



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

Title: Appointment/Election of Board Member to Fill Unexpired Term of a Board Member		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Set forth the procedures by which a vacancy may be filled, either by appointment or election.

**POLICY:** When the Board of Directors (BOD) is notified of a vacancy or upcoming vacancy the BOD shall determine at a regular or special meeting whether to fill a vacancy by election or appointment following the guidance below.

**PLAN TO FILL A BOARD VACANCY BY APPOINTMENT:**

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

**CIRCUMSTANCES CAUSING A VACANCY:**

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

**FILLING A VACANCY:**

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

**PROCEDURE FOR FILLING A VACANCY BY APPOINTMENT:**

1. Upon the occurrence of a vacancy, or the District being notified of a Board vacancy, District staff shall immediately determine the date by which the vacancy must be filled.
2. If the Board decides to fill the vacancy by appointment, the Board shall appoint an ad hoc committee to make a recommendation regarding filling the vacancy. District staff will, in collaboration with the ad hoc committee members, establish target dates by which various parts of this process shall be completed so as to afford the ad hoc committee members and any potential applicant the fullest of opportunities to

fill the vacant position with a qualified candidate. Board and staff shall refer to the attached “Workflow for Appointments to Fill Board Vacancy,” to ensure required timelines are met.

3. After the Board has appointed an ad hoc committee, District staff shall coordinate availability of schedules between all appointed ad hoc committee members so that there is sufficient time to complete the interviews, make a recommendation to the full Board and to make the appointment, all of which must occur within 60 days.
4. District staff shall post the notice of the Board vacancy in at least 3 conspicuous places.
5. District staff shall receive applications from each candidate and will immediately review the application for completeness.
6. Upon receipt of a completed application, District staff shall determine if the candidate meets the required qualifications for the Board vacancy as follows:
  - a. Applicant must be a resident of the Zone of the Healthcare District in which the vacancy occurs;
  - b. Applicant must be a registered voter of the Zone of the Healthcare District in which the vacancy occurs;
  - c. Applicant must acknowledge that applicant will be subject to the Healthcare District’s Conflict of Interest policy;
  - d. Applicant must acknowledge that applicant will be required to complete Form 700 “Statement of Economic Interests.”
7. If the applicant meets the required qualifications for the Board vacancy as set forth above, District staff shall transmit an informational booklet to the applicant and shall transmit the application to each ad hoc committee member for a determination on whether to interview the candidate.
8. Upon receipt of a notification from the ad hoc committee that a candidate is to be scheduled for the interview, District staff shall consult the schedules of the ad hoc committee members and the candidates to set a mutually convenient time for the interview. Notification of the dates set for the interviews shall be transmitted to both the ad hoc committee and the candidate.
9. At their option, the ad hoc committee, in consultation with the NIHD Human Resources staff, may use the attached guidelines for interviewing candidates and sample interview or similar questions may be used. The ad hoc committee may also opt to set scoring criteria for the applications and interviews.
10. Upon completion of all interviews, the ad hoc committee will bring a recommendation for the appointment to the full Board for consideration.
11. The Board shall make the appointment within 60 days of the vacancy or receipt of the notice of vacancy, whichever occurs later. Upon receipt of the Board’s decision on the ad hoc committee’s recommendation, District staff will be instructed to notify the unsuccessful candidate(s), if any, and the successful candidate of the Board’s appointment.
12. At the Board’s direction, District staff shall transmit the Board’s appointment to the county elections official as per the Board’s policy.
13. The length of the appointee’s term shall be determined pursuant to Government Code section 1780(d)(1)-(2). The person appointed to fill the vacancy shall hold office until the next November

general election, if the next scheduled November general election is 130 or more days after the date the county election official is notified of the vacancy. The person appointed to the vacancy shall fill the balance of the unexpired term of their predecessor, and, after the November general election, will continue to complete that unexpired term only if subsequently elected by the voters in the November general election.

**PROCEDURE FOR FILLING A VACANCY BY ELECTION:**

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

**REFERENCES:**

1. Government Code 1770
2. Government Code 1780
3. County of Inyo Clerk/Recorder Office
4. Work Flow for Appointments to Fill Board Vacancy (With Approximate Time Frames) (attached)

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.4 Appointments to the NIHD Board of Directors, Board Member Resignation and Filling of Vacancies, Suggested Guidance to fill a Board Vacancy by Appointment v. 3, and Work Flow for Appointments to Fill Board Vacancy v.1 is now attached as a reference document
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NON-CLINICAL POLICY AND PROCEDURE**

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**PROCEDURE FOR FILLING A VACANCY BY APPOINTMENT:**

- ~~1. \_\_\_\_\_~~  
~~2. \_\_\_\_\_~~  
**PROCEDURE:**  
 1) ~~The district shall notify the county elections official of the vacancy no later than 15 days following either the date on which the BOD is notified of the vacancy or the effective date of the vacancy, whichever is later.~~  
 2) ~~The BOD must first post a notice of the vacancy in three or more conspicuous places in the district at least 15 days before the appointment is made.~~

- 3) ~~Persons interested in the position shall submit an "Application for Appointment to a Special District Vacancy" and will be required to complete Form 700, "Statement of Economic Interests" form. Applications shall be available at the District Administration Office.~~
- 4) ~~Interested persons shall acknowledge they will be subject to the District's Conflict of Interest Policy.~~
- 5) ~~The BOD shall appoint an Ad Hoc committee of two board members to interview all applicants and bring a recommendation to the full BOD for consideration.~~
- 6) ~~The district has 60 days from the date the BOD is notified of the vacancy or the effective date of the vacancy, whichever is later to fill the vacancy by appointment or call a special election. Gov. Code 1780. If necessary the BOD shall call a special meeting to make the appointment within the 60 day deadline.~~
- 7) ~~The BOD must notify the county elections official of the appointment no later than 15 days after the appointment is made.~~
- 8) ~~The appointed person shall hold office until the next November general election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall fill the balance of the unexpired term. Gov. Code 1780(a)~~
  1. If the term of office left vacant is due to expire following the next November general election and that election is scheduled 130 or more days after the date the county election official is notified of the vacancy, the person appointed to the vacancy shall fill the balance of the unexpired term of their predecessor. Upon the occurrence of a vacancy, or the District being notified of a Board vacancy, District staff shall immediately determine the date by which the vacancy must be filled.
  2. If the Board decides to fill the vacancy by appointment, the Board shall appoint an ad hoc committee to make a recommendation regarding filling the vacancy. District staff will, in collaboration with the ad hoc committee members, establish target dates by which various parts of this process shall be completed so as to afford the ad hoc committee members and any potential applicant the fullest of opportunities to fill the vacant position with a qualified candidate. Board and staff shall refer to the attached "Workflow for Appointments to Fill Board Vacancy," to ensure required timelines are met.
  3. After the Board has appointed an ad hoc committee, District staff shall coordinate availability of schedules between all appointed ad hoc committee members so that there is sufficient time to complete the interviews, make a recommendation to the full Board and to make the appointment, all of which must occur within 60 days.
  4. District staff shall post the notice of the Board vacancy in at least 3 conspicuous places.
  5. District staff shall receive applications from each candidate and will immediately review the application for completeness.
  6. Upon receipt of a completed application, District staff shall determine if the candidate meets the required qualifications for the Board vacancy as follows:
    - a. Applicant must be a resident of the Zone of the Healthcare District in which the vacancy occurs;
    - b. Applicant must be a registered voter of the Zone of the Healthcare District in which the vacancy occurs;
    - c. Applicant must acknowledge that applicant will be subject to the Healthcare District's Conflict of Interest policy;

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d. Applicant must acknowledge that applicant will be required to complete Form 700 "Statement of Economic Interests."

7. If the applicant meets the required qualifications for the Board vacancy as set forth above, District staff shall transmit an informational booklet to the applicant and shall transmit the application to each ad hoc committee member for a determination on whether to interview the candidate.

8. Upon receipt of a notification from the ad hoc committee that a candidate is to be scheduled for the interview, District staff shall consult the schedules of the ad hoc committee members and the candidates to set a mutually convenient time for the interview. Notification of the dates set for the interviews shall be transmitted to both the ad hoc committee and the candidate.

9. At their option, the ad hoc committee, in consultation with the NIHD Human Resources staff, may use the attached guidelines for interviewing candidates and sample interview or similar questions may be used. The ad hoc committee may also opt to set scoring criteria for the applications and interviews.

10. Upon completion of all interviews, the ad hoc committee will bring a recommendation for the appointment to the full Board for consideration.

11. The Board shall make the appointment within 60 days of the vacancy or receipt of the notice of vacancy, whichever occurs later. Upon receipt of the Board's decision on the ad hoc committee's recommendation, District staff will be instructed to notify the unsuccessful candidate(s), if any, and the successful candidate of the Board's appointment.

12. At the Board's direction, District staff shall transmit the Board's appointment to the county elections official as per the Board's policy.

13. The length of the appointee's term shall be determined pursuant to Government Code section 1780(d)(1)-(2). The person appointed to fill the vacancy shall hold office until the next November general election, if the next scheduled November general election is 130 or more days after the date the county election official is notified of the vacancy. The person appointed to the vacancy shall fill the balance of the unexpired term of their predecessor, and, after the November general election, will continue to complete that unexpired term only if subsequently elected by the voters in the November general election.

**PROCEDURE FOR FILLING A VACANCY BY ELECTION:**

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

2. If the Board decides to fill the vacancy by election, the Board shall call an election to fill the vacancy within 60 days, to be held on the next established election day [Elec. Code § 1000 et seq.] that is at least 130 days from the date the Board calls the election.

3. The person elected to fill the vacancy shall hold office for the balance of the unexpired term.

**REFERENCES:**

1. Government Code 1780
1. Government Code 1770
2. Government Code 1780

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3. County of Inyo Clerk/Recorder Office

4. Work Flow for Appointments to Fill Board Vacancy (With Approximate Time Frames) (attached)

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**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. ~~Appointment/Election of Board Member to Fill Unexpired Term of a Board Member~~

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

Title: Attendance At Meetings		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/18/2018	

**PURPOSE:** Establish policy for Board of Directors (BOD) meeting attendance.

**POLICY:**

1. Directors are expected to the extent reasonable, to make good faith efforts to schedule vacation, business and personal commitments at time that will not conflict with the schedule of regular Board meetings.
2. It is recognized the timing of business and family commitments, since they involve addition people and outside factors, cannot always be controlled.

**PROCEDURE:**

1. Notwithstanding any other provision of law, the term of any member of the BOD shall expire if they are absent from three consecutive regular Board meetings, or from three of any five consecutive meetings of the Board and the Board, by resolution, declares a vacancy exists.
2. As set forth in the Ralph M. Brown Act in CA Government Code Section 54953, a Director may attend a meeting by teleconference. “Permitted Locations of Meetings and Teleconferencing” section of the “Summary of the Major Provisions of the Ralph M Brown Act” (Richards, Watson & Gershon, 2023)

**REFERENCES:**

1. CA Health and Safety Code Section 32100.2
2. Ralph M. Brown Act in CA Government Code Section 54953
3. 2023 Brown Act Handbook, Summary of the Major Provisions and Requirements of the Ralph M. Brown Act, 2023

**RECORD RETENTION AND DESTRUCTION:**

Minutes from the Board of Director’s meeting must be retained for six (6) years.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.2 Attendance At Meetings
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

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- ~~1. Attendance At Meetings~~
- ~~2. Attendance At Meetings~~

Supersedes: v.2 Attendance At Meetings
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## NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Authority of the Chief Executive Officer for Contracts and Bidding		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors, Chief Executive Officer (CEO)		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Establish policy and procedure process for Authority for Contracts and Bidding.

**POLICY:**

Northern Inyo Healthcare District (NIHD) shall comply with the requirements of California Health and Safety Code Section 32132, which set forth competitive means bidding requirements. “Competitive means” includes any appropriate means specified by the Board of Directors (BOD), including, but not limited to, the preparation and circulation of a request for a proposal to an adequate number of qualified sources, as determined by the BOD in its discretion, to permit reasonable competition consistent with the nature and requirements of the proposed acquisition.

When the BOD awards a contract through competitive means, the District's requirements, as determined by the evaluation criteria specified by the Board or designee. The evaluation criteria may provide for the selection of a vendor on an objective basis other than cost alone.

**PROCEDURE:**

1. NIHD “shall acquire materials and supplies that cost more than twenty-five thousand dollars (\$25,000) through competitive means, except when the Board determines either that (1) the materials and supplies proposed for acquisition are the only materials and supplies that can meet the District's need, or (2) the materials and supplies are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety.” (Ca. H&S Code Section 32132)
2. This bidding process “Shall not apply to medical or surgical equipment or supplies, to professional services, or to electronic data processing and telecommunications goods and services. Medical or surgical equipment or supplies includes only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital.” (Ca. H&S Code Section 32132)
3. “Bids need not be secured for change orders that do not materially change the scope of the work as set forth in a contract previously made if the contract was made after compliance with bidding requirements, and if each individual change order does not total more than 5% (five percent) of the contract.” (Ca. H&S Code Section 32132)
4. The professional services to which the bidding rules do not apply include those of persons who are highly skilled in their science or profession; persons such as Attorney At Law, architect, engineer or artist; and persons whose work requires skill and technical learning and ability of a rare kind.

5. The Chief Executive Officer or designated staff shall mail notice of the action or decision to the affected applicant or medical staff member within the time specified in the applicable bylaw or rule.

**REFERENCES:**

1. California Health and Safety Code Section 32132

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.2 Authority of the Chief Executive Officer for Contracts and Bidding
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

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Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors, Chief Executive Officer (CEO)		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
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4. The professional services to which the bidding rules do not apply include those of persons who are highly skilled in their science or profession; persons such as Attorney At Law, architect, engineer or artist; and persons whose work requires skill and technical learning and ability of a rare kind.

5. The ~~hospital administrator~~Chief Executive Officer or designated staff shall mail notice of the action or decision to the affected applicant or medical staff member within the time specified in the applicable bylaw or rule.

**REFERENCES:**

1. California Health and Safety Code Section 32132

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.2 Authority of the Chief Executive Officer for Contracts and Bidding
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Conflicts of Interest		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope:		
Date Last Modified: 05/13/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** Establish ethical standards for governing conflicts of interest for Northern Inyo Healthcare District (NIHD) Board of Directors (BOD). This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to this organization.

**POLICY:**

1. All Directors shall be held to the highest ethical standard and shall not have conflicts of interest when making decisions, except when permitted by law.
2. Sources of rules that address financial conflicts of interest are The Political Reform Act (CA Government Code Section 87110 et seq.), CA Government Code Section 1090 and the common law prohibition against conflicts of interest.
3. A Director is bound to exercise the powers conferred on them with disinterest and diligence and primarily for the benefit of the public.

**PROCEDURE:**

1. The Political Reform Act requires each Director to file a Form 700 Statement of Economic Interests upon assuming office, annually while in office, and upon leaving office.
2. The Form 700 shall be completed and filed in compliance with the District Board’s Conflict of Interest Policy and applicable state law.
3. In signing the Form 700, a Director is certifying under penalty of perjury the information is true and correct.
4. It is the responsibility of each Director to review each schedule and its instructions carefully and to complete the form accurately and comprehensively.
5. During a meeting, a Director with a conflict (or who think he/she may have a conflict) with a proposed matter on the agenda is required to disclose the conflict or potential conflict.
6. After disclosure of the financial interest and all material facts, and after any discussion with the Director, the Director will leave the meeting while the determination of a conflict of interest is discussed and voted on by the remaining BOD members.
7. If necessary, the Chair shall appoint a disinterested person or committee to investigate alternatives to the proposed matter.
8. A Director with a conflict is prohibited from making or in any way attempting to use his/her official position to influence a decision in which they know or would have reason to know he/she may have a financial interest.
9. A Director is prohibited from voting on any matter in which there is a conflict of interest.

10. Minutes of Board meetings shall reflect when a Director discloses he/she has a conflict of interest and how the conflict was managed. Such as there was a discussion on the matter without the Director present in the room, and a vote was taken and the Director abstained.
11. Each Director is required to annually complete the District's Conflict of Interest Statement as well.
12. Decisions of the BOD shall be consistent with the Mission and Vision Statements and the Strategic Plan adopted by the NIHD BOD.

**REFERENCES:**

1. CA Government Code Section 87110 et seq
2. CA Government Code Section 1090

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Conflicts of Interest

Supersedes: v.2 Conflicts of Interest
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Conflicts of Interest		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope:		
Date Last Modified: 05/13/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** Establish ethical standards for governing conflicts of interest for Northern Inyo Healthcare District (NIHD) Board of Directors (BOD). This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to this organization.

**POLICY:**

1. All Directors shall be held to the highest ethical standard and shall not have conflicts of interest when making decisions, except when permitted by law.
2. Sources of rules that address financial conflicts of interest are The Political Reform Act (CA Government Code Section 87110 et seq.), CA Government Code Section 1090 and the common law prohibition against conflicts of interest.
3. A Director is bound to exercise the powers conferred on them with disinterest and diligence and primarily for the benefit of the public.

**PROCEDURE:**

1. The Political Reform Act requires each Director to file a Form 700 Statement of Economic Interests upon assuming office, annually while in office, and upon leaving office.
2. The Form 700 shall be completed and filed in compliance with the District Board’s Conflict of Interest Policy and applicable state law.
3. In signing the Form 700, a Director is certifying under penalty of perjury the information is true and correct.
4. It is the responsibility of each Director to review each schedule and its instructions carefully and to complete the form accurately and comprehensively.
5. During a meeting, a Director with a conflict (or who think he/she may have a conflict) with a proposed matter on the agenda is required to disclose the conflict or potential conflict.
6. After disclosure of the financial interest and all material facts, and after any discussion with the Director, the Director will leave the meeting while the determination of a conflict of interest is discussed and voted on by the remaining BOD members.
7. If necessary, the Chair shall appoint a disinterested person or committee to investigate alternatives to the proposed matter.
8. A Director with a conflict is prohibited from making or in any way attempting to use his/her official position to influence a decision in which they know or would have reason to know he/she may have a financial interest.
9. A Director is prohibited from voting on any matter in which there is a conflict of interest.

10. Minutes of ~~board~~-Board meetings shall reflect when a Director discloses he/she has a conflict of interest and how the conflict was managed. Such as there was a discussion on the matter without the Director present in the room, and a vote was taken and the Director abstained.

~~10.11.~~ Each Director is required to annually complete the District's Conflict of Interest Statement as well.

~~11.12.~~ Decisions of the BOD shall be consistent with the Mission and Vision Statements and the Strategic Plan adopted by the NIHD BOD.

**REFERENCES:**

1. CA Government Code Section 87110 et seq
2. CA Government Code Section 1090

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Conflicts of Interest

Supersedes: v.2 Conflicts of Interest
---------------------------------------

**NORTHERN INYO HEALTHCARE DISTRICT**  
**Conflict of Interest Questionnaire**  
**Instructions for use**

All NIHD employees are required to complete a Conflict of Interest (COI) questionnaire upon hire, annually, and if there is a change in your circumstances that may create a potential conflict of interest.

1. Complete this form and print by marking the appropriate “Yes” or “No” after each of the **NINE** questions.
2. If applicable, use the tables to list other healthcare-related employers or family members at NIHD. If you need additional space, please use the back of the form.
3. Family member or relative is defined in the NIHD Code of Business Ethics and Conduct as follows: A relative or family member is defined as including any one of the following: any person who is related by blood or marriage, or whose relationship with the Workforce is similar to that of persons who are related by blood or marriage, including a domestic partner, and any person residing in the Workforce’s household.  
*Examples of relationships by blood or marriage may include, but are not limited to any of the following: Parent, child, husband, wife, grandparent, grandchild, brother, sister, uncle, aunt, nephew, niece, first cousin, step-parent, step-child, relationships by marriage, or domestic partner/cohabitating couple/significant other.*  
**If you need more space than is available on the form, please email Compliance with all family members. (Compliance@NIH.org)**
4. If you have any questions, please call the Compliance Office at ext. 2022.
5. If you have conflicts or ethics concerns not listed on this questionnaire, please contact the Compliance Office. The Compliance Office will follow up on your concern(s).
6. Type your name and date the form. Please include your title and supervisor’s name.
7. Submit the completed form to the Compliance Office by clicking on the submit button at the bottom of the page.

## NORTHERN INYO HEALTHCARE DISTRICT Conflict of Interest Questionnaire

**ARE YOU AWARE OF:**

**Yes No**

Anyone attempting to influence NIHD business transactions for direct or indirect personal financial interest?

Anyone at NIHD giving or receiving gifts, loans, tips, or discounts for illegal activities, or to create real or perceived obligations?

Anyone using NIHD resources for purposes other than NIHD business or NIHD-sponsored business?

Anyone at NIHD accepting bribes, kickbacks, or rewards?

Anyone using NIHD money, goods, or services to influence government employees or for special consideration or for any political contribution?

Any false or misleading accounting practices or improper documentation of assets, liabilities, or financial transactions?

**DO YOU OR YOUR FAMILY MEMBER(S):**

Have 5% or greater interest or ownership in a business that provides goods or services to NIHD?

Currently work for another healthcare provider or healthcare-related employer?

If YES, please complete the following:

Employer	You or family?	Job Title	Start Date

**DO YOU** have family or significant others employed at NIHD?

If YES, please complete the following:

Name	Relationship	Department

<b>Name:</b> By entering my name here, I verify that this document is accurate and correct.	<b>Date</b>
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What is your title?	Who is your supervisor?
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Election Procedures and Related Conduct		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope:		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** Establish procedures for adherence to election process and conduct relating to elections as defined by state and county law for the five elected members of the Board of Directors.

**POLICY:**

1. Northern Inyo Healthcare District (NIHD) Board of Directors (BOD) shall consist of five elected members.
2. The District is divided into five (5) separate zones with each member living in and representing one of the zones. See attached District Zone Map.
3. A regular election cycle elected term shall be of four years duration. Election terms may be two years if performed in an off-cycle for the District Zone.
  - a. Zones 1, 2, and 4 have a regular 4-year election cycle in 2028 and every four years thereafter.
  - b. Zones 3 and 5 have a regular 4-year election cycle in 2030 and every four years thereafter.
4. There is no limit to the number of terms a member may serve.

**PROCEDURE:**

5. The District shall hold its general election consolidated with the statewide general election held on the first Tuesday after the first Monday in November in even numbered years.
6. The candidate receiving the most votes in each zone, even if not a majority shall be elected.
7. Unless as a result of a vacancy, all BOD terms shall be four (4) years.
8. Those Board members whose term in office has concluded shall continue on the board until the successor has qualified or the first Thursday in December following the election which ever is later.
9. All registered voters within each zone are qualified to run for office in their zone of residence.
10. Prospective Board members must be at least eighteen (18) years of age and District residents.
11. Interested candidates for the BOD are directed to the Inyo County Clerk/Recorder’s office for information regarding the rules and regulations related to candidacy for a Board seat.
12. Law sets the candidate filing period for Statewide General Elections.
13. All candidates must file a Form 700 Statement of Economic Interest.
14. The candidate pays for the cost of the candidate’s policy statement.
15. Directors shall not use any District resources, for example, photocopiers or paper supplies, or make requests of staff to produce or disseminate any partisan campaign material to be used in support of or in opposition to any candidate for public office or any ballot measure.
16. By law, NIHD may not use public funds or resources to advocate for or against any ballot measure or candidate.

17. It is permissible to use public funds for the dissemination of impartial educational information, to make a fair presentation of the facts to aid voters in making an informed decision. Educational material must be approved by full BOD and the CEO.
18. It is permissible for the BOD to go on record at a public meeting in favor of or opposed to a particular ballot measure.
19. Directors shall not hand out any partisan campaign material supporting or opposing any candidate for public office or any ballot measure while the public Board meeting is in progress.

**REFERENCES:**

1. Inyo County Clerk/Recorder

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Election Procedures and Related Conduct

Supersedes: v.2 Election Procedures and Related Conduct
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Election Procedures and Related Conduct		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope:		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

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3. A regular election cycle elected term shall be of four years duration. Election terms may be two years if performed in an off-cycle for the District Zone.
  - a.—Zones 1, 2, and 4 have a regular 4-year election cycle in 2028 and every four years thereafter.
  - a. —
  - 1.—Zones 3 and 5 have a regular 4-year election cycle in 2030 and every four years thereafter.
  - b. —
- 4.4. There is no limit to the number of terms a member may serve.

**PROCEDURE:**

- 4.5. The District shall hold its general election consolidated with the statewide general election held on the first Tuesday after the first Monday in November in even numbered years.
- 2.6. The candidate receiving the most votes in each zone, even if not a majority shall be elected.
- 3.7. Unless as a result of a vacancy, all BOD terms shall be four (4) years.
- 4.8. Those Board members whose term in office has concluded shall continue on the board until the successor has qualified or the first Thursday in December following the election which ever is later.
- 5.9. All registered voters within each zone are qualified to run for office in their zone of residence.
- 6.10. Prospective Board members must be at least eighteen (18) years of age and District residents.
- 7.11. Interested candidates for the BOD are directed to the Inyo County Clerk/Recorder's office for information regarding the rules and regulations related to candidacy for a Board seat.
- 8.12. Law sets the candidate filing period for Statewide General Elections.
- 9.13. All candidates must file a Form 700 Statement of Economic Interest.
- 10.14. The candidate pays for the cost of the candidate's policy statement.
- 11.15. Directors shall not use any District resources, for example, photocopiers or paper supplies, or make requests of staff to produce or disseminate any partisan campaign material to be used in support of or in opposition to any candidate for public office or any ballot measure.

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**Commented [PD1]:** Do we want to add a reference to the base election cycle for each zone?

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~~12.16.~~ By law, NIHD may not use public funds or resources to advocate for or against any ballot measure or candidate.

~~13.17.~~ It is permissible to use public funds for the dissemination of impartial educational information, to make a fair presentation of the facts to aid voters in making an informed decision. Educational material must be approved by full BOD and the CEO.

~~14.18.~~ It is permissible for the BOD to go on record at a public meeting in favor of or opposed to a particular ballot measure.

~~15.19.~~ Directors shall not hand out any partisan campaign material supporting or opposing any candidate for public office or any ballot measure while the public Board meeting is in progress.

**REFERENCES:**

1. Inyo County Clerk/Recorder

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Election Procedures and Related Conduct

Supersedes: v.2 Election Procedures and Related Conduct

Northern Inyo Hospital District:  
With Recommended Changes

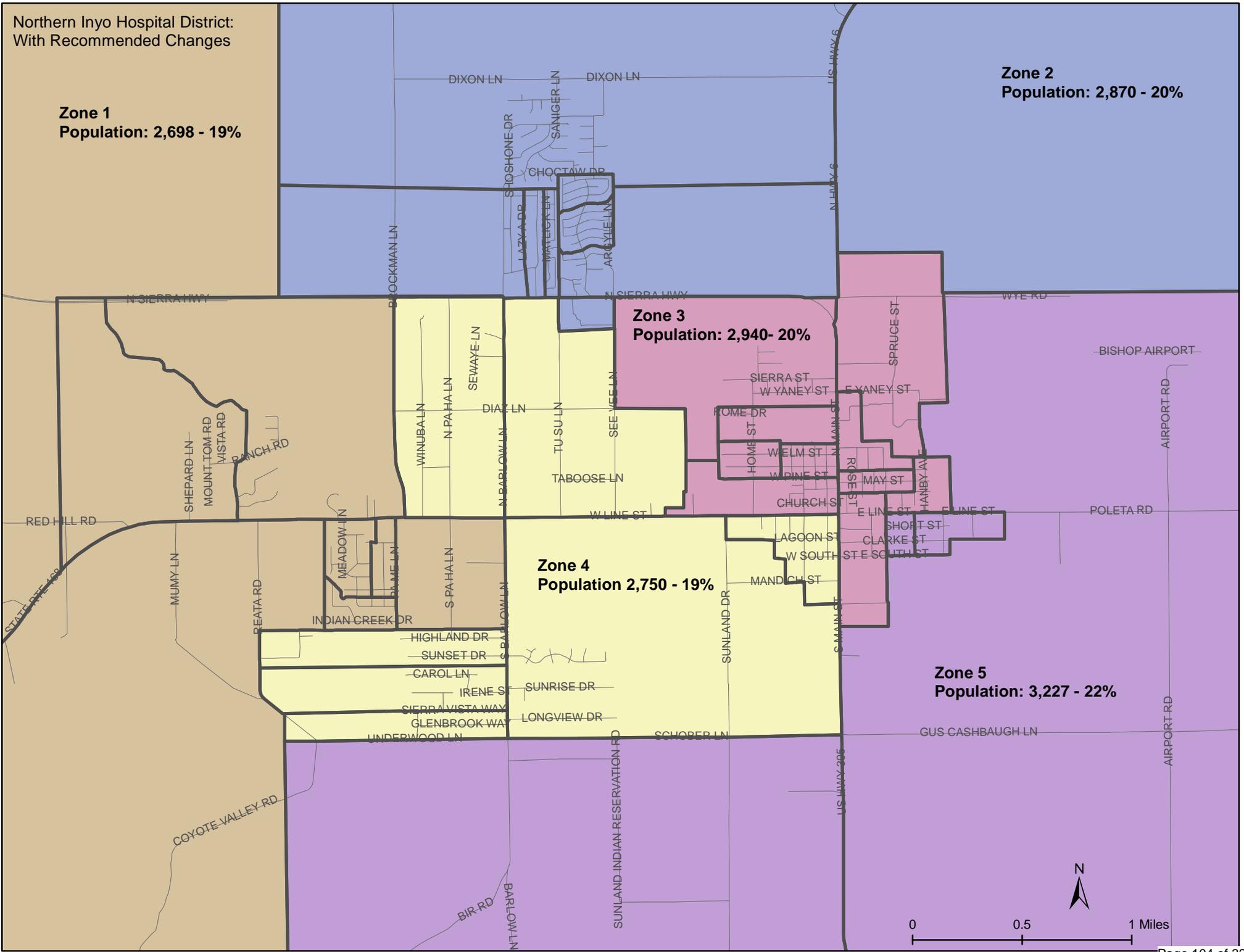
**Zone 1**  
Population: 2,698 - 19%

**Zone 2**  
Population: 2,870 - 20%

**Zone 3**  
Population: 2,940 - 20%

**Zone 4**  
Population 2,750 - 19%

**Zone 5**  
Population: 3,227 - 22%





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

Title: Guidelines for Business by the Northern Inyo Healthcare District Board of Directors		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/25/2022	

**PURPOSE:** To explain the guidelines for the Northern Inyo Healthcare District (NIHD) Board of Directors in conducting business for the District. To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

**POLICY:** To make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Northern Inyo Healthcare District, the following compendium of provisions from the NIHD bylaws and the Ralph M. Brown Act, hereinafter referred to as the Brown Act, is hereby established.

**PROCEDURE:**

**A. Officers of the Board of Directors**

1. The officers of the Board of Directors are as follows: Chair, Vice Chair, Secretary, Treasurer and Member at Large.
2. Per the District Board Bylaws, the current Chair shall propose the following slate of officers:
  - a. Member at Large becomes the Treasurer
  - b. Treasurer becomes Secretary
  - c. Secretary becomes Vice Chair
  - d. Vice Chair becomes Chair
  - e. Chair becomes Member at Large
3. At the December meeting of every calendar year, the Board of Directors **shall vote** whether to accept the proposed slate of officers, or whether to propose an alternative slate.
4. Each officer shall hold the office for one year or until a successor shall be elected and qualified, or until the officer is otherwise disqualified to serve.

**B. Meetings of the Board of Directors**

1. Regular Meetings: Regular Meetings of the Board of Directors shall be held the third Wednesday of each month at 5:30 PM at 2957 Birch Street, Bishop, California, Board Room, unless specified in advance to another location within the Healthcare District boundaries. The regular meeting shall begin in Open Session in accordance with the Brown Act and may adjourn to Closed Session in compliance with law. The notice for meetings of the NIHD Board of Directors shall be posted per the requirements of the Brown Act.
2. It is the duty, obligation, and responsibility of the Board Chair to call for Board of Directors' meetings and meeting locations. This authority is vested within the office of the Chief Executive Officer or Board Clerk and is expected to be used with the best interests of the District, Directors, staff, and communities we serve.

3. Special Meetings: Special Meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24-hours' notice as stated in the Brown Act.
  - a. The Chair of the Board, or three Directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.
  - b. Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to the local newspaper(s) of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Board Clerk before a meeting convenes.
  - c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the Board.
  - a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
  - b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
5. Closed Session Meetings: Closed Session meetings of the Board of Directors may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local Healthcare District Law. Closed session items must be briefly described on the posted agenda and the description must state the specific statutory exemption (grounds for convening a closed session). Agenda descriptions can cover: license and permit determinations, real property negotiations, existing or anticipated litigation, liability claims, threats to security, hospital peer review and trade secrets, public employment appointments, evaluations and discipline, labor negotiations, hospital board of directors, and medical quality assurance committees.
  - a. Hard copy documentation of closed session materials will be available to Board Members during the actual closed session but will be returned by all Board members at the completion of the closed session.
  - b. Closed session will be attended by General Counsel. If General Counsel is not available, full Board will vote on whether closed session is tabled.
  - c. Prior to entering into closed session, the Board will read aloud the agenda item to the public.
  - d. Following closed session, the Board will provide an oral or written report on certain actions taken and the vote of every elected member present.
6. Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act.
7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: Chair, Vice Chair, and Secretary, or in the absence of all officers, another Director selected by the Board to do so at the meeting in question.

### **C. Activities/Meeting of Board Committees**

1. Board committees will undertake the activities of the committee as outlined in the Northern Inyo Healthcare District Board Bylaws. In addition, each Committee will annually establish Committee Workplans, and such workplans will be presented to the Board of Directors for annual approval, within 60 calendar days of appointment.

### **D. Meetings Open to the Public**

All meetings of the Board of Directors are open to the public except for the Closed Session portion of such meetings.

### **E. Notices of Meetings of the Board of Directors and Board Committees Supplied to the Public**

Notices of any Regular or Special meeting of the Board of Directors and, where applicable Board Committees, shall be mailed or emailed to any interested party who has filed a written request for such notice. The request must be renewed annually in writing, delivered USPS mail, in person or via email.

### **F. Board and Board Committee Agenda Packets for Members of the Public**

1. Board, and where required by the Brown Act, Board Committee, agendas and agenda materials are available for review by any interested party at the Administrative Office or at the Board or Board Committee meeting itself.
2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged \$.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way, does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and where applicable, Board Committee meetings. Agenda packets in whole or in part may also be posted to the District's website.

### **G. Public Input at Meetings of the Board of Directors and Board Committee Meetings**

On each agenda of Regular and Special Meetings of the Board of Directors and Board Committee meetings that are subject to the Brown Act, there shall be a provision made for input from the audience. The Board of Directors or Board Committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

1. If a majority of the Board of Directors determine that an emergency exists as defined under the "Emergency Meetings" section of this policy, or
2. If two-thirds of the members of the Board of Directors or Board Committee present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, agree an item requires immediate action and the need for action came to the District's attention after the agenda was posted, or
3. If the item was previously posted and continued from a meeting which occurred no more than 5-days prior to the date on which the proposed action will be taken.

### **H. Preparation of the Agenda for Board or Board Committee Meetings**

1. Placing of Items on the Agenda:
  - a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner to address the needs and concerns of members of the public.
  - b. Members of the public are directed to contact the Chair of the Board of Directors, a Director of the Board, the Chief Executive Officer or Board Clerk, at least two weeks prior to the meeting of the Board of Directors at which they wish to have an item placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the Chief Executive Officer for follow-up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.
  - c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Healthcare District or that are not relevant to hospital district governance.
  - d. Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Board Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.
2. The Chief Executive Officer and Board Chair, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The Chief Executive Officer or his/her designee, and where applicable the Board Committee chairperson, shall prepare the agendas for the meetings of the Board or the Board Committee. Items to be placed on an agenda should be submitted to the Chief Executive Officer or the Board Clerk, no later than 10 days prior to the Board meeting.
3. In addition to discussing with the Board Chair or Chief Executive Officer, a Board member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agenda if a majority of the Board occurs. No more than two items per Board member will be considered at a Board meeting.
4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:
  - a. Call to Order
  - b. Roll Call
  - c. Deletions/Corrections to the Posted Agenda, if necessary
  - d. Public Comment
  - e. Acknowledgements
  - f. Open Session – Items for Board Action/Board Discussion/Information Only
    - a. Open session items shall be presented in congruence to the current FY budget and strategic plan.
    - b. May contain special items not directly associated with the budget or current strategic.
  - g. Medical Staff Executive Committee
  - h. Consent Agenda – Approval of All Consent Agenda Items
  - i. Consent Agenda – Discussion of Consent Agenda Items Pulled
  - j. Board Members Reports/Closing Remarks
  - k. Closed Session

1. Open Session – Report Out on Any Action Taken During Closed Session, if necessary
5. The Board of Directors wishes to facilitate input from members of the Medical Staff, consultants, vendors and others. When possible, reports and presentations from such parties will be placed as a timed item in the agenda and/or early in the agenda to minimize the demands on the time of the presenter.
6. The Board Chair and the Chief Executive Officer will create a “Consent Agenda” for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all the items on the agenda marked “Consent Agenda” at one time by vote, after a motion has been duly made and seconded. Board Chair will ask if any Board member wishes to have an item pulled from the Consent Agenda for further discussion. If any member of the Board of Directors or District staff requests that a consent item be pulled from the list of consent items prior to the vote on the Consent Agenda, such item(s) shall be taken up for separate consideration and disposition. Members of the public may request a Board member do so on their behalf or may provide public comment on a particular item before the Board votes on the Consent Agenda.
  - a. Board members are encouraged to notify the Board Chair and Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.
  - b. Department Heads, or their designated representative, will be present during the Consent Agenda to answer any questions. If the Department Head is unable to attend, the Chief Executive Officer or other Chief Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting, if necessary.
7. Minutes of Board Committee meetings will be included in the Board agenda packet. If not available, the agenda for the Committee meeting will be included. Recommendations from a Board Committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

#### **I. Notification by Board Member of Anticipated Absences**

In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Board Clerk, with information including the dates of absence, best method of contact, applicable telephone, fax number and email address, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency, you must acknowledge this preference, and written notices will be provided to your permanent address.

#### **J. Minutes of Meetings of the Board of Directors and Board Committees**

Minutes of meetings of the Board of Directors and Board Committees shall be taken by the Board Clerk. The minutes shall be transcribed and reviewed by the Chief Executive Officer prior to submittal to the Board of Directors or Board Committees for review and approval at their next regularly scheduled meeting.

#### **K. Special Rules/Robert’s Rules of Order**

The Board of Directors has adopted Robert’s Rules of Order, Revised, as the framework to guide discussion and actions within the Board of Directors’ meetings and its subsidiary committee structure. With acknowledgement that the Northern Inyo Healthcare District Board of Directors is somewhat different in form, membership and objective than is captured in Robert’s Rules, the placement of “Special Rules” is appropriate to facilitate superior deliberation and decision-making. With Robert’s Rules providing the basis for debate and action, the following procedures and/or expectations shall take

precedence over Robert's Rules of Order, Revised and may be further amended at the discretion of the Chair.

### 1. Discussion/Debate

- a) As is practical, oral staff summaries shall precede motions and public comment on an agenda item.
- b) Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agenda item.
- c) *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agenda item. This is not an opportunity for Board Members to state their views on the substance of a matter.
- d) Any Board Committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Board Members to state their views on the substance of a matter.
- e) Public input/comments regarding items not on an agenda will be sought at the beginning of Board/Board Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board Chair for the formulation of a recommendation to the Board of Directors.
- f) Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Board Chair.

### 2. Voting/Motions

- a) Any member of the Board of Directors may introduce or second a motion, including the Board Chair or other currently presiding officer. All members, including the Board Chair, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, the vote shall be recorded as in favor of the motion.
- b) Amendment of a motion may only be amended by the motion maker with the concurrence of the second.
- c) No more than one motion may be considered at a time.
- d) Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
- e) Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.
- f) Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced by a Board Member who voted on the prevailing side of the original motion. The Board Chair may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.
- g) "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public view.

- h) Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in a fashion compliant with Robert's Rules of Order, Revised, as modified by this policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly, and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) of our actions.

#### **L. Urgent Decisions**

In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the Board Chair, or a majority of the Board Members, may call a special board meeting or an emergency meeting to take action.

#### **M. Contingent Approval**

- a) In the event the Board approves an item at a Board meeting, in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:
  - i. The terms are not substantively altered from those previously approved;
  - ii. All involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board; and,
  - iii. The final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.
- b) If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent Board meeting.

#### **N. Complaints Addressed to the Board**

Written or verbal comments, concerns or complaints addressed to any or all members of the Board that are received by Board members, or any District staff member, or provider, must be forwarded immediately to the Chief Executive Officer. The Chief Executive Officer or designee, will initiate the formal review process. Findings will prompt the appropriate action planning for any areas requiring performance improvement. Reporting of findings/action to resolution, will be provided through compliant processes to the Board of Directors.

#### **O. Board Member Requests for Information**

Individual Board Members may request data from the District by contacting the Chief Executive Officer. Board Member requests must indicate the specific information being requested and will be responded to as follows:

1. The Chief Executive Officer will review the request to determine material availability, sensitivity, necessary resources and anticipated costs (if any) of production.
2. Should the Chief Executive Officer determine that materials are not readily available, sensitive in nature or costly to produce, the Chief Executive Officer may defer to a decision of the Board of Directors, to fulfill the request.

3. All approved requests by the Chief Executive Officer and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

**REFERENCES:**

Ralph M. Brown Act (CA Govt Code §54950)

**RECORD RETENTION AND DESTRUCTION: N/A**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Guidelines for Business by the Northern Inyo Healthcare District Board of Directors
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Guidelines for Business by the Northern Inyo Healthcare District Board of Directors		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date: 05/25/2022

**PURPOSE:** To explain the guidelines for the Northern Inyo Healthcare District (NIHD) Board of Directors in conducting business for the District.

To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

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**POLICY:** To make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Northern Inyo Healthcare District, the following compendium of provisions from the NIHD bylaws and the Ralph M. Brown Act, hereinafter referred to as the Brown Act, is hereby established.

**PROCEDURE:**

**A. Officers of the Board of Directors**

1. The officers of the Board of Directors are as follows: Chair, Vice Chair, Secretary, Treasurer and Member at Large.
2. Per the District Board Bylaws, the current Chair shall propose the following slate of officers:
  - a. Member at Large becomes the Treasurer
  - b. Treasurer becomes Secretary
  - c. Secretary becomes Vice Chair
  - d. Vice Chair becomes Chair
  - e. Chair becomes Member at Large
3. At the December meeting of every calendar year, the Board of Directors shall vote whether to accept the proposed slate of officers, or whether to propose an alternative slate.
4. Each officer shall hold the office for one year, or until a successor shall be elected and qualified, or until the officer is otherwise disqualified to serve.
2. The officers shall be chosen every year by the Board of Directors in December and each officer shall hold office for one year or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of Chair of the Board of Directors may serve successive terms by unanimous vote taken at a regularly scheduled meeting. The office of Chair, Vice Chair, Secretary, Treasurer and Member at Large shall be filled by members of the Board of Directors.

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**B. Meetings of the Board of Directors**

1. Regular Meetings: Regular Meetings of the Board of Directors shall be held the third Wednesday of each month at 5:30 PM at 2957 Birch Street, Bishop, California, Board Room, unless

specified in advance to another location within the Healthcare District boundaries. The regular meeting shall begin in Open Session in accordance with the Brown Act and may adjourn to Closed Session in compliance with law. The notice for meetings of the NIHD Board of Directors shall be posted per the requirements of the Brown Act.

2. It is the duty, obligation, and responsibility of the Board Chair to call for Board of Directors' meetings and meeting locations. This authority is vested within the office of the Chief Executive Officer or Board Clerk and is expected to be used with the best interests of the District, Directors, staff, and communities we serve.
3. Special Meetings: Special Meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24-hours' notice as stated in the Brown Act.
  - a. The Chair of the Board, or three Directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.
  - b. Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to the local newspaper(s) of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Board Clerk before a meeting convenes.
  - c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.
4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the Board.
  - a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
  - b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
5. Closed Session Meetings: Closed Session meetings of the Board of Directors may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local Healthcare District Law. Closed session items must be briefly described on the posted agenda and the description must state the specific statutory exemption (grounds for convening a closed session). Agenda descriptions can cover: license and permit determinations, real property negotiations, existing or anticipated litigation, liability claims, threats to security, hospital peer review and trade secrets, public employment appointments, evaluations and discipline, labor negotiations, hospital board of directors, and medical quality assurance committees.
  - a. Hard copy documentation of closed session materials will be available to Board Members during the actual closed session but will be returned by all Board members at the completion of the closed session.
  - b. Closed session will be attended by General Counsel. If General Counsel is not available, full Board will vote on whether closed session is tabled.
  - c. Prior to entering into closed session, the Board will read aloud the agenda item to the public.

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- d. Following closed session, the Board will provide an oral or written report on certain actions taken and the vote of every elected member present.
6. Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act.
7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: Chair, Vice Chair, and Secretary, or in the absence of all officers, another Director selected by the Board to do so at the meeting in question.

**C. Activities/Meeting of Board Committees**

1. Board committees will undertake the activities of the committee as outlined in the Northern Inyo Healthcare District Board Bylaws. In addition, each Committee will annually establish Committee [goals/Workplans](#), and such [goals-workplans](#) will be presented to the Board of Directors for [annual](#) approval, [within 60 calendar days of appointment](#).

**D. Meetings Open to the Public**

All meetings of the Board of Directors are open to the public except for the Closed Session portion of such meetings.

**E. Notices of Meetings of the Board of Directors and Board Committees Supplied to the Public**

Notices of any Regular or Special meeting of the Board of Directors and, where applicable Board Committees, shall be mailed [or emailed](#) to any interested party who has filed a written request for such notice. The request must be renewed annually in writing, [delivered USPS mail, in person or via email](#).

**F. Board and Board Committee Agenda Packets for Members of the Public**

1. Board, and where required by the Brown Act, Board Committee, agendas and agenda materials are available for review by any interested party at the Administrative Office or at the Board or Board Committee meeting itself.
2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged \$.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way, does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and where applicable, Board Committee meetings. Agenda packets in whole or in part may also be posted to the District's website.

**G. Public Input at Meetings of the Board of Directors and Board Committee Meetings**

On each agenda of Regular and Special Meetings of the Board of Directors and Board Committee meetings that are subject to the Brown Act, there shall be a provision made for input from the audience. The Board of Directors or Board Committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

1. If a majority of the Board of Directors determine that an emergency exists as defined under the "Emergency Meetings" section of this policy, or

2. If two-thirds of the members of the Board of Directors or Board Committee present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, agree an item requires immediate action and the need for action came to the District's attention after the agenda was posted, or
3. If the item was previously posted and continued from a meeting which occurred no more than 5-days prior to the date on which the proposed action will be taken.

#### **H. Preparation of the Agenda for Board or Board Committee Meetings**

1. Placing of Items on the Agenda:
  - a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner to address the needs and concerns of members of the public.
  - b. Members of the public are directed to contact the Chair of the Board of Directors, a Director of the Board, the Chief Executive Officer or Board Clerk, at least two weeks prior to the meeting of the Board of Directors at which they wish to have an item placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the Chief Executive Officer for follow-up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendaize a matter requested by a member of the public. If a matter is not agendaized, the person seeking to discuss it may raise it in the public comment portion of a meeting.
  - c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Healthcare District or that are not relevant to hospital district governance.
  - d. Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Board Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.
2. The Chief Executive Officer and Board Chair, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The Chief Executive Officer or his/her designee, and where applicable the Board Committee chairperson, shall prepare the agendas for the meetings of the Board or the Board Committee. Items to be placed on an agenda should be submitted to the Chief Executive Officer or the Board Clerk, no later than 10 days prior to the Board meeting.
3. In addition to discussing with the Board Chair or Chief Executive Officer, a Board member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agenda if a majority of the Board occurs. No more than two items per Board member will be considered at a Board meeting.
4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:
  - a. Call to Order
  - b. Roll Call
  - c. Deletions/Corrections to the Posted Agenda, if necessary
  - d. Public Comment
  - e. Acknowledgements
  - f. Open Session – Items for Board Action/Board Discussion/Information Only

a. Open session items shall be presented in congruence to the current FY budget and strategic plan.

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¶b. May contain special items not directly associated with the budget or current strategic.

- g. Medical Staff Executive Committee
  - h. Consent Agenda – Approval of All Consent Agenda Items
  - i. Consent Agenda – Discussion of Consent Agenda Items Pulled
  - j. Board Members Reports/Closing Remarks
  - k. Closed Session
  - l. Open Session – Report Out on Any Action Taken During Closed Session, if necessary
5. The Board of Directors wishes to facilitate input from members of the Medical Staff, consultants, vendors and others. When possible, reports and presentations from such parties will be placed as a timed item in the agenda and/or early in the agenda to minimize the demands on the time of the presenter.
6. The Board Chair and the Chief Executive Officer will create a “Consent Agenda” for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all the items on the agenda marked “Consent Agenda” at one time by vote, after a motion has been duly made and seconded. Board Chair will ask if any Board member wishes to have an item pulled from the Consent Agenda for further discussion. If any member of the Board of Directors or District staff requests that a consent item be pulled from the list of consent items prior to the vote on the Consent Agenda, such item(s) shall be taken up for separate consideration and disposition. Members of the public may request a Board member do so on their behalf or may provide public comment on a particular item before the Board votes on the Consent Agenda.
- a. Board members are encouraged to notify the Board Chair and Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.
  - b. Department Heads, or their designated representative, will be present during the Consent Agenda to answer any questions. If the Department Head is unable to attend, the Chief Executive Officer or other Chief Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting, if necessary.
7. Minutes of Board Committee meetings will be included in the Board agenda packet. If not available, the agenda for the Committee meeting will be included. Recommendations from a Board Committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

#### **I. Notification by Board Member of Anticipated Absences**

In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Board Clerk, with information including the dates of absence, best method of contact, applicable telephone, fax number and email address, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency, you must acknowledge this preference, and written notices will be provided to your permanent address.

#### **J. Minutes of Meetings of the Board of Directors and Board Committees**

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## **K. Special Rules/Robert's Rules of Order**

The Board of Directors has adopted Robert's Rules of Order, Revised, as the framework to guide discussion and actions within the Board of Directors' meetings and its subsidiary committee structure. With acknowledgement that the Northern Inyo Healthcare District Board of Directors is somewhat different in form, membership and objective than is captured in Robert's Rules, the placement of "Special Rules" is appropriate to facilitate superior deliberation and decision-making. With Robert's Rules providing the basis for debate and action, the following procedures and/or expectations shall take precedence over Robert's Rules of Order, Revised and may be further amended at the discretion of the Chair.

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- a) In the event the Board approves an item at a Board meeting, in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:
  - i. The terms are not substantively altered from those previously approved;
  - ii. All involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board; and,
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3. All approved requests by the Chief Executive Officer and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

**REFERENCES:**

Ralph M. Brown Act (CA Govt Code §54950)

**RECORD RETENTION AND DESTRUCTION: N/A**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Guidelines for Business by the Northern Inyo Healthcare District Board of Directors



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

Title: Meeting Public Comment Policy		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** To ensure the orderly conduct of District business and to protect the ability of the public to participate meaningfully in such business.

**POLICY:**

1. Public comment on matters not on the agenda.
  - a) Speakers shall be limited to comments on matters within the subject matter jurisdiction of the Board of Directors.
  - b) Public comment on matters not on the agenda will be limited to a total of 30 minutes at the beginning of the meeting, unless otherwise modified by the Chair.
2. Public comment on matters on the agenda.
  - a) Speakers shall be limited to comments on the agenda item being considered by the Board of Directors.
  - b) Public comment on matters on the agenda will be limited to a total of 30 minutes per agenda item.
  - c) Public comment on matters for Board Committees (Governance, Finance, and Quality, Compliance, Safety, and Risk) will be limited to items on the agenda.
3. Public Comments generally.
  - a) Each speaker shall have three minutes.
  - b) Public comment speakers shall limit comments to no more than 3 minutes each.
  - c) Each speaker shall have one opportunity to address the Board on matters not on the agenda, and once per agenda item.
  - d) The Chair, in his/her discretion, and/or in consultation with the Board, may limit or extend time for public comment as he/she may find reasonable under the circumstances.
  - e) Speakers may not cede their time to other speakers. However, to allow for the more efficiency and use of meeting time, the Chair may, in his/her reasonable discretion and after advance request, allow multiple speakers at the meeting to designate one person to speak on their behalf at a greatly reduced amount of time than the speakers would have otherwise taken individually.
  - f) Use of technology in the meeting room (such as Power Points and overhead displays) is restricted to staff, District consultants, applicants for a quasi-judicial approval, and appellants of a quasi-judicial approval. Members of the public may use such technology only upon the approval of the body when necessary for clarification of the speaker's public comment.
  - g) No person shall be permitted to speak or present evidence that is (a) not directly relevant to the matter which is the subject of the item, or (b) unduly repetitious. The Chair may admonish a speaker to address the item of business, and thereafter terminate a speaker's time for failure to remain on topic.

- h) Members of the public shall direct comments to the Board of Directors as a whole, and not to staff, individual members of the body, or the public. However, the Board may direct staff to follow-up with a member of the public who requests specific information. While the Board may respond briefly to public comments, it can take no action on items not appearing on the agenda and need not respond to public comments.
- i) No person shall be permitted to interrupt members of the body, staff presentations; or members of the public who are giving public comment during a meeting.
- j) Any person disrupting a meeting may be asked by the Chair to cease and desist such activity and may be requested or required to leave the meeting in the event the disruptive behavior continues.

4. The Chair retains discretion to reasonably modify these rules to promote the efficient conduct of District business and/or to protect the ability of the public to meaningfully participate in District business.

**REFERENCES:**

- 1. CA Government Code Section 54954.3

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

- 1. [Attendance At Meetings](#)
- 2. [Meeting Minutes](#)
- 3. [Meetings](#)

Supersedes: v.2 Meeting Public Comment Policy
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY**

Title: Meeting Public Comment Policy		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:** To ensure the orderly conduct of District business and to protect the ability of the public to participate meaningfully in such business.

**POLICY:**

1. Public comment on matters not on the agenda.
  - a) Speakers shall be limited to comments on matters within the subject matter jurisdiction of the Board of Directors.
  - b) Public comment on matters not on the agenda will be limited to a total of 30 minutes at the beginning of the meeting, unless otherwise modified by the Chair.
2. Public comment on matters on the agenda.
  - 2.—Speakers shall be limited to comments on the agenda item being considered by the Board of Directors.
    - a) \_\_\_\_\_
    - b) Public comment on matters on the agenda will be limited to a total of 30 minutes per agenda item.
    - 3.c) Public comment on matters for Board Committees (Governance, Finance, and Quality, Compliance, Safety, and Risk) will be limited to items on the agenda.
3. Public Comments generally.
  - a) Each speaker shall have three minutes.
  - b) Public comment speakers shall limit comments to no more than 3 minutes each.
  - c) Each speaker shall have one opportunity to address the Board on matters not on the agenda, and once per agenda item.
  - d) The Chair, in his/her discretion, and/or in consultation with the Board, may limit or extend time for public comment as he/she may find reasonable under the circumstances.
  - e) Speakers may not cede their time to other speakers. However, to allow for the more efficiency and use of meeting time, the Chair may, in his/her reasonable discretion and after advance request, allow multiple speakers at the meeting to designate one person to speak on their behalf at a greatly reduced amount of time than the speakers would have otherwise taken individually.
  - f) Use of technology in the meeting room (such as Power Points and overhead displays) is restricted to staff, District consultants, applicants for a quasi-judicial approval, and appellants of a quasi-judicial approval. Members of the public may use such technology only upon the approval of the body when necessary for clarification of the speaker's public comment.
  - g) No person shall be permitted to speak or present evidence that is (a) not directly relevant to the matter which is the subject of the item, or (b) unduly repetitious. The Chair may admonish a

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speaker to address the item of business, and thereafter terminate a speaker's time for failure to remain on topic.

- h) Members of the public shall direct comments to the Board of Directors as a whole, and not to staff, individual members of the body, or the public. However, the Board may direct staff to follow-up with a member of the public who requests specific information. While the Board may respond briefly to public comments, it can take no action on items not appearing on the agenda and need not respond to public comments.
  - i) No person shall be permitted to interrupt members of the body, staff presentations; or members of the public who are giving public comment during a meeting.
  - j) Any person disrupting a meeting may be asked by the Chair to cease and desist such activity and may be requested or required to leave the meeting in the event the disruptive behavior continues.
4. The Chair retains discretion to reasonably modify these rules to promote the efficient conduct of District business and/or to protect the ability of the public to meaningfully participate in District business.

**REFERENCES:**

- 1. CA Government Code Section 54954.3

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

- 1. [Attendance At Meetings](#)
- 2. [Meeting Minutes](#)
- 3. [Meetings](#)

Supersedes: v.2 Meeting Public Comment Policy
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Onboarding and Continuing Education of Board Members		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

**PURPOSE:**

The purpose of the onboarding and orientation process is to provide a new Northern Inyo Healthcare District (NIHD) board member the information necessary to begin the governing work of the Board of Directors. Further development as a board member is through continuing education.

**POLICY:**

NIHD will provide essential knowledge of the District to all incoming board members within thirty (30) days of election or appointment.

Board members will be provided opportunities for continuing education to expand their knowledge on key healthcare issues and governance.

**PROCEDURE:**

When onboarding, new board members complete the following steps:

Human Resources

1. Complete and sign necessary paperwork with Human Resources.
2. Introduction to NIHD Workforce: a review of NIHD benefits, special events, community involvement.
3. Arrange District campus tour.

Clerk of the Board

4. Receives tablet, user ID and email
5. Completes FPPC Statement of Economic Interest Form 700
6. Initiates required regulatory training (i.e. AB1234 Ethics training, Sexual Harassment Prevention training).
7. Discuss cost-effectiveness and efficiency of direct deposit reimbursement of expenses and stipends versus paper check process. Recommend and complete as appropriate.
8. Provides overview of Board Meeting structure.
9. Arrange District leadership introductions, department tours, and services line overview.

Chief Executive Officer (CEO)

10. Meets with CEO to review the Mission, Vision, Values, Organizational Chart, and Strategic Plan of the District.
11. Reviews patient grievance process.
12. Reviews Board policies.
13. Facilities meet-and-greet with Executive Team.

#### General Counsel

14. Meets with General Counsel to review Brown Act, public meeting procedures, etc.

#### Compliance Officer

15. Reviews District's Compliance Program and Work Plan.
16. Completes NIHD Conflicts of Interest form.
17. Review Compliance and Ethics Committee structure, role and duties.

#### NIHD Board Chair and/or Vice Chair

18. Reviews Order & Decorum, board policies, etc.

#### Chief Financial Officer

19. Reviews most recent audited financials, budget and 10 year forecast.
20. Reviews monthly financials report and package.
21. Reviews Finance Committee role and duties.

#### Director of Quality

22. Reviews Quality Assurance Performance Improvement Plan (QA/PI).
23. Reviews Quality Dashboard.
24. Reviews Patient Satisfaction platform.
25. Reviews Quality and Safety Committee role and duties.

#### Director of Medical Staff Services

26. Reviews structure and duties of Medical Executive Committee.
27. Reviews current process for Medical Staff credentialing.
28. Reviews Medical Staff Peer Review process.
29. Reviews Medical Staff Bylaws.

#### Manager of Marketing, Communication & Strategy

30. Reviews District's website.

Additional materials on governance, quality and finance topics will be distributed electronically.

Appropriate external continuing education and conference will be suggested by Administration. Outside education costs will be paid in accordance with District policy.

#### **REFERENCES:**

#### **RECORD RETENTION AND DESTRUCTION:**

#### **CROSS REFERENCED POLICIES AND PROCEDURES:**

Onboarding and Continuing Education of Board Members



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

Title: Onboarding and Continuing Education of Board Members		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date:

**PURPOSE:**

The purpose of the onboarding and orientation process is to provide a new Northern Inyo Healthcare District (NIHD) board member the information necessary to begin the governing work of the Board of Directors. Further development as a board member is through continuing education.

**POLICY:**

NIHD will provide essential knowledge of the District to all incoming board members within thirty (30) days of election or appointment.

Board members will be provided opportunities for continuing education to expand their knowledge on key healthcare issues and governance.

**PROCEDURE:**

When onboarding, new board members complete the following steps:

Human Resources

1. Complete and sign necessary paperwork with Human Resources.
2. Introduction to NIHD Workforce: a review of NIHD benefits, special events, community involvement.
3. Arrange District campus tour.

Clerk of the Board

4. Receives tablet, user ID and email
5. Completes FPPC Statement of Economic Interest Form 700
6. Initiates required regulatory training (i.e. AB1234 Ethics training, Sexual Harassment Prevention training).
- 6.7. Discuss cost-effectiveness and efficiency of direct deposit reimbursement of expenses and stipends versus paper check process. Recommend and complete as appropriate.
- 7.8. Provides overview of Board Meeting structure.
- 8.9. Arrange District leadership introductions, department tours, and services line overview.

Chief Executive Officer (CEO)

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~~9-10.~~ Meets with CEO to review the Mission, Vision, Values, Organizational Chart, and Strategic Plan of the District.

~~10-11.~~ Reviews patient grievance process.

~~11-12.~~ Reviews Board policies.

~~12-13.~~ Facilities meet-and-greet with Executive Team.

#### General Counsel

~~13-14.~~ Meets with General Counsel to review Brown Act, public meeting procedures, etc.

#### Compliance Officer

~~15.~~ Reviews District's ~~Corporate~~ Compliance Program and Work Plan.

~~16.~~ Completes NIHD Conflicts of Interest form.

~~14.~~

~~15-17.~~ Review Compliance and Ethics Committee structure, role and duties.

#### NIHD Board Chair and/or Vice Chair

~~16-18.~~ Reviews Order & Decorum, board policies, etc.

#### Chief Financial Officer

~~17-19.~~ Reviews most recent audited financials, budget and 10 year forecast.

~~18-20.~~ Reviews monthly financials report and package.

~~19-21.~~ Reviews Finance Committee role and duties.

#### Director of Quality

~~20-22.~~ Reviews Quality Assurance Performance Improvement Plan (QA/PI).

~~21-23.~~ Reviews Quality Dashboard.

~~22-24.~~ Reviews Patient Satisfaction platform.

~~23-25.~~ Reviews Quality and Safety Committee role and duties.

#### Director of Medical Staff Services

~~24-26.~~ Reviews structure and duties of Medical Executive Committee.

~~25-27.~~ Reviews current process for Medical Staff credentialing.

~~26-28.~~ Reviews Medical Staff Peer Review process.

~~27-29.~~ Reviews Medical Staff Bylaws.

#### Manager of Marketing, Communication & Strategy

~~28-30.~~ Reviews District's website.

Additional materials on governance, quality and finance topics will be distributed electronically.

Appropriate external continuing education and conference will be suggested by Administration. Outside education costs will be paid in accordance with District policy.

#### REFERENCES:

#### RECORD RETENTION AND DESTRUCTION:

Onboarding and Continuing Education of Board Members

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Onboarding and Continuing Education of Board Members

3



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

Title: Reimbursement of Expenses		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/18/2018	

**PURPOSE:** Procedure for reimbursement of qualified expenses to NIHD Board of Directors.

**POLICY:**

1. If requested, the District shall reimburse NIHD Board of Directors for necessary travel and incidental expenses incurred in the performance of official duties as Directors, subject to requirements of the NIHD Policy and Procedures and the law.

**PROCEDURE:**

1. The following types of occurrences qualify for reimbursement if attended in the performance of official duties as NIHD Director.
  - a. Training, workshops, seminars, and conferences.
  - b. Educational workshops, seminars, and conference.
  - c. Meetings of local governmental entities and bodies.
  - d. Meetings of community or civic groups or other state or national organizations.
  - e. Any other activity approved by the BOD in advance of attendance.
2. Reimbursement for travel, meals, lodging, and other expenses shall be in accordance with the NIHD Travel and Reimbursement Policy.
3. Request for reimbursement shall include receipts for all expenses for which reimbursement is requested.
4. Board Clerk will assist all Directors with request for reimbursement of travel expenses documentation requirements, correct forms or web links.

**REFERENCES:**

1. IRS Mileage: [www.IRS.GOV](http://www.IRS.GOV), search current IRS mileage rate.

**RECORD RETENTION AND DESTRUCTION:**

Payment record based on invoices, including expense logs, will be maintained for ten (10) years.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. Reimbursement of Expenses
2. Travel between District Locations

Supersedes: v.2 Reimbursement of Expenses
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Reimbursement of Expenses		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/18/2018	

**PURPOSE:** Procedure for reimbursement of qualified expenses to NIHD Board of Directors.

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1. If requested, the District shall reimburse NIHD Board of Directors for necessary travel and incidental expenses incurred in the performance of official duties as Directors, subject to requirements of the NIHD Policy and Procedures and the law.

**PROCEDURE:**

1. The following types of occurrences qualify for reimbursement if attended in the performance of official duties as NIHD Director.
  - a. Training, workshops, seminars, and conferences.
  - b. Educational workshops, seminars, and conference.
  - c. Meetings of local governmental entities and bodies.
  - d. Meetings of community or civic groups or other state or national organizations.
  - e. Any other activity approved by the BOD in advance of attendance.
2. Reimbursement for travel, meals, lodging, and other expenses shall be in accordance with the NIHD Travel and Reimbursement Policy.
3. Request for reimbursement shall include receipts for all expenses for which reimbursement is requested.
4. ~~Local Mileage log is available on the NIHD Intranet>Resources>Forms and Templates>Administrative>Mileage Form Log or as an attachment to this policy within Policy and Procedure Manager (PPM). Board Clerk will assist all Directors with request for reimbursement of travel expenses documentation requirements, correct forms or web links.~~
5. ~~Employee Reimbursement Request Form is available on the NIHD Intranet>Resources>Forms and Templates>Administrative>Employee Reimbursement Request Form or as an attachment to this policy within PPM.~~

**REFERENCES:**

1. IRS Mileage: [www.IRS.GOV](http://www.IRS.GOV), search current IRS mileage rate.
1. ~~<https://www.irs.gov/newsroom/irs-increases-mileage-rate-for-remainder-of-2022>~~
- 2.

**RECORD RETENTION AND DESTRUCTION:**

Payment record based on invoices, including expense logs, will be maintained for ~~fifteen-ten (1510)~~ years.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

1. Reimbursement of Expenses

Reimbursement of Expenses

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~~2. Reimbursement of Expenses~~

~~3.2 Travel between District Locations~~

Supersedes: v.2 Reimbursement of Expenses

Reimbursement of Expenses

2



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

Title: Requests for Public Funds, Community Grants, Sponsorships		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope: Board of Directors		
Date Last Modified: 05/13/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 05/16/2018

**PURPOSE:** Establish criteria for granting requests for Public Funds, Community Grants, and Sponsorships. A community’s health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community based clinics, health provider educational programs, and other programs and organizations that promote physical health, emotional health, and behavioral health well-being.

**POLICY:**

As allowed by Northern Inyo Health Care District’s (NIHD) financial condition and the law, the District may provide assistance to Healthcare programs, services, facilities and activities at any location within or outside the NIHD Zones for benefit of the District and the people served by the District.

**PROCEDURE:**

1. When considering funding a request, NIHD shall address identified community healthcare needs as envisioned by the Mission and Vision Statements and the strategic plan.
2. Within the limits of the budget and the law, sponsorship of events of qualified programs is allowed. NIHD staff will administer sponsorship requests.
3. In conjunction with setting the annual budget each year, the District shall determine whether to fund any requests for Community Grants and if so, what amount. NIHD staff shall administer the Community Grants program with the Directors making the final decision regarding grant recipients.
4. Information regarding the availability of the Community Grants and the application process shall be posted on the NIHD website and publicized appropriately so eligible programs may make timely applications.

**REFERENCES:**

1. California Health and Safety Code Sections 32121(j) and 32126.5.

**RECORD RETENTION AND DESTRUCTION:**

**CROSS-REFERENCE POLICIES AND PROCEDURES:**

Supersedes: v.2 Requests for Public Funds, Community Grants, Sponsorships
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## NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Requests for Public Funds, Community Grants, Sponsorships		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/13/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Establish criteria for granting requests for Public Funds, Community Grants, and Sponsorships. A community’s health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community based clinics, health provider educational programs, and other programs and organizations that promote physical health, emotional health, and behavioral health well-being.

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**REFERENCES:**

1. California Health and Safety Code Sections 32121(j) and 32126.5.

**RECORD RETENTION AND DESTRUCTION:**

**CROSS-REFERENCE POLICIES AND PROCEDURES:**

Supersedes: v.2 Requests for Public Funds, Community Grants, Sponsorships
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Use by NIHD Directors of District Email Accounts		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Establish policy and procedure for appropriate use of the District’s official email accounts by Northern Inyo Healthcare District (NIHD) Board of Directors (BOD)

**POLICY:**

1. The District shall issue an official email address, using the District’s domain name for all Directors.
2. The District shall inform the Inyo County Clerk-Recorder of each Directors’ NIH.org email address.
3. The District shall provide technical support to enable Directors to access their official email accounts from mobile devices and home computers.
4. No Director shall conduct District business on any email account other than the official District email account.
5. Director’s emails pertaining to District business shall not be deleted during the Director’s term of office.
6. Non-District related emails may be deleted at the Directors discretion.
7. All emails related to District business are understood to be a part of the public record.

**PROCEDURE:**

1. Communications from District staff to Directors regarding District business shall utilize the Directors’ official email accounts. A Director may not request such communications be sent to a different email account.
2. Directors are required to use their official email for District-related communications. Email communications on a Director’s personal or business account that relate to District business are subject to disclosure under the Public Records Act. Directors who knowingly or inadvertently use a personal or other business account shall make their personal and/or business email account available for review by the District’s legal counsel when necessary to comply with a request under the Public Records Act.
3. The Director shall not delete any District Board related emails until such time as approved copies have been saved and stored in the District IT system.
4. In order to avoid inadvertent violations of the Brown Act, Directors and staff shall exercise caution when using the “reply all” email function. Directors may not communicate with more than one other Director including via email, except for trivial or scheduling matters. It is to be understood that comments or questions in a “reply all” response may constitute a serial meeting under the Brown Act.

**REFERENCES:**

1. Public Records Act
2. Ralph M. Brown Act

**RECORD RETENTION AND DESTRUCTION:**

**CROSS-REFERENCE POLICIES AND PROCEDURES:**

Supersedes: v.2 Use by NIHD Directors of District Email Accounts



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

Title: Use by NIHD Directors of District Email Accounts		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope: Board of Directors		
Date Last Modified: 05/14/2024	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 05/16/2018

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- ~~3-4.~~ No Director shall conduct District business on any email account other than the official District email account.
- ~~4-5.~~ Director’s emails pertaining to District business shall not be deleted during the Director’s term of office.
- ~~5-6.~~ Non-District related emails may be deleted at the Directors discretion.
- ~~6-7.~~ All emails related to District business are understood to be a part of the public record.

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**PROCEDURE:**

1. Communications from District staff to Directors regarding District business shall utilize the Directors’ official email accounts. A Director may not request; such communications be sent to a different email account.
2. Directors are required to use their official email for District-related communications. Email communications on a Director’s personal or business account that relate to District business are subject to disclosure under the Public Records Act. Directors who knowingly or inadvertently use a personal or other business account shall make their personal and/or business email account available for review by the District’s legal counsel when necessary to comply with a request under the Public Records Act.
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**REFERENCES:**

1. Public Records Act
2. Ralph M. Brown Act

**RECORD RETENTION AND DESTRUCTION:**

**CROSS-REFERENCE POLICIES AND PROCEDURES:**

Supersedes: v.2 Use by NIHD Directors of District Email Accounts

Use by NIHD Directors of District Email Accounts



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

Title: Basis of Authority: Role of Directors		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 11/03/2023	Last Review Date: 12/05/2023	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/18/2018	

**PURPOSE:** Establish governing Board of Directors (BOD) best practices and Director’s roles.

**POLICY:**

1. A Director of Northern Inyo Healthcare District (NIHD) is to be conscientious and concerned with all aspects of the District including its financial health, community needs, quality of care, employee relations, and compliance with the law.
2. A Director must act in good faith, with the highest ethical standards, in the best interest of the organization.
3. A Director must act in a manner consistent with the Board’s stated mission and bylaws and conduct their activities within the powers conferred upon them by federal, state, and local regulations.
4. A Director must work to ensure the District’s Missions, Vision, and Values are the center of decision-making.

**PROCEDURE:**

1. Apart from their normal function as part of the NIHD BOD, a Director has no individual authority to commit the District to any policy, act, or expenditure, unless the BOD takes specific action to grant such authority as to a given matter.
2. The NIHD BOD primary responsibility is the formulation and evaluation of policy. Directors are responsible for monitoring the District’s progress in attaining goals and objectives, while pursuing its mission.
3. Matters concerning the operational aspects of the District are to be delegated to the Chief Executive Officer of NIHD.
4. While the BOD is responsible for monitoring hospital management activities, a Board member shall not use inappropriate involvement in day-to-day management or interfere with senior management duties.
5. A Director shall not compete with the District or act on behalf of its competitors; not derive profits from inside information; not disclose confidential information; not accept improper payments or gratuities, and beware of potential conflicts of interest.
6. A Director has protection from organization and personal liability when their duties are exercised in good faith and legally using sound and informed judgment. Having all the information available to make a decision will not only increase the likelihood of making the right decision, but will go a long way to legally protect the BOD if they make a wrong one.
7. A Director is expected to become and stay current on District affairs and projects and become familiar with District financial reports and carefully review all materials in advance of Board Meetings.
8. A Director is expected to become familiar with the Ralph M. Brown Act and at all times conform to its policies and regulations.

**REFERENCES:**

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Basis of Authority: Role of Directors
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY**

Title: Chief Executive Officer Compensation Philosophy		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors, CEO		
Date Last Modified: 11/03/2023	Last Review Date: 12/05/2023	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 10/15/2014	

**PURPOSE:**

To adopt a philosophy in awarding compensation to the District Chief Executive Officer (CEO), in order to attract, retain, and motivate Senior Hospital Executives who reflect the values of our District and the community.

**POLICY:**

The Board of Directors of Northern Inyo Healthcare District desire to attract, retain and motivate senior hospital executives who reflect the values of our District and community. These individuals must be able to lead our District in the delivery of excellent patient care and service. In part, this process is accomplished by offering a remuneration package that is in line with the market as defined by peer comparable hospitals in size, mission, scope of operations and locale. Therefore, the Board uses the Allied for Health Services Executive Compensation Report for District employee pay range determination. Within that range, which is reviewed and reset every two years, the Board sets compensation based upon training, experience, successes, and impact as measured against established goals for the organization and the senior executive.

Once hired the Board continues to annually, (or more often if needed) assess the performance of the CEO in achieving set performance goals. Based upon the results of the review, the compensation may be adjusted: but will never exceed the upper limit of the pay range determined in the Allied for Health Executive Compensation Report. Furthermore, the benefits package will be consistent with what is offered to non-union District employees.

Additionally, we ensure the approval of the CEO's compensation is first proposed by a subcommittee of the Board of Directors and that this subcommittee is composed of individuals without a conflict of interest. The full Board then has final approval of any pay rate before it goes into effect.

**REFERENCE:**

1. Allied for Health Services Executive Compensation Report

**RECORD RETENTION AND DESTRUCTION:**

1. Employees not entitled to pension: 15 years
2. Employees entitled to pension: life of employee plus 6 years

**CROSS REFERENCED POLICIES AND PROCEDURES: N/A**

Supersedes: v.3 Chief Executive Officer Compensation Philosophy



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

Title: Compensation of the Chief Executive Officer		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors, Chief Executive Officer		
Date Last Modified: 08/18/2022	Last Review Date: 07/20/2023	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** The Chief Executive Officer (CEO) of Northern Inyo Healthcare District (NIHD) is the person responsible for the efficient operation of NIHD. Therefore, it is the desire of the NIHD Board of Directors (BOD) to provide a fair compensation (salary and benefits) to the CEO.

**POLICY:**

1. Annually (as of hire date) the NIHD Board of Directors shall evaluate the performance and review the compensation of the Chief Executive Officer to determine if an adjustment to compensation is appropriate.

**PROCEDURE:**

1. The BOD Chair shall appoint two members of the BOD as an Ad Hoc committee to research comparability data of similar organizations and similar qualified individuals.
2. At a BOD meeting (may be during closed session), the Ad Hoc committee will make a recommendation to the full BOD for any compensation (salary and/or benefits) adjustments based on a review of the data and CEO Performance Review.
3. During the Open Session of the Meeting Agenda, the BOD Chair will report any action taken on the recommendation. The meeting at which the compensation adjustment is approved the minutes are to include the documentation of how the BOD reached its decisions and the effective date.

**REFERENCES:**

1. 5 U.S.C. § 5304 - U.S. Code - Unannotated Title 5. Government Organization and Employees § 5304. Locality-based comparability payments Current as of January 01, 2018.
2. Office of Human Resource Management; *Locality-based comparability pay*. <https://www.commerce.gov/hr/practitioners/compensation-policies/general-pay/locality-based-comparability-pay>.

**RECORD RETENTION AND DESTRUCTION:**

Records related to CEO compensation must be maintained for term of employment, plus ten (10) years.

**CROSS REFERENCED POLICIES AND PROCEDURES:**

1. Chief Executive Officer Compensation Philosophy
2. Compensation of the Chief Executive Officer

Supersedes: v.1 Compensation of the Chief Executive Officer



## NORTHERN INYO HEALTHCARE DISTRICT COMMITTEE CHARTER

Title: Governance Committee Charter		
Owner: Board Clerk and CFO Assistant		Department: Administration
Scope:		
Date Last Modified: 05/13/2024	Last Review Date: 02/22/2024	Version: 1
Final Approval by:		Original Approval Date:

### COMMITTEE PURPOSE

Consistent with the Mission of the District the Governance Committee (GC) assists the Board to improve its functioning, structure, and infrastructure, while the Board serves as the steward of the District. The Board serves as the representative of the residents of the Northern Inyo Healthcare District (NIHD) by protecting and enhancing their investment in the NIHD in ways that improve the health of the community collectively and individually. The Board formulates policies, makes decisions, and engages in oversight regarding matters dealing with business performance trends, CEO performance, quality of care, and finances. The Board must ensure that it possesses the necessary capacities, competencies, structure, systems, and resources to fulfill these responsibilities and execute these roles. In this regard, it is the Board’s duty to ensure that:

- Its configuration is appropriate;
- Necessary evaluation and Board development and education processes are in place;
- Its meetings are conducted in a productive manner;
- Its fiduciary obligations are fulfilled.

The GC shall assist the Board in its responsibility to ensure that the Board functions effectively. To this end the GC shall:

- Formulate policy to convey Board expectations and directives for Board action;
- Make recommendations to the Board among alternative courses of action;
- Provide oversight, monitoring, and assessment of key organizational processes and outcomes.

The Board shall use the GC to address these duties and shall refer all matters brought to it by any party regarding Board governance to the GC for review, assessment, and recommended Board action, unless that issue is the specific charge of another Board Standing Committee. The GC makes recommendations and reports to the Board. It has no authority to make decisions or take actions on behalf of the District, except for legislative issues requiring prompt action.

### Policy:

### SCOPE AND APPLICABILITY

This is a NIHD Board Policy, and it specifically applies to the Board, the Governance Committee and all other Standing Committees, the CEO, and the Compliance Officer.

## **RESPONSIBILITY**

### **Committee Structure and Membership**

- The GC, with input from the Standing Committees, shall review the composition of the Standing Committees annually for vacancies, including an assessment of the desired homogeneous and heterogeneous traits necessary for the Board to work together effectively. Examples of desired homogeneous traits include integrity, interest in, and commitment to the District, interpersonal maturity, and willingness to devote the necessary time and effort, and the ability get along and work effectively with others; and heterogeneous traits include their relationship to the District, experience, gender, ethnicity, and expertise. The GC may have one member from the community, subject to approval by the Board of Directors.

### **Board Development**

- **New Member Orientation**
  - Design our Board's new-member orientation process and reassess it periodically including Human Resources and the Board Clerk.
- **Continuing Education of the Board**
  - Plan annual board special sessions in concert with the Board Chair to identify an annual training program addressing current issues of importance to the Board to be presented for the Board, possibly including Standing Committee members, Medical Staff, selected hospital leaders, and others as deemed appropriate by the Board.
  - Direct and oversee our Board's continuing education and development activities for both the Board and its Standing Committees.
- **Board Self-Assessment**
  - Ensure, with the Chair of the Board, that an annual Board self-assessment is completed.

### **Develop Policies and Recommend Decisions**

- Draft policies and decisions regarding governance performance and submit them to the Board for deliberation and action.

### **Oversight**

- **Compliance**
  - Conduct a review and revision of all Board policies as dictated by the policy schedule.

### **Legislation**

- Review, draft, and/or recommend legislative proposals to the Board for deliberation and action in concert with the CEO.
- At its discretion and in concert with the CEO, the Governance committee, or Board, can deliberate and take action on legislation or regulatory issue. The CEO may commit the District to support or oppose legislative initiatives, provide the CEO and the Board Chair are in agreement.
- Perform other tasks related to governance as assigned by the Board.

## **Annual GC Calendar**

- Scheduled review and assessment of all board policies regarding governance, specifically including the GC and all other Standing Committee Charters and make recommendations to the Board for action per the schedule.
- The GC shall create an annual work plan.
- The GC shall report on the results of its prior year's work plan accomplishments by November.
- The GC annual work plan shall be updated and submitted to the Board no later than December for approval.
- The GC shall establish the next calendar meeting schedule at the last meeting of the year.
- Ensure that the CEO develops and provides a 12-month calendar of all scheduled Regular Board Meetings and post on the NIHD website at the beginning of the calendar year. It shall be kept updated.
- The GC shall annually review the District's Code of Conduct and NIHD Compliance Program and report to the Board for its action no later than December, for presentation to the Board in January.

## **GC Membership**

The GC shall have 2 members, normally the elected officers in the Chair & Secretary position, and the CEO, unless the Board acts specifically to make an exception.

## **Staff to the GC**

The GC shall be staffed by the District's CEO and/or Administrative Representative. At the request of the GC Chair, the Compliance Officer shall attend GC meetings.

## **Frequency of GC Meetings**

The GC shall meet quarterly at minimum unless there is a need for additional meetings. Meetings may be held at irregular intervals.

## **Public Participation**

All GC meetings shall be announced and conducted pursuant to the Brown Act. The general public, patients, and their families and friends, Medical Staff, and District staff are always welcome to attend and provide input. Other Board members may attend but may not comment as it may be a Brown Act violation.

## **FREQUENCY OF REVIEW/REVISION**

The GC shall review the Charter biennially, or more often if required. If revisions are needed, they will be taken to the Board for action.

Supersedes: Not Set
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Meeting Minutes		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 02/12/2024	Last Review Date: 08/17/2023	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 06/20/2018	

**PURPOSE:** Establish documentation policy for Northern Inyo Healthcare District (NIHD) Board of Directors (BOD) meeting minutes.

**POLICY:** Northern Inyo Healthcare District Board of Directors meeting minutes shall be kept in action format. The following information shall be included in each meeting’s minutes:

- Date, place and type (regular or special) of meeting
- Directors and Chief Executive team members present and absent by name.
- Call to Order (including time)
- Names (if given) of public commentators, and topic commented on.
- If a Director arrives late or leaves early, the time and name shall be recorded.
- Names of Directors absent during any agenda item on which action was taken.
- BOD directives to staff.
- Motions or resolutions on which action was taken.
- Names of Directors making and seconding motions.
- Public comments made by BOD members.
- Topics included in closed session.
- Announcement by BOD Chair stating what action, if any, was taken during closed session.
- Time of adjournment.

**PROCEDURE:**

1. The clerk of the BOD shall prepare and keep minutes of all regular and special BOD meetings.
2. The draft minutes of the previous regular BOD meeting and any special meeting(s) of the BOD held since the previous regular meeting shall be distributed to Directors as part of the information packet for the next regular BOD meeting at which time the BOD shall consider approving the minutes as presented or with corrections.
3. Unapproved minutes are “preliminary drafts that are not retained by the public agency in the ordinary course of business.” (CA Government Code Section 6254). Therefore, draft minutes shall not be released until the BOD has approved them.
4. Once approved by the BOD the minutes shall be posted on the District website and maintained in the District’s official files.
5. After approval, the Secretary of the BOD shall sign the minutes.
6. Motions and resolutions of regular and special BOD meetings shall be recorded as having passed or failed. Individual votes for and against and abstentions shall be recorded unless the action was unanimous.

7. All resolutions adopted by the BOD shall be numbered consecutively, starting new numbering at the beginning of each calendar year.

**REFERENCES:**

1. (CA Government Code Section 6254) Public Records Act

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 NIHD Board Meeting Minutes
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Meetings		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 02/12/2024	Last Review Date: 11/02/2023	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 06/20/2018	

**PURPOSE:** Establish procedures for Northern Inyo Healthcare District (NIHD) Board of Directors’ (BOD) meetings.

**POLICY:**

1. All meetings of the NIHD BOD shall be conducted in accordance with the Ralph Brown Act, Government Code 54950 et seq. and such additional requirements as set forth in any other BOD Policy and Procedures.

**PROCEDURE:**

1. Meetings of the BOD shall be held at the NIHD Board Room located at 2957 Birch St. Bishop CA 93514 except as otherwise set forth in agenda notices.
2. Regular meetings shall be held the third Wednesday of each calendar month unless it is deemed necessary to cancel or hold the regular monthly meeting on a different date.
3. As the BOD encourages public participation at its meetings (whether regular, special, study sessions, or emergency) and to facilitate communications, the BOD will ensure agendas are posted in the required timeframe on the NIHD website in addition to other legal requirements. The place, date and time of the meeting shall be indicated on the agenda.
4. Each agenda shall include a time for public comment on non-agenda items as well as comment opportunity on each action agenda item when called.
5. If any Director is attending the meeting by teleconference, the location shall be posted and accessible to the public.
6. The Chair of the NIHD BOD shall preside at all board meetings at which they are present. In absence of the Chair, the Vice Chair shall perform the Chair’s duties and have the Chair’s rights. If both the Chair and Vice Chair are absent then the Secretary shall perform the Chair’s duties and have the Chair’s rights.
7. The Chair shall call the meeting to order at the time set on the agenda or as soon as a quorum is present.
8. A majority (3 of 5 members) shall constitute a quorum for transaction of business. An abstention does not count as a vote for or against.
9. If no directors are present the clerk of the board shall adjourn the meeting to a future date and time. A notice of the adjournment including the future date and time of the adjourned meeting shall be conspicuously posted on or near the door of the place where the meeting was held.
10. If the date of the adjourned meeting is within five (5) days of the original meeting, no new agenda need be posted if no additional agenda items are added. If the date of the adjourned meeting is more than five (5) days a new agenda must be posted.
11. The Chair of the BOD, as necessary to conduct business of the District, can call special meetings or study sessions.

12. Ordinarily, items on the agenda will be considered in the order set forth in the agenda. However, the Chair may alter the order of items on the agenda, as the Chair deems necessary for the good of the meeting.
13. The Chair may declare a short recess during any meeting.
14. The Chair shall have the same rights as the other Board members in voting, introducing or seconding motions and resolutions as well as participating in discussions.
15. No action may be taken by secret ballot. (Government Code Section 54953(c).)
16. All votes taken during a teleconferenced meeting shall be by roll call. (Government Code Section 54953(b)(2).)
17. Directors shall observe all applicable conflict of interest rules. If a financial interest is determined by any board member they must abstain from any vote that may be in violation of Government Code 1090. The director shall leave the meeting room during any discussion and the vote and shall state the reason for abstention.
18. The annual organizational meeting shall be the regular BOD meeting held in December or at an earlier meeting if called. At that meeting officers shall be elected.<sup>5</sup>

**REFERENCES:**

1. Ralph Brown Act, Government Code 54950 et seq.
2. Government Code Section 54953(c)
3. Government Code Section 54953(b)(2)
4. Government Code 1090

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Northern Inyo Healthcare District Board of Directors Meetings
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## NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Officers and Committees of the Board of Directors		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 08/21/2023	Last Review Date: 11/02/2023	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Describe the District officers and Board Committees and their duties.

**POLICY:**

1. The officers of the Northern Inyo Healthcare District (NIHD) Board of Directors (BOD shall be a Chair, Vice Chair, Secretary, Treasurer, and Member at Large.
2. The Board of Directors may sit as a Committee of the Whole or as Task Force Committees as deemed appropriate.
3. The Chair of the Board shall appoint such Ad Hoc committees as may be deemed necessary or advisable by the Chair or by the BOD. The duties of an Ad Hoc committee shall be outlined at the time of appointment, and the committee shall be deemed dissolved when its final report has been made.
4. As provided in the BOD By-Laws, no committee so appointed shall have any power or authority to commit the BOD or the District in any manner unless the BOD directs the committee to act for and on its behalf by special vote.

**PROCEDURE:**

1. The Board of Directors at the December meeting of every calendar year shall choose the officers of the Board every year. Each officer shall hold office for one year or until a successor shall be elected and qualified or until the officer is otherwise disqualified to serve.
2. Any officer of the BOD may resign or be removed as a Board officer by the majority vote of the other Directors then in office at any regular or special meeting of the BOD. In the event of resignation or removal of an officer the BOD shall elect a successor to serve for the balance of that officer’s unexpired term.
3. The **Chair** shall conduct the meetings of the BOD and shall act as the lead liaison between the BOD and District Management for communications and oversight in fulfilling the District’s Mission, Vision and Values. The Chair shall have, subject to the advice and control of the BOD, general responsibility of the affairs of the District and shall discharge all other duties that shall be required of the Chair by the By-Laws of the BOD.
4. The **Vice Chair** shall in the event of absence or inability of the Chair, exercise all the powers and perform all the duties given to the Chair by the By-Laws of the District.
5. The **Secretary** shall act in this capacity for both the District and the BOD. In the absence or inability of the Chair and Vice Chair shall exercise all powers and perform all duties given to the Chair. Shall be responsible for seeing that all actions, proceedings and minutes of the meetings of the BOD are properly kept and are maintained at District Administrative offices. Shall perform such other duties as pertains to the office and as prescribed by the BOD and By-Laws of the BOD. The Secretary may delegate his/her duties to appropriate management personnel.

6. The **Treasurer** shall be responsible for the safekeeping and disbursement of the funds of the District in accordance with the provisions of the “Local Healthcare District Law: and in accordance with resolutions, procedures and directions as the BOD may adopt. Shall perform such other duties as pertain to the office and as prescribed by the BOD and By-Laws of the BOD. The Treasurer may delegate his/her duties to appropriate management personnel.
7. The **Member at Large** shall have all the powers and duties of the Secretary in the absence of the Secretary, and shall perform such other duties as may from time to time be prescribed by the BOD and By-Laws of the BOD.
8. The duties of the **committees** shall be to develop and make policy recommendations to the BOD and to perform such other functions as shall be stated in the BOD By-Laws or in the resolution or motion creating the committee. The Chair with the approval of the BOD may appoint special or Ad Hoc committees as special circumstances warrant. Composition of the committee may consist of only Board members or they may include individuals not on the Board.

**REFERENCES:**

1. Northern Inyo Healthcare District Board of Directors By-Laws

**RECORD RETENTION AND DESTRUCTION:**

**CROSS REFERENCED POLICIES AND PROCEDURES:**

Supersedes: v.1 Officers and Committees of the Board of Directors
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Public Records Requests		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 04/25/2024	Last Review Date: 12/05/2023	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

**PURPOSE:** Establish guidelines for the Northern Inyo Healthcare District (NIHD) Board of Directors (BOD) to follow when there is a request for information under the California Public Records Act.

**POLICY:**

1. All California Public Records Act requests made to a BOD member for NIHD related information are to be referred to the Compliance Officer.

**DEFINITIONS:**

**California Public Records Act** – The fundamental precept of the California Records Act is that governmental records shall be disclosed to the public, upon request, unless there is a specific reason not to do so.

**Public Records** – Any writing containing information relating to the conduct of the public’s business prepared, owned, used, or retained by the entity regardless of physical form or characteristics.

**PROCEDURE:**

1. Requests made to a Director to inspect and copy public records shall be referred directly to the Compliance Office.
2. As NIHD is required to “assist the member of the public in making a focused and effective request that reasonably describes an identifiable record” or “on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record”, no opinion of what may or may not be exempt from disclosure is to be inferred by a Director.

**REFERENCES:**

1. California Government Code (6250), 6252(e), 6253.1(a), 6255(a)

**CROSS-REFERENCE P&P:**

1. NIHD California Public Records Act – Information Requests Policy

Supersedes: v.1 Public Records Requests
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**NORTHERN INYO HEALTHCARE DISTRICT  
NON-CLINICAL POLICY AND PROCEDURE**

Title: Teleconference Recordings, Retention and Destruction of Board Meetings		
Owner: Board Clerk and CFO Assistant	Department: Administration	
Scope:		
Date Last Modified: 04/22/2024	Last Review Date: 02/22/2024	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

**PURPOSE:** To provide clarification of retention and destruction of Local Agency recordings of open meetings of the Northern Inyo Board of Directors and its standing committees.

**POLICY:**

1. Northern Inyo Healthcare District Board of Directors hosts open meetings in public and via live teleconference to provide transparency and opportunity to accommodate as many members of the public as possible.
2. The teleconference live video is recorded for the purposes of validating accuracy of Board Minutes.
3. The recording will not be posted on the Northern Inyo Healthcare District Board web page.
4. The recording will be destroyed no less than 30 days after the meeting date.
5. The recordings are available for viewing via public records request, within 30 days of the meeting.

**PROCEDURE:**

1. The Information Technology Services (ITS) department ensures open meetings are hosted on a teleconference platform that allows members of the public to join.
2. The ITS department ensures the recording is saved and transferred to a location for access by the Board Clerk.
3. The Board Clerk uses the recording to validate the accuracy of the Board Meeting minutes.
4. The Board Clerk will ensure the previous meeting’s teleconference recording is fully deleted 30 days after the meeting.
5. The Board Clerk will maintain a log of the recordings and date of destruction in the Board Clerk files.

**REFERENCES:**

California Government Code Section 54953.5 (b)

**RECORD RETENTION AND DESTRUCTION:**

Video recording files should be destroyed after 30 days.

**CROSS REFERENCE POLICIES AND PROCEDURES:**

Supersedes: Not Set
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CALL TO ORDER Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 10:00 a.m.

PRESENT Jean Turner, Vice Chair  
David McCoy Barrett, Treasurer  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer  
Barbara Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

ABSENT

OPPORTUNITY FOR PUBLIC COMMENT Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.

There were no comments from the public.

**NEW BUSINESS**

REVIEW ALL BOARD COMMITTEES AND MAKE RECOMMENDATIONS TO TAKE TO THE FULL BOARD OF DIRECTORS

G.C. Chair Turner called attention to the Board Committees.

Patty Dickson reported that she, alongside legal counsel reviewed the current Board committee's listed in the Bylaws and presented the recommended changes based on liability and other California Special Healthcare Districts.

Discussion ensued:

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

REVIEW BOARD BYLAWS AND MAKE RECOMMENDATION TO TAKE TO THE FULL BOARD OF DIRECTORS

G.C. Chair Turner called attention to the Board Bylaws recommendations.

Patty Dickson reported that she, alongside legal counsel have gathered all the information for the committees and provided a redlined hard copy of the updates/edits that include changes to the Board Committees along with

minor updates to the Bylaws fonts and layout.

Discussion ensued.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

ADJOURNMENT

Adjournment at 11:00 a.m.



Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Chair



Attest:

David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member

CALL TO ORDER Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:05 a.m.

PRESENT Jean Turner, Vice Chair  
David McCoy Barrett, Treasurer  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer  
Barbara Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

ABSENT

OPPORTUNITY FOR PUBLIC COMMENT Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.

There were no comments from the public.

**NEW BUSINESS**

REVIEW BOARD BYLAWS FOR RECOMMENDED UPDATES TO TAKE TO THE FULL BOARD OF DIRECTORS G.C. member Jean Turner called attention to the Bylaws and would like to table this item until next meeting.

**Motion by:**  
**Seconded by:**

ESTABLISH AND DISCUSS GOVERNANCE COMMITTEE CHARTER G.C. Chair Turner called attention to the proposed G.C. Charter. The G.C. reviewed a few examples of charters from neighboring California healthcare districts. Discussion ensued.

ESTABLISH GOVERNANCE COMMITTEE CALENDAR G.C. Chair Turner called attention to the proposed Governance Committee Calendar.

TO TAKE TO THE FULL  
BOARD OF DIRECTORS

Discussion ensued. The G.C. took action to take the proposed G.C. Calendar to the full Board.

**Motion by:** Jean Turner  
**Seconded by:** David McCoy Barrett  
**Passed 2-0 vote**

REVIEW WRITTEN  
RECOMMENDATIONS  
FOR THE STANDING  
COMMITTEES TO TAKE  
TO THE FULL BOARD OF  
DIRECTORS

G.C. Chair Turner called attention to the written recommendations for the standing committees to take to the full Board of Directors.

Patty Dickson, NIHD Compliance Officer shared her and legal counsels findings and recommendations for Board standing committees.

Discussion ensued.

**Motion by:** David McCoy Barrett  
**Seconded by:** Jean Turner  
**Passed 2-0 vote**

DISCUSSION OF BOARD  
COMMITTEE STRUCTURE  
AND EDUCATION  
INFORMATION FOR THE  
PUBLIC TO TAKE TO THE  
FULL BOARD OF  
DIRECTORS

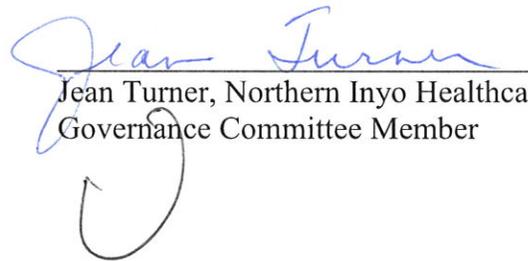
G.C. Chair Turner called attention to the discussion item of Board committee structure and education information for the public to take to the full Board of Directors.

The G.C. brainstormed the idea to add information to the NIHD webpage for the Governance Committee to share information and updates.

Discussion ensued.

ADJOURNMENT

Adjournment at 09:00 a.m.



Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Member

Attest:

\_\_\_\_\_  
David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member

CALL TO ORDER

Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:00 a.m.

PRESENT

Jean Turner, Vice Chair  
David McCoy Barrett, Treasurer  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer  
Barbra Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

ABSENT

OPPORTUNITY FOR  
PUBLIC COMMENT

Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.

There were no comments from the public.

NEW BUSINESS

REVIEW GOVERNANCE  
COMMITTEE CHARTER  
TO TAKE TO THE FULL  
BOARD OF DIRECTORS

G.C. Chair Turner called attention to the G.C. Charter.

There were no proposed edits or updates.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

REVIEW UPDATED  
BYLAWS TO TAKE TO  
THE FULL BOARD OF  
DIRECTORS

G.C. Chair Turner called attention to the updated Board Bylaws.

Discussion ensued.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

REVIEW NIHD MEETING  
STRUCTURE AND  
INFORMATION FLOW  
CHART TO TAKE TO THE  
FULL BOARD OF  
DIRECTORS

G.C. Chair Turner called the attention to the NIHD Meeting structure and information flow chart to take to the full board.

Patty Dickson presented a flow chart of the NIHD meeting structure created by Project Manager Lynda Vance. Discussion ensued.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

REVIEW BOARD  
CALENDAR OF TIME  
SENSITIVE BUSINESS.

G.C. Chair Turner called attention to the Board of Calendar of Time Sensitive Business. Discussion ensued.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

REVIEW 2023  
GOVERNANCE  
COMMITTEE WORKPLAN

G.C. Chair Turner called attention to the G.C. Workplan. Discussion ensued.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

ESTABLISH BOARD  
DEVELOPMENT TOPICS

G.C. Chair Turner called attention to Board topics. Discussion ensued.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

SELF-ASSESSMENT  
TIMELINE

G. C. Chair Turner called attention to the Board Self-Assessment.

Chair Jean Turner reported that the Association of California Healthcare Districts (ACHD) has a sponsored Board Self-Assessment and that this will be distributed for the Board to complete in March.

WEB  
STRUCTURE/UPDATE

G. C. Chair Turner called attention to the Web Structure/Update.

Barbara Laughon, Manager of Marketing and Communications presented a draft NIHD Governance Committee webpage. Discussion ensued.

RETENTION OF VIDEO  
RECORDINGS OF BOARD  
OF DIRECTORS' AND  
COMMITTEE MEETING  
POLICY

G. C. Chair Turner called attention to the new proposed policy: Teleconference Recordings, Retention and Destruction of Board Meetings.

Patty Dickson, Compliance Officer presented the proposed retention destruction policy. Discussion ensued.

**Motion by:** David McCoy Barrett  
**Seconded by:** Jean Turner  
**Passed 2-0 vote**

REVIEW OF DISTRICT'S  
CODE OF ETHICS AND  
CONDUCT & BOARD'S  
CODE OF CONDUCT

Chair Turner called attention to the review of District's Code of Ethics and Conduct & Board's Code of Conduct

Discussion ensued.

**Motion by:** David McCoy Barrett  
**Seconded by:** Jean Turner  
**Passed 2-0 vote**

REVIEW GUIDELINES  
FOR BUSINESS BY THE  
NIHD BOARD OF  
DIRECTORS

Chair Turner called attention to the policy: Guidelines for Business by the Northern Inyo Healthcare District Board of Directors.

This item was tabled until next meeting.

REVIEW  
RECOMMENDATION  
COVER LETTER TO TAKE  
TO THE FULL BOARD OF  
DIRECTORS

Chair Turner called attention to the recommendation cover letter to take to the full Board.

Patty Dickson, Compliance Officer presented the proposed cover letter to take to the full Board. Discussion ensued.

**Motion by:** David McCoy Barrett  
**Seconded by:** Jean Turner  
**Passed 2-0 vote**

ADJOURNMENT

Adjournment at 09:10 a.m.

  
\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Member

Attest:

  
\_\_\_\_\_  
David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member

**CALL TO ORDER**

Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:00 a.m.

**PRESENT**

Jean Turner, Vice Chair  
David McCoy Barrett, Treasurer  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer  
Barbara Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

**ABSENT**

**OPPORTUNITY FOR  
PUBLIC COMMENT**

Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.

There were no comments from the public.

**NEW BUSINESS**

**ESTABLISH BOARD  
DEVELOPMENT & BOARD  
EDUCATION TOPICS**

G.C. Chair Turner called attention to the first agenda item.

Discussion ensued. The G.C. decided that this will be an ongoing topic.

**WEB  
STRUCTURE/UPDATE**

G.C. Chair Turner called attention to the Web Structure/Update.

Barbara Laughon shared the Governance Committee webpage that went live on 2/23/2024. The G.C. members really enjoyed the new webpage and are very pleased with the information being shared with the public about the Governance Committee.

**REVIEW POLICY:  
GUIDELINES FOR  
BUSINESS BY THE  
NORTHERN INYO  
HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

Chair Turner called the attention to the policy: Guidelines for Business by the Northern Inyo Healthcare District Board of Directors.

Discussion ensued. There were no proposed changes or updates, the G.C. agreed this item is ready to be taken to the full Board.

**Motion by:** David McCoy Barrett  
**Seconded by:** Jean Turner  
**Passed 2-0 vote**

DISCUSS UPCOMING  
NOVEMBER ELECTIONS

G.C. Chair Turner called attention to the upcoming November elections.

Patty Dickson, NIHD Compliance Officer, reported that she along with the Inyo County Clerk & Assistant Clerk, have researched and discovered that somewhere in the past our Board elections went off cycle. Discussion ensued. It was agreed that this topic be taken to the full Board of Directors.

SPECIAL STRATEGIC  
MEETING SESSIONS -  
PLANNING

G.C. Chair called attention to the Special Strategic Meeting Sessions - Planning.

Mr. DelRossi reported that the Strategic Planning meeting is scheduled for March 21, 2024, and that he and the executive team are working closely with leaders to prepare for the Special Board meeting.

DISCUSS FORM 700 FOR  
THE CALENDAR YEAR  
(CY) 2024

G.C. Chair Turner called attention to the Form 700 for CY2024.

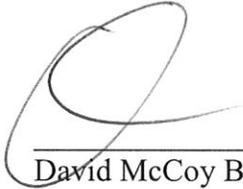
Discussion ensued.

ADJOURNMENT

Adjournment at 09:00 a.m.

  
\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Member

Attest:

  
\_\_\_\_\_  
David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member

CALL TO ORDER Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:00 a.m.

PRESENT Jean Turner, G.C. Chair (Vice Chair, Board of Directors)  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer  
Barbara Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

PRESENT VIA ZOOM David McCoy Barrett, G.C. Board Member (Treasurer, Board of Directors)

ABSENT

OPPORTUNITY FOR PUBLIC COMMENT Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Public comments shall be received at the beginning of the meeting and are limited to three minutes per speaker, with a total time limit of thirty minutes for all public comment unless otherwise modified by the Chair. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.

There were no comments from the public.

**NEW BUSINESS**

DISCUSS REVIEW OF BOARD G.C. Chair Turner called attention to the first agenda item.

POLICIES/PROCEDURES Discussion ensued. The committee agreed to review all Board polices & procedures at one of the next upcoming G.C. Meetings.

DISCUSS STRATEGIC PLANNING PROCESS AND HOW TO MAXIMIZE EFFECTIVENESS G.C. Chair Turner called attention to the Strategic Planning Process and how to maximize effectiveness.

Discussion ensued.

PLANNING DISCUSSION FOR BOARD SELF-ASSESSMENT RESULTS G.C. Chair Turner called attention to the Planning Discussion for Board Self-Assessment results.

Discussion ensued.

APPROVAL OF G.C. MEETING MINUTES FOR JANUARY 30, 2024 G.C. Chair Turner called attention to the January 30, 2024 Meeting Minutes.

Patty Dickson read the meeting minutes aloud. G.C. Chair Turner called

for a motion to approve minutes with changes as discussed.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

APPROVAL OF G.C.  
MEETING MINUTES FOR  
FEBRUARY 05, 2024

G.C. Chair Turner called attention to the February 05, 2024 Meeting Minutes.

Patty Dickson read the meeting minutes aloud. G.C. Chair Turner called for a motion to approve minutes with changes as discussed.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

APPROVAL OF G.C.  
MEETING MINUTES FOR  
FEBRUARY 12, 2024

G.C. Chair Turner called attention to the February 12, 2024 Meeting Minutes.

Patty Dickson read the meeting minutes aloud. G.C. Chair Turner called for a motion to approve minutes with changes as discussed.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

APPROVAL OF G.C.  
MEETING MINUTES FOR  
FEBRUARY 26, 2024

G.C. Chair Turner called attention to the February 26, 2024 Meeting Minutes.

Patty Dickson read the meeting minutes aloud. G.C. Chair Turner called for a motion to approve minutes with changes as discussed.

**Motion by:** David McCoy Barrett

**Seconded by:** Jean Turner

**Passed 2-0 vote**

ADJOURNMENT

Adjournment at 08:49 a.m.

  
\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Member

Attest:

  
\_\_\_\_\_  
David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member

CALL TO ORDER Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:00 a.m.

PRESENT Jean Turner, G.C. Chair (Vice Chair, Board of Directors)  
David McCoy Barrett, G.C. Board Member (Treasurer, Board of Directors)  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer  
Barbara Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

PRESENT VIA ZOOM

ABSENT

OPPORTUNITY FOR PUBLIC COMMENT Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The G.C. is prohibited from generally discussing or taking action on items not included on the Notice for this meeting.

There were no comments from the public.

APPROVAL OF G.C. MEETING MINUTES FOR MAY 06, 2024 G.C. Chair Turner called attention to the May 06, 2024 Meeting Minutes.

Discussion ensued. G.C. Chair Turner called for a motion to approve minutes with changes as discussed.

**Motion by:** David McCoy Barrett  
**Seconded by:** Jean Turner  
**Passed 2-0 vote**

NIHD BOARD CALENDAR OF TIME SENSITIVE BUSINESS G.C. Chair Turner called attention to the Board Calendar of Time Sensitive Business.

Discussion ensued. It was unanimously agreed by the G.C. that the Board Calendar of Time Sensitive Business is to be attached to every G.C. meeting agenda as a standing reference item moving forward.

2024 GOVERNANCE COMMITTEE WORKPLAN G.C. Chair Turner called attention to the 2024 G.C. Workplan.

Discussion ensued. It was unanimously agreed by the G.C. that the 2024 G.C. Workplan is to be attached to every G.C. meeting agenda as a standing reference item moving forward.

**NEW BUSINESS:**

BOARD SELF-ASSESSMENT RECOMMENDATIONS

G.C. Chair Turner called attention to Board Self-Assessment recommendations.

Multiple recommendations to take to the full Board were discussed, however, the discussion will continue at the next G.C. meeting on if time permits.

**OLD BUSINESS:**

STRATEGIC PLANNING PROCESS

Discussion ensued.

ELECTION WINDOW INFORMATION

Information was presented to the full Board at the April meeting as requested. Completed

**STANDING BUSINESS:**

BOARD DEVELOPMENT AND EDUCATION TOPICS

Discussion ensued.

MARKETING UPDATE

Discussion ensued.

NEXT MEETING TOPIC DISCUSSION

G.C. will review all Board policies for recommendation for approval to the full Board. Time permitting; G.C. will continue review of Board Self-Assessment for recommendations to take to the full Board.

G.C. WORKPLAN UPDATES

Discussion ensued.

ADJOURNMENT

Adjournment at 08:49 a.m.

\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Member

Attest:

\_\_\_\_\_  
David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member

CALL TO ORDER Northern Inyo Healthcare District (NIHD) Governance Committee member Jean Turner called the meeting to order at 8:00 a.m.

PRESENT Jean Turner, G.C. Chair (Vice Chair, Board of Directors)  
Stephen DelRossi, MSA, Chief Executive Officer  
Patty Dickson, Compliance Officer

PRESENT VIA ZOOM

ABSENT David McCoy Barrett, G.C. Board Member (Treasurer, Board of Directors)  
Barbara Laughon, Manager of Marketing & Strategy  
Katie Manuelito, Board Clerk & CFO Assistant

OPPORTUNITY FOR PUBLIC COMMENT Governance Committee Chair Jean Turner reported that at this time, members of the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. The G.C. is prohibited from generally discussing or taking action on items not included on the Notice for this meeting.

There were no comments from the public.

APPROVAL OF G.C. MEETING MINUTES FOR MAY 14, 2024 G.C. Chair Turner called attention to the May 14, 2024 Meeting Minutes.  
Discussion ensued. Approved.

STANDING REFERENCE MATERIALS G.C. Chair Turner called attention to the Board Calendar of Time Sensitive Business and the G.C. Workplan.  
Discussion ensued. G.C. Chair Turner noted that the committees of the whole (Finance and Quality, Compliance, and Risk) have not been scheduled but recommended that the meeting schedule needs to be added to the Board Calendar of Time Sensitive Business.

**NEW BUSINESS:**

REVIEW AND DISCUSS ALL BOARD OF DIRECTORS POLICIES & PROCEDURES G.C. Chair Turner called attention to the review and discussion of all Board policies & procedures.  
Discussion ensued. The following were discussed:

- All Board policies & procedures should be included in the Board onboarding packet, reviewed during annual Board education, and assigned to the Board clerk to review each year.
- Discussed that all Board policies should have the Board

Governance Committee as one of the “reviewers”.

- Governance Committee would like a “clean” and a “redline” copy for the BOD June Meeting
- Policy settings should be set to review every 24 months for all Board Policies.
- G.C. Committee discussed that many “excerpts or sections” of the Board policies should be provided in a “quick reference guide” for the Board Chair and Board Clerk at each meeting.

1.) APPOINTMENTS  
TO THE NIHD  
BOARD OF  
DIRECTORS

This policy was merged (will be archived if new policy is approved) with the policies listed in 1, 5, 20 & 23 from the agenda list became an attachment to the merged policy, now titled: “Appointment/Election of Board Member to Fill Unexpired Term of Board Member.”

Discussion ensued. Ms. Turner recommended this new policy be presented to the NIHD full Board for approval with changes as discussed.

2.) ATTENDANCE AT  
MEETINGS

Add reference to summary section on teleconferencing.

Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed

3.) AUTHORITY OF  
THE CHIEF  
EXECUTIVE  
OFFICER FOR  
CONTRACTS AND  
BIDDING

Typos corrected, and record retention discussed.

Discussion ensued. Ms. Turner recommended this policy to be presented to the NIHD full Board for approval with changes discussed.

4.) BASIS OF  
AUTHORITY:  
ROLE OF  
DIRECTORS

No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.

5.) BOARD MEMBER  
RESIGNATION  
AND FILLING OF  
VACANCIES

This policy will be archived if the full Board approves.  
“Appointment/Election of Board member to fill unexpired term of a Board member.

6.) CHIEF EXECUTIVE  
OFFICER  
COMPENSATION  
PHILOSOPHY

No suggested changes. Ms. Turner approved current versions to be presented to full Board for approval.

7.) COMPENSATION  
OF THE CHIEF  
EXECUTIVE  
OFFICER

No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.

8.) CONFLICTS OF  
INTEREST

Add “sample District COI form” as attachment, and District COI form, per Compliance Program

- Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 9.) ELECTION PROCEDURES AND RELATED CONDUCT  
Attach District Zone Maps, incorporate 4 year cycle regular election year info for each zone.  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 10.) GOVERNANCE COMMITTEE CHARTER  
No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.
- 11.) GUIDELINES FOR BUSINESS BY THE NORTHER INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS  
Discussion ensued. It was discussed that a development of a knowledge notebook for all directors, Roberts rules, brown act, policies should be created for the Board. February education session – Board education on Roberts rules/brown act, mid-term turnover done through the orientation. Cheat sheet for order of comments on items (Board/exec comments, public comments, motion, second, vote.)  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 12.) MEETING MINUTES  
No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.
- 13.) MEETING PUBLIC COMMENT POLICY  
Add Board Committee Agenda comments  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 14.) MEETINGS  
Discussed including some info on a quick reference guide.  
No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.
- 15.) OFFICERS AND COMMITTEES OF THE BOARD OF DIRECTORS  
No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.
- 16.) ONBOARDING AND CONTINUING EDUCATION OF BOARD MEMBERS  
Added info for District COI form, and cost effectiveness of the direct deposit to the Clerk section.  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.

- 17.)PUBLIC RECORDS REQUESTS No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.
- 18.)REIMBURSEMENT OF EXPENSES Update links, update location to Board Clerk will assist.  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 19.)REQUESTS FOR PUBLIC FUNDS, COMMUNITY GRANTS, SPONSORSHIPS Corrected odd wording in policy statement.  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 20.)SUGGESTED GUIDANCE TO FILL A BAORD VACANCY BY APPOINTMENT This policy will be archived if the full Board approves, replaced by “Appointment/Election of Board Member to fill unexpired Term of Board Member
- 21.)TELECONFERENCE RECORDINGS, RETENTION AND DESTRUCTION OF BOARD MEETINGS No suggested changes. Ms. Turner approved current version to be presented to full Board for approval.
- 22.)USE BY NIHD DIRECTORS OF DISTRICT EMAIL ACCOUNTS Added info re: notifying the Inyo County Clerk/Recorder  
Discussion ensued. Ms. Turner recommended this policy be presented to the NIHD full Board for approval with changes as discussed.
- 23.)WORK FLOW FOR APPOINTMENTS TO FILL BOARD VACANCY Is now attached to “Appointment/Election of Board Member to Fill Unexpired Term of a Board Member.” Will be archived once policy is approved with attachment.

**OLD BUSINESS:**

BOARD SELF-ASSESSMENT Discussion ensued.

**STANDING BUSINESS:**

BOARD DEVELOPMENT AND EDUCATION TOPICS Discussed several topics for Board Education – Brown Act, Robert’s Rules of Order, Policy summary education.  
Patty Dickson will submit tentative info for education to Stephen for review. Education session, also, routine education in February.

MARKETING UPDATE Discussion ensued.

NEXT MEETING TOPIC  
DISCUSSION

- Next regular 1 hour G.C. meeting will be scheduled for Wednesday, June 19, 2024 at 4pm – 5pm
- Board Education
- Reference documents
- Updated Workplan
- Planning for study session
- “Knowledge book”

G.C. WORKPLAN  
UPDATES

Add study session to the Board of Directors’- Calendar of Time Sensitive Business for July (annually), Add Board Education (Brown, Robert’s, Board policies, other as needed) to the BOD Calendar for February annually.

ADJOURNMENT

Adjournment at 09:57 a.m.

\_\_\_\_\_  
Jean Turner, Northern Inyo Healthcare District,  
Governance Committee Member

Attest:

\_\_\_\_\_  
David McCoy Barrett, Northern Inyo Healthcare  
District, Governance Committee Member



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**Northern Inyo Healthcare District**

150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811  
[www.nih.org](http://www.nih.org)

Date: June 19, 2024  
To: Board of Directors  
From: Stephen DelRossi, CEO/CFO  
Re: Bi-Monthly CEO/CFO Report

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**CEO/CFO Department Leader Updates**

- **ITS – Bryan Harper, Director**

**Clinical Engineering** - Temperature Monitoring Update: Over the last 90 days, Clinical Engineering has updated temperature monitoring equipment across 63 locations. These enhancements ensure precise temperature control for critical medical supplies and medications.

**ITS** - Data Archive Retrieval and Document Management System Integration: ITS has diligently worked on two fronts: first, they've improved data retrieval from systems like Athena and Centricity; second, they've built internal tools to seamlessly import patient data into our document management system, our accessible document repository. The consolidation streamlines record management, providing a unified solution for medical records.

**Informatics** - Work Queue Monitor Applications: The informatics team has implemented work queue monitor applications. These applications reduce the amount of data stored on our network while also streamlining external orders for patients. The goal is to enhance efficiency and improve patient care.

- **Purchasing – Neil Lynch, Director**

The Purchasing Department has filled its remaining position with the addition of Gary Mull as Purchasing Clerk. We have two Purchasing Clerks whose primary responsibilities include shipping, receiving, and distribution activities. The Purchasing Department booked \$1,036,844 dollars of goods and services over the last 90 days for the Health Care District. This is down \$231,687 dollars from the previous 90-day booking of \$1,268,531.

- **Marketing, Communication & Strategy – Barbara Laughon, Manager**

NIHD successfully hosted Memorial holiday visits from Congressman Kevin Kiley, State Senator Marie Alvarado-Gil, and ACHD CEO Cathy Martin and Sarah Bridge. We assisted the NIH Foundation in securing an art donation for the new Infusion area. The March Healthy Lifestyle Talk on the gut microbiome by Elizabeth Haun, FNP-BC, is available on NIHD's YouTube channel. Upcoming talks will spotlight skin care and men's health in June, and back-to-school health in July. We are preparing for the next Community Town Hall on Thursday, July 25, 5:30 p.m. via Zoom.

- **Foundation – Greg Bissonette, Director**

**Foundation** - The Foundation did not meet for the month of March because Greg was out of the office on family leave. April's meeting saw the Foundation donate \$970.00 to the District for CAREshuttle repairs and new tires on one of the vehicles. May saw a very generous art donation of 12 original paintings and photographs for the use in the new infusion suite.

**Grant Writing** - In March, the District received word on the denial of The CARE grant, which was submitted to help offset some of the RSM consulting fees associated with the daily charge reconciliation project. After speaking with the program officer for the grant, 2024 was an extremely competitive year for this funding with over 23 applicants

(for context last year only 7 applied). Out of those 23, the CA Hospital Association only funded 10 and of those 10 only 2 were fully funded, the rest received partial funding. The District received an award of \$1,500 for a conference stipend supporting the Quality Team attendance for an i2i (data collection and appointment reminder) conference. Work is continuing on CalHHS' Data Exchange Framework grant where the District was awarded \$100,000 for joining a certified Health Information Exchange so as to share non-PHI data statewide. After discussions with the County Grant Writer, further investigation is needed to determine if, and what, we might qualify to receive funding for the Careshuttle.

- **RHC Out-Patient Clinics, Jannalyn Lawrence, Director**

**Primary Care Clinics** – On the primary care side of Outpatient Clinics, we are focusing efforts to improve access to care. At the Rural Health Clinic, we have made some changes to standardize and expand provider schedule templates, allowing for increased daily patient volume. Our providers have been instrumental in collaborating with leadership to brainstorm and implement these changes, which will take effect July 7. The Women's Clinic continues to see increased patient volume with the closure of Ridgecrest labor and delivery services. Over the last three months, we've added Saturday morning clinic in an effort to expand access. We are seeing a steady volume increase, and plan to eventually extend to full-day care for Saturdays. Dr. Arndal will be offering a separate clinic for gynecological surgery patients in our Surgery Clinic beginning June 18; we anticipate this change will increase surgery volume at NIHD and will open up space in the Women's Clinic to accommodate increased prenatal visit demand. Our Pediatric Clinic volume has remained steady, and we are prepared for an increase in demand for well child exams during the summer months. We have finally filled nursing positions in this clinic, which has helped improve patient care and provider support.

**Specialty Care Clinics** - On the specialty side of Outpatient Clinics, we're striving to optimize and expand specialty services. We welcomed Dr. Thunder, orthopedic spine surgeon, into our Ortho Clinic in May. We've filled two clinic days for him in June, and anticipate his volume will continue to grow rapidly. Under Dr. Rowan, our cardiology growth continues as we are booking appointments through September. He has added more clinic days over the next couple of months to expand availability for new patients and to allow for additional procedures such as echoes and cardioversions. We're working with Dr. Davis, our urologist, to optimize his existing clinic schedule by ensuring he has enough slots to accommodate in-clinic procedures, surgical follow-ups, and new patient consultations. We are also excited to soon have a fourth exam room in the Specialty Clinic, which will be more conducive to running two specialists at a time. The fourth exam room will be completed by the end of June. Dr. Plank, our plastic surgeon, is adding additional clinic time on a quarterly basis starting this summer; we have implemented telehealth consultations allowing him to connect to our patients virtually from his location in FL. He is able to see patients for initial consultation via telehealth and then perform in-office or OR procedures while on campus. This has greatly improved access to his services, and has been well-received by patients.

- **Patient Access – Tanya DeLeo, Director**

**Patient Access Hiring** - Over the last 90 days, Patient Access has hired, trained or currently is training, 23 employees, including interdepartmental transfers. Training will also include customer service focusing on AIDET Patient Communication. AIDET® is a communication framework for healthcare professionals to communicate with patients and staff in a way that decreases patient anxiety, increases patient compliance and satisfaction, and improves clinical outcomes. The acronym AIDET® stands for five communication behaviors: Acknowledge, Introduce, Duration, Explanation, and Thank You.

**Authorization & Referral** - The Authorization & Referral team has increased by 2 additional team members so that our authorization process will be completed in under 3 days.

**Patient Access Department** – On June 17<sup>th</sup>, the Patient Access team will go live with our new Work Queue Management (WQM) module with in Cerner. WQM is an improved process of managing and optimizing work queues and orders to decrease patient wait times, clinical department productivity, and protect patient health information.

- **Medical Records – Marnie Davis, Manager**

We hired an HIM (Health Information Management) specialist last month. The new staff member is responsible for working the inflow of information, completing audits, and releasing documents to the appropriate people.

- **Project Management – Lynda Vance, Project Manager**

In March, the PMO assisted the lab in bringing the Histology department's cassette and slide printers online. The project was identified as a response to the sentinel event occurring in 2023. In addition, we completed a go-live for a new infant security system in March. In April, we worked on discovery for two new projects related to Health Information Exchange(HIE) and workflow efficiencies. We received an art donation from a local resident for the new Infusion area, and the Foundation is donating money to prepare the art for the clinical space. We are adding an exam room in the Specialty clinic to improve room availability for patients and providers. The Ortho clinic received an update to accommodate the addition of Dr. Thunder, his medical assistant, and a new authorization and referral staff member to the team. The United Consumer Communication(UCC) patient appointment reminders contract was approved by the board in May. We are preparing to kick off this project in mid-June and targeting the system for use by the end of the year.

- **Revenue Cycle - Gloria Sacco, Director**

**HRS** - We contracted with HRS to reopen the Medicare Cost Reports from 2019 to 2023 so as to revise the Medicare Bad Debt reports. We should recoup overpayments from Medicare as the past reports did not include up-to-date Medicare bad debt data.

**ADHC** - We engaged ADHC to conduct a look-back on all accounts underpaid based on our contracts and state required payments for worker's compensation. The project is scheduled for June, 2024, starting with our top 5 payers: Medicaid Managed Care, Blue Cross, Blue Shield, worker's compensation, and commercial.

**Athena** -The Athena system has been decommissioned. All information has been processed by IT so as to maintain the data for future reference.

**Charge Capture Audit** - A charge capture audit was conducted by CLA (Clifton, Larson & Allen) for supplies, contrast, and labor & delivery hours so as to maximize reimbursement for the Medicare Cost report.

**Charge Master Pricing Analysis** - Currently obtaining a Statement of Work for a pricing analysis of our current Charge Master. Previous price changes were made, causing inconsistent pricing across district.

**Charge Reconciliations by Department** - Daily charge reconciliations implemented and performed since January 2024 by each department. This process has identified lost charge issues, incorrect pricing, and incorrect charge units.

**Denial Avoidance update** - In mid-February, a denials management program was launched with the purpose of identifying root causes of, and to defend against, lost revenue related to insurance claim denials. An RN Defense Auditor with experience in loss revenue recapture and loss prevention techniques conducted an initial analysis of accounts receivable denials revealing multiple areas slated for improvement: policy changes, workflow improvements, and aggressive appeals denied for medical necessity.

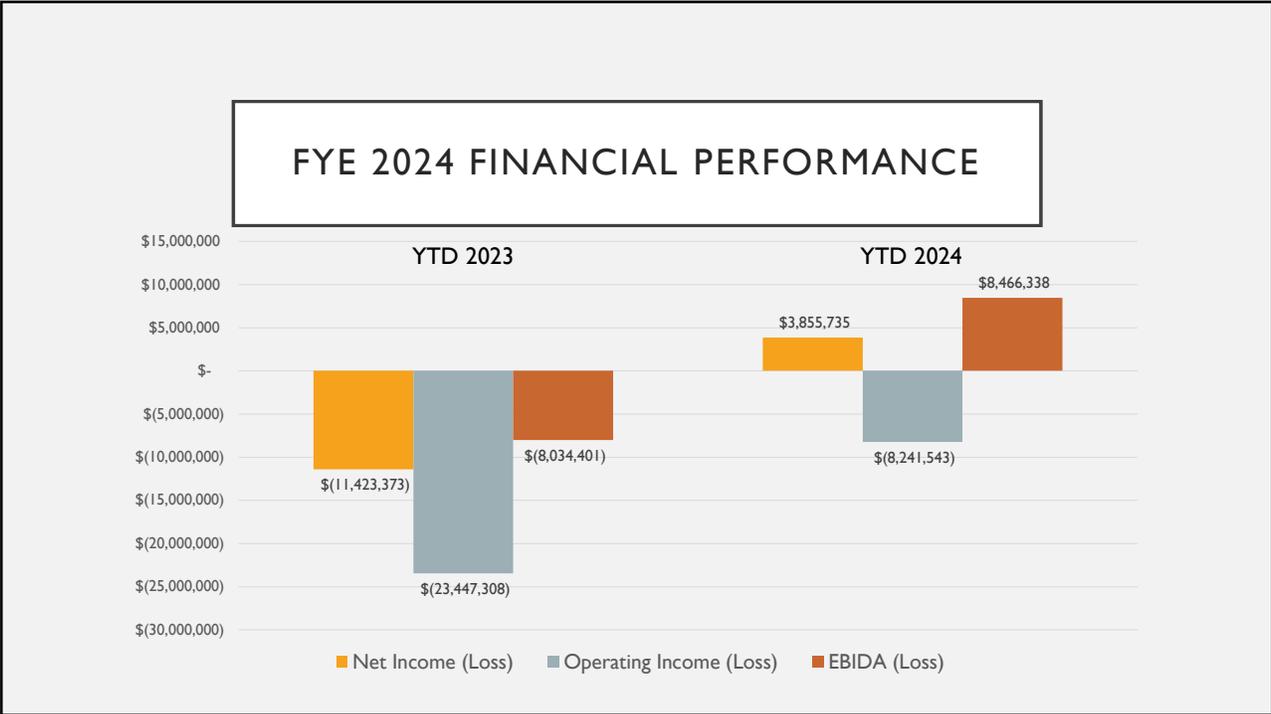
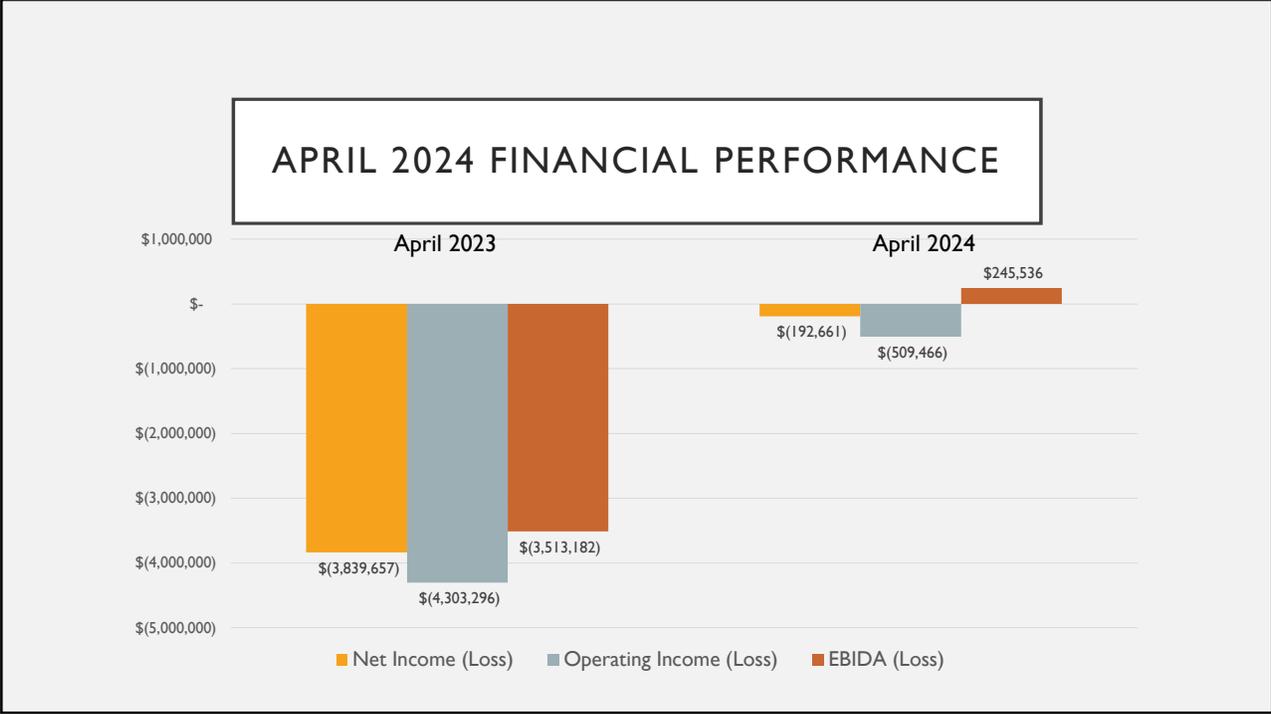
**Business Office** - Novus (Medicaid Billing Company) completed review and correction of 2021 accounts, reducing AR greater than 90 days to 54% ending April, 2024, from 67% in November, 2023. OS Healthcare reduced accounts greater than 90 days to 18% from 22% over the same time period.



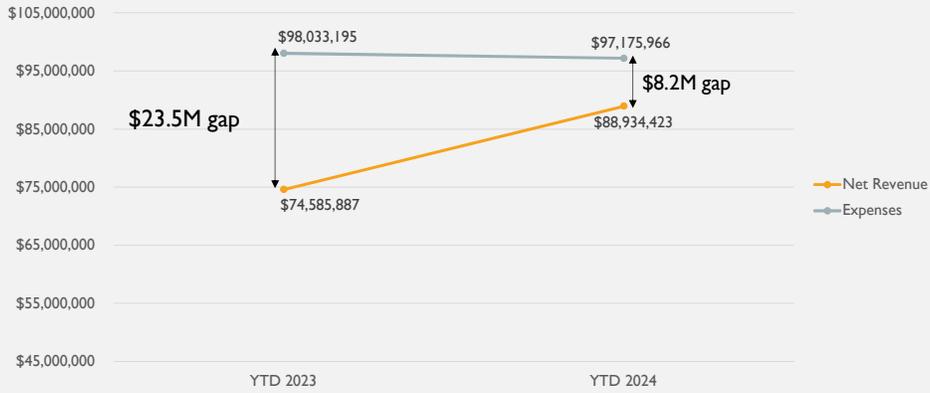
# NIHD FINANCIAL UPDATE

April 2024

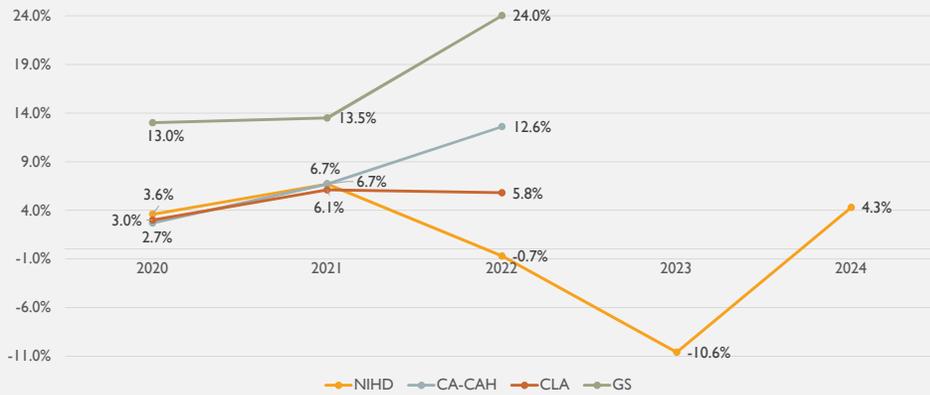
# INCOME



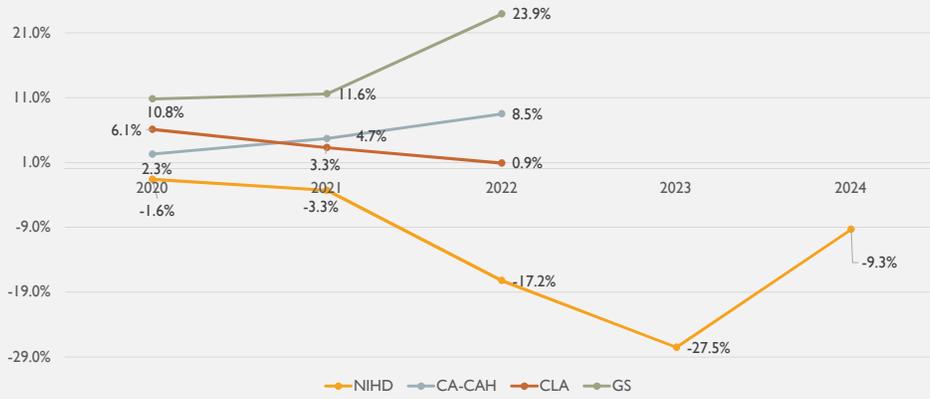
### YTD OPERATING INCOME (LOSS) PERFORMANCE



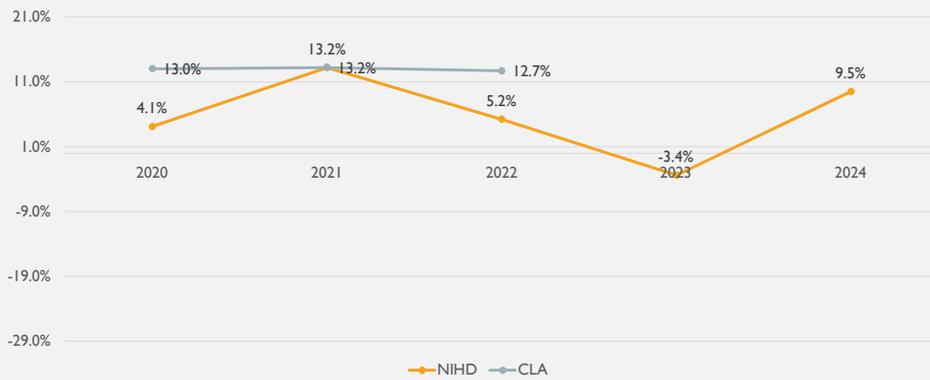
### NET PROFIT MARGIN



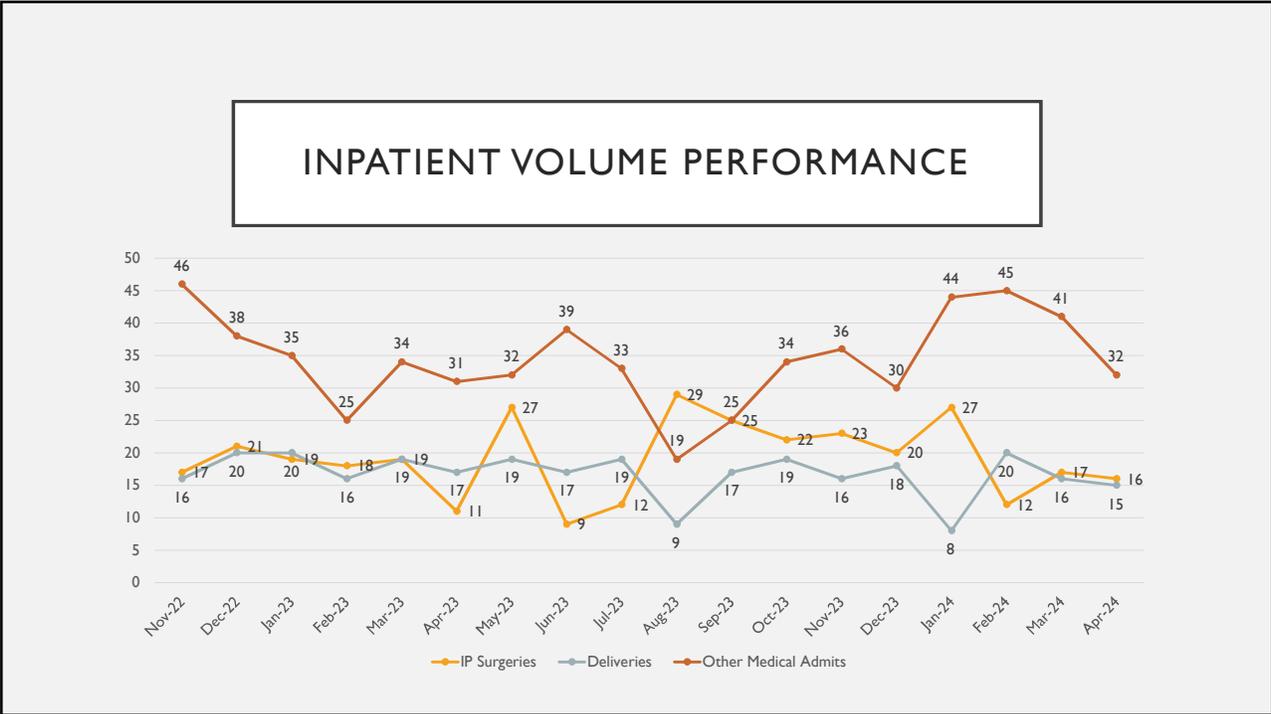
### OPERATING MARGIN



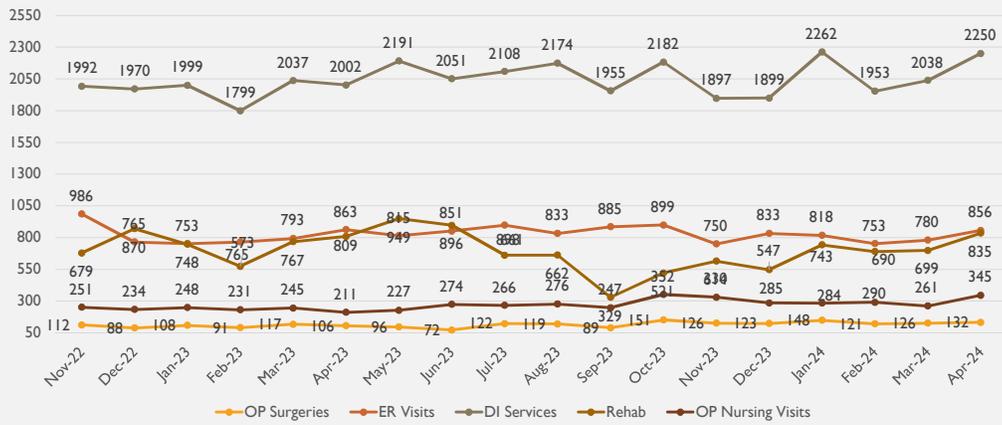
### EBIDA MARGIN



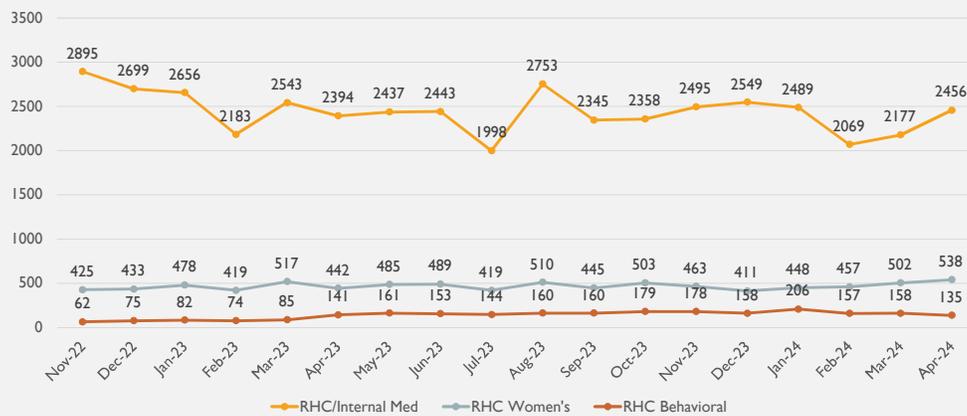
# VOLUMES



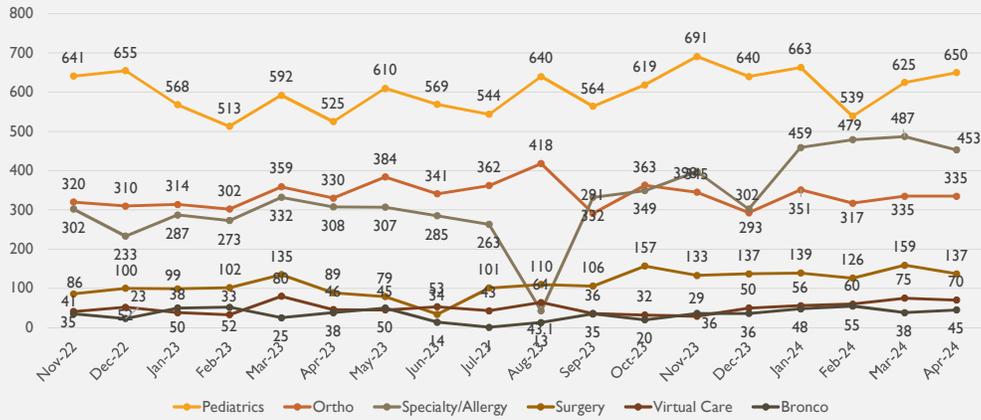
## OUTPATIENT VOLUME PERFORMANCE



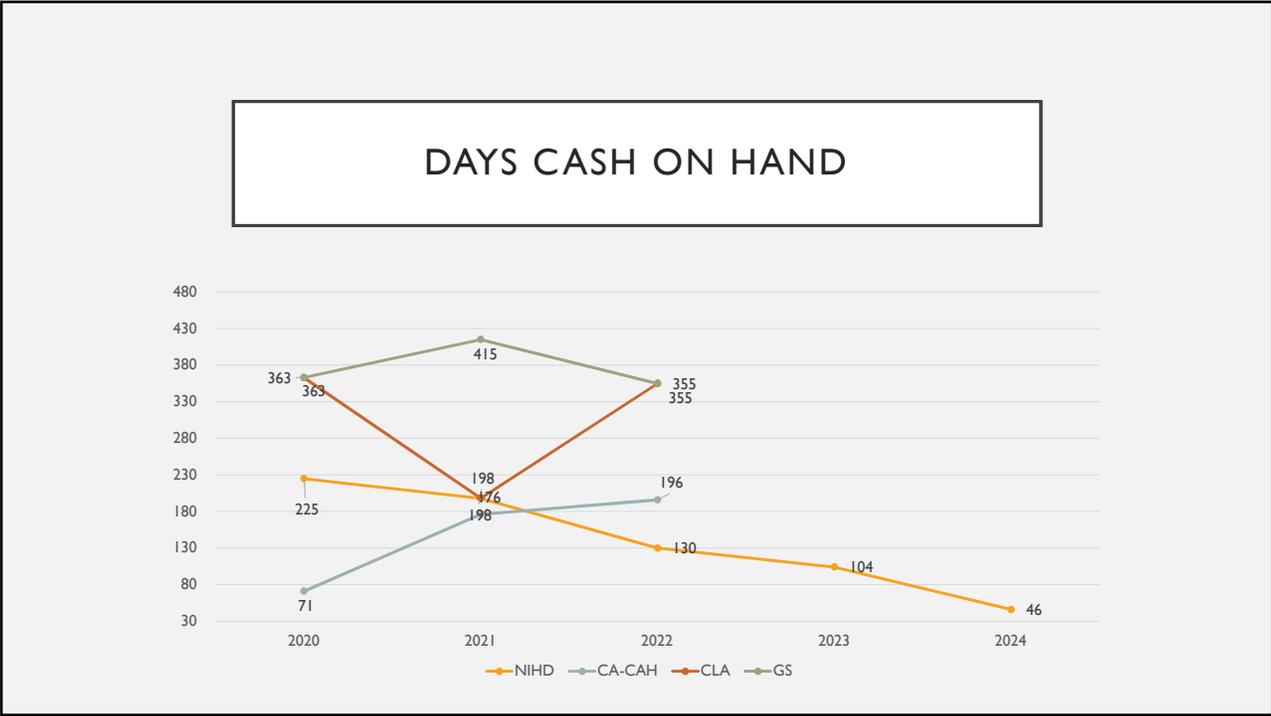
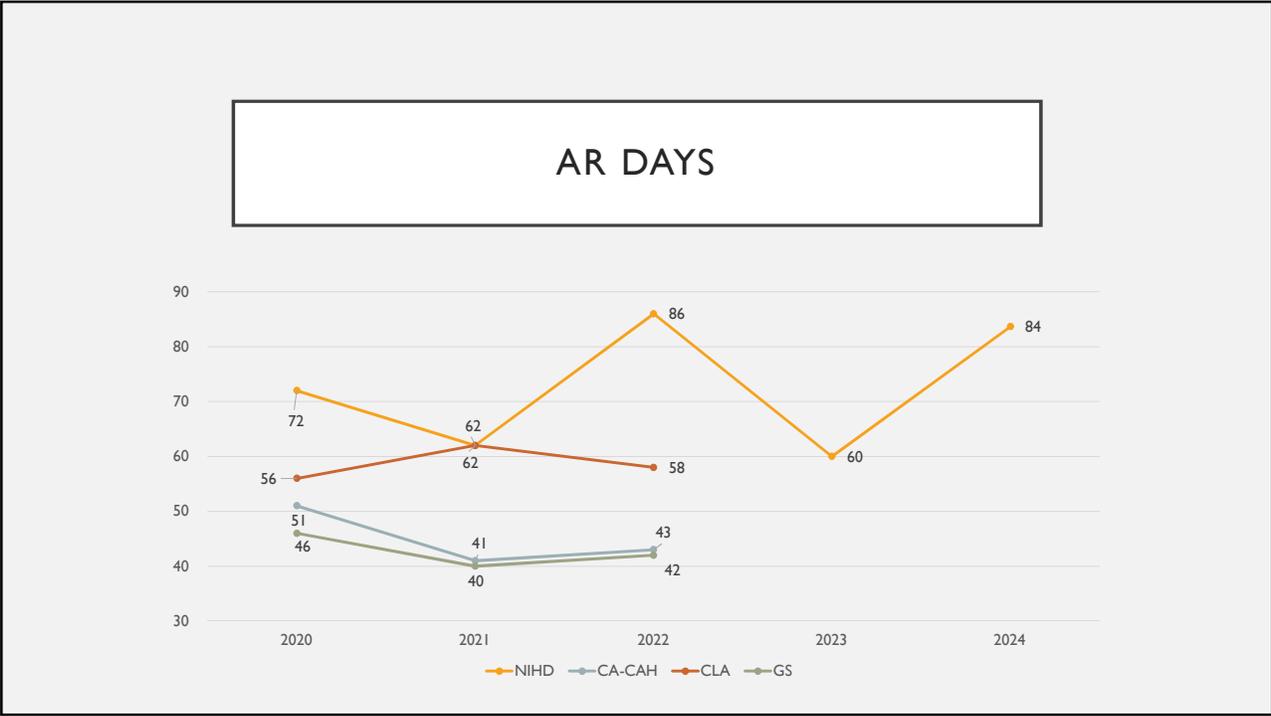
## RHC VOLUME PERFORMANCE



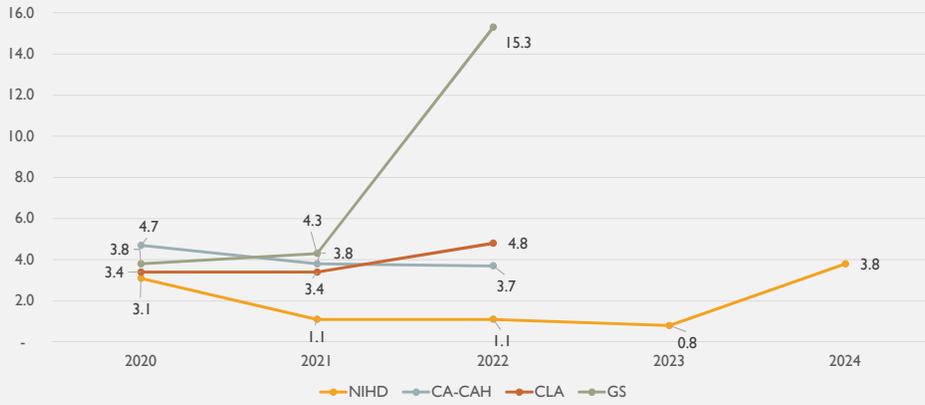
## CLINIC VOLUME PERFORMANCE



## KEY PERFORMANCE INDICATORS



## DEBT SERVICE COVERAGE RATIO



## UNRESTRICTED FUNDS



## WAGE COSTS

YTD 2023	YTD 2023	YTD 2024	% Change
Total Paid FTEs	428	375	-13%
Salaries, Wages, Benefits (SWB) Expense	\$49.7M	\$49.7M	0%
SWB % of total expenses	51%	51%	0%
Employed Average Hourly Rate	\$39.27	\$52.73	34%
Benefits % of Wages	84%	54%	-30%

**Northern Inyo Healthcare District**  
**Income Statement**  
**Fiscal Year 2024**

	1/31/2024	1/31/2023	2/29/2024	2/28/2023	3/31/2024	3/31/2023	4/30/2024	4/31/2023	2024 YTD	2023 YTD	PYM Change	PYTD Change
<b>Gross Patient Service Revenue</b>												
Inpatient Patient Revenue	4,415,671	3,898,882	3,063,000	2,545,535	3,740,981	3,633,689	3,215,615	2,295,049	34,907,916	31,399,308	920,566	3,508,608
Outpatient Revenue	14,723,154	11,943,811	12,719,309	11,030,636	11,921,652	12,610,463	15,650,478	12,236,228	137,293,519	119,788,805	3,414,250	17,504,714
Clinic Revenue	1,668,331	1,552,193	1,500,716	1,266,634	1,601,821	1,550,929	1,763,094	1,390,394	15,900,381	13,983,428	372,699	1,916,953
Gross Patient Service Revenue	20,807,156	17,394,886	17,283,024	14,842,805	17,264,454	17,795,080	20,629,186	15,921,672	188,101,816	165,171,541	4,707,515	22,930,276
<b>Deductions from Revenue</b>												
Contractual Adjustments	(9,802,285)	(7,536,311)	(9,066,535)	(6,829,397)	(15,144,877)	(9,900,790)	(10,525,952)	(8,452,990)	(93,315,405)	(78,191,735)	(2,072,962)	(15,123,670)
Bad Debt	(1,227,065)	(687,018)	(285,977)	(1,387,069)	4,239,262	525,913	131,776	(240,320)	(1,125,146)	(7,621,602)	372,096	6,496,456
A/R Writeoffs	(402,752)	(380,030)	(567,860)	(234,813)	(706,178)	(721,088)	(285,526)	(450,123)	(4,730,712)	(4,629,078)	164,598	(101,635)
Other Deductions from Revenue	-	-	-	-	-	38	53	(637,163)	53	(187,687)	637,216	187,741
Deductions from Revenue	(11,432,101)	(8,603,358)	(9,920,372)	(8,451,279)	(11,611,793)	(10,095,928)	(10,679,648)	(9,780,597)	(99,171,210)	(90,630,101)	(899,052)	(8,541,109)
<b>Other Patient Revenue</b>												
Incentive Income	-	-	-	-	-	-	-	-	-	-	-	-
Other Oper Rev - Rehab Thera Serv	-	566	862	1,660	-	5,396	-	1,029	3,816	44,448	(1,029)	(40,632)
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Other Patient Revenue	-	566	862	1,660	-	5,396	-	1,029	3,816	44,448	(1,029)	(40,632)
<b>Net Patient Service Revenue</b>	<b>9,375,055</b>	<b>8,792,094</b>	<b>7,363,514</b>	<b>6,393,187</b>	<b>5,652,661</b>	<b>7,704,549</b>	<b>9,949,538</b>	<b>6,142,104</b>	<b>88,934,423</b>	<b>74,585,887</b>	<b>3,807,435</b>	<b>14,348,536</b>
CNR%	45%	51%	43%	43%	33%	43%	48%	39%	47%	45%	10%	2%
<b>Cost of Services - Direct</b>												
Salaries and Wages	2,783,144	2,338,917	2,516,276	1,959,005	2,677,613	2,511,015	2,792,227	2,962,848	27,618,798	23,011,675	(170,621)	4,607,123
Benefits	1,093,886	1,867,561	1,537,835	1,681,176	1,490,439	1,831,123	2,146,672	1,865,932	14,860,231	17,302,869	280,739	(2,442,638)
Professional Fees	1,923,668	1,652,745	1,623,461	1,942,950	1,976,553	1,716,884	1,780,229	1,923,375	17,766,999	17,120,563	(143,146)	646,436
Contract Labor	379,756	1,001,828	405,743	219,870	364,547	788,024	205,329	500,915	3,775,330	7,737,314	(295,585)	(3,961,984)
Pharmacy	373,723	360,384	474,631	327,171	442,678	333,474	656,870	224,919	4,563,091	3,185,177	431,951	1,377,913
Medical Supplies	785,869	476,757	218,356	203,442	642,449	485,465	352,626	466,240	4,828,949	4,105,951	(113,614)	722,998
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	150,509	126,194	126,094	138,908	(768,589)	160,195	16,399	147,652	240,288	1,515,948	(131,254)	(1,275,659)
Other Direct Expenses	839,875	598,990	696,431	531,119	834,238	651,545	571,418	530,520	6,737,218	6,171,838	40,898	565,380
Total Cost of Services - Direct	8,330,430	8,423,377	7,598,828	7,003,641	7,659,929	8,477,724	8,521,770	8,622,401	80,390,904	80,151,335	(100,631)	239,570
<b>General and Administrative Overhead</b>												
Salaries and Wages	468,569	401,590	427,743	368,344	494,737	458,763	547,877	520,721	4,710,739	3,973,940	27,156	736,799
Benefits	154,751	262,752	264,414	272,374	284,918	2,870,040	346,888	367,789	2,501,496	5,432,817	(20,901)	(2,931,322)
Professional Fees	139,446	291,948	344,426	278,757	451,329	260,367	153,271	403,951	2,490,884	3,009,332	(250,680)	(518,448)
Contract Labor	4,050	(25,859)	24,000	27,901	63,611	27,375	114,784	21,225	506,065	337,073	93,559	168,992
Depreciation and Amortization	520,628	342,452	386,783	344,315	1,264,318	341,803	438,198	326,475	4,610,603	3,388,972	111,723	1,221,630
Other Administrative Expenses	161,466	191,302	142,398	172,710	258,954	163,103	336,216	182,837	1,965,276	1,739,535	153,379	225,741
<b>Total General and Administrative Overhead</b>	<b>1,448,910</b>	<b>1,464,185</b>	<b>1,589,765</b>	<b>1,464,400</b>	<b>2,817,866</b>	<b>4,121,641</b>	<b>1,937,234</b>	<b>1,822,998</b>	<b>16,785,061</b>	<b>17,881,860</b>	<b>114,236</b>	<b>(1,096,799)</b>
<b>Total Expenses</b>	<b>9,779,340</b>	<b>9,887,562</b>	<b>9,188,592</b>	<b>8,468,041</b>	<b>10,477,795</b>	<b>12,599,365</b>	<b>10,459,004</b>	<b>10,445,400</b>	<b>97,175,966</b>	<b>98,033,195</b>	<b>13,605</b>	<b>(857,229)</b>
Financing Expense	180,628	180,418	184,336	172,904	345,952	180,509	197,249	178,979	1,986,561	1,803,406	18,270	183,155
Financing Income	228,125	247,716	228,125	247,716	228,125	247,716	228,125	247,716	2,281,245	2,477,158	(19,591)	(195,913)
Investment Income	(186,959)	124,884	(105,802)	41,183	39,189	40,992	164,066	158,772	628,286	611,858	5,295	16,429
Miscellaneous Income	220,899	485,200	9,178,896	1,810,358	342,474	5,590,718	121,862	236,130	11,174,307	10,738,717	(114,268)	435,591
<b>Net Income (Change in Financial Position)</b>	<b>(322,849)</b>	<b>(418,086)</b>	<b>7,291,804</b>	<b>(148,502)</b>	<b>(4,561,299)</b>	<b>803,710</b>	<b>(192,661)</b>	<b>(3,839,657)</b>	<b>3,855,735</b>	<b>(11,423,373)</b>	<b>3,646,996</b>	<b>15,279,108</b>
Operating Income	(404,286)	(1,095,469)	(1,825,078)	(2,074,854)	(4,825,134)	(4,894,817)	(509,466)	(4,303,296)	(8,241,543)	(23,447,308)	3,793,830	15,205,765
EBITDA	197,779	(75,634)	7,678,588	195,813	(3,296,981)	1,145,512	245,536	(3,513,182)	8,466,338	(8,034,401)	3,758,718	16,500,738
Net Profit Margin	-3.4%	-4.8%	99.0%	-2.3%	-80.7%	10.4%	-1.9%	-62.5%	4.3%	-15.3%	60.6%	19.7%
Operating Margin	-4.3%	-12.5%	-24.8%	-32.5%	-85.4%	-63.5%	-5.1%	-70.1%	-9.3%	-31.4%	64.9%	22.2%
EBITDA Margin	2.1%	-0.9%	104.3%	3.1%	-58.3%	14.9%	2.5%	-57.2%	9.5%	-10.8%	59.7%	115.0%

Northern Inyo Healthcare District  
Balance Sheet  
Fiscal Year 2024

	PY Balances	1/31/2024	1/31/2023	2/29/2024	2/28/2023	3/31/2024	3/31/2023	4/30/2024	4/31/2023	MOM Change
<b>Assets</b>										
<b>Current Assets</b>										
Cash and Liquid Capital	17,558,072	8,555,307	9,828,615	8,770,199	7,914,764	12,778,438	10,502,555	8,030,005	13,568,674	(4,748,433)
Short Term Investments	10,497,077	10,332,998	16,922,335	6,335,363	10,418,390	6,336,695	10,410,937	6,412,401	10,506,281	75,706
PMA Partnership	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	14,932,580	20,997,993	14,758,093	19,458,681	19,699,808	12,458,272	20,562,360	17,119,074	14,264,930	4,660,802
Other Receivables	3,244,845	6,140,920	8,454,896	19,050,631	9,308,827	18,203,532	9,317,329	17,139,611	9,679,612	(1,063,922)
Inventory	5,159,474	5,161,688	3,039,453	5,158,222	3,039,453	5,162,663	3,089,267	5,200,224	3,081,283	37,561
Prepaid Expenses	1,793,630	1,707,236	1,268,913	1,276,680	1,401,834	1,744,260	1,333,985	1,583,016	1,241,525	(161,245)
<b>Total Current Assets</b>	<b>53,185,677</b>	<b>52,896,141</b>	<b>54,272,305</b>	<b>60,049,776</b>	<b>51,806,650</b>	<b>56,683,861</b>	<b>55,216,432</b>	<b>55,484,330</b>	<b>52,342,303</b>	<b>(1,199,531)</b>
<b>Assets Limited as to Use</b>										
Internally Designated for Capital Acquisitions	-	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,466,355	1,467,164	162,508	1,467,283	1,446,108	1,467,411	1,466,171	1,467,535	1,466,232	124
Limited Use Assets										
LAIF - DC Pension Board Restricted	798,218	-	774,348	-	778,293	-	785,746	-	789,013	-
Other Patient Revenue	15,684,846	15,684,846	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	-	573,097	-	-
Total Limited Use Assets	17,056,161	16,257,943	20,071,206	16,257,943	20,075,151	16,257,943	20,082,604	16,257,943	20,085,871	-
Revenue Bonds Held by a Trustee	1,078,187	1,057,556	1,087,201	1,051,852	1,081,516	1,046,147	1,075,802	962,817	1,070,092	(83,330)
<b>Total Assets Limited as to Use</b>	<b>19,600,703</b>	<b>18,782,662</b>	<b>21,320,914</b>	<b>18,777,078</b>	<b>22,602,775</b>	<b>18,771,501</b>	<b>22,624,577</b>	<b>18,688,294</b>	<b>22,622,196</b>	<b>(83,206)</b>
<b>Long Term Assets</b>										
Long Term Investment	2,767,655	1,831,405	2,749,221	1,831,779	2,744,893	1,832,199	2,752,606	1,834,470	2,771,350	2,270
Fixed Assets, Net of Depreciation	85,078,613	85,031,471	76,561,422	85,151,277	76,485,894	84,393,675	76,673,974	84,323,364	76,823,477	(70,312)
<b>Total Long Term Assets</b>	<b>87,846,268</b>	<b>86,862,876</b>	<b>79,310,643</b>	<b>86,983,056</b>	<b>79,230,787</b>	<b>86,225,875</b>	<b>79,426,580</b>	<b>86,157,833</b>	<b>79,594,827</b>	<b>(68,041)</b>
<b>Total Assets</b>	<b>160,632,647</b>	<b>158,541,680</b>	<b>154,903,862</b>	<b>165,809,910</b>	<b>153,640,212</b>	<b>161,681,236</b>	<b>157,267,589</b>	<b>160,330,458</b>	<b>154,559,326</b>	<b>(1,350,778)</b>
<b>Liabilities</b>										
<b>Current Liabilities</b>										
Current Maturities of Long-Term Debt	4,932,910	4,447,426	953,873	3,849,316	957,628	3,907,233	901,673	3,883,529	875,213	(23,704)
Accounts Payable	5,088,334	4,881,333	6,181,858	4,346,694	5,482,703	5,131,234	5,186,458	4,047,103	6,096,323	(1,084,131)
Accrued Payroll and Related	8,318,121	6,556,620	5,708,653	7,226,154	5,321,872	7,439,170	5,913,994	7,585,529	5,850,013	146,359
Accrued Interest and Sales Tax	92,441	164,562	168,763	238,080	238,573	314,125	310,734	140,964	119,257	(173,161)
Notes Payable	1,532,689	1,532,689	2,133,708	1,035,689	2,133,708	931,738	2,133,708	931,738	2,133,708	-
Unearned Revenue	(4,542)	(4,542)	29,191	(4,542)	(4,542)	(4,542)	(4,542)	(1,812)	(4,542)	2,730
Due to 3rd Party Payors	693,247	693,247	693,247	693,247	478,242	693,247	262,335	693,247	693,247	-
Due to Specific Purpose Funds	-	-	-	-	-	-	-	-	-	-
Other Deferred Credits - Pension & Leases	1,942,292	1,927,805	2,146,080	1,925,736	2,146,080	1,923,666	2,146,080	1,921,596	2,146,080	(2,070)
<b>Total Current Liabilities</b>	<b>22,595,491</b>	<b>20,199,141</b>	<b>18,015,372</b>	<b>19,310,372</b>	<b>16,754,263</b>	<b>20,335,871</b>	<b>16,850,439</b>	<b>19,201,894</b>	<b>17,909,298</b>	<b>(1,133,977)</b>
<b>Long Term Liabilities</b>										
Long Term Debt	37,511,965	35,793,360	33,455,530	36,545,985	33,455,530	35,863,988	33,455,530	36,434,249	33,455,530	570,261
Bond Premium	203,263	181,303	218,948	178,166	215,811	175,029	212,674	171,892	209,537	(3,137)
Accrued Interest	16,540,170	17,206,094	16,648,086	17,302,780	16,743,218	17,396,138	16,838,349	16,804,350	16,933,481	(591,788)
Other Non-Current Liability - Pension	47,257,663	47,257,663	47,821,876	47,257,663	47,821,876	47,257,663	50,366,473	47,257,663	50,366,473	-
<b>Total Long Term Liabilities</b>	<b>101,513,061</b>	<b>100,438,420</b>	<b>98,144,440</b>	<b>101,284,595</b>	<b>98,236,435</b>	<b>100,692,818</b>	<b>100,873,027</b>	<b>100,668,154</b>	<b>100,965,022</b>	<b>(24,664)</b>
Suspense Liabilities	-	-	-	-	-	-	-	-	-	-
Uncategorized Liabilities (grants)	44,693	106,018	561,672	124,918	615,594	123,693	686,039	124,093	681,315	400
<b>Total Liabilities</b>	<b>124,153,245</b>	<b>120,743,579</b>	<b>116,721,484</b>	<b>120,719,885</b>	<b>115,606,292</b>	<b>121,152,382</b>	<b>118,409,505</b>	<b>119,994,141</b>	<b>119,555,635</b>	<b>(1,158,241)</b>
<b>Fund Balance</b>										
Fund Balance	45,515,489	35,013,048	43,831,306	35,013,047	43,831,306	35,013,047	43,831,306	35,013,047	43,831,306	-
Temporarily Restricted	1,466,354	1,467,163	2,589,995	1,467,283	2,590,039	1,467,411	2,610,102	1,467,535	2,610,163	124
Net Income	(10,502,442)	1,317,891	(8,238,924)	8,609,695	(8,387,425)	4,048,396	(7,583,324)	3,855,735	(11,437,779)	(192,661)
<b>Total Fund Balance</b>	<b>36,479,402</b>	<b>37,798,101</b>	<b>38,182,378</b>	<b>45,090,025</b>	<b>38,033,921</b>	<b>40,528,854</b>	<b>38,858,084</b>	<b>40,336,317</b>	<b>35,003,690</b>	<b>(192,538)</b>
<b>Liabilities + Fund Balance</b>	<b>160,632,647</b>	<b>158,541,680</b>	<b>154,903,862</b>	<b>165,809,910</b>	<b>153,640,212</b>	<b>161,681,236</b>	<b>157,267,589</b>	<b>160,330,458</b>	<b>154,559,326</b>	<b>(1,350,778)</b>
(Decline)/Gain		13,281,190	(1,918,204)	7,268,230	(1,263,649)	(4,128,674)	3,627,377	(1,350,778)	(2,708,264)	2,777,896

**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**

<u>Numerator:</u>	<b>HOSPITAL FUND ONLY</b>	
Excess of revenues over expense	\$ 3,855,735	7 months of earnings
+ Depreciation Expense	4,610,603	
+ Interest Expense	1,986,561	
Less GO Property Tax revenue	1,450,608	
Less GO Interest Expense	427,771	
<b>"Income available for debt service"</b> (definition per 2010 and 2013 and 2021 Indenture)	<b>\$ 8,574,520</b>	
<u>Denominator:</u>		
<b>Supplemental Indenture of Trust)</b>		
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	
<b>Total Maximum Annual Debt Service</b>	<b>\$ 2,722,009</b>	Full year of debt
	2,268,341	YTD debt
Ratio: (numerator / denominator)	<b>3.78</b>	YTD debt service coverage
Required Debt Service Coverage Ratio:	1.10	
In Compliance? (Y/N)	No	

**Unrestricted Funds and Days Cash on Hand**

	<b>HOSPITAL FUND ONLY</b>
Cash and Investments-current	\$ 14,442,406
Cash and Investments-non current	1,834,470
Sub-total	16,276,876
Less - Restricted:	
PRF and grants (Unearned Revenue)	-
Held with bond fiscal agent	(962,817)
Building and Nursing Fund	(1,467,535)
<b>Total Unrestricted Funds</b>	<b>\$ 13,846,524</b>
Total Operating Expenses	\$ 97,175,966
Less Depreciation	4,610,603
Net Expenses	92,565,363
Average Daily Operating Expense	\$ 303,493
Days Cash on Hand	<b>46</b>

Key Financial Performance Indicators	Industry Benchmark	2023										Variance to		Variance to		Reduction Target	Comment	
		Apr-23	May-23	Jun-23	FYE 2023 Average	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Prior Month	2023 Average	Prior Year Month	Variance to Benchmark				
<b>Volume</b>																		
Admits	41	59	78	83	68	68	79	77	74	63	(11)	(5)	4	22			Mammoth monthly average in 2022 per HCAI	
Deliveries	n/a	17	19	17	17	18	8	20	16	15	(1)	(2)	(2)	n/a				
Adjusted Patient Days	n/a	902	1,190	1,105	984	969	1,009	940	895	1,161	266	177	259	n/a				
Total Surgeries	153	117	123	81	120	143	175	133	143	148	5	28	31	(5)			Mammoth monthly average in 2022 per HCAI	
ER Visits	659	863	815	851	810	833	818	753	780	856	76	46	(7)	197			Mammoth monthly average in 2022 per HCAI	
RHC and Clinic Visits	n/a	4,313	4,557	4,381	4,353	4,576	4,859	4,246	4,556	3,129	(1,427)	(1,224)	(1,184)	n/a				
Diagnostic Imaging Services	n/a	2,002	2,191	2,051	2,020	1,899	2,262	1,953	2,038	2,250	212	230	248	n/a				
Rehab Services	n/a	809	949	896	762	547	743	690	699	835	136	73	26	n/a				
<b>AR &amp; Income</b>																		
Gross AR (Cerner only)	n/a	\$ 54,010,319	\$ 50,856,137	\$ 50,668,396	\$ 53,638,580	\$ 53,913,830	\$ 56,381,675	\$ 55,489,238	\$ 48,964,677	\$ 52,118,365	\$ 3,153,688	\$ (1,520,215)	\$ (1,891,955)	n/a				
AR > 90 Days	\$ 7,688,895.45	\$ 25,737,608	\$ 26,738,034	\$ 25,752,910	\$ 23,440,542	\$ 26,961,876	\$ 27,771,536	\$ 27,534,816	\$ 22,242,405	\$ 21,921,549	\$ (320,856)	\$ (1,518,993)	\$ (3,816,059)	\$ 14,232,654	(14,232,654)	15%	15% of gross AR is benchmark	
AR % > 90 Days	15%	50.77%	51.45%	51.55%	45.3%	50.78%	50.04%	50.37%	46.22%	42.77%	-3.5%	-2.5%	-8.0%	27.8%			Industry average	
AR Days	43.00	92.41	92.92	89.78	91.35	86.28	90.02	87.68	78.71	83.66	4.95	(7.69)	(9)	40.66			California CAH	
Net AR	n/a	\$ 14,264,930	\$ 9,681,108	\$ 9,351,360	\$ 17,800,084	\$ 20,452,310	\$ 20,997,993	\$ 19,458,681	\$ 12,458,272	\$ 17,119,074	\$ 4,660,802	\$ (681,010)	\$ 2,854,144	n/a				
Net AR % of Gross	n/a	26.4%	19.0%	18.5%	33.1%	37.9%	37.2%	35.1%	25.4%	32.8%	7.4%	-0.2%	6.4%	n/a				
Gross Patient Revenue/Calendar Day	n/a	\$ 530,722	\$ 585,271	\$ 543,011	\$ 546,652	\$ 604,887	\$ 671,199	\$ 595,966	\$ 556,918	\$ 687,640	\$ 130,722	\$ 140,988	\$ 156,917	n/a				
Net Patient Revenue/Calendar Day	n/a	\$ 204,737	\$ 269,771	\$ 198,702	\$ 243,317	\$ 308,700	\$ 302,421	\$ 253,914	\$ 182,344	\$ 331,651	\$ 149,307	\$ 88,335	\$ 126,914	n/a				
Net Patient Revenue/APD	n/a	\$ 6,809	\$ 7,028	\$ 5,395	\$ 7,622	\$ 9,876	\$ 9,291	\$ 7,834	\$ 6,316	\$ 8,570	\$ 2,254	\$ 948	\$ 1,760	n/a				
<b>Wages</b>																		
Wages	n/a	\$ 3,970,962	\$ 3,154,215	\$ 5,954,820	\$ 3,281,173	\$ 3,303,307	\$ 3,251,713	\$ 2,944,019	\$ 3,172,350	\$ 3,340,105	\$ 167,755	\$ 58,932	\$ (630,858)	n/a				
Employed paid FTEs	n/a	388.07	364.62	364.62	384.63	346.65	346.54	346.25	348.17	367.13	18.96	(17.50)	(20.94)	n/a			-6%	
Employed Average Hourly Rate	\$ 38.00	\$ 59.69	\$ 48.83	\$ 95.27	\$ 48.51	\$ 53.79	\$ 52.97	\$ 51.31	\$ 51.44	\$ 53.07	\$ 1.64	\$ 4.56	\$ (6.62)	\$ 15.07			According to California Hospital Association data	
Benefits	n/a	\$ 1,746,328	\$ 1,819,896	\$ 1,610,167	\$ 1,907,194	\$ 1,251,579	\$ 1,248,638	\$ 1,802,249	\$ 1,775,357	\$ 2,493,560	\$ 718,203	\$ 586,366	\$ 747,232	n/a				
Benefits % of Wages	30%	44.0%	57.7%	27.0%	58.7%	37.9%	38.4%	61.2%	56.0%	74.7%	18.7%	16.0%	30.7%	44.7%			Industry average	
Contract Labor	n/a	\$ 522,140	\$ 821,563	\$ 803,281	\$ 808,284	\$ 508,486	\$ 383,806	\$ 429,743	\$ 428,159	\$ 320,113	\$ (108,046)	\$ (488,171)	\$ (202,027)	n/a				
Contract Labor Paid FTEs	n/a	39.68	37.94	39.55	40.27	22.52	21.60	23.86	23.27	21.07	(2.20)	(19.20)	(18.61)	n/a				
Total Paid FTEs	n/a	427.75	402.56	404.17	424.90	369.17	368.14	370.11	371.44	388.20	16.76	(36.70)	(39.55)	n/a				
Contract Labor Average Hourly Rate	\$ 81.04	\$ 76.76	\$ 122.24	\$ 118.48	\$ 112.84	\$ 127.46	\$ 100.31	\$ 108.69	\$ 103.86	\$ 88.62	\$ (15.23)	\$ (24.22)	\$ 11.87	\$ 7.58			Per zip recruiter as of August 2023 for California, higher range is benchmark	
Total Salaries, Wages, & Benefits	n/a	\$ 6,239,430	\$ 5,795,674	\$ 8,368,268	\$ 5,996,651	\$ 5,063,372	\$ 4,884,157	\$ 5,176,011	\$ 5,375,866	\$ 6,153,778	\$ 777,912	\$ 157,127	\$ (85,652)	n/a				
SWB% of NR	50%	101.6%	69.3%	140.4%	79.8%	61.0%	52.1%	70.3%	95.1%	61.8%	-33.3%	-17.9%	-39.7%	\$ 0			Per Becker Healthcare, max should be 50%	
SWB/APD	2,613	\$ 6,917	\$ 4,870	\$ 7,573	\$ 5,912	\$ 5,225	\$ 4,841	\$ 5,506	\$ 6,007	\$ 5,300	\$ (706)	\$ (612)	\$ 2,688	\$ 14%			Industry average	
SWB % of total expenses	50%	68.7%	63.8%	92.2%	66.0%	56.8%	49.9%	56.3%	51.3%	63.7%	12.4%	-2.4%	-5.0%	\$ 14%			Industry average	
<b>Physician Spend</b>																		
Physician Expenses	n/a	\$ 1,648,812	\$ 1,229,279	\$ 1,428,974	\$ 1,400,634	\$ 1,416,488	\$ 1,099,861	\$ 1,378,852	\$ 1,724,855	\$ 1,591,311	\$ (133,544)	\$ 190,677	\$ (57,501)	n/a				
Physician expenses/APD	n/a	\$ 1,828	\$ 1,033	\$ 1,293	\$ 1,451	\$ 1,462	\$ 1,090	\$ 1,467	\$ 1,927	\$ 1,371	\$ (557)	\$ (81)	\$ (457)	n/a				
<b>Supplies</b>																		
Supply Expenses	n/a	\$ 691,965	\$ 227,784	\$ (985,032)	\$ 544,557	\$ 809,100	\$ 1,159,592	\$ 692,988	\$ 1,085,127	\$ 1,009,496	\$ (75,631)	\$ 464,939	\$ 317,531	n/a				
Supply expenses/APD	n/a	\$ 767	\$ 191	\$ (891)	\$ 579	\$ 835	\$ 1,149	\$ 737	\$ 1,212	\$ 870	\$ (343)	\$ 291	\$ 102	n/a				
<b>Other Expenses</b>																		
Other Expenses	n/a	\$ 500,239	\$ 1,827,709	\$ 268,236	\$ 1,138,604	\$ 1,625,968	\$ 2,635,236	\$ 1,940,741	\$ 2,291,947	\$ 907,634	\$ (1,384,313)	\$ (230,970)	\$ 407,395	n/a				
Other Expenses/APD	n/a	\$ 555	\$ 1,536	\$ 243	\$ 1,178	\$ 1,678	\$ 2,612	\$ 2,065	\$ 2,561	\$ 782	\$ (1,779)	\$ (396)	\$ 227	n/a				
<b>Margin</b>																		
Net Income	n/a	\$ (3,854,455)	\$ (915,356)	\$ (5,031,592)	\$ (1,448,727)	\$ 1,000,942	\$ (322,354)	\$ 7,291,804	\$ (4,561,299)	\$ (192,661)	\$ 4,368,638	\$ 1,256,066	\$ 3,661,794	n/a				
Net Profit Margin	n/a	-62.8%	-14.0%	-84.4%	-20.8%	10.5%	-3.4%	99.0%	-80.7%	-1.9%	78.8%	18.9%	60.9%	n/a				
Operating Income	n/a	\$ (4,318,093)	\$ (1,173,331)	\$ (5,308,483)	\$ (2,495,327)	\$ 654,759	\$ (403,791)	\$ (1,825,078)	\$ (4,825,134)	\$ (509,466)	\$ 4,315,668	\$ 1,985,861	\$ 3,808,627	n/a				
Operating Margin	2.9%	-70.3%	-14.0%	-89.1%	-33.0%	6.8%	-4.3%	-24.8%	-85.4%	-5.1%	80.3%	27.9%	65.2%	-8.0%			Per Kaufman Hall September Natitonal Hospital Flash	
EBITDA	n/a	\$ (4,194,921)	\$ (1,259,806)	\$ (5,370,917)	\$ (1,789,289)	\$ 1,345,271	\$ 198,274	\$ 7,678,588	\$ (3,296,981)	\$ 245,536	\$ 3,542,517	\$ 2,034,825	\$ 4,440,458	n/a				
EBITDA Margin	12.7%	-68.3%	-15.1%	-90.1%	-22.6%	14.1%	2.1%	104.3%	-58.3%	2.5%	60.8%	25.1%	70.8%	-10.2%			CLA critical access hospitals	
Debt Service Coverage Ratio	3.70	(5.8)	(5.8)	(5.8)	(5.8)	2.3	2.4	6.3	4.1	3.8	(0.30)	9.59	3.78	0.08			Per bond requirement, need to be at 1.1	
<b>Cash</b>																		
Avg Daily Disbursements (excl. IGT)	n/a	\$ 362,566	\$ 363,468	\$ 489,123	\$ 363,636	\$ 264,416	\$ 424,036	\$ 390,998	\$ 399,030	\$ 382,730	\$ (16,299)	\$ 19,095	\$ 20,164	n/a			\$ (79,351)	
Average Daily Cash Collections (excl. IGT)	n/a	\$ 570,713	\$ 423,206	\$ 482,340	\$ 340,919	\$ 316,748	\$ 289,440	\$ 307,834	\$ 319,679	\$ 352,222	\$ 32,543	\$ 11,303	\$ (218,491)	n/a			\$ -60%	
Average Daily Net Cash	n/a	\$ 208,147	\$ 59,738	\$ (6,783)	\$ (22,716)	\$ 52,332	\$ (134,596)	\$ (83,164)	\$ (79,351)	\$ (30,508)	\$ 48,843	\$ (7,792)	\$ (238,655)	n/a			\$ -504%	
Unrestricted Funds	n/a	\$ 24,888,703	\$ 26,740,594	\$ 31,636,319	\$ 25,185,410	\$ 20,904,990	\$ 18,888,305	\$ 15,105,562	\$ 19,115,133	\$ 14,442,406	\$ (4,672,727)	\$ (10,743,004)	\$ (10,446,297)	n/a			\$ -40%	
Change of cash per balance sheet	n/a	\$ 7,077,338	\$ 1,851,890	\$ 4,895,725	\$ 204,360	\$ (163,212)	\$ (2,016,685)	\$ (3,782,743)	\$ 4,009,571	\$ (4,672,727)								
Days Cash on Hand (assume no more cash is collected)	196	82	91	105	83	79	45	48	61	46	(15)	(37)	(36)	n/a			Per bond requirement, we need 75 minimum. Other California CAH average 196	
Estimated Days Until Depleted (assumes cash continues and spend continues)	-	-	-	4,664	1,109	486	337	254	310	247	(63)	(862)	247	n/a				
Years Unit Cash Depletion	-	-	-	12.78	3.04	1.33	0.92	0.70	0.85	0.68	(0.17)	(2.36)	0.68	n/a				

Northern Inyo Healthcare District  
April 2024 – Financial Summary

	CY MONTH	PY MONTH	BUDGET	PY Variance	Budget Variance	YTD	PY YTD	BUDGET	PY Variance	Budget Variance	MOM % Variance	YOY % Variance	YTD Budget % Variance
Net Income (Loss)	(192,661)	(3,839,657)	(1,104,465)	3,646,996	911,803	3,855,735	(11,423,373)	(15,150,902)	15,279,108	19,006,637	-95%	-134%	-125%
Operating Income (Loss)	(509,466)	(4,303,296)	(986,709)	3,793,830	477,243	(8,241,543)	(23,447,308)	(12,035,539)	15,205,765	3,793,996	-88%	-65%	-32%
EBITDA (Loss)	245,536	(3,513,182)	(1,036,100)	3,758,718	1,281,636	8,466,338	(8,034,401)	(14,518,042)	16,500,738	22,984,380	-107%	-205%	-158%

Income is favorable for the month due to favorable net patient revenue compared to prior year due to an increase in volume in all areas.

IP Gross Revenue	3,215,615	2,295,049	2,768,681	920,566	446,934	34,907,916	31,399,308	29,196,297	3,508,608	5,711,619	40%	11%	20%
OP Gross Revenue	15,650,478	12,236,228	12,397,341	3,414,250	3,253,137	137,293,519	119,788,805	122,268,877	17,504,714	15,024,642	28%	15%	12%
Clinic Gross Revenue	1,763,094	1,390,394	1,415,097	372,699	347,997	15,900,381	13,983,428	12,868,383	1,916,953	3,031,998	27%	14%	24%
Net Patient Revenue	9,949,538	6,142,104	6,976,626	3,807,435	2,972,912	88,934,423	74,585,887	69,128,471	14,348,536	19,805,952	62%	19%	29%
Cash Net Revenue % of Gross	48%	39%	42%	10%	6%	47%	45%	42%	2%	5%	10%	2%	5%

Gross Revenue increased \$4.7M due to volumes increasing. NR% increased by 10% due to less aging AR (AR >270 days old decreased by \$4M)

Admits (excl. Nursery)	63	59		4		699	677		22		7%	3%	
IP Days	202	158		44		2,073	2,049		24		28%	1%	
IP Days (excl. Nursery)	181	130		51		1,836	1,803		33		39%	2%	
Average Daily Census	6.03	4.33		1.70		6.02	5.93		0.09		39%	1%	
ALOS	2.87	2.20		0.67		2.63	2.66		(0.04)		30%	-1%	
Deliveries	15	17		(2)		156	166		(10)		-12%	-6%	
OP Visits	4,014	3,585		429		35,736	36,027		(291)		12%	-1%	
RHC Visits	3,129	2,760		369		29,806	23,760		6,046		13%	25%	
Rural Health Clinic Visits	2,456	2,177		279		23,488	19,150		4,338		13%	23%	
Rural Health Women Visits	538	442		96		4,696	3,968		728		22%	18%	
Rural Health Behavioral Visits	135	141		(6)		1,622	642		980		-4%	153%	
NIA Clinic Visits	1,690	1,553		137		15,886	16,819		(933)		9%	-6%	
Bronco Clinic Visits	45	38		7		327	306		21		18%	7%	
Internal Medicine Clinic Visits	-	217	N	(217)	N	201	3,573	N	(3,372)	N	-100%	-94%	N
Orthopedic Clinic Visits	335	330	o	5	t	3,410	3,210	o	200	t	2%	6%	o
Pediatric Clinic Visits	650	525	t	125	t	6,175	5,619	t	556	t	24%	10%	t
Specialty Clinic Visits	453	308		145		3,953	2,707		1,246		47%	46%	
Surgery Clinic Visits	137	89	A	48	A	1,305	964	A	341	A	54%	35%	A
Virtual Care Clinic Visits	70	46	v	24	v	515	440	v	75	v	52%	17%	v
Surgeries IP	16	11	i	5	i	203	183	i	20	i	45%	11%	i
Surgeries OP	132	106	l	26	l	1,257	1,017	l	240	l	25%	24%	l
Total Surgeries	148	117	a	31	a	1,460	1,200	a	260	a	26%	22%	a
Cardiology	-	-	b	-	b	1	-	b	1	b	0%	0%	b
General	91	47	l	44	l	715	512	l	203	l	94%	40%	l
Gynecology & Obstetrics	21	20	e	1	e	155	124	e	31	e	5%	25%	e
Ophthalmology	5	24		(19)		228	260		(32)		-79%	-12%	
Orthopedic	19	25		(6)		252	280		(28)		-24%	-10%	
Pediatric	-	-		-		-	1		(1)		0%	-100%	
Podiatry	-	-		-		1	3		(2)		0%	-67%	
Urology	12	1		11		108	20		88		1100%	440%	
Diagnostic Imaging	2,250	2,002		248		20,718	19,998		720		12%	4%	
Emergency Visits	856	789		67		8,305	8,098		207		8%	3%	
ED Admits	32	31		1		340	328		12		3%	4%	
ED Admits % of ED Visits	3.7%	3.9%		-0.2%		4.1%	4.1%		0.0%		-5%	1%	
Rehab	835	809		26		6,301	7,303		(1,002)		3%	-14%	
Nursing Visits	345	211		134		2,936	2,469		467		64%	19%	
Observation Hours	1,861	1,830		31		16,261	18,027		(1,766)		2%	-10%	

Admissions are up 7% compared to last April and 3% for the year. This is driven by an increase in IP surgeries and medical admits that offset the decline in deliveries. Total surgeries are 26% higher than last April and 22% higher for the year. This is due to added surgeons in general and urology. RHC & clinic volumes have increased in all areas due to efficiencies and added providers. ER and DI services have increased 3% over prior year. Nursing visits have increased due to increased infusions and wound care.

Payor mix													
Blue Cross	28.4%	28.4%		0.0%		27.2%	27.6%		-0.4%		0%	-1%	
Commercial	5.9%	6.5%		-0.6%		5.3%	6.4%		-1.1%		-10%	-18%	
Medicaid	18.5%	24.2%		-5.8%		19.5%	21.9%		-2.4%		-24%	-11%	
Medicare	41.3%	37.5%	N/A	3.8%	N/A	43.0%	39.6%	N/A	3.4%	N/A	10%	9%	N/A

Northern Inyo Healthcare District  
April 2024 – Financial Summary

	<b>CY</b>	<b>PY</b>	<b>BUDGET</b>	<b>PY</b>	<b>Budget</b>	<b>YTD</b>	<b>PY</b>	<b>BUDGET</b>	<b>PY</b>	<b>Budget</b>	<b>MOM %</b>	<b>YOY %</b>	<b>YTD Budget</b>
	<b>MONTH</b>	<b>MONTH</b>		<b>Variance</b>	<b>Variance</b>		<b>YTD</b>		<b>Variance</b>	<b>Variance</b>	<b>Variance</b>	<b>Variance</b>	<b>% Variance</b>
Self-pay	3.0%	2.2%		0.8%		2.9%	2.7%		0.2%		34%	9%	
Workers' Comp	1.3%	0.8%		0.5%		1.3%	1.3%		0.0%		54%	4%	
Other	1.7%	0.3%		1.4%		0.7%	0.5%		0.2%		417%	37%	

**DEDUCTIONS**

Contract Adjust	10,525,899	7,815,827	8,948,413	2,710,072	1,577,486	93,315,352	78,191,735	88,703,760	15,123,617	4,611,592	35%	19%	5%
Bad Debt	(131,776)	240,320	328,040	(372,096)	(459,816)	1,125,146	7,621,602	3,250,663	(6,496,456)	(2,125,517)	-155%	-85%	-65%
Write-off	285,526	450,123	328,040	(164,598)	(42,514)	4,730,712	4,629,078	3,250,663	101,635	1,480,049	-37%	2%	46%

For the month, payor mix shifted from commercial to Medicare, Self Pay, and other. For the year, payor mix has slightly shifted from Medicaid to Medicare

**DENIALS**

Denials decreased \$267k from 6 month average and \$2.1M from baseline (December 2022)

<b>CHARITY</b>	-	8,072	-	(8,072)	-	36,902	393,468	-	(356,566)		-100%	-91%	
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Charity discounts have decreased compared to prior year.

**BAD DEBT**

Bad debt write offs were minimal.

**CASH**

Cash deficit for April was -\$346k or \$12k per day which is aligned with our cash projection. We received tax appropriations and IGT in May and anticipate the remainder of IGT returned to us by June.

**CENSUS**

Patient Days	181	130		51		1,836	1,803		33		39%	2%	
Adjusted Days	1,161	902		259		9,893	9,484		409		29%	4%	
Employed Paid FTE	367.13	388.07		(20.94)		351.76	391.51		(39.75)		-5%	-10%	
Contract Paid FTE	21.07	39.68	N/A	(18.61)	N/A	22.72	44.91	N/A	(22.19)		-47%	-49%	N/A
Total Paid FTE	388.20	427.75		(39.55)		374.48	436.42		(61.94)		-9%	-14%	
EPOB (Employee per Occupied Bed)	1.93	2.99		(1.06)		2.04	2.43		(0.39)		-35%	-16%	
Adjusted EPOB	0.30	0.42		(0.12)		0.38	0.46		(0.08)		-29%	-18%	

**SALARIES**

Per Adjust Bed Day	\$ 2,876	\$ 3,863		(986)		\$ 3,268	\$ 2,845		\$ 423		-26%	15%	
Total Salaries	\$ 3,340,105	\$ 3,483,569	\$ 2,567,063	(143,464)	773,042	\$ 32,329,537	\$ 26,985,615	\$ 26,483,225	5,343,922	5,846,312	-4%	20%	22%
Normalized Salaries (incl PTO used)	\$ 3,340,105	\$ 3,355,461	\$ 2,567,063	(15,356)	773,042	\$ 32,329,537	\$ 26,793,974	\$ 26,483,225	5,535,563	5,846,312	0%	21%	22%
Average Hourly Rate	\$ 53.07	\$ 50.44		\$ 2.63		\$ 52.73	\$ 39.27		\$ 13.47		5%	34%	
Employed Paid FTEs	367.13	388.07		(20.94)		351.76	391.51		(39.75)				

Salaries are up for the month and the year compared to prior year due to merit increases. PTO cash in of \$91k occurred this month which increase paid FTEs by 6.7. 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	\$ 2,147	\$ 2,477		(329)		\$ 1,755	\$ 2,397		\$ (642)		-13%	-27%	
Total Benefits	\$ 2,493,560	\$ 2,233,721	\$ 4,517,251	\$ 259,839	(2,023,691)	\$ 17,361,726	\$ 22,735,686	\$ 19,706,833	\$ (5,373,960)	(2,345,107)	12%	-24%	-12%
Benefits % of Wages	75%	64%		176%	11%	54%	84%		74%		16%	-36%	
Pension Expense	\$ 476,034	\$ 870,940	\$ 800,267	(394,906)	(324,233)	\$ 4,329,240	\$ 11,056,858	\$ 7,975,837	(6,727,618)	(3,646,597)	-45%	-61%	-46%
MDV Expense	\$ 1,688,593	\$ 578,866	\$ 534,450	1,109,726	1,154,143	\$ 9,572,626	\$ 5,447,853	\$ 5,427,183	4,124,773	4,145,443	192%	76%	76%
Payroll Taxes & WC insurance	\$ 317,339	\$ 401,901	\$ 70,480	(84,562)	246,859	\$ 3,034,123	\$ 2,831,349	\$ 637,718	202,774	2,396,405	-21%	7%	376%
PTO Incurred	\$ 821,367	\$ 864,514		(43,147)	821,367	\$ 7,435,522	\$ 5,941,210		1,494,311	7,435,522	-5%	25%	0%
PTO Accrued	\$ 276,006	(103,328)	\$ 53,221	\$ 379,334	222,785	\$ 2,991,212	(22,081)	\$ 499,608	\$ 3,013,293	\$ 2,491,604	-367%	-13647%	499%
Reimbursements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	0%	0%
Sick	\$ -	\$ -	\$ 41,317	\$ -	(41,317)	\$ -	\$ -	\$ 417,744	\$ -	(417,744)	0%	0%	-100%
Other	\$ (264,412)	\$ 613,450	\$ 3,017,517	(877,861)	(3,281,928)	\$ (2,565,474)	\$ 3,613,349	\$ 4,748,743	(6,178,823)	(7,314,217)	-143%	-171%	-154%
Normalized Benefits	\$ 2,493,560	\$ 2,361,829	\$ 4,517,251	\$ 131,731	(2,023,691)	\$ 17,361,726	\$ 22,927,327	\$ 19,706,833	(5,565,601)	(2,345,107)	6%	-24%	-12%
Normalized Benefits % of Wages	75%	70%	176%	4%		54%	86%	74%			6%	0%	

For the month, benefits as a % of wages is higher than prior year due to an increase in MDV claims. For the year, benefits are lower than prior year and as a % of wages due to the change in pension

Northern Inyo Healthcare District  
April 2024 – Financial Summary

	CY	PY	BUDGET	PY	Budget	YTD	PY	BUDGET	PY	Budget	MOM %	YOY %	YTD Budget
	MONTH	MONTH		Variance	Variance		YTD		Variance	Variance	Variance	Variance	% Variance
Salaries, Wages & Benefits	\$ 5,833,665	\$ 5,717,290	\$ 7,084,314	\$ 116,375	(1,250,649)	\$ 49,691,263	\$ 49,721,301	\$ 46,190,058	\$ (30,038)	\$ 3,501,205	2%	0%	8%
SWB/APD	\$ 5,024	\$ 6,339		\$ (1,315)		\$ 5,023	\$ 5,242		\$ (220)		-21%	-4%	
SWB % of Total Expenses	55.8%	54.7%	89.0%	1.0%	-33%	51.1%	50.7%	56.9%	0.4%	-6%			

Total SWB for the month were over prior year due to higher wages along with MDV claims. 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.

**PROFESSIONAL FEES**

Per Adjust Bed Day	\$ 1,941	\$ 3,160		\$ (1,219)	1,941	\$ 2,480	\$ 2,974	\$ -	\$ (493)	\$ 2,480	-39%	-17%	
Total Physician Fee	\$ 1,591,311	\$ 1,648,812	\$ 881,966	\$ (57,501)	709,345	\$ 15,149,640	\$ 14,146,856	\$ 9,012,435	\$ 1,002,784	\$ 6,137,205	-3%	7%	68%
Total Contract Labor	\$ 320,113	\$ 522,140	\$ 408,639	\$ (202,027)	(88,526)	\$ 4,281,385	\$ 8,074,386	\$ 4,229,277	\$ (3,793,001)	\$ 52,108	-39%	-47%	1%
Total Other Pro-Fees	\$ 342,189	\$ 678,514	\$ 414,631	\$ (336,325)	(72,442)	\$ 5,108,243	\$ 5,983,039	\$ 4,367,994	\$ (874,796)	\$ 740,249	-50%	-15%	17%
Total Professional Fees	\$ 2,253,613	\$ 2,849,466	\$ 1,705,236	\$ (595,853)	548,377	\$ 24,539,268	\$ 28,204,281	\$ 17,609,706	\$ (3,665,013)	\$ 6,929,562	-21%	-13%	39%
Contract Paid FTEs	21.07	39.68		(18.61)		22.72	44.91		(22.19)		-47%	-49%	
Physician Fee per Adjust Bed Day	1,370	1,828		(458)		1,531	1,492		40				

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 \$3.8M. Other professional fees are lower than prior year due to the RSM revenue cycle project occurring this time last year

**PHARMACY**

Per Adjust Bed Day	\$ 566	\$ 249		\$ 316		\$ 461	\$ 336		\$ 125		127%	37%	
Total Rx Expense	\$ 656,870	\$ 224,919	\$ 292,272	\$ 431,951	364,598	\$ 4,563,091	\$ 3,185,177	\$ 2,989,950	\$ 1,377,913	\$ 1,573,140	192%	43%	53%

Supplies are higher due to volume and more expensive drugs being used this year.

**MEDICAL SUPPLIES**

Per Adjust Bed Day	\$ 304	\$ 517		\$ (213)		\$ 488	\$ 433		\$ 55		-41%	13%	
Total Medical Supplies	\$ 352,626	\$ 466,240	\$ 301,255	\$ (113,614)	51,372	\$ 4,828,949	\$ 4,105,951	\$ 3,074,685	\$ 722,998	\$ 1,754,265	-24%	18%	57%

Supplies are higher for the month and year due to higher volume and rising prices due to inflation.

**EHR SYSTEM**

Per Adjust Bed Day	\$ 14	\$ 164		\$ (150)		\$ 24	\$ 160		\$ (136)		-91%	-85%	
Total EHR Expense	\$ 16,399	\$ 147,652	\$ 123,516	\$ (131,254)	(107,118)	\$ 240,288	\$ 1,515,948	\$ 1,256,019	\$ (1,275,659)	\$ (1,015,731)	-89%	-84%	-81%

Expense is lower than prior year and budget due to an accounting rule change that requires Cerner software to be listed as a right to use asset instead of expense.

**OTHER EXPENSE**

Per Adjust Bed Day	\$ 782	\$ 791		\$ (9)		\$ 880	\$ 834		\$ 45		-1%	5%	
Total Other	\$ 907,634	\$ 713,357	\$ (1,611,622)	\$ 194,277	2,519,256	\$ 8,702,504	\$ 7,911,565	\$ 9,410,732	\$ 790,939	\$ (708,228)	27%	10%	-8%

Other expenses are up due to higher utilities, insurance, and sales taxes on supplies which has increased.

**DEPRECIATION AND AMORTIZATION**

Per Adjust Bed Day	\$ 377	\$ 362		\$ 15		\$ 466	\$ 357		\$ 109		4%	30%	
Total Depreciation and Amortization	\$ 438,198	\$ 326,475	\$ 68,365	\$ 111,723	369,833	\$ 4,610,603	\$ 3,388,972	\$ 632,860	\$ 1,221,630	\$ 3,977,743	34%	36%	629%

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

<b>Total Expenses</b>	\$ 10,459,004	\$ 10,445,400	\$ 7,963,335	\$ 13,605	2,495,669	\$ 97,175,966	\$ 98,033,195	\$ 81,164,010	\$ (857,229)	16,011,956	0%	-1%	20%
Per Adjust Bed Day	\$ 9,007	\$ 11,582	\$ -	\$ (2,575)		\$ 9,822	\$ 10,336	\$ -	\$ (514)				
Per Calendar Day	\$ 348,633	\$ 348,180	\$ 265,445	\$ 453	83,189	\$ 318,610	\$ 322,478	\$ 266,112	\$ (3,868)	52,498	0%	-1%	20%

For the year, expenses are lower due to less contract labor and pension costs. Expenses per patient has decreased due to increased volume.