

- CALL TO ORDER The meeting was called to order at 5:30 pm by Mary Mae Kilpatrick, President.
- PRESENT Mary Mae Kilpatrick, President
Jean Turner, Vice President
Robert Sharp, Secretary
Peter Tracy, Treasurer
M.C. Hubbard, Member at Large
Allison Robinson MD, Chief of Staff
Kevin S. Flanigan MD, MBA, Chief Executive Officer
Kelli Davis, Chief Operating Officer
John Tremble, Chief Financial Officer
Tracy Aspel RN, Chief Nursing Officer
- OPPORTUNITY FOR PUBLIC COMMENT Ms. Kilpatrick announced at this time persons in the audience may speak on any items not on the agenda for this meeting on any matter within the jurisdiction of the District Board, and speakers will be limited to a maximum of three minutes each. Comments were heard from Robbin Cromer-Tyler MD, who informed the Board that Allison Robinson MD has been appointed to the American Board of Surgeons' Board of Directors as on June 2019.
- CHIEF OF STAFF REPORT Chief of Staff Allison Robinson, MD reported following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee recommends approval of the following hospital-wide Policies and Procedures:
- POLICY AND PROCEDURE APPROVALS
 1. *Bone Graft Tissue Bank*
 2. *Preoperative Interview*
 3. *Scheduling of Nursing Personnel*

It was moved by M.C. Hubbard, seconded by Peter Tracy, and unanimously passed to approve Policies and Procedures 1 through 3 as presented.
- ANNUAL REVIEWS APPROVALS Doctor Robinson also reported the Medical Executive Committee recommends approval of the following Annual Reviews:
1. *Plan to Eliminate or Substantially Reduce Medication-Related Errors 2018-2019*
 2. *Critical Indicators 2019*
 - i. *Emergency Department Critical Indicators*
 - ii. *Surgical Critical Indicators*
 - iii. *Anesthesia Critical Indicators*
 - iv. *Neonatal Critical Indicators*
 - v. *Pediatric Critical Indicators*
 - vi. *Perinatal Critical Indicators*
 - vii. *ICU Critical Indicators*
 - viii. *Medical Services Critical Indicators*

ix. RHC Critical Indicators

It was moved by Mr. Tracy, seconded by Jean Turner, and unanimously passed to approve all Annual Reviews as presented.

STANDARDIZED
PROCEDURES FOR THE
NURSE PRACTITIONER
OR CERTIFIED NURSE
MIDWIFE

Doctor Robinson additionally reported the Medical Executive Committee recommends approval of the following Standardized Procedures for the Nurse Practitioner or Certified Nurse Midwife:

- i. General Policy for the Nurse Practitioner or Certified Nurse Midwife*
- ii. Certified Nurse Midwife and Certified Nurse Midwife First Assistant*
- iii. Adult Health Maintenance*
- iv. Emergency Care Policy*
- v. Furnishing Medications/Devices Policy*
- vi. Laboratory & Diagnostic Testing*
- vii. Management of Acute Illness*
- viii. Management of Chronic Illness*
- ix. Management of Minor Trauma*
- x. Minor Surgical Procedure*
- xi. Well Child Care*

It was moved by Ms. Hubbard, seconded by Robert Sharp, and unanimously passed to approve Standardized Procedures for the Nurse Practitioner or Certified Nurse Midwife 1 through 11 as presented.

STANDARDIZED
PROTOCOLS FOR THE
PHYSICIAN ASSISTANT

Doctor Robinson also reported the Medical Executive Committee recommends approval of the following Standardized Protocols for the Physician Assistant:

- i. General Policy for the Physician Assistant*
- ii. Medical Screening Examination for the Emergency Department Physician Assistant*
- iii. Physician Assistant in the Operating Room*
- iv. Adult Health Maintenance*
- v. Emergency Care Policy*
- vi. Laboratory and Diagnostic Testing*
- vii. Management of Acute Illness*
- viii. Management of Chronic Illness*
- ix. Management of Minor Trauma*
- x. Medication/Device Policy*
- xi. Minor Surgical Policy*
- xii. Well Child Care Policy*

It was moved by Ms. Hubbard, seconded by Mr. Sharp, and unanimously passed to approve Standardized Protocols for the Physician Assistant 1 through 12 as presented.

PROPOSAL OF
EXPANDED CHIEF OF
STAFF POSITION

Doctor Robinson also presented a proposal for an expanded Chief of Staff Role as recommended by the Medical Executive Committee. The proposal included an overview of the recommended responsibilities for the Chief of Staff, and a financial analysis of the costs involved.

Following discussion of this agenda item Ms. Kilpatrick stated a decision on this topic will be tabled to a future meeting of the District Board, in order to allow for a deeper analysis of all aspects involved.

STRATEGIC PLAN
UPDATE, QUALITY
AND PERFORMANCE
COMMITTEE REPORT

Stacey Brown MD provided an update on the activities of the Northern Inyo Healthcare District (NIHD) Quality Improvement Operational Team, established for the purpose of helping to achieve the quality and performance-related goals of the District's Strategic Plan. The group's current metric includes assessment of the NIHD employee flu vaccination rate, as well as quarterly infection prevention education for District staff. The District has achieved a year-to-date employee flu vaccination rate of 98%; and a year-to-date infection prevention education rate of 100%. The group is also focused on enhancing a culture of safety District wide, which includes implementation of an employee Safety Coach program at NIHD.

RURAL HEALTH
CLINIC ANNUAL
REPORT

Doctor Brown also provided an annual NIHD Rural Health Clinic update, which included information on the following:

- History and evolution of the Rural Health Clinic (RHC) from 2001 to present
- Current Clinic status regarding staffing and care coordination
- Innovations implemented at the Clinic including telemedicine; specialty services, and a Same Day Service line
- Report on the future direction of the Clinic including preventative medicine; chronic care management; transitional care management; after hours provider team contact; coordination with new geriatric/memory services; and an expansion of services to the Bishop Care Center

QUARTERLY
COMPLIANCE REPORT

Compliance Officer Patty Dickson provided a quarterly Compliance Department report which included the following:

- Comprehensive Compliance Program review
- Summary of Personal Health Information breaches for Calendar Year 2018
- Review of compliance issues and inquiries
- Overview of audits performed; California Public Records Act requests; the Compliance Work plan; Licensing Survey response monitoring; and Conflicts of Interest questionnaires

It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to accept the Compliance Department quarterly report as presented.

DISTRICT WIDE
POLICY AND
PROCEDURE
APPROVALS

Chief Nursing Officer Tracy Aspel called attention to the following (proposed) District wide Policies and Procedures:

- *Authorization of Hours Worked Beyond Regularly Scheduled Shift (Including Overtime Request).*
- *Guidelines for Licensed Nurses Nursing Students Giving Medications*

- *Thrombolytic Therapy for Acute Myocardial Infarction*

It was moved by Ms. Hubbard, seconded by Ms. Turner, and unanimously passed to approve all three Policies and Procedures as presented.

CHARGE CAPTURE
POLICY

Chief Financial Officer John Tremble called attention to a proposed Policy and Procedure titled *Charge Capture Policy*. It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to approve the proposed *Charge Capture Policy* as presented.

BOARD DISCUSSION
ON RESPONSE TO
EMAILS AND LETTERS

Discussion took place on the topic of Board of Directors response to emails and letters received. At the conclusion of discussion it was determined that receipt of correspondences by the Board can and should be acknowledged (any number of Board members may respond independently), then responsibility and determination of further action needed will be handled by the Chief Executive Officer (CEO). The CEO will later provide feedback to the Board of Directors as appropriate.

STRATEGIC PLAN
STATUS REPORT AND
NEXT STEPS

Doctor Flanigan provided a status report on progress made toward achieving the goals of the District's Strategic Plan, including an overview of leadership's current strategies in the areas of patient experience; the workforce experience; quality; and finance and market share. He also provided a look forward at upcoming initiatives and proposed expansion of services, as well as future leadership strategies.

PHASE II RESPONSE TO
BUDGET

Doctor Flanigan also provided an update on Phase II of the District's response to a projected budget deficit for the second half of the current fiscal year. He reviewed cost reduction efforts to date, and stated that Phase II will include looking at consolidation of responsibilities; pulling two positions from the budget; changing staffing models; and an expected expansion of the Chief of Staff role. He additionally noted that Phase III of the District's response to budget will take place during the fourth quarter of this fiscal year.

BRIDGE GRANT
AWARD

Doctor Flanigan also reported that NIHD has been selected to participate in the California Bridge Program, an accelerated training program for healthcare providers to facilitate treatment of substance use disorders. The amount of NIHD's Bridge grant award is \$175,000, which will fund an 18-month program developed in response to the opioid crisis.

OFFICE SPACE MOVES

Doctor Flanigan additionally stated there is some level of concern in the community regarding the many office space moves and relocations of staff that are currently in progress within the District. He explained that reason for the moves is to consolidate departments into one area, in particular Finance staff which is currently spread out in several different locations within the facility.

CONSENT AGENDA

Ms. Kilpatrick called attention to the Consent Agenda for this meeting, which contained the following items:

- *Approval of minutes of the January 16 2019 regular meeting*
- *Approval of minutes of the February 6 special meeting*
- *Policy and Procedure annual approvals*

It was moved by Mr. Tracy, seconded by Ms. Turner, and unanimously passed to approve all three Consent Agenda items as presented.

BOARD MEMBER
REPORTS

Ms. Kilpatrick asked if any members of the Board of Directors wished to report on any items of interest. Director Turner expressed appreciation of the Association of California Healthcare Districts (ACHD) Legislative Day, which was recently attended by the full Board and the Chief Executive Officer. Director Sharp commented that he has received positive feedback from employees regarding District leadership, and Director Hubbard reminded everyone that the Blue Ribbon Run/Walk/Ride event will take place on Saturday, March 9. No other comments were heard.

ADJOURNMENT TO
CLOSED SESSION

At 8:00pm Ms. Kilpatrick announced the meeting would adjourn to Closed Session to allow the Board of Directors to:

- A. Confer with Legal Counsel regarding potential litigation, 1 matter pending (*pursuant to Government Code Section 54956.9(d)(2)*).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 8:15 pm the meeting returned to Open Session. Ms. Kilpatrick reported the Board took no reportable action.

ADJOURNMENT

The meeting was adjourned at 8:16 pm.

Mary Mae Kilpatrick, President

Attest:

Robert Sharp, Secretary