



Northern Inyo County Local Hospital District

Board of Directors Regular Meeting

Wednesday March 18, 2009 5:30pm

*Board Room
Northern Inyo Hospital*

DRAFT AGENDA

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT BOARD OF DIRECTORS MEETING

March 18, 2009 at 5:30 P.M.

In the Board Room at Northern Inyo Hospital

1. Call to Order (at 5:30 P.M.).
2. Opportunity for members of the public to comment on any items on this Agenda.
3. Approval of minutes of the February 18, 2009 regular meeting.
4. Financial and Statistical Reports for the month of January 2009; John Halfen.
5. Administrator's Report; John Halfen.
 - A. Building Update
 - B. Radiology Update
 - C. General Obligation Bonds
 - D. F.Y.I. Section
 - Dietary Inspection
 - E. Other
6. Chief of Staff Report – Richard Nicholson, M.D..
 - A. Medical Staff advancement of John Daniel Cowan, M.D. (*action item*).
 - B. Medical Staff appointments to the NIH Provisional Consulting Staff with requested privileges, for the following Virtual Radiologic affiliates: (*action items*)
 1. Karen Aderholdt, M.D.
 2. Kevin McDonnell, M.D.
 3. Victoria Nguyen, D.O.
 4. Bruce Reiner, M.D.
 5. Ronald Sonken, M.D.
 6. Mark Takaki, M.D.
 7. William Zinn, M.D.
 8. Jeffrey Zorn, M.D.
 - C. Other
7. Old Business
 - None -
8. New Business
 - A. IT Assessment
 - B. Hospital Cell Phone Use Policy and Procedure (*action item*).
 - C. Cell Phone Contract (*action item*).
 - D. Changes to Bond Documents (*action item*).
 - E. Purchase of Mizuhosi fracture table for Surgery unit, \$117,329 (*action item*).
 - F. Purchase of AMO Phaco machine for Surgery unit, \$75,000 (*action item*).
9. Reports from Board members on items of interest.

10. Opportunity for members of the public to comment on any items on this Agenda, and/or on any items of interest.
11. Adjournment to closed session to:
 - A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
 - B. Confer with legal counsel regarding pending litigation against the District by an employee (Government Code Section 54956.9(a)).
 - C. Conduct CEO Annual Performance Evaluation and compensation (Government Code Section 54957).
12. Return to open session, and report of any action taken in closed session.
14. Opportunity for members of the public to address the Board of Directors on items of interest.
15. Adjournment.

THIS SHEET

INTENTIONALLY

LEFT BLANK

- CALL TO ORDER The meeting was called to order at 5:35 p.m. by Peter Watercott, President.
- PRESENT Peter Watercott, President
M. C. Hubbard, Secretary
Michael Phillips, M.D. Treasurer
Richard Nicholson, M.D., Chief of Staff
- ALSO PRESENT John Halfen, Administrator
Rachel Weksler Attorney at Law, Office of the District Legal Counsel
Sandy Blumberg, Administrative Secretary
- ABSENT John Ungersma, M.D., Vice President
D. Scott Clark, M.D., Director
- OPPORTUNITY FOR
PUBLIC COMMENT Mr. Watercott asked if any members of the public wished to address the Board on any items listed on the agenda for this meeting. No comments were heard.
- MINUTES The minutes of the January 21, 2009 regular meeting were approved.
- ADMINISTRATOR'S
REPORT
- FINANCIAL AND
STATISTICAL REPORTS John Halfen, Chief Financial Officer reviewed with the Board the financial and statistical reports for the month of December 2008. Mr. Halfen noted the statement of operations shows a bottom line excess of revenues over expenses of \$476,102. Mr. Halfen called attention to the following:
- *Inpatient service revenue was significantly over budget*
 - *Total expenses were over budget*
 - *Salaries and wages were under budget*
 - *Professional fees expense was over budget*
 - *The Balance Sheet showed no significant change*
 - *Year-to-date net income totals \$2,193,879*
- Mr. Halfen noted the average number of days that patient accounts are in receivables is now 57 days. He additionally stated that liabilities show no significant change, and the Hospital's net worth continues to grow steadily. It was moved by Michael Phillips, M.D., seconded by M.C. Hubbard, and passed to approve the financial and statistical reports for the month of December as presented.
- BUILDING REPORT Mr. Halfen reported the Hospital is still waiting for the Office of Statewide Healthcare Planning and Development (OSHPD) to approve design plans for Phase II of the building project, and it is hoped that those approvals will be forthcoming in the next couple of weeks. He noted that

Turner Construction has reconciled over 400 design clashes with the use of 3-D Imaging, which has proven to be an invaluable tool in helping to ensure that construction costs do not rise even higher.

BONDS

Mr. Halfen noted the second bond issue has not yet taken place, and it is his hope that market conditions will improve before bonds need to be issued in order to help fund Phase II of the building project.

F.Y.I. SECTION

Mr. Halfen called attention to a Legislative Advisory from the American Hospital Association (AHA) which reviews key legislation issues affecting hospitals. The advisory reports the effect the Economic Stimulus Bill will have on hospitals, and the effects of the Children's Health Insurance Program Reauthorization Act (SCHIP). Mr. Halfen also noted the Stimulus Bill expands incentives for banks to purchase hospital tax-exempt bonds.

Mr. Halfen noted that following the retirement of William StJean, Kristine Goodwin will serve as interim PACS Administrator for Northern Inyo Hospital (NIH). He also noted that Georgan Stottlemire has replaced Gayla Blua as Human Resources Director, and it is uncertain whether or not the Grant writing and Marketing position Ms. Stottlemire previously held will be filled.

CHIEF OF STAFF REPORT

Chief of Staff Richard Nicholson, M.D. reported the Medical Staff Executive Committee has made the following recommendations regarding Medical Staff appointments and privileging:

- Extension of the proctoring relationship with Vasuki Sitampalam, M.D. for a three-month period. It was moved by Ms. Hubbard, seconded by Doctor Phillips, and passed to approve the extension of privileges for Dr. Sitampalam as requested.
- Granting of provisional obstetrical privileges as requested for Stacey Brown, M.D., as recommended by Chief of Obstetrics, David Greene, M.D.. It was moved by Ms. Hubbard, seconded by Doctor Phillips, and passed to approve the granting of provisional obstetrical privileges for Dr. Brown as recommended.

Doctor Nicholson also reported as an informational item only that temporary privileges are currently being processed for Virtual Radiology physicians who will provide temporary Radiology coverage at NIH as needed.

Doctor Nicholson additionally reported the Medical Staff and appropriate Committees recommend the following policies and procedures for approval by the District Board:

1. Muscle Biopsy
2. Use of Fentanyl Patches
3. Ventilators in the Emergency Room

4. Versa Med I-Vent
5. Drawing of Arterial Blood Gases
6. Nasotracheal Suctioning
7. Back-Feeding Oxygen
8. Patient-Ventilator System Checks
9. Contact Precautions
10. Multidrug Resistant Organism (MDRO) Control Plan

OLD BUSINESS

It was moved by Doctor Phillips, seconded by Ms. Hubbard and passed to approve all ten policies and procedures as recommended.

**REAFFIRMATION OF
NEGOTIATOR**

Mr. Halfen referred to the agenda item regarding reaffirmation of himself as negotiator for the potential acquisition of real property at 2957 Birch Street, Bishop, California. He noted that negotiations concerning the purchase of this property have come to a standstill, and it is his feeling that the agenda item should be removed from Board agendas for the time being. The reaffirmation of Mr. Halfen as negotiator was not made, and this agenda item will be removed from Board agendas until further notice.

NEW BUSINESS

**ADVANCE PAYROLL
CHECK POLICY**

Mr. Halfen called attention to the Hospital's current practice regarding payroll check advances for employees. The current practice states that advances on next scheduled payroll checks will be paid only in cases of extreme emergency. Non-emergency vacation leave payroll advances are granted only if requested two or more weeks in advance of the first day of actual vacation. Additionally, early payroll checks are issued in the event of two or more weeks advance written notice in the event of a resignation, and dismissed employees currently receive final paychecks immediately upon dismissal. Mr. Halfen stated there is a certain amount of abuse regarding advance payroll check practices, and he requested the Board approve the guidelines as Hospital policy in order to ensure it is followed in closer detail. It was moved by Doctor Phillips, seconded by Ms. Hubbard and passed to establish the existing Payroll Check Advances guidelines as policy, as requested.

**CAPITAL PURCHASE,
LAB COAGULATION
ANALYZER**

Leo Fries, Compliance and Administration Support Services and Interim Lab Manager referred to a proposal to purchase a Coagulation Analyzer for the Lab at a cost of approximately \$25,000. Mr. Fries stated that the reagent for NIH's current coagulation analyzer has been discontinued, and upon review of current equipment available it has been determined that the Siemens CA560 would be the best analyzer for use at NIH. Following brief discussion it was moved by Doctor Phillips, seconded by Ms. Hubbard, and passed to approve the purchase of the new coagulation analyzer as recommended.

**BOARD MEMBER
REPORTS**

Mr. Watercott asked if any member of the Board of Directors wished to report on any items of interest. No reports were heard.

OPPORTUNITY FOR
PUBLIC COMMENT

In keeping with the Brown Act, Mr. Watercott again asked if any members of the public wished to address the Board of Directors on any items on this agenda, and/or on any items of interest. No comments were heard.

ADJOURNMENT

At 6:06 pm Mr. Watercott announced the meeting was being adjourned to closed session to allow the Board of Directors to:

- A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962.
- B. Instruct negotiator regarding price and terms of payment for the purchase, sale, exchange, or lease of real property (Government Code Section 54956.8).
- C. Confer with legal counsel regarding pending litigation against the District by an employee (Government Code Section 54956.9(a)).
- D. Conduct CEO Annual Performance Evaluation and compensation (Government Code Section 54957).

RETURN TO OPEN
SESSION

At 6:21 p.m. the meeting was returned to open session. Mr. Watercott reported the Board took no reportable action.

DISCUSSION OF
CANCELLATION OF
RADIOLOGY MEDICAL
DIRECTOR CONTRACT

Mr. Halfen stated that pursuant to a report received from the Medical Staff Executive Committee, hospital Administration recommends the Board terminate the Radiology Medical Director agreement with John W. Nesson, M.D.. It was moved by Ms. Hubbard, seconded by Mr. Watercott, and passed to terminate the contract with John Nesson, W. M.D. as recommended.

OPPORTUNITY FOR
PUBLIC COMMENT

Mr. Watercott again asked if any members of the public wished to comment on any items listed on the agenda for this meeting, or on any items of interest. No comments were heard.

ADJOURNMENT

The meeting was adjourned at 6:30 p.m..

Peter Watercott, President

Attest:

M.C. Hubbard, Secretary

THIS SHEET

INTENTIONALLY

LEFT BLANK

BUDGET VARIANCE ANALYSIS

Jan-09 PERIOD ENDING PRIOR TO AUDIT

In the month, NIH was

36% over budget in IP days;
(0.2%) over in IP Ancillary Revenue and
(8.3%) over in OP Revenue resulting in
\$ 786,105 (11.9%) over in gross patient revenue from budget &
\$ 423,653 (10.8%) over in net patient revenue from budget

Total Expenses were:

\$ 133,567 (3.5%) over budget. Wages and Salaries were
\$ 54,955 (3.9%) over budget and Employee Benefits
\$ (96,465) (-11.5%) under budget.
\$ 147,183 of other income resulted in a net income of
\$ 542,084 \$ 315,631 over budget.

The following expense areas were over budget for the month:

\$ 54,955 4% Salaries and Wages
\$ 87,872 31% Professional Fees; registry staff & Physicians
\$ 8,119 4% Supplies Expense
\$ 16,852 8% Depreciation Expense (see note below)
\$ 65,259 142% Interest Expense (see note below)

Other Information:

43.03% Contractual Percentages for month
42.37% Contractual Percentages for Year

\$ 2,735,963 Year-to-date Net Revenue

Special Notes for Month:

Interest Expense will remain high for year due to first Phase of Building Project being completed and the interest payments for the first issue of the 2005 General Obligation Bond will no longer be capitalized as it was during the construction. The depreciation expense was under estimated during the budget process and will be over budget all year.

We have added a new line on the Income Statement to show the amount of 3rd party contractals being reduced monthly. Auditors feel we have too high of an amount booked for Medicare and Medi-Cal Cost Report settlements.

NORTHERN INYO HOSPITAL

Balance Sheet

January 31, 2009

Assets

	<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2008</u>
Current assets:			
Cash and cash equivalents	2,632,007	3,355,355	2,434,216
Short-term investments	16,775,118	15,757,705	15,199,287
Assets limited as to use	1,518,923	555,022	49,003
Plant Expansion and Replacement Cash	1,857	883	1,941,239
Other Investments (Partnership)	961,824	961,824	352,361
Patient receivable, less allowance for doubtful accounts \$499,741	8,127,669	7,774,946	8,273,347
Other receivables (Includes GE Financing Funds)	539,572	505,817	571,376
Inventories	2,168,386	2,175,489	2,177,577
Prepaid expenses	644,219	713,496	602,851
Total current assets	<u>33,369,575</u>	<u>31,800,536</u>	<u>31,601,257</u>
Assets limited as to use:			
Internally designated for capital acquisitions	548,050	547,914	558,237
Specific purpose assets	568,632	568,532	520,160
	<u>1,116,682</u>	<u>1,116,447</u>	<u>1,078,397</u>
Revenue bond construction funds held by trustee	<u>729,992</u>	<u>682,553</u>	<u>782,802</u>
Less amounts required to meet current obligations	1,518,923	555,022	49,003
Net Assets limited as to use:	<u>327,751</u>	<u>1,243,978</u>	<u>1,812,196</u>
Long-term investments	<u>8,914,638</u>	<u>8,914,638</u>	<u>8,914,638</u>
Property and equipment, net of accumulated depreciation and amortization	<u>32,113,056</u>	<u>31,358,507</u>	<u>29,541,929</u>
Unamortized bond costs	<u>298,174</u>	<u>299,661</u>	<u>308,583</u>
Total assets	<u>75,023,194</u>	<u>73,617,321</u>	<u>72,178,602</u>

NORTHERN INYO HOSPITAL

Balance Sheet

January 31, 2009

Liabilities and net assets

	<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2008</u>
Current liabilities:			
Current maturities of long-term debt	283,862	341,440	683,626
Accounts payable	1,592,050	811,713	1,140,966
Accrued salaries, wages and benefits	2,883,355	2,799,399	2,600,516
Accrued interest and sales tax	255,154	163,401	172,391
Deferred income	238,258	285,908	-
Due to third-party payors	3,316,399	3,302,458	3,940,301
Due to specific purpose funds	-	-	-
Total current liabilities	<u>8,569,077</u>	<u>7,704,318</u>	<u>8,537,799</u>
Long-term debt, less current maturities	25,270,196	25,270,196	25,270,196
Bond Premium	383,365	384,570	391,804
Total long-term debt	<u>25,653,561</u>	<u>25,654,767</u>	<u>25,662,000</u>
Net assets:			
Unrestricted	40,231,923	39,689,704	37,458,642
Temporarily restricted	568,632	568,532	520,160
Total net assets	<u>40,800,556</u>	<u>40,258,236</u>	<u>37,978,803</u>
Total liabilities and net assets	<u>75,023,194</u>	<u>73,617,321</u>	<u>72,178,602</u>

NORTHERN INYO HOSPITAL

Statement of Operations

As of January 31, 2009

	MTD Actual	MTD Budget	MTD Variance \$	MTD Variance %	YTD Actual	YTD Budget	YTD Variance \$	YTD Variance %	Prior YTD
Unrestricted revenues, gains and other support:									
In-patient service revenue:									
Routine	719,519	607,596	111,923	18.4	4,374,524	4,253,172	121,352	2.9	1,959,439
Ancillary	2,375,739	2,028,606	347,133	17.1	14,056,139	14,200,242	(144,103)	(1.0)	6,342,843
Total in-patient service revenue	3,095,258	2,636,202	459,056	17.4%	18,430,663	18,453,414	(22,751)	-0.1%	8,302,282
Out-patient service revenue	4,275,796	3,948,747	327,049	8.3	28,990,098	27,641,229	1,348,869	4.9	11,346,822
Gross patient service revenue	7,371,054	6,584,949	786,105	11.90	47,420,761	46,094,643	1,326,118	2.9	19,649,104
Less deductions from patient service revenue:									
Patient service revenue adjustments	198,859	142,545	(56,314)	(39.5)	1,650,193	997,815	(652,378)	(65.4)	405,095
Contractual adjustments	2,827,400	2,535,204	(292,196)	(11.5)	18,220,410	17,746,428	(473,982)	(2.7)	8,444,707
Prior Period Adjustments	13,941	-	(13,941)	100.0	(681,866)	-	681,866	100.0	(41,889)
Total deductions from patient service revenue	3,040,201	2,677,749	(362,452)	(13.5)	19,188,737	18,744,243	(444,494)	(2.4)	8,807,914
Net patient service revenue	4,330,853	3,907,200	423,653	11%	28,232,024	27,350,400	881,624	3%	10,841,190
Other revenue	19,417	28,005	(8,588)	(30.7)	279,236	196,035	83,201	42.4	81,422
Transfers from Restricted Funds for Other Operating Expenses	65,541	65,541	-	-	458,787	458,787	-	0.0	-
Total Other revenue	84,958	93,546	(8,588)	(9.2)	738,023	654,822	83,201	12.7	81,422
Total revenue, gains and other support	4,415,812	4,000,746	415,066	(9.1)	28,970,047	28,005,222	964,825	12.7	10,922,613
Expenses:									
Salaries and wages	1,462,381	1,407,426	(54,955)	(3.9)	9,742,344	9,851,982	109,638	1.1	3,831,559
Employee benefits	742,505	838,970	96,465	11.5	5,755,666	5,872,790	117,124	2.0	2,119,417
Professional fees	369,403	281,531	(87,872)	(31.2)	2,378,458	1,970,717	(407,741)	(20.7)	832,154
Supplies	530,426	474,570	(55,856)	(11.8)	3,392,322	3,321,990	(70,332)	(2.1)	1,310,138
Purchased services	202,952	194,833	(8,119)	(4.2)	1,365,804	1,363,831	(1,973)	(0.1)	459,146
Depreciation	226,002	209,150	(16,852)	(8.1)	1,508,115	1,464,050	(44,065)	(3.0)	370,096
Interest	111,095	45,836	(65,259)	(142.4)	765,938	320,852	(445,086)	(138.7)	96,812
Bad debts	131,405	168,022	36,617	21.8	904,384	1,176,154	271,771	23.1	459,178
Other	219,273	241,537	22,264	9.2	1,466,430	1,690,759	224,329	13.3	557,114
Total expenses	3,995,442	3,861,875	(133,567)	(3.5)	27,279,461	27,033,125	(246,336)	(0.9)	10,035,614
Operating income (loss)	420,370	138,871	281,499	(5.6)	1,690,587	972,097	718,490	13.6	886,998
Other income:									
District tax receipts	47,650	37,013	10,637	28.7	333,550	259,091	74,459	28.7	111,039
Interest	59,318	60,000	(682)	(1.1)	615,720	420,000	195,720	46.6	265,680
Other	40,215	8,333	31,882	382.6	249,038	58,331	190,707	326.9	18,839
Grants and Other Non-Restricted Contributions	-	3,333	(3,333)	(100.0)	9,105	23,331	(14,226)	(61.0)	10,000
Partnership Investment Income	-	-	-	-	-	-	-	-	-
Total other income, net	147,183	108,679	38,504	35	1,207,413	760,753	446,660	58.7	405,559
Non-Operating Expense									
Medical Office Expense	12,261	13,408	1,147	8.6	99,164	93,856	(5,308)	(5.7)	31,239
Urology Office	8,618	7,689	(929)	(12.1)	58,282	53,823	(4,459)	(8.3)	43,252
Pediatric Office	3,132	-	(3,132)	N/A	3,132	-	(3,132)	N/A	-
OB-GYN Office	1,459	-	(1,459)	N/A	1,459	-	(1,459)	N/A	-
Total Non-Operating Expense	25,469	21,097	(4,372)	(20.7)	162,037	147,679	(14,358)	(9.7)	74,491
Excess (deficiency) of revenues over expenses	542,084	226,453	315,631	139.4	2,735,963	1,585,171	1,150,792	72.6	1,218,066

NORTHERN INYO HOSPITAL
Statement of Operations--Statistics
As of January 31, 2009

	Month		Year		YTD Actual	YTD Budget	Variance	Year	Percentage
	Actual	Budget	Variance	Percentage					
Operating statistics:									
Beds	25.00	25.00	N/A	N/A	25.00	25.00	N/A	N/A	N/A
Patient days	359.00	265.00	94.00	1.35	2,091.00	1,855.00	236.00	1.13	1.13
Maximum days per bed capacity	775.00	750.00	N/A	N/A	5,375.00	5,250.00	N/A	N/A	N/A
Percentage of occupancy	46.32	35.33	10.99	1.31	38.90	35.33	3.57	1.10	1.10
Average daily census	11.58	8.83	2.75	1.31	9.73	8.83	0.89	1.10	1.10
Average length of stay	3.09	3.01	0.08	1.03	3.14	3.01	0.13	1.04	1.04
Discharges	116.00	88.00	28.00	1.32	666.00	616.00	50.00	1.08	1.08
Admissions	116.00	87.00	29.00	1.33	666.00	609.00	57.00	1.09	1.09
Gross profit-revenue depts.	4,996,918.14	4,321,007.00	675,911.14	1.16	31,427,965.74	30,247,049.00	1,180,916.74	1.04	1.04
Percent to gross patient service revenue:									
Deductions from patient service revenue and bad debts	43.03	43.22	(0.19)	1.00	42.37	43.22	(0.85)	0.98	0.98
Salaries and employee benefits	29.64	34.08	(4.44)	0.87	32.49	34.08	(1.59)	0.95	0.95
Occupancy expenses	5.30	4.38	0.92	1.21	5.33	4.38	0.95	1.22	1.22
General service departments	5.25	6.28	(1.03)	0.84	5.90	6.28	(0.38)	0.94	0.94
Fiscal services department	4.32	4.74	(0.42)	0.91	4.70	4.74	(0.04)	0.99	0.99
Administrative departments	4.17	5.37	(1.20)	0.78	4.90	5.37	(0.47)	0.91	0.91
Operating income (loss)	5.36	1.84	3.52	2.91	3.24	1.84	1.40	1.76	1.76
Excess (deficiency) of revenues over expenses	7.35	3.44	3.91	2.14	5.77	3.44	2.33	1.68	1.68
Payroll statistics:									
Average hourly rate (salaries and benefits)	40.29	43.24	(2.95)	0.93	40.82	43.24	(2.42)	0.94	0.94
Worked hours	48,190.02	47,276.00	914.02	1.02	330,381.29	330,932.00	(550.71)	1.00	1.00
Paid hours	54,225.30	51,895.00	2,330.30	1.04	377,434.87	363,265.00	14,169.87	1.04	1.04
Full time equivalents (worked)	273.81	273.27	0.54	1.00	269.92	273.27	(3.35)	0.99	0.99
Full time equivalents (paid)	308.10	299.97	8.13	1.03	308.36	299.97	8.39	1.03	1.03

NORTHERN INYO HOSPITAL

Statements of Changes in Net Assets

As of January 31, 2009

	<u>Month-to-date</u>	<u>Year-to-date</u>
Unrestricted net assets:		
Excess (deficiency) of revenues over expenses	542,084.01	2,735,962.96
Net Assets due/to transferred from unrestricted	-	12,178.75
Net assets released from restrictions used for operations	-	35,325.92
Net assets released from restrictions used for payment of long-term debt	(65,541.00)	(458,787.00)
Contributions and interest income	135.45	(10,186.65)
Increase in unrestricted net assets	<u>476,678.46</u>	<u>2,314,493.98</u>
Temporarily restricted net assets:		
District tax allocation	-	550,811.01
Net assets released from restrictions	-	(502,623.88)
Restricted contributions	100.00	100.00
Interest income	-	184.70
Net Assets for Long-Term Debt due from County	65,541.00	458,787.00
Increase (decrease) in temporarily restricted net assets	<u>65,641.00</u>	<u>507,258.83</u>
Increase (decrease) in net assets	542,319.46	2,821,752.81
Net assets, beginning of period	40,258,236.18	37,978,802.83
Net assets, end of period	<u><u>40,800,555.64</u></u>	<u><u>40,800,555.64</u></u>

NORTHERN INYO HOSPITAL

Statements of Cash Flows

As of January 31, 2009

	<u>Month-to-date</u>	<u>Year-to-date</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	542,319.46	2,821,752.81
Adjustments to reconcile excess of revenues over expenses to net cash provided by operating activities: (correcting debt payment)	-	-
Depreciation	226,002.31	1,508,114.77
Provision for bad debts	131,404.75	904,383.50
Loss (gain) on disposal of equipment	-	11,229.70
(Increase) decrease in:		
Patient and other receivables	(517,883.16)	(726,900.95)
Other current assets	76,379.39	(32,177.24)
Plant Expansion and Replacement Cash	(973.88)	1,939,382.42
Increase (decrease) in:		
Accounts payable and accrued expenses	908,396.46	1,054,943.86
Third-party payors	13,941.00	(623,902.00)
Net cash provided (used) by operating activities	<u>1,379,586.33</u>	<u>6,856,826.87</u>
Cash flows from investing activities:		
Purchase of property and equipment	(980,550.42)	(4,079,241.64)
Purchase of investments	(1,017,413.20)	(2,185,294.40)
Proceeds from disposal of equipment	-	(11,229.70)
Net cash provided (used) in investing activities	<u>(1,997,963.62)</u>	<u>(6,275,765.74)</u>
Cash flows from financing activities:		
Long-term debt	(58,783.45)	(408,202.77)
Issuance of revenue bonds	(47,438.91)	52,809.46
Unamortized bond costs	1,486.95	10,408.65
Increase (decrease) in donor-restricted funds, net	(235.45)	(38,285.18)
Net cash provided by (used in) financing activities	<u>(104,970.86)</u>	<u>(383,269.84)</u>
Increase (decrease) in cash and cash equivalents	(723,348.15)	197,791.29
Cash and cash equivalents, beginning of period	<u>3,355,354.99</u>	<u>2,434,215.55</u>
Cash and cash equivalents, end of period	<u>2,632,006.84</u>	<u>2,632,006.84</u>

Northern Inyo Hospital
Summary of Cash and Investment Balances
Calendar Year 2009

Time Deposit Month-End Balances

Operations Checking Account

Month	Operations Checking Account				Time Deposit Month-End Balances								
	Balance at Beginning of Month	Deposits	Disbursements	Balance at End of Month	Investment Operations Fund	Bond and Interest Fund (2)	Equipment Donations Fund	Childrens Fund	Scholarship Fund	Tobacco Settlement Fund	Total Revenue Bond Fund (1)	Project Revenue Bond Fund (1)	General Obligation Bond Fund
January	910,403	3,465,150	3,801,871	573,681	25,688,066	557,358	26,212	3,137	8,014	521,838	729,992	18,350	974
Prior Year													
February	1,092,175	3,784,341	3,845,492	1,031,024	21,348,607	533,220	25,185	3,034	5,854	433,239	773,502	18,193	3,693,002
March	1,031,024	8,396,549	9,206,848	220,726	22,761,607	533,397	25,192	3,035	5,855	433,438	817,192	18,221	2,905,472
April	220,726	5,565,892	5,070,387	716,230	21,993,157	533,397	25,192	3,035	5,855	532,756	904,546	18,258	2,706,314
May	716,230	4,861,035	4,171,128	1,406,138	22,583,401	505,947	25,192	3,035	20,855	532,894	934,534	18,258	2,318,199
June	1,406,138	3,979,790	4,241,108	1,144,820	24,112,234	506,089	25,199	3,036	10,960	533,038	782,802	18,278	1,941,042
July	1,144,820	3,591,736	4,304,179	432,378	25,157,206	473,714	25,799	3,036	10,960	533,181	826,431	18,297	1,896,555
August	432,378	3,928,525	4,052,898	308,005	24,668,222	539,232	25,799	3,036	10,960	533,315	870,108	18,316	1,802,362
September	308,005	6,941,975	5,021,257	2,228,723	23,464,535	539,363	25,805	3,037	8,963	533,463	913,829	18,335	488,249
October	2,228,723	3,669,458	5,409,330	488,851	24,438,919	72,065	25,805	3,037	8,963	521,427	957,490	18,349	490,613
November	488,851	3,294,047	3,600,921	181,977	24,595,851	89,165	25,805	3,037	8,963	521,554	1,000,949	18,350	491,657
December	181,977	4,947,737	4,219,311	910,403	24,670,653	557,358	26,222	3,037	8,014	521,703	682,553	18,350	882

Notes: (1) The difference between the Total and Project Revenue Bond Funds represents amounts held by the trustee to make payments on the District's behalf and about \$575,000 to cover the Bond Reserve Account Requirement with respect to the Series 1998 Bonds. The Project amount represents the balance available to spend on the building project; however, the district accumulates invoices and only requests reimbursement quarterly.

(2) The Bond and Interest Fund now contains the Debt Service amount from the County for both the original Bond and the 2005 Bond.

Investments as of 01/31/2009

ID	Purchase Date	Maturity Date	Institution	Certificate ID	Rate	Principal Invested
1	15-Jan-09	01-Feb-09	Local Agency Investment Fund	20-14-002 Walker	2.05%	309,197
2	15-Jan-09	01-Feb-09	Local Agency Investment Fund	20-14-002	2.05%	1,731,394
3	02-Jan-09	01-Feb-09	Prudential Instl Liquidity	1012-2406	1.38%	100,000
4	30-Jan-09	01-Feb-09	Union Bank-Money Market	2740028807	0.29%	11,775,067
5	04-Aug-08	17-Feb-09	Wachovia Corp Senior Note	929903AD4	5.00%	1,985,580
6	17-Jun-08	16-Mar-09	Fedl National Mtg Asso-Wachovia	31359MUQ4	3.13%	100,626
7	21-Sep-07	01-Apr-09	Citigroup Med Term Note	125581AJ7	3.38%	239,293
8	07-Aug-08	15-Jun-09	World Savings Bank Note	98153BAE4	5.17%	1,105,773
9	12-Jun-08	19-Jun-09	Federal Home Loan Bank-Wachovia	3133XFVF0	5.25%	102,703
Current Fiscal Year Totals						17,449,633
10	03-Jun-08	01-Jul-09	International Lease Finance Corp	459745FM2	4.75%	1,005,500
11	10-Oct-08	09-Oct-09	Amboy Bank	023305CF0	3.75%	250,000
12	15-Oct-08	15-Oct-09	Colonial Bank, N.A.	195554PG9	3.65%	250,000
13	15-Oct-08	15-Oct-09	Comerica Bank	200339CT4	3.65%	250,000
14	15-Oct-08	15-Oct-09	Morgan Stanley Bank	61747MPB1	3.65%	250,000
15	17-Oct-08	16-Oct-09	Bank of Michigan	06424TCW9	3.60%	250,000
16	17-Oct-08	16-Oct-09	Firstbank of Puerto Rico	337629B32	3.70%	250,000
17	17-Oct-08	16-Oct-09	GMAC Bank	36185AXP8	3.65%	250,000
18	16-Oct-08	16-Oct-09	Westernbank Puerto Rico	95989QKL0	3.75%	250,000
19	21-Sep-07	01-Nov-09	Citigroup Med Term Note	12560PCL3	6.88%	702,987
20	15-Jan-09	01-Nov-09	Federal Home Loan Bank-MBS	31282VBY0	4.50%	72,054
21	22-Feb-08	07-Dec-09	Bear Stearns Co Note	073902BR8	4.58%	933,927
22	12-Dec-08	12-Dec-09	1st Financial Bank USA (FNC CD)	5X42582	3.55%	249,000
23	12-Dec-08	12-Dec-09	Discover Bank (FNC CD)	5x42584	3.15%	250,000
24	12-Dec-08	12-Dec-09	M&T Bank N.A. (FNC CD)	5X42577	3.15%	250,000
25	12-Dec-08	12-Dec-09	Texas Community Bank (FNC CD)	5X42597	3.40%	250,000
26	18-Aug-08	15-Dec-09	World Savings Bank Note	9515GAA3	5.24%	492,950
27	30-Dec-04	30-Dec-09	Capital City Bank and Trust	9N01713	4.75%	99,000
28	05-Jan-09	05-Jan-10	Gulf Cost Community Bank IFNC CD)	5X42841	2.64%	99,000
29	11-Dec-08	15-Jan-10	Berkshire Hathaway Fin Corp GRD Sr Note	084664AR2	2.49%	203,510
30	11-Dec-08	22-Feb-10	Citigroup Inc	172967CU3	6.49%	97,308
31	25-Jul-08	01-Mar-10	Schwab Medium Term Note	80851QCX0	4.33%	528,440
32	11-Dec-08	15-Apr-10	Greater Bay Bancorp Sr Note	391648AT9	3.82%	101,688
33	22-Apr-05	22-Apr-10	Bank of Waukegan	065563AR9	4.75%	99,000
34	11-Dec-08	28-Apr-10	Toyota Motor Credit Corp Note	829233PV60	2.79%	200,164
35	24-Apr-08	15-May-10	American General Finance Corp Note	02635PSV6	4.47%	503,905
Fiscal Year End 2010						8,138,433
36	18-Dec-08	18-Dec-10	Worlds Foremost Bank (FNC CD)	5X42688	4.40%	100,000
Fiscal Year End 2011						100,000
Total Investments						25,688,066

Financial Indicators

	Target	Jan-09	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08
Current Ratio	>1.5-2.0	3.89	4.13	3.92	3.90	3.31	3.68	3.64	3.70	4.28	4.09	3.85	4.22
Quick Ratio	>1.33-1.5	3.50	3.69	3.47	3.44	2.89	3.22	3.18	3.31	3.85	3.64	3.40	3.44
Days Cash on Hand	>75	230.22	223.53	223.62	218.15	229.56	229.67	222.74	233.39	239.70	254.30	229.19	274.52
Debt Service Coverage	>1.5-2.0												

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending JUNE 30, 2008
As of January 31, 2009

MONTH	APPROVED	BY BOARD DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
FY 2006-07		NovaRad RIS (part of original NovaRad PACS System)	208,426 *
FY 2007-08		Seimens Patient Monitor SC 9000XL	7,799
		3-D FOR M.E.P.	45,000
		OMNICELL COLOR TOUCH	55,419 *
		Access II Immunoassay System (Approved 4-08 with Reagent Agreement)	64,724 *
		AMOUNT APPROVED BY THE BOARD IN PRIOR FISCAL YEARS TO BE EXPENDED IN THE CURRENT FISCAL YEAR	<u>381,368</u>
FY 2008-09		Beckman Coulter AcT10	9,600
		Modular Building Purchase-Quality Improvement	21,785 *
		Modular Building Purchase-Employee Health & Community Relations	31,114
		Laparoscopic Video Equipment-Surgery	238,418
		AMOUNT APPROVED BY THE BOARD IN THE CURRENT FISCAL YEAR TO BE EXPENDED IN THE CURRENT FISCAL YEAR	<u>300,917</u>
		Amount Approved by the Board in Prior Fiscal Years to be Expended in the Current Fiscal Year	381,368
		Amount Approved by the Board in the Current Fiscal Year to be Expended in the Current Fiscal Year	<u>300,917</u>
		Year-to-Date Board-Approved Amount to be Expended	331,931
		Year-to-Date Administrator-Approved Amount	425,340 *
		Actually Expended in Current Fiscal Year	<u>350,355 *</u>
		Year-to-Date Completed Building Project Expenditures	0 *
		TOTAL FUNDS APPROVED TO BE EXPENDED	1,107,626

Northern Inyo Hospital
 Monthly Report of Capital Expenditures
 Fiscal Year Ending JUNE 30, 2008
 As of January 31, 2009

MONTH APPROVED BY BOARD DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
Total-to-Date Spent on Incomplete Board Approved Expenditures	0
Reconciling Totals:	
Actually Capitalized in the Current Fiscal Year Total-to-Date	775,695
Plus: Lease Payments from a Previous Period	0
Less: Lease Payments Due in the Future	0
Less: Funds Expended in a Previous Period	0
Plus: Other Approved Expenditures	331,931
 ACTUAL FUNDS APPROVED IN THE CURRENT FISCAL YEAR TOTAL-TO-DATE	 1,107,626
Donations by Auxiliary	
	0
Donations by Hospice of the Owens Valley	0
+Tobacco Funds Used for Purchase	12,179
	0
	12,179

*Completed Purchase

(Note: The budgeted amount for capital expenditures for the fiscal year ending June 30, 2006, is \$3,600,000 coming from existing hospital funds.)

**Completed in prior fiscal year

**Northern Inyo Hospital
 Monthly Report of Capital Expenditures
 Fiscal Year Ending JUNE 30, 2008
 As of January 31, 2009**

MONTH APPROVED BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
Board Approved Construction and Remodel amounts to be Reimburse from Revenue Bonds:		
FY 1996-97	Central Plant and Emergency Power Generator	3,000,884 **
FY 1997-98	Administration/Office Building (Includes Furniture and Landscaping)	1,617,772 **
FY 2000-01	New Water Line Construction	89,962 **
FY 2001-02	Siemens ICU Patient Monitoring Equipment	170,245 **
	Central Plant and Emergency Power Generator OSHPD Fee	18464.5 **
FY 2003-04	Emergency Room Remodel (Included in New Building & Remodel)	0
FY 2004-05	Emergency Room Remodel (add to \$500,000) (In New Building & Remodel)	0
FY 2005-06	Hospital Building and Remodel see revisions below	39,500,000
FY 2005-06	Construction Cost Oerrun Approval	15,250,000
FY 2008-09	Phase II-Bid 1 (Bid Approvals-part of above original numbers)	17,580,971
Total-To-Date Board Approved Construction Amounts to be reimbursed from Revenue Bonds & General Obligation Bond		<u><u>59,647,328</u></u>
Total-To-Date Spent on Construction In Progress from Rev Bonds for Incomplete Projects (Includes Architect Fees for Future Phases)		

**Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending JUNE 30, 2008
As of January 31, 2009**

Administrator-Approved Item(s)	Department	Amount	Month Total	Grand Total
Wiring for Swing Trailer	OB-GYN OFFICE	9,182		
LYTEC MEDICAL 2009 CLIENT SERVER	PEDIATRIC CLINIC	5,157		
FOOD WASTE DISPOSAL	DIETARY	2,310		
Month Ending January 31, 2009			16,649	425,340

**Northern Inyo Hospital
PLANT EXPANSION AND REPLACEMENT BUILDING PROJECTS**

(Completed and Occupied or Installed)

Item		Amount	Grand Total
Turner Construction; Retainer Payment for Phase I	Support Building	436,352	
Turner Construction; Retainer Payment for Phase I	Radiology Building	419,240	
MONTH ENDING AUGUST 31, 2008			855,592

NORTHERN INYO HOSPITAL
STATISTICS

MONTHS	IP		SURGERIES		TOTAL		BIRTHS		ER		OP REFERRALS		ADMITTS (W/INB)		PT DAYS (W/O NB)		PT DAYS (W/INB)		DISCH (W/INB)	
	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09	07 / 08	09
2009	38 / 33 / 46	73 / 106 / 109	111 / 139 / 155	17 / 16 / 25	47 / 48 / 48	510 / 573 / 594	3331 / 3237 / 3241	111 / 107 / 141	299 / 329 / 359	350 / 364 / 406	106 / 96 / 142									
JANUARY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
FEBRUARY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
MARCH	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
APRIL	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
MAY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
JUNE	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
JULY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
AUGUST	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
SEPTEMBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
OCTOBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
NOVEMBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
DECEMBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /									
CALENDAR YEAR	38 / 33 / 46	73 / 106 / 109	111 / 139 / 155	17 / 16 / 25	47 / 48 / 48	510 / 573 / 594	3331 / 3237 / 3241	111 / 107 / 141	299 / 329 / 359	350 / 364 / 406	106 / 96 / 142									
MONTHLY AVERAGE	38 / 33 / 46	73 / 106 / 109	111 / 139 / 155	17 / 16 / 25	47 / 48 / 48	510 / 573 / 594	3,331 / 3,237 / 3,241	111 / 107 / 141	299 / 329 / 359	350 / 364 / 406	106 / 96 / 142									

NORTHERN INYO HOSPITAL
DEPARTMENTAL NON-EMERGENCY OUTPATIENT VISITS

1 MONTHS 2009	* DIAGNOSTIC RADIOLOGY		* MAMMOGRAPHY		* NUCLEAR MEDICINE		* ULTRASOUND		* CT SCANNING		* MRI		LABORATORY		EKG/ EEG		PHYSICAL THERAPY		RESPIRATORY THERAPY		RURAL HEALTH CLINIC		TOTALS		
	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	07 / 08 / 09	
JANUARY	308 / 544 / 606	198 / 193 / 434	36 / 71 / 96	166 / 205 / 206	112 / 170 / 165	86 / 89 / 470	1621 / 1809 / 1635	139 / 103 / 120	335 / 335 / 363	19 / 10 / 10	941 / 1057 / 1457	3961 / 4586 / 5562													
FEBRUARY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
MARCH	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
APRIL	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
MAY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
JUNE	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
JULY	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
AUGUST	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
SEPTEMBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
OCTOBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
NOVEMBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
DECEMBER	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
CALENDAR YEAR	308 / 544 / 606	198 / 193 / 434	36 / 71 / 96	166 / 205 / 206	112 / 170 / 165	86 / 89 / 470	1621 / 1809 / 1635	139 / 103 / 120	335 / 335 / 363	19 / 10 / 10	941 / 1057 / 1457	3961 / 4586 / 5562													
MONTHLY AVERAGES	308 / 544 / 606	198 / 193 / 434	36 / 71 / 96	166 / 205 / 206	112 / 170 / 165	86 / 89 / 470	1621 / 1809 / 1635	139 / 103 / 120	335 / 335 / 363	19 / 10 / 10	941 / 1057 / 1457	3961 / 4586 / 5562													

*Radiology has changed their methodology for capturing statistics and feel these are more accurate. They are much higher than previously reported.

THIS SHEET

INTENTIONALLY

LEFT BLANK

COUNTY OF INYO

ENVIRONMENTAL HEALTH SERVICES
 P. O. Box 427
 INDEPENDENCE, CALIFORNIA 93526
 (760) 878-0238
 (760) 873-7866



Date: 3-4-9

Time: 9:45

Reinspection _____

Food Facility Inspection Report

Facility: <u>NORTHERN INYO HOSPITAL</u>	Address: <u>BISOP</u>
Food Safety Certificate: Name: <u>GLENN FOREHAND</u>	Exp. Date: <u>12/11</u>
In= In Compliance N/O= Not observed [X]= items not in compliance cos= corrected on site maj= major	

		cos	maj	out		out
<input checked="" type="checkbox"/> N/O	1 Demonstration of knowledge				24 Person in charge present and performs duties	
<input checked="" type="checkbox"/>	2 Communicable disease restriction				25 Personal cleanliness and hair restraint	
<input checked="" type="checkbox"/> N/O	3 Discharge of eyes, nose, mouth				26 Approved thawing methods	
<input checked="" type="checkbox"/> N/O	4 Eating, tasting, drinking, tobacco				27 Food separated and protected	
<input checked="" type="checkbox"/> N/O	5 Hands properly washed, glove use				28 Washing fruits and vegetables	
<input checked="" type="checkbox"/>	6 Handwashing facilities available				29 Toxic substances properly identified and stored	
<input checked="" type="checkbox"/> N/A N/O	7 Proper hot and cold holding				30 Food storage 31 self service 32 labeled	
<input checked="" type="checkbox"/> N/A N/O	8 Time as control, records				33 Nonfood contact surfaces clean	
<input checked="" type="checkbox"/> N/A N/O	9 Proper cooling				34 Warewashing facilities maintained, test strips	
<input checked="" type="checkbox"/> N/A N/O	10 Cook time, temp				35 Equipment, utensils, approved, clean good repair	
<input checked="" type="checkbox"/> N/A N/O	11 Reheating temperature				36 Equipment, utensils and linens, storage and use	
<input checked="" type="checkbox"/> N/A N/O	12 Returned and reservice of food				37 Vending Machines	
<input checked="" type="checkbox"/>	13 Food in good condition, safe				38 Adequate ventilation and lighting	
<input checked="" type="checkbox"/> N/A N/O	14 Food contact surfaces clean, sanitized				39 Thermometers provided and adequate	
<input checked="" type="checkbox"/>	15 Food from approved source				40 Wiping cloths properly used and stored	
<input checked="" type="checkbox"/> N/A N/O	16 Shell stock tags 17 Gulf Oyster regs				41 Plumbing, proper backflow prevention	
<input checked="" type="checkbox"/> N/A N/O	18 Compliance with HACCP plan				42 Garbage properly disposed, facilities maintained	
<input checked="" type="checkbox"/> N/A N/O	19 Advisory for raw/undercooked food				43 Toilet facilities supplied, clean	
<input checked="" type="checkbox"/> N/A	20 Health care/ School prohibited food				44 Premises clean, vermin proof	
<input checked="" type="checkbox"/>	21 Hot & cold water. Hot Temp: <u>127</u> °F				45 Floors, walls and ceilings maintained and clean	
<input checked="" type="checkbox"/>	22 Wastewater properly disposed				46 No unapproved living or sleeping quarters	
<input checked="" type="checkbox"/>	23 No rodents, insects, birds, animals				47 Signs posted; Last inspection report available	

No PHF []

Temp	Food	Location	Temp	Food	Location	Temp	Food	Location
<u>34</u>		<u>1</u>	<u>34-40</u>		<u>7-9</u>			
<u>37</u>		<u>3</u>	<u>40</u>		<u>WALK-IN</u>			
<u>37</u>		<u>4</u>						

Comments:

ALL SAFE & SANITARY; CLEAN, WELL MAINTAINED.

Received By: Glenn Sabab

REHS: ANDREW KIRK

THIS SHEET

INTENTIONALLY

LEFT BLANK

NORTHERN INYO HOSPITAL POLICY AND PROCEDURE

Title: HOSPITAL CELL PHONE USE	
Scope: Hospital Wide	Department:
Source: Compliance	Effective Date:

PURPOSE:

To ensure that hospital cell phones are used in accordance with IRS rules and to provide a communication system that minimizes overhead pages, enhances communication with critical job titles for the benefit of patient care.

POLICY:

1. Hospital cell phones will be issued to hospital personnel with the approval of department managers only. Each such cell phone will remain with the specific person to whom it is assigned.
2. Hospital cell phones may also be assigned to specific jobs. Such cell phones will remain in the department for transfer to personnel performing the specific job to which the cell phone is assigned.
3. Hospital cell phones are hospital property:
 - a. Cell phones are subject to recall by the hospital at anytime without notice and for any reason.
 - b. The use of the cell phone may be revoked at any time without notice and for any reason
 - c. As with all other use of hospital property, calls and call history may be monitored or recorded by management or other hospital personnel. There should be no expectation of privacy with the hospital cell phone.
4. Hospital issued cell phones may only be used for calling and receiving calls for hospital business. Personal calls may not be made or received on hospital issued cell phones.
5. Hospital issued cell phones may not be used while driving.
6. Department managers are responsible for monitoring cell phone use by examining and signing cell phone bills.
7. Use of cell phones outside of this policy will result in disciplinary action up to and including termination.

Approval	Date
Administration	
Board of Directors	

THIS SHEET

INTENTIONALLY

LEFT BLANK



Verizon Wireless has a great pricing estimate for Nothorn Inyo Hospital

Dear Nothorn Inyo Hospital,

We are pleased to offer your company an estimate for additional Verizon Wireless products and services. We want to make sure that you're aware of all that is available to you. These benefits include:

- Flexible Calling Plans designed to meet business needs.
- Dedicated customer service experts with business experience.
- Easy, 24/7 online account management with My Business Account.
- Discounts that increase as your business grows.
- Responsive, expert technical support.
- Calling plans that include unlimited Mobile to Mobile Calling with other Verizon Wireless customers.
- America's Largest Mobile to Mobile calling family. Now over 80 million strong.

You can view the benefits available for your company by accessing your My Business Account. Just log in to My Business Account at verizonwireless.com/mybusinessaccount to view account history and check which lines may be eligible for free upgrades.

Thank you for the opportunity to work with your company. The details of your estimate are outlined on the following page.

Deborah Harris
deborah.harris@verizonwireless.com
Mobile # (661)747-1964
Office # (661)747-1964
Fax # (661)328-9955



Verizon Wireless has a great pricing estimate for Nothern Inyo Hospital

Here's a summary of your estimate:

One-Time Charges (Equipment, Accessories & Credits)*	\$0.00
Monthly Recurring Charges (Voice/Data Plans & Addl. Services)	\$2,165.30
Total Lines	70
Total Shared Minutes	14000

The following pages contain a detailed breakdown of your Verizon Wireless discounts on the products and services summarized above. This estimate is based upon your company executing a Major Account Agreement.

If you have any questions regarding this estimate, or if you would like additional information about Verizon Wireless solutions, please feel free to contact me.

I look forward to working with you to fulfill your wireless communication needs.

Sincerely,

Deborah Harris
deborah.harris@verizonwireless.com
Mobile # (661)747-1964
Office # (661)747-1964
Fax # (661)328-9955

*Equipment price estimates may be based on individual line term agreements of 12 or 24 months, see the equipment summary page for more information. Our Surcharges (incl. Fed. Univ. Svc. of 11.4% of interstate & int'l telecom charges (varies quarterly), 7c Regulatory & 85c Administrative/line/mo., & others by area) are not taxes (details: 1-888-684-1888); gov't taxes & our surcharges could add 5% - 36% to your bill. Equipment and Accessory pricing is subject to applicable state and local sales tax. Subject to the State of California Wireless Services Agreement calling plan terms and conditions. Available only on the State of California or local government responsible lines. In CA, equipment is taxed on the pre-discounted retail price. Activation fee/line: up to \$35. Up to \$175 early termination fee. Offers & coverage, varying by service, not available everywhere. \$0.85 per mobile number (excluding BroadbandAccess and NationalAccess plans) and \$0.06 per mobile number for BroadbandAccess and NationalAccess plan may apply. Network details & coverage maps at vzw.com.
© 2009 Verizon Wireless.

IMPORTANT CONSUMER INFORMATION: Prices referenced in this document are for estimating purposes only. Actual prices will be based on current equipment, calling plan and feature charges available at the time of purchase and are subject to change without notice. Pricing and discounts described herein are available to business customers signing a Major Account Agreement and maintaining a minimum of 5 lines, on calling plans with a minimum monthly access fee of \$34.99, under the business name. Equipment is subject to availability. All services are subject to the Major Account Agreement and calling plan and features selected for each line of service - your sales rep can provide you with a calling plan brochure. RESELLING OF VERIZON WIRELESS SERVICES IS PROHIBITED. No changes can be made to this document.



Verizon Wireless Service Estimate

Nothern Inyo Hospital

Department: 1

MONTHLY RECURRING CHARGES:

Service Plans Eligible for 22% Corporate Discount

Plan	Shared Minutes	Overage Rate(min)	Data Allowance	Retail Monthly Access	Discounted Monthly Access	Number of Lines	Total Price
Nationwide for Business Basic Plan with Share Option	200	\$0.25	-	\$34.99	\$27.29	70	\$1,910.30
Total Voice & Data Service Plans							\$1,910.30
Monthly Access Fees							

Other Services & Features

Feature (Added to a qualifying calling plan)	Access	Number of Lines	Total Price
Push to Talk Feature	\$5.00	51	\$255.00
Total Data Features			\$255.00

Total Monthly Charges	\$2,165.30
------------------------------	-------------------



Verizon Wireless Service Estimate

Nothern Inyo Hospital

Department: 1

ONE TIME CHARGES:

Equipment

Product	Retail Price	Discounted Price per Device	Additional Discount	Number of Lines	Price
VZW Boulder	\$399.99	\$49.99	\$49.99	51	FREE*
Motorola V750	\$299.99	\$49.99	\$49.99	19	FREE*
Total Equipment Charges					\$0.00

* Price shown after additional discount(s)

New 2-year line term required

Total One Time Charges	\$0.00
-------------------------------	---------------

Equipment and Accessory purchases are subject to applicable sales tax

**THIS SHEET
INTENTIONALLY
LEFT BLANK**

**BOARD OF DIRECTORS
NORTHERN INYO LOCAL HOSPITAL DISTRICT
COUNTY OF INYO, STATE OF CALIFORNIA**

RESOLUTION NO. 09-03

**RESOLUTION AMENDING RESOLUTION NO. 08-03, ADOPTED ON
SEPTEMBER 17, 2008, AUTHORIZING THE ISSUANCE AND SALE OF ITS
GENERAL OBLIGATION BONDS, ELECTION OF 2005, SERIES 2008, IN
THE AGGREGATE PRINCIPAL AMOUNT OF NOT TO EXCEED
\$14,465,000, AND APPROVING THE FORM OF AN UPDATED
PRELIMINARY OFFICIAL STATEMENT**

RESOLVED, by the Board of Directors (the "Board of Directors") of the Northern Inyo Local Hospital District (the "District"), as follows:

WHEREAS, a duly called special municipal election was held in the District on June 7, 2005, and thereafter canvassed pursuant to law;

WHEREAS, at such election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for the purpose of raising money for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District (the "Project"), in the maximum aggregate principal amount of \$29,500,000 payable from the levy of an unlimited *ad valorem* tax against all taxable property in the District (the "2005 Authorization");

WHEREAS, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

WHEREAS, pursuant to the 2005 Authorization, the District has previously issued an initial series of bonds, in the aggregate principal amount of \$15,035,000, identified as the "Northern Inyo County Local Hospital District Election of 2005, Series 2005 General Obligation Bonds," for the purpose of raising funds needed for the Project and other authorized costs;

WHEREAS, the District wishes to institute proceedings for the issuance and sale of a second series of bonds for the purpose of raising funds needed for the Project and other authorized costs;

WHEREAS, the Board of Directors has previously adopted its Resolution No. 08-03, on September 17, 2008 (the "Original Resolution"), authorizing the issuance and sale of up to \$14,465,000 principal amount of bonds under the 2005 Authorization;

WHEREAS, because of the instability of the credit markets, the originally designated underwriter for such second series of bonds has determined not to purchase the bonds and it is necessary to amend the Original Resolution provisions relating to the underwriter and to make certain other conforming changes; and

WHEREAS, an updated preliminary official statement relating to the Bonds has been prepared and presented to the Board of Directors;

NOW, THEREFORE, it is hereby ORDERED and DETERMINED, as follows:

Section 1. Amendment of the Original Resolution.

(a) All references to "Series 2008" are hereby changed to "Series 2009."

(b) The definition of "Underwriter" set forth in Section 1.01 of the Original Resolution is hereby amended in full as follows:

"Underwriter" means an underwriter or underwriters identified by the District's financial advisor and approved by a District Representative, or the designee thereof.

All references to "Banc of America Securities LLC" in the Original Resolution, including any exhibits or appendices thereto, shall be deleted.

(c) Except as amended by this Resolution, the Original Resolution shall remain in full force and effect.

Section 2. Official Statement. The Board of Directors hereby approves an updated preliminary official statement describing the Bonds (the "Preliminary Official Statement"), in substantially the form on file with the Secretary, together with any changes therein or additions thereto deemed advisable by the President, the Vice President, the Chief Executive Officer, the Chief Financial Officer (each, a "District Representative"), or any designee thereof. The Board of Directors authorizes and directs a District Representative or any designee thereof, on behalf of the District, to deem "final" pursuant to Rule 15c2-12 under the Securities Exchange Act of 1934 (the "Rule") the Preliminary Official Statement prior to its distribution by the financial advisor.

A District Representative or any designee thereof is authorized and directed to cause the Preliminary Official Statement to be brought into the form of a final official statement (the "Final Official Statement") and to execute the Final Official Statement, dated as of the date of the sale of the Bonds, and a statement that the facts contained in the Final Official Statement, and any supplement or amendment thereto (which shall be deemed an original part thereof for the purpose of such statement) were, at the time of sale of the Bonds, true and correct in all material respects and that the Final Official Statement did not, on the date of sale of the Bonds, and does not, as of the date of delivery of the Bonds, contain any untrue statement of a material fact with respect to the District or omit to state material facts with respect to the District required to be stated where necessary to make any statement made therein not misleading in the light of the circumstances under which it was made. A District Representative or any designee thereof shall take such further actions prior to the signing of the Final Official

Statement as are deemed necessary or appropriate to verify the accuracy thereof. The execution of the final Official Statement, which shall include such changes and additions thereto deemed advisable by a District Representative or any designee thereof and such information permitted to be excluded from the Preliminary Official Statement pursuant to the Rule, shall be conclusive evidence of the approval of the Final Official Statement by the District.

The Final Official Statement, when prepared, is approved for distribution in connection with the offering and sale of the Bonds.

Section 3. General Authority. The President, the Vice President, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps which they or any of them might deem necessary or appropriate in order to give effect to this Resolution.

Section 4. Effective Date. This resolution shall take effect immediately on and after its adoption.

THE FOREGOING RESOLUTION is approved and adopted by the Board of Directors of the Northern Inyo Local Hospital District this 17th day of March, 2009.

President of the Board of Directors

ATTEST:

Secretary of the Board of Directors

THIS SHEET

INTENTIONALLY

LEFT BLANK

TO: Northern Inyo Hospital Board of Directors
FROM: Barbara Stuhaan RN, Surgery Nurse Manager
RE: Mizuhosi Fracture Table
AMO Phaco Machine

Dear Members of the Board;

I am requesting the approval of a new fracture table for orthopedic procedures. Our current fracture table was purchased in 1992, is 17 years old and the company no longer supports parts for it. Technology has advanced since then and our table no longer fits the needs of the orthopedic surgeons.

The fracture table has been on our budget for the last few years as a number one priority.

The other piece of equipment that I am asking approval for is an updated Phaco machine for removal of Cataracts. Our current phaco machine is approximately seven years old and technology has advanced since then and the new phaco has many advantages over our current system. This item was not on our capital budget, but due to the advances in technology I feel this is a necessary purchase.

Attached you will find the manufacturer quotes for the above equipment.

This equipment is portable and will continue to be used when we move to the new hospital.

I realize the state of the economy and our commitment to the new hospital building, and would not ask for this equipment if I did not feel it was a need of high importance.

Thank you for your consideration of this very important issue.

QUOTATION

Attention: **Barbara Stuhaan**
OR Director

Phone: **760.873.5811**

Fax:

Customer: **Northern Inyo Hospital**
150 Pioneer Lane
Bishop, CA 93514

barbara.stuhaan@nih.org

Estimated Ship Date: **60 days ARO**

F.O.B.: **Factory**

Freight : **Included**

Terms: **Net 30 days**

QTY		PRODUCT DESCRIPTION	UNIT COST	EXTENSION
	OITS	Orthopedic and Imaging Table System		117,329.00
		<i>Consisting of the following components:</i>		
1	5803	Advanced Control Retractable Base for the Mizuho OSI Modular Table System		
1	5927	Radiolucent Imaging Top - 500 lb Capacity with Mizuho OSI TempurMed® Table Pad		
1	5855	Orthopedic Trauma Top - 500 lb. capacity with Mizuho OSI TempurMed® Table Pad, Traction Arc, Arc Cart and Roller-Blade-Style Traction Boots (S & L)		
2	5356	Pivoting Arm Board with Mizuho OSI TempurMed® Pad		
1	5857	Cross Arm Support with Mizuho OSI TempurMed® Pad		
1	5393	Clark Socket		
1	5859	Orthopedic Equipment Cart		
1	5855-862	Traction Boots w/Swivel Plates, 1pr X Large		
2	10706	Univ. Traction Boot Liner, OrangeAID Gel		
2	10704	Univ. Perineal Post Pad, OrangeAID Gel		
1	5858	Orthopedic Patient Isolation Drapes - 12/cs		
1	5864	Modular Table System Equipment Cart		
4	5840-361	"T" Pin (Frame Locking Pin)		
2	5840-369	"H" Frame (Support Section)		
3	5855-830	Side Rail Adapter for Orthopedic and Imaging Top		
1	10203	OrangeAID™ Gel Closed Head Ring - Adult		
1	10920	OrangeAID™ Gel, Pt Safety Strap Pad		
		INCLUDED WITH THIS SYSTEM:		
		> Shipping		
		> Uncrating & Installation		
		> One Day Staff Inservice		
		> Owners Manuals (2)		
		> Two Year Parts and Labor Warranty		
ANY APPLICABLE SALES TAXES ARE NOT INCLUDED IN THIS PRICING				

All Orders are subject to acceptance by Mizuho OSI.

MIZUHOSI
 30031 Ahern Avenue
 Union City, CA 94587

Quotation Number: **544-3409**

Quotation Date: **3/4/2009**

QUOTATION

Attention: **Barbara Stuhaan**
OR Director

Phone: **760.873.5811**

Fax:

Customer: **Northern Inyo Hospital**
150 Pioneer Lane
Bishop, CA 93514

barbara.stuhaan@nih.org

Estimated Ship Date: **60 days ARO**

F.O.B.: **Factory**

Freight: **Included**

Terms: **Net 30 days**

QTY	PRODUCT DESCRIPTION	UNIT COST	EXTENSION
THIS PRICING EXPIRES APRIL 30, 2009			
		TOTAL	\$117,329.00

FOR FURTHER INFORMATION, PLEASE CONTACT:
 Todd Stonestreet 925.719.3196 Mobile
tstonestreet@mizuhosi.com 925.468.0535 Fax
 Mizuho OSI West Region/ 544

THIS SHEET

INTENTIONALLY

LEFT BLANK

March 3, 2009

Barbara Stuhaan
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 95314

Dear Barbara,

I wanted to take an opportunity to provide a brief update on one of the latest technologies offered in the AMO® cataract equipment portfolio, the WHITESTAR Signature® phacoemulsification system. I am very interested in this technology and will give you a brief overview on the differences and improvements with this new machine.

- Exclusive Ellips™ Transversal Ultrasound: This results in lower energy and better followability.
- Revolutionary Fusion™ Fluidics: Reaction time of 20 milliseconds is 23% faster than previous platform, increasing chamber stability and cutting efficiency.
- Distinctive Dual Pump Technology: The first and only system to combine peristaltic and venture modes, gives me the flexibility to switch pumps during the procedure, which will result in decreased procedure times and increased safety.

These are just a few of the improvements made to the Phacoemulsification system that will improve surgical outcomes and increase efficiency. As you know we had a trial with this unit. The phaco times averaged about half what the averages were for the next 2 surgery days using our present phaco machine. During the past almost 14 years doing cataract surgery at NIH, I have had approximately 8 corneal failures out of approximately 3,000 cataract surgeries. I believe that this new technology will cut this rate at least in half as well as making patient visual recovery quicker.

As I understand it, the current unit will cost approximately \$25,000 over the next two years for warranty, hand pieces, and upgrade. I believe that putting the money into a new unit will be a better investment. The AMO reps indicate that this unit will be the unit up which all future upgrades are made for the next approximately 10 years. The warranty is 2 years and will require renewing at \$5,500/year after that. And some software upgrades have to be anticipated. However, this unit will most likely be used on about 250 cataracts/year for the next 10 years.

Thank you for your consideration,



Thomas Reid, MD



AMO USA, Inc.
 1700 East St. Andrew Place.
 Post Office Box 25162
 Santa Ana, CA 92799-5162
 (800) 449-3060, ext 2
 Fax: (866) 872-5635

WhiteStar Signature™
 Ophthalmic Equipment
 Proposal Contract

Account Information

Account #108869 Northern Inyo Hospital
 150 Pioneer Lane
 Bishop, CA 93514

Ship-To Acct Number 10886 Ship-To Northern Inyo Hospital
 150 Pioneer Lane
 Bishop, CA 93514

Contact Information

Name: Barbara Stuhaan
 Telephone/Fax/Email: 760-873-5811/fax 760-873-2617

Transaction Date

Month: March
 Day: 1
 Year: 2009

Quote is valid for 30 days from above date

Sales Representatives

Territory Manager: Jaylin Chon
 Area Director: Mike Shears
 Phaco Specialist: Wayne Spencer
 Phaco Service Rep: Tom Knudtson

Terms

Shipping: F.O.B. Irvine, CA
 Delivery: 45 days

We are pleased to submit our proposal to furnish the following equipment according to the specifications listed below



Catalog Number	Description of product	Quantity	Unit Price	AMOUNT
NGP680300	AMO WhiteStar Signature™ w/Fusion Fluidics Console/Cart & System to include:	1	\$105,000	\$105,000.00
NGP680701	Standard Footpedal	1	NC	
NGP680135	Wireless Remote Control	1	NC	
690858	Ellipse Phaco Handpiece	3	NC	
OM2508011	Sterilization Tray, 1 ¼ for Phaco HP	2	NC	
OPOMTWL	Laminar Flow Tip Wrench	2	NC	
K147000	Diathermy Pencil, 18G, reusable	2	NC	
K106075	Bipolar Cord, pencil	2	NC	
OM05510113	PhacoFit Multi-tip I/A Set	2	NC	
NGP680006	Operator's Manual, English	1	NC	
NGP680310	Whitestar 1C upgrade	1	NC	

Optional Accessories and Additional Charges

Catalog Number	Description of product	Quantity	Unit Price	AMOUNT

An acceptance of this proposal shall constitute a contract with AMO USA, Inc. (hereinafter "AMO USA") in accordance with the Terms and Conditions attached hereto.

Comments:
 Signature P2 Upgrade included at N/C- \$15,000 value.
 To include: ~Wireless, dual linear-capable foot pedal
 ~Phase 2 Software upgrade which will have:
 o Dual pump functionality software

Total Contract Price	\$105,000
Total Price With Options	\$105,000
Sales Tax	
Total Amount	\$105,000
Discount	(\$30,000)
Less Trade In	\$0
Balance Due:	\$75,000

90 day Terms on Equipment

Accepted by Authorized AMO USA Agent:

Accepted by Purchaser/Lessee:

Title: _____
 Date: _____

Authorized Purchaser _____
 Date: _____

END