Northern Inyo Healthcare District

Board Meeting

Governance Meeting - September 8, 2026

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Mission
Northern Inyo Healthcare District provides health care services to improve the quality of life and health for all we serve

Vision
Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, compassionate, comprehensive care in coordination with regional partners.

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT
Board of Directors' Governance Committee Meeting
September 8, 2026 at 2:00 pm

The Governance Committee will meet in person at 150 Pioneer Lane. Members of the public will be allowed to attend in person or via Zoom. Public comments can be made in person or via Zoom.

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)
https://us06web.zoom.us/s/86114057527
Webinar ID: 861 1405 7527
Passcode: 898843

PHONE CONNECTION:
(669) 444-9171
(719) 359-4580
Meeting ID: 325 789 3484

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1. Call to Order at 2:00 pm.
2. Public Comment: At this time, members of the audience may speak only on items listed on this Notice. Each speaker is limited to a maximum of three (3) minutes, with a total of thirty (30) minutes for all public comments unless modified by the Chair. The Board is prohibited from discussing or taking action on items not listed on this Notice. Speaking time may not be transferred to another person, except when arrangements have been made in advance for a designated spokesperson to represent a large group. Comments must be brief, non-repetitive, and respectful.
3. Old Business
   a) Advocacy Update – Information Item
   b) Joint Board Meeting Update – Information Item
4. New Business
   a) Meeting Minutes August 11, 2026 – Action Item
   b) Strategic Plan – Action Item
   c) Compliance Report – Action Item
5. Future Agenda Items
6. General Information from Board Members – Information Item

7. Adjournment

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

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
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1	AB 1923 - Soria	~~**Distressed Hospital Loan Program - $250 million**~~ ~~- Expands and funds California's Distressed Hospital Loan Program to provide financial assistance to hospitals at risk of closure. The bill broadens eligibility and allows for loan forgiveness based on financial need, with the goal of stabilizing hospital operations. It is intended to preserve access to care, particularly in rural and underserved communities.~~ **This was was amended to change to an entirely different topic. This is called agut and amend.**	Introduced (2/12/26) Passed Assembly Health Committee (15-0 on 4/23/26) Passed Assembly Appropriations Committee (5/14/26) (Placed on Susp Passed the Assembly (78-0 on 5/27/26) Referred to the Senate Health Committee (6/10/26) Passed Senate Health Committee (7/1/26) Re-Referred to Senate Appropriations Committee
1	AB 1607 - M. Gonzalez	**Extension of sunset for Maddy Emergency Medical Services Fund** Removes the sunset on counties' authority to levy penalties that fund the Maddy Emergency Medical Services (EMS) Fund, maintaining the funding mechanism for emergency medical and trauma services. By preserving this funding structure, the bill supports continued operation of EMS systems. These services are critical to maintaining access to emergency care, particularly in rural and underserved communities. **Update:** Extends funding for the Maddy EMS Fund and Richie's Fund through January 1, 2037.	Passed Assembly Health Committee (16-0 on 3/24/26) Passed Assembly Public Safety Committee (9-0 on 4/14/26) Passed the Assembly (72-1 on 4/20/26) Passed Senate Health Committee (11-0 on 6/17/26) Re-referred to the Senate Public Safety Committee (6/18/26) Passed Senate Public Safety Committee (6-0 on 7/1/26) Passed Senate Floor (38-0) On Governor's Desk
1	HR 8209 - Tonko	**Bipartisan legislation introduced to extend School-Based Health Centers grant program through 2031** The SBHC grant program provides competitive funding to support the establishment and operation of school-based health centers. Grants can be used to acquire or lease equipment, support workforce training, pay staff salaries and cover operational and management costs. The program prioritizes communities facing significant barriers to care, including areas with high rates of uninsured children. **Update:** Awaits consideration by the full House of Representatives. It would authorize $55 million annually for FY 2027–2031 to support School-Based Health Centers.	Introduced (4/6/26) Passed House Energy & Commerce Health Subcommittee (voice vote o Passed House Energy & Commerce Committee (46-0 on 5/21/26) Awaiting consideration by the full House of Representatives
1	AB 1882 - Ellis	**Payments For Standby Labor and Delivery Services** The bill would create the Safe Delivery Fund Pilot Program, administered by the Department of Health Care Access and Information, to help hospitals cover uncompensated standby costs for obstetric and related inpatient specialty services in areas with limited access to maternity care. It would fund eligible hospitals that serve geographically isolated populations and would be harmed by losing obstetric services, with payments limited to $5 million per hospital each year. Participating hospitals would have to report staffing and service data quarterly, use funds only for specified clinical capacity costs, and remain subject to audits and program reviews.	

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
2	AB 2282 - Alanis	**Free Standing Emergency Department for Del Puerto HCD** Authorizes the establishment of a freestanding emergency department in the Del Puerto area to expand access to emergency medical services. The bill is intended to address gaps in emergency care availability in a rural and underserved region. It supports improved access to timely care where hospital-based emergency services are not readily available.	Passed Assembly Health Committee (16-0 on 4/22/26) Passed Assembly Appropriations Committee (15-0 on 5/14/26) Passed the Assembly (76-0 on 5/29/26) Referred to the Senate Health Committee (6/11/26) Passed Senate Health Committee (7/1/26) In Senate Appropriations Committee - Placed on Suspense File Passed Senate Appropriations Committee Passed Senate Floor (37-2) On Governor's Desk
2	AB 2311 - Schiavo	**Healthcare Districts hiring physicians** Expands the authority of healthcare districts to employ physicians and directly provide medical services. The bill is intended to improve access to care by allowing districts greater flexibility in staffing and service delivery. It supports rural and underserved communities where recruiting and retaining providers is a challenge.	Passed Assembly Health Committee (17-0 on 4/22/26) Passed Assembly Appropriations Committee (15-0 on 5/14/26) Passed the Assembly (79-0 on 5/29/26) Referred to the Senate Health Committee (6/11/26) Passed Senate Health Committee (7/1/26) In Senate Appropriations Committee - Placed on Suspense File Passed Senate Appropriations Committee Passed Senate Floor (40-0) On Governor's Desk
3	SB 1187 - Durazo	**Brown Act - Relates to what makes majority for a legislative body** This bill would repeal certain future Brown Act requirements for eligible local legislative bodies related to electronic access, agenda translation, and interpretation assistance, while declaring the measure an urgency statute. **This bill was significantly amended to the changes above.**	Passed Senate Local Government Committee (6-0 on 4/23/26) Passed Senate Judiciary Committee (12-0 on 5/6/26) Passed the Senate (39-0 on 5/29/26) Referred to the Assembly Local Government Committee (6/11/26) Passed Assembly Local Government Committee (8-0 on 7/1/26) Passed Assembly Floor (73-0) On Governor's Desk
3	AB 1789 - Boerner	**Campaign Finance and Ethics Training Requirements** Requires most state and local candidates for elected office, as well as certain campaign treasurers, to complete FPPC-approved training on campaign finance and ethics laws. The bill is intended to improve compliance with the Political Reform Act, reduce reporting violations, and increase public confidence in elections. The requirements would likely apply to candidates for local special district boards, including healthcare districts, beginning January 1, 2029.	Passed the Assembly (78-0 on 5/26/26) Passed Senate Elections and Constitutional Amendments Committee (5-0 on 6/16/26) Re-referred to Senate Appropriations Committee (6/16/26) Senate Appropriations Committee - Placed on Suspense File Passed Senate Appropriations Committee Passed Senate Floor (39-0) On Governor's desk
1	AB 2353 - Pacheco	**Requires review of any new mandate for hospitals** Requires an independent evaluation of legislation that imposes new requirements on hospitals to assess its cost and impact on healthcare affordability. The bill aims to provide lawmakers with better information on how proposed policies affect hospital operations and overall healthcare costs. It is intended to improve decision-making and prevent unintended financial strain on hospitals and the healthcare system. **Update:** The bill now establishes the Health Mandates Review Program and the Center for Health Provider Policy Impact to provide independent analyses of proposed hospital mandates and their impacts on hospital operations, healthcare affordability, workforce, and access to care before new requirements are enacted.	Passed Assembly Health Committee (11-0 on 4/21/26) Passed Assembly Appropriations Committee (12-0 on 5/14/26) Passed the Assembly (56-1 on 5/27/26) Referred to the Senate Health Committee (6/10/26) Senate Health Committee - Hearing cancelled

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
1	AB 2208 - Stefani	**Maintains three month retroactive eligibility for Medi-Cal. Puts in place co pays for Medi-Cal as required by HR-1** maintains the current three-month retroactive eligibility period for Medi-Cal, allowing patients to receive coverage for services provided prior to enrollment. The bill also implements cost-sharing requirements, including co-pays, in alignment with federal policy changes under H.R. 1. It is intended to preserve access to coverage while aligning Medi-Cal policies with federal requirements.	Introduced (2/19/26) Passed Assembly Health Committee Passed Assembly Appropriations Committee Passed the Assembly Referred to the Senate Health Committee (6/10/26) Passed Senate Health Committee (7/1/26) Referred to Senate Appropriations Committee - Placed on the Suspens Held on Suspense File
2	AB 1811 - Rogers	**Health Professions Shortage Areas preservation** These designations support recruitment and retention of healthcare providers by maintaining eligibility for existing federal and state incentive programs, such as loan repayment and grants. The bill is intended to preserve provider availability in underserved and rural communities. **Update:** The bill was amended to preserve Health Professional Shortage Area (HPSA) designations that existed on January 1, 2025, through January 1, 2035, ensuring affected communities remain eligible for state incentive programs despite changes to federal HPSA designations.	Passed Assembly Health Committee (16-0 on 3/24/26) Passed Assembly Appropriations Committee (15-0 on 5/6/26) Passed the Assembly (79-0 on 5/14/26) Referred to Senate Health Committee (Was not heard in committee)
2	AB 2386 - Alvarez	**Licensed Physicians from Mexico Program** Expands California's physician workforce pathways by allowing physicians from Mexico who complete a limited-term program to transition to full licensure and continue practicing in the state. The bill also creates a provisional licensing pathway for internationally trained physicians to practice under supervision and eventually obtain full licensure. It is intended to address physician shortages—particularly in underserved and rural areas—while maintaining oversight and training requirements. **Update:** The bill was amended to clarify eligibility, supervision, and licensure requirements for internationally trained physicians participating in the provisional licensing pathway.	Passed Assembly Business and Professions Committee (12-2 on 4/21/2 Passed Assembly Appropriations Committee (11-2 on 5/14/26) Passed the Assembly (54-9 on 5/26/26) Referred to Senate Business, Professions and Economic Development C Amended in the Senate (6/16/26) Passed Senate Business, Professions and Economic Development Comr Re-referred to Senate Appropriations Committee (6/22/26) Senate Appropriations Committee hearing scheduled - Placed on Suspe Held on Suspense File
2	AB 2497 - Johnson	**Physical Therapy Scope of Practice Expansion** Modernizes and expands the scope of practice for physical therapists in California. Authorizes physical therapists to perform additional services such as musculoskeletal ultrasound, broader direct access treatment, referrals for imaging, and certain tissue penetration procedures commonly referred to as dry needling. The bill is intended to improve access to musculoskeletal care and reduce administrative barriers, but has generated opposition from acupuncture groups and others concerned about training standards and patient safety. **Update:** The bill was amended to further define education, competency, and certification requirements for physical therapists performing dry needling and other newly authorized procedures.	Passed Assembly Business and Professions Committee (15-0 on 4/22/2 Passed Assembly Appropriations Committee (15-0 on 5/14/26) Failed on Assembly Floor (26-19 on 5/28/26)

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
2	AB 1460 - Rogers	**Pharmacy / 340B Program** Prohibits pharmaceutical manufacturers from restricting qualifying nonhospital 340B clinics from using contract pharmacies to dispense discounted medications to eligible patients. The bill is intended to protect access to the federal 340B program and preserve pharmacy-related funding mechanisms used by safety-net and rural healthcare providers. Supporters state the bill protects patient access and operational sustainability, while opponents raise concerns regarding transparency and oversight of contract pharmacy arrangements. **Update:** Adds annual audit, recertification, and reporting requirements for participating 340B clinics while strengthening protections for the use of contract pharmacies.	Passed Assembly Health Committee (16-0 on 4/8/26) Passed Assembly Appropriations Committee (15-0 on 5/14/26) Passed the Assembly (79-0 on 5/28/26) Referred to Senate Health Committee (6/10/26) Passed Senate Health Committee (11-0 on 6/25/26) Re-referred to Senate Judiciary Committee (6/25/26) Amended in the Senate (6/27/26) Was not heard in Senate Health Committee
3	AB 2729 - Bonta	**Employer fee for employees on Medi-Cal** Would impose a fee on large employers whose employees rely on Medi-Cal for health coverage. The bill is intended to shift some of the cost burden to employers whose workers depend on public health programs. It aims to support Medi-Cal funding but may increase costs for certain employers. **Update:** The bill now establishes a framework for implementing the employer fee through the state budget process.	Passed Assembly Health Committee (11-3 on 4/21/26) Re-referred to Assembly Appropriations Committee (4/22/26) Placed on the Assembly Appropriations Suspense File (5/6/26) Amended and re-referred to Assembly Appropriations Committee (5/1 Did not move any further. Dead for 2026.
3	AB 1900 - Kalra	**Single payer health system** Proposes the establishment of a statewide single-payer health care system in which the state would finance and oversee coverage for all Californians. The bill would significantly restructure how hospitals and providers are paid by replacing much of the current multi-payer system with a state-administered model. While intended to expand access and control costs, it would have major implications for hospital reimbursement, financial sustainability, and operations.	In Rules - Dead for 2026
3	AB 1671 - Tangipa	**Creates grant program for providers to serve in rural areas** Establishes a grant program to support healthcare providers who commit to serving in rural and underserved areas. The bill is intended to improve workforce recruitment and retention by offering financial incentives to providers. It aims to expand access to care by increasing the availability of healthcare professionals in rural communities.	In Asm Appropriations -Held on Suspense File Dead for 2026
3	AB 2665 - Tangipa	**Budget request for Northern and Southern Inyo HCDs** a budget request that seeks state funding support specifically for the Northern and Southern Inyo Healthcare Districts. The bill is intended to provide financial resources to sustain operations, infrastructure, or services in these rural districts.	Pulled
3	SB 1422 - Durazo	**Allows for individuals who are unsatisfactory immigration status to appply for full scope Medi-Cal** Expands eligibility for full-scope Medi-Cal to individuals regardless of immigration status. The bill is intended to increase access to comprehensive health coverage for underserved populations. It would likely increase enrollment in Medi-Cal and expand access to care across the healthcare system.	Passed Senate Health Committee (11-0 on 4/9/26) Passed Senate Appropriations Committee (7-0 on 5/23/26) Placed on inactive file in Senate

Advocacy Tracker			
Priority	**Legislation**	**Description**	**Status**
3	AB 2131 - Rubio	**Exclude freestanding structures like congregate living health facilities or hospices from seismic requirements.** Exempts certain freestanding health care facilities, such as congregate living health facilities and hospices, from California's hospital seismic safety requirements. The bill is intended to reduce regulatory and financial burdens on these smaller or non-acute care facilities. It recognizes that these facilities may not require the same level of seismic compliance as full acute care hospitals.	In Asm Health - Dead for 2026
3	AB 1018 Bauer-Kahan	**Automated Decision Systems** Regulates the use of automated decision systems and artificial intelligence tools used in areas such as healthcare, employment, housing, insurance, and public services. The bill would require impact assessments, bias evaluations, transparency disclosures, and certain consumer protections related to AI-assisted decision making. It is intended to address concerns regarding discrimination, accountability, and oversight of AI systems, but may create additional compliance and operational requirements for healthcare organizations and public agencies.	Passed Assembly Privacy and Consumer Protection Committee (9-3 on Passed Assembly Judiciary Committee (8-3 on 4/29/25) Passed Assembly Appropriations Committee (10-3 on 5/23/25) Passed the Assembly (50-16 on 6/2/25) Referred to the Senate Judiciary Committee (6/11/25) Passed Senate Judiciary Committee (7-2 on 6/26/26) Passed Senate Appropriations Committee (5-2 on 8/29/26) On Senate Floor. Did not pass. Dead for 2026.
3	AB 225 Bonta	**Facility Fees for Outpatient Services** Prohibits hospitals from charging facility fees for telehealth visits, preventive services, and certain outpatient office visits that are commonly provided in hospital-owned clinics. Facility fees are additional charges billed by hospitals, separate from the provider's professional fee, and can represent a significant source of outpatient revenue. Recent amendments would also require hospitals to notify patients when facility fees may be charged and report facility fee revenue and utilization data to the state. The bill could reduce hospital revenue and increase reporting requirements for facilities that rely on outpatient clinic services. **Update:** The bill was amended to narrow the prohibition on facility fees by exempting certain outpatient services, including emergency, observation, surgery, and diagnostic services. It also clarifies hospital notice requirements and requires annual reporting of facility fee revenue, utilization, and payer information to the state.	Passed Assembly Health Committee (11-4 on 4/8/26) Passed Assembly Appropriations Committee (10-5 on 5/23/26) Passed the Assembly (51-17 on 6/2/26) Referred to the Senate Health Committee (6/16/26) Senate Health Committee hearing scheduled (bill pulled from hearing)

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Governance Vic-Chair Smith called the meeting to order at 2:05 pm.
PRESENT	Laura Smith, Governance Committee Vice-Chair Jean Turner, Governance Alternate Christian Wallis, Chief Executive Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Adam Hawkins, Chief Medical Officer Alison Murray, Chief Business Development Officer / Chief Human Resources Officer Patty Dickson, Compliance Officer
ABSENT	David Lent, Governance Chair Andrea Mossman, Chief Financial Officer
PUBLIC COMMENT	Chair Lent reported that at this time, audience members may speak on any items on the agenda that are within the jurisdiction of the Board. **Public Comment:** None
ADVOCACY UPDATE	Legislative Advocate Madden provided an overview of the final month of the 2025–2026 legislative session, noting that bills still moving must pass the Legislature by the end of August to advance to the Governor. He explained the Appropriations Committee suspense file process, under which bills exceeding specified fiscal thresholds are placed on the suspense file and considered collectively based on their potential fiscal impact to the State. Bills released from the suspense file may continue through the legislative process, while those held generally do not advance. Madden also explained the "gut and amend" process, in which the existing contents of a bill are removed and replaced with a substantially different subject while retaining the original bill number. He noted that the amended bill may be referred back through the appropriate policy committees, but must still meet the remaining legislative deadlines, significantly shortening the timeframe for consideration. • AB 1923 – The hospital-related provisions were removed after $250 million for the Distressed Hospital Loan Program and related provisions were included in the State budget. The bill was subsequently gutted and amended to address local ballot measures in Fresno County and will no longer be tracked as a District healthcare priority. • AB 2353 – The California Hospital Association-sponsored bill requiring evaluation of the financial impact of proposed legislation on hospitals was stopped in the Senate Health Committee and will not move forward this session.

- AB 2208 – The bill aligning California Medi-Cal law with federal changes under H.R. 1 was placed on the Senate Appropriations Suspense File, with action expected following the suspense file hearing.
- AB 1607 – The bill extending the Maddy Emergency Medical Services Fund sunset date advanced to the Senate floor and, if approved, will proceed to the Governor.
- H.R. 8209 – The federal bill that could provide grant opportunities for school-based health centers remains pending consideration by the full House of Representatives.

OHCA:
The Committee discussed the Office of Health Care Affordability (OHCA) and the proposed implementation of the statewide 3.5% healthcare spending growth target. The background information was presented on the creation of OHCA and explained that regulations under development could establish financial penalties for healthcare organizations that exceed the spending target. The Committee discussed concerns regarding the District's ability to meet the target given labor costs, inflation, capital needs, and other operating expenses, as well as uncertainty regarding how labor costs may be considered when determining compliance.

Public Comment: None

Board Discussion:
The Committee requested a future Board update on the anticipated impacts of H.R. 1 on the District and local Medi-Cal recipients as additional information becomes available. The Committee also discussed monitoring funding available through the Distressed Hospital Loan Program for potential District eligibility, including possible funding for a future Medical Office Building.

The Committee discussed concerns regarding the Office of Health Care Affordability (OHCA) spending target and the District's ability to meet the target given labor costs, inflation, capital needs, and other operating expenses. The Committee supported participating in advocacy efforts regarding the proposed requirements. CEO Wallis will work with Legislative Advocate Madden and the California Hospital Association to determine the appropriate advocacy response, including preparation of a letter for consideration by the full Board.

JOINT BOARD MEETING UPDATE

CEO Wallis reported that the Joint Board Meeting with Mammoth Hospital is scheduled for September 10, 2026, with an NIH hospital tour beginning at 11:00 a.m. at the NIHD campus and the joint session beginning at noon at the Boardroom. A consultant has been retained to facilitate the meeting and will interview Board members in advance to gather perspectives on the current relationship between the districts, opportunities for future collaboration, potential concerns, and desired outcomes for the meeting. He emphasized that the goal is for the meeting to result in meaningful direction and identification of potential opportunities for future collaboration rather than simply holding a

general discussion. Legal counsel with antitrust expertise has also been retained to provide guidance regarding appropriate parameters for discussions between the two organizations.

Public Comment: None

Board Discussion:
The Committee discussed the consultant's planned interviews and the importance of establishing clear objectives for the joint meeting. Members expressed support for the structured approach and interest in identifying productive opportunities for future collaboration between the two districts.

STRATEGIC PLAN

CEO Wallis reported that the Strategic Plan is being updated while retaining many of the core elements of the existing plan. The revised plan will incorporate work completed over the past year, current strategic growth efforts, and initiatives already underway. He reported that the updated plan will be reviewed by the Executive Team and Governance Committee before returning to the Board for formal approval. Once approved, the plan will be used to track progress on strategic initiatives.

Public Comment: None

Board Discussion: None

MEETING MINUTES - JULY 7, 2026

Motion by Turner to approve the meeting minutes for July 7, 2026
2nd: Smith
Pass: 2-0

BOARD REQUEST FOR AGENDA ITEMS

The Committee reviewed a proposed process for Board members to request items for placement on future Board agendas. A standing agenda item would provide each Board member an opportunity to identify a requested future topic and briefly explain the purpose of the request. Another Board member would need to indicate support for the request before it moves forward; however, this would not constitute a formal vote or require support from a quorum of the Board. The process is intended to provide a consistent and transparent method for handling Board-requested agenda items.

Public Comment: None

Board Discussion:
The Committee discussed how much information a Board member may provide when requesting an agenda item and the importance of avoiding substantive discussion of an item that has not been properly noticed. Members discussed allowing a brief explanation of the requested topic so other Board members have sufficient information to determine whether they support placing it on a future agenda. The Committee supported moving the proposed process forward and incorporating the procedure into the appropriate Board policy.

Motion by Turner to move the Board request for agenda items to the full board
2nd: Smith
Pass: 2-0

BOARD MEETING SCHEDULE

CEO Wallis presented a proposal to consider moving regular Board meetings from the current 5:00 p.m. start time to daytime hours.

Pros identified included reducing late-night travel for Board members and outside presenters, particularly those traveling long distances; making Board service potentially more accessible to future candidates; making travel easier for guest presenters; and reducing staff overtime associated with evening meetings.

Cons identified included making it more difficult for working members of the public to attend and provide public comment and requiring Board members who work during the day to take time off or make arrangements with their employers to attend meetings.

Public Comment: None

Board Discussion:
The Committee discussed the following potential benefits of moving Board meetings to daytime hours:

- Pros: Reduced staff overtime; increased availability of staff to participate during regular working hours; easier travel for presenters and others traveling long distances; and the potential to use time-certain agenda items to better accommodate presenters and topics of significant interest.
- Cons: Reduced accessibility for members of the public who work during the day; potential difficulty for employees wishing to attend or provide comment; and the need for working Board members to take time off or make arrangements with their employers.

The Committee discussed adjusting meeting times when significant public participation is anticipated and improving communication regarding meeting agendas and opportunities for public input. Members suggested the possibility of a trial period followed by an evaluation of the new meeting time.

Motion by Turner to move the Board meeting schedule to the full board
2nd: Smith
Pass: 2-0

GENERAL INFORMATION

None

Adjournment

Adjourn at 2:57 pm.

David Lent
Northern Inyo Healthcare District
Governance Chair

Attest: _____
Laura Smith
Northern Inyo Healthcare District
Governance Vice-Chair

Value: Compassion

Strategic Plan for Patient Experience

Purpose: To prioritize patient experience by emphasizing compassionate care through all touchpoints in the hospital environment.

Goal 1: Improve patient experience, focusing on compassion, communication, and overall care satisfaction, as measured by HCAHPS, CGCAHPS and Press Gainey.

Objective: Increase HCAHPS (Inpatient), CGCAHPS (Outpatient) and Press Gainey (ED) Top Box Scores to over 90% by 2027.

Tactic C1.1: Establish a hospital wide patient satisfaction committee that meets at least quarterly which covers all patient care areas.
Tactic C1.2: Ensure all patient facing departments have an action plan with at least 2 projects to improve the patient experience.
Tactic C1.3: Establish a structured program to involve physicians in improving patient satisfaction through regular feedback, targeted training, and clear expectations for patient-centered communication.

KPI: HCAHPS, CGCAHPS and Press Gainey scores pulled by "Top Box" percentage (not percentile).

Goal 2: Ensure patients who have a less-than-satisfactory experience receive appropriate care and support

Objective: Implement a consistent process for responding to patient concerns, ensuring that all negative feedback is acknowledged, investigated, and resolved in a timely manner.

Tactic C2.1: Redesign the UOR system and ensure all patient related submissions are completed within 90 days.
Tactic C2.2: Develop a QR code that is posted all over the hospital which allows patient to immediately provide feedback (positive and negative).
Tactic C2.3: Develop a response process to contact patients within 72 hours who report low satisfaction scores, acknowledge concerns, and resolve issues when possible. Document outcomes and use trends to drive ongoing quality improvements.
Tactic C2.4: Create a multidisciplinary grievance committee which resolves more serious patient complaints that involve multiple departments.

KPI: Percentage of patient grievance addressed within the response time.

Goal 3: Implement a hospital wide program on quality customer experience.

Objective: Ensure 100% of team members and physicians complete a structured training program on customer experience.

Tactic C3.1: Implement AIDET as a basic framework to build trust and reduce patient anxiety.
Tactic C3.2: Ensure every team member understands the organizations philosophy on customer service.
Tactic C3.3: Design and implement a formal hospital-wide program to improve patient satisfaction through standardized processes, staff engagement, and ongoing performance monitoring.

KPI: Percentage of team member program completion by December 2026.

Value: Accountability

Strategic Plan for Access to Care

Purpose: To strengthen organizational performance by creating clear expectations, ownership, transparency, and responsibility for outcomes.

Goal 1: Improve access to care for primary and specialty care appointments.

Objective: Reduce the number of patients leaving the Eastern Sierra region for healthcare services.

Tactic A1.1: Initiate a market survey to identify the key services to keep patients local.
Tactic A1.2: Develop a master facility plan which initially focuses on outpatient exam room expansion to allow for the recruitment of providers identified in the master facility plan.
Tactic A1.3: Engage regional healthcare partners to develop a clinically integrated network that maximizes local resources.
Tactic A1.4: Establish a functional telehealth program that provides specialty services to patients from their home or in the outpatient clinics.
Tactic A1.5: Build an inpatient dialysis program which is financially sustainable and keeps non-critical dialysis patients at our hospital.

KPI: 3rd Next Available, Utilization rates, Cancellation/No show rates, leakage rates, transfer rates

Goal 2: Build a behavioral health program that addresses the most critical needs of our community.

Objective: Increase the behavioral health services provided to the region.

Tactic A2.1: Conduct a data review that identifies the most urgent behavioral health needs of our community.
Tactic A2.2: Develop a behavioral health outpatient service (telehealth or in person) that provides sustainable support for patients with mental health needs.
Tactic A2.3: Engage the County and other local partners to ensure program continuity and care coordination of services.
Tactic 2.4: Provide community outreach to local organizations on mental health education and awareness.

KPI: Mental health program fully established.

Goal 3: Establish sustainable service lines based on community clinical needs.

Objective: Develop and maintain at least five sustainable service lines based on market analysis by December 2027.

Tactic A3.1: Conduct a market analysis to identify at least five specialty service lines with strong growth potential.
Tactic A3.2: Develop and implement a phased “bridge plan” to expand exam room capacity within the PMA building.
Tactic A3.3: Create and execute a proactive recruitment strategy to attract top-tier specialists to Bishop for clinical practice.

KPI: All service lines are staffed and operational with good access to care.

Goal 4: Engage the community in fostering a culture of health and wellness.

Objective: Develop a community engage program to support healthy lifestyles and promote hospital resources by December 2027.

Tactic A4.1: Develop and execute an annual communications plan to highlight various areas of the hospital to the local community.
Tactic A4.2: Design a quarterly NIHD hospital update for the community and distribute through existing paper media channels.
Tactic A4.3: Engage local leaders in conducting or participating in health events which highlight community health concerns and hospital resources.

KPI: Full community engagement program.

Goal 5: Become a strong voice in the local, county, state and national legislation process.

Objective: Implement an annual advocacy platform and actively engage in at least three legislative actions per year by September 2027.

Tactic A5.1: Develop an advocacy platform that reflects the challenges and concerns of critical access hospitals, rural communities and special districts.
Tactic A5.2: Hire a lobbyist to develop a legislative tracker which prioritizes legislation through the lens of the NIHD advocacy platform.
Tactic A5.3: Engage professional associations such as CHA, DHLF, ACHD, CSDA, etc. to seek support for NIHD high priority issues.

KPI: Three legislative actions per year.

Value: Respect

Strategic Plan for Workforce

Purpose: To improve employee engagement, strengthen retention, and foster a positive workplace culture through clearly defined goals, action steps, and measurable outcomes.

Goal 1: Improve the team member and physician experience through targeted engagement strategies.

Objective: Increase engagement scores from an average of 53% to 70% by 2030.

Tactic W1.1: Apply HR best practices in employee satisfaction surveying to increase response rates to above 80%.
Tactic W1.2: Implement annual employee engagement survey action plans for each department and medical staff, culminating in an executive-level summary report at the end of each cycle.
Tactic W1.3: Establish a consistent, organization-wide communication cadence to keep staff and physicians informed of hospital initiatives and updates.

KPI: Annual team member (staff and physicians) engagement and culture survey.

Goal 2: Improve the quality of work life and professional development for team members

Objective: Achieve a retention rate of 90% or higher (annually) by December of 2026.

Tactic W2.1: Negotiate a labor contract allowing for salary growth while still aligning with good fiscal responsibility.
Tactic W2.2: Develop an employee events committee with an annual plan and budget to provide opportunities to bring team members together.
Tactic W2.3: Establish clear and accessible career pathways that support employee growth and internal advancement.
Tactic W2.4: Enhance onboarding and early retention through a structured process that promotes early engagement, connection, and success in role.

KPI: Retention rates

Goal 3: Foster a culture of leadership development and growth.
Objective: Ensure 100% of leaders have an opportunity to develop leadership skills.

Tactic W3.1: Establish a structured budget that supports leaders in accessing professional development opportunities on a biennial basis.
Tactic W3.2: Implement a standardized leadership education framework aligned with the organization's core leadership philosophy and expectations.

Tactic W3.3: Create an Administrator-on-Call program designed to strengthen and develop future hospital senior leaders through hands-on experience.

KPI: Leadership development and engagement survey

Value: Excellence

Strategic Plan for Quality

Purpose: To advance clinical excellence by delivering high-quality care, strengthening patient safety, and promoting equitable health outcomes.

Goal 1: **Strengthen care coordination across the continuum of care to ensure seamless, patient-centered transitions in order to improve health outcomes.**

Objective: Improve care continuity through enhanced communication, collaboration, and transitions of care to support better patient outcomes.

Tactics:
Tactic E1.1: Develop and implement patient care navigation programs to guide patients seamlessly through the continuum of care.
Tactic E1.2: Redesign the surgical patient journey to create a seamless transition from the outpatient clinical consultation through the operating room.
Tactic E1.3: Evaluate a strategic partnership with the Bishop Care Center to enhance care transitions, improve care coordination, and identify opportunities to reduce costs and increase revenue.
Tactic E1.4: Establish partnerships with regional hospitals to expand access to care, improve care coordination, and strengthen referral networks.
Tactic E1.5: Implement a shared electronic health record (EHR) across regional hospital partners to improve communication, care coordination, and continuity of care.

KPI: OR utilization rates, SNF transfer time, swing bed utilization, patient navigation numbers

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Goal 2: **Achieve excellence in quality and safety through continuous improvement in clinical performance, regulatory compliance, and patient-centered outcomes.**

Objective: Enhance quality and safety of care by improving clinical performance, maintaining regulatory readiness, and driving better patient outcomes through continuous improvement.

Tactics:
Tactic E2.1: Implement standardized quality monitoring and communication tools to proactively identify issues, drive timely resolution, and support continuous quality improvement. (i.e. including quality dashboards, daily huddles, board oversight, etc.)
Tactic E2.2: Strengthen and sustain the Quality Improvement Project (QIP) to improve performance on pay-for-performance quality measures and maximize value-based reimbursement.
Tactic E2.3: Maintain continuous survey readiness by monitoring compliance with Joint Commission standards and implementing ongoing performance improvements.
Tactic E2.4: Develop a Community Advisory Council to strengthen community engagement, gather feedback, and communicate hospital initiatives.

KPI: QIP, SSI rates, HAI rates, Falls, Falls with injury, Sentinel events, 30 day readmissions, mortality

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Goal 3: **Foster a culture of safety through leadership development, employee engagement, and a systematic approach to reducing harm.**

Objective: Successfully implement all five Beta HEART domains program by 2030.

Tactics:
Tactic E3.1: Culture of safety: Develop a culture of safety by implementing a Just and Fair Culture framework that promotes accountability, open communication, learning, and continuous improvement.
Tactic E3.2: Rapid event and analysis: Implement a 24/7 human-factors-based rapid event response and analysis protocol to ensure timely review of safety events, identify system issues, and drive immediate corrective actions.
Tactic E3.3: Communication and transparency: Implement a standardized disclosure and transparency pathway to strengthen communication, ensure consistency, and promote trust following patient safety events.
Tactic E3.4: Care for the caregiver: Establish a Care for the Caregiver program with accessible peer support to address the emotional and psychological impact on second victims.
Tactic E3.5: Early resolution: Implement a proactive early resolution framework that emphasizes transparency and fair compensation to reduce reliance on adversarial litigation.

KPI: Achievement of BETA HEART domains

Value: Stewardship

Strategic Plan for Sustainability

Purpose: To promote the efficient, innovative, and responsible use of NIHD resources while balancing environmental, social, and economic priorities to ensure long-term organizational sustainability.

Financial Stewardship

Goal 1: Maintain Financial Health by Developing Actionable Cash Flow Management Techniques

Objective: Develop policies and processes to maintain at least 75 days cash on hand, below 60 days accounts receivable and debt service ratio of above 1.1 by June 2027.

Tactic S1.1: Establish a cross-functional team to redesign and optimize the cash flow process.
Tactic S1.2: Deploy an AI-driven strategy to enhance billing and collections efficiency.
Tactic S1.3: Identify and eliminate bottlenecks in the processing of the "holds report" to improve turnaround time.

KPI: Days Cash on Hand (target 75 days minimum), AR Days (Target of below 60 days), Debt Service Coverage Ratio (target 1.1 or higher).

Goal 2: Instill Organization Financial Stewardship through Budget Management Practices

Objective: Ensure the operating income meets or exceeds budgeted expectations through effective financial management, revenue generation, and cost control.

Tactic S2.1: Establish a structured learning program to help leaders understand and effectively manage their budgets.
Tactic S2.2: Empower leaders by increasing purchasing authority thresholds to enable more autonomous decision-making.
Tactic S2.3: Design a standardized process for leaders to develop, own, and actively manage their budgets.
Tactic S2.4: Implement a monthly budget review cadence that supports accountability, growth, and continuous learning across departments.
Tactic S2.5: Conduct a supply chain optimization review every three years to improve resource efficiency and overall effectiveness.

KPI: Operating Income vs. Budget (target: meet or exceed budgeted annually).

Goal 3: Ensure Financial and Operational Stability for a Sustainable Future

Objective: Create long term financial strategy that will ensure growth, manage expenses and foster sustainability.

Tactic S3.1: Create a long range financial plan based on the growth initiatives outlined in the strategic plan.

Tactic S3.2: Enhance the grant program to ensure maximization of government funds.
Tactic S3.3: Develop goals, expectations and accountability for the NIHD Foundation.
Tactic S3.4: Develop a capital management process to ensure phased equipment replacement, facility projects, and IT resources are maintained at their highest level.
Tactic S3.5: Identify untapped financial opportunity to grow cash (laundry, food service, pharmacy, procedures, etc.)
Tactic S3.6: Redesign physician agreements to promote share financial responsibility through hybrid contracts (base salary + RVU).

KPI: 100% plans built by June 2026.

Goal 4: Control Labor Costs Through Effective Management of Our Human Resource

Objective: Ensure staffing benchmarks adhere to appropriate productivity based standards.

Tactic S4.1: Ensure appropriate stewardship of manageable labor costs through the proper alignment of staff time and reduction of reliance on contracts, overtime, and premium pay.
Tactic S4.2: Develop productivity tools to support data driven, daily management of personnel.
Tactic S4.3: Conduct triennial "benchmarking" to constantly review and adjust FTE expenses.

KPI:

- Salary, wages, and benefits as a percentage of total expenses (at or below 50%)
- Staffing to NIHD benchmark adherence

Goal 5: Identify Methods to Manage Our Public Funds Using the Principles of Safety, Liquidity and Yield.

Objective: Ensure all financial resources are managed and invested appropriately to ensure stability and growth.

Tactic S5.1: Ensure government taxing authorities (GO bond and Prop 13) are managed in an accurate, reliable and predictable manner to ensure transparency with the District tax payers.
Tactic S5.2: Invest unrestricted funds (reserves) into appropriate, high interest bearing accounts.
Tactic S5.3: Increase pension funding to achieve and maintain a funded status above 80% by 2030.

KPI:

- Predictable bond payment schedule through 2038.
- Investments: Meets or exceeds LAIF rates for public investments.
- Pension Plan: Financial investment continues to grow at a rate of 10% a year.