

- CALL TO ORDER** Northern Inyo Healthcare District (NIHD) Board Chair Best-Baker called the meeting to order at 3:30 pm.
- PRESENT** Melissa Best-Baker, Chair  
Maggie Egan, Secretary  
Laura Smith, Treasurer  
Jean Turner, Member at Large
- Christian Wallis, Chief Executive Officer  
Allison Partridge, Chief Operations Officer / Chief Nursing Officer  
Adam Hawkins, DO, Chief Medical Officer  
Alison Murray, Chief Human Resources Officer, Chief Business Development Officer  
Andrea Mossman, Chief Financial Officer
- ABSENT** David Lent, Vice-Chair  
Sam Jeppsen, MD, Chief of Staff
- TELECONFERENCING** Notice has been posted, and a quorum participated from locations within the jurisdiction.
- PUBLIC COMMENT ON CLOSED SESSION ITEMS** Chair Best-Baker reported that at this time, audience members may speak on closed session items on the agenda that are within the jurisdiction of the Board.
- Public Comment:** None
- RETURN TO OPEN SESSION** The Board returned to open session at 5:00 pm.
- There was no report out from the closed session.
- PUBLIC COMMENT** Chair Best-Baker reported that at this time, audience members may speak on any items not on the agenda that are within the jurisdiction of the Board.
- Public Comment:**  
One member of the public addressed the Board regarding the District’s upfront cash collection policy, describing a personal experience with being asked to pay the full deductible amount at the time of service and expressing concern about the financial impact on patients. The speaker requested consideration of limiting point-of-service collections and implementing default payment plan options for higher-cost services.
- Board Discussion:**  
The Chair stated that, in accordance with the Brown Act, the Board could not engage in discussion at that time and directed that the item be placed on a future agenda for formal review.
- CONSENT AGENDA** **Public Comment:** None

The following items were removed for further discussion:

- iv. Electrical Distribution
- V. EOC Management Plan
- vi. NIHD Wireless Connectivity

**Motion by Turner** to approve the remaining consent agenda items  
**2<sup>nd</sup>: Smith**  
**Pass: 4-0**

**iv. Electrical Distribution**

**Board Discussion:**

A Board member raised a question regarding the language under Category 1 systems, noting that while several critical care areas were listed as examples, the Emergency Department was not specifically identified. The member requested that the Emergency Department be explicitly included in the examples of areas where electrical system failure could result in major injury or death. Administration agreed that the Emergency Department should be added for clarity.

**vi. NIHD Wireless Connectivity**

**Board Discussion:**

This item was removed from the Consent Agenda for clarification. During the discussion, it was noted that the item contained a typographical error only and did not involve substantive policy changes.

**Motion by Egan** to approve Electrical Distribution and NIHD Wireless Connectivity Policies with changes

**2<sup>nd</sup>: Turner**

**Pass: 4-0**

**v. EOC Management Plan**

**Board Discussion:**

This item was removed from the Consent Agenda for separate consideration. Following a brief discussion, the item was deferred and will be brought back at a future Board meeting for further review.

CONSIDERATION OF  
CREDENTIALING

ACTION RECOMMENDED BY THE MEDICAL EXECUTIVE COMMITTEE

**Public Comment:** None

**Motion by Smith** to approve Medical Staff Reappointments 2026-2027

**2<sup>nd</sup>: Egan**

**Pass: 4-0**

**Motion by Turner** to approve Medical staff initial Appointments 2026-2027

**2<sup>nd</sup>: Egan**

**Pass: 4-0**

**Motion by Egan** to approve Medical Staff Initial Appointments 2026-2027 –  
Proxy Credentialing

**2<sup>nd</sup>:** Smith  
**Pass:** 4-0

CHIEF EXECUTIVE  
OFFICER REPORT

**Strategic Growth – WIPFLI/WOLD**

Representatives from Wipfli and Wold provided an overview of the Strategic Growth Plan process, including progress on the market and demand analysis, affordability analysis, and existing state facility assessment. The team reported completing on-site facility tours and stakeholder interviews and outlined next steps, including space needs analysis, options development, and long-range financial modeling.

**Public Comment:** None.

**Board Discussion**

Board members expressed support for the comprehensive planning approach and emphasized the importance of aligning facility improvements with financial sustainability. Questions were asked regarding project timeline, return site visits, financial feasibility, and the use of lean planning methodologies; the consultants responded that the process is expected to take approximately four to six months, pending receipt of state data, and will include additional on-site engagement during options development.

**Auxiliary/Foundation Update**

Auxiliary Chair Benson reported on ongoing Auxiliary activities, including evaluation of potential equipment purchases such as Emergency Department furniture and an ultrasound unit, continued operation of the gift shop and holiday boutique, and efforts to recruit new members, including outreach to hospital staff and younger volunteers. Foundation Chair Kilpatrick provided an update on recent and upcoming fundraising efforts, including the annual Bunco event, Giving Tuesday campaign, and a planned golf tournament, as well as Care Shuttle operations, Healing Garden enhancements, board recruitment efforts, and consideration of supporting grounds restoration near the Infusion Center.

**Public Comment:** None.

**Board Discussion**

Board members expressed appreciation for the continued financial and volunteer support provided by both the Auxiliary and the Foundation and acknowledged the positive impact of their contributions to the District and community.

**GO Bond**

CEO Wallis provided an update on the District's General Obligation Bond, including recent outreach to the County Board of Supervisors and ongoing

efforts to clarify the bond structure and long-term repayment schedule. CEO Wallis reported that a consultant has been engaged to analyze and reconstruct the bond amortization schedule and evaluate strategies to mitigate potential future taxpayer impact.

**Public Comment:** None.

**Board Discussion**

Board members discussed the importance of transparency, coordination with the County Auditor-Controller and Treasurer, and proactive planning to ensure long-term fiscal responsibility. The Board expressed support for continued analysis and public communication regarding the bond repayment strategy.

QUALITY COMMITTEE

**Beta**

Quality Manager Feinberg provided an update on the Beta program, reporting that several leaders attended a recent conference and are preparing to launch the 2026 SCORE survey focused on culture of safety and employee engagement. She also reported continued implementation of Beta processes related to patient harm events, including root cause analysis and patient and family engagement following reportable incidents.

**Public Comment:** None.

**Board Discussion:** None

**CHNA**

This item will be presented at the March 2026 meeting.

**Quality Committee Charter**

Administration presented the proposed Quality Committee Charter, noting it follows the same format and structure as previously approved Finance and Governance Committee charters. The charter outlines the committee's purpose, responsibilities, and reporting structure.

**Public Comment:** None.

**Board Discussion:** None

**Motion by** Turner to approve the Quality Committee Charter

**2<sup>nd</sup>:** Egan

**Pass:** 4-0

**Quality Dashboard**

Quality Manager Feinberg presented the quarterly Quality Dashboard, reporting zero central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI), low readmission and mortality rates, and stable performance across key quality indicators. One sentinel event

involving a patient fall with injury was reported, and administration completed a root cause analysis in alignment with established protocols, including patient and family engagement. Updates were also provided on patient satisfaction scores, employee engagement, turnover, and workplace safety metrics.

**Public Comment:** None.

**Board Discussion**

Board members asked for clarification regarding the sentinel event, including the nature of the incident and whether it met Joint Commission reporting criteria. Administration explained that patient falls with injury are among the most common reportable sentinel events, that a root cause analysis was completed, and that the patient and family were engaged consistent with Beta transparency practices. Board members also asked about overall trends in quality metrics and expressed appreciation for the continued strong infection prevention performance and transparent reporting.

FINANCE COMMITTEE

**Financial Audit**

CFO Mossman presented the final audited financial statements for Fiscal Year 2025, noting minor reclassifications from the draft version previously reviewed by the Board. Changes included the reclassification of estimated third-party settlements to assets and the reallocation of certain expenses between categories, with no impact to total operating expenses or net income. The District's net income for the fiscal year remained approximately \$5 million.

**Public Comment:** None.

**Board Discussion**

Board members asked clarifying questions regarding the noted reclassifications and confirmed that the changes did not affect overall financial performance.

**Motion by Egan to accept the Financial Audit**

**2<sup>nd</sup>:** Smith

**Pass:** 4-0

**Financial and Statistical Report**

CFO Mossman presented the December Financial and Statistical Report, noting that while overall year-to-date results reflect a budget variance largely due to a reduction in Intergovernmental Transfer (IGT) funding, December operations showed improved performance with increased volumes, particularly in orthopedic services. Accounts receivable days improved to industry-standard levels, and cash collections strengthened, though cash reserves have declined due to operating losses, debt service payments, and capital expenditures. Administration also provided an update on bond covenant metrics and ongoing efforts to improve revenue cycle performance and financial stability.

**Public Comment:** None.

### **Board Discussion**

Board members discussed the impact of reduced IGT funding, debt service coverage requirements, and cash reserves, and asked questions regarding orthopedic volume trends and operational recovery strategies. Administration responded that volumes are trending upward, revenue cycle improvements are yielding results, and leadership is focused on expense management and service line growth to improve financial performance.

**Motion by** Smith to accept the Financial and Statistical Report

**2<sup>nd</sup>:** Egan

**Pass:** 4-0

### **Financial Projection**

CFO Mossman presented the updated financial projection, outlining anticipated year-end performance based on current operating trends and the reduction in Intergovernmental Transfer (IGT) funding. The projection reflected a more conservative outlook due to decreased supplemental funding, while also noting recent improvements in surgical volumes, revenue cycle performance, and January preliminary results trending positively. Administration emphasized continued focus on expense management, service line growth, and operational efficiencies to mitigate projected losses.

**Public Comment:** None.

### **Board Discussion**

Board members discussed the assumptions used in the projection, the impact of reduced IGT funding on cash reserves and bond covenant compliance, and strategies to stabilize financial performance. Administration noted that January results showed improved operating performance and that the projection represents a conservative scenario, with ongoing efforts to strengthen volumes and revenue collections.

### **Ortho Service Line**

CMO Hawkins and Administrative Head of Diagnostic Services Weber provided an update on the Orthopedic Service Line, reviewing historical volume trends, factors contributing to the decline in late 2024, and corrective actions implemented to stabilize operations. They reported steady improvement in surgical case volumes over the past two quarters, improved scheduling processes, and positive preliminary results for January. Leadership outlined continued efforts to strengthen recruitment stability, optimize workflow, and support sustainable growth in orthopedic services.

**Public Comment:** None.

**Board Discussion**

Board members asked about the sustainability of current volume increases and whether projections indicate continued growth. CMO Hawkins and Weber responded that current scheduling patterns and referral trends support continued recovery, and that operational adjustments have positioned the service line for ongoing stabilization and growth.

**GENERAL INFORMATION  
FROM BOARD MEMBERS**

A Board member reiterated the importance of formally reviewing the District's upfront cash collection policy at a future meeting, referencing earlier public comment and requesting the matter be scheduled for Board discussion.

A Board member reported attending a recent meeting of the County Board of Supervisors and noted the value of continued collaboration and transparency with local government partners regarding District financial matters and strategic planning efforts.

Board members also acknowledged ongoing community outreach efforts and emphasized the importance of maintaining clear communication with the public regarding District operations, financial performance, and future planning initiatives.

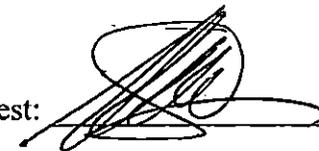
**ADJOURNMENT**

Adjournment at 6:50 pm.



Melissa Best-Baker  
Northern Inyo Healthcare District  
Chair

Attest:



Maggie Egan  
Northern Inyo Healthcare District  
Secretary