September 22, 2016

RE: Response of the Northern Inyo Healthcare District to Civil Grand Jury Report Issued August 13, 2016.

Courthouse
168 North Edwards Street
Independence, CA 93526
ATTN: Inyo County Grand Jury

Dear Members of the Inyo County 2015-16 Grand Jury,

This letter constitutes the formal response of the Northern Inyo Healthcare District (NIHD) to the report entitled *Investigation of the Northern Inyo Hospital Concerns* issued as part of the 2015-2016 Inyo County Grand Jury Final Report on August 13, 2016. The Grand Jury has asked the District to respond to Findings 1 through 15 and Recommendations 1 through 8.

While the Board of Directors wishes to express its gratitude for the Grand Jury's efforts, it wants to recognize the majority of this report's written findings are issues NIHD Board of Directors and the NIHD leadership team dealt with and concluded over the past 12-18 months. As you will see in the responses all of the Grand Jury's recommendations were already in place or have been implemented over the past eleven months under the leadership of the current Chief Executive Officer and Senior Management as well as the Board of Directors. Not knowing when the report was drafted, the Board can say this report is not reflective of what is reality today at NIHD.

Rest assured the District takes it responsibilities regarding its role very seriously. While the District appreciates suggestions, it would be remiss if we did not point out in the effort to provide more transparency, the District must always consider its obligation to safeguard patient, physician, and employee privacy. Issues regularly arise which the District cannot discuss in an open forum, that unfortunately can lead to a perception of non-action and that cannot be helped.

The quality of health care provided in the hospital and ancillary units is excellent and not in question. NIHD notes that beyond any other concern, this is the paramount goal of a healthcare district.

Respectfully submitted on behalf of the Board of Directors of Northern Inyo Healthcare District,

Denise M. Hayden

Denise Hayden, President
Northern Inyo Healthcare District Board of Directors

Kevin Flanigan, MD, MBA, CEO
Northern Inyo Healthcare District

Let it be known that the Board of Directors (the Board) of Northern Inyo Healthcare District (the District) fully supports the Mission of the Inyo County Grand Jury as noted in their 2015-16 report:

The Grand Jury

- Will act as the public's 'watchdog' by investigating the affairs of government
- Will judiciously investigate all allegations against and misconduct by public officials

Our purpose is to assure honest, efficient government that functions in the best interest of the citizens of Inyo County.

In particular the Board acknowledges the great value of having governmental entities such as the District be investigated by a 'watchdog' entity so as to ensure that no misconduct occurs and that should there be misconduct or should the affairs of the District not be in the best interest of the people of the District that impartial recommendations be made which can be implemented in a timely fashion. Furthermore, the Board respects and appreciates the hard work of the Grand Jury and full well understands the difficulty of a group of volunteers undertaking the task of ensuring that the public's welfare is the focus and major concern of the government officials elected and appointed to meet the needs of the public. As public servants like the members of the Grand Jury we share in that honored purpose and strive to meet the expectations and needs of the community on a daily basis.
Below please see our responses to the findings and recommendations contained within the 2015-2016 Inyo County Grand Jury Report filed August 12, 2016.

Findings

1. The NIH District Board of Directors (BOD), as an elected body, experience very little training in dealing with its responsibilities to the hospital district and the hospital staff.

District Response

The District disagrees with this finding. Members have always participated in required certifications for understanding and adhering to the Brown Act, the Public Records Act, Ethics training, Fiduciary Duty, and general Director Duties and Responsibilities for Health Care Districts. One way this overall continued training is accomplished is attending an annual two-day sessions held by The Association of California Health Care Districts (ACHD). Last year, one of our Board Members was recognized by the ACHD as "Trustee of the Year" for the entire state of California. Members have attended many staff meetings held by the CEO's and personally interacted with staff. In addition, in 2014, each board member was given, by our then new Legal Counsel, a large binder entitled, *New Board Member Legal Orientation – Transparency, Ethics, Fiduciary Responsibilities* for their continued education and referencing. It is the opinion of the BOD that this finding and some of the other following findings are not statements of fact.

2. The Board of Directors had little control over their CEO and would not consider concerns of NIH staff or Medical Doctors. In addition, the BOD was unresponsive to citizen concerns and unprepared for dealing with issues at the hospital.

District Response

The Board can neither agree nor disagree as the lack of specifics makes it unclear which CEO the Grand Jury is referring to and to what concerns the Board was unresponsive.

For more than two years now individual board members met with and continue to meet with various staff and physicians as well as the current CEO to discuss any concerns and include them in recommending solutions. Last year prior to the Grand Jury's inquiry, and at the District's request, a consultant was contracted by our legal counsel to be an independent party to privately interview a variety of staff, physicians, and board members regarding various concerns observed by members of the BOD or brought to the District by others.

To be clear the NIHD Board fully understands its responsibility to oversee and evaluate the performance of the CEO. The Board will note that it has performed no fewer than three reviews of performance of Dr. Flanigan including one which was a 360 degree review including input from the Board members, Chief Officers and staff.

If the Grand Jury would provide more clarity on the 'concerns' or as to what the Board seemed 'unprepared for dealing with' then the Board would be more than happy to respond at that time.

Again the Board believes these are not statements of fact.

3. The members of the BOD of NIH indicated a lack of understanding as to their role and responsibility and their role in dealing with the hospital, its staff, and citizen concerns. Only one of the board members showed any signs of knowledge of what the responsibilities might be.

District Response

The District firmly disagrees with these findings.

Northern Inyo Healthcare District has a Board of Directors. The District operates a hospital (Northern Inyo Hospital) a specialty clinic (Northern Inyo Associates), a Foundation and an Auxiliary. Additionally, the Board wonders how the Grand Jury reached a conclusion about all of the Board members when not all Board members were invited to submit responses to the Grand Jury. Additionally, Board members MC Hubbard, Denise Hayden and Pete Watercott all note that none of the testimony given by them is reflected in this finding nor is their testimony and documents submitted reflected anywhere else in this report.

Furthermore, the Grand Jury does not cite what role and responsibility standards were used in reaching this finding. The Board through its education, training and

experience adheres to the standards for role and responsibilities as learned through ACHD and legal counsel. These include but are not limited to hiring and firing of the CEO, performance evaluation of the CEO, setting of strategic goals for the District, monitoring and redirecting if necessary the direction of the District initiatives, adhering to fiscally responsible management of funds, ensuring the longevity of the District so as to meet the Mission and Vision of the District (see attachments).

The NIHD BOD is proactive in identifying pressing healthcare needs in the community, exploring ways to support services outside NIHD that impact our residents and enhancing community input and involvement. As an example, the NIHD BOD had the foresight and good planning to provide a state of the art hospital to its residents.

4. Many hospital staff, past Medical Doctors and local citizens, felt that the former CEO handled their concerns, as well as the personally in a very unprofessional manner and with distain (sic).

District Response

The District no longer employs any 'Former CEO'. The Board notes that "Former CEOs" are by definition no longer with NIHD and therefore the Board has no comment.

5. The former CEO's style when dealing with people and their concerns was to use intimidation and fear. Two specific examples of this were:

A) Meeting with the Medical Doctors and indicating that they were breaking the law with their contracts, when indeed it was the hospital that might have been in breach of the law.

B) The CEO contacted a local citizen's employer indicating that the CEO was concerned that the employee might have access to the CEO's personal information that was in the employer's possession.

District Response

The District no longer employs any 'Former CEO'. The Board notes that "Former CEOs" are by definition no longer with NIHD and therefore the Board has no comment.

6. The NIH District's BOD and the CEO's behavior contributed to the loss of a Medical Doctor whose specialty is so rare that it may be irreplaceable for years or decades to come in this valley.

District Response

The Board notes that the Grand Jury report and this finding in particular lacks the necessary clarity to definitively respond to this finding. Using the present

tense and referring to 'the CEO' it is assumed that the reference is to Dr. Flanigan. However, the Board has received no complaints during meetings and no member has received complaints from constituents directly regarding 'behavior' concerns with him. Additionally, the Board cannot imagine what specialty 'is so rare that it may be irreplaceable for years or decades'. The Board would ask for clarity on what definition the Grand Jury is applying to 'so rare' or what specific specialty is being referred to. The Board does note that historically no specialty has ever taken decades to replace when physicians have either chosen to leave the area or have retired.

7. Staff turnover was 4X greater in the 18 months the former CEO was at the NIH than, in the five years prior to her being there.

District Response

The Board notes that this finding is directly contradicted by the data that was provided to the Grand Jury by the District (please see attached)

8. A variety of sources were, and continue to be, greatly concerned with the lack of (or declining) morale within the hospital. This has been a major reason why doctors and nurses have left employment of the hospital.

District Response

Since this entire document of findings and recommendations is not dated, and given the length of time that has passed regarding a majority of the findings covered, the District disagrees with this finding because the Grand Jury does not provide specific documentation to uphold this opinion. Noting that, the Board does wish to state that the District is dedicated to a continuing effort to maintain and improve morale. A successful workforce requires continuous commitment by the leadership to maintenance and improve morale. This is now and will continue to be a focus of the Board and District leadership.

9. The NIH BOD often appeared to use the Brown Act to shield itself from local citizen and staff concerns. The NIH Board declined to heed multiple citizen and staff concerns over agendizing (sic) Grievance Policy and Medical Leave Policy as an example.

District Response

The District disagrees with this finding. The Board is required to comply with the Brown Act! The Board followed the advice of legal counsel in regards to Brown Act compliance. While the Board appreciates the need for and recognizes the value of public involvement and scrutiny, the public need must be balanced against the other interests, which require confidentiality. The Board does have a responsibility to the public, which is two-fold: we must be transparent and we must be responsible stewards of the operations of the District. To that end the Board is pleased to note that the Grand Jury in spite of this finding does not cite any instance in which the Brown Act was violated.

As regards the policy component of this finding, the Grievance Policy was discussed and addressed during an open session Board meeting. The policy changes brought the District in line with other district hospitals and other local governing boards including Bishop City Council and Inyo County Board of Supervisors. Additionally, the District Chief HR Officer gave a lengthy presentation on open session explaining the Medical Leave Policy in detail.

10. The Nursing staff found itself in the position of having to unionize in order to protect themselves from the former CEO and be able to express their concerns with the BOD.

District Response

The District no longer employs any 'Former CEO'. The Board notes that "Former CEOs" are by definition no longer with NIHD and therefore the Board has no comment.

11. Concerns were expressed that financial stewardship of the hospital was placed directly in the hands of the CEO with little oversight and accountability from the BOD.

District Response

The District firmly disagrees with this finding. The BOD does assume ongoing prudent oversight and management of the District's assets. The CEO of NIHD cannot expend funds in excess of $25,000 without BOD approval. Recently the BOD approved a restructuring of outstanding bond issues that over a period of time will save taxpayers approximately $5,000,000.

Furthermore, as part of the Board fiduciary responsibilities the Board contracted with WIPFLi, an audit firm whose focus is on hospital financials. After conducting the most thorough audit in memory for the District their representatives presented the findings of the Board at a regular open session meeting.

The Board feels this finding has no basis of fact.

12. Doctors and citizens expressed concern about a shift away from the community-oriented focus of the hospital to a more institutional focus. This is exemplified by comparing the new mission statement to the old one.

A. Old statement: "People you know, Caring for People you Love"

B. "Improving our communities, one life at a time. One Team. One Goal. Your Health."

District Response

The Board can neither agree nor disagree as we cannot not know whether or not doctors and citizens expressed concern to the Grand Jury. However, the Board does note that as part of an NIHD Strategic Planning session composed of several staff, doctors, 2 board members, and a local citizen, one topic of discussion was to decide whether or not to update the Mission Statement. The previous Mission Statement is not correctly identified by the Grand Jury instead they note the former 'tag line'. The previous Mission Statement, "The purpose of Northern Inyo hospital

is to provide quality healthcare by maintaining an environment that is positive and caring for the patients, staff and community we serve, in a financially responsive manner" was felt to lack some of the clarity necessary for moving forward through the Affordable Care Act era. The decision was to update the Mission Statement and this group helped create our new Mission Statement.

13. After numerous complaints about the former CEO, the NIH BOD took action by terminating the contract with the CEO.

District Response

The District no longer employs any 'Former CEO'. The Board notes that "Former CEOs" are by definition no longer with NIHD and therefore the Board has no comment.

14. Concerns with morale and the practice of the use of traveling nurses to fill positions vacated by local nursing staff and Medical Doctors have not abated. Examples of these continuing concerns include a local nursing union demonstration and Medical Doctors continuing to leave this area and NIH.

District Response

The District firmly disagrees with this finding. The Board notes that it is not aware of any public demonstration held by the nursing union strictly to state their opposition to the use of traveling nurses. The Board does report that during a special Board meeting held in May 2016 leaders from the nurse's union spoke publically recognizing the need for and value of traveling nurses for keeping certain hospital units open and ensuring patient access to services. During that May meeting administration presented to the Board numerous facts on staffing and costs (PowerPoint slides attached). The Board heard from staff, physicians and members of the public at that meeting. The Board remains proud of the decision it made that day; the District will continue to invest in preserving local access to care in revenue losing areas such as the Intensive Care Unit (ICU) and Obstetrical (OB) Services.

The District loses approximately $500,000 per year by maintaining an ICU. Yet without an ICU numerous surgeries could no longer be offered at NIH also nearly 300 patients would be transferred up to five hours away for care if the ICU was closed. If NIH chose to no longer use traveling nurses then OB services could no longer be offered at NIH. The Board believes strongly that women and their families should not have to travel for hours during active labor so as to be able to deliver their babies. The Board proudly makes an investment into services that do not make money for the District and from time to time require the use of traveling professionals so that services and access can be preserved for the members of the communities we serve! This is how we adhere to our new Mission Statement. The Board feels there is no basis in current facts to support this finding.

15. The NIH BOD has appointed a new board member from the community to replace a retiring member. The new member's training involved approximately two weeks dealing with budgetary issues.

District Response

The District firmly disagrees with this finding. The new board member was oriented in all areas of necessary training by the CEO, Senior Staff, and other Board Members. The member was immediately given the informational binder created by Legal Counsel as well. Within days of being appointed to the Board this particular board member attended the two day ACHD training previously mentioned.

In addition, the Board notes that this new board member was NOT contacted by the Grand Jury as to the level of training received. This is an assumed finding with no basis in fact!

RECOMMENDATIONS

1. The NIH District is in need of a hospital BOD that is properly trained to conduct the duties and responsibilities associated with managing a community based hospital.

District Response

The District Board oversees four separate entities including Northern Inyo Hospital. Noting that the Board agrees that the Healthcare District deserves to have a Board whose members are well informed and well trained to meet the obligations of overseeing a Healthcare District. To that end the Board attends several conferences per year, receives training as special Board meetings which have been attended by the public and continues to receive guidance and training from legal counsel. The Board is pleased to have the Grand Jury concur with the work done in this regard over the past 12-24months.

2. Training for the NIH District BOD should be on going.

District Response

The Healthcare District BOD is again pleased to have the Grand Jury concur and endorse the activities undertaken by the Board over the last 12-24 months.

3. This training should include the proper vetting of the CEO position in order to provide the community with a skilled and trained administrator that understands the needs of a community based hospital.

District Response

This recommendation is confusing to the District Board as training and vetting are two entirely different processes in which training can improve vetting

but vetting cannot be part of training. The Board notes that the current CEO, Dr. Flanigan was initially named acting CEO (law requires that a hospital have a CEO at all times) while the Board began to develop the search plan for an interim CEO. Within months of being named acting CEO Dr. Flanigan had successfully lead the District through a smooth transition out of one leadership era and set a good foundation for the next leadership era. These achievements included jumpstarting union negotiations, improving staff morale, reconnecting with the community and bringing effective formality to district meetings. The District Board was pleased to be able to follow a planned timeline in naming an interim CEO. After nearly two months of serving as acting CEO Dr. Flanigan was named the interim CEO. The Board remained true to its plan and continued to develop a plan for identifying a permanent CEO. After several months of serving as interim CEO, Dr. Flanigan had demonstrated an ability to lead, develop and implement strategic plans, provide clarity of purpose around meeting the clinical needs of the community and identity and resolve issues before they detracted from the Mission of the District. By February 2016 it was clear that Dr. Flanigan had demonstrated all of the qualities and characteristics necessary to become the permanent CEO. Still the Board felt it prudent to limit his first contract to two years in light of his limited experience. To date the Board remains pleased with his work and feels strongly that its plan of naming an acting CEO so as to remain compliant, evaluating and assessing the District and his leadership before naming him interim CEO and then finally determining that he in fact had earned the trust of the employees and the Board shows a well thought out plan which was implemented and proven effective.

4. The NIH administration should deal with its staff, the Medical Doctors and the community in a more fair, appropriate and responsive fashion.

District Response

The Board of Directors for Northern Inyo Healthcare District agrees that dealing with staff, medical doctors and the community in a fair, appropriate and responsive fashion is not only a goal but is in fact a standard that the Board holds the administration to.

5. The BOD and CEO need to provide greater transparency to the public concerning budgeting and financial accountability.

District Response

The Board does not understand the impetus for this recommendation as there are no findings and no facts presented in this report to suggest any fiscal impropriety. The Board notes that Northern Inyo Healthcare District is the only Healthcare District in the county that has not declared bankruptcy and in fact has not ended a fiscal year in the red since 2002.

Furthermore, the District recently reduced the cost of bonds funded by the taxpayers of Northern Inyo Healthcare District by more than $5M. The Board also notes that while the current fiscal status of the healthcare district is sound, healthcare finance is an ever changing field and so the Board proactively undertook a fiscal strategy development program through which it has developed a better

understanding of healthcare finance of tomorrow and is directing the Healthcare District leadership to implement plans to remain fiscally solvent based upon those projected trends.

6. The BOD needs to work with the CEO to improve morale within the hospital.

District Response

The Board is pleased to note that over the past six to nine months the Board and NIHD leadership have been developing and now implementing a new leadership structure built around three key components to successful patient outcomes and employee satisfaction. The first is a Workforce Experience Committee, the second is a Patient Experience Committee and the third is a Data & Information Committee. Each of these three is charged with working to develop and implement improvements that will lead to improved patient outcomes, improved employee satisfaction and better decision making based upon valid and accurate information. Benefits are already beginning to be realized with the implementation of a new program titled 'You See It You Own It'. Staff are now taking the initiative to improve workplace safety and adherence to policies implemented to improve patient safety. While the kick-off for this program has been on the life safety side of the hospital work clinical staff are already engaging in the program and asking to be given an active role. An engaged staff is a clear indicator of high staff morale and leadership has place a premium on ensuring that morale is not only improved from its lows of nearly two years ago but is continuously improved upon.

7. The BOD and CEO need to improve communication with employees of the hospital and the community.

District Response

Continuous improvement in every aspect of District management is a key focus of the Board and the District leadership team. To that end the Board believes that communication with all District employees and not just the hospital is of paramount importance. This continuous improvement intention is not just for communication with District employees as we believe that the District must partner with the community if we are to meet our Vision of being recognized as the healthcare leader in the Eastern Sierra region. To that end members of the leadership team are now asked to become active participants in civic organizations, the CEO accepts all invitations to speak at meetings held by the community. Dr. Flanigan speaks quarterly at the Bishop City Council meetings and has spoken to the Inyo County Board of Supervisors recently. These and other efforts will continue so long as the Board remains in place.

8. The BOD and CEO need to actively seek input from hospital staff as well as the public concerning the focus and mission of the hospital.

District Response

The District Board is confused by this recommendation for two reasons. First, the newly adopted Mission Statement and Vision were developed and adopted through an open and engaged process. This process began and ended with Board meetings which followed the Brown Act. During the early meeting Board members, the District leadership team, members of the medical staff and members of the 'Concerned Citizens Committee' all participated. Thereafter drafts of the Mission Statement and later the Vision were circulated via email the entire Medical Staff and District staff with edits and suggestions being adopted before each of these approved by the Board at an open public meeting of the Board. Second, as there are no findings directly tied to this recommendation the Board is unclear where this recommendation comes from, what it is based on and why the Grand Jury included it at the last recommendation. What is the motivation for this recommendation? What is the intended outcome? It is the Board's belief that the process undertaken in developing and adopting both the new Mission Statement and Vision was both collaborative and effective. The outcome speaks for itself with District staff embracing the new Mission Statement which helps every employee understand why he/she is doing the job they have undertaken. Each employee also understands exactly what the long term goal is and thus can put into context each and every initiative and goal adopted.

STATEMENT ON COMMIUNITY INVOLVEMENT

The local community should strongly encourage candidates to run for the NIH District BOD who understand the role the hospital plays as a community based institution.

District Response

The Board has long held that the best way for the District to effectively ensure that the needs of the community are met and that the District fulfill the original intent as defined by the founders is for competitive elections to occur. The Board greatly appreciates the Grand Jury concurring with this philosophy.
That being said, the Board finds this Statement on Community Involvement to be a very biased and politically charged statement. The District operates in a complex and highly regulated environment. Providing quality healthcare to the community has grown increasingly complex over the past few years as we continue to proceed under the Affordable Care Act. The Board's knowledge and experience has been an asset in guiding the District as it strives to continue providing high quality cost effective healthcare to the residents and patients of the District. The Board's knowledge and experience in understanding the historical needs of the District combined with its knowledge of current healthcare issues greatly facilitates key issues put in front of it.
That being said the Board states unequivocally that there is no greater or more effective process than the selection of leaders through an election. So while the Board questions the motivation and the authority of the Grand Jury in making this statement the Board absolutely and wholeheartedly agrees with it.

In conclusion not only has the Grand Jury recommendations validated the job the District has done over the last eleven months and is currently doing but it also has allowed NIHD to point out the way we have moved forward towards continued outreach and improvement. It has allowed NIHD to show several of the allegations are obsolete because the District has since addressed and implemented each recommendation or as we have shown in our responses the finding has no merit.

While the Grand Jury may seek to be impartial many of the findings are statement of opinion and in fact contradict the objective data provided to the Grand Jury. The NIHD Board and the community cannot afford to let reports of unfounded allegations or misrepresentations to undermine the public confidence. Reports that are long on conclusions and short on facts do nothing to support our communities.

SUMMARY

The Board of Directors for the Northern Inyo Healthcare District knows full well the importance of volunteerism if government is to be effective and beneficial to the people. Whether those volunteers are asked, appointed, elected and nominated the commitment and dedication is still the same. As fellow participants in the governmental efforts to help the people of our communities the Board thanks the members of the Grand Jury.

While the Board wishes there had been more clarity in the Grand Juries report 'INVESTIGATION OF THE NORTHERN INYO HOSPITAL CONCERNS' and while the Board disagrees with many of the findings, the Board is pleased with the fact that the Grand Jury through its recommendations has shown support for the efforts and successes realized over the past year. As volunteer leaders it is reassuring to see that the work done over the past 12 months has been validated by an independent investigation.

ITEMS 3 & 4 EMPLOYEE TURNOVER RATE

Turnover rates represent Involuntary (releases based on violations of personnel policies), Uncontrollable (releases based on using all of available hours during a leave of absence status), and Voluntary terminations. Numbers do not include retirments.

For Period of March 31, 2014 to September 15, 2015 – ITEM 3

Involuntary	12
Uncontrollable	8
Voluntary	81
Total terminations	101

Total number of active staff during this period was 494

Turnover rate equals 20% (101/494)

For Period Of September 1, 2012 To March 30, 2014 – ITEM 4

Involuntary	14
Uncontrollable	7
Voluntary	33
Total terminations	54

Total number of active staff during this period was 455

Turnover rate equals 12% (54/455)

MISSION STATEMENT

Improving our communities, one life at a time

One Team. One Goal. Your Health!

Northern Inyo Healthcare District

Vision

Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient friendly way, both locally and in coordination with trusted partners.

NIHD Board Meeting

- Use of travelers for staffing
- OB services

Current status

- Total positions at NIHD- 481
- Total number of local staff 415
- Total number of travelers 21
- Empty positions 66

Value of Travelers

- Trial employment before offering permanent position
- Bring experiences from other areas to NIHD
- Cost can be less than permanent when comparing cost to wages + benefits(currently additional 67% of wages)
- Fill necessary positions
  - Preserves access
  - Allows for continuing offering of service and thus preservation of jobs

Drawback of Travelers

- Not part of the community (although long-term travelers frequently invest themselves in our medical community)
- Cost is higher when compared to wages only

Outpatient Clinics

- Total positions at NIHD- 61
- Total number of local staff 54
- Total number of travelers 0
- Empty positions 7

Maintenance & Laundry

- Total positions at NIHD- 11
- Total number of local staff 11
- Total number of travelers 0
- Empty positions 0

Admissions

- Total positions at NIHD- 19
- Total number of local staff 19
- Total number of travelers 0
- Empty positions 0

Accounting

- Total positions at NIHD- 5
- Total number of local staff 4
- Total number of travelers 0
- Empty positions (1 may be filled by time of presentation)

Billing/AR/Credit

- Total positions at NIHD- 17
- Total number of local staff 16
- Total number of travelers 0
- Empty positions 1

Pharmacy

- Total positions at NIHD- 7
- Total number of local staff 7
- Total number of travelers 0
- Empty positions 0(one pharmacist leaving this month)

Dietary

- Total positions at NIHD- 16
- Total number of local staff 16
- Total number of travelers 0
- Empty positions 0

Employee Health

- Total positions at NIHD- .7
- Total number of local staff .7
- Total number of travelers 0
- Empty positions 0

Foundation/Grant/Community Relations

- Total positions at NIHD- 2
- Total number of local staff 2
- Total number of travelers 0
- Empty positions 0

DI

- Total positions at NIHD- 23
- Total number of local staff 19
- Total number of travelers 3
- Empty positions 1

Medical Staff Office

- Total positions at NIHD- 2
- Total number of local staff 2
- Total number of travelers 0
- Empty positions 0

OR/PACU/Infusion

- Total positions at NIHD- 30
- Total number of local staff 27
- Total number of travelers 1
- Empty positions 3

EVS

- Total positions at NIHD- 22
- Total number of local staff 22
- Total number of travelers 0
- Empty positions 0

IT

- Total positions at NIHD- 9
- Total number of local staff 9
- Total number of travelers 0
- Empty positions 0

Medical Records

- Total positions at NIHD- 9
- Total number of local staff 9
- Total number of travelers 0
- Empty positions 0

Nursing Administration

- Total positions at NIHD- 12
- Total number of local staff 11
- Total number of travelers 1
- Empty positions 2

Compliance

- Total positions at NIHD- 3
- Total number of local staff 2
- Total number of travelers 0
- Empty positions 1

Cardiopulmonary

- Total positions at NIHD- 12
- Total number of local staff 11
- Total number of travelers 0
- Empty positions 1

HR

- Total positions at NIHD- 5
- Total number of local staff 4
- Total number of travelers 0
- Empty positions 1

Floor Nursing

- Total positions at NIHD- 37
- Total number of local staff 34
- Total number of travelers 1
- Empty positions 2

ED/ICU

- Total positions at NIHD- 39
- Total number of local staff 23
- Total number of travelers 5
- Empty positions 11

Rehab Services

- Total positions at NIHD- 17
- Total number of local staff 10
- Total number of travelers 3
- Empty positions 4

Security/Facility

- Total positions at NIHD- 9
- Total number of local staff 9
- Total number of travelers 0
- Empty positions 0

QAPI/Language Services

- Total positions at NIHD- 3
- Total number of local staff 3
- Total number of travelers 0
- Empty positions 0

L&D

- Total positions at NIHD- 24
- Total number of local staff 14
- Total number of travelers 4
- Empty positions 6

Discussion

- Considering the current staffing situation, the impact of the current use of travelers/interim staff plan does the Board wish to have NIHD continue to use travelers/interim staff?
  - Things to consider-
    - Continued use of traveler staff allows current service offerings to be continued
    - Reduction in use of travelers allows for consolidation of local staff into a stable workforce
    - If we continue to use travelers does NIHD want to establish clear guidelines around duration of contracts/goal of the travelers presence…
    - Skilled positions/highly educated positions are the most difficult to fill
    - NIHD leadership development program may in the long run reduce the dependence upon use of interim leaders

OB Services

- As a healthcare district NIHD has a unique purpose among healthcare providers- to meet the needs of the members of the communities that have agreed to organize themselves and tax themselves in order to have local access to needed services.
- Confounding this discussion is a recent directive from the Board of Directors for Toiyabe. They have directed the Toiyabe Administration to restart an OB service for Toiyabe patients with Drs. Ramadan and Boo covering these patients. This represents approximately 12 patients per year.