

- CALL TO ORDER** The meeting was called to order in the Northern Inyo Healthcare District Board Room at 2957 Birch Street, Bishop, California, at 5:30 pm by John Ungersma MD, President.
- PRESENT** John Ungersma MD, President
Mary Mae Kilpatrick, Secretary
Jean Turner, Treasurer
Robert Sharp, Member-at-Large
Kevin S. Flanigan MD, MBA, Chief Executive Officer
Kelli Huntsinger, Chief Operating Officer
John Tremble, Chief Financial Officer
Tracy Aspel RN, Chief Nursing Officer
Evelyn Campos Diaz, Chief Human Resources Officer
Richard Meredick MD, Chief of Staff
Sandy Blumberg, Executive Assistant
- ABSENT** M.C. Hubbard, Vice President
- OPPORTUNITY FOR PUBLIC COMMENT** Doctor Ungersma stated at this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers will be limited to a maximum of three minutes each. No comments were heard.
- DISTRICT BOARD RESOLUTION 18-03, CONSOLODATION OF ELECTION** Doctor Ungersma called attention to Northern Inyo Healthcare District (NIHD) Board Resolution 18-03 which would allow for consolidation of the Healthcare District 2018 election with the November 6 2018 general election. It was moved by Jean Turner, seconded by Mary Mae Kilpatrick and unanimously passed to approve District Board Resolution 18-03 to consolidate the Healthcare District election with the state-wide general election, with a change being made to reflect that Directors for District Zones II, III, and V will be elected on November 6 2018.
- DISTRICT BOARD RESOLUTION 18-04, APPROPRIATIONS LIMIT FOR 2018/2019 FISCAL YEAR** Chief Financial Officer John Tremble called attention to District Board Resolution 18-04, which establishes the appropriations limit for the July 1 2018 through June 30 2019 fiscal year. It was moved by Ms. Kilpatrick, seconded by Robert Sharp, and unanimously passed to approve District Board Resolution 18-04 as presented.
- APPROVAL OF OPERATING BUDGET FOR 2018/2019 FISCAL YEAR** Mr. Tremble called attention to the NIHD proposed operating budget for the 2018/2019 fiscal year, and provided an overview which included the following:
- Projected patient volumes, services, and expansion of services
 - Review of projected expenses including salaries and wages, supplies, purchased services, and depreciation
 - The proposed budget allows for a 4% increase to the price patient services, excluding diagnostic imaging, and a 60% increase to the

- swing bed per day rate charged
- Review of finalized capital expenditures
- Approval of general policies relating to the budget process, including continuation of charity care and patient discounts

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the proposed operating budget for the 2018/2019 fiscal year as presented.

FUNDING FOR NIHD
RETIREMENT PLAN,
FISCAL YEAR 2018/2019

Mr. Tremble also called attention to proposed funding of the NIHD Retirement Plan at a rate that will allow it to be fully-funded in a period of ten years. It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve funding of the NIHD Retirement Plan for the 2018/2019 fiscal year, at a rate proposed by Milliman Inc..

BOARD OF DIRECTORS
POLICY AND
PROCEDURE
APPROVALS:

- *NIHD BOARD MEETING MINUTES*
- *NIHD MEETINGS/ BROWN ACT COMPLIANCE*

Chief Executive Officer Kevin S. Flanigan MD, MBA called attention to a proposed Board of Directors Policy and Procedure titled *NIHD Board Meeting Minutes*, being established as a best practice for the District Board. It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve the proposed Board policy titled *NIHD Board Meeting Minutes* as presented.

Doctor Flanigan also called attention to a second Board of Directors Policy and Procedure titled *Northern Inyo Healthcare District Board of Directors Meetings/Brown Act Compliance*. It was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve the *Northern Inyo Healthcare District Board of Directors Meetings/Brown Act Compliance* Policy and Procedure as presented. Doctor Flanigan noted that with approval of these two policies NIHD will submit an application for Association of California Healthcare Districts (ACHD) certification. On behalf of the entire Board Director Turner expressed her appreciation of the hard work and effort on the part of Director M.C. Hubbard, who has spent countless hours of work on completion of the requirements needed to receive ACHD certification.

PROCESS FOR
APPOINTING BOARD
MEMBERS TO VACANT
SEATS

Director Turner called attention to the need to establish a standardized process for appointing and on-boarding new Board members in the event of a vacancy. Following brief discussion it was determined that Directors Turner, Kilpatrick, and Sharp will work on developing a draft process that will later be presented to the full Board for review and approval.

TELEWORK PROGRAM
POLICY

Chief Human Resources Officer Evelyn Campos Diaz called attention to a proposed Personnel Policy titled *Telework Program Policy* which would allow District employees to work remotely under specific conditions and when beneficial to both the District and the employee. It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve the proposed *Telework Program Policy* as presented.

WORKPLACE VIOLENCE PREVENTION POLICY	Ms. Campos Diaz also called attention to revisions made to the previously established Personnel Policy titled <i>Workplace Violence Prevention Policy</i> , which has been revised to further improve upon the District's Workplace Violence Prevention program. It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve the revised <i>Workplace Violence Prevention Policy</i> as presented.
EMERGENCY DEPARTMENT LEVEL OF CARE ASSESSMENT POLICY AND PROCEDURE	Chief Nursing Officer Tracy Aspel RN called attention to updates made to the NIHD <i>Emergency Department Level of Care Worksheet</i> , which will ensure the District's compliance with existing requirements. It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the updated <i>Emergency Department Level of Care Worksheet</i> as presented.
CARRIER CHILLER REPLACEMENT	Doctor Flanigan called attention to a request to replace an 80-ton Carrier Chiller for the NIHD Support Building, due to the catastrophic failure of the District's existing equipment. Doctor Flanigan noted that this is an unbudgeted expense; however replacement of the equipment is essential for the operation of the District. It was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve the purchase of the Carrier Chiller for the NIHD Support Building as requested.
GRANT APPLICATION FOR ADOLESCENT AND REPRODUCTIVE HEALTH EDUCATION	Doctor Flanigan also requested approval to partner with the County of Inyo to obtain grant funding for enhancement of adolescent reproductive health education in this community. It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve NIHD partnering with the County of Inyo to apply for grant funding to enhance adolescent reproductive health education in the community.
STRATEGIC PLAN PRESENTATION FORMAT FOR FISCAL YEAR 2018/2019	Doctor Flanigan reported four focus groups consisting of NIHD employees and leaders have been formed to work with the NIHD Executive Team to work on achieving the goals of the District's Strategic Plan. The groups are working on initiatives relating to the Patient Experience; Workforce Experience; Fiscal Responsibility; and Quality. The groups will begin reporting to the Board of Directors on a quarterly rotating basis beginning with the July 2018 regular Board meeting.
2013 CMS SURVEY VALIDATION MONITORING QUARTERLY REPORT	Director of Quality and Risk Altaf Ibrahim called attention to the 2013 Centers for Medicare and Medicaid Services (CMS) Validation Survey Monitoring quarterly report for June of 2018. Following review of the information provided it was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve the 2013 CMS Survey Validation Monitoring quarterly report as presented.
CONSENT AGENDA	Doctor Ungersma called attention to the Consent Agenda for this meeting, which contained the following items: <ul style="list-style-type: none">- <i>Approval of minutes of the May 16 2018 regular meeting</i>- <i>Financial and Statistical reports as of April 30, 2018</i>

- *Policy and Procedure annual approvals*

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

CHIEF OF STAFF
REPORT

POLICIES,
PROCEDURES,
PROTOCOLS, AND
ORDER SETS

Chief of Staff Richard Meredick MD reported following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee recommends approval of the following District wide Policies, Procedures, Protocols, and Order Sets:

1. *Medical Ethics Referrals and Consultations*
2. *Medical Staff and Allied Health Professional Educational Requirements*
3. *Adult Immunization in the Healthcare Worker*
4. *Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program*
5. *Bloodborne Pathogen Exposure Control Plan*
6. *Emergency Management Plan*
7. *Emergency Room Overcrowding*
8. *Evaluation of Pregnant Patients in the Emergency Department*
9. *Infection Prevention Plan*
10. *Process for Amendment to Protected Health Information*
11. *Process for Auditing of Physician In-house/Office Records*
12. *Record Retention, Destruction and Disposal of Protected Health Information*
13. *Rejected Specimens Acceptability and Rejection*
14. *Role of Microbiology in Infectious Disease Control*
15. *Safe Injection Practices*
16. *Scope of Anesthesia Practice*
17. *Toy Cleaning*
18. *Trauma Patient Care in the Emergency Department*
19. *Trophon Environmental Probe Reprocessor (EPR)*
20. *Wild Iris Services (Victims Services)*
21. *DI – CT Contrast Administration*
22. *DI – CT Radiation Safety Policy*
23. *DI – Monitoring and Minimizing Radiation Exposure for the Occupational Worker*
24. *DI NM Daily Area Surveys*
25. *DI NM General Rules for the Safe Use of Radioactive Materials*
26. *DI NM Radioactive Package Receipt*
27. *Diagnostic Imaging – Monitoring and Documentation of Fluoroscopic Quality Control*
28. *Diagnostic Imaging – Scope of Services*
29. *Diagnostic Imaging – Ultrasound, Intimate Exams*
30. *Diagnostic Imaging Department Orientation and Competency*
31. *Diagnostic Imaging X-Ray Protocols Procedure*
32. *Diagnostic Mammography – 3D*
33. *Premedication for Radiographic Contrast Sensitivity*
34. *Ultrasound – Scope of Practice Procedure*

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously

passed to approve Policies, Procedures, Protocols, and Order Sets 1 through 34 as presented.

NURSE PRACTITIONER
AND CERTIFIED NURSE
MIDWIFE
STANDARDIZED
PROCEDURES

Doctor Meredick also reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following Nurse Practitioner and Certified Nurse Midwife Standardized Procedures:

1. *General Policy*
2. *Adult Health Maintenance Policy*
3. *Management of Acute Illness Policy*
4. *Management of Chronic Illness Policy*
5. *Emergency Care Policy*
6. *Laboratory and Diagnostic Testing Policy*
7. *Minor Surgical Procedures Policy*
8. *Management of Minor Trauma Policy*
9. *Well Child Care Policy for the Nurse Practitioner*

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve Nurse Practitioner and Certified Nurse Midwife Standardized Procedures 1 through 9 as presented.

MEDICAL STAFF
SERVICE CHIEFS AND
OFFICERS FOR
2018/2019

Doctor Meredick additionally reported the Medical Executive Committee requests Board approval of the following Medical Staff Service Chiefs and Medical Staff Officers for the 2018/2019 Medical Staff year:

1. *Chief of Staff – Allison Robinson, MD*
2. *Vice Chief of Staff – Will Timbers, MD*
3. *Immediate Past Chief of Staff – Richard Meredick, MD*
4. *Member-at-Large – Joy Engblade, MD*
5. *Chief of Emergency Room Service – Sierra Bourne, MD*
6. *Chief of Medicine/Intensive Care Service – Nickoline Hathaway, MD*
7. *Chief of Obstetrics – Martha Kim, MD*
8. *Chief of Pediatrics – Charlotte Helvie, MD*
9. *Chief of Radiology – Edmund Pillsbury, MD*
10. *Chief of Surgery – Jeanine Arndal, MD*

It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve the slate of Medical Staff Service Chiefs and Medical Staff Officers for the 2018/2019 Medical Staff year as presented.

RURAL HEALTH
CLINIC CRITICAL
INDICATORS FOR 2018

Doctor Meredick also requested approval of the *Rural Health Clinic Critical Indicators* for 2018. It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve the *Rural Health Clinic Critical Indicators* for 2018 as presented.

MEDICAL STAFF
APPOINTMENTS AND
PRIVILEGES

Doctor Meredick additionally requested approval of the following Medical Staff appointments and privileges:

1. Daniel K. Davis MD (*orthopedic surgery*) – Provisional Consulting Staff

2. John Adam Hawkins DO (*emergency medicine*) – Provisional Active Staff

It was moved by Mr. Sharp, seconded by Ms. Kilpatrick, and unanimously passed to approve both Medical Staff appointments and privileges as requested.

MEDICAL STAFF
TEMPORARY
PRIVILEGES (LOCUM
TENENS)

Doctor Meredick also requested approval of the following temporary privileges, Locum Tenens:

1. Akash Rusia MD (*internal medicine*)
2. Chibao Nguyen DO (*internal medicine*)
3. Chivonne Harrigal MD (*breast imaging*)

It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve all three temporary privileges as requested.

MEDICAL STAFF
ADDITIONAL
PRIVILEGES

Doctor Meredick additionally requested approval of the following Medical Staff additional privileges:

1. Robert Nathan Slotnick, MD (*perinatology*) – addition of cervical cerclage privileges
2. Thomas Boo MD (*family medicine*) – addition of outpatient family medicine privileges to work in the RHC

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve both additional privileges as requested.

TELEMEDICINE STAFF
APPOINTMENTS/
PRIVILEGES

Doctor Meredick also stated the Medical Executive Committee recommends approval of the following Telemedicine Staff Appointment/Privileges – Proxy Credentialing:

- *As per the approved Telemedicine Physician Credentialing and Privileging Agreement, and as outlined and allowed by 42CFR 482.22, the Medical Staff has chosen to recommend the following practitioners for Telemedicine privileges relying upon Adventist Health's credentialing and privileging decisions:*
 1. Sheila Lezcano MD (*Endocrinology*) – Adventist Health, Telemedicine Staff

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the Telemedicine Staff Appointment/Privileging – Proxy Credentialing of Doctor Lezcano as requested.

BOARD MEMBER
REPORTS

Doctor Ungersma asked if any members of the Board of Directors wished to report on any items of interest. Director Sharp thanked District Staff and leadership for their dedication to his on-boarding process, stating that it was a pleasure to work with everyone involved. Doctor Ungersma stated his desire for the Board of Directors of NIHD and of Southern Mono Healthcare District (SMHD) to meet in the future to discuss cooperation regarding the delivery of healthcare services. Doctor Ungersma additionally stated his intention to resign from the NIHD Board of Directors in July, stating his feeling that it is an appropriate time to retire after serving on the District Board for 18 years. Director Turner

expressed her appreciation of Doctor Ungersma's leadership, historical knowledge, and many exemplary qualities that have contributed to the success of the NIHD Board, and additionally stated that she feels honored to be affiliated with NIHD and the other members of the Board of Directors. No other reports were heard.

ADJOURNMENT TO
CLOSED SESSION

At 7:42 pm Doctor Ungersma stated the meeting would adjourn to closed session to allow the Board of Directors to:

- A. Discuss Labor Negotiations; Agency Designated Representative: Kevin Dale; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
- B. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
- C. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation, 4 matters pending (*pursuant to Government Code Section 54956.9*).
- D. Discussion of a personnel matter (*pursuant to Government Code Section 54957*).
- E. Discussion of real estate negotiation (*pursuant to Government Code Section 54956.8*).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 8:35 pm the meeting returned to open session. Doctor Ungersma reported the Board took no reportable action.

ADJOURNMENT

The meeting was adjourned at 8:35 pm.

John Ungersma, President

Attest:

Mary Mae Kilpatrick, Secretary