

SOUTHERN INYO HEALTHCARE DISTRICT

Special Meeting of the Board of Directors Minutes

Date: Tuesday, March 10, 2020

Time: 3:30 p.m.

Location: RCA Church

550 East Post St

Lone Pine, CA 93545

Present

Carma Roper, Secretary

Jaque Hickman, President

Charles Carson, Vice President

Bruce Branson, Treasurer

Mark Lacey, Director (joined at closed session)

Others

Peter Spiers, CEO

Chris Marks, IT

Scott Nave, Attorney

Maritza Perkins, Executive Assistant

Shannon Jimerson, CNO

Chester Beedle, Financial Consultant

I. CALL TO ORDER

The meeting was called to order at 3:30 pm.

Note: Add of II. B., Item H "Received and file audit reports for 2016, 2017 and 2018". Agenda was posted then the audits came as an emergency.

Treasurer Branson moved to approve the amended (adding of Item H-filing of audit reports for 2016, 2017 and 2018) March 10, 2020 Special board meeting agenda. Secretary Roper seconded. All approved.

II. BUSINESS ITEMS

A. Discussion regarding future of Southern Inyo Hospital facilities. (President/Attorney)

Scott Nave, legal counsel reported that there was a hearing regarding the approval of the plan. The confirmation hearing is set for May 19th. Prior to that, the package will be sent to all the creditors around the March 17th. Ballots are due back to Jeff Golden, Attorney by April 14th. A tabulation is due back to the court with a confirmation plan a week later on April 21st.

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Scott Nave stated that this is an important step to get SIHD out of debt. As of now, no creditors have opposed the plan. If we get approval by all the creditors, it should be smoothed sailing to June.

Peter Spiers, CEO stated that the important statistic is that only about 1% of hospitals that closes and then reopens. If we get out of bankruptcy, that will be a huge accomplishment.

B. Consent Agenda: These items are considered routine and non-controversial and will be approved by one motion. If a member of the Board or public wishes to discuss an item, it will removed from Consent and considered separately at the end of Business Items.

1. Approval of Medical Staff Privileges

- a. John Holden, MD, Radiology, **2 years Extended Medical Staff Privileges**
- b. John Swift, MD, Radiology, **2 years Extended Medical Staff Privileges**
- c. Geoffrey Sigmund, MD, Radiology **2 years Extended Medical Staff Privileges**
- d. Lawrence McNutt, MD, Radiology, **2 years Extended Medical Staff Privileges**

2. Approval of Policies and Procedures

a. Engineering/Maintenance

- 1) Nurse Call Light System Failure Policy

b. I.T.

- 1) Business Associate/Written Contract or other arrangement
 - a. Policy that states that a vendor that works for the District (and has access to PHI), will have a BAA (Business Associate Agreement) in place.
- 2) Disaster Recovery Plan
 - a. Policy that covers how the District will protect and restore any loss of ePHI to maintain operations in the event of an emergency.
- 3) Emergency Operations Plan
 - a. Policy that covers how the District will implement the EOP to safeguard ePHI and maintain operations in the event of an emergency or disaster.
- 4) Evaluation
 - a. Policy that provides covered entities feedback on whether their P&P are protecting ePHI.
- 5) General Security
 - a. Policy that explains the District will protect against any reasonably anticipated threats or hazards to the security or integrity of such information.
- 6) Information System Activity Review
 - a. Policy that explains how the District will review records of information system activity on a regular basis.
- 7) Log-In Monitoring
 - a. Policy that explains the District will monitor log-ins to the computer system in efforts to ensure the integrity of ePHI.
- 8) Maintenance of Computer Software Programs
 - a. Policy that explains how the District will utilize measures to ensure the security of ePHI located within the computer software programs.
- 9) Password Management

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- a. Policy that explains how the District will manage the passwords used to access ePHI.
- 10) Privacy/Security Officer
 - a. Policy that explains how the District will employ individuals to serve as the Privacy/Security Officer for the organization.
- 11) Protection from malicious software
 - a. Policy that explains how the District shall ensure the protection of ePHI by limiting the types of software permitted on the computer workstations.
- 12) Risk Analysis
 - a. Policy that covers covered entities have and apply appropriate risk analysis as a part of an overall standard.
- 13) Risk Management
 - a. Policy that covers a risk management plan which will provide structure for an organization's evaluation, prioritization and implementation of risk-reducing security measures.
- 14) Sanctions
 - a. Policy that explains how the District will expect all employees to comply with security policies and procedures by signing a statement of adherence upon hire.
- 15) Security Awareness and Training
 - a. Policy that explains how the District will provide all organizational employees with security training.
- 16) Security Incident Procedure – Response and Reporting
 - a. Policy that covers how the District will identify, investigate, manage and document any violations of security to ePHI.
- 17) Security Reminders
 - a. Policy that explains how the District will provide all employees with periodic security updates.
- 18) Testing and revision procedures
 - a. Policy that explains how the IS Department director shall create a schedule to test each contingency plan and procedure.
- 19) Workforce Authorization/supervision
 - a. Policy that explains how the District will take reasonable and appropriate steps to assure that job descriptions are evaluated for applicable PHI access.
- 20) Workforce Clearance and access authorization
 - a. Policy that explains how the District determines the degree of access of ePHI to employees as appropriate.
- 21) Workforce Termination
 - a. Policy that explains how the District handles the employee's status changes or upon voluntary or involuntary termination.

Action: Secretary Roper moved to approve the consent agenda (approval of medical staff privileges for John Holden, MD, John Swift, MD, Geoffrey Sigmund, MD, Lawrence McNutt, MD and presented policies and procedures for engineering and IT. Vice President Carson seconded. All approved.

C. Relias Amendment (CNO)

Shannon Jimerson, CNO stated that we need to raise the available seats with Relias. We currently have 105 seats and now need to request to add 20 seats due to growing of staff. Relias is an online learning program for onboarding and training for all employees.

President Hickman asked about the process. Where would the employee go to sign on? Shannon Jimerson stated that we currently don't have an education space. Employees are sharing computers at their dept. work stations. There is a tracking system through Relias showing how often the staff is using Relias. Most of the training is regulatory that is required by state and CDPH for non-clinical and clinical staff. This keeps SIHD compliant. Relias also provides a set up

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reminder for each employee when it's time to retake the training. Relias also partners with our insurance (BETA).

Total 5237.00 (new) annually, it went up 750.00 with new available seats.

Action: Treasurer Branson moved to approve the Relias Amendment (increase of available seats). Vice President Carson seconded. All approved.

D. Ortho-Clinical Diagnostics Vitros 350 Service Agreement (Laboratory)

Peter Spiers stated that this is a preventive maintenance contract. This is a renewal. It's the cost of doing business. We are locked in. Treasurer Branson stated that he would prefer to go with more than a one year.

Secretary Roper stated we don't want to get locked into a maintenance service agreement for a long period of time if the equipment is old. Vice President Carson stated that to call someone to repair it, it would cost as much as this whole years cost. With this agreement, the equipment can break multiple times and it would be covered.

Chet Beedle, Financial Consultant stated he likes to follow of the guidelines. The piece of equipment should go a lot longer than 4-5 years.

Action: Treasurer Branson moved to approve the Ortho-Clinical Diagnostics Vitros 350 Service agreement for 3 years. Vice President Carson seconded. All approved. Need to notify George Lahey that it is a 3 year contract.

E. Survey Solutions Agreement (CNO)

This is for the SHIP Grant. The Board of Directors already approved the proposals. Shannon Jimerson explained that this is a survey that is mailed out to a patient who was at SIHD for acute care. All critical access hospitals qualify for it. We wanted to apply for this so that we can get our HCAPS scores and help us qualify for a Flex grant next year. Flex grant needs this data to qualify. We were approved for \$11,688 to be used come January 1ST. We are looking at software. There are 3-4 items that we can use for quality. Peter Spiers stated that this will help with our Quality Assurance.

SIHD will be getting 11k, this contract is 2k. Shannon Jimerson stated that she is currently working on the planning stage to use the rest of the monies.

Peter Spiers stated that the State and Federal government are moving to start using QIP. Chet Beedle stated that the Flex grants required a metrics, goal and objectives. State will expect the goals and objectives that were reported.

Action: Secretary Roper moved to approve the Survey Solutions agreement. Vice President Carson seconded. All approved.

F. Medical/Surgical Unit Registered Nurse Training Agreement (CNO)

This is a training agreement for our nurses. This will allow our nurses to work at NIH (med surg nurses) for training at no charge.

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Treasurer Branson agrees with what we are doing. NIH is still honoring the agreement even with Kevin Flanigan's names on it.

Scott Nave made some corrections to the agreement that will need to be changed. Employees will get paid for working at NIH and travel. The hours will need to be charged to education dept. code in payroll. Currently, there will be 1 nurse to send for training.

Action: Secretary Roper moved to approve the Medical/Surgical Unit Registered Training agreement with the amended changes to the agreement. Treasurer Branson seconded. All approved.

G. CEO Contract- Peter Spiers (Board of Director)

The CEO contract with Peter Spiers will need to be on the next board meeting agenda (no special meeting needed). There is an agreement on the contract terms. Will need to get a copy to the Board members to review before taking action. Scott Nave made legal changes. For example, the contract term needs to be at 4 years max, not 5.

H. Financial Audits 2016, 2017, 2018. Received and approve to file.

The financial consultant, bond consultant and underwriter agreed to put all the audits together and finalize the 2016, 2017 and 2018 audit reports so that they are ready for the district to use.

Background-

In 2016, the Board of directors picked Eide Bally to complete the districts audit. Eide Bally came down and looked at SIHD's financials and they declined to continue. They pulled out. President Hickman stated that Eide Bally said there were no records but would come back if needed but it didn't happen.

JWT was willing to propose. Chet Beedle asked them to do the audits. JWT did audits for SIHD before. Per President Hickman, HCCA thought we should go to a different auditor every few years. Hickman spoke with Rick Jackson with JWT. JWT agreed to start the auditing.

Chet Beedle stated that SIHD is required to provide an audit report every year. Chet Beedle got the State to accept the 2018 draft. The Medworxs system crashed and Chet Beedle has concerns in regarding to providing a 2019 audit report.

Legal Counsel stated that it is good to change auditors every few years. JWT works with small hospital.

Action: Treasurer Branson moved to approve the audit reports from JWT (years 2016, 2017 and 2018 received and file). Secretary Roper seconded. All approved.

III. REPORTS

A. Financial Report

Financial Consultant Chet Beedle reviewed the financial reports that were presented at the 03/04/2020 Finance Committee meeting.

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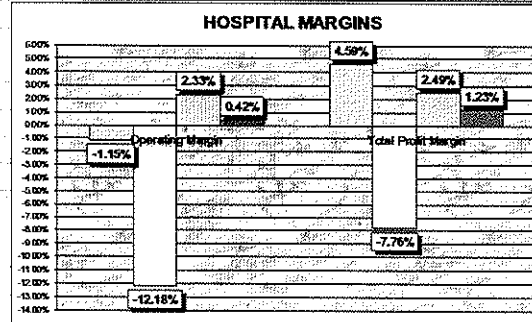
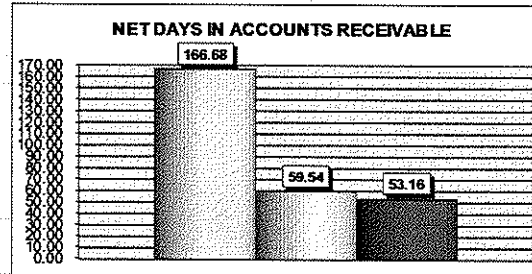
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SOUTHERN INYO HEALTHCARE DISTRICT

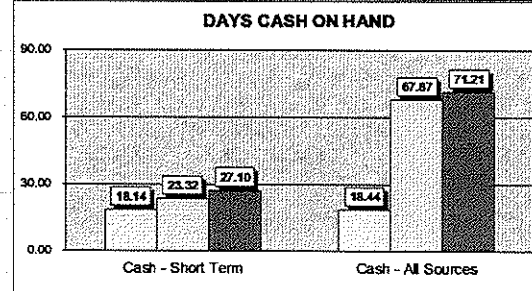
EXECUTIVE FINANCIAL SUMMARY

Six Months Ended December 31, 2019

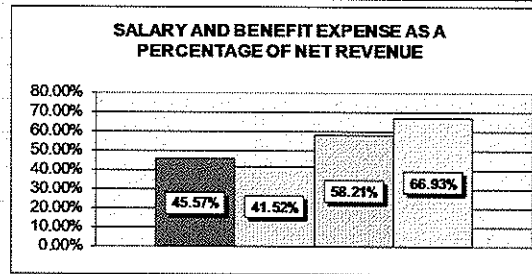
BALANCE SHEET		
	12/31/2019	6/30/2019
ASSETS		
Current Assets	\$4,429,856	\$4,706,581
Assets Whose Use is Limited	7,659	7,936
Property, Plant and Equipment (Net)	1,059,128	1,061,248
Other Assets	0	0
Total Unrestricted Assets	5,496,643	5,775,765
Restricted Assets	0	0
Total Assets	\$5,496,643	\$5,775,765
LIABILITIES AND NET ASSETS		
Current Liabilities	\$5,558,635	\$5,609,448
Long-Term Debt	19,000	17,122
Other Long-Term Liabilities	438,229	452,298
Total Liabilities	6,015,864	6,078,868
Net Assets	(519,221)	(303,103)
Total Liabilities and Net Assets	\$5,496,643	\$5,775,766



STATEMENT OF REVENUE AND EXPENSES - YTD		
	ACTUAL	BUDGET
Revenue:		
Gross Patient Revenues	\$6,777,349	\$7,416,751
Deductions From Revenue	(2,412,832)	(2,044,057)
Net Patient Revenues	4,364,517	5,372,695
Other Operating Revenue	207,498	120,757
Total Operating Revenues	4,572,015	5,493,452
Expenses:		
Salaries, Benefits & Contract Labor	3,059,960	4,038,371
Purchased Services & Physician Fees	856,670	818,676
Supply Expenses	178,825	242,386
Other Operating Expenses	526,350	992,144
Bad Debt Expense	0	0
Depreciation & Interest Expense	2,678	71,000
Total Expenses	4,624,483	6,162,576
NET OPERATING SURPLUS	(52,467)	(669,124)
Non-Operating Revenue/(Expenses)	262,504	242,969
TOTAL NET SURPLUS	\$210,037	(\$426,155)



KEY STATISTICS AND RATIOS - YTD		
	ACTUAL	BUDGET
Total Acute Patient Days	37	70
Average Acute Length of Stay	2.3	2.1
Total Emergency Room Visits	846	863
Outpatient Visits	2,218	2,032
Total Surgeries	0	0
Total Worked FTE's	92.32	91.80
Total Paid FTE's	102.17	98.80
Productivity Index	0.9946	1.0000
EBITDA - YTD	-3.93%	-13.84%
Current Ratio	0.80	0.80
Days Expense in Accounts Payable	304.03	304.03



SOUTHERN INYO HEALTHCARE DISTRICT	
□ Budget	12/31/19
□ California	Hospitals
■ CAH Hospitals	Rural
□ Prior Fiscal Year End	06/30/19

FINANCIAL STRENGTH INDEX -	0.05
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

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Balance Sheet - Assets

**SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA**

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Six Months Ended December 31, 2019

	ASSETS				
	Current Month 12/31/2019	Prior Month 11/30/2019	Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2019
Current Assets					
Cash and Cash Equivalents	\$458,170	\$231,027	\$227,143	98.32%	\$916,834
Gross Patient Accounts Receivable	9,129,949	8,498,688	631,262	7.43%	8,742,913
Less: Bad Debt and Allowance Reserves	(5,295,371)	(4,929,239)	(366,132)	-7.43%	(5,070,890)
Net Patient Accounts Receivable	3,834,579	3,569,449	265,130	7.43%	3,672,024
Interest Receivable	0	0	0	0.00%	0
Other Receivables	0	0	0	0.00%	0
Inventories	117,879	117,879	0	0.00%	110,223
Prepaid Expenses	19,228	19,228	0	0.00%	7,500
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	4,429,856	3,937,583	492,273	12.50%	4,706,581
Assets Whose Use is Limited					
Cash	7,659	7,710	(51)	-0.66%	7,786
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds	0	0	0	0.00%	0
Funded Depreciation	0	0	0	0.00%	0
Board Designated Funds	0	0	0	0.00%	0
Other Limited Use Assets	0	0	0	0.00%	150
Total Limited Use Assets	7,659	7,710	(51)	-0.66%	7,936
Property, Plant, and Equipment					
Land and Land Improvements	693,510	693,510	0	0.00%	693,510
Building and Building Improvements	2,587,666	2,587,666	0	0.00%	2,587,666
Equipment	3,041,639	3,041,639	0	0.00%	3,041,639
Construction In Progress	0	0	0	0.00%	0
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	6,322,815	6,322,815	0	0.00%	6,322,815
Less: Accumulated Depreciation	(5,263,687)	(5,263,408)	(279)	-0.01%	(5,261,567)
Net Property, Plant, and Equipment	1,059,128	1,059,407	(279)	-0.03%	1,061,248
Other Assets					
Unamortized Loan Costs	0	0	0	0.00%	0
Assets Held for Future Use	0	0	0	0.00%	0
Investments in Subsidiary/Affiliated Org.	0	0	0	0.00%	0
Other	0	0	0	0.00%	0
Total Other Assets	0	0	0	0.00%	0
TOTAL UNRESTRICTED ASSETS	5,496,643	5,004,700	491,943	9.83%	5,775,765
Restricted Assets	0	0	0	0.00%	0
TOTAL ASSETS	\$5,496,643	\$5,004,700	\$491,943	9.83%	\$5,775,765

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Balance Sheet - Liabilities and Net Assets

SOUTHERN INYO HEALTHCARE DISTRICT

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LONE PINE, CALIFORNIA

Six Months Ended December 31, 2019

	LIABILITIES AND FUND BALANCE				
	Current	Prior	Positive/	Percentage	Prior
	Month	Month	(Negative)	Variance	Year End
	12/31/2019	11/30/2019	Variance	Variance	6/30/2019
Current Liabilities					
Accounts Payable	\$5,239,380	\$5,239,380	\$0	0.00%	\$4,933,871
Notes and Loans Payable	3,609	3,609	0	0.00%	3,607
Accrued Payroll	47,449	32,898	(14,551)	-44.23%	104,291
Accrued Payroll Taxes	34,543	35,925	1,382	3.85%	34,543
Accrued Benefits	12,932	7,429	(5,503)	-74.08%	12,932
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	169,894	0	(169,894)	0.00%	90,253
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	0	0	0	0.00%	0
Current Portion of LTD (Leases)	3,607	3,607	0	0.00%	3,607
Other Current Liabilities	169,894	47,222	(122,672)	-259.78%	426,344
Total Current Liabilities	5,558,635	5,370,068	(188,567)	-3.51%	5,609,448
Long Term Debt					
Bonds/Mortgages Payable	0	0	0	0.00%	0
Leases/Notes Payable	22,607	22,607	0	0.00%	20,729
Less: Current Portion Of Long Term Debt	3,607	3,607	0	0.00%	3,607
Total Long Term Debt (Net of Current)	19,000	19,000	0	0.00%	17,122
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	438,229	344,889	(93,340)	-27.06%	452,298
Total Other Long Term Liabilities	438,229	344,889	(93,340)	-27.06%	452,298
TOTAL LIABILITIES	6,015,864	5,733,957	(281,907)	-4.92%	6,078,868
Net Assets:					
Unrestricted Fund Balance	(729,258)	(303,103)	426,155	-140.60%	226,776
Inter-Departmental Transfer (DSH)	0	0	0	0.00%	0
Restricted Fund Balance	0	0	0	0.00%	0
Net Revenue/(Expenses)	210,037	(426,155)	(636,192)	149.29%	(529,879)
TOTAL NET ASSETS	(519,221)	(729,258)	(210,037)	28.80%	(303,103)
TOTAL LIABILITIES AND NET ASSETS	\$5,496,643	\$5,004,699	(\$491,944)	-9.83%	\$5,775,766

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Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Six Months Ended December 31, 2019

	CURRENT MONTH				
	Actual 12/31/19	Budget 12/31/19	Positive (Negative) Variance	Percentage Variance	Prior Year 12/31/18
Gross Patient Revenue					
Inpatient Revenue	\$60,004	\$86,800	(\$26,796)	-30.87%	\$81,121
Clinic Revenue	69,551	54,428	15,123	27.79%	50,867
Outpatient Revenue	557,427	506,599	50,828	10.03%	473,457
Long Term Care Revenue	339,540	546,051	(206,511)	-37.82%	510,328
Other	0	0	0	0.00%	0
Total Gross Patient Revenue	1,026,522	1,193,878	(167,356)	-14.02%	1,115,774
Deductions From Revenue					
Discounts and Allowances	(338,752)	(303,961)	(34,791)	-11.45%	(312,417)
Bad Debt Expense (Governmental Providers Only)	(30,796)	(23,878)	(6,918)	-28.97%	(33,473)
Settlements/Other	(7,500)	0	(7,500)	0.00%	(7,500)
Charity Care	0	(1,194)	1,194	100.00%	0
Total Deductions From Revenue	(377,048)	(329,033)	(48,015)	-14.59%	(353,390)
Net Patient Revenue	649,474	864,845	(215,371)	-24.90%	762,384
Deduction % of Gross Revenue	-36.7%	-27.6%			-31.7%
Other Operating Revenue	6,487	0	6,487	0.00%	6,487
Total Operating Revenue	655,961	864,845	(208,884)	-24.15%	768,871
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	442,857	460,571	(17,714)	53.3%	442,857
Fringe Benefits	110,714	115,143	(4,429)	13.3%	110,714
Contract Labor	24,680	86,883	(62,203)	10.0%	83,541
Physicians Fees	99,691	124,500	(24,809)	14.4%	119,712
Purchased Services	34,670	6,720	27,950	0.8%	6,461
Supply Expense	9,294	30,404	(21,110)	3.5%	29,518
Utilities	22,852	23,995	(1,143)	2.8%	22,852
Repairs and Maintenance	2,990	4,213	(1,223)	0.5%	4,051
Insurance Expense	26,692	20,919	5,773	2.4%	19,923
All Other Operating Expenses	10,495	11,639	(1,144)	1.3%	11,245
Bad Debt Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Leases and Rentals	4,135	4,167	(32)	0.5%	4,167
Depreciation and Amortization	279	279	-	0.0%	279
Interest Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Total Operating Expenses	789,349	889,432	(100,083)	102.8%	855,321
Net Operating Surplus/(Loss)	(133,388)	(24,587)	(108,801)	442.51%	(86,450)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	56,327	55,070	1,257	2.28%	55,070
Interest Expense (Governmental Providers Only)	(21,624)	(20,543)	1,081	-5.26%	(21,624)
Other Non-Operating Revenue/(Expenses)	9,048	8,596	452	5.26%	9,048
Total Non Operating Revenue/(Expense)	43,751	43,123	628	1.46%	42,494
Total Net Surplus/(Loss)	(\$89,637)	\$18,535	(\$108,173)	-583.60%	(\$43,956)
Operating Margin	-20.33%	-2.84%			-11.24%
Total Profit Margin	-13.67%	2.14%			-5.72%
EBITDA	-23.59%	-5.19%			-14.02%
Cash Flow Margin	-10.33%	4.55%			-2.87%

Board of Directors:

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Statement of Revenue and Expense

**SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Six Months Ended December 31, 2019**

	YEAR-TO-DATE				
	Actual 12/31/19	Budget 12/31/19	Positive (Negative) Variance	Percentage Variance	Prior Year 12/31/18
Gross Patient Revenue					
Inpatient Revenue	\$415,560	\$601,366	(\$185,806)	-30.90%	\$526,965
Clinic Revenue	532,752	423,924	108,828	25.67%	359,193
Outpatient Revenue	3,603,111	3,390,558	212,553	6.27%	2,826,683
Long Term Care Revenue	2,225,927	2,994,610	(768,683)	-25.67%	2,414,640
Other	0	6,294	(6,294)	-100.00%	6,081
Total Gross Patient Revenue	6,777,349	7,416,751	(639,402)	-8.62%	6,132,562
Deductions From Revenue					
Discounts and Allowances	(2,121,911)	(1,888,305)	(233,606)	-12.37%	(1,691,437)
Bad Debt Expense (Governmental Providers Only)	(216,136)	(148,335)	(67,801)	-45.71%	(183,977)
Settlements/Other	(37,500)	0	(37,500)	0.00%	(15,000)
Charity Care	(37,285)	(7,417)	(29,869)	-402.72%	(40,850)
Total Deductions From Revenue	(2,412,832)	(2,044,057)	(368,776)	-18.04%	(1,931,264)
Deductions as % of Gross Revenue	-35.6%	-27.6%			-31.5%
Net Patient Revenue	4,364,517	5,372,695	(1,008,178)	-18.76%	4,201,297
Other Operating Revenue	207,498	120,757	86,742	71.83%	71,100
Total Operating Revenue	4,572,015	5,493,452	(921,436)	-16.77%	4,272,397
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	2,560,027	2,888,451	328,424	52.6%	2,288,482
Fringe Benefits	356,527	722,113	365,586	13.1%	572,120
Contract Labor	143,407	427,807	284,401	7.8%	342,947
Physicians Fees	722,077	716,396	(5,681)	13.0%	590,819
Purchased Services	134,593	102,280	(32,313)	1.9%	93,056
Supply Expense	178,825	242,386	63,561	4.4%	211,156
Utilities	123,781	125,301	1,520	2.3%	100,622
Repairs and Maintenance	22,511	44,891	22,381	0.8%	39,847
Insurance Expense	157,570	138,421	(19,150)	2.5%	115,515
All Other Operating Expenses	182,663	611,418	428,755	11.1%	581,534
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Leases and Rentals	39,825	72,113	32,288	1.3%	68,701
Depreciation and Amortization	2,678	71,000	68,321	1.3%	57,467
Interest Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Total Operating Expenses	4,624,483	6,162,576	1,538,093	112.2%	5,062,266
Net Operating Surplus/(Loss)	(52,467)	(669,124)	616,657	-92.16%	(789,869)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	337,962	357,414	(19,453)	-5.44%	335,447
Interest Expense (Governmental Providers Only)	(129,745)	(162,441)	32,696	-20.13%	(129,745)
Other Non-Operating Revenue/(Expenses)	54,288	47,996	6,292	13.11%	54,288
Total Non Operating Revenue/(Expense)	262,504	242,969	19,535	8.04%	259,990
Total Net Surplus/(Loss)	\$210,037	(\$426,155)	\$636,192	-149.29%	(\$529,879)
Operating Margin	-1.15%	-12.18%			-18.49%
Total Profit Margin	4.59%	-7.76%			-12.40%
EBITDA	-3.93%	-13.84%			-20.18%
Cash Flow Margin	7.49%	-3.51%			-8.02%

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Treasurer

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Director

Statement of Revenue and Expense - 13 Month Trend
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA

	Actual 7/31/2019	Actual 8/31/2019	Actual 9/30/2019	Actual 10/30/2019	Actual 11/30/2019	Actual 12/31/2019	Actual 1/31/2019	Actual 2/28/2019	Actual 3/31/2019	Actual 4/30/2019	Actual 5/30/2019	Actual 6/30/2019	Actual 6/30/2018
Gross Patient Revenue													
Inpatient Revenue	\$45,894	\$94,568	\$52,441	\$106,744	\$55,909	\$60,004	\$81,121	\$37,974	\$60,551	\$42,830	\$36,939	\$53,970	\$81,612
Clinic Revenue	80,682	83,246	82,042	158,294	58,936	58,551	50,967	50,539	41,075	65,373	70,205	78,809	65,872
Outpatient Revenue	647,473	700,432	636,179	615,312	444,288	557,427	473,457	585,705	539,612	497,101	611,829	492,290	556,244
Long Term Care Revenue	401,886	404,913	396,611	401,176	201,801	\$339,540	510,328	424,064	381,661	328,580	363,234	339,093	397,365
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Patient Revenue	1,175,935	1,283,159	1,169,273	1,281,526	840,834	1,026,522	1,115,773	1,098,342	1,022,899	933,884	1,082,207	964,152	1,101,093
Deductions From Revenue													
Discounts and Allowances	(364,540)	(397,779)	(362,475)	(422,904)	(235,462)	(\$338,752)	(312,417)	(307,535)	(286,412)	(261,488)	(303,018)	(269,665)	(308,306)
Bad Debt Expense (Governmental Providers Only)	(35,278)	(38,496)	(35,078)	(51,261)	(25,226)	(\$30,798)	(33,473)	(32,950)	(30,687)	(28,017)	(32,466)	(28,925)	(33,033)
Prior Year Settlements	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity Care	(7,500)	(7,500)	(7,500)	(37,285)	(7,500)	(67,500)	(7,500)	(7,500)	(7,500)	(7,500)	(7,500)	(7,500)	(7,500)
Total Deductions From Revenue	(407,318)	(443,771)	(405,053)	(511,450)	(268,188)	(377,049)	(353,350)	(347,985)	(324,599)	(297,005)	(342,984)	(306,390)	(348,839)
Net Patient Revenue	768,617	839,388	764,220	770,076	572,746	649,474	762,383	750,357	698,300	636,879	739,223	657,772	752,254
Other Operating Revenue	6,487	0	84,004	66,731	43,789	56,487	6,487	6,487	6,487	6,487	6,487	6,487	6,487
Total Operating Revenue	775,104	839,388	848,224	836,807	616,535	655,961	768,870	756,844	704,787	643,366	745,710	664,259	758,741
Operating Expenses													
Salaries and Wages	470,616	457,025	441,714	451,525	296,289	\$442,857	442,857	451,714	422,010	467,225	517,265	492,355	443,211
Fringe Benefits	31,068	91,405	22,275	28,256	72,798	\$110,714	110,714	112,929	105,503	116,806	128,321	123,089	110,803
Contract Labor	19,210	25,415	23,365	6,968	43,750	\$24,680	83,541	45,222	30,484	28,066	30,875	47,023	18,525
Physicians Fees	104,797	167,231	155,538	148,104	46,316	\$99,691	119,712	165,677	73,748	85,280	143,591	137,582	156,258
Purchased Services	4,188	21,301	12,304	21,191	40,968	\$34,670	6,451	3,548	3,896	18,365	6,362	8,471	21,837
Supply Expense	37,115	35,277	36,974	29,067	\$1,098	\$9,294	29,518	35,977	39,400	33,510	23,737	54,774	21,218
Utilities	23,740	26,368	18,355	16,936	15,530	\$22,852	22,852	21,810	11,002	11,212	16,626	7,555	20,910
Repairs and Maintenance	3,107	5,343	1,188	4,043	5,835	\$2,990	4,051	7,742	2,416	10,305	3,054	6,421	(20,516)
Insurance Expense	24,056	15,110	53,082	15,100	23,530	\$26,692	19,923	17,317	19,816	0	17,316	23,758	13,463
All Other Operating Expenses	84,375	10,486	40,346	36,949	12	\$10,495	11,245	69,113	77,664	103,966	57,293	58,896	50,000
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0	0	0	0	0
Losses and Rentals	5,348	4,167	4,167	12,740	9,269	\$4,135	4,167	10,987	2,750	4,600	4,600	4,167	12,193
Depreciation and Amortization	279	279	781	781	279	\$279	279	279	279	279	279	279	33,962
Interest Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Operating Expenses	807,889	859,408	810,489	771,690	685,678	789,348	855,320	938,515	788,970	879,648	950,369	864,370	873,864
Net Operating Surplus(Loss)	(32,785)	(20,020)	37,735	65,117	30,857	(133,388)	(86,450)	(181,671)	(84,183)	(236,279)	(204,659)	(300,111)	(115,223)
Non-Operating Revenue													
Contributions	0	0	0	0	0	0	0	0	0	0	0	0	0
Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Income Derived from Property Taxes	56,327	56,327	56,327	56,327	56,327	\$56,327	56,079	55,079	56,079	55,079	55,079	55,079	55,079
Interest Expense (Governmental Providers Only)	(21,624)	(21,624)	(21,624)	(21,624)	(21,624)	(\$21,624)	(5,382)	(5,382)	(21,624)	(21,624)	(21,624)	(21,624)	(21,624)
Other Non-Operating Revenue/(Expenses)	9,048	9,048	9,048	9,048	9,048	\$9,048	9,048	9,048	9,048	9,048	9,048	9,048	9,048
Total Non-Operating Revenue/(Expense)	\$43,751	\$43,751	\$43,751	\$43,751	\$43,751	\$43,751	\$8,736	\$8,736	\$42,494	\$42,494	\$42,494	\$42,494	\$42,494
Total Net Surplus(Loss)	\$10,986	\$23,728	\$81,486	\$108,868	\$74,608	(\$89,637)	(\$27,714)	(\$122,935)	(\$41,689)	(\$193,785)	(\$162,165)	(\$257,617)	(\$72,729)
Operating Margin	-4.23%	-2.39%	4.45%	7.76%	5.09%	-20.33%	-11.24%	-24.00%	-11.84%	-36.73%	-27.44%	-45.18%	-15.19%
Total Profit Margin	1.42%	2.83%	9.61%	13.01%	12.10%	-13.66%	-3.60%	-16.24%	-5.92%	-30.12%	-21.75%	-38.78%	-9.59%
EBITDA	-4.88%	-4.93%	1.89%	5.29%	1.84%	-23.58%	-11.91%	-24.68%	-14.97%	-40.04%	-30.31%	-48.39%	-13.56%
Cash Flow Margin	-4.24%	-5.44%	12.25%	15.69%	15.65%	-10.33%	-2.87%	-15.50%	-2.81%	-28.72%	-18.81%	-35.48%	-2.28%

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Treasurer

Mark Lacey
Director

Patient Statistics

SOUTHERN INYO HEALTHCARE DISTRICT

LONE PINE, CALIFORNIA

Six Months Ended December 31, 2019

Current Month				Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year 12/31/18	Actual	Budget	Positive/ (Negative) Variance	Prior Year 12/31/18
12/31/19	12/31/19			12/31/19	12/31/19		
STATISTICS							
Discharges							
8	5	3	5	19	33	(14)	36
0	0	0	0	10	2	8	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
8	5	3	5	29	35	(6)	36
0	0	0	0	0	0	0	0
8	5	3	5	29	35	(6)	36
Patient Days:							
21	8	13	8	54	70	(16)	70
54	44	10	0	43	0	43	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
75	53	22	8	97	70	27	70
0	0	0	0	0	0	0	0
75	53	22	8	97	70	27	70
Average Length of Stay (ALOS)							
2.6	1.6	(1.0)	1.6	2.8	2.1	(0.7)	1.9
N/A	N/A	N/A	N/A	4.3	0.0	(4.3)	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9.4	10.2	0.8	1.6	3.3	2.0	(1.3)	1.9
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Average Daily Census (ADC)							
0.7	0.3	0.4	0.3	1.7	2.3	(0.5)	2.3
1.7	1.4	0.3	0.0	1.4	0.0	1.4	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2.4	1.7	0.7	0.3	3.1	2.3	0.9	2.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Long Term Care:							
916	1,051	(135)	1,051	5,255	5,022	233	5,054
7	29	(22)	28	57	43	14	43
0	0	0	0	0	0	0	0
29.5	33.9	(4.4)	33.9	28.7	27.4	1.3	27.6
Emergency Room Statistics							
2	2	(0)	2	14	10	4	14
89	121	(32)	117	774	805	(31)	774
11	15	(4)	15	58	48	10	58
102	138	(36)	134	846	863	(17)	846
1.96%	1.49%		1.49%	1.65%	1.18%		1.65%
22.22%	40.00%		40.00%	43.75%	29.35%		38.89%
Outpatient Statistics:							
444	403	41	391	2,218	2,032	186	1,853
0	0	0	0	13	2	11	5
210	251	(41)	244	1,504	1,859	(355)	1,616
52	50	2	49	304	50	254	153
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
Productivity Statistics:							
92.32	91.80	0.52	0.00	92.32	91.80	0.52	93.98
102.80	97.20	5.60	102.80	102.17	98.80	3.37	102.17
0.9160	0.8020	(0.11)	0.9160	0.9160	0.8638	(0.05)	0.8836
0.8990	0.9020	0.00	0.8990	0.8990	0.9273	0.03	0.9148

Board of Directors:

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Bruce Branson
Treasurer

Mark Lacey
Director

Key Financial Ratios

**SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA**

PAGE 10

Six Months Ended December 31, 2019

	Year to Date 12/31/2019	Prior Year to Date 6/30/2018	Prior Fiscal Year End 6/30/2018	Peer California Hospitals (See Note 1)	National Rural CAH Hospitals (See Note 2)
Profitability:					
Operating Margin	-1.15%	-12.18%	-18.49%	2.33%	0.42%
Total Profit Margin	4.59%	-7.76%	-12.40%	2.49%	1.23%
Cash Flow Margin	4.65%	-6.47%	-11.06%	8.40%	5.91%
Contractual Allowance %	32.41%	25.56%	28.49%	50.62%	39.92%
Inpatient Gross Revenue as a % of Total	26.71%	32.27%	30.80%	38.85%	28.48%
Outpatient Gross Revenue as % of Total	45.30%	40.00%	40.24%	64.83%	74.43%
Average Daily Census Acute Care	0.68	0.27	2.26	5.57	3.22
Average Daily Census Swing Bed	1.74	1.43	0.00	0.37	1.52
Liquidity:					
Days of Cash on Hand, Short Term	18.14	1.18	5.68	23.32	27.10
Days Cash, All Sources	18.44	1.21	1.21	67.87	71.21
Net Days in Accounts Receivable	166.68	155.16	155.16	59.54	53.16
Average Payment Period	185.95	179.64	179.64	56.65	53.00
Current Ratio	0.80	0.73	0.84	2.31	1.12
Medicare Cost to charge ratio	59.08%	53.20%	53.20%	38.00%	47.00%
Capital Structure:					
Average Age of Plant (Annualized)	13.88	13.87	13.87	11.13	11.45
Capital Costs as a % of Total Expenses	2.79%	3.58%	3.58%	7.51%	5.30%
Long Term Debt to Equity	-3.7%	-202.7%	-202.7%	53.99%	60.32%
Long Term Debt to Capitalization	-3.8%	197.3%	197.3%	20.13%	29.00%
Debt Service Coverage Ratio	2.60	0.92	0.92	2.27	3.16
Medicare IN Patient Payer mix	6.13%	8.11%	8.58%	57.90%	73.01%
Medicare Out Patient Payer mix	53.16%	45.71%	46.09%	38.89%	37.90%
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	11.82	2.77	15.04	10.34	5.86
Total Net Revenue per FTE	\$44,749	\$37,092	\$37,092	\$117,848	\$77,243
Salary Expense per Paid FTE	\$50,773	\$50,287	\$50,287	\$59,647	\$50,845
Salary and Benefits as a % of Net Revenue	66.93%	58.21%	58.21%	41.52%	45.57%
Employee Benefits %	13.93%	24.57%	24.57%	41.29%	25.20%
Supply Expense Per Adj. Discharge - CMI Adj.	\$420.58	\$499.95	\$499.95	\$2,476.27	\$1,050.00
FTE's Per Occupied Bed	6.29	4.97	4.97	5.31	5.80
	YTD - Actual 12/31/2019	YTD - Actual 7/31/2017	YTD - Actual 6/30/2018	YTD - Budget 12/31/2019	
Other Ratios:					
Gross Days in Accounts Receivable	267.34	671.65	671.65	60.00	
Net Revenue per Adjusted Discharge	\$9,667	\$9,886	\$9,886	\$12,840	
Operating Expenses per Adj. Discharge	\$9,778	\$14,668	\$14,668	\$14,404	

Note 1 - CHA Financial Indicators Report 2016 (U. of North Carolina)

Note 2 - Per CAH Financial Indicators Report 2016 (U. of North Carolina)

Board of Directors:

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Charles Carson
Vice President

Carma Roper
Secretary

Bruce Branson
Treasurer

Mark Lacey
Director

B. CEO Report

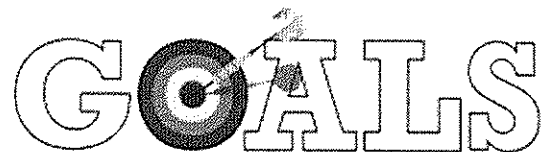
Peter Spiers, CEO reviewed the PowerPoint Presentation.

CEO Report

March 2020 Report: Key Operational Outcomes and nCOVID -19

1. Goals for Today's Report

1. Hospital Operations Key Indicators/Metrics
2. COVID – 19 Preparedness



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Mark Lacey
Director

2020: All growth, all the time...

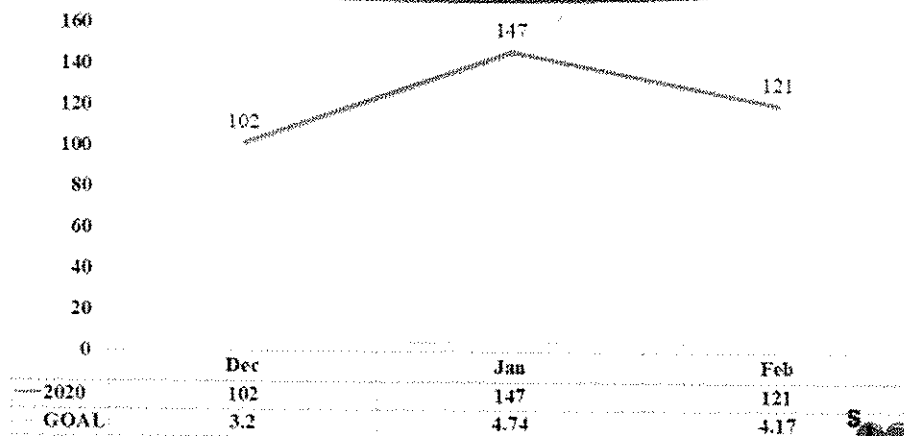
3

Sweet Spot for SIHD...

"Right amount of volume, right type of care, in the right place, driving quality outcomes; while generating maximum allowable revenue per patient"...

Emergency Room Volume -- Visits Per Month

4



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President

Charles Carson
Vice President

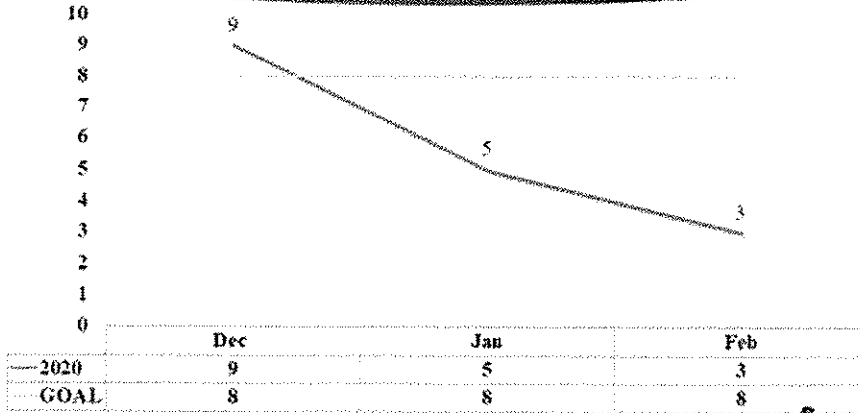
Carma Roper
Secretary

Bruce Branson
Treasurer

Mark Lacey
Director

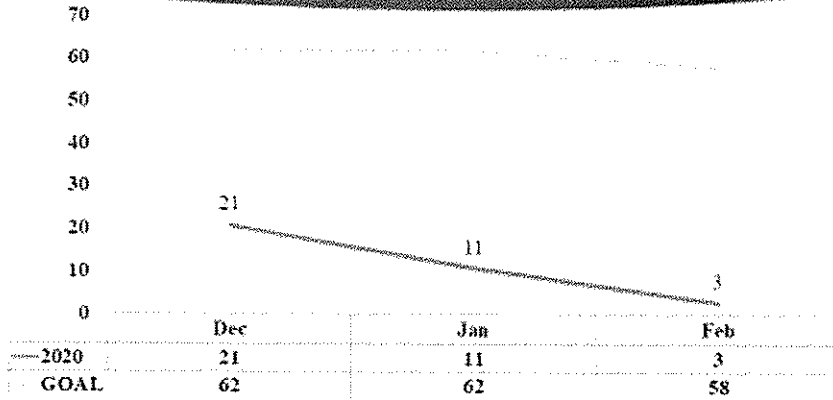
5

Acute & Swing Room – Patients Per Month



6

Acute Room – Total Days in Acute



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 President

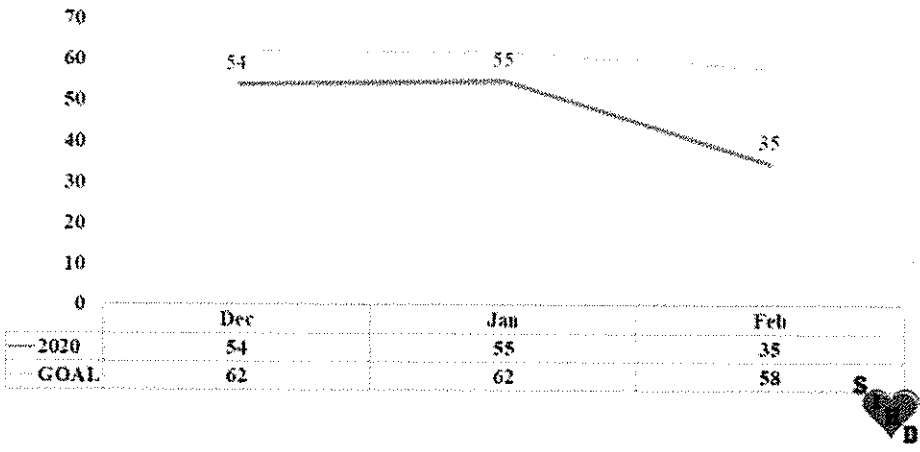
Charles Carson
 Vice President

Carma Roper
 Secretary

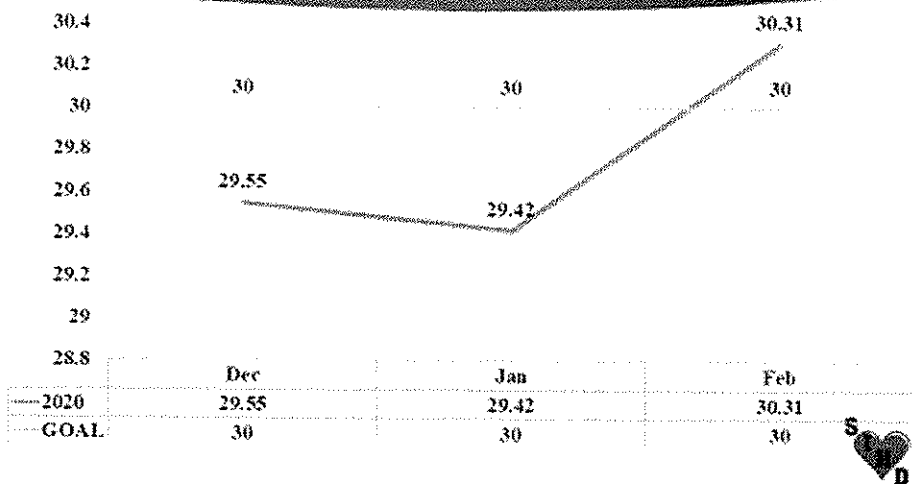
Bruce Branson
 Treasurer

Mark Lacey
 Director

Swing Bed Room - Total Days in Swing Bed



Skilled Nursing Facility Volumes - Monthly Census



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 President

Charles Carson
 Vice President

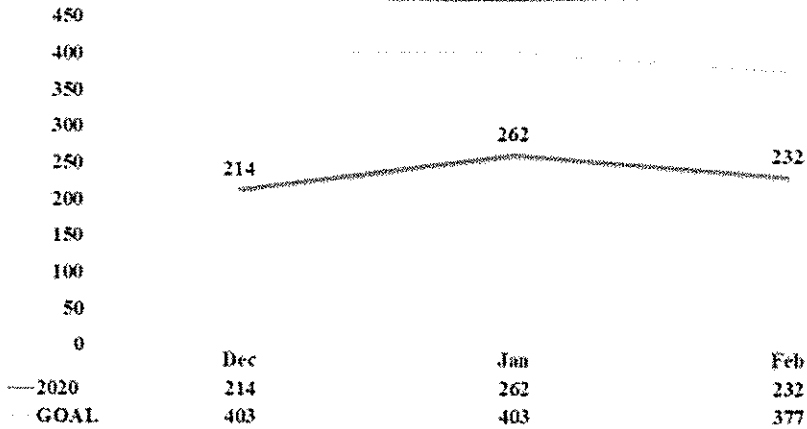
Carma Roper
 Secretary

Bruce Branson
 Treasurer

Mark Lacey
 Director

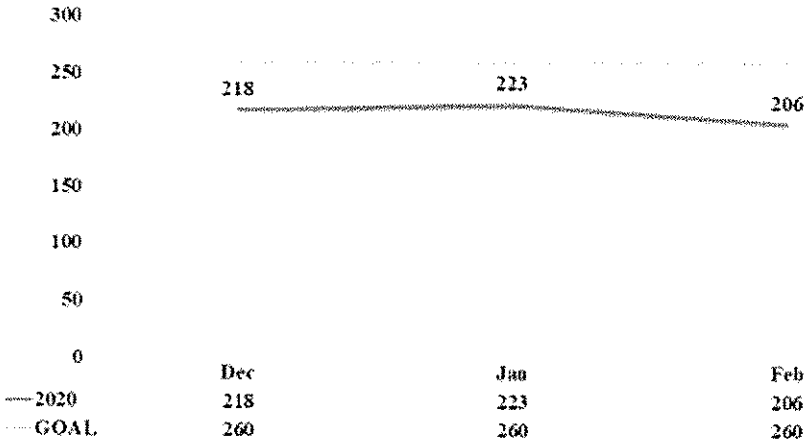
9

SIHD Rural Clinic Volumes – Visits Per Month



10

Rehab Services Volumes



Board of Directors:

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President

Charles Carson
Vice President

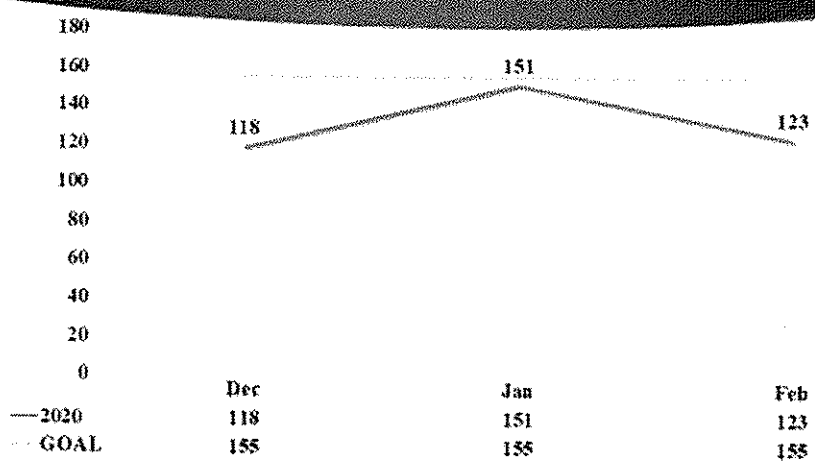
Carma Roper
Secretary

Bruce Branson
Treasurer

Mark Lacey
Director

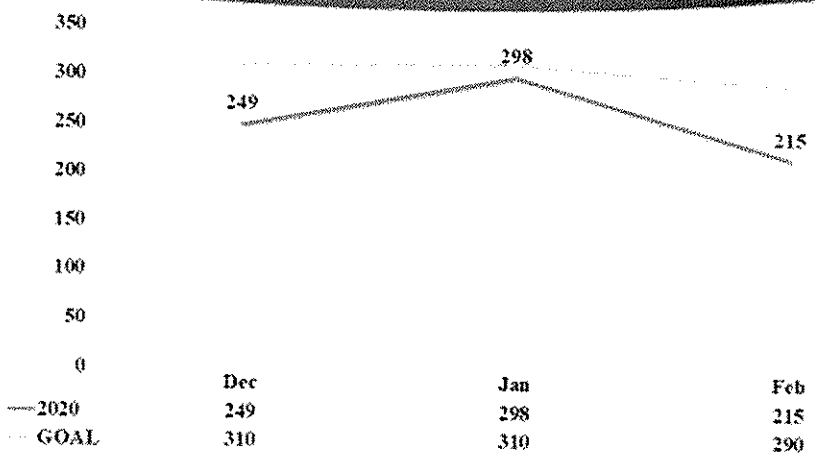
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X Ray Volumes -- Visits-Exams Per Month



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Laboratory Volumes



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Volumes to Budget – MARCH 2020

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PT DAYS	TOTAL	AVERAGE	MTD/PD Budget
ACUTE	3	0.10	1.00
SWING	35	1.21	1.00
OBS	2	0.07	0.20
SNF	879	30.31	25.00
TOTAL	919	31.69	26.20
OP VISITS			
ER	120	4.14	5.00
RHC FNP	104	3.59	13.00
RHC Lic Therapist	43	1.48	13.00
RHC Nursing/Physician	87	3.00	13.00
REFERRED OUTPATIENTS			
ANC TOT	262	10.97	13.00

SIH – nCOVID - 19 Preparedness Plan

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CDC Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States Key Considerations for Healthcare Facilities:

“Currently there are no medications to treat or vaccines to prevent COVID-19. Therefore, community approaches to slowing transmission including appropriate hand hygiene, cough etiquette, social distancing, and preventing/reducing face-to-face contact with potential COVID-19 cases are needed to slow transmission and reduce the number of people who get sick. In each healthcare facility, the primary goals include”:

- Provision of the appropriate level of medical care (Prevention or Triage)
- Protecting healthcare personnel and non-COVID-19 patients accessing healthcare from infection
- Preparing for a potential surge in patients with respiratory infection
- Preparing for potential personal protective equipment supply and staff shortages

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COVID-19 in California by the Numbers (as of 7 a.m. Pacific Time):

114– Positive tests

24 – Cases of positive tests related to federal repatriation flights

90 – Cases not related to repatriation flights

37 - Travel-related

23 - Person to person

14 - Community transmission

16 – Under investigation

10,250+ – Number of people self-monitoring who returned to the U.S. through SFO or LAX

49 – Number of local health jurisdictions involved in self-monitoring

19 – Labs with test kits, 15 of which are already testing

SIH – nCOVID - 19 Preparedness Plan

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“Although it is not possible to predict the future course of the outbreak, planning for a scenario in which many persons become ill and seek care at the same time is an important part of preparedness and can improve outcomes if an outbreak occurs”.

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Southern Inyo Healthcare District Coronavirus Preparedness Planning Team (SCPPT)

Shannon Jimerson - CNO
Michael Floyd- DON
Tambria Kalenowski- ADON
Suzie Wright ,RN
Virginia Garza, N
Anne Bramhall, RN
Jeff Sheffield –Director/Facilities
Daniel Smith, Director of Purchasing/EVS
George Lahey, Lab Manager
Linda Tucker, RT Radiology Manager
Carol Dunnaway –Billing /AR Manager
Traci Gilmore Revenue Cycle Coordinator
Maritza Perkins, Executive Assistant for Admin.Services

SIH – nCOVID - 19 Preparedness Plan

“An ounce of prevention is worth a pound of cure”

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Current ED Prevention and Treatment Plan

I. If visitor is a patient for the ER and is exhibiting COVID symptoms, ER nurse will be notified.

1. Nurse will don PPE and escort patient to Conex (or designated triage area for suspected cases)
2. Alternative staff will be called in to assist, and ER nurse attending to that patient will remain with that patient.
3. Notify HHS if you feel that a patient warrants testing for COVID-19. (Use HHS testing algorithm)
4. HHS will give you direction on whether to test/not test, and will coordinate pick-up of sample to deliver to CDC.
5. If patient is not sick enough to be hospitalized, they will be sent home to self-quarantine x14 days. We will provide instructions and recommend them to return to the ER if symptoms worsen

Aggressive Preparedness

I. Aggressive Prevention Protocol : House-wide

- 1) We will only have one portal of entry. All other entry points in hospital will be locked during all hours with signs and directions to entry point.
- 2) Entry will be west ER door OR administration door entrance.
- 3) All visitors/patients will be screened before entering hospital and asked if they have 2 or more of the following symptoms:
- 4) Fever
- 5) Shortness of breath
- 6) Cough

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Aggressive Preparedness

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II. Aggressive Prevention Protocol: SNF

1. All residents and resident families will be formally notified on our procedure for prevention. They will be asked to refrain from visiting if they are exhibiting any symptoms.
2. If resident exhibits any mild symptoms, they will be quarantined to their room; any roommates will be relocated to another room.
3. EVS cleaning rooms daily; and will clean common surfaces as frequently as possible; uses Virex 256 currently.

Government Special Financial Support

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SACRAMENTO – Today, under the direction of Governor Gavin Newsom, the Department of Managed Health Care directed all commercial and Medi-Cal health plans regulated by the Department to immediately reduce cost-sharing to zero for all medically necessary screening and testing for the COVID-19. This includes waiving cost-sharing for emergency room, urgent care or provider office visits when the purpose of the visit is to be screened and tested for COVID-19. The need for COVID-19 testing is based on medical necessity, a clinical determination made on a case by case basis by medical professionals.

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Tentatively we are working on a LAFCO agreement. Before SIHD had a limited physical therapy program. Now that Raychel Hosch is here we have Physical, Occupational and Speech therapy.

Peter Spiers is trying to work with UC Davis for telemedicine, vascular and wound care.

The lab is busy and there are a couple lines of business we want to do.

Coronavirus- No active cases in Mono or Inyo County at this time. SIHD will have a Mock run on a Covid-19 case on Thursday. Public announcements- SIHD will put plan on the website.

Secretary Roper appreciates the proactive preparedness. The virus info is changing daily. From Inyo Co. prospective- The public information officer (Carma Roper) puts together joint informational system/center. President Hickman stated that tennis and concert events have been canceled or postponed.

Once we go live with Covid-19 preparedness, it will be a different environment at the hospital. It will impact the skilled nursing residents and families. There will be Signage. Peter Spiers stated that we are looking to see what we will be doing with the nurse staffing. We may need more EMT's and nurses.

Dr. Trainer stated that the schools are taking precautions. They are using Lysol to scrub down surfaces, they asking everyone to cover their mouths when coughing. They have advised parents and teachers on symptoms. If they have symptoms staff and students need to stay home for 14 days. The school is working with Health and Human Services.

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C. Medical Staff Report (Quarterly Report)

Nothing to report at this time. Per Peter Spiers will need to present at the next board meeting.

IV. PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

None.

V. BOARD OF DIRECTORS COMMENTS ON ITEMS NOT ON THE AGENDA

President Hickman stated that the board appreciates everyone's attendance, patience and sharing of information.

The board will have ethics training this evening. Legal counsel will review 19 categories of law (open to the public).

VI. CLOSED SESSION

A. Existing Litigation (Govt Code 54956.9): Chapter 9 Bankruptcy

VII. CLOSED SESSION REPORT


In closed session, counsel and the Board discussed the chapter 9 bankruptcy, and upon motion by Director Branson, seconded by Director Roper, unanimously authorized President Hickman to finalize negotiations and sign a settlement agreement and related documents with Yorai Benny Benzeevi, HCCA and Vi Financial, and take all steps necessary to effectuate the agreement.

VIII. ETHICS TRAINING

Counsel conducted AB 1234 ethics training from 6:00 to 8:15.

IX. ADJOURNMENT

The open session closed at 5:20 pm. Closed session to begin at 5:35 pm.



President/Secretary of the Board of Directors

5/5/2020
Date

Special Board Minutes of March 10, 2020

ATTEST



Carma Roper, Secretary

5/20/2020

Board of Directors:

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Vice President

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