

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Turner called the meeting to order at 5:00 pm.
PRESENT	Jean Turner, Chair Melissa Best-Baker, Vice Chair David Lent, Secretary David McCoy Barrett, Treasurer Laura Smith, Member at Large Christian Wallis, Interim Chief Executive Officer Alison Murray, Chief Human Resources Officer, Chief Business Development Officer Allison Partridge, Acting Chief Executive Officer / Chief Operations Officer / Chief Nursing Officer Adam Hawkins, DO, Chief Medical Officer Andrea Mossman, Chief Financial Officer Sierra Bourne, MD, Chief of Staff
TELECONFERENCING	Notice has been posted, and a quorum participated from locations within the jurisdiction.
WELCOME	Chair Turner welcomed Christian Wallis as Interim CEO, recognizing his leadership experience and new ideas. She also thanked Allison Partridge for her service as Acting CEO during a period of organizational transition and for providing stability.
PUBLIC COMMENT	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. There were no public comments
ADJOURNMENT TO CLOSED SESSION	Adjournment to closed session at 5:03 pm
RETURN TO OPEN SESSION	Called back to order at 5:42 pm Chair Turner stated there were no reportable actions from the closed session.
CONSENT AGENDA	Chair Turner called attention to the Consent Agenda Motion to approve the consent agenda: Best-Baker 2 nd : Lent Roll Call Vote Barrett - Yes Smith - Yes Lent - Yes Best-Baker - Yes Turner - Yes Passed: 5-0

**CYBERSECURITY
CONTRACT**

Chair Turner called attention to the Cybersecurity Contract.

CEO Wallis explained that the proposed agreement with CyberMaxx includes specifications that require validation through hospital reference checks. The Board discussed the importance of confirming the vendor's reputation before execution of the contract.

Following discussion, the Board authorized the CEO to proceed with the contract if reference checks from hospital clients are returned positively. If reference feedback is not favorable, the item will return to the Board for further consideration.

Motion to approve the CyberMaxx contract up to \$135,419.00, contingent on successful hospital reference checks conducted by the CEO.

Motion: Best-Baker

2nd: Smith

Roll Call Vote

Barrett - No

Smith - Yes

Lent - Yes

Best-Baker - Yes

Turner – Yes

Passed: 4-1

**BOARD SELF-
ASSESSMENT**

Chair Turner called attention to the Board Self-Assessment.

The Board reviewed and discussed the results of the recent Board Self-Assessment. Members observed a wide range of responses in several areas, particularly around communication. It was noted that recent leadership transitions may have impacted the consistency of responses and made some questions more difficult to answer. The importance of improving communication between the Board, the Executive Team, and within the Board itself was emphasized.

There was general agreement that more opportunities for discussion and reflection—beyond the annual retreat—would be beneficial. Several members expressed interest in holding a special study session to foster alignment and candid dialogue.

It was requested that the District's Vision, Mission, and Values be placed on an upcoming agenda for review, as some responses indicated uncertainty or lack of awareness among directors about what they currently are.

Public Comment:

A member of the public expressed that the Board has shown noticeable improvement compared to the prior year, crediting governance efforts and onboarding materials for new members.

Action Items:

- The CEO, Vice Chair Best-Baker, and Chair Turner will meet to develop recommendations based on the Board Self-Assessment results.
- The Interim CEO will gather performance-related feedback from the Executive Team to share with the Board.

**BOARD MEETING
LOCATION**

Chair Turner called attention to the Board Meeting Location.

The Board discussed the current location of board meetings and the potential to relocate them to the hospital campus.

It was suggested that holding meetings on campus would improve accessibility, public perception, and community trust. Benefits noted included greater transparency and alignment with public expectations, as many community members naturally associate board meetings with the hospital itself.

In response, concerns were acknowledged regarding space availability and IT infrastructure. Possible venues on campus were discussed, including the main lobby (pending reconfiguration) and the second-floor conference room for closed session use. Additional space options—such as repurposing the Pioneer Building if planters were removed—were also considered.

Staff indicated that a comprehensive space planning session is scheduled for the following week, during which all space usage—including board meeting location—will be reviewed. Board members supported including this topic in that planning discussion, recognizing both short-term needs and long-term opportunities.

There was consensus that any relocation should be cost-conscious and should not divert resources from higher-priority needs. Several members emphasized the need to consider potential alternative uses for the current board meeting building, such as clinical space, if the move made operational and financial sense.

Action Item:

- CEO Wallis will include board meeting location in the upcoming space planning review and report back to the Board with findings and recommendations.

MARKETING REPORT

Chair Turner called attention to the Marketing Report.

The Director of Marketing presented a new five-part video series developed to showcase the strengths of NIHD through the lens of patient care, staff dedication, and community connection. The series was described as more than promotional—it aims to tell authentic stories that reflect the hospital's mission

and values. The project highlights NIHD's high-quality care, trusted community presence, and commitment to local access.

Each video focuses on a different aspect of NIHD's work, including emergency care, specialty services, and multi-generational patient relationships. Filmed on campus and in community spaces, the production features NIHD staff and patients, with post-production support enhancing the final product while preserving the message's integrity.

The rollout includes a soft launch timed around local events, beginning with the hospital website and social media, then expanding to additional digital and in-person venues, including the Bishop Twin Theater.

Public Comment:

A community member inquired about the origin of the phrase "Our purpose is your health, our passion is your well-being." Staff confirmed it is part of the District's strategic plan. Director Barrett noted he originally proposed the phrase as a reflection of NIHD's mission.

QUARTERLY
COMPLIANCE REPORT

Chair Turner called attention to the Quarterly Compliance Report.

There were no specific items called out by staff for discussion, and no questions were raised by the Board. The report was presented for approval.

Motion to approve the Quarterly Compliance Report as presented: Best-Baker

2nd: Smith

Roll Call Vote

Barrett - Yes

Smith - Yes

Lent - Yes

Best-Baker – Yes

Turner – Yes

Passed: 5-0

CHIEF OF STAFF REPORT

Chair Turner called attention to the Chief of Staff Report.

The Chief of Staff highlighted several examples of clinical excellence and innovation at NIHD, with a focus on expanding local capacity to treat complex cases within the rural setting:

- **Surgery, Tissue, and Anesthesia Committee:** Efforts are underway to optimize operating room utilization across departments, led by committee chair Dr. Rosimov.
- **Dr. Adam Jesionek (Hospitalist):** A patient submitted a letter praising Dr. Jesionek's attentive bedside manner, thorough investigation, and communication with family during an inpatient stay. The patient's family, initially skeptical, was highly impressed by the quality of care received.

- **Dr. Connor Wiles (Vascular Surgery):** Successfully performed NIHD's first AV fistula placement for a dialysis patient. The procedure was completed onsite with full equipment readiness and the patient remained in outpatient status. The success was documented in a letter from consulting physician Dr. Erick Ladenheim.
- **Perinatal Team – Dr. Martha Kim & Dr. Avery Neal:** Recently cared for a micro-preemie (under 28 weeks gestation) with an 80% chance of survival. Despite air ambulance delays due to weather, ground transport and staff training for HALO (High Acuity, Low Occurrence) events enabled safe delivery and care. The team continues to optimize care protocols for high-risk OB patients.

The Board expressed appreciation for the report and acknowledged the inspiring work being done across clinical teams.

CHIEF EXECUTIVE OFFICER REPORT

Chair Turner called attention to the Chief Executive Officer Report.

CEO Wallis expressed gratitude to the Board and Executive Team for their support and warm welcome. Although new to the organization, he shared that the collaborative spirit and openness of the leadership team have made his transition smooth and productive. He noted that the team has quickly come together to make meaningful progress.

Wallis provided a brief update on **Hospital Week** and **Nurses Week**, highlighting the positive energy and participation during the celebrations. Activities included food trucks, ice cream, and the presentation of the Daisy Award. Director Smith was thanked for attending on behalf of the Board, with staff expressing appreciation for her visible support.

CHRO / CBDO

Chair Turner introduced the Chief Financial Officer Report, which included a presentation from Business Development Analyst Brittney Watson in support of Chief Human Resources Officer Alison Murray.

Watson presented NIHD's **AB 2561 Compliance Report**, a new requirement for all public agencies in California to disclose recruitment and retention trends annually. The purpose is to ensure agencies maintain staffing levels that support service delivery to the public.

Key highlights of the report included:

- **Current Staffing Status:** NIHD has 18 open positions, with many already in the interview or onboarding process. 12 of these are union-represented roles, and 4 are non-represented.
- **Recruitment Performance:** From July 2023 to present, NIHD filled 99 positions—30 through internal promotions and 59 from external candidates. Several contract employees were converted to permanent roles, and some former employees returned.
- **Hard-to-Fill Roles:** Physical therapists, speech-language pathologists, clinical lab scientists, radiology technologists, and graduate RNs remain

the most challenging positions to recruit, largely due to licensing and labor market issues.

- **Recruitment Strategies:** NIHD partners with a variety of staffing agencies and educational institutions. Sign-on bonuses and wide-reaching job postings help broaden the candidate pool.
- **Retention Strategies:** Ongoing efforts include compensation surveys, structured career ladders, tuition assistance, employee recognition programs, and updated HR policies to streamline hiring and reduce barriers to candidate selection.

Board discussion highlighted:

- **Job Fairs & Local Partnerships:** The District continues to participate in job fairs and mock interviews at local schools, with opportunities for expansion through community partnerships.
- **Career Path Development:** NIHD is engaged with Mono and Inyo counties, Cerro Coso College, and other partners to explore future programs including a Physical Therapy Assistant track, Radiologic Technologist training, and potential RN programs. Efforts are underway to increase access to clinical hours for students.

Public Comment:

A community member noted NIHD's partnerships with universities and colleges have been effective recruitment tools. Staff confirmed these collaborations are active and expanding.

CHIEF FINANCIAL
OFFICER REPORT

Chair Turner called attention to the CFO Report.

Financial Overview

CFO Mossman presented financial results through March, highlighting strong year-over-year improvement. Net income has increased by \$4.5 million, and the District's operating loss has improved by \$5 million. Gross AR days decreased from 82 to 70, and AR over 90 days dropped to 33%, the lowest in recent history. The debt service coverage ratio rose to 6.6—exceeding bond covenant requirements—and cash-on-hand remains stable at approximately 80 days, above the 75-day minimum threshold.

Expense Reductions and Benefit Utilization

Mossman reported that wage expenses are down by \$1 million, even while patient volumes have remained steady or grown in many areas. She attributed this to greater staffing efficiency and a decline in employee benefit claims, particularly in the District's self-funded medical, dental, and vision plans.

Automation of Payment Posting

Mossman stated that bots are fully trained and went live earlier this month. They are currently used to post electronic remittances, while on-site staff review the bot outputs and handle exceptions such as paper checks or unidentified payments. The purpose of automation is not to reduce staffing, but to enhance efficiency by allowing employees to focus on more complex

problem-solving. No additional billing staff or consultants have been hired to support the transition.

Expected Benefits of Automation

Mossman clarified that while the automation program is not expected to reduce staff, it is intended to improve revenue cycle outcomes by decreasing denials and write-offs. The District is monitoring KPIs to evaluate the bots' accuracy and the potential financial benefits of the system.

Surgical Inventory Count

Regarding the surgical department's physical inventory, Mossman stated that a separate inventory date was approved due to key personnel being unavailable. The team identified a need to revise count sheets for better accuracy and has since partnered with the purchasing department to improve documentation and organization.

Cost Report Submissions

Mossman stated that the Medicare cost report was submitted on time but will need to be amended following the final audit, which was completed last month. The Medi-Cal cost report is pending submission due to the requirement for finalized audited financials. Extensions have been filed where appropriate, and the finance team is working toward submitting all necessary documents by the November deadline.

Accounting Resources and Capacity

Mossman confirmed that the accounting department is supported by four full-time staff and a controller, along with 20 hours per week from the external audit firm. She stated that the department is confident in its ability to catch up on all outstanding financial reporting responsibilities.

Wages, Contract Labor, and Physician Compensation

Mossman noted that total salary and contract labor costs are already included in current financial presentations, and that clearer breakouts will be added in future reporting to enhance transparency. She also addressed year-over-year physician costs, explaining that some physicians remain on payroll due to ongoing contractual obligations, which limits the appearance of reductions in that category.

Medicaid Payer Mix Reclassifications

Mossman committed to providing follow-up data on Medicaid payer mix reclassifications, which are currently based on gross charges. She indicated that specific figures would be compiled and shared separately.

Aged Accounts Receivable

Mossman stated that the current AR over 90 days is at 33% and acknowledged that industry targets are closer to 15–20%. She emphasized that much of the delay is related to the timing of payment posting rather than delayed

reimbursement. With the automation now in place, improvements are expected as backlogs are addressed more efficiently.

Revenue and Expense Variability

Mossman explained that month-to-month fluctuations in cost and revenue are driven by changes in patient volume, rate adjustments, and periodic accounting corrections. She committed to developing a monthly trend analysis to help clarify these variances and provide more insight into underlying financial patterns.

Public Comment

A community member inquired about the decline in employee benefit costs. Mossman explained that the District is self-funded for medical, dental, and vision coverage, and there has been a significant decrease in claims utilization, likely due to improved employee health post-COVID.

Board Comment

The Board expressed appreciation for the depth and clarity of the financial presentation, acknowledging the Finance team's continued progress and operational diligence.

Action Items:

- Provide follow-up information on Medicaid payer mix reclassifications.
- Develop monthly trend analysis of revenue and expense lines.
- Enhance future reporting to clearly distinguish total wages and contract labor.
- Continue tracking aged AR improvements following the implementation of automation.

Motion to accept the Financial and Statistical Reports: Best-Baker

2nd: Lent

Roll Call Vote

Barrett - No

Smith - Yes

Lent - Yes

Best-Baker – Yes

Turner – Yes

Passed: 4-1

BOARD COMMENTS

Chair Turner called attention to the Board Comments.

Rookie of the Year Recognition

Director Smith highlighted the presentation of the Rookie of the Year award during Nurses Week, recognizing a nurse from the specialty clinic named Matt. She shared a personal experience that illustrated his professionalism and responsiveness. After encountering a service issue related to cardiology orders, Matt followed up quickly, resolved the concern, and demonstrated a “find the

way to yes” approach. Smith noted this as a strong example of NIHD’s commitment to service and patient care.

Public Feedback Regarding Dr. Loy

Director Smith also referenced a number of public letters and community conversations concerning Dr. Loy. She noted that these messages had been directed to the Board of Directors and often reflected the misunderstanding that the Board had direct decision-making authority in the matter. Chair Turner acknowledged the importance of clear communication and added that further clarification would be shared with the public in due course.

Partnership with Toiyabe Indian Health Project

Director Lent expressed appreciation for the ongoing collaboration between NIHD and the Toiyabe Indian Health Project. He commended the efforts of staff to build cooperative relationships and noted the value of continued partnership in addressing regional healthcare needs.

ACHD Conference Coordination

Chair Turner reminded the Board about the upcoming Association of California Healthcare Districts (ACHD) Annual Conference in San Diego. She encouraged early coordination for registration and noted that the format has been adjusted to reduce the number of days away from the office. The conference remains an important opportunity for education and governance development, and Turner, a member of the ACHD Education Committee, is assisting with its planning.

Welcome to Interim CEO Christian Wallis

Chair Turner formally welcomed Interim CEO Christian Wallis and expressed gratitude for the productive, transparent conversations that had taken place during the meeting. She acknowledged the complex challenges ahead and commended the executive team and Board for their shared commitment to moving the organization forward.

ADJOURNMENT TO
CLOSED SESSION

Adjournment to closed session at 7:28 pm

There were no public comments.

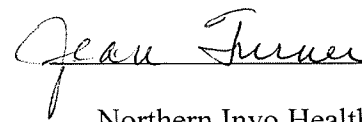
RETURN TO OPEN
SESSION

Called back to order at 9:43 pm


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

ADJOURNMENT

Adjournment at 9:44 pm.



Jean Turner
Northern Inyo Healthcare District
Chair

Attest: 
David Lent
Northern Inyo Healthcare District
Secretary