

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Turner called the meeting to order at 5:21 pm.
PRESENT	<p>Jean Turner, Chair Melissa Best-Baker, Vice Chair David Lent, Secretary Laura Smith, Member at Large</p> <p>Christian Wallis, Interim Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Adam Hawkins, DO, Chief Medical Officer Alison Murray, Chief Human Resources Officer, Chief Business Development Officer Andrea Mossman, Chief Financial Officer Sam Jeppsen, Chief of Staff</p>
TELECONFERENCING	Notice has been posed and a quorum participated from locations within the jurisdiction.
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<p>Chair Turner reported that at this time, audience members may speak on any items not on the agenda that are within the jurisdiction of the Board.</p> <p>Public Comment: Representatives from the Eastern Sierra Cancer Alliance provided an update on the organization’s recent 25th Anniversary fundraising celebration, reporting that the event exceeded its \$25,000 goal by raising more than \$37,000 to support local patients through the <i>We Care</i> program. They expressed appreciation to the District and its employees for long-standing partnership and community support benefiting cancer patients in Inyo and Mono Counties.</p> <p>Several employees addressed the Board regarding ongoing labor negotiations. Speakers shared concerns that the proposed contract terms are not competitive with regional wage levels and that the high cost of living in Bishop has made it difficult for staff to remain employed locally. They cautioned that without fair and sustainable compensation, turnover will increase and the District may again be forced to rely on higher-cost traveler staff—funds they urged be directed instead toward retaining current employees who are committed to serving the community.</p> <p>Comments emphasized that cost-of-living adjustments and competitive pay are essential to maintaining morale, ensuring staffing stability, and preserving quality patient care, particularly in specialized areas such as perinatal services. Several speakers shared personal experiences illustrating financial strain related to housing, childcare, and inflation, and asked the District to recognize employees’ dedication through equitable compensation practices.</p> <p>Community members also expressed support for hospital staff, noting that retaining experienced employees benefits patient outcomes, strengthens</p>

hospital operations, and contributes to overall community health.

ADJOURNMENT TO
CLOSED SESSION

Adjournment to closed session at 5:51 pm

RETURN TO OPEN
SESSION

Called back to order at 7:01 pm

Chair Turner stated there were no reportable actions from the closed session.

CONSENT AGENDA

Motion by Best-Baker: to approve the Consent agenda
2nd: Lent
Pass: 4-0

NEW BUSINESS

CEO Contract

The Board considered approval of an employment agreement for Dr. Christian Wallis as Chief Executive Officer of the Northern Inyo Healthcare District.

In accordance with Government Code Section 54953(c)(3), the Board Chair provided an oral summary of the contract terms prior to action. The contract establishes a three-year term, effective October 15, 2025 through October 14, 2028, with an annual salary of \$460,000, subject to potential future merit increases. Benefits include those available to other management employees, and a one-time relocation allowance of \$15,000.

Public Comment: None

Board Discussion:

Director Smith expressed concern that the process leading to the proposed employment agreement had not been adequately followed. The director stated that, as public representatives, Board Members have a duty to explain their reasoning when voting against an item of this significance and voiced disagreement with both the procedural approach and the salary amount proposed for the position.

Motion by Best-Baker: to approve the CEO Contract
2nd: Lent
Pass: 3-1

After approval, the Board viewed a short video produced by the Grossmont Healthcare District highlighting Dr. Wallis's leadership and service, followed by remarks from the Board Chair recognizing his extensive leadership background and the high regard in which he is held by healthcare leaders across California. The Chair expressed appreciation for Dr. Wallis's contributions during his tenure as Interim CEO and welcomed him as NIHD's permanent Chief Executive Officer.

Wallis thanked the Board and staff for their confidence and support, stating that his decision to remain at NIHD was influenced by the dedication of the

leadership team, employees, and community. He expressed enthusiasm for continuing the District's progress and commitment to excellence in patient care.

Posting of public notice to fill the Zone 1 (one) vacancy due to the resignation of Director Barrett on September 29, 2025 in accordance with Gov't Code 1780(d) and appointment of an ad hoc committee

Appointment of Ad Hoc Committee

Public Comment: None

Board Discussion:

The Board discussed the vacancy created by the recent resignation of Director Barrett, who represented Zone 1. The Board Chair reviewed the statutory process outlined in Government Code Section 1780, which provides two options for filling a vacant elected position—by special election or by Board appointment within 60 days of the vacancy.

The Chair explained that historically the District has filled Board vacancies by appointment, noting that the cost and scheduling of a special election would significantly delay seating a new director. The Board therefore considered whether to proceed by appointment and whether to form an **Ad Hoc Committee** to review applications and recommend a candidate for Board approval.

The Chair proposed that the Governance Committee serve as the Ad Hoc Committee for this purpose, consistent with past practice, and recommended that the recruitment process begin immediately to remain within the statutory 60-day window. The Chair also requested that any Board members wishing to suggest interview questions or topics for consideration forward them within the week so that the full Board's input could be incorporated into the selection process.

During discussion, Director Smith expressed interest in serving on the Ad Hoc Committee, citing prior experience with candidate selection and a desire for broader Board representation. The Chair acknowledged the request but confirmed that the Governance Committee would serve as the Ad Hoc Committee, consistent with prior practice. The Chair stated she would meet with Director Smith to gather any suggested interview questions or issues for inclusion and further noted an intent to involve an independent community member with executive recruitment experience to help ensure the process is transparent and fair.

Legal counsel clarified that two separate actions were required: first, a motion to proceed by appointment rather than special election; and second, a motion to confirm the composition of the Ad Hoc Committee.

Motion by Best-Baker: to fill the Zone 1 vacancy by appointment rather than special election and to form an Ad Hoc Committee for this purpose.

2nd: Lent

Pass: 4-0

Motion by Best-Baker: to appoint the Governance Committee members to serve as the Ad Hoc Committee for the Zone 1 vacancy process.

2nd: Lent

Pass: 3-1

Opposed: Smith

Finance Committee Appointment/Alternate

Public Comment: None

Board Discussion:

The Board discussed the need to fill the Finance and Audit Committee vacancy created by Director Barrett's resignation. Chair Turner noted that the committee meets monthly and that only two meetings remain in the calendar year—November and December.

Chair Turner explained that the departing director previously served on the Finance Committee, with the Chair Turner serving as the alternate. Chair Turner offered to either continue as the alternate or step into the regular committee role if another director preferred to serve as alternate.

Director Smith declined interest in the Finance Committee, noting existing committee commitments. Director Turner confirmed willingness to serve as an committee member, and Director Lent agreed to serve as the alternate for the remainder of the year.

Motion by Best-Baker: to appoint Turner as the Finance Committee member and Lent as the alternate through December 2025.

2nd: Smith

Pass: 4-0

CEO REPORT

Strategic Growth: Market Survey, Master Facility Plan, and Long-Range Financial Planning

CEO Wallis provided an overview of NIHD's Strategic Growth initiative, explaining that the District's largely reactive operations have contributed to recurring financial instability. He highlighted significant access constraints, including long wait times for primary and specialty care, and noted that outpatient infrastructure is undersized. Many campus areas remain underutilized, while other clinics, such as Women's Health and PMA, face severe space and privacy limitations. Surgical operations function at roughly 60% capacity, with improvements underway through revised scheduling.

Wallis emphasized the need to transition from fragmented services to fully developed service lines to reduce patient transfers to external systems. He outlined a three-part framework: conducting a market demand and provider

needs analysis, developing a Master Facility Plan to modernize and right-size clinical spaces, and creating a long-range financial plan to sustain investment. This approach, he stated, would shift NIHD from reactive decision-making to deliberate, data-driven growth for the foreseeable future.

Following Wallis's remarks, representatives from Wipfli and WOLD Architects presented their joint proposal for a comprehensive planning engagement. Partner John Dao explained Wipfli's expertise in reimbursement and market analysis for rural hospitals, while Josh Ripplinger described WOLD's role in facility evaluation and design. They detailed a five-phase process encompassing financial capacity assessment, market and provider analysis, facility review, conceptual design, and financial feasibility modeling. The resulting plan will project service-area needs, define infrastructure priorities, and ensure capital investments are both sustainable and optimized for Medicare reimbursement.

Public Comment: Members of the public expressed support for the scope and data-driven approach, asked whether the District had assessed the potential overall cost and debt capacity for later implementation, and suggested considering a staged, gate-based approach to confirm financial feasibility before committing to the full effort. The presenters noted that the initial scope includes determining affordability and setting project size limits to maintain acceptable debt-to-equity ratios.

Board Discussion: Directors discussed the strategic importance of a data-informed roadmap versus concerns about an unbudgeted expenditure given existing debt. Administration confirmed funding would come from reserves and emphasized the expected long-term value. It was noted consulting costs typically represent a small fraction of major capital projects and help avoid inefficiencies.

Motion by Best-Baker: to approve entering into a contract with WIPFLI and WOLD

2nd: Lent

Pass: 3-1

Opposed: Smith

Community Health Needs Assessment

Interim CEO Christian Wallis introduced representatives from Ovation, who provided an overview of the upcoming Community Health Needs Assessment (CHNA) required every three years under IRS and CMS regulations. The presenters explained that the assessment identifies community health priorities, service gaps, and barriers to care, and supports alignment with NIHD's strategic planning efforts.

The process includes both primary data collection—through community surveys, stakeholder interviews, and outreach to underrepresented populations—and secondary data analysis using county and state health indicators such as chronic disease prevalence, access to care, and

socioeconomic factors. Ovation noted that the survey is customizable to incorporate NIHD-specific questions and can be distributed in multiple languages and formats, including paper copies and QR codes, to maximize participation.

The assessment will culminate in a final report outlining community health priorities and recommended focus areas for NIHD over the next three years. The report will be reviewed prior to public release and will inform related strategic and quality initiatives. Ovation anticipates project completion within approximately five months, with flexibility to accelerate the timeline if needed.

Public Comment: None

Board Discussion: Directors and staff discussed opportunities to coordinate the CHNA with other strategic and quality planning activities. It was noted that the project is already budgeted within the CEO's spending authority and requires no Board action.

CHIEF OF STAFF REPORT

Medical Staff Initial Appointments 2025-2026

Motion by Best-Baker : to approve Medical Staff Initial Appointments 2025-2026

2nd: Smith

Pass: 4-0

Medical Staff Initial Appointments 2025-2026 – Proxy Credentialing

Motion by Best-Baker: to approve Medical Staff Initial Appointments 2025-2026 – Proxy Credentialing

2nd: Lent

Pass: 4-0

Staff Category Change

Motion by Best-Baker: to approve Staff Category Change

2nd: Smith

Pass:4-0

Medical Executive Committee Meeting Report

Dr. Jepson reported one new Emergency Department physician joining the team and noted recruitment efforts for an additional hospitalist to further stabilize coverage. An OB resident from the University of Utah recently completed a rotation at NIHD and expressed strong interest in relocating to Bishop after residency. The Medical Staff also voted to modestly increase annual dues to support social and professional engagement activities.

Public Comment: None

Board Discussion: None

GOVERNANCE

Advocacy and Community Partnerships Policy

Motion by Lent: to approve Advocacy and Community Partnerships Policy

2nd: Best-Baker
Pass: 4-0

Public Comment: None

Board Discussion: None

Civility and Code of Conduct Policy

Motion by Lent: to approve Civility and Code of Conduct Policy

2nd: Smith
Pass: 4-0

Public Comment: None

Board Discussion: None

Officers and Committees of the Board of Directors

Motion by Lent: to approve Officers and Committees of the Board of Directors

2nd: Best-Baker
Pass: 4-0

Public Comment: None

Board Discussion: None

Ticketing Policy

Motion by Smith: to approve Ticketing Policy

2nd: Lent
Pass: 4-0

Public Comment: None

Board Discussion: The Board reviewed the Ticketing and Distribution Policy, outlining how event tickets and community passes (e.g., Mule Days, Tri-County Fair) are allocated for District representation. Directors confirmed the list is a starting reference that will be updated as new events arise. Members encouraged continued participation in community activities such as Chamber luncheons and Cancer Alliance events.

**CHIEF MEDICAL OFFICER
REPORT**

Chief Medical Officer Hawkins reported that between August and October 2025, the Emergency Department saw 1,621 patients, admitted 134 locally, and transferred 48 (2.9%). Most transferred patients were local Medicare recipients with an average age of 64.

Top transfer categories were surgery, cardiology, and orthopedics—cases requiring ERCP, cardiac catheterization, pacemaker placement, or complex fracture care not available at NIHD. Other transfers involved trauma, intensive-

care needs, or stroke intervention, with most patients sent to Renown or Mammoth Hospital.

Transfers typically occurred within three hours, with weather or transport availability causing rare delays. Hawkins said this marks the first step in studying transfer trends to identify cases that could be safely managed locally in the future.

Public Comment:

Members of the medical staff commended the analysis, noting the value of the data in clarifying community perceptions about patient transfers. It was highlighted that the low rate of transfers and the retention of most stroke patients locally demonstrate the effectiveness of current clinical protocols. Comments also noted that while emergency transfers are important to understand, the larger “leakage” of patients occurs in outpatient and elective settings, and this broader trend should also be examined.

Board Discussion:

Board members expressed appreciation for the presentation and agreed that the findings help address misconceptions that NIHD frequently transfers patients unnecessarily. Directors emphasized that transfer decisions reflect NIHD’s commitment to patient safety and responsible use of available resources. The Board discussed opportunities to improve community understanding of transfer decisions and considered ways to share this information publicly, such as through health education talks or local forums. Members also supported Dr. Hawkins’ plan to continue collaborating with regional partners to build a comprehensive dataset and identify service line investments that could safely expand local care capacity.

CHIEF FINANCIAL
OFFICER

Interaction of OHCA Spending Targets and Health Plan Practices

Chief Financial Officer Mossman reported that the California Office of Healthcare Affordability (OHCA) has implemented statewide spending caps intended to limit healthcare cost growth. These targets apply to both hospitals and insurers. Because insurer payments to providers count as expenses under the program, health plans such as Anthem are now restricting hospital price increases to about three percent, down from the usual five percent.

Mossman explained that this limitation will make it more difficult for NIHD to offset expected state and federal reimbursement cuts of three to five million dollars by 2030. She also noted that the California Hospital Association filed a lawsuit earlier in the day challenging the OHCA rules, citing concerns about impacts on access, workforce, and quality of care.

Public Comment: None

Board Discussion: None

Financial & Statistical Reports

Turning to the August financial results, Mossman reported the District ended the month with a \$3 million year-to-date loss, approximately \$2 million under budget due to continued low patient volumes across several service lines, particularly in orthopedics, emergency, and inpatient admissions. Net revenue was \$2.2 million below budget, offset partially by expense controls that kept total costs under budget by \$150,000. The operating margin was negative 23.7 percent.

Wage and benefit expenses comprised 54 percent of total costs, with continued improvement in benefit ratios compared to prior years. Contract labor expenses declined, and several cost-reduction efforts are underway, including tighter scheduling, department accountability reviews, and the upcoming consolidation of Medi-Cal billing services under Jory Revenue Solutions to improve efficiency and reduce vendor costs.

Mossman also discussed cash flow, noting a year-to-date decrease of \$3.3 million primarily due to timing of IGT (Intergovernmental Transfer) payments and a \$1.5 million bond payment due later in the month. She reported no concerns regarding IGT funding despite the federal budget uncertainty. The District's cash on hand remains above 75 days, keeping the organization in compliance with bond covenants. A \$3 million IRS tax credit and the spring IGT reimbursement are expected to restore cash levels.

Finally, Mossman reported that the District collected \$9.5 million in cash receipts in September, exceeding its \$8.5 million monthly average, and that transitioning idle funds to Five Star Bank will yield improved interest earnings.

Public Comment: None

Board Discussion: None

Motion by Smith: to accept the Financial and Statistical Reports

2nd: Lent

Pass: 4-0

CHIEF NURSING OFFICER REPORT

CNO Partridge reported that, as of 2:00 p.m. today, the California Department of Public Health approved immediate use of the hospital's new pharmacy compounding hood. This concludes a seven-year project involving extensive work by multiple teams and Columbo Construction. Formal acknowledgments will follow due to the large number of contributors. Pharmacy staff are eager to begin using the new space and may compound the first chemotherapy doses as early as tomorrow. While the team is not fully moved in, operations can safely commence.

Board Discussion:

Directors congratulated the team, noting the project's long timeline and consistent updates throughout construction. The board recognized staff persistence in reaching the finish line and thanked Columbo Construction for

clear communication during the build.

Radiology Services Contract Update

CNO Partridge presented an update on the District's radiology services and the proposed renewal agreement with Tahoe Carson Radiology. She explained that a nationwide shortage of radiologists has made it increasingly difficult for rural hospitals to maintain consistent coverage. To ensure continued access to high-quality imaging for the community, the District collaborated with Tahoe Carson Radiology, the executive team, and department leaders to design a sustainable hybrid coverage model.

The new agreement provides a combination of on-site and remote specialty coverage, allowing the District to fully utilize Tahoe Carson's subspecialty expertise while maintaining continuity of local service.

Additional improvements include coordinated scheduling to keep imaging appointment wait times within seven days, enhanced workflow management for overnight reads. The total annual payment under the new contract is \$2.4 million, which was included in the current fiscal year budget and confirmed as fair market value through an independent review.

Public Comment: None

Board Discussion

Board members expressed support for the updated model and commended the collaboration with Tahoe Carson Radiology. In response to a question about mammogram result turnaround times, staff confirmed that reports are processed quickly, with results promptly sent to primary care providers and follow-up letters mailed to patients. The Board agreed that the new model will strengthen service reliability and improve access to specialty imaging care.

Motion by Lent: to approve the Radiology Service Contract Update

2nd: Smith

Pass: 4-0

GENERAL INFORMATION FROM BOARD MEMBERS

During the Board Roundtable, members noted the upcoming community "Run and Walk" event scheduled for Saturday, encouraging participation and inviting attendees to bring their dogs on leashes to make the event more enjoyable.

The Board also discussed recent updates from Southern Inyo Hospital following its presentation to the Inyo County Board of Supervisors. Members expressed concern about the hospital's financial challenges and noted that the Supervisors are expected to consider a potential loan, which may include a forgiveness option. The Board agreed it would be important to monitor these developments closely.

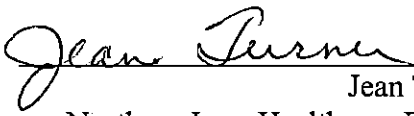
Members who attended the annual governance conference shared that it was an exceptional event, offering valuable sessions and practical takeaways that have

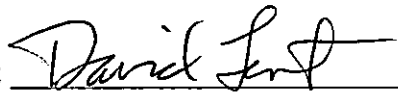
forgiveness option. The Board agreed it would be important to monitor these developments closely.

Members who attended the annual governance conference shared that it was an exceptional event, offering valuable sessions and practical takeaways that have already led to follow-up discussions. It was noted that next year's conference will be held in Monterey during the first week of October, avoiding overlap with other community events.

ADJOURNMENT

Adjournment at 10:00 pm.


Jean Turner
Northern Inyo Healthcare District
Chair

Attest: 
David Lent
Northern Inyo Healthcare District Chair
Secretary