

Board Meetings

Board Meeting - June 18, 2025

Agenda

Agenda 2

Consent Agenda

Meeting Minutes - May 21, 2025 5

Bad Debt 15

Employee Health NIHD Workforce Tuberculosis Surveillance Program 20

Financial Assistance and Charity Care Policy 25

Health Care Worker (HCW) Back and Musculoskeletal Injury Prevention Plan 34

Health Care Workers with Respiratory Viral Infections and Gastrointestinal (..... 42

Injury and Illness Prevention Program 45

Northern Inyo Healthcare District (NIHD) Antimicrobial Stewardship on Restr 54

Policy and Procedure for Audible Alarm System for Air Pressure Monitoring i 61

Safe Handling and Disposal of Occupationally Hazardous Drugs and Environ 63

Standardized Procedure - Medical Screening Exam for the Obstetrical Patient 71

Chief Executive Officer Report

Board Committee Restructure 75

Chief of Staff Report

Beta Heart Score 77

Chief of Staff Report 88

Chief Financial Officer Report

Cash Flow Team 89

FY 2026 Budget Presentation 91

FY 2026 Budget 98

CFO Report Financial Summary and Operation Insights - April 2025 105

NIHD Financial Summary April 2025 109

NIHD KPIs FYE April 2025 112

NIHD Financial Update April 2025 114

NIHD Financial Statements April 2025 126

Chief Medical Officer Report

Service Line and Department Updates 130



Mission

* Strong Stewardship * Ethical Oversight *
* Eternal Local Access *

Vision Statement

To be an energized, high performing advocate for the communities we serve, our patients and our staff. The board governs with an eye on the future of health care and its effects on the District and patient care. The Board is committed to continuous evaluation, dedication to our mission, and improvements as a board.

Values

* Integrity * Innovate Vision * Stewardship * Teamwork *

AGENDA

NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS - REGULAR MEETING

June 18, 2025, 5:00 pm

Northern Inyo Healthcare District invites you to join this meeting

Connect via Zoom: *(A link is also available on the NIHD Website)*

<https://zoom.us/j/213497015?pwd=TDlIWXRuWjE4TlY2YVFWbnF2aGk5UT09>

Meeting ID: 213 497 015

Password: 608092

Phone Connection:

888 475 4499 US Toll-free

877 853 5257 US Toll-free

Meeting ID: 213 497 015

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

-
1. Call to Order at 5:00 pm
 2. Public Comment: The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes for all public comments unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
-

3. Consent Agenda – *All matters listed under the consent agenda are considered routine and will be enacted by one motion unless any member of the Board wishes to remove an item for discussion.*

- a. Approval of minutes for May 21, 2025, Regular Board Meeting
 - b. Approval of Policies and Procedures
 - i. Bad Debt
 - ii. Employee Health NIHD Workforce Tuberculosis Surveillance Program
 - iii. Financial Assistance and Charity Care Policy
 - iv. Health Care Worker (HCW) Back and Musculoskeletal Injury Prevention Plan (MIPP)
 - v. Health Care Workers with Respiratory Viral Infections and Gastrointestinal (GI) Illness
 - vi. Injury and Illness Prevention Program
 - vii. MERP: Plan to Eliminate or Substantially Reduce Medication-Related Errors
 - viii. Northern Inyo Healthcare District (NIHD) Antimicrobial Stewardship on Restrictive Antibiotics
 - ix. Policy and Procedure for Audible Alarm System for Air Pressure Monitoring in Sterile Compounding Areas :
 - x. Safe Handling and Disposal of Occupationally Hazardous Drugs and Environmentally Hazardous Drugs
 - xi. Standardized Procedure - Medical Screening Exam for the Obstetrical Patient
-

4. New Business:

- a. Chief Executive Officer Report
 - i. Board Committee Restructure - *Action Item*
- b. Chief of Staff Report, Sierra Bourne MD
 - i. Dr. Rasoumoff – *Information Item*
 - ii. Medical Staff Initial Appointments 2025-2026 - *Action Item*
 - iii. Medical Staff Initial Appointments 2025-2026 – Proxy Credentialing - *Action Item*
 - iv. Additional Privileges - *Action Item*
 - v. Ortho Physician Assistant Privilege Form - *Action Item*
 - vi. Medical Executive Committee Meeting Report – *Information Item*
- c. Chief Financial Officer Report

- i. Cash-Flow Team – *Information Item*
 - ii. Fiscal 2026 Budget – *Action Item*
 - iii. Financial & Statistical Reports (*Board will consider the approval of these reports*)
 - d. Chief Medical Officer Report
 - i. Beta Heart Score– *Information Item*
 - ii. Service Line Update – *Information Item*
 - iii. Department Update – *Information Item*
 - e. Chief Nursing Officer / Chief Operating Officer
 - i. Incident Command Events – *Information Item*
 - ii. Pharmacy Infusion Project Update – *Information Item*
 - 5. General Information from Board Members (*Board will provide this information*)
-

6. Public comments on closed session items

7. Adjournment to closed session to/for:

- a. Conference with Labor Negotiator

Pursuant to Government Code § 54957.6

Agency Designated Representative: Northern Inyo Healthcare District Chief Human Resources Officer

Employee Organization: AFSCME Council 57

- b. Public Employee Appointment / Discussion

Pursuant to Government Code § 54957(b)(1)

Title: Chief Executive Officer Candidate

8. Return to open session and report on any actions taken in closed session.

9. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.

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

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
2nd: 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 Chair
Secretary



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY AND PROCEDURE

Title: Bad Debt		
Owner: Director of Revenue Cycle		Department: Revenue Cycle
Scope: Revenue Cycle Team		
Date Last Modified: 06/09/2025	Last Review Date: 01/27/2025	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date: 10/2002

PURPOSE:

This policy ensures Northern Inyo Healthcare District's billing and collection practices comply with California and federal law, promote financial transparency, and protect patients, particularly those eligible for financial assistance.

DEFINITIONS:

Accounts receivable and notes receivable: These are designations for claims arising from rendering services and are collectible in money in the relatively near future.

Agency Placement: Outside collection agencies are used to collect accounts in Bad Debt Collection Status. When an account is in Bad Debt Collection Status, it has not been deemed totally worthless and uncollectible.

Allowable Bad Debts: Allowable bad debts are bad debts of the provider resulting from uncollectible deductibles and coinsurance amounts and meeting the criteria set forth in Section 308 of the CMS Provider Reimbursement Manual. Allowable bad debts must relate to specific deductibles and coinsurance amounts.

Bad Debts: Bad debts are amounts considered to be uncollectible from accounts and notes receivable which are created or acquired in providing services. Bad debt is an uncollectible account resulting from the extension of credit.

Contractual Allowances or Discounts: Contractual allowances or discounts are the excess of the hospital's normal charge for healthcare services over the payment received from third party payors under contractual agreements.

Charity Allowances: Charity allowances are reductions in charges made by the provider of services because of the indigence or medical indigence of the patient.

Deductible and Coinsurance Amounts: Deductible and coinsurance amounts are amounts payable by beneficiaries for covered services received from providers of services, excluding medical and surgical services rendered by physicians and surgeons.

Extraordinary Collection Action (ECA): Under IRC Section 501(r), tax-exempt hospitals must comply with specific financial assistance and billing regulations. Hospitals cannot engage in Extraordinary Collection Actions (ECAs) before making reasonable efforts to determine if a patient qualifies for financial assistance.

Financial Assistance: Assistance is provided for eligible patients who are at or below 400% of the Federal Poverty Level Guidelines and out-of-pocket expenses for Medically Necessary Services or emergency services would cause financial hardship.

Financial Assistance and Charity Care Policy: A separate policy that describes NIHD's financial assistance and Charity Care program including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance. This policy can be obtained free of charge at NIHD, via email, on the website, or by contacting the Credit and Billing Office.

General Credit Policy: An attempt to get the responsible party to agree to a specific payment plan. NIHD may extend credit based on information provided to the Credit and Billing Office.

Group Policy: The insurance policy purchased on behalf of the Guarantor by a larger (typically employer) group.

Guarantor: The person who is financially responsible for the patient's bill.

Medically Necessary: Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Patient/Guarantor Responsibility: Any balance due where the financially responsible party is the patient or patient's guarantor and not a third-party payer; also known as "Self-Pay."

Patient Statement or Statement: A bill for services rendered. This can be a summary of activity or a detailed bill listing each charge and applicable credit on a patient account.

Policy Discounts: Differences between revenue recorded at established rates and amounts realizable for services provided to employees (i.e. Prompt Pay Discounts).

POLICY:

1. NIHD is committed to fair and lawful billing and collection practices. We will make reasonable efforts to determine a patient's eligibility for financial assistance before pursuing any collection actions. This policy outlines permissible collection activities and prohibits actions that violate patient protections under California's Hospital Fair Pricing Act and related laws.
2. NIHD is committed to financial stability and preserving resources for indigent care. Our policy ensures clear and consistent billing and collection practices that comply with the law, prioritize patient satisfaction, and operate efficiently.
3. Information obtained from income tax returns, pay stubs, or the monetary asset documentation collected for the discount payment or charity care eligibility determinations may not be used for collection activities.
4. Payment on accounts will be pursued consistently, regardless of race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, disability, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.

5. The guarantor is financially responsible for documented services received. It is the guarantor's responsibility to understand their insurance coverage, with self-pay liability determined by their group policy. NIHD will follow the insurance carrier's adjudication to identify self-pay balances for contracted insurance carriers.

PRACTICES:

1. Patient Billing & Communication

- a. NIHD will provide clear, itemized bills to patients and their guarantors.
- b. Patients will receive at least **two** notices before any collection action is taken.
- c. Financial assistance applications will be made available at no cost ~~and will be accepted for up to 240 days after the first bill.~~

2. Prohibited Collection Actions

NIHD will not engage in the following actions to collect medical debt:

- a. Selling a patient's debt to a third party unless the buyer adheres to NIHD's financial assistance policies.
- b. Denying or delaying medically necessary (non-emergent) care due to unpaid bills if the patient qualifies for financial assistance.
- c. Requiring upfront payment for medically necessary (non-emergent) care if the outstanding debt is eligible for financial assistance.
- d. Placing a lien on a patient's primary residence.
- e. Foreclosing on a patient's real property.
- f. Seizing a patient's bank account or personal property without first determining financial assistance eligibility and obtaining a legal judgment.
- g. SB 1061 (2025) prohibits consumer credit reporting agencies from including medical debt information in consumer credit reports.
 - i. Violating this provision renders the medical debt void and unenforceable.

3. Permitted Collection Actions

If a patient does not qualify for financial assistance and fails to establish a payment plan, NIHD may:

- a. Refer the account to a third-party collection agency without selling the debt.
- b. File a civil lawsuit to recover unpaid debts, only after:
 - i. Determining the patient does not qualify for financial assistance.
 - ii. Providing at least 180 days' notice before legal action.
 - iii. Offering a reasonable payment plan based on the patient's income.
- c. Garnish wages or seek a writ of attachment only after obtaining a court judgment and ensuring compliance with wage garnishment limits.

4. Financial Assistance & Payment Plans

- a. NIHD will actively screen patients for charity care and financial assistance eligibility before pursuing collections.
- b. If a patient qualifies, their bill may be reduced or forgiven based on income.
- c. Patients who do not qualify may request a reasonable, interest-free payment plan.

5. Before pursuing Extraordinary Collection Actions (ECAs), hospitals must:

- a. Provide a written notice about financial assistance availability.
- b. Allow at least 120 days from the first billing statement before initiating ECAs.
- c. Give an additional 30-day notice before taking legal action.
- d. Wait at least 240 days from the first bill before selling or transferring debt.
- e. Screen for financial assistance eligibility before proceeding with ECAs.

6. NIHD may engage in Extraordinary Collection Actions such as

- a. Selling patient debt to a third party.

- b. Legal actions, including lawsuits, ~~liens on property~~, wage garnishment, and bank account seizures.

PROCEDURE:

1. Every patient or guarantor will be given reasonable time and communication to be aware of and understand their financial responsibility.
2. A statement of hospital and physician services will be sent to the patient or guarantor in incremental billing cycles.
3. Billing representatives may attempt to contact the patient or guarantor via telephone, mail, collection letter, text messaging, email, or any other appropriate method during the statement billing cycle in order to pursue collections.
4. NIHD will make reasonable efforts to determine a patient's eligibility for financial assistance under NIHD's Financial Assistance and Charity Care Policy
5. When all feasible collection efforts have been exhausted on an account and it has been determined that the balance is uncollectible, the account shall be identified as bad debt and will go into a "bad debt" status in the hospital billing system. NIHD will not send medical bills to a debt collection agency until the 240-day period has elapsed.
6. Collection efforts are documented in the patient's account.
7. The Chief Financial Officer, Revenue Cycle Director, or designee authorizes advancing accounts that meet the criteria listed for collection.
8. Accounts with a "Return Mail" status are eligible for collection assignment after all good-faith efforts to identify a correct address have been documented and exhausted.
9. NIHD will pursue collection actions for amounts outstanding when the patient qualified for financial assistance and partial relief was granted.
10. As stated in NIHD's Financial Assistance and Charity Care Policy, a patient may qualify for a payment plan for any patient out-of-pocket fees. The payment plan shall consider the patient's family income and the amount owed.
11. Accounts at a collection agency may be recalled and returned to NIHD at the discretion of NIHD or according to state or federal laws and regulations. NIHD may choose to work the accounts to resolution with the Guarantor or a third party as needed, or place the accounts with another collection agency.
12. After these items have been completed and no action to pay by the guarantor or patient was taken, the account(s) will be processed as follows:
 - a. All accounts with a balance of \$10.00 or greater will qualify for automatic placement with an outside collection agency.
 - b. All accounts with a balance of \$9.99 or less will qualify for automatic small balance write off.
 - c. After the outside collection agency determines that the debt is uncollectible or after the small balance write-off was completed, a form 1099M will be issued by February 28, if by mail, or March 31, if by electronic file to the IRS (Internal Revenue Service).

REFERENCES:

1. IRC 501-R
2. California Senate Bill 1061 (SB 1061)
3. Hospital Fair Pricing Act (AB 774)
4. Fair Debt Collection Practices Act (FDCPA)
5. Fair Credit Reporting Act (FCRA)
6. No Surprises Act
7. Medicare CMS Manual 15: The Provider Reimbursement Manual.

RECORD RETENTION AND DESTRUCTION:

Maintenance of records is for a minimum of fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Charity Care Program
2. Billing and Collections policy
3. Pricing Transparency Policy
4. Prompt Pay Discounts

Supersedes: v.3 Bad Debt

review



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Employee Health NIHD Workforce Tuberculosis Surveillance Program		
Owner: Manager Employee Health & Infection Control		Department: Employee Health
Scope: NIHD		
Date Last Modified: 06/05/2025	Last Review Date: No Review Date	Version: 7
Final Approval by: NIHD Board of Directors		Original Approval Date: 02/1994

PURPOSE:

1. To protect employees in the workplace as well as the community, through surveillance, to prevent the spread of Mycobacterium Tuberculosis (MTB).
2. To meet regulations of Title XXII, California Division of Occupational Safety and Health Agency (Cal/OSHA), California Department of Public Health (CDPH), and Center for Disease Control and Prevention (CDC) through screening and surveillance standards of practice.

POLICY:

1. The scope of this policy-applies to all Northern Inyo Healthcare District (NIHD) workforce. There are no exceptions.
2. Tuberculosis (TB) Screening is an ongoing process that begins upon hire or contract, and continues throughout the working relationship, with mandatory screening every two years. See attached letter from James A. Richardson, MD. Health Officer Inyo County, dated 8/8/2018.
3. Screening includes a test for TB and a Risk and Symptom Screening Questionnaire.
4. Workers may request screening at any time without a reason. This includes the QuantiFERON-TB Gold plus (QFT) blood test or the Tuberculin Skin Test (TST) and a questionnaire. Their 2 year due date will be adjusted.
5. Annual workforce TB Education is required for everyone and offered by the Employee Health and Infection Prevention Departments.

DEFINITIONS:

1. **Active Tuberculosis (TB) disease (pulmonary):** People with active TB disease in their lungs have symptoms and can spread the disease through coughing and sneezing. Symptoms may include cough lasting more than 3 weeks, night sweats, weight loss, feeling ill, fever, chest pain, coughing up blood.
2. **Bacille Calmette-Guerin (BCG) Vaccine:** BCG is a vaccine to prevent TB disease. It has variable effectiveness. At this time it is not used in the United States, due to low rates of TB, however other countries with high cases of TB often give the vaccine to infants and small children. .
3. **Interferon-gamma release assay (IGRA):** IGRAs are blood tests to measure the T cell immune response to MTB. QFT and T-Spot are current available IGRA tests in the United States.
4. **Latent Tuberculosis Infection (LTBI):** People with latent TB do not have any symptoms and cannot spread TB. If they do not get treatment, however, they may develop active TB disease in the future, spread the disease to others, and feel quite ill. TB screening can detect LTBI.
5. **Mycobacterium Tuberculosis (MTB):** A bacteria that causes Tuberculosis.
6. **QuantiFERON TB Gold Plus (QFT):** A United States Food and Drug Administration (FDA) approved blood test that aids in the detection of Mycobacterium tuberculosis. It is considered more accurate

than Tuberculin Skin Test (TST) and is endorsed by the World Health Organization (WHO), preferred by the Center for Disease Control (CDC), embraced by the United Nations (UN) and International Public Policy Association (IPPA) and among the WHO's 120 essential diagnostic tests. QFT-Plus uses an interferon-gamma release assay (IGRA) to measure the T cell immune response to MTB. Unlike the TST, QFT-Plus is not affected by the BCG vaccination.

7. **Tuberculosis (TB):** An infection caused by a bacteria called Mycobacterium tuberculosis (MTB). This bacteria usually affects the lungs, but it can also affect the kidney, brain, and spine. It is spread by airborne transmission similarly to a cold or flu. Not everyone infected has symptoms. Hence, there are two TB related conditions: Active TB disease and latent TB infection (LTBI). If untreated TB can be fatal.
8. **Tuberculosis Conversion:** A change from negative to positive as indicated by TB test results, based upon current CDC or CDPH guidelines for interpretation of the TB test.
9. **Tuberculosis Screening:** Methods to evaluate active and latent TB include a symptom questionnaire, a risk questionnaire including travel history, immune suppression or close contact with a person with TB as well as a TB test (TST, QFT, or TSpot). Healthcare employers must adhere to screening regulations identified by CalOSHA, Title XXII, CDPH, and the CDC to protect employees in the workplace as well as the community.
10. **Tuberculosis Surveillance:** State and local health departments report cases of TB to the CDC. This collaboration allows the National Tuberculosis Surveillance System (NTSS) to collect information on each newly report case of TB in the United States/monitors and analyzes data on tuberculosis disease, infection and other tuberculosis-like disease. The goal is to reduce tuberculosis cases.
11. **T-Spot:** An FDA approved blood test that helps in the detection of MTB. It is comparable to the TST in the identification of workers with tuberculosis infection and is more specific than the TST for people who have received the BCG vaccine.
12. **Tuberculin Skin Test (TST):** A diagnostic aid to detect infection with mycobacterium tuberculosis. The test has been available for 120 years. The test is done by placing a small amount of TB protein (antigens) under the top layer of the skin. If someone has been exposed to mycobacterium tuberculosis the skin will react with a bump in 2-3 days. Results may be inaccurate if someone has had the BCG Vaccine.

PROCEDURE:

1. QFT is the preferred testing method. Other acceptable test results include a T-Spot or a TST.
2. Workers with TB risk factors or symptoms should inform Employee Health for testing as soon as possible.
 - a. Risk Factors Include:
 - i. Travel: a temporary or permanent residence of 30 days or more in a country with a high TB rate; any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe.
 - ii. Immunocompromised:
 1. Current or planned immunosuppression,
 2. Human Immunodeficiency Virus (HIV) infection,
 3. Organ transplant recipient,
 4. Treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication.
 - iii. Close contact with someone who has had infectious TB disease since the last TB test.
 - b. Symptoms include any of the following:
 - i. Bad cough lasting 3 weeks or more
 - ii. Coughing blood or sputum (phlegm from deep inside the lungs)

- iii. Shortness of breath
 - iv. Chest pains
 - v. Chills
 - vi. Weakness or fatigue
 - vii. Unexplained weight loss
 - viii. Unexplained fevers
 - ix. Sweating at night
3. **TB testing and live vaccines**
- a. TST or IGRA testing may be completed either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine.
4. **Tuberculin Skin Testing**
- a. Reference Lippincott Procedure: Tuberculin Skin Test.
 - b. TST's are placed and read by Employee Health, Infection Prevention, House Supervisor, or Rural Health Clinic (RHC) staff using NIHD TST and Questionnaire Form. *Note: RHC Medical Assistants may place a TB skin test, but not read/interpret them.*
 - c. NIHD Employee Health will order a QFT for any induration of 5mm or greater.
5. **All new Workforce**
- TB screening will take place through Employee Health during the pre-employment onboarding. NIHD provides TB testing for new workforce, to establish a baseline. For onboarding testing requirements refer to Employee Health NIHD Workforce Onboarding Policy.
6. **Serial TB Surveillance**
- a. The interval for serial TB testing of all NIHD workforce is at least every two years as indicated by institutional and community risk.
 - b. Serial surveillance includes testing with QFT, T Spot, or TST and the completion of an individual TB Risk and Symptom Screening Questionnaire. Employee and department leader will be notified via email within 3 months before the due date.
 - c. **Failure to comply with mandatory screening will result in the inability to work until evidence of compliance is produced, by having documented that the QFT or T-Spot blood test has been drawn or a TST has been placed with a reading scheduled in 48-72 hours after.**
 - d. For workers with a positive baseline or workers who later convert to a positive, only an individual TB Risk and Symptom Screening Questionnaire is required **annually**. Answers to yes questions will be reviewed by Employee Health Nurse or Infection Prevention Nurse with the worker to determine if follow up is needed.
 - e. NIHD workforce may request a TB test at any time, for any reason NIHD Employee Health will order the QFT or provide the TST with the TB Risk and Symptom Screening Questionnaire. The two year due date of the serial surveillance will be reset.
 - f. Leave of Absence: Employees who are on a leave of absence for any reason when their screening is due, must provide proof of TB screening prior to their return or complete their screening within five days of their return.
7. **TB Conversion**
- a. If a QFT results a new positive, a second QFT will be ordered and drawn.
 - b. If a TST results an induration of 5mm or greater, a QFT will be ordered.
 - c. If the second test is negative it is no longer considered a conversion if there are no risk factors or symptoms.
 - d. If second test is negative and there are risk factors or symptoms, will refer to Medical Director for review, and inform Inyo County Public Health Infection Prevention Registered Nurse.
 - e. If the second test result is positive, the Employee Health Nurse will order a R/O TB Chest x-ray (CXR).

- f. The worker will be educated about latent TB the importance of follow-up and treatment. Copies of the two test results, CXR report, and the Risk and Symptom Screening Questionnaire will be provided to the worker to take to their provider.
 - g. The Employee Health Nurse will send a completed TB California Confidential Morbidity Report (CMR) to the Inyo County Public Health.
 - h. Employee Health will report conversions to Human Resources to be recorded on the OSHA 300 log.
8. **Work Restrictions**
- a. There is no restriction on employment for healthy personnel with a positive TB test and documented negative CXR, with or without treatment.
 - b. Workforce personnel receiving treatment for LTBI can return to work immediately. Workers with LTBI who cannot take or do not accept a full course of treatment for LTBI should not be excluded from the workplace.
 - c. Individuals with indications of active disease should not work. This will be determined, along with return to work date, by Inyo County Public Health, Human Resources, Employee Health, and NIHD Medical Director.
9. **NIHD TB Exposure**
- a. TB exposure occurs when an unprotected worker is exposed to a confirmed or suspected case of pulmonary, laryngeal, and or pleural TB with a cavitary lesion on chest radiograph, and or positive Acid-Fast Bacilli (AFB) sputum smear or positive Nucleic Acid Amplification Test (NAAT).
 - b. TB exposure, duration and intensity, is determined by Inyo County Public Health and NIHD Medical Director.
 - c. Workforce personnel with a previous negative TB test result should be tested immediately and re-tested 8-10 weeks after the last known exposure. For consistency, the same type of TB test (e.g., TB blood test or TB skin test) should be used upon hire (i.e., pre-placement) and for any follow up testing.
 - d. Workforce personnel with a documented history of a positive TB test result do not need to be re-tested after exposure to TB. They should complete the NIHD TB Risk and Symptom Screening Questionnaire and if they have symptoms of TB, should be evaluated for TB disease.
 - e. Educate the exposed worker to monitor their health for symptoms of TB infection particularly for the first ten days following known exposure and call their primary care and employee health department immediately if they develop any illness signs or symptoms. Most of the signs and symptoms of TB overlap with those of other respiratory illnesses.
 - f. Employee Health will provide all test results, CXR results and completed questionnaires to the worker with a recommendation to see their primary care physician or NIHD RHC provider for medical evaluation and TB case management.
10. **TB Case Management:** A TB Consultation Service for Medical Providers is available through *UCSF Tuberculosis Warmline*, brochure attached with contact information.
11. **Responsibility of Treatment**
- a. Follow up and treatment of reactors/converters is to be managed by the workers personal physician.
 - b. If TB infection occurred as a result of employment at NIHD, with an identified source patient, the worker will contact Human Resources to discuss Workman's Compensation eligibility.
12. **Standing Orders** for NIHD workforce TB lab testing and CXR are stored in the Employee Health Office, signed by the current Medical Director, ordered by the Employee Health Nurse and/or Infection Prevention Nurse per this policy.
13. **Education** will be provided to all NIHD workforce upon hire and annually through the Learning Management System.

REFERENCES:

1. California Code of Regulations, Title 22, Division 5, Chapter 1. 70723 (b) (3) p. 804.1 70723. Employee Health Examinations and Health Records.
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/California-TB-Testing-Regulations.aspx>
2. California Tuberculosis Controllers Association. Healthcare Personnel (HCP) TB Screening Resources. (1/31/25) <https://ctca.org/guidelines/healthcarepersonnel/>
3. California Hospital Association Data and Record Retention Schedule (2018). 9th edition.
https://calhospital.org/wp-content/uploads/2019/11/recordretention2018_epubapp.pdf
4. Cal OSHA (June 2023). The California Workplace Guide to Aerosol Transmissible Diseases.
https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf
5. Cal/OSHA – title 8 Regulation. Section 7(h) Aerosol Transmissible Disease 5199.
<https://www.dir.ca.gov/titles/5199.html> Retrieved 4/29/25.
6. Center for Disease Control and Prevention (2005). Guidelines for Using the QuantiFERON-TB Gold Test for Detecting Mycobacterium tuberculosis Infection, United States. MMWR December 16, 2005; 54 (No. RR-15): 49-55 <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>
7. Center for Disease Control and Prevention (2005). Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR December 30, 2005;54 (No. RR-17) <https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>
8. Curry International Tuberculosis Center/UCSF Tuberculosis Warmline. 2024.
https://www.currytbcenter.ucsf.edu/sites/default/files/2023-06/Warmline%20Brochure_2023_San%20Francisco%20IDC.pdf

RECORD RETENTION AND DESTRUCTION:

Employee Health Records will be maintained for 30 years after separation.

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program
2. Tuberculosis Exposure Control Plan
3. Employee Health NIHD Workforce Onboarding
4. Tuberculosis Exposure Control Plan
5. Lippincott Procedure. Tuberculin Skin Test
6. Learning Internships, Clinical or Academic Rotations, and Career Shadowing Opportunities

Supersedes: v.6 Employee Health NIHD Workforce Tuberculosis Surveillance Program
--



NORTHERN INYO HEALTHCARE DISTRICT NON-CLINICAL POLICY

Title: Financial Assistance and Charity Care Policy		
Owner: Director of Revenue Cycle		Department: Revenue Cycle
Scope: District Wide		
Date Last Modified: 06/09/2025	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors		Original Approval Date: 02/15/2017

PURPOSE:

To ensure low-income, uninsured, and under-insured patients' and families' financial capacity does not prevent them from seeking or receiving care. Northern Inyo Healthcare District (NIHD) provides medically necessary financial assistance and charity care to all eligible patients pursuant to the guidance in this policy. This Financial Assistance and Charity Care Policy is designed to satisfy the requirements of Section 501(r) of the Internal Revenue Code, California Health & Safety Code sections 127400-127466 et seq., and the Department of Health and Human Services Office of Inspector General guidance regarding financial assistance to uninsured and underinsured patients.

This policy is intended to:

- Define the forms of available Financial Assistance and the associated eligibility criteria;
- Establish the processes that patients shall follow in applying for Financial Assistance and the process the hospital will follow in reviewing applications for Financial Assistance;
- Provide a means of review in the event of a dispute over a Financial Assistance determination;
- Provide administrative and accounting guidelines to assist with identifying, classifying, and reporting Financial Assistance;
- Establish the process that NIHD shall follow to provide patients an estimate of financial responsibility for services; and,
- Define the discounts available to patients for hospital inpatient and outpatient services performed at NIHD.

This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between NIHD and a third-party payer, nor is it intended to provide discounts to a non-contracted third-party payer or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person, or insured.

DEFINITIONS:

Covered Services: Covered Services are all services that are deemed medically necessary. Those services that are "Elective Services Requiring Prior Administrative Approval," as defined below, are not Covered Services.

Emergent Care: Emergent Care is any service deemed life-threatening or potentially resulting in loss of limb or disability if care is delayed. Typically, service starts in the Emergency Department, and the patient is not discharged until Emergency Care is rendered.

Elective Services Requiring Prior Administrative Approval: Due to their unique nature, certain non-emergent services require administrative approval before admission and treatment. Typically, patients seeking complex, specialized, or high-cost services—such as experimental procedures, transplants, or cosmetic procedures—must obtain administrative approval before receiving care.

Patients requesting these services are not eligible for Full Charity Care, Discounted Care, Catastrophic Charity Care, or High Medical Cost Charity Care unless the hospital administration grants an exception. Exceptions will only be considered for Inyo County residents.

Northern Inyo Healthcare District (NIHD) will establish a process for Inyo County residents to apply for prior administrative approval. If an eligible patient receives a service requiring prior approval without obtaining it, they will qualify for Discounted Care or High Medical Cost Charity Care if eligible. Otherwise, they will receive an Uninsured Patient Discount.

Uninsured Patient: An Uninsured Patient is a patient who has no source of payment for any portion of their medical expenses, including, without limitation, commercial or other insurance, government-sponsored healthcare benefit programs or third-party liability, or whose benefits under insurance have been exhausted prior to the admission. Patients without coverage may be screened for eligibility for state and federal governmental programs.

Primary Language of NIHD Service Area: The primary language of the NIHD local population is English.

Patient's Family: A Patient's Family includes the patient and persons 18 years of age and older, a spouse, domestic partner, as defined in Section 297 of the California Family Code, and dependent children under 21 years of age, whether living at home or not. For persons under 20 years of age, a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative. Disabled family members over the age of 18.

Family Income: Family income is annual family earnings from the prior 12 months or prior tax year, as shown by recent pay stubs or income tax returns, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income, taking into consideration current earning rates.

High Medical Costs: Includes either of the following:

- Annual out-of-pocket costs incurred by the individual at the hospital that exceeds the lesser of 10 percent of the patient's current family income or family income in the prior 12 months.
- Annual out-of-pocket expenses that exceed 10 percent of the patient's family income if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.
- Out-of-pocket costs and expenses mean any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

Federal Poverty Guidelines: The measure of income levels published annually by the United States Department of Health and Human Services and is used by hospitals to determine eligibility for financial

assistance. These guidelines are available at <https://aspe.hhs.gov/topics/poverty-economicmobility/poverty-guidelines>.

2025 Federal Poverty Level (FPL) Guidelines

	100 % Full Charity Care	90 % Discount	80 % Discount	70 % Discount	60 % Discount	55 % Discount
Family Size (Household)	Annual 100% FPL	Annual 200% FPL	Annual 250% FPL	Annual 300% FPL	Annual 350% FPL	Annual 400% FPL
1	\$15,060	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240
2	\$20,440	\$40,880	\$51,100	\$61,320	\$71,540	\$81,760
3	\$25,820	\$51,640	\$64,550	\$77,460	\$90,370	\$103,280
4	\$31,200	\$62,400	\$78,000	\$93,600	\$109,200	\$124,800
5	\$36,580	\$73,160	\$91,450	\$109,740	\$128,030	\$146,320
6	\$41,960	\$83,920	\$104,900	\$125,880	\$146,860	\$167,840
7	\$47,340	\$94,680	\$118,350	\$142,020	\$165,690	\$189,360
8	\$52,720	\$105,440	\$131,800	\$158,160	\$184,520	\$210,880
For each additional member	\$5,380	\$10,760	\$13,450	\$16,140	\$18,830	\$21,520

POLICY:

Financial Assistance is available to eligible patients who receive Covered Services and follow applicable procedures (such as completing applications and providing required information).

Financial Assistance: The term Financial Assistance refers to Full Charity Care, Discounted Care, Special Circumstance Charity Care, Catastrophic Charity Care, High Medical Cost Charity Care, Uninsured Patient Discount, and Extended Payment Plan.

- A. Full Charity Care:** Full Charity Care is free care, which is a *complete* write-off of the hospital's undiscounted charges for Covered Services. Full Charity Care is available to patients whose Family Incomes are at or below 100% of the most recent Federal Poverty Income guidelines.
- B. Discounted Care:** Discounted Care is any charge for care that is reduced but not free, which is a *partial* write-off of undiscounted charges for Covered Services. NIHD shall provide a 40%—90% discount on

services that are not already discounted to patients whose Family Incomes are between 101% and 400% of the most recent Family Federal Poverty Income Guidelines.

C. Special Circumstances Charity and Discounted Care: NIHD may choose to approve financial help based on a fair and honest review of a patient's situation. This includes looking at things like the patient's income, family size, local cost of living, and how large their medical bills are. The decision is made using reasonable and consistent ways to assess financial need. NIHD reserves the discretion to grant circumstantial eligibility based on an objective, good faith determination of financial need, taking into account the individual patient's circumstances, the local cost of living, a patient's income, a patient's family size, and/or the scope and extent of a patient's medical bills, based on reasonable methods to determine financial need. Special Circumstances Charity Care allows Uninsured Patients who do not meet the Financial Assistance criteria outlined in sections A or B above or who are unable to follow specified hospital procedures to receive a complete or partial write-off of the hospital's undiscounted charges for Covered Services with the approval of the NIHD Chief Financial Officer ("CFO"), or designee. The hospital must document the decision, including why the patient did not meet the regular criteria. The following is a non-exhaustive list of some situations that may qualify for Special Circumstances Charity Care:

- a. *Bankruptcy*: Patients who are in bankruptcy or recently completed bankruptcy (i.e., discharge of debtor);
- b. *Indigent Patients*: patients without a payment source if they do not have a job, mailing address, residence, or insurance.
- c. *Deceased*: Deceased patients without insurance, an estate, or third-party coverage.
- d. *Medicare*: Income-eligible Medicare patients may apply for Financial Assistance for denied stays, denied days of care, non-covered services, and Medicare cost shares;
- e. *Medi-Cal*: Income-eligible Medi-Cal patients may apply for Financial Assistance for denied stays, denied days of care, non-covered services, and share of cost. Persons eligible for programs such as Medi-Cal but whose eligibility status is not established for the period during which the medical services were rendered may apply for Financial Assistance.

D. Catastrophic Charity Care: Catastrophic Charity Care is a partial write-off of an eligible Uninsured Patient's financial responsibility for Covered Services applied when an Uninsured Patient's financial responsibility exceeds 30% of their Family Income. Patients eligible for Catastrophic Charity Care will receive a complete write-off of their undiscounted charges for Covered Services that exceed 30% of their Family Income.

*[Uninsured Patient's financial responsibility for undiscounted charges for Covered Services] - [Family Income * 30%] = Catastrophic Charity Care write-off.*

E. High Medical Cost Charity Care (for Insured Patients): High Medical Cost Charity Care for Insured Patients ("High Medical Cost Charity Care") is a complete write-off of the hospital's undiscounted charges for Covered Services. High Medical Cost Charity Care is not available for patients receiving already discounted services (e.g., package discounts for cosmetic services). This discount is available to insured patients who meet the following criteria:

- a. The patient's Family Income is less than 400% of the Family Federal Poverty Income guidelines; The Patient has High Medical Costs as defined in this Policy.; and
- b. The patient's insurer has not provided a discount on the patient's bill (i.e., the patient is responsible for paying undiscounted charges).

F. Uninsured Patient Discount: The Uninsured Patient Discount is an adjustment of 30% of the hospital's undiscounted charges for Covered Services taken when an Uninsured Patient is billed for the services rendered. The Uninsured Patient Discount does not apply to patients who qualify for charity care or

Formatted: Font: (Default) Times New Roman, Not Bold

receive services that are already discounted. Patients who are responsible for a hospital bill not covered or discounted by any insurance or governmental program or whose benefits under insurance have been exhausted prior to admission are eligible for an Uninsured Discount if the patient or the patient's guarantor verifies that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. In this case, insurance includes but is not limited to any HMO, PPO, indemnity coverage, or consumer-directed health plan.

G. Extended Payment Plan: On any Discounted Care, Uninsured Patient Discounts, or High Medical Cost Charity Care, the hospital will allow payments of the discounted price over time. The hospital and the eligible patient may negotiate the terms of the payment plan and take into consideration the patient's family income and essential living expenses. Suppose the hospital and the patient cannot agree on the payment plan. In that case, the hospital must use the statutory formula to create a reasonable payment plan, defined as monthly payments that are not more than 10 percent of a patient's family monthly income, excluding deductions for essential living expenses.

H. Caps on Patient Liability: NIHD shall limit expected payments for eligible patients, whose Family Income is at or below 400% of the federal poverty level, for services to the highest amount the hospital would expect, in good faith, to receive from Medicare or Medi-Cal, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, the hospital shall establish an appropriate discounted payment. Consistent with Section 501(r)(5) of the Internal Revenue Code, this amount is always lower than the amount generally billed.

PROCEDURES:

A. Applying for Financial Assistance:

- a. A patient who indicates the financial inability to pay a bill for Covered Service shall be evaluated for Financial Assistance.
- b. The NIHD standardized "*Financial Assistance Application*" form will document each patient's overall financial situation. This application shall be available in the primary language(s) of the NIHD service area. Documents and information required to consider eligibility are Income tax returns (preferred) or paycheck stubs, or for complete 100% charity care, unemployment/disability payment stubs. Any information obtained as part of the Financial Assistance Application shall not be used for collection activities.
- c. If an application for Financial Assistance is received but incomplete, NIHD will contact the patient outlining what is missing from the application. Suppose the additional information is not received within a reasonable time frame. In that case, NIHD will send a denial letter to the patient stating that the application was incomplete and the missing information was not received.

B. Financial Assistance Determination:

a. Determination Process:

- i. NIHD will consider each applicant's Financial Assistance Application and grant financial assistance where the patient meets eligibility requirements and has received (or will receive) Covered Service(s).
- ii. Eligibility for discounted payments or charity care may be determined at any time the District is in receipt of the information specified in section A of this procedure.
- iii. All open accounts shall be considered for Charity Care and/or discounted payment once the Financial Assistance Application has been approved or denied.
- iv. NIHD will not make Discounted Care *Financial Assistance Application* approval contingent upon a patient applying for governmental program assistance.
- v. NIHD will require Full Charity Care patients to apply for assistance from the governmental program, and the application will be pending until proof of determination has been submitted.

- vi. Many applicants are not aware that they may be eligible for assistance through Medi-Cal, County Medical Services Program (CMSP), Victims of Crime, California Children Services, or Covered California.
- vii. NIHD can assist individuals in determining if they are eligible for any governmental or other assistance.
- viii. Where administrative approval is required, the hospital will consider the request for service in a timely fashion and respond to it in writing.
- b. **Uncooperative Patients and Non-Compliant Patients:**
 - i. *Uncooperative and Non-compliant patients* are defined as unwilling to disclose any financial information as requested for Full charity or discounted care determination during the application process. In these cases, the account will not be processed as charity care. The patient will be advised that unless they comply and provide the information, no further consideration will be given for charity care processing, and standard accounts receivable follow-up will begin.
- c. **Presumptive Eligibility**
 - i. NIHD understands that certain patients may be unable to complete a Financial Assistance application, comply with requests for documentation, or otherwise be non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for Financial Assistance may be established without completing the formal assistance application. Under these circumstances, NIHD may utilize other information sources to assess financial need and determine whether the individual is eligible for financial assistance. This information will enable NIHD to make an informed decision on the financial needs of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.
 - ii. NIHD uses an automated financial screening tool that produces a fair, balanced, real-time determination of a patient's charity potential and propensity to pay. NIHD Credit and Billing Department will have access to this service with credit information pulled from Experian to be used to help determine if a patient is eligible for charity care/financial assistance. The Credit and Billing Department is authorized to access the patient's credit information for the sole purpose of determining eligibility for charity care/financial assistance. This information is strictly confidential and will be used only by Credit and Billing Department, the Revenue Cycle Management Director, and the CFO in conjunction with the charity care/financial assistance policy of NIHD to determine eligibility.

C. Notice of Determination:

- a. **Timeline for determining eligibility:** While it is desirable to determine the amount of financial assistance for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent; in other cases, further investigation is required to determine eligibility. In some cases, a patient eligible for Financial Assistance may not have been identified before initiating external collection action. NIHD's external collection agency shall be made aware of this policy so that the agency knows to refer back to the hospital patient accounts that may be eligible for Financial Assistance
- b. **Notification Letter:** Once a Full Charity Care, Discounted Care, Catastrophic Charity Care, or High Medical Cost Charity Care determination has been made, a "Charity Notification Letter" will be sent to each applicant advising them of the NIHD decision.
- c. **Dispute Resolution:** In the event of a dispute over the application of this policy, a patient may seek review from the hospital by notifying the NIHD CFO, Compliance Officer (760) 873-2022,

or designee at (760) 873-2097, of the basis of any dispute and the desired relief. Written communication should be submitted within thirty (30) days of the patient's notice of the circumstances giving rise to the dispute. The CFO or designee shall review the concerns and inform the patient of any decision in writing.

D. Communication of Financial Assistance Availability:

- a. **Information Provided to Patients:** During preadmission or registration (or as soon thereafter as practicable), NIHD shall offer patients:
 - i. information regarding the charity care and discount policy, including a Discharge Notice.
 - ii. the NIHD standardized financial assistance application.
 - iii. Any and all applications for Coverage that the patient may qualify for, such as Medi-Cal, County Medical Services Program, Victims of Crime, California Children Services, or Covered California.

If the patient cannot receive this information at the time of service, it shall be provided during the discharge process. If the patient is not admitted, this information shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving this information, the hospital shall mail it to the patient within 72 hours of providing services.

- b. **Postings and Other Notices:** Information about Financial Assistance shall also be provided through clearly and conspicuously easily seen posted notices in locations that are visible to the public, including but not limited to the emergency department, billing office, admitting office, and other hospital outpatient service settings. This information shall also be available at <https://www.nih.org/help-paying-my-bill/>.
- c. **Applications Provided at Discharge:** If not previously provided, NIHD shall provide uninsured pPatients with applications for Medi-Cal, County Medical Services Program, California Children's Services, and/or Covered California.
- d. **Notification to Uninsured Patients of Estimated Financial Responsibility:** Except in the case of emergency services, NIHD is required by law to provide all uninsured pPatients a good faith estimate of financial responsibility for hospital services. Estimates shall be written and provided during regular business hours. Estimates shall provide the patient with an estimate of the amount the NIHD will require the patient to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the patient by the hospital, based upon the average length of stay and services provided for the patient's diagnosis.
- e. **Reimbursement of Excess Payment:** The hospital shall reimburse the patient or patients any amount actually paid in excess of the amount due including interest. Interest owed by the hospital to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure (7% for a Local Government Entity) beginning on the date payment by the patient is received by the hospital. However, a hospital is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). The hospital shall refund the patient within 30 days.

E. Other:

- a. **Billing and Collections Policy:** A separate Billing and Collections Policy describes actions NIHD may take in the event of nonpayment.
- b. **Where to Obtain Copies:** This Financial Assistance Policy, the Financial Assistance application, and the Billing and Collections Policy are available by calling Patient Financial Services at (760) 873-2097 and requesting a copy by mail or email, or for downloading online at <https://www.nih.org/help-paying-my-bill/>. Copies of policies and the application are also available in the Admissions areas and the Credit and Billing Office of Northern Inyo Healthcare District. English and Spanish translations are available at all locations.

- c. **Languages:** All notices and communications provided shall be available in English and any other language representative of 5% of the service population and a manner consistent with all applicable federal and state laws and regulations.
- d. **Recordkeeping:** Records relating to financial assistance must be readily accessible. NIHD must maintain information regarding the number of uninsured patients who have received service, the number of financial assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number denied, and the reasons for the denial. In addition, notes relating to each financial assistance application and approval or denial should be entered into the patient's account.
- e. **No Misrepresentation:** NIHD or its agents shall not misrepresent this policy to its patients or its patients' guarantors in any way.
- f. **Emergency Physicians:** An emergency physician, as defined in California Health and Safety Code §127450, who provides emergency medical services at NIHD is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.
- g. **Submission to HCAI:** NIHD shall upload copies of this Financial Assistance Policy to the Department of Health Care Access and Information, or "HCAI." The policy shall be submitted in the manner and frequency prescribed by HCAI.
- h. **Patient Confidentiality:** All patient financial information obtained for the purposes of determining charity care, patient discounts, and billing and collections are required to be kept in strict confidence. Disclosure of such information is limited to those participating in the evaluation of a patient's eligibility for financial assistance. Unauthorized disclosure of a patient's confidential financial information is strictly prohibited and subject to disciplinary action to be determined by the CFO.
- i. **Contact for Information and Assistance:** Additional information from the Credit and Billing Department by:
 - Calling (760) 873-2097
 - Emailing Credit.Billing@nih.org
 - Visiting the Credit and Billing Information Office at Northern Inyo Hospital at 150 Pioneer Lane, Bishop, CA 93514
- j. **Shoppable Services.** The link to our Patient Price Estimator can be found at <https://nih.patientsimple.com/guest/#/index>
- k. **Hospital Bill Complaint Program.** The patient or patient's authorized representative may file a complaint through the Department's Hospital Bill Complaint Program online patient complaint portal by visiting the Department's website at HospitalBillComplaintProgram.hcai.ca.gov, or by mail to the Department of Health Care Access and Information, Hospital Bill Complaint Program, located at 2020 West El Camino Avenue, Suite 1101, Sacramento, CA 95833.
- l. **Help Paying Your Bill.** There are free consumer advocacy organizations that will help you understand the billing and payment process. Call the Health Consumer Alliance at (888) 804-3536 or go to healthconsumer.org for more information.
- m. **Help in Your Language.** If you need help in your language, please call (760) 873-2097, email Credit.Billing@nih.org, or visit the Credit and Billing Information Office at Northern Inyo Hospital. The office is open 8:30 a.m. – 4 p.m. at 150 Pioneer Lane in Bishop. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats, are also available. These services are free.

- n. **Postings.** A posting titled “Help Paying Your Bill” shall be updated annually with eligibility for discounts, the current FPL and discounts, “How to Apply” notice, “Hospital Bill Complaint Program” required statement, as section titled “More Help” with information about the Health Consumer Alliance, and information on how a patient with a disability may access the notice in an accessible alternative format.

Responsible Department

Implementation, training, and monitoring compliance with this policy and procedure are the responsibilities of Revenue Cycle.

Renewal/Review

This policy and procedure shall be reviewed at planned intervals and evaluated as necessary, but at least every two years, to determine whether they comply with current recommendations, guidelines, mandates, statutes, practices, and NIHD operations. If changes are required, they will be updated as needed.

A copy of the published Financial Assistance Policy and all amended or revised Policies shall be provided to the State of California Department of Health Care Access and Information or “HCAI” (f/k/a the Office of Statewide Health Planning and Development) in accordance with HCAI state filing procedures.

REFERENCE:

1. California Health and Safety Code Section 127400-127446.
1. CA AB 1020
2. Title 22 of the California Code of Regulations (CCR) section 96040-96051.37, et seq.)
3. IRC 501-R
4. California Senate Bill 1061 (SB 1061)
5. Hospital Fair Pricing Act (AB 774)
6. Fair Debt Collection Practices Act (FDCPA)
7. Fair Credit Reporting Act (FCRA)
8. No Surprises Act
9. Medicare CMS Manual 15: The Provider Reimbursement Manual.

RECORD RETENTION AND DESTRUCTION:

Maintain all patient accounting files for fifteen (15) years.

CROSS REFERENCE POLICIES AND PROCEDURES:

1. Billing and Collections
2. Price Transparency
3. Credit Balance Refund Processing
4. Prompt Pay Discounts
5. InQuiseek - #600 Financial Policies



NORTHERN INYO HEALTHCARE DISTRICT

ANNUAL PLAN

Title: Health Care Worker (HCW) Back and Musculoskeletal Injury Prevention Plan (MIPP)		
Owner: Employee Health RN Specialist		Department: Employee Health
Scope: District Wide		
Date Last Modified: 06/05/2025	Last Review Date: No Review Date	Version: 2
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE

NIHD is committed to providing its workforce with a safe and healthful workplace that supports and encourages teamwork and collaboration with a goal to be proactive and learn from accidental incidents. The intent of the NIHD Musculoskeletal Injury Prevention Program (MIPP) is to address ergonomic hazards and to provide guidelines that protect patients and prevent and/or minimize the probability of back and musculoskeletal injuries to our workforce.

POLICY

1. NIHD MIPP contains the elements required by Title 8 of the California Code of Regulations, Section 5120 to establish, implement and maintain an effective written Health Care Worker Back and Musculoskeletal Injury Prevention Plan that includes the below:
 - Authority and Responsibility
 - Leadership and Workforce Compliance
 - Communication with Workforce
 - Musculoskeletal Hazards Worksite Evaluation
 - Investigations of Musculoskeletal Injuries to Workforce
 - Hazard Correction
 - Leadership and Workforce Training
 - Record Keeping
2. NIHD MIPP contains the elements of a safe patient handling policy for all departments, both inpatient and outpatient, that provide Direct Patient Care. These departments include all areas of the District where care and treatment of services are rendered directly to the District's patient population and include:
 - All NIHD Clinics
 - Nursing Services
 - Diagnostic Imaging Services
 - Cardiopulmonary Department
 - Rehabilitation Services
 - PACU/Infusion/Wound Care
 - Surgery
 - Acute/Subacute
 - Intensive Care Unit (ICU)
 - Perinatal Unit
 - Emergency Department

3. NIHD workforce has unobstructed access to the MIIP at all times in the Policy Manager including printing at no charge. When the system is down, a hard copy may be obtained from Employee Health, Infection Prevention, or Human Resources. The provision of the plan, in and of itself meets the requirements.
4. The MIIP will be reviewed annually and ad hoc in a multidisciplinary approach, including referencing Log 300, incident reports, employee training, and as needed per regulatory guidelines.
5. Chief Executive Officers support safe patient handling injury prevention financially to help prevent and mitigate patient and employee injuries.

AUTHORITY AND RESPONSIBILITY

1. The multidisciplinary Safety Committee will have oversight and implement the MIIP, with reporting from the Safe Patient Handling Subcommittee and Human Resources injury reporting.
2. Employee Health team will update the MIPP per regulations and recommendations from the Safety Committee.
3. All patient care staff that follow under the scope of the MIPP is responsible for working safely following all safety guidelines and rule for their own protection and that of the patient.
4. NIHD Leadership is responsible for implementing and maintaining the MIPP in their work areas and for answering workforce questions about the program in a language, they understand.

LEADERSHIP AND WORKFORCE COMPLIANCE

1. While this is not a zero lift policy, manual lifting is discouraged. The use of devices and electronic equipment to lift, transfer, repositioning or mobilize a part of or all of a patient's body safely is prioritized as appropriate for the patient.
2. This plan requires hospital leadership to ensure new hire and annual training for designated health care workers in patient care departments on the appropriate use of lifting devices and equipment that they are anticipated to use on a regular basis.
3. Department Leadership:
 - a. Remain educated and up-to-date in the use of mechanical lifts and transfer aids. Be aware of their department injury rates and continue to make efforts to reduce the number of incidents in all areas of responsibility.
 - b. District Leaders are required to ensure that employees have appropriate assistance in implementing this plan on a task by task basis and have trained their staff members on appropriate safe patient handling matters upon hire and annually.
 - c. Department inventory of mechanical lifting devices/aids are available in proper working order, maintained regularly and stored readily accessible in the clinical areas.
 - d. Review orientation checklists to make sure that employees complete initial training; ensure employees demonstrate competency; provide re-training when employees are non-compliant with safe patient handling practices; maintain training records for a period of three years.
 - e. Recognize workforce who perform safe and preventive work practices such as the Good Catch Safety Award, recognition in department huddles, meetings, Safety Committee and ergo rounding.
 - f. Disciplinary action will not occur with respect to a health care worker who refuses to lift, reposition, or transfer a patient due to concerns about patient or worker safety or lack of equipment or trained lift personnel.
 - g. Refer all staff reporting patient handling injuries to the House Supervisor and Emergency Department for immediate evaluation and treatment and complete an Unusual Occurrence Report (UOR).

- h. Employees who do not utilize proper safe patient handling practices may be subject to corrective action and retraining.
- 4. RN Coordinator of Care Admitted Patients:
 - a. For patients admitted to the hospital, a Registered Nurse will serve as the coordinator of care assessing the patient's mobility needs as a functional screen in the nursing assessment and identify the level of assistance required, including mechanical device usage, in the Plan of Care. These processes are defined in the Fall Prevention and Management Policy and Fall Risk Prevention-Perinatal.
 - b. In departments where Registered Nurses are the coordinators of care, patient lifts and mobilization will be observed and directed by the RN, who will participate as needed.
 - c. Information is disseminated in department huddles, during patient care, use of the white boards, and during hand-off.
- 5. Direct Patient Care Employee Responsibility
 - a. Direct patient care employees, are designated to be trained in safe patient handling on department specific equipment and include:
 - i. RN: Travelers, House Supervisors, Managers, Assistant Managers, Directors, Cross Trained
 - ii. LVNs
 - iii. CNA
 - iv. MA
 - v. All Cardiopulmonary staff
 - vi. All Radiology Techs, CT, Nuclear Med, Mammography
 - vii. Scrub Techs
 - viii. All Rehab clinical staff
 - ix. RN and LVN students
 - x. Care Shuttle Drivers
 - xi. Note: Floats do not need to train on that department equipment, as there are designated staff available.
 - b. Take responsibility for their own health and safety, as well as that of their co-workers and their patients during patient handling activities.
 - c. All direct patient care employees are expected to assist each other in the execution of safe patient handling matters.
 - d. Complete standard new hire SPH Training and annually per Department Training Plan.
 - e. Complete additional training to correct improper use/understanding of safe patient handling and movement.
 - i. Notify manager of need for re-training in the use of patient handling equipment and aids.
 - f. Assess patient for condition and ability to cooperate with transfer and appropriate level of patient assist.
 - g. Identify and avoid hazardous manual patient handling and movement tasks whenever possible.
 - h. Use proper techniques, mechanical lifting devices, and other approved equipment and/or aids during performance of high-risk patient handling tasks.
 - i. Promptly report to manager or shift supervisor any injury without fear of negative consequence.
 - j. Follow procedures for reporting patient handling equipment in need of repair.
 - k. If a patient is unable to assist the HCW with repositioning or transfers, then the lifting and moving of the patient will be done with minimum of two-person assist with or without the use of an assistive device.
- 6. Transferring patients out of any inpatient unit, and/or ED, on a non-propelled gurney or bed, to and from the Imaging Department will be done with a minimum of two-person assistance. One person will act as the lead directing the second person for any assistance needed throughout the transport. One person can

transfer to Imaging Department if using a self-propelled gurney. If a patient is being transferred on a gurney, on a level surface to any inpatient unit or PACU/OR, it is permissible for one person to perform the transport.

7. Biomedical Engineering
 - a. Shall maintain safe patient handling mechanical equipment in proper working order
 - b. Consult with equipment manufacturers to provide safe equipment installation.
8. Awareness Training is provided once upon hire for non-clinical staff present on patient care units.
9. Lab Techs will contact the House Supervisor in the rare instance that patient mobility issues need to be addressed for specimen collection.
10. Cardiopulmonary and Imaging may prescreen and pre-plan for full assist and bariatric patients when possible, to coordinate with House Supervisor and Acute/Subacute in the use of additional mechanical equipment.
11. Clinic Provider makes the determination that a patient needs to be non-emergently transported to another department. If patient is stable enough to be transferred to the emergency department, they will be accompanied by two clinical staff members. If transport is needed to another department outside the ED, patient will be assessed by provider for mode of transport and number of staff.

COMMUNICATION WITH WORKFORCE

1. NIHD recognizes that open, two-way communication between management and staff on musculoskeletal safety issues, in a language understood by all parties, is required in order to achieve an injury-free, productive workplace. This includes ensuring patient care workforce feels comfortable notifying their supervisors of hazards they have identified or concerns they have and reporting musculoskeletal injuries or warning signs and symptoms without fear of retaliation.
2. The system of communication is designed to facilitate a continuous flow of safety information between management and staff, in a form that is readily understandable can be found in the NIHD Injury and Illness Prevention Plan (IIPP).
3. Refer to Accident/Exposure Investigation section for workplace injuries reporting.
4. Safe Patient Handling injuries are reviewed in the multidisciplinary SPH Subcommittee and in the multidisciplinary Safety Committee. Safety Committee also reviews other ergonomic related injuries based on the 300 log and Unusual Occurrence Reports (UOR).
5. Each clinical department has an assigned training plan in the learning management system and stored on a Smart Sheet. This plan includes specific designated roles, available assistive devices, and mechanical equipment. In addition, the Clinical Staff Educators (CSE's) and leads are designated trainers and undergo an annual Train the Trainer to ensure standardization.
6. Non-clinical staff present on inpatient care departments receive Awareness Training once upon hire through NIHD Learning Management System to understand how to acquire appropriate assistance when a patient needs help related to mobility.

MUSCULOSKELETAL HAZARDS WORKSITE EVALUATION

1. Direct patient care staff members in all patient care areas will assess all patient handling tasks in advance to determine the safest way to accomplish the tasks.
2. All staff must follow manufacturer instructions for use, on all Safe Patient Handling Equipment.
3. Staff in outpatient areas such as Rehab, Cardiopulmonary, and Diagnostic Imaging will assess mobility needs prior to procedure, and if possible obtain mobility needs during scheduling of visit. Outpatient areas can collaborate with House Supervisor and other department leaders if powered equipment is needed.

4. Mechanical lift devices or assistive devices, such as gait belts, are to be used on patients requiring assistance. Manual lifting without a mechanical lift device is discouraged. If some degree of lifting is required, caregivers should seek assistance from other staff members and/or employ mechanical aids, and assistive devices whenever possible.
5. Safe Patient Handling equipment selection will be made based on input from all department staff through suggestions to managers, morning department safety huddles, safe patient handling committee, during ergonomic rounding. Staff may also leave suggestions for a department in employee health or infection prevention mailboxes, anonymously.
6. An inventory of mechanical device equipment for each individual patient care areas will be maintained by the department management, or designee, to include Manufacturer, Make, Model, Location of storage and numbers available including. Updates to inventory will be reported to:
 - a. Safe patient Handling Subcommittee
 - b. Manager of the Learning System
7. Safe Patient Handling Committee will maintain a House Wide list of Safe Patient Handling equipment available by department. Department leaders or designee or individual staff will provide an update in the meeting of
 - a. Staff concerns,
 - b. How concerns are being addressed,
 - c. How the committee can support a change,
 - d. New equipment being demonstrated or on order,
 - e. Retiring old equipment, or
 - f. Training assistance.
8. Rehab will conduct ergonomic rounding in patient care areas and select departments to interact with staff on ergonomic knowledge and acquire feedback on new safety issues in the departments and/or workstations, providing options to remedy perceived unsafe situations. Reports are sent to department leadership and actions to mitigate hazards are reported to the Safety Committee. Documentation is stored in Safety Committee minutes and with Employee Health.

INVESTIGATIONS OF MUSCULOSKELETAL INJURIES TO WORKFORCE

1. Accident investigations will follow the NIHD Injury and Illness Prevention Plan. In addition, a Safe Patient Handling injury will consider:
 - Patient specific risk factor
 - Was the MIPP effectively implemented:
 - availability and correct use of equipment
 - Sufficient staff
 - Were employees involved trained as required by law?
 - Solicit opinions from those involved regarding the cause and prevention measures
2. Any injury resulting from patient lifting or positioning, including strains, sprains, or any other muscular skeletal injury must be handled according to the Health and Safety- Work Related Accidents or Exposures to Blood or Other Potentially Infectious Materials.
3. Identified ergonomic hazards will be promptly addressed through appropriate control measures aimed at eliminating or minimizing the risk of musculoskeletal injuries.
4. Control measures may include engineering controls (e.g., ergonomic equipment, adjustable workstations), administrative controls (e.g., training on safe lifting techniques), and personal protective SPH equipment (e.g., back belts, lifting aids).

HAZARD CORRECTION

1. Safe Patient Handling Equipment may be selected based on UOR's, staff concerns, ergonomic rounding, discussions in Safe Patient Handling Subcommittee or Safety Committee, anonymous recommendations, department huddles, safety huddle, or during an evaluation of an injury or near miss. Equipment selection includes staff feedback and often demonstrations. Equipment is stored in designated equipment rooms or areas determined with collaboration from leadership and staff. ICU and Acute-Subacute departments share safe patient handling equipment.
2. Designated workers can participate in the view of the effectiveness of the MIPP.
3. In addition to our IIPP procedures for correcting occupational hazards in a timely manner, NIHD will correct musculoskeletal hazards identified during ergonomic evaluations or during the injury investigations by developing procedures to determine if identified corrective measures are implemented appropriately by:
 - a. Involving the worker in identifying and evaluating possible corrective measures.
 - b. Identifying, assessing, and implementing appropriate equipment or other corrective measures, and then re-evaluating after they have been implemented in the workplace.
 - c. Procuring, inspecting, maintaining, repairing, and replacing assistive devices and mechanical equipment.
4. Employees who are determined to be non-compliant must be re-trained and demonstrate competency in equipment use before returning to work. Continued failure to use proper patient handling practices may result in corrective action up to and including termination.

LEADERSHIP AND WORKFORCE TRAINING

1. Each Department has a specific SPH Training Plan for designated staff on equipment they are anticipated to use on a regular basis. This plan was coordinated with department Leadership, CSE's, department Leads, Employee Health, and Human Resources. The plan is maintained as a standing agenda item in Safe Patient Handling Committee to discuss new or retired equipment and adjust the plan as appropriate.
 - a. Standard Safe Patient Handling Training occurs during the first week of Orientation. The focus is on applying correct ergonomics with the use of the most common equipment used throughout NIHD.
 - b. In addition to new hire Standard SPH Training, additional department specific equipment that staff are anticipated to use on a regular basis, occurs during department orientation.
 - c. Staff are trained to apply the following the elements of the NIHD Skills Checklist for Ergonomic SPH procedures, which may include, but not limited to:
 - Five areas of body exposure
 - Neutral spine
 - Risk factors
 - Physical dependence of the patient
 - Patient communication and direction
 - Manual handling
 - Right to refuse for safety
2. Clinical Staff Educators (CSE) and Department Leads, are required to attend an annual Safe Patient Handling Train the Trainer, developed and conducted by Rehab, Human Resources, and Employee Health to standardize training, answer questions, apply ergonomics, and ensure Cal OSHA regulations for safety the of patient and staff are understood. Instruction is provided to staff and patients in a language easily understood. NIHD recognizes CSE's to be the experts on SPH equipment usage,

whereas Rehab staff are the ergonomic experts. Training of CSE's and Leads also assist with ongoing training for department staff members and with the introduction of any new equipment.

3. Awareness Training is provided once upon hire for non-clinical staff present on patient care units, through the learning management system and reinforced by Leadership.

RECORD KEEPING

1. Records of hazard assessment inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
2. Documentation of Ergonomic and Safe Patient Handling training including the worker's name or other identifier, department, training dates, type(s) of training, and training providers is recorded on a worker training and instruction form. Each direct patient care department has an assigned new hire and annual Safe Patient Handling training plan.
3. Inspection records and training documentation will be maintained for one year, except for training records of employees who have worked for less than one year that are provided to the worker upon termination of employment.

DEFINITIONS

1. **Designated health care worker** means an employee responsible for performing or assisting in patient handling activities who is specifically trained to handle patient lifts, repositioning, and transfers using patient transfer, repositioning, and lifting devices as appropriate for the specific patient.
2. **Designated registered nurse** means a registered nurse who has responsibilities under the Plan required by subsection (c), including, but not limited to, the responsibilities of a designated health care worker, preparation of a safe patient handling instruction, the observation and direction of patient lifts or mobilizations, or the communication of patient handling information to patients or their authorized representatives.
3. **Emergency** means unanticipated circumstances that can be life-threatening or pose a risk of significant injuries to the patient, staff or public, requiring immediate action.
4. **General acute care hospital (GACH)** means a hospital, licensed by the California Department of Public Health as such in accordance with Title 22, California Code of Regulations.
5. **Lifting** means the vertical movement of a patient or the support of part or all of a patient's body.
6. **Manual patient handling** means the lifting, transferring, repositioning, or mobilizing of part or all of a patient's body done without the assistance of equipment.
7. **Mobilizing** means the putting into movement, or assisting in the putting into movement, of part or all of a patient's body.
8. **Musculoskeletal injury** means acute injury or cumulative trauma of the muscles, tendons, ligaments, bursa, peripheral nerves, joints, bone or blood vessels.
9. **Patient** means a person who is receiving diagnostic, therapeutic or preventive health services or who is under observation or treatment for illness or injury or for care during and after pregnancy.
10. **Patient care unit** means a unit or department that is included within a general acute care hospital's license that provides direct patient care including but not limited to nursing units, diagnostic imaging, emergency department, or rehabilitation.
11. **Patient handling** means lifting, transferring, repositioning or mobilizing of part or all of a patient's body.
12. **Repositioning** means changing a patient's position on a bed, gurney, chair or other support surface.
13. **Safe Patient Handling Equipment** means a powered or non-powered device that effectively reduces the forces exerted by or on employees while they perform patient handling activities, including all

accessories necessary for the operation of the device. Devices and accessories include replaceable and disposable items.

14. **Safe patient handling policy** means a policy that requires replacement of manual lifting and transferring of patients with powered patient transfer devices and lifting devices, as appropriate for the specific patient and consistent with the employer's safety policies and the professional judgment and clinical assessment of the registered nurse.
15. **Transferring** means moving a patient from one surface to another (for example from a bed to a gurney).

REFERENCES:

1. Association of Occupational Health Professionals in Healthcare (AOHP). Safe Patient Handling Position Statement. <https://aohp.org/aohp/Portals/0/Documents/ToolsForYourWork/SafePatientHandling.pdf>
2. California Hospital Association. The Cal/OSHA Safe Patient Handling Regulation. Health Care Worker Back and Musculoskeletal Injury Prevention Law. August 2014 1st Edition https://calhospital.org/wp-content/uploads/2019/11/safepatienthandling_epubapp.pdf
3. Cal/OSHA Safe Patient Handling in California Fact Sheet 2016 https://www.dir.ca.gov/dosh/dosh_publications/Safe-Patient-Handling-for-Web-fs.pdf
4. Cal/OSHA – Title 8 Regulations. Department of Industrial Relations (2014). *5120. Health Care Worker Back and Musculoskeletal Injury Prevention*. Chapter 4, Subchapter 7, Group 15, Article 106 Ergonomics. <https://www.dir.ca.gov/title8/5120.html>
5. Cal/OSHA – Title 8 Regulations. Department of Industrial Relations (2014). *5110. Repetitive Motion Injuries*. Chapter 4, Subchapter 7, Group 15, Article 106 Ergonomics <https://www.dir.ca.gov/title8/5110.html>
6. The National Institute for Occupational Safety and Health (NIOSH) (2023). Safe Patient Handling and Movement (SPHM) <https://www.cdc.gov/niosh/topics/safepatient/default.html>

CROSS REFERENCED POLICIES AND PROCEDURES:

1. [Health and Safety - Work Related Accidents or Exposures to Blood or Other Potentially Infectious Materials \(17-01\)](#)
2. [Injury and Illness Prevention Program](#)
3. [Fall Prevention and Management*](#)
4. [Gait Belt Policy](#)
5. [Safe Patient Handling Subcommittee Charter](#)
6. [Fall Risk Prevention – Perinatal](#)

RECORD RETENTION AND DESTRUCTION:

Training records will be maintained for a minimum of 1 year per Cal/OSHA requirement (2014 regulation).

Supersedes:

Safe Patient Handling – Minimal Lift Policy

Sonography Ergonomics Policy

NORTHERN INYO HEALTHCARE DISTRICT CLINICAL PROCEDURE

Title: Health Care Workers with Respiratory Viral Infections and Gastrointestinal (GI) Illness		
Owner: Manager Employee Health & Infection Control		Department: Infection Prevention
Scope: Not Assigned		
Date Last Modified: 06/05/2025	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE:

To minimize employee and patient exposure to respiratory viral infections and gastrointestinal (GI) illness and assist department leaders in determining how long a Northern Inyo Healthcare District (NIHD) Workforce Member should stay home when they report off sick with respiratory viral infections and GI illness

POLICY:

1. NIHD will adhere to federal, state, and local jurisdiction guidelines for returning to work following respiratory viral illnesses. Communication regarding return-to-work protocols will be provided annually, as well as whenever there are regulatory changes or updates to guidance.
2. **Symptoms of respiratory virus infections:**
Workforce members exhibiting any of the following symptoms should not report to work:
 - Fever greater than 100 degrees or feeling feverish
 - Chills
 - Cough
 - Sore throat
 - Runny or stuffy nose
 - Muscle or body aches
 - Headache
 - Fatigue
 - Diarrhea and/or vomiting
3. **Guidelines for Returning to Work after Gastrointestinal (GI) Illness.**
Workforce members with symptoms GI illness should not return to work until you are symptom-free for at least 48 hours and temperature free for 24 hours without fever reducing medications.
The following are symptoms for GI illness:
 - Diarrhea
 - Vomiting
 - Nausea
 - Abdominal cramps and pain
 - Fever
 - Occasional muscle aches or headache
4. Infection Prevention and Control practices to minimize exposure and prevent facility outbreaks.
 - Stay home when ill

- Perform frequent and thorough hand hygiene using soap and water
 - Practice respiratory cough etiquette (cover mouth/nose when coughing or sneezing, use tissues, and wear appropriate mask)
 - Cleaning and disinfecting frequently touched surfaces regularly
 - Implement appropriate transmission-based precautions
 - Standard
 - Droplet
 - Contact
 - Airborne
5. Absences due to a diagnosed or suspected communicable disease, including but not limited to respiratory viral illnesses (COVID-19, Influenza, RSV,) or gastrointestinal illness, will be considered protected absences and not be counted as “occurrences.” The District maintains the right to request documentation in cases of diagnosed or suspected communicable disease. A back to work notice is not required for uncomplicated respiratory viral illness or gastrointestinal illness.
 6. Department leaders should notify the Infection Prevention team if multiple employees exhibit symptoms of respiratory or GI illness. This information is critical to identifying potential outbreaks within the District.
 7. All NIHD workforce members are encouraged to get annual flu vaccine. Employee who choose to decline the vaccine must sign a declination form This is in compliance with Cal OSHA title 8 5199 and, California Senate Bill (SB) 739.

REFERENCES:

1. California Department of Public Health (2025). All Facilities Letter (AFL). 25.01 Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections. Retrieved from <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-01.aspx>
2. Centers for Disease Control and Prevention. (2024). II. Summary of Recommendations. Retrieved from <https://www.cdc.gov/infection-control/hcp/norovirus-guidelines/summary-recommendations.html>
3. Centers for Disease Control and Prevention (CDC). (2024). Healthcare Personnel Working with Flu-like Illness. Retrieved from https://blogs.cdc.gov/niosh-science-blog/2018/01/19/flu_healthcare/#:~:text=CDC%20recommends%20that%20personnel%20be,require%20evaluation%20by%20occupational%20health.
4. Cal OSHA June 2023. The California Workplace Guide to Aerosol Transmissible Diseases. Retrieved from https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf
5. Occupational Safety and Health Administration (OSHA).(Site accessed 1-22-25). Employee Guidance: Reducing Healthcare Worker’s Exposure to Seasonal Flu Virus. Retrieved from <https://www.osha.gov/seasonal-flu/healthcare-employers>
6. California Hospital Association (10/2018). Record and Data Retention Schedule. Retrieved from <file:///H:/Public/CHA/CHA%20Record%20and%20Data%20Retention%20Schedule%202018.pdf>
7. California (2006). Senate Bill No. 739. Retrieved from <https://www.dhcs.ca.gov/provgovpart/initiatives/nqi/Documents/SB739.pdf>

RECORD RETENTION AND DESTRUCTION:

1. Human Resources Record Duration of Employment, plus 10 years

CROSS-REFERENCED POLICIES AND PROCEDURES:

1. Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program
2. Health Care Worker (HCW) Influenza Vaccination

Supersedes: v.3 Health Care Workers with Influenza like Illness

Approval



NORTHERN INYO HEALTHCARE DISTRICT ANNUAL PLAN

Title: Injury and Illness Prevention Program		
Owner: Manager Employee Health & Infection Control		Department: Infection Prevention
Scope: District Wide		
Date Last Modified: 05/28/2025	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date: 11/01/2023

PURPOSE

The intent of the Northern Inyo Healthcare District (NIHD) Injury and Illness Prevention Program (IIPP) is to prevent and/or minimize the probability of injuries and illness to our workforce. The IIPP is a guide to comply with all applicable state, federal, and local health and safety codes required of acute care hospitals.

NIHD is committed to providing its workforce with a safe and healthful workplace that supports and encourages teamwork and collaboration with a goal to be proactive and learn from accidental incidents.

POLICY

NIHD IIPP contains the following nine elements as required by Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203) to establish, implement and maintain an effective written Injury and Illness Prevention Program.

- Responsibility
- Compliance
- Communication
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Employee Access to the IIPP
- Recordkeeping

NIHD is identified as a high-hazard employer through the California Department of Industrial Relations. Federal Fiscal Year 2023-2024 High Hazard Industry List Healthcare and Social Assistance North American Industry Classification System (NAICS) 6221 and 6219. This plan is adapted from the Cal/OSHA Workplace Injury and Illness Prevention Model Program for High Hazard Employers, August 2023. The IIPP will be reviewed annually and as needed per regulatory guidelines.

Elements of the Musculoskeletal Injury Prevention Plan (MIPP) are integrated throughout the IIPP Policy.

RESPONSIBILITY:

1. The Safety Committee will have oversight and implement the IIPP, with reporting from Safe Patient Handling Committee, Sharps Committee, and Human Resources injury and illness reporting. The Safety Committee is a multi-disciplinary team that consists of representation from the following departments:

- Administration
 - Safety Officer
 - Environmental Services
 - Security
 - Emergency Services
 - Human Resources
 - Employee Health
 - Rehabilitation Services
 - Infection Prevention
 - Maintenance
 - Quality team member
 - Bio-Medical
 - Purchasing
 - Nursing Leadership
 - Diagnostic Imaging
 - Compliance
 - Union labor representative
2. Employee Health will update the IIPP plan as determined by regulations and the Safety Committee.
 3. All Leadership is responsible for implementing the IIPP in their work areas and for answering employee questions about it. The IIPP is located in the Policy Tech.
 4. All workforce is responsible for:
 - a. Working safely, following all safety guidelines and rules for their own protection and that of visitors and patients.
 - b. Following the IIPP contents,
 - c. Attending trainings, and
 - d. Asking questions if unclear on understanding or ability to comply with IIPP from the instructor and/or department leadership.
 5. Chief Executive Officers support injury illness prevention financially to help prevent and mitigate employee injuries or illnesses.

COMPLIANCE

1. Leadership and Chief Executives, are responsible for providing safe and healthful work practices and a workplace free from serious recognized hazards that comply with the standards, rules and regulations of OSHA. This includes properly maintained safe tools and equipment, color codes, posters, labels, or signs warning workers of potential hazards, and safety training and instruction in a language and vocabulary workers can understand.
2. All workforce, including Leadership and Chief Executives, are responsible for complying with safe and healthful practices, identifying and reporting of potential hazards, which in turn, need to be remedied by Leadership to mitigate potential injuries.
3. All workforce is assigned to read the IIPP upon hire, annually and with any revisions.
4. Senior Leadership has assured employee understanding through the individual attestation within Policy Manager upon completing the review by selecting “Mark as Read”.
5. Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly, and address any hazardous conditions when discovered.

- a. Assist the workforce in completing an Unusual Occurrence Report (UOR) or properly reporting findings and completing UOR's.
 - b. Correct unsafe conditions timely, including ergonomic safety round findings.
 - c. Ensure safety trainings are complete during initial orientation and annually as required such as Safe Patient Handling equipment, de-escalation, ergonomics, and assigned NIHD Learning Management System education.
 - d. Ensure training is provided to workers whose safety performance is deficient, as well as recognizing employees who perform safe practices through their annual evaluations and individual department processes.
 - e. Recognize workers who perform safe, healthful, and preventative work practices, such as the Good Catch Safety Award.
6. All workforce is responsible in helping to maintain a safe and healthy workplace through these practices:
- a. Take action to reduce accidents and injuries
 - b. Report incidents or unsafe conditions as soon as possible
 - c. Report to the Emergency Department (ED) if exposed to blood, or are injured on campus, as soon as possible
 - d. Attend de-escalation annual trainings
 - e. Attend Safe Patient Handling annual trainings and follow related policies,
 - f. Complete employee health requirements timely
 - g. Complete annual assigned competency via NIHD Learning Management System and Policy Tech assignments
 - h. Participation in department Ergonomic Safety Rounds.
 - i. Refuse to work in a situation in which the worker believes they would be unprotected from a hazard that could result in injury.
3. Completion of a safety related disciplinary action is through Department Leadership under the direction of Human Resources.

COMMUNICATION

1. NIHD recognizes that open, two-way communication between management and the workers on health and safety issues is essential to an injury-free, productive workplace. All Leadership is responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers.
2. Our communication system encourages all workers to inform their Department Leadership about workplace hazards or injury reporting without fear of retaliation. If a worker has been retaliated against for using their rights, the worker must file a Whistleblower Complaint with OSHA as soon as possible, but no later than 30 days.
3. Refer to Accident/Exposure Investigation section for workplace injuries reporting.
4. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of one or more of the following checked items:
 - a. Workers are encouraged to report safety or health concerns verbally, written, or in an email.
 - b. Some methods NIHD uses to communicate safety and health information between leadership and worker, including staff feedback, is accomplished through:
 - i. Communication with their department Leadership and/or House Supervisor
 - ii. Informing the Safety Officer

- iii. Maintenance Work Request System
- iv. Notify Bio Med
- v. Communication with Employee Health, Human Resources or Compliance.
- vi. Unusual Occurrence Reports: can be anonymous
- vii. Suggestions can be submitted via NIHD intranet, or placed in Infection Prevention or Employee Health box outside their offices with an anonymous option.
- viii. Safety Committee meeting not less than quarterly
- ix. Infection Control Committee
- x. Safe Patient Handling Subcommittee
- xi. Professional Practice Committee
- xii. Monthly Department Safety Rounds completed by department safety resource person
- xiii. Sharps Committee
- xiv. Talking Points sent out to address any safety health and wellness information updates
- xv. Suggestions from staff to the Safety Committee
- xvi. Ergonomic Safety Rounds
- xvii. Posted Safety and Health Information
- xviii. Daily Safety Huddles
- xix. Department Staff Meetings and Huddles
- xx. NIHD Learning Management System
- xxi. Recognizing workers who perform safe, healthful and preventative work practices, such as the Good Catch Safety Award
- xxii. Annual Employee Assessment
- xxiii. Effective communication of safety and health concerns between workers and supervisors including translation where appropriate.

HAZARD ASSESSMENT

1. Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer, with departmental and specific hazard knowledge. The hazard assessment process varies depending on the hazard. There are processes in place that utilize the following:
 - a. Project Management
 - b. EOC Rounding
 - c. Security Officer Rounding
 - d. Work Orders
 - e. UOR
 - f. Compliance Reporting
 - g. Service Desk
 - h. Quality
 - i. Department Huddles
 - j. Safety Committee
 - k. Department Leadership
 - l. Maintenance
 - m. Environmental Services
 - n. Ergonomic Assessments
 - o. Human Resources
 - p. Biomedical
 - q. Information Technology
 - r. Employee Health
 - s. Infection Prevention
2. Inspections are performed according to the following schedule:

- a. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace,
 - i. Hazard mitigation and education is based on the Manufacturer recommendations
 - ii. Follow up is completed to ensure expected function/outcome.
- b. When new or previously unidentified hazards are recognized.
- c. When occupational injuries occur,
 - i. When immediate supervisor or house supervisor is notified of an injury
 - ii. Based on the Supervisor Occupational Report of Injury (SORI) and
 - iii. UOR
- d. When occupational illnesses occur,
 - i. NIHD Employees will follow the Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program (ATD) in the event of an infectious disease or special pathogens that are highly infectious with major consequences, ie Covid-19 or measles
- e. Whenever workplace conditions warrant an inspection.
 - i. May be alerted from staff reported in morning department Safety Huddles
 - ii. Reporting among Leadership and Safety in Monday-Friday Safety Huddle Committee
 - iii. Follow up of corrections that the improvement is safe and functioning per manufacturer expectations.
3. The OSHA Hazard Assessment Checklist may be referenced as a tool for evaluating current or new equipment, policy/procedure updates, and just-in-time hazard training.
4. Several Agencies conduct random, regular, or periodic inspections to assist NIHD in achieving safety inspection responsibilities. These include:
 - a. Fire Marshall
 - b. Fire Department
 - c. County Environmental Health Department
 - d. Cal/OSHA
 - e. California Department of Public Health
 - f. BETA Healthcare Group
 - g. Board of Pharmacy
 - h. Local County Agencies
 - i. City of Bishop
5. Ergonomic Repetitive Stress Injury Hazards including cumulative trauma of the muscles, tendons, ligaments, bursa, peripheral nerves, joints, bone or blood vessels, Safe Patient Handling Hazards, and acute musculoskeletal injury hazards must be identified, communicated, and resolved.
 - a. New hire and annual ergonomic safety training in the learning management system is assigned to workforce.
 - b. Annual Ergonomic rounding with Occupational Therapy and Employee Health in clinical departments and select non-patient care departments at risk. Leadership is notified and timely resolution is documented and presented to the Safety Committee.
 - c. Workforce may request an ergonomic evaluation of their workstation or workspace, through their manager, upon hire, or at any time, to prevent acute or chronic stress injury. A process is in place to assess, educate, and correct potential hazards with Occupational Therapy, Purchasing, Human Resources, and Information Technology.
 - d. Policies in place for Fall Prevention Management for inpatient departments, Emergency Services, and Perinatal Department.
 - e. Reference the Safe Patient Handling - Minimal Lift Policy for mitigating Safe Patient Handling Hazards.

6. All departments complete an Environment of Care Safety inspection report every other month with risk findings submitted to appropriate department for correction.
7. Personal protective equipment is maintained in safe and good working condition. Workforce is to report to leadership any concerns with Personal Protective Equipment (PPE).
8. Workplace Violence: Reference the Workplace Violence Plan for details of identification, communication, and resolution. The four Types of Workplace Violence are:
 - a. "Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
 - b. "Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, visitors, or other individuals accompanying a patient.
 - c. "Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.
 - d. "Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

ACCIDENT/EXPOSURE INVESTIGATIONS

1. Investigations of accidents, exposures, and near-miss incidents may be initiated by Administrator, Human Resources, Employee Health, Infection Prevention, Compliance, Facilities Manager, Safety Officer, or the Medical Director.
2. The employee should notify the management on site at the time of the accident or exposure. Reporting all accidents provides NIHD with an accurate record of its accidents or exposures experience and can be used in determining the most efficient use of resources in accident prevention strategies. The main purpose of the investigation is not to determine who was at fault, but to understand what occurred and to prevent it from happening again. Investigation of the accident scene or any hazardous substance exposure will be visited as soon as possible by the department leader or House Supervisor, prioritized by the severity of the incident.
3. Procedures for investigating workplace accidents and hazardous substance exposures include:
 - a. Interview injured workers and witnesses about the incident and how it occurred;
 - b. Examine the workplace for factors associated with the accident/exposure;
 - c. Determine the cause of the accident/exposure;
 - d. Take corrective action to prevent the accident/exposure from reoccurring;
 - e. Record the findings and corrective actions taken.
4. Reference Policy Health and Safety - Work Related Accidents or Exposures to Blood or Other Potentially Infectious Materials

HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner. Hazards shall be corrected according to the following procedures:

1. When observed or discovered.
2. When an imminent hazard exists, which cannot be immediately abated without endangering workers and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition will be provided with the necessary protection.
3. Hazard mitigation and education is based on the Manufacturer recommendations
4. All such actions taken and dates they are completed shall be documented.
5. Reporting person, if known, may receive feedback or inquire about the hazard mitigation.

6. Completed investigations and corrections are presented to the Safety Committee for review and use in injury prevention efforts.

TRAINING AND INSTRUCTION

All workers, including leadership, shall have training and instruction on general and job-specific safety and health practices in a language and vocabulary workers can understand. During trainings staff are encouraged to ask questions. Leadership and Safety Committee is available to answer questions. Training will include the Manufacturer recommendations. Some examples of our training and instruction are the following:

1. When the IIPP is revised.
2. To all new workers.
3. To all workers given new job assignments for which training has not previously provided.
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
5. Whenever the employer is made aware of a new or previously unrecognized hazard.
6. To Department Leadership in order to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
7. To all workers with respect to hazards specific to each employee's job assignment. Department managers are responsible to provide additional training on additional hazards as identified by the manufacturer of certain equipment or those performing high-hazard tasks in their job assignment, such as, but not limited to, Environmental Services, Maintenance, Operating Room, Diagnostic Imaging, and Nuclear Medicine.
8. General workplace safety and health trainings include, but are not limited to, the following:
 - a. Workplace Violence training.
 - b. Emergency action and fire prevention plan.
 - c. Provisions for medical services and first aid including emergency procedures.
 - d. Reporting of hazards and accidents to Department Leadership.
 - e. Physical Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
 - f. Ergonomic training for all staff
 - g. Slips, trips and fall prevention
 - h. Electrical Hazards
 - i. Personal Protective Equipment (PPE)
9. Appropriate PPE is describe within department policies where specialized equipment and hazardous materials are utilized.
10. Access to hand sanitation, drinking water and toileting:
 - a. During an emergency NIHD workers will follow the Emergency Management Plan. Communication will be distributed on how to access these items.
 - b. For NIHD employees working outside, access to these items would be provided during orientation.

EMPLOYEE ACCESS TO THE IIPP

1. NIHD workforce has unobstructed access to the IIPP at all times in the Policy Manager including printing at no charge. When the system is down, a hard copy may be obtained from Employee Health, Infection Prevention, or Human Resources.
2. The provision of the plan, in and of itself meets the requirements; thus no other records will be provided.

RECORDKEEPING

Our establishment is on a designated high-hazard industry list. We have taken the following steps to implement and maintain our IIPP:

1. Records of hazard assessment inspections, including the person(s) or persons conducting the

inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form; and

2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers is recorded on a worker training and instruction form. We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.
3. Inspection records and training documentation will be maintained for one year, except for training records of employees who have worked for less than one year that are provided to the worker upon termination of employment.

OTHER

1. Covid-19 Emergency Regulations: NIHD Employees will follow the Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program (ATD).

REFERENCES

1. California Code of Regulations, Title 8, Section 3203 (T8 CCR 3203)
<https://www.dir.ca.gov/title8/3203.html>
2. Cal OSHA Model Programs: Injury and Illness Prevention Program High-Hazard Employers:
<https://trainingacademy.dir.ca.gov/page/iipp-model>
3. Cal/OSHA Department of Industrial Relations. Division of Occupational Safety and Health. Guide to Developing Your Workplace Injury and Illness Prevention Program. (August 2020)
https://www.dir.ca.gov/dosh/dosh_publications/iipp.pdf
4. California Department of Industrial Relations. FFY 2023-2024 High Hazard Industry List, p. 4
<https://www.dir.ca.gov/dosh/documents/hhu-list-2023-2024.pdf>
5. California Hospital Association. (2018). CHA Record and Data Retention. Retrieved from
<file:///H:/Public/CHA/CHA%20Record%20and%20Data%20Retention%20Schedule%202018.pdf>
6. [OSHA Workers Rights and Protections Retrieved 2/28/24 from https://www.osha.gov/workers](https://www.osha.gov/workers)
7. OSHA laws and Regulations Retrieved 2/28/24 from <https://www.osha.gov/laws-regs>
8. U.S. Department of Labor. (2021). OSHA Online Whistleblower Complain Form. Retrieved from
9. <https://www.osha.gov/whistleblower/WBComplaint>

RECORD RETENTION AND DESTRUCTION:

Inspection records and training documentation will be maintained per regulatory requirements of the bodies of oversight.

CROSS-REFERENCE POLICIES AND PROCEDURES:

1. [Medical Equipment Management Plan](#)
2. [Care and Donning of a Powered Air Purifying Respirator \(PAPR\)](#)
3. [Fire Safety Management Plan \(FSMP\) EC.01.01.01 EP 7](#)
4. [Health and Safety - Work Related Accidents or Exposures to Blood or Other Potentially Infectious Materials \(17-01\)](#)
5. [Workplace Violence Prevention Plan](#)
6. [Safe Patient Handling – Minimal Lift Program](#)
7. [Safe Patient Handling Subcommittee Charter](#)

8. [Security Management Plan](#)
9. [Exposure Evaluation*](#)
10. [Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program](#)
11. [Sharps Injury Protection Plan](#)
12. [Fall Prevention and Management*](#)
13. [Fall Risk Prevention - Perinatal*](#)

Supersedes: v.3 Injury and Illness Prevention Program

approval



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Northern Inyo Healthcare District (NIHD) Antimicrobial Stewardship on Restrictive Antibiotics		
Owner: PHARMACY DIRECTOR		Department: Pharmacy
Scope: Inpatient and Outpatient Infusion		
Date Last Modified: 03/19/2025	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE:

The purpose of this policy is to establish protocols for the appropriate prescribing, utilization, and monitoring of restrictive antimicrobials as part of Northern Inyo Healthcare District (NIHD) antibiotic stewardship program (ASP). This policy aims to optimize patient outcomes, minimize antimicrobial resistance, and ensure judicious antibiotic use.

POLICY:

NIHD is committed to promoting responsible antimicrobial use and minimizing the emergence of antimicrobial resistance. Prescribing of restrictive antimicrobials will be restricted to designated healthcare providers with appropriate expertise, and their use will be guided by local antibiogram data, infectious disease guidelines, and clinical justification. Antibiotic stewardship principles will be integrated into clinical practice to ensure the prudent use of antimicrobials and mitigate the risks associated with antimicrobial resistance.

DEFINITIONS:

Infections Disease (ID) Restricted: Requires pre-authorization or “ID approval” (prior to ordering) by way of a formal ID consult OR verbal approval from an approving member of the Antimicrobial Stewardship Program (ASP) – ID physician and/or Director of Pharmacy. If ID consult unavailable then it can be appealed to the Chief Medical Officer (CMO).

Infections Disease (ID) Review: Does not require pre-authorization. A designated member of the ASP physician team member or NIHD Pharmacist at the earliest availability will review drugs under this category, ideally within 24-72 hours if feasible. Use will be evaluated based on P&T approved criteria for use. If use of the antimicrobial agent does not meet the P&T approved criteria, the attending and/or prescribing physician will be alerted by the pharmacist who will recommend that ID consultation be obtained within 24 hours if therapy is to be continued. Agents in this category may be upgraded to ID restricted as needed based on drug shortages, entity workflow, etc.

PROCEDURE

1. Antibiotic Selection:

- Select restrictive antibiotics based on local antibiogram data, susceptibility patterns, and infectious disease guidelines
- Prefer narrow-spectrum antibiotics when appropriate to minimize collateral damage to the microbiome and reduce selection pressure for resistant organism

2. Prescribing and Authorization:

- Restrict prescribing of restrictive antibiotics to designated healthcare providers with appropriate expertise
- Prior authorization may be required for prescribing restrictive antibiotics, and requests will be reviewed by the antimicrobial stewardship team or designated committee

3. Documentation and Justification:

- Determine duration of therapy based on clinical response, microbiological data, and infectious disease consultation
- Consider de-escalation or discontinuation of antibiotics when appropriate, guided by clinical improvement and microbiological data.

4. Duration and De-escalation:

- Determine duration of therapy based on clinical response, microbiological data, and infectious disease consultation.
- Consider de-escalation or discontinuation of antibiotics when appropriate, guided by clinical improvement and microbiological data.

5. Monitoring and Surveillance:

- Monitor patients receiving restrictive antibiotics closely for clinical response, adverse effects, and development of antimicrobial resistance.
- Conduct regular surveillance of antibiotic use and resistance patterns to identify opportunities for improvement and intervention

6. Education and Training:

- Provide education and training on antibiotic stewardship principles, including appropriate use of restrictive antibiotics, to healthcare providers through ongoing initiatives and training programs

ABBREVIATIONS:

- CAP: Community acquired pneumonia
- CRE: Carbapenem Resistant Enterobacterales
- CRO = Carbapenem Resistant Organisms
- CP-CRE/CRO = Carbapenemase Producing CRE/CRO
- DDI: Drug-drug interaction
- ESBL: Extended spectrum beta-lactamase
- GNRs: Gram negative rods
- GPs: Gram positive organisms
- MDRO: Multi-drug resistant organisms
- RSV: Respiratory syncytial virus
- SSTI: Skin and soft tissue infection
- VRE: Vancomycin resistant enterococcus

Table A: ATB Stewardship Restrictive Agents: PRE-Authorizations Required by way of a formal ID consult of approval from designated ASP member.

GENERIC NAME	BRAND NAME	STATUS	RATIONALE
ANTIBIOTICS			
Ceftazidime-avibactam	AvyCaz®	ID Restricted	Fast-tracked through FDA. Preserve for MDRO GNRs resistant to all other antibiotics (e.g. CRE)
Colistin / Colistimethate	Colistin®	ID Restricted	Toxicity. Preserve for MDRO GNRs resistant to all other antibiotics (e.g. CRE)
Dalbavancin	Dalvance®	INpatient: Non-formulary OUTpatient INFUSION: Insurance Pre-authorization needed	Limited safety data available. Alternatives available for SSTI. Outpatient use for compliance/convenience
Daptomycin	Cubicin®	ID Restricted Vanco intolerance (including AKI to Vanco): ID Review	Preserve for MDRO GPs.
Imipenem-cilastatin	Primaxin®	ID Restricted	Preserve for Acinetobacter and MDRO GNRs where enhanced Enterococcal coverage is also desired. Other carbapenems available.
Minocycline IV	Minocin®	ID Restricted	Preserve for combination treatment of MDRO Acinetobacter
Moxifloxacin IV and PO	Avelox®	ID Restricted	For mycobacterial infections only with no other alternatives
Polymyxin B	---	ID Restricted	Toxicity. Preserve for MDRO GNRs resistant to all other antibiotics (e.g. CRE)
ANTIFUNGALS			
Amphotericin B (conventional, liposomal)	Amphotericin B deoxycholate	ID Restricted	Toxicity. Preserve for severe fungal infections

Table B: ATB Stewardship Review Agents: Pre-authorization NOT required. Requires review by designated ATB Stewardship members.

GENERIC NAME	BRAND NAME	STATUS	RATIONALE
Amikacin	Amikin®	Preserve for MDRO GNRs resistant to gentamicin and tobramycin.	All other indications require ID approval
Ertapenem	Invanz®	<p>Serious infections caused by MDR GNRs where other broad-spectrum antibiotics (Pip/tazo, cefepime, levofloxacin, ciprofloxacin) are resistant</p> <p>As consolidation therapy <u>prior to discharge</u> for patients with polymicrobial infections requiring broad-spectrum therapy in which once-daily therapy is needed for the out-patient setting</p> <p>Continuation of outpatient ertapenem for patients admitted on existing therapy</p>	All other indications require ID approval

TABLE C: Miscellaneous Agents

GENERIC NAME	BRAND NAME	STATUS	RATIONALE
--------------	------------	--------	-----------

MISCELLANEOUS

Fidaxomicin	Difcid®	<p>Patients with or at high risk of recurrent CDI (a combination of following criteria:</p> <ul style="list-style-type: none"> • Age >65 • Concomitant high risk antibiotics (clindamycin, FQs, beta-lactams) • Immunocompromised (e.g. receiving chemotherapeutic or immunosuppressant agents, ANC <1500), WBC > 15, SCr 1.5x > baseline, Serum albumin ≤ 3.2) <p>Patients with CDI that have failed vancomycin therapy or have allergies to vancomycin therapy</p>	All other indications require ID approval
Fosfomycin greater than one dose	Monurol®	Documented MDR GNR complicated UTI or UTI in patients intolerant to all other alternative antibiotics	One dose acceptable for suspected or documented MDRO GNR cystitis All other indications require ID approval
Linezolid	Zyvox®	<p>Documented (or empirically for) MRSA/MRSE in patients with documented allergy to vancomycin (excluding Red Mans Syndrome)</p> <p>Documented (or empirically for) VRE infections (exception – UTIs susceptible to alternative agents such as amoxicillin, nitrofurantoin, doxycycline)</p> <p>Documented vancomycin-intermediate or resistant S. aureus</p>	All other indications require ID approval
		<p>Documented MRSA pneumonia with no clinical improvement on vancomycin x 2-3 days or vancomycin MIC ≥2</p> <p>Oral therapy alternative at discharge for patients with documented MRSA where other oral alternatives are not acceptable (allergy, resistance, etc)</p>	

Meropenem		Documented MDRO GNRs resistant to all other beta-lactams +/- fluoroquinolones or empirically for patients with a history of such Organisms. Documented necrotizing pancreatitis or infected pancreatic pseudocysts Documented necrotizing pancreatitis or infected pancreatic pseudocysts	All other indications require ID approval
Micafungin	Mycamine	Documented invasive non-albicans Candidiasis Empiric treatment of candidemia, particularly in critically ill patients or patients with prior azole exposure Prophylaxis of invasive fungal infections in high-risk transplant patients unable to tolerate oral anti-fungals	Treatment of aspergillosis All other indications require ID approval
Itraconazole	Sporanbox, Onmel, Tosura	Continuation of outpatient therapy in patients on existing therapy	All other indications require ID approval
Voriconazole	Vfend	Continuation of outpatient therapy in patients on existing therapy Prophylaxis of invasive fungal infections in high-risk transplant patients	Treatment of aspergillosis All other indications require ID approval
Foscarnet		Resistant viral infections	All other indications require ID approval
Ganciclovir	Cytovene	Treatment of CMV	All other indications require ID approval

REFERENCES:

- Centers for Disease Control and Prevention. (2023). Core Elements of Antibiotic Stewardship. Retrieved from <https://www.cdc.gov/antibiotic-use/core-elements/index.html>
- Infectious Diseases Society of America (IDSA). (2024). Antimicrobial Stewardship: Resources from the Joint IDSA-SHEA-PIDS Task Force on Antimicrobial Stewardship. Retrieved from <https://www.idsociety.org/clinical-practice/antimicrobial-stewardship2/antimicrobial-stewardship/>
- Infectious Diseases Society of America (IDSA). (2024). SHEA/IDSA Clinical Practice Guidelines for Implementing and Antibiotics Stewardship Program (2016). Retrieved from

<https://www.idsociety.org/practice-guideline/implementing-an-ASP/#FullRecommendationsforImplementinganAntibioticStewardshipProgram>

4. The Joint Commission. (2024). Medication Management- MM.09.0.01. Retrieved from <https://edition.jcrinc.com/>

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCE POLICIES AND PROCEDURES:

1. [NIHD Antibiotic Stewardship Program Plan](#)
2. [NIHD Antibiotic Stewardship Committee Charter](#)
3. [Medication Dosing in Renal Failure](#)

Supersedes: Not Set



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Policy and Procedure for Audible Alarms System for Air Pressure Monitoring in Sterile Compounding Areas		
Owner: Director of Pharmacy		Department: Pharmacy
Scope: Hospital wide		
Date Last Modified:	Last Review Date:	Version:
Final Approval by: NIHD Board of Directors		Original Approval Date:

PURPOSE:

This policy outlines the requirements and procedures for the operation, monitoring, and maintenance of audible alarm systems used to track air pressure differentials in accordance with <USP 797> (sterile compounding) and <USP 800> (hazardous drug compounding) standards.

SCOPE:

This policy applies to all personnel involved in the preparation of sterile and hazardous drug compounds, including pharmacists, pharmacy technicians, and any other staff responsible for maintaining the environmental integrity of compounding areas.

POLICY:

1. Air Pressure Monitoring:

- Positive Pressure Rooms this includes and ante-rooms used for sterile compounding must maintain a positive pressure differential of: (displayed as Inches of water (in W.C.))
 - Non-hazardous Laminar flow hood (LFH) room 0.03-0.05 in W.C.
 - Ante-Room between 0.03-0.05 in W.C.
- Negative Pressure Room All containment secondary engineering controls used for hazardous drug compounding must maintain a negative pressure differential of:
 - Hazardous Biological Safety Cabinet (BSC) room between -0.01 and -0.03 in W.C.

2. Audible Alarms: A permanently installed pressure gauge with an audible alarm is required to continuously monitor the relative pressure status in these spaces.

- **Alarm Activation:** The audible alarm must activate when the pressure differential falls outside the established limits. Audible alarm has a 30 second delay.
- **Alarm Response:** Staff must immediately respond to an activated alarm by investigating the cause and taking appropriate corrective action.

3. Alarm Procedures:

- When an alarm activates:
 - Staff in compounding area are to leave immediately
 - **Identify** the source or reason for the pressure deviation.
 - Isolate the affected area if needed to prevent contamination or exposure.
 - Take corrective action to restore the air pressure differential to the acceptable range.

- Document the event and the corrective action taken.
 - Time of alarm.
 - Suspected cause.
 - Actions taken.
 - Personnel involved.
- Notify appropriate personnel (e.g., pharmacist, supervisor, maintenance department).

4. Alarm System Maintenance:

- **Regular Testing:** The alarm system must be tested monthly to ensure proper functionality.
- **Documentation:** All alarm events, tests, and corrective actions must be documented in the building management system (BMS) log.
- **Repair and Calibration:** Any malfunctions or required calibrations of the alarm system must be promptly addressed by qualified personnel.

5. Staff Training:

- All personnel involved in compounding activities must be trained on the proper operation of the alarm system and the procedures for responding to alarms.
- Training must include the following:
 - Understanding of the importance of maintaining proper air pressure differentials.
 - Location and function of the audible alarm system.
 - Procedures for responding to alarm activation.
 - Contact procedures for maintenance personnel or service vendors.

REFERENCES:

1. United States Pharmacopoeia (USP). 2022. <797> FAQs. Retrieved from https://www.mbp.ms.gov/sites/default/files/2023-03/USP22_HQS_Compounding_797_FAQ_Document_V2a.pdf

RECORD RETENTION AND DESTRUCTION: Records in the BMS log will be retained for at least 3 years.

CROSS REFERENCE POLICIES AND PROCEDURES: N/A

Supersedes: Not Set



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL POLICY AND PROCEDURE

Title: Safe Handling and Disposal of Occupationally Hazardous Drugs and Environmentally Hazardous Drugs		
Owner: PHARMACY DIRECTOR		Department: Pharmacy
Scope: District Wide		
Date Last Modified: 06/09/2025	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors		Original Approval Date: 07/01/2017

PURPOSE:

To provide guidelines for Northern Inyo Healthcare District (NIHD) activities in controlling occupational exposures to hazardous drugs as defined by the American Society of Health-System Pharmacists¹ and the National Institute for Occupational Safety and Health (NIOSH)² and in managing disposal of drugs classified as hazardous per the Resource Conservation and Recovery Act (RCRA).

This policy will cancel the NIHD Policy titled: “Pharmaceutical and Medical Waste Management”

SCOPE: This policy will apply to setting where personnel may be exposed to occupationally hazardous drugs (OHDs) in the workplace and to areas generating waste containing environmentally hazardous drugs (EHDs)

BACKGROUND:

1. Preparation, transportation, administration and disposal of OHDs and certain EHDs may expose pharmacy personnel, nurses, physicians, environmental service employees and other health care workers or facility staff to potentially hazardous levels of the chemicals through acute and chronic workplace exposure. Routes of exposure include inhalation of dusts or aerosols, dermal absorption, ingestion, self-inoculation and contact with excreta or body tissue from patients treated with these drugs.
2. OHDs are characterized by genotoxicity, carcinogenicity, teratogenicity, reproductive toxicity or serious organ toxicity at low doses.¹ Lists of OHDs have been compiled by OSHA² and are updated biennially. These lists serve as references for NIHD in creating a district-wide list of OHDs. (Appendix A)
3. A number of pharmaceuticals are identified as pharmaceutical waste that is hazardous to the environment (EHDs) and their management and disposal are regulated by the Environmental Protection Agency (EPA) and the California Medical Waste Management Act (CAMWMA). These drugs are classified as hazardous waste under the applicable regulations and while they may or may not pose an occupational hazard to workers, they do have additional regulations regarding their management and disposal. While there is overlap between lists of IHDs and EHDs, there are many pharmaceuticals that fall only into one category.

POLICY:

It is the policy of NIHD to eliminate or, when elimination is not feasible, to minimize employee exposure to OHDs and to properly manage and transfer EHDs and OHDs for hazardous waste disposal. It is also the policy

of NIHD to manage all non-hazardous pharmaceutical waste in a manner consistent with the CAMWMA in a manner to prevent it from entering sewers or landfills untreated.

1. NIHD will implement a comprehensive program to eliminate or minimize employee exposure to OHDs per USP 800 guidance³. Further, NIHD will implement a comprehensive program to appropriately manage disposal of EHDs per RCRA and CAMWMA requirements.
2. NIHD will appoint a pharmacist as the Hazardous Drug Officer and establish a multi-disciplinary hazardous drug committee. The Committee will be chaired by the Hazardous Drug Officer (HDO) and will consist of representatives from safety, employee health, pharmacy, nursing, environmental services and others, as appropriate. The Committee will develop an OHD safety and health plan as described in USP 800 guidance. A key element of this plan will be to perform and document multi-disciplinary risk assessments to determine which employees will be enrolled in the OHD medical surveillance program.
3. NIHD will appoint a member of the Pharmacy staff as the primary point of contact (POC) for the management of pharmaceutical waste. The pharmaceutical waste POC will have oversight for each area in which pharmaceutical waste is generated and the responsibility to ensure written procedures are developed, implemented and maintained.

PROCEDURE: PHARMACEUTICAL WASTE MANAGEMENT

Scope: This policy applies to all categories of pharmaceuticals used within NIHD. It includes but is not limited to OHDs, EHDs, controlled substances (CS) and Non-regulated pharmaceuticals (NRPs). Non-regulated pharmaceuticals include all medications not listed as an OHD, EHD, or CS.

Background: Many pharmaceuticals meet the definition of hazardous waste. The EPA, California Department of Public Health (CADPH), and Drug Enforcement Administration (DEA) address the management of pharmaceutical waste generated from health care facilities. Surveyors from The Joint Commission (JC) include pharmaceutical waste management in their surveys. Because of the risks associated with the improper disposal of both regulated and non-regulated pharmaceutical waste, a program to properly manage and dispose of these wastes is required.

Classification: There are six categories of pharmaceutical waste that require management as part of this pharmaceutical waste management program:

1. Non-regulated pharmaceutical waste: Pharmaceuticals that must be disposed of properly but that are not classified as OHD, EHD or CS
2. RCRA Hazardous waste
 - a. P Listed waste (acutely hazardous)
 - b. U Listed waste (toxic but not acutely so)
3. Trace chemotherapy waste: empty (less than 3% of original volume) containers used in the preparation or delivery of antineoplastics
4. Bulk chemotherapy: Full or partially full (greater than 3% of original volume) containers or equipment used in preparation or delivery of antineoplastics.
5. Dual waste: A mixture of both hazardous and non-regulated pharmaceutical waste.
6. Controlled substance waste: Includes controlled substances that remain after administration of the appropriate dose to the patient, a damaged, partially used or a controlled substance that is otherwise not-returnable.

Pharmaceutical Waste Determination: Each medication within the facility must have a dedicated waste determination and for hazardous medications, a hazard determination. Each medication non included on the NIHD Hazardous drug list will be handled as non-regulated pharmaceutical waste or as a controlled substance if so classified by the DEA.

1. Common P-listed pharmaceuticals (not an inclusive list):
 - a. P001 – Warfarin
 - b. P012 – Arsenic Trioxide
 - c. P042 – Epinephrine
 - d. P075 – Nicotine
 - e. P081 – Nitroglycerin
 - f. P204 – Physostigmine
2. Common U-listed pharmaceuticals (not an inclusive list):
 - a. U058 – Cyclophosphamide
 - b. U059 – Daunomycin
 - c. U150 – Melphalan
 - d. U151 – Mercury
 - e. U010 – Mitomycin C
3. The determination of which wastes are hazardous is listed in the NIHD Hazardous drug list which will be updated annually or when a new medication is added to the formulary.
4. Hazardous Waste Profiles
 - a. Any pharmaceutical waste requiring management as a hazardous waste must be profiled for proper disposal. Manifesting and profiling will be completed with the hazardous waste hauler as well as facilities and pharmacy personnel.
 - b. The contracted hazardous waste hauler will identify proper manifesting procedures as part of the contractual relationship with NIHD.
5. Informing Staff who handle EHDs and OHDs. Healthcare staff who handle EHDs and OHDs must be made aware of the proper mechanisms by which to dispose of their pharmaceutical wastes. These staff must be trained at time of assignment and annually thereafter and this training must be documented in writing. In addition to the management and disposal requirements of this policy, other best management practices may be employed to further streamline the process for the user. Recommended practices include:
 - a. Placing stickers or labels on shelves and on the product, where possible, to identify the disposal mechanism for pharmaceuticals.
 - b. Removal warnings will be placed in the automated dispensing cabinets to remind users that the pharmaceutical being removed is hazardous and must be disposed of as hazardous waste.
 - c. All medications prepared in the pharmacy that are hazardous will be identified as such.
6. Container Selection and Management
 - a. The color-coding system established in this policy is designed to standardize the management of the various categories of pharmaceutical waste. This system is modeled after current industry practice and appropriate containers are readily available through various supply chains.
 - i. Blue and white: non-regulated pharmaceutical waste for incineration
 - ii. Yellow: Trace chemotherapy waste for incineration
 - iii. Black: RCRA hazardous, Bulk chemotherapy and Best management practices hazardous wastes (many OHDs)
 - b. Containers must meet applicable regulatory standards (EPA, CAMWMA, Department of Transportation (DOT)).
 - c. Containers must be properly labeled per applicable regulatory standards (EPA, DOT, OSHA, CAMWMA, etc). Labels must be readily visible to personnel in those areas.

7. Accumulation Points:
 - a. NIHD will identify an accumulation site for storage of pharmaceutical waste once it leaves the pharmacy or patient care areas. The accumulation site will be the central location for eventual transport off-site for processing.
 - b. Non-regulated waste and controlled substance waste will be stored separately from hazardous waste. The accumulation site will conform to all applicable regulatory standards.
 - c. The accumulation site will be under the control of Facilities personnel
8. Inspections:
 - a. Collection of hazardous waste may present a significant risk of non-compliance. Therefore the accumulation site will be inspected monthly by representatives of Pharmacy, Facilities, and Safety.
 - b. The monthly inspection will note the following:
 - i. Condition of containers
 - ii. Appropriate placement of waste containers throughout the facility
 - iii. Proper segregation of wastes
 - iv. Proper container labeling
 - v. Appropriate dates on the containers for accumulation and removal
 - vi. Appropriate completion and maintenance of log sheets
 - vii. Training documentation
9. Disposal of Controlled Substances:
 - a. Requirements for the disposal of controlled substances are delineated in guidance from the DEA. The DEA requires that controlled substances be disposed of so they are non-retrievable. Disposing of controlled substances via the drain, toilet or sewer is not environmentally appropriate or legal in California. Partially used or contaminated controlled substances must be wasted and the wastage documented by two licensed health care providers.
 - b. NIHD has elected to adopt a separate waste pathway for the disposal of controlled substances.
 - i. NIHD will place separate containers for the disposal of controlled substances throughout patient care areas.
 - ii. These containers will be provided by pharmacy and contain a chemical that immediately destroys the controlled substance once it is placed within the container.
 - iii. The waste of controlled substances will still need to be documented and witnessed by two licensed providers.
 - iv. Once filled, the containers will be shipped off-site by a separate pathway from non-regulated and hazardous wastes.

PROCEDURE: PROCEDURES FOR SAFE HANDLING OF OCCUPATIONALLY HAZARDOUS DRUGS (OHDs) AND ENVIRONMENTALLY HAZARDOUS DRUGS (EHDs)

1. **Safety Data Sheets (SDS).** SDSs for OHDs and EHDs used within NIHD will be readily available to employees. NIHD will maintain these SDSs via links on the intranet home page.
2. **OHD Preparation Precautions**
 - a. OHD preparation must be performed in an area with access limited to authorized personnel only. OHDs may contaminate surfaces in preparation areas. Eating, drinking, smoking, chewing gum, taking or administering medications, applying cosmetics and storing food in the preparation area is prohibited. Procedures for spills and emergencies must be posted in or adjacent to the preparation area. Appropriate personal protective equipment must be worn during the preparation, administration and disposal of OHDs as defined in the NIHD Hazardous Drug List (NIHD-HDL).

- b. Preparation of parenteral OHDs as well as any compounding of non-parenteral OHDs must be done in a Class II, Type B or Class III Biological Safety Cabinet (BSC) that meet the current National Sanitation Foundation Standard, or a negative pressure Compounding Aseptic Containment Isolator (CACI) that meets International Standards Organization (ISO) Class 5 Air Quality Standards. Internal and External exhausts for the hoods must have high efficiency particulate air (HEPA) filters. All hoods used for the preparation of OHDs must be externally vented. Commercially available oral OHD products which only require unit dosing will not need to be prepared in a containment device but do require preparation in a segregated area with appropriate PPE use as defined in the NIHD Hazardous Drug List.
- c. The exhaust fan or blower in the hood must be on at all times except when the hood is being mechanically repaired or moved or if required for cleaning or decontamination. If the blower is turned off, the hood must be decontaminated and cleaned before use. Each hood must be equipped with a continuous monitoring device to allow confirmation of adequate airflow. The outside exhaust of these hoods must clear of and vented away from air intake units. The hoods and exhaust systems must be connected to backup emergency power.
- d. All hoods and BSCs used for the preparation of OHDs will be placed within negative pressure rooms, connected to positive pressure anterooms per USP 797 and USP 800 requirements.
- e. The cabinet must be cleaned and decontaminated as required by UPS 797 and 800 standards as well as internal pharmacy procedure consistent with hood manufacturer standards. Decontamination must consist of surface cleaning with water and detergent followed by through rinsing. Spray cleaners or germicidal agents are prohibited. During cleaning and contamination, all personnel will wear appropriate PPE as required by pharmacy policy and the NIHD hazardous drug list. A NIOSH approved respirator, gown and gloves will be worn by the worker during the cleaning. Cleaning will proceed from most contaminated to least contaminated areas and the drain/spillage areas will be cleaned twice. All materials from the decontamination process must be handled as hazardous waste and disposed of as such.
- f. All hoods must be serviced and certified by a qualified and certified technicians at least every 6 months. HEPA filters must be changed per manufacturer instruction or when contaminated by accidental spill or otherwise damaged. Used filters must be disposed of properly depending upon the location from where they were taken.
- g. All contaminated needles, syringes and IV tubing used to prepare OHDs will be disposed of intact. Clipping or capping of needles is prohibited. Priming IV sets or expelling air from syringes must be carried out in the designated hood. If done at the site of administration to the patient, the IV line will be primed with a non-drug containing solution or a back flow closed system must be used..
- h. NIHD mandates the use of a closed system transfer device (CSTD) for preparation and administration of certain OHDs as defined by the CSTD policy.
- i. Handling of OHD tablets and other oral dosage forms must follow USP 800 guidance.

3. Transporting and Storage

- a. In addition to standard pharmacy labeling practices, all syringes and IV bags containing OHDs must be labeled with a distinctive warning label identifying it as an OHD.
- b. Access to areas where OHDs are stored are limited to authorized personnel within the pharmacy. Storage in patient care areas will clearly identify the medication as an OHD.
- c. Transport will occur in sealed plastic bags and/or containers to avoid breakage. Personnel involved in transporting OHDs and EHDs within the hospital will be trained in spill procedures.

4. Drug Administration. Only appropriately qualified/certified personnel will administer OHDs.

- a. Personnel administering OHDs must wear appropriate PPE as defined in the NIHD Hazardous Drug List. Preparation for administration of OHDs on the ward or clinic will be carried out on

trays lined with a plastic-backed absorbent pad so the plastic can be gathered as waste for appropriate disposal at the end of the procedure.

- b. Contaminated needles, syringes and IV tubing/bags will be disposed of intact. Needles will not be capped, cut or crushed. In rare instances where recapping of a needle is required, only the one handed method will be used.
- c. The administration of aerosolized OHDs (e.g. Pentamidine) requires special engineering controls (negative pressure) in addition to appropriate PPE.

5. **PPE.**

- a. **Gloves.** Gloves will be powder free and will be specifically designated for handling OHDs. Gloves for handling OHDs will conform to the American Society of Testing and Materials (ASTM) standard D6978 or its successor. Certain activities may require double gloving as assessed by the HDC and NIHD-HDL. Because all gloves are permeable to some extent, they will be changed every 30 minutes during use or immediately if punctured, torn or contaminated with a spill. Hands must be washed with soap and water before gloves are put on and after they are removed.
- b. **Gowns.** Gowns must be selected and worn based upon the OHDs being handled. A Protective disposable gown made of polyethylene-coated polypropylene or other laminate material with a closed front, long sleeves and elastic or know-closed cuffs will be worn. The cuffs will be tucked under the gloves unless double gloving is specified. If double gloves are worn, the outer glove will be worn over the gown cuff and the inner glove under the gown cuff. Gowns and gloves used in the preparation area will not be worn outside the OHD preparation area.
- c. **Chemical Goggles and Face Shields.** Whenever splashes, sprays or aerosols of OHDs may be generated, chemical barrier face and eye protection will be used. Eyewash facilities must also be available in the OHD preparation area.
- d. **Respirator.** Personnel administering aerosolized OHDs must wear a NIOSH-approved respirator appropriate for each OHD as determined by the HDC. Fitting of the respirator is personnel specific and must be certified by the employee health department.

6. **Caring for Patients Receiving OHDs.** Per the NIHD-HDL and existing NIHD Blood-Borne Pathogen exposure policy, appropriate precautions must be observed to prevent contact with blood or other potentially infectious materials.

- a. Personnel dealing with any blood, body fluids, urine or excreta from patients who have received OHDs within the last 48 hours must wear appropriate PPE per the NIHD-HDL and risk assessment by the HDC. Hands must be washed thoroughly after contact with the above substances.
- b. Linen contaminated with OHDs, urine or excreta from patients who have received OHDs within the last 48 hours must be placed in specially marked impervious plastic laundry bags. Linen soiled with blood or other potentially infectious materials as well as contaminated with urine or excreta must also be managed per NIHD soiled linen policy.

7. **Medical Surveillance**

- a. Personnel with potential exposure to OHDs will be considered for placement in the medical surveillance program (MSP) based upon the recommendations of the HDC. Selection of individuals for medical surveillance must be based on exposure assessment performed by the HDC.
 - i. All personnel who directly handle OHDs, including nurses, pharmacists and pharmacy technicians at a minimum will be enrolled in the MSP. Other personnel will be enrolled based upon a determination of the HDC.
 - ii. Medical surveillance consists of pre-placement, periodic and termination examinations. Employee health status, medical history and collection of data elements including a medical (including reproductive) history and work history to assess exposure to HDs,

physical examination, and laboratory testing. Methods used to assess exposure history include a review of:

1. Records of HDs handled, with quantities & dosage forms
 2. Estimated number of HDs handled per week
 3. Estimates of hours spent handling HDs per week and/or per month
 4. Performance of a physical assessment and laboratory studies linked to target organs of commonly used HDs such as a baseline complete blood count.
- iii. All personnel who are exposed to OHDs will receive training, including written documentation of the risks of exposure to OHDs and will sign a statement of understanding regarding training and compliance with PPE and safety requirements.
- b. Pregnant, attempting to become pregnant or breastfeeding women must be informed of the hazards that OHDs may pose to the health of their children. Staff members identified above will be offered a transfer to duties that do not involve preparation of administration of OHDs.

8. Post Exposure Actions.

- a. In case of skin contact with OHDs, follow the manufacturer's instructions per the SDS. This generally involves immediately removing contaminated clothing, flushing the affected area with water and washing the area with soap or other inactivator as specified by the manufacturer.
- b. In case of eye contact with OHDs, flush with water for a minimum of 15 minutes. Continue irrigation until ophthalmologic examination is obtained.
- c. Report to the Emergency department for additional treatment and documentation of the exposure. Particular attention to the eyes, mouth, nasal mucous membranes and skin will be included in the physical examination for acute exposure.
- d. Personnel who do not routinely work with OHDs that have a situational exposure to OHDs should be evaluated and followed on an individual basis. The employee health nurse will make the determination about the need for further follow-up post acute treatment.

9. Spill Control

- a. A spill clean-up kit, clearly labeled, will be kept in each area where OHDs are prepared, administered or accumulated for disposal or transport. When transporting OHDs or patients under active treatment with OHDs, a spill kit must transport with the patient.
- b. Clean-up of spills. The American Society of Health System Pharmacists considers a small spill to be less than 5ml. The 5ml threshold should be used to categorize spills as large or small. Small spills, large spills and spills in BSCs must be cleaned following hood cleaning and decontamination protocol. When a large spill occurs, the area should be isolated and aerosol generation avoided. Clean-up personnel should wear appropriate PPE, as noted above, including a NIOSH-approved respirator if there is any suspicion of airborne powder or that an aerosol has or will be generated. Clean-up personnel must be trained to clean up large spills. Materials used during a spill clean-up of any size must be coordinated with the HDO to ensure compliance with applicable regulations and policies.

10. Training and Information Dissemination.

- a. All personnel involved in any aspect of the handling of covered OHDs will receive training on the hazards, appropriate handling and disposal procedures of OHDs present in the work area. This training will cover topics including the use of appropriate PPE, medical surveillance, post-exposure actions, spill control, etc. Such information will be provided at time of an employee's initial assignment to a work area where OHDs are present. Annual training is required. All training must be documented in writing. Employees must acknowledge training completion and also acknowledge the risks of failure to follow the standards outlined in this policy and in USP 800.
- b. This policy will be made available to all users, the HDO in conjunction with the HDC must ensure appropriate personnel are properly trained on the requirements.

REFERENCES:

1. United States Environmental Protection Agency. (2023). Management of Hazardous Waste Pharmaceuticals. Retrieved from <https://www.epa.gov/hwgenerators/management-hazardous-waste-pharmaceuticals>
2. The Joint Commission. (January 2024). EC.01.01.01 Element 6. The Critical Access hospital plan activities to minimize risks to the environment of care. Retrieved from <https://e-division.jcrinc.com/MainContent.aspx>.
3. NIOSH List of Hazardous drugs in healthcare settings, 2020 from : <https://www.cdc.gov/niosh/docket/review/docket233c/pdfs/DRAFT-NIOSH-Hazardous-Drugs-List-2020.pdf>

RECORD RETENTION AND DESTRUCTION:

3 years

CROSS REFERENCE POLICIES AND PROCEDURES:

1. [MEDICAL WASTE MANAGEMENT PLAN](#)

Supersedes: v.2 Safe Handling and Disposal of Occupationally Hazardous Drugs and Environmentally Hazardous Drugs
--



NORTHERN INYO HEALTHCARE DISTRICT CLINICAL STANDARDIZED PROCEDURE

Title: Standardized Procedure for Admission of the Well Newborn		
Owner: Interim Perinatal Manager		Department: Perinatal
Scope: Perinatal RN		
Date Last Modified: 06/05/2025	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors		Original Approval Date: 4/21/2021

PURPOSE:

To ensure well newborns receive immediate and short-term ongoing assessment, care, and timely administration of prophylactic ophthalmic erythromycin to prevent ophthalmia neonatorum, intramuscular Hepatitis B vaccine for perinatal Hepatitis B prevention, and intramuscular Vitamin K to prevent Vitamin K deficient bleeding (VKDB), pending notification of the pediatrician and receipt of physician orders for continuing care.

POLICY

It is the policy of Northern Inyo Healthcare District (NIHD) that all well newborns will be assessed and provided care upon admission under the direction of a Registered Nurse (RN) with annual documented competencies following this Standardized Procedure. All well newborns will receive prophylactic administration of erythromycin ophthalmic ointment, Hepatitis B vaccine, and Vitamin K by an RN/LVN, unless there is a documented refusal by the parent, under this Standardized Procedure.

PROCEDURE

1. Experience, Training, and/or Education Requirements of the RN
 - a. Current California RN licensure
 - b. Current Neonatal Resuscitation Program (NRP) card
 - c. Successful completion of orientation to newborn care at NIHD
2. Method of Initial and Continued Evaluation of Competence
 - a. Initial evaluation: successful completion and demonstration of competency and clinical decision making in assessment of the newborn, as documented in the unit-specific clinical competency orientation checklist.
 - b. Ongoing evaluation: annual completion of competency validation of the newborn assessment and administrations of prophylactic medications to a neonate.
3. Maintenance of Records of those authorized in Standardized Procedure
 - a. A list of RNs competent to perform this standardized procedure is maintained with the Chief Nursing Officer and is updated annually.
4. Settings where Standardized Procedure may be performed
 - a. Admission of a well newborn and administration of prophylactic medications may take place in the Perinatal unit at the mother's bedside, newborn nursery, or in the Post Anesthesia Care Unit.

5. Standardized Procedure

- a. Circumstance under which Standardized Procedure may be performed:
 - i. Well newborn delivered at NIHD
- b. Procedure
 - i. The RN will perform an admission assessment according to policy
 - ii. The RN will initiate the Newborn Admission Orders:
 - Code Status:
 - Full Code
 - When to call Pediatrician:
 - Call Pediatrician Between 0630-0730 to inform them of any delivery after 5pm the previous day.
 - If born before 5pm, call Pediatrician ASAP
 - Please call Pediatrician immediately, **at any hour**, in the event of:
 - Infant requiring resuscitation efforts following birth
 - Maternal Chorioamnionitis
 - Maternal GBS positive without adequate maternal antibiotic coverage if infant is <37 weeks or ROM \geq 18 hours' even if otherwise well
 - Immediately for infant fever $\geq 100.4^{\circ}\text{F}$
 - For sustained HR abnormalities, >5 minutes when infant calm, HR >180 and or < 100
 - Respiratory Rate >60
 - Immediately for other concerns that cannot wait until normal rounding time
 - If indicated per Pulse Ox Screening, Hyperbilirubinemia, or Hypoglycemia policies
 - Vital signs every 30 minutes x4 and PRN
 - Vital signs every 8 hours for the term, uncomplicated infant born via vaginal birth
 - Vital signs every 4 hours x24 hours, then every 8 hours for infants born via cesarean-section
 - Vital signs every 4 hours for infants <37 weeks' gestation
 - Infant diet: Breastfeed only unless maternal refusal or medical need per policy
 - Breastfeed on demand
 - Oximetry per protocol
 - Drugs of Abuse Screen:
 - If mother's DOA positive for THC only:
 - i. Advise patient that continuing use of marijuana/THC containing products while breastfeeding is not advised
 - If a mother's DOA positive for drugs other than THC: -RN to file CPS report
 - i. Consult to social worker
 - ii. Cord Segment to be sent
 - iii. Newborn urine drug screen

- Newborn Hearing Screening before discharge
- Newborn Screening Test before discharge
- Bili scan at 24 hours or earlier, then daily until discharge
- Bili Scan PRN for worsening jaundice or any jaundice prior to 24 hours of age
- Congenital Heart Disease Screen at 24 hours
- Sweet Ease for pain control only
- Pacifier use for pain control only unless requested by parent and pacifier use education provided
- Collect cord blood workup specimen
- Heel Stick Blood Sugar per *Newborn Blood Sugar Monitoring Policy*
- Inform Provider of any medication refusal by family, during normal office hours
- Erythromycin Ophthalmic Ointment 0.5 %, 1 application within 2 hours of delivery
- Phytonadione IM (Vitamin K) Give 1 mg. Give within 2 hours of delivery
- Hepatitis B Vaccine IM 0.5 mL within 24 hours if mother is Hepatitis B negative. Give as soon as possible within 12 hours of age if mother is Hepatitis B positive or unknown.
 - Notify Pediatric Provider on call if the mother is Hepatitis B positive
- Cholecalciferol Oral Drops 400 unit every day. Start day of discharge
 - 400 IU = 1 DROP Q day to start on the day of discharge.

6. Review of Standardized Procedure

- a. Standardized procedures are reviewed and approved annually by the Interdisciplinary Practice Committee.

REFERENCES:

1. AWHONN (2021) Perinatal Nursing (5th Ed.) Wolters Kluwer.
2. American Academy of Pediatrics & College of Obstetricians and Gynecologist (2017). *Guidelines for Perinatal Care (8th Ed.)*. Elk Grove Village, IL: Author
3. California State and Consumer Services Agency, Board of Registered Nursing. (2011). “An explanation of the scope of RN practice including standardized procedures”. Retrieved from www.rn.gov Section 2725 of California Nurse Practice Act.

CROSS-REFERENCED POLICIES AND PROCEDURES:

1. [Admission, Care, Discharge and Transfer of the Newborn](#)
2. [Drugs of Abuse Maternal and Infant](#)
3. [Transcutaneous Bilirubin Testing \(Bili Scan\)](#)
4. [Infant Feeding Policy](#)
5. [Newborn Pulse Oximetry Screen](#)
6. [Newborn Hearing Screening Program](#)
7. [Newborn Blood Glucose Monitoring](#)
8. Lippincott: Newborn assessment:
<https://procedures.lww.com/lmp/view.do?pId=7149440&hits=neonatal,newborn,neonate,neonates&a=false&ad=false&q=newborn>

RECORD RETENTION AND DESTRUCTION:

Documentation is maintained within the patient and medical record, which is managed by the NIHD Medical Records Department.

Supersedes: v.3 Standardized Procedure for Admission of the Well Newborn
--

Approval



DATE: June 2025
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Christian Wallis, Interim Chief Executive Officer
RE: Board Committee Structure and Scheduling

MEMORANDUM

Background

The Northern Inyo Healthcare District Board of Directors currently maintains three standing committees:

- Compliance, Quality, Safety & Risk (CQSRC)
- Finance & Audit
- Governance

These committees support the Board in fulfilling its responsibility to oversee core areas of District governance. Each committee serves as a forum for in-depth review and discussion of issues relevant to its area of focus and brings forward recommendations for full Board consideration.

Discussion

The proposed changes are intended to align the Board's committee structure with recognized governance best practices and to enhance clarity for both Board members and the public regarding the purpose and content of each committee meeting. Renaming the Compliance, Quality, Safety & Risk (CQSRC) Committee to "Quality Committee" provides a clearer, more concise title while continuing to encompass oversight of safety, risk, and compliance. Similarly, renaming the Finance & Audit Committee to "Finance Committee" reflects the committee's primary role in financial oversight.

Standardizing the meeting schedule so that committees convene during the first one to two weeks of each month will help ensure that any recommendations or updates can be included in the Board's regular meeting agenda later in the month. This adjustment is expected to improve workflow, reduce delays, and make more efficient use of both staff and Board member time.

Overall, the updated structure seeks to support thoughtful participation, reinforce the Board's governance role, and ensure that committee work contributes meaningfully to District oversight and accountability.

Recommendation

It is recommended that the Board approve the following changes to the committee structure:

- Quality Committee — Meets quarterly
- Finance Committee — Meets monthly
- Governance Committee — Meets quarterly

Each committee will include two Board members appointed by the Board Chair. Upon approval, committee charters, the Board calendar, and corresponding work plans outlining key responsibilities and topics for each committee will be updated to reflect the revised structure and meeting cadence.

This revised structure will be implemented on a trial basis for the next three months. If the Board finds the new structure effective, the District will proceed with updating the Board bylaws to reflect these changes formally.

BETA HEART INTRODUCTION

Northern Inyo Healthcare District

What is BETA Healthcare Group?

- BETA Healthcare Group (BETA)
 - Healthcare Entity Comprehensive Liability Coverage
 - Professional Liability
 - General Liability / Work Comp
 - Directors and Officers Liability Coverage
 - Auto liability and Physical Damage Coverage

Feature	BETA HEART Program	BETA Risk Management Authority
Type	Risk management/patient safety	Insurance/risk financing
Primary Focus	Culture of safety, transparency, support after harm events	Liability coverage for healthcare entities and providers
Services Provided	Education, process improvement, emotional support, early resolution	Insurance coverage, claims management, underwriting
Target Audience	Member hospitals, clinics, medical groups (for culture and safety improvement)	Member hospitals, healthcare facilities, physicians (for insurance needs)
Nature	Programmatic, multi-year initiative	Structural insurance entities

Confused?!

Let's Make it Easy...

What → Why → Who → How

BETA HEART What

- What is it?
 - A multi-year, interactive and collaborative process for moving organizations to a culture of safety, transparency and learning.

H – Healing
E – Empathy
A – Accountability
R – Resolution
T – Trust



Why



The overall goals of the program are to develop an empathic and clinically appropriate process that supports healing of both the patient and clinician after an adverse event; ensure accountability for the development of reliable systems that support the provision of safe care; provide a mechanism for early, ethical resolution when harm occurs as a result of medical error or inappropriate care; and instill trust in all clinicians and patients.

Why

- Why are we doing this?
- **Respect:** Unwavering support for employees and providers
 - **Purpose:** Fostering an environment of trust and engagement
- **Compassion:** Leading with empathy to preserve dignity
 - **Purpose:** Prioritize patient experience
- **Stewardship:** Mindful use of resources
 - **Purpose:** Efficient, innovative, and sustainable
- **Excellence:** Pursuit of excellence in quality and safety
 - **Purpose:** Zero harm
- **Accountability:** Reliable access to exceptional care
 - **Purpose:** Responsibly serving the community with integrity



Who



How

Domain	Overview
Culture of Safety	A process for measuring safety culture and understanding results utilizing a debrief methodology
Rapid Event Response and Analysis	A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles
Communication and Transparency	A commitment to honest and transparent communication with patients and family members after an adverse event
Care for the Caregiver	An organizational program that ensures emotional support for caregivers involved in an adverse event
Early Resolution	A process for early resolution when harm is deemed the result of inappropriate care or medical error



NIHD SCORE SURVEY RESULTS

BETA HEART Culture of Safety Domain



Key Features of Culture of Safety

- Acknowledgment of the high-risk nature of an organization's activities
- Determination to achieve consistently safe operations
- A just culture of fairness and accountability
- A reporting culture where individuals are comfortable reporting errors or near misses without fear of reprimand or retaliation
- A learning culture where the organization shares and analyzes error to guide meaningful improvement
- Leaders demonstrate a commitment to safety

Measuring Culture of Safety



- SCORE Survey
 - Safety, Communication, Operational Reliability and Engagement

Culture Domains	Engagement Domains
Improvement Readiness	Growth Opportunities
Local Leadership	Workload
Burnout Climate	Job Uncertainty
Personal Burnout	Intentions to Leave
Teamwork	Advancement
Safety	Participation in Decision Making
Work-Life Balance	
Emotional Thriving/Emotional Recovery	

Results

SCORE Survey Summary Report

Northern Inyo Healthcare District - Mar 2025

39 Work Settings - 227 Respondents - Response Rate 52%

	Facility Percent Positive	Facility Benchmark Percentile [†]
CULTURE		
Improvement Readiness	52%	16th
Local Leadership	52%	18th
Burnout Climate [‡]	44%	69th
Personal Burnout [‡]	57%	53rd
Emotional Thriving	50%	17th
Emotional Recovery	55%	7th
Teamwork	33%	35th
Safety Climate	43%	31st
Work / Life Balance	73%	76th
ENGAGEMENT		
Growth Opportunities	49%	26th
Job Certainty	76%	84th
Intentions to Leave	88%	62nd
Decision Making	39%	27th
Advancement	21%	66th
Workload Strain	64%	23rd
Workforce Safety	65%	14th
DEI / Belonging	49%	13th

Results

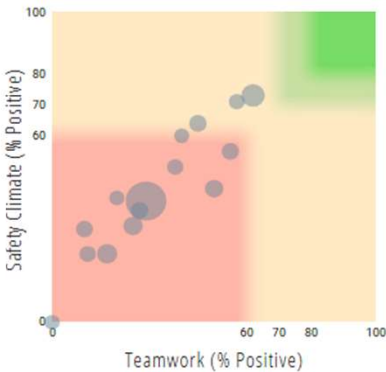
SCORE Survey Summary Report
Northern Inyo Healthcare District - Mar 2025
39 Work Settings - 227 Respondents - Response Rate 52%

	Facility Percent Positive	Facility Benchmark Percentile [†]
CULTURE		
Improvement Readiness	52%	16th
Local Leadership	52%	18th
Burnout Climate [‡]	44%	69th
Personal Burnout [‡]	57%	53rd
Emotional Thriving	50%	17th
Emotional Recovery	55%	7th
Teamwork	33%	35th
Safety Climate	43%	31st
Work / Life Balance	73%	76th
ENGAGEMENT		
Growth Opportunities	49%	26th
Job Certainty	76%	84th
Intentions to Leave	88%	62nd
Decision Making	39%	27th
Advancement	21%	66th
Workload Strain	64%	23rd
Workforce Safety	65%	14th
DEI / Belonging	49%	13th

Results

SCORE Survey Summary Report
Northern Inyo Healthcare District - Mar 2025
39 Work Settings - 227 Respondents - Response Rate 52%

Scatterplots of Key SCORE Domains
227 respondents in 39 work settings at Northern Inyo Healthcare District



Results

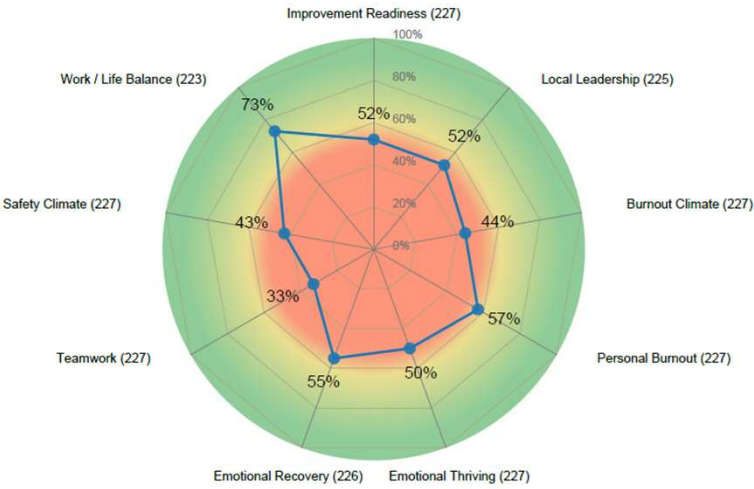
SCORE Survey Summary Report Northern Inyo Healthcare District - Mar 2025 39 Work Settings - 227 Respondents - Response Rate 52%

Scatterplots of Key SCORE Domains (cont.)

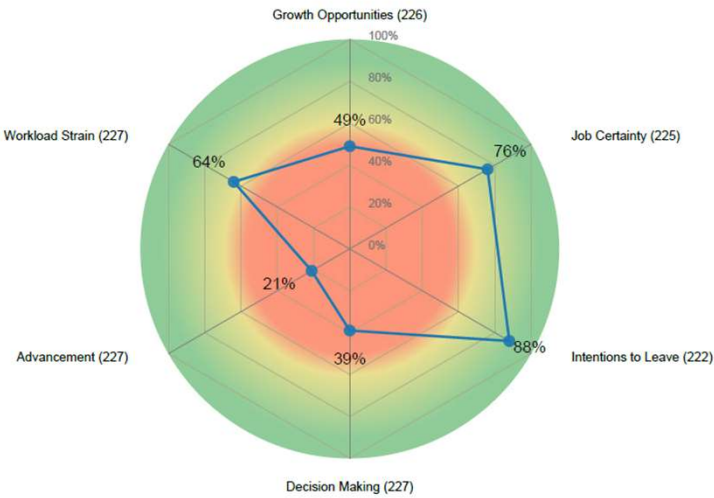
227 respondents in 39 work settings at Northern Inyo Healthcare District



Northern Inyo Healthcare District All Culture Domains



Northern Inyo Healthcare District All Engagement Domains



Notable Insights by Percentile and Key SCORE Items

227 respondents in 39 work settings at Northern Inyo Healthcare District

<p>%ile</p> <p>90th People in this work setting are working too hard on their jobs.</p> <p>83rd People in this work setting are exhausted from their work.</p> <p>72nd People in this work setting are burned out from their work.</p>	<p>Cultural Strengths</p>	<p>%ile</p> <p>87th With respect to my intentions to leave this organization, I have plans to leave this job within the next year.</p> <p>85th With respect to advancement in this organization, I can live comfortably on my pay.</p> <p>83rd With respect to advancement in this organization, I am paid enough for the work I do.</p>	<p>Engagement Strengths</p>
<p>%ile</p> <p>3rd I always recover quickly after difficulties.</p> <p>6th In this work setting, the learning environment integrates lessons learned from other work settings.</p> <p>9th I can always regain a positive outlook despite what happens.</p>	<p>Cultural Opportunities</p>	<p>%ile</p> <p>4th With respect to advancement in this organization, I have opportunities to advance through training courses.</p> <p>7th My employer has a strong commitment to diversity, equity, and inclusion.</p> <p>8th With respect to advancement in this organization, I have opportunities to be promoted.</p>	<p>Engagement Opportunities</p>

Next Steps

- Debrief individual areas (6/1-7/31)
 - Meet with manager/director
 - Meet with staff
 - Meet again with manager/director to go over results, guide to action planning
- Leaders meet with staff and create action plan (2 weeks after debrief)
- Departments work on action items (8/25-3/26)
- 2026 SCORE Survey launched 3/2026

Questions/Discussion



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

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

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: June 3, 2025
RE: Medical Executive Committee Report

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

A. Medical Staff Initial Appointments 2025-2026 (*action item*)

1. Natalie Thon, NP (adult gerontology nurse practitioner) – Advanced Practice Provider Staff
2. Robyn Lee, CNM (certified nurse midwife) – Advanced Practice Provider Staff
3. Heather Lee, DO (pediatrics) – Courtesy Staff
4. Stewart Leong, MD (pathology) – Courtesy Staff
5. Michael Bogard, DO (orthopedic surgery) – Courtesy Staff
6. Brian Gilmer, MD (orthopedic surgery) – Active Staff
7. Timothy Crall, MD (orthopedic surgery) – Active Staff
8. James Marc Eidel, MD (anesthesiology) – Active Staff

B. Medical Staff Initial Appointments 2025-2026 – Proxy Credentialing (*action item*)

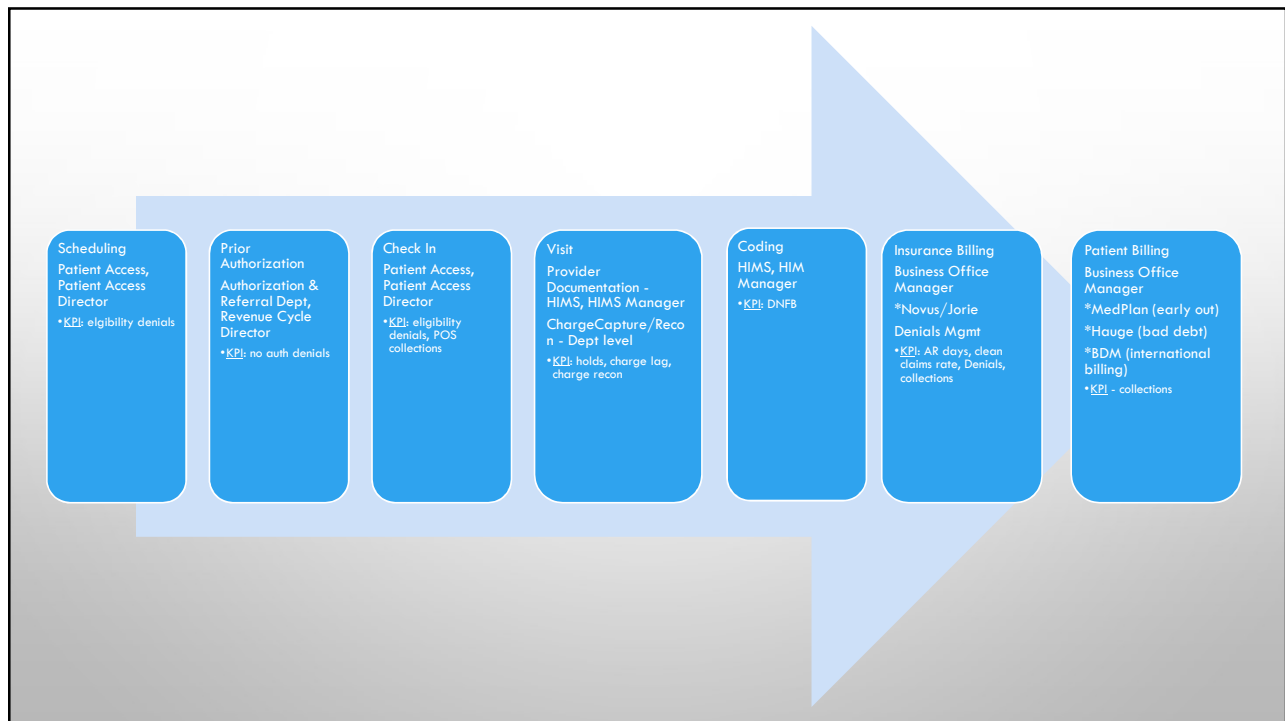
As per the approved credentialing and privileging agreements, and as outlined by 42CFR 482.22, the Medical Staff has chosen to recommend the following practitioners for Telemedicine privileges relying upon the Distant-Site entity's credentialing and privileging decisions

1. Bryon Dorgan, DO (telecardiology) – Telemedicine Staff (Renown)

C. Additional Privileges (*action item*)

1. Bartlett White, PA-C (ortho physician assistant) – additional privileges as surgical first assist
2. Megann Young, MD (emergency medicine) – additional privileges in Addiction Medicine

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



CASH FLOW ACTION TEAM

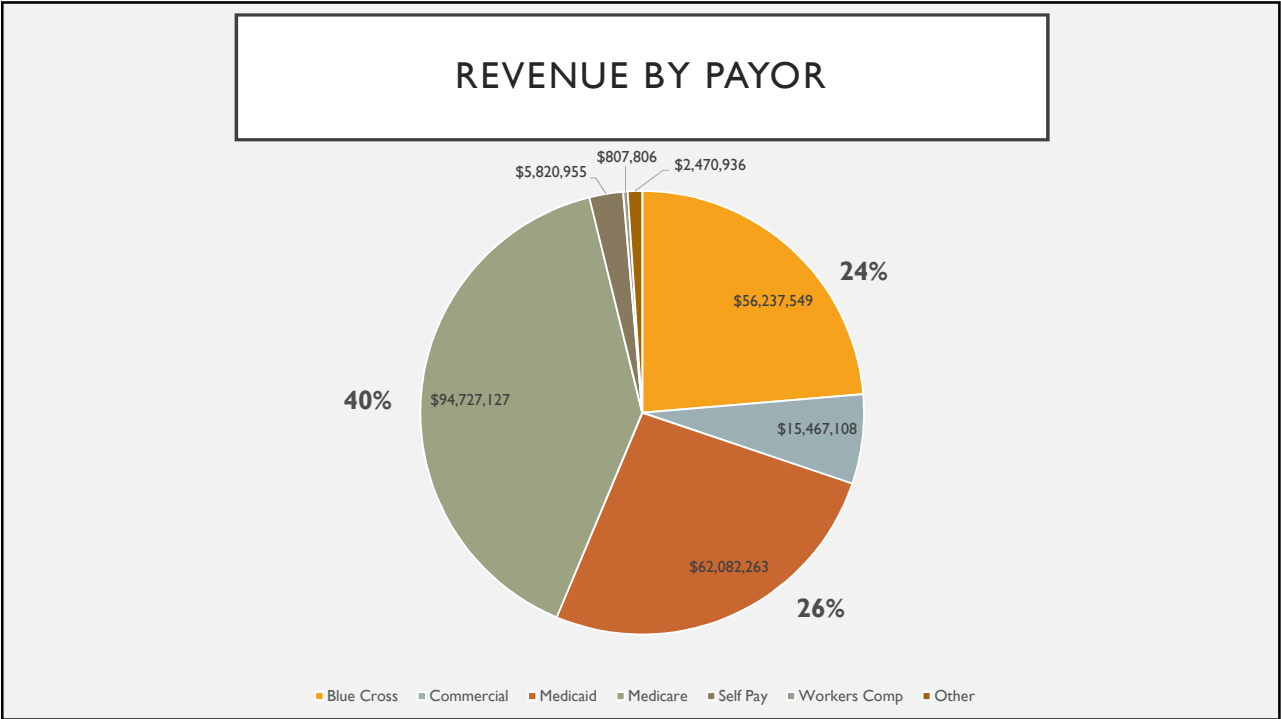
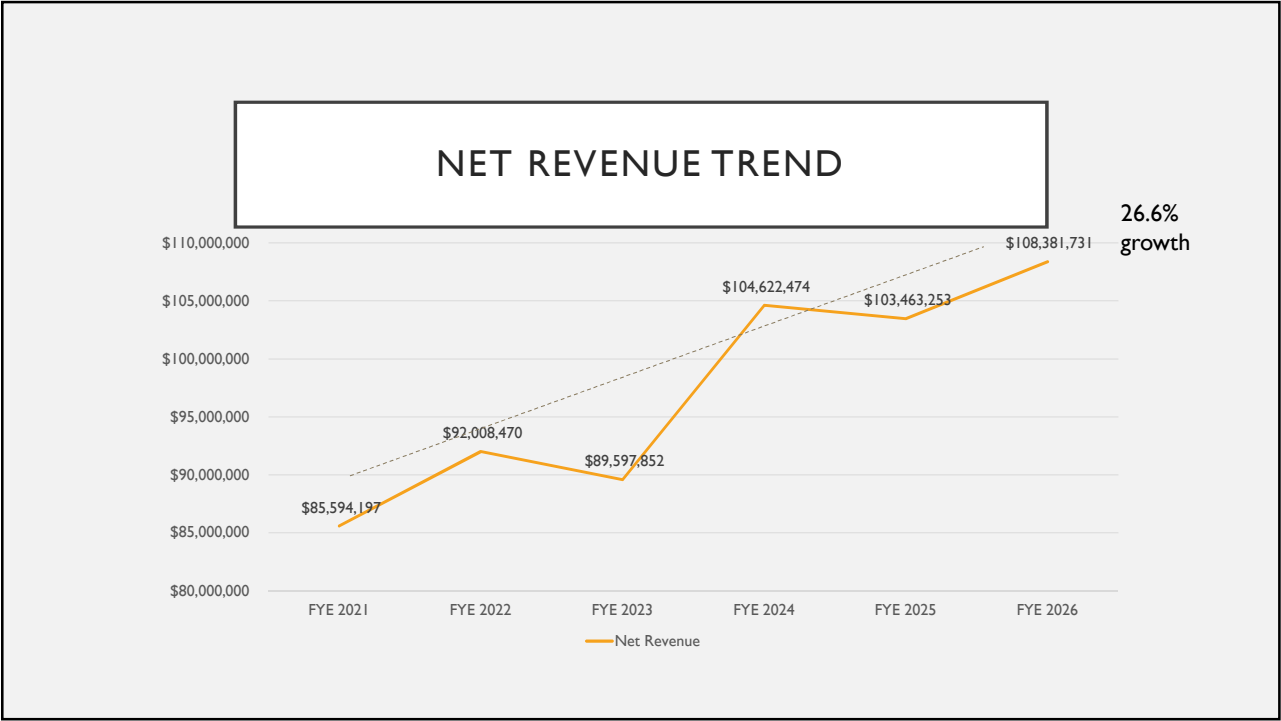
Step	Task	Responsibility
1. Scheduling	Train the Patient Access clerk to read the entire eligibility message when it pops up	Director, Patient Access
2. Scheduling	Train clerks to ask every patient, every time the update of their insurance	Director, Patient Access
3. Prior Authorization	<i>Change Cerner queue to prioritized oldest item to include date of order in subject of message.</i>	Director, Revenue Cycle
4. Prior Authorization	Educate providers to let the surgery patients know that Authorizations team will schedule the patient.	Director, Outpatient Clinics
5. Prior Authorization	Making a financial counselor more accessible after the visit to talk with patients about costs.	Director, Revenue Cycle
6. Prior Authorization	Improve surgical process/packet to provide financial information and expectations	Director, Revenue Cycle
7. Check-In	<i>Implement upfront payment</i>	Director, Patient Access
8. Check-In	<i>Outpatient ancillary and outpatient surgery provide cost estimate to the patient</i>	Director, Revenue Cycle/Patient Access
9. Check In	Medical Assistant review clinic authorization and referrals two days in advance of appointment	Director, Outpatient
10. Visit	Assign a charge capture person to review every clinic to reconcile charges to visits.	Director, Outpatient
11. Visit	Hire a Cerner Trainor to help providers with their documentation	CEO/CFO
12. Coding	Review "The Holds Report" and develop action plan for top trends	CFO
13. Coding	DNFB: Conduct an end of day review to ensure proper reconciliation of cancels/no shows	Director Patient Access/Outpatient
14. Insurance	Start a "denials workgroup" to review/trend the reasons for denials and develop action plans to resolve up front.	Director, Revenue Cycle
15. Insurance	Defense auditor develop a denial/appeal of bills report to work through	Director, Revenue Cycle
16. Insurance	Evaluate Jori for ROI.	Director, Revenue Cycle
17. Insurance	Develop an RFQ for a new billing company	Director, Revenue Cycle

CASH FLOW ACTION TEAM

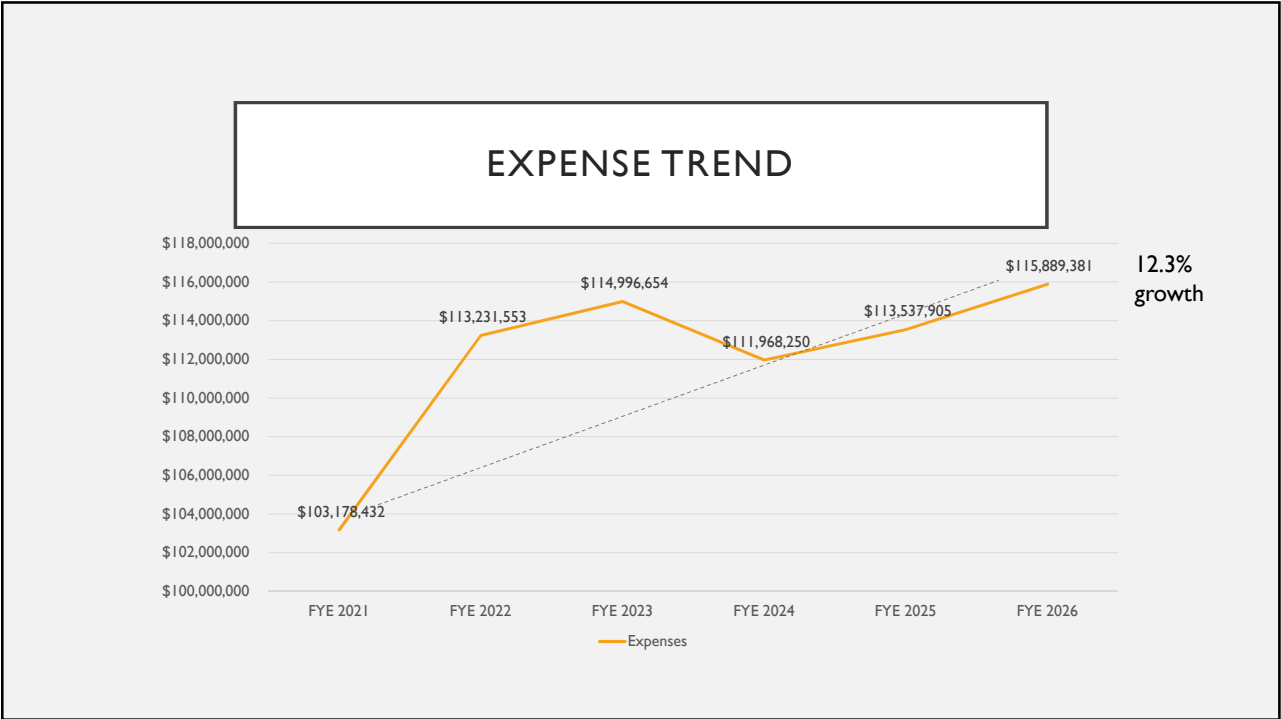
Deadline	Status	Latest Comment	KPI
06/27/25			Eligibility Denials
06/27/25		Patient to provide a copy of insurance at time of service	Eligibility Denials
06/01/25	Complete		No Authorization Denials
09/26/25		MDs often confuse patients by doing this themselves. Partner with Med Staff and Dr. Hawkins	No Authorization Denials
09/12/25			
09/26/25			
06/02/25	Complete		POS Collections
06/02/25	Complete		
06/27/25		Work Comp/VA. Put a note in registration for duration of Auth.	
10/31/25		Need a Natalie for every clinic	
08/29/25			Charge reconciliation
09/26/25			
06/27/25		Clinic staff puts a note in the chart for coding that indicates the No Show or	DNFB Report
10/03/25			Clean claims rate
10/03/25			
09/26/25		Move to a new billing company if unsuccessful	AR Days
09/26/25			



REVENUE



EXPENSES



WAGE COSTS

	FYE 2025	FYE 2026	% Variance
Salaries/Wages	\$39,464,976	\$40,255,346	2%
Contract Labor	\$5,322,652	\$4,640,418	-12.8%
Benefits	\$18,557,934	\$18,184,158	-2%
Total	\$63,345,562	\$63,079,922	-0.4%

PROFESSIONAL FEES

	FYE 2025	FYE 2026	% Variance
Physician Expenses	\$18,035,062	\$19,483,630	8%
Legal Expenses	\$910,091	\$1,000,000	9.9%
Other Professional Fees	\$5,865,562	\$6,906,257	17.7%
Total	\$24,810,715	\$27,389,887	10.4%

SUPPLIES & OTHER EXPENSES

	FYE 2025	FYE 2026	% Variance
Supplies	\$11,060,482	\$11,203,734	1.3%
Other Expenses	\$9,315,299	\$9,209,991	-1.1%

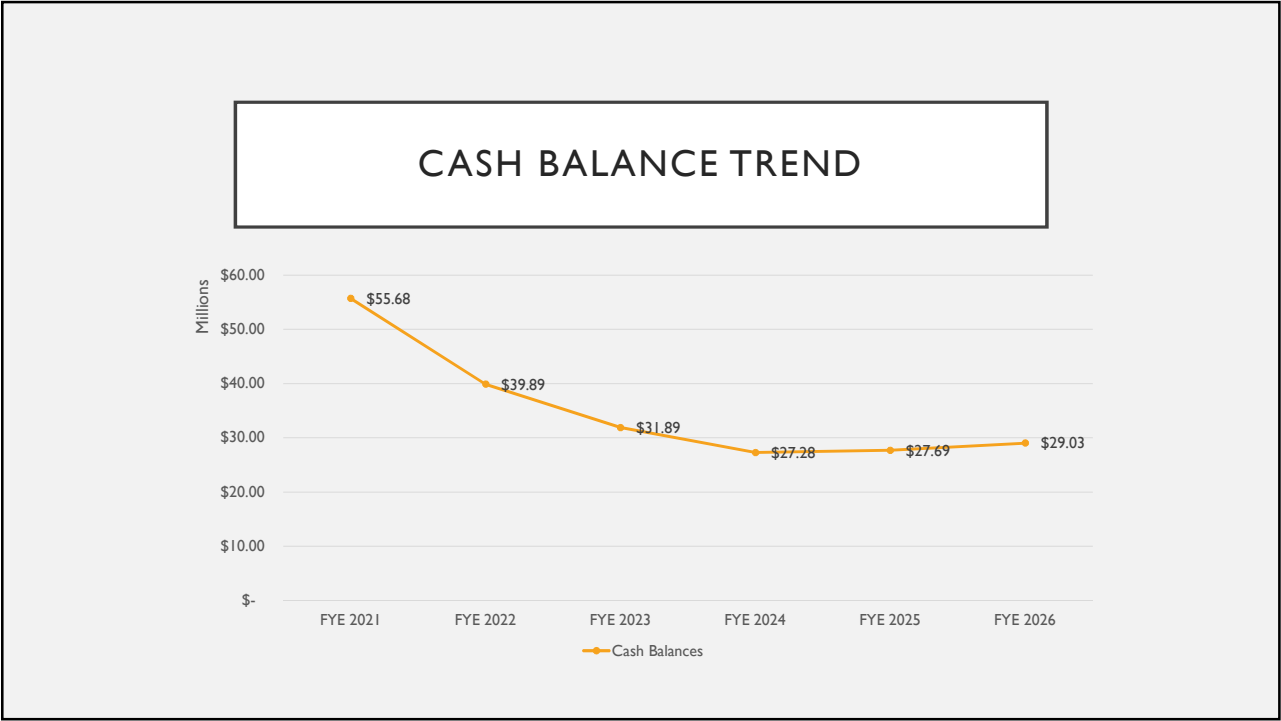
INCOME

INCOME

	FYE 2025	FYE 2026	% Variance
Operating Income (Loss)	\$(10,074,652)	\$(7,507,651)	-25.5%
IGT Funds	\$11,967,848	\$12,314,687	2.9%
Interest Expense	\$(2,395,148)	\$(2,354,160)	-1.7%
340B Program (net of expenses)	\$767,090	\$767,090	0%
Rebates, Rental Income, Employee & Visitor Meals	\$931,283	\$910,610	-2.2%
Tax Appropriations (bond payments)	\$1,571,913	\$1,571,913	0%
Tax Appropriations (general)	\$749,555	\$749,555	0%
Interest Income	\$526,315	\$526,871	0.1%
Net Income	\$4,044,204	\$6,978,975	72.6%

INCOME TO CASH

	FYE 2025	FYE 2026	% Variance
Net Income	\$4,044,204	\$6,978,975	72.6%
Bond Principle Payments	\$(2,950,555)	\$(3,118,128)	-5.7%
Other Debt (long-term leases & subscriptions)	\$(1,546,875)	\$(515,745)	66.7%
Capital purchases	\$(2,731,948)	\$(2,000,000)	-26.8%
Impact to Cash	\$(7,229,378)	\$(5,633,873)	22.1%
Adjusted Net Income	\$(3,185,174)	\$1,345,102	142.2%



NIHD Budget FYE 2026

	FYE 2025 Projection	FYE 2026 Budget	Variance	% Variance
Inpatient Patient Revenue	41,069,551	43,755,410	2,685,859	6.5%
Outpatient Revenue	166,154,062	172,755,934	6,601,872	4.0%
Clinic Revenue	20,908,566	21,078,640	170,074	0.8%
Gross Patient Service Revenue	228,132,178	237,589,984	9,457,806	4.1%
Deductions from Revenue	(124,670,925)	(129,208,253)	(4,537,328)	3.6%
Other Revenue	2,000	0	(2,000)	-100.0%
Net Patient Service Revenue	103,463,253	108,381,731	4,918,478	4.8%
	45.4%	45.6%	0.3%	
Expense				
Salaries and Wages	39,464,976	40,255,346	790,370	2.0%
Benefits	18,557,934	18,184,158	(373,776)	-2.0%
PTO Accruals	266,021	260,348	(5,673)	-2.1%
Unemployment	19,850	16,418	(3,432)	-17.3%
Medical, Dental, Vision	9,446,197	9,209,222	(236,975)	-2.5%
DB Pension	4,036,314	3,935,406	(100,908)	-2.5%
DC Retirement	704,788	704,788	0	0.0%
Taxes	3,129,602	3,145,507	15,905	0.5%
Workers Comp	658,467	689,354	30,888	4.7%
Travel	123,770	51,372	(72,397)	-58.5%
All other benefits	172,925	171,743	(1,182)	-0.7%
Contract Labor	5,322,652	4,640,418	(682,233)	-12.8%
Contract Labor - Consultant	320,787	192,000	(128,787)	-40.1%
Contract Labor - RN	1,968,632	1,867,158	(101,474)	-5.2%
Contract Labor - Therapist	642,173	599,238	(42,935)	-6.7%
Contract Labor - Other	2,391,060	1,982,022	(409,038)	-17.1%
Professional Fees	24,810,715	27,389,887	2,579,171	10.4%
Pro Fees - Physicians	18,035,062	19,483,630	1,448,568	8.0%
Pro Fees - Consultation	71,155	83,539	12,384	17.4%
Pro Fees - Legal	910,091	1,000,000	89,909	9.9%
Pro Fees - Audit & Reporting Fees	296,274	200,000	(96,274)	-32.5%
Pro Fees - Other	151,862	144,269	(7,593)	-5.0%
Contract Services	218,934	218,622	(312)	-0.1%
Other Professional Service	3,553,507	4,642,738	1,089,231	30.7%
Collection Fee	1,227,036	1,227,036	0	0.0%
Medical Service	340,381	388,361	47,980	14.1%
Credentialing	6,412	1,692	(4,721)	-73.6%
Supplies	11,060,482	11,203,734	143,252	1.3%
Pharmacy	5,152,297	5,305,467	153,171	3.0%
Medical Supplies	6,864,162	6,909,775	45,613	0.7%
Blood & IV Solutions	88,446	95,232	6,786	7.7%
Medical Gas	123,685	127,396	3,711	3.0%
Employee Uniforms	24,856	23,545	(1,311)	-5.3%
Food Supplies	329,594	296,842	(32,751)	-9.9%
Linen	32,222	33,178	955	3.0%
Cleaning & Office Supplies	124,475	120,322	(4,153)	-3.3%
Non-Capital Equipment	102,846	74,615	(28,230)	-27.4%
Other Misc Supplies (Inventory Adjustment)	(1,782,100)	(1,782,638)	(538)	0.0%

Other Expenses	9,315,299	9,209,991	(105,308)	-1.1%
Dues and Subscriptions	358,379	340,314	(18,066)	-5.0%
Software & Subscriptions	648,818	608,368	(40,450)	-6.2%
Licenses and Taxes	55,365	53,355	(2,010)	-3.6%
Sales Tax	427,139	435,391	8,252	1.9%
Freight	216,816	205,579	(11,238)	-5.2%
Recruiting	78,418	39,917	(38,501)	-49.1%
Physician Related Expense	1,052,203	1,025,446	(26,757)	-2.5%
Insurance - General Liability	2,550	2,550	0	0.0%
Insurance - Malpractice	826,362	834,431	8,068	1.0%
Insurance - Other	780,344	780,344	0	0.0%
Rents & Leases	91,561	91,171	(390)	-0.4%
Repairs/Maintenance	524,079	496,145	(27,934)	-5.3%
Landscaping	52,605	49,827	(2,778)	-5.3%
Maintenance Contracts	1,161,419	1,191,852	30,433	2.6%
Fleet Maintenance	3,052	3,052	0	0.0%
Utilities	2,186,357	2,233,795	47,439	2.2%
Cerner Expense	391,771	385,377	(6,394)	-1.6%
Marketing	211,791	201,063	(10,728)	-5.1%
Other Expenses	246,269	232,015	(14,254)	-5.8%
Depreciation and Amortization	5,005,846	5,005,846	0	0.0%
Total Expenses	113,537,905	115,889,381	2,351,476	2.1%
Operating Income (Loss)	(10,074,652)	(7,507,651)	2,567,002	-25.5%
Financing Expense	3,564,741	3,523,754	(40,987)	-1.1%
Interest Expense	2,395,148	2,354,160	(40,987)	-1.7%
340B Program Expenses	1,169,594	1,169,594	0	0.0%
Financing Income (Leases, Bond Tax Appropriations & 340B Program)	3,514,890	3,515,741	850	0.0%
Leases (GASB 87)	6,294	7,144	850	13.5%
GO Bond Tax Appropriations	1,571,913	1,571,913	0	0.0%
340B Revenue	1,936,684	1,936,684	0	0.0%
Investment Income	635,327	616,871	(18,456)	-2.9%
Donations	28,079	0	(28,079)	-100.0%
Rental Income	80,933	90,000	9,067	11.2%
Interest Income (investments)	526,315	526,871	556	0.1%
Total Grant Revenue	0	0	0	0.0%
Miscellaneous Income	13,533,381	13,877,768	344,387	2.5%
Employee & Visitor Meals	204,997	203,959	(1,038)	-0.5%
Tax Appropriations (general support)	749,555	749,555	0	0.0%
Supply Rebates	590,400	586,046	(4,353)	-0.7%
Supplement (IGT) Funds	11,967,848	12,314,687	346,839	2.9%
Other Revenue (non-patient related)	20,580	23,520	2,940	14.3%
Net Income/(Loss)	4,044,204	6,978,975	2,934,771	72.6%
Cash outlay not part of income statement				
Bond principle payments	2,950,555	3,118,128	167,573	5.7%
Other debt (long term leases & subscriptions) principle payments	1,546,875	515,745	(1,031,130)	-66.7%
Capital purchases	2,731,948	2,000,000	(731,948)	-26.8%
Total	7,229,378	5,633,873	(1,595,505)	-22.1%
Impact to cash	(3,185,174)	1,345,102	4,530,276	-142.2%

Business Unit Id	(All)
Business Unit	(All)

Account No	Account	Net (Income)/Loss	Net (Income)/Loss		
		Values			
		Sum of FYE 2025	Sum of FYE 2026	Sum of Variance to PY	% Variance
300100	Inpatient Patient Revenue	(41,069,551)	(43,755,410)	(2,685,859)	6.5%
300101	Outpatient Revenue	(166,154,062)	(172,755,934)	(6,601,872)	4.0%
300102	Clinic Revenue	(20,908,566)	(21,078,640)	(170,074)	0.8%
300110	Interest on Patient Account	(55,590)	(56,145)	(556)	1.0%
350100	Incentive Income	(2,000)	-	2,000	-100.0%
380500	Employee Meals	(203,959)	(203,959)	-	0.0%
380600	Visitor Meals	(685)	-	685	-100.0%
380700	Drugs Sold Non-Patient	(353)	-	353	-100.0%
380900	Bond/ Tax Payer Bond Support	(1,571,913)	(1,571,913)	-	0.0%
381000	Tax Payer General Support	(749,555)	(749,555)	-	0.0%
381400	Purchase Discounts - Other Incm	(142)	-	142	-100.0%
381600	Refunds-Rebates - Other Incm	(547,815)	(545,813)	2,002	-0.4%
381700	Med Rec Fees - Med Rec Fee	(1,456)	(1,456)	-	0.0%
382000	Other Oper Rev - Insv Rev	(2,063)	(2,063)	-	0.0%
382400	Hosp Quality Assure Rev Fund Receipts	(893,388)	(893,388)	-	0.0%
382600	Other Oper Rev - Rehab Thera Serv	(2,435)	-	2,435	-100.0%
382700	Other Oper Rev Grants Oth Program Rev	(93,375)	(440,214)	(346,839)	371.4%
382750	Other Oper Rev - IGT	(10,981,085)	(10,981,085)	-	0.0%
382800	Other Oper Rev - Prov Appl Fee	(6,461)	(6,461)	-	0.0%
382900	Other Oper Rev - Misc Incm	(1,204)	(1,103)	101	-8.4%
383100	Other Deduction - M/Cal Newly Eligible OP Income	(438)	(432)	6	-1.4%
390100	Misc Non-Patient Revenue	(28,387)	(28,719)	(332)	1.2%
500102	Contractual Adjustment - Blue Cross	15,415,948	15,415,948	-	0.0%
500103	Contractual Adjustment - Commercial	(2,308,539)	(2,308,539)	-	0.0%
500104	Contractual Adjustment - Medi-Cal	11,465,022	11,694,323	229,300	2.0%
500105	Contractual Adjustment - Medi-Cal Manage Care	29,426,452	30,014,981	588,529	2.0%
500106	Contractual Adjustment - Medicare	49,825,093	52,814,598	2,989,506	6.0%
500107	Contractual Adjustment - Medicare Advantage	7,026,303	7,447,881	421,578	6.0%
500108	Contractual Adjustment - Self Pay	-	-	-	0.0%
500109	Contractual Adjustment - Others	1,993,544	1,993,544	-	0.0%
510100	Bad Debt Expense	1,730,076	1,781,978	51,902	3.0%
510101	Bad Debt Recovery	(361,408)	(372,250)	(10,842)	3.0%
513000	AR Adjustments	6,859,205	7,064,981	205,776	3.0%
519100	Misc Writeoff	1,546,612	1,546,612	-	0.0%
540100	Medicare Settlement Income/Expense	2,052,618	2,114,196	61,579	3.0%
600000	Salary - General	(1,981,459)	-	1,981,459	-100.0%
600100	Salary - Management	6,967,546	7,138,975	171,429	2.5%
600150	Salary - Management non-productive	913,374	941,798	28,424	3.1%
600300	Salary - APP	1,639,263	1,682,823	43,560	2.7%
600350	Salary - APP - non-productive	243,731	249,824	6,093	2.5%
600400	Wages - Environment	2,540,836	2,413,548	(127,288)	-5.0%
600450	Wages - Environment - non-productive	320,636	304,605	(16,032)	-5.0%
600500	Wages - RN	10,430,110	9,908,604	(521,505)	-5.0%
600550	Wages - RN non-productive	1,462,770	1,389,632	(73,139)	-5.0%
600600	Wages - LVN	579,817	551,492	(28,326)	-4.9%
600650	Wages - LVN non-productive	94,547	89,820	(4,727)	-5.0%
600700	Wages - Tech	8,478,296	8,185,965	(292,331)	-3.4%
600750	Wages - Tech non-productive	1,280,302	1,227,815	(52,487)	-4.1%
600800	Wages - Aide & Orderly	1,412,377	1,341,758	(70,619)	-5.0%
600850	Wages - Aide & Orderly non-productive	186,896	177,551	(9,345)	-5.0%
600900	Wages - Clerk	4,365,109	4,146,853	(218,255)	-5.0%
600950	Wages - Clerk non-productive	530,825	504,284	(26,541)	-5.0%
610300	Group Insurance Expense	121,976	123,195	1,220	1.0%
610500	PTO Expenses Accrued	266,021	260,348	(5,673)	-2.1%
611700	Unemployment Expense - CA	19,850	16,418	(3,432)	-17.3%
611800	FICA & Medicare Tax Expense	3,129,602	3,145,507	15,905	0.5%
620000	Tuition	3,460	3,460	-	0.0%
620100	Medical, Dental, Vision Plan Expense	9,446,197	9,209,222	(236,975)	-2.5%
620200	Pension Defined Benefit Plan Expense	4,036,314	3,935,406	(100,908)	-2.5%
620250	Pension Defined Contribution Plan Expense	704,788	704,788	-	0.0%
620300	Workers Comp	658,467	689,354	30,888	4.7%
701100	Dues/Fees	10,453	9,931	(523)	-5.0%
702100	Licenses	37,036	35,157	(1,879)	-5.1%
703100	Travel/Education Expense	123,770	51,372	(72,397)	-58.5%
705000	Pro Fees - Physicans	18,035,062	19,483,630	1,448,568	8.0%
705100	Pro Fees - Consultation	71,155	83,539	12,384	17.4%
705300	Pro Fees - Legal	910,091	1,000,000	89,909	9.9%
705400	Pro Fees - Audit & Reporting Fees	296,274	200,000	(96,274)	-32.5%
705600	Pro Fees - Other	151,862	144,269	(7,593)	-5.0%
710100	Contract Labor - Consultant	320,787	192,000	(128,787)	-40.1%
710110	Contract Labor - RN	1,968,632	1,867,158	(101,474)	-5.2%
710120	Contract Labor - Therapist	642,173	599,238	(42,935)	-6.7%

710130	Contract Labor - Other	2,391,060	1,982,022	(409,038)	-17.1%
710200	Contract Services	218,934	218,622	(312)	-0.1%
711300	Other Professional Service	3,553,507	4,642,738	1,089,231	30.7%
712100	Collection Fee	1,227,036	1,227,036	-	0.0%
712110	Medical Service	340,381	388,361	47,980	14.1%
712120	Credentialing	6,412	1,692	(4,721)	-73.6%
720100	Chargeable Supply Expense	2,535,355	2,622,885	87,530	3.5%
720110	Sutures and Surgical Needles	41,675	43,186	1,512	3.6%
720120	Surgical Packs and Sheets	(26,518)	(27,313)	(796)	3.0%
720130	General Surgical Supplies	477,880	491,936	14,056	2.9%
720140	Anesthetic Materials	14,954	15,403	449	3.0%
720150	Oxygen & Other Medical Gases	123,685	127,396	3,711	3.0%
720160	IV Solutions	11,260	11,485	225	2.0%
720165	Blood supplies	77,186	83,746	6,561	8.5%
720170	Pharmaceuticals	5,152,297	5,305,467	153,171	3.0%
720180	Radiology Films	288	266	(22)	-7.7%
720190	Other Medical Center Materials	1,234,516	1,275,039	40,523	3.3%
720210	Food - Other	329,594	296,842	(32,751)	-9.9%
720220	Linen & Bedding	32,222	33,178	955	3.0%
720230	Cleaning Supplies	42,973	42,723	(251)	-0.6%
720240	Employee Wearing Apparel	24,856	23,545	(1,311)	-5.3%
720250	Instruments & Minor Medical Equipment	(119,667)	(123,281)	(3,614)	3.0%
720260	Other Minor Equipment	40,396	13,923	(26,473)	-65.5%
720270	Other Non-Medical Supplies	2,064,613	1,957,917	(102,117)	-4.9%
720280	Implants - Ocular	802	-	(802)	-100.0%
720300	Implants - Other	438,615	447,387	8,772	2.0%
720310	Prosthesis	7	1	(6)	-83.3%
720320	Radioactive	133,177	136,620	3,443	2.6%
720330	Moving Expenses	1,976	-	(1,976)	-100.0%
725100	Non-Chargeable Supply Expense	68,464	69,728	1,264	1.8%
726000	Grounds Supply Expense	8,199	8,363	164	2.0%
727100	Office Supplies	73,721	71,865	(1,856)	-2.5%
727150	Printing Fees	5,805	5,734	(71)	-1.2%
728100	Equipment Expense	62,449	60,692	(1,757)	-2.8%
729100	Purchasing Discount	(5,156)	(5,139)	17	-0.3%
729200	Postage/Freight	18,439	18,395	(44)	-0.2%
729250	Inventory Adjustments - Physical Count	(1,820,887)	(1,820,887)	-	0.0%
729300	Misc. Expenses	17,305	16,630	(675)	-3.9%
730100	Dues and Subscriptions	358,379	340,314	(18,066)	-5.0%
730150	Software & Subscriptions	648,818	608,368	(40,450)	-6.2%
730200	Licenses and Taxes	55,365	53,355	(2,010)	-3.6%
730300	Sales Tax	427,139	435,391	8,252	1.9%
730350	Freight	216,816	205,579	(11,238)	-5.2%
730400	Recruiting	78,418	39,917	(38,501)	-49.1%
730500	Physician Related Expense	1,052,203	1,025,446	(26,757)	-2.5%
740100	Insurance - General Liability	2,550	2,550	-	0.0%
740200	Insurance - Malpractice	826,362	834,431	8,068	1.0%
740900	Insurance - Other	780,344	780,344	-	0.0%
750100	Depreciation Expense - Buildings and Improvements	2,526,663	2,526,663	-	0.0%
751100	Depreciation Expense - Fixed Equipment	154,212	154,212	-	0.0%
751200	Depreciation Expense - Major Movable Equipment	866,579	866,579	-	0.0%
751300	Depreciation Expense - Land Improvements	4,243	4,243	-	0.0%
751400	Depreciation Expense - Cerner	106,656	106,656	-	0.0%
751500	Amortization Expense - PMA Acquisition	22,924	22,924	-	0.0%
751600	ROU Amortization Expense	137,213	137,213	-	0.0%
751650	Subscription Asset Amortization Expense	1,170,585	1,170,585	-	0.0%
751700	Depreciation Expense - Minor Equipment	3,728	3,728	-	0.0%
751800	Depreciation Expense - Motor Vehicle	13,043	13,043	-	0.0%
752100	Equipment Lease	13,233	12,843	(390)	-2.9%
754100	Rental Expense	78,328	78,328	-	0.0%
755600	Accreted Int Exp	1,090,029	1,068,413	(21,615)	-2.0%
755700	Int-2016 Go Bond	490,101	490,564	463	0.1%
755800	Interest Leases Exp	3,580	3,354	(226)	-6.3%
755900	Other Financing Expenses	11,100	3,100	(8,000)	-72.1%
756100	Interest-2021A Refunding Revenue Bond	113,323	115,813	2,491	2.2%
756200	Interest-2021B Taxable Refunding Revenue Bond	201,203	198,447	(2,756)	-1.4%
756300	Issuance Costs - 2021A & 2021B Refunding Revenue Bonds	2,250	-	(2,250)	-100.0%
756400	Amortization - Deferred Outflow - Bond Refunding	68,930	68,930	0	0.0%
760100	Repairs/Maintenance	524,079	496,145	(27,934)	-5.3%
760200	Landscaping	52,605	49,827	(2,778)	-5.3%
760300	Maintenance Contracts	1,161,419	1,191,852	30,433	2.6%
760400	Fleet Maintenance	3,052	3,052	-	0.0%
770100	Utilities Electric	1,207,233	1,231,748	24,515	2.0%
770200	Utilities Water	32,536	33,187	651	2.0%
770300	Utilities TV	9,652	9,845	193	2.0%
770400	Utilities Gas	431,288	439,914	8,626	2.0%
770500	Utilities Phone/Internet	349,321	359,649	10,328	3.0%

770600 Utilities - Other	26	26	1	2.0%
770700 Utilities - Trash	156,300	159,426	3,126	2.0%
789100 Other Expense	142,923	136,511	(6,412)	-4.5%
789120 Cerner Expense	391,771	385,377	(6,394)	-1.6%
789130 Advertisement - Allowable	8,107	7,755	(352)	-4.3%
789140 Advertisement - Non-Allowable	203,683	193,308	(10,375)	-5.1%
789150 Cash over/short	45	-	(45)	-100.0%
811100 Donation	(28,079)	-	28,079	-100.0%
840100 Rental Income	(80,933)	(90,000)	(9,067)	11.2%
860100 Interest Income	(470,726)	(470,726)	-	0.0%
860200 Interest Revenue GASB 87	(1,093)	(1,093)	-	0.0%
860250 Lease Revenue GASB 87	(24,835)	(24,835)	-	0.0%
861100 Investment Income	18,784	18,784	-	0.0%
870100 Gain on Sale of Assets	850	-	(850)	-100.0%
880100 Misc Non-Operating Revenue	(20,580)	(23,520)	(2,940)	14.3%
880110 340B Drug Program Non-Operating Revenue - Dwaynes	(1,876,504)	(1,876,504)	-	0.0%
880130 340B Drug Program Non-Operating Revenue - Accredo	(60,179)	(60,179)	-	0.0%
960100 Interest Expense	21,687	19,274	(2,414)	-11.1%
960101 ROU Interest Expense	76,818	72,919	(3,899)	-5.1%
960102 Subscription Asset Interest Expense	316,128	313,347	(2,781)	-0.9%
960200 Late Fees	8,908	1,200	(7,708)	-86.5%
960300 Bank Credit Card Fees	94,394	94,304	(90)	-0.1%
990110 340B Dispensing Fees - Dwaynes	785,987	785,987	-	0.0%
990120 340B Cost of Drugs Sold - Dwaynes	309,441	309,441	-	0.0%
990170 340B Misc Non-Operating Expense	72,734	72,734	-	0.0%
990180 340B Dispensing Fees - Accredo	1,432	1,432	-	0.0%
999999 Cerner Unaliased	1	-	(1)	-100.0%
Grand Total	(4,044,203)	(6,978,975)	(2,930,193)	72.5%

Account No	(All)
Account	(All)

Business Unit Id	Business Unit	Net (Income)/Loss	Net (Income)/Loss		
		Values	Values		
		Sum of FYE 2025	Sum of FYE 2026	Sum of Variance to PY	% Variance
6010	ICU	253,116	226,151	(26,965)	-10.7%
6011	ICU PROFEES	(56,483)	(57,048)	(565)	-1.0%
6170	MED-SURG	(874,370)	(950,230)	(75,860)	-8.7%
6171	MED-SURG PROFEES	(1,864,032)	(1,882,673)	(18,640)	-1.0%
6178	NURSING SUPERVISORS	1,207,814	1,175,453	(32,361)	-2.7%
6290	PEDIATRIC	(52,786)	(53,376)	(590)	-1.1%
6291	PEDIATRIC PROFEES	(161,375)	(162,989)	(1,614)	-1.0%
6293	PED-NEONATAL	41,983	49,800	7,817	18.6%
6380	OBSTETRICS	(1,622,477)	(1,638,702)	(16,225)	-1.0%
6400	ALTERNATE BIRTHING ROOMS	3,163,808	3,085,882	(77,926)	-2.5%
6530	NURSERY	(593,718)	(602,957)	(9,239)	-1.6%
6531	NURSERY PROFEES	(19,182)	(19,374)	(192)	-1.0%
6582	TRANS IP CARE	(349,184)	(352,676)	(3,492)	-1.0%
6900	OTHER HSP SERVICES	(143,573)	(145,009)	(1,436)	-1.0%
7010	ER	(12,421,610)	(12,553,806)	(132,197)	-1.1%
7012	ER PROFEES	(5,487,941)	(5,542,252)	(54,311)	-1.0%
7020	COVID-19	66	-	4,513	-6844.3%
7045	PATIENT NAVIGATION-TRANSPORTATION	137,530	136,642	(888)	-0.6%
7070	RURAL HEALTH CLINIC	(2,941,391)	(3,031,926)	(90,535)	-3.1%
7071	RHC OB/GYN SPEC	650,069	619,997	(30,072)	-4.6%
7230	MEDICAL OBSV	(4,046,825)	(4,087,058)	(40,233)	-1.0%
7231	MEDICAL OBSV PROFEES	(9,181)	(9,273)	(92)	-1.0%
7390	OTH AMB SERV	(1,986,637)	(2,035,639)	(49,002)	-2.5%
7400	LABOR & DELIVERY	(1,746,556)	(1,764,087)	(17,531)	-1.0%
7401	LABOR & DELIVERY PROFEES	(1,595,832)	(1,611,790)	(15,958)	-1.0%
7420	SURGERY	(23,834,301)	(28,500,524)	(4,666,223)	-19.6%
7421	SURGERY PROFEES	(1,562,682)	(1,708,169)	(145,487)	-9.3%
7427	PACU	326,737	27,274	(299,463)	-91.7%
7450	ANESTHESIOLOGY	(3,580,517)	(3,838,312)	(257,795)	-7.2%
7451	ANESTHESIOLOGY PROFEES	(4,129,747)	(4,614,956)	(485,210)	-11.7%
7470	MED SUPPLY SOLD PTS	(2,750)	-	2,750	100.0%
7481	MEDQUIP RENT	2,571	2,465	(106)	-4.1%
7501	HEMATOLOGY	(3,540,062)	(3,584,753)	(44,691)	-1.3%
7502	MICROBIOLOGY	(3,138,699)	(3,209,095)	(70,396)	-2.2%
7503	CHEMISTRY	(11,587,681)	(11,781,356)	(193,675)	-1.7%
7504	IMMUNOLOGY	10,151	10,169	18	0.2%
7509	CLINICAL LAB	(328,729)	(258,985)	69,743	21.2%
7520	PATHOLOGY	(130,001)	(244,910)	(114,909)	-88.4%
7521	PATHOLOGY PROFEES	(200,276)	(202,279)	(2,003)	-1.0%
7540	BLOOD BANK	(514,820)	(525,526)	(10,706)	-2.1%
7560	ECHO	(3,299,384)	(3,329,463)	(30,079)	-0.9%
7590	EKG	(1,533,217)	(1,542,173)	(8,956)	-0.6%
7630	RADIOLOGY	(2,269,507)	(2,480,040)	(210,532)	-9.3%
7631	RADIOLOGY PROFEES	(539,707)	(436,901)	102,806	19.0%
7639	MAMMOGRAPHY	(1,239,345)	(1,257,284)	(17,939)	-1.4%
7640	MAMMO PROFEES	(466,781)	(471,449)	(4,668)	-1.0%
7650	NUCLEAR MEDICINE	(1,020,272)	(1,049,707)	(29,435)	-2.9%
7651	NUCLEAR MEDICINE PROFEES	(265,883)	(218,573)	47,310	17.8%
7660	MRI	(6,684,844)	(6,699,157)	(14,313)	-0.2%
7661	MRI PROFEES	(889,639)	(697,540)	192,099	21.6%
7670	ULTRASOUND	(3,554,561)	(3,620,499)	(65,938)	-1.9%
7671	ULTRASOUND PROFEES	(694,734)	(568,736)	125,998	18.1%
7680	CAT SCAN	(16,967,749)	(17,957,004)	(989,255)	-5.8%
7681	CAT SCAN PROFEES	(2,880,323)	(2,549,717)	330,606	11.5%
7710	DRUGS SOLD PTS	4,791,168	4,934,917	143,749	3.0%
7720	RESPIRATORY CARE	(1,865,893)	(1,898,294)	(32,401)	-1.7%
7730	PULM FUNCTION	(449,575)	(454,041)	(4,465)	-1.0%
7770	PHYSICAL THERAPY	(2,012,547)	(2,271,438)	(258,891)	-12.9%
7771	PT-CONTRACT	(1,380)	-	1,380	100.0%
7780	SPEECH THERAPY	(248,107)	(260,409)	(12,302)	-5.0%
7790	OCCUPATIONAL THERAPY	(533,539)	(862,088)	(328,549)	-61.6%
7791	OT-CONTRACT	(749)	-	749	100.0%
7870	ANCILLARY SPECIALISTS	(147)	(131)	17	11.2%
7879	CARE COORDINATION	545,700	560,015	14,315	2.6%
8310	PRINTING AND DUPLICATING	45,985	46,672	687	1.5%

8320 KITCHEN	1,783,114	1,750,325	(32,789)	-1.8%
8330 CAFETERIA	(222,580)	(221,899)	681	0.3%
8340 DIETICIAN	139,843	135,386	(4,457)	-3.2%
8350 LAUNDRY-LINEN	398,764	386,598	(12,166)	-3.1%
8360 SOCIAL SERVICES	140,720	38,655	(102,065)	-72.5%
8380 STERILE PROCESSING	396,189	392,928	(3,261)	-0.8%
8390 PHARMACY	(32,811,327)	(33,107,662)	(296,335)	-0.9%
8400 PURCHASING	825,384	825,238	(146)	0.0%
8410 GROUNDS	51,325	49,359	(1,966)	-3.8%
8420 SECURITY	261,992	248,844	(13,148)	-5.0%
8440 ENVIRONMENTAL SERV	2,240,329	2,217,957	(22,371)	-1.0%
8450 PLANT OPERATIONS	1,931,921	2,015,344	83,423	4.3%
8460 PLANT MAINTENANCE	1,616,700	1,584,434	(32,265)	-2.0%
8462 PROJECT/PROPERTY MGMT	371,869	382,950	11,080	3.0%
8470 COMMUNICATIONS	193,114	196,458	3,344	1.7%
8480 INFORMATION TECHNOLOGY	1,921,711	1,967,618	45,907	2.4%
8485 CLINICAL ENG	574,579	580,486	5,907	1.0%
8486 Cyber Security	27,933	27,880	(53)	-0.2%
8492 INTERPRETIVE SERVICES	125,981	108,282	(17,699)	-14.0%
8493 CERNER	1,852,446	1,848,242	(4,204)	-0.2%
8510 GENERAL ACCOUNTING	1,229,551	1,304,553	75,002	6.1%
8530 PATIENT ACCOUNTING	3,428,249	3,906,341	478,092	13.9%
8550 CREDIT & BILLING	(28,265)	2,368	30,632	-108.4%
8560 IP ADMITTING	1,521,574	1,518,422	(3,152)	-0.2%
8570 OP REGISTRATION	2,072,282	2,065,290	(6,992)	-0.3%
8590 OTHER FISCAL SERVICES	738,487	721,542	(16,945)	-2.3%
8610 ADMINISTRATION	4,907,054	5,064,877	157,823	3.2%
8611 ADMIN SUPPORT SERVICES	2,616	2,487	(129)	-4.9%
8620 GOV BOARD EXP	29,961	27,643	(2,319)	-7.7%
8631 GRANT WRITING	106,343	113,572	7,229	6.8%
8632 MARKETING	790,978	768,895	(22,083)	-2.8%
8640 PROJECT MANAGEMENT ENGINEERING	273,145	290,359	17,214	6.3%
8650 HR AND EDUCATION	1,095,987	1,128,305	32,318	2.9%
8660 EMPLOYEE HEALTH	369,724	359,541	(10,182)	-2.8%
8672 FOUNDATION	24,474	29,519	5,045	20.6%
8700 MEDICAL RECORDS	1,760,298	1,696,038	(64,260)	-3.7%
8710 MED STAFF ADMIN	580,984	578,478	(2,506)	-0.4%
8720 NURSING ADMINISTRATION	619,616	660,322	40,707	6.6%
8740 STAFF DEVELOPMENT	109,215	107,655	(1,560)	-1.4%
8750 UTILIZATION REVIEW	212,506	214,673	2,168	1.0%
8752 QUALITY ASSURANCE	450,243	466,466	16,223	3.6%
8753 INFECTION CONTROL	370,552	381,417	10,865	2.9%
8754 RISK MANAGEMENT	62,588	26,133	(36,455)	-58.2%
8755 COMPLIANCE	550,880	551,960	1,079	0.2%
8756 CLINICAL INFORMATICS	376,614	367,762	(8,852)	-2.4%
8793 EMPLOYEE HOUSING	76,672	76,622	(50)	-0.1%
8795 JOSEPH HOUSE	35,664	37,862	2,199	6.2%
8820 RENT & LEASES - BUILDING	(80,933)	(90,000)	(9,067)	-11.2%
8830 HOSPITAL & PROFESSIONAL MALPRACTICE	806,848	814,916	8,068	1.0%
8840 OTHER INSURANCE EXPENSE	776,687	776,693	7	0.0%
8850 PROPERTY TAX	5,545	5,268	(277)	-5.0%
8870 Interest Expense	1,955,310	1,923,642	(31,668)	-1.6%
8880 EMP BENEFITS - ALL OTHER	148,068	147,983	(85)	-0.1%
8890 OTHER UNASSIGNED	108,792,986	113,296,233	4,503,247	4.1%
9060 INTEREST INCOME	(414,331)	(414,331)	-	0.0%
9510 NIA OTHER	7,572	7,613	42	0.6%
9511 NIA SPECIALTY CLINIC	161,600	152,343	(9,256)	-5.7%
9512 NIA PEDIATRICS	(1,043,539)	(952,101)	91,438	8.8%
9515 NIA INTERNAL MEDICINE	(731)	-	731	100.0%
9516 NIA ORTHO CLINIC	1,179,005	1,283,602	104,596	8.9%
9517 NIA SURGERY CLINIC	1,437,571	1,486,924	49,353	3.4%
9518 NIA PEDIATRIC/SCHOOL BASED CLINIC	(64,658)	(62,579)	2,079	3.2%
9519 VIRTUAL CARE CLINIC	(149,510)	(155,871)	(6,361)	-4.3%
9520 FIXED ASSET	3,685,713	3,684,863	(850)	0.0%
9999 Cerner Unaliased	0	-	(0)	100.0%
99999 Unspecified Department	(61,772)	(61,762)	9	0.0%
999999 Cerner Unspecified	(9,027)	-	9,027	100.0%
Grand Total	(4,044,203)	(6,978,975)	(2,930,193)	-72.5%



DATE: June 2025
TO: Board of Directors, Northern Inyo Healthcare District
FROM: Andrea Mossman, Chief Financial Officer
RE: Financial Summary and Operation Insights as of April 2025

Financial Summary

1. Net Income: April's net loss was \$(3.7M), which was \$(3.5M) lower than last April. This was due to slow volume in several areas along with a Medicare interim rate review where it was determined we were overpaid by \$1.9M, which we had to pay back in May. Additionally, our Medicare outpatient rate was reduced by 4%. This affected our revenue an additional \$1.2M for a total negative impact of \$(3M). For the year, net income was at \$4.97M, which was \$1.1M higher than last year-to-date. This was due to lower expenses primarily in benefits.
2. Operating Income: April's operating loss was \$(4.6M), which was \$(4M) lower than last April due to lower revenue as mentioned above. For the year, operating loss was \$(8.2M) which was \$961k favorable to last year due to lower benefit expense.
3. EBIDA: April's EBIDA was \$(3.3M), which was \$(3.6M) lower than last April due to the revenue impact mentioned above. For the year, EBIDA was favorable by \$9.2M.
4. Revenue Breakdown: April's gross revenue was unfavorable to last April by \$(2.4M) due to a decline in volume in admissions including deliveries, ER visits, and diagnostic imaging along with a Medicare rate cut and payback equating to over \$3M. For the year, gross revenue was higher by 3% due to increased volumes in most areas. Net revenue was lower by \$(549k) due to rate cuts from Medicare.

Deductions Summary

1. Contractual Adjustments: For the year, contractual discounts are higher primarily due to Medicare outpatient rates declining. Net revenue as a % of gross revenue is at 45% for the year which is (2%) lower than last year-to-date.
2. Bad Debt: For the year, bad debt increased due to aged AR cleanup.

3. Write-offs: Other write-offs were higher than prior year and budget due to continued aged AR cleanup.

Salaries

1. Per Adjusted Patient Day / Adjusted Employee per Occupied Bed (Adjusted EPOB): For the month of April, PTO cash in increased wages by \$78k and FTEs by 8.23. Per patient increased due to slower volume.
2. Total Salaries: For year-to-date, wages was up 2% due to annual merit increases.
3. Average Hourly Rate: For the year, average hourly rate was lower than budget but relatively flat to prior year.

Benefits

1. Total Benefits: For April and year-to-date, benefits were lower than prior year due to pension and medical expenses.
2. Benefits % of Wages: For the year, we were at 46% of wages, which was lower than prior year by (8%).

Total Salaries, Wages and Benefits (SWB)

1. Salaries, Wages and Benefits (SWB) / Adjusted Patient Day: For the year, we were (19%) under budget and (9%) under prior year-to-date. This was due to lower benefit costs and higher patient days / volumes.
2. Salaries, Wages and Benefits (SWB) % of Total Expenses: For April, we were under budget by (6%). For the year, we were lower than prior year by (1%). This was due to benefits being lower. For the year, we were at 50% of total expenses, which is our goal. However, when you include contract labor, we are at 55%.

Contract Labor

1. Contract Labor Expense: For the year, contract labor was 4% higher than prior year due to staffing challenges and increasing rates.
2. Contract Labor Rates: Rates are higher than budgeted by 38% and higher than prior year by 14%. We will continue to evaluation and negotiate rates based on market.
3. Contract Labor Full-Time Equivalents (FTEs): For the year, contract labor was (9%) lower than prior year.

Other Expenses

1. Physician Expense / Adjusted Patient Day: For the year, physician expenses per patient were 2% over budget yet (2%) under prior year-to-date.
2. Supplies: For the year, supplies were lower than prior year-to-date due to lower pharmacy costs and less surgical supply costs.
3. Total Expenses: For the year, expenses were under budget by (5%) and under prior year by (2%). This was due to lower benefits and supplies.

Stats Summary

1. Admits (excluding Nursery): For April, admits were (19%) lower due to lower deliveries and medical admits from the ER. For the year, admits were flat to prior year.
2. Inpatient Days (excluding Nursery): For April, inpatient days were (15%) lower. For the year, inpatient days increased 15%.
3. Average Daily Census: Average census increased 11% compared to last year-to-date.
4. Average Length of Stay (ALOS): For the year, average length of stay increased 11% compared to last year but was still below the maximum for a critical access hospital.
5. Deliveries: For the year, Deliveries were 8% higher than last year.
6. Surgical Procedures: For April, surgeries were 6% higher than last April due to a strong month for Ophthalmology. For the year, surgical procedures were (3%) lower with increases in ophthalmology, cardiology, podiatry, and urology offsetting with decreases in orthopedics and gynecology.
7. Emergency Department (ED) Visits: Emergency visits were lower by (7%) compared to last April yet 1% higher year-to-date.
8. Diagnostic Imaging (DI) Exams: For the month, DI exams were (8%) lower than last April. For the year-to-date, DI exams were higher by 14%. Approximately 25% of volume in this cost center comes from orthopedic clinic.
9. Rehab Visits: For April, rehab visits were higher by 39% and they were up 36% for the year. Approximately 36% of volume in this cost center comes from orthopedic clinic.
10. Outpatient Infusion / Injections / Wound Care Visits: These visits were up 92% compared to last year-to-date.

11. Observation Hours: Observations hours were down (23%) compared to last year-to-date due to change in observation methodology in the women and surgical service lines along with less surgical volume.
12. Rural Health Clinic (RHC) Visits: For April, RHC was up 9% and was up 2% compared to last year-to-date.
13. Other Clinics: For April, all clinics were up 6% primarily due to specialty and surgery. For the year, all clinics increased 10% due to new providers.

Cash Summary

1. Days Cash on Hand: As of April, days cash on hand was at 92 days. Our bond requirement is 75 days.
2. Estimated Days until Depletion (excluding supplement/IGT): As of April, days until depletion (excluding IGT) is 199 days.
3. Unrestricted Cash: Unrestricted cash balance is now \$27.7M. While this is higher than where we ended FYE 2024, we have depleted cash \$28M since July 1, 2021. During FYE 2023 and FYE 2024, we averaged a depletion of \$6M annually in cash. At this rate, we would be fully depleted of cash in 4.5 years.

Northern Inyo Healthcare District
April 2025 – Financial Summary

	Current Month				Prior MTD			Year to Date				Prior YTD		
	Actual	Budget	Variance	Variance %	Actual	Change	Change %	Actual	Budget	Variance	Variance %	Actual	Change	Change %
** Variances are B / (W)														
Net Income (Loss)	(3,722,346)	(1,473,208)	(2,249,138)	153%	(192,661)	(3,529,685)	(1,832%)	4,965,178	1,158,882	3,806,296	(328%)	3,855,735	1,109,443	29%
Operating Income (Loss)	(4,558,891)	(1,752,369)	(2,806,523)	160%	(509,466)	(4,049,426)	(795%)	(7,280,385)	(11,441,612)	4,161,227	36%	(8,241,543)	961,158	(12%)
EBIDA (Loss)	(3,313,182)	(1,109,630)	(2,203,553)	199%	245,536	(3,558,719)	1,449%	9,152,696	4,794,662	4,358,035	(91%)	8,466,338	686,359	8%
IP Gross Revenue	3,003,097	3,168,714	(165,617)	(5%)	3,215,615	(212,518)	(7%)	37,402,197	35,486,064	1,916,133	5%	34,907,916	2,494,281	7%
OP Gross Revenue	13,297,993	13,441,623	(143,630)	(1%)	15,650,478	(2,352,485)	(15%)	139,411,989	142,529,000	(3,117,011)	(2%)	137,293,519	2,118,470	2%
Clinic Gross Revenue	1,891,743	1,579,674	312,069	20%	1,763,094	128,649	7%	17,612,381	16,480,209	1,132,172	7%	15,900,381	1,712,000	11%
Total Gross Revenue	18,192,833	18,190,012	2,821	0%	20,629,186	(2,436,353)	(12%)	194,426,567	194,495,274	(68,707)	(0%)	188,101,816	6,324,751	3%
Net Patient Revenue	5,398,149	8,248,215	(2,850,065)	(35%)	9,949,538	(4,551,389)	(46%)	88,385,178	89,236,474	(851,296)	(1%)	88,934,423	(549,245)	(1%)
Cash Net Revenue % of Gross	30%	45%	(16%)	(35%)	48%	(19%)	(38%)	45%	46%	(0%)	(1%)	47%	(2%)	(4%)
Admits (excl. Nursery)	51	63	(12)	(19%)	63	(12)	(19%)	696	699	(3)	(0%)	699	(3)	(0%)
IP Days	171	202	(31)	(15%)	202	(31)	(15%)	2,388	2,073	315	15%	2,073	315	15%
IP Days (excl. Nursery)	150	181	(31)	(17%)	181	(31)	(17%)	2,027	1,836	191	10%	1,836	191	10%
Average Daily Census	5.0	6.0	(1.0)	(17%)	6.0	(1.0)	(17%)	6.7	6.0	0.6	11%	6.0	0.6	11%
ALOS	2.9	2.9	0.1	2%	2.9	0.1	2%	2.9	2.6	0.3	11%	2.6	0.3	11%
Deliveries	8	15	(7)	(47%)	15	(7)	(47%)	168	156	12	8%	156	12	8%
OP Visits	4,577	3,972	605	15%	3,972	605	15%	39,765	35,251	4,514	13%	35,251	4,514	13%
Rural Health Clinic Visits	2,587	2,456	131	5%	2,456	131	5%	23,122	23,526	(404)	(2%)	23,526	(404)	(2%)
Rural Health Women Visits	582	538	44	8%	538	44	8%	5,211	4,697	514	11%	4,697	514	11%
Rural Health Behavioral Visits	236	135	101	75%	135	101	75%	2,036	1,622	414	26%	1,622	414	26%
Total RHC Visits	3,405	3,129	276	9%	3,129	276	9%	30,369	29,845	524	2%	29,845	524	2%
Bronco Clinic Visits	22	45	(23)	(51%)	45	(23)	(51%)	374	327	47	14%	327	47	14%
Internal Medicine Clinic Visits	-	-	-	-%	-	-	-%	-	201	(201)	(100%)	201	(201)	(100%)
Orthopedic Clinic Visits	342	335	7	2%	335	7	2%	3,500	3,410	90	3%	3,410	90	3%
Pediatric Clinic Visits	562	650	(88)	(14%)	650	(88)	(14%)	5,977	6,175	(198)	(3%)	6,175	(198)	(3%)
Specialty Clinic Visits	643	453	190	42%	453	190	42%	5,469	3,953	1,516	38%	3,953	1,516	38%
Surgery Clinic Visits	163	137	26	19%	137	26	19%	1,559	1,305	254	19%	1,305	254	19%
Virtual Care Clinic Visits	56	70	(14)	(20%)	70	(14)	(20%)	576	515	61	12%	515	61	12%
Total NIA Clinic Visits	1,788	1,690	98	6%	1,690	98	6%	17,455	15,886	1,569	10%	15,886	1,569	10%
IP Surgeries	20	16	4	25%	16	4	25%	116	203	(87)	(43%)	203	(87)	(43%)
OP Surgeries	137	132	5	4%	132	5	4%	1,294	1,257	37	3%	1,257	37	3%
Total Surgeries	157	148	9	6%	148	9	6%	1,410	1,460	(50)	(3%)	1,460	(50)	(3%)
Cardiology	-	-	-	-%	-	-	-%	4	1	3	300%	1	3	300%
General	71	91	(20)	(22%)	91	(20)	(22%)	707	715	(8)	(1%)	715	(8)	(1%)
Gynecology & Obstetrics	16	21	(5)	(24%)	21	(5)	(24%)	118	155	(37)	(24%)	155	(37)	(24%)
Ophthalmology	45	5	40	800%	5	40	800%	250	228	22	10%	228	22	10%
Orthopedic	8	19	(11)	(58%)	19	(11)	(58%)	196	252	(56)	(22%)	252	(56)	(22%)
Pediatric	-	-	-	-%	-	-	-%	1	-	1	-%	-	1	-%
Plastics	1	-	1	-%	-	1	100%	2	-	2	-%	-	2	-%
Podiatry	-	-	-	-%	-	-	-%	6	1	5	500%	1	5	500%
Urology	16	12	4	33%	12	4	33%	123	108	15	14%	108	15	14%
Diagnostic Image Exams	2,081	2,250	(169)	(8%)	2,250	(169)	(8%)	20,872	20,718	154	1%	20,718	154	1%
Emergency Visits	794	856	(62)	(7%)	856	(62)	(7%)	8,431	8,305	126	2%	8,305	126	2%
ED Admits	23	32	(9)	(28%)	32	(9)	(28%)	412	340	72	21%	340	72	21%
ED Admits % of ED Visits	3%	4%	-1%	(23%)	4%	-1%	(23%)	5%	4%	1%	19%	4%	1%	19%
Rehab Visits	1,161	835	326	39%	835	326	39%	8,580	6,301	2,279	36%	6,301	2,279	36%
OP Infusion/Wound Care Visits	646	345	301	87%	345	301	87%	5,645	2,936	2,709	92%	2,936	2,709	92%
Observation Hours	1,304	1,861	(557)	(30%)	1,861	(557)	(30%)	14,963	19,517	(4,554)	(23%)	19,517	(4,554)	(23%)

Northern Inyo Healthcare District

April 2025 – Financial Summary

** Variances are B / (W)

PAYOR MIX

	Actual	Budget	Variance	Variance %	Actual	Change	Change %	Actual	Budget	Variance	Variance %	Actual	Change	Change %
Blue Cross	25.3%	24.8%	0.5%	2.1%	24.8%	0.5%	2.1%	24.0%	18.5%	5.5%	29.9%	18.5%	5.5%	29.9%
Commercial	13.9%	3.5%	10.4%	299.7%	3.5%	10.4%	299.7%	7.5%	3.9%	3.6%	92.8%	3.9%	3.6%	92.8%
Medicaid	14.4%	17.3%	(3.0%)	(17.0%)	17.3%	(3.0%)	(17.0%)	27.3%	24.6%	2.7%	11.1%	24.6%	2.7%	11.1%
Medicare	43.8%	46.5%	(2.8%)	(5.9%)	46.5%	(2.8%)	(5.9%)	38.9%	48.9%	(10.1%)	(20.6%)	48.9%	(10.1%)	(20.6%)
Self-pay	2.7%	7.4%	(4.7%)	(63.3%)	7.4%	(4.7%)	(63.3%)	2.0%	3.6%	(1.6%)	(44.8%)	3.6%	(1.6%)	(44.8%)
Worker's Comp	-%	0.5%	(0.5%)	(100.0%)	0.5%	(0.5%)	(100.0%)	0.4%	0.5%	(0.1%)	(25.2%)	0.5%	(0.1%)	(25.2%)
Other	-%	-%	-%	-%	-%	-%	-%	-%	0.0%	(0.0%)	(100.0%)	0.0%	(0.0%)	(100.0%)

DEDUCTIONS

Contract Adjust	(8,841,205)	(8,800,983)	(40,222)	0%	(10,525,952)	1,684,747	(16%)	(93,650,705)	(92,823,735)	(826,970)	1%	(93,315,405)	(335,300)	0%
Bad Debt	(3,774,465)	(597,905)	(3,176,560)	531%	131,776	(3,906,241)	(2,964%)	(4,133,621)	(6,642,607)	2,508,986	(38%)	(1,125,146)	(3,008,475)	267%
Write-off	(179,014)	(542,909)	363,895	(67%)	(285,526)	106,512	(37%)	(8,108,881)	(5,792,459)	(2,316,423)	40%	(4,730,712)	(3,378,169)	71%

CENSUS

Patient Days	150	181	(31)	(17%)	181	(31)	(17%)	2,027	1,836	191	10%	1,836	191	10%
Adjusted ADC	28	37	(10)	(26%)	37	(10)	(26%)	37	32	5	15%	32	5	15%
Adjusted Days	907	1,161	(254)	(22%)	1,161	(254)	(22%)	10,535	9,893	641	6%	9,893	641	6%
Employed FTE	385.5	395.0	(9.6)	(2%)	395.0	(9.6)	(2%)	361.8	356.0	5.8	2%	356.0	5.8	2%
Contract Labor FTE	20.8	26.3	(5.5)	(21%)	26.3	(5.5)	(21%)	25.1	27.5	(2.4)	(9%)	27.5	(2.4)	(9%)
Total Paid FTE	406.3	421.4	(15.1)	(4%)	421.4	(15.1)	(4%)	386.9	383.5	3.4	1%	383.5	3.4	1%
EPOB (Employee per Occupied Bed)	2.7	2.3	0.4	17%	2.3	0.4	17%	1.9	2.1	(0.2)	(9%)	2.1	(0.2)	(9%)
EPOC (Employee per Occupied Case)	0.5	0.4	0.1	30%	0.4	0.1	30%	0.0	0.0	(0.0)	(12%)	0.0	(0.0)	(12%)
Adjusted EPOB	16.4	14.9	1.5	10%	14.9	1.5	10%	10.1	11.4	(1.4)	(12%)	11.4	(1.4)	(12%)
Adjusted EPOC	3.0	2.4	0.6	23%	2.4	0.6	23%	0.2	0.2	(0.0)	(15%)	0.2	(0.0)	(15%)

SALARIES

Per Adjust Bed Day	4,194	2,975	1,219	41%	2,876	1,317	46%	3,118	3,533	(415)	(12%)	3,268	(150)	(5%)
Total Salaries	3,803,369	3,453,964	349,405	10%	3,340,105	463,264	14%	32,848,488	34,956,646	(2,108,158)	(6%)	32,329,537	518,951	2%
Average Hourly Rate	57.56	51.00	6.55	13%	49.32	8.24	17%	52.26	56.52	(4.26)	(8%)	52.10	0.16	0%
Employed Paid FTEs	385.5	395.0	(9.6)	404.6	395.0	(9.6)	(2%)	361.8	356.0	5.8	2%	356.0	5.8	2%

BENEFITS

Per Adjust Bed Day	1,561	1,779	(218)	(12%)	2,147	(586)	(27%)	1,431	2,106	(676)	(32%)	1,755	(324)	(18%)
Total Benefits	1,415,779	2,065,622	(649,842)	(31%)	2,493,560	(1,077,780)	(43%)	15,071,027	20,837,853	(5,766,826)	(28%)	17,361,726	(2,290,699)	(13%)
Benefits % of Wages	37%	60%	(23%)	(38%)	75%	-37%	(50%)	46%	60%	(14%)	(23%)	54%	(8%)	(15%)
Pension Expense	377,313	497,683	(120,370)	(24%)	512,394	(135,081)	(26%)	3,936,545	4,978,833	(1,042,288)	(21%)	4,726,763	(790,218)	(17%)
MDV Expense	743,662	748,612	(4,950)	(1%)	1,688,593	(944,931)	(56%)	7,834,990	7,486,120	348,870	5%	9,572,626	(1,737,636)	(18%)
Taxes, PTO accrued, Other	294,805	819,327	(524,522)	(64%)	292,574	2,231	1%	3,299,492	8,372,900	(5,073,408)	(61%)	3,062,337	237,155	8%
Salaries, Wages & Benefits	5,219,148	5,519,585	(300,437)	(5%)	5,833,664	(614,516)	(11%)	47,919,515	55,794,499	(7,874,984)	(14%)	49,691,263	(1,771,749)	(4%)
SWB/APD	5,755	4,753	1,001	21%	5,024	731	15%	4,549	5,640	(1,091)	(19%)	5,023	(474)	(9%)
SWB % of Total Expenses	52%	55%	(3%)	(5%)	56%	(3%)	(6%)	50%	55%	(5%)	(10%)	51%	(1%)	(2%)

Northern Inyo Healthcare District
April 2025 – Financial Summary

** Variances are B / (W)

PROFESSIONAL FEES

	Current Month				Prior MTD			Year to Date				Prior YTD		
	Actual	Budget	Variance	Variance %	Actual	Change	Change %	Actual	Budget	Variance	Variance %	Actual	Change	Change %
Per Adjust Bed Day	3,074	1,915	1,159	61%	1,941	1,134	58%	2,448	2,259	190	8%	2,480	(32)	(1%)
Total Physician Fee	1,656,184	1,463,822	192,362	13%	1,591,311	64,873	4%	15,849,948	14,636,623	1,213,325	8%	15,149,640	700,308	5%
Total Contract Labor	452,748	343,860	108,887	32%	320,113	132,635	41%	4,439,600	3,516,098	923,502	26%	4,281,395	158,205	4%
Total Other Pro-Fees	679,353	416,262	263,091	63%	342,189	337,164	99%	5,503,662	4,193,810	1,309,852	31%	5,108,243	395,419	8%
Total Professional Fees	2,788,285	2,223,945	564,340	25%	2,253,614	534,671	24%	25,793,209	22,346,530	3,446,679	15%	24,539,278	1,253,931	5%
Contract AHR	126.99	76.19	50.80	67%	70.92	56.06	79%	101.83	73.64	28.19	38%	89.37	12.46	14%
Contract Paid FTEs	20.8	26.3	(5.5)	(21%)	26.3	(5.5)	(21%)	25.1	27.5	(2.4)	(9%)	27.5	(2.4)	(9%)
Physician Fee per Adjust Bed Day	1,826	1,261	565	45%	1,370	456	33%	1,505	1,479	25	2%	1,531	(27)	(2%)

PHARMACY

Per Adjust Bed Day	361	397	(37)	(9%)	566	(205)	(36%)	369	466	(98)	(21%)	461	(93)	(20%)
Total Rx Expense	327,061	461,460	(134,398)	(29%)	656,870	(329,808)	(50%)	3,884,311	4,614,596	(730,286)	(16%)	4,563,091	(678,780)	(15%)

MEDICAL SUPPLIES

Per Adjust Bed Day	319	368	(49)	(13%)	304	15	5%	430	433	(3)	(1%)	488	(58)	(12%)
Total Medical Supplies	289,061	427,518	(138,457)	(32%)	352,626	(63,565)	(18%)	4,532,514	4,288,441	244,073	6%	4,828,949	(296,435)	(6%)

EHR SYSTEM

Per Adjust Bed Day	49	116	(67)	(58%)	14	35	248%	32	136	(104)	(76%)	24	8	32%
Total EHR Expense	44,592	135,000	(90,408)	(67%)	16,399	28,193	172%	338,689	1,350,000	(1,011,311)	(75%)	240,288	98,400	41%

OTHER EXPENSE

Per Adjust Bed Day	970	749	221	30%	782	188	24%	855	874	(19)	(2%)	880	(24)	(3%)
Total Other	879,730	869,498	10,232	1%	907,634	(27,904)	(3%)	9,009,806	8,648,240	361,567	4%	8,702,494	307,313	4%

DEPRECIATION AND AMORTIZATION

Per Adjust Bed Day	451	313	138	44%	377	74	20%	398	367	30	8%	466	(69)	(15%)
Total Depreciation and Amortization	409,164	363,578	45,586	13%	438,198	(29,034)	(7%)	4,187,519	3,635,780	551,739	15%	4,610,603	(423,084)	(9%)

TOTAL EXPENSES

Per Adjust Bed Day	9,957,041	10,000,584	(43,543)	(0%)	10,459,004	(501,963)	(5%)	95,665,563	100,678,086	(5,012,524)	(5%)	97,175,966	(1,510,403)	(2%)
Per Calendar Day	10,979	8,612	2,366	27%	9,007	1,971	22%	9,081	10,176	(1,095)	(11%)	9,822	(741)	(8%)
	331,901	333,353	(1,451)	(0%)	348,633	(16,732)	(5%)	314,689	331,178	(16,489)	(5%)	318,610	(3,920)	(1%)

Key Financial Performance Indicators				Industry Benchmark	Apr-23	FYE 2023 Average	Apr-24	FYE 2024 Average	Jan-25	Feb-25	Mar-25	Apr-25	Variance to Prior Month	Variance to FYE 2024 Average	Variance to Prior Year Month
Volume															
Admits		41	59		68	63	71	90	61	60	51	(9)	(20)	(12)	
Deliveries	n/a		17		17	15	17	20	15	14	8	(6)	(9)	(7)	
Adjusted Patient Days	n/a		902		977	1,156	1,035	1,432	969	511	907	396	(128)	(249)	
Total Surgeries		153	117		120	148	146	137	137	117	157	40	11	9	
ER Visits		659	863		810	856	840	833	787	825	794	(31)	(46)	(62)	
RHC and Clinic Visits	n/a		4,313		4,353	4,819	4,607	4,943	4,531	4,734	5,193	459	586	374	
Diagnostic Imaging Services	n/a		2,002		2,020	2,250	2,069	2,283	1,919	2,057	2,081	24	12	(169)	
Rehab Services	n/a		809		762	835	662	725	635	860	1,161	301	499	326	
AR & Income															
Gross AR (Cerner only)	n/a	\$ 54,010,319	\$ 53,638,580	\$ 52,118,365	\$ 52,823,707	\$ 45,458,077	\$ 49,708,783	\$ 48,628,722	\$ 51,510,454	\$ 2,881,732	\$ (1,313,254)	\$ (607,911)			
AR > 90 Days	\$ 7,001,767.65	\$ 25,737,608	\$ 23,387,686	\$ 21,921,549	\$ 24,488,432	\$ 17,533,888	\$ 17,112,621	\$ 16,111,701	\$ 18,527,180	\$ 2,415,479	\$ (5,961,252)	\$ (3,394,369)			
AR % > 90 Days	15%	50.77%	45.3%	42.8%	46.7%	38.6%	34.4%	33.1%	36.0%	2.8%	-10.7%	-6.8%			
Gross AR Days (per financial statements)	60	102	98	76	85	71	82	70	85	15	(0)	9			
Net AR Days (per financial statements)	30	70	73	52	58	76	65	45	103	58	45	51			
Net AR	n/a	\$ 14,264,930	\$ 17,800,084	\$ 17,119,074	\$ 16,938,200	\$ 25,749,510	\$ 17,511,087	\$ 18,641,177	\$ 12,663,338	\$ (5,977,839)	\$ (4,274,861)	\$ (4,455,735)			
Net AR % of Gross	n/a	26.4%	33.1%	32.8%	31.9%	56.6%	35.2%	38.3%	24.6%	-13.7%	-7.4%	-8.3%			
Gross Patient Revenue/Calendar Day	n/a	\$ 530,722	\$ 546,652	\$ 687,640	\$ 619,457	\$ 638,935	\$ 604,928	\$ 699,090	\$ 606,428	\$ (92,662)	\$ (13,029)	\$ (81,212)			
Net Patient Revenue/Calendar Day	n/a	\$ 204,737	\$ 243,317	\$ 331,651	\$ 292,759	\$ 339,299	\$ 263,197	\$ 354,409	\$ 179,938	\$ (174,471)	\$ (112,820)	\$ (151,713)			
Net Patient Revenue/APD	n/a	\$ 6,809	\$ 7,622	\$ 8,607	\$ 8,757	\$ 7,346	\$ 7,603	\$ 21,500	\$ 5,952	\$ (15,548)	\$ (2,805)	\$ (2,655)			
Wages															
Wages	n/a	\$ 3,970,962	\$ 3,281,173	\$ 3,340,105	\$ 3,285,431	\$ 3,966,354	\$ 2,832,505	\$ 3,511,824	\$ 3,803,369	\$ 291,544	\$ 517,938	\$ 463,264			
Employed paid FTEs	n/a	388.07	384.63	367.13	353.69	369.48	359.66	363.01	385.47	22.45	31.78	18.34			
Employed Average Hourly Rate	\$55.50	\$ 59.69	\$ 49.86	\$ 53.07	\$ 53.32	\$ 60.60	\$ 49.22	\$ 54.61	\$ 57.56	\$ 2.95	\$ 4.24	\$ 4.49			
Benefits	n/a	\$ 1,746,328	\$ 1,907,194	\$ 2,493,560	\$ 1,640,216	\$ 1,674,059	\$ 1,403,544	\$ 1,667,467	\$ 1,415,779	\$ (251,688)	\$ (224,437)	\$ (1,077,781)			
Benefits % of Wages	30%	44.0%	58.7%	74.7%	50.3%	42.2%	49.6%	47.5%	37.2%	-10.3%	-13.1%	-37.4%			
Contract Labor	n/a	\$ 522,140	\$ 808,284	\$ 320,113	\$ 518,351	\$ 312,240	\$ 367,306	\$ 283,021	\$ 452,748	\$ 169,727	\$ (65,603)	\$ 132,635			
Contract Labor Paid FTEs	n/a	39.68	40.27	21.07	23.49	25.69	27.74	21.69	20.80	(0.89)	(2.70)	(0.27)			
Total Paid FTEs	n/a	427.75	424.90	388.20	377.18	395.17	387.39	384.70	406.26	21.56	29.09	18.06			
Contract Labor Average Hourly Rate	\$ 81.04	\$ 76.76	\$ 112.84	\$ 88.62	\$ 126.74	\$ 68.61	\$ 82.77	\$ 73.66	\$ 126.99	\$ 53.32	\$ 0.25	\$ 38.36			
Total Salaries, Wages, & Benefits	n/a	\$ 6,239,430	\$ 5,996,651	\$ 6,153,778	\$ 5,443,998	\$ 5,952,653	\$ 4,603,354	\$ 5,462,313	\$ 5,671,896	\$ 209,583	\$ 227,898	\$ (481,882)			
SWB% of NR	50%	101.6%	79.8%	61.8%	63.2%	56.6%	62.5%	49.7%	105.1%	55.4%	41.9%	43.2%			
SWB/APD	2,572	\$ 6,917	\$ 5,909	\$ 5,323	\$ 5,346	\$ 4,157	\$ 4,749	\$ 10,689	\$ 6,254	\$ (4,435)	\$ 908	\$ 930			
SWB % of total expenses	50%	68.7%	66.0%	58.8%	56.7%	56.3%	53.0%	53.1%	57.0%	3.9%	0.3%	-1.9%			

	Industry Benchmark	Apr-23	FYE 2023 Average	Apr-24	FYE 2024 Average	Jan-25	Feb-25	Mar-25	Apr-25	Variance to Prior Month	Variance to FYE 2024 Average	Variance to Prior Year Month	
Physician Spend													
Physician Expenses	n/a	\$ 1,648,812	\$ 1,400,634	\$ 1,591,311	\$ 1,507,510	\$ 1,586,690	\$ 1,524,202	\$ 1,809,889	\$ 1,656,184	\$ (153,705)	\$ 148,674	\$ 64,873	
Physician expenses/APD	n/a	\$ 1,828	\$ 1,451	\$ 1,377	\$ 1,478	\$ 1,108	\$ 1,572	\$ 3,542	\$ 1,826	\$ (1,716)	\$ 348	\$ 450	
										\$ -	\$ -	\$ -	
Supplies													
Supply Expenses	n/a	\$ 691,965	\$ 544,557	\$ 1,009,496	\$ 776,504	\$ 900,961	\$ 564,895	\$ 1,059,159	\$ 616,123	\$ (443,036)	\$ (160,381)	\$ (393,373)	
Supply expenses/APD		\$ 767	\$ 579	\$ 873	\$ 780	\$ 629	\$ 583	\$ 2,073	\$ 679	\$ (1,393)	\$ (101)	\$ (194)	
Other Expenses													
Other Expenses	n/a	\$ 500,239	\$ 1,138,604	\$ 1,704,419	\$ 1,891,477	\$ 2,127,997	\$ 1,987,302	\$ 1,963,696	\$ 2,012,839	\$ 49,142	\$ 121,362	\$ 308,419	
Other Expenses/APD	n/a	\$ 555	\$ 1,178	\$ 1,474	\$ 1,878	\$ 1,486	\$ 2,050	\$ 3,843	\$ 2,219	\$ (1,623)	\$ 341	\$ 745	
Margin													
Net Income	n/a	\$ (3,854,455)	\$ (1,448,727)	\$ (192,661)	\$ 383,722	\$ 173,184	\$ (1,218,683)	\$ 764,746	\$ (3,722,346)	\$ (4,487,093)	\$ (4,106,068)	\$ (3,529,685)	
Net Profit Margin	n/a	-62.8%	-20.8%	-1.9%	3.0%	1.6%	-16.5%	7.0%	-69.0%	-75.9%	-71.9%	-67.0%	
Operating Income	n/a	\$ (4,318,093)	\$ (2,495,327)	\$ (509,466)	\$ (686,444)	\$ (50,046)	\$ (1,310,237)	\$ 691,628	\$ (4,558,891)	\$ (5,250,519)	\$ (3,872,447)	\$ (4,049,426)	
Operating Margin	2.9%	-70.3%	-33.0%	-5.1%	-10.9%	-0.5%	-17.8%	6.3%	-84.5%	-90.7%	-73.5%	-79.3%	
EBITDA	n/a	\$ (4,194,921)	\$ (1,789,289)	\$ 245,536	\$ 841,891	\$ 582,348	\$ (809,519)	\$ 1,173,910	\$ (3,313,182)	\$ (4,487,093)	\$ (4,155,073)	\$ (3,558,719)	
EBITDA Margin	12.7%	-68.3%	-22.6%	2.5%	8.7%	5.5%	-11.0%	10.7%	-61.4%	-72.1%	-70.1%	-63.8%	
Debt Service Coverage Ratio	3.70		(5.8)	3.8	3.3	7.1	6.9	6.6	4.2	(2.4)	0.9	0.4	
Cash													
Avg Daily Disbursements (excl. IGT)	n/a	\$ 362,566	\$ 363,636	\$ 382,730	\$ 355,328	\$ 359,843	\$ 413,756	\$ 314,837	\$ 321,662	\$ 6,825	\$ (33,666)	\$ (61,069)	
Average Daily Cash Collections (excl. IGT)	n/a	\$ 570,713	\$ 340,919	\$ 352,222	\$ 299,110	\$ 239,449	\$ 271,384	\$ 363,569	\$ 391,697	\$ 28,128	\$ 92,586	\$ 39,474	
Average Daily Net Cash		\$ 208,147	\$ (22,716)	\$ (30,508)	\$ (56,218)	\$ (120,394)	\$ (142,373)	\$ 48,733	\$ 70,035	\$ 21,302	\$ 126,253	\$ 100,543	
Upfront Cash Collections				\$ 32,329	\$ 36,146	\$ 60,336	\$ 83,209	\$ 78,395	\$ 71,226	\$ (7,169)	\$ 35,080	\$ 38,897	
Upfront Cash % of Gross Charges	1%	0.0%	0.0%	0.2%	0.2%	0.3%	0.5%	0.4%	0.4%	\$ 0	\$ 0	\$ 0	
Unrestricted Funds	n/a	\$ 24,888,703	\$ 25,185,410	\$ 14,442,406	\$ 23,536,438	\$ 22,744,726	\$ 23,805,870	\$ 23,918,889	\$ 27,688,938	\$ 3,770,050	\$ 4,152,500	\$ 13,246,532	
Change of cash per balance sheet	n/a	\$ 7,077,338	\$ 204,360	\$ (4,672,727)	\$ (541,459)	\$ 7,670,424	\$ 1,061,144	\$ 113,019	\$ 3,770,050	\$ 3,657,031	\$ 4,311,508	\$ 8,442,777	
Days Cash on Hand (assume no more cash is collected)	196	82	83	46	72	74	86	80	92	12	20	46	
Estimated Days Until Depleted (operating cash only)		-	1,109	247	406	370	332	411	610	199	204	363	
Years Until Cash Depletion (operating cash only)		-	3.04	0.68	1.11	1.01	0.91	1.13	1.67	0.55	0.56	1.00	

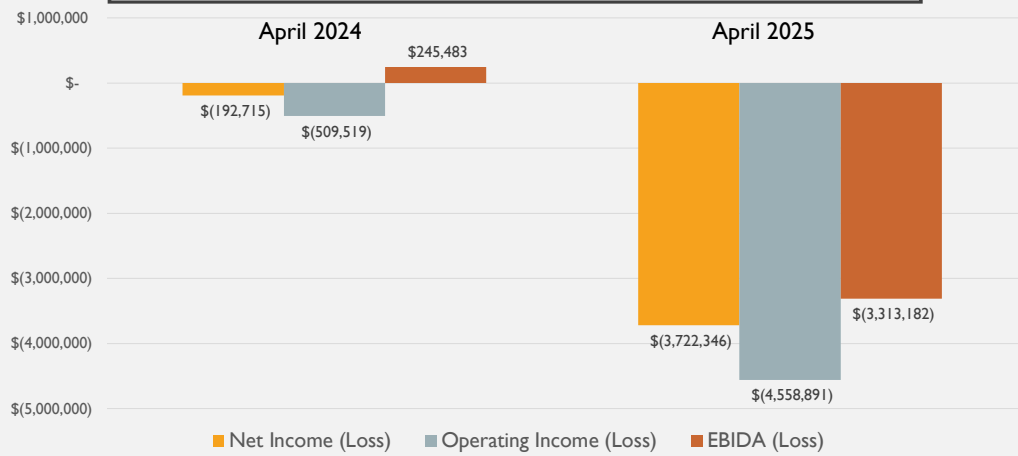


NIHD FINANCIAL UPDATE

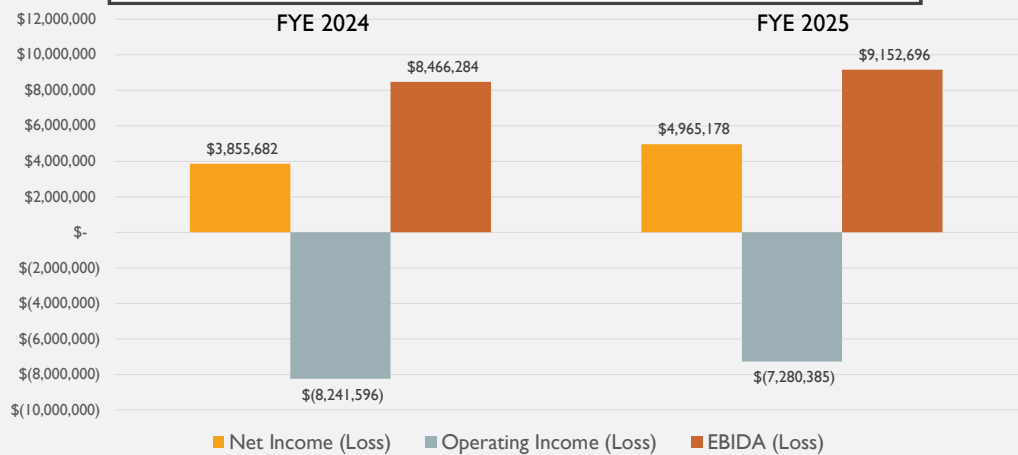
April 2025

INCOME

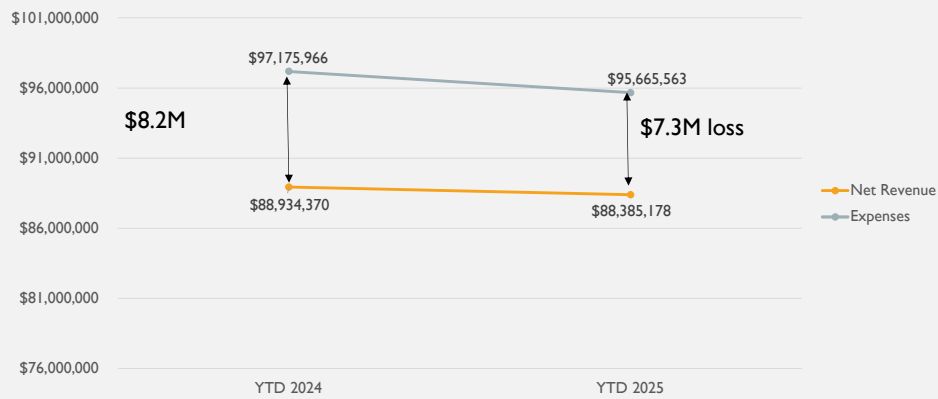
APRIL 2025 FINANCIAL PERFORMANCE



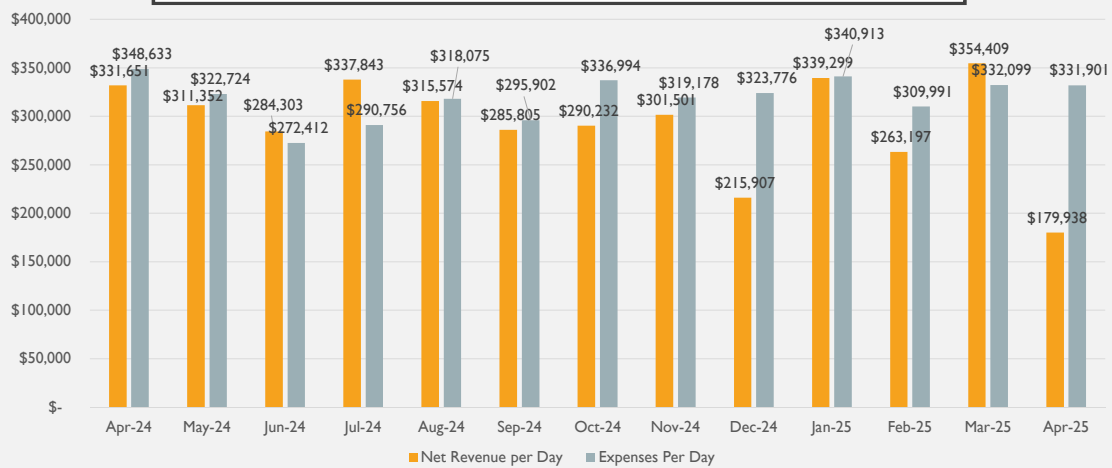
FYE 2025 FINANCIAL PERFORMANCE



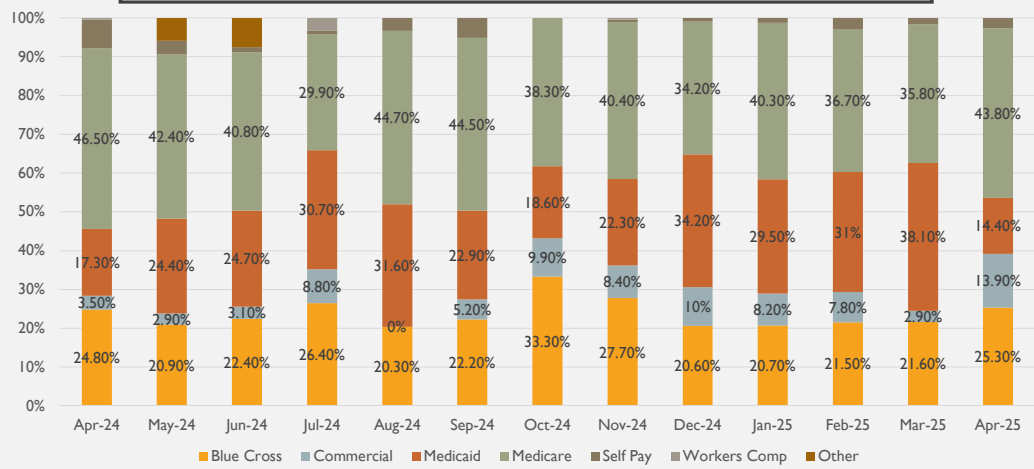
YTD OPERATING INCOME (LOSS) PERFORMANCE



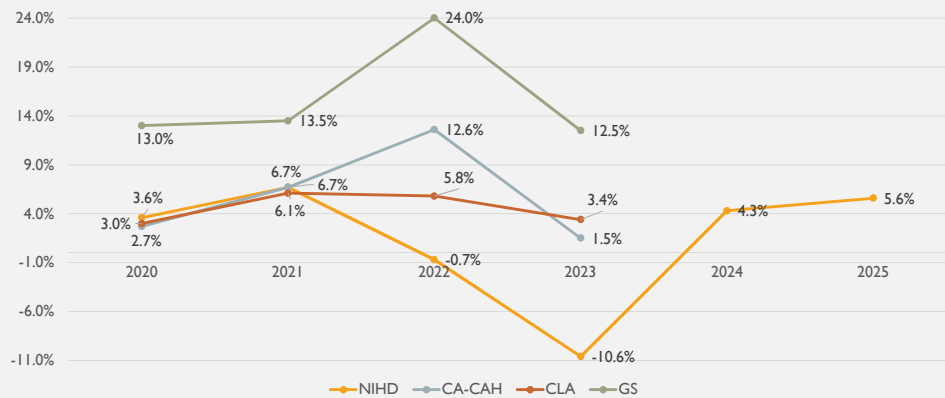
TREND PER CALENDAR DAY



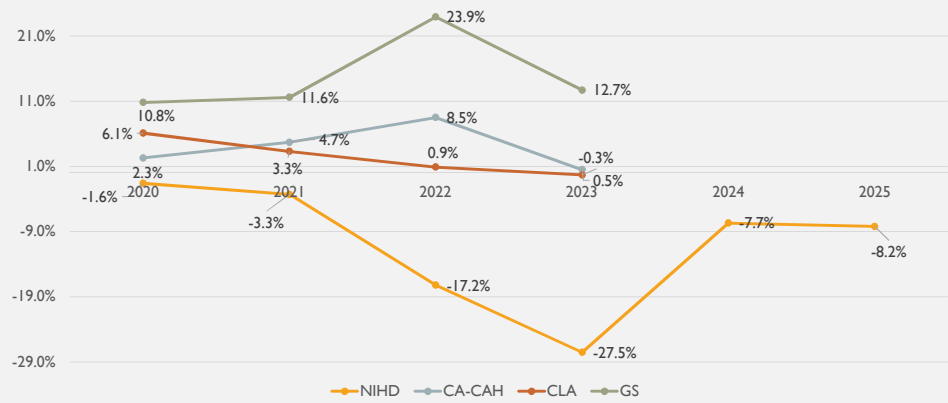
PAYOR MIX TREND



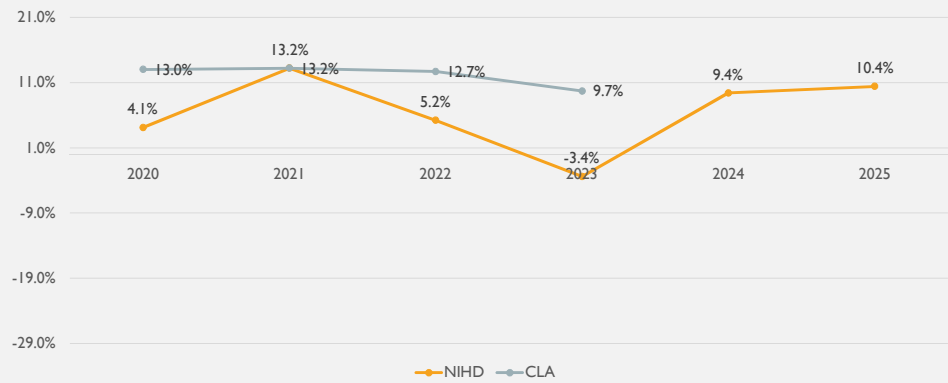
NET PROFIT MARGIN



OPERATING MARGIN

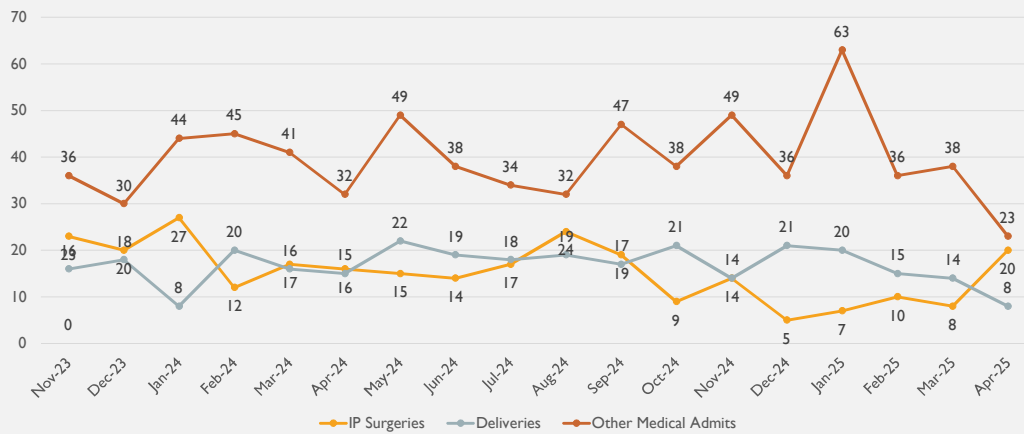


EBIDA MARGIN

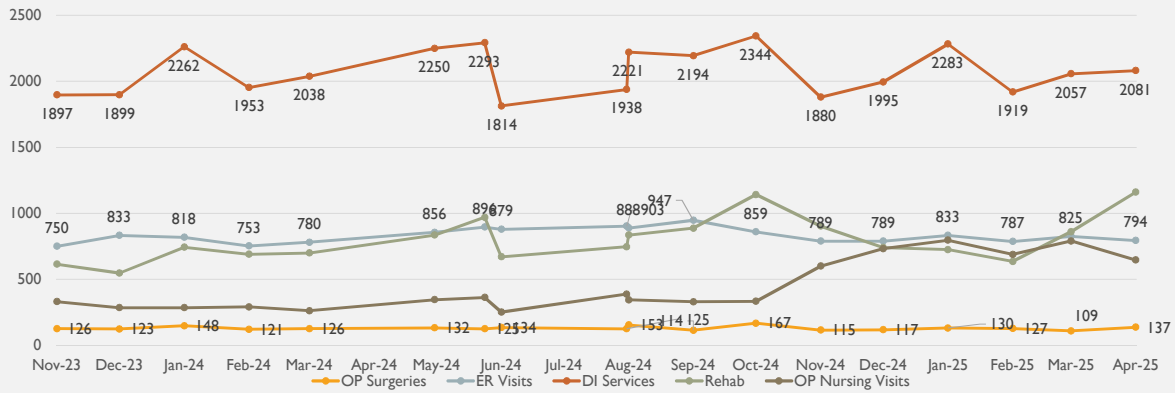


VOLUMES

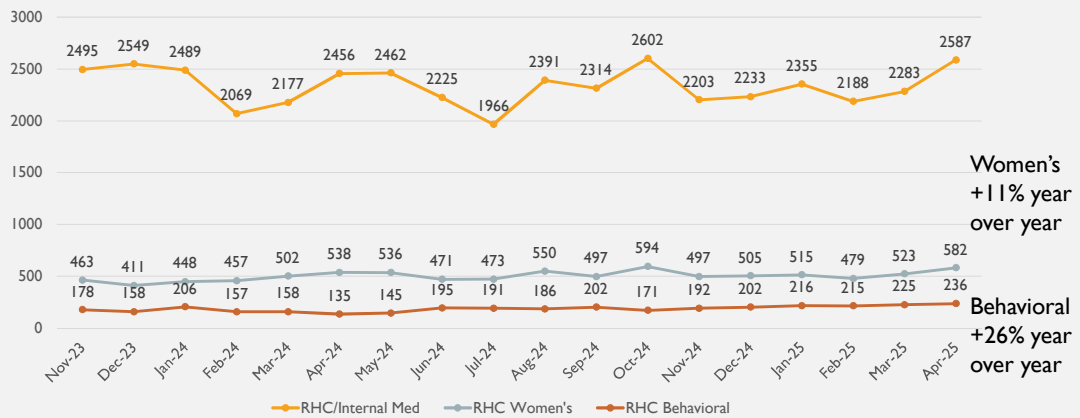
INPATIENT VOLUME PERFORMANCE



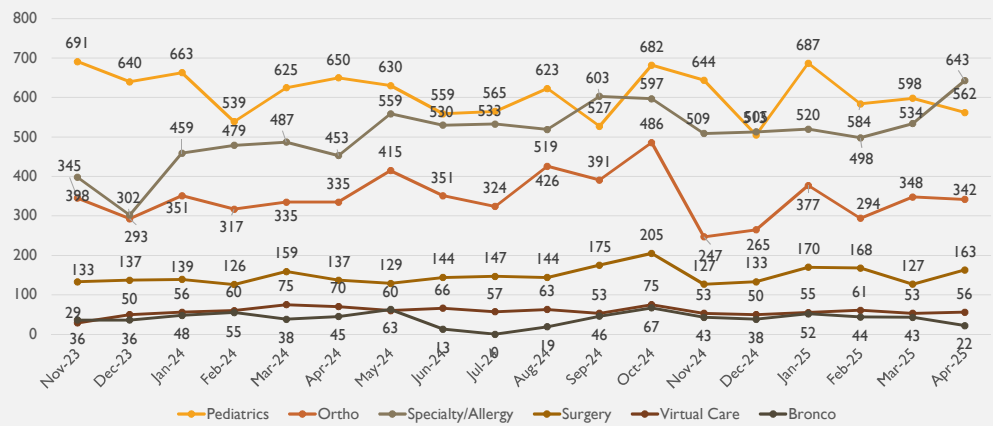
OUTPATIENT VOLUME PERFORMANCE



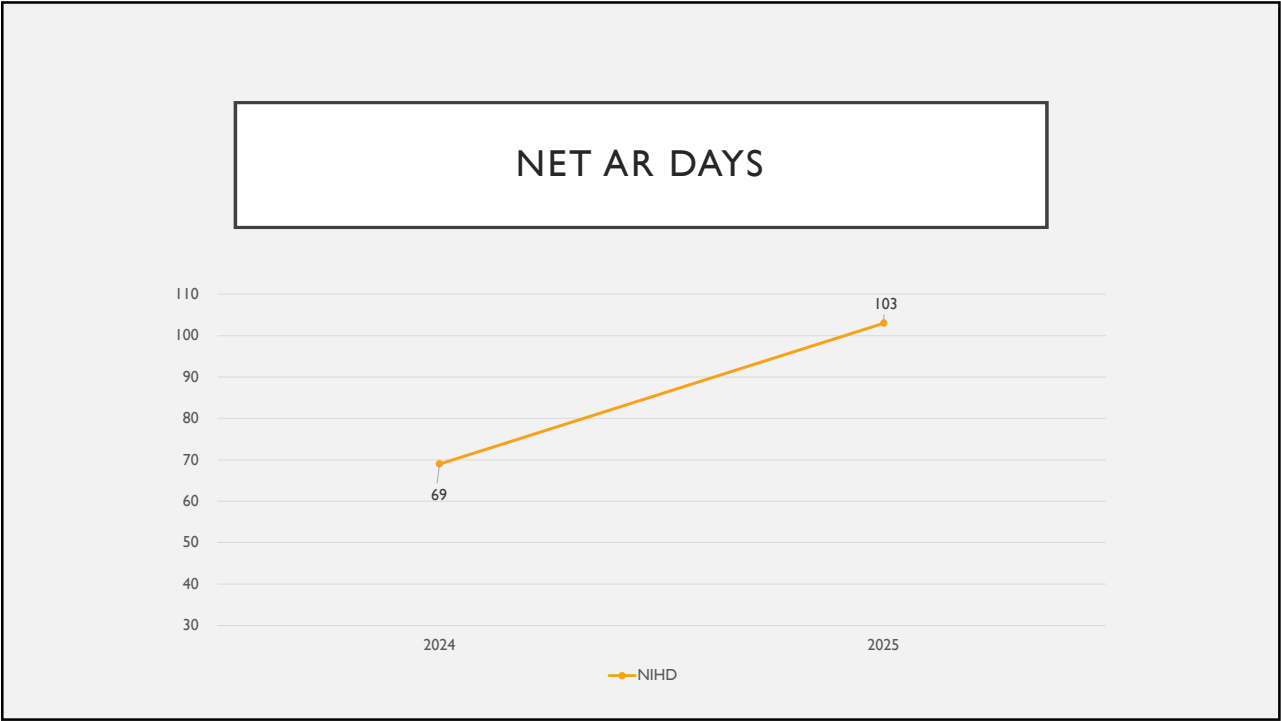
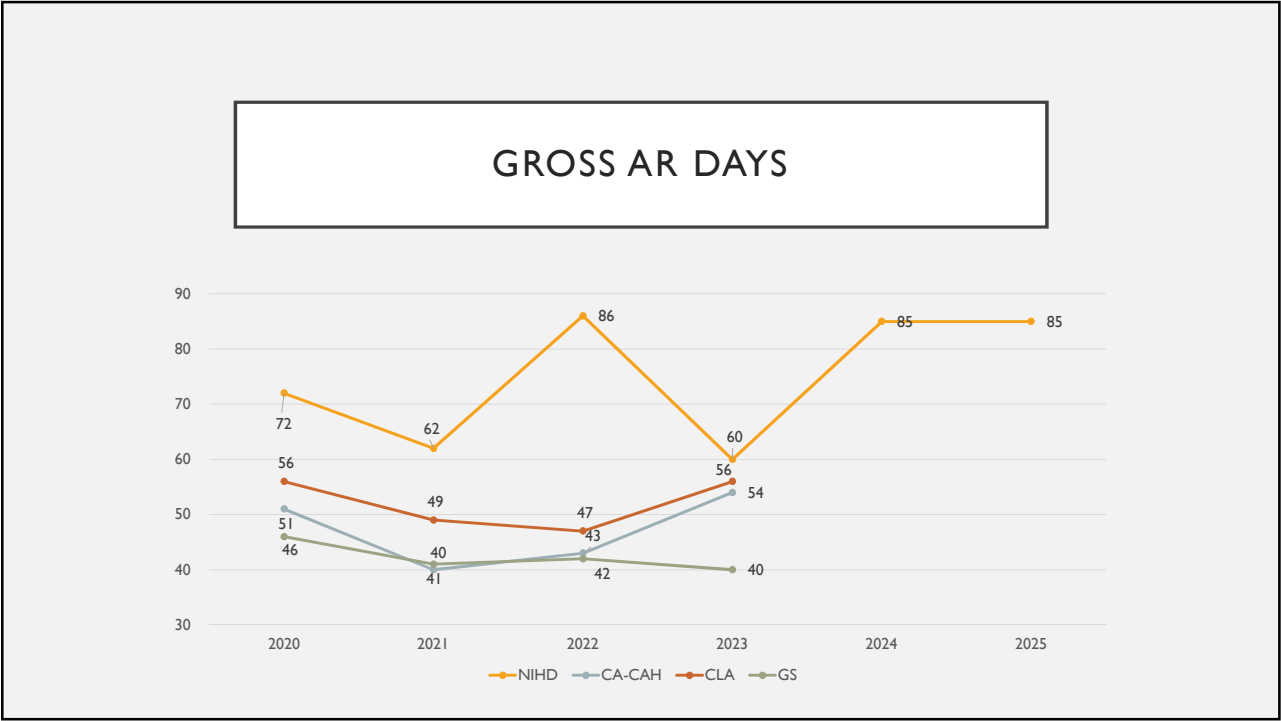
RHC VOLUME PERFORMANCE



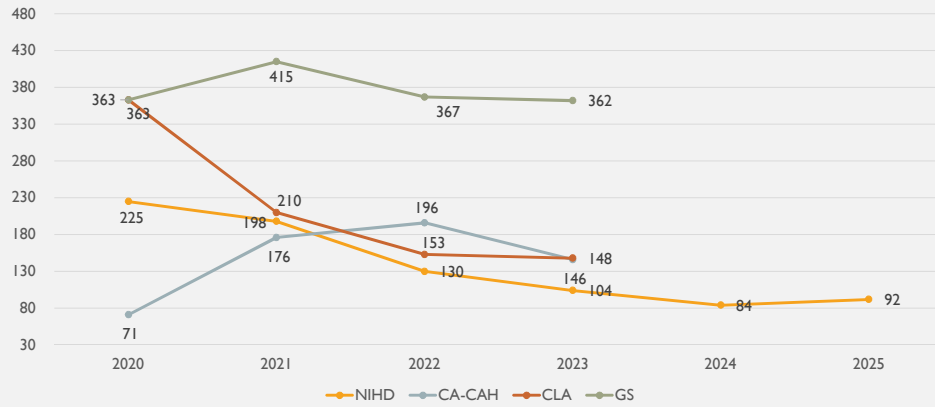
CLINIC VOLUME PERFORMANCE



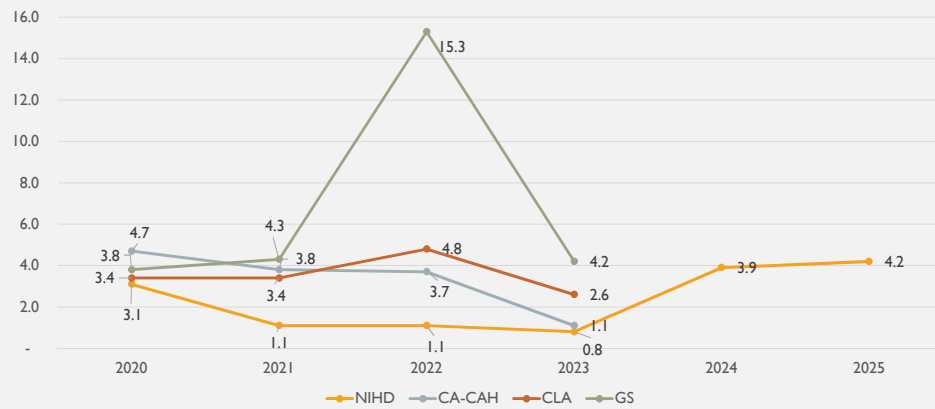
KEY PERFORMANCE INDICATORS



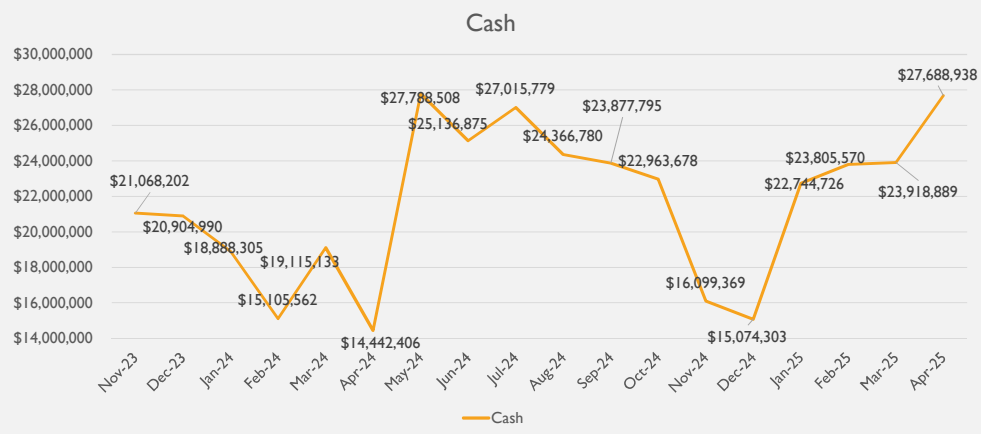
DAYS CASH ON HAND



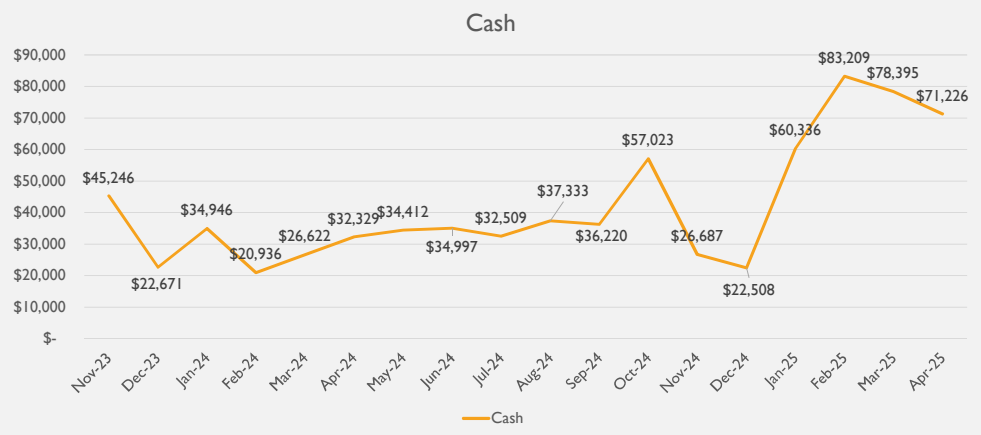
DEBT SERVICE COVERAGE RATIO



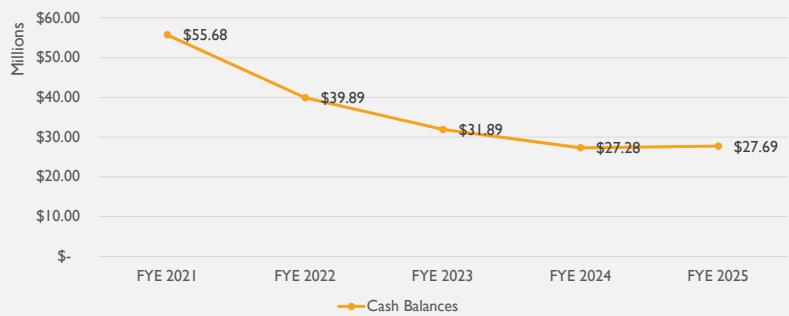
UNRESTRICTED FUNDS



UPFRONT CASH COLLECTIONS



CASH BALANCE TREND



WAGE COSTS

	YTD 2024	YTD 2025
Total Paid FTEs	383	387
Salaries, Wages, Benefits (SWB) Expense (incl. contract labor)	\$53,972,658	\$52,359,115
SWB % of total expenses (including contract labor)	56%	55%
Employed Average Hourly Rate	\$52.10	\$52.26
Benefits % of Wages	54%	46%

Northern Inyo Healthcare District
Income Statement
Fiscal Year 2025

	1/31/2025	Jan Budget	1/31/2024	2/29/2025	Feb Budget	2/28/2024	3/31/2025	Mar Budget	3/31/2024	4/30/2025	Apr Budget	4/30/2024	2025 YTD	2024 YTD	Budget Variance	PYM Change	PYTD Change
Gross Patient Service Revenue																	
Inpatient Patient Revenue	3,280,133	3,845,128	4,415,671	2,845,791	3,478,230	3,063,000	6,901,902	3,536,492	3,740,981	3,003,097	3,168,714	3,215,615	37,402,197	34,907,916	(165,617)	(212,518)	2,494,281
Outpatient Revenue	14,664,711	14,602,264	14,723,154	12,402,184	14,066,268	12,719,309	13,051,580	13,918,914	11,921,652	13,297,993	13,441,623	15,650,478	139,411,989	137,293,519	(143,630)	(2,352,485)	2,118,470
Clinic Revenue	1,862,148	1,720,837	1,668,331	1,689,999	1,599,414	1,500,716	1,718,306	1,594,299	1,601,821	1,891,743	1,579,674	1,763,094	17,612,381	15,900,381	312,069	128,649	1,712,000
Gross Patient Service Revenue	19,806,992	20,168,228	20,807,156	16,937,974	19,143,911	17,283,024	21,671,787	19,049,705	17,264,454	18,192,833	18,190,012	20,629,186	194,426,567	188,101,816	2,821	(2,436,353)	6,324,751
Deductions from Revenue																	
Contractual Adjustments	(8,951,555)	(9,517,222)	(9,802,285)	(8,529,361)	(8,800,983)	(9,066,535)	(10,138,614)	(8,800,983)	(15,144,877)	(8,841,205)	(8,800,983)	(10,525,952)	(93,650,705)	(93,315,405)	(40,222)	1,684,747	(335,300)
Bad Debt	1,386,194	(639,422)	(1,227,065)	(194,637)	(627,905)	(285,977)	(370,446)	(612,905)	4,239,262	(3,774,465)	(597,905)	131,776	(4,133,621)	(1,125,146)	(3,176,560)	(3,906,241)	(3,008,475)
A/R Writeoffs	(1,723,376)	(653,505)	(402,752)	(844,459)	(542,909)	(567,860)	(176,044)	(542,909)	(706,178)	(179,014)	(542,909)	(285,526)	(8,108,881)	(4,730,712)	363,895	106,512	(3,378,169)
Other Deductions from Revenue	-	-	-	-	-	-	-	-	-	-	-	-	(152,618)	-	-	-	(152,618)
Deductions from Revenue	(9,288,737)	(10,810,149)	(11,432,101)	(9,568,457)	(9,971,797)	(9,920,372)	(10,685,103)	(9,956,797)	(11,611,793)	(12,794,684)	(9,941,797)	(10,679,701)	(106,045,824)	(99,171,263)	(2,852,887)	(2,114,982)	(6,874,562)
Other Patient Revenue																	
Incentive Income	-	-	-	-	-	-	-	-	-	-	-	-	2,000	-	-	-	2,000
Other Oper Rev - Rehab Thera Serv	-	-	-	-	-	862	-	-	-	-	-	-	2,435	3,816	-	-	(1,382)
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Patient Revenue	-	-	-	-	-	862	-	-	-	-	-	-	4,435	3,816	-	-	618
Net Patient Service Revenue	10,518,255	9,358,079	9,375,055	7,369,517	9,172,114	7,363,514	10,986,684	9,092,908	5,652,661	5,398,149	8,248,215	9,949,485	88,385,178	88,934,370	(2,850,065)	(4,551,336)	(549,192)
CNR%	53.1%	46.4%	45.1%	43.5%	47.9%	42.6%	50.7%	47.7%	32.7%	29.7%	45.3%	48.2%	45.5%	47.3%	-15.7%	-18.6%	-1.8%
Cost of Services - Direct																	
Salaries and Wages	3,402,211	3,047,389	2,783,144	2,430,386	3,309,193	2,516,276	2,997,295	3,540,655	2,677,613	3,078,978	3,453,964	2,792,227	27,798,464	27,618,798	(374,986)	286,750	179,666
Benefits	1,412,693	1,760,785	1,093,886	1,184,125	2,021,621	1,537,835	1,425,501	2,234,956	1,490,439	1,277,083	2,065,622	2,146,672	12,915,183	14,860,231	(788,539)	(869,589)	(1,945,047)
Professional Fees	1,769,446	1,493,012	1,923,668	1,772,635	1,883,219	1,623,461	2,013,306	1,888,549	1,976,553	1,903,652	1,880,084	1,780,229	18,175,380	17,766,999	23,567	123,422	408,381
Contract Labor	373,323	417,673	379,756	377,408	340,148	405,743	187,691	386,404	364,547	355,281	343,860	205,329	3,691,514	3,775,330	11,420	149,951	(83,816)
Pharmacy	473,056	461,460	373,723	207,210	461,460	474,631	755,356	461,460	442,678	327,061	461,460	656,870	3,884,311	4,563,091	(134,398)	(329,808)	(678,780)
Medical Supplies	428,092	427,618	785,869	357,873	430,271	218,356	303,803	429,135	642,449	289,061	427,518	352,626	4,532,514	4,828,949	(138,457)	(63,565)	(296,435)
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	41,264	135,000	150,509	32,417	135,000	126,094	20,415	135,000	(768,589)	44,592	135,000	16,399	338,689	240,288	(90,408)	28,193	98,400
Other Direct Expenses	764,432	659,199	839,875	615,234	842,560	696,431	585,010	863,658	834,238	602,461	869,498	571,418	6,540,973	6,737,218	(267,036)	31,043	(196,245)
Total Cost of Services - Direct	8,664,517	8,402,136	8,330,430	6,977,287	9,423,470	7,598,828	8,288,377	9,939,816	7,659,929	7,878,169	9,637,006	8,521,770	77,877,027	80,390,904	(1,758,837)	(643,602)	(2,513,877)
General and Administrative Overhead																	
Salaries and Wages	564,143	505,307	468,569	402,119	-	427,743	514,529	-	494,737	724,391	-	547,877	5,050,024	4,710,739	724,391	176,513	339,285
Benefits	261,366	325,767	154,751	219,418	-	264,414	241,966	-	284,918	138,697	-	346,888	2,155,844	2,501,496	138,697	(208,191)	(345,652)
Professional Fees	478,210	403,501	139,446	428,917	-	344,426	494,527	-	451,329	431,885	-	153,271	3,178,229	2,490,884	431,885	278,614	687,346
Contract Labor	(61,083)	(68,340)	4,050	(10,102)	-	24,000	95,330	-	63,611	97,467	-	114,784	748,086	506,065	97,467	(17,317)	242,021
Depreciation and Amortization	409,164	363,578	520,628	409,164	363,578	386,783	409,164	363,578	1,264,318	409,164	363,578	438,198	4,187,519	4,610,603	45,586	(29,034)	(423,084)
Other Administrative Expenses	244,700	211,015	161,466	253,138	-	142,398	251,163	-	258,954	277,268	-	336,216	2,468,833	1,965,276	277,268	(58,947)	503,558
Total General and Administrative Overhead	1,896,500	1,740,829	1,448,910	1,702,654	363,578	1,589,765	2,006,679	363,578	2,817,866	2,078,872	363,578	1,937,234	17,788,535	16,785,061	1,715,294	141,638	1,003,474
Total Expenses	10,561,017	10,142,964	9,779,340	8,679,941	9,787,048	9,188,592	10,295,056	10,303,394	10,477,795	9,957,041	10,000,584	10,459,004	95,665,563	97,175,966	(43,543)	(501,963)	(1,510,403)
Financing Expense	205,348	181,544	180,628	195,369	179,044	184,336	201,224	183,367	345,952	194,928	183,367	197,249	2,000,019	1,986,561	11,561	(2,321)	13,458
Financing Income	181,031	238,960	228,125	78,984	238,960	228,125	78,984	498,443	228,125	903,825	238,960	228,125	2,646,516	2,281,245	664,864	675,700	365,271
Investment Income	46,487	46,181	(186,959)	37,373	46,181	(105,802)	49,720	133,181	39,189	58,156	46,181	164,066	476,986	628,286	11,975	(105,910)	(151,300)
Miscellaneous Income	201,059	174,335	220,899	170,566	9,550,168	9,178,896	145,639	173,554	342,474	69,492	177,387	121,862	11,122,080	11,174,307	(107,895)	(52,371)	(52,227)
Net Income (Change in Financial Position)	180,468	(506,953)	(322,849)	(1,218,870)	9,041,331	7,291,804	764,746	(588,696)	(4,561,299)	(3,722,346)	(1,473,208)	(192,715)	4,965,178	3,855,682	(2,249,138)	(3,529,632)	1,109,496
Operating Income	(42,761)	(784,885)	(404,286)	(1,310,424)	(614,934)	(1,825,078)	691,628	(1,210,486)	(4,825,134)	(4,558,891)	(1,752,369)	(509,519)	(7,280,385)	(8,241,596)	(2,806,523)	(4,049,373)	961,211
EBIDA	589,632	(143,375)	197,779	(809,707)	9,404,909	7,678,588	1,173,910	(225,118)	(3,296,981)	(3,313,182)	(1,109,630)	245,483	9,152,696	8,466,284	(2,203,553)	(3,558,665)	686,412
Net Profit Margin	1.7%	-5.4%	-3.4%	-16.5%	98.6%	99.0%	7.0%	-6.5%	-80.7%	-69.0%	-17.9%	-1.9%	5.6%	4.3%	-51.1%	-67.0%	1.3%
Operating Margin	-0.4%	-8.4%	-4.3%	-17.8%	-6.7%	-24.8%	6.3%	-13.3%	-85.4%	-84.5%	-21.2%	-5.1%	-8.2%	-9.3%	-63.2%	-79.3%	1.0%
EBIDA Margin	5.6%	-1.5%	2.1%	-11.0%	102.5%	104.3%	10.7%	-2.5%	-58.3%	-61.4%	-13.5%	2.5%	10.4%	9.5%	-47.9%	-63.8%	0.8%

Northern Inyo Healthcare District
Balance Sheet
Fiscal Year 2025

	PY Balances	11/30/2023	12/31/2024	12/31/2023	1/31/2025	1/31/2024	2/29/2025	2/29/2024	3/31/2025	3/31/2024	4/30/2025	4/30/2024	PM Change	PY Change
Assets														
Current Assets														
Cash and Liquid Capital	18,718,414	9,784,681	9,262,111	9,536,326	16,381,395	8,555,307	17,437,514	8,770,199	18,774,677	12,778,438	19,449,093	8,030,005	674,416	11,419,088
Short Term Investments	6,418,451	8,158,191	6,873,880	10,810,616	7,420,527	10,332,998	7,419,400	6,335,363	7,253,236	6,336,695	7,742,770	6,412,401	489,534	1,330,369
PMA Partnership	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	17,924,674	20,460,545	18,106,671	20,452,310	21,232,772	20,997,993	17,511,087	19,458,681	18,641,177	12,458,272	12,663,338	17,119,074	(5,977,839)	(4,455,735)
Other Receivables	4,754,052	2,837,260	18,665,903	3,258,427	8,279,368	6,140,920	10,409,887	19,050,631	9,013,770	18,203,532	9,700,579	17,139,611	686,809	(7,439,031)
Inventory	6,103,723	5,211,962	6,141,928	5,159,051	6,129,163	5,161,688	6,125,219	5,158,222	7,049,031	5,162,663	7,043,517	5,200,224	(5,515)	1,843,292
Prepaid Expenses	1,119,559	2,269,168	852,094	1,773,403	1,483,581	1,707,730	810,066	1,276,680	1,195,648	1,744,260	1,277,412	1,583,016	81,764	(305,604)
Total Current Assets	55,038,873	48,721,807	59,902,587	50,990,133	60,926,806	52,896,636	59,713,172	60,049,776	61,927,539	56,683,861	57,876,709	55,484,330	(4,050,830)	2,392,379
Assets Limited as to Use														
Internally Designated for Capital Acquisition	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,467,786	1,466,910	1,468,545	1,467,036	1,468,673	1,467,164	1,468,789	1,467,283	1,468,917	1,467,411	1,469,040	1,467,535	124	1,506
Limited Use Assets														
LAIF - DC Pension Board Restricted	-	828,417	-	175,992	-	-	-	-	-	-	-	-	-	-
LAIF - DB Pension Board Restricted	10,346,490	13,076,830	10,346,490	13,076,830	10,346,490	15,684,846	10,346,490	15,684,846	13,882,457	15,684,846	13,882,457	15,684,846	-	(1,802,389)
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deferred Outflow - Excess Acquisition	573,097	573,097	573,097	573,097	573,097	573,097	573,097	573,097	573,097	573,097	573,097	573,097	-	-
Total Limited Use Assets	10,919,587	14,478,344	10,919,587	13,825,919	10,919,587	16,257,943	10,919,587	16,257,943	14,455,554	16,257,943	14,455,554	16,257,943	-	(1,802,389)
Revenue Bonds Held by a Trustee	376,411	760,392	342,104	754,688	336,360	1,057,556	330,616	1,051,852	324,871	1,046,147	319,127	962,817	(5,744)	(643,690)
Total Assets Limited as to Use	12,763,784	16,705,646	12,730,236	16,047,643	12,724,620	18,782,662	12,718,991	18,777,078	16,249,342	18,771,501	16,243,722	18,688,294	(5,620)	(2,444,573)
Long Term Assets														
Long Term Investment	1,846,138	3,057,305	748,961	1,318,315	747,838	1,831,405	748,360	1,831,779	(597,117)	1,832,199	497,075	1,834,470	1,094,192	(1,337,394)
Fixed Assets, Net of Depreciation	84,474,743	77,109,988	83,368,289	76,904,399	83,497,234	85,031,471	83,122,430	85,151,277	83,170,782	84,393,675	82,773,362	84,323,364	(397,420)	(1,550,002)
Total Long Term Assets	86,320,881	80,167,293	84,117,250	78,222,714	84,245,072	86,862,876	83,870,790	86,983,056	82,573,665	86,225,875	83,270,437	86,157,833	696,772	(2,887,396)
Total Assets	154,123,537	145,594,746	156,750,074	145,260,490	157,896,498	158,542,174	156,302,954	165,809,910	160,750,547	161,681,236	157,390,868	160,330,458	(3,359,679)	(2,939,590)
Liabilities														
Current Liabilities														
Current Maturities of Long-Term Debt	4,146,183	676,353	4,616,414	1,339,056	4,601,872	11,675,726	4,586,959	11,105,240	4,312,667	3,907,233	4,300,283	3,883,529	(12,383)	416,754
Accounts Payable	5,010,089	5,370,018	4,496,145	6,383,025	4,559,038	4,881,333	4,086,194	4,346,694	3,592,092	5,131,234	3,663,678	4,047,103	71,586	(383,425)
Accrued Payroll and Related	6,224,657	8,534,376	2,073,837	6,924,804	2,929,795	6,556,620	2,991,863	7,226,154	3,268,949	7,439,170	3,524,904	7,585,529	255,955	(4,060,625)
Accrued Interest and Sales Tax	109,159	240,254	275,828	94,216	358,675	164,562	424,010	238,080	144,235	314,125	220,309	140,964	76,074	79,345
Notes Payable	446,860	1,633,708	446,860	1,633,708	446,860	1,532,689	446,860	1,035,689	446,860	931,738	446,860	931,738	-	(484,877)
Unearned Revenue	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(4,542)	(1,812)	-	(2,730)
Due to 3rd Party Payors	693,247	693,247	693,247	693,247	693,247	693,247	693,247	693,247	1,637,684	693,247	1,637,684	693,247	-	944,437
Due to Specific Purpose Funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Deferred Credits - Pension & Leases	12,599,823	1,873,995	12,589,475	1,861,577	12,585,336	1,927,805	12,583,266	1,925,736	12,581,197	1,923,666	12,579,127	1,921,596	(2,070)	10,657,531
Total Current Liabilities	29,225,475	19,017,409	25,187,264	18,925,091	26,170,281	27,427,440	25,807,857	26,566,297	25,979,142	20,335,871	26,368,305	19,201,894	389,163	7,166,410
Long Term Liabilities														
Long Term Debt	36,301,355	31,715,530	33,927,979	30,380,530	33,830,169	28,565,060	33,732,107	29,290,060	33,749,977	35,863,988	33,648,895	36,434,249	(101,083)	(2,785,354)
Bond Premium	165,618	187,578	146,796	184,441	143,659	181,303	140,522	178,166	137,384	175,029	134,247	171,892	(3,137)	(37,645)
Accreted Interest	16,991,065	17,599,405	16,742,795	17,694,537	16,831,830	17,206,094	16,920,864	17,302,780	17,009,899	17,396,138	17,094,610	16,804,350	84,711	290,260
Other Non-Current Liability - Pension	32,946,355	47,257,663	32,946,355	47,257,663	32,946,355	47,257,663	32,946,355	47,257,663	32,946,355	47,257,663	32,946,355	47,257,663	-	(14,311,308)
Total Long Term Liabilities	86,404,394	96,760,176	83,763,925	95,517,170	83,752,012	93,210,120	83,739,848	94,028,670	83,843,615	100,692,818	83,824,107	100,668,154	(19,508)	(16,844,047)
Suspense Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uncategorized Liabilities (grants)	31,506	107,118	127,821	107,118	127,821	106,018	127,821	124,918	139,321	123,693	139,321	124,093	-	15,228
Total Liabilities	115,661,375	115,884,703	109,079,010	114,549,379	110,050,114	120,743,579	109,675,526	120,719,885	109,962,078	121,152,382	110,331,732	119,994,141	369,654	(9,662,409)
Fund Balance														
Fund Balance	31,992,031	26,459,404	37,241,338	26,459,404	37,236,063	35,013,048	37,235,861	35,013,046	40,632,146	35,013,047	40,624,917	35,013,047	(7,229)	5,611,871
Temporarily Restricted	1,467,786	2,610,841	1,468,545	2,610,967	1,468,673	1,467,163	1,468,789	1,467,283	1,468,799	1,467,411	1,469,040	1,467,535	242	1,506
Net Income	5,002,346	639,798	8,961,180	1,640,740	9,141,648	1,318,385	7,922,778	8,609,695	8,687,524	4,048,396	4,965,178	3,855,735	(3,722,346)	1,109,443
Total Fund Balance	38,462,163	29,710,043	47,671,064	30,711,111	47,846,384	37,798,596	46,627,427	45,090,024	50,788,469	40,528,854	47,059,136	40,336,317	(3,729,333)	6,722,819
Liabilities + Fund Balance	154,123,537	145,594,746	156,750,074	145,260,490	157,896,498	158,542,174	156,302,954	165,809,909	160,750,547	161,681,236	157,390,868	160,330,458	(3,359,679)	(2,939,590)
(Decline)/Gain		(3,937,458)	5,820,871	(334,256)	1,146,425	13,281,684	(1,593,545)	7,268,230	4,447,593	(4,128,674)	(3,359,679)	(1,350,778)	(7,807,272)	(2,008,901)

Northern Inyo Healthcare District
Long-Term Debt Service Coverage Ratio
FYE 2025

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

Long-Term Debt Service Coverage Ratio Calculation

Numerator:

Excess of revenues over expense
+ Depreciation Expense
+ Interest Expense
Less GO Property Tax revenue
Less GO Interest Expense

HOSPITAL FUND ONLY

\$	4,965,178
	4,187,519
	2,000,019
	1,812,688
	407,021

"Income available for debt service"

\$ 8,933,006

Denominator:

Maximum "Annual Debt Service"

2021A Revenue Bonds
2021B Revenue Bonds
2009 GO Bonds (Fully Accreted Value)
2016 GO Bonds
Financed purchases and other loans
Total **Maximum Annual Debt Service**

\$	112,700
	894,160
	1,546,875
\$	2,553,735

2,128,113

Ratio: (numerator / denominator)

4.20

Required Debt Service Coverage Ratio:

1.10

In Compliance? (Y/N)

Yes

Unrestricted Funds and Days Cash on Hand

HOSPITAL FUND ONLY

Cash and Investments-current
Cash and Investments-non current
Sub-total
Less - Restricted:
PRF and grants (Unearned Revenue)
Held with bond fiscal agent
Building and Nursing Fund

\$	27,191,863
	497,075
	27,688,938
	-
	-
	-

Total Unrestricted Funds

\$ 27,688,938

Total Operating Expenses
Less Depreciation
Net Expenses
Average Daily Operating Expense

\$	95,665,563
	4,187,519
	91,478,044
\$	301,908

Days Cash on Hand

92

Northern Inyo Healthcare District
Statement of Cash Flows
Fiscal Year 2025

CASH FLOWS FROM OPERATING ACTIVITIES

Receipts from and on Behalf of Patients	88,432,494
Payments to Suppliers and Contractors	(41,700,045)
Payments to and on Behalf of Employees	(52,359,115)
Other Receipts and Payments, Net	<u>(327,838)</u>
Net Cash Provided (Used) by Operating Activities	(5,954,504)

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

Noncapital Contributions and Grants	8,981,085
Property Taxes Received	833,827
Other	<u>2,646,516</u>
Net Cash Provided (Used) by Noncapital Financing Activities	12,461,428

CASH FLOWS FROM CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES

Principal Payments on Long-Term Debt	(1,861,947)
Proceeds from the Issuance of Refunding Revenue Bonds	-
Payment to Defease Revenue Bonds	-
Interest Paid	(2,000,019)
Purchase and Construction of Capital Assets	(669,916)
Payments on Lease Liability	(658,126)
Payments on Subscription Liability	(510,684)
Property Taxes Received	703,669
Net Cash Provided (Used) by Capital and Capital Related Financing Activities	<u>(4,997,024)</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Investment Income	476,986
Rental Income	<u>68,113</u>
Net Cash Provided (Used) by Investing Activities	<u>545,099</u>

NET CHANGE IN CASH AND CASH EQUIVALENTS

2,054,999

Cash and Cash Equivalents - Beginning of Year

25,136,864

CASH AND CASH EQUIVALENTS - END OF YEAR

27,191,863



Chief Medical Officer Update

June 2025

SERVICE LINE UPDATE

- ORTHOPEDICS
- CARDIOLOGY
- BEHAVIORAL HEALTH

DEPARTMENT UPDATES

- QUALITY DEPARTMENT
- REHAB DEPARTMENT