

# July 19 2017 Regular Meeting

## July 19 2017 Regular Meeting - July 19 2017 Regular Meeting

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# **AGENDA**

## **NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS REGULAR MEETING**

**July 19, 2017 at 5:30 p.m.**

***In the Northern Inyo Hospital Board Room at 2957 Birch Street, Bishop, CA***

1. Call to Order (at 5:30 pm).
2. At this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board (*Members of the audience will have an opportunity to address the Board on every item on the agenda. Speakers are limited to a maximum of three minutes each.*).
3. Old Business
  - None
4. New Business
  - A. Hospital wide Policy and Procedure, *Worker Housing Policy (action item)*.
  - B. Hospital wide Policy and Procedure, *Purchasing and Signature Authority (action item)*.
  - C. Hospital wide Policy and Procedure annual approvals, Attachment A to Agenda (*action item*).
  - D. Approval of appointment of NIHD Foundation Board member Patricia Barton (*action item*).
  - E. Supplemental Information Technology budget (*action item*).
  - F. Non-Corporate Banking Resolutions, Financial Northeastern Corporation and Multi-Bank Securities, Inc. (*action items*).

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### ***Consent Agenda (action items)***

5. Approval of minutes of the June 21, 2017 regular meeting
  6. Approval of minutes of the June 29, 2017 special meeting
  7. 2013 CMS Validation Survey Monitoring, July 2017
  8. Financial and Statistical Reports for the period ending May 31, 2017
- 
9. Patient Experience Committee report (*information item*).
    - A. Removal of Patient Portal improvements from current year Strategic Plan (*action item*).
  10. Workforce Experience Committee report (*information item*).

11. Chief of Staff Report; Richard Meredick, MD:
  - A. Policies/Procedures/Protocols/Order Set approvals (*action items*):
    - *High Alert Medications: Preparation, Dispensing, Storage*
    - *Establishing a New Privilege or New Service (with worksheet)*
    - *Endovaginal Ultrasound Probe Storage, Transportation, and Disinfection*
    - *Glutaraldehyde Use Station GUS – STATION HIGH-LEVEL DISINFECTION DEVICE*
  - B. NIHD Medical Staff Officers and Service Chiefs for Medical Staff Year 2017-2018 (*action item*).
  - C. Allied Health Profession (AHP) Privileging (*action item*)
    - Jennifer Figueroa, PA-C (Rural Health Clinic)
12. Reports from Board members (*information items*).
13. Adjournment to closed session to/for:
  - A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*Section 32155 of the Health and Safety Code, and Section 54962 of the Government Code*).
  - B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation, 4 matters pending (*pursuant to Government Code Section 54956.9*).
  - C. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
  - D. Discussion of a personnel matter (*pursuant to Government Code Section 54957*).
14. Return to open session and report of any action taken in closed session.
15. Adjournment.

*In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact administration at (760) 873-2838 at least 48 hours prior to the meeting.*

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Worker Housing Policy	
Scope:	Manual:
Source:	Effective Date: _____, 2017

**PURPOSE:** To specify the circumstances and conditions on which the District will provide housing to employees and other workers.

**POLICY:** In light of the extremely limited supply of suitable housing in the vicinity of the District’s health care facilities and the substantial difficulties of finding suitable housing faced by employees and other workers who need to relocate in connection with commencing work for the District, it shall be the policy of the District to acquire and maintain an inventory of suitable housing in the vicinity of the District’s health facilities and to make such housing available to employees and other workers in appropriate circumstances, all in accordance with the following procedures.

**PROCEDURE:**

1. Based on the recommendations of the District CEO and management, the District Board of Directors shall periodically review and, where warranted, approve the District’s acquisition and maintenance of an inventory of suitable housing, specified by type, size, location and whether rented or owned, taking into account the reasonable needs of District employees and other workers, the general availability of suitable housing, the cost of such housing and the financial resources of the District available for such purposes. District management shall use commercially reasonable efforts to obtain and maintain an inventory of housing consistent with the Board’s approvals from time-to-time.

2. The District CEO, in reviewing and approving proposed compensation packages for District employees and other workers, shall have authority to include, in his or her reasonable discretion, the provision of housing as an element of compensation, consistent with the District’s available housing inventory, the reasonable needs of the employee or other worker, and the District’s other needs for housing.

3. If on or after the Effective Date of this Policy the District CEO approves the inclusion of housing as an element of an employee or other worker’s compensation, the terms and conditions of the approved housing shall be specified in writing to the employee or other worker, including the type and size of housing, its location, the expected duration, and, except in connection with temporary work assignments having an expected duration of less than one year (or the housing is otherwise reasonably expected to be excluded from gross income for income tax purposes), the fair rental value of the housing and any included utilities, together with a statement that such value shall be included as an element of taxable compensation, which, among other consequences, shall be taken into account for purposes of withholding and reporting to the Internal Revenue Service and other appropriate tax authorities on Form W-2 and/or Form 1099. Where other terms and conditions of employment or other work relationship are specified in

writing, the terms and conditions of any and all housing benefits shall be included in the same writing.

4. In cases in which the District is already providing housing to an employee or other worker as of the Effective Date of this Policy, District management shall, except in connection with temporary work assignments having an expected duration of less than one year (or the housing is otherwise reasonably expected to be excluded from gross income for income tax purposes), provide a notice to each such employee or other worker stating the fair rental value of the housing and any included utilities and that the District shall commence to include such fair rental value in the recipient employee or other worker's taxable income, which, among other consequences, shall be taken into account for purposes of withholding and reporting to the Internal Revenue Service and other appropriate tax authorities on Form W-2 and/or Form 1099, from and after thirty (30) days after the date of such notice.

5. Except in unusual circumstances, in the case of housing leased by the District, the fair rental value shall be deemed to be the amount paid by the District for the housing. In the case of housing owned by the District, District management shall, from time-to-time, establish fair rental value with the assistance of knowledgeable real estate agents, appraisers or other professionals.

**REFERENCES:**

**CROSS REFERENCE P&P**

<b>Approvals</b>	<b>Date</b>
Board of Directors	

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Purchasing and Signature Authority	
Scope: Hospital Wide	Department: <del>Fiscal Services</del> Administration
Source: <del>Chief of Fiscal Services</del> Chief Executive Officer	Effective Date: <del>March 16, 2016</del> July 19, 2017

**PURPOSE:** To control the commitment of Healthcare District Funds, including purchasing and contracting activities. Goods and services purchased with district funds must be necessary and relevant to the districts business and the advancement of its mission. District funds are received mainly from healthcare district services to patients but also include local district taxing authority revenues and carry with them fiduciary responsibilities. Proper stewardship of district funds is the responsibility of all employees involved in procurement transactions.

**POLICY:**

1. Purchase Levels will be established in in a tiered manager of low-mid-and high-value purchasing authority. All purchases including purchases orders and check requests will follow these guidelines as outlined in the procedure below. There will be no exceptions except for emergency purchases as outlines in the Emergency Purchases Policy.
2. Only those employees given explicit written authority by the NIHD Board of Directors, currently the Chief Executive Officer or designee may execute the procurement agreements. (Procurement agreements are written contracts that bind the district and a supplier to a purchasing obligation.) Such written authority includes terms and conditions, typically including a review by the Chief Compliance Officer and all such terms and conditions must be followed.

**PROCEDURE:**

1. Purchase Levels will be established in the following manner.
  1. Up to ~~\$500~~1,000 may be with the signature of all Management of Northern Inyo Healthcare District
  2. Requisitions or Purchase requests above ~~\$500~~1,000 and up to ~~\$1,500~~2,500 require the signature of a Director Level member of the Northern Inyo Healthcare District Management team.
  3. Requisitions or Purchase requests above ~~\$1,500~~2,500 and up to ~~\$2,500~~5,000 require the signature of an Executive level member of the Northern Inyo Healthcare District team.
  4. Over ~~\$2,500~~5,000 and up to ~~\$25,000~~40,000 require the signature of the Chief Executive Officer or in his absence the Administrator on-call for emergency purchases.
  5. All Requisitions or Purchase requests above ~~\$25,000~~40,000 require the approval of the NIHD Board of Directors with the exception of Capital Approved purchases that were part of the NIHD Board Budget approval process. See Capitalization of Asset policy for specific information on capital purchase limits.
  6. All checks for payments based on any paid invoices are subject the Check Signing Policy regardless of purchase approval level.
2. Reporting Violations-For complaints or concerns regarding compliance with the above, please contact the ~~Chief of Fiscal Services~~Chief Finance Officer or the ~~Chief~~Compliance Officer.

**REFERENCES:**

1. N/A

**CROSS REFERENCE P&P:**

1. Capitalization of Asset Policy

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Purchasing and Signature Authority	
Scope: Hospital Wide	Department: <del>Fiscal Services</del> Administration
Source: <del>Chief of Fiscal Services</del> Chief Executive Officer	Effective Date: <del>March 16, 2016</del> July 19, 2017

- 2. **Check Signing Policies**
- 3. **Emergency Purchases Policy**

Approval	Date
Executive Team Approval	<del>3/21/2016</del> July 3, 2017
Board of Directors	

Developed: 3/16/2016

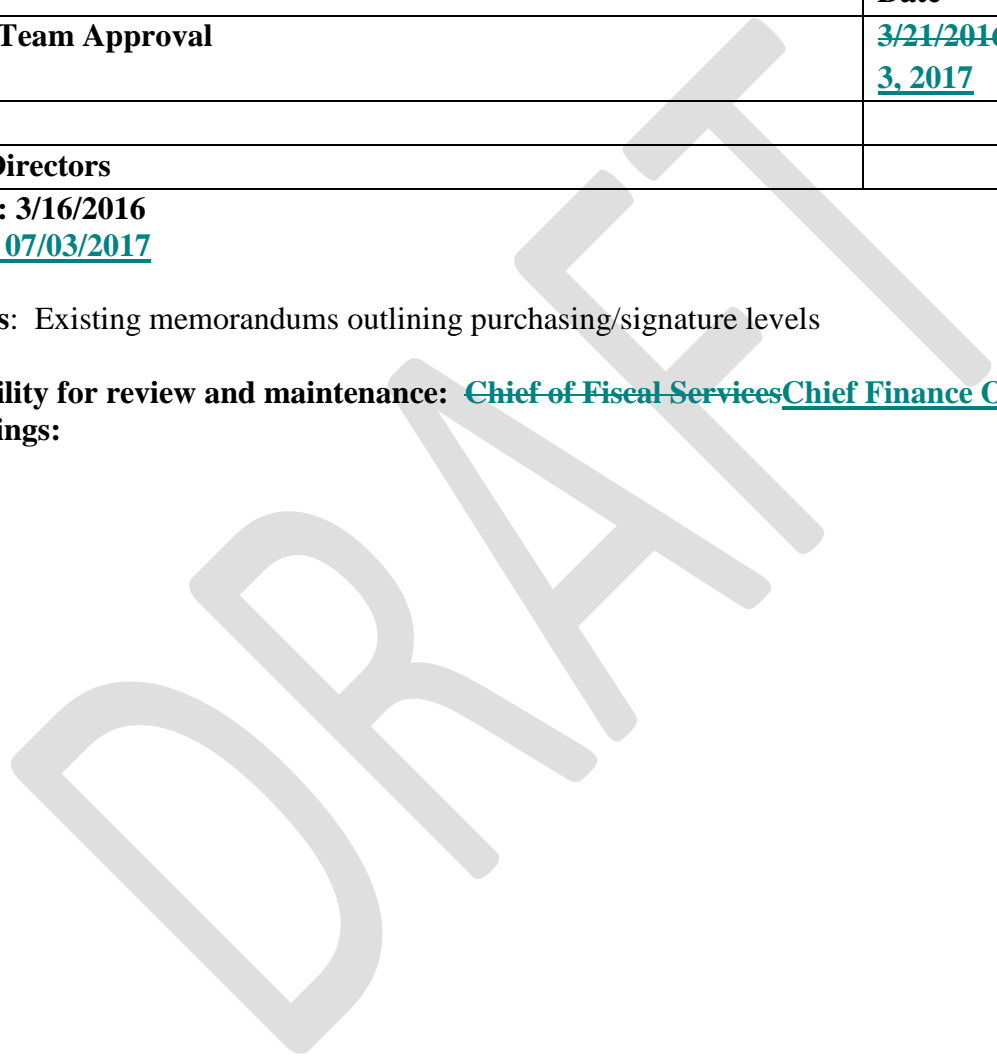
Reviewed: 07/03/2017

Revised:

Supersedes: Existing memorandums outlining purchasing/signature levels

Responsibility for review and maintenance: ~~Chief of Fiscal Services~~Chief Finance Officer

Index Listings:



**POLICIES TO THE BOD  
ENVIRONMENTAL SERVICES**

<b>POLICY &amp; PROCEDURES TO THE BOARD</b>		<b>JULY, 2017</b>			
<b>ENVIRONMENTAL SERVICES</b>					
	<b>TITLE</b>	<b>TO BOD</b>	<b>APPROVED</b>	<b>COMMENTS</b>	<b>P&amp;P UPDATED</b>
1	Cleaning Procedures: Room/Building Components: Floor Care (Taski Method, Mop Method, Floor Polishing)	7/19/2017			
2	Cleaning Procedures: Room/Building Components: Floor Finish Applications	7/19/2017			
3	Cleaning Procedures: Room/Building Components: Floor Finish Stripping	7/19/2017			
4	Cleaning Procedures: Room/Building Components: Intake Vents	7/19/2017			
5	Cleaning Procedures: Room/Building Components: Light Fixtures	7/19/2017			
6	Cleaning Procedures: Room/Building Components: Machine Buffing	7/19/2017			
7	Cleaning Procedures: Room/Building Components: Machine Scrubbing	7/19/2017			
8	Cleaning Procedures: Room/Building Components: Vacuuming	7/19/2017			
9	Cleaning Procedures: Room/Building Components: Walls	7/19/2017			
10	Cleaning Procedures: Room/Building Components: Wet Mopping	7/19/2017			
11	Cleaning Procedures: Room/Building Components: Windows	7/19/2017			
12	Cleaning Procedures: Specialized Areas: Central Supply	7/19/2017			
13	Cleaning Procedures: Specialized Areas: Nursery	7/19/2017			
14	Cleaning Procedures: Specialized Areas: Operating Rooms, Between Cases	7/19/2017			
15	Cleaning Procedures: Specialized Areas: Perinatal Unit	7/19/2017			
16	Cleaning Procedures: Specialized Areas: Surgical Suite (In-Depth)	7/19/2017			
17	Cleaning Procedures: Various Non-Patient Care Equipment	7/19/2017			
18	Cleaning the Pharmacy Clean Room*	7/19/2017			



**HUMAN RESOURCES  
POLICY AND PROCEDURES APPROVAL LIST  
JULY 2017**

1. DOMESTIC PARTNER RECOGNITION
2. EMPLOYEE ASSISTANCE
3. EMPLOYEE MEDICAL EXPENSE DISCOUNT
4. TUITION REIMBURSEMENT
5. HOSPITAL EQUIPMENT AND SUPPLIES FOR PERSONAL USE
6. ATTENDANCE
7. HOURS, REST AND MEAL PERIODS
8. PERFORMANCE IMPROVEMENT AND PROGRESSIVE DISCIPLINE
9. SOLICITATION AND DISTRIBUTION OF LITERATURE ON HOSPITAL PROPERTY AND LOITERING
10. POST-OFFER PHYSICAL EXAMINATION AND ANNUAL HEALTH SCREENING
11. PREGNANCY AND LACTATION ACCOMMODATION
12. ANNIVERSARY DATE
13. BACKGROUND SCREENING
14. IDENTIFICATION BADGES
15. LEAVES OF ABSENCE
16. LEAVE DONATION
17. NORTHERN INYO HOSPITAL (NIH) JOB PROTECTED LEAVE
18. PAID SICK LEAVE
19. PAID TIME OFF (PTO)
  
20. VACATIONS

2017/18 IT Supplemental Budget  
 With Option to Upgrade OBTV with Documentation and Interfaces  
 OPTION A

Budget Item	Project/Operating Expense	Dept	17/18 Expense	Expense Type	Notes
Printer replacements	Capital	IT	40,000.00	Capital	
Offsite Storage	Capital	IT	6,600.00	Capital	
Cisco Nexus 10 Gb switch	Capital	IT	20,000.00	Capital	
HP Servers - replacement	Capital	IT	29,000.00	Capital	
Scanner for HIM	Capital	HIM	6,200.00	Capital	
Printer	Capital	Pharmacy	3,000.00	Capital	
OB Product either OBTV upgrade or GE	Capital	Perinatal	120,000.00	Capital	
Travel for OBTV or GE	Capital	Perinatal	7,000.00	Capital	
Athenahealth travel expenses	Project	IT	55,000.00	Expense	
Orchard_no collect option	Project	Lab	65,877.46	Expense	
3 NIHD staff training in Indiana	Project	Lab	2,000.00	Expense	Orchard covers travel, hotel and meals
7Medical RIS/PACS	Project	DI	42,000.00	Expense	7months only
7Medical Travel Expenses	Project	DI	5,000.00	Expense	
Interface go Live Support_ Shast	Project	IT	5,000.00	Expense	
ADP	Project	HR	37,854.24	Expense	1/2 yearly fee + implemetation
ADP Travel Expense	Project	HR	7,000.00	Expense	
Geauxtech - Legacy archive MPI Cleanup	Project	IT	5,000.00	Expense	
Protentus - Compliance Software	Project	Compliance	40,000.00	Expense	monthly expense to dept after implmentation
ReDoc	Project	Rehab	40,000.00	Expense	monthly expense to dept after implmentation
Penetration Testing	Expense	IT	18,000.00	Expense	I think this is a expense and not cap.
Back up internet	Project	IT	6,450.00	Expense	
			<b>\$560,981.70</b>		
Total Capital	<b>\$231,800.00</b>				
Expense Total	<b>\$329,181.70</b>				
Gand Total	<b>\$560,981.70</b>				

2017/18 IT Supplemental Budget  
 With Option to Replace OBTV with GE CPN for Perinatal  
 OPTION B

Budget Item	Project/Oper	Dept	17/18 Expense	Expense Ty	Notes
Printer replacements	Capital	IT	40,000.00	Capital	
Offsite Storage	Capital	IT	6,600.00	Capital	
Cisco Nexus 10 Gb switch	Capital	IT	20,000.00	Capital	
HP Servers - replacement	Capital	IT	29,000.00	Capital	
Scanner for HIM	Capital	HIM	6,200.00	Capital	
Printer	Capital	Pharmacy	3,000.00	Capital	
OB Product either OBTV upgrade or GE	Capital	Perinatal	380,000.00	Capital	120,000 if OBTV, KG would like breakdown of software/hardware expense
Travel for OBTV or GE	Capital	Perinatal	7,000.00	Capital	
Athenahealth travel expenses	Project	IT	55,000.00	Expense	
Orchard_no collect option	Project	Lab	65,877.46	Expense	
3 NIHD staff training in Indiana	Project	Lab	2,000.00	Expense	Orchard covers travel, hotel and meals
7Medical RIS/PACS	Project	DI	42,000.00	Expense	7months only
7Medical Travel Expenses	Project	DI	5,000.00	Expense	
Interface go Live Support_ Shast	Project	IT	5,000.00	Expense	
ADP	Project	HR	37,854.24	Expense	1/2 yearly fee + implemetation
ADP Travel Expense	Project	HR	7,000.00	Expense	
Geauxtech - Legacy archive MPI Cleanup	Project	IT	5,000.00	Expense	
Protentus - Compliance Software	Project	Compliance	40,000.00	Expense	monthly expense to dept after implmentation
ReDoc	Project	Rehab	40,000.00	Expense	monthly expense to dept after implmentation
Penetration Testing	Expense	IT	18,000.00	Expense	I think this is a expense and not cap.
Back up internet	Project	IT	6,450.00	Expense	
			<b>\$820,981.70</b>		
Total Capital	<b>\$491,800.00</b>				
Expense Total	<b>\$329,181.70</b>				
Gand Total	<b>\$820,981.70</b>				

# Non-Corporate Resolution

## STEP 1. IDENTIFICATION OF QUALIFIED INTERMEDIARY/WITHHOLDING ENTITY

Legal Name of Organization <b>NORTHERN INYO HOSPITAL</b>	
Type of Organization <b>DISTRICT HEALTHCARE</b>	Account Number (if assigned) [REDACTED]

Be it resolved that each of the following has been duly elected or appointed and is now legally holding the title set opposite his/her name.

Name of Authorized Person <b>KRISTINA GRITSUTENKO</b>	Title <b>CFO</b>
Name of Authorized Person <b>KEVIN FLANIGAN, MD</b>	Title <b>CEO</b>
Name of Authorized Person	Title

## STEP 2. CERTIFICATION

I HEREBY CERTIFY that at a meeting, duly called, of the Board of Directors of NORTHERN INYO HOSPITAL, a Organization, at which said meeting a quorum was present and acting throughout, the following preamble and resolution was adopted and ever since has been and now is in full force and effect.

WHEREAS this Organization is duly authorized and permitted by its Charter and Bylaws to:

- Engage in cash and/or margin transactions in any and all forms of securities including, but not limited to, stocks, options, mutual funds, stock options, stock index options, short sales, foreign currency options and debt instrument options, bonds, bond debentures, annuities, notes, scrips, participation certificates, rights to subscribe, warrants, certificates of deposit, mortgages, choses in action, evidences of indebtedness, commercial paper certificates or indebtedness, and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise.
- Receive on behalf of the Organization or deliver to the Organization or third parties, including but not limited to the President, Vice President, Treasurer or any other authorized officer or person listed in Step 3 below giving such instruction, monies, stocks, bonds, and other securities. To sell, assign, and endorse for transfer, certificates representing stocks, bonds, or other securities now registered or hereafter registered in the name of the Organization.
- Establish and maintain an asset management account with debit card, check writing and margin privileges, from which account funds are directly spent, the responsibility for which is entirely that of the Organization.
- Borrow money or make any contract the effect of which is to borrow money, and secure such obligations by mortgages or other liens upon Organization property; borrow, guarantee and/or pledge any Organization assets as collateral, as the case may be, with respect to a loan; guarantee a borrowing of money or to make any contract the effect of which is to guarantee a borrowing, and secure such obligations by mortgages or other liens upon any Organization property.

Unless indicated otherwise here, the Organization will be assumed to have all powers listed above.

LIST ANY POWERS NOT AUTHORIZED HERE: \_\_\_\_\_

NOW THEREFORE BE IT RESOLVED that this Organization opened an account or accounts in its name with

**FINANCIAL NORTHEASTERN CORPORATION**

Name of Introducing Firm

and that the individuals named in Step 3 below ("Authorized Person") or any one of them acting individually, may, on behalf of this Organization, be and they hereby are and each of them hereby is authorized and empowered to (1) give written or oral orders in the said account or accounts for the purchase, sale, or other disposition of stocks, bonds, and other securities, (2) deliver to and receive from Pershing LLC (Pershing), on behalf of this Organization monies, stocks, bonds, and other securities, (3) establish and maintain an asset management account with debit card, check writing and margin privileges from which account funds are directly spent with each authorized person as indicated in the separate asset management account agreement having check writing and debit card privileges, (4) order the transfer or delivery of funds, monies or securities to any other person whatsoever, including the President, Vice President, Treasurer or any other authorized officers or persons indicated below giving such instructions, (5) sign acknowledgements of the correctness of all statements of accounts, and (6) make, execute, and deliver under the organizational seal any and all written endorsements, releases and documents necessary or proper to effectuate the authority hereby conferred; the within authorization to each of said officers to remain in full force and effect until written notice of the revocation thereof shall have been received by

**FINANCIAL NORTHEASTERN CORPORATION**

Name of Introducing Firm

and Pershing.



# Non-Corporate Resolution

Account Number [REDACTED]

## STEP 3. CERTIFICATION AND SIGNATURES

I FURTHER CERTIFY that the following are the names, titles and signatures of the officers (or others) authorized by the foregoing resolution to act for this Organization:

Printed Name <b>KRISTINA GRITSUTENKO</b>	Date
Title <b>CFO</b>	
Signature <b>X</b>	

Printed Name <b>KEVIN FLANIGAN, MD</b>	Date
Title <b>CEO</b>	
Signature <b>X</b>	

Printed Name	Date
Title	
Signature <b>X</b>	

Printed Name	Date
Title	
Signature <b>X</b>	

Printed Name	Date
Title	
Signature <b>X</b>	

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal, if any, of said Organization

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

[AFFIX COMPANY SEAL HERE IF ORGANIZATION USES A SEAL.]

# Non-Corporate Resolution

Account Number [REDACTED]

## Principal Signer of Certification

This individual may or may not be listed in the authorized persons box above.

Printed Name <b>PETER WATERCOTT</b>	Date     -     -
Title <b>PRESIDENT</b>	
Signature <b>X</b>	

If the Principal Signer above is empowered to act for the Organization pursuant to these resolutions and certifications, but is not a Managing Member, a Managing Member of the Organization as set forth above must fill in and execute the Additional Certification in Step 4 below.

If the Organization has only one sole Managing Member, that Managing Member must make the certification immediately above indicating his or her company title in addition to filling in and executing the Additional Certification in Step 4 below.

## STEP 4. ADDITIONAL CERTIFICATION

A Managing Member to complete only if the Principal Signer in Step 3 above is authorized to act pursuant to the foregoing resolutions, but is not a Managing Member, or if the Organization has only one Managing Member.

Check one:

- I FURTHER CERTIFY that the Principal Signer in Step 3 above is authorized by the foregoing resolutions and its operating documents to act hereunder.
- I FURTHER CERTIFY that the Organization has only one sole Managing Member and that I am that sole Managing Member and authorized to execute legal and binding documents in the name of and on behalf of the Organization pursuant to its governing documents.

Managing Member Printed Name	Date     -     -
Title	
Signature <b>X</b>	



I. IDENTIFICATION OF QUALIFIED INTERMEDIARY / WITHHOLDING ENTITY

LEGAL NAME OF ORGANIZATION: NORTHERN INYO HEALTHCARE DISTRICT

TYPE OF ORGANIZATION: HEALTHCARE DISTRICT

ACCOUNT NUMBER: RMB004151

Be it resolved that each of the following has been duly elected or appointed and is now legally holding the title set opposite his/her name.

KEVIN S. FLANIGAN, MD, MBA Chief Executive Officer  
(Name of Authorized Person) (Title)

KRISTINA GRITSUTENKO Chief Financial Officer  
(Name of Authorized Person) (Title)

\_\_\_\_\_  
(Name of Authorized Person) (Title)

II. CERTIFICATION

I, PETER WATERCOTT, PRESIDENT of  
(Name and Title of Officer or Partner signing this Non-Corporate Resolution)

NORTHERN INYO HEALTHCARE DISTRICT hereby certify that said organization is duly and legally  
(Name of Organization)

organized and existing and that a quorum of the DISTRICT BOARD OF DIRECTORS  
(Name of Governing Body of Organization)

of said Organization attended a meeting duly held on the 19<sup>TH</sup> day of JULY, 2017

at which the following resolutions were duly adopted, and that such resolutions are in full force and effect on this date and

do not conflict with the NORTHERN INYO HEALTHCARE DISTRICT BYLAWS of said organization.  
(Name of Governing Rules)

I further certify that I have the authority to execute this Non-Corporate Resolution on behalf of said Organization, and that

the BOARD OF DIRECTORS of the Organization which took the action called for by the  
(Name of Governing Body of Organization)

resolutions annexed hereto has the power to take such action.

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

\*The signer should be someone other than one of the authorized person(s) named above. However, if signed by an authorized person named above, the Fed Wire Letter of Authorization and/or ACH Authorization Agreement must be signed by an authorized person other than the signer of this document.

### III. RESOLUTIONS

#### Certified Copy Of Certain Resolutions by the Governing Body of Said Organization Whereby the Establishment and Maintenance of Accounts Have Been Authorized.

RESOLVED –

FIRST: That the named Authorized Persons of this organization or CHIEF EXECUTIVE OFFICER or CHIEF FINANCIAL OFFICER be and they hereby are, and each of them is, authorized and empowered, for and on behalf of this organization (herein called the “Organization”), to establish and maintain one or more accounts with Multi-Bank Securities, Inc. (herein called the “Brokers”) and Pershing LLC, its successors or assigns, and for the purpose of purchasing, investing in, or otherwise acquiring, selling, possessing, transferring, exchanging, pledging, or otherwise disposing of or realizing upon, and generally dealing in and with;

#### (a) THIS PARAGRAPH PERMITS CASH TRANSACTIONS IN SECURITIES

any and all forms of securities including, but not by way of limitation, shares, stocks, options, stock options, stock index options, foreign currency options and debt instrument options, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, warrants, certificates of deposit, mortgages, choses in action, evidence of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise;

#### (b) THIS PARAGRAPH PERMITS CASH AND MARGIN TRANSACTIONS IN SECURITIES

any and all forms of securities including, but not by way of limitation, shares, stocks, options, stock options, stock index options, foreign currency options and debt instrument options, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, warrants, certificates of deposit, mortgages, choses in action, evidence of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise; and margin transactions, including short sales;

The fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the said Authorized Persons and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing) to give written or oral instructions to the Brokers with respect to said transactions; to bind and obligate the Organization to and for the carrying out of any contract, arrangement, or transaction, which shall be entered into by any such Authorized Persons and/or drafts drawn upon the funds of the Organization such sums as may be necessary in connection with any of the said accounts to deposit funds with the Brokers; to deliver securities and/or contracts to the Brokers; to order the transfer or delivery thereof to any other person whatsoever, and/or to order the transfer record of any securities, or contracts, or titles, to any name selected by any of the said Authorized Persons or agents; to affix the Organization’s seal to any documents or agreements, or otherwise; to endorse any securities and/or contracts in order to pass title thereto; to direct the sale or exercise of any rights with respect to any securities; to sign for the Organization all releases, powers of attorney and/or other documents in connection with any such account, and to agree to any terms or conditions to control any such account; to direct the Brokers to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities, to borrow money and securities, if applicable, and to secure repayment thereof with the property of the Organization; to appoint any other person or persons to do any and all things which any and all things which any of the said Authorized Persons and/or agents is hereby empowered to do, and generally to do and take all action necessary in connection with the account, or considered desirable by such Authorized Persons and/or agents with respect thereto.



**SECOND:** That the Brokers may deal with any and all of the persons directly or indirectly by the foregoing resolution empowered, as though they were dealing with the Organization directly.

**THIRD:** That the person signing this Non-corporate Resolution on behalf of the Organization be and hereby is authorized, empowered and directed to certify to the Brokers:

- (a) a true copy of these resolutions;
- (b) specimen signatures of each and every person by these resolutions empowered;
- (c) a certificate (which, if required by brokers, shall be supported by an opinion of the general counsel of the Organization, or other counsel satisfactory to the Brokers) that the Organization is duly organized and existing, that its governing rules empower it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the governing rules of the Organization or otherwise.

**FOURTH:** That the Brokers may rely upon the certified copy of the resolutions, specimen signatures, and certificate, as continuing fully effective unless and until the Brokers shall receive due written notice of change or rescission, and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision. nor shall the fact that any person hereby empowered ceases to be an Authorized Person of the Organization or becomes an Authorized Person under some title, in any way affect the powers hereby conferred, but the failure to supply any specimen signature shall not invalidate any transaction where the party authorizing the same has been actually empowered thereto by or in conformity with these resolutions.

**FIFTH:** That in the event of any change in the office of powers of persons hereby empowered, an Authorized Person shall certify such changes to the Brokers in writing in the manner herein above provided, which notification, when received, shall be adequate both to terminate the powers of the persons therefore authorized, and to empower the persons thereby substituted.

**SIXTH:** That the Authorized Persons of the Organization be, and hereby is, authorized and empowered to countersign items as aforesaid.

**SEVENTH:** That the foregoing resolutions and the certificates actually furnished to the Brokers by the Authorized Person of pursuant thereto, be and they hereby are made irrevocable until written notice of the revocation thereof shall have been received by the Brokers.



Please complete the following and return to Multi-Bank Securities, Inc. to begin the electronic transfer of funds between your brokerage account and your bank account. You may begin depositing funds into your brokerage account from your bank account, or send payments to your bank account from your brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

I. ACCOUNT INFORMATION

ACCOUNT TITLE: Northern Inyo Healthcare District

ACCOUNT NUMBER: [REDACTED]

II. BANK ACCOUNT INFORMATION

ABA NUMBER: [REDACTED]

DDA NUMBER: [REDACTED]

BANK NAME: UNION BANK GOVERNMENT CITY: Los Angeles STATE: CA ZIP: 90071

ACCOUNT TYPE:  CHECKING  SAVINGS

I hereby authorize Pershing LLC, to initiate credit/debit entries to the bank account indicated above and further authorize my bank to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me of its termination in such time and in such manner as to afford Pershing and my bank a reasonable opportunity to act on it. It is understood that if the systematic reinvestment system is selected, the purpose of this authorization is to provide a means of payment for purchases of securities through my investment professional or financial organization.

Please accept this form as verification that the registered name at UNION BANK (Institution) has an account with the above registration and account information for debiting or crediting into the bank account.

(Must be signed by an authorized member of your firm whose signature is also on your submitted Corporate/Non-Corporate Resolution)

AUTHORIZED SIGNER

NAME: Kevin S. Flanigan, MD, MBA

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE SELECT YOUR ACH OPTIONS

ACH OPTIONS

ON-DEMAND (Default setting for all accounts) This selection sets up an ACH profile that allows Multi-Bank Securities, Inc. to initiate an ACH transfer for any available cash in the customer's security account. Both income (dividends and interest) and principal (redemptions) can be included in these transfers.

Allow Multi-Bank Securities, Inc. to debit your bank account at your request to cover settlements. (INITIALS)

PERIODIC INCOME This selection sets up an ACH profile that will transfer funds that are the result of dividend and interest payments on a periodic basis. Funds that are the result of principal redemptions (maturities, calls, sales) are not included in these automated transfers. Periodic options are:

- SEMI-MONTHLY  MONTHLY  BI-MONTHLY  QUARTERLY  SEMI-ANNUALLY  ANNUALLY

Monthly transfers are based on the calendar day. Although there is no option for 'last day of the month', you can arrange with your account representative to sweep the account "on-demand" at any preferred interval or time of month.

Please select a starting date (allow 5 business days for processing): \_\_\_\_\_ (mm/dd/yyyy)

For corporate accounts, a corporate resolution displaying the corporate stamp, and a letter from the corporation authorizing the specific transactions for which you are permitted to debit and credit the bank account, must accompany this authorization.



Standing Instructions  
**LETTER OF AUTHORIZATION**  
(Fed Wires)

Date: 07/20/2017

To: Multi-Bank Securities, Inc.

Account #: [REDACTED]

Account Name: Northern Inyo Healthcare District

Please accept these standing instructions as authorization to wire funds upon my verbal request from the above referenced account to:

Name of Bank: MUFG Union Bank

City, State: Los Angeles, California

ABA# [REDACTED]

For Credit to: Northern Inyo Healthcare District

Account # [REDACTED]

For further credit to: \_\_\_\_\_

FFC Account # \_\_\_\_\_

Please use this letter as permanent authorization until rescinded in writing by me.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Signer must be an authorized person identified on the current Resolution document and NOT the signer of the Resolution document.

- CALL TO ORDER**                      The meeting was called to order at 5:30 pm by Peter Watercott, President.
- PRESENT**                                Peter Watercott, President  
John Ungersma MD, Vice President  
M.C. Hubbard, Secretary  
Mary Mae Kilpatrick, Treasurer  
Phil Hartz, Member at Large
- ALSO PRESENT**                      Kevin S. Flanigan MD, MBA, Chief Executive Officer  
Kelli Huntsinger, Chief Operating Officer  
Carrie Petersen, Chief Accounting Officer  
John Tremble, Interim Chief Financial Officer  
Linda Andreas RN, Nursing Supervisor  
Evelyn Campos Diaz, Chief Human Resources Officer  
Sandy Blumberg, Executive Assistant
- OPPORTUNITY FOR PUBLIC COMMENT**                      Mr. Watercott asked if any members of the public wished to speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers are limited to a maximum of three minutes each. Jennie Walker MD spoke to inform the Board that the Northern Inyo Healthcare District (NIHD) Emergency Department physician group (Eastern Sierra Emergency Physicians) will undergo a leadership transition on July 1 2017. Outgoing leaders Jennie Walker MD and Helena Black MD will transition leadership responsibilities to Sierra Bourne MD; David Pomeranz MD; Anne Goshgarian MD; and William Timbers MD. Director Watercott also read aloud a patient letter of compliment regarding services rendered in the NIHD Emergency Department.
- OLD BUSINESS**
- APPROVAL OF 2017/2018 OPERATING BUDGET**                      Interim Chief Financial Officer John Tremble called attention to the proposed operating budget for the July 1 2017 through June 30 2018 fiscal year. He provided an overview of the basis for that budget including expected revenues and patient volumes; expenses; and employee and physician staffing costs. Mr. Tremble also noted the proposed budget allows for an 8% overall increase to the price of patient services, which if approved will still keep NIHD's patient charges below the California state average and well below the prices charged by Mammoth Hospital, NIHD's neighbor to the north. Following review of the information provided it was moved by Phil Hartz, seconded by John Ungersma MD, and unanimously passed to approve the 2017 / 2018 fiscal year operating budget as presented, including allowance for an 8% overall increase to prices charged for patient services.
- CHANGE OF VENDOR FOR NIHD BENEFITS MANAGER**                      Mr. Tremble also called attention to a proposal to change NIHD's benefits manager from Pinnacle to Keenan Healthcare. The change would result in significant cost savings for the District and would have no effect on

employee benefits. It was moved by Doctor Ungersma, seconded by Mary Mae Kilpatrick, and unanimously passed to approve the change of NIHD benefits manager from Pinnacle to Keenan Healthcare as requested.

NEW BUSINESS

NURSING  
DEPARTMENT  
POLICIES AND  
PROCEDURES

Nursing Supervisor Linda Andreas RN called attention the following Nursing Department policies and procedures:

- *Language Access Services Program*
- *Licensure of Nursing Personnel*

It was moved by M.C. Hubbard, seconded by Ms. Kilpatrick, and unanimously passed to approve both nursing department policies and procedures as presented.

POLICY AND  
PROCEDURE ANNUAL  
APPROVALS

Mr. Watercott called attention to a list of hospital wide policies and procedures presented for annual approval as listed on Attachment A to the agenda for this meeting. It was moved by Doctor Ungersma, seconded by Mr. Hartz, and unanimously passed to approve all policies and procedures listed on Attachment A as presented.

ANNUAL  
APPROPRIATIONS  
LIMIT, RESOLUTION  
17-01

Chief Accounting Officer Carrie Petersen called attention to District Board Resolution 17-01 which calculates the District's annual Appropriations Limit for the upcoming fiscal year. It was moved by Ms. Kilpatrick, seconded by Doctor Ungersma, and unanimously passed to approve Resolution 17-01 as presented.

RATIFICATION OF 7%  
FUNDING  
CONTRIBUTION FOR  
THE NIHD 401(A)  
RETIREMENT PLAN

Chief Executive Officer (CEO) Kevin S. Flanigan, MD, MBA called attention to District Board Resolution 17-02 which would ratify funding of the NIHD 401(A) retirement plan at a rate of 7%. It was moved by Doctor Ungersma, seconded by Ms. Hubbard, and unanimously passed to approve District Board Resolution 17-02 to ratify funding of the NIHD 401(A) retirement plan at a rate of 7% as requested.

RADIOLOGY SERVICES  
AGREEMENT WITH  
BISHOP RADIOLOGY  
GROUP

Doctor Flanigan also called attention to a *Radiology Coverage and Administrative Services Agreement* with Bishop Radiology Group, which was awarded the District's radiology services contract as a result of an in-depth Request For Proposal (RFP) process. It was moved by Mr. Hartz, seconded by Ms. Kilpatrick, and unanimously passed to approve the *Radiology Coverage and Administrative Services Agreement* with Bishop Radiology Group as presented. Doctor Flanigan praised the District's outgoing Radiology Services provider Tahoe Carson Radiology for their professionalism and years of service to the community. The Board of Directors will send a letter of thanks to Tahoe Carson Radiology.

APPROVAL OF EMAIL  
ACCEPTABLE USE  
POLICY & PROCEDURE

Dr. Flanigan called attention to a proposed *Electronic Communication (Email) Acceptable Use Policy* which outlines both appropriate and inappropriate use of NIHD email systems and services. It was moved by Ms. Kilpatrick, seconded by Doctor Ungersma, and unanimously passed

to approve the proposed *Electronic Communication (Email) Acceptable Use Policy* as presented.

NIHD PASSWORD  
POLICY

Dr. Flanigan also called attention to approval of a proposed *NIHD Password Policy* which sets guidelines for District computer passwords including specifying the required frequency for changing user passwords, in an effort to improve cyber security. It was moved by Ms. Kilpatrick, seconded by Doctor Ungersma, and unanimously passed to approve the *NIHD Password Policy* with a change being made to the initial period of required frequency for password changes to 180 days (6 months).

WORKPLACE  
VIOLENCE  
PREVENTION POLICY

Chief Human Resources Officer (CHRO) Evelyn Campos Diaz called attention to a proposed hospital wide policy and procedure titled *Workplace Violence Prevention Policy* which establishes zero tolerance regarding threats or acts of violence against NIHD patients, visitors, employees, Medical Staff, contractors, suppliers, and members of the public. It was moved by Mr. Hartz, seconded by Ms. Kilpatrick, and unanimously passed to approve the proposed *Workplace Violence Prevention Policy* as presented.

LEARNING  
INTERNSHIPS,  
ROTATIONS, AND  
SHADOWING POLICY  
AND PROCEDURE

Ms. Campos Diaz also called attention to a proposed hospital wide policy and procedure titled *Learning Internships, Clinical or Academic Rotations, and Career Shadowing Opportunities*, which defines the requirements for non-employees exploring healthcare careers under the supervision of NIHD staff. It was moved by Ms. Kilpatrick, seconded by Mr. Hartz, and unanimously passed to approve the *Learning Internships, Clinical or Academic Rotations, and Career Shadowing Opportunities* policy and procedure as presented.

CONSENT AGENDA

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

- *Approval of minutes of the May 17, 2017 regular meeting*
- *2013 CMS Validation Survey Monitoring, June 2017*
- *Financial and Statistical Reports for the period ending April 30, 2017*

It was moved by Doctor Ungersma, seconded by Mr. Hartz, and unanimously passed to approve all three consent agenda items as presented.

DATA AND  
INFORMATION  
COMMITTEE REPORT

Doctor Flanigan provided a Data and Information Committee report which included a recommendation to contract with AthenaHealth to replace the District's existing Electronic Health Record (EHR) and Hospital Information System. Representatives from AthenaHealth were present to answer questions, and they informed the Board that if an agreement is reached with NIHD prior to July 1 2017 it will result in significant cost savings for the District. An overview of the vendor selection process was provided by Doctor Flanigan during which he noted that over 100 District staff members participated in the District's

extensive vendor selection process. It was moved by Mr. Hartz, seconded by Doctor Ungersma, and unanimously passed to approve the recommendation of the Data and Information Committee to contract with AthenaHealth for the District's EHR replacement, and to move forward to establish the details of an agreement prior to July 1 2017 in order to realize a cost savings. The Board additionally expressed their appreciation of the hard work and effort of the Committee members involved in the EHR replacement project, stating a letter of commendation will be placed in the personnel files of each member of the NIHD EHR "Brain Trust" group.

Doctor Flanigan additionally reported that the Data and Information Committee continues to take measures to improve NIHD's cyber security, and that computer hacking is a genuine threat to hospital computer systems.

**CHIEF EXECUTIVE  
OFFICER REPORT**

Doctor Flanigan provided a Chief Executive Officer's (CEO's) report, which included the following:

- NIHD employees recently raised \$250 in donations for Wild Iris, in honor of Denim Day (promoting sexual assault awareness)
- District employees also raised a total of \$800 for 3 area veterans groups as part of a Memorial Day fundraiser
- NIHD employee volunteers participated in the District's first Adopt-A-Highway clean up day, and voluntary clean ups will continue on a quarterly basis going forward
- An overview of an internal NIHD realignment of reporting responsibilities was provided, which involves (some) direct reports of the CEO and of the Chief Operating Officer (COO)

**CHIEF OPERATING  
OFFICER REPORT**

Chief Operating Officer Kelli Huntsinger provided a report which included introductions of incoming Laundry Coordinator Lu Stoner, and incoming Nutritional Services Manager and Dietician Denice Hynd.

**CHIEF FINANCIAL  
OFFICER REPORT**

Carrie Petersen provided a Chief Financial Officer's (CFO's) report noting incoming CFO Kristina Gritsuenko oriented today and will come on board full-time on Monday June 26. She additionally reported that year end inventory will be completed on June 30, and the District will again contract with Wipfli LLP to perform its annual audit, in an effort to make the audit transition as easy as possible for the incoming CFO. Carrie additionally stated the District's annual cost report will be filed prior to her retirement in October, and she thanked John Tremble for his assistance acting as interim CFO for the District.

**CHIEF NURSING  
OFFICER REPORT**

Linda Andreas provided a Chief Nursing Officer (CNO) report on behalf of Tracy Aspel RN, which included the following:

- The NIHD Operating Rooms (OR's) are transitioning to using mainly Stryker products
- Nursing is working on improving inventory accuracy in all

- departments
- Justin Nott RN is now in place as Manager of ICU / Acute / Sub Acute services
  - Gina Riesche is also on board as Nurse Manager of the NIHD Emergency Department (ED)
  - Following the June 1 Disaster Drill an NIHD Disaster Committee is being formed, and that Committee will be led by ED Nurse Manager Gina Riesche
  - The OB unit is looking at EHR replacement vendors to interface with the incoming Athena system. It was noted that neither of the vendors considered for the hospital EHR replacement offered an OB product.
  - In regard to Northern Inyo Hospital's patient census, volume remains stable in all areas except for swing beds, and that volume is currently down. Outpatient service volume is up.
  - Drug diversion prevention trainings are being conducted for NIHD nursing staff
  - Angela Kneip RN has been selected to be Assistant Manager for the ICU and Med Surg units beginning in July
  - Jenny Bates RN has been selected to fill the ED Assistant Manager position beginning in July
  - The number of nursing travelers working for the District is down, and in the near future NIHD expects to be fully staffed with permanent employees

CHIEF HUMAN  
RESOURCES OFFICER  
REPORT

CHRO Evelyn Campos Diaz requested permission to look into the history, purpose, and current function of the Personnel, Payroll, Advisory Committee (PPAC), which was created in years past to function as an advisory board on the subject of employee benefits. The PPAC Committee is not meeting at this time, and Ms. Campos Diaz requested permission to look into its future purpose and function (permission was granted by the District Board). Ms. Campos Diaz additionally provided a recruitment update which revealed that real progress is being made in the area of recruiting for permanent staff.

CHIEF OF STAFF  
REPORT

Chief of Staff Joy Enghlade MD reported following careful review and consideration and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following hospital wide policies, procedures, protocols, and order sets:

POLICIES,  
PROCEDURES,  
PROTOCOLS, AND  
ORDER SETS

- *Provider-Performed Microscopy Competency*
- *Preoperative EPT Testing Protocol*
- *ALARA Program*
- *Critical Value Reporting of Lab Results*
- *Dead on Arrival*
- *Emergency Operations Plan / HICS Plan*
- *Sterilization Recall Policy*
- *Food and Drink in Patient Care Areas*
- *In-service in Infection Control*



- *Formalin Use and Spill Management*
- *Infection Prevention Considerations for Immunosuppressed and Pregnant Employees (formerly 'Chickenpox and Shingles' policy)*
- *Severe Acute Respiratory Syndrome (SARS) Coronavirus (SARS-CoV) or Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection Control Recommendations for Patients*
- *Prevention of Catheter Associated Urinary Tract Infections (CAUTI's) Guidelines*
- *Bloodborne Pathogen Exposure Control Plan*
- *Infection Prevention Plan*
- *Safe Handling and Disposal of Occupationally Hazardous Drugs and Environmentally Hazardous Drugs*
- *Employee Consent Form: Hazardous Drug Risk Acknowledgement*

It was moved by Ms. Kilpatrick, seconded by Mr. Hartz, and unanimously passed to approve all hospital wide policies, procedures, protocols, and order sets as presented.

EMPLOYEE HEALTH  
AND INFECTION  
PREVENTION PILLARS  
OF EXCELLENCE

Doctor Engblade also called attention to Employee Health and Infection Prevention Pillars of Excellence reports for 2017 which were provided for informational purposes.

MEDICAL STAFF  
APPOINTMENTS AND  
PRIVILEGING

Doctor Engblade additionally reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following Medical Staff appointments and privileging:

- Young Song, MD (radiology, provisional active staff)
- David Kim, MD (radiology, provisional active staff)

It was moved by Ms. Kilpatrick, seconded by M.C. Hubbard, and unanimously passed to approve both Medical Staff appointments and privileging as requested.

MEDICAL STAFF  
RESIGNATION

Doctor Engblade also reported the Medical Executive Committee recommends acceptance of the Medical Staff resignation of Robert Nalumaluhia, PA-C (effective 4/21/17). It was moved by Doctor Ungersma, seconded by Mr. Hartz, and unanimously passed to approve the Medical Staff resignation of Robert Nalumaluhia, PA-C as requested.

Doctor Engblade additionally provided a heads up that the District will enlist the services of several locums physicians in the next couple of months in order to help provide hospitalist, internal medicine, family practice, and possibly pediatric coverage. Doctor Flanigan also informed the Board that Doctor Engblade will take several months off beginning in September, and he expressed his appreciation of her hard work and dedication to the residents of this District.

BOARD MEMBER  
REPORTS

Mr. Watercott then asked if any members of the Board of Directors wished to comment on any items of interest. Director Kilpatrick reported

that the NIHD Foundation has purchased telemedicine equipment for the District, as well as a new van to assist in transporting patients to and from healthcare services. She additionally noted that the Foundation's 2<sup>nd</sup> annual fundraising dinner will take place in November. Director Hubbard reported that Doctor Flanigan will speak at a public workshop of the subject of Patient Centered Medical Homes tomorrow night at 6:00 pm in the NIHD Board Room.

ADJOURNMENT TO  
CLOSED SESSION

At 8:40 pm Mr. Watercott announced the meeting would adjourn to closed session to allow the Board of Directors to:

- A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*section 32155 of the Health and Safety Code, section 54962 of the Government Code*).
- B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation, 4 matters pending (*pursuant to Government Code Section 54956.9*).
- C. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
- D. Discussion of a personnel matter (*pursuant to Government Code Section 54957*).

RETURN TO OPEN  
SESSION AND REPORT  
OF ACTION TAKEN

At 10:11pm the meeting returned to open session. Mr. Watercott reported that the Board took no reportable action.

ADJOURNMENT

The meeting adjourned at 10:12 pm.

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Peter Watercott, President

Attest:

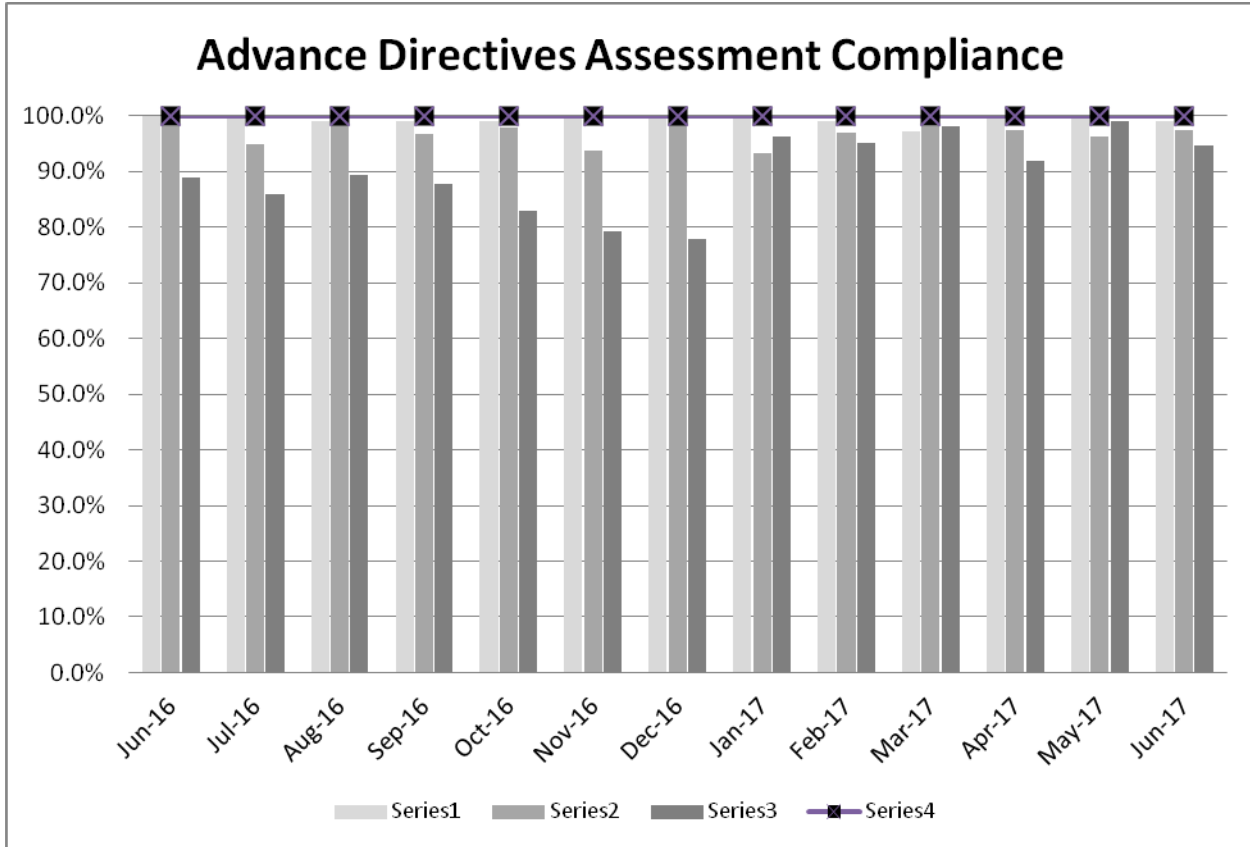
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M.C. Hubbard, Secretary

## 2013 CMS Validation Survey Monitoring-July 2017

1. QAPI continues to receive and monitor data related to the previous CMS Validation Survey, including but not limited to, restraints, dietary process measures, case management, pain re-assessment, as follows:

a. Advance Directives Monitoring.

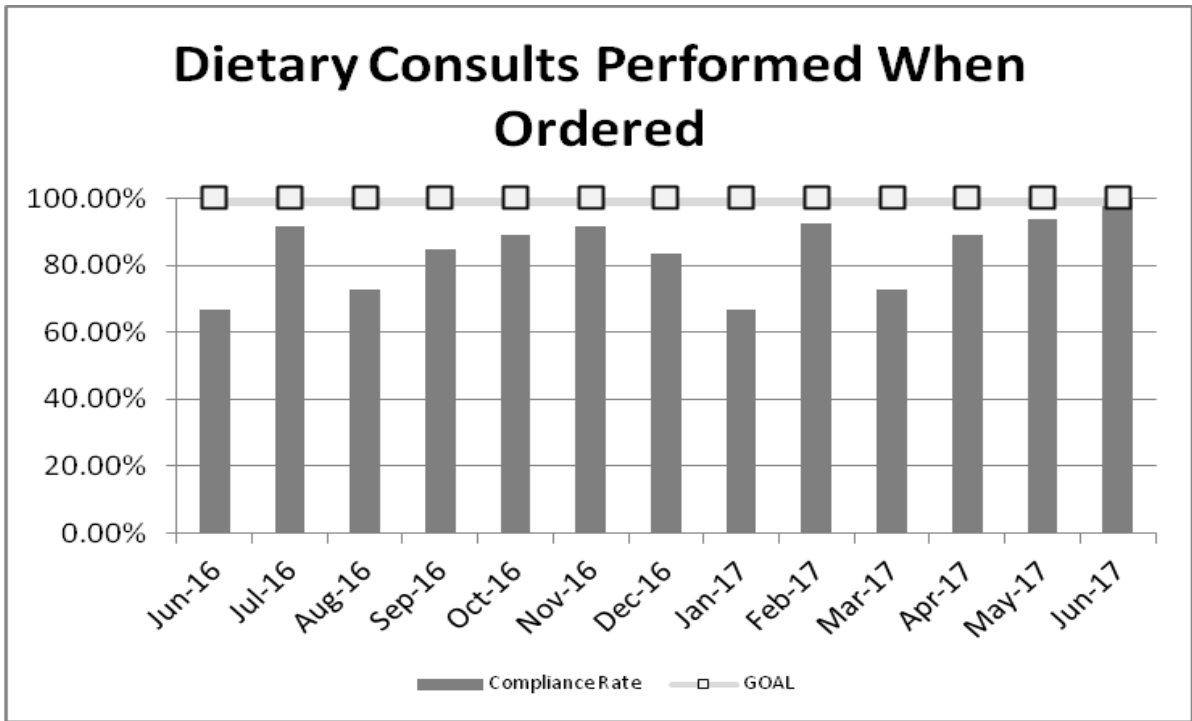


b. Positive Lab Cultures are being routed to Infection Prevention and each positive is being investigated as to source. Monitoring has been ongoing and reported through Infection Control Committee. QAPI receives data.

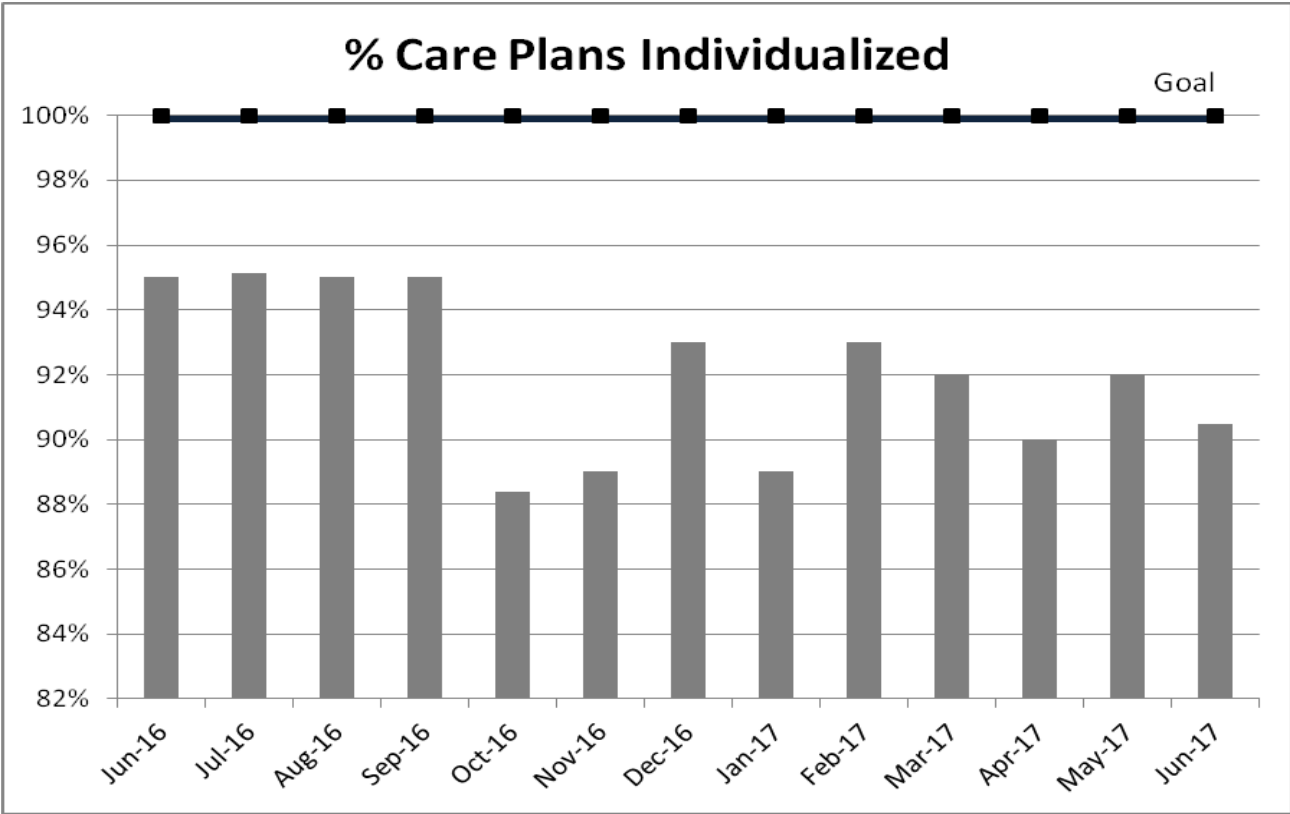
c. Safe Food cooling monitored for compliance with approved policy and procedure. 100% compliance since May 6, 2013.

d. Dietary hand washing logs have been reported and are at 100% compliance since May 6, 2013.

e. QAPI continues to monitor dietary referrals and the number of consults completed within 24 hours.

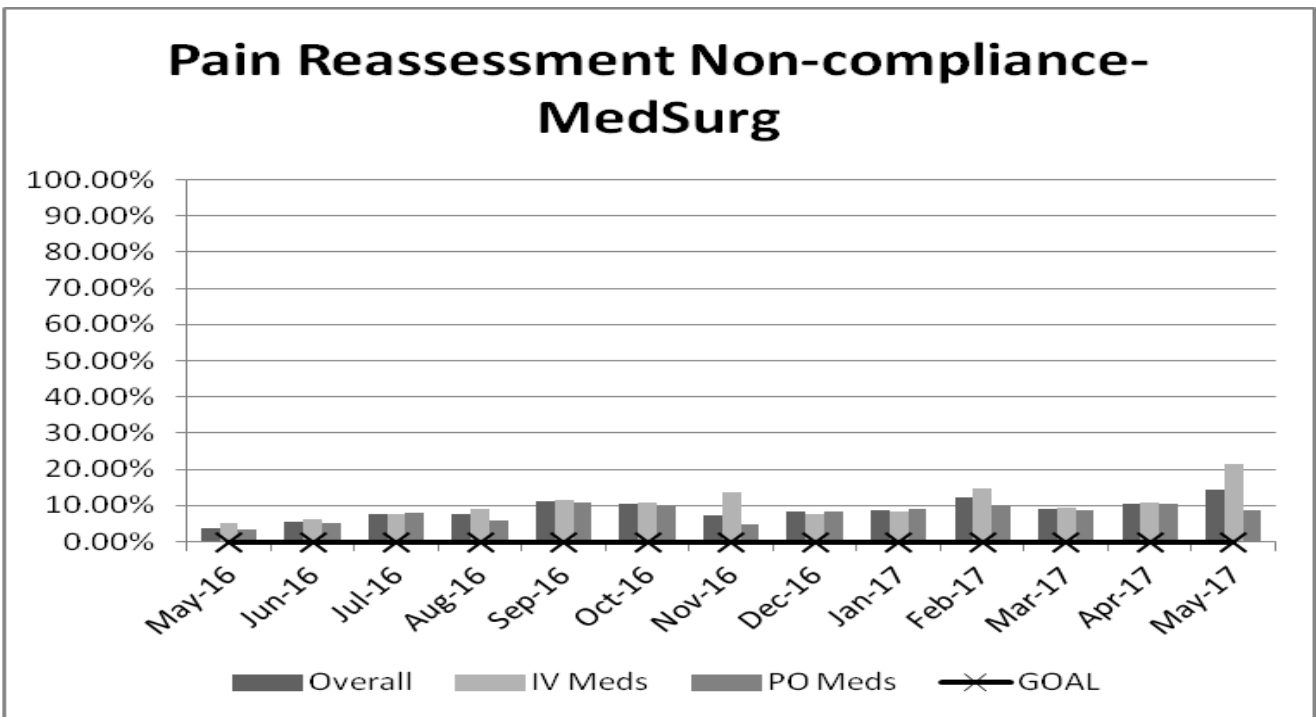
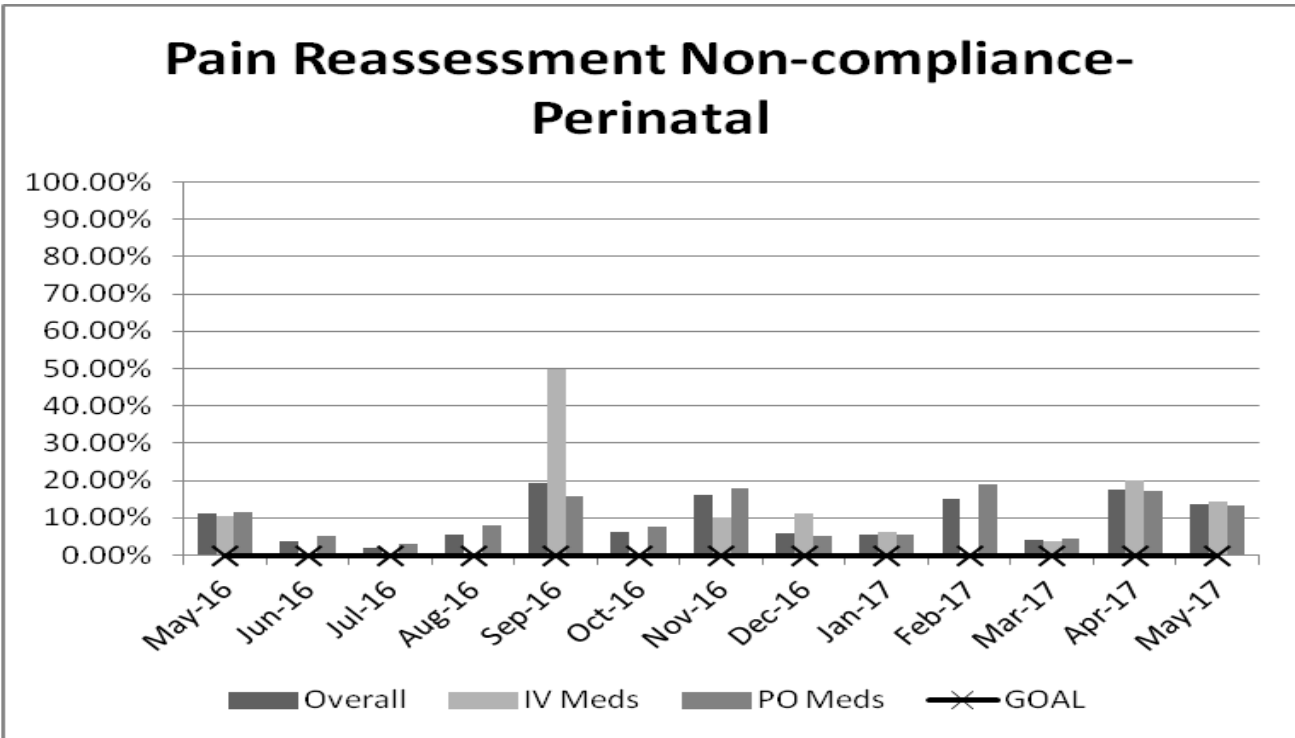


f. Care plans reviewed by Case Management and interventions made to produce care plans. Progress has been made in developing individualized care plans.

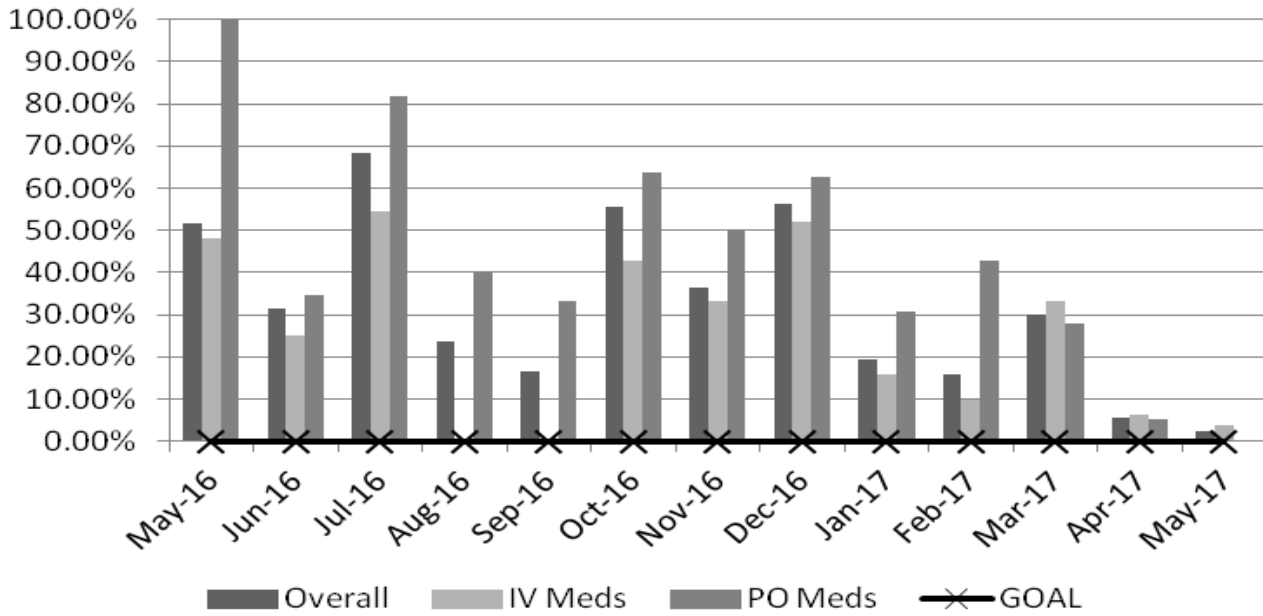


g. Fire drill date, times, attendance and outcomes, smoke detector tests, and fire extinguisher test grids have been approved. All fire drills were complete and compliant from May 6, through present.

h. Pain Re-Assessment. NIH conducts pain re-assessment after administering pain medications and uses a 1-10 scale.

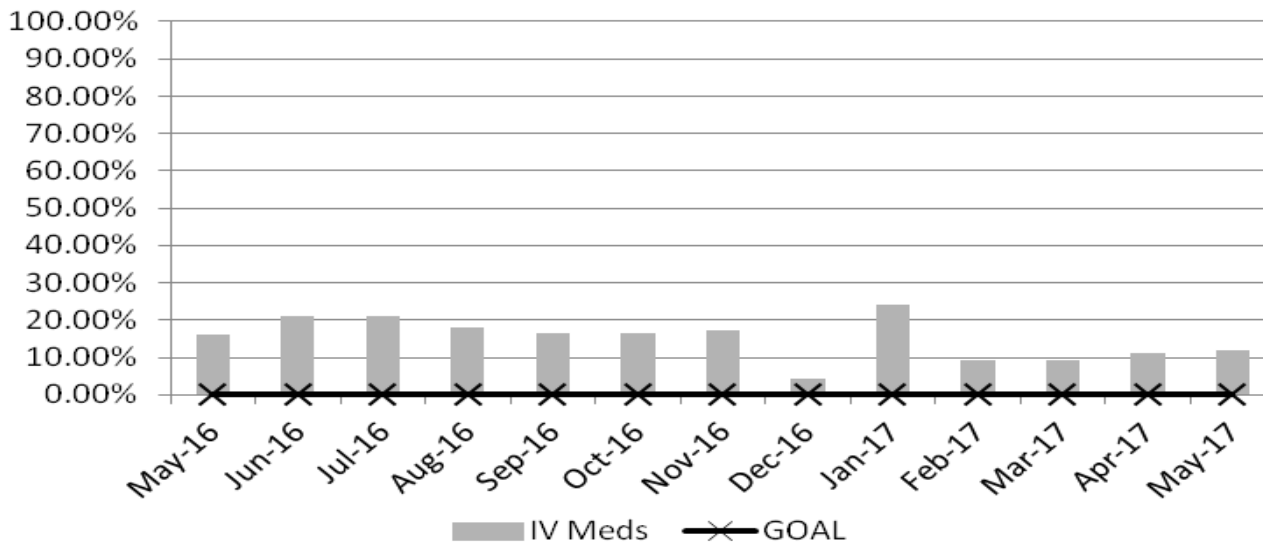


## Pain Reassessment Non-compliance- ICU



*Note: Due to small sample sizes in the ICU, results should be interpreted with caution for this unit.*

## Pain Reassessment Non-compliance- ED



**Table 6. Restraint chart monitoring for legal orders.**

	<b>Nov 2016</b>	<b>Dec 2016</b>	<b>Jan 2017</b>	<b>Feb 2017</b>	<b>March 2017</b>	<b>April 2017*</b>	<b>May 2017</b>	<b>June 2017</b>	<b>Goal</b>
Restraint verbal/written order obtained within 1 hour of restraints	1/1 (100%)	2/2 (100%)	2/2 (100%)	1/1 (100%)	1/1 (100%)		2/2 (100%)	2/2 (100%)	100%
Physician signed order within 24 hours	0/1 (0%)	2/2 (100%)	½ (50%)	1/1 (100%)	0/1 (0%)		2/2 (100%)	2/2 (100%)	100%
Physician Initial Order Completed (all areas completed and form/time/date noted/signed by MD and RN)	0/1 (0%)	2/2 (100%)	0/2 (0%)	1/1 (100%)	0/1 (0%)		2/2 (100%)	½ (50%)	100%
Physician Re-Order Completed (all areas completed and form time/date/noted/signed by MD and RN)	1/3 (33%)	2/2 (100%)	3/9 (33%)	0/1 (0%)	0/1 (0%)		0/1 (0%)	3/3 (100%)	100%
Orders are for 24 hours	4/4 (100%)	4/4 (100%)	11/11 (100%)	2/2 (100%)	2/2 (100%)		3/3 (100%)	5/5 (100%)	100%
Is this a PRN (as needed) Order	0/4 (0%)	0/4 (0%)	0/11 (0%)	0/2 (0%)	0/2 (0%)		0/3 (0%)	0/5 (0%)	0%

\*No restraint orders for this time interval

# NORTHERN INYO HEALTHCARE DISTRICT

## STATEMENT OF OPERATIONS

*for period ending May 31, 2017*

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
<b>Unrestricted Revenues, Gains &amp; Other Support</b>						
<b>Inpatient Service Revenue</b>						
Routine	807,051	891,349	(84,298)	8,364,913	9,632,342	(1,267,429)
Ancillary	2,606,985	2,944,453	(337,468)	27,398,944	31,819,109	(4,420,165)
<b>Total Inpatient Service Revenue</b>	<b>3,414,036</b>	<b>3,835,802</b>	<b>(421,766)</b>	<b>35,763,856</b>	<b>41,451,451</b>	<b>(5,687,595)</b>
<b>Outpatient Service Revenue</b>						
Revenue	8,645,712	7,494,616	1,151,096	83,288,000	80,990,167	2,297,833
<b>Gross Patient Service Revenue</b>	<b>12,059,748</b>	<b>11,330,418</b>	<b>729,330</b>	<b>119,051,857</b>	<b>122,441,618</b>	<b>(3,389,761)</b>
<b>Less Deductions from Revenue</b>						
<b>Patient Service Revenue</b>						
Deductions	291,179	174,933	116,246	2,375,502	1,890,406	485,096
Contractual Adjustments	5,392,189	4,470,539	921,650	51,881,445	48,310,665	3,570,780
<b>*Prior Period Adjustments</b>	<b>(289,685)</b>	<b>-</b>	<b>(289,685)</b>	<b>(5,939,315)</b>	<b>-</b>	<b>(5,939,315)</b>
<b>Total Deductions from Patient Service Revenue</b>	<b>5,393,683</b>	<b>4,645,472</b>	<b>748,211</b>	<b>48,317,632</b>	<b>50,201,071</b>	<b>(1,883,439)</b>
<b>Net Patient Service Revenue</b>	<b>6,666,065</b>	<b>6,684,946</b>	<b>(18,881)</b>	<b>70,734,224</b>	<b>72,240,547</b>	<b>(1,506,323)</b>
<b>Other revenue</b>	<b>65,746</b>	<b>53,820</b>	<b>11,926</b>	<b>531,051</b>	<b>581,600</b>	<b>(50,549)</b>
<b>Total Other Revenue</b>	<b>65,746</b>	<b>53,820</b>	<b>11,926</b>	<b>531,051</b>	<b>581,600</b>	<b>(50,549)</b>
<b>Expenses:</b>						
Salaries and Wages	2,110,531	2,188,850	(78,319)	21,360,755	23,653,695	(2,292,940)
Employee Benefits	945,448	1,423,901	(478,453)	15,215,919	15,387,369	(171,450)
Professional Fees	988,582	718,979	269,603	9,731,842	7,769,606	1,962,236
Supplies	786,510	568,638	217,872	6,725,852	6,144,962	580,890
Purchased Services	314,227	342,193	(27,966)	2,989,233	3,697,904	(708,671)
Depreciation	388,699	428,152	(39,453)	4,576,863	4,626,801	(49,938)
Bad Debts	267,349	198,503	68,846	2,539,926	2,145,114	394,812
Other Expense	429,555	324,933	104,622	3,685,521	3,511,364	174,157
<b>Total Expenses</b>	<b>6,230,902</b>	<b>6,194,149</b>	<b>36,753</b>	<b>66,825,910</b>	<b>66,936,815</b>	<b>(110,905)</b>
<b>Operating Income (Loss)</b>	<b>500,909</b>	<b>544,617</b>	<b>(43,708)</b>	<b>4,439,365</b>	<b>5,885,332</b>	<b>(1,445,967)</b>
<b>Other Income:</b>						
District Tax Receipts	48,644	49,577	(933)	535,083	535,752	(669)
Tax Revenue for Debt	150,920	73,076	77,844	1,660,120	789,693	870,427
Partnership Investment Income	-	-	-	-	-	-
<b>*Grants and Other Contributions</b>	<b>1,040</b>	<b>8,493</b>	<b>(7,453)</b>	<b>117,148</b>	<b>91,779</b>	<b>25,369</b>
Unrestricted Interest Income	19,032	18,563	469	198,801	200,603	(1,802)
Interest Expense	(263,467)	(244,925)	(18,542)	(2,910,884)	(2,646,770)	(264,114)
Other Non-Operating Income	2,151	2,208	(57)	73,192	23,861	49,331
Net Medical Office Activity	(221,515)	(352,134)	130,619	(3,651,128)	(3,805,317)	154,189
340B Net Activity	4,442	12,315	(7,873)	(28,264)	133,079	(161,343)
<b>Non-Operating Income/Loss</b>	<b>(258,752)</b>	<b>(432,827)</b>	<b>174,075</b>	<b>(4,005,932)</b>	<b>(4,677,320)</b>	<b>671,388</b>
<b>Net Income/Loss</b>	<b>242,157</b>	<b>111,790</b>	<b>130,367</b>	<b>433,432</b>	<b>1,208,012</b>	<b>(774,580)</b>

Contractual Percentages

45%

41%

32

41%

41%

\*Per Office of Statewide Health Planning Directive, the PRIME IGT moved from Grants to Prior Year Adj



# NORTHERN INYO HEALTHCARE DISTRICT

## BUDGET VARIANCE ANALYSIS

May-17      Fiscal Year Ending June 30, 2017

Year to date for the month ending May 31, 2017

-577	or	-15%	less IP days than in the prior fiscal year
\$ (5,687,595)	or	-13.72%	under budget in Total IP Revenue and
\$ 2,297,833	or	2.8%	over budget in OP Revenue resulting in
\$ (3,389,761)	or	-2.8%	under budget in gross patient revenue &
\$ (1,506,323)	or	-2.1%	under budget in net patient revenue

Year-to-date Net Revenue was	\$		70,734,224
Total Operating Expenses were:	\$		66,825,910
			for the fiscal year to date
\$ (110,905)	or	-0.2%	under budget. Salaries and Wages were
\$ (2,292,940)	or	-9.7%	under budget and Employee Benefits
\$ (171,450)	or	-1.1%	Under budget due to Defined Benefit Pension Accrual Correction
		71%	Employee Benefits Percentage of Wages

The following expense areas were also over budget for the year for reasons listed:

\$ 1,962,236	or	25.3%	Professional Fees continue to run over budget due to contracted or registry personnel also seen in Salaries & Wages being under budget.
\$ 580,890	or	9.5%	Supplies running over budget primarily in Surgery and Patient Supplies
\$ 394,812	or	18.4%	Bad Debt Expense running over budget
\$ 174,157	or	5.0%	Other Expenses are continuing to run over budget

**Other Information:**

\$ 4,439,365		Operating Income, less
\$ (4,005,932)		loss in non-operating activities created a net income of;
\$ 433,432	\$ (774,580)	Under budget.

	40.59%	Contractual Percentages for Year and
	41.00%	Budgeted Contractual Percentages including

\$ 5,939,315 in prior year cost report settlement activity for Medicare & Medi-Cal including Intergovernment Transfer Funds (IGT) from Managed Care Medi-Cal & Contractuals include the Final settlement for Medicare fiscal year 2015 cost report. We evaluated the 3rd party liabilities for all other Medicare and Medi-Cal open Cost Reports based on current available information resulting in a change in the Prior Year Activities for contractual allowances. Finally, there was an adjustment due to correction for \$495K from Grants to Contractual activity for PRIME IGT receipt from October 2016 bringing the total PRIME IGT receipts for the fiscal year to \$1,985,000.

**Non-Operating actives included:**

\$ (3,651,128) loss	\$ (154,189)	under budget in Medical Office Activities
\$ (28,264)	\$ (161,343)	under budget in 340B Pharmacy Activity

*Northern Inyo Healthcare District*  
*Balance Sheet*  
*Period Ending May 31, 2017*

<b>Assets:</b>	<b>Current Month</b>	<b>Prior Month</b>	<b>Change</b>
<b>Current Assets</b>			
Cash and Equivalents	2,197,973	2,742,509	(544,536)
Short-Term Investments	12,905,428	12,430,316	475,111
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	-	-	-
Other Investments	779,134	779,134	-
Patient Receivable	61,464,299	61,028,358	435,942
Less: Allowances	(46,630,030)	(46,485,545)	(144,485)
Other Receivables	596,521	679,477	(82,957)
Inventories	3,761,437	3,617,598	143,839
Prepaid Expenses	1,319,086	1,307,686	11,400
<b>Total Current Assets</b>	<b>36,393,847</b>	<b>36,099,533</b>	<b>294,315</b>
<b>Internally Designated for Capital</b>			
Acquisitions	1,124,946	1,124,896	50
Special Purpose Assets	1,555,052	849,889	705,162
<b>Limited Use Asset; Defined Contribution</b>			
Pension	344,247	819,358	(475,111)
Limited Use Assets Defined Benefit Plan	14,144,525	14,144,525	-
Limited Use Asset Defined Benefit Plan 003	-	-	-
Revenue Bonds Held by a Trustee	3,035,044	2,855,137	179,906
Less Amounts Required to Meet Current Obligations	-	-	-
<b>Assets Limited as to use</b>	<b>20,203,813</b>	<b>19,793,805</b>	<b>410,008</b>
Long Term Investments	1,750,000	1,750,000	-
Property & equipment, net Accumulated Depreciation	80,395,086	80,824,444	(429,358)
Unamortized Bond Costs	-	-	-
<b>Total Assets</b>	<b>138,742,747</b>	<b>138,467,782</b>	<b>274,964</b>

*Northern Inyo Healthcare District  
Balance Sheet  
Period Ending May 31, 2017*

<b>Liabilities and Net Assets</b>	<b>Current Month</b>	<b>Prior Month</b>	<b>Change</b>
<b>Current Liabilities:</b>			
Current Maturities of Long-Term Debt	39,404	374,159	(334,755)
Accounts Payable	1,780,115	1,756,095	24,019
Accrued Salaries, Wages & Benefits	5,116,597	5,264,980	(148,383)
Accrued Interest and Sales Tax	682,913	251,687	431,226
Deferred Income	48,644	97,288	(48,644)
Due to 3rd Party Payors	1,122,302	1,122,302	-
Due to Specific Purpose Funds	(705,162)	-	(705,162)
Other Deferred Credits; Pension	1,427,520	1,427,520	-
<b>Total Current Liabilities</b>	<b>9,512,333</b>	<b>10,294,032</b>	<b>(781,699)</b>
Long Term Debt, Net of Current Maturities	46,012,756	46,012,756	-
Bond Premium	720,084	721,338	(1,254)
Accreted Interest	10,756,545	10,645,997	110,549
Other Non-Current Liabilities; Pension	33,492,468	33,492,468	-
<b>Total Long Term Debt</b>	<b>90,981,854</b>	<b>90,872,559</b>	<b>109,294</b>
<b>Net Assets</b>			
Unrestricted Net Assets less Income			
Clearing	36,260,076	36,260,026	50
Temporarily Restricted	1,555,052	849,889	705,162
Net Income (Income Clearing)	433,432	191,275	242,157
<b>Total Net Assets</b>	<b>38,248,560</b>	<b>37,301,191</b>	<b>947,369</b>
<b>Total Liabilities and Net Assets</b>	<b>138,742,746</b>	<b>138,467,782</b>	<b>274,964</b>

**NORTHERN INYO HEALTHCARE DISTRICT**  
**OPERATING STATISTICS**  
*for period ending May 31, 2017*

	FYE 2017		FYE 2016	Variance %	
	Month to Date	Year-to-Date	Year-to-Date	Variance from PY	
Licensed Beds	25	25	25		
Total Patient Days with NB	304	3,208	3,785	(577)	-15%
Total Patient Days without NB	276	2,898	3,444	(546)	-16%
Swing Bed Days	32	360	647	(287)	-44%
Discharges without NB	92	983	1,037	(54)	-5%
Swing Discharges	6	58	101	(43)	-43%
Days in Month	31	335	336		
Occupancy without NB	8.90	8.65	10.25	(1.6)	-16%
Average Stay (days) without NB	3.00	2.95	3.32	(0.4)	-11%
Average LOS without NB/Swing	2.84	2.74	2.99	(0.2)	-8%
Hours of Observation (OSHPD)	946	8,398	6,165	2,233	36%
Observation Adj Days	39	350	257	93	36%
ER Visits All Visits	711	9,091	7,859	1,232	16%
RHC Visits (OSHPD)	3,333	26,915	25,123	1,792	7%
Outpatient Visits (OSHPD)	3,094	32,311	32,124	187	1%
IP Surgeries (OSHPD)	23	251	282	(31)	-11%
OP Surgery (OSHPD)	115	1,128	1,126	2	0%
Worked FTE's	348.00	333.00	321.00	12	4%
Paid FTE's	383.00	372.00	362.00	10	3%
Hours Worked to Hours Paid%	90.9%	89.5%	88.7%	0.8%	1%
Payor %					
Medicare		41%	40%	1%	
Medi-Cal		23%	24%	-1%	
Insurance, HMO & PPO		33%	35%	-1%	
Indigent (Charity Care)		1.1%	0.3%	0.9%	
All Other		2%	2%	0%	
Total		<u>100%</u>	<u>100%</u>		

## Northern Inyo Healthcare District

### Financial Indicators as of May 31, 2017

	Target	May-17	Apr-17	Mar-17	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16	Sep-16	Aug-16
Current Ratio	>1.5-2.0	3.83	3.51	3.41	3.45	3.53	3.69	2.85	2.95	2.60	2.15
Quick Ratio	>1.33-1.5	3.23	2.96	2.88	2.90	2.93	2.92	2.46	2.41	2.20	1.83
Days Cash on Hand prior method	>75	160.60	159.55	160.80	157.10	151.40	140.37	160.86	145.43	157.98	168.91
Days Cash on Hand Short Term Sources	>75	75.71	76.12	77.66	79.99	71.85	62.90	85.97	67.02	77.60	86.56
Debt Service Coverage	>1.5-2.0	1.96	1.91	2.07	2.23	2.17	2.13	2.46	2.30	2.80	3.18
Operating Margin		6.18	6.06	6.01	6.83	6.30	5.59	7.48	6.43	8.37	
Outpatient Revenue % of Total Revenue		69.96	69.76	69.43	69.11	69.10	69.28	68.11	67.48	67.03	
Cash flow (CF) margin (EBIDA to revenue)		2.84	2.59	3.41	4.27	3.94	3.71	5.43	4.53	7.01	
Days in Patient Accounts Receivable	<60 Days	89.00	86.00	85.10	76.70	80.80	77.70	75.60	75.00	77.80	78.50

**Debt Service Coverage as outlined in 2010 and 2013 Revenue Bonds require that the district has a debt service coverage ratio of 1.50 to 1 (can be 1:25 to 1 with 75 days cash on hand)**  
 Debt Service Coverage is calculated as Net Income (Profit/Loss) from the Income Statement PLUS Depreciation & Interest Expense added back divided by the Current Interest & Principle for TOTAL DEBT from the Debt Information divided by number of closed fiscal periods

Current Ratio Equals (from Balance Sheet) Current Assets divided by Current Liabilities

Quick Ratio Equals (from Balance Sheet) Current Assets;Cash and Equivalents through Net Patient Accounts Receivable Only divided by Current Liabilities

# NORTHERN INYO HEALTHCARE DISTRICT

## *Investments as of May 31, 2017*

ID	Purchase Date	Maturity Date	Institution	Broker	Rate	Principal Invested
2	02-May-17	01-Jun-17	Local Agency Investment Fund	Northern Inyo Hospital	0.93%	12,655,427.73
3	13-Jun-14	13-Jun-18	Synchrony Bank Retail-FNC	Financial Northeaster Corp.	1.60%	250,000.00
Short Term Investments						\$ 12,905,427.73
4	28-Nov-14	28-Nov-18	American Express Centurion Bank	Financial Northeaster Corp.	2.00%	150,000.00
5	02-Jul-14	02-Jul-19	Barclays Bank	Financial Northeaster Corp.	2.05%	250,000.00
6	02-Jul-14	02-Jul-19	Goldman Sachs Bank USA NY CD	Financial Northeaster Corp.	2.05%	250,000.00
7	20-May-15	20-May-20	American Express Centurion Bank	Financial Northeaster Corp.	2.05%	100,000.00
8	26-Sep-16	27-Sep-21	Comenity Capital Bank	Multi-Bank Service	1.70%	250,000.00
9	02-Sep-16	28-Sep-21	Capital One Bank	Multi-Bank Service	1.70%	250,000.00
10	28-Sep-16	28-Sep-21	Capital One National Assn	Multi-Bank Service	1.70%	250,000.00
11	28-Sep-16	28-Sep-21	Wells Fargo Bank NA	Multi-Bank Service	1.70%	250,000.00
Long Term Investments						\$ 1,750,000.00
Total Investments						\$ 14,655,427.73
1	42857	42887	LAIF Defined Cont Plan	Northern Inyo Hospital	0.93%	\$ 344,247.00
LAIF PENSION INVESTMENTS						\$ 344,247.00
						14,999,674.73

**NORTHERN INYO HEALTHCARE DISTRICT**  
*Restricted and Specific Purpose Fund Balances*  
*for period ending May 31, 2017*

	<u>Current Month</u>	<u>Prior Month</u>	<u>Change</u>
<b>Board Designated Funds:</b>			
Tobacco Fund Savings Account	\$ 1,098,222	\$ 1,098,172	50
Equipment Fund Savings Account	\$ 26,724	\$ 26,724	-
<b>Total Board Designated Funds:</b>	<b>\$ 1,124,946</b>	<b>\$ 1,124,896</b>	<b>\$ 50</b>
<b>Specific Purpose Funds:</b>			
* Bond and Interest Savings Account	\$ 1,421,924	\$ 716,761	\$ 705,162
Nursing Scholarship Savings Account	\$ 33,036	\$ 33,036	\$ -
Medical Education Savings Account	\$ 75	\$ 75	\$ -
Joint NIHD/Physician Group Savings Account	\$ 100,016	\$ 100,016	\$ -
<b>Total Specific Purpose Funds:</b>	<b>\$ 1,555,052</b>	<b>\$ 849,889</b>	<b>\$ 705,162</b>
<b>Grand Total Restricted and Specific Purposes Funds:</b>	<b>\$ 2,679,998</b>	<b>\$ 1,974,785</b>	<b>\$ 705,213</b>

\*Bond and Interest Saving Account Activity is the result of payment of General Obligation Bonds

CALL TO ORDER                    The meeting was called to order at 10:37 am by Peter Watercott, President.

PRESENT                            Peter Watercott, President  
John Ungersma, MD, Vice President  
M.C. Hubbard, Secretary  
Mary Mae Kilpatrick, Treasurer

ALSO PRESENT                    Kevin S. Flanigan, MD, MBA, Chief Executive Officer  
Kelli Huntsinger, Chief Operating Officer  
Kristina Gritsutenko, Chief Financial Officer  
Carrie Petersen, Chief Accounting Officer  
Evelyn Campos Diaz, Chief Human Resources Officer  
Robin Cassidy, Director of Information Technology  
Sandy Blumberg, Executive Assistant

ABSENT                             Phil Hartz, Member At Large  
Tracy Aspel, Chief Nursing Officer

OPPORTUNITY FOR  
PUBLIC COMMENT                Mr. Watercott announced that at this time persons in the audience may speak only on items listed on the Notice for this meeting, and speakers will be limited to a maximum of three minutes each. No comments were heard.

ATHENA HEALTH  
SERVICES  
AGREEMENT                      Chief Executive Officer Kevin S. Flanigan, MD, MBA called attention to a proposed agreement with Athena Health Services for replacement of Northern Inyo Healthcare District's (NIHD's) Electronic Health Record (EHR) and Hospital Information System. A representative from Athena Health was present to answer questions, and it was noted that the proposed agreement has been reviewed and approved by District legal counsel and if signed prior to July 1 2017 the result will be a significant cost-savings for the District. Following review of the information provided it was moved by M.C. Hubbard, seconded by John Ungersma MD, and unanimously passed to approve the agreement with Athena Health Services as presented, with the net effect on this year's budget being an unbudgeted expense of \$70,000.

ADJOURNMENT TO  
CLOSED SESSION                At 11:23 am Mr. Watercott stated the meeting would adjourn to closed session to allow the Board of Directors to confer with Legal Counsel regarding pending litigation (2 cases) pursuant to Government Code Section 54956.9.

RETURN TO OPEN  
SESSION AND REPORT  
OF ACTION TAKEN                At 12:36 pm the meeting returned to open session. Mr. Watercott announced that the Board took no reportable action.

ADJOURNMENT                    The meeting adjourned at 12:38 pm.



\_\_\_\_\_  
Peter Watercott, President

Attest:

\_\_\_\_\_  
M.C. Hubbard, Secretary



**NORTHERN INYO HOSPITAL**  
*Northern Inyo Healthcare District*  
150 Pioneer Lane, Bishop, California 93514

Medical Staff Office  
(760) 873-2136 voice  
(760) 873-2130 fax

TO: NIHD Board of Directors  
FROM: Richard Meredick, MD, Chief of Medical Staff  
DATE: July 5, 2017  
RE: Medical Executive Committee Report

The Medical Executive Committee met on this date. Following careful review and consideration, the Committee agreed to recommend the following to the NIHD Board of Directors:

**1. Policy/Procedure/Protocols/Order Sets (action items)**

- *High Alert Medications: Preparation, Dispensing, Storage*
- *Establishing a New Privilege or New Service (with worksheet)*
- *Endovaginal Ultrasound Probe Storage, Transportation, and Disinfection*
- *Glutaraldehyde Use Station GUS – STATION HIGH-LEVEL DISINFECTION DEVICE*

**2. NIHD Medical Staff Officers and Service Chiefs for Medical Staff Year 2017-2018 (action item)**

**3. Allied Health Professional (AHP) Privileging (action item)**

- Jennifer Figueroa, PA-C (Rural Health Clinic)

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: High Alert Medications: Preparation, Dispensing, Storage</b>	
Scope:	Department: <b>Pharmacy</b>
Source: Pharmacy Director	Effective Date: 4/19/04

**PURPOSE:**

To ensure that the preparation, dispensing, and storage of high alert medications occurs safely

**POLICY:**

1. High Alert medications are cancer chemotherapy drugs, monoclonal antibody drugs, concentrated electrolytes solutions, insulin, heparin, PCA narcotics, neuromuscular blocking agents and any medications designated as High Alert by the Pharmacy and Therapeutics Committee.
2. High Alert medications will not be dispensed or prepared for dispensing without a written Provider order.
3. Prior to preparation or dispensing, the pharmacist will check the diagnosis, indications, contraindications, precautions, adverse effects, dose, route of administration in an FDA sanctioned publication (e.g.: the package insert), or in a industry-recognized compendium such as the American Hospital Formulary Service, Facts and Comparisons Chemotherapy Manual, or in a peer-reviewed article in a recognized medical journal. This step may be skipped if the pharmacist is sufficiently familiar with the drug to judge the safety and appropriateness of the order.
4. The drug will only be prepared and dispensed if the pharmacist is satisfied of the safety and appropriateness of the drug and dose.
5. For cancer chemotherapy orders and for orders written on a Chemotherapy Orders sheet, the pharmacy Chemotherapy Policy and Procedure will be followed.
6. Prior to the final mixing of non-chemotherapy High Alert medication, the prepared dose of the medication will be double checked by another pharmacist, a pharmacy technician, or a registered nurse.

**Department specific actions for High Alert Medications:**

<b>Class of Medication</b>	<b>Pharmacy</b>	<b>Nursing</b>
Chemotherapy	Segregated in pharmacy Double check	Double check
Monoclonal Antibody	Segregated in Pharmacy Double check	Double check
Concentrated Electrolyte Sol.	Alert Note in Pharmacy Double check	<b>3% Sodium Chloride 500ml in ED only, witness required.</b>
Insulin	Double check	Double check
Heparin	Pre-mix sol	Double check
PCA Narcotics	Double check	Double check Alert packaging
Neuro-Muscular Blocking	Alert Note in Pharmacy	Alert packaging

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: High Alert Medications: Preparation, Dispensing, Storage</b>	
Scope:	Department: <b>Pharmacy</b>
Source: Pharmacy Director	Effective Date: 4/19/04

Agent		
Oxytocin	Double check	Double check Alert packaging
OB Premixed Epidural	Mixed by Pharmacist Only	Lock Box in Refrigerator Alert packaging Double check

Double check means that medication and dose are independently checked by 2 licensed practitioners.

<b>Committee Approval</b>	<b>Date</b>
Pharmacy and Therapeutics Committee	<del>12/17/2009</del> 6/23/2017
Policy and Procedures Committee	12/17/2009
<a href="#">Medical Executive Committee</a>	<a href="#">7/5/2017</a>
Board of Directors	1/15/2009

Revised      2/04, 12/09  
Reviewed     10/05, 9/10,  
                  9/11, 9/12,  
                  11/13, 4/14,  
                  3/15/17  
Supersedes   2/01

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Establishing a New Privilege or New Service	
Scope: Medical Staff, NIHD	Manual: Medical Staff Office
Source: Medical Staff Support Manager	Effective Date:

**PURPOSE:**

To establish a mechanism to approve a new privilege, service, or technique which is not covered by an existing privilege delineation form. To establish a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified period of time to support the request.

**POLICY:**

A new procedure or treatment, which is not covered by an existing privilege delineation form, may not be performed without prior determination by the relevant service line, the Credentials Committee, the Medical Executive Committee, and the Board of Directors, that the procedure or treatment is appropriate to include among the services available to patients at Northern Inyo Healthcare District (NIHD).

**PROCEDURE:**

- A. A request for new privileges shall include a description of the procedure or treatment, a description of resources needed to establish the new privilege(s), qualifications of those who may request the privilege(s), including any special training and/or proctoring required, and all other pertinent criteria or information (may use attached worksheet). Scientific literature and other sources of guidance used in making these determinations should be referenced.
- B. Prior to the establishment of a clinical privilege, the Medical Staff and Administration will assure the following:
  - 1. Criteria has been developed defining current competence for practitioners who may request the privilege;
  - 2. The setting in which the privilege may or may not be performed has been determined;
  - 3. The privilege is within the scope of services provided by the organization;
  - 4. Appropriate policies, when necessary, have been developed to support the privilege;
  - 5. NIHD has the appropriate equipment and supplies to support the privilege;
  - 6. NIHD has an adequate number of qualified staff to support the privilege;
  - 7. The financial resources necessary to support the privilege have been committed;
  - 8. The Medical Staff Office is informed regarding the potential new service in order to address clinical privilege revisions, as appropriate.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Establishing a New Privilege or New Service	
Scope: Medical Staff, NIHD	Manual: Medical Staff Office
Source: Medical Staff Support Manager	Effective Date:

- C. The practitioner (or Service Chief, or other designee) requesting the new privilege or service shall submit the proposal to the Credentials Committee. If necessary, the Credentials Committee may request, among other options, consultation with outside experts, additional literature review, and/or presentation for general discussion at relevant medical staff meetings before making a recommendation to the Medical Executive Committee.
- D. The Credentials Committee will submit a written recommendation to the Medical Executive Committee. The Medical Executive committee shall review the proposed privilege criteria and proctoring requirements, and may conduct additional reviews and/or interviews, as it deems appropriate.
- E. The Medical Executive Committee will submit a written final recommendation to the NIHD Board of Directors. Following the Board’s approval of the new privilege(s), requests for privileges may be submitted by individual practitioners to the Medical Staff Office.

**REFERENCES:**

1. The Joint Commission. (2016). CAMCAH MS 06.01.01.
2. National Association of Medical Staff Services: Edge-U-Cate, LLC., The Credentialing School. (2013). “Policy for Request for New Procedure/Treatment.” Retrieved from: <http://www.namss.org/Portals/0/StateAssociations/Colorado/Sample%20Policy%20%20for%20New%20Priv%20Request.pdf>
3. National Association of Medical Staff Services: NAMSS Credentialing 101. (2010) “Establishing New Privilege/New Procedure Criteria.” Retrieved from: <http://www.namss.org/Portals/0/Education/Cred101PreWork/Appendix%20G.pdf>
4. Stanford Hospital and Clinics. (2015). “Request for New Privileges for use of New Technology/Procedures.” Retrieved from: <http://www.namss.org/Portals/0/Education/Cred101PreWork/Appendix%20G.pdf>

**CROSS REFERENCE P&P:**

1. NIHD Form: Establishing New Privilege/New Service Criteria Worksheet (attached)

<b>Approval</b>	<b>Date</b>
Credentials Committee	06/06/17
Administration	06/13/17
MEC	07/05/17
Board of Directors	
Last Board of Directors Review	

Developed: 04/2017

Reviewed/Revised:

Supersedes: N/A

Responsibility for review and maintenance: Medical Staff Support Manager/Chief of Staff

Index Listings: new privilege, new service



**NEW PRIVILEGE/NEW SERVICE CRITERIA WORKSHEET**

<p><b>Privilege/Service Requested</b></p>	<p>Brief description of request:</p>
<p><b>Hospital Assessment</b></p>	<p>The Medical Staff and Hospital Administration have reviewed the request to perform this procedure or to provide this service, the suggested criteria and agree that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is a community need</li> <li><input type="checkbox"/> Hospital has sufficient space</li> <li><input type="checkbox"/> Hospital has sufficient resource personnel appropriately trained</li> <li><input type="checkbox"/> Financial/reimbursement issues have been clarified</li> <li><input type="checkbox"/> Hospital can accommodate this new procedure/treatment/service</li> <li><input type="checkbox"/> Issues/problems have been identified concerning the following:</li> </ul>
<p><b>Necessary Equipment Purchases</b></p>	<p>Describe any necessary purchases and their cost:</p>
<p><b>Required Education and Training</b></p>	<p>What degree and education must a successful applicant have? Select all that apply.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MD/DO</li> <li><input type="checkbox"/> DDS/DMD</li> <li><input type="checkbox"/> DPM</li> <li><input type="checkbox"/> PA-C</li> <li><input type="checkbox"/> NP</li> <li><input type="checkbox"/> CRNA</li> <li><input type="checkbox"/> Other: _____</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Successful completion of an accredited medical/professional school</li> <li><input type="checkbox"/> Successful completion of an accredited residency/fellowship</li> <li><input type="checkbox"/> Other training: _____</li> </ul>
<p><b>General Requirements for Applicant</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Must be Board Certified/Board Eligible</li> <li><input type="checkbox"/> Specialties (if any) who may perform the new privilege _____</li> <li><input type="checkbox"/> Other requirements: _____</li> </ul> <p>How much recent direct or indirect experience in the new privilege/service must the applicant demonstrate?</p>

<b>References and/or Evaluations</b>	How many and what type of references are required, if any?
<b>Monitoring/ Proctoring</b>	Proctoring requirements for granting of privileges? Qualifications of Proctors?
<b>CME Requirements</b>	Are there any CME/CE requirements for the new privilege/service?
<b>Reappointment/ Re-privileging Requirements</b>	Current competence demonstrated by how many/what type of procedures at time of reappointment/re-privileging?
<b>Other</b>	Please specify any other details:
<b>Approvals</b>	<hr/> <div style="display: flex; justify-content: space-between;"> <span>Service Chief Signature</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Credentials Committee Chair Signature</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Chief of Staff Signature</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Board of Directors President Signature</span> <span>Date</span> </div>



**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Endovaginal ultrasound probe storage, transportation, and disinfection	
Scope: Emergency Department, Perinatal Services, Diagnostic Imaging	Manual: CPM – IC?
Source: Director of Nursing Critical Care	Effective Date:

**PURPOSE:**

To ensure that endovaginal ultrasound (US) probes are transported, disinfected, and stored in a manner that promotes infection control

**POLICY:**

1. After every use of an endovaginal US probe, the probe will be sent to Diagnostic Imaging (DI) for high-level disinfection. After disinfection, the probe will be covered with a non-sterile latex ultrasound probe cover to maintain disinfection and returned to the proper department.

**PROCEDURE:**

1. Before using the endovaginal transducer, the nurse or physician will check to see that the latex ultrasound probe cover is in place and intact. If the cover is not in place and intact, the probe will be sent to DI for high-level disinfection before it can be used.
2. Immediately prior to use for a patient exam, the latex cover will be removed and replaced with a new latex probe cover.
3. After the exam, the US probe will be removed from the ultrasound machine.
  - a. On the Sonosite Edge US unit in the ER, the probe may be removed by turning the metal key that attaches the probe one quarter turn and carefully unplugging the probe.
  - b. On the GE US units, the probe may be removed by turning the gray knob on the plug end of the US probe one quarter turn and carefully unplugging the probe.
  - c. On the Toshiba US unit, the probe may be removed by turning the gray-striped knob on the plug end of the US probe one quarter turn and carefully unplugging the probe.
4. Remove the used latex probe cover.
5. Wipe off the US probe with **hospital and manufacture approved alcohol free “green-top” Sani-Cloth HB**-germicidal disposable wipe.
6. After covering the end of the probe with a plastic bag, the entire probe and cord will be placed in a second plastic bag and taken to DI for high-level disinfection according to policy.
7. After high-level disinfection, DI will place a clean, non-sterile latex US probe cover on the probe and return to the department of origin.

**REFERENCES:**

1. Sonosite Edge user manual - <http://onesourcedocs.com/member/show-document.html?id=746464>
2. GE Logiq 9 user manual - <http://onesourcedocs.com/member/show-document.html?id=455572>
3. Toshiba Aplio 500 user manual

**CROSS REFERENCE P&P:**

1. Glutaraldehyde Use Station GUS – STATION HIGH-LEVEL DISINFECTION DEVICE

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Endovaginal ultrasound probe storage, transportation, and disinfection	
Scope: Emergency Department, Perinatal Services, Diagnostic Imaging	Manual: CPM – IC?
Source: Director of Nursing Critical Care	Effective Date:

<b>Approval</b>	<b>Date</b>
<b>CCOC</b>	6/5/17
<b>Infection Control Committee</b>	6/23/16
<b>MEC</b>	07/5/17
<b>Board</b>	

**Developed: 02/25/2016 ACS**

**Reviewed:**

**Responsibility for review and maintenance: Director of Nursing Critical Care**

**Index List**

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Glutaraldehyde Use Station GUS – STATION HIGH-LEVEL DISINFECTION DEVICE	
Scope: RHC, Diagnostic Imaging, Central Sterile Processing & ED	Manual: CPM - Infection Control-Environmental (ICE)
Source: Operations - Director of Diagnostic Services (DI & Lab)	Effective Date:

**PURPOSE:**

Disposing of used high-level disinfectant places the employee at a high level of risk of exposure to fumes. The danger arises from splatters, splashes or spills of the non-neutralized Cidex OPA (ortho-phthalaldehyde, glutaraldehyde). The purpose of this policy is to provide guidance for the safe use, testing and disposal of Cidex OPA.

**POLICY:**

Adhere to state guidelines pertaining to disposing of hazardous wastes, utilizing all mechanisms for personnel protection and safety to properly transport hazardous material from area of use and while filling the GUS station with high-level disinfectant solution, Cidex OPA.

**PRECAUTIONS:**

1. ~~1.~~ The manufacture's procedure for mixing glutaraldehyde shall be followed and the expiration date will be printed across lid of container where glutaraldehyde is stored. Glutaraldehyde expires 75 days after the manufacturer's container is opened.
2. ~~(Solution expires 14 days from mixing date in the tube in the GUS station must be replaced every 14 days.)~~ The container should be labeled "fill" date and "change" date.
23. The employee shall use protective gear that includes but is not limited to:
  - a. Gown
  - b. Full face shield
  - c. Gloves

Utilize Glycine product to neutralize glutaraldehyde prior to disposal of expired glutaraldehyde solution from the GUS station.

**PRINCIPLE OF OPERATION OF GUS:**

Air is drawn through the front opening, forcing vapors away from the operator and up into the filter, where they are effectively neutralized.

Clean air is returned to the room through the side vents.

**USING HIGH-LEVEL DISINFECTANTS with GUS**

1. Switch system on using the RED lighted Power Switch prior to opening the acrylic locked door on the system.
2. Fill the high-level disinfectant tube with glutaraldehyde solution to the fill line while the tube remains in the GUS station with the fan switch on.
3. Use the second tube for initial rinsing of instruments prior to removal from the GUS System. Rinse water may be used for up to 24 hours, then must be changed.
4. After patient use, wipe the soiled vaginal probe with hospital and manufacture approved alcohol free germicidal disposable wipe Sani-cloth HB (with green colored lid) cloth to remove all conductive

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Scope: RHC, Diagnostic Imaging, Central Sterile Processing & ED	Manual: CPM - Infection Control-Environmental (ICE)
Source: Operations - Director of Diagnostic Services (DI & Lab)	Effective Date:

gel. Remove the lid from the high-level disinfectant tube in the GUS station. Insert the vaginal probe into the high-level disinfectant tube, clamping the cord to prevent the probe from striking the bottom of the tube. Pushing back on the blue tab and sliding the cord into the clamp assures the cord is held in position. **It is recommended that you leave the system running at all times when you have the lid off of the high-level disinfectant tube.**

5. Immediately prior to use of the high-level disinfectant, the solution must be checked to assure the concentration of the disinfectant is above the minimum concentration required. (See glutaraldehyde Solution Test Strip section of procedure.) Verification shall be logged on Cidex OPA Solution Record Log sheet.
6. The probe **must remain in the high-level disinfectant solution for 12 minutes**. It should not be left in for prolonged periods, as damage may occur to the crystals in the ultrasound probe. Soak in/out times shall be logged on Cidex OPA Solution Record Log sheet.
7. After disinfection, the probe is moved to the rinse tube, where it is dipped several times without striking the probe against the tube.
8. Then the probe is placed under running tap water in the sink for the final rinse. Probe is then considered disinfected and ready for use.
9. **Following disinfection, the probe shall be covered at all times when not in use.**

**GLUTARALDEHYDE SOLUTION TEST STRIP QUALITY CONTROL AND USAGE**

- 1) The test strips must be contained in the original bottle with the lid closed tightly after each use.
- 2) Upon opening the test strips, strip bottle must be labeled with an “open” date/initials and an “expire” date. They expire after 90 days. If the bottle is left open more than 30 minutes, it must be discarded.
- 3) Quality control shall be performed on the test strips when a new bottle is opened and every two weeks until expiration of strips.
- 4) Test strip quality control procedure:
  - a) To prepare positive and negative control solutions for testing, first verify that the labeled expiration date for the solution is appropriate. This solution may be used as a positive control. To prepare a negative control, dilute one part of full strength solution with one part water. Label each control solution appropriately.
  - b) Following the directions for strip use, submerge three test strips in each of the above freshly prepared solutions for one second each. Remove. The three strips dipped in the full strength positive control solution should exhibit a complete purple color on the indicating pad at 90 seconds. The three strips dipped in the diluted negative control should either remain completely blue or exhibit an incomplete color change to purple when read at 90 seconds. Refer to the color chart on the test strip bottle for interpretation of results.
  - c) Quality control on the testing strips shall be performed on each newly opened bottle of Cidex OPA Solution Test strips, and repeated every two weeks.
  - d) If the results of test strip quality control indicate the strip is not functioning, repeat. If the quality control fails again, open a new bottle of strips. Test newly opened bottle. If strip quality control fails on multiple bottles of strips, return strips to Supervisor, documenting lot number, for contact with manufacturer for investigation of lot #.

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Source: Operations - Director of Diagnostic Services (DI & Lab)	Effective Date:

- 5) Completely submerge the indicating pad on the end of the test strip for one second in the glutaraldehyde solution within the disinfecting tube, and then remove. Do not swirl the test strip as it may remove the reagent.
- 6) Read the test strip 90 seconds after removal from the glutaraldehyde. Effective concentration will show as purple on the indicating pad. If any blue appears on the indicating pad (apart from the top line) the glutaraldehyde is below acceptable strength and requires replacement prior to high-level disinfecting the vaginal probe.
- 7) Dispose of the used test strip in the waste bin.

**CHANGING THE EXPIRED SOLUTION AND DISPOSAL OF HIGH-LEVEL DISINFECTANT SOLUTION**

1. Add 15 ml of Glycine granules to the glutaraldehyde solution, while the tube remains in the GUS Station and the RED power switch is on.
  - a. This neutralizer will turn the solution an iridescent black color. This color change indicates the glutaraldehyde has been bound with the Glycine product, leaving the new compound neutralized.
  - b. Simply open the Glycine bottle (2 ounce) and sprinkle 15 ml, one-fourth of the bottle, evenly over the glutaraldehyde solution in the tube and replace the cover. Dispose of after 5 minutes.
2. Prior to removing the tube from the GUS Station, the staff is required to don personal protective equipment. This includes: full-face shield, cover gown and gloves.
3. The high-level disinfection tube should be removed from the GUS Station with the lid securely closed on the tube. It should be carried directly to the dirty utility sink.
4. The solutions should be carefully, slowly poured down the sink, to avoid splashing.
5. **It is essential that the tube be thoroughly rinsed with clean water, and then washed with soap, water and friction. Following cleaning the tube should be visually inspected to ensure that all non-dissolved crystals have been removed. Failure to do this could reduce the efficacy of the new high-level disinfectant.** Over time the tube will become discolored by the recurrent use of the Glycine. This does not necessitate tube replacement.
6. The clean tube should be re-inserted into the GUS Station and the RED switch turned on. The tube may then be refilled with glutaraldehyde solution. The staff member must utilize the same personnel protective equipment during the handling of the high-level disinfectant solution.
7. The lid should be closed until solution is needed to disinfect the vaginal probe.
8. The tube container needs to be labeled with the date and time and new expiration date and time. The solution is effective for 14 days.

**In case of accidental exposure or spill please follow procedure or refer to SDS guidelines, and guidelines below:**

**EMERGENCY AND FIRST AID PROCEDURE FOR SPILL OF GLUTARALDEHYDE.**

**EYES:** flush thoroughly with water and get medical attention immediately.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

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Source: Operations - Director of Diagnostic Services (DI & Lab)	Effective Date:

**SKIN:** flush thoroughly with water, if irritation persists, get medical attention.

**INHALATION:** remove to fresh air, if symptoms persist, get medical attention.

**INGESTION:** do not induce vomiting, drink copious amounts of milk and get medical attention.

**STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:**

**LARGE SPILLS:** Add POLYFORM -F granules around the perimeter of the spill to dike the liquid and prevent spreading. From the upwind side, cover the entire area from edge to edge at a ratio of about 1:1, completely covering the spill and taking care to avoid vapors and splashing. **DO NOT MIX ALLOW TO STAND.** Sweep up material using dust pan and brush provided in kit and dispose of neutralized waste in the regular trash. Dispose of container after use.

**SMALL SPILLS:** Spray with diluted 50% solution (diluted with water) of Formalex solution, let stand 3-5 minutes and wipe up with paper towel. Rinse with water and wipe up. Products used to wipe up can be disposed of in regular trash.

**CLEANING**

Clear acrylic doors and white plastic enclosure: Use an all-purpose glass cleaner. Do not use solvents on the acrylic.

Painted metal parts: Use mild detergents solution such as dish washing liquid and water.

**REFERENCES:**

1. Manufacturer literature for GUS – Station
2. Manufacturer literature *Surgicos* Cidex Solution Bottle
3. Manufacturer literature *Advanced Sterilization Products* Cidex Solution Test Strips Package Insert from bottle
4. Safety Data Sheet
5. Literature on Glycine from manufacturer.
6. Current and Relevant JCAHO and Title 22 Standards

<b>Approval</b>	<b>Date</b>
CCOC	6/5/17

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Glutaraldehyde Use Station GUS – STATION HIGH-LEVEL DISINFECTION DEVICE	
Scope: RHC, Diagnostic Imaging, Central Sterile Processing & ED	Manual: CPM - Infection Control-Environmental (ICE)
Source: Operations - Director of Diagnostic Services (DI & Lab)	Effective Date:

Infection Control Committee	<u>6/23/16</u> <del>6/23/2016</del>
MEC	<u>7/5/17</u>
Board of Directors	
Last Board of Director review	

Developed: 3/08

Reviewed: 7/15

Revised: 02/2016, 5/17RC

Supersedes:

Index Listings:

in review

**NORTHERN INYO HEALTHCARE DISTRICT MEDICAL STAFF**  
**OFFICERS AND SERVICE CHIEFS**

July 1, 2017 – June 30, 2018

**OFFICERS**

CHIEF OF STAFF	Richard Meredick, M.D.
VICE CHIEF OF STAFF	Allison Robinson, M.D.
IMMEDIATE PAST CHIEF OF STAFF	Joy Engblade, M.D.

**SERVICE CHIEFS**

CHIEF OF EMERGENCY ROOM SERVICE	Sierra Bourne, M.D.
CHIEF OF MEDICINE/INTENSIVE CARE	Nickoline Hathaway, M.D.
CHIEF OF OBSTETRICS	Martha Kim, M.D.
CHIEF OF PEDIATRICS	Charlotte Helvie, M.D.
CHIEF OF RADIOLOGY	Thomas McNamara, M.D.
CHIEF OF SURGERY	L. Jeanine Arndal, M.D.

Member-at-Large, [Medical] Executive and Quality Improvement Committees: Anne Goshgarian, MD