

- CALL TO ORDER Northern Inyo Healthcare District (NIHD) Board Chair Melissa Best-Baker called the meeting to order at 4:00 pm.
- PRESENT Melissa Best-Baker, Chair  
Jean Turner, Vice Chair  
Ted Gardner, Secretary  
David McCoy Barrett, Treasurer via Zoom  
Mary Mae Kilpatrick, Member at Large  
Stephen DelRossi, Chief Executive Officer  
Allison Partridge, Chief Operations Officer / Chief Nursing Officer  
Alison Murray, Chief of Human Resources  
Adam Hawkins, DO, Chief Medical Officer
- Alison Feinberg, Manager of Quality and Survey Readiness, Quality Assurance  
Bryan Harper, ITS Director  
Patty Dickson, Compliance Officer  
Robin Christensen, Manager Employee Health & Infection Control  
Scott Hooker, Director of Facilities and Property Management
- ABSENT Dianne Picken, Medical Staff Director
- PUBLIC COMMENT Chair Best-Baker reported that at this time, audience members may speak on any items not on the agenda that are within the jurisdiction of the Board.
- There were no comments from the public.
- NEW BUSINESS Chair Best-Baker called attention to the New Business
- CHARTER DEVELOPMENT CEO DelRossi expressed the need to develop a charter.
- A section from the Board of Directors bylaws was read aloud.
- a) *Members of this standing committee shall include a committee of the whole of the Board of Directors, the Chief Executive Officer, the Chief Medical Officer, the Chief of Staff, and others as requested. The Directors shall be the only members of the Committee with voting privileges.*
  - b) *The function of the Compliance/Quality/Safety/Risk Committee (CQSRC) is to analyze data regarding compliance, safety, and quality of care, treatment, and services and establish priorities for performance improvement.*
  - c) *The Compliance/Quality/Safety/Risk Committee (CQSRC) shall meet no less than quarterly.*
- CEO DelRossi expressed a need to define a purpose for the committee.
- A sample purpose statement was read aloud:
- a) *The purpose of the Compliance/Quality/Safety/Risk Committee (CQSRC) is to analyze data regarding compliance, safety, and quality*

*of care, treatment, and services and establish priorities for performance improvement.*

Request from committee members to continue working on clarifying the purpose statement. Some of the ideas included:

- b) The committee will receive recommendations from the organization on priorities and status performance
- c) The committee will present recommendations to the Board of Directors on priorities and ways to measure and improve performance
- d) The Board of Directors will receive and approve or support those recommendations
- e) The goal of the committee is to guide the Executive Team and Board of Directors in their decision-making
- f) The goal is to oversee and ensure the highest standard of healthcare
- g) The committee acts as an advisory body to the Board of Directors by identifying and vetting opportunities to improve compliance, quality, safety, and risk.

Ali, Bryan, Patty, Robin, and Scott will work on clarifying what they will present, and develop standing agenda items. They will present this information to the Executive Team and work together to create a clear purpose to propose to the committee at the next meeting.

Discussed the goals of the Board of Directors

- a) the desire to have an opportunity for in-depth information to help guide their decisions
- b) desire to have information as and before issues arise enabling them to provide direction

Examples of compliance responsibilities:

- a) Regularly review significant risk exposures or potential compliance violations, including those relating to alleged violations of the Code of Conduct and the steps that have been taken to monitor, correct, and/or mitigate potential violations or risks.*
- b) Review the relevant departments of NIHD, the development of internal systems and controls to carry out standards, policies, and procedures relating to ethics, regulatory, and corporate compliance*
- c) Ensure that the NIHD is in good standing and compliance with all directives and regulations of all applicable regulatory bodies*
- d) Provide an objective and unbiased authority to evaluate and oversee NIHD in responding to any inquiries, complaints, investigations, litigation, or other actions involving the NIHD and/or the employees of NIHD*

Discussed responsibilities of compliance. CEO DelRossi expressed a desire to include:

- a) Quarterly reporting
- b) Inform the Board of Directors of new rules and regulations

- c) Detail the implementation of rules and regulations and mitigation of risks associated

Examples of safety responsibilities:

- a) *Review data security programs, including cyber security and procedures regarding disaster recovery and critical business continuity, and review programs and plans that management has established to monitor compliance with data security compliance programs and test preparedness*

Discussed safety responsibilities. Committee members expressed a need to add to this area including facilities and patient safety.

Examples of quality of care, treatment, and services.

- a) *Provides oversight, monitoring, and assessment of key organizational processes, outcomes, and external reports; makes recommendations concerning physician credentialing and other oversight activities; and recommends appropriate Board policies*
- b) *To directly oversee that quality assurance and improvement processes are in place and operating in the hospital.*
- c) *To enhance quality across and throughout the patient care, technical, and operations. Encompasses all aspects of the interface and experience between patients, families, and the community.*
- d) *Assure continual learning and skills development for risk surveillance, prevention, and continual improvement.*

Committee members discussed a desire to develop this area of responsibility more and to include items about oversight.

Discussed how to include elements of risk in the purpose statement. Committee members expressed that risk is connected to the other areas listed. Committee members will work to define what elements of risk need to be included.

Discussed membership to the committee:

- a) *The CQSRC shall include a committee of the whole of the Board of Directors, the Chief Executive Officer, the Chief Medical Officer, the Chief of Staff, and others as requested. The Directors shall be the only members of the Committee with voting privileges.*
- b) *The CQSRC may have one member from the community, subject to approval by the Board of Directors.*

The committee suggested that membership should include:

- c) Executive team
- d) Alison Feinberg, Manager of Quality and Survey Readiness, Quality Assurance
- e) Bryan Harper, ITS Director
- f) Dianne Picken, Medical Staff Director
- g) Patty Dickson, Compliance Officer
- h) Robin Christensen, Manager of Employee Health & Infection Control

- i) Scott Hooker, Director of Facilities and Property Management

Frequency of meetings

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

Public participation

- a) All CQSRC meetings shall be announced and conducted according to the Brown Act. The general public, patients, their families and friends, Medical Staff, and District staff are always welcome to attend and provide input.

Frequency Review/revision

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

GOALS

These items will be developed in future meetings.

TIME-SENSITIVE  
CALENDAR

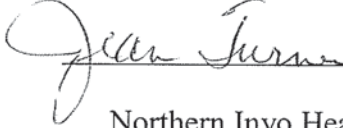
WORK PLAN

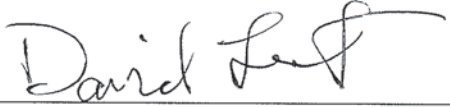
REPORTS

Compliance Quarterly Report will be reviewed in the regular board meeting on September 18, 2024 @ 5:30

ADJOURNMENT

Adjournment at 4:48 pm

  
Jean Turner  
Northern Inyo Healthcare District  
Chair

Attest:   
David Lent  
Northern Inyo Healthcare District Chair  
Secretary