Northern Inyo Hospital

October 18 2017 Regular Meeting

October 18 2017 Regular Meeting - October 18 2017 Regular

DRAFT AGENDA

NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

October 18, 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. New Business
   A. Inyo County Health and Human Services Childhood Obesity presentation (*information item*).
   B. Medical Staff Services Pillars of Excellence quarterly report (*information item*).
   C. NIH Foundation Board Member nominations, Heidi Dougherty and Pat Nahin (*action items*).
4. Old Business
   A. Compounding Pharmacy update (*information item*).
   B. School Clinic update (*information item*).
   C. Athena implementation update (*information item*).

Consent Agenda (action items)

4. Approval of minutes of the August 23, 2017 special meeting
5. Approval of minutes of the September 20, 2017 regular meeting
6. 2013 CMS Validation Survey Monitoring, October 2017
7. Policy and Procedure annual approvals (Attachment A to Agenda)

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8. Data and Information Committee report (*information item*).
9. Chief Executive Officer report (*information item*).
10. Chief Operating Officer report (*information item*).
11. Chief Financial Officer report (*information item*).
    A. Financial and Statistical reports for August 31, 2017 (*action item*)
12. Chief Human Relations Officer report (*information item*).
13. Chief Nursing Officer report (*information item*).

14. Chief of Staff Report; Richard Meredick, MD:

A. Policies/Procedures/Protocols/Order Sets approvals (*action items*):

- *Patient Food From Non-Hospital Sources*
- *MICN Guidelines*
- *Rapid Response Team*
- *Pre-Hospital Care*

B. Medical Staff Appointment/Privileges (*action items*):

- Uttama Sharma, MD (*RHC Family Practice – provisional active staff*)
- Jayson Morgan, MD (*Renown Cardiology – telemedicine staff*)
- Eric Wallace, MD (*Bishop Radiology Group – provisional consulting staff*)
- Jacqueline Theis, OD (*UC Berkeley Optometry – telemedicine staff*)*

**credentialing by proxy per bylaws section 3.6.1*

C. Temporary Locum Tenens Privileges (*action items*)

- Erica Rotondo, DO (*family practice*) – locum tenens assignment in the Internal Medicine clinic from 10/30/17 – 5/04/18
- Kristin Irmiter, MD (pediatrics) – locum tenens assignment in RHC, Bishop Pediatrics and Allergy clinic, and newborn care from 10/30/2017 – 4/27/2018

D. Core Privilege Forms (*action item*)

- Emergency Medicine

16. Reports from Board members (*information items*).

17. 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, 1 matter 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*).

E. To conduct Chief Executive Officer performance evaluation (*pursuant to Government Code Section 54957*).

18. Return to open session and report of any action taken in closed session.
19. 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
One Team. One Goal. Your Health.

Medical Staff Services

Department: Medical Staff Administration

Pillars of Excellence: FY July 1, 2017-June 30, 2018 (**rolling quarter**)

Indicator	Baseline	Goal	Oct-Dec 2016 Q2	Jan-Mar 2017 Q3	Apr-Jun 2017 Q4	Jul-Sep 2017 Q1	YTD
Service							
1. Customer satisfaction							
a. Average Credentialing TAT (from receipt of complete application)	1 day	<21 days	1 d	7 d	14 d	9 d	10 d
b. Average Privileging TAT (from receipt of complete application)	17 days	<60 days	17 d	19 d	30 d	18 d	22 d
c. Number of applications abandoned	1	<1 per Q	1	0	5	1	7
d. Percent on-time start	50%	100%	50%	100%	100%	92%	92%
Quality							
1. Application times							
a. Average time for any application materials to be returned	23 days	<14 days	23 d	25 d	29 d	11 d	20 d
b. Average time for complete application to be returned	64 days	<45 days	64 d	49 d	48 d	36 d	44 d
2. Credentialing/Privileging							
a. Percent processed within time frame specified in bylaws	100%	100%	100%	75%*	100%	100%	96%
b. Percent of applicants granted temporary/expedited privileges	50%	<50%	50%	75%	13%	58%	48%
People							
1. Active Staff	38	N/A	39	39	39	39	
2. All Medical Staff Members and Allied Health Professionals	83	N/A	85	88	92	82	
3. Locums/Temporary Staff	1	N/A	2	3	3	9	
Finance							
1. Number of applications processed	3	N/A	2	4*	8	12	26
2. Number of locum tenens applications	1	N/A	1	1	3	6	11

* One application received in June 2016 (2 FY ago) was unattended during the MSO personnel changes and was completed during the Q2 reporting period of 2016-2017 FY. This application was not processed within the time specified in the bylaws. This application was excluded from all other metric analysis, as no relevant dates were known to calculate TATs.

LEGEND	
	Exceeds/far exceeds goal
	Meets goal
	Does not meet goal
	Far from meeting goal

Dev. 2/17

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Medical Staff Services

FY 2017-2018
Q1: July – September 2017

Narrative Notes:

With the hiring of a Medical Staff Support Specialist in late June of 2017, Q1 experienced an improvement to turn-around times across the board. This is the first quarter since data gathering began where there were no "red" areas.

Q1 of this fiscal year saw a marked increase in the amount of applications processed (n=12). This is related to the need to staff the hospitalist, pediatric, and internal medicine services with many temporary practitioners to cover the work of 1 or 2 full-time practitioners in each service.

Due to the increased amount of locum tenens staff (50% of all applications processed this quarter), we can expect a financial impact to the hospital associated with training, housing, and general onboarding of temporary staff.

In the service category, we did not meet the goal of 100% "on-time start." This is due to the Medical Staff Office delaying the start of the diabetic retinopathy screening program in order to credential the telemedicine providers that would be reading the images remotely. The Medical Staff Office was not involved in the early stages of this plan, and so an unintended and undesired delay to the program resulted. Communication between the Medical Staff Office and the program leadership has improved to prevent this in the future.

We continue to stay in compliance with our bylaws and Joint Commission regulations in regards to processing applications within the time frames indicated.

Dianne Picken, M.S.
Medical Staff Support Manager
9/29/2017

CALL TO ORDER	The meeting was called to order at 5:30 pm by John Ungersma MD, Vice President.
PRESENT	John Ungersma MD, Vice President M.C. Hubbard, Secretary Mary Mae Kilpatrick, Treasurer Phil Hartz, Member At Large Kevin S. Flanigan, MD, MBA, Chief Executive Officer Kelli Huntsinger, Chief Operating Officer Sandy Blumberg, Executive Assistant
ABSENT	Peter Watercott, President Richard Meredick MD, Chief of Staff Tracy Aspel RN, Chief Nursing Officer Evelyn Campos Diaz, Chief Human Resources Officer
OPPORTUNITY FOR PUBLIC COMMENT	Doctor Ungersma announced 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.
CONSTRUCTION OF COMPOUNDING PHARMACY	Chief Executive Officer Kevin S. Flanigan MD, MBA requested the Board's guidance on whether or not to proceed with bringing the Northern Inyo Healthcare District (NIHD) compounding pharmacy into compliance with new governmental regulations. The NIHD pharmacy currently provides intravenous antibiotics, immune therapy medications, and chemotherapy services for members of this community. After the first of next year NIHD will be the only option for compounding in the Eastern Sierra, and the cost of bringing the pharmacy into compliance is estimated to be approximately $1,100,000. Options for funding a pharmacy upgrade were discussed in detail and the Board stated its preference toward expanding services in order to increase revenue rather than reducing services in order to save on expenses. The Board expressed its' desire to move forward with the pharmacy upgrade if leadership can develop a financially responsible plan to fund it, and to focus on growing inpatient and outpatient services in order to increase revenue. If leadership is unable to come up with a fiscally responsible plan for funding the project, it will return to the Board to retract the pharmacy upgrade proposal.
ADJOURNMENT	The meeting was adjourned at 6:52 pm.

_____ Attest: _____

John Ungersma, Vice President M.C. Hubbard, Secretary

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 Kevin S. Flanigan, MD, MBA, Chief Executive Officer Kelli Huntsinger, Chief Operating Officer John Tremble, Chief Financial Officer Tracy Aspel RN, Chief Nursing Officer Evelyn Campos Diaz, Chief Human Resources Officer Sandy Blumberg, Executive Assistant
ABSENT	Richard Meredick MD, Chief of Staff Phil Hartz, Member at Large
OPPORTUNITY FOR PUBLIC COMMENT	Mr. Watercott announced at this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers are limited to a maximum of three minutes each. No comments were heard.
COMPOUNDING PHARMACY UPDATE	Chief Executive Officer Kevin S. Flanigan, MD, MBA reported the California Board of Pharmacy; the California Department of Public Health; and the Office of Statewide Health Planning and Development (OSHPD) have reached an agreement regarding how to bring Northern Inyo Healthcare District's (NIHD's) compounding pharmacy into compliance with new regulations. A pharmacy upgrade will need to be completed in two phases: first a temporary modification will be made that will take ten to twelve weeks to accomplish (for an approximate cost of $100,000); followed by a more involved permanent fix that will take 12-15 months to complete (for an approximate cost of $1,000,000). The Northern Inyo Hospital Foundation will donate $100,000 for the interim fix, and the NIHD Board of Directors and leadership are committed to coming up with the remainder of the money needed in order to continue providing chemotherapy services for members of this community. Dwayne's Pharmacy will discontinue compounding services after the start of 2018, leaving NIHD as the only facility with pharmacy compounding capabilities in the Eastern Sierra.
DESIGNATION OF DIETARY DIRECTOR	Doctor Flanigan requested Board recognition of the designation of Amber Morin, RD, CLC, CPT as NIHD's Dietary Director. It was moved by Mary Mae Kilpatrick, seconded by John Ungersma MD, and unanimously passed to approve Ms. Morin's designation as Dietary Director for NIHD as requested.

KEENAN PHARMACY BENEFITS PROGRAM

Chief Human Resources Officer Evelyn Campos Diaz presented a proposal to change NIHD's employee pharmacy benefits provider to Keenan Pharmacy Purchasing Coalition (KPPC). The change to Keenan would result in improved reporting and auditing services for NIHD, and would result in a cost savings for the District with no change being made to employee pharmacy benefits. It was moved by Doctor Ungersma, seconded by M.C. Hubbard, and unanimously passed to approve KPPC as the NIHD employee pharmacy benefits program provider as requested.

HUMAN RESOURCES POLICY AND PROCEDURE APPROVALS

Ms. Campos Diaz called attention to approval of the following (revised) hospital wide Human Resources policies and procedures:

- *Employee Complaints and the Grievance Process*
- *Orientation*
- *Employment of Minors*
- *Standards of Conduct*

It was moved by Ms. Hubbard, seconded by Ms. Kilpatrick, and unanimously passed to approve all four policies and procedures as presented, with a reference to "smoking in unauthorized areas" being removed from the *Standards of Conduct* policy.

COMPLIANCE POLICY AND PROCEDURE APPROVAL

Compliance Officer Patty Dickson called attention to a revised District wide Compliance Policy and Procedure titled *Business Associate Agreements*, noting minor changes that have been made to the policy. It was moved by Doctor Ungersma, seconded by Ms. Hubbard, and unanimously passed to approve the revised District wide Policy and Procedure titled *Business Associate Agreements* as presented.

PERFORMANCE TRANSFORMATION MANAGEMENT MODEL AND PLAN

Ms. Campos Diaz called attention to a proposed *Performance Transformation Management Model and Plan*, which would establish a systematic approach to change management and performance improvement within the District. It was moved by Doctor Ungersma, seconded by Ms. Kilpatrick, and unanimously passed to approve the *Performance Transformation Management Model and Plan* as presented.

POLICY AND PROCEDURE ANNUAL APPROVALS

Doctor Flanigan called attention to a list of annual hospital wide Policy and Procedure approvals as included on Attachment A to the agenda for this meeting. It was moved by Ms. Kilpatrick, seconded by Ms. Hubbard, and unanimously passed to approve the proposed list of Policy and Procedure annual approvals as requested.

PEPRA RETIREMENT PLAN ACTUARIAL VALUATION

Chief Financial Officer John Tremble called attention to the NIHD PEPRA Retirement Plan Actuarial Valuation as of January 1 2017, prepared by Milliman Inc. Following review of the information provided it was moved by Ms. Hubbard, seconded by Doctor Ungersma, and unanimously passed to approve the Actuarial Valuation of the NIHD PEPRA Retirement Plan as of January 1 2017 as presented.

DISTRICT BOARD RESOLUTION 17-04

Ms. Campos Diaz called attention to proposed District Board Resolution 17-04, which would eliminate the Personnel Payroll Advisory Committee (PPAC) and roll the duties of that Committee into the Workforce Experience Committee and the Workforce Council. It was moved by Ms. Kilpatrick, seconded by Doctor Ungersma, and unanimously passed to approve District Board Resolution 17-04 as presented.

DISTRICT BOARD RESOLUTIONS 17-05, 17-06, AND 17-07

Mr. Tremble called attention to the following proposed District Board Resolutions, which would establish transaction authorization on District accounts as follows:

- District Board Resolution 17-05; authorizes the Chief Executive Officer, the Chief Operating Officer, and the Chief Financial Officer (or their successors) to deposit or withdraw monies in NIHD's Local Agency Investment Fund (LAIF)
- District Board Resolution 17-06; authorizes the Chief Executive Officer, the Chief Operating Officer, and the Chief Financial Officer (or their successors) to deposit or withdraw monies in the District's operating accounts
- District Board Resolution 17-07; authorizes the Chief Executive Officer, the Chief Human Resources Officer, and the Chief Financial Officer (or their successors) to deposit and withdraw monies in the employee benefits and compensation accounts for the District

It was moved by Doctor Ungersma, seconded by Ms. Kilpatrick, and unanimously passed to approve District Board Resolutions 17-05, 17-06, and 17-07 as requested.

CONSENT AGENDA

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

- Approval of minutes of the August 16, 2017 regular meeting
- 2013 CMS Validation Survey Monitoring, September 2017
- Financial and Statistical Reports for the period ending July 31 2017

It was moved by Doctor Ungersma, seconded by Ms. Hubbard, and unanimously passed to approve all three Consent Agenda items as presented.

PATIENT EXPERIENCE REPORT

Chief Nursing Officer Tracy Aspel, RN provided a bi-monthly Patient Experience Report which included updates on progress made toward achieving some of the goals of the District's Strategic Plan. Ms. Aspel's report included information on the following:

- Changes made to improve the patient experience at the NIHD Rural Health Clinic
- Customer service trainings for NIHD staff
- Progress made toward developing a telemedicine program
- Increases in community education opportunities

WORKFORCE EXPERIENCE COMMITTEE REPORT

Ms. Campos Diaz provided a bi-monthly Workforce Experience Committee Report which included updates on the following:

- Employee engagement survey update
- Leadership trainings update
- Safe and Secure Workplace (Workplace Violence Prevention) efforts
- Development of additional Human Resources tools for District employees

CHIEF OF STAFF REPORT

On behalf of Chief of Staff Richard Meredick MD, Doctor Flanigan reported following careful review and consideration the Medical Executive Committee recommends approval of the following Policies, Procedures, Protocols, and Order Sets:

POLICIES, PROCEDURES, PROTOCOLS, AND ORDER SETS

- *Aerosolized Transmissible Disease Plan*
- *Trophon® Environmental Probe Reprocessor (EPR)*
- *Guidelines for Management of Health Care Providers with HEB, HEPC and/or HIV*
- *Thrombolytic Therapy with Alteplace (tPA) for an Acute Ischemic Stroke (with attachments)*
- *Suspicious Injury Reporting Policy*
- *Elder and Dependent Adult Abuse*
- *Use of Hospital-Issued Notice of Noncoverage HINN (with four attachments)*
- *Surgery Scope of Service*
- *Scope of Service - PACU*

It was moved by Doctor Ungersma, seconded by Ms. Hubbard, and unanimously passed to approve all nine Policies, Procedures, Protocols, and Order Sets as presented.

TEMPORARY MEDICAL STAFF UPDATE (INFORMATION ITEM)

Doctor Flanigan also reported the following practitioners have been approved for temporary privileges through the expedited process as described in the Medical Staff bylaws, to provide necessary coverage of patient care needs for a maximum of 60 service days in the 2017 calendar year:

- Amik Reen, MD (*temporary hospitalist*)
- Naomi Lawrence-Reid, MD (*temporary pediatrician*)
- Truong Quach, MD (*temporary hospitalist*)

BOARD MEMBER REPORTS

Mr. Watercott asked if any members of the Board of Directors wished to report on any items of interest. Director Hubbard reported Doctor Flanigan will present a Healthy Lifestyles talk titled *What Tomorrow's Healthcare Looks Like*, on Wednesday September 27. Director Watercott reported that the NIHD Foundation's annual employee and physician recognition event will take place on November 11 2017, and Director Ungersma reported on the annual ACHD (Association of California Healthcare Districts) meeting which was attended by three NIHD Directors and the CEO.

ADJOURNMENT TO CLOSED SESSION

At 7:29 pm Mr. Watercott reported 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, and Section 54962 of the Government Code*).
B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation, 1 matter 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 8:53 pm the meeting returned to open session. Mr. Watercott reported the Board took no reportable action.

ADJOURNMENT

The meeting was adjourned at 8:54 pm.

_____
Peter Watercott, President

Attest: _____
M.C. Hubbard, Secretary

ATTACHMENT A

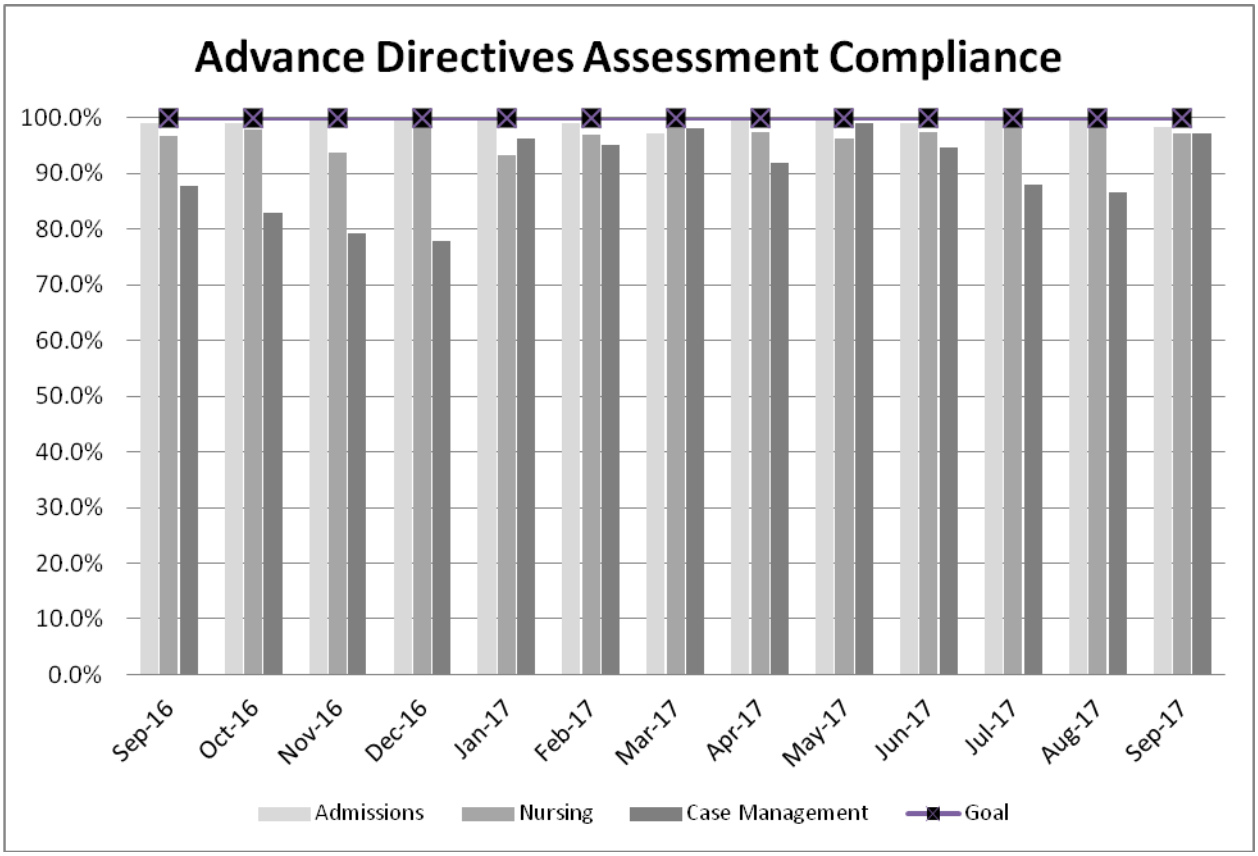
(TO THE BOARD PACKET FOR OCTOBER 18, 2017)

	POLICY & PROCEDURES TO THE BOARD	OCTOBER, 2017			
	ENVIRONMENTAL SERVICES				
	TITLE	TO BOD	APPROVED	COMMENTS	P&P UPDATED
1	Emergency: Internal/External Disaster Plan	10/18/2017			
2	Environmental Services Cleaning Policy	10/18/2017			
3	Environmental Services Key Sets: All Areas	10/18/2017			
4	Environmental Services Performance Improvement Plan	10/18/2017			
5	Environmental Services Quality Assurance Program	10/18/2017			
6	Equipment and Supplies: Care and Use of Daily Cleaning Supplies and Equipment	10/18/2017			
7	Equipment and Supplies: Care and Use of Equipment: General	10/18/2017			
8	Equipment and Supplies: Care and Use of Floor Care Equipment	10/18/2017			
9	Equipment and Supplies: Care and Use of Upholstery Cleaning	10/18/2017			
10	Equipment and Supplies: Preventive Maintenance Program	10/18/2017			
11	Equipment and Supplies: Storage of Environmental Services Supplies and Equipment	10/18/2017			

2013 CMS Validation Survey Monitoring-October 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.

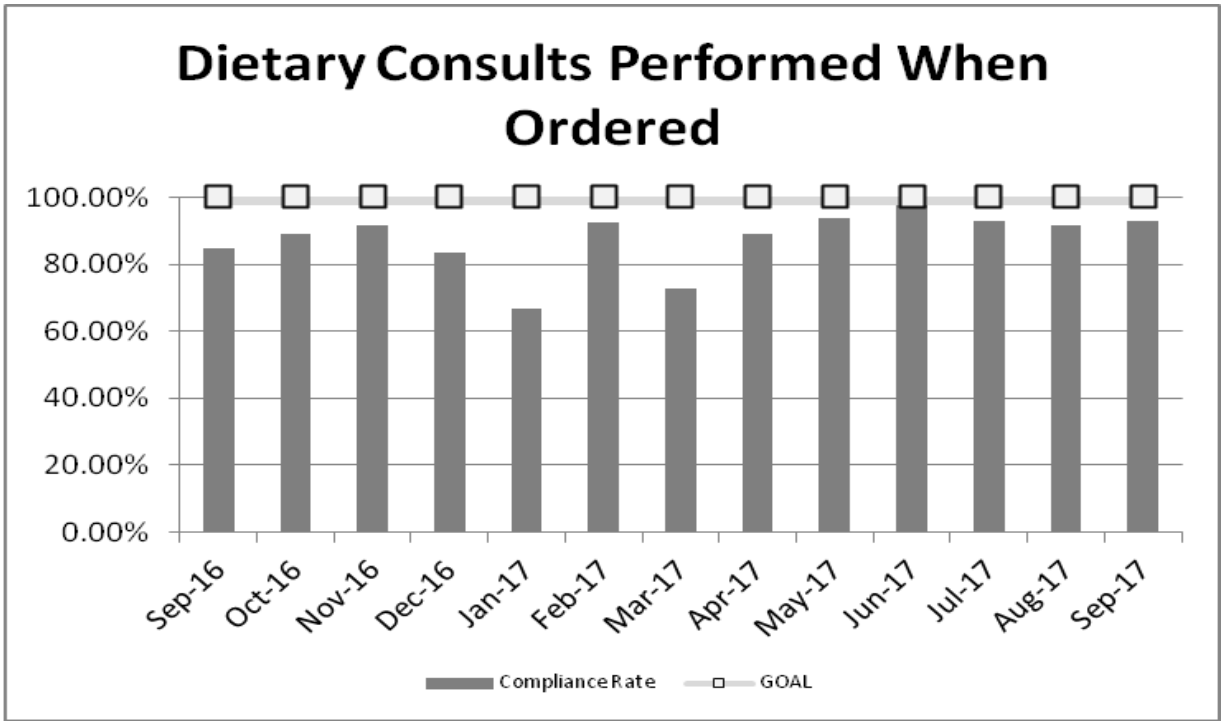


    b. Positive Lab Cultures are being routed to Infection Prevention and each positive is being investigated as to source. Monitoring has been ongoing and reported through Infection Control Committee. QAPI receives data.

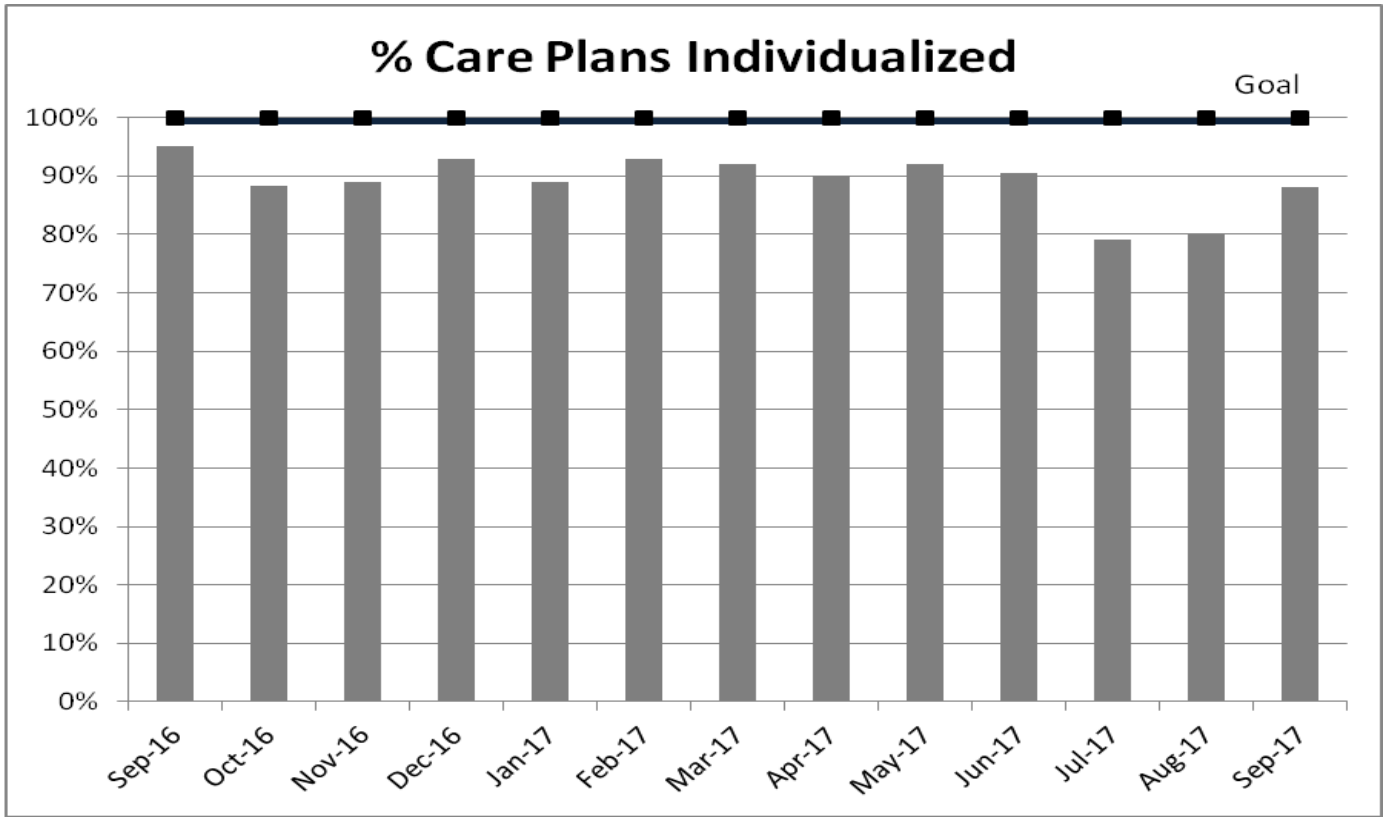
    c. Safe Food cooling monitored for compliance with approved policy and procedure. 100% compliance since May 6, 2013.

    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.



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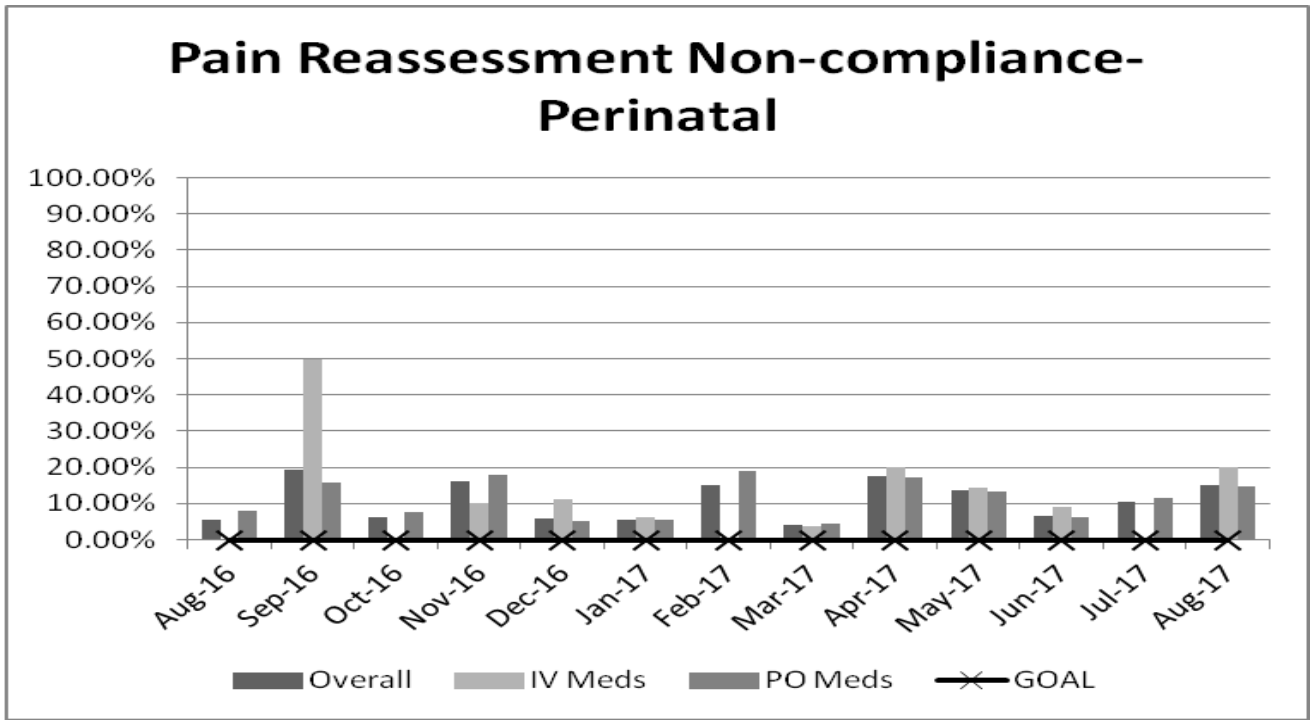
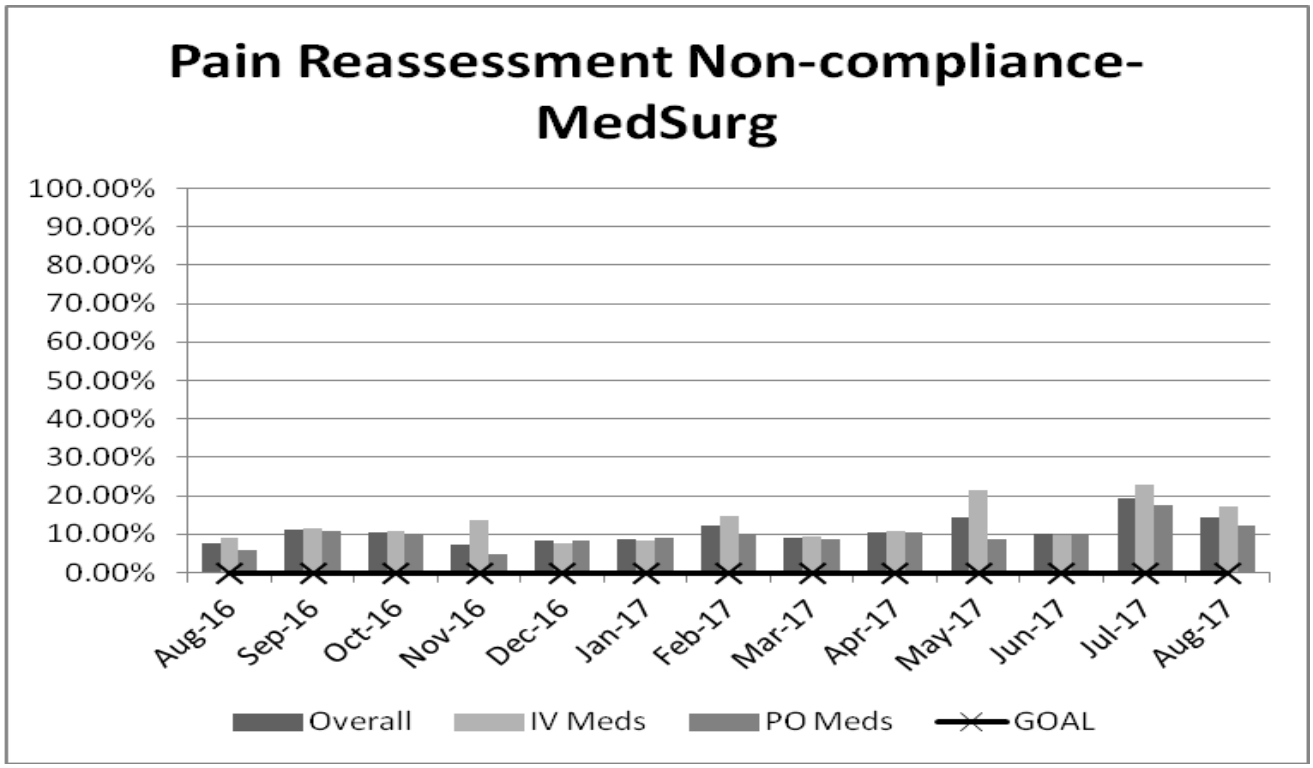
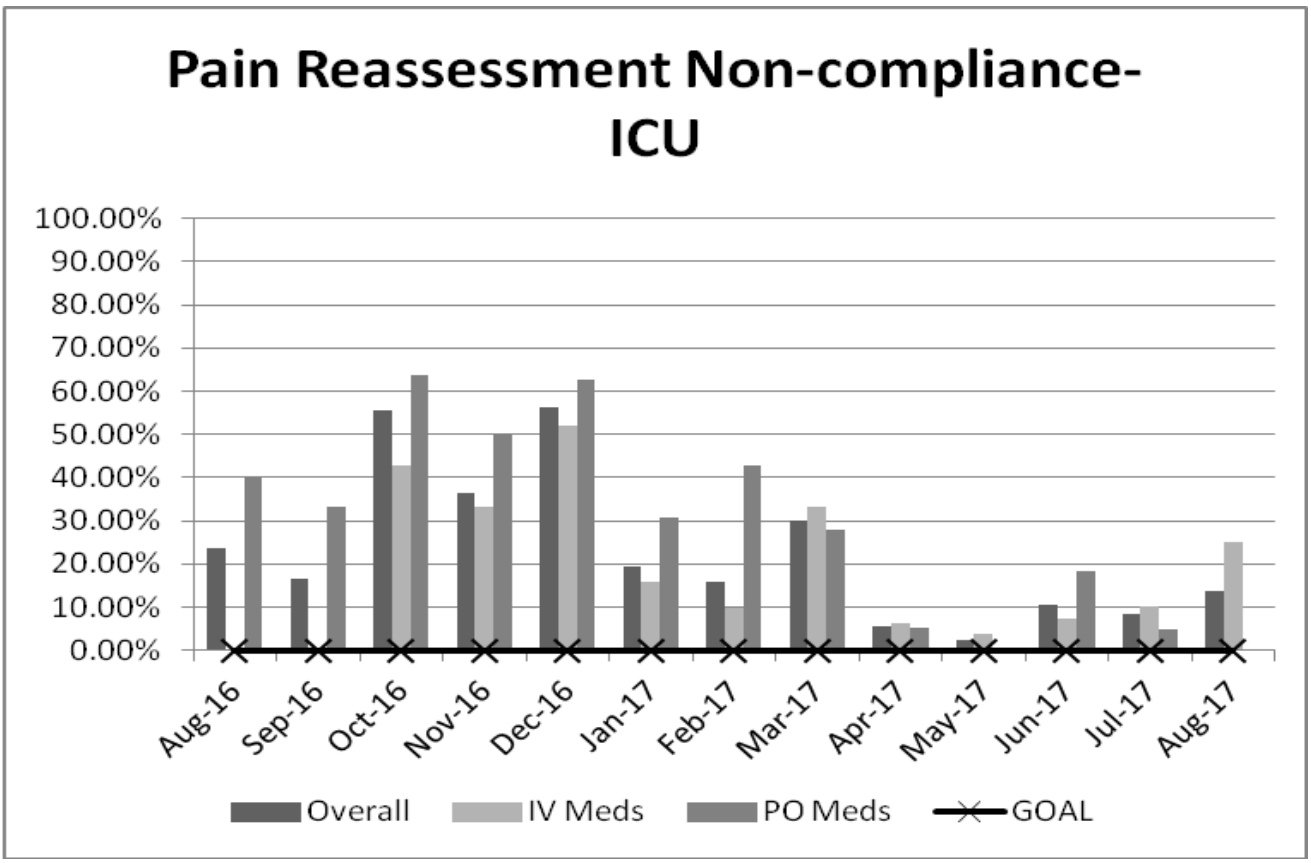
g. Fire drill date, times, attendance and outcomes, smoke detector tests, and fire extinguisher test grids have been approved. All fire drills were complete and compliant from May 6, through present.

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







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

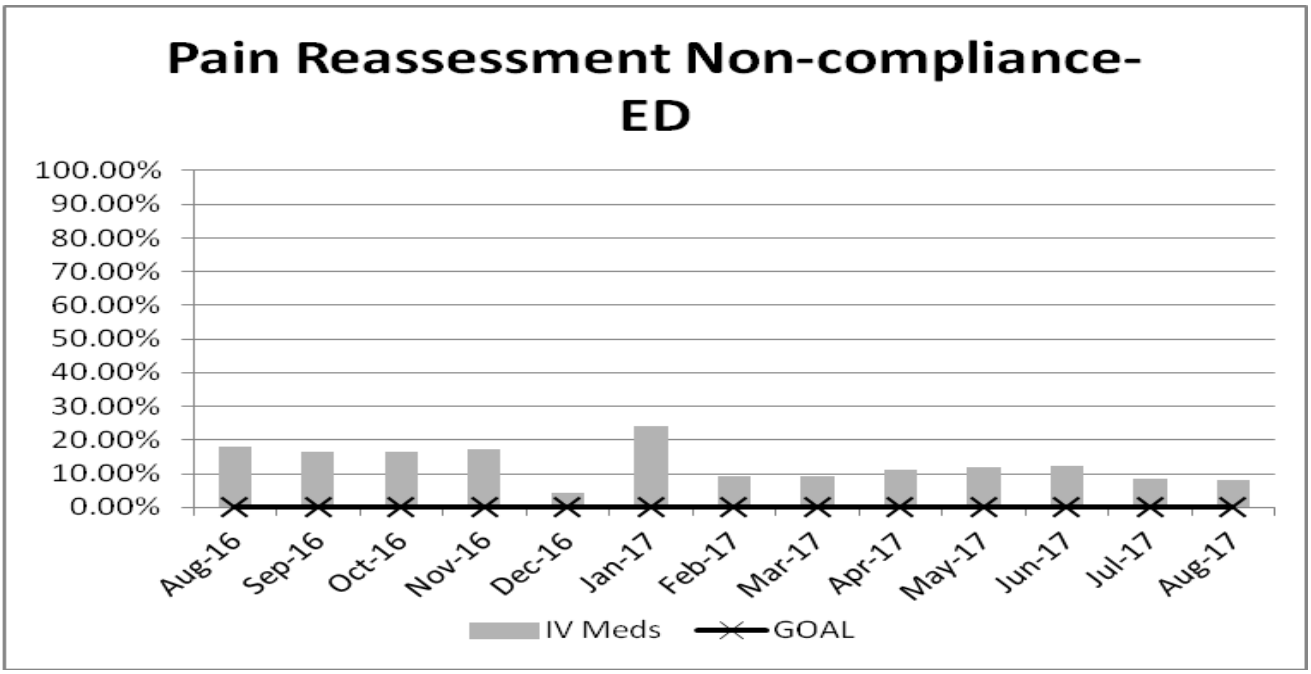


Table 6. Restraint chart monitoring for legal orders.

	Feb 2017	***March 2017***	***April 2017****	***May 2017***	***June 2017***	***July 2017***	***Aug 2017***	***Sept 2017***	***Goal***
Restraint verbal/written order obtained within 1 hour of restraints	1/1 (100%)	1/1 (100%)		2/2 (100%)	2/2 (100%)	3/3 (100%)	3/3 (100%)	2/2 (100%)	100%
Physician signed order within 24 hours	1/1 (100%)	0/1 (0%)		2/2 (100%)	2/2 (100%)	3/3 (100%)	2/3 (66%)	½ (50%)	100%
Physician Initial Order Completed (all areas completed and form/time/date noted/signed by MD and RN)	1/1 (100%)	0/1 (0%)		2/2 (100%)	1/2 (50%)	3/3 (100%)	1/3 (33%)	0/2 (0%)	100%
Physician Re-Order Completed (all areas completed and form time/date/noted/signed by MD and RN)	0/1 (0%)	0/1 (0%)		0/1 (0%)	3/3 (100%)	2/5 (40%)	2/8 (25%)	0/2 (0%)	100%
Orders are for 24 hours	2/2 (100%)	2/2 (100%)		3/3 (100%)	5/5 (100%)	8/8 (100%)	11/11 (100%)	4/4 (100%)	100%
Is this a PRN (as needed) Order	0/2 (0%)	0/2 (0%)		0/3 (0%)	0/5 (0%)	0/8 (0%)	0/11 (0%)	0/4 (0%)	0%

*No restraint orders for this time interval

NORTHERN INYO HEALTHCARE DISTRICT
PRELIMINARY STATEMENT OF OPERATIONS
for period ending August 31, 2017

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
Unrestricted Revenues, Gains & Other Support						
Inpatient Service Revenue						
Routine	891,172	804,423	86,749	1,752,428	1,608,846	143,582
Ancillary	2,648,115	2,790,390	(142,275)	5,620,527	5,580,780	39,747
Total Inpatient Service Revenue	3,539,287	3,594,813	(55,526)	7,372,955	7,189,626	183,329
Outpatient Service	9,426,812	8,119,362	1,307,450	17,062,967	16,238,724	824,243
Gross Patient Service Revenue	**12,966,099**	**11,714,175**	**1,251,924**	**24,435,922**	**23,428,350**	**1,007,572**
Less Deductions from Revenue						
Patient Service Revenue Deductions	148,092	234,723	(86,631)	382,441	469,446	(87,005)
Contractual Adjustments	5,496,838	4,493,004	1,003,834	10,038,061	8,986,008	1,052,053
Prior Period Adjustments	(638,988)	(13,400)	(625,588)	(638,988)	(26,800)	(612,188)
Total Deductions from Patient Service Revenue	**5,005,942**	**4,714,327**	**291,615**	**9,781,514**	**9,428,654**	**352,860**
Net Patient Service Revenue	**7,960,157**	**6,999,848**	**960,309**	**14,654,408**	**13,999,696**	**654,712**
Other revenue	50,385	76,819	(26,434)	92,426	153,638	(61,212)
Total Other Revenue	**50,385**	**76,819**	**(26,434)**	**92,426**	**153,638**	**(61,212)**
Expenses:						
Salaries and Wages	2,223,721	2,328,739	(105,018)	4,372,157	4,657,478	(285,321)
Employee Benefits	1,534,231	1,589,908	(55,677)	2,982,157	3,179,816	(197,659)
Professional Fees	1,278,089	724,509	553,580	2,123,261	1,449,018	674,243
Supplies	918,404	648,488	269,916	1,525,484	1,296,976	228,508
Purchased Services	254,512	360,086	(105,574)	468,339	720,172	(251,833)
Depreciation	408,148	443,023	(34,875)	814,044	886,046	(72,002)
Bad Debts	269,693	242,784	26,909	444,279	485,568	(41,289)
Other Expense	322,658	352,700	(30,042)	763,803	705,400	58,403
Total Expenses	**7,209,456**	**6,690,237**	**519,219**	**13,493,524**	**13,380,474**	**113,050**
Operating Income (Loss)	**801,086**	**386,430**	**414,656**	**1,253,310**	**772,860**	**480,450**
Other Income:						
District Tax Receipts	43,955	49,096	(5,141)	87,910	98,192	(10,282)
Tax Revenue for Debt	128,647	165,487	(36,840)	257,294	330,974	(73,681)
Partnership Investment Income	-	-	-	66,526	-	66,526
***Grants and Other Contributions**	18,812	42,466	(23,654)	19,329	84,932	(65,603)
Interest Income	29,750	16,845	12,905	57,023	33,690	23,333
Interest Expense	(244,080)	(260,547)	16,467	(488,306)	(521,094)	32,788
Other Non-Operating Income	2,903	2,422	481	5,366	4,844	522
Net Medical Office	(347,746)	(396,696)	48,950	(732,193)	(793,392)	61,199
340B Net Activity	-	16,987	(16,987)	932	33,974	(33,042)
Non-Operating Income/Loss	**(367,759)**	**(363,940)**	**(3,819)**	**(726,118)**	**(727,880)**	**1,762**
Net Income/Loss	**433,327**	**22,490**	**410,837**	**527,192**	**44,980**	**482,212**

NORTHERN INYO HEALTHCARE DISTRICT

Preliminary BUDGET VARIANCE ANALYSIS

Aug-17 *Fiscal Year Ending June 30, 2018*

Year to date for the month ending July 31, 2017

	-64	or	-9%	more IP days than in the prior fiscal year
$	183,329	or	2.55%	over budget in Total IP Revenue and
$	824,243	or	5.1%	over budget in OP Revenue resulting in
$	1,007,572	or	4.3%	over budget in gross patient revenue &
$	654,712	or	4.7%	over budget in net patient revenue

Year-to-date Net Revenue was			$	14,654,408
Total Operating Expenses were:			$	13,493,524
				for the fiscal year to date
$	113,050	or	0.8%	over budget. Salaries and Wages were
$	(285,321)	or	-6.1%	under budget and Employee Benefits
$	(197,659)	or	-6.2%	under budget
			68%	Employee Benefits Percentage of Wages

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

$	674,243	or	46.5%	Professional Fees are over budget due to contract labor budgeted as employees
$	58,403	or	8.3%	Other Expenses are over budget due to timing difference on Annual Directors & Officers Liability

Other Information:

$	1,253,310			Operating Income, less
$	(726,118)			loss in non-operating activities created a net Income of;
$	527,192	$	482,212	over budget.
			40.03%	Contractual Percentages for Year and
			40.24%	Budgeted Contractual Percentages including
$	638,988	in prior year cost report favorable settlement activity for Medicare & Medi-Cal		

Non-Operating activities included:

$	(732,193) loss	$	61,199	favorable to budget in Medical Office Activities
$	19,329	$	(65,603)	ufavorable to budget in Grants and Other

Northern Inyo Healthcare District
Preliminary Balance Sheet
Period Ending August 31, 2017

Assets:	Current Month	Prior Month	Change
Current Assets			
Cash and Equivalents	3,410,441	3,430,191	(19,750)
Short-Term Investments	9,485,957	12,771,913	(3,285,956)
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	-	-	-
Other Investments	1,311,342	1,311,342	-
Patient Receivable	60,104,945	56,800,650	3,304,295
Less: Allowances	(45,191,772)	(43,611,887)	(1,579,885)
Other Receivables	3,941,232	651,624	3,289,608
Inventories	4,052,092	4,148,049	(95,957)
Prepaid Expenses	1,795,949	1,795,360	588
Total Current Assets	**38,910,187**	**37,297,244**	**1,612,943**
Internally Designated for Capital Acquisitions	1,125,087	1,125,040	47
Special Purpose Assets	1,629,870	1,629,870	-
Limited Use Asset; Defined Contribution Pension	593,754	507,798	85,956
Limited Use Assets Defined Benefit Plan	13,365,385	13,365,385	-
Limited Use Asset Defined Benefit Plan 003	-	-	-
Revenue Bonds Held by a Trustee	3,041,773	2,880,872	160,901
Less Amounts Required to Meet Current Obligations	-	-	-
Assets Limited as to use	**19,755,869**	**19,508,964**	**246,904**
Long Term Investments	1,750,000	1,750,000	-
			-
Property & equipment, net of Accumulated Depreciation	79,174,659	79,381,487	(206,828)
Unamortized Bond Costs	-	-	-
Total Assets	**139,590,714**	**137,937,695**	**1,653,019**

Northern Inyo Healthcare District
Preliminary Balance Sheet
Period Ending August 31, 2017

Liabilities and Net Assets	Current Month	Prior Month	Change
Current Liabilities:			
Current Maturities of Long-Term Debt	1,969,246	2,008,851	(39,605)
Accounts Payable	2,566,677	1,883,254	683,423
Accrued Salaries, Wages & Benefits	4,985,247	4,603,885	381,363
Accrued Interest and Sales Tax	413,537	278,420	135,117
Deferred Income	516,979	560,934	(43,955)
Due to 3rd Party Payors	1,122,302	1,122,302	-
Due to Specific Purpose Funds	-	-	-
Other Deferred Credits; Pension	4,506,816	4,506,816	-
Total Current Liabilities	**16,080,803**	**14,964,461**	**1,116,343**
Long Term Debt, Net of Current Maturities	43,931,947	43,931,947	-
Bond Premium	606,960	614,207	(7,247)
Accreted Interest	11,088,192	10,977,643	110,549
Other Non-Current Liabilities; Pension	30,487,532	30,487,532	-
Total Long Term Debt	**86,114,631**	**86,011,329**	**103,302**
Net Assets			
Unrestricted Net Assets less Income	35,765,409	35,332,035	433,374
Temporarily Restricted	1,629,870	1,629,870	-
Net Income (Income Clearing)	(527,191)	(93,864)	(433,327)
Total Net Assets	**37,395,279**	**36,961,905**	**47**
Total Liabilities and Net Assets	**139,590,714**	**137,937,695**	**1,219,692**

NORTHERN INYO HEALTHCARE DISTRICT

Preliminary OPERATING STATISTICS

for period ending August 31, 2017

		FYE 2018	FYE 2017		Variance %
	Month to Date	Year-to-Date	Year-to-Date	Variance from PY	
Licensed Beds	25	25	25		
Total Patient Days with NB	289	611	675	(64)	-9%
Total Patient Days without NB	261	550	615	(65)	-11%
Swing Bed Days	17	53	106	(53)	-50%
Discharges without NB	90	185	193	(8)	-4%
Swing Discharges	3	8	10	(2)	-20%
Days in Month	31	31	31		
Occupancy without NB	8.42	17.74	19.84	(2.1)	-11%
Average Stay (days) without NB	2.90	2.97	3.19	(0.2)	-7%
Average LOS without NB/Swing	2.80	2.81	2.78	0.0	1%
Hours of Observation	1,098	2,117	1,557	560	36%
Observation Adj Days	46	88	65	23	36%
ER Visits All Visits	943	1,741	1,751	(10)	-1%
RHC Visits	3,476	6,419	4,156	2,263	54%
Outpatient Visits	4,105	7,743	6,728	1,015	15%
IP Surgeries	20	49	46	3	7%
OP Surgery	127	215	210	5	2%
Worked FTE's	321.41	331.92	320.33	12	4%
Paid FTE's	393.23	394.65	358.86	36	10%
Hours Worked to Hours Paid%	81.7%	84.1%	89.3%	-5.2%	-6%
Payor %					
Medicare		39%	41%	-2%	
Medi-Cal		21%	23%	-2%	
Insurance, HMO & PPO		38%	33%	5%	
Indigent (Charity Care)		0.3%	1.2%	-0.8%	
All Other		2%	2%	0%	
Total		100%	100%		

Northern Inyo Healthcare District

Preliminary Financial Indicators as of August 31, 2017

	Target	Aug-17	Jul-17	Jun-17	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	2.42	2.49	3.39	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	1.81	2.05	2.84	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	142.06	160.31	154.70	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	>75	59.26	79.93	79.37	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	2.87	2.34	1.81	1.96	1.91	2.07	2.23	2.17	2.13	2.46	2.30	2.80	3.18
Operating Margin		8.45	6.67	4.71	6.18	6.06	6.01	6.83	6.30	5.59	7.48	6.43	8.37	
Outpatient Revenue % of Total		69.83	66.58	69.86	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)		5.62	3.68	2.48	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	81.40	74.10	78.90	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 Receivlable Only divided by Current Liabilities

Updated Days Cash on hand Short Term = current cash & short term investments / by total operating expenses year-to-date / by days in fiscal year

Operating Margin Equals (from Income Statement) Year-to-date Operating Income /(Year-to-date Net Patient Service Revenue+Other Operating Revenue+District Tax Receipts) *100

Outpatient Revenue % of Total Revenue Equal (from Income Statement) Gross Outpatient/Total Gross Patient Revenue

Cash Flow (CF) margin (EBIDA to revenue) Equals (from Income Statement) [Net Income+Interest+Depreciation+Amoritization(if any)/Total Revenue] x 100

Accounts Receivable Days are pulled from the AR Aging report

NORTHERN INYO HEALTHCARE DISTRICT

Restricted and Specific Purpose Fund Balances
for period ending August 31, 2017

	Current Month	Prior Month	Change
Board Designated Funds:	August		
Tobacco Fund Savings Account	$ 1,098,362	$ 1,098,315	47
Equipment Fund Savings Account	$ 26,725	$ 26,725	-
Total Board Designated Funds:	**$ 1,125,087**	**$ 1,125,040**	**$ 47**
Specific Purpose Funds:			
* Bond and Interest Savings Account	$ 1,496,729	$ 1,496,729	$ -
Nursing Scholarship Savings Account	$ 33,037	$ 33,037	$ -
Medical Education Savings Account	$ 75	$ 75	$ -
Joint NIHD/Physician Group Savings Account	$ 100,028	$ 100,028	$ -
Total Specific Purpose Funds:	**$ 1,629,870**	**$ 1,629,870**	**$ -**
Grand Total Restricted and Specific Purposes Funds:	**$ 2,754,957**	**$ 2,754,910**	**$ 47**

NORTHERN INYO HEALTHCARE DISTRICT

Investments as of August 31, 2017

ID	Purchase Date	Maturity Dat	Institution	Broker	Rate		Principal Invested
2	31-Aug-17	01-Sep-17	Local Agency Investment Fund	Northern Inyo Hospital	1.08%		9,235,956.90
3	13-Jun-14	13-Jun-18	Synchrony Bank Retail-FNC	Financial Northeaster Corp.	1.60%		250,000.00
				Short Term Investments			9,485,956.90
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 SachsBank 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		$	11,235,956.90
1	8/31/2017	9/1/2017	LAIF Defined Cont Plan	Northern Inyo Hospital	1.08%	$	593,754.00
				LAIF PENSION INVESTMENTS		$	593,754.00

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

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: October 3, 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)**
   - *Patient Food From Non-Hospital Sources*
   - *MICN Guidelines*
   - *Rapid Response Team*
   - *Pre-Hospital Care*
2. **Medical Staff Appointment/Privileges (action items)**
   - Uttama Sharma, MD (RHC Family Practice – provisional active staff)
   - Jayson Morgan, MD (Renown Cardiology – telemedicine staff)
   - Eric Wallace, MD (Bishop Radiology Group – provisional consulting staff)
   - Jacqueline Theis, OD (UC Berkeley Optometry – telemedicine staff)*

   **credentialing by proxy per bylaws section 3.6.1*
3. **Temporary Locum Tenens Privileges (action items)**
   - Erica Rotondo, DO (family practice) – locum tenens assignment in the Internal Medicine clinic from 10/30/2017 – 5/4/2018
   - Kristin Irmiter, MD (pediatrics) – locum tenens assignment in RHC, Bishop Pediatrics and Allergy Clinic, and newborn care from 10/30/2017 – 4/27/2018
4. **Core Privilege Forms (action item)**
   - Emergency Medicine

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Patient food from non-hospital sources	
Scope: Inpatient Services	Manual:
Source: Clinical Dietician	Effective Date:

PURPOSE: To identify the process for storing patient food brought in from non-hospital sources.

POLICY:

1. Patients diets requires a physician's order
2. ~~Special diets~~ Patients/residents may not have food brought in from non-hospital sources unless there is approval from the patient's physician via a "special diet order" and a detail note stating "foods from outside facility".
3. NIH shall consider patient's food preferences, and special food needs will be provided, if possible: by the Nutritional Services Department.
4. When special food requests can only be met by bringing "food from the outside", it should be handled in a safe and sanitary manner.

PROCEDURE:

1. Food and nutrition products brought in by patients and families shall be evaluated by the patient's nurse, shall be clearly labeled and dated, and shall be stored using proper sanitation, temperature, light, moisture, ventilation and security.
   a. ~~Any food brought in from the outside shall be labeled with patient's name, date and room number, and held in the refrigerator specifically designated for patient food, for 48 hours only.~~
   a. Nurses shall document external foods and %PO intake in note section of input/output.
2. Perishable food brought from the outside (i.e., not provided by NIH's Nutritional Services Department) should be consumed within two (2) hours of un-refrigerated time or thrown away at the 2 hour mark in effort to prevent food borne illness.
3. ~~Any perishable foods must be thrown away after two (2) hours of un-refrigerated time.~~ If there is any question of how long a food item has been un-refrigerated, it must be thrown away.
4. Exceptions to this rule are unopened individual containers of pudding, supplements, juices and fruit. After opening, they are perishable. Foods such as fresh fruit, crackers and cookies are generally regarded as safe.

Comment [LA1]: We do not have patient refrigerators. There for, we do not store patient fo All food needs to be thrown away after 2 hours.

REFERENCES:

1. TJC (March 2013) CAMCAH Provision of Care Standard PC 02.02.03 The CAH hospital makes food and nutrition products available to its patients EP 11 CAH stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.

CROSS REFERENCE P&P:

1. Food Storage

Approval	**Date**
CCOC	6/5/17
Infection Control Committee	8/22/17
MEC	9/5/17
Board of Directors	
Last Board of Director review	

Developed: 5/17 la
Reviewed:
Revised:

1

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Patient food from non-hospital sources	
Scope: Inpatient Services	Manual:
Source: Clinical Dietician	Effective Date:

Supersedes: Patient Nourishment and Outside Food in the Hospital

Comment [LA2]: Needs to be archived

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: MICN Guidelines	
Scope: Emergency Department	Manual: Emergency Dept
Source: Emergency Dept Nurse Manager	Effective Date:

PURPOSE:
To allow the MICN to give immediate direction by radio to the Advanced Life Support (ALS) provider following the protocols as set forth by the California State Emergency Medical Authority (EMS), administered locally by the Inland Counties Emergency Medical Agency (ICEMA), and approved as described by ICEMA.

POLICY:
The ALS providers are responsible for giving a patient care report for any patient contact. The MICN on duty at Northern Inyo Hospital emergency department (ED) shall have the necessary authority to give direction to the ALS providers by radio as outlined in the protocols. This policy allows that the MICN at Northern Inyo Hospital will have the necessary authority to follow current protocols as outlined by this policy to give direction to the ALS providers by radio.

The emergency department nurse manager, pre-hospital liaison nurse (PLN) and the base station hospital director (BSD) or designee will review the protocols prior to being instituted. If the BSD, or ED physician has concern over a particular protocol that issue will be addressed in the Emergency Room Committee, and the committees decision will be forwarded to ICEMA. If agreed upon, that concern will be noted as an exception to the protocols for the MICN to follow. This exception will be placed in the appropriate place in the protocol book for direction in the ED, and all MICN's will be notified and any exceptions will also be noted in the protocol manual.

PROCEDURE:
MICN's will have current understanding of approved protocols and will refer to the protocol manual located in the ED when any question about protocol direction arises. All MICNs will complete the requirements for MICN certification or recertification. The protocol manual will be updated as new protocols are approved, and a copy of the current protocols will be available in the main ED, near the radio at all times. This book will be updated as protocols and exceptions to protocols are made.

DOCUMENTATION:
MICN shall document all ALS contacts on the MICN run sheet and pre-hospital log. The MICN shall also be responsible for any other pertinent paperwork relating to ICEMA policy.

REFERENCE: LALS/ALS ICEMA (EMS Agency) Protocol, Base Hospital Designation, Health and Safety Code Division 2.5 1797.56

Approval	**Date**
CCOC	8/28/17
Emergency Services Committee	9/13/17
Medical Executive Committee	10/3/17
Board of Directors	
Last Board of Director Review	

Initiated: 2/95
Revised: 3/00 BB; 12/03 MR, 09/07 AS
Reviewed:
Responsibility for review and maintenance: ED Nurse Manager; PLN or Designee
Index Listings: MICN Standing Orders

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Rapid Response Team	
Scope: NIHD	Manual: CPM - Patient Safety (PS)
Source: DON Emergency Department	Effective Date: 6/30/16

PURPOSE:
To provide a procedure for a rapid assessment of an inpatient with acute status changes. The goal of the Rapid Response Team (RRT) is to improve inpatient outcome by providing a means for rapid and timely intervention of a declining inpatient. The Rapid Response Team can also be utilized by outpatient services to provide triage and transport to the Emergency Department for care and treatment.

POLICY:
Any staff member may initiate a rapid response when recognizing Early Warning Criteria or when prompted to do so by patients or their family or friends. If the physician is at the bedside a discussion between the staff member and provider should occur prior to calling the RRT.

PROCEDURE:
An ~~ADON~~House Supervisor (HS), an emergency department nurse, and a respiratory therapist will arrive and serve as a resource for the nurse caring for inpatients, or to provide triage and transport to the Emergency Department for a medical screening exam.

1. Early Warning Criteria for Initiating the RRT
   Any or all of the following criteria meets the guidelines for initiating the RRT Team.
   a. Staff member worried, concerned about patient
   b. Acute change in heart rate
   c. Acute change in systolic blood pressure
   d. Acute change in respiratory rate
   e. Acute and persistent change in saturation
   f. Acute change in level of consciousness
   g. Acute decrease in urine output
   h. Significant bleeding
   i. Seizures
   j. Failure to respond to treatment
   k. Agitation or delirium
   l. Syncope
   m. Uncontrolled pain
2. See attached Rapid Response Team Activation Criteria:

3. RRT Structure
   The RRT is a group of clinicians who will bring critical care expertise to the declining patient bedside/area. The Team will consist of a Registered Nurse with Critical Care (CCN) Training (i.e. ED nurse or ICU nurse), a Respiratory Therapist (RT), the ~~Shift~~ House Supervisor, and the primary nurse caring for the patient.

4. Activation of RRT
   a. Any staff member may call for the RRT when rapid assessment and intervention is deemed necessary for a declining patient based on the criteria guidelines.
   b. Friend and family members will be educated upon admission on how to activate a rapid response for the patient when they feel the patient's condition is deteriorating.
   c. After a brief assessment, the nurse shall call the RRT ~~group on the assigned cell phones~~on overhead page and provide the room number of the patient.

Title: Rapid Response Team	
Scope: NIHD	Manual: CPM - Patient Safety (PS)
Source: DON Emergency Department	Effective Date: 6/30/16

5. RRT Responsibilities
   a. When a call is made for the team everyone responds. The Critical Care Nurse, who is the team leader of the RRT, will coordinate an appropriate response to the staff member that activated the team.
   b. The primary nurse shall have prepared for the team:
      - The RRT documentation record
      - Patient chart
      - Current medications
      - Recent vital signs
   c. The primary nurse must remain at the patient bedside and assist the RRT.
   d. The primary nurse should be prepared to provide the following information upon arrival of the RRT:
      - What prompted the RRT call?
      - Current HR, RR, BP, Temp
      - Interventions already attempted and results
      - Code status
      - Allergies
      - Pertinent medications
      - Pertinent history
      - Recent diagnostic tests
   e. The Critical Care Nurse is deemed team leader and will perform the initial assessment. Members of the RRT will assist the primary nurse as appropriate with:
      - Physician communication;
      - Obtaining appropriate orders; and
      - Initiation of physician orders.
   f. The RT will perform a complete respiratory assessment and initiate intervention as ordered or per standards of care.
   g. The team will:
      - Collaborate assessment findings and recommendations for intervention;
      - Immediately implement treatment or diagnostic services as appropriate per policy or physician order;
      - The primary nurse shall also place a call to the attending physician immediately following the RRT's initial assessment.
      - Call a Code and initiate ACLS procedures as appropriate per code policy;
      - Assist with implementation of physician order; and
      - Assist transport of patient when necessary.

6. Assessment Guidelines
   The RRT Team will follow the SBAR process for assessing and communicating. SBAR is an acronym for **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation.
   a. The primary nurse will be prepared with pertinent patient history, signs and symptoms and events precipitating this occurrence.

   b. The RRT leader will perform the initial assessment to include and/or consider:
      - Vital signs

- Blood glucose
- Cardiac rhythm
- Neurological status
- Fluid status
- Skin condition
- Pain
- Anxiety
- Recent medication history
- Lab values
- Diagnostic test results

c. The RT will perform the initial respiratory assessment to include and/or consider:
   - Breath sounds
   - Work of breathing
   - Ventilatory pattern and status
   - Chest assessment
   - Oxygenation
   - Airway clearance
   - Ventilation
   - Recent respiratory history (last treatment given)
   - Past respiratory history

7. RRT Immediate Interventions
   a. The RT may initiate the following prior to physician contact:
      - Oral, nasal, nasal tracheal, or artificial airway suctioning
      - Placement of an oral or nasal airway (except patients having recent ENT or oral and/or complications)
      - Obtain pulse oximetry
      - Currently ordered PRN treatments
      - Oxygen application

   b. The RRT may initiate the following prior to physician contact:
      - Cardiac monitoring
      - Currently ordered PRN medications
      - Oxygen application
      - Implementation of any interventions or treatments of the Nursing Units Standards of Care.

8. RRT Equipment

The following supplies and equipment may be needed:
   a. Personal protective equipment should be available at the bedside
   b. Oxygen
   c. Suction regulator and canister, tubing, yankauer
   d. Suction regulator or unit
   e. Pulse oximeter

f. Cardiac and vital signs monitoring equipment
g. Medications as ordered

9. RRT Documentation
   a. The RRT will document on the designated RRT Documentation Record.
   b. The primary RN will insure that all MD orders are written.
   c. The document will be filed in the patient chart under the "Nurses Notes" section.
   d. The RRT Implementation team will review RRT responses to identify opportunities for education and/or improvement.

OUTPATIENT SERVICES USE OF RRT POLICY

1. The Rapid Response Team can also be utilized by outpatient services to provide triage and transport to the Emergency Department for care and treatment.

2. A Code Blue should be initiated anytime the patient or visitor becomes unresponsive.

3. If any hospital staff member has a concern about a patient's condition, they may notify the RRT.

REFERENCES:

1. TJC (2016) Comprehensive Accreditation Manual for Critical Access Hospitals. Standard PC 02.01.09 and Standard PC 02.01.1. Joint Commission Resources. Oakbrook, Illinois.
2. TJC (2013) CAMCAH, Functional Chapter Provision of Care. Standard PC 02.01.09. The critical access hospital recognizes and responds to changes in a patient's condition, JCR: Oakbrook Terrace

CROSS REFERENCES:

1. DNR
2. Code Blue
3. Clinical Decision Making – notification of medical staff practitioner.

Approval	**Date**
CCOC	8/28/17
Resuscitation Committee	~~03/2016~~
ER Medical Services Committee	9/13/17
MEC	10/3/17
Board	

Developed: 5/09
Revised: 10/14
Reviewed:
Supersedes:

Northern Inyo Hospital

Rapid Response Team Consultation Record

Patient Name: _____ Room # _____ Caller's Name _____ Time of call _____

SITUATION | Arrival date: ___/___/___ Time: _____ RN: RCP:

- ❑ Staff member worried, concerned about patient
- ❑ Acute change in heart rate
- ❑ Acute change in systolic blood pressure
- ❑ Acute change in respiratory rate
- ❑ Acute and persistent change in saturation
- ❑ Acute change in level of consciousness
- ❑ Acute decrease in urine output
- ❑ Significant bleeding
- ❑ Seizures
- ❑ Failure to respond to treatment
- ❑ Agitation or delirium
- ❑ Syncope
- ❑ Uncontrolled pain

BACKGROUND

Reason for this admission _____

Pertinent past medical history _____

Current Medications _____

ASSESSMENT | Patient weight: _____ kg

Vital Signs: *****Recorded on Back of Rapid Response Team Consultation Record***

NL	ABNL	
☐	☐	**Airway** (drooling, congestion, stridor etc.) _____
☐	☐	**Breathing**: (wheezing, rhonchi, retractions etc.) _____
☐	☐	**Circulation**: (Abnl rate, rhythm, color, refill etc) _____
☐	☐	**Consciousness** (confused, agitated, somnolent etc.) _____

Other: _____

Other: _____

RECOMMENDATIONS

☐ **CODE BLUE initiated**

☐ **(required) Discussed patient** with _____ **MD.**

☐ Transferred patient to a higher level of care ☐ Evaluated directly by PMD ER Dr.

☐ No change in level of care ☐ Other: _____

☐ **(Required) Patient's Attending notified** by: _____ at _____ hours

Interventions (check all that apply)

- ☐ Apnea, Oximetry, or Cardiac Monitoring
- ☐ Oxygen applied/ increased
- ☐ Oral / nasal airway
- ☐ ECG
- ☐ CXR
- ☐ ABG
- ☐ Oral/nasal/pharyngeal suctioning
- ☐ PRN Resp RX given
- ☐ IV fluid Bolus _____
- ☐ Other: _____
- ☐ Other: _____

Additional documentation

☐ See Resuscitation Record ☐ See MD order sheet ☐ MD Progress Note

TEAM | Departure Date: ___/___/___ Time: _____

Signature : _____ RN Signature _____ RCP

Signature : _____ RN Signature: _____

Place in Nurse's Note Section

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Pre-Hospital Care Policy	
Scope: Emergency Department	Manual: Emergency Department – Communication (COM)
Source: Emergency Dept Nurse Manager	Effective Date:

PURPOSE:
To define Northern Inyo Healthcare District's (NIHD) role and requirements as a Base Station Hospital.

POLICIES:
NIHD has agreed to be a base station for Inyo County and will follow the protocols and standards set forth by Emergency Medical Services Agency (EMSA) also known as Inland Counties Emergency Medical Agency (ICEMA). And adhere to the requirements as set forth by Title ZZ (Refer to 100174. Paramedic Base Hospital of ALS manual.)

Medical Direction to the Advanced Life Support (ALS) personnel may only be given via two-way radio or telephone communication by the Emergency Department Physician or by a certified Mobile Intensive Care Nurse (MICN). ALS and BLS report may be received by non-MICN Registered Nurses when an MICN or ED Physician is unavailable. In the event that medical direction is requested or required, the non-MICN will locate an MICN or ED Physician. At no time will a non-MICN give medical direction or orders to BLS or ALS units.

PROCEDURE:
RECORD KEEPING
The *Base Station Hospital Mobile Intensive Care Record* will be completed by the Emergency Department personnel during all ALS and BLS calls. The *Incident* # will be the next sequential number from the previous run on the *Base Station Facility Log.* All vital signs, assessments, medications, and procedures completed prior to Base Station contact will be designated as "PTC" (prior to contact). All calls will be saved on a computer file for a minimum of 19 years.
All record keeping and submission of monthly reports to ICEMA is the responsibility of the Pre-Hospital Liaison Nurse or Nurse Manager/Assistant Manager.
Northern Inyo Hospital will follow all Quality Improvement and audit requirements as established by ICEMA/EMSA.

EMS RADIO
There are two EMS radios, Telex-IP2002 in the ED. The first one is located in the Nurse's station of the ED and has one channel for EMS radio traffic and one channel for EMS phone traffic. The second radio is located in the ED Physician room and has one channel for EMS radio traffic and one channel for the TAC channel utilized by the Unified Command.
There are six BK narrow-band radios in the ED with EMS Silver Peak, EMS Local, Fire Tac, and NIHD Maintenance channels.

REFERENCE:
1. EMSA Administrative Manual and EMS Protocols

Approval	**Date**
CCOC	8/28/17
ER Committee	9/13/17
Medical Executive Committee	10/3/17
Board of Directors	
Last Board of Director Review	

Developed: 2/95

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Pre-Hospital Care Policy	
Scope: Emergency Department	Manual: Emergency Department – Communication (COM)
Source: Emergency Dept Nurse Manager	Effective Date:

Revised: 2/01; 2/02
Reviewed: 6/11as; 2/15as
Index Listings: Pre-Hospital Care Policy; Base Station Guidelines; Pre-Hospital Record Keeping and Radio

Northern Inyo Healthcare District
One Team. One Goal. Your Health.

Northern Inyo Hospital Medical Staff
Clinical Privilege Request Form

Appointment cycle _____
(Office use only)

Practitioner Name: _____ Date: _____
Please Print

EMERGENCY MEDICINE

Instructions: Please check box next to each set of core privileges or special privilege requested.
Initial next to any core privilege NOT requested.

INITIAL CRITERIA

Education/Formal Training:

- Board Certified/Board Eligible in Emergency Medicine **OR**
- Board Certified/Board Eligible in Family Practice with current ATLS, ACLS and PALS certification.

CORE PRIVILEGES

Request

☐

Check box to request core privileges.

Initial next to any core privilege NOT requested

- Assess, work up and provide initial treatment to patients of any age who present to the Emergency Department with any illness, injury, condition or symptom.
- Provide those services necessary to ameliorate minor illness or injuries, provide stabilizing treatment to patients presenting with major illness or injuries and to assess all patients in order to determine if more definitive services are necessary.

Initial	Advanced Life Support Techniques – Including, but not limited to:
____	Airway maintenance: nasal & oral pharyngeal airways, and esophageal obturator airways
____	Rapid sequence intubation
____	Endotracheal and nasotracheal intubation
____	Cricothyrotomy
____	Ventilator management
____	Closed chest massage
____	EKG interpretation
____	Intravenous puncture and catheterization, peripheral and central
____	Defibrillation and electrical cardioversion
____	Venous cutdown
____	Arterial puncture and catheterization
____	Arterial blood gas interpretation
____	Thoracentesis and tube thoracostomy
____	Pericardiocentesis
____	Thrombolytic therapy
____	Transvenous and external cardiac pacing

Initial	General Surgery
____	Paracentesis and peritoneal lavage
____	Burn management
____	Wound exploration and foreign body removal
____	Wound debridement and laceration repair
____	Incision and drainage techniques

Initial	Obstetrics/Gynecology
____	Emergency childbirth
____	Post-mortem C-section
____	Bartholin's gland I&D
____	Sexual assault exam

Initial	Ophthalmology
____	Use of ophthalmological instruments i.e. tonometer, burr
____	Slit lamp examination
____	Removal of uncomplicated corneal foreign body

Initial	Orthopedics
____	Splinting and casting
____	Closed reduction of fractures and dislocations
____	Revision and closing of simple distal phalangeal open fractures and amputations

Initial	Otolaryngology
____	Epistaxis management including anterior or posterior packs
____	Removal of foreign body
____	Reduction of TMJ dislocation

Initial	Pediatrics
____	All advanced life support delineated in adults
____	Umbilical vein catheterization

Initial	Psychiatry
____	Psychiatric evaluations
____	Overdose management

Initial	Urology
____	Emergency cystogram or retrograde urethrogram
____	Reduction of paraphimosis and phimosis

NORTHERN INYO HEALTHCARE DISTRICT
One Team, One Goal, Your Health.

Northern Inyo Hospital Medical Staff
Clinical Privilege Request Form

Appointment cycle _____
(Office use only)

Practitioner Name: _____ Date: _____
Please Print

SPECIAL PRIVILEGES

Sedation/Analgesia
Procedural sedation has been defined by this medical staff in the 'Procedural Sedation' Policy. Please refer to the policy for specific definitions and criteria for privileging.

- ☐ Minimal sedation (anxiolysis)
- ☐ Moderate sedation
- ☐ Dissociative sedation
- ☐ Deep sedation

Ultrasound (Emergency)*

- ☐ **Procedural.** To be utilized for localization and assistance with IV access, central lines, bladder localization and aspiration, simple subcutaneous abscess identification, foreign body identification, thoracentesis, and paracentesis.

Ultrasound (Emergency)* - Limited Diagnostic

- ☐ AAA
- ☐ Biliary
- ☐ Cardiac
- ☐ DVT
- ☐ Intrauterine pregnancy
- ☐ Musculoskeletal
- ☐ Ocular
- ☐ Thoracic
- ☐ Trauma

*Requires proof of Emergency Medicine residency training which included US training or certificate of training course with proctoring.

Acknowledgment of Practitioner:
I have requested only those privileges for which by education, training, health status, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by any Medical Staff Bylaws, Rules and Regulations, and policies and procedures applicable.
(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

_____ _____
Practitioner Signature *Date*

_____ _____
Chief of Emergency Room Service Date Chief of Radiology Date

_____ _____
Chief of Medicine/Intensive Care Date Chief of Surgery Date

_____ _____
Chief of Obstetrics/GYN Date Chief of Staff Date

_____ _____
Chief of Pediatrics Date President, Board of Directors Date

Approvals	*Committee Date*
Credentials Committee	
Medical Executive Committee	
Board of Directors	

(Office use only)