

- CALL TO ORDER** Northern Inyo Healthcare District (NIHD) Board Chair Best-Baker called the meeting to order at 5:01 pm.
- PRESENT** Melissa Best-Baker, Chair
David Lent, Vice-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
Alison Murray, Chief Human Resources Officer, Chief Business Development Officer
Andrea Mossman, Chief Financial Officer
- TELECONFERENCING** Notice has been posted, and a quorum participated from locations within the jurisdiction.
- 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:**
Community members expressed concern about the hospital’s financial condition, questioning continued borrowing, spending, and the use of consultants without clear cost-cutting measures. Speakers emphasized the need for greater transparency, community engagement, and rebuilding public trust, including requests for a dedicated agenda item or open forum to address concerns. Additional comments highlighted operational challenges such as emergency services, facility planning constraints, and the limits of local resources, while acknowledging the importance of sustaining healthcare services in the community.
- CONSENT AGENDA** **Public Comment:** None
- Motion by Turner** to approve the consent agenda
2nd: Egan
Pass: 5-0
- CONSIDERATION OF CREDENTIALING** **ACTIONS RECOMMENDED BY THE MEDICAL EXECUTIVE COMMITTEE**
- Public Comment:** None
- Motion by Egan** to approve Medical Staff initial Appointments 2026/2027
2nd: Smith
Pass: 5-0
- SCORE SURVEY** CEO Wallis reported an increase in the employee score survey response rate from approximately 52–54% last year to 66% this year, exceeding the 60% goal

and improving data reliability. The next steps include departmental debriefs, staff feedback collection, and leadership-driven action plans based on results.

Public Comment: None

Board Discussion:

Board members asked about accountability and follow-through, confirming that leadership teams present their action plans annually and report progress to ensure implementation.

ACHD BOARD OF
DIRECTORS MEETING

CEO Wallis reported on recent engagement with HCAI leadership, highlighting discussions around rural healthcare collaboration, regional partnerships, and eligibility for the Rural Health Transformation Program. He noted that cross-state coordination with providers like Renown is supported, as long as funds are spent within California.

Public Comment: None

Board Discussion:

The board emphasized the importance of Eastern Sierra collaboration and confirmed that current regional strategies align well with state program goals and funding priorities.

COMPLIANCE REPORT

Compliance Officer Dickson presented a dashboard-style compliance report highlighting key metrics, including a slight increase in UORs compared to the prior year. She also introduced new low-cost compliance branding and posters aimed at reinforcing teamwork, patient trust, and organizational awareness.

Public Comment: None

Board Discussion:

Board members expressed appreciation for the report and suggested improving readability, particularly increasing the size of printed materials. Dickson noted the dashboard is still evolving and welcomed feedback for further refinement.

Motion by Smith to accept the Compliance Report

2nd: Lent

Pass: 5-0

QUALITY COMMITTEE

Community Health Needs Assessment (CHNA)

Ovation Health presented an overview of the CHNA process, a required three-year assessment incorporating public health data and nearly 400 community survey responses to identify local health priorities. Key findings included healthcare affordability, access to care, mental health, and senior services as top concerns, with an implementation plan organized into three focus areas: access to services, care coordination/disease management, and mental health. The report is being brought forward for board approval to finalize and publish as the hospital's official three-year plan.

Public Comment:

A question was raised regarding the survey sample size and whether outreach methods were sufficient to reach a broader portion of the community. CEO Wallis responded by outlining distribution efforts including online platforms, paper copies, media outreach, and regional coordination, while acknowledging typical participation limitations. Board Member Best-Baker added that the survey's timing during November may have reduced engagement and suggested aligning future surveys with public health timelines to improve response rates.

Board Discussion:

The board asked about the cost of the survey and whether it could be completed in-house; staff responded that the approximately \$18,000 cost covered both hospitals and that a third-party is required to ensure objectivity and meet regulatory standards.

A technical question was raised regarding how population-based metrics (e.g., rates per 100,000) are calculated and applied to a smaller population like Inyo County. CEO Wallis provided context on how such metrics are normalized proportionally for smaller populations, and Ovation Health will review the report, and include additional explanation in the document to show how those figures are calculated.

Motion by Egan to accept the CHNA Report
2nd: Turner
Pass: 5-0

Quality Dashboard

Infection Prevention Manager Robin Christensen provided additional detail on quality dashboard metrics related to central line (CLABSI) and catheter-associated (CAUTI) infections, explaining the clinical definitions and surveillance criteria used for tracking. She reviewed benchmarking through national databases, noting that small patient volumes can significantly impact standardized infection ratios and comparisons. Christensen emphasized prevention strategies, including minimizing device use, daily necessity reviews, staff training, and monitoring protocols, reporting that the hospital has maintained zero infections in these categories.

Public Comment: None

Board Discussion:

Board members expressed appreciation for the presentation and acknowledged the strong infection prevention outcomes, including maintaining zero infections.

FINANCE COMMITTEE

Financial Strategy, short-term

CEO Wallis presented short-term financial strategies in response to recent financial challenges, including a \$6 million revenue shortfall tied to IGT funding loss and resulting bond pressures. CEO Wallis emphasized that while

long-term strategic plans remain in place, the immediate focus is on stabilizing operations over the next 3–12 months through increased revenue and reduced expenses.

CEO Wallis outlined actions already underway, including improvements to revenue cycle management to increase reimbursement accuracy and speed, stabilization of labor costs through negotiated agreements, and restructuring of orthopedic services through a long-term partnership. CEO Wallis also described in-progress initiatives such as transitioning providers to productivity-based compensation models, improving patient throughput and scheduling efficiency, addressing space constraints, exploring inpatient dialysis services, and pursuing a women’s health partnership with Mammoth Hospital.

Public Comment: None

Board Discussion:

The board discussed the hospital’s current financial challenges and the need for immediate, data-driven actions to stabilize operations. Members emphasized balancing expense reductions with maintaining essential services, while also acknowledging the importance of workforce stability and community trust. Discussion reflected a shared understanding that difficult operational and financial decisions may be necessary to ensure long-term sustainability.

HealthTrust Contract

HealthTrust representative Lopez presented a workforce benchmarking process that analyzes staffing levels using worked hours per unit of service and compares them to peer hospitals to identify opportunities for efficiency. CEO Wallis noted that the organization has not previously conducted formal, data-driven benchmarking and that current staffing decisions are often reactive and department-specific. CEO Wallis emphasized the goal of using this process to establish system-wide benchmarks, ensure staff are working at the top of their license, and implement ongoing data-driven staffing management practices.

Public Comment: None

Board Discussion:

The board asked questions regarding current staffing practices, expected financial impact, and how workforce changes would be implemented. In response, CEO Wallis and HealthTrust representative Lopez explained that current staffing decisions are largely reactive and not based on system-wide data, and that the benchmarking process would provide a structured, data-driven approach to staffing across departments. They noted that similar engagements typically identify potential labor savings of approximately 8–12% and help determine appropriate staffing levels based on comparable hospitals.

Additional questions addressed how changes would affect employees and operations. Responses clarified that the process is collaborative and not prescriptive, with input from department leaders, and that any adjustments could include reassigning staff, addressing vacancies, or improving role

alignment rather than immediate reductions. Leadership also emphasized that implementation would be phased and tailored to the organization, balancing financial sustainability with workforce stability and the challenges of staffing in a rural environment.

Motion by Lent to approve the HealthTrust Contract

2nd: Egan

Pass: 4-1

Oppose: Smith

Tele-nephrology Contract

Dr. Hawkins presented a proposal to establish an inpatient dialysis service using tele-nephrology, addressing a major regional gap in care across a 400-mile corridor with no local inpatient dialysis services. He explained that many patients are currently transferred or delay care, and that implementing a portable dialysis system with remote nephrologist support could improve access, quality, and patient outcomes. Financial projections estimate net revenue annually (before operating expenses) with minimal additional staffing, based on capturing a portion of existing patient demand.

Public Comment:

Public comment expressed support for the proposed inpatient dialysis program, particularly the benefit of keeping patients in the community and reducing the need for transfers to outside facilities. Comments highlighted the positive impact on patient access, continuity of care, and reduced travel burden for patients and families. Additional input reflected interest in the financial and operational aspects of the program, including potential equipment costs and implementation approaches.

Board Discussion:

The board asked questions regarding patient care settings, staffing, equipment, regulatory requirements, and overall program implementation. In response, Dr. Hawkins explained that dialysis would not require ICU-level care in all cases and could be performed in appropriate inpatient settings based on patient condition, with policies still under development. He further clarified that dialysis could be provided in standard patient rooms, supported by specially trained nursing staff, with care overseen by hospitalists and remote nephrologists available 24/7, including on-site support during implementation.

Additional questions addressed equipment, supplies, licensing, and program structure. Dr. Hawkins, CEO Wallis, and CNO/COO Partridge explained that the program would operate as an inpatient service without establishing a separately licensed dialysis unit, reducing regulatory requirements. They also confirmed that vendor partners would provide equipment, training, and ongoing operational support. Board members acknowledged the benefit of improving local access to care and reducing patient transfers.

Motion by Egan to approve the approval of the Professional Nephrology Services Agreement with TeleNeph, LLC and approval of the purchase of two

NextStage dialysis machines at an estimated total cost of \$74,000

2nd: Smith

Pass: 5-0

Skilled Nursing Facility (SNF) Project

CEO Wallis provided an update on the skilled nursing facility partnership, noting a decision to move away from a previously proposed 15-year contract due to concerns about long-term financial obligations. He outlined a revised approach that includes conducting a financial feasibility study and engaging a consulting group to evaluate regulatory, licensing, and operational requirements. He explained that the proposed Distinct Part Nursing Facility (DPNF) model would allow a partnership with Bishop Care Center under the hospital's license, potentially increasing reimbursement rates and improving care coordination.

Public Comment:

Questions were raised regarding the structure of the proposed partnership with Bishop Care Center, including whether the hospital would assume ownership of the skilled nursing facility and how revenue would be managed. In response, CEO Wallis explained that the model would be a joint partnership under the Distinct Part Nursing Facility (DPNF) program, with the facility operating under the hospital's license, allowing increased reimbursement rates and shared financial benefit.

Board Discussion:

Questions addressed risks, licensing implications, and long-term commitments. CEO Wallis clarified that the revised approach prioritizes flexibility through shorter-term consulting engagements and phased evaluation, allowing the organization to assess feasibility while avoiding long-term contractual obligations.

Financial & Statistical Reports

CFO Mossman presented the financial and statistical reports, noting that January outperformed budget with net income of approximately \$1.9 million, driven by payer mix and orthopedic volume. CFO Mossman also reported improved cash collections, a reduction in accounts receivable over 90 days, and an increase in days cash on hand.

Public Comment: None

Board Discussion: None

Motion by Smith to accept the financial and statistical report

2nd: Turner

Pass: 5-0

Public Comment, Constituent Complaint

CEO Wallis reported on a constituent complaint regarding an unexpected upfront cost for imaging services, explaining that the patient had been referred

in September but did not complete the appointment until January after the deductible reset, and did not return follow-up calls from staff regarding pricing. CEO Wallis stated that while processes were followed, the organization will review customer service practices and improve upfront pricing communication tools.

Public Comment: None

Board Discussion: A board member encouraged the community to direct concerns, such as this, to the CEO for proper handling through established processes.

Fiscal Year 26/27 Budget

CEO Wallis provided an update on the FY 2026/2027 budget process, stating that the expense budget has been completed with department leaders who reviewed and adjusted departmental expenses, resulting in a position aligned with anticipated increases. He reported that the next phase will focus on development of the revenue budget, including projected growth and current initiatives, and confirmed the organization remains on track to present a completed budget to the board by May.

Public Comment: None

Board Discussion: None

GOVERNANCE
COMMITTEE

Board Resolution, Consolidated Election

Board Clerk Reed presented a resolution to consolidate the hospital district election with the general election and authorize the Inyo County Elections Office to conduct the election. She noted that zones 1, 2, 3, and 5 will be open, with zones 1 and 2 serving two-year terms and zones 3 and 5 serving four-year terms, and that the candidate filing period is scheduled from July 13 through August 7.

Public Comment: None

Board Discussion: None

Motion by Smith to approve Board Resolution, Consolidated Election
2nd: Turner
Pass: 5-0

CSDA Site visit with legislators

CEO Wallis provided an update on the upcoming CSDA site visit with legislators, noting it as an opportunity to highlight the hospital's operations and challenges. Members of the Governance Committee will attend on behalf of the board, and will report back following the visit.

Public Comment: None

Board Discussion:

A board member suggested that Anna Scott from Health and Human Services be invited to participate in the visit.

Representative Tangipa, Bill for Financial Support

CEO Wallis provided an update regarding engagement with Representative Tangipa related to potential legislative support, noting ongoing discussions around a bill that could provide financial assistance to support hospital operations.

Public Comment: None

Board Discussion:

The board requested the bill number associated with the proposed legislation. The bill number was not immediately available during the meeting; subsequent review identified the bill as Assembly Bill 2665 (AB 2665)

Potential for Joint Meeting with Mammoth Board of Directors and SMHD Board of Directors, CEOs

CEO Wallis discussed the potential for a joint meeting between the Northern Inyo Board, Mammoth Hospital Board, and Southern Mono Health District Board and executive teams to align on strategy, policy direction, and opportunities for collaboration across organizations.

Public Comment: None

Board Discussion:

The board discussed the value of increased coordination and communication between organizations to support regional healthcare delivery and strategic alignment.

Motion by Turner to approve the potential joint board meeting

2nd: Smith

Pass: 5-0

Board Bylaws

CEO Wallis introduced the board bylaws update, explaining that revisions were needed to align current governance practices, committee structure, and operational processes with how the board is functioning. Board Clerk Reed requested the board approve the updates including the supplemental changes included in the board packet.

Public Comment: None

Board Discussion:

A board member expressed appreciation for the revisions to the Board Chair's role.

Motion by Lent to approve the Board Bylaws with changes

2nd: Egan
Pass: 5-0

**GENERAL INFORMATION
FROM BOARD MEMBERS**

Board members acknowledged the passing of Joanne Hunt's husband and expressed condolences to the family.

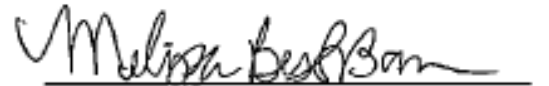
Board members noted participation in employee appreciation activities and the opportunity to engage directly with staff.

The board noted the upcoming Foundation fundraiser, Bunco, to be held at the fairgrounds on April 23, with tickets available for purchase through board members or the Board Clerk.

Board members emphasized the importance of community engagement and stated that the board will work together to make difficult decisions in the best interest of the hospital, its patients, and the community.

ADJOURNMENT

Adjournment at 7:57 pm.



Melissa Best-Baker
Northern Inyo Healthcare District
Chair

Attest: 

Maggie Egan
Northern Inyo Healthcare District
Secretary