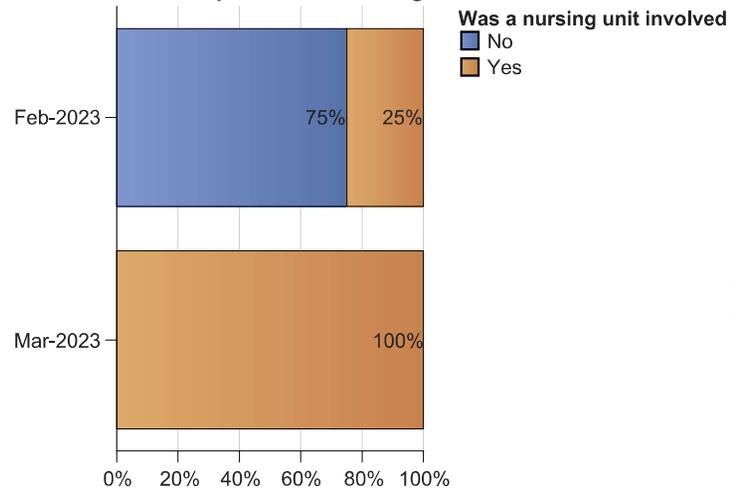


#### Procedure/Test Problems

- Delay
- Delay due to Hospital/Radiology systems problems or communication issues
- Omitted a test or procedure
- Other
- Patient was not properly prepared for the procedure or test
- Performed wrong procedure
- Specimen Problems\*\* LAB ALWAYS SELECT THIS ONE\*\*\*

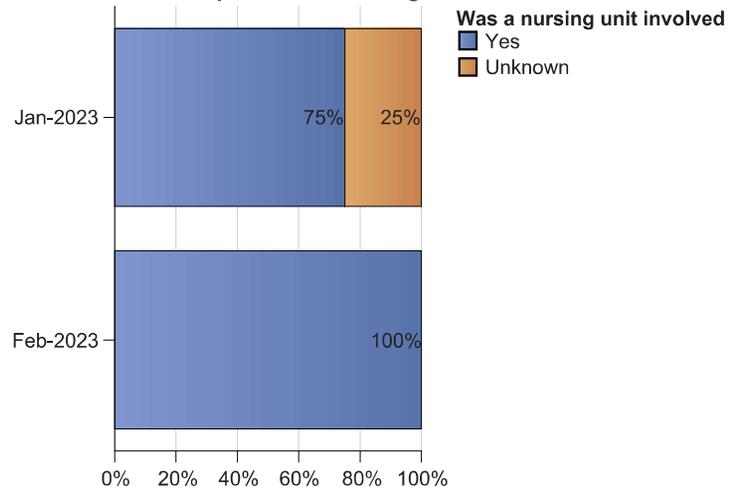
	Jan-2023	Feb-2023	Mar-2023	Total
Delay	1		1	2
Delay due to Hospital/Radiology systems problems or communication issues			1	1
Omitted a test or procedure			1	1
Other			1	1
Patient was not properly prepared for the procedure or test		1		1
Performed wrong procedure			1	1
Specimen Problems** LAB ALWAYS SELECT THIS ONE***	7	8	1	16
<b>Total</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>23</b>

### Specimen Handling Issues



	Feb-2023	Mar-2023	Total
No	3		3
Yes	1	1	2
Total	4	1	5

### Specimen Labeling Issues

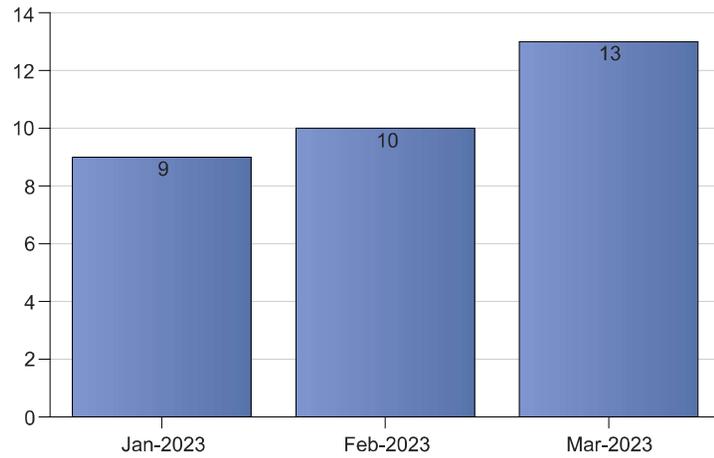


	Jan-2023	Feb-2023	Total
Yes	3	2	5
Unknown	1	0	1
Total	4	2	6

AMA/Elopement/LWBS No Data Available

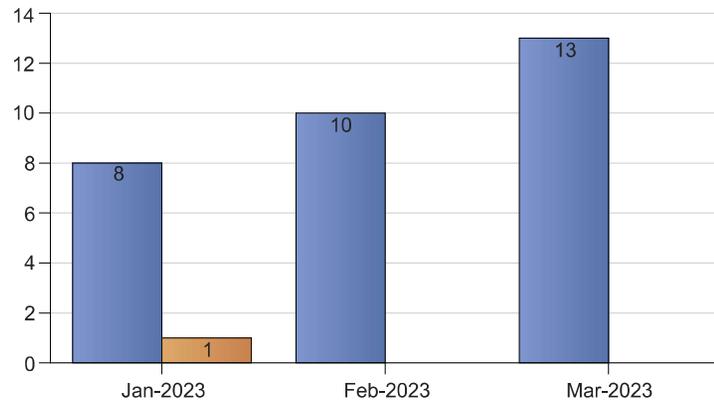
AMA/Elopement/LWBS No Data Available

**UOR's with Complaint Response Required**



Jan-2023	9
Feb-2023	10
Mar-2023	13
<b>Total</b>	<b>32</b>

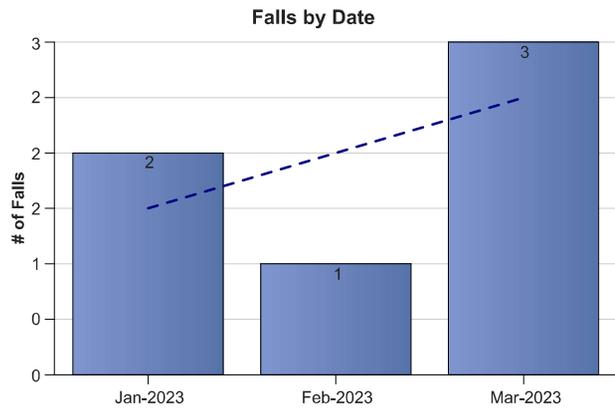
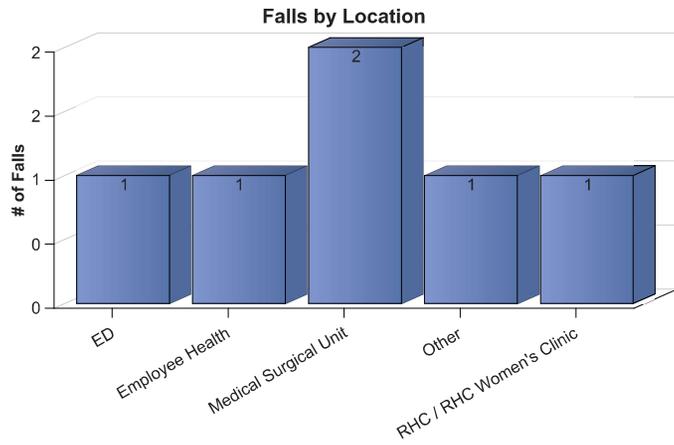
**UOR's with On Time Responses**



**Letter On Time**  
■ Yes ■ No

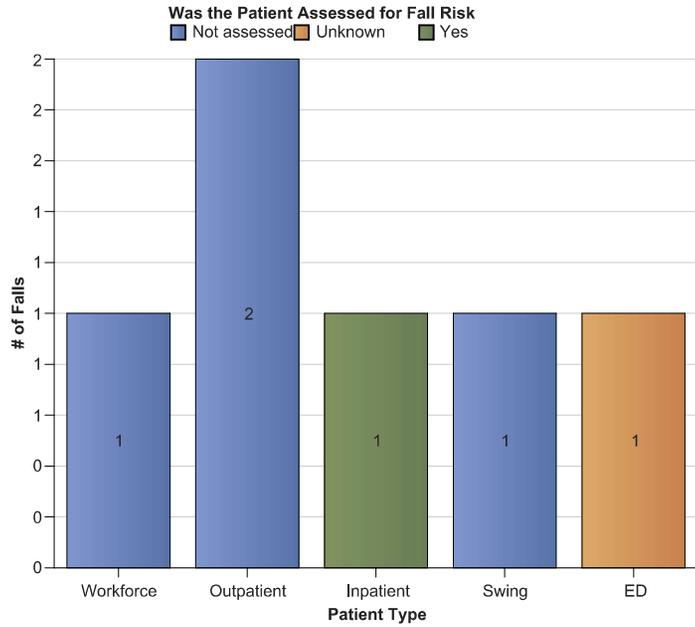
	Yes	No	Total
Jan-2023	8	1	9
Feb-2023	10		10
Mar-2023	13		13
<b>Total</b>	<b>31</b>	<b>1</b>	<b>32</b>

# of Falls	Falls/Slips	Total
ED	1	1
Employee Health	1	1
Medical Surgical Unit	2	2
Other	1	1
RHC / RHC Women's Clinic	1	1
<b>Total</b>	<b>6</b>	<b>6</b>

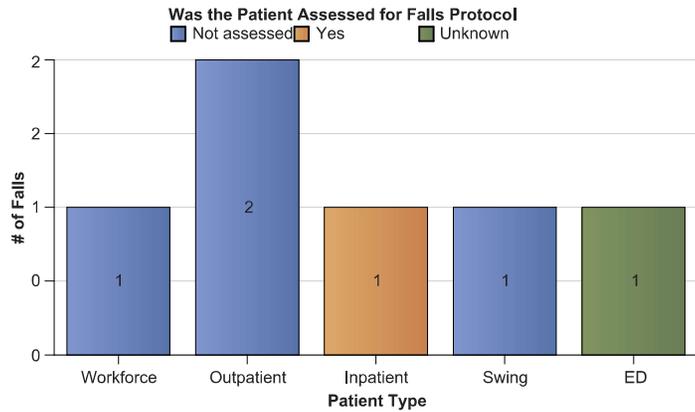


# of Falls	Falls/Slip Problem(s)				Total
	Ambulating	Bed/Crib	Ice/weather related	Other	
Not Identified	1		1	2	4
Confused	1				1
Oriented		1			1
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>

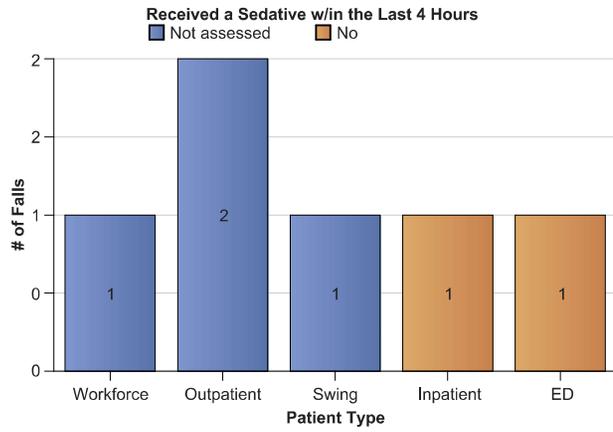
# of Falls	Was there any injury?		
	Not Identified	Yes	Total
Not Identified	1		1
ED		1	1
Inpatient	1		1
Outpatient	2		2
Swing	1		1
<b>Total</b>	<b>5</b>	<b>1</b>	<b>6</b>



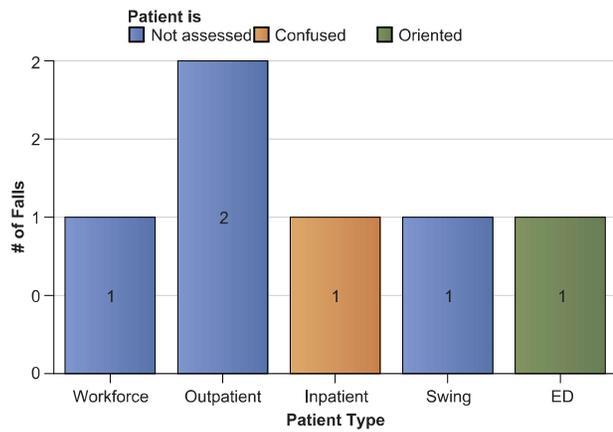
# of Falls	Was the Patient Assessed for Fall Risk			Total
	Not assessed	Yes	Unknown	
Workforce	1			1
Outpatient	2			2
Inpatient		1		1
ED			1	1
Swing	1			1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>



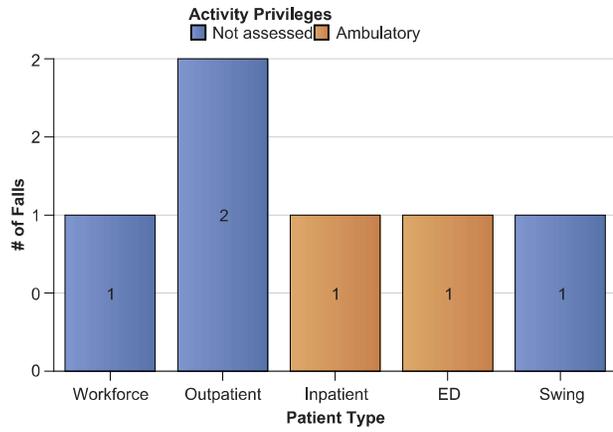
# of Falls	Was the Patient Assessed for Falls Protocol			Total
	Not assessed	Yes	Unknown	
Workforce	1			1
Outpatient	2			2
Inpatient		1		1
ED			1	1
Swing	1			1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>



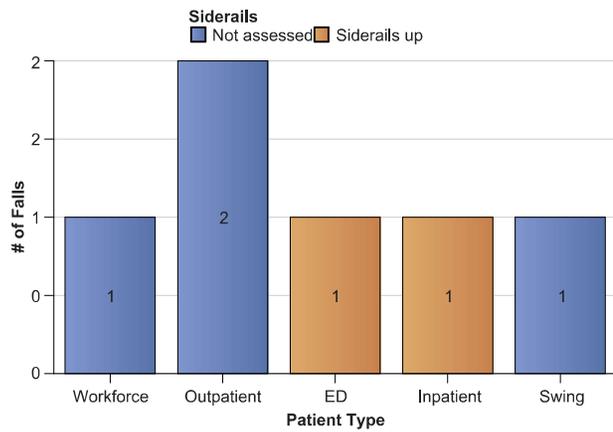
# of Falls	Received a Sedative w/in the Last 4 Hours		
	Not assessed	No	Total
Workforce	1		1
Outpatient	2		2
Swing	1		1
ED		1	1
Inpatient		1	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>



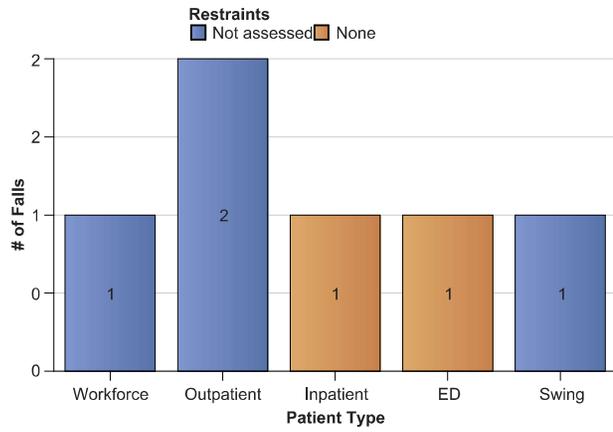
# of Falls	The Patient Is			
	Not assessed	Oriented	Confused	Total
Workforce	1			1
Outpatient	2			2
ED		1		1
Swing	1			1
Inpatient			1	1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>6</b>



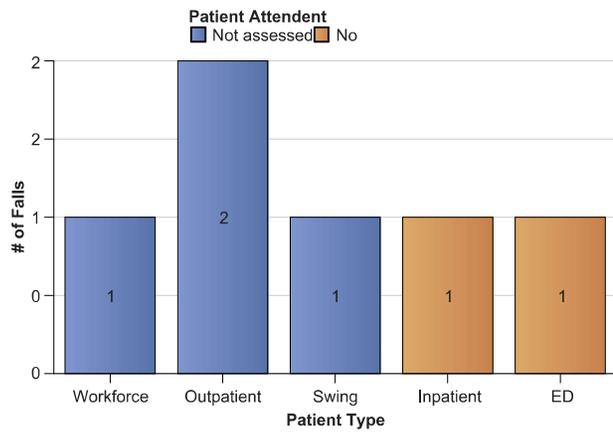
# of Falls	Activity Privileges		Total
	Not assessed	Ambulatory	
Workforce	1	0	1
ED	0	1	1
Inpatient	0	1	1
Outpatient	2	0	2
Swing	1	0	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>



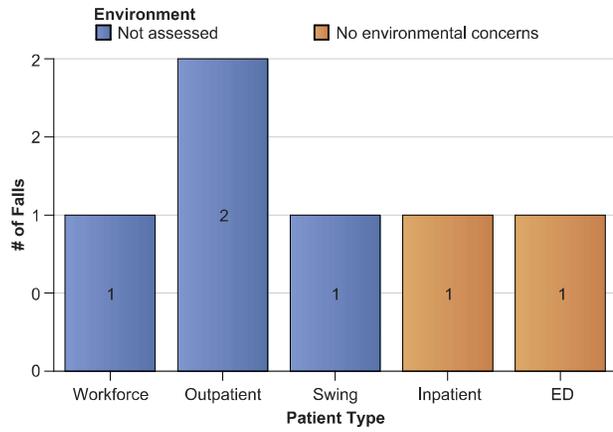
# of Falls	Siderails		Total
	Not assessed	Siderails up	
Workforce	1	0	1
Outpatient	2	0	2
Swing	1	0	1
ED	0	1	1
Inpatient	0	1	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>



# of Falls	Restrains		Total
	Not assessed	None	
Workforce	1	0	1
Outpatient	2	0	2
Swing	1	0	1
Inpatient	0	1	1
ED	0	1	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>



# of Falls	Patient Attendent		Total
	Not assessed	No	
Workforce	1	0	1
Outpatient	2	0	2
Swing	1	0	1
ED	0	1	1
Inpatient	0	1	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>



# of Falls	Environment		Total
	Not assessed	No environmental concerns	
Workforce	1	0	1
Outpatient	2	0	2
Inpatient	0	1	1
Swing	1	0	1
ED	0	1	1
<b>Total</b>	<b>4</b>	<b>2</b>	<b>6</b>

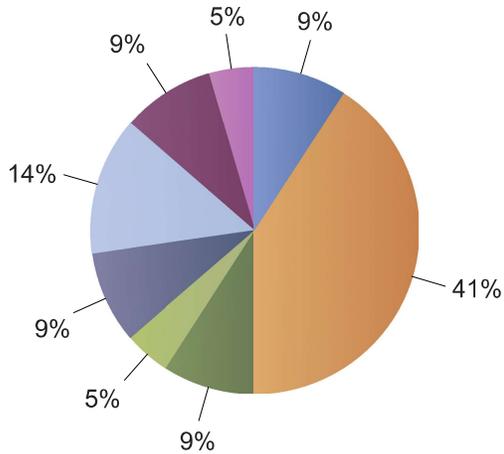
# of Falls	Fall Witnessed			Fall Alleged			Assisted to Floor			Found on Floor		
	Not Identified	No	Total	Not Identified	Yes	Total	Not Identified	No	Total	Not Identified	Yes	Total
Not Identified	1	0	1	1	0	1	1	0	1	1	0	1
ED	0	1	1	0	1	1	0	1	1	0	1	1
Inpatient	1	0	1	1	0	1	1	0	1	1	0	1
Outpatient	2	0	2	2	0	2	2	0	2	2	0	2
Swing	1	0	1	1	0	1	1	0	1	1	0	1
<b>Total</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>1</b>	<b>6</b>

Medication Occurrences are medication issues that did not reach the patient. They were caught prior to administration.

Medication Errors are those issues that did reach the patient.

	# of Errors	# of Occurrences	Total
Jan-2023	5	1	6
Feb-2023	2	3	5
Mar-2023	4	4	8
<b>Total</b>	<b>11</b>	<b>8</b>	<b>19</b>

### MERP INDICATOR

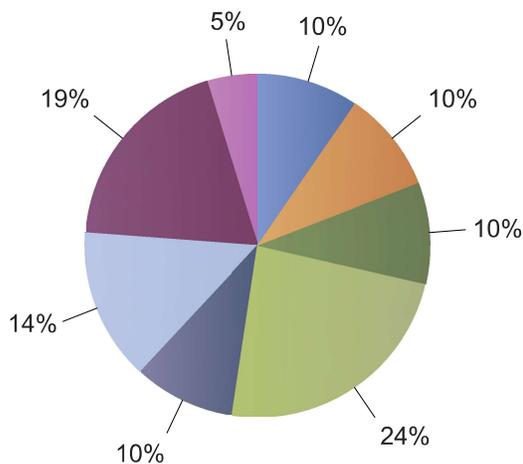


None Selected	2
Administration	9
Compounding	2
Distribution	1
Education	2
Labeling	3
Order communication	2
Prescribing	1
<b>Total</b>	<b>22</b>

#### MERP indicator

- None Selected
- Administration
- Compounding
- Distribution
- Education
- Labeling
- Order communic...
- Prescribing

### NIHD INDICATOR

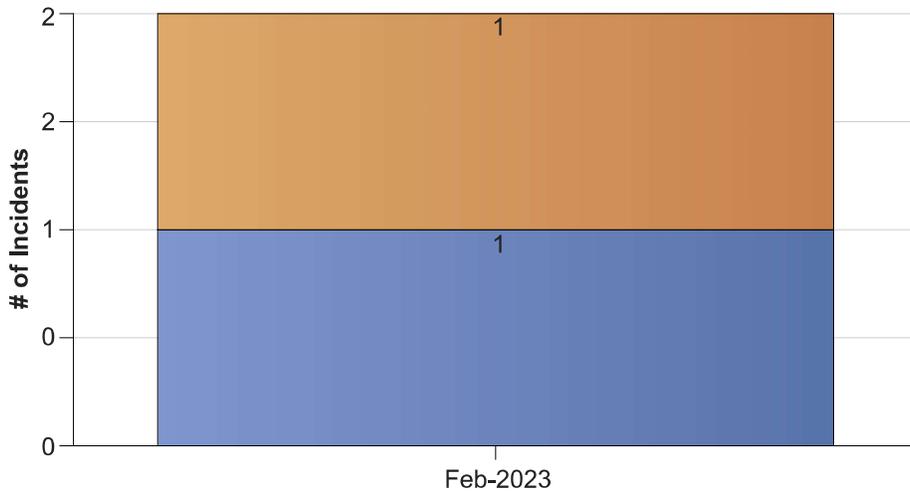


None Selected	2
EHR functionality	2
Omitted	2
Other	5
Outdated drug	2
Wrong dose	3
Wrong medication	4
Wrong time	1
<b>Total</b>	<b>21</b>

#### NIHD Indicator

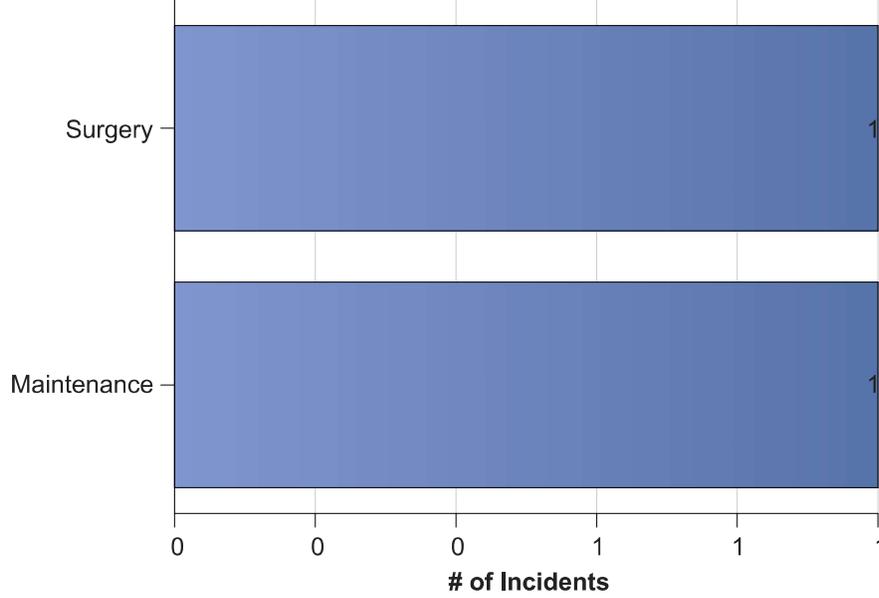
- None Selected
- EHR functionality
- Omitted
- Other
- Outdated drug
- Wrong dose
- Wrong medication
- Wrong time

**Equipment/Supplies/Devices by Incident Type/Date**



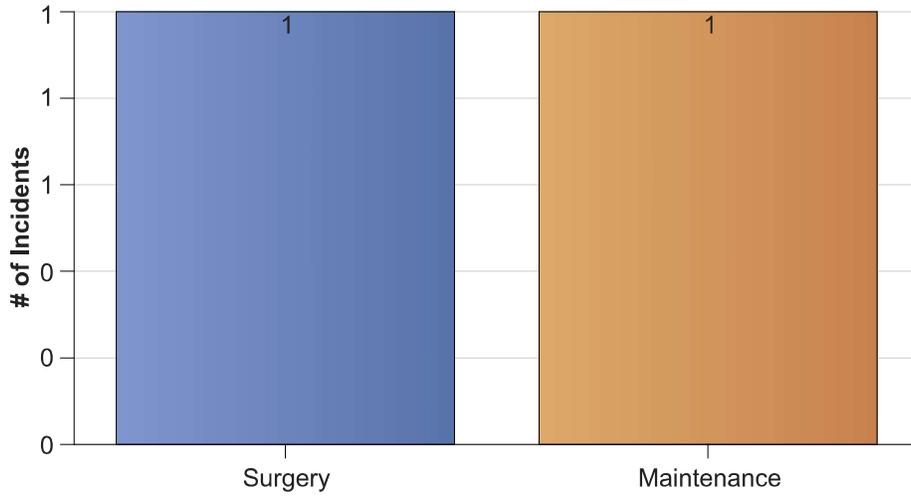
**Equipment/Supply/Devices Problems**  
Other User Error

**Equipment/Supplies/Devices by Location**



No Data Available

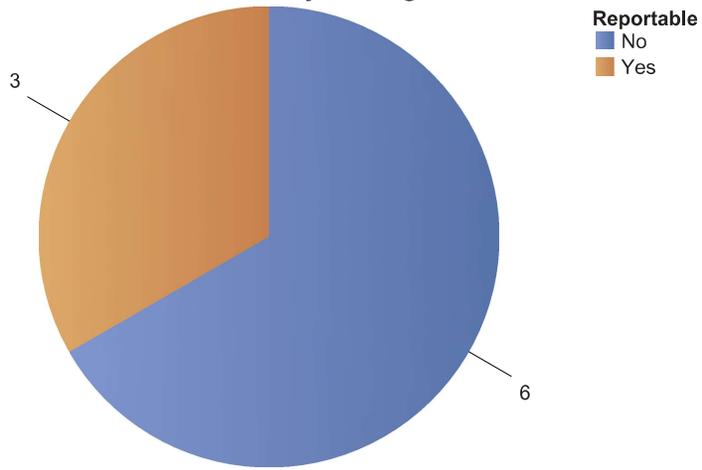
### Equipment/Supplies/Devices by Incident Type/Location



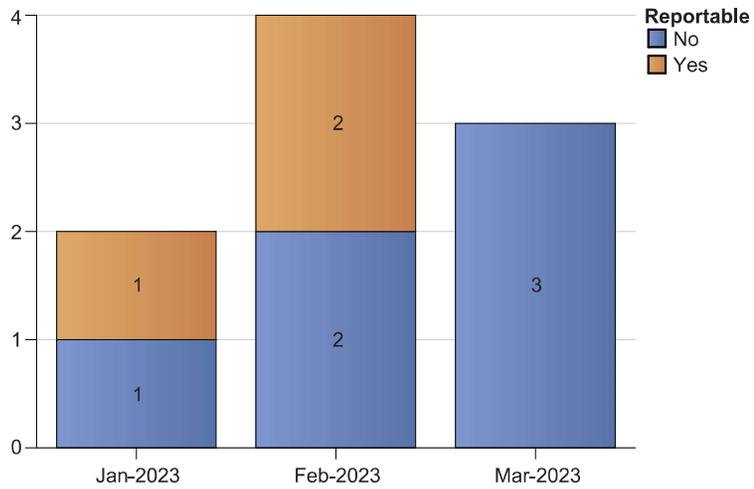
**Equipment/Supply/Devices Problems**  
Other User Error

No Data Available

**Total Privacy Investigations**

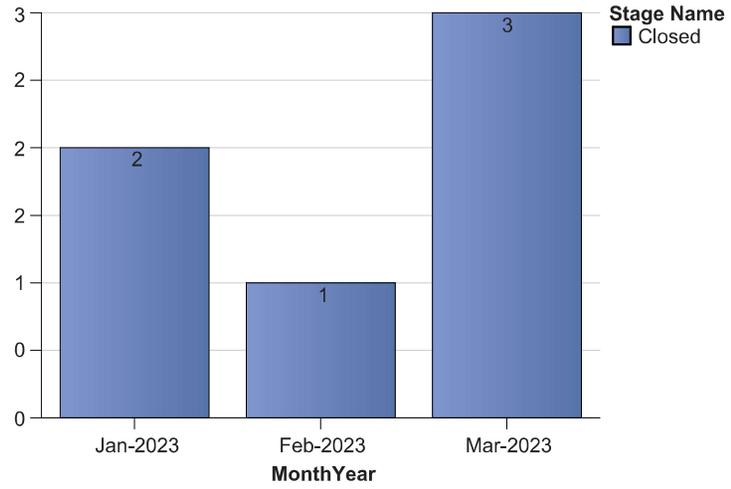


**Privacy Investigations by Month/Year**



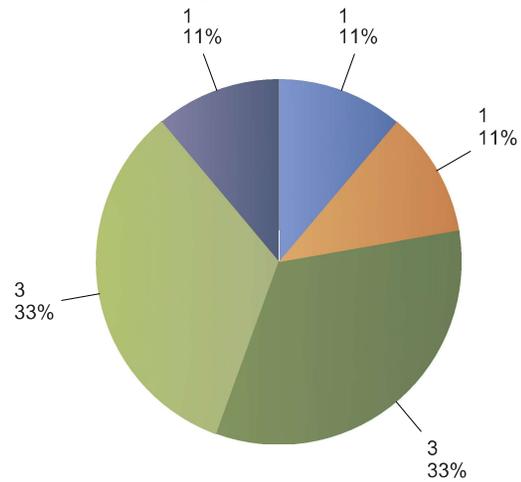
	No	Yes	Total
Jan-2023	1	1	2
Feb-2023	2	2	4
Mar-2023	3		3
<b>Total</b>	<b>6</b>	<b>3</b>	<b>9</b>

**Number of Closed Investigations**



	Closed	Total
Mar-2023	3	3
Jan-2023	2	2
Feb-2023	1	1
<b>Total</b>	<b>6</b>	<b>6</b>
<b>Total</b>	<b>6</b>	<b>6</b>

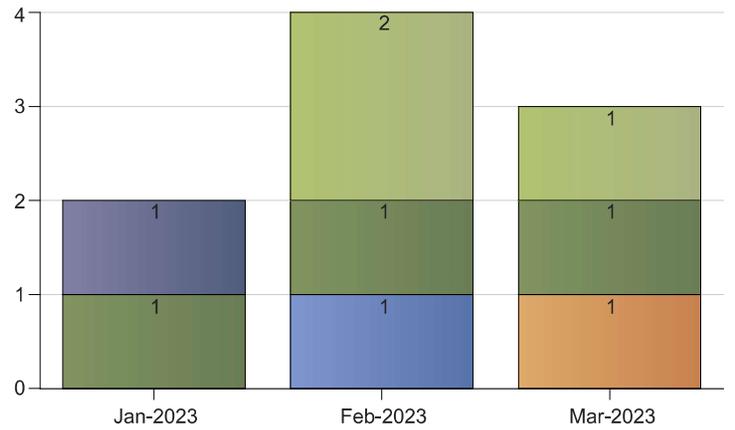
### Privacy Investigations by Violation Type



Improper access of chart	1
Other	1
Release of information concern	3
Verbal discussion	3
Wrong provider entered/selected	1
<b>Total</b>	<b>9</b>

■ Improper access of chart    
 ■ Other    
 ■ Release of information concern  
■ Verbal discussion    
 ■ Wrong provider entered/sele...

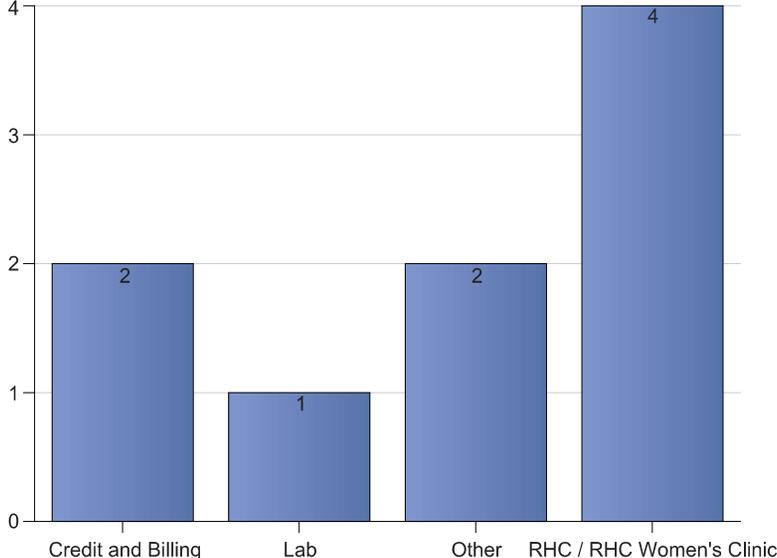
**Privacy Investigations by Type and Date**



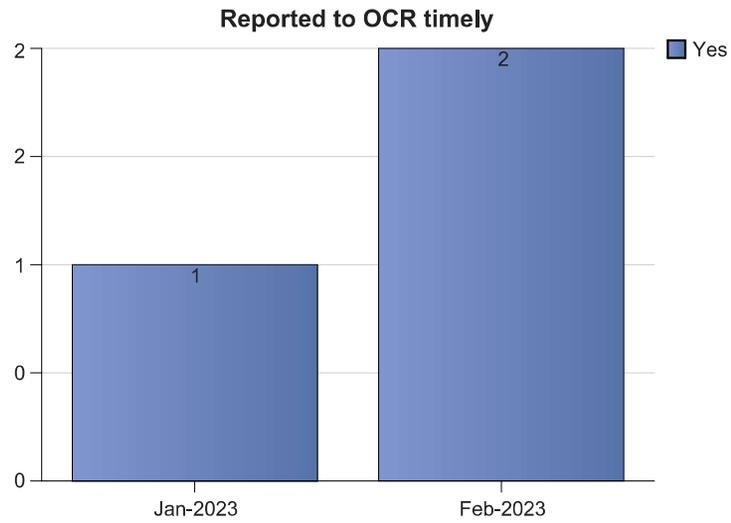
■ Improper access of chart 
 ■ Other 
 ■ Release of information concern 
 ■ Verbal discussion 
 ■ Wrong provider entered/selected

	Jan-2023	Feb-2023	Mar-2023	Total
Improper access of chart		1		1
Other			1	1
Release of information concern	1	1	1	3
Verbal discussion		2	1	3
Wrong provider entered/selected	1			1
<b>Total</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>9</b>

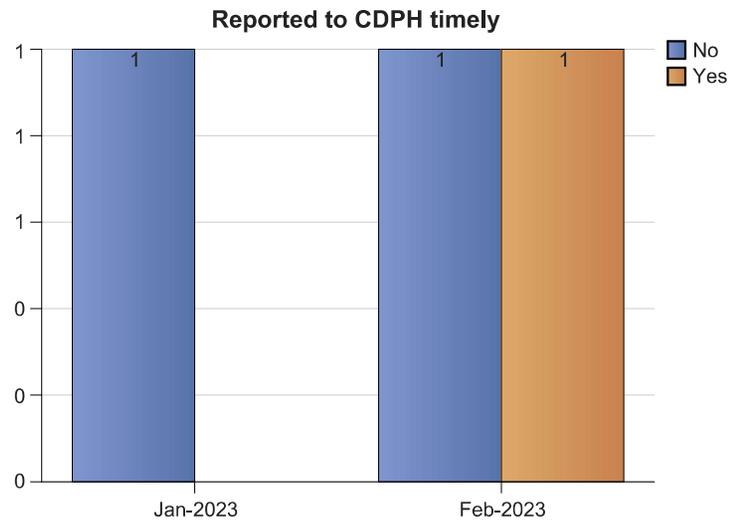
**Investigations by Location**



Credit and Billing	2
Lab	1
Other	2
RHC / RHC Women's Clinic	4
<b>Total</b>	<b>9</b>

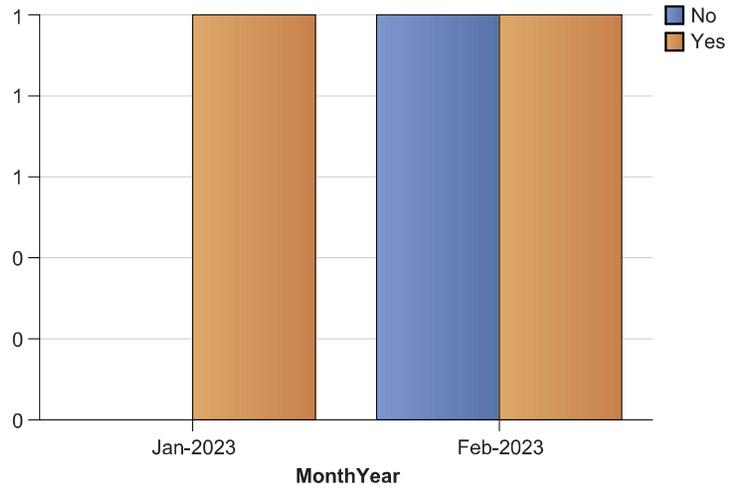


	Yes	Total
Jan-2023	1	1
Feb-2023	2	2
<b>Total</b>	<b>3</b>	<b>3</b>

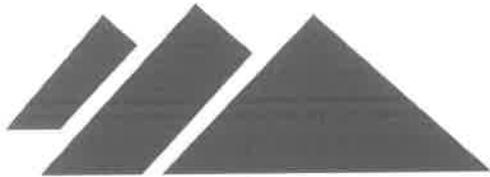


	No	Yes	Total
Jan-2023	1	0	1
Feb-2023	1	1	2
<b>Total</b>	<b>2</b>	<b>1</b>	<b>3</b>

**Investigations with on time notification of Patient**



	No	Yes	Total
Jan-2023		1	1
Feb-2023	1	1	2
Total	1	2	3



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

150 Pioneer Lane  
Bishop, CA 93514

(760) 873-5811

**DATE:** May 2023

**TO:** Board of Directors  
Northern Inyo Healthcare District

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

**RE:** Department Update

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## **REPORT DETAIL**

### **FOUNDATION**

At the January board meeting, it was approved to reimburse the District \$25,000 for the new CAREshuttle's wheelchair conversion. February's meeting saw the approval of around \$8,000 in repair work for the oldest CAREshuttle in the fleet. This was deemed worthwhile because it will extend the life of that vehicle and is much less expensive than retiring it and purchasing another one so close to the one just purchased in October by the Foundation. The March board meeting was canceled due to no significant work for the Board to complete. April's meeting saw both Chad and Stephen address the Board in regards to the financial situation of the District and the steps taking place to resolve that. Back in November of 2022 the Foundation had sent out an appeal letter to all current donors to help support the purchase of the new CAREshuttle and its wheelchair conversion. That campaign at the end of 2022 and a total of \$14,475 was brought in through that mailing.

### **GRANT WRITING**

The annual Small Hospital Improvement Program (SHIP) grant was invoiced for in April to help support the Quality Department in their work reporting data for the State's Quality Improvement Program (QIP). The District will receive \$13,000 from that grant to help offset costs for the i2i software program. Final grant close out reporting took place for the Sierra Health Foundation continuation funding that ended in March. There were no new grants pursued during this period and administration and maintenance for all other current grants is ongoing.



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

DATE: May 2023  
TO: Board of Directors, Northern Inyo Healthcare District  
FROM: Barbara Laughon, Manager, *Marketing, Communications, & Strategy*  
RE: Department Update

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## REPORT DETAIL

### COMMUNITY OUTREACH:

**Meet and Greets for Mr. DelRossi:** Work in progress, Chair Kilpatrick will be advised of support opportunities.

**SIHD Health Fair:** NIHD will participate in **Southern Inyo Healthcare District's Health Fair** on Saturday, May 20, 10 a.m. to 2 p.m. CNO Allison Partridge, Primary Care Practice Manager Rosie Graves, and I will attend.

**Bishop Mule Days:** Together, **Stryker/Mako** and **NIHD** will host an informational booth at the **Bishop Mule Days Celebration**, May 25-28. Spotlight will be the Mako Robot-Assisted Total Knee Surgery services. Stryker will staff the booth for the first two days; NIHD is asking volunteers to help staff the final two days. This will lead to a Thursday, June 29 Healthy Lifestyle Talk by Dr. Richard Meredick, allowing him to get more specific with those who may be considering this surgery. We hope to professionally record this session for additional use including a landing page on NIH.org.

**Healthy Lifestyle Talks:** These free, monthly sessions highlight our services while addressing commonly asked healthcare topics. NIHD has presented these talks for the past eight years. Currently we continue to offer these via Zoom and our YouTube channel. NIHD presented the following talks in January, February and March, with April being dark:

EDUCATIONAL PRESENTATION FREE, OPEN TO THE PUBLIC

AN NIHD HEALTHY LIFESTYLE TALK

## Love Your Heart

Keeping your heart happy and healthy through exercise

with *Christopher Rowan, MD*  
Cardiologist, Renown Medical Group, Reno Nevada  
and *Adam Maxwell, PT*  
NIH Rehabilitation Services

**THURSDAY, FEB. 23, 5:30 PM**  
via Zoom or YouTube.com/@NorthernInyoHealthcare  
For connection info, visit our website at NIH.org

NORTHERN INYO HEALTHCARE DISTRICT  
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**January: Infusion Therapy Close to Home**

**Presenters:** Tammy Andersen RN BSN; Dr. Anne Wakamiya; Rosie Graves, MPH; Christy McIntire, RN BSN; and host Dr. Joy Engblade

**Views:** Live 22, replay to date 60

**February: Love Your Heart: Keep your heart healthy with exercise**

**Presenters:** Cardiologist Dr. Chris Rowan of Renown Medical Group of Reno, Nevada; Adam Maxwell, PT; and host Dr. Joy Engblade

**Views:** Live 20, replay to date 82

**March: Who is at Risk for Colorectal Cancer?**

**Presenters:** General Surgeons Dr. Robbin Cromer-Tyler; Dr. Connor Wiles, who will join our team this summer; and host Dr. Joy Engblade

**Views:** Live 17, replay to date 35

**Podcast:** Efforts to launch *NIHD's Mountain Medicine* podcast are very close to launch; although a specific date remains to be determined. The delay relates to installation of the customized player widget on NIH.org. All involved in the effort are doing all they can to overcome the issue, hopefully by this meeting. Completed sessions include Drs. Stacey Brown, Jeanine Arndal, Bo Nasmyth Loy, and Anne Goshgarian. Drs. Richard Meredick and Adam Hawkins will participate as well.

**John Halfen Honor:** Working with NIH Foundation member Cheryl Underhill, former District Board members Dr. John Ungersma and Pete Watercott, Mrs. Jara Halfen, and designer Gregory Slosser on bronze plaque design for former CEO/CFO John Halfen honor. **Initial design out for approval by above committee.** Unveiling will be sometime this summer depending on production times and Mrs. Halfen's travel availability. *More to come.*

**Occupational Therapy Video:** Working with videographer Jesse Steele to complete final version of **infant massage video spotlighting the work of NIHD Therapist Monica Jones, MS, OTR/L, PMH-C.**

**MARKETING:**

**Colorectal Cancer Awareness Month:** Worked with Dr. Robbin Cromer-Tyler and former CMO Dr. Joy Engblade to present extended hours screening clinics on two nights. Six people scheduled screenings because of those evenings. Dr. Cromer-Tyler and Dr. Connor Wiles (who will join NIHD this summer as a General Surgeon) presented an informative Healthy Lifestyle Talk on the topic as well. Many members of TeamNIHD participated in the Eastern Sierra Cancer Alliance's Blue Ribbon Walk & Run, Saturday, March 25.

**Inyo Campground Guide:** Promotion of **Emergency Services** and **Same Day Care** in the 15,000 guides distributed to those visitors staying Inyo County Campgrounds.

*Financial issues are limiting our paid marketing efforts, and Strategic Communication directed to rely less costly methods. Please see below for specific external communications.*

## COMMUNICATIONS:

### Internal:

- Strategic Communications switching to a monthly Incident Command report for all staff and providers regarding necessary COVID-19 and related issues

### External:

- Working on: Communication on programs and methods to aid District's finances
- Working on: Foundation donates new CAREshuttle
- Working on: Auxiliary donates ABI Machine
- Working on: Tele-neurology service launch with Sevaro team
- Working on: Upcoming Nurses Week honors (*DAISY, Mission & Spirit, & Rookie of the Year awards*)
- News release: *NIHD prepares to make workforce reductions (4/12/2023)*
- News release: *NIHD, Union Workers reach three-year contract agreement (3/8/2023)*
- News release: *NIHD Weather Closures Notice (2/24/2023) – English & Spanish*
- News release: *NIHD Healthy Lifestyle Talk: Love Your Heart (2/21/2023)*
- News release: *NIHD answers criticism regarding discount, charity programs (2/16/2023)*
- News release: *NIHD welcomes Ted Gardner back to its Board of Directors (1/24/2023)*
- News release: *NIHD Healthy Lifestyle Talk spotlights Infusion Therapy Services (1/24/2023)*
- News release: *NIH Welcomes First Baby of Year (1/10/2023)*
- 



*Jacinda Thomsen, ED RN CSE; Justin Nott, DON Inpatient Services; Wendy Derr, RN and ED Manager; Brooklyn Jenkins, RN and ICU and Acute-SubAcute Manager; and Project Manager Lynda Vance with the new Tele-neurology system, Sevaro, following a recent training event. Camera shy: Kim Pham, Assistant Manager of ITS.*

## ONGOING

**Design Projects:** Various flyers and brochures for service lines, including Orthopedics, Pediatric Occupational Therapy and Same Day Care.

**Website Updates:** Continual as requested by Exec Team, senior leadership, physicians, and staff

**Staffing:** Recruitment for on-site Digital Marketing Specialist remains paused.

**NIHD Project Involvement:** Campus Signage Project, Camus Map, John Halfen recognition, and Tele-neurology.

**Digital Marketing Direction:** Strategic Communications continues to work with social media consultant Amanda Long developing the direction of NIHD's Social Media. Ms. Long's invaluable assistance allows NIHD to maintain a steady and informative Social Media presence.

## Fond Farewells



Maintenance Engineering Office Assistant Cindy Henderson retired May 3 after 38 years with the District. Among those seeing Cindy off were Maintenance team members Robert Ralston, Jason Moxley, Glen Bolenbaugh, LeRoy Charley, Tony Lewis and Dillon Jarvis.

Many staff members turned out March 31 to wish Chief Medical Officer Dr. Joy Engblade a fond farewell and thank her for her leadership. Dr. Engblade left NIHD to be closer to family.

It should be noted that NIHD's own Alicia Campos-Moreno created both beautiful cakes.



*Digital Marketing analytics follow*

# Digital Analytics

01 Apr 23 - 30 Apr 23

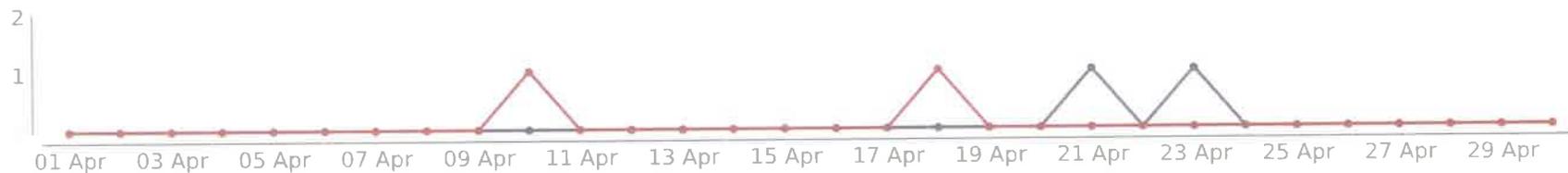
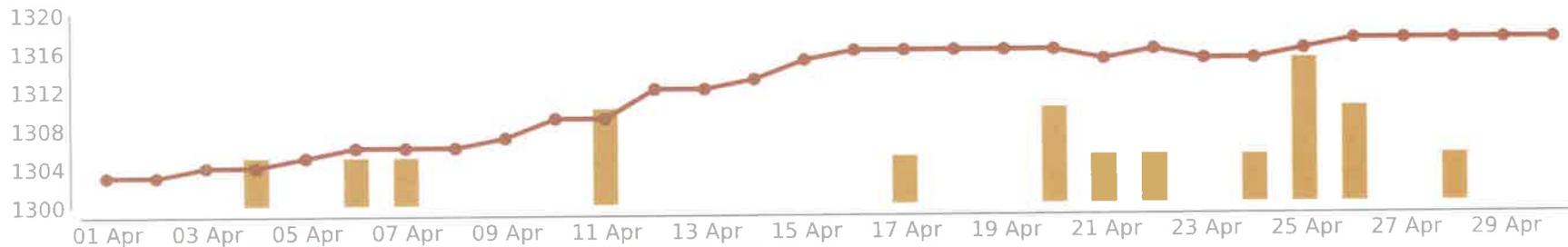
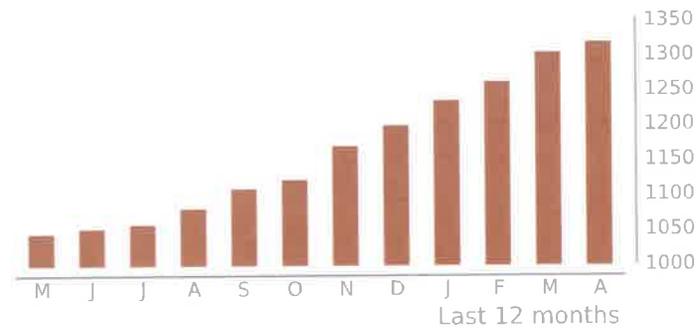
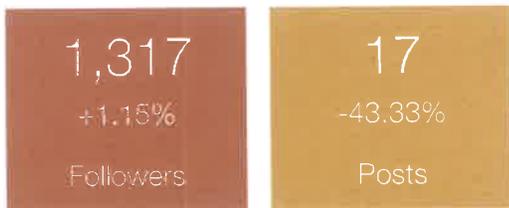
 Northern Inyo Hospital  
 northerninyohealthcare



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# Community growth

 Northern Inyo Hospital



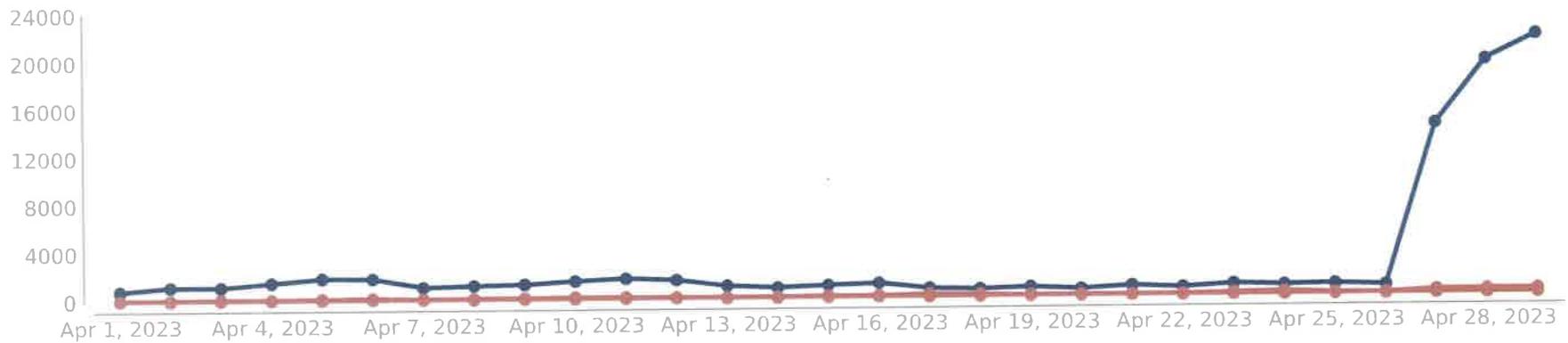
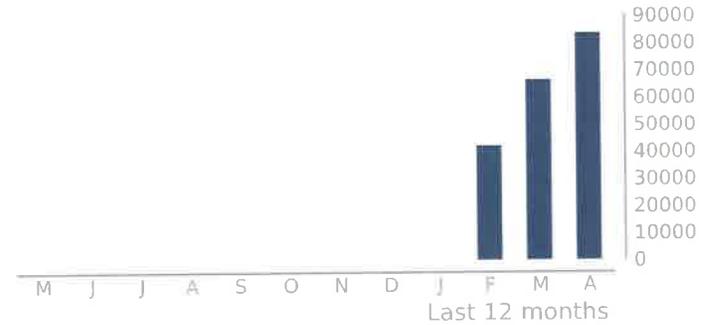
Apr 01 - Apr 30



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# Posts viewed in period

 Northern Inyo Hospital



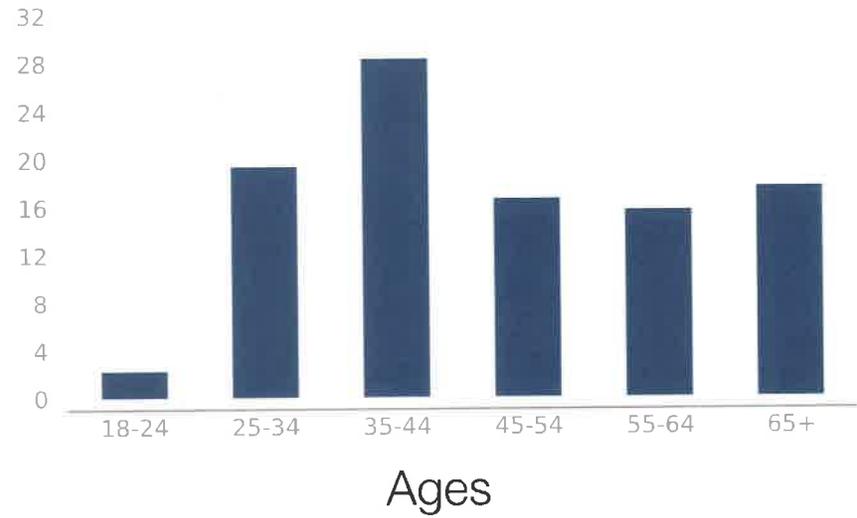
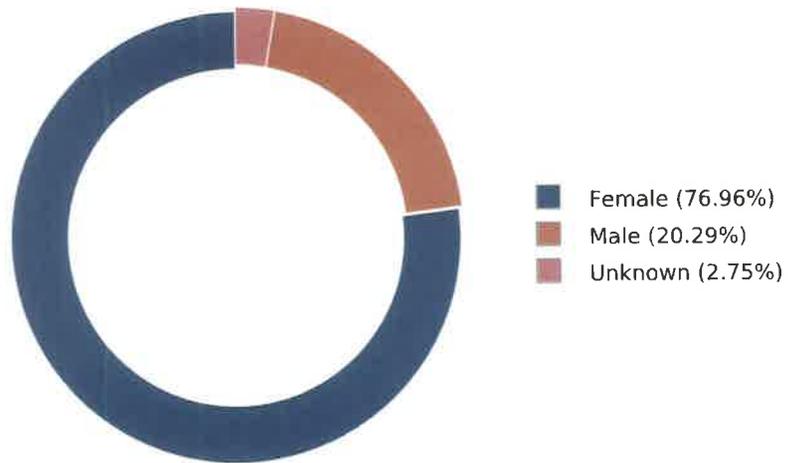
Apr 01 - Apr 30



**NORTHERN INYO HEALTHCARE DISTRICT**  
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# Demographics: gender and age

 Northern Inyo Hospital



Apr 01 - Apr 30



**NORTHERN INYO HEALTHCARE DISTRICT**  
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# Demographics: countries and cities



## Top 10 cities

Bishop, CA	47.54%
Big Pine, CA	6.50%
Mammoth Lakes, CA	4.72%
Lone Pine, CA	2.17%
West Bishop, CA	1.87%
Ridgecrest, CA	1.38%
Independence, CA	1.18%
Los Angeles, CA	0.98%
Round Valley, CA	0.98%
San Diego, CA	0.79%

Apr 01 - Apr 30



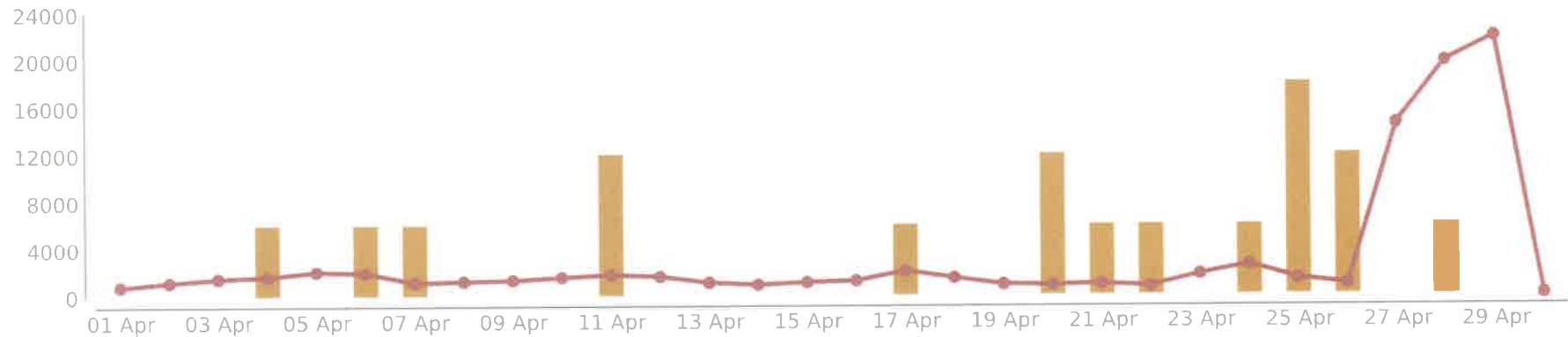
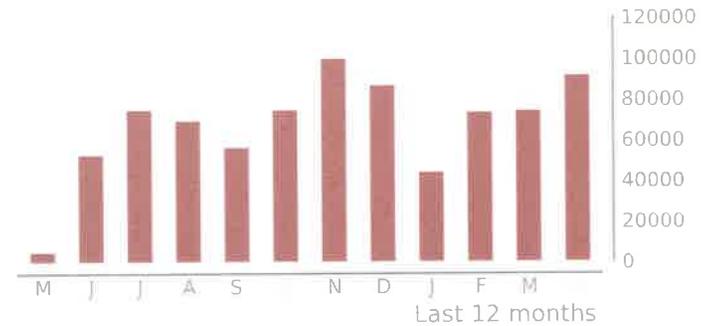
**NORTHERN INYO HEALTHCARE DISTRICT**  
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# Page impressions

 Northern Inyo Hospital

91.6K  
+23.34%  
Impressions

17  
Posts



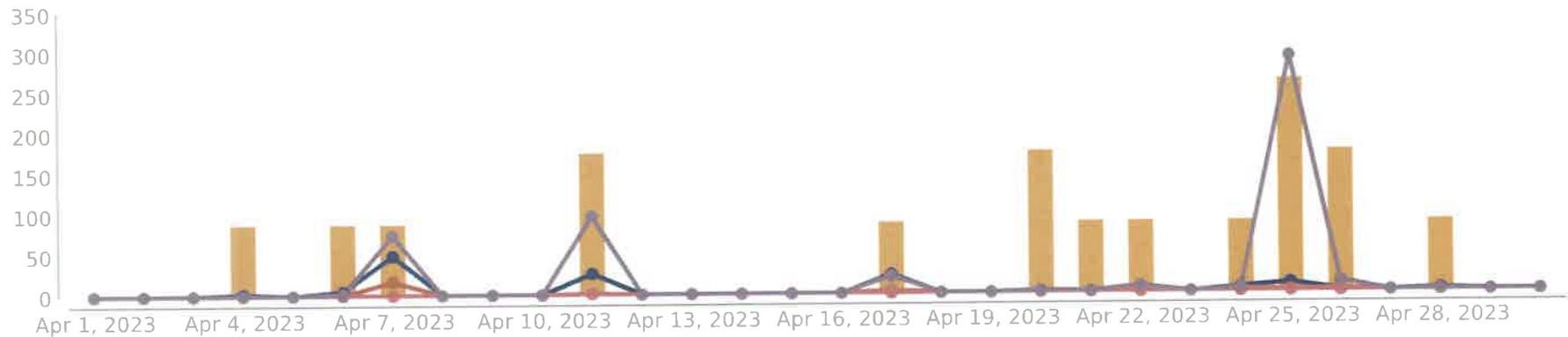
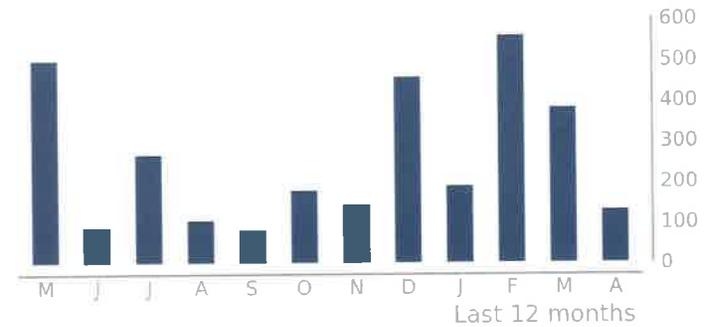
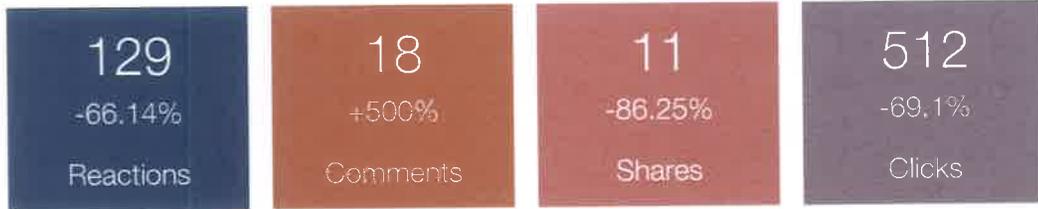
Apr 01 - Apr 30



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

# Interactions of published posts

 Northern Inyo Hospital



Apr 01 - Apr 30



**NORTHERN INYO HEALTHCARE DISTRICT**  
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# Ranking of posts

 Northern Inyo Hospital

Showing 15 posts sorted by engagement.

Published		Text		Reactions	Comments	Shares	Clicks	Link Clicks	Impressions	Reach	Video Views	Engagement
Apr 11, 2023 05:11 PM		 This month is Occupational Therapy Month and Na...	<a href="#">Go</a>	21	1	-	97	1	432	375	-	317.33
Apr 07, 2023 08:01 AM		 Nancy Ramirez, Medical Records NIHD recognized ...	<a href="#">Go</a>	49	17	-	74	-	583	494	-	283.4
Apr 17, 2023 02:13 PM		 A shout out in support of our friends at Pione...	<a href="#">Go</a>	23	-	3	21	-	468	426	-	110.33
Apr 26, 2023 08:01 AM		 Stress awareness month is a time to prioritize ...	<a href="#">Go</a>	1	-	1	11	-	202	144	-	90.28
Apr 22, 2023 08:02 AM		 Take a deep breath and prioritize your mental h...	<a href="#">Go</a>	5	-	2	7	-	258	182	-	76.92

Apr 01 - Apr 30



**NORTHERN INYO HEALTHCARE DISTRICT**  
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Published		Text		Reactions	Comments	Shares	Clicks	Link Clicks	Impressions	Reach	Video Views	Engagement
Apr 06, 2023 08:01 AM		Public Health Week is a time to recognize the i...	<a href="#">Go</a>	5	-	-	2	-	204	175	-	40
Apr 11, 2023 08:01 AM		The Suicide and Crisis Lifeline was established...	<a href="#">Go</a>	5	-	1	-	-	184	152	-	39.47
Apr 24, 2023 08:01 AM		April is Donate Life Month, a time to raise awa...	<a href="#">Go</a>	5	-	2	4	2	312	303	-	36.3
Apr 28, 2023 09:10 AM		At NIHD, we're proud to offer a range of women'...	<a href="#">Go</a>	2	-	-	1	-	103	99	-	30.3
Apr 25, 2023 04:03 PM		Take a brisk walk. Go for a hike. Bike...	<a href="#">Go</a>	10	-	1	291	216	15.93K	11.19K	-	26.98
Apr 20, 2023 11:01 AM		It's National Minority Health Month, and we're ...	<a href="#">Go</a>	1	-	-	-	-	38	38	-	26.32
Apr 26, 2023 08:52 AM		Looking to protect yourself and those around yo...	<a href="#">Go</a>	-	-	1	1	1	85	83	-	24.1

Apr 01 - Apr 30



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Published		Text		Reactions	Comments	Shares	Clicks	Link Clicks	Impressions	Reach	Video Views	Engagement
Apr 20, 2023 04:01 PM		Have you taken the Community Needs Assessment?	<a href="#">Go</a>	-	-	-	2	2	124	116	-	17.24
Apr 04, 2023 05:59 PM		It's Public Health Week. A time to empower our ...	<a href="#">Go</a>	2	-	-	-	-	165	139	-	14.39
Apr 21, 2023 08:01 AM		The Bishop California Rotary Club is hosting it...	<a href="#">Go</a>	-	-	-	1	-	127	118	-	8.47

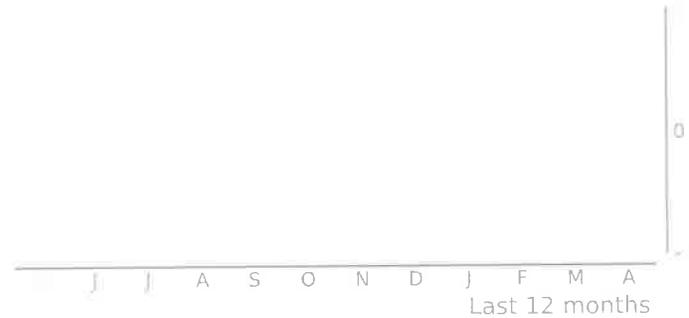
Apr 01 - Apr 30



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# Reels published in period

 Northern Inyo Hospital



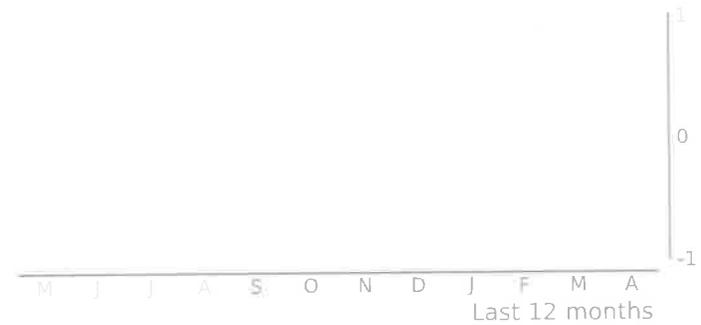
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# Interactions of published reels

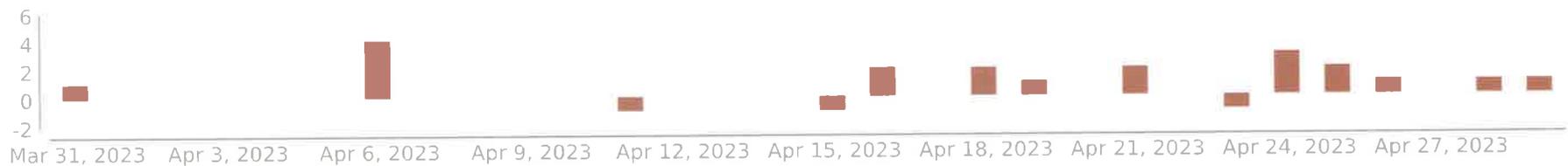
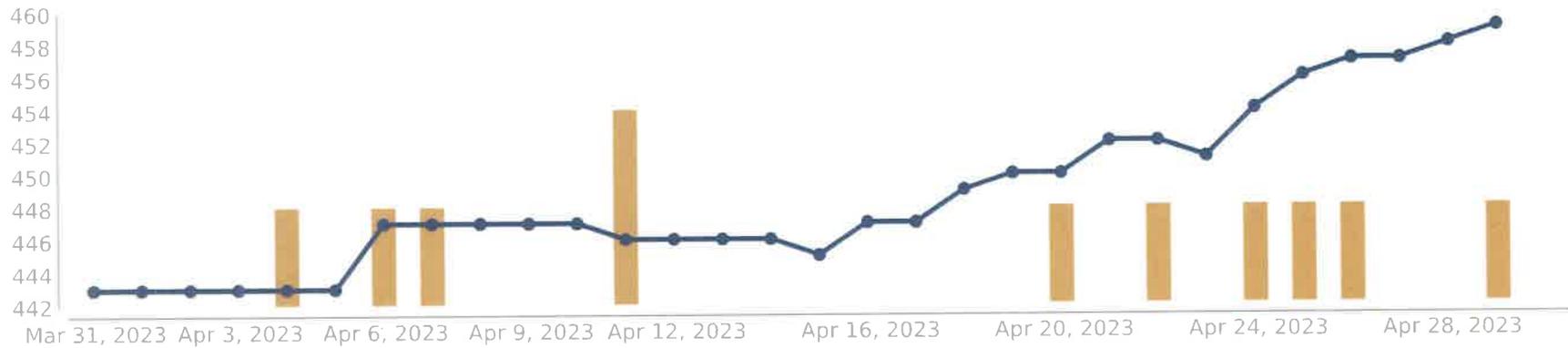
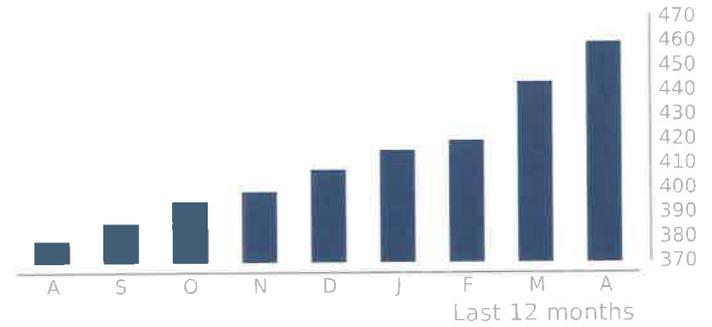
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# Community growth

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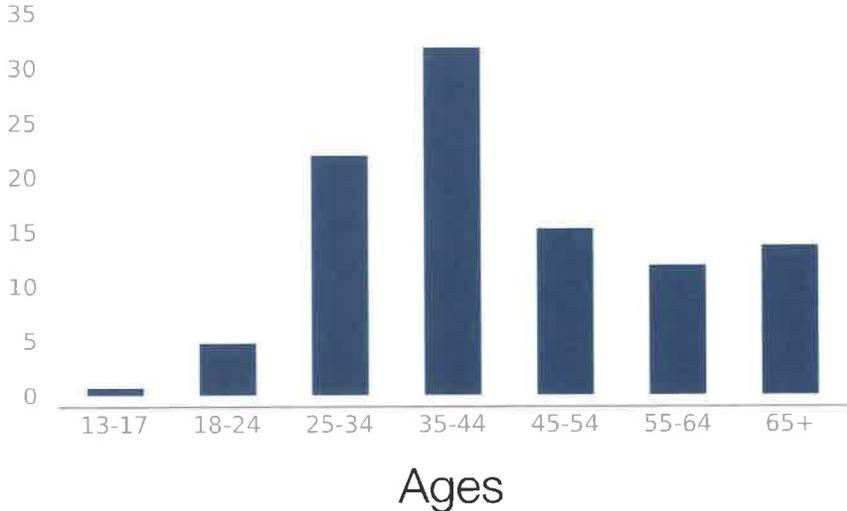
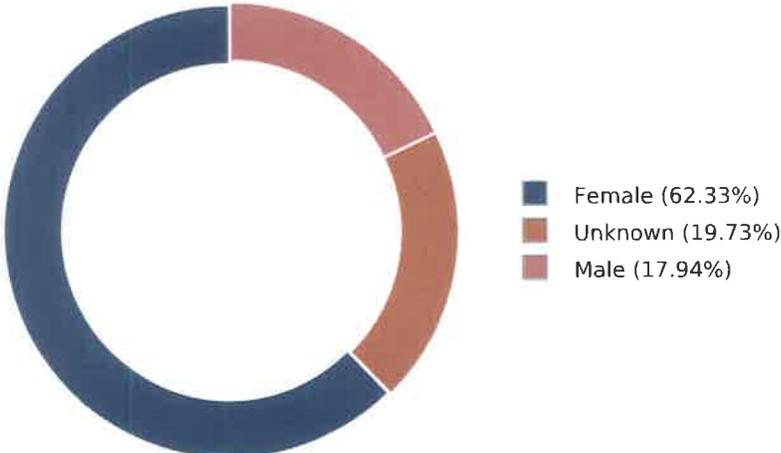
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**NORTHERN INYO HEALTHCARE DISTRICT**  
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# Demographics: gender and age

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# Demographics: countries and cities

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## Top 10 countries

United States  
Nigeria  
Mexico  
Venezuela  
United Arab Emirates  
Argentina  
Australia  
Benin  
Germany  
Ethiopia

93.95%  
1.12%  
0.45%  
0.45%  
0.22%  
0.22%  
0.22%  
0.22%  
0.22%  
0.22%

## Top 10 cities

Bishop, California 40.81%  
West Bishop, California 10.54%  
Big Pine, California 5.83%  
Mammoth Lakes, California 4.48%  
Lone Pine, California 2.47%  
Reno, Nevada 1.35%  
Round Valley, California 1.12%  
Independence, California 0.90%  
Victorville, California 0.90%  
Carson City, Nevada 0.67%

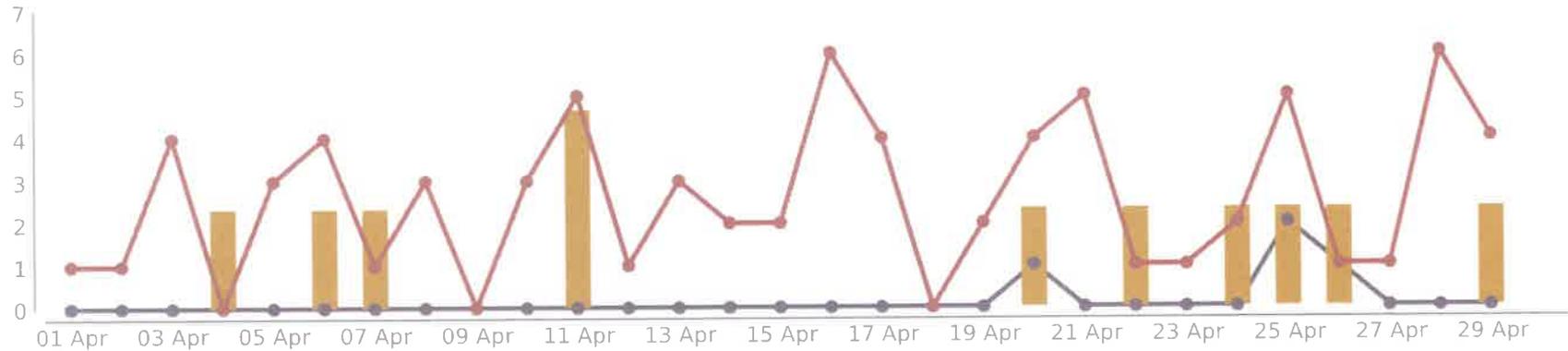
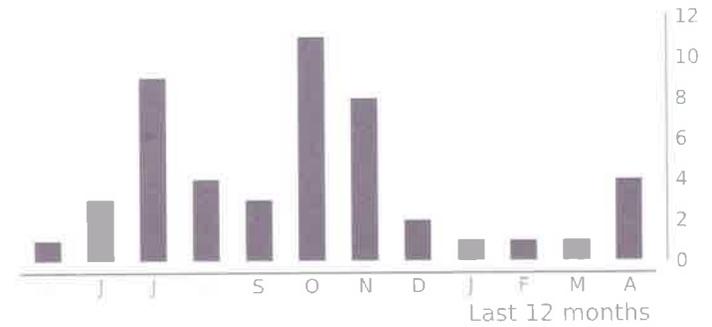
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# Profile

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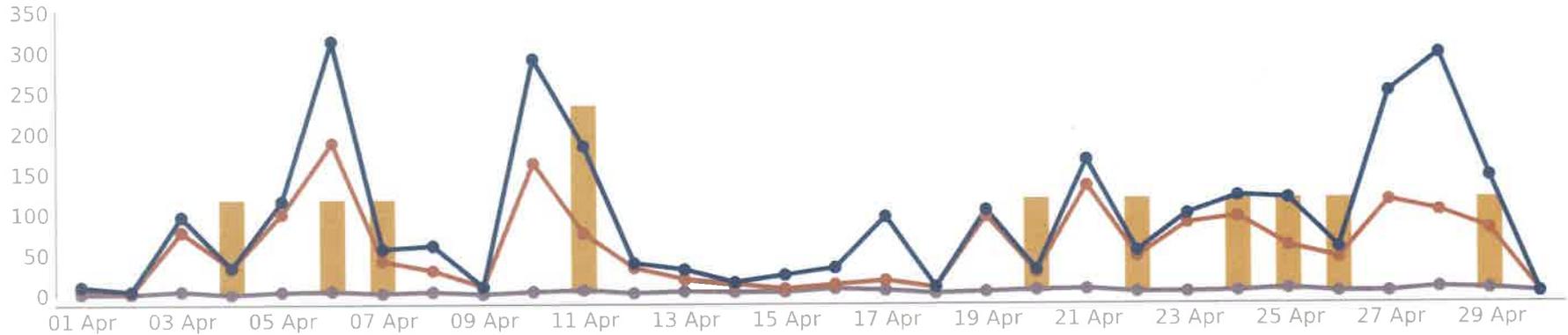
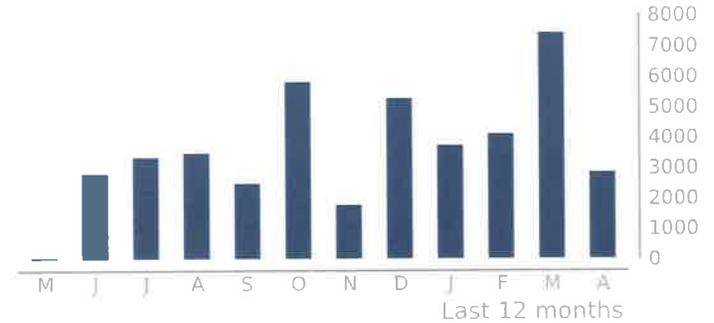
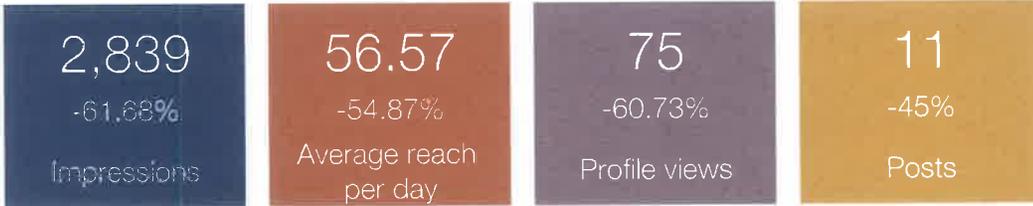
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# Average reach per day

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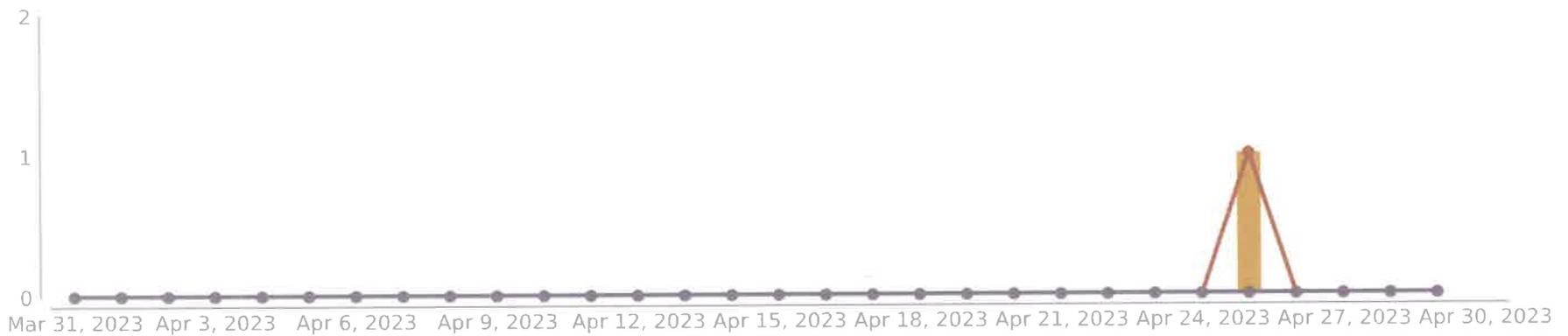
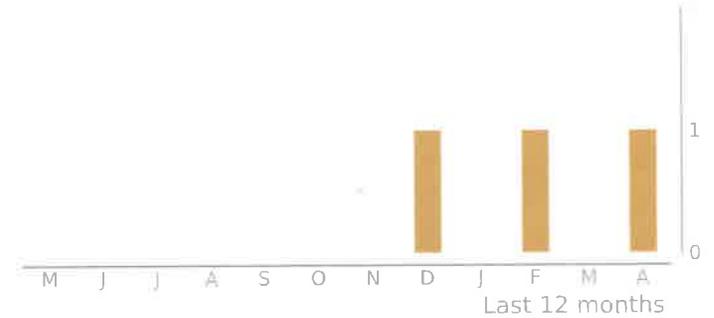
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# Profile clicks

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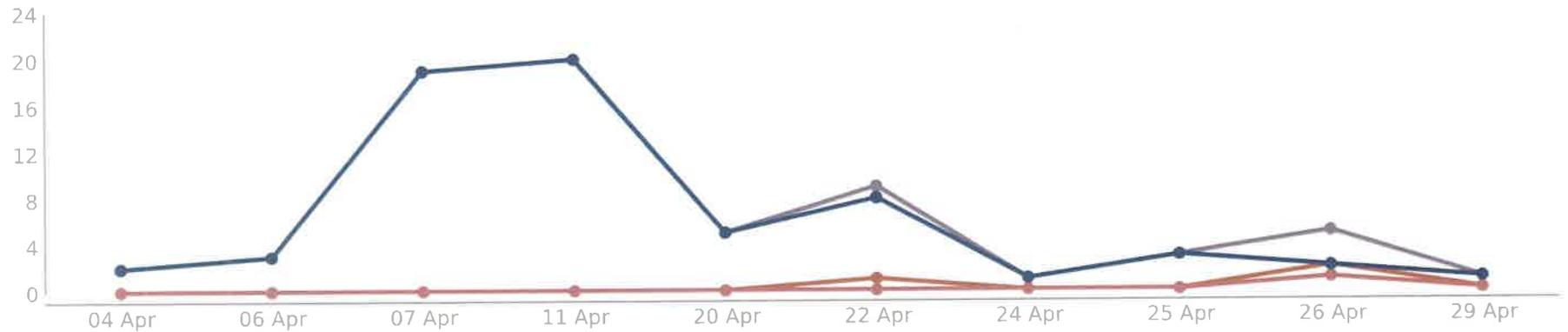
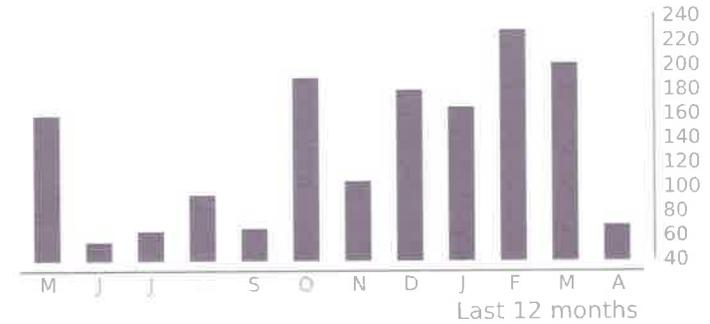
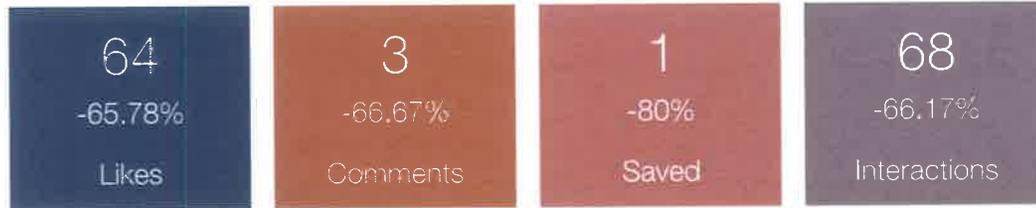
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**NORTHERN INYO HEALTHCARE DISTRICT**  
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# Interactions of published posts

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# Ranking of posts

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Showing 11 posts sorted by engagement.

Published	Text	Impressions	Reach	Likes	Comments	Saved	Engagement
Apr 07, 2023 08:01 AM	 Nancy Ramirez, Medical Records NIHD recognized ... <a href="#">Go</a>	240	222	19	0	0	85.59
Apr 11, 2023 05:11 PM	 This month is Occupational Therapy Month and Na... <a href="#">Go</a>	249	226	16	0	0	70.80
Apr 26, 2023 08:02 AM	 Stress awareness month is a time to prioritize ... <a href="#">Go</a>	114	86	2	2	1	58.14
Apr 22, 2023 08:02 AM	 Take a deep breath and prioritize your mental h... <a href="#">Go</a>	208	175	8	1	0	51.43
Apr 20, 2023 11:01 AM	 It's National Minority Health Month, and we're ... <a href="#">Go</a>	131	120	5	0	0	41.67
Apr 11, 2023 08:01 AM	 The Suicide and Crisis Lifeline was established... <a href="#">Go</a>	134	129	4	0	0	31.01

Apr 01 - Apr 30



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Published		Text		Impressions	Reach	Likes	Comments	Saved	Engagement
Apr 06, 2023 08:01 AM		Public Health Week is a time to recognize the i...	<a href="#">Go</a>	121	107	3	0	0	28.04
Apr 25, 2023 02:28 PM		Spring weather is finally here! Take advantage ...	<a href="#">Go</a>	118	109	3	0	0	27.52
Apr 04, 2023 05:59 PM		It's Public Health Week. A time to empower our ...	<a href="#">Go</a>	132	117	2	0	0	17.09
Apr 29, 2023 01:05 PM		April is #StressAwarenessMonth. Stress can sign...	<a href="#">Go</a>	71	64	1	0	0	15.63
Apr 24, 2023 08:01 AM		April is Donate Life Month, a time to raise awa...	<a href="#">Go</a>	105	97	1	0	0	10.31

Apr 01 - Apr 30



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NORTHERN INYO HEALTHCARE DISTRICT

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

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

DATE: May 2023

TO: Board of Directors  
Northern Inyo Healthcare District

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

RE: Department Update

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## REPORT DETAIL

### NEW BUSINESS

Since our last report in January, many processes have been reviewed at NIHD, including project management. All projects related to financial impact have been prioritized. Below is the data compiled since January. The NIHD teams continue to work on establishing formal project cost tracking and return on investment processes.

Our team is supporting our leaders in transitions for loss of staff and reorganizing departments and locations. The working environment at NIHD has been uncomfortable with the increased stress of the financial issues and worry about having a job tomorrow. Nevertheless, our team comes in daily, thankful for another day and giving all we can while we are here. Stephen, as our chief, gives us support in all we do and is readily available.

Congratulations to Brandon Cox, Project Management Specialist, for completing his ICRA 1 Certification. This Infection Control Risk Assessment (ICRA) certification through ICRA Solutions will help during construction and renovation projects.

### PROJECTS

**Discovery – 9** (Cerner AUR for 2024 Public Health Reporting, Director of Patient Access relocation, Internal Medicine Clinic relocation, Surgery Clinic Relocation, Rehab Department relocation, Toiyabe Health Information Exchange, Phreesia patient services, Behavioral Health relocation, Adventist Health Telehealth relocation)

**Actively Working – 17** (Turnaround Action Group (TAG), RSM Financial Services, Evisort Contract Life-Cycle Man System, Infant Security System replacement, Patient Appointment Reminders in i2i, Signs & Map Updates, Hauge MedPlan, Hauge Interface Cerner project, Qstress Test System, TeleNeurology ED & IP Consulting Sevaro, Toiyabe Health Information Exchange, Camera System update, DI US unit replacement & Shuffle, Fuji ultrasound Sonosite, Infection Prevention Relocation, Assistant Lab Manager Ergo, Quality Team relocation)

**Closing – 9** (ConferMed eConsults, ORA/Argos Ophthalmic Update, Billing Scrubber update, 3C PACS viewer update, ABG Instrument, EMS Radio and Recording System replacement, Combine team into HIMS, State Mandate Tracking, HIMS Manager relocation, ABI Machine for Wound Care)

**Completed - 18** (Informatics Relocation to IT, Nuance PowerShare conversion Spoke to Hub, TelePharmacy Services, Specialty Clinic Patient Access Rep. workstation ergo, CERMe/ InterQual Upgrade, Anesthesiologist Machine Specific Training, Smartsheet training for Contingency Management Program, RHC Manager office set up, DON Inpatient Services office set up, Relocate CMO Admin. Assistant, Spec Care Clinic Manager ergo, Perinatal Manager Ergo, OB Lullaby, RHC Provider Workstation Monitor Installation, Lab Manager Ergo, RHC Recovery Support Navigation Ergo, Clinic Phone System Standard setup, Employee Health Management System Agility)

**On Hold Projects - 12** (Onboarding Workflow Efficiency, Phone Standard Message Part 2, OneContent Upgrade, Omnicell cabinets, eCase Reporting with Cerner, SmartSheet upgrade for PHI Compliance, Cerner Portal Relaunch, Perinatal Manager Office update, Med/Surg Manager office update, Clinic Scribe Service in Cerner – Aquity, HIE Healthnet Grant, MRI area update)



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

DATE: May 2023

TO: Board of Directors  
Northern Inyo Healthcare District

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

RE: Department Update

## REPORT DETAIL

**HR Leadership:** Daily support for onboarding, staff development, recruitment, labor relations and benefits. This past year, Human Resources oversaw the implementation of, and collaborated with Payroll to complete the ADP Comprehensive Payroll go-live. In addition to the implementation of ADP Comprehensive Payroll, Human Resources implemented the performance evaluation process through the ADP Workforce Now system. We launched the Human Resources JD update project. We will have strong focus on updating all JD's within the District into a new format, streamlining naming conventions and assuring duties align with each role. Working with IT and Compliance on onboarding workflow. Working on implementing benefit and retirement plan changes. Completed first round of TAG labor and service recommendations.

**HR Assistant:** Daily support for new hire onboarding and orientation during first week at the District. Creating workflows in partnership with Recruitment, HR Manager and Staff Development Specialist to improve the onboarding experience of new workforce members. Ownership and continued improvement of the monthly birthday and employee of the month celebrations. Championed I9 audit for compliance with regulatory requirements, contacting employees for updated documentation as needed. Improved process for annual pay increases and notification of employees, streamlining communications and timeliness. Ongoing oversight of ADP personnel file clean up, developed naming conventions and file paths for ease of file navigation.

**Recruitment:** Developed community outreach for housing options for new hires and travelers within our area, including quick reference binder for team members to utilize in their search. Regular meetings and communication with department leaders to improve recruitment and allowed for the streamlining of process with very clear guidelines. Implementation of an internal applicant-rating tool and competency-based interview questions for applicants that are current

employees who would like to churn over. Took over onboarding background checks, communications and workflows in partnership with HR Assistant and Staff Development Specialist. Completed audit for ADP recruitment and updated within system. Recruited permanent RN positions reducing the contract labor.

**Benefits/LOA:** Saw an increase in LOA requests, processing weekly requests for personal medical and family medical needs. Completed full LOA file audit, as part of process improvement related to regulatory and legal requirements. Monthly invoicing and billing for benefits, reviewing for accuracy, and following up as needed with concerns, and questions. Tracking of COVID leaves and applicable paid sick leave hours per state requirements. Completed BETA site review with our partners from BETA in regards to Workplace Safety. Ongoing employee support for leave and benefits questions, including processing new hire benefit enrollments each orientation.

**HR/Staff Development:** Coordinated the return of in-person training during orientation, including Workplace Violence, Safe Patient Handling and Cyber Security. Facilitated LVN student onboarding. Ongoing certification tracking and compliance have completed audit for license and certifications as required by position. Lead the relocation of the Simulation Lab, RQI Lab, and Education Computer Lab, with positive outcomes and increased use by departments. Scheduling WPV training District-wide for all staff. Ongoing Relias compliance and support.

**Labor Relations:** Successful contract negotiations. Implementing new contract changes. Retro calculations complete. Training for the new MOU complete.



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

DATE: May 2023

TO: Board of Directors  
Northern Inyo Healthcare District

FROM: Interim CEO Board Report  
Lea Brunson, Interim HIM Manager

RE: Health Information Management Update

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## REPORT DETAIL

### **New Business**

- Marnie Davis, HIM Lead has accepted the position of HIM Manager.
- New job descriptions were approved and put in place to maximize staffing in the department.
- One position has been eliminated, but with the new job descriptions, we believe that the department will be able to work to optimal capacity with little affect.
- Coding has been working with RSM to assist with maximizing revenue.

### **Old Business**

None



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150 Pioneer Lane  
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**DATE:** May 2023  
**TO:** Board of Directors  
Northern Inyo Healthcare District  
**FROM:** CEO Board Report  
Bryan Harper, Director of ITS/CISO  
**RE:** Department Update

---

## **REPORT DETAIL**

### **NEW BUSINESS**

**ITS:** Completed the VMware project migrating for over 100 servers

**ITS:** We are looking at all the cost of contracts and looking to reduce spending overall.

**ITS:** Build and test new Stoke carts and helped perform stroke mock code.

**ITS :** Multiple projects and go lives along with staff moves.

**ITS:** Working on central printing with secure print to help with cost reduction.

**ITS:** continued working with leadership and compliance and legal on Athena data migration issues.

**ITS:** Security event planning manual completed and waiting on board approval and leadership updates.

**ITS:** Security patching on going and updating server 2012 and to supported systems.

**ITS:** Commvault upgrades complete (backup software)

**CE:** Q Stress – Replaced to hardware and software and working to tie into Cerner.

**Information Security:** In person security training continues ( trained over 50 staff members in the last qtr., We are working preparation for penetration in July. Internal testing and prep work is on going and working with our govment partners CISA we are constantly updating and finding better security protocols. NOTE: We continue seeing an increase in the number of attacks to the district. Emails are still going out to NIHD to remind them of these potential attacks and scams.

### **OLD BUSINESS**

**CE:** New Fetal Monitor Cart was deployed and is up and running successfully

**ITS:** The team continues to deploy direct printing to all areas of the hospital.

**ITS:** The applications team is working with multiple departments on DHCS 340B reporting.

**ITS:** Windows 11 and security patching continues.



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**DATE:** May 2023.

**TO:** Board of Directors  
Northern Inyo Healthcare District

**FROM:** CEO Board Report  
Neil Lynch, Purchasing

**RE:** Department Update

---

## **REPORT DETAIL**

### **NEW BUSINESS**

Purchasing is working on behalf of TAG to decrease supply spend. We are working closely with GPO HealthTrust and Medline to ensure we are buying under the appropriate contracts. Warehouse staff are working closely with management to reduce waste.

Reviewing policy and procedure to ensure that they are up to date and accurately reflect current industry standards and that they still work departmentally and for the district.

Preparing for inventory to be completed at the end of May.

### **OLD BUSINESS**

Currently working with HR to fill vacancies in the Purchasing Department.

Business as usual. Purchasing staff have been rotating vacation schedules causing resources to be tight.

(Complete) Year-end fiscal inventory was rescheduled with a new completion date of 7/15/2022. We are very happy to be able to participate in weekend holiday activities around the 4<sup>th</sup> of July without inventory activities overwhelming the department.

Shipping delays have been minimal and PPE supply is more than sufficient. Purchasing will continue to monitor supply chain to ensure adequate supply.

(Complete) Purchasing is preparing for fiscal yearend inventory (6/30/2022). In preparation we will be analyzing inventory processes for Purchasing and Surgery departments, prepping the warehouse, and doing some item master maintenance. All of this is necessary to ensure an accurate fiscal year end valuation.

(Complete) Process review. Purchasing will be process mapping workflows to ensure accuracy and efficiency in supply chain processes with a focus on Cerner driven workflows.

(Complete) Back orders. We are experiencing significant delays across most supply chain categories. Covid-19, weather, shipping bottle necks, and manufacturing delays have made ordering difficult. Most resources are focused on minimizing delays.

(Complete) Purchasing continues to work on GPO (Group Purchasing Organization) transition. We are compiling data for analysis to determine contract compliance rate.

(Complete) GHX EDI integration has begun. IT continues has completed set up on the back end, purchasing staff is training and will be testing system through October.