Northern Inyo Healthcare District

Board Meeting

Supplemental Packet - September 17, 2025

Revised Meeting Minutes

To: Board of Directors
From: Ashley Reed, Board Clerk
Date: September 16, 2025
Subject: Supplemental Packet – Revised Minutes of August 20, 2025 Regular Board Meeting

This supplemental packet contains the **revised draft minutes** of the August 20, 2025 regular board meeting. The revisions were made to correct minor errors noted after the original board packet was distributed.

Summary of Changes:

- **Page 3 of 13 – Public Comment:** corrected the reference following Shelley Carder's presentation to list *Dr. Loy* instead of *Dr. Van Dream*.

- **Page 6 of 13 – Conflict of Interest:** removed the word *"benefits"* so the section now reads: "…discussion of conflicts of interest…"

The revised minutes are included under Item 3B of the Consent Agenda. Approval of the consent agenda will adopt this corrected version.

For consistency during the meeting, Jean will state:
"Item 3B was revised and distributed in the supplemental packet. Approval of the consent agenda will adopt the revised minutes of the August 20, 2025 regular board meeting."

Please let me know if you have any questions.

Ashley Reed

(760) 937-8848

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Turner called the meeting to order at 5:29 pm.
PRESENT	Jean Turner, Chair David Lent, Secretary Laura Smith, Member at Large Christian Wallis, Interim Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Alison Murray, Chief Human Resources Officer, Chief Business Development Officer Andrea Mossman, Chief Financial Officer Samantha Jeppsen, MD, Chief of Staff
ABSENT	Melissa Best-Baker, Vice Chair David McCoy Barrett, Treasurer Adam Hawkins, DO, Chief Medical Officer
TELECONFERENCING	Notice has been posted and a quorum participated from locations within the jurisdiction.
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. Multiple speakers provided input on issues related to physician retention, hospital leadership, and transparency. Several physicians stated their support for the Medical Executive Committee (MEC), emphasizing that it functions as a fair and representative body, reviewing complaints brought forward from various departments and making recommendations with patient safety in mind. It was noted that the MEC does not initiate complaints, but evaluates them neutrally to maintain quality of care. Community members expressed concern over the departure and potential loss of multiple physicians, including orthopedic surgeons and ophthalmologists. Examples were given of patients now traveling long distances, including 400-mile round trips, for procedures such as retinal tear treatment, glaucoma laser surgery, and macular degeneration injections. Commenters stressed that the loss of these services would leave serious gaps in local care, particularly for elderly patients and those with urgent needs. Several urged the District to retain specialists even if certain service lines are less profitable, noting that rural hospitals cannot easily replace this expertise. Some speakers stated that personnel matters could have been resolved internally through human resources rather than escalating to legal proceedings. Questions were raised about the cost of outside attorneys and whether legal counsel representing the MEC might contribute to physician turnover. Calls were made for more transparency, including clarification on how community members may

request agenda items such as physician retention.

Concerns were also raised regarding leadership. Some urged caution in selecting a permanent CEO, given the impact that administrative decisions have on physician recruitment and retention. Others expressed support for appointing the interim CEO permanently, citing his collaborative work on regional partnerships, grant opportunities, and efforts to stabilize services.

Common themes across comments included: the need to stabilize the medical staff, retain orthopedic and ophthalmology services, strengthen transparency in Board processes, and ensure strong, consistent leadership to guide the District.

CONSENT AGENDA

Chair Turner called attention to the Consent Agenda.

Appointment of Infection Preventionist was removed from the consent agenda.

Motion to approve the consent agenda: Smith
2nd: Lent
Pass: 3-0

PRESENTATION ON MEDICAL EXECUTIVE COMMITTEE ROLS AND RESPONSITILBITIES, SHELLEY CARDER, ESQ.

Chair Turner called attention to the Presentation on Medical Executive Committee Roles and Responsibilities, Shelley Carder Esq.

Attorney Carder provided a comprehensive presentation on the legal and regulatory framework governing the Medical Executive Committee and peer review processes. She introduced her background, noting over 37 years in law with the past 15 years focused on medical staff peer review, and her experience representing physicians, MECs, and hospital boards in peer review, corrective actions, and appeals.

Carder explained the “triad” governance structure required by federal and California law, accreditation agencies, and hospital bylaws:

- **Board of Directors** – establishes long-term goals, provides oversight, and holds ultimate accountability for hospital operations and peer review decisions.
- **Administration** – led by the Chief Executive Officer and senior managers, responsible for daily operations.
- **Medical Staff** – a self-governing body by law, responsible for clinical care, enforcing standards of conduct, and applying standards of care through bylaws and peer review processes.

Carder described the role of the MEC in credentialing and privileging physicians, assuring competence and qualifications, and conducting both ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE). Peer review is designed to identify and resolve

concerns early, often through informal or educational measures, while maintaining safe, high-quality care and a respectful workplace.

Carder highlighted due process protections for practitioners, including notice of concerns and an opportunity to respond. She reviewed summary suspension procedures, explaining that suspensions may occur only when there is an imminent risk to patient safety. In such cases, the MEC must meet promptly to determine whether the suspension should be continued, modified, or lifted, and the physician has rights to participate in the process.

Carder outlined the formal hearing process, noting similarities to a court trial but with physician peers serving as decision-makers. The MEC presents charges and evidence, the physician has the right to counsel and to present a defense, and a panel issues findings. Appeals are then directed to the Board of Directors, which serves as the appellate body. Appeals are limited to claims of procedural errors or insufficient evidence. If further challenged, matters may proceed to Superior Court, the Court of Appeal, or the California Supreme Court.

Carder emphasized that confidentiality is critical to peer review integrity, protecting both patients and participants and ensuring candid evaluation. Violations of confidentiality can undermine litigation protections and patient safety. She noted that while community members may not know the details of peer review proceedings, California law and hospital bylaws require fair processes with checks and balances.

Carder also distinguished between employment issues handled through Human Resources and peer review matters overseen by the MEC. Both processes may be confidential, and outcomes are not always public.

Carder concluded by stressing the importance of cooperation among the Board, Administration, and Medical Staff, each respecting their distinct roles while working together to maintain safe, high-quality patient care and a collaborative workplace.

Public Comment
A member of the public asked for clarification regarding whether Dr. Loy was currently working at the hospital. Staff confirmed that Dr. Loy's first working day was August 20, 2025.

CHIEF OF STAFF REPORT

Chair Turner called attention to the Medical Executive Meeting Report.

Chief of Staff Jeppsen provided a report to the Board. She began by acknowledging and thanking community members who attended recent meetings to express support for Dr. Loy, noting the importance of community connection and trust. She shared that she has served as an emergency department physician at Northern Inyo Hospital for six years and assumed the role of Chief of Staff in July. Her goals include strengthening communication

between the medical staff and the District and enhancing leadership skills within the Medical Executive Committee (MEC).

Jeppsen explained that the MEC is composed of department chiefs elected by their peers. Its primary responsibility is to ensure providers are practicing safe medicine and maintaining conduct that protects both patients and staff. She emphasized that participation in MEC is voluntary, on top of physicians' clinical duties, and reflects a commitment to patient and staff safety as well as to the hospital and community.

She described the MEC's process for reviewing complaints, which may come from staff, patients, or other providers. Each complaint is reviewed thoroughly and confidentially. In some circumstances, the MEC or a delegated ad hoc committee may open an investigation, conducting extensive interviews and reviewing information across departments. Depending on the findings, the MEC determines whether to lift, continue, or impose corrective actions, including temporary restrictions or suspensions. She stressed that such measures are not punitive judgments but are safety precautions taken to protect patients and staff.

Jeppsen acknowledged community interest in greater detail but emphasized that California law and hospital bylaws require confidentiality for the protection of all involved, including providers. She assured the Board and community that decisions are made carefully, in accordance with bylaws, and with the guiding principle of patient safety.

She further noted that these decisions are made by local physicians who work together closely and understand the impact on colleagues, which makes the process especially weighty. She closed by reiterating that MEC members are not only physicians but also neighbors, friends, and members of the community, and that every decision is guided by the same commitment to safety and trust that they hold for their own families.

Jeppsen reported that outpatient infusion and pharmacy services had been approved and were now operational. She noted continued positive collaboration with Mammoth Orthopedic Institute, with orthopedic surgeons from Mammoth beginning on July 1 to perform surgeries at Northern Inyo, provide clinic visits, and consult in the emergency department. Jeppsen stated the partnership has been highly successful and well-received by patients and staff.

She further reported that the emergency department has begun collecting data on patient transfers in order to evaluate service line needs and identify areas for improvement. In addition, the perioperative team is working to optimize the operating room block schedule to ensure resources are being used as efficiently as possible.

Public Comment
One speaker reflected on a presentation given earlier in the meeting, noting that

peer review should provide physicians an opportunity to respond and improve. They stated that many in the community could not understand the recent decision regarding Dr. Loy and viewed it as unjust. Questions were raised about whether Dr. Loy had ever been able to present his case before the Board, whether a petition circulated against him created a hostile work environment, and whether his suspension truly met the threshold of an imminent risk to patient safety.

Another commenter spoke about hearing conflicting reports over whether the physician who filed a complaint against Dr. Loy recused from MEC proceedings. They stressed that this was a simple question of fairness and transparency, and expressed concern that the lack of clarity had damaged community trust. Counsel advised that peer review processes are confidential and involve only physician members of the MEC, while another hospital representative emphasized that the action had been based on multiple complaints, not a single individual.

A subsequent speaker urged the hospital to restore confidence by improving communication with the community. They noted that without official updates, the public has been left to rely on rumor and speculation. They suggested that the District publish accurate information through local media and also asked about the timeline of Dr. Loy's suspension and whether the employee who filed the complaint was also suspended.

Another commenter spoke more broadly about recent physician departures, citing several providers who had left the hospital in the past one to two years. They questioned whether these departures were connected and expressed concern about what appears to be a pattern of instability within the medical staff.

An additional commenter addressed the new collaboration with Mammoth Hospital, recalling earlier attempts at cooperation between the two hospitals that had ended in conflict. They expressed strong support for the renewed partnership, describing it as logical, cost-effective, and essential for strengthening specialty coverage across the region. They emphasized the importance of both hospitals working together in a trustworthy manner to avoid the disputes that had undermined previous efforts.

Board counsel reminded attendees that public comment is an opportunity for the Board to listen, not to engage in detailed back-and-forth dialogue. MEC members present reiterated that actions had been taken in line with bylaws and legal requirements, and stressed that decisions were made collectively with patient and staff safety as the guiding priority.

The Chair confirmed that all members of the public who wished to speak were given the opportunity to do so.

Motion to approve Medical Staff Initial Appointments 2025-2026

Motion: Lent
2nd: Smith
Pass: 3-0

Motion to approve Medical Staff Initial Appointments 2025-2026 – Proxy Credentialing
Motion: Smith
2nd: Lent
Pass:3-0

Motion to approve Medical Staff Reappointments 2025-2026
Motion: Lent
2nd: Smith
Pass: 3-0

Motion to approve Additional Privileges
Motion: Smith
2nd: Lent
Pass: 3-0

Chief Executive Officer Report

Chair Turner called attention to the CEO report.

Chief Business Development Officer Follow-up
The Interim CEO provided follow-up on questions from the prior meeting. Staff are coordinating with Senator Alvarado-Gil's office to arrange a meeting during the Eastern Sierra Cancer Alliance anniversary event on September 26, 2025, with the specific day and time to be confirmed. The hospital is also working with the Chamber of Commerce to host a Chamber Mixer onsite in 2026 and to provide speakers for Chamber Lunch and Learn events as part of the District's 2026 marketing plan. Inyo Associates meetings are expected to resume in September.

On recruitment, the HR team met with the hospital's social media vendor to improve outreach for hard-to-fill positions, including rehabilitation, physical therapy, occupational therapy, and speech therapy. A rotating "carousel" approach will be used to keep postings updated. Paid social media promotion through Instagram, Facebook, and LinkedIn is planned, with implementation anticipated within two to three weeks.

Conflict of Interest
The CEO recommended postponing discussion of conflict of interest until the September Board meeting to allow for full participation. The Board concurred with deferring this item.

Finance Committee

Chair Turner called attention to Purchasing threshold limits for leaders memo and Purchasing and Signature Authority.

Purchasing Threshold Limits for Leaders
Staff presented a proposal to revise purchasing thresholds to better align

authority with budget accountability and improve vendor payment timeliness. Current limits ($500 managers; $2,500 directors; $10,000 chiefs; $40,000 CEO) have created approval bottlenecks. Proposed revisions: managers to $3,000 (aligned with capitalization threshold), directors to $10,000, chiefs to $25,000, CEO to remain at $40,000. Three director roles (Pharmacy, Supply Chain, Facilities) were initially proposed for a higher $25,000 limit due to the size and frequency of their purchases. Staff also recommended consolidating the check-signing policy into the purchasing policy for clarity, and bringing back the separate Emergency Purchasing (AOC after-hours) policy for later Board consideration. The proposal was developed collaboratively with directors to balance comfort level and operational needs.

Board discussion focused on (1) the size of the increases—especially for the three director roles—(2) internal controls and audit cadence, and (3) short-range oversight during year one. Management described monthly reconciliation (with the executive team reviewing cost centers and flagging >10% or >$1,000 variances about three weeks after month-end), the ability to drill down to invoices, and weekly spot checks on transactions within the new approval bands during a trial period. Management also committed to returning with periodic reports that compare results against budget (quarterly or monthly).

Purchasing and Signature Authority
Following discussion, the Board approved the purchasing policy revisions with an adjustment: the three director positions originally proposed at $25,000 (Pharmacy, Supply Chain, Facilities) will be set at $10,000—consistent with other directors—for an initial period, with monitoring and the option to revisit later. The remainder of the policy (managers $3,000; chiefs $25,000; CEO $40,000; consolidation of check-signing into the purchasing policy) was approved as presented.

> Motion to approve revised thresholds with the adjustment noted: Smith
> 2nd: Lent
> Pass: 3-0

Public Comment
A member of the public asked whether the proposed $25,000 purchasing thresholds for the Pharmacy, Supply Chain, and Facilities directors were based on a review of their historical spending. Staff responded that these departments routinely make purchases that exceed the $10,000 director limit, which is why a higher threshold had been considered.

Appropriations resolutions 25-03

The CEO introduced the annual appropriations resolution, explaining that each year the County requests the District's appropriations limit so property tax amounts can be set in compliance with Proposition 13. Staff, with assistance from the County Controller, calculated the limit using state data on population and housing price changes. For FY 2025–26, the appropriations limit was

determined to be $8,306,363.

The resolution establishes the District's annual appropriations limit in accordance with Article 13B of the California Constitution. These funds are received in the form of property taxes and state appropriations and may be used for operating expenses without restriction as to purpose.

Motion to approve Appropriations resolutions 25-03: Lent
2nd: Smith
Pass: 3-0

NIHD Financial Investment Opportunity

The Interim CEO reviewed the principles of public funds management—safety, liquidity, and yield—and confirmed with Eastern Sierra Community Bank that District deposits are fully collateralized under California Government Code (written confirmation on file). Liquidity needs continue to be met locally; however, the current earnings at Eastern Sierra (about 0.5% net of fees) were noted as insufficient.

The Interim CEO proposed placing a portion of surplus cash in a fully collateralized public money market account at Five Star Bank, which benchmarks its rate monthly to the State's LAIF (quoted at ~4.258% at the time of the meeting). He explained that any allocation would be sized after coordination with the CFO on capital needs and potential bond prepayments; funds could be moved between operating accounts and the investment account to maintain liquidity while improving yield. The CFO agreed to highlight interest income in monthly financial statements so the Board can track results.

Raegan Ballo, Managing Director of Government Banking at Five Star Bank, presented details of the proposed account. He confirmed that the account is fully collateralized under California Government Code, offers same-day ACH transfers at no cost to the District, and provides liquidity similar to a checking account. He noted that the rate adjusts monthly in line with the state's Local Agency Investment Fund (LAIF) and emphasized that Five Star Bank manages over $850 million in public deposits, all of which must be fully collateralized.

Directors asked clarifying questions regarding the monthly fluctuation of the yield rate, potential fees for transfers, the level of risk involved, and how the District would monitor and report investment returns. They expressed support for exploring opportunities to improve yield while maintaining safety and liquidity, but also raised the importance of considering local financial institutions before committing funds elsewhere. Several directors voiced a preference for exhausting local options to keep investments in the community, while recognizing the specialized expertise Five Star Bank offers in managing public funds. The Interim CEO committed to contact other local banks and credit unions, including El Dorado, to compare products and report back before moving forward.

QUALITY COMMITTEE

Chair Turner called attention to the MOU – NIHD and Inyo County Health and Human Services.

Partridge presented a proposed Memorandum of Understanding (MOU) with Inyo County Health and Human Services and First Five. She explained that the County's recent Community Health Needs Assessment identified maternal mental health as a priority area. As part of the partnership, NIHD would contribute by providing meeting space and the expertise of its childbirth educators to support a new maternal mental health course. The class would be optional, offered every other month, and supplement the District's existing childbirth education program.

The Board expressed support for the collaboration, recognizing the importance of maternal mental health and the value of community partnerships. Public comment was invited; one commenter expressed appreciation for these types of collaborations.

> Motion to approve the MOU – NIHD and Inyo County Health and Human Services: Smith
> 2nd: Lent
> Pass: 3-0

Board Resolution 25-02 MOU with Inyo County Health and Human Services for use of District meeting space

> Motion to approve Board Resolution 25-02 MOU with Inyo County Health and Human Services for use of District meeting space: Lent
> 2nd: Smith
> Pass: 3-0

The Compliance Officer presented the written compliance report included in the Board packet. No oral additions or updates were provided.

APPOINTMENT OF ALTERNATE BOARD MEMBERS

Chair Turner called attention to the Appointment of alternate board members.

The Board discussed the potential appointment of alternate members to standing committees. It was noted that, with only two board members assigned to each committee, absences have occasionally prevented committees from achieving quorum, thereby delaying business. The proposed solution would designate an alternate for each committee, selected annually, who could attend and participate when a primary member is unavailable.

Board members acknowledged that this approach would help maintain continuity of committee work and expressed general agreement with moving the proposal forward.

Public Comment:

Members of the public asked clarifying questions about how the alternate system would function. Concerns were raised about whether alternates would be fully informed of committee work, and it was clarified that alternates would be drawn from existing board members, not outside individuals. It was also noted that committee reports are shared with the full Board at each meeting, ensuring all members remain informed and able to step in if needed.

CHIEF NURSING OFFICER / CHIEF OPERATING OFFICER REPORT

Chair Turner called attention to the CNO / COO Report.

Pharmacy Update

Partridge provided an update on the pharmacy and infusion project. On July 25, CDPH conducted inspections of three areas: the inpatient pharmacy, the infusion area, and the IV therapy compounding room. The inpatient pharmacy and infusion area passed without issue; however, the compounding room was found to be drawing too much negative pressure. Adjustments were made to the dampers, and by the end of that week the room was holding proper pressure.

CDPH granted immediate approval to begin using the inpatient pharmacy and infusion area, and services in the infusion area began on August 11. Staff have responded positively to the new space, noting its quiet, welcoming environment for patients. On August 13, the certifying vendor TSS recertified the compounding room, with all elements passing except for biological samples that remain pending. Once final results are received, documentation will be submitted to the state for anticipated approval, which will allow the project to be closed. A ribbon-cutting ceremony is planned to mark the completion.

Additionally, the State Board of Pharmacy conducted its annual inspection on August 13, which resulted in no findings. Inspectors expressed enthusiasm about the transition to the new facilities, noting the significance of the project's completion for the hospital and community.

CHIEF FINANCIAL OFFICER REPORT

Chair Turner called attention to the CFO Report.

Finance Department Update

Purchasing Department
Lynch, Director of Purchasing, provided an update on current initiatives within the Purchasing Department. He highlighted the establishment of a Value Analysis Committee, which meets bi-weekly to review products, services, capital purchases, and contract renewals to ensure they provide optimal clinical value, patient safety, and financial stewardship. The committee also evaluates the downstream effects of clinical practice changes on supply chain and consumables.

Lynch reported the implementation of a new capital request form, now available on the District intranet. This tool enables standardized data collection and aggregation, ensuring requests are reviewed by the appropriate leaders and ultimately the executive team. The process feeds into a SmartSheet system that

provides information on return on investment and total cost of ownership in a consistent format, reducing siloed work and supporting informed decision-making.

Patient Access

DeLeo, Director of Patient Access, presented on the District's implementation of upfront collections, a process launched in January 2025. She explained that the initiative required extensive staff training on price estimator tools and insurance websites and initially generated community complaints. Education efforts and persistence improved understanding, and staff have since adapted well.

DeLeo reported that upfront collections have resulted in a 221% increase over the past six months, rising from approximately $52,000 in January to $84,000 in June. Department-level data showed notable progress, particularly within Diagnostic Imaging (DI), where collections at the time of service are now routine. She acknowledged that some areas, such as women's services and RHC, reflect lower numbers due to the nature of billing practices (e.g., global OB charges).

She credited the success to staff dedication, with support from leadership and collaboration across departments, and emphasized that the new approach aligns NIHD with common practices at other facilities.

Board members congratulated DeLeo and her team, highlighting the strong progress made and the clear impact of the change. They praised the presentation and recognized the adjustment required by the community, noting that while the transition was challenging, it was ultimately necessary and beneficial.

Revenue Cycle

Lind, Director of Revenue Cycle, provided an update on current initiatives and the implementation of JORI. She stated that the revenue cycle team is focused on improving efficiency, financial outcomes, and the patient experience. To achieve these goals, targeted work groups have been formed to strengthen eligibility verification (to reduce denials), streamline prior authorization workflows (to minimize delays and frustration), review coding processes (to ensure timely and clean claims), and continually evaluate reimbursement strategies. Efforts are also being made to improve both internal and external communication.

Lind reported that the JORI implementation is beginning to show positive results. In June, the District recorded nearly $11 million in collections, the highest monthly total since her tenure began. Net receivables have decreased from $25 million to $19 million, reflecting improved processing and reimbursement. JORI has already reduced claims denials by 2% through eligibility verification and initiated 124 prior authorizations in July. The next phase will expand to outpatient prior authorizations, which Lind noted is an

increasingly critical area as Medicare will begin requiring them in 2026.

She acknowledged that the rollout took longer than expected and faced some initial challenges, but emphasized that the partnership is now demonstrating clear benefits and setting the District up for further improvement.

Board members expressed appreciation for the progress, noting that earlier concerns about JORI's effectiveness are being addressed as improvements become visible. Members supported the thoughtful, phased approach to expanding outpatient prior authorizations.

Public Comment
One commenter noted that outpatient prior authorizations are an important issue, citing a recent personal experience. They agreed with the District's decision to address this area proactively.

Controller

Interim Controller Larry Hooker presented an update on finance department projects. He reported significant progress toward resolving two longstanding audit findings related to inventory and balance sheet reconciliations. The annual inventory count, conducted in April with auditor oversight, was completed successfully with strong staff support. Hooker noted that auditors expressed confidence in the process, and he is optimistic that the related audit finding will be cleared.

Regarding the balance sheet reconciliation finding, Hooker stated that of 230 required reconciliations, 219 have been completed (95%). The remaining accounts are in process, with documentation scheduled to be provided to auditors beginning in September. He emphasized the goal of reaching full compliance before the upcoming audit season and acknowledged staff efforts, estimating more than 600 hours dedicated in recent months.

Hooker also updated the Board on several ongoing initiatives:

- **Ludi Implementation**: Phase 1, covering contract management and physician compensation, is fully operational. Phase 2, addressing productivity-based compensation (work RVUs), is scheduled to go live by October.
- **Payroll360**: Integration of ADP payroll data into the District's general ledger is in testing, designed to reduce manual journal entries.
- **Bank Integration (BAI)**: Transactions from Eastern Sierra Community Bank are being mapped for automated posting into the ledger, with additional banks to follow.
- **Operational Improvements**: Work is underway to refine month-end close processes (targeting 5–7 days) and recruit two open staff positions.

Board members asked whether the audit findings are expected to be cleared this

year. Hooker responded that inventory findings appear well on track for resolution, and the balance sheet reconciliation issue is also expected to be resolved, pending auditor review in November. Members expressed appreciation for the progress made and acknowledged the effort required to reach this stage. The CFO also noted that outside auditors have been assisting with reconciliations, providing valuable expertise.

Financial & Statistical Reports

The CFO presented preliminary, financial and statistical results for the fiscal year ending June 30. Inpatient volumes were steady, outpatient surgical volumes increased, and several specialty clinics reported growth, though orthopedic surgeries declined significantly. Rural Health Clinic visits increased 11% and Behavioral Health visits increased 12%.

Financially, the District ended the year with a $16 million operating loss, slightly higher than the $15 million budgeted, primarily due to lost orthopedic revenue and inventory adjustments. Supplemental funding and a federal retention credit offset these losses, resulting in overall income $4.5 million better than budget. Reports now include corrective action plans to address performance shortfalls.

Public Comment:
One question asked whether the new orthopedics arrangement required NIHD guarantees; the CFO clarified the contract is **100% productivity-based** (paid per patient/case only).

Motion to accept the Financial and Statistical Reports: Smith
2nd: Lent
Pass: 3-0

GENERAL INFORMATION FROM BOARD MEMBERS

Director reported that Northern Mono County and the Bridgeport Tribe had recently reached an agreement to move forward with building a clinic in the northern part of the county. The project will involve collaboration with Toiyabe and Mono County.

Board members expressed support for increased collaboration across frontier and rural communities, emphasizing that working together will benefit NIHD as well as surrounding areas.

PUBLIC COMMENT ON CLOSED SESSION

Chair Turner asked for public comment on closed session items.

Public Comment:
Will the Board have a report out at the end of closed session regarding the CEO? The board was unsure if they would have a report out.

ADJOURNMENT TO CLOSED SESSION

Adjournment to closed session at 9:19 pm.

RETURN TO OPEN SESSION	Called back to order at 9:49 pm. Chair Turner stated there were no reportable actions from the closed session.
ADJOURNMENT	Adjournment at 9:50 pm.

_____
Jean Turner
Northern Inyo Healthcare District
Chair

Attest: _____
David Lent
Northern Inyo Healthcare District
Secretary