CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Board Chair Best-Baker called the meeting to order at 3:41 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 Adam Hawkins, Chief Medical 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 ON CLOSED SESSION ITEMS	Chair Best-Baker reported that at this time, audience members may speak only on closed session agenda items. **Public Comment:** None
ADJOURN TO CLOSED SESSION	Adjourn to closed session at 3:41 pm.
RETURN TO OPEN SESSION	Return to open session at 5:11 pm.
REPORT OUT FROM CLOSED SESSION	No reportable action.
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:** A member of the public shared a positive experience with NIHD and expressed appreciation for the staff and quality of care provided.
CONSENT AGENDA	The Board pulled the following items for further discussion: Approval of minutes for July 15, 2026 Regular Board Meeting Mifeprex (Mifeprstone) Risk Evaluation and Mitigation Strategies (REMS) Program **Public Comment:** None **Board Discussion:** None

Motion by Lent to approve the remaining consent agenda items
2nd: Turner
Pass: 5-0

Approval of minutes for July 15, 2026 Regular Board Meeting

Public Comment: None

Board Discussion: The Board requested that more clarity be included in the meeting minutes to specify what option 3 was in the GO Bond section.

Motion by Egan to approve the minutes of July 15, 2026 with recommended changes
2nd: Smith
Pass: 5-0

Mifeprex (Mifeprstone) Risk Evaluation and Mitigation Strategies (REMS) Program

Public Comment: None

Board Discussion: A Director requested that the policy regarding mifepristone be considered separately from the Consent Agenda and stated opposition to the policy based on personal beliefs regarding the sanctity of life from conception.

Motion by Turner to approve the Mifeprex (Mifeprstone) Risk Evaluation and Mitigation Strategies (REMS) Program
2nd: Egan
Pass: 4-1
Opposed by: Smith

CONSIDERATION OF CREDENTIALING ACTIONS RECOMMENDED BY THE MEDICAL EXECUTIVE COMMITTEE

Public Comment: None

Board Discussion: None

Motion by Turner to approve the credentialing actions recommended by the Medical Executive Committee
2nd: Lent
Pass: 5-0

The following credentials were approved:
Medical Staff Initial Appointments 2026-2027

Scott Thalman, MD *(radiology)* – Courtesy Staff
Collin LaPorte, MD *(orthopedic surgery*) – Courtesy Staff
Kathleen Ferguson, DO (*emergency medicine*) – Active Staff
Nicholas Herzik, MD (*emergency medicine*) – Active Staff

Medical Staff Telemedicine Privileges 2026-2027 – Proxy Credentialing

Joshua Mendelson, MD (*teleneurology*) – Telemedicine Staff (Distant Site: Sevaro)

Additional Privileges

Tammy O'Neill, PA-C (*physician assistant*) – recommendation to add privileges in orthopedic services to Ms. O'Neill's current appointment, including surgical first assist privileges and inpatient rounding.

EXTENSION OF TEMPORARY PRIVILEGES FOR GOOD CAUSE

Public Comment: None

Board Discussion: None

Motion by Egan to approve the extension of temporary privileges for good cause
2nd: Turner
Pass: 5-0

The following privileges were extended for good cause.

30-day extension of the temporary clinical privileges granted to Megan Smith-Zagone, MD (*pathology*), based on good cause

CEO REPORT

Renown Leadership on Rural Health Strategy

CEO Wallis introduced leadership from Renown Health and discussed the developing partnership between the organizations. Renown President and CEO Dr. Erling presented Renown's rural health strategy, which focuses on supporting rural hospitals in keeping care within their local communities whenever possible while providing access to higher levels of care when needed. He discussed opportunities for expanded specialty services through traveling specialists and telehealth, access to clinical research and trials, shared technology and virtual-care resources, improved specialty consultations, and more seamless transfers between rural hospitals and Renown. Erling emphasized that Renown's approach is to work with rural hospitals to identify the services and resources needed by their communities rather than prescribe a standardized model.

Chief Information Officer for Renown Health, Podesta, presented information on Renown's Epic Community Connect program and the potential to extend Renown's electronic health record platform to NIHD. Podesta discussed the benefits of a shared electronic health record, including improved access to patient information across organizations, greater continuity of care when patients are transferred between NIHD and Renown, and access to technology and functionality that may otherwise be difficult for a rural hospital to implement independently.

Public Comment: None

Board Discussion:
The Board expressed appreciation for Renown's partnership and discussed the importance of data demonstrating that NIHD transfers patients when a higher level of care is medically necessary, rather than routinely transferring patients out of the community. Members noted that this information helps address public perceptions regarding transfers from NIHD and reflects the level of care being provided locally.

The Board also discussed the potential benefits of a shared electronic health record, particularly improved communication and continuity of care when patients move between NIHD and Renown. A Board member shared a personal experience illustrating difficulties obtaining follow-up information after a patient transfer and noted that a shared EHR could make information available more efficiently to both NIHD providers and patients. The Board expressed appreciation for staff's work in developing the Renown relationship and the progress being made.

FINANCE COMMITTEE

NIH Foundation and Auxiliary Donation
CNO/COO Partridge recognized contributions from the Northern Inyo Healthcare District Foundation and Auxiliary. The Foundation donated $30,000 to support retrofitting existing exam spaces to provide additional and more appropriate space for specialty services, with the potential to expand appointment and service availability. The Auxiliary donated $20,000 for the purchase of two smart beds for the Medical-Surgical Unit. Partridge described the patient-safety and pressure-reducing features of the beds and expressed appreciation for the continued support of both organizations.

Public Comment: None

Board Discussion:
The Board expressed appreciation to the Foundation and Auxiliary for their continued support of the District and recognized the value of the donations in supporting patient care and expanding services.

RHTP (Rural Health Transformation Project) Update

Eastern Sierra Women's Health Program: CEO Wallis reported that NIHD is pursuing RHTP funding for a regional maternal health initiative in partnership with Mammoth Hospital, Southern Inyo Healthcare District, Toiyabe Indian Health Project, and Ridgecrest. NIHD would serve as the regional hub, with funding supporting recruitment and retention, workforce training, telehealth, and emergency obstetric support across participating organizations.

EHR Modernization: CEO Wallis reported that the District is pursuing RHTP funding to support implementation of the Epic electronic health record through Renown Health. The grant could provide funding toward the implementation and transition costs, and Board authorization related to the application was scheduled for consideration at a special meeting later that evening.

Chronic Disease Management and Preventive Care: CEO Wallis reported that NIHD submitted a letter of intent to participate in a consortium led by Southern Humboldt Healthcare District. The proposed program would focus on chronic disease management and preventive care outreach, with RHTP funding supporting the associated program costs.

Public Comment: None

Board Discussion:
The Board expressed particular interest in the Eastern Sierra Women's Health Program and discussed the availability of labor and delivery services throughout the region.

Service Line Update

Behavioral Health: Behavioral health continues to be identified as a significant community need through the Community Health Needs Assessment and the County's Community Health Improvement Plan. NIHD currently provides behavioral health services through several programs but does not have a comprehensive program. The District is working to strengthen and coordinate these services, including contracting with a local psychologist and continuing the Medication-Assisted Treatment (MAT) program as part of the developing behavioral health program.

Dermatology: Dr. Pam Mundell will begin providing dermatology services at NIHD in September, initially two days per month with the potential to expand based on demand. Dr. Mundell currently practices in Mammoth and already serves a significant number of patients from the NIHD service area, allowing those patients to receive dermatology care closer to home.

Telehealth Specialty Services: The District intends to expand access to specialty care through telehealth by beginning with a limited number of specialties, working through the operational process, and expanding the program as patient volume and demand develop.

Wipfli Market Survey/Growth Strategy: The District continues to use the Wipfli market analysis to guide specialty-service growth. The District is considering recruitment of a cardiologist, hematologist/oncologist, and gastroenterologist. To accommodate additional specialty providers, the District is also developing an interim space plan that would relocate Pediatrics and expand the Specialty Clinic from three to six exam rooms while longer-term medical office building plans continue.

Public Comment: None

Board Discussion:
The Board expressed support for strengthening behavioral health services, including continuation and expansion of the MAT program. Members also

discussed the anticipated demand for dermatology services and asked how patients would schedule appointments once the new service becomes available.

Radiology Request for Proposal
An RFP for radiology and imaging services was issued on August 5 to evaluate available options and ensure the services provided continue to align with the District's needs. The RFP was expected to close near the end of August, after which proposals would be evaluated using the criteria established in the RFP.

Public Comment: None

Board Discussion: None

Investment Report
Investment balances increased from approximately $10.3 million at the beginning of the fiscal year to $37.6 million. Approximately $8 million of the increase resulted from the Employee Retention Credit received earlier in the year, while the remaining growth reflected the District's improved cash position. The investment accounts include LAIF, a liquid Five Star Bank account that generally matches the LAIF interest rate, and certificates of deposit that are beginning to mature. Maintaining funds in liquid, interest-earning accounts allows the District to earn interest while keeping funds available when needed.

Public Comment: None

Board Discussion:
The Board discussed the significant improvement in the District's cash and investment position and the importance of distinguishing one-time funds, including the Employee Retention Credit, from ongoing operational improvement. Members also discussed the District's investment strategy and maintaining appropriate liquidity while maximizing interest earnings.

Motion by Lent to accept the Investment Report
2nd: Smith
Pass: 5-0

Financial and Statistical Report
The District reported year-end financial results, with net income finishing ahead of budget, including approximately $4 million in additional Employee Retention Credit revenue recognized during the fiscal year. Operating revenue exceeded budget by approximately $8 million, driven by strong volumes in orthopedics, urology, general surgery, and inpatient services.

Expenses exceeded budget by approximately $8.6 million, reflecting increased patient volumes and associated variable costs, including supplies, orthopedic implants, and professional fees. The District continues to monitor supply costs and pursue opportunities to reduce expenses as volumes grow.

Patient volumes were strong overall for the year, although Emergency Department visits and deliveries were below budget. Rehabilitation volumes improved as orthopedic surgical volumes increased.

Revenue cycle performance also improved, with bad-debt write-offs decreasing by more than $3 million compared with the prior year. The improvement was attributed in part to changes in the District's billing and collection processes.

Public Comment: None

Board Discussion: None

Motion by Smith to accept the Financial and Statistical Report
2nd: Turner
Pass: 5-0

GOVERNANCE COMMITTEE

Advocacy Update
The Board received an update regarding the Office of Health Care Affordability (OHCA) and its 3.5% healthcare spending growth target. The California Hospital Association requested that hospitals submit letters opposing OHCA's proposed enforcement framework. The proposed framework could result in penalties for healthcare organizations that exceed the spending target. The update noted challenges associated with meeting the target when significant healthcare costs, including labor, pharmaceuticals, supplies, and other operating expenses, may be outside of a hospital's control.

Public Comment: None

Board Discussion:
The Board discussed concerns regarding the potential impact of the OHCA framework on NIHD's ability to maintain services, recruit and retain employees, and make necessary investments in access to care. Members also discussed the potential disproportionate impact on rural hospitals. The Board expressed support for submitting a letter opposing the proposed enforcement framework.

Motion by Turner to approve the letter to OHCA
2nd: Smith
Pass: 5-0

Joint Board Meeting
The Board received an update regarding the upcoming joint meeting between NIHD and Mammoth Hospital, scheduled for September 10. The meeting is intended to provide an opportunity for the two boards to discuss shared regional healthcare priorities and opportunities for collaboration. Planning for the meeting and development of the agenda are underway.

Public Comment: None

Board Discussion: None

Board Request for Agenda Items
The Board reviewed a proposed process for Board members to request topics for future agendas. Under the proposed process, a standing agenda item would allow a Board member to briefly identify a topic they would like considered at a future meeting. If one additional Board member supports adding the topic to a future agenda, staff would work with the requesting member to develop the appropriate background information for future Board consideration. The process is intended to provide a consistent and transparent method for bringing forward future agenda requests.

Public Comment: None

Board Discussion:
The Board discussed the importance of limiting comments during the agenda-request process to a brief synopsis of the proposed topic and avoiding substantive discussion of an item that has not been agendized. Members clarified that a second Board member's support would indicate only support for placing the topic on a future agenda, not agreement with any particular position on the issue. If no additional member supports the request, the Chair would move to the next request or agenda item without further discussion.

Motion by Egan to approve the amendments to the Code of Conduct and Civility Policy
2nd: Turner
Pass: 4-1
Oppose: Smith

Consideration of Changing Regular Board Meetings from Evening to Daytime Hours
The Board considered whether to change the regular Board meeting schedule from the current evening meeting time to a daytime meeting. The potential benefits discussed included improved staff availability, reduced disruption to normal operations, and avoiding meetings extending late into the evening. The presentation also identified potential disadvantages, including reduced accessibility for members of the public who work during the day. It was noted that meetings involving topics likely to generate significant public interest, such as labor-related matters, could potentially be scheduled in the evening when appropriate.

Public Comment: None

Board Discussion:
The Board discussed the advantages and disadvantages of daytime and evening meetings, including public accessibility, staff participation, and meetings extending late into the evening. Members discussed retaining flexibility to hold meetings or specific topics in the evening when greater public participation is anticipated. The Board agreed to implement **a** six-month pilot schedule, with

Closed Session beginning at 8:30 a.m. and the Regular Open Session beginning at 10:00 a.m. The Board will evaluate the meeting schedule following the six-month pilot period.

Motion by Smith to approve a six-month pilot change to the Regular Board meeting schedule, with Closed Session beginning at 8:30 a.m. and Regular Open Session beginning at 10:00 a.m.
2nd: Turner
Pass: 5-0

QUALITY COMMITTEE

Quality Dashboard
Quality Manager Feinberg presented the Quality Committee Dashboard for the second quarter. The District reported no CLABSIs, CAUTIs, sentinel events, or patient falls resulting in injury, and the medical transfer rate from the Emergency Department remained low at 4.2%. The 30-day readmission rate increased to 10%; no specific cause for the increase had been identified, and the District will continue to monitor it. Patient experience scores exceeded benchmarks for inpatient services and the Emergency Department, while clinic and outpatient scores were slightly below benchmark. Average length of stay was 69 hours, within the range required to maintain Critical Access Hospital status, and the median Emergency Department wait time was 7.7 minutes.

Feinberg also reported that a streamlined public version of the Quality Dashboard is now available on the NIHD website and will be updated quarterly, providing the public with easier access to the District's quality information.

Public Comment: None.

Board Discussion:
The Board expressed appreciation for the Quality Dashboard and its accessibility, noting that having quality data readily available helps Board members and staff respond to questions from the public.

Security Screening Update

CNO/COO Partridge provided an update on the District's testing of security screening equipment, including a recent demonstration of a weapons detection system being evaluated for potential use at hospital entrances.

Public Comment: None.

Board Discussion:
The Board expressed appreciation to the Marketing Department for its communication regarding the security equipment testing.

GENERAL INFORMATION FROM BOARD MEMBERS

Board members encouraged community participation in the upcoming fair and discussed observations from the Renown presentation, including the centralized waiting room model at Renown South Meadows and the potential benefits of a

shared electronic health record to improve continuity of care when patients are transferred between facilities. Board members also expressed appreciation for the work being done by NIHD leadership, staff, and providers to improve patient care and address concerns within the community.

ADJOURNMENT

Adjournment at 7:30 pm.

Melissa Best-Baker
Northern Inyo Healthcare District
Chair

Attest:

Maggie Egan
Northern Inyo Healthcare District
Secretary