

Board Meetings

May 15, 2024 Regular Board of Directors Meeting

Agenda

May 15, 2024 Agenda 2

Request for Cerner Unified Consumer Communications (UCC Well)

UCC Well - Ordering Document 5

Financial & Statistical Reports

Financial Update March 2024 17

Financial Statements March 2024 27

KPIs FYE 2024 30

Narrative March 2024 31

Chief of Staff Report

MEC Board Report 34

Communication with the Patient Family after a Harm Event 35

Consent Agenda

April 14, 2024 Regular Board Meeting Minutes 40

CMO Board Report 44

CEO Credit Card Statements 47

Policies & Procedures 51



AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

May 15, 2024 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=TDIIWXRuWjE4TlY2YVFWbnF2aGk5UT09>
Meeting ID: 213 497 015
Password: 608092

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

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

1. Call to Order (at 5:30 pm).
2. ***Public Comment:*** The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are **limited to three (3) minutes per speaker**, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. New Business:
 - A. Annual Report - Surgery/Tissue/Transfusion/Anesthesia Committee, presented by Dr. Jeanine Arndal, Vice Chief of Staff and Chair of Surgery/Tissue/Transfusion/Anesthesia (*Information item*)

- B. Request for Cerner Unified Consumer Communications (UCC Well). A bi-directional consumer notification system for appointments and reminders. *(Action item)*
- C. Chief Executive Officer Report *(Board will receive this report)*
 - a. Strategic Plan
 - b. Nurses' Week (May 6-12) & Hospital week (May 12-18) celebration
- D. Chief Financial Officer Report
 - a. Financial & Statistical Reports *(Board will consider the approval of these reports)*
 - b. CFO Report
 - c. Billing & Collections - Progress
 - d. Budget
 - e. Inventory
- E. Chief of Staff Report, Sierra Bourne MD:
 - a. Policies *(Board will consider the approval of these Policies and Procedures)*
 - 1. Communication with the Patient/Family after a Harm Event
 - b. Medical Staff Appointments 2024-2025 *(Action item)*
 - 1. Martin Vogel, MD *(anesthesiology)* – Courtesy Staff
 - 2. Edward Herold, MD *(anesthesiology)* – Courtesy Staff
 - c. Change in Staff Category *(Action item)*
 - 1. Cathy Xu, MD *(pediatrics)* – Change from Locum Tenens to Courtesy Staff with privileges effective through December 31, 2024
 - 2. Karvier Yates, MD *(anesthesiology)* – Change from Locum Tenens to Courtesy Staff with privileges effective through December 31, 2024
 - d. Medical Executive Committee Report *(Board will receive this report)*

4. **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.*

- A. Approval of minutes of the April 17, 2024 Regular Board Meeting
- B. Chief Medical Officer (CMO) Report
- C. CEO Credit Card Statements
- D. Approval of Policies and Procedures
 - a. Leaves of Absence – Leave Donation
 - b. Performance Evaluations
 - c. California Paid Sick Leave for Non-benefited Employees

- d. Leaving without Notice
- e. Medical Staff Department Policy – Surgery
- f. Pre- and Post-Operative Anesthesia Visits
- g. Scope of Anesthesia Practice
- h. Standards of Care for the Emergency Department
- i. Lost and Found Items
- j. Workplace Violence Prevention Plan

-
- E. General Information from Board Members (*Board will provide this information*)
 - F. Public comments on closed session items.
 - G. Adjournment to Closed Session to/for:
 - a. Conference with Legal Counsel - Existing Litigation (Government Code §54956.9(d)(1)) Salazar Godina v. NIHD
 - H. Return to open session and report on any actions taken in closed session.
 - I. Adjournment

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

Northern Inyo Healthcare District

150 Pioneer Ln
Bishop CA, 93514
US

Oracle America, Inc.

500 Oracle Parkway
Redwood Shores, CA
94065

Contact

Stephen DelRossi
7608722768
stephen.delrossi@nih.org

Fee Summary

Fee Description	Net Fees	Monthly Fees	Annual Fees
Professional Services -- Estimated Expenses	7,000.00	0.00	0.00
Recurring Services	0.00	5,152.00	0.00
Professional Services -- Fixed Price	39,695.00	0.00	0.00
Total Fees	46,695.00	5,152.00	0.00

Billing Frequency

Description	% of Total Due	Payment Due
Professional Services - Estimated Expenses	100%	Monthly in arrears
Professional Services - Fixed Price	100%	Upon order execution
Recurring Services	100%	Annually in advance, beginning when access issued

Ordered Items

Professional Services

Professional Services -- Estimated Expenses

Part Number	Description	Estimated Fees
B102173	Oracle Health Travel and Expenses for Commercial Estimate - Each	7,000.00
Subtotal		7,000.00

Recurring Services

Part Number	Description	Term	Pass-Through Code	Quantity	Unit Net Price	Extended Monthly Fees
B100093	Consumer Notifications (Up to Quantity) - Admissions and Outpatient Visits	60 mo	--	199,999	0.00	864.00
B100094	Unified Consumer Communications (Up to Quantity) - Admissions and Outpatient Visits	60 mo	--	199,999	0.02	3,136.00
B100117	Oracle Health Appointment Reminders (Up to Quantity) - Admissions and Outpatient Visits	60 mo	--	199,999	0.01	1,152.00
Subtotal						5,152.00

Professional Services -- Fixed Price

Part Number	Description	Service Descriptions	Pass-Through Code	Net Fees
B103777	Consumer Notifications Implementation	Attached	--	6,757.50
B104426	Unified Consumer Comms and Appt. Reminders Implementation - CommunityWorks (Up to Quantity) - Admissions and Outpatient Visits	Attached	--	32,937.50
Subtotal				39,695.00

Permitted Facilities

Name	Street Address	City
Northern Inyo Healthcare District	150 Pioneer Ln	Bishop, CA, 93514 US

A. Terms of Your Order

1. Applicable Agreement

a. This order incorporates by reference the terms of the Cerner Business Agreement LA-0000012761 and all amendments and addenda thereto (the "Agreement"). The defined terms in the Agreement shall have the same meaning in this order unless otherwise specified herein.

Oracle America, Inc. is acting as ordering and invoicing agent for Cerner Corporation. Your order remains between You and Cerner Corporation. All references to "Oracle", "we", "us", or "our" shall refer to Cerner Corporation. We may refer to Client as "You".

2. Fees and Payments

a. Listed above is a summary of net fees due under this order. All fees on this order are in US Dollars.

b. Fees will be invoiced in accordance with the Billing Frequency table above.

c. Oracle may increase the monthly fee for each Ordered Item identified as Licensed Software Support, Equipment support, Sublicensed Software support, Recurring Services, Transaction Services, Professional Services -- Recurring, Application Management Services, and Managed Services in the table(s) above any time following the initial 12 month term after such recurring service fees begin (but not more frequently than once in any 12 month period) by giving You 60 days prior notice of the price increase. The amount of such annual increase will equal 8%. Oracle may also increase the fees at any time during the term if an Oracle third party increases the fees to be paid by Oracle, with such increase being limited to the amount of increase in Oracle's fee to the third party.

d. You agree to pay any sales, value-added or other similar taxes imposed by applicable law that Oracle must pay based on the items You ordered, except for taxes based on Oracle's income.

e. Once placed, Your order shall be non-cancelable and the sums paid nonrefundable, except as provided in the Agreement and this order.

3. Terms Applicable to Ordered Items

a. Scope of Use.

You will use the Ordered Items in this order in accordance with the Documentation and subject to the quantity of the item specified in the Ordered Items table(s) above. This order incorporates by reference the scope of use metric, definition, and any rules applicable to the Ordered Item as described in the Oracle Health Definitions and Rules Booklet v031524 which may be viewed at <http://www.oracle.com/contracts> on the Oracle Health tab.

If the quantity of an Ordered Item is exceeded, You agree to execute a new order setting forth the additional quantity of the item.

Where applicable, scope of use will be measured periodically by Oracle's system tools, or, for metrics that cannot be measured by system tools or obtained through industry available reporting sources (e.g., FTEs or locations), You will provide the relevant information (including records to verify the information) to Oracle at least once per year. You agree that if an event occurs that will affect Your scope of use (such as the acquisition of a new hospital or other new facility), You will notify Oracle in writing of such event no later than 30 days following the effective date of such event so that Your scope of use can be reviewed. Any additional fees due under this section will be payable within 30 days following Your receipt of an invoice for such fees. Any additional monthly fees will begin on the date the limit was exceeded and shall be paid annually (pro-rated for any partial month).

b. Solution Descriptions.

Solution Descriptions applicable to each Ordered Item identified as Licensed Software, Recurring Services or Transaction Services in the table(s) above are available on <http://www.oracle.com/contracts> on the Oracle Health tab. The Solution Description is identifiable by the Part Number in the table(s) above. These Solution Descriptions are incorporated into this order by reference.

c. Shared Computing Services.

You understand that Oracle may deliver the products and services on this order in a Shared Computing Services model. The policies that govern the Shared Computing Services model are available at <http://www.oracle.com/contracts> on the Oracle Health tab and are incorporated into this order by reference.

d. Permitted Facilities.

The Ordered Items in this order are for use by the facilities listed in the Permitted Facilities table(s) above. You may add or substitute Permitted Facilities by amending this order.

4. Recurring Services

a. Unless otherwise set forth herein, all Ordered Items identified as Recurring Services in the table(s) above begin on the date that You are issued access that enables You to activate Your Service.

5. Professional Services

a. Oracle Health Professional Services Delivery Policies.

The Oracle Health Professional Services Delivery Policies ("Health PSDP") available at <http://oracle.com/contracts> on the Oracle Health tab apply to and are incorporated into this order.

b. Service Descriptions.

Service Descriptions applicable to each Ordered Item identified as Professional Services in the table(s) above may be found (i) at <http://www.oracle.com/contracts> on the Oracle Health Tab (where identified as "Online" in the Professional Services table(s)), or (ii) as an attachment to this order (where identified as "Attached" in the Professional Services table(s)). These Service Descriptions are incorporated into this order by reference.

c. Estimated Fees.

Fees for Professional Services identified in this order as "Professional Services -- Time and Materials" and "Professional Services -- Estimated Expenses" are estimates intended only to be for Your budgeting and Oracle's resource scheduling purposes and may exceed the estimated totals; these estimates do not include taxes. For Professional Services performed on a time and materials (T&M) basis, You shall pay Oracle for all of the time spent performing such services at the rate specified in the Items Ordered table(s) above, plus materials, taxes and expenses. Actual expenses shall be invoiced as incurred, in accordance with the Billing Frequency table. Once fees for Professional Services reach the estimate and upon amendment to this order, Oracle will cooperate with You to provide continuing Professional Services on a T&M basis.

d. As required by U.S. Department of Labor regulations (20 CFR 655.734), You will allow Oracle to post a notice regarding Oracle H-1B employee(s) at the work site prior to the employee's arrival on site.

6. Order of Precedence

a. In the event of inconsistencies between the terms contained in this order and the Agreement, this order shall take precedence. This order will control over the terms contained in any purchase order.

7. Effective Date

a. If accepting this order electronically, the effective date of this order is the date You click to accept the order. If accepting this order via E-sign, the effective date of this order is the date You adopt and sign. If accepting this order via Download and Sign, the effective date is the date You return the document to Oracle. Otherwise, the effective date is the last signed date stated below.

8. Offer Validity

a. This offer is valid through 31-May-2024 and shall become binding upon execution by You and acceptance by Oracle.

Northern Inyo Healthcare District	
Signature	_____
Name	_____
Title	_____
Signature Date	_____

Oracle America, Inc.	
Signature	Jessica King
Name	Jessica King
Title	Senior Director, Deal Management
Signature Date	23-Apr-2024 02:07 PM PDT

Consumer Notifications Implementation (Up to Quantity)

Part #: B103777

Cerner Legacy Part #: PY-10323C

Defined Terms	<ul style="list-style-type: none"> • Cerner Technology Center(s) (CTC) means the data center facilities intended to provide uninterrupted power and service for Cerner-hosted solutions. Each CTC is designed to significantly reduce downtime and operate under supervision 24 hours per day, 7 days per week ("24 x 7"), every day of the year. Cerner will provide the CTC facility space, cooling, power and management, infrastructure components, and security required to provide the in-scope application services.
Description of Services	<p>Oracle will provide the following Consumer Notifications Implementation Services:</p> <ul style="list-style-type: none"> • Prepare a mutually agreed upon project plan outlining implementation events and activities. • Coordinate with You on implementation and project management. • Provide standard testing plan template for use in creation of Your testing strategy. • Perform build and test in one (1) production domain. • Collaborate with You on design decisions impacting features and workflows. • Collaborate with You to complete a design workbook with agreed-upon design decisions. • Implement and configure specific features requested by You for initial go live, including one (1) or more of the following: <ul style="list-style-type: none"> o Email Notifications o Text Notifications o Mobile Push Notifications • Configure service directory, if remotely hosted at Oracle. • Configure notification script in appreg.exe. • Configure the notification server, if remotely hosted at Oracle. • Create or locate Oracle Population Health Platform tenant. • Authorize You for the Notifications and Preference Service. • Configure notification content specific to design decisions made in the design workbook. • Onboard Your existing Oracle Health Patient Portal users for Notifications. • Conduct technical testing. • Conduct one (1) train-the-trainer event or end-user training event to an agreed upon list of participants, as per project plan.
Client Cooperation / Obligations	<p>You are responsible for the following obligations:</p> <ul style="list-style-type: none"> • Grant CTC front-end and back-end access to domains. • Collaborate with Oracle through design decisions impacting features and workflows. • Collaborate with Oracle to complete a design workbook with agreed-upon design decisions. • Ensure the applicable patient viewable event set hierarchy folders follow the required naming conventions. You are responsible for all modifications to Your event set hierarchy. • Perform the following steps to complete the Oracle Health Patient Portal Notification Implementation: <ul style="list-style-type: none"> o Enable and configure the appropriate settings in the Oracle Health Patient Portal Admin Tool. o Configure the Notifications Preference URL, if You use Your own identity and want to enable notification functionality. o Conduct clinical testing. o Complete development and execution of a test script, testing, and assist with troubleshooting. o Provide documentation to support text enabling for an existing phone number. o Review training materials and utilize reference manuals and documentation. o Provide train-the-trainer classes to users identified by You. o Complete the development, build, testing, implementation, and ongoing maintenance of connections from the source system to Oracle Health Patient Portal. o Download and install all applicable Oracle Health Patient Portal packages available at time of implementation and thereafter while Oracle Health Patient Portal is utilized by You, to access additional support for the installation, implementation, testing and ongoing maintenance of the required IBM WebSphere Application Servers, hardware, and Sublicensed Software required to connect to Oracle Health Patient Portal.

	<ul style="list-style-type: none"> • Data Integration (applicable to client-hosted clients only) <ul style="list-style-type: none"> o You are responsible for the requirements set forth herein only when You do not leverage Oracle's remote hosting services for its Oracle Health Millennium Platform electronic health record (EHR) solutions including: <ul style="list-style-type: none"> ▪ IBM WebSphere Application Server environment setup and configuration. ▪ Package installation. ▪ Enterprise Archive deployment.
Assumptions	<ul style="list-style-type: none"> • Clipboard build is completed in both Oracle Health Millennium Platform and Oracle Health Patient Portal Provider tooling. • Oracle Health Patient Portal Notifications view of clinical results, diagnostic reports, clinical notes, discharge information, self-enrollment and sending secure messages is separate from this scope and must be implemented for notifications to be utilized. • The notification build and testing will be completed in one (1) production domain since the Oracle Population Health Platform required for portal notifications is only supported for production. • Data Integration (applicable to client-hosted clients only) <ul style="list-style-type: none"> o All Data sent inbound to Oracle Health Patient Portal from an external network will pass through the CTC; connectivity will use the existing virtual private network (VPN) connection from Your network to the CTC. o Additional hardware and software identified by Oracle will be necessary to establish connectivity to Your EHR and the Oracle hosted Oracle Health Patient Portal solution; such costs will be incurred by You and must be installed and configured prior to kickoff.
Trademarks	<ul style="list-style-type: none"> • IBM is a trademark of International Business Machines Corporation in the United States, other countries, or both.

Unified Consumer Comms And Appt. Reminders Implementation - Admissions And Outpatient Visits

Part #: B104426

Cerner Legacy Part #: PY-122825-CW

Defined Terms	<ul style="list-style-type: none"> • Oracle Technology Center (OTC) means the Oracle data center(s) intended to provide uninterrupted power and service for Oracle-hosted clients.
Description of Services	<ul style="list-style-type: none"> • Oracle will provide the following Unified Consumer Communications and Appt. Reminders Implementation - Admission and Outpatient Visits Services ("Services"): • Prepare mutually agreed-upon project plan outlining implementation events and activities. • Complete build in one of Your (1) production and one (1) of Your non-production domains. • Configure standard message verbiage in English, by location for: <ul style="list-style-type: none"> ○ Instant booking message ○ 7-Day reminder message ○ 2-Day reminder message ○ 1-Day reminder message ○ Prior to implementation, You may request removal of any of the above milestone messages or request a change to the delivery day of any of these reminder messages. • Enable patient confirmation capture in Unified Consumer Communications (UCC) portal and in Oracle Health Millennium Platform or Soarian through Appointment Application Programming Interface (API). • Enable patient cancellation capture in UCC portal and in Oracle Health Millennium Platform or Soarian through Appointment API. • Assist You with domain strategy and deployment delivery. • Provide standard testing plan template for use in creation of Your testing strategy. • Coordinate with You on implementation and project management. • Provide guidance on design decisions and achieving high adoption and patient engagement. • Collaborate with You to complete a design workbook outlining agreed-upon design decisions. • Configure appointment reminder automations at the enterprise level and customize for up to ten (10) practices. • Enable emergency facility-originated broadcast messaging such as inclement weather or delayed provider. • Provide connection to one (1) registration and scheduling application, Artera Health, when Oracle Health Millennium Platform or Soarian is the source of truth for registration and scheduling data. <ul style="list-style-type: none"> ○ Provide communication preferences selected in Oracle Health Millennium Platform or Soarian Registration on outbound Admit, Discharge and Transfer (ADT). • Build and configure interface to the processing requirements (Scheduling Information Unsolicited [SIU] and ADT). • Design interface, including site-specific interface specification document(s). • Perform functional testing of the interface. • Assist with Your validation testing of the interface. • Migrate interface to production domain and assist with interface activation. • Complete validation of feature functionality and content prior to Your validation. • Complete end-point whitelisting for connectivity for Oracle's HL7 FHIR Appointment API. • Collaborate with You to load six (6) months' worth of future appointments for all facilities. • Provide a monthly Executive Status Summary (ESS) to track progress and risks for this implementation. • Conduct one (1) maintenance training event to an agreed upon list of participants, as per project plan. • Assist in implementing and training on up to five (5) use cases prior to project go-live. After initial go live and training, You may configure up to fifteen (15) use cases as part of the UCC license. <ul style="list-style-type: none"> ○ UCC use cases are defined as a set of unique automations configured in the communications management tool. You shall implement any and all remaining use cases within the scope included in this Order. ○ A single UCC use case can be up to five (5) automations, or one (1) "Conversation Builder" workflow.

	<ul style="list-style-type: none"> • Configure UCC use case automations at the enterprise level and customize for up to ten (10) practices. Common use cases may include, but are not limited to: <ul style="list-style-type: none"> ○ Safe Wait / Virtual Waiting Room ○ Appointment reschedule workflow ○ Pre-visit instructions ○ Post-visit follow-up ○ No show follow-up ○ Automated responses and internal routing of common questions – billing, prescription refill ○ Portal self-enrollment push before or after a visit ○ Broadcast messaging, one-time campaigns, and appointment reminders do not count against the fifteen (15) use cases. ○ Regular, recurring campaigns such as, quarterly campaign messaging for patients due for a gap in care, will count as a use case. • Configure up to five (5) Artera practices for testing purposes in non-production environment. This is due to limitations with text-enabling phone lines for non-production use. • Coordinate with Your staff on implementation and project management. • Assist with domain strategy and deployment delivery. • Conduct one (1) train-the-trainer event, up to one (1) hour, to an agreed upon list of participants. • Provide standard testing plan template for use in creation of Your testing strategy. • Provide guidance to establish compliance with communications technology. • Coordinate customization of enterprise for end users to leverage for patient messaging. • Coordinate setup of single sign on (SSO) between Oracle Health Millennium and administrative tooling. • Document design decisions and implement automations in English. • Complete end-point whitelisting for connectivity for Cerner Fast Healthcare Interoperability Resources 1 (FHIR) Appointment Application Product Interface (API). • Conduct one (1) activation (go-live) event with You, as per project plan. • Provide conversion support during normal business hours (Monday – Friday, 8 AM–5 PM CST) for two (2) weeks post-conversion. • Provide a monthly Executive Status Summary (ESS) to track progress and risks for this implementation. • Conduct one (1) maintenance training event, up to one (1) hour, to an agreed upon list of participants. • Provide access to online training materials to users identified by You. • Provide access to information sources such as community calls, Illuminations, and uCern groups to users identified by You.
Your Cooperation / Obligations	<ul style="list-style-type: none"> • You are responsible for the following obligations: • Grant OTC front-end and back-end access to domains. • Identify the value objectives supported by this implementation. • Establish an internal communication plan, deployment strategy, and governance. • Complete requested data collection worksheets (DCWs), extract of Your location hierarchy, or other information required for solution configuration. • Conduct system testing and validation. • Create and execute a test script, testing, and assist with troubleshooting. • Provide Form W-9 or other tax documents to facilitate exchange of information with mobile carriers. • Provide documentation to setup text enabling for an existing phone number. • Review training materials and utilize reference manuals and Documentation. • Create training plan and train users for initial implementation, subsequent user training, and ongoing train-the-trainer classes. • Modify Oracle Millennium Platform Registration or Scheduling patient communication fields, if necessary. • Attend online training using Artera Academy (online training platform with self-guided training for Your users) prior to accessing client portal. • Synchronize data values between Oracle and the foreign supplier; including building of code value aliasing within Oracle that will be required for interface processing. • Activate any additional supported languages through self-service portal. Additional languages require Your review and approval of translation. 109 languages are supported via SMS and 23 supported via voice call. • Add icon to desktop to allow quick access for relevant users.

	<ul style="list-style-type: none"> • Determine use cases to be implemented (up to five (5) during the initial implementation) in addition to the appointment reminders. Use cases are defined as unique automations configured by You in the communications management tool. • Configure up to fifteen (15) use cases under the standard Unified Consumer Communications scope. • Configure additional use cases beyond the initial five (5), and any practice level customization of automations beyond ten (10) practices. • Provide access to Your electronic health record (EHR) domain to Oracle. • Configure SSO, if You host Oracle Millennium EHR. • Provide all first-tier, user support. • Responsible for any additional languages, workflows, or custom messaging. • Establish a non-production domain to use for the duration of the project.
Assumptions	<ul style="list-style-type: none"> • The commencement of Services is dependent on Your readiness from a strategy, data, and solution standpoint. • You and Oracle will work on this project concurrently on an agreed upon project timeline. • You are permitted to perform setup of additional or separate locations. • Services include the initial configuration and testing of the interface in one (1) designated build environment and one (1) copy to the production environment. • Oracle Ignite API assumptions: • Oracle Ignite APIs are implemented and installed and active in the necessary non-production domain for testing. • Sites hosted by You have a cloud storage appliance. • HL7 V2 assumptions: <ul style="list-style-type: none"> ○ Oracle transmission protocols: <ul style="list-style-type: none"> ▪ Real-time processing will utilize TCP/IP for data transfer and will be Oracle Health Millennium HL7 UI compliant. ▪ Custom HL7 scripting required outside the standard UI is expected to be performed within Your portal. Custom scripting can be performed but may require additional hours and fees. ▪ <i>The HL7</i> interface passes the consumer communication preference from Oracle Health Millennium into the Artera enterprise appointment workflow. • Adjustments supported as part of the Services: <ul style="list-style-type: none"> ○ Moving an existing data element from one field to another in the same message. ○ Concatenation of two existing data elements. ○ Addition or subtraction of leading zeroes to a numeric value. ○ Hard coding a default value. ○ Nulling fields. ○ Basic conditional statements. ○ Repeating field filtering, such as PID-3, PID-4, and personnel fields. ○ Suppressing transaction types. ○ Removing special characters from a field, such as dashes in a social security number. • Adjustments not supported: <ul style="list-style-type: none"> ○ Modification of the clinical content of a result from any source, including OBX;3,4,5,6,7,8,11 and 14. ○ Creating custom insert statements to insert rows into standard Oracle Health Millennium Platform database tables. • Data Integration requirements applicable to Client-hosted Clients that do not leverage Oracle's remote hosting services for its Oracle Health Millennium EHR solutions: <ul style="list-style-type: none"> ○ IBM WebSphere Application Server environment setup and configuration ○ Package installation ○ Enterprise Archive deployment ○ All Data sent inbound to Oracle Health Patient Portal from an external network will pass through the OTC; connectivity will use the existing virtual private network (VPN) connection from Your network to the OTC. ○ Other VPN solutions or network connections to the OTC will be evaluated on a case-by-case basis. • The Services are performed remotely during normal business hours (Monday – Friday, 8am – 5pm CT) unless otherwise agreed upon by Oracle and You. • Any automations to be implemented with a third-party vendor shall count as two (2) use cases as it relates to these Services.

	<ul style="list-style-type: none"> • Users will have access to the enterprise and practice level analytics dashboards in the UCC web console. • Up to five (5) users two (2) with Appointment Reminder and three (3) with UCC will get access to the Advanced Analytics- Looker tool to view additional detailed reporting.
Trademarks	<ul style="list-style-type: none"> • HL7 and FHIR are the registered trademarks of Health Level Seven International, and their use of these trademarks does not constitute an endorsement by HL7.

Bill To / Ship To Contact Information

Bill To Contact

Customer Name	Customer Address	Contact Name / Phone / Email
Northern Inyo Healthcare District	150 Pioneer Ln Bishop, CA, US 93514	Stephen DelRossi 7608722768 stephen.delrossi@nih.org

Ship To Contact

Customer Name	Customer Address	Contact Name / Phone / Email
Northern Inyo Healthcare District	150 Pioneer Ln Bishop, CA, US 93514	Stephen DelRossi 7608722768 stephen.delrossi@nih.org

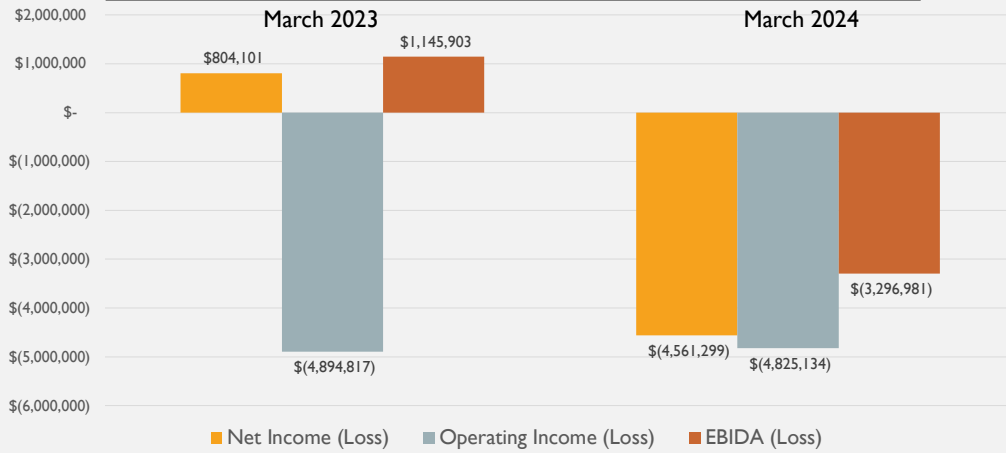


NIHD FINANCIAL UPDATE

March 2024

INCOME

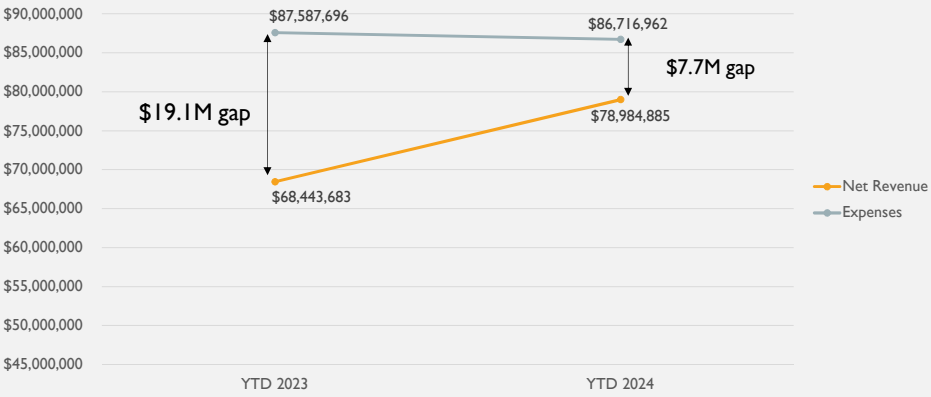
MARCH 2024 FINANCIAL PERFORMANCE



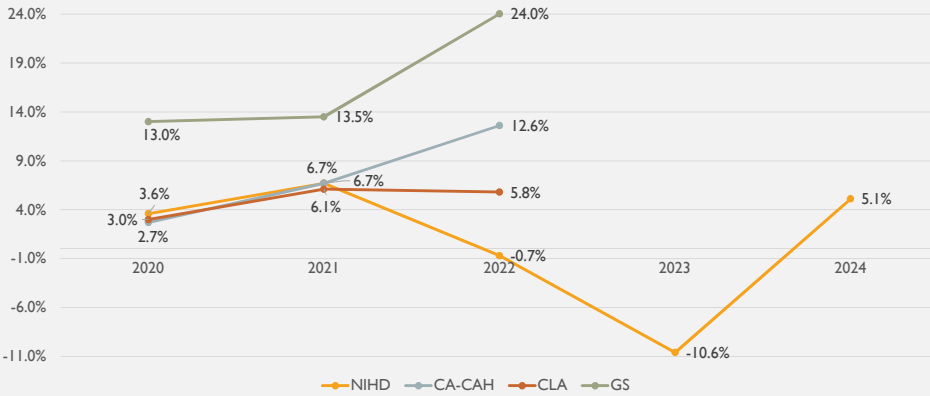
FYE 2024 FINANCIAL PERFORMANCE



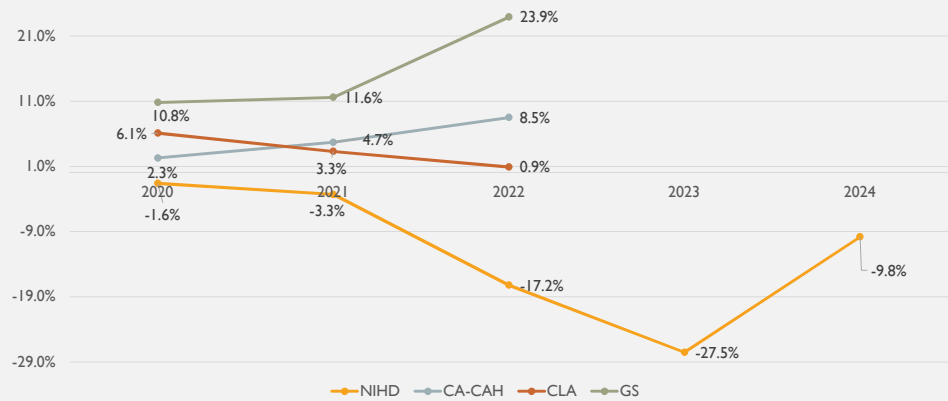
YTD OPERATING INCOME (LOSS) PERFORMANCE



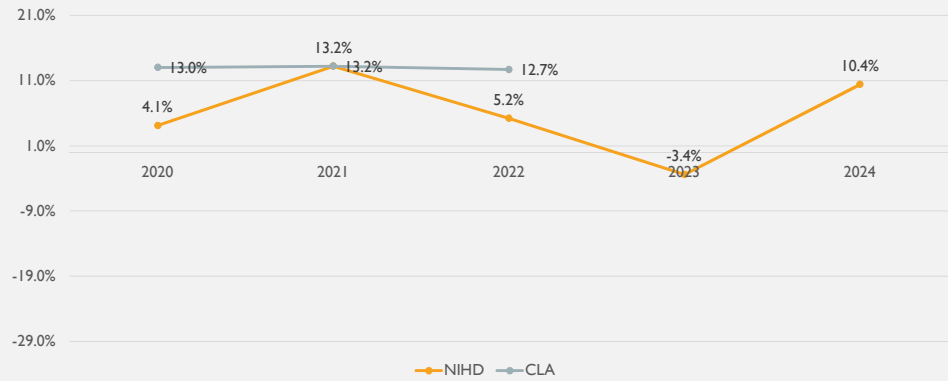
NET PROFIT MARGIN



OPERATING MARGIN

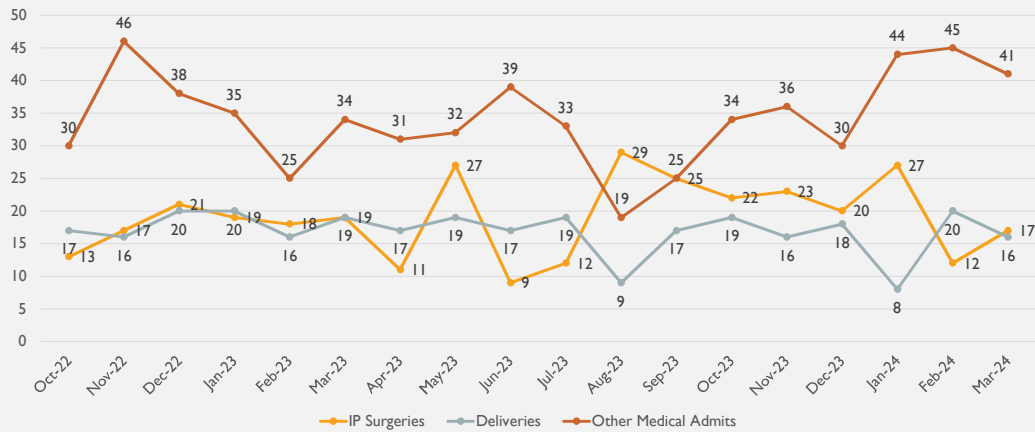


EBIDA MARGIN

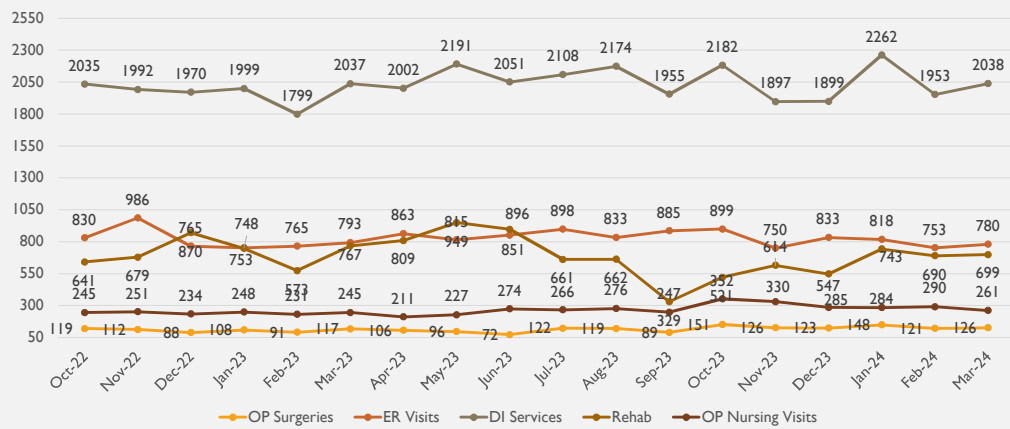


VOLUMES

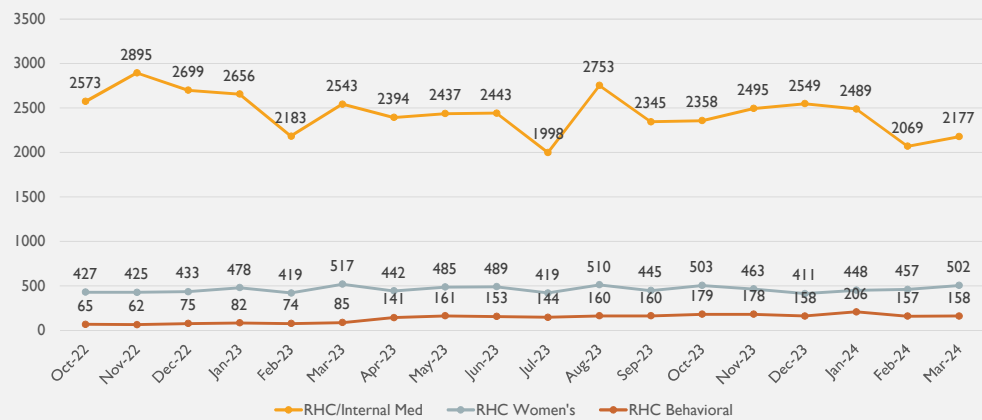
INPATIENT VOLUME PERFORMANCE



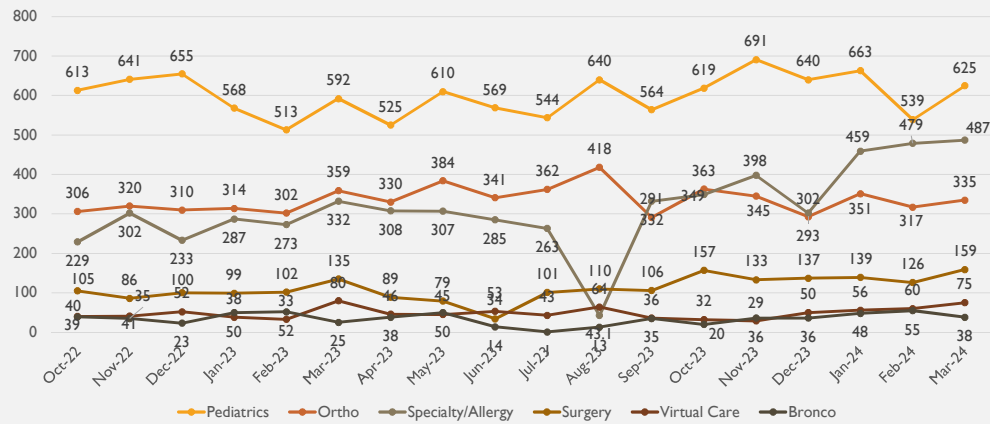
OUTPATIENT VOLUME PERFORMANCE



RHC VOLUME PERFORMANCE

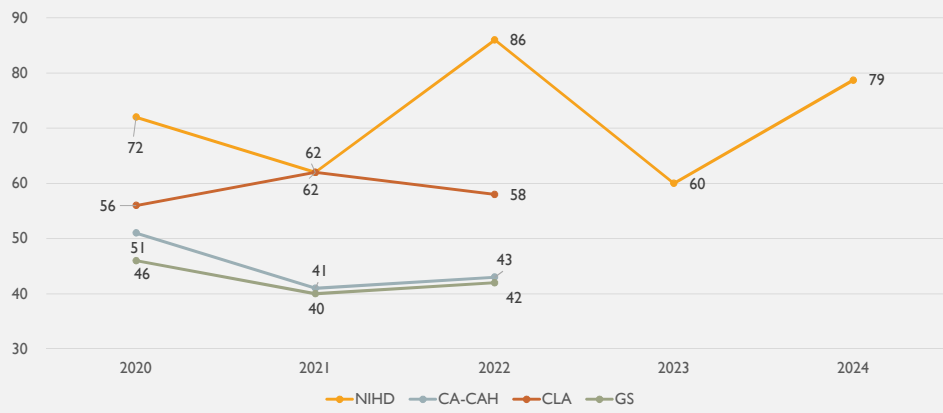


CLINIC VOLUME PERFORMANCE

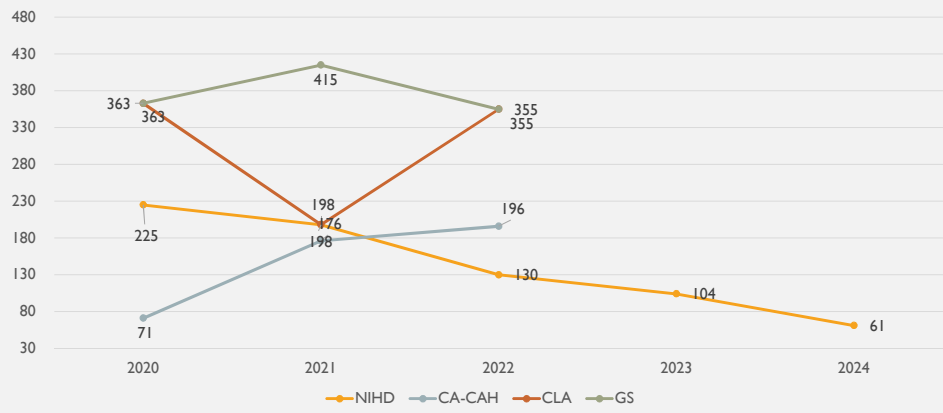


KEY PERFORMANCE INDICATORS

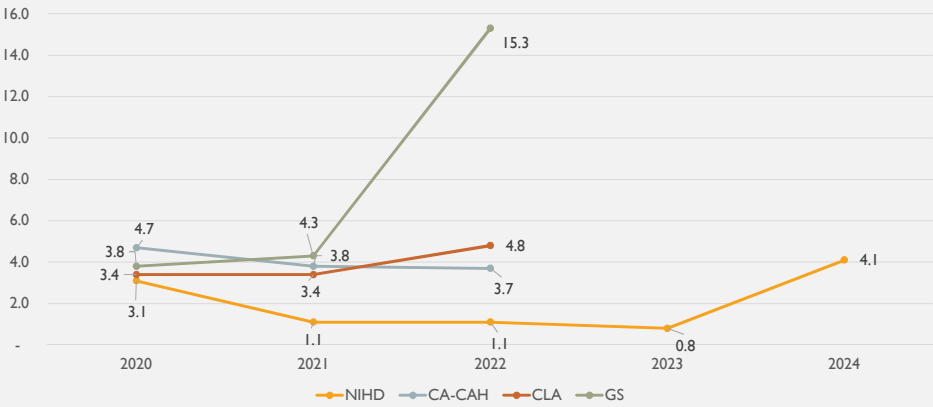
AR DAYS



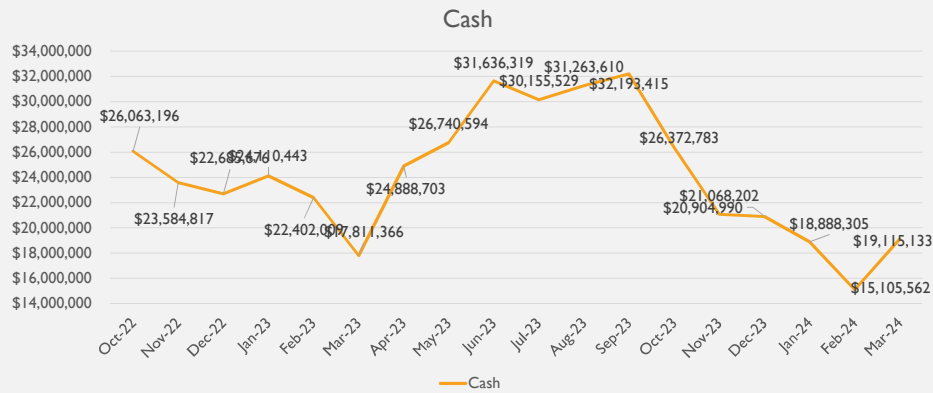
DAYS CASH ON HAND



DEBT SERVICE COVERAGE RATIO



UNRESTRICTED FUNDS



WAGE COSTS

YTD 2023	YTD 2023	YTD 2024	% Change
Total Paid FTEs	432	375	-13%
Salaries, Wages, Benefits (SWB) Expense	\$43.8M	\$43.8M	0%
SWB % of total expenses	68%	55%	-17%
Employed Average Hourly Rate	\$42.38	\$52.44	24%
Benefits % of Wages	59%	51%	-8%

Northern Inyo Healthcare District
Income Statement
Fiscal Year 2024

	11/30/2023	11/30/2022	12/31/2023	12/31/2022	1/31/2024	1/31/2023	2/29/2024	2/28/2023	3/31/2024	3/31/2023	2024 YTD	2023 YTD	PYM Change	PYTD Change
Gross Patient Service Revenue														
Inpatient Patient Revenue	3,424,188	3,474,955	3,205,729	3,417,547	4,415,671	3,898,882	3,063,000	2,545,535	3,740,981	3,633,689	31,692,301	29,104,259	107,292	2,588,042
Outpatient Revenue	12,912,788	12,582,796	13,872,841	11,309,707	14,723,154	11,943,811	12,719,309	11,030,636	11,921,652	12,610,463	121,643,041	107,552,577	(688,810)	14,090,464
Clinic Revenue	1,643,491	1,616,268	1,672,912	1,602,344	1,668,331	1,552,193	1,500,716	1,266,634	1,601,821	1,550,929	14,137,287	12,593,033	50,892	1,544,254
Gross Patient Service Revenue	17,980,468	17,674,019	18,751,482	16,329,598	20,807,156	17,394,886	17,283,024	14,842,805	17,264,454	17,795,080	167,472,630	149,249,869	(530,626)	18,222,761
Deductions from Revenue														
Contractual Adjustments	(8,433,073)	(8,553,896)	(8,812,993)	(8,204,159)	(9,802,285)	(7,536,311)	(9,066,535)	(6,829,397)	(15,144,877)	(9,900,790)	(82,789,453)	(69,738,744)	(5,244,087)	(13,050,708)
Bad Debt	(957,743)	(134,138)	(20,311)	(2,354,124)	(1,227,065)	(687,018)	(285,977)	(1,387,069)	4,239,262	525,913	(1,256,922)	(7,381,282)	3,713,349	6,124,359
A/R Writeoffs	(295,322)	(338,106)	(350,060)	(344,283)	(402,752)	(380,030)	(567,860)	(234,813)	(706,178)	(721,088)	(4,445,187)	(4,178,954)	14,910	(266,233)
Other Deductions from Revenue	-	17,166	-	410	-	-	-	-	-	38	-	449,476	(38)	(449,476)
Deductions from Revenue	(9,686,138)	(9,008,974)	(9,183,363)	(10,902,156)	(11,432,101)	(8,603,358)	(9,920,372)	(8,451,279)	(11,611,793)	(10,095,928)	(88,491,561)	(80,849,504)	(1,515,866)	(7,642,057)
Other Patient Revenue														
Incentive Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Oper Rev - Rehab Thera Serv	-	7,875	1,568	3,545	-	566	862	1,660	-	5,396	3,816	43,419	(5,396)	(39,603)
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Patient Revenue	-	7,875	1,568	3,545	-	566	862	1,660	-	5,396	3,816	43,419	(5,396)	(39,603)
Net Patient Service Revenue	8,294,330	8,672,921	9,569,687	5,430,987	9,375,055	8,792,094	7,363,514	6,393,187	5,652,661	7,704,549	78,984,885	68,443,783	(2,051,888)	10,541,101
CNR%	46%	49%	51%	33%	45%	51%	43%	43%	33%	43%	47%	46%	-11%	1%
Cost of Services - Direct														
Salaries and Wages	2,694,788	2,262,511	2,811,390	2,158,750	2,783,144	2,338,917	2,516,276	1,959,005	2,677,613	2,511,015	24,826,571	20,048,827	166,598	4,777,744
Benefits	1,536,819	1,754,398	1,069,389	1,064,181	1,093,886	1,867,561	1,537,835	1,681,176	1,490,439	1,831,123	12,713,559	15,436,937	(340,684)	(2,723,378)
Professional Fees	1,875,536	1,963,643	1,648,663	1,652,265	1,923,668	1,652,745	1,623,461	1,942,950	1,976,553	1,716,884	15,986,770	15,197,188	259,670	789,582
Contract Labor	263,663	1,493,476	422,431	(20,338)	379,756	1,001,828	405,743	219,870	364,547	788,024	3,570,001	7,236,399	(423,476)	(3,666,398)
Pharmacy	434,409	596,330	468,935	268,920	373,723	360,384	474,631	327,171	442,678	333,474	3,906,221	2,960,258	109,204	945,962
Medical Supplies	421,832	474,848	340,164	448,838	785,869	476,757	218,356	203,442	642,449	485,465	4,476,323	3,639,711	156,984	836,612
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	(1,122)	146,908	168,118	54,304	150,509	126,194	126,094	138,908	(768,589)	160,195	223,890	1,368,295	(928,785)	(1,144,406)
Other Direct Expenses	695,124	793,341	585,553	471,021	839,875	598,990	696,431	531,119	834,238	651,545	6,165,800	5,641,318	182,694	524,482
Total Cost of Services - Direct	7,921,050	9,485,455	7,514,645	6,097,940	8,330,430	8,423,377	7,598,828	7,003,641	7,659,929	8,477,724	71,869,134	71,528,933	(817,795)	340,201
General and Administrative Overhead														
Salaries and Wages	431,997	373,439	491,917	373,193	468,569	401,590	427,743	368,344	494,737	458,763	4,162,862	3,453,219	35,974	709,642
Benefits	267,702	302,169	182,190	(788,291)	154,751	262,752	264,414	272,374	284,918	2,870,040	2,154,608	5,065,028	(2,585,122)	(2,910,421)
Professional Fees	124,043	274,630	139,099	191,161	139,446	291,948	344,426	278,757	451,329	260,367	2,337,613	2,605,381	190,962	(267,768)
Contract Labor	(52,500)	156,142	86,055	(102,132)	4,050	(25,859)	24,000	27,901	63,611	27,375	391,281	315,848	36,236	75,434
Depreciation and Amortization	356,176	346,018	344,330	340,523	520,628	342,452	386,783	344,315	1,264,318	341,803	4,172,405	3,062,497	922,515	1,109,908
Other Administrative Expenses	233,094	314,165	156,693	152,489	161,466	191,302	142,398	172,710	258,954	163,294	1,629,060	1,556,889	95,660	72,171
Total General and Administrative Overhead	1,360,512	1,766,564	1,400,284	166,944	1,448,910	1,464,185	1,589,765	1,464,400	2,817,866	4,121,641	14,847,828	16,058,862	(1,303,775)	(1,211,035)
Total Expenses	9,281,562	11,252,019	8,914,928.18	6,264,884	9,779,340	9,887,562	9,188,592	8,468,041	10,477,795	12,599,365	86,716,962	87,587,796	(2,121,570)	(870,834)
Financing Expense	182,866	178,894	180,113	183,171	180,628	180,418	184,336	172,904	345,952	180,509	1,789,312	1,624,427	165,443	164,885
Financing Income	228,125	247,716	228,125	247,716	228,125	247,716	228,125	247,716	228,125	247,716	2,053,121	2,229,442	(19,591)	(176,321)
Investment Income	324,800	16,704	59,633	50,390	(186,959)	124,884	(105,802)	41,183	39,189	40,992	464,220	453,086	(1,803)	11,134
Miscellaneous Income	381,083	68,632	238,538	2,271,115	220,899	485,200	9,178,896	1,810,358	342,474	5,590,718	11,052,445	10,502,587	(5,248,244)	549,858
Net Income (Change in Financial Position)	(236,090)	(2,424,941)	1,000,942	1,552,152	(322,849)	(418,086)	7,291,804	(148,502)	(4,561,299)	804,101	4,048,396	(7,583,324)	(5,365,399)	11,631,721
Operating Income	(987,232)	(2,579,099)	654,759	(833,897)	(404,286)	(1,095,469)	(1,825,078)	(2,074,854)	(4,825,134)	(4,894,817)	(7,732,077)	(19,144,012)	69,682	11,411,935
EBITDA	120,086	(2,078,923)	1,345,271	1,892,676	197,779	(75,634)	7,678,588	195,813	(3,296,981)	1,145,903	8,220,801	(4,520,827)	(4,442,884)	12,741,629
Net Profit Margin	-2.8%	-28.0%	10.5%	28.6%	-3.4%	-4.8%	99.0%	-2.3%	-80.7%	10.4%	5.1%	-11.1%	-91.1%	16.2%
Operating Margin	-11.9%	-29.7%	6.8%	-15.4%	-4.3%	-12.5%	-24.8%	-32.5%	-85.4%	-63.5%	-9.8%	-28.0%	-21.8%	18.2%
EBITDA Margin	1.4%	-24.0%	14.1%	34.8%	2.1%	-0.9%	104.3%	3.1%	-58.3%	14.9%	10.4%	-6.6%	-73.2%	120.9%

Northern Inyo Healthcare District
Balance Sheet
Fiscal Year 2024

	PY Balances	12/31/2023	12/31/2022	1/31/2024	1/31/2023	2/29/2024	2/28/2023	3/31/2024	3/31/2023	MOM Change
Assets										
Current Assets										
Cash and Liquid Capital	17,558,072	9,536,326	7,573,136	8,555,307	9,828,615	8,770,199	7,914,764	12,778,438	10,502,555	4,008,238
Short Term Investments	10,497,077	10,810,616	16,815,916	10,332,998	16,922,335	6,335,363	10,418,390	6,336,695	10,410,937	1,333
PMA Partnership	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	14,932,580	20,452,310	17,300,274	20,997,993	14,758,093	19,458,681	19,699,808	12,458,272	20,562,360	(7,000,409)
Other Receivables	3,244,845	3,258,427	9,949,468	6,140,920	8,454,896	19,050,631	9,308,827	18,203,532	9,317,329	(847,099)
Inventory	5,159,474	5,159,051	3,037,613	5,161,688	3,039,453	5,158,222	3,063,026	5,162,663	3,089,267	4,441
Prepaid Expenses	1,793,630	1,773,403	1,341,558	1,707,236	1,268,913	1,276,680	1,401,834	1,744,260	1,333,985	467,580
Total Current Assets	53,185,677	50,990,133	56,017,967	52,896,141	54,272,305	60,049,776	51,806,650	56,683,861	55,216,432	(3,365,915)
Assets Limited as to Use										
Internally Designated for Capital Acquisitions	-	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,466,355	1,467,036	182,501	1,467,164	162,508	1,467,283	1,446,108	1,467,411	1,466,171	128
Limited Use Assets										
LAIF - DC Pension Board Restricted	798,218	175,992	771,724	-	774,348	-	778,293	-	785,746	-
Other Patient Revenue	15,684,846	13,076,830	19,296,858	15,684,846	19,296,858	15,684,846	19,296,858	15,684,846	19,296,858	-
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-	-
Deferred Outflow - Excess Acquisition	573,097	573,097	-	573,097	-	573,097	20,075,151	573,097	20,082,604	-
Total Limited Use Assets	17,056,161	13,825,919	20,068,582	16,257,943	20,071,206	16,257,943	20,075,151	16,257,943	1,075,802	-
Revenue Bonds Held by a Trustee	1,078,187	754,688	1,092,945	1,057,556	1,087,201	1,051,852	1,081,516	1,046,147	22,624,577	(5,705)
Total Assets Limited as to Use	19,600,703	16,047,643	21,344,028	18,782,662	21,320,914	18,777,078	22,602,775	18,771,501	22,624,577	(5,578)
Long Term Assets										
Long Term Investment	2,767,655	1,318,315	2,745,703	1,831,405	2,749,221	1,831,779	2,744,893	1,832,199	2,752,606	420
Fixed Assets, Net of Depreciation	85,078,613	76,904,399	76,714,369	85,031,471	76,561,422	85,151,277	76,485,894	84,393,675	76,673,974	(757,601)
Total Long Term Assets	87,846,268	78,222,714	79,460,072	86,862,876	79,310,643	86,983,056	79,230,787	86,225,875	79,426,580	(757,181)
Total Assets	160,632,647	145,260,490	156,822,066	158,541,680	154,903,862	165,809,910	153,640,212	161,681,236	157,267,589	(4,128,674)
Liabilities										
Current Liabilities										
Current Maturities of Long-Term Debt	4,932,910	1,222,132	1,381,851	4,447,426	953,873	3,849,316	957,628	3,907,233	901,673	57,917
Accounts Payable	5,088,334	6,383,025	6,121,299	4,881,333	6,181,858	4,346,694	5,482,703	5,131,234	5,186,458	784,540
Accrued Payroll and Related	8,318,121	6,924,804	7,039,248	6,556,620	5,708,653	7,226,154	5,321,872	7,439,170	5,913,994	213,016
Accrued Interest and Sales Tax	92,441	94,216	94,617	164,562	168,763	238,080	238,573	314,125	310,734	76,045
Notes Payable	1,532,689	1,633,708	2,133,708	1,532,689	2,133,708	1,035,689	2,133,708	931,738	2,133,708	(103,951)
Unearned Revenue	(4,542)	(4,542)	129,191	(4,542)	29,191	(4,542)	(4,542)	(4,542)	(4,542)	-
Due to 3rd Party Payors	693,247	693,247	693,247	693,247	693,247	693,247	478,242	693,247	262,335	-
Due to Specific Purpose Funds	-	-	-	-	-	-	-	-	-	-
Other Deferred Credits - Pension	1,942,292	1,861,577	2,146,080	1,927,805	2,146,080	1,925,736	2,146,080	1,923,666	2,146,080	(2,070)
Total Current Liabilities	22,595,491	18,808,167	19,739,240	20,199,141	18,015,372	19,310,372	16,754,263	20,335,871	16,850,439	1,025,498
Long Term Liabilities										
Long Term Debt	37,511,965	30,497,454	33,053,530	35,793,360	33,455,530	36,545,985	33,455,530	35,863,988	33,455,530	(681,997)
Bond Premium	203,263	184,441	222,085	181,303	218,948	178,166	215,811	175,029	212,674	(3,137)
Accreted Interest	16,540,170	17,694,537	16,553,354	17,206,094	16,648,086	17,302,780	16,743,218	17,396,138	16,838,349	93,358
Other Non-Current Liability - Pension	47,257,663	47,257,663	47,821,876	47,257,663	47,821,876	47,257,663	47,821,876	47,257,663	50,366,473	-
Total Long Term Liabilities	101,513,061	95,634,094	97,650,846	100,438,420	98,144,440	101,284,595	98,236,435	100,692,818	100,873,027	(591,776)
Suspense Liabilities	-	-	-	-	-	-	-	-	-	-
Uncategorized Liabilities	44,693	107,118	831,523	106,018	561,672	124,918	615,594	123,693	686,039	(1,225)
Total Liabilities	124,153,245	114,549,379	118,221,609	120,743,579	116,721,484	120,719,885	115,606,292	121,152,382	118,409,505	432,497
Fund Balance										
Fund Balance	45,515,489	26,459,404	43,831,306	35,013,048	43,831,306	35,013,047	43,831,306	35,013,047	43,831,306	-
Temporarily Restricted	1,466,354	2,610,967	2,589,989	1,467,163	2,589,995	1,467,283	2,590,039	1,467,411	2,610,102	128
Net Income	(10,502,442)	1,640,740	(7,820,838)	1,317,891	(8,238,924)	8,609,695	(8,387,425)	4,048,396	(7,583,324)	(4,561,299)
Total Fund Balance	36,479,402	30,711,111	38,600,457	37,798,101	38,182,378	45,090,025	38,033,921	40,528,854	38,858,084	(4,561,171)
Liabilities + Fund Balance	160,632,647	145,260,490	156,822,066	158,541,680	154,903,862	165,809,910	153,640,212	161,681,236	157,267,589	(4,128,674)
(Decline)/Gain		(334,256)	(1,759,462)	13,281,190	(1,918,204)	7,268,230	(1,263,649)	(4,128,674)	3,627,377	(11,396,904)
	0	0	0	0	0	0	0	0	0	0

Northern Inyo Healthcare District
Long-Term Debt Service Coverage Ratio
FYE 2024

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

Long-Term Debt Service Coverage Ratio Calculation

Numerator:

Excess of revenues over expense	\$ 4,048,396	7 months of earnings
+ Depreciation Expense	4,172,405	
+ Interest Expense	1,789,312	
Less GO Property Tax revenue	1,289,429	
Less GO Interest Expense	386,263	

"Income available for debt service" (definition per 2010 and 2013 and 2021 Indenture)

\$ 8,334,421

Denominator:

Supplemental Indenture of Trust)

2021A Revenue Bonds	\$ 112,700	
2021B Revenue Bonds	905,057	
2009 GO Bonds (Fully Accreted Value)		
2016 GO Bonds		
Financed purchases and other loans	1,704,252	
Total Maximum Annual Debt Service	\$ 2,722,009	Full year of debt
	2,041,507	YTD debt

Ratio: (numerator / denominator) **4.08** YTD debt service coverage

Required Debt Service Coverage Ratio: 1.10

In Compliance? (Y/N) **No**

Unrestricted Funds and Days Cash on Hand

HOSPITAL FUND ONLY

Cash and Investments-current	\$ 19,115,133
Cash and Investments-non current	1,832,199
Sub-total	20,947,333
Less - Restricted:	
PRF and grants (Unearned Revenue)	-
Held with bond fiscal agent	(1,046,147)
Building and Nursing Fund	(1,467,411)
Total Unrestricted Funds	\$ 18,433,775

Total Operating Expenses	\$ 86,716,962
Less Depreciation	4,172,405
Net Expenses	82,544,557
Average Daily Operating Expense	\$ 300,162

Days Cash on Hand **61**

Key Financial Performance Indicators		Industry Benchmark	Mar-23	Jun-23	FYE 2023 Average	Dec-23	Jan-24	Feb-24	Mar-24	Variance to Prior Month	Variance to FYE 2023 Average	Variance to Prior Year Month	Variance to Benchmark	Reduction Target	Comment
Volume															
Admits	41		72	83	68	68	79	77	74	(3)	6	2	33		Mammoth monthly average in 2022 per HCAI
Deliveries	n/a		19	17	17	18	8	20	16	(4)	(1)	(3)	n/a		
Adjusted Patient Days	n/a		828	1,105	984	969	1,009	940	895	(45)	(89)	67	n/a		
Total Surgeries	153		136	81	120	143	175	133	143	10	23	7	(10)		Mammoth monthly average in 2022 per HCAI
ER Visits	659		793	851	810	833	818	753	780	27	(30)	(13)	121		Mammoth monthly average in 2022 per HCAI
RHC and Clinic Visits	n/a		4,663	4,381	4,353	4,576	4,859	4,246	4,556	310	203	(107)	n/a		
Diagnostic Imaging Services	n/a		2,037	2,051	2,020	1,899	2,262	1,953	2,038	85	18	1	n/a		
Rehab Services	n/a		767	896	762	547	743	690	699	9	(63)	(68)	n/a		
AR & Income															
Gross AR (Cerner only)	n/a		\$ 58,599,789	\$ 50,668,396	\$ 53,638,580	\$ 53,913,830	\$ 56,381,675	\$ 55,489,238	\$ 48,964,677	\$ (6,524,562)	\$ (4,673,903)	\$ (9,635,113)	n/a		
AR > 90 Days	\$ 7,688,895.45		\$ 25,286,960	\$ 25,752,910	\$ 23,440,542	\$ 26,961,876	\$ 27,771,536	\$ 27,534,816	\$ 22,242,405	\$ (5,292,411)	\$ (1,198,137)	\$ (3,044,555)	\$ 14,553,510	(14,553,510)	15% of gross AR is benchmark
AR % > 90 Days	15%		50.97%	51.55%	45.3%	50.78%	50.04%	50.37%	46.22%	-4.2%	0.9%	-4.8%	31.2%		Industry average
AR Days	43.00		89.24	89.78	91.35	86.28	90.02	87.68	78.71	(8.97)	(12.64)	(11)	35.71		California CAH
Net AR	n/a		\$ 20,562,360	\$ 9,351,360	\$ 17,800,084	\$ 20,452,310	\$ 20,997,993	\$ 19,458,681	\$ 12,458,272	\$ (7,000,409)	\$ (5,341,812)	\$ (8,104,088)	n/a		
Net AR % of Gross	n/a		35.1%	18.5%	33.1%	37.9%	37.2%	35.1%	25.4%	-9.6%	-7.6%	-9.6%	n/a		
Gross Patient Revenue/Calendar Day	n/a		\$ 574,035	\$ 543,011	\$ 546,652	\$ 604,887	\$ 671,199	\$ 595,966	\$ 556,918	\$ (39,048)	\$ 10,266	\$ (17,117)	n/a		
Net Patient Revenue/Calendar Day	n/a		\$ 248,534	\$ 198,702	\$ 243,317	\$ 308,700	\$ 302,421	\$ 253,914	\$ 182,344	\$ (71,570)	\$ (60,973)	\$ (66,190)	n/a		
Net Patient Revenue/APD	n/a		\$ 9,305	\$ 5,395	\$ 7,622	\$ 9,876	\$ 9,291	\$ 7,834	\$ 6,316	\$ (1,518)	\$ (1,306)	\$ (2,989)	n/a		
Wages															
Wages	n/a		\$ 3,192,075	\$ 5,954,820	\$ 3,281,173	\$ 3,303,307	\$ 3,251,713	\$ 2,944,019	\$ 3,172,350	\$ 228,331	\$ (108,823)	\$ (19,725)	n/a		
Employed paid FTEs	n/a		379.30	364.62	384.63	346.65	346.54	346.25	348.17	1.92	(36.46)	(31.13)	n/a	-8%	According to California Hospital Association data
Employed Average Hourly Rate	\$ 38.00		\$ 47.51	\$ 95.27	\$ 48.51	\$ 53.79	\$ 52.97	\$ 51.31	\$ 51.44	\$ 0.13	\$ 2.92	\$ 3.93	\$ 13.44		
Benefits	n/a		\$ 4,478,865	\$ 1,610,167	\$ 1,907,194	\$ 1,251,579	\$ 1,248,638	\$ 1,802,249	\$ 1,775,357	\$ (26,892)	\$ (131,837)	\$ (2,703,508)	n/a		
Benefits % of Wages	30%		140.3%	27.0%	58.7%	37.9%	38.4%	61.2%	56.0%	-5.3%	-2.7%	-84.3%	26.0%	(468,516)	Industry average
Contract Labor	n/a		\$ 815,399	\$ 803,281	\$ 808,284	\$ 508,486	\$ 383,806	\$ 429,743	\$ 428,159	\$ (1,584)	\$ (380,125)	\$ (387,240)	n/a		
Contract Labor Paid FTEs	n/a		29.83	39.55	40.27	22.52	21.60	23.86	23.27	(0.59)	(17.00)	(6.56)	n/a		
Total Paid FTEs	n/a		409.13	404.17	424.90	369.17	368.14	370.11	371.44	1.33	(53.46)	(37.69)	n/a		
Contract Labor Average Hourly Rate	\$ 81.04		\$ 154.31	\$ 118.48	\$ 112.84	\$ 127.46	\$ 100.31	\$ 108.69	\$ 103.86	\$ (4.83)	\$ (8.99)	\$ (50.45)	\$ 22.82	\$ (94,061)	Per zip recruiter as of August 2023 for California, higher range is benchmark
Total Salaries, Wages, & Benefits	n/a		\$ 8,486,339	\$ 8,368,268	\$ 5,996,651	\$ 5,063,372	\$ 4,884,157	\$ 5,176,011	\$ 5,375,866	\$ 199,855	\$ (620,785)	\$ (3,110,473)	n/a		
SWB% of NR	50%		110.1%	140.4%	79.8%	61.0%	52.1%	70.3%	95.1%	24.8%	15.4%	-15.0%	\$ 0	\$ (591,023)	Per Becker Healthcare, max should be 50%
SWB/APD	2,613		\$ 10,249	\$ 7,573	\$ 5,912	\$ 5,225	\$ 4,841	\$ 5,506	\$ 6,007	\$ 500	\$ 94	\$ (4,243)	\$ 3,394	\$ (10,155)	Industry average
SWB % of total expenses	50%		93.5%	92.2%	66.0%	56.8%	49.9%	56.3%	51.3%	-5.0%	-14.7%	-42.2%	1%	\$ (136,969)	Industry average
Physician Spend															
Physician Expenses	n/a		\$ 1,427,344	\$ 1,428,974	\$ 1,400,634	\$ 1,416,488	\$ 1,099,861	\$ 1,378,852	\$ 1,724,855	\$ 346,003	\$ 324,221	\$ 297,511	n/a		
Physician expenses/APD	n/a		\$ 1,724	\$ 1,293	\$ 1,451	\$ 1,462	\$ 1,090	\$ 1,467	\$ 1,927	\$ 460	\$ 476	\$ 203	n/a		
Supplies															
Supply Expenses	n/a		\$ 818,939	\$ (985,032)	\$ 544,557	\$ 809,100	\$ 1,159,592	\$ 692,988	\$ 1,085,127	\$ 392,139	\$ 540,570	\$ 266,188	n/a		
Supply expenses/APD			989	(891)	579	835	1,149	737	1,212	475	634	223	n/a		
Other Expenses															
Other Expenses	n/a		\$ (1,652,176)	\$ 268,236	\$ 1,138,604	\$ 1,625,968	\$ 2,635,236	\$ 1,940,741	\$ 2,291,947	\$ 351,206	\$ 1,153,343	\$ 3,944,123	n/a		
Other Expenses/APD	n/a		\$ (1,995)	\$ 243	\$ 1,178	\$ 1,678	\$ 2,612	\$ 2,065	\$ 2,561	\$ 496	\$ 1,383	\$ 4,556	n/a		
Margin															
Net Income	n/a		\$ 804,101	\$ (5,031,592)	\$ (1,448,727)	\$ 1,000,942	\$ (322,354)	\$ 7,291,804	\$ (4,561,299)	\$ (11,853,103)	\$ (3,112,572)	\$ (5,365,400)	n/a		
Net Profit Margin	n/a		10.4%	-84.4%	-20.8%	10.5%	-3.4%	99.0%	-80.7%	-179.7%	-59.9%	-91.1%	#VALUE!		
Operating Income	n/a		\$ (4,894,817)	\$ (5,308,483)	\$ (2,495,327)	\$ 654,759	\$ (403,791)	\$ (1,825,078)	\$ (4,825,134)	\$ (3,000,056)	\$ (2,329,807)	\$ 69,683	n/a		
Operating Margin	2.9%		-63.5%	-89.1%	-33.0%	6.8%	-4.3%	-24.8%	-85.4%	-60.6%	-52.4%	-21.9%	-88.3%		Per Kaufman Hall September National Hospital Flash
EBITDA	n/a		\$ 462,298	\$ (5,370,917)	\$ (1,789,289)	\$ 1,345,271	\$ 198,274	\$ 7,678,588	\$ (3,296,981)	\$ (10,975,569)	\$ (1,507,692)	\$ (3,759,279)	n/a		
EBITDA Margin	12.7%		6.0%	-90.1%	-22.6%	14.1%	2.1%	104.3%	-58.3%	-162.6%	-35.7%	-64.3%	-71.0%		CLA critical access hospitals
Debt Service Coverage Ratio	3.70			(5.8)	(5.8)	2.3	2.4	6.3	4.1	(2.22)	9.89	4.08	0.38		Per bond requirement, need to be at 1.1
Cash															
Avg Daily Disbursements (excl. IGT)	n/a		\$ 375,541	\$ 489,123	\$ 363,636	\$ 264,416	\$ 424,036	\$ 390,998	\$ 399,030	\$ 8,032	\$ 35,394	\$ 23,489	n/a	\$ (79,351)	7%
Average Daily Cash Collections (excl. IGT)	n/a		\$ 373,885	\$ 482,340	\$ 340,919	\$ 316,748	\$ 289,440	\$ 307,834	\$ 319,679	\$ 11,845	\$ (21,240)	\$ (54,207)	n/a	\$ 79,351	-15%
Average Daily Net Cash			\$ (1,655)	\$ (6,783)	\$ (22,716)	\$ 52,332	\$ (134,596)	\$ (83,164)	\$ (79,351)	\$ 3,813	\$ (56,634)	\$ (77,695)	n/a	\$ 79,351	-164%
Unrestricted Funds	n/a		\$ 17,811,366	\$ 31,636,319	\$ 25,185,410	\$ 20,904,990	\$ 18,888,305	\$ 15,105,562	\$ 19,115,133	\$ 4,009,571	\$ (6,070,277)	\$ 1,303,767	n/a		5%
Change of cash per balance sheet	n/a		\$ (4,590,643)	\$ 4,895,725	\$ 204,360	\$ (163,212)	\$ (2,016,685)	\$ (3,782,743)	\$ 4,009,571						
Days Cash on Hand (assume no more cash is collected)	196		61	105	83	79	45	48	61	13	(22)	0	n/a		Per bond requirement, we need 75 minimum. Other California CAH average 196
Estimated Days Until Depleted (assumes cash continues and spend continues)			10,761	4,664	1,109	486	337	254	310	56	(799)	(10,451)	n/a		
Years Unit Cash Depletion			29.48	12.78	3.04	1.33	0.92	0.70	0.85	0.15	(2.19)	(28.63)	n/a		

Northern Inyo Healthcare District
March 2024 – Financial Summary

	<u>CY</u> <u>MONTH</u>	<u>PY</u> <u>MONTH</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget</u> <u>Variance</u>	<u>YTD</u>	<u>PY</u> <u>YTD</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget</u> <u>Variance</u>	MOM % Variance	YOY % Variance	YTD Budget % Variance
Net Income (Loss)	(4,561,299)	804,101	3,747,772	(5,365,399)	(8,309,071)	4,048,396	(7,583,324)	(8,774,579)	11,631,721	12,822,976	667%	153%	146%
Operating Income (Loss)	(4,825,134)	(4,894,817)	(2,041,363)	69,682	(2,783,772)	(7,732,077)	(19,144,012)	(20,108,653)	11,411,935	12,376,576	1%	60%	62%
Income is unfavorable for the month due to adjustments in Medicare & Medicaid contractual rates caused by quarterly lookback. This caused a \$2M decrease in net revenue compared to last March which was offset by a \$2M decline in expenses. Thus, bringing net loss to the same amount.													
IP Gross Revenue	3,721,867	3,635,255	2,983,882	86,612	737,985	31,676,662	29,097,274	26,427,616	2,579,388	5,249,046	2%	9%	20%
OP Gross Revenue	11,940,766	12,608,896	12,649,954	(668,130)	(709,188)	121,658,680	107,559,462	109,871,536	14,099,219	11,787,144	-5%	13%	11%
Clinic Gross Revenue	1,500,716	1,266,634	1,219,420	234,082	281,296	14,137,287	12,593,033	11,453,286	1,544,254	2,684,001	18%	12%	23%
Net Patient Revenue	5,652,661	7,704,549	7,168,096	(2,051,888)	(1,515,435)	78,984,885	68,443,683	62,151,845	10,541,201	16,833,040	-27%	15%	27%
Cash Net Revenue % of Gross	33%	44%	43%	-11%	-10%	47%	46%	42%	1%	5%	-11%	1%	12%
While current month is down \$2M due to quarterly lookback and rate adjustments for Medicare & Medicaid, YTD revenue is \$10.5M higher than prior year due to an increase in volume. Cash NR as a % of gross revenue is consistent with prior year.													
Admits (excl. Nursery)	74	72		2		636	618		18		3%	3%	
IP Days	216	198		18		1,871	1,891		(20)		9%	-1%	
IP Days (excl. Nursery)	194	169		25		1,655	1,673		(18)		15%	-1%	
Average Daily Census	6.26	5.45		0.81		6.02	6.11		(0.09)		15%	-1%	
ALOS	2.62	2.35		0.27		2.60	2.71		(0.11)		12%	-4%	
Deliveries	16	19		(3)		142	149		(7)		-16%	-5%	
OP Visits	3,638	3,857		(219)		31,722	32,442		(720)		-6%	-2%	
RHC Visits	2,837	2,778		59		26,677	23,760		2,917		2%	12%	
Rural Health Clinic Visits	2,177	2,176		1		21,032	19,150		1,882		0%	10%	
Rural Health Women Visits	502	517		(15)		4,158	3,968		190		-3%	5%	
Rural Health Behavioral Visits	158	85		73		1,487	642		845		86%	132%	
NIA Clinic Visits	1,719	1,890		(171)		14,196	15,266		(1,070)		-9%	-7%	
Bronco Clinic Visits	38	25		13		282	268		14		52%	5%	
Internal Medicine Clinic Visits	-	367	N	(367)	N	201	3,356	N	(3,155)	N	-100%	-94%	N
Orthopedic Clinic Visits	335	359	o	(24)	o	3,075	2,880	o	195	o	-7%	7%	o
Pediatric Clinic Visits	625	592	t	33	t	5,525	5,094	t	431	t	6%	8%	t
Specialty Clinic Visits	487	332		155		3,500	2,399		1,101		47%	46%	
Surgery Clinic Visits	159	135	A	24	A	1,168	875	A	293	A	18%	33%	A
Virtual Care Clinic Visits	75	80	v	(5)	v	445	394	v	51	v	-6%	13%	v
Surgeries IP	17	19	a	(2)	a	187	172	a	15	a	-11%	9%	i
Surgeries OP	126	117	l	9	l	1,125	911	l	214	l	8%	23%	l
Total Surgeries	143	136	a	7	a	1,312	1,083	a	229	a	5%	21%	a
Cardiology	-	-	b	-	b	1	-	b	1	b	0%	0%	b
General	79	71	l	8	l	624	465	l	159	l	11%	34%	l
Gynecology & Obstetrics	12	9	e	3	e	134	104	e	30	e	33%	29%	e
Ophthalmology	24	23		1		223	236		(13)		4%	-6%	
Orthopedic	17	31		(14)		233	255		(22)		-45%	-9%	
Pediatric	-	-		-		-	1		(1)		0%	-100%	
Podiatry	-	-		-		1	3		(2)		0%	-67%	
Urology	11	2		9		96	19		77		450%	405%	
Diagnostic Imaging	2,038	2,037		1		18,468	17,996		472		0%	3%	
Emergency Visits	780	764		16		7,449	7,309		140		2%	2%	
ED Admits	41	34		7		307	297		10		21%	3%	
ED Amits % of ED Visits	5.1%	9.2%		-4.0%		5.1%	7.4%		-2.2%		-44%	-30%	
Rehab	699	767		(68)		5,466	6,494		(1,028)		-9%	-16%	
Nursing Visits	261	245		16		2,591	2,258		333		7%	15%	
Observation Hours	1,342	1,916		(573)		17,656	16,197		1,459		-30%	9%	
Admissions increased for the year due to an increase in surgeries. RHC combined with internal medicine and is down from prior year. All other clinics are higher than prior year. OP surgeries are 23% higher than prior year due to adding new physicians.													
Payor mix													
Blue Cross	23.7%	25.1%		-1.4%		27.0%	27.5%		-0.4%		-5%	-2%	
Commercial	3.5%	6.4%		-2.9%		5.2%	6.4%		-1.2%		-45%	-19%	
Medicaid	22.5%	21.7%		0.7%		19.7%	21.6%		-2.0%		3%	-9%	
Medicare	44.8%	44.0%	N/A	0.9%	N/A	43.2%	39.9%	N/A	3.4%	N/A	2%	8%	N/A

Northern Inyo Healthcare District
March 2024 – Financial Summary

	<u>CY</u> <u>MONTH</u>	<u>PY</u> <u>MONTH</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget</u> <u>Variance</u>	<u>YTD</u>	<u>PY</u> <u>YTD</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget</u> <u>Variance</u>	MOM % Variance	YOY % Variance	YTD Budget % Variance
Self-pay	2.9%	1.6%		1.4%		2.9%	2.7%		0.2%		87%	6%	
Workers' Comp	1.2%	1.0%		0.2%		1.4%	1.4%		0.0%		24%	0%	
Other	1.3%	0.3%		1.0%		0.6%	0.5%		0.1%		400%	10%	
<u>DEDUCTIONS</u>													
Contract Adjust	15,144,877	9,900,790	9,191,417	5,244,087	5,953,460	82,789,453	69,738,744	70,563,930	13,050,708	12,225,523	53%	19%	17%
Bad Debt	4,239,262	525,913	(336,888)	3,713,349	4,576,150	(1,256,922)	(7,381,282)	2,585,735	6,124,359	(3,842,657)	706%	-83%	-149%
Write-off	706,178	678,779	336,888	27,400	369,290	4,431,527	3,793,558	2,585,735	637,969	1,845,792	4%	17%	71%

For the month, payor mix shifted from Blue Cross & Commercial to Medicaid & Self-Pay causing a decrease in net revenue

DENIALS

Denials increased \$1.6M from 6 month average but are \$500k favorable to baseline (Dec 2022)

<u>CHARITY</u>	-	42,309	-	(42,309)	-	13,659	385,396	-	(371,737)	-100%	-96%	
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Charity discounts have decreased compared to prior year.

BAD DEBT

Bad debt write offs were minimal.

CASH

Cash deficit for March was -\$1.6M due to continued AP catchup.

CENSUS

Patient Days	194	169		25		1,655	1,673		(18)		15%	-1%	
Adjusted Days	895	814		81		8,750	8,581		169		10%	2%	
Employed Paid FTE	348.17	379.30		(31.13)		351.76	391.51		(39.75)		-8%	-10%	
Contract Paid FTE	23.27	29.83	N/A	(6.56)	N/A	23.29	40.58	N/A	(17.30)	N/A	-22%	-43%	N/A
Total Paid FTE	371.44	409.13		(37.68)		375.04	432.09		(57.05)		-9%	-13%	
EPOB (Employee per Occupied Bed)	1.79	2.23		(0.44)		2.04	2.34		(0.29)		-20%	-13%	
Adjusted EPOB	0.39	0.46		(0.07)		0.39	0.46		(0.07)		-15%	-15%	

SALARIES

Per Adjust Bed Day	\$ 3,546	\$ 3,648		\$ (102)		\$ 3,313	\$ 2,739		\$ 574		-3%	21%	
Total Salaries	\$ 3,172,350	\$ 2,969,777	\$ 3,245,241	202,573	(72,892)	\$ 28,989,432	\$ 23,502,046	\$ 28,813,078	5,487,386	176,354	7%	23%	1%
Normalized Salaries (incl PTO used)	\$ 3,172,350	\$ 3,247,298	\$ 3,245,241	(74,948)	(72,892)	\$ 28,989,432	\$ 26,071,776	\$ 28,813,078	2,917,657	176,354	-2%	11%	1%
Average Hourly Rate	\$ 51.44	\$ 48.33		\$ 3.11		\$ 52.44	\$ 42.38		\$ 10.07		6%	24%	
Employed Paid FTEs	348.17	379.30		(31.13)		351.76	391.51		(39.75)				

Salaries are up for the month and the year compared to prior year due to merit increases. Total paid employed FTEs are down due to RIFFs that occurred during April and July along with staffing management. Employee per occupied bed is lower than prior year meaning we are staffing more efficiently given the higher volume.

BENEFITS

Per Adjust Bed Day	\$ 1,984	\$ 5,775		\$ (3,790)		\$ 1,699	\$ 2,389		\$ (690)		-66%	-29%	
Total Benefits	\$ 1,775,357	\$ 4,701,163	\$ 2,032,844	\$ (2,925,806)	(257,487)	\$ 14,868,167	\$ 20,501,965	\$ 17,785,424	\$ (5,633,799)	(2,917,257)	-62%	-27%	-16%
Benefits % of Wages	56%	158%	63%	-102%		51%	87%	62%	-36%		-65%	-41%	
Pension Expense	\$ 508,913	\$ 3,390,042	\$ 818,598	\$ (2,881,129)	(309,685)	\$ 4,214,370	\$ 10,185,918	\$ 7,081,965	\$ (5,971,548)	(2,867,595)	-85%	-59%	-40%
MDV Expense	\$ 240,079	\$ 241,301	\$ 250,506	\$ (1,222)	(10,427)	\$ 2,142,784	\$ 1,877,833	\$ 2,240,245	\$ 264,951	(97,461)	-1%	14%	-4%
Payroll Taxes & WC insurance	\$ 232,937	\$ 341,555	\$ 343,180	\$ (108,618)	(110,244)	\$ 2,763,879	\$ 2,528,201	\$ 3,060,793	\$ 235,678	(296,914)	-32%	9%	
PTO Incurred		\$ 277,521		\$ (277,521)	-		\$ 2,569,730		\$ (2,569,730)	-	-100%	-100%	
PTO Accrued	\$ 83,197	\$ 429,406	\$ 296,921	\$ (346,209)	(213,724)	\$ (1,578)	\$ 2,728,495	\$ 2,629,379	\$ (2,730,073)	\$ (2,630,957)	-81%	-100%	
Reimbursements	\$ -	\$ -	\$ -	\$ -	-	\$ 3,021	\$ 1,437	\$ -	\$ 1,584	\$ 3,021	#DIV/0!	110%	
Sick	\$ -	\$ 1,203	\$ 13,915	\$ (1,203)	(13,915)	\$ 4,442	\$ 176,298	\$ 120,554	\$ (171,856)	\$ (116,112)	-100%	-97%	
Other	\$ -	\$ 1,237	\$ -	\$ (1,237)	-	\$ -	\$ 12,631	\$ -	\$ (12,631)	-	-100%	-100%	
Normalized Benefits	\$ 1,775,357	\$ 4,421,202	\$ 2,032,844	\$ (2,645,845)		\$ 14,860,704	\$ 17,741,870	\$ 17,785,424	\$ (2,881,166)	\$ (2,924,720)	-60%	-16%	-16%
Normalized Benefits % of Wages	56%	136%	63%	-80%		51%	68%	62%	-59%		-59%	0%	

Benefits at a % of Wages are down due to reduced pension now that employees are matching pension contributions.

Northern Inyo Healthcare District
March 2024 – Financial Summary

	<u>CY</u> <u>MONTH</u>	<u>PY</u> <u>MONTH</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget</u> <u>Variance</u>	<u>YTD</u>	<u>PY</u> <u>YTD</u>	<u>BUDGET</u>	<u>PY</u> <u>Variance</u>	<u>Budget</u> <u>Variance</u>	MOM % Variance	YOY % Variance	YTD Budget % Variance
Salaries, Wages & Benefits	\$ 4,947,707	\$ 7,668,500	\$ 5,278,086	\$ (2,720,793)	(330,379)	\$ 43,850,136	\$ 43,813,646	\$ 46,598,502	\$ 36,490	\$ (2,748,367)	-35%	0%	-6%
SWB/APD	\$ 5,530	\$ 9,420		\$ (3,890)		\$ 5,012	\$ 5,106		\$ (94)		-41%	-2%	
Total SWB for the month were under due to reduced benefits. For the year, they were similar to prior year. Wage increases offset decreases in pension benefits. However, on a per patient basis, our SWB per patient is lower than last year.													
<u>PROFESSIONAL FEES</u>													
Per Adjust Bed Day	\$ 3,192	\$ 3,431		\$ (238)	3,192	\$ 2,547	\$ 2,955	\$ -	\$ (408)	\$ 2,547	-7%	-14%	
Total Physician Fee	\$ 1,740,920	\$ 1,427,344	\$ 1,092,622	\$ 313,576	648,298	\$ 13,558,329	\$ 12,498,045	\$ 9,794,812	\$ 1,060,284	\$ 3,763,517	22%	8%	38%
Total Contract Labor	\$ 428,159	\$ 815,399	\$ 418,094	\$ (387,240)	10,065	\$ 3,961,282	\$ 7,552,247	\$ 3,820,638	\$ (3,590,965)	\$ 140,644	-47%	-48%	4%
Total Other Pro-Fees	\$ 686,962	\$ 549,907	\$ 514,718	\$ 137,055	172,244	\$ 4,766,054	\$ 5,304,524	\$ 4,757,712	\$ (538,470)	\$ 8,342	25%	-10%	0%
Total Professional Fees	\$ 2,856,041	\$ 2,792,649	\$ 2,025,434	\$ 63,392	830,607	\$ 22,285,664	\$ 25,354,815	\$ 18,373,162	\$ (3,069,151)	\$ 3,912,502	2%	-12%	21%
Contract Paid FTEs	23.27	29.83		(6.56)		23.29	40.58		(17.30)		-22%	-43%	
Physician Fee per Adjust Bed Day	1,946	1,753		193		\$ 1,550	1,456		93				
Physician expense increase due to adding a general surgeon and urology. However, this is contributing to higher volumes and revenue. Contract labor reductions have occurred and is being limited to essential personnel for a savings of \$3.6M.													
<u>PHARMACY</u>													
Per Adjust Bed Day	\$ 495	\$ 410		\$ 85		\$ 446	\$ 345		\$ 101		21%	29%	
Total Rx Expense	\$ 442,678	\$ 333,474	\$ 372,301	\$ 109,204	70,377	\$ 3,906,221	\$ 2,960,258	\$ 3,250,090	\$ 945,962	\$ 656,131	33%	32%	20%
Supplies are higher due to volume and more expensive drugs being used this year.													
<u>MEDICAL SUPPLIES</u>													
Per Adjust Bed Day	\$ 718	\$ 596		\$ 122		\$ 512	\$ 424		\$ 87		21%	21%	
Total Medical Supplies	\$ 642,449	\$ 485,101	\$ 372,627	\$ 157,348	269,822	\$ 4,476,323	\$ 3,639,347	\$ 3,340,955	\$ 836,976	\$ 1,135,368	32%	23%	34%
Supplies are higher for the month and year due to higher volume due to rising prices.													
<u>EHR SYSTEM</u>													
Per Adjust Bed Day	\$ (859)	\$ 197		\$ (1,056)		\$ 26	\$ 159		\$ (134)		-537%	-84%	
Total EHR Expense	\$ (768,589)	\$ 160,195	\$ 151,595	\$ (928,785)	(920,184)	\$ 223,890	\$ 1,368,295	\$ 1,364,355	\$ (1,144,406)	\$ (1,140,465)	-580%	-84%	-84%
This month, there is large credit due to an accounting rule change that requires Cerner software to be listed as a right to use asset instead of expense.													
<u>OTHER EXPENSE</u>													
Per Adjust Bed Day	\$ 1,222	\$ 1,001		\$ 221		\$ 891	\$ 839		\$ 52		22%	6%	
Total Other	\$ 1,093,192	\$ 814,839	\$ 640,321	\$ 278,353	452,871	\$ 7,794,860	\$ 7,198,107	\$ 6,011,615	\$ 596,752	\$ 1,783,245	34%	8%	30%
Other expenses are up due to higher utilities, insurance, and sales taxes on supplies which has increased.													
<u>DEPRECIATION AND AMORTIZATION</u>													
Per Adjust Bed Day	\$ 1,413	\$ 414		\$ 999		\$ 477	\$ 357		\$ 120		241%	34%	
Total Depreciation and Amortization	\$ 1,264,318	\$ 337,294	\$ 369,095	\$ 927,024	895,223	\$ 4,172,405	\$ 3,063,152	\$ 3,321,819	\$ 1,109,253	\$ 850,586	275%	36%	26%
Amortization is higher due to a change in lease (GASB 87) and software accounting (GASB 96) requiring assets to be added for contracts and those assets are amortized over the life of the contract. Correcting entries made in March for YTD Cerner expenses													
Total Expenses	\$ 10,477,795	\$ 12,594,493	\$ 9,209,459	\$ (2,116,698)	1,268,336	\$ 86,716,962	\$ 87,587,987	\$ 82,260,498	\$ (871,025)	4,456,463	-17%	-1%	5%

For the year, expenses are lower due to less contract labor and pension costs.



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

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

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: May 7, 2024
RE: Medical Executive Committee Report

The Medical Executive Committee met on this date. Following careful review and consideration, the Committee agreed to recommend the following to the NIHD Board of Directors:

A. Policies (*action item*)

1. *Communication with the Patient/Family After a Harm Event*

B. Medical Staff Appointments 2024-2025 (*action item*)

1. Martin Vogel, MD (*anesthesiology*) – Courtesy Staff
2. Edward Herold, MD (*anesthesiology*) – Courtesy Staff

C. Change in Staff Category (*action item*)

1. Cathy Xu, MD (*pediatrics*) – change from Locum Tenens to Courtesy Staff with privileges effective through December 31, 2024
2. Karvier Yates, MD (*anesthesiology*) – change from Locum Tenens to Courtesy Staff with privileges effective through December 31, 2024

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



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Communication with the Patient/Family After a Harm Event		
Owner: Chief Medical Officer		Department: Administration
Scope: District Wide		
Date Last Modified: 05/08/2024	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date: 10/05/2012

PURPOSE:

The purpose of this policy is to provide structure and guidelines for communication with patients and families after harm, unanticipated or adverse medical outcomes. The goal is to provide a coordinated process for promoting timely, transparent, empathic communication with patients and families. It is recognized that communicating with patients and families is a process rather than one conversation in time, with additional information shared as it is learned and understood.

DEFINITIONS:

Administrator on Call (AOC): Rotating call between Chief level leadership.

Adverse Event (AE) – An unplanned or unusual deviation in the patient care process.

Communication: The process of conveying information verbally or in writing to a patient/family member or other designee after a healthcare related event. Types of communication in the context of BETA HEART include:

Empathic Communication	One that expresses a concern and curiosity about the impact of a harm event on a patient and their loved ones.
Apology	An empathic communication that includes the expression of sorrow to the patient or family for inappropriate care that caused harm. This is done with an eye toward potential early financial and other forms of resolution such as promise for process improvement.
Disclosure of Medical Error	Telling the patient or family the facts of what happened and the way in which mistakes or errors caused the healthcare related harm. (Disclosure is not an isolated conversation; rather it is a series of conversations).

Empathy: The ability to share in another's emotions, thoughts or feelings.

Error – An unintended act, of either omission or commission, or an act that does not achieve its expected outcome.

Factual Summary – A brief depiction of known facts regarding the patient care outcome, which is not speculative and does not assume that fault or error caused the unanticipated outcome.

Harm Event: Any measurable amount of physical, psychological, or financial injury.

Hazardous Condition – Any set of circumstances (exclusive of the disease or condition in which the patient is being treated), which significantly increases the likelihood of a serious adverse outcome.

Leadership: NIHD Board of Directors, Chief Executive Officer (CEO), Chief Nursing Officer (CNO), Chief Medical Officer (CMO) or Chief Financial Officer (CFO).

Near Miss – Used to describe any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome.

Patient Communication Resource Service: after a serious harm event, the Compliance Officer fills the role during weekdays/business hours and by the Administrator on Call on non-business hours and weekends in coordination with the Nurse Manager of the specific department involved. The House Supervisor should be called in the absence of the Nurse Manager of the specific department.

This role is often most helpful to have in place immediately after serious harm events when the facts related to the event are unknown and the appropriateness of care may not have been determined. The role is specific to providing advice, coaching, or direct communication for a patient/family who is upset or dissatisfied that may or may not be related to inappropriate care.

Sentinel Event – An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Timely: Initial communication to the patient/family is to occur as soon as possible after learning of the harm event.

Unanticipated Outcome – An outcome, whether positive or negative, and whether from error or not, that significantly differs from the desired outcome of care. An unanticipated outcome may have been discussed by the provider during informed consent, but is not generally expected.

POLICY:

It is the policy of Northern Inyo Healthcare District (NIHD) to ensure all patients and/or their family members receive timely, empathic communication from the patient’s healthcare team or other designated organizational representatives about all relevant aspects of their care including information about patient related harm events and/or unanticipated or adverse medical outcomes of their diagnostic tests, medical treatment and surgical intervention. When harm is related to care treatment, the District personnel and medical staff will strive to follow the procedure below in communicating to patients/families. Patients/families should be fully informed about unanticipated or adverse medical outcomes, which include events, related to a medical error as well as other complications of care of patient care issues, which resulted in a negative and/or adverse patient, and family outcome or experience.

Adverse events, medical errors and complications can cause emotional stress and fear with providers, patients and families. This fear may prohibit communication and transparency, which may cause mistrust, all of which may interfere with communication. Therefore, it is essential that the patient/family receive consistent, coherent and accurate information about the event, complication or issues with patient care process in a timely fashion. It is the responsibility of the care providers to assure the communication of the harm event with the patient/family occurs in a timely, coordinated, consistent and accurate manner. Every effort will be made to begin the communication process with the patient/family as soon as possible after knowledge of the harm event.

At the time of the initial communication about a harm event, the patient/family should be informed about when they can expect follow-up communication about the event. This must be an empathic communication acknowledging the harm event and offering an apology when appropriate. Information shared should be limited to what is known, not including any conjecture. Please see procedure below for further instructions and detail.

PROCEDURE:

I. Procedure for Communication of Patient Harm Events to Patients/Families:

1. Communication huddle prior to speaking with the patient/family. The initial communication huddle should include the following:
 - a. Identification of who shall participate in the pre-communication discussion and when and where the communication discussion should occur.
 - i. Identify who should participate in the discussion with family.
 - b. Review the message, which shall take place during the planned communication and, if possible, rehearse with participants at least once prior to patient/family meeting.
 - i. Discuss what emotion would be anticipated and how will you validate and respond to them.
 - ii. Anticipate and prepare for questions from the patient/family.
 - iii. Discuss any cultural aspects of the patient/family that may be pertinent.
 - iv. Determine what information is known and can be shared and discussed.
 - v. Establish how you will open the conversation and what you will say.
 - vi. Review the goals of this specific interaction.
 - c. Identify clinical support staff which may be needed, social services, interpreter services, chaplain, other.
 - d. Determine family's concrete needs, e.g. cultural services, food and transportation assistance, family accommodations, travel, other.
 - e. Establish who will take the lead in responding to the patient/family as more information becomes available.
 - i. Establish a contact person for the patient/family.
 - ii. Decide when you should reach out further with the patient/family (set a date/time).
 - f. Notify attending physician of communication plans if he/she is not the individual carrying out the initial communication.
 - i. It is the responsibility of the attending physician or designee and the organizational leaders to assure communication of the harm event with the patient/family occurs in a timely, coordinated, consistent and accurate manner.
 - g. An interpreter shall be used if the preferred language is other than English or the patient and family do not speak or understand English. (Follow the NIHD Language Services Policy and Procedure).
2. The initial communication shall occur in accordance with the following guidelines:
 - a. All efforts will be taken to initiate communication with the patient and family as soon as possible after knowledge of the harm event.
 - b. The harm event will be acknowledged to the patient/family. This is not an admission of guilt; rather it acknowledges that a harm event occurred while the patient was under the care of NIHD.
 - c. First priority is to take care of the patient and meet their healthcare, social and emotional needs.

- d. Patients and families should be reassured that the harm event would be investigated with the goal of learning what contributed to the event so that the organization can take steps to prevent recurrence. Patient and family should also be reassured that they would be given more information as it becomes available.
 - e. The initial communication should include the nature of the harm event, what is known about the potential impact of the event on the patient's health and what is being done to mitigate any effects on the patient's health.
 - f. Avoid speculation and conjecture. Communicate facts known at the time. If the facts are not known, then state this fact and agree upon a time for the next communication.
 - g. Avoid expressions of blame or fault.
 - h. The communication should not include information on errors or so called "near-misses" which at the time of the event did not appear to have affected the patient's medical condition or outcome.
 - i. Ask the patient and family if there are any immediate needs that have not been addressed. Offer support services such as a social worker, chaplain, patient advocate, interpreter, etc. as needed.
 - j. Patients and families should be reassured the District's clinical staff and physicians will continue to provide ongoing care including the management of the harm event.
 - k. It is always appropriate to express empathetic regret for an adverse event or a medical error and apologize to the patient and/or the family affected by the event as appropriate.
3. How to communicate and empathize:
- a. Be honest and truthful while acknowledging the event.
 - b. Explain what happened slowly and show empathy such as "This must be very difficult." "I can't even imagine how difficult this must be right now for your family." "Is there anything you need right now?"
 - c. Apologize – see definition.
 - d. Avoid use of technical language.
 - e. Pause and allow ample time for questions to ensure the patient/family understand the communication.
 - f. Inform the patient/family that an investigation and analysis will be completed to understand what occurred and that results will be shared.
 - g. Designate an organizational contact person with the patient/family who will reach out to the patient/family within an agreed upon time period and that the patient/family can contact with questions.
 - h. Ensure the patient/family has written contact information of the District's contact person (such as a business card).
 - i. Evaluate the need for caregiver support.
4. Documentation of the conversation:
- a. A designated team member shall document the conversation in the medical record. The medical record note must be factual only and not state conjecture or opinions but rather the facts of the conversation.
 - b. The note shall include the date, time and place of the discussion and the names, titles and relationships of those present. Information provided and plan of care going forward will be noted. Offers of assistance to the patient/family as well as the patient's/family's response shall be documented. The documentation shall also include any referrals/consults initiated as a result of the harm event.
5. Follow-up communication:

- a. As more facts become known throughout the continual investigation, the contact person will inform the patient/family.
- b. The organizational contact person will ensure the patient/family has written contact information such as their business card for further communication and any questions the patient or family may have.
- c. The contact person will arrange specific dates and times for follow-up at regular intervals.
- 6. Debriefing the effectiveness of the communication:
 - a. There will be a debriefing of the communication team members after the meeting to discuss what went well and to identify any opportunities for improvement. The results of the debrief will be communicated to leadership.
 - b. Evaluate the need for the Employee Assistance Program (EAP).

REFERENCES:

1. Joint Commission Standards for Critical Access Hospitals. RI.01.02.01 EP 20. (January 2022).
2. The Joint Commission Sentinel events and communication:
https://www.jointcommission.org/sentinal_event.aspx
3. AHRQ TeamSTEPPS Pocket guide.
4. Title 22, California Code of Regulations Section 70737.
5. Health and Safety Code; Division 2. Licensing Provisions (1200-1793.70) Ch. 2 Health Facilities, Article 3, 1279.1.
6. Disclosure of Adverse Events: A guide for Clinicians; Pediatric Quality and Safety: July/August 2019 – Volume 4 – Issue 4.

RECORD RETENTION AND DESTRUCTION:

1. Maintain records related to Adverse Event reports to California Department of Public Health (CDPH) for 6 years after conclusion of any appeals.
2. Maintain records related to Adverse Events associated with Medical Devices for the life of the device, plus 6 years.
3. Maintain records related to adverse reaction to blood and blood component for 15 years after the expiration date on the blood product.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. [Quality Assurance & Performance Improvement \(QAPI\) Plan](#)
2. [Sentinel Event/Serious Harm Reporting and Prevention](#)
3. [Advance Directives](#)
4. InQuiseek - #530 Risk Management Policy

Supersedes: v.1 Adverse Events/Disclosure Policy; v.2 Disclosure of Unanticipated Events
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CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Melissa Best-Baker called the meeting to order at 5:30 p.m.
PRESENT	Melissa Best-Baker, Chair Jean Turner, Vice Chair Ted Gardner, Secretary David McCoy Barrett, Treasurer Mary Mae Kilpatrick, Member at Large Stephen DelRossi, MSA, Chief Executive Officer Allison Partridge RN, MSN, Chief Operations Officer / Chief Nursing Officer Alison Murray, MBA HRM, SHRM-CP, Chief Human Resources Officer Sierra Bourne, MD, Chief of Staff
ABSENT	Adam Hawkins, DO, Chief Medical Officer
OPPORTUNITY FOR PUBLIC COMMENT	<p>Chair Best-Baker 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.</p> <p>There were no comments from the public.</p>
NEW BUSINESS ELECTION FILING WINDOW UPDATE	<p>Chair Best-Baker called attention to the NIHD Board of Directors General Election Information presentation.</p> <p>Patty Dickson, NIHD Compliance Officer presented the election calendar from Inyo County.</p>
RESULTS OF BOARD SELF-ASSESSMENT	<p>Chair Best-Baker called attention to the results of the Board Self-Assessment.</p> <p>Discussion ensued. The Board decided to plan a Special Meeting for a Board training session.</p>
CHIEF EXECUTIVE OFFICER REPORT	<p>Chair Best-Baker called attention to the Chief Executive Officer Report.</p> <ul style="list-style-type: none">• Standard & Poor's Global Rating Report 2024 – Mr. DelRossi presented the 2024 Standard & Poor's Global Rating report.

Discussion ensued.

- **Directors' Reports** – Mr. DelRossi presented the Directors' Report. Discussion ensued.
- **Patient Appointment reminder software update** – Mr. DelRossi reported that we are down to two patient appointment software options, NIHD has been looking for the past twelve months at different options.
- **Nurses' Week (May 6-12) & Hospital week (May 12-18)** – Mr. DelRossi reported that in the month of May we will be celebrating Nurses' week and Hospital week.
- **California Hospital Association (CHA) – Advocacy** – Mr. DelRossi reported that he, along with the executive team have been working with not only CHA but ACHD and other Associations to keep up to date on all legislative and industry changes/updates.

**CHIEF FINANCIAL
OFFICER REPORT**

Chair Best-Baker introduced the Chief Financial Officer report.

- Financial & Statistical Reports:
 - CEO DelRossi introduced Andrea Mossman to present the Financial & Statistical report. Discussion ensued.

Motion by: Jean Turner

Seconded by: Ted Gardner

Passed 5-0 vote

- CFO Report – Mr. DelRossi reported that NIHD rescinded the offer to the potential CFO. Discussion ensued.
- Billings & Collections – Progress – Mr. DelRossi reported that our billings & collections companies are working well above industry standards. Discussion ensued.
- Budget – Mr. DelRossi reported that he has been working on the budget with the directors and managers and will provide a report by each department at the request of Chair Best-Baker.

**CHIEF OF STAFF
REPORT**

Chair Best-Baker called attention to the Chief of Staff report.

POLICIES

Dr. Sierra Bourne provided an overview of the policies/procedures.

1. Cleaning the Pharmacy Sterile IV Preparation Area (Clean Room)
2. Interim Guidance for Environmental Infection Control for Patients with Probable/Suspected Viral Hemorrhagic Fever (VHF)
3. Triage of Patients Suspected of Viral Hemorrhagic Fever (VHF)
4. Standardized Protocol – Minor Surgical Policy for the Physician Assistant
5. Procedural Sedation
6. Nursing Management of the Infant and Pediatric Security System

Discussion ensued.

Motion by: Ted Gardner
Seconded by: David McCoy Barrett
Passed 5-0 vote

MEDICAL EXECUTIVE
COMMITTEE REPORT

Dr. Sierra Bourne provided the Medical Executive Committee meeting report.

Discussion ensued.

CONSENT AGENDA

Chair Best-Baker called attention to the consent agenda that contained the following items.

- *March 20, 2024 Regular Board Meeting Minutes*
- *March 21, 2024 Special Board Meeting Minutes*
- *Chief Human Resources Officer (CHRO) Report*
- *CEO Credit Card Statements*
- *Approval of Policies and Procedures:*
 - *Medical Staff Department Policy – Hospital Medicine*

Chair Best-Baker brought attention to the consent agenda. Discussion ensued. The CHRO Report was pulled and discussed during the Chief Executive Officer Report – Directors' Reports.

Motion by: Ted Gardner
Seconded by: Mary Mae Kilpatrick
Passed 5-0 vote

GENERAL INFORMATION
FROM BOARD MEMBERS

Chair Best-Baker called for information from Board Members.

Discussion ensued.

CLOSED SESSION:

PUBLIC COMMENTS ON
CLOSED SESSION ITEMS

Chair Best-Baker voiced that any person in the audience may now speak on items only listed in the Closed Session portion of this meeting.

There were no public comments. Chair Best-Baker announced there would be no report out.

ADJOURNMENT TO
CLOSED SESSION

At 6:53 p.m., Chair Best-Baker announced the meeting would adjourn to Closed Session to allow the District Board of Directors to discuss the following:

- a. Chief of Staff Report – Protected by Evidence Code § 1157; Health & Safety Code § 321555
- b. Public Employee Evaluation (Government Code § 54957(b)(1)) Title: Chief Executive Officer

ADJOURNMENT

Adjournment at 08:40 p.m.

Melissa Best-Baker, Northern Inyo Healthcare
District, Chair

Attest:

Ted Gardner, Northern Inyo Healthcare District,
Secretary



Northern Inyo Healthcare District
www.nih.org

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

Date: 05/03/2024
To: Board of Directors
From: J. Adam Hawkins, DO Chief Medical Officer
Re: Bi-Monthly CMO report

Medical Staff Department update

Project Updates:

- Surgical Department / Perioperative Services:
 - Our surgical volumes continue to see steady growth. Members of our executive team recently met with representatives from Intuitive Surgical, the company that manufactures our Da Vinci Robot. They were ecstatic about our robotic surgical volumes which are up to twice as high as comparable facilities that have robotic surgical capabilities. Despite our recent growth, we are optimistic that we will continue to thoughtfully and safely expand our clinical capabilities which will enable our teams to provide broader access to care to the communities that we serve.
- Urology:
 - Dr. Clayton Davis continues to expand NIHD's urologic offerings. Over the past month he has successfully guided three patients through the process of undergoing the implantation of a sacral nerve stimulator. This requires the patient to undergo multiple procedures over a period of days or weeks in order to treat overactive bladder function which can be a debilitating condition that decreases patient's quality of life and can lead to social isolation and depression.
- General Surgery
 - Dr. Conner Wiles has also expanded his scope of practice. Since my last board report, Dr. Wiles has successfully performed two new procedures that, to my knowledge, have not previously been offered at NIHD. He completed the removal of a thyroid gland (thyroidectomy). This is a technically challenging procedure and required high levels of collaboration between many different departments. The procedure was a complete success and the patient was able to remain in her community to receive the care she needed. Additionally, Dr. Wiles has now performed two placements of a tunneled dialysis catheters (TDC). One of these was performed under urgent conditions which otherwise would have required the patient to be transferred to a tertiary care facility. Dr. Wiles also recently attended and provided a presentation at Toiyabe's most recent Provider Didactic Day which allowed him to connect with the majority of the clinical providers at Toiyabe.
- Gynecology

- We are excited to announce that we will be establishing a gynecology clinic starting this summer. This clinic will be hosted outside of the existing Women's Health clinic and will allow for expanded patient access for treatment of gynecologic disorders. As our prenatal and postnatal volumes continue to increase, our clinical and leadership teams recognized the need to preserve access to treatment and management of non-pregnancy related disorders of the female reproductive system. Dr. Jeanine Arndal will be the primary provider delivering care to our patients through this clinic. Dr. Arndal is an experienced and highly skilled clinician who is proficient in both robotic and non-robotic operative management of the full scope of gynecology. Dr. Arndal will still be providing obstetric care through the Women's clinic and delivering newborns on our labor and delivery unit.
- Spine Surgery Program:
 - We are thrilled to be welcoming Dr. Richard Thunder, MD to the NIHD medical staff. Dr. Thunder is a board certified, fellowship trained Orthopedic Spinal Surgeon. He received his residency and fellowship training at Stanford University. Dr. Thunder will be seeing patients in our orthopedic outpatient clinic starting 2 days per month. As Dr. Thunder's practice at NIHD grows, we will be working collaboratively on the possibility of adding a surgical component to this new department. Some publications list as many as 1 in 4 American adults as individuals suffering from chronic pain related to disorders of the spine. Back pain is the leading cause of work-loss days as well as work limitations. NIHD is thrilled to be able to offer our community members this resource to treat disorders of the spine in the comfort of their local community.
- Emergency Department:
 - In April, physician and nurse members of our Emergency Department were honored at the Bishop City Council Meeting. This was a very moving event as they members of the ER care team were honored by two patients who underwent CPR after suffering from a cardiac arrest that they survived due to the care they received by our physicians and nurses. I cannot stress enough how rare an event it is for a patient to suffer a cardiac arrest outside of the hospital and survive. This is such an amazing testament to the clinical care that our nursing and physician teams provide to our patients and our community.
 - Tele-neurology Program: I was honored that the article highlighting the successes of NIHD's Tele-neurology and stroke program was published on the front page of the Inyo Register on April 18th. I hope the members of the board were able to read the article!

Physician Recruitment update:

- Emergency Department: The Emergency Department has hired Dr. Jack Kornfeld, MD to provide Emergency Medicine coverage for the ER starting this summer. Dr. Kornfeld will be relocating to Bishop from his current home in Sacramento where he is completing his Emergency Medicine residency at UC Davis Medical Center.

Quality Department update

- The Quality Department continues to do final data validation and compose narratives for the 12 measures we are reporting on for the 2023 PY6 QIP program, which is due June 15. Quality is currently engaging various clinics with performance improvement projects for the 2024 PY7 QIP program, both for ongoing measures and several new focus areas.
- Two members of our Quality Department, Jessica Nott & Michelle Garcia received a grant from the California State Office of Rural Health (CalSORH) and the Medicare Rural Hospital Flexibility (FLEX) program to help fund the attendance of a national conference. This was the National i2i Conference which was held in Tennessee this April. I2i is a software partner that is fundamental

in allowing our Quality department to be successful in obtaining and organizing the complex data that is required to achieve the measures outlined in the QIP program.

Dietary Department

- Our Dietary Department continues to provide comprehensive clinical coverage for our District. We welcomed Kimberly Madden and Sandra Salazar as per diem members of our dietary department. They completed their orientation last month and we have been meeting regularly to get them acquainted to our workflows and processes.

Rehab Department

- Speech Language Pathology: We are once again able to provide our patient's with access to a speech language pathologist. Julie Loeb has been an amazing addition to our Rehab Department since she arrived on a traveler contract last month. In her short time at The District, Julie has improved clinical workflows, expanded access to care, and gone above and beyond to care for the patient's that have gone months without access to a SLP. Julie has allowed us to once again offer in-house swallow studies to both pediatric and adult patients. We are very proud of the work coming out of that department!



May 2024 Statement

Open Date: 04/04/2024 Closing Date: 05/06/2024

Page 1 of 3

U.S. Bank Business Platinum Card

NORTHERN INYO HOSPITA

STEPHEN DELROSSI ()

Account: ()

Cardmember Service ()

3

New Balance	\$6,225.84
Minimum Payment Due	\$63.00
Payment Due Date	06/01/2024

Activity Summary

Previous Balance	+	\$939.79
Payments	-	\$939.79 ^{CR}
Other Credits		\$0.00
Purchases	+	\$6,225.84
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged		\$0.00
New Balance	=	\$6,225.84
Past Due		\$0.00
Minimum Payment Due		\$63.00
Credit Line		\$37,500.00
Available Credit		\$31,274.16
Days in Billing Period		33

Payment Options:



Mail payment coupon with a check



Pay online at usbank.com



Pay at your local U.S. Bank branch

Please detach and send coupon with check payable to: U.S. Bank



24-Hour Cardmember Service: ()

() to pay by phone
() to change your address

NORTHERN INYO HOSPITA
STEPHEN DELROSSI
150 PIONEER LN
BISHOP CA 93514-2556

Account Number	()
Payment Due Date	6/01/2024
New Balance	\$6,225.84
Minimum Payment Due	\$63.00

Amount Enclosed \$ _____

U.S. Bank

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, please call us at the telephone number on the front of this statement, or write to us at: [REDACTED].

In your letter or call, give us the following information:

- ▶ **Account information:** Your name and account number.
- ▶ **Dollar amount:** The dollar amount of the suspected error.
- ▶ **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. While we investigate whether or not there has been an error, the following are true:
 - ▶ We cannot try to collect the amount in question, or report you as delinquent on that amount.
 - ▶ The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - ▶ While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
 - ▶ We can apply any unpaid amount against your credit limit.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: [REDACTED].

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

Important Information Regarding Your Account

1. **INTEREST CHARGE:** Method of Computing Balance Subject to Interest Rate: We calculate the periodic rate or interest portion of the **INTEREST CHARGE** by multiplying the applicable Daily Periodic Rate ("DPR") by the Average Daily Balance ("ADB") (including new transactions) of the Purchase, Advance and Balance Transfer categories subject to interest, and then adding together the resulting interest from each category. We determine the **ADB** separately for the Purchases, Advances and Balance Transfer categories. To get the **ADB** in each category, we add together the daily balances in those categories for the billing cycle and divide the result by the number of days in the billing cycle. We determine the daily balances each day by taking the beginning balance of those Account categories (including any billed but unpaid interest, fees, credit insurance and other charges), adding any new interest, fees, and charges, and subtracting any payments or credits applied against your Account balances that day. We add a Purchase, Advance or Balance Transfer to the appropriate balances for those categories on the later of the transaction date or the first day of the statement period. Billed but unpaid interest on Purchases, Advances and Balance Transfers is added to the appropriate balances for those categories each month on the statement date. Billed but unpaid Advance Transaction Fees are added to the Advance balance of your Account on the date they are charged to your Account. Any billed but unpaid fees on Purchases, credit insurance charges, and other charges are added to the Purchase balance of the Account on the date they are charged to the Account. Billed but unpaid fees on Balance Transfers are added to the Balance Transfer balance of the Account on the date they are charged to the Account. In other words, billed and unpaid interest, fees, and charges will be included in the **ADB** of your Account that accrues interest and will reduce the amount of credit available to you. To the extent credit insurance charges, overlimit fees, Annual Fees, and/or Travel Membership Fees may be applied to your Account, such charges and/or fees are not included in the **ADB** calculation for Purchases until the first day of the billing cycle following the date the credit insurance charges, overlimit fees, Annual Fees and/or Travel Membership Fees (as applicable) are charged to the Account. Prior statement balances subject to an interest-free period that have been paid on or before the payment due date in the current billing cycle are not included in the **ADB** calculation.

2. **Payment Information:** We will accept payment via check, money order, the internet (including mobile and online) or phone or previously established automatic payment transaction. You must pay us in U.S. Dollars. If you make a payment from a foreign financial institution, you will be charged and agree to pay any collection fees added in connection with that transaction. The date you mail a payment is different than the date we receive the payment. The payment date is the day we receive your check or money order at U.S. Bank National Association, [REDACTED] or the day we receive your internet or phone payment. All payments by check or money order accompanied by a payment coupon and received at this payment address will be credited to your Account on the day of receipt if received by 5:00 p.m. CT on any banking day. Payments sent without the payment coupon or to an incorrect address will be processed and credited to your Account within 5 banking days of receipt. Payments sent without a payment coupon or to an incorrect address may result in a delayed credit to your Account, additional interest charges, fees, and/or Account suspension. The deadline for on-time internet and phone payments varies, but generally must be made before 5:00 p.m. CT to 8 p.m. CT depending on what day and how the payment is made. Please contact Cardmember Service for internet, phone, and mobile crediting times specific to your Account and your payment option. Banking days are all calendar days except Saturday, Sunday and federal holidays. Payments due on a Saturday, Sunday or federal holiday and received on those days will be credited on the day of receipt. There is no prepayment penalty if you pay your balance at any time prior to your payment due date.

3. **Credit Reporting:** We may report information on your Account to Credit Bureaus. Late payments, missed payments or other defaults on your Account may be reflected in your credit report.



May 2024 Statement 04/04/2024 - 05/06/2024

Page 2 of 3

NORTHERN INYO HOSPITA
STEPHEN DELROSSI ()

Cardmember Service (1-866-485-4545

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/29	04/29		PAYMENT THANK YOU	\$939.79CR	
TOTAL THIS PERIOD				\$939.79CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/04	04/03		CA HOSPITAL ASSC PAC S P.T. Recruitment	\$1,500.00	
04/08	04/06		OPTIMUM 7715 Cable	\$186.99	
04/19	04/18		Etsy.com - teesbycarto Nurses Week (2 total)	\$28.25	
04/22	04/19		Etsy.com - CJS Cortland	\$12.95	
04/23	04/22		TST* GREAT BASIN BAKER Radiology	\$203.39	
04/24	04/23		WM SUPERCENTER Board Room	\$35.44	
04/29	04/26		CALIFORNIA PHYSICAL TH P.T. Conference (2 total)	\$2,000.00	
04/29	04/26		CALIFORNIA PHYSICAL TH	\$350.00	
04/29	04/26		HFMA Conference	\$1,499.00	
04/29	04/28		FACEBK* Advertisement	\$400.00	
05/01	04/30		FACEBK*	\$9.82	
TOTAL THIS PERIOD				\$6,225.84	

2024 Totals Year-to-Date

Total Fees Charged in 2024	\$78.00
Total Interest Charged in 2024	\$255.74

Company Approval

(This area for use by your company)

Signature/Approval: _____

Accounting Code: _____

Continued on Next Page



May 2024 Statement 04/04/2024 - 05/06/2024

NORTHERN INYO HOSPITA
STEPHEN DELROSSI ()

Page 3 of 3
Cardmember Service ()

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	\$0.00	\$0.00	YES	\$0.00	24.24%	
**PURCHASES	\$6,225.84	\$0.00	YES	\$0.00	24.24%	
**ADVANCES	\$0.00	\$0.00	YES	\$0.00	29.99%	

Contact Us

Phone
F ()

Questions
()

Mail payment coupon with a check
()

Online
()

End of Statement
NORTHERN INYO HOSPITA

Time to update your email?
Check your usbank.com profile

Dont miss out on exclusive offers and important updates.
Simply provide your current email address and opt into marketing,
then enjoy all the benefits of your U.S. Bank account.

You may change your email marketing preferences at any time in the Privacy section of usbank.com. Note that confidential, personal or financial information will never be sent or requested in an email from U.S. Bank.



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Leaves of Absence - Leave Donation		
Owner: Human Resources Manager		Department: Human Resources
Scope: District Wide		
Date Last Modified: 04/15/2024	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date: 10/16/2013

PURPOSE:

POLICY:

It is the policy of Northern Inyo Healthcare district (NIHD) to allow employees to donate/transfer their paid leave (PDLV) or paid time off (PTO) (hereinafter “leave”) to another employee ~~who is experiencing a family emergency or personal crisis that creates a need for additional time off beyond that individual’s available leave. Such donations are strictly voluntary, may occur during the first 16 weeks of a Northern Inyo Hospital (NIH) Job Protected Leave (JPL), and require the Administrator’s approval.~~

PROCEDURES:

To be eligible to donate leave, you must have ~~more than 40.00 hours of accrued PTO. been employed with NIH for at least one year preceding the leave donation.~~

If you wish to donate leave, you must complete a “PTO or Paid Leave Transfer” form and provide it to ~~the Administrator~~ Payroll ~~for review and processing~~ approval.

The minimum donation is 8.00 hours and the maximum donation is 40.00 hours in one pay period, as long as you retain a minimum of 40.00 hours in your own PTO account.

Donated/transferred hours will be converted to dollars at time of transfer in the following manner. Example 1. If the donating employee makes \$10/hour and the receiving employee makes \$5/hour, if all requirements are met, the donating employee may donate/transfer 40 hours x \$10 = \$400 / \$5 = 80 hours to the receiving employee. Example 2. If donating employee makes \$5/hour and the receiving employee makes \$10/hour, if all requirements are met, donating employee may donate/transfer 40.00 hours x \$5 = \$200 / \$10 = 20.00 hours to the receiving employee. In either case, the hours will be rounded down to the nearest whole hour.

Donated/transferred hours will not be returned to you.

You may only donate whole hours (i.e. 20.0 not 20.25).

You cannot borrow against future leave to donate. If you are currently on leave, you cannot donate leave.

You may donate/transfer leave to another employee, ~~at your discretion during their first 16 weeks of a Northern Inyo Hospital (NIH) Job Protected Leave (JPL).~~

Additional Information

~~Employees on extended leave, past their first 16 weeks of an NIH JPL, may no longer receive PTO donations/transfers.~~

RECORD RETENTION AND DESTRUCTION:

Records relating to the receipt and acknowledgement of this policy will be held in perpetuity.

Employee not entitled to pension 15 years retention of records.

Employees entitled to pension, length of employment, plus 6 years retention of records.

CROSS REFERENCES POLICIES AND PROCEDURES:

1. [Benefits as Affected by Changes in Employment Status](#)

~~2.~~ [Paid Absence](#)

~~2.3.~~ [Employee Conduct - Attendance](#)

~~3.4.~~ [Payroll Advances](#)

~~4.5.~~ [Time Off](#)

~~5.6.~~ [Benefits - Lifetime Benefit Hours \(LBH\)](#)

~~6.7.~~ [Leaves of Absence - Leaves of Absence](#)

~~7.8.~~ [Paid Time Off \(PTO\)](#)

Supersedes: Leaves of Absence – Leave Donation V.2
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Performance Evaluations		
Owner: Human Resources Manager		Department: Human Resources
Scope: District Wide		
Date Last Modified: 04/04/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 11/20/2002

POLICY:

Periodically, it is a good idea for both the employer and the employee to sit down and review past performance as well as make plans for goals. Such evaluations are intended to let you know how you are doing relative to what is expected of you, and also give you an opportunity to discuss your goals with your supervisor.

Employees will receive performance evaluations upon completion of 90 calendar days of employment and annually thereafter. Employees who receive job promotions will receive performance evaluations upon completion of 90 calendar days in their new position and annually thereafter. Your performance will be evaluated by your direct supervisor, ~~and~~ this evaluation will be in writing, and a part of your Employee file. You will be asked to discuss this evaluation with your supervisor. If you do not agree with the evaluation, you should discuss the areas of disagreement further with your supervisor, your department head or the Manager of Human Resources ~~Director~~.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) January 2023, Standard HR.01.07.01 EP 2.

RECORD RETENTION AND DESTRUCTION:

Records relating to the receipt and acknowledgement of this policy will be held in perpetuity

Maintain workforce evaluation(s) within the individuals human resources file for length of employment, plus six (6) years.

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. InQuiseek – Periodic Performance Evaluation and Clinical Competency
3. Hiring – Anniversary Date
4. Employee Conduct -Performance Improvement and Progressive Discipline

Supersedes: v.2 Performance Evaluations
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: California Paid Sick Leave for Non-benefited Employees		
Owner: Human Resources Manager		Department: Human Resources
Scope: District Wide		
Date Last Modified: 04/04/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 07/15/2015

PURPOSE:

To comply with State of California Healthy Workplaces/Healthy Families Act of 2014 and California Senate Bill 616 (2023).

POLICY:

Eligibility

Northern Inyo Healthcare District (NIHD) provides paid sick leave to employees who have worked 30 or more days in California within a year of their employment with the Hospital, but who are not eligible for Paid Time Off (PTO).

An employee who becomes ineligible for PTO due to a change in status or is otherwise ineligible for PTO will accrue paid sick leave at the rate of one hour for every 30 hours worked up to a maximum of 24-40 hours in each 12-month period; provided, however, that the maximum accrual shall not exceed 48-80 hours at any one time.

An employee who becomes eligible for PTO shall stop accruing paid sick leave when the employee's PTO accrual exceeds 24-40 hours and thereafter may not use any accrued, but unpaid sick leave; provided, however, that the employee will commence accruing paid sick leave and may use such sick leave upon the employee thereafter becoming ineligible for PTO.

Subject to the above restrictions on the use of paid sick leave, an employee ineligible for PTO who has not been separated from employment with NIHD for more than one year may use any previously accrued, but unpaid sick leave.

PROCEDURE:

After successfully completing 90 days of employment, eligible employees may begin to use paid sick time under this policy in increments of two hours, up to a maximum of 24-40 hours, or ~~three~~ five days, whichever is greater, per calendar year.

Accrued, unused time under this policy will carry over each year up to a maximum accrual of 48-80 hours or ~~six~~ ten (10) days, whichever is greater.

An employee may use paid sick leave under this policy for an unexpected personal business/emergency. Additionally, an employee may use paid sick time for purposes including (i) diagnosis, care, or treatment of any existing health condition of, or preventive care for, the employee or an employee's family member (child-

regardless of age, parent (including step-parent and parent-in-law), spouse, registered domestic partner, grandparent, grandchild or sibling); (ii) for an employee who is a victim of domestic violence, sexual assault, or stalking, for the purposes set forth in Labor Code Section 230.1 (medical attention, services from a domestic violence shelter, psychological counseling, safety planning).

Employees requesting time off under this policy should provide as much advanced notice to their direct manager as practicable, and employees who take more than three days of leave will be required to provide appropriate documentation to their direct manager in support of the leave taken.

Unused sick leave shall not be paid upon termination, resignation, retirement, or other separation of employment.

Leave under this policy may run concurrently with leave taken under other applicable policies as well as under local, state or federal law, including leave taken pursuant to the California Family Rights Act (CFRA) or the Family and Medical Leave Act (FMLA).

For more information regarding leave under this policy, contact Human Resources.

OTHER REFERENCES:

- State of California Healthy Workplaces/Healthy Families Act of 2014
- California Senate Bill 616

RECORD RETENTION AND DESTRUCTION:

Records of receipt and acknowledgement of this policy will be held in perpetuity

Human Resource records are maintained life of employment plus six years

Payroll records maintained: Employees not entitled to pension: 15 years Employees entitled to pension: life of employment plus six years

CROSS REFERENCED POLICIES AND PROCEDURES:

Leaves of Absence – Leaves of Absence

Supersedes: v.2 California Paid Sick Leave Non-benefited
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT EMPLOYEE HANDBOOK

Title: Leaving without Notice		
Owner: Human Resources Manager		Department: Human Resources
Scope: District Wide		
Date Last Modified: 04/04/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

POLICY:

Because emergencies may arise in your department, it is necessary for your supervisor to know when you leave the working area for coffee, breaks or lunch.

If it becomes necessary for you to leave the District premises during working time for personal reasons, you must obtain permission from your immediate supervisor. However, you may leave the District premises to spend the lunch break away from the District. You will be expected to swipe out when you leave and back in again when you return.

Termination of employment may occur when the employee leaves work or fails to report to work with no advance notice to the District.

- A. Such a termination may, unless action is justified by unusual circumstances, prevent reemployment by the District.
- B. If an employee fails to report to work as scheduled and is unable to furnish the District with a justifiable excuse, such failure to report may be presumed to be a resignation from service of the District and termination of employment, per the Attendance Policy. This also applies to employees failing to return to work after the expiration of a Leave of Absence.

RECORD RETENTION AND DESTRUCTION:

Record of receipt and acknowledgement of this policy will be kept in perpetuity.

Employee records, including those involving termination will be held for:

- The length of employment, plus 10 years.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek – General Employment Policies
2. Employee Conduct – Attendance
- ~~1.~~3. Leaving without Notice

Supersedes: v.2 Leaving without Notice, <u>v.2 Leaving Work Area or Premises</u>
Legal Review: Atkinson, Andelson, Loya, Ruud & Romo 10/30/2020



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Medical Staff Department Policy - Surgery		
Owner: MEDICAL STAFF DIRECTOR		Department: Medical Staff
Scope: Practitioners with Surgical Privileges		
Date Last Modified: 03/21/2024	Last Review Date: 12/16/2021	Version: 1
Final Approval by: NIHD Board of Directors		Original Approval Date: 12/16/2021

PURPOSE: To delineate clear expectations for practitioners in the Department of Surgery within Northern Inyo Healthcare District (NIHD).

POLICY: All practitioners (physicians and Advanced Practice Providers) granted surgical privileges will adhere to the following procedures.

PROCEDURE:

1. Call
 - a. Practitioners on call coverage shall return phone calls as soon as possible and be at the bedside within 30 minutes if needed in an emergency. The exceptions would be if they are in surgery or involved in another emergency.
 - b. All surgery patients admitted will be rounded on in the hospital within 24 hours of admission and everyday thereafter.
2. Documentation:
 - a. The practitioner shall be responsible for developing the ability to use the electronic health record of NIHD.
 - b. Daily documentation is required for all surgery inpatients unless the care of the patient is taken over by another service.
3. Credentialing:
 - a. Practitioners in the Department of Surgery must be board certified or board eligible in their specialty.
4. Meeting Attendance:
 - a. Practitioners are to attend meetings of the Medical Staff per Medical Staff Bylaws requirements.
5. Focused Professional Practice Evaluation (FPPE):
 - a. Practitioners new to NIHD will be expected to complete FPPE as per policy.
 - b. Procedural competency will be demonstrated through directly observed procedures as recommended at the time of privileging.
6. Ongoing Professional Practice Evaluation (OPPE):
 - a. Practitioners will be expected to participate in all requirements of OPPE as per Medical Staff policy. Completion of evaluation forms will be the responsibility of the Department Chiefs within the Surgery/Tissue/Transfusion/Anesthesia Committee for their respective departments (e.g., Chief of Orthopedics, Chief of Surgery).
7. Peer Review:

- a. All surgical charts identified by critical indicators will be peer reviewed by the relevant Department Chief or delegated practitioner. Selected cases will be reviewed at the Surgery/Tissue/Transfusion/Anesthesia committee at its next scheduled meeting. Records are confidential and will be kept by the Medical Staff Office.
- 8. Services Provided:
 - a. Practitioners should address and/or manage, within the scope of their training and responsibility and blood bank limitations, adult and pediatric services to age 3. See *Pediatric Surgery Guidelines* for more details regarding pediatric surgery.
 - b. Physicians should also provide consultation and management services to patients as requested by NIHD Medical Staff members, the Emergency Department, and other departments as appropriate.
- 9. Re-Entry:
 - a. Applicants to the Department of Surgery are not eligible for re-entry and must demonstrate current competence as defined by the Joint Commission.

REFERENCES:

- 1. N/A

RECORD RETENTION AND DESTRUCTION:

- 1. Life of policy, plus 6 years

CROSS REFERENCED POLICIES AND PROCEDURES:

- 1. [Northern Inyo Healthcare District Medical Staff Bylaws](#)
- 2. [Focused and Ongoing Professional Practice Evaluation](#)
- 3. [Practitioner Re-Entry Policy](#)
- 4. [Pediatric Surgery Guidelines](#)

Supersedes: Not Set



NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Pre- and Post-Operative Anesthesia Visits		
Owner: MEDICAL STAFF DIRECTOR		Department: Medical Staff
Scope: Practitioners Privileged in Anesthesia		
Date Last Modified: 03/21/2024	Last Review Date: 06/16/2022	Version: 6
Final Approval by: NIHD Board of Directors		Original Approval Date: 05/03/2013

PURPOSE:

To clarify requirements for pre- and post-operative anesthesia visits.

POLICY:

1. Pre-Anesthesia

- The preoperative visit shall be conducted personally, whenever possible, by the anesthesiologist who is scheduled to provide care for the patient.
- The pre-operative visit shall include a disclosure of risks and options, a formulation of the plan of anesthesia and informed consent given to the patient and or patient representative, if the patient is not competent.
- A pre-operative note of the findings relating to anesthesia including the plan of anesthesia, and the patient's informed consent shall be placed in the medical record.
- A history and physical examination will be available in the patient's medical record at the time of the anesthesiologist's visit. This document shall not replace the anesthesiologist's responsibility for personally evaluating the patient.

2. Post-Operative

- Post-operative visits are recorded on the evaluation form or progress notes.
- At least one note will describe the presence or absence of anesthesia related complications.
- The number and timing of post-anesthesia visits will be determined by the status of the patient. It is recommended that a visit be made early in the post-operative period and after complete recovery from anesthesia.
- Post-anesthesia notes should specify time and date and be completed within 48 hours after surgery.
- Post-anesthetic assessment by an anesthesiologist shall be performed and entered in the medical records of all patients discharged directly from the PACU.

REFERENCES:

- CMS Conditions of Participation: Anesthesia Services 482.52(b)1,3.

RECORD RETENTION AND DESTRUCTION:

- Life of policy, plus 6 years.

CROSS REFERENCED POLICIES AND PROCEDURES:

- [Anesthesia Clinical Standards and Professional Conduct](#)

2. [Anesthesia in Ancillary Departments](#)
3. [Medical Staff Department Policy - Anesthesia](#)
4. [Scope of Anesthesia Practice](#)

Supersedes: v.5 Pre and Post Operative Anesthesia Visits
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NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Scope of Anesthesia Practice			
Owner: MEDICAL STAFF DIRECTOR		Department: Medical Staff	
Scope: Practitioners Privileged in Anesthesia			
Date Last Modified: 03/21/2024	Last Review	Date: 06/16/2022	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 06/20/2018	

PURPOSE:

To delineate the practice of anesthesia, which is a recognized medical and advanced practice nursing specialty unified by the same standard of care

POLICY:

1. The scope anesthesia practice at Northern Inyo Healthcare District includes, but is not limited to:
 - a. The preoperative, intraoperative and postoperative evaluation and treatment of patients who are rendered unconscious and/or insensible to pain and emotional stress during surgical, obstetrical, radiological therapeutic and diagnostic or other medical procedures and participation in the overall coordination of care;
 - b. The protection and maintenance of life functions and vital organs (e.g., brain, heart, lungs, kidneys, liver, endocrine, skin integrity, nerve [sensory and muscular]) under the stress of anesthetic, surgical and other medical procedures;
 - c. Monitoring and maintenance of acceptable physiology during the perioperative period;
 - d. Diagnosis and treatment of acute, chronic and cancer-related pain;
 - e. Clinical management of cardiac and pulmonary resuscitation;
 - f. Evaluation of respiratory function and application of respiratory therapy;
 - g. Management of critically ill patients;
 - h. Conduct of clinical, translational, basic science and outcomes/best practice research;
 - i. Supervision, teaching and evaluation of performance of both medical and paramedical personnel involved in perioperative care and cardiac and pulmonary resuscitation;
 - j. Management and preservation of patient safety;
 - k. Communication of patient-care concerns with the surgeon/proceduralist and other members of the healthcare team whenever indicated.
2. The anesthesia provider's responsibilities to patients include:
 - a. Assessment of, consultation for and preparation of patients for anesthesia;
 - b. Management of patients and the anesthetic for the planned procedures;
 - c. Post anesthetic evaluation and treatment;
 - d. Perioperative pain management.

REFERENCES:

1. "Guidelines for Patient Care in Anesthesiology." American Society of Anesthesiologists. October 26, 2016 edition.
2. "Scope of Nurse Anesthesia Practice." American Association of Nurse Anesthetists 2013.

RECORD RETENTION AND DESTRUCTION:

1. Life of policy, plus 6 years.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. [Anesthesia Clinical Standards and Professional Conduct](#)
2. [Anesthesia in Ancillary Departments](#)
3. [Medical Staff Department Policy - Anesthesia](#)
4. [Pre- and Post-Operative Anesthesia Visits](#)

Supersedes: v.2 Scope of Anesthesia Practice
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NORTHERN INYO HEALTHCARE DISTRICT STANDARDS OF CARE

Title: Standards of Care for the Emergency Department		
Owner: Manager of ED and Disaster Planning		Department: Emergency Department
Scope: Emergency Department (ED)		
Date Last Modified: 12/13/2021	Last Review Date: 4/18/18	Version: 3
Final Approval by: Medical Executive Committee		Original Approval Date: 09/05/2006

DEPARTMENT STATEMENT:

To provide consistent standards for patients evaluated and treated in the Emergency Department.

Emergency nursing is provided using an interdisciplinary team approach based on the assessment of patient needs, problems, capabilities, limitations, interventions, and patient response.

1. Patient expectations as defined will be met for each patient.
2. Patient and family members are included in patient care planning and discharge planning.
3. The patient age specific population served is:
 - a. Newborn to geriatric

PROCEDURE: The ED patient and or significant other can expect:

A. On Admission to ED:

1. Each patient will be assessed and triaged on arrival by an RN and will be categorized based on the Emergency Severity Index (ESI) Triage System Level 1-5. Categorization is based on degree of urgency and ED resource consumption. The triage level will be entered into electronic tracking board.
2. The RN will determine English language proficiency, and document resources offered or provided for any patient that rates their language proficiency lower than “very well.”
3. Baseline information shall be obtained by the Triage Nurse or Primary Nurse (if patient taken straight to Treatment).
 - a. Chief complaint
 - b. brief history of present illness
 - c. allergies
 - d. medications
 - e. past medical history
4. Other information obtained:

a. Vital Signs: All patients presenting to the ED will have vital signs obtained and documented on the electronic health record (EHR). Vital Signs will include:

Blood Pressure:

- Children under the age of 5 years require blood pressure determination when presenting with risk of fluid volume deficit, including sepsis, dehydration, polyuria, decreased urinary output or fluid intake, drug ingestion or overdose, trauma, alteration in neurological status, or per physician order.
- If any patient is hemodynamically compromised, as evident by hypotension or hypertension, reassess and document q15 minutes or more frequently as needed.
- If an automated blood pressure device is used, the print out of trends may be attached to the PCR or transcribed onto the PCR.

Temperature: Temperatures will be obtained based on the following age-specific guidelines:

- Newborn to 2 years- rectal or temporal
- Above 2 years- rectal, temporal, tympanic or oral as condition warrants.

Heart Rate: Heart rate will be obtained based on the following age-specific criteria:

- Apical pulses will be obtained on all patients newborn to age 2.
- A peripheral pulse will be assessed for all patients over age 2, unless condition warrants an apical assessment (i.e. irregular rate, medications)

Respirations:

Assess respirations and document rate, quality and signs of potential respiratory compromise.

Pulse Oximetry:

- Obtain SpO2 on all patients.
- Age-specific oximetry probes will be utilized.

Vital signs reassessment:

- *Triage Level 1 or 2* patients will have vital signs reassessed a minimum of every 15 minutes or more frequently as needed, based on nursing judgment.
- *Triage Level 3* patients will have vital signs reassessed every 1 (one) hour as needed, based on nursing judgment.
- *Triage Level 4 or 5* patients will have vital signs reassessed every 2 hours, prior to discharge, or as needed based on nursing judgment.

All patients will have vital signs taken at time of discharge, except:

- Patients with stable vital signs taken within 2 hours prior to discharge
- Patients returning for wound rechecks or suture removals
- Patients with simple strains or sprains
- Patients with simple lacerations.

Skin Assessment:

- All patients will be evaluated for skin color, temperature and moisture.

Pain:

- Pain will be assessed on all patients on admission and discharge with re-assessment as needed.
- Age-appropriate pain scales will be utilized.
- Alternate pain scales will be utilized for non-English speaking or sensory impaired patients.
- The pain scale utilized will be documented in the EHR.

Weight:

- All patients age 14 and under will be weighed and the result documented in kg.
- All other patients will have a weight stated by the patient, estimated by the RN(if patient unable to state or stand for scale) or taken by a scale and documented in kg.
- Patients requiring weight related medication dosages or have known medical conditions like CHF or Renal failure that require weight monitoring will be weighed on a scale if patient condition permits, and as nursing judgment dictates.

Cardiac Monitoring:

- All patients placed on a cardiac monitor will have a strip generated in leads II and V.

Height:

- All heights will be obtained when possible.

Finger-stick Blood Glucose (FSBS):

- FSBS will be obtained on any patient with a pertinent complaint, ALOC or when medical history indicates.

Mental Status:

- The Glasgow Coma Scale will be used on admission to the ED to evaluate neurological status, and will be reevaluated as indicated by chief complaint, medical history or as nursing judgment dictates.

5. Triage protocols may be initiated by triage nurse or primary nurse based on patient assessment and severity range according to ESI level.
6. All patient care will be individualized and planned in accordance with the patients' special needs, age and complaints.
7. Assessments and patient needs are communicated to the Emergency Department Physician or qualified provider.
8. A multi-disciplinary approach will be utilized to coordinate care with in-hospital entities and community based agencies.
9. All patients are seen, treated and stabilized as appropriate without regard of ability to pay.
10. Patients will be oriented to the ED room and environment.
11. Nursing care will be provided in a safe and therapeutic environment.
12. The patient will receive safe administration of medications and treatments prescribed.

B. Throughout Stay:

1. All patients will be continually assessed for change and progress towards meeting outcome goals and discharge objectives.
2. Changes in patient condition are appropriately charted in the electronic health record (EHR) and communicated to the ED physician or qualified provider and treatment changes carried out accordingly.
3. Evaluations of patient response to interventions and outcomes are documented in EHR.

C. On Admission to the Hospital:

1. Admission Procedure of Emergency Room Patient to the Hospital Policy will be followed.
 - a. Patients admitted to the Intensive Care Unit will be accompanied by an ACLS qualified RN and placed on a cardiac monitor during transport.

D. On Transfer to another Facility:

1. The EMTALA policy will be followed when transferring ED patients to another facility for higher level of care.
2. All patients should be provided a medical screening examination (MSE) and stabilizing treatment within the capacity of the facility before transfer.
 - a. If a competent patient requests transfer before the completion of the MSE and stabilizing treatment, these services should be offered to the patient and informed refusal documented.
3. The ED physician or qualified provider is responsible for informing the patient or responsible party of the risks and the benefits of transfer and document these. Before transfer, patient consent should be obtained and documented whenever possible.
4. Agreement to accept the patient for transfer should be obtained from a physician or responsible individual at the receiving hospital in advance of transfer.
5. All pertinent records and copies of imaging studies will accompany the patient to the receiving facility or be electronically transferred as soon as is practical.
6. Proper personnel and equipment, as well as necessary and medically appropriate life support measures must accompany the patient during transport.
7. Assessments and patient needs will be continually assessed and treated in the ED while patient is awaiting transfer to another facility.
8. Family or responsible person will be apprised of ongoing care and status of patient transfer.

E. On Discharge:

1. The patient and family will receive education to promote understanding of his/her diagnostic condition, and after care instructions.
2. Discharge instructions will be given according to 'Discharge Instructions in the ED' policy.
3. Discharge instructions will be generated in the EHR with information on diagnosis, medications if appropriate, follow-up, any equipment needed, wound care or custom instructions according to the Emergency Physician or qualified provider.
4. Multidisciplinary and community resources shall be utilized to improve patient recovery as needed.
5. Patients are discharged to self, family, or responsible party.

6. Patients from assisted living facility or long-term care facility will receive verbal after care instructions from primary ED RN along with typed instructions. The ED RN will call to give telephone report to the receiving assisted living or long-term care facility when necessary.
7. If there are pending cultures or results on patient discharge, patient follow up call will be done by ED physician or ED RN under physician's direction.
 - a. The triage nurse will check daily for any positive lab results. The present ED physician is notified of positive results and given a chart copy for medications or treatment on patient's previous discharge.
 - b. Any changes in treatment or medications will be ordered by present ED physician and patient shall be notified by phone of any recommended physician changes if any. Three attempts will be made to notify patient. If unable to notify patient, results will be sent to primary doctor. If no local primary doctor, notification will be done by certified mail.
 - c. Any notes or addendums will be charted in the EHR.
 - d. All results and follow up calls will be noted in the EHR.

F. On Expiration:

1. All deaths in the Emergency Department are reported to the Nursing Supervisor.
2. If possible, a nurse should accompany doctor when family is notified.
3. Social Services will be notified of any deaths in ED for family support.
4. Where appropriate, Social Services can offer and/or arrange for community support follow-up for relatives, i.e., social worker, psychiatric help.
5. Any patient belongings are returned to family if available.
6. Disposal of body and notifications for organ procurement are done by the House Supervisor.
7. Policy and procedure will be followed for Coroner's cases.

REFERENCE:

1. EMTALA: A Guide to Patient Anti-Dumping Laws (2009).
2. JCAHO NC3.1.2 2005/ *Emergency Nursing and Quality Improvement Standards of Care*; W.B. Saunders (1994).
3. Potter PA, Perry AG. *Basic Nursing; Essentials for practice*. 6th edition Mosby; St Louis (2007).

CROSS-REFERENCE:

1. Admission Procedure of the Emergency Room Patient to the Hospital
2. Patient Admission Procedure to ICU
3. EMTALA Policy
4. Evaluation and Screening of Patients Presenting to Emergency Department.
5. Patient's Rights
6. Plan for the Provision of Nursing Care
7. Coroner's Cases

RECORD RETENTION AND DESTRUCTION: Information and documentation in the patient's medical record is maintained by the NIHD medical records department.

Supersedes: v.2 Standards of Care for the Emergency Department
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NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL PROCEDURE

Title: Lost and Found Items		
Owner: Director of Patient Access		Department: Patient Access
Scope: District Wide		
Date Last Modified: 12/08/2022	Last Review Date: 04/25/2024	Version: 3
Final Approval by: Executive Committee		Original Approval Date: 07/2009

PURPOSE:

PURPOSE: Northern Inyo Healthcare District (NIHD) will make reasonable attempts to safeguard patient and staff personal belongings and to assist in their recovery when loss or misplacement claims are made in order to reunite lost and found items with their owners.

PROCEDURE:

1 Found Items

A. Attach identifying information to the article:

1. Name
2. Date
3. Location lost and found
4. Patient/visitor or employee information, if known
5. Other pertinent information

2. Items to be turned in

1. Give items to Patient Access workforce
2. Patient Access staff will put in lost and found box
3. Patient Access Department will check box every day and pick up any item(s)
4. If Patient Access Department is unavailable an alternate will be assigned to pick up item(s) and log item(s) in

3. Item(s) logged in and ID Number is obtained

1. The Patient Access Department will attempt to contact the owner

4. The Patient Access Department will:

1. Hold the item for 90 days; if unclaimed then
2. Disposal would then be,
 - a. Donate to a Thrift store, or
 - b. Offer to finder

5. Reporting Lost Items

- A. When a patient believes that the District has misplaced an item that needs replacing, the patient will contact Patient Access Department.

Patient Access workforce will:

1. Assess the District's responsibility with District Chief Executive Officer or Administrator on Call.
2. Replace the item, if appropriate

B. Calls regarding lost item(s)

1. Take information about lost item from caller
2. Check lost and found, if not found
3. Do a search of the area where items were said to be lost
4. Found item(s) will be entered into log and owner contacted if owner can be identified

DOCUMENTATION:

The Patient Access lost and found item log shall document:

1. Name of person, if known
2. Description of Item(s)
3. Date found and /or date lost
4. Name of reporting party
5. Location item(s) lost/found
6. Actions taken to find item(s) owner
7. Final disposition

REFERENCES:

1. N/A

CROSS REFERENCE P&P:

1. Standards of Care for the Swing Bed Resident

RECORD RETENTION:

Maintain Lost and Found Log for three (3) years.

Supersedes: v.2 Lost and Found Items



NORTHERN INYO HEALTHCARE DISTRICT PLAN

Title: Workplace Violence Prevention Policy Workplace Violence Prevention Plan		
Owner: Chief Human Resources Officer		Department: Human Resources
Scope:		
Date Last Modified: 05/08/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

AUTHORITY AND SCOPE

Authority: Title 8, CCR, Section § 3342. Workplace Violence Prevention in Health Care

Scope: All employers in California operating in the following areas will be required to comply with Section § 3342. Workplace Violence Prevention in Health Care rule: health care facilities; drug treatment programs; emergency medical services; and outpatient medical service to correction and detention setting.

PURPOSE

To establish a Workplace Violence Prevention (WPV) Plan for Northern Inyo Healthcare District based on current evidence-based practice and Title 8, California Code of Regulations, Section 3342. The Plan is intended to make employees, including District Leaders, aware of the potential for violence in the workplace, to increase their abilities to recognize early warning signs of potentially violent situations, and to understand how to respond to actual or potential incidents.

Northern Inyo Healthcare District is committed to providing a work environment that is safe, secure and free from violence and is required to take the following actions:

- A. Adoption of a Workplace Violence Prevention Plan to protect patients, visitors, vendors, staff, volunteers, physicians and contract employees from aggressive and violent behavior.
- B. Establishment of a process to investigate and take corrective action to address the violent behavior of an employee, up to and including termination of employment.

DEFINITIONS

Workplace Violence: any act of violence that occurs at the work site. Workplace violence includes: (1) the threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury; (2) an incident involving the threat or use of a firearm or other weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

The District recognizes there are four types of workplace violence:

- 1. **Type 1 violence** means workplace violence committed by a person who has no legitimate business at the work site and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
- 2. **Type 2 violence** means workplace violence directed at employees by customers, clients, patients, students, inmates or others for whom an organization provides services.
- 3. **Type 3 violence** means workplace violence against an employee by a present or former employee or leader.

- 4. Type 4 violence** means workplace violence committed in the workplace by someone who does not work there but has or is known to have had a personal relationship with an employee.

Threats or Acts of Violence: a statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

Environmental Risk Factors: factors in the facility or area in which health care services or operations are conducted that may contribute to the likelihood or severity of a workplace violence incident. Environment risk factors include risk factors associated with the specific task being performed.

Patient-Specific Risk Factors: factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, such as the use of drugs or alcohol, psychiatric condition or diagnosis associated with increased violence, and condition or disease process that would cause confusion and/or disorientation, or history of violence.

Engineering Controls: an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the worker and the hazard. For purposes of reducing workplace violence hazards, engineering controls include, as applicable, but are not limited to: electronic access controls to employee-occupied areas; enclosed workstations; deep service counters; separate rooms or areas for high-risk patients; locks on doors; closed-circuit television monitoring and video recording; sight-aids; and personal alarm devices.

Work Practice Controls: means procedures, rules and staffing that are used to effectively reduce workplace violence hazards. Work practice controls include, as applicable, but are not limited to:

1. Staffing as proscribed by relevant regulatory bodies of oversight;
2. Provisions of dedicated safety personnel (e.g., security guards);
3. Employee training on workplace violence prevention methods; and Employee training on procedures to follow in the event of a workplace violence incident.

POLICY:

The purpose of the Workplace Violence Program is to support a workplace in which violent situations are effectively addressed with a focus on prevention by increasing employee understanding of the nature of workplace violence, how to respond, and how to prevent it.

Northern Inyo Healthcare District (District) is committed to providing a safe and healthful work environment for the District's patients, visitors, employees, volunteers, contractors, suppliers, members of the medical staff and members of the public. The District does not accept any act of violence or any threat of violence that occurs on District property. This prohibition against threats or acts of violence applies to all District patients, visitors, employees, volunteers, members of the medical staff, contractors, suppliers, and members of the public.

NOTE: The District shall take appropriate action to correct any violation of this policy, after an investigation into the facts and circumstances of each reported incident, per the Workplace Investigations policy.

The District prohibits retaliation against an individual who has alleged that a workplace violence incident has occurred, who has participated in an investigation of a workplace violence incident, or who has reported an incident of workplace violence to law enforcement.

FACILITY CULTURE AND ACCOUNTABILITY

1. Workplace Violence prevention is a priority to the staff and leadership of the District
2. Workplace Violence prevention is as important as patient safety to the District

FACILITY GOALS AND EXPECTATIONS

1. Violence is not an acceptable part of the job;
2. District Management and Staff will communicate to patients and visitors that violence is not acceptable;
3. All persons, including members of the medical staff, employees, suppliers, contractors, visitors, patients, and volunteers are expected to follow all policies and procedures and to report acts of violence immediately.

MANAGEMENT ROLES AND RESPONSIBILITIES

1. The Chief Human Resources Officer (CHRO) is responsible for administering the Workplace Violence Prevention Plan and ensuring that elements of this Plan are communicated to all relevant persons including other non-employee staff working at a District facility.
2. District Leadership is responsible for the enforcement of this policy. Chiefs, Department Heads, and supervisory personnel are required to report, in writing using the electronic UOR system, any incident of workplace violence without delay.

EMPLOYEE ROLES AND RESPONSIBILITIES

1. All employees are expected to know and understand their role in preventing workplace violence including:
 - a. Knowing and understanding District policies and procedures relating to workplace violence and safety;
 - b. Knowing when and how to report behaviors, breaches, or incidents using the District UOR system;
 - c. Understanding violence risk assessments;
 - d. Knowing and responding to District codes, including drills;
 - e. Reporting all workplace violence incidents including physical assaults, verbal abuse, and/or threatening behaviors;
 - f. Participate in post incident debriefings.

VIOLENCE PREVENTION ASSESSMENT TEAM (V-PAT)

The District promotes team approach to violence prevention on site. The NIHD V-PAT is a multi-disciplinary team comprised of:

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- Chief Executive Officer
- Chief Operating Officer – Chief Nursing Officer
- Chief Human Resources Officer
- Director of Facilities
- Director of Outpatient Clinics
- Director of Nursing Outpatient Services
- Director of Nursing Inpatient Services
- Director of Rehabilitation
- Director of Patient Access
- Manager of Employee Health & Infection Prevention
- Manager, Emergency Department/Disaster Planning

- Manager of Maintenance
- Human Resources Manager
- Environmental Services/Laundry Manager
- Security Officer
- Maintenance professional
- Others as determined appropriate

The V-PAT meets quarterly, with additional meetings as needed, and is responsible for:

- Hazard assessment;
- Workplace safety and security assessments;
- Hazard correction, control, and prevention;
- Development and implementation of a Workplace Violence Prevention Plan;
- Annual evaluation of the Workplace Violence Prevention Plan;
- Communication with other committees, leadership, and employees to relay information and receive feedback on workplace violence prevention plans, initiatives, and outcomes.

PLAN REVIEW AND UPDATE

Annual Review

The Plan will be reviewed and updated annually, regarding the employees' respective work areas, services, and operations. Results will be reviewed by District leadership and any findings or plan changes will be communicated to employees, and their representatives, when applicable. The annual review includes:

1. Staffing plans, including regulations, security staffing and patient classification systems, that contribute to or are insufficient to address the risk of violence.
2. Sufficiency of security systems, including alarms, emergency response, and security personnel availability.
3. Job design, equipment, and facilities.
4. Security risks associated with specific units, areas of the facility with uncontrolled access, late-night or early morning shifts, and employee security in areas surrounding the facility such as parking areas and other outdoor areas.
5. Violent Incident Log, including trending, analysis, and status of corrective action plans.
6. Effectiveness of current practices and procedures including policies, preventative measures, emergency procedures, post-incident actions, communication, and external partnerships.

Review Due to New Procedures or Information

The Plan will be reviewed for a unit, facility, or operation, and updated whenever necessary, as follows:

1. To reflect new or modified tasks and procedures that may affect how the Workplace Violence Prevention plan is implemented, such as changes in staffing, engineering controls, construction or modification of the facilities, evacuation procedures, alarm systems, and emergency responses;
2. To include newly recognized workplace violence hazards;
3. To review and evaluate workplace violence incidents that result in a serious injury or fatality;
4. To review and respond to information indicating that the workplace violence plan is deficient in any area.

Updates to the plan will be communicated to employees, and if necessary, their representatives.

REPORTING AND RESPONDING TO WORKPLACE VIOLENCE INCIDENTS

All District employees are required to immediately report any urgent or potentially dangerous acts of violence. Staff is expected to immediately contact their immediate supervisor and notify them of the incident.

Incident Reporting and Investigations:

- A. All incidents under this policy shall be documented immediately using the electronic UOR system. The Workplace Violence Incident Report Form is available online and to be used during downtime as needed.
- B. All incidents under this policy shall be reported to any of the following: Security Officer, Department Head, House Supervisor, Director, Human Resources Department, any Chief, the Administrator on Call (AOC), or the Chief Executive Officer (CEO). Incidents of workplace violence may also be reported to law enforcement and/or any relevant regulatory agency.
- C. All Workplace Violence Unusual Occurrence Reports (UORs) are submitted electronically through the dedicated electronic reporting system which will automatically notify, via email, Human Resources and Compliance that there is a workplace violence UOR.
- D. District Leadership will ensure the Workplace Violence UOR is submitted and ensure employees have support in all incidents and filings.
- E. All acts or threats of violence and early warning signs of violence will be investigated promptly. NIHD will also report any non-urgent incidents, acts, threats of violence, or acts of intimidation occurring on the premises to their supervisor or the Human Resources Department. Employees are required to file a report of such acts or incidents.

All post-incident responses including any investigation shall be documented using the electronic UOR system. The Workplace Violence Incident Report Form and the Leader's Investigation Form are available online and to be used during downtime as needed.

POST- INCIDENT RESPONSE

Victims of incidents under this policy may have to contend with a variety of medical, psychological, and legal consequences. The District shall assist victims by:

- 1. Referring victims to appropriate medical care.
- 2. Identify all employees involved in the incident.
- 3. Referring victims, and other impacted employees, to appropriate community resources, including psychological first aid and EAP.
- 4. Providing flexible work hours or short-term or extended leave, as appropriate.
- 5. Cooperating with law enforcement personnel in the investigation of any crime.
- 6. Conducting a post-incident debriefing as soon as possible after the incident with all employees, leadership, and security involved in the incident.
- 7. Reviewing any patient-specific risk factors and any risk reduction measures that were specified for that patient.

8. Reviewing whether appropriate corrective measures developed under the Workplace Violence Program plan – such as staffing, provisions and use of alarms or other means of summoning assistance, and response by staff or law enforcement – were effectively implemented.
9. Soliciting from the injured employee and other personnel involved in the incident their opinions regarding the cause of the incident, and whether any measures would have prevented the injury.

RECORDKEEPING AND REPORTING REQUIREMENTS

The Compliance Officer or designee shall have access to all records contained within the electronic UOR system, and shall maintain all forms used during downtime procedures under this policy. Access to such records shall be limited to a need to know basis as determined jointly by the Chief Human Resources Officer and the applicable Chief. Records of employee injuries shall be maintained in Human Resources in accordance with OSHA requirements. Confidentiality of patient information and employee records shall be maintained.

Violent Incident Log

The District will record information about every workplace violence incident, post-incident response, and investigation. This log will include:

1. The date, time, specific location, and department of the incident.
2. A detailed description of the incident.
3. A classification of who committed the violence, including whether the perpetrator was a patient, client, customer, family, friend of a patient, client, customer, stranger with criminal intent, coworker, leader, manager, partner, spouse, parent, relative, or other perpetrator.
4. A classification of circumstances at the time of the incident, including whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, in a high-crime area, isolated or alone, unable to get help or assistance, working in a community setting, working in an unfamiliar or new location, or other circumstances.
5. A classification of where the incident occurred, including whether it was in a patient room, emergency room, hallway, waiting room, rest room or bathroom, parking lot or other area outside the building, personal residence, break room, cafeteria, or other area.
6. The type of incident, including whether it involved:
 - a. Physical attack, including biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting;
 - b. Attack with a weapon or object, including a knife, gun, or other object;
 - c. Threat of physical force or threat of the use of a weapon or other object;
 - d. Sexual assault or threat, including rape, attempted rape, physical display, or unwanted verbal or physical sexual contact;
 - e. Animal attack;
 - f. Other.
7. Consequences of the incident, including:
 - a. Whether medical treatment was provided to the employee;
 - b. Who, if anyone, provided necessary assistance to conclude the incident;

- c. Whether security was contacted and whether law enforcement was contacted;
 - d. Amount of lost time from work, if any;
 - e. Actions taken to protect employees from continuing threat, if any.
8. Information about the person completing the Log, including the person's name, job title, phone number, email address, and date completed.

The log will be retained for a minimum of 5 years.

Telephonic Reports to Cal/OSHA District Office

The District must report immediately by telephone to the nearest District Office of the Division of Occupational Safety and Health any serious work-connected injury, illness or death requiring inpatient hospitalization, or where an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

Reports to Cal/OSHA Via Online Reporting Portal

Critical Access Acute Care Hospitals (CAACH) are required to report incidents of workplace violence at their facilities to Cal/OSHA.

Reports are accepted only through the secure online reporting system set up by Cal/OSHA. The District uses the Cal/OSHA online reporting portal to report:

- any incident involving the use of a firearm or other dangerous weapon regardless of whether the employee sustains an injury; or
- the use of physical force against an employee that results in, or has a high likelihood of resulting in injury requiring more than first aid, psychological trauma, or stress, regardless of whether the employee sustains an injury.

Reports to Cal/OSHA must be made within 24 hours after NIHD knows of the incident if the incident involves:

1. a fatality or injury that requires inpatient hospitalization;
2. the use of a firearm or other weapon;
3. presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel.

All other reports to Cal/OSHA must be made within 72 hours.

Reports to Law Enforcement

Within 72 hours of an incident, the employer must report acts of assault or battery against on-duty hospital personnel to the local law enforcement agency if the incident results in injury or involves the use of a firearm or other dangerous weapon, even if there is no injury.

Reports to the California Department of Public Health (CDPH)

The death or significant injury of a staff member resulting from a physical assault that occurs within or on the grounds of a facility is an adverse event that must be reported to CDPH no later than five days after the adverse event has been detected. If the event is an ongoing urgent or emergent threat to the welfare, health or safety of patients, personnel or visitors, the report must be made not later than 24 hours after the adverse event has been detected.

COMPETENCY BASED TRAINING

NIHD provides competency-based training to all members of the District's workforce and others as identified by the District, which addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their job. Employees are trained:

1. **Initial and Annual Training:** District workforce members received initial training at the time of Workplace Violence Program plan establishment, at new employee orientation, and for identified positions annually. Certain employees and others may receive additional training depending upon their position and/or work location, which shall be documented along with the regular training.
2. **Additional training for new equipment, work practices or hazards:** When there is a change to equipment, work practices or the work environment due to hazard correction, affected employees and others shall be trained thereon and such training shall be documented.

Initial and Annual Employee Training

Initial employee training will address the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs, the workplace violence hazards identified in the facility, unit, service or operation, and the corrective measures NIHD has implemented.

1. An explanation of the Workplace Violence Program plan, including the hazard identification and evaluation procedures, general and personal safety measures implemented, how the employee may communicate concerns about workplace violence without fear of reprisal, how workplace violence incidents will be addressed, and how employees can participate in reviewing and revising the plan.
2. How to recognize potential violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence.
3. Strategies to avoid physical harm.
4. How to recognize alerts, alarms, or other warnings about emergency conditions and how to use identified escape routes or locations for shelters, as applicable.
5. The role of private security personnel, if any.
6. How to report violent incidents to law enforcement.
7. Resources available to employees for coping with incidents of violence, including but not limited to, critical incident stress debriefing or employee assistance program.
8. An opportunity for interactive questions and answers with a person on knowledge about the Workplace Violence Program plan.

Additional Training for Employees

The District provides Workplace Violence training for all employees upon hire and regularly thereafter, depending upon department and position, thereafter. This training addresses:

1. General and personal safety measures.
2. Aggression and violence predicting factors.
3. The assault cycle.
4. Characteristics of aggressive and violent patients and victims.
5. Verbal interventions and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior.
6. Strategies to prevent physical harm.
7. Appropriate and inappropriate use of retraining techniques in accordance with Title 22.
8. Appropriate and inappropriate use of medication as chemical restraints in accordance with Title 22.
9. An opportunity to practice the maneuvers and techniques included in the training with other employees, including a meeting to debrief the practice session. Problems found are corrected.

Physicians:

For physicians that are not employed by the District but are members of the medical staff and provide services to the District on a regular basis, the District will work with the physician's employer to ensure the physician is trained in accordance with the regulations.

Volunteers and Students:

NIHD provides basic Workplace Violence training to volunteers and students.

COMPLIANCE

The District is committed to ensuring all safety and health policies and procedures involving workplace violence prevention are clearly communicated and understood by all employees. All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe, healthy and violence free work environment.

The District is committed to ensuring that all employees, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

- A. Competency based training for employees, supervisors, and managers of the provisions of the Department's Workplace Violence Prevention Program (WVPP) when they are hired and periodically.
- B. Evaluating employees to ensure compliance with the Department's WVPP.
- C. Recognizing employees who demonstrate work practices that promote the WVPP in the workplace by (example: memos of commendation from the director).
- D. Providing coaching and retraining to employees whose compliance is deficient with the WVPP.
- E. Disciplining employees for failure to comply with WVPP, in line with the District Employee Conduct – Performance Improvement and Progressive Discipline policy.

ASSESSMENT

The NIHD Violence Prevention Assessment Team will assess, identify and evaluate factors in the facility or area in which healthcare services or operations are conducted that may contribute to the likelihood of a workplace violence incident, including community-based risk factors, for each facility, unit, service or operation.

A. Hazard Assessment. A Hazard Assessment shall include a review of the following records:

1. OSHA logs
2. Unusual Occurrence Report (UOR)
3. Worker's Compensation reports
4. Environment of Care reports
5. Human Resources Department records
6. Area crime statistics
7. Patient and Visitor WPV risk assessments
8. Near miss events or first aid only events
9. Security/code reports and other incident reports if relevant

B. Non-Workforce Specific Risk Factors: Contributing factors for patients or non-patient visitors may include:

- a. Community Risk Factors (Economic Conditions, Access to Behavioral Health, Seasonal Trends, etc.)
- b. Individual Obstacles (Communication Difficulty, Pain Management, Cultural Barriers, etc.)
- c. Medical Influences (Anesthesia, Trauma, Psychiatric Illness, etc.)
- d. Additional Factors (Unrealistic expectations, finance, insecurity, anxiety and fear, etc.)

C. Emergency Medical Services Assessment

- a. For incidents of workplace violence at the District that require communication with emergency services, utilize communication procedures for identifying risk factors present at the scene
- b. Utilize procedures to communicate with law enforcement and/or emergency medical services to identify risk factors of patients being transported to District facilities
 - i. Risk factors may include any factor included in the Non-Workforce Specific Risk Factors.

D. Workplace Safety and Security Assessment: A workplace safety and security assessment shall be conducted to identify and evaluate safety and security risks, nature and extent of hazards, conditions, and/or situations that may exist that could place an individual in danger of violence.

- a. Assessment of the work environment may include, but is not limited to, a review of:
 - i. Characteristics of occupations and work tasks e.g., working in the ED, behavioral clinic, working in security, , dispensing drugs, dealing with the public, handling cash, delivering social services, working alone at night, clinic employee who stay behind after regular office hours, work location is in high crime neighborhood.
 - ii. Point-of-care work/clinical/nursing practices and procedures
 - iii. Patient characteristics that might be a risk factor e.g., medications and substance abuse, history of violence, mental or physical illness or injury, sensitivity to disruptive events, previous exposure to past incidents of aggression or violence, violent/abusive family or friends, difficulty in communicating.
 - iv. Staffing levels to meet violence prevention and response requirements.
 - v. The physical work site is considered (but not limited to):
 1. Lighting (e.g., Inside buildings and outside entrances including the employee parking lot)
 2. General appearance of area outside of buildings
 3. Security and visibility around building perimeter
 4. Maintenance of access points to the facility
 5. Access control to facility buildings
 6. Security systems (if any)– facility wide and personal alarms
 7. Emergency response system (salience to employees and testing of)

8. Locations/work areas where employees could become trapped such as elevators, washrooms, reception areas, patient admission areas, interview/ treatment/counseling, pharmacy, medication rooms, waiting areas, stairwells and exists
9. Design of work areas for patient privacy and employee communication in an emergency
10. Tools, equipment, furniture that could be used as a weapon against employees xi. Care areas that tend to be very stressful for parents, family members e.g. emergency depts., critical care areas, pediatric units
11. Public areas such as lobbies emergency depts., and ambulatory clinics where long wait periods and crowded conditions can contribute to the incidence of disagreements or brawls
12. Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between facilities.

NOTE: The V-PAT may seek assistance and/or input from sources to include; local law enforcement, employee assistance program counselors, NIHD liability insurance carrier, and/or a security/safety specialist.

E. Hazard Correction, Control and Prevention. Based upon information gathered during the Hazard Assessment and the Workplace Safety and Security Assessment, the V-PAT shall implement appropriate hazard corrections which may include engineering controls, new equipment, workplace design, and/or policy/procedure development.

- a. Engineering Controls - Controls include (but are not limited to):
 - i. Security/silenced alarm systems (e.g., panic buttons, paging systems, cell phones etc.)
 - ii. Exit routes including safe rooms for emergencies
 - iii. Monitoring systems and natural surveillance (e.g., closed-circuit video inside and outside, curved mirrors, visual access from nurse's workstations glass panels in doors/walls
 - iv. Improve lighting indoors and outdoors including in parking areas, walkways etc.
 - v. Noise barriers
 - vi. Barrier protection – enclosed reception areas, deep counters at nurse stations, lock doors to employee treatment rooms, secured employee bathroom facilities, locked unused doors, restricted access to units such as mother and baby, ability to lock down an area/unit etc.
 - vii. Design of patient areas for de-escalation; comfort to reduce stress e.g., in waiting areas, division of waiting areas to limit spreading of agitation between patients and visitors.
 - viii. Furniture, materials, and maintenance (e.g., secure items that could be used as a weapon, replace sharp edged objects, recess fixtures that may protrude e.g., handrails, drinking fountains. Ensure cabinets and syringe drawers have working locks, reducing noise levels in certain areas)
 - ix. Travel vehicles are properly maintained; barriers are present between driver and patients if appropriate
- b. Federal and State regulations are reviewed (e.g., fire, life safety code) to ensure security measures do not conflict with life safety etc.

Development, Implementation, and Annual Evaluation of a Workplace Violence Prevention Plan. The V-PAT shall lead the development and implementation of a Workplace Violence Prevention Plan. Once developed, the V-PAT shall lead an evaluation of the Workforce Violence Prevention Plan at least annually. Such evaluation shall be documented.

COMMUNICATION

The District has created procedures to asses and correct unsafe or unhealthy conditions, work practices, and work procedures in a timely manner based on severity of the hazard:

- When observed; and
- When immediate hazard exists that cannot be immediately abated without endangering employee(s) and/or property remove all exposed personnel from the area except those necessary to correct the existing condition.

The District has developed procedures for documenting and communicating to other employees, employers and between shift and units, information that may increase the potential for workplace violence incidents.

AUTHORITY AND SCOPE

Authority: Title 8, CCR, Section § 3342. Workplace Violence Prevention in Health Care

Scope: All employers in California operating in the following areas will be required to comply with Section § 3342. Workplace Violence Prevention in Health Care rule: health care facilities; home health care programs; drug treatment programs; emergency medical services; and outpatient medical service to correction and detention setting.

PURPOSE

To establish a Workplace Violence Prevention (WPV) Plan for Northern Inyo Healthcare District based on current evidence-based practice and Title 8, California Code of Regulations, Section 3342. The Plan is intended to make employees, including supervisors and managers, aware of the potential for violence in the workplace, to increase their abilities to recognize early warning signs of potentially violent situations, and to understand how to respond to actual or potential incidents.

Northern Inyo Healthcare District is committed to providing a work environment that is safe, secure and free from violence and are required to take the following actions:

A. Adoption of a Workplace Violence Prevention Plan to protect patients, visitors, vendors, staff, volunteers, physicians and contract employees from aggressive and violent behavior.

B. Establishment of a process to investigate and take corrective action to address the violent behavior of an employee, up to and including termination of employment.

POLICY:

Northern Inyo Healthcare District (District) is committed to providing a safe and healthful work environment for the District's patients, visitors, employees, volunteers, contractors, suppliers, members of the medical staff and members of the public. The District has zero tolerance for any act of violence or any threat of violence that occurs on District property. This prohibition against threats or acts of violence applies to all District patients, visitors, employees, volunteers, and members of the medical staff, contractors, suppliers, and members of the public.

NOTE: This is a ZERO TOLERANCE policy, meaning that the District shall take appropriate action to correct any violation of this policy, after an investigation into the facts and circumstances of each reported incident.

The District prohibits retaliation against an individual who has alleged that a workplace violence incident has occurred, who has participated in an investigation of a workplace violence incident or who has reported an incident of workplace violence to law enforcement.

PROCEDURES:

I. ——— Workplace Violence includes, but is not limited to, the following:

- ~~A. Any act of violence or threat of violence that occurs at or towards any District worksite or District employee. Some examples of behavior that exhibit aggression/violence include, but are not limited to, the following:~~
- ~~1. Intimidation, including verbal attacks, humiliation in front of others, using a sincere tone to get what is wanted~~
 - ~~1. Offensive language and/or sexual innuendos in the form of words, expressions, gestures and other social behaviors that are perceived as disrespectful~~
 - ~~2. Verbal abuse in the form of shouting, insulting, intimidating, threatening, shaming, demeaning, or derogatory language~~
 - ~~3. Verbal assault in the form of negative defining statements told to the person or told about a person intended to cause injury or harm that includes verbal, vocalized threats; threatening body language, and written threats~~
 - ~~4. Physical Assault which is an intentional action by a person that creates an apprehension in another of an imminent, harmful or offensive contact and includes slapping, pushing, and shoving as well as assaults involving weapons and the risk of serious bodily injury.~~
- ~~B. The use of physical force against a District employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.~~
- ~~C. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.~~
- ~~D. The following are the four (4) workplace violence types:~~
- ~~1. “Type 1 violence” means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.~~
 - ~~2. “Type 2 violence” means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.~~
 - ~~3. “Type 3 violence” means workplace violence against an employee by a present or former employee, supervisor, or manager.~~
 - ~~4. “Type 4 violence” means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.~~
- ~~I. Identifying and responding to risks:~~
- ~~A. Workplace Violence Prevention Assessment Team (V-PAT). The District has established the V-PAT, which shall convene on an ad hoc basis, consisting of the following, or their designee:~~

~~Chief Operating Officer~~
~~Chief Nursing Officer~~
~~Chief, Finance Officer~~
~~Director, Human Resources~~
~~Director, Project/Property Management (includes Safety Officer and~~
~~———— Security professionals)~~
~~Manager of Maintenance~~
~~Director, Administrative Staff, RHC/NIA~~
~~Security Officer~~
~~House Supervisor~~
~~Director of Nursing, ED & In-Patient Services~~
~~Manager, Emergency Department/Disaster Planning~~
~~Maintenance professional~~
~~Others as determined appropriate~~

~~B. — The V-PAT is responsible for:~~

- ~~1. — Hazard assessment~~
- ~~1. — Workplace safety and security assessment~~
- ~~2. — Hazard correction, control and prevention~~
- ~~3. — Development and implementation of a Workplace Violence Prevention Plan~~
- ~~4. — Annual evaluation of the Workplace Violence Prevention Plan~~

~~A. — Hazard Assessment. A Hazard Assessment shall include a review of the following records:~~

- ~~1. — OSHA logs~~
- ~~1. — Unusual Occurrence Report (UOR)~~
- ~~2. — Worker's Compensation reports~~
- ~~3. — Environment of Care reports~~
- ~~4. — Human Resources Department records~~
- ~~5. — Workplace Violence UOR~~
- ~~6. — Area crime statistics~~

~~A. — Workplace Safety and Security Assessment: A workplace safety and security assessment shall be conducted to identify and evaluate safety and security risks, nature and extent of hazards, conditions, and/or situations that may exist that could place an individual in danger of violence.~~

~~**NOTE:** The V-PAT may seek assistance and/or input from sources to include; local law enforcement, employee assistance program counselors, NIHD liability insurance carrier, and/or a security/safety specialist.~~

~~B. Hazard Correction, Control and Prevention. Based upon information gathered during the Hazard Assessment and the Workplace Safety and Security Assessment, the V-PAT shall implement appropriate hazard corrections which may include engineering controls, new equipment, workplace design, and/or policy/procedure development.~~

~~C. Development, Implementation, and Annual Evaluation of a Workplace Violence Prevention Plan. The V-PAT shall lead the development and implementation of a Workplace Violence Prevention Plan. Once developed, the V-PAT shall lead an evaluation of the Workforce Violence Prevention Plan at least annually. Such evaluation shall be documented.~~

~~I. Training and Communication~~

~~All employees, and others as determined by the District, shall receive training at new employee orientation and annually thereafter and this training shall be documented. Certain employees and others may receive specific training depending upon their particular job and/or work location and such training shall also be documented. When there is a change to equipment, work practices or the work environment due to hazard correction, affected employees and others shall be trained thereon and such training shall be documented.~~

~~H. Incident Reporting and Investigations~~

~~A. All incidents under this policy shall be documented immediately using the electronic UOR system. The Workplace Violence Incident Report Form is available online and to be used during downtime as needed.~~

~~B. All incidents under this policy shall be reported to any of the following: Security Officer, Department Head, House Supervisor, Director, Human Resources Department, any Chief, the Administrator on Call (AOC), or the Chief Executive Officer (CEO). Incidents of workplace violence may also be reported to law enforcement and/or any relevant regulatory agency.~~

~~C. All Workplace Violence Unusual Occurrence Reports (UORs) are submitted electronically through the dedicated electronic reporting system which will automatically notify, via email, Human Resources and Compliance that there is a workplace violence UOR.~~

~~D. All post incident responses including any investigation shall be documented using the electronic UOR system. The Workplace Violence Incident Report Form and the Leader's Investigation Form are available online and to be used during downtime as needed.~~

~~III. Support for Victims of Violence~~

~~Victims of incidents under this policy may have to contend with a variety of medical, psychological, and legal consequences. NIHD shall assist victims by:~~

~~A. Referring victims to appropriate medical care~~

~~A. Referring victims to appropriate community resources.~~

- ~~B. Providing flexible work hours or short term or extended leave as appropriate.~~
- ~~C. Cooperating with law enforcement personnel in the investigation of any crime.~~

~~I. Record Keeping~~

~~The Chief Operating Officer or designee shall have access to all records contained within the electronic UOR system, and shall maintain all forms used during downtime procedures under this policy. Access to such records shall be limited to a need to know basis as determined jointly by the Director, Human Resources and the applicable Chief. Records of employee injuries shall be maintained in Human Resources in accordance with OSHA requirements. Confidentiality of patient information and employee records shall be maintained.~~

~~H. Responsibility~~

- ~~A. The Director of Human Resources is responsible for administering the Workplace Violence Prevention Plan and ensuring that this Plan is communicated to all relevant persons including other employers of employees working at a District facility.~~
- ~~B. Chiefs, Department Heads, and supervisory personnel are responsible for the enforcement of this policy. Chiefs, Department Heads and supervisory personnel are required to report, in writing using the electronic UOR system, any incident of workplace violence without delay.~~
- ~~C. All persons including members of the medical staff, employees, suppliers, contractors, visitors, patients, and volunteers are expected to follow all policies and procedures and to report acts of violence immediately.~~

REFERENCES:

Workplace Violence Prevention in Health Care Regulation (Title 8, CCR, Section 3342)

Occupational Safety and Health Act of 1970

Injury and Illness Prevention Policy

The Joint Commission Standards: EC.01.01.01, EC.02.01.01, EC.02.06.01, EC.03.01.01, and EC.04.01.01

Cross Reference P&P:

1. Injury and Illness Prevention Policy
2. Workplace Investigations Policy
3. InQuiseek – #130 Non-Discrimination Policy
4. InQuiseek - #295 Visitor Policy
5. InQuiseek - #360 Discharging/Dismissing a Patient
- ~~1. Injury and Illness Prevention Policy~~
- ~~2. InQuiseek – #130 Non Discrimination Policy~~
- ~~3. InQuiseek – #295 Visitor Policy~~
- ~~4. InQuiseek – #360 Discharging/Dismissing a Patient~~

REFERENCES:

CROSS REFERENCED POLICIES AND PROCEDURES:

RECORD RETENTION AND DESTRUCTION:

Records of receipt and acknowledgement of this plan will be kept in perpetuity.

Records of Workplace Violence Prevention Training will be kept 6 years.

Supersedes: v.2 Workplace Violence Prevention Policy
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