Northern Inyo Healthcare District

Board Meeting

Quality Meeting - August 11, 2026

Agenda

Old Business

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' Quality Committee Meeting
August 11, 2026 at 3:00 pm

The Quality Committee will meet in person at 150 Pioneer Lane, Bishop CA 93514. 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 3:00 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) Beta Update – Information Item
4. New Business
   a) Meeting minutes May 12, 2026 – Action Item
   b) Quality Dashboard – Information Item
   c) Security Screening Update – Information Item
5. 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.

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Quality Committee Chair Turner called the meeting to order at 3:00 pm.
PRESENT	Jean Turner, Quality Committee Chair Maggie Egan, Quality Committee Vice-Chair Christian Wallis, Chief Executive Officer Alison Murray, Chief Human Resources Officer / Chief Business Development Officer Alison Feinberg, Manager of Quality and Survey Readiness, Quality Assurance Patty Dickson, Compliance Officer
ABSENT	Allison Partridge, Chief Operations Officer / Chief Nursing Officer Adam Hawkins, DO, Chief Medical Officer
PUBLIC COMMENT	Chair Turner reported that at this time, audience members may speak on any items on the agenda that are within the jurisdiction of the Board. There were no comments from the public.
BETA	**Beta Heart Score Survey** Quality Manager Feinberg presented an update regarding the Beta HEART Score Survey, which measures organizational culture of safety across departments. She reported that the survey was completed in February and March and that leadership was in the process of debriefing departments, reviewing results, identifying challenges, and developing departmental action items for the coming year. **Beta Heart Program** Quality Manager Feinberg presented an update regarding the Beta HEART program and reported that the District successfully passed validation for Year One of the program. She stated that the District would continue working on assigned objectives related to the culture of safety domain, including policy review, leadership and staff training on "just culture," and ongoing organizational improvement efforts. She also reported that the District would receive the associated 2% discount tied to successful program validation and discussed plans to send staff to Beta training programs. **Public Comment:** None **Board Discussion:** Committee members asked clarifying questions regarding upcoming training opportunities and discussed plans for leadership and staff training related to just culture principles. Committee members also expressed support and enthusiasm regarding the District's progress within the Beta HEART program.
MEETING MINUTES	Change Robinsen to Christensen.

Motion by Egan to approve the February 10, 2026, meeting minutes with changes.
2nd: Turner
Pass: 2-0

GOOGLE REVIEW ON NIH WEBSITE

CHRO Murray presented information regarding the addition of Google reviews to the Northern Inyo Healthcare District website. She reported that the District worked with a vendor previously known as SocialClimb to integrate Google reviews onto the website, including both general organizational reviews and physician-specific reviews connected to provider pages.

Public Comment: None

Board Discussion:
Committee members asked clarifying questions regarding how the Google review links function on the website and whether there was a direct link that could be shared with community members, encouraging them to leave reviews online following positive patient experiences.

GRIEVANCE COMMITTEE

Quality Manager Feinberg presented information regarding the development of a Grievance Committee process intended to support earlier review and resolution of patient concerns and grievances. She explained that the process is intended to improve communication, ensure patient concerns are addressed more quickly, and reduce situations where unresolved concerns continue to escalate within the community over time. She reported that the Quality team now receives unusual occurrence reports related to grievances and is able to quickly contact patients, explain the review process, and discuss next steps and potential resolution options. Feinberg stated that the committee meets every two weeks, with additional ad hoc meetings held as needed for urgent situations. She also explained that the committee includes representatives from physicians, nursing, finance, quality, and risk management so that concerns involving clinical care, billing, investigations, and resolution options can be reviewed collaboratively in real time.

Public Comment: None

Board Discussion:
Committee members discussed the value of timely communication and early resolution of patient concerns and commented positively on the grievance review process. Discussion included the importance of helping patients feel heard before concerns escalate further within the community. Committee members also discussed presenting the process to the full Board.

QUALITY DASHBOARD

Quality Manager Feinberg presented the Q1 2026 Quality Dashboard and reviewed organization-wide quality, patient safety, operational, patient satisfaction, and workforce metrics. She reported that NIHD maintained zero central line-associated bloodstream infections (CLABSIs) and zero catheter-associated urinary tract infections (CAUTIs) during the reporting period, and noted that the District's 30-day readmission rate and mortality rate both

remained below benchmark thresholds. Feinberg also reviewed patient satisfaction scores, including clinic satisfaction at 93% and emergency department satisfaction at 79.2%, as well as employee engagement survey participation, turnover rates, emergency department metrics, and workers' compensation data. Committee members asked clarifying questions regarding several dashboard metrics, benchmark comparisons, and reporting categories presented during the quarterly review.

Public Comment: None

Board Discussion:
Committee members discussed the development of a public-facing online quality dashboard and provided feedback regarding which metrics may be most meaningful and understandable for community members. Discussion included potential inclusion of patient satisfaction scores, readmission rates, transfer rates, benchmark comparisons, and emergency department metrics. Committee members also discussed the importance of presenting information in a clear and accessible format for the public, including minimizing acronyms, adding explanatory language, and incorporating footnotes or reference information identifying benchmark sources and explaining how metrics are measured. Additional discussion occurred regarding the use of dashboard information for broader community education and outreach efforts.

GENERAL INFORMATION

Discussion included the development of educational materials and informational handouts that could be distributed within the community to help increase awareness and understanding of available healthcare services and resources. Committee members also discussed opportunities to collaborate with community organizations, including the Senior Center and Health and Human Services, to assist with public education and outreach efforts.

ADJOURNMENT

Adjourned at 3:54

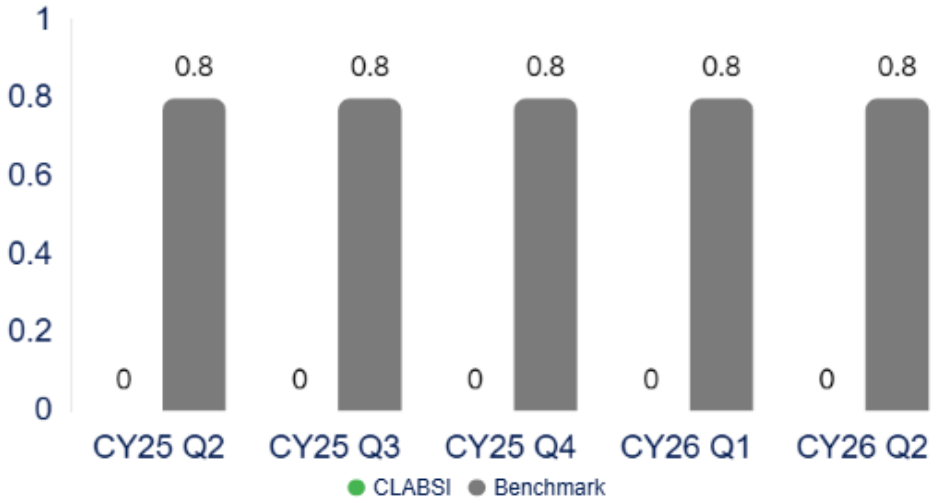
_____
Jean Turner
Northern Inyo Healthcare District
Quality Committee Chair

Attest: _____
Maggie Egan
Northern Inyo Healthcare District
Quality Committee Vice-Chair

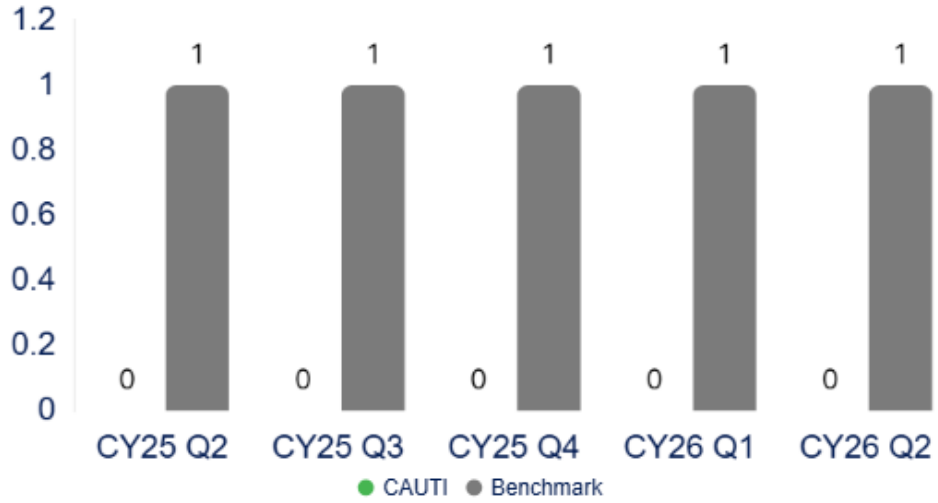
NIHD Quality Committee Dashboard

"<" means lower is better

Central Line-Associated Bloodstream Infect <

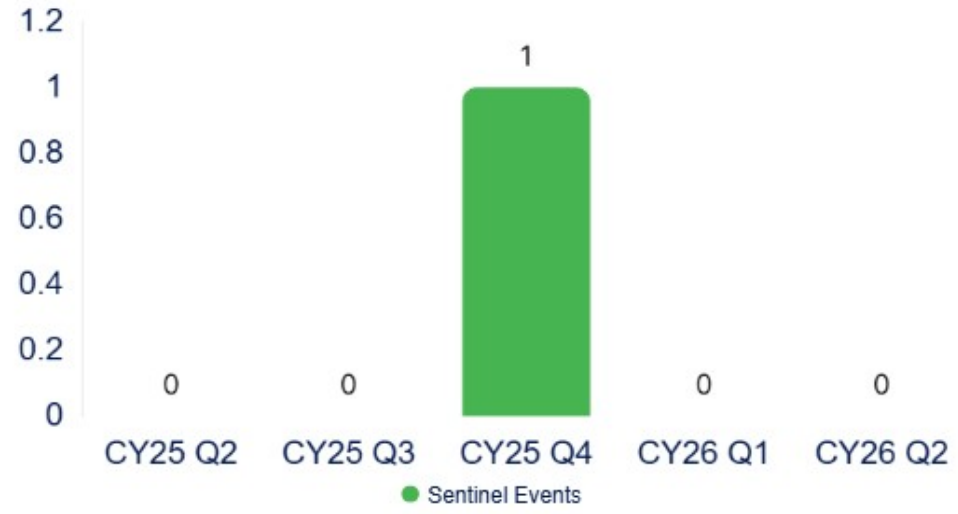


Catheter-Associated Urinary Tract Infection <

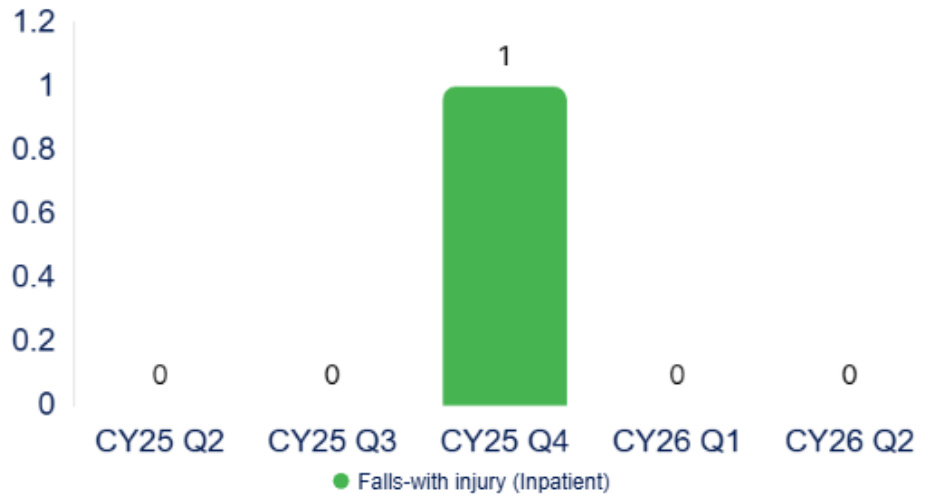


Medical Transfer Rate

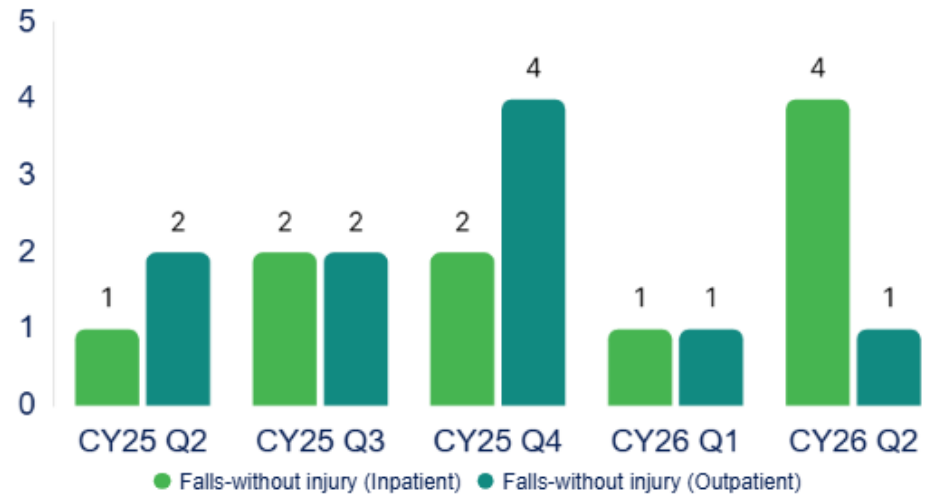
Sentinel Events <



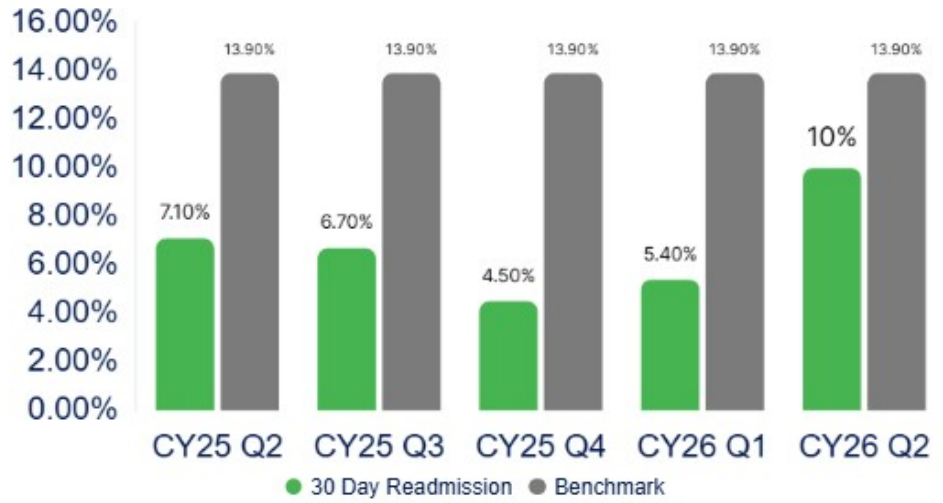
Patient Falls- With Injury <



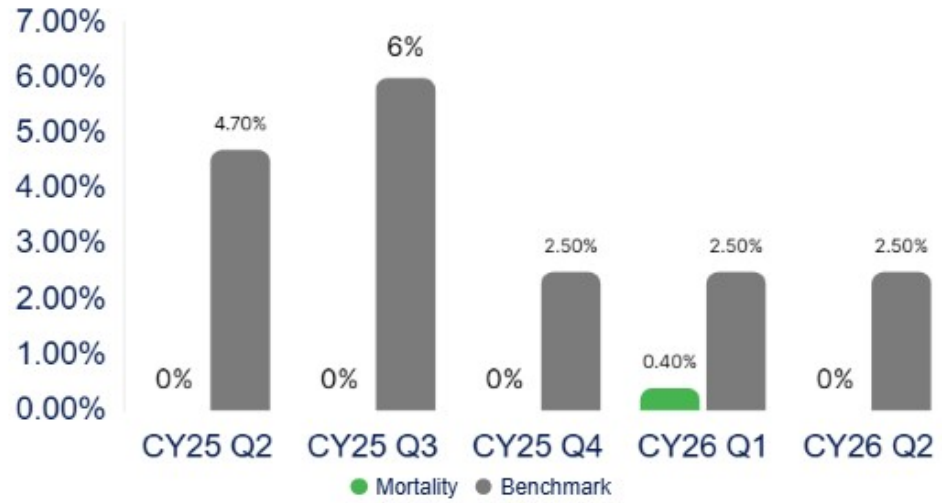
Patient Falls- Without Injury <



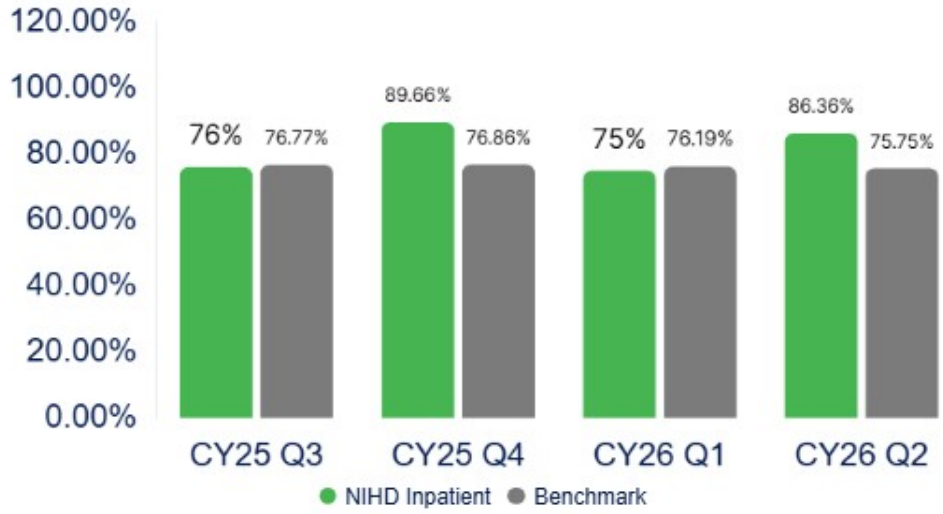
30 Day Readmission <



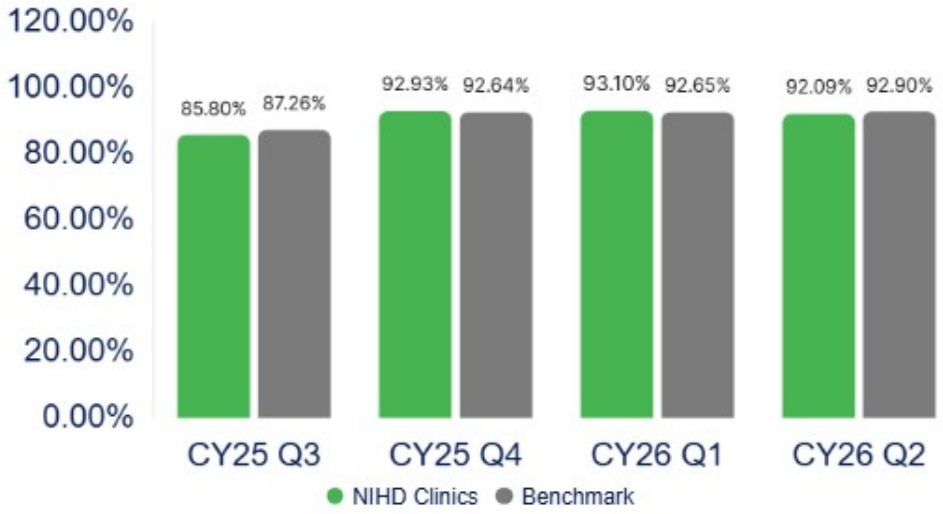
Mortality <



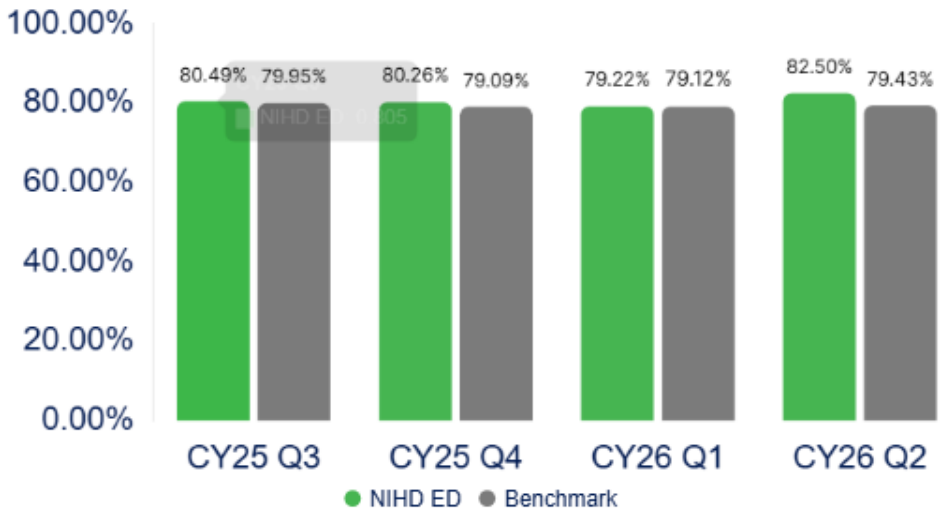
Likelihood to Recommend Top Box Score (Inpatient)



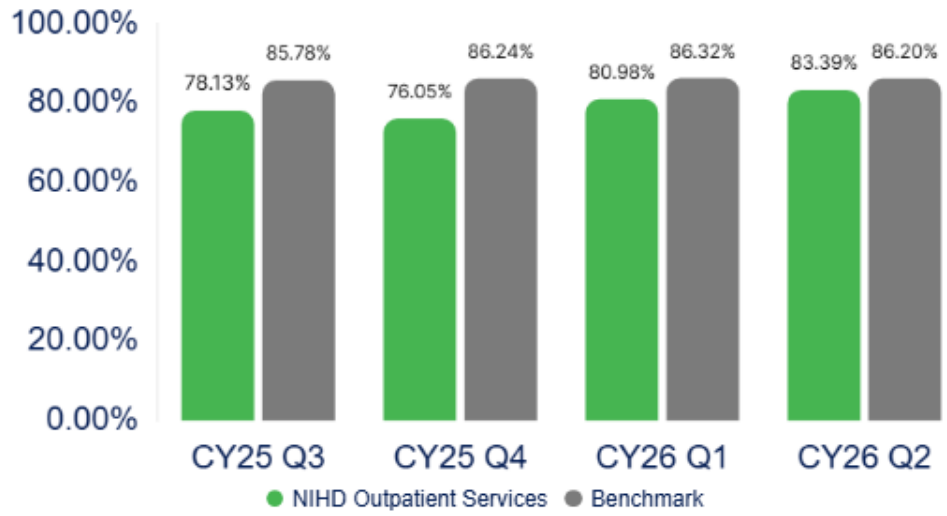
Likelihood to Recommend Top Box Score (Clinic)



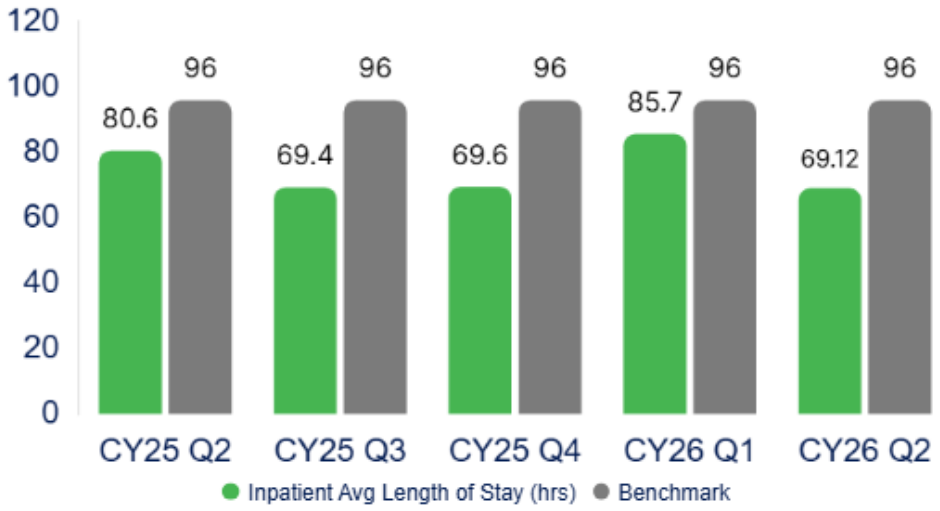
Likelihood to Recommend Top Box Score (ED)



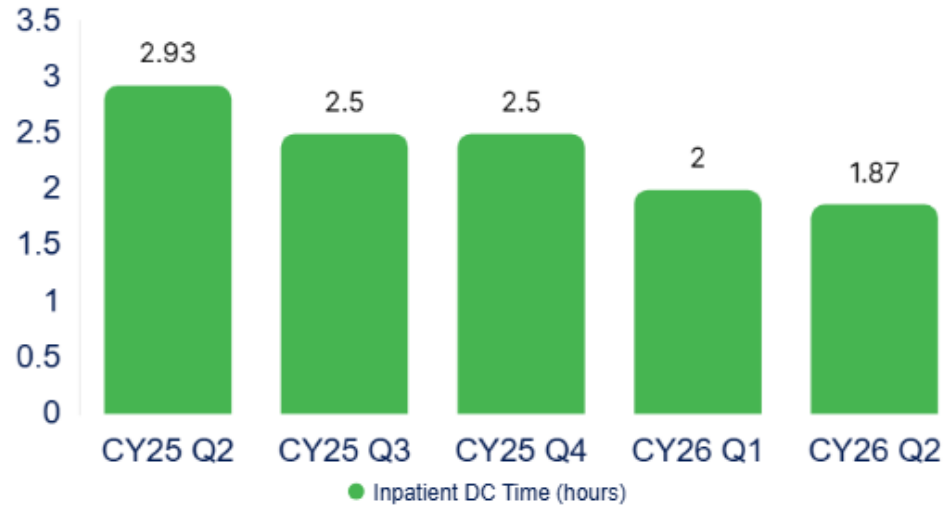
Likelihood to Recommend Top Box Score (OP)



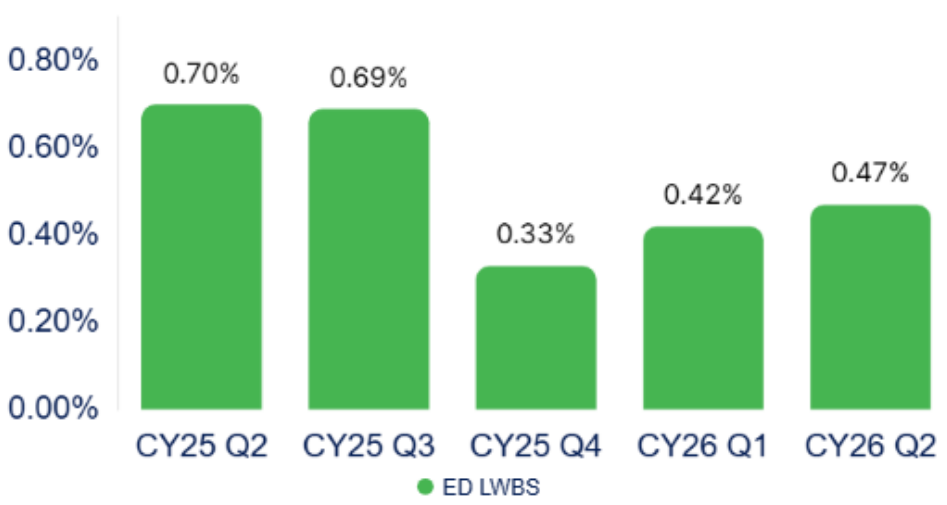
Inpatient Average Length of Stay (hours) <



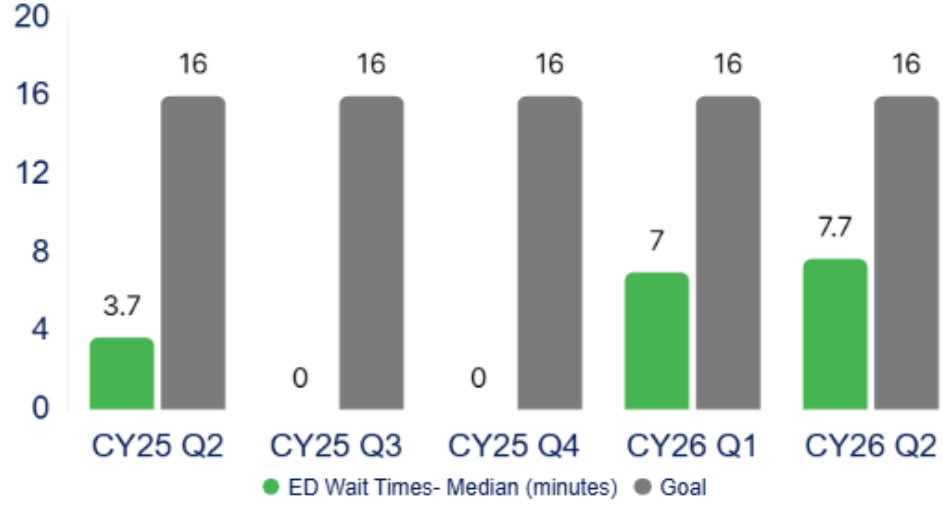
Inpatient Discharge Time (hours) <



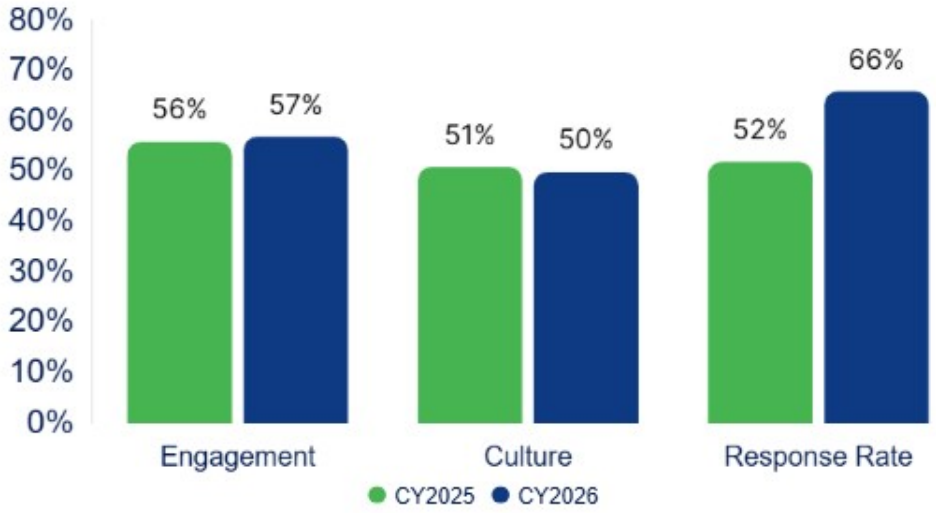
ED Left Without Being Seen <



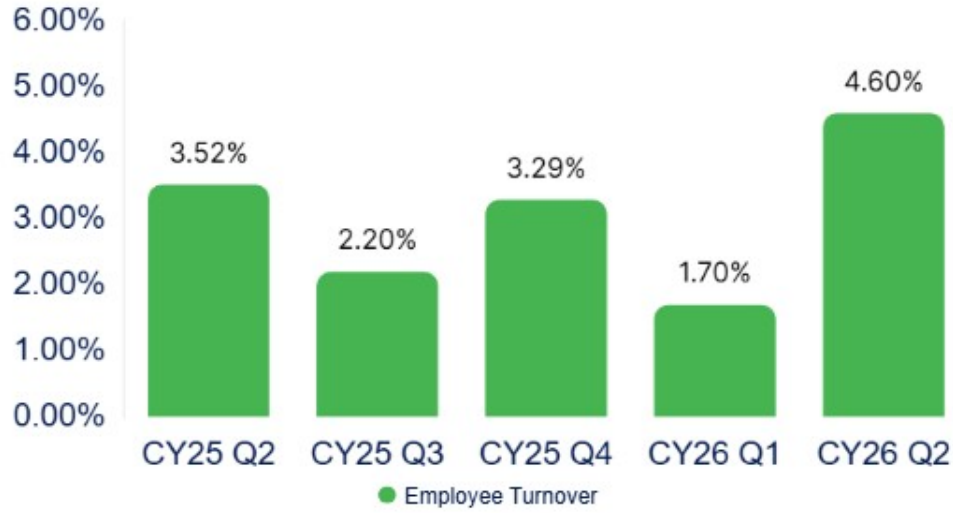
ED Wait Times- Median (minutes) <



Employee SCORE Survey Results

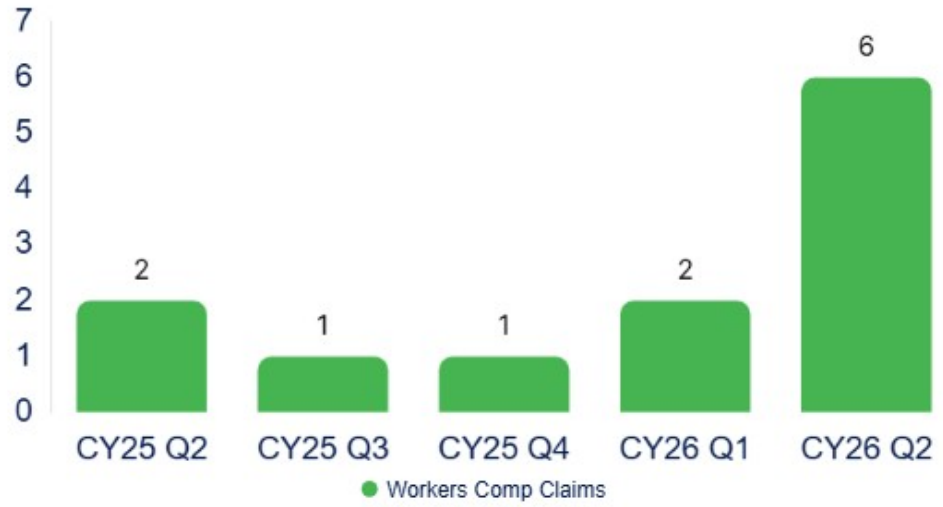


Employee Turnover



Reportable Incidents- Employees

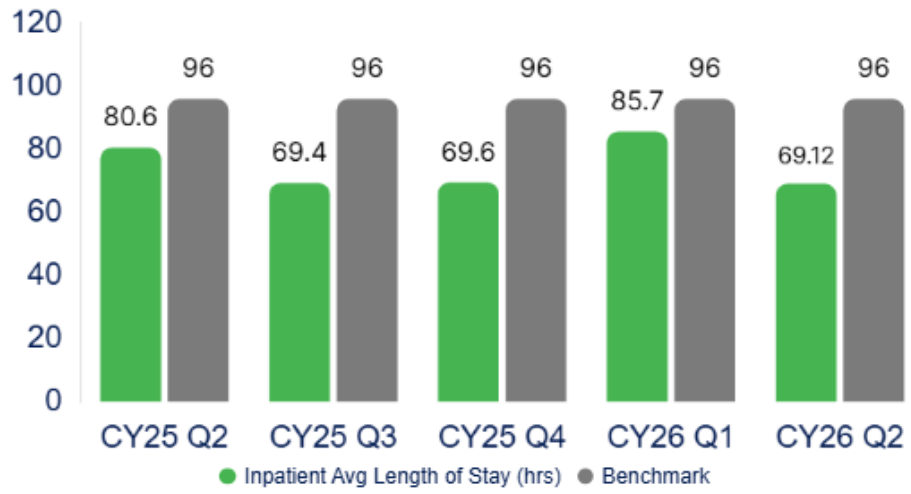
Workers Comp Claims



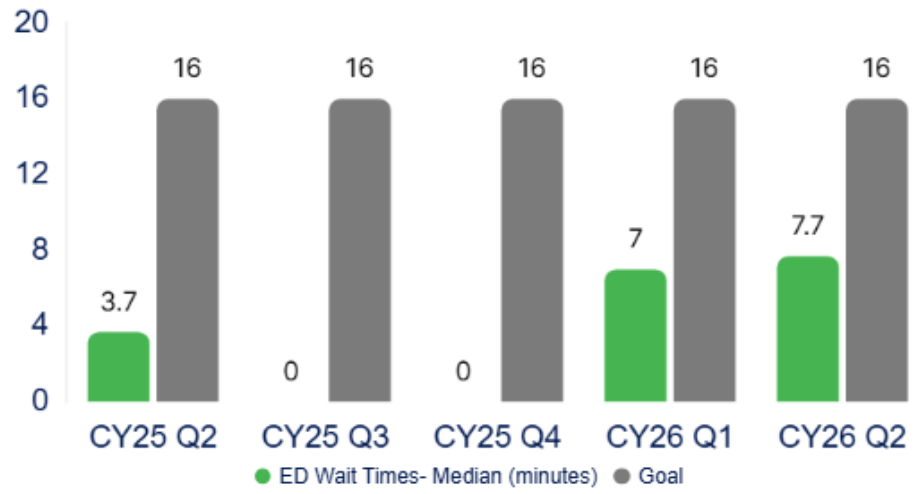
NIHD Quality Committee Dashboard

"<" means lower is better

Inpatient Average Length of Stay (hours) <



ED Wait Times- Median (minutes) <



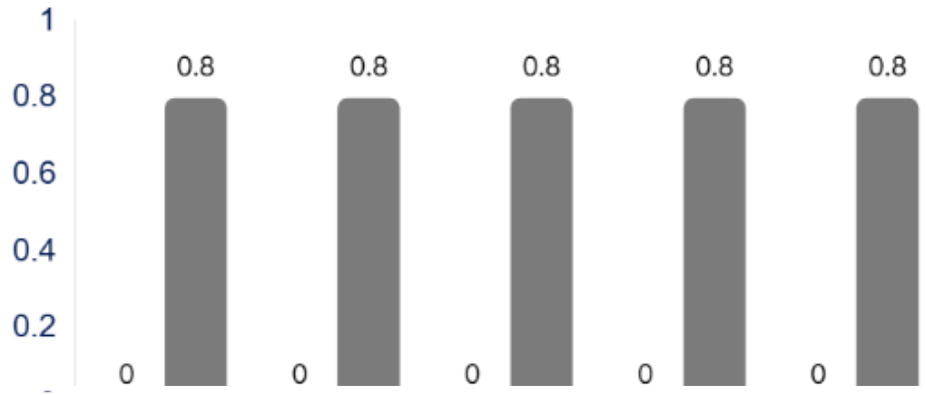
Inpatient Average Length of Stay

Average length of inpatient hospital stays. Annual average must remain below 96 hours to maintain Critical Access Hospital status.

ED Wait Times

Median time from arrival to when patient is seen by a provider.

Central Line-Associated Bloodstream Infect <



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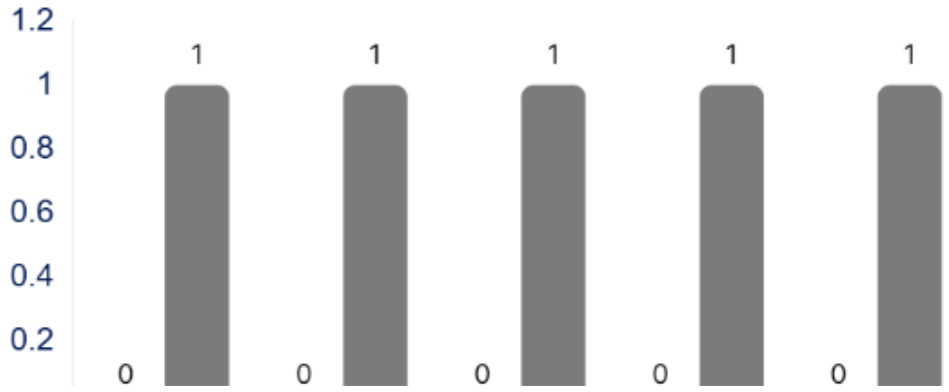
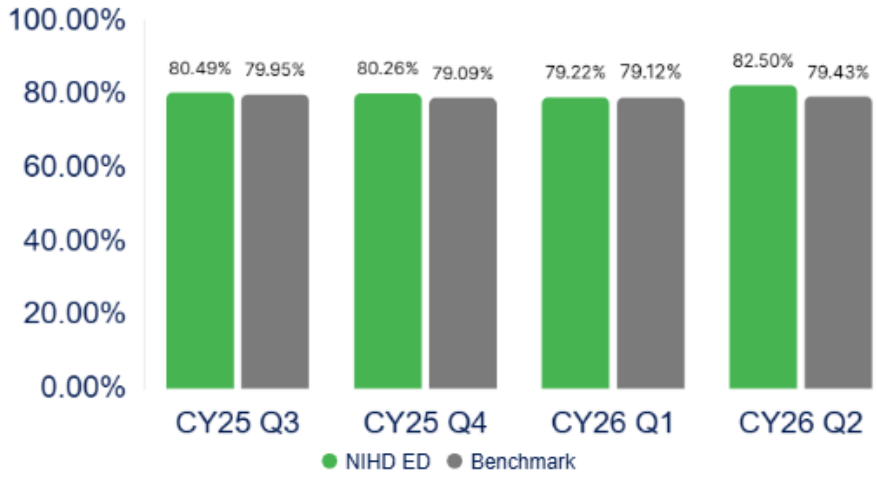
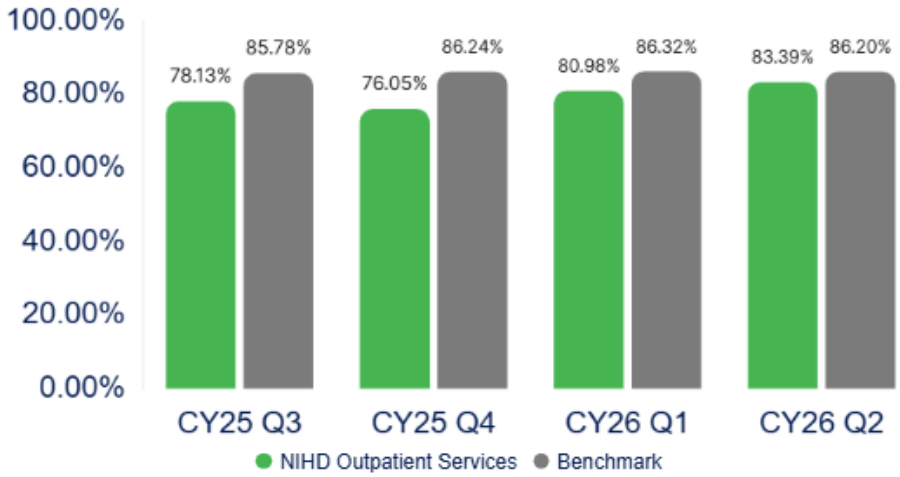


30 D

Likelihood to Recommend- ED



Likelihood to Recommend- Outpatient



Likeli

100
80
60
40
20
0

Likelihood to Recommend

Based on patient surveys, the likelihood that the patient would recommend the service area to others. This is measured as a "top box" score, or the portion of patients who gave the highest possible rating.