

Board Meeting

Quality Meeting - May 12, 2026

Agenda

Agenda 2

Old Business

Meeting Minutes - February 10, 2026 4

Quality Dashboard 7



Mission

* Strong Stewardship * Ethical Oversight *
*Eternal Local Access *

Vision Statement

To be an energized, high performing advocate for the communities we serve, our patients and our staff. The board governs with an eye on the future of health care and its effects on the District and patient care. The Board is committed to continuous evaluation, dedication to our mission, and improvements as a board.

Values

* Integrity * Innovate Vision * Stewardship * Teamwork *

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT Board of Directors' Quality Committee Meeting

May 12, 2026 at 3:00 pm

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)

<https://us06web.zoom.us/j/86114057527>

Webinar ID: 860 1405 7527

Password: 898843

PHONE CONNECTION:

(669) 444-9171

(253) 215-8782

Meeting ID: 860 1405 7527

-
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 – Information Item
 4. New Business
 - a) Meeting Minutes – February 10, 2026 – Action Item
 - b) Google Review on NIH website – Information Item
 - c) Grievance Committee – Information Item
 - d) Quality Dashboard – 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
Allison Partridge, Chief Operations Officer / Chief Nursing Officer
Alison Murray, Chief Human Resources Officer / Chief Business Development Officer
Adam Hawkins, DO, Chief Medical Officer

Alison Feinberg, Manager of Quality and Survey Readiness, Quality Assurance
Patty Dickson, Compliance Officer
Robin Christensen, Manager Employee Health & Infection Control, Infection Control
- 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** Quality Manager Feinberg reported that staff attended a recent conference and that the organization will launch the upcoming SCORE survey on culture of safety and employee engagement with enhanced HR support to increase participation and continue building a culture of safety.

Public Comment: None

Board Discussion:
Board members discussed whether CEO turnover may impact employee engagement results, and Quality Manager Feinberg responded that while no survey questions are specific to leadership turnover, communication and visibility efforts have been strengthened to address concerns. Members also asked about staff resistance and fears of retaliation, and Feinberg explained that identifying questions were removed, anonymity safeguards were reinforced, and department-level debriefs were conducted to build trust. The Board offered support in reinforcing the importance and confidentiality of the survey to encourage participation.
- COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** CEO Wallis reported that the Community Health Needs Assessment (CHNA) process concluded in December, followed by data review and action planning, and is being prepared for board approval. Consultant Lindsey summarized key findings, highlighting affordability, access to care, mental health, and care coordination as top community priorities, and presented an implementation framework aligned with strategic planning. Board members expressed appreciation for the work and discussed opportunities for senior-focused outreach and community education.

Public Comment: None

Board Discussion:

Board members discussed outreach opportunities for seniors, including partnering with the Bishop Senior Center as a venue for education and engagement. Members also clarified the inclusion of Southern Inyo in the survey results.

MEETING MINUTES

Motion by Egan to approve meeting minutes
2nd: Turner
Pass: 2-0

HCAI

CEO Wallis reported that HCAI conducted a site visit to review available support programs and Rural Health Transformation Program updates, noting no significant new opportunities but highlighting the value of relationship-building and insight into the state's ongoing infrastructure development for future funding.

Public Comment: None

Board Discussion:

Board members discussed that although no major new opportunities were identified, the visit was valuable for strengthening relationships, clarifying eligibility, and understanding the state's timeline for future transformation funding.

QUALITY COMMITTEE
CHARTER

Motion by Egan to approve the Quality Committee Charter
2nd: Turner
Pass: 2-0

QUALITY DASHBOARD

Quality Manager Feinberg presented the quarterly Quality Dashboard, reporting stable performance across key metrics including zero central line and catheter-associated infections, low readmission and mortality rates, and strong patient satisfaction scores, while also noting one patient fall with injury that was reviewed through established quality and peer review processes.

Infection Preventionist Robinson presented infection control data, reporting zero central line and catheter-associated infections and explaining standardized infection ratios, device utilization monitoring, and national benchmarking through NHSN reporting. She reviewed prevention strategies including daily multidisciplinary device necessity reviews, hand hygiene monitoring, sterile insertion oversight, staff skills training, and ongoing surveillance to reduce healthcare-associated infection risk and protect reimbursement performance.

Public Comment: None

Board Discussion: None

ADJOURNMENT

Adjourned at 3:37

Jean Turner
Northern Inyo Healthcare District
Quality Committee Chair

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

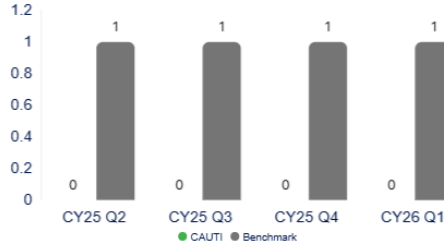
NIHD Quality Committee Dashboard

"<" means lower is better

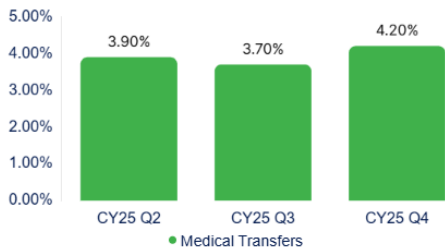
Central Line-Associated Bloodstream Infection <



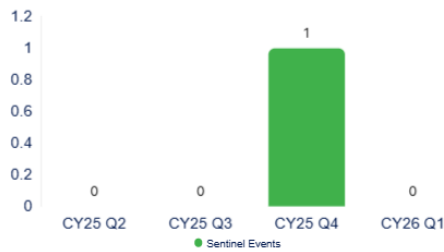
Catheter-Associated Urinary Tract Infection <



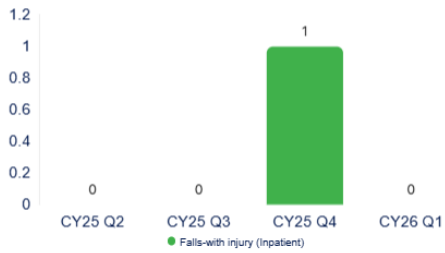
Medical Transfer Rate



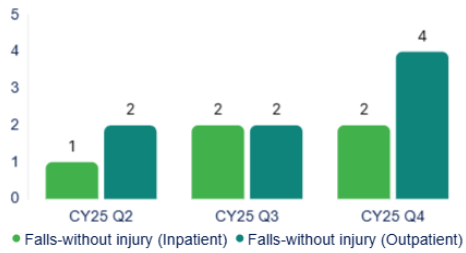
Sentinel Events <



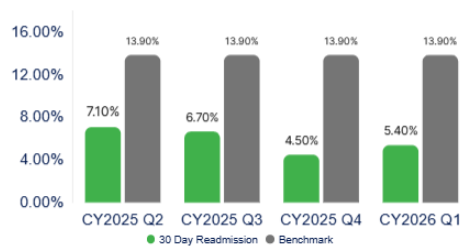
Patient Falls- With Injury <



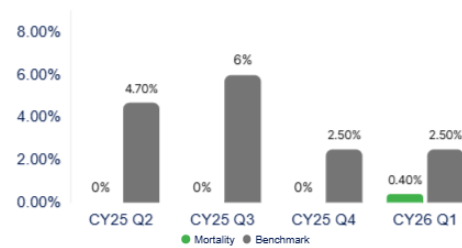
Patient Falls- Without Injury <



30 Day Readmission <



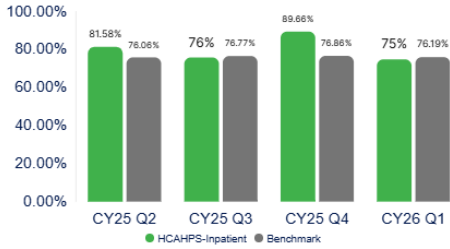
Mortality <



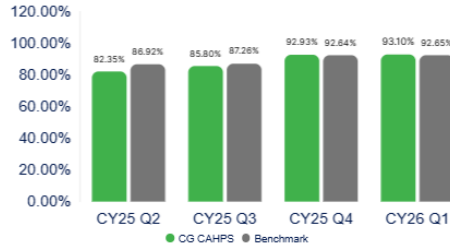
NIHD Quality Committee Dashboard

⚡ means lower is better

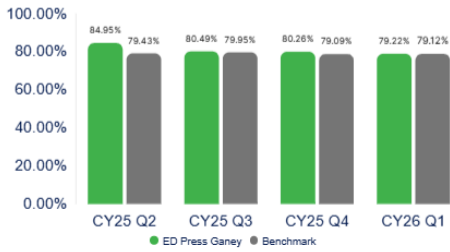
Likelihood to Recommend Top Box Score (Inpatient)



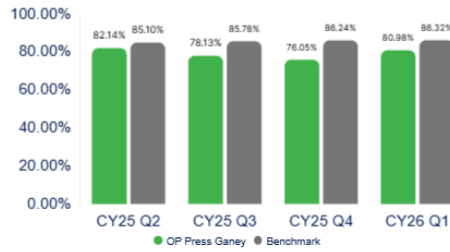
Likelihood to Recommend Top Box Score (Clinic)



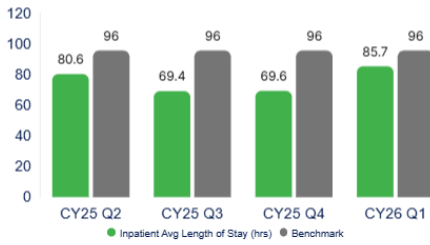
Likelihood to Recommend Top Box Score (ED)



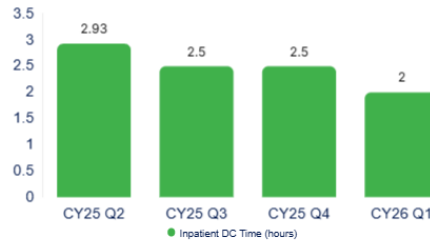
Likelihood to Recommend Top Box Score (OP)



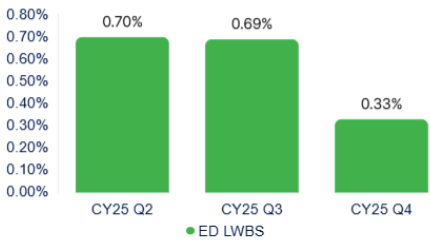
Inpatient Average Length of Stay (hours) <



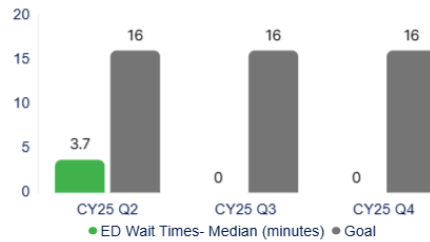
Inpatient Discharge Time (hours) <



ED Left Without Being Seen <



ED Wait Times- Median (minutes) <



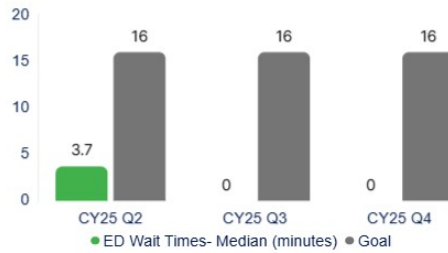
NIHD Quality Committee Dashboard

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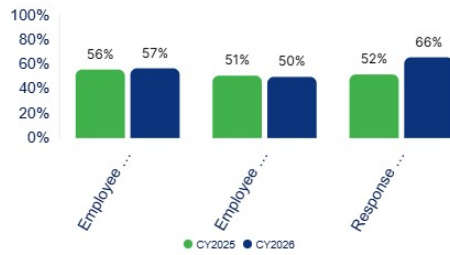
ED Left Without Being Seen <



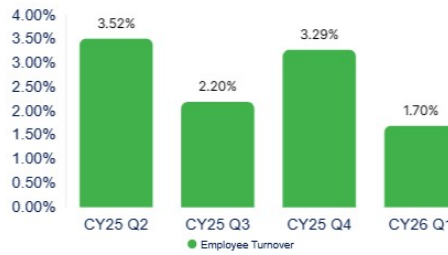
ED Wait Times- Median (minutes) <



Employee Engagement



Employee Turnover



Reportable Incidents- Employees



Workers Comp Claims

