Northern Inyo Hospital

July 18 2018 Regular Meeting

July 18 2018 Regular Meeting -

AGENDA

NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

July 18, 2018 at 5:30 p.m.

At Northern Inyo Hospital

150 Pioneer Lane, 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. Chief Executive Officer Report (*information item*).
   B. Quarterly Medical Staff Services Pillars of Excellence Report (*action item*).
   C. Chief Operating Officer Report (*information item*).
   D. Interim Director/s of Dietary Department (*action item*).
   E. Chief Nursing Officer Report (*information item*).
   F. Approval of revised Policy and Procedure: *Authorization of Hours Worked Beyond Regularly Scheduled Shift (Including Overtime Request*) (*action item*).
   G. Chief Human Resources Officer Report (*information item*).
   H. Approval of revised Human Resources Policies and Procedures (*action items*)*:*
      1. Introduction
      2. Acknowledgement Form
      3. Employee Recognition
      4. Learning Internships, Clinical or Academic Rotations, and Career Shadowing Opportunities
   I. Policy and Procedure approval, *Discrimination and Harassment Prevention Policy and Procedure* (*action item*).
   J. Chief Financial Officer Report (*information item*).
   K. Strategic Plan update, Finance (*information item*).
4. Old Business
   A. HIS Implementation Report (*information item*).

B. Update on grant funding for adolescent education (*information item*).

C. Update regarding development of process for filling Board vacancies and on-boarding new Board members (*information item*).

Consent Agenda (action items)

5. Approval of minutes of the June 20 2018 regular meeting
6. Financial and Statistical reports as of May 31 2018
7. 2013 CMS Survey Validation Monitoring, July 2018
8. Policy and Procedure annual approvals

---

9. Chief of Staff Report; Allison Robinson, MD:
   A. Policies/Procedures/Protocols/Order Sets (*action items*):
      1. *Accepting Orders for Outpatient Infusion Services from Non-Privileged Practitioners*
      2. *Ambulatory Care Pharmacist Interview Questions*
      3. *Blood Product Replacement During Obstetric Hemorrhage*
      4. *Fentanyl Patch Ordering Protocol*
      5. *Heparin Dosing Protocol*
      6. *Home Medication Verification – Medication Reconciliation*
      7. *Intravenous Medication Policy*
      8. *Methadone for Withdrawal Order Verification*
      9. *Point of Care Accu-Chek Blood Glucose Testing*
      10. *Thrombolytic Therapy for Acute Myocardial Infarction*
      11. *Vancomycin Dosing*
      12. *Furnishing Medications / Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure*
   B. Family Medicine Core Privilege Form (*action item*).
   C. Medical Staff Resignations (action items):
      1. Michael Abdulian, MD (*Orthopedic Surgery, Adventist Health*) – effective June 11, 2018
      2. Helena Black, MD (*Emergency Medicine*) – effective June 30, 2018
      3. Gregg McAninch, MD (*Radiology*) – effective June 30, 2018
   D. Medical Staff Appointments/Privileges (*action item*):
      1. Jared M. Kasper, MD (*Radiology*) – Provisional Consulting Staff

2. Anne K. Wakamiya, MD (*Internal Medicin*e) – Provisional Active Staff

E. Staff Category Changes (*action items*):

1. Arsen Mkrtchyan, MD (*Internal Medicine/Hospitalist*) – from Locum Tenens Staff to Provisional Active Staff
2. Helena Black, MD (*Emergency Medicine*) – appointment to Honorary Staff

F. Telemedicine Staff Appointment/Privileges – Proxy Credentialing (*action item*):

As per the approved Telemedicine Physician Credentialing and Privileging Agreement, and as outlined and allowed by 42CFR 482.22, the Medical Staff have chosen to recommend the following practitioners for Telemedicine privileges relying upon Adventist Health's credentialing and privileging decisions.

1. Navid Ezra, MD (*Dermatology*) – Adventist Health, Telemedicine Staff
2. Shiela Lezcano, MD (*correction to Rheumatology, not Endocrinology*) – Adventist Health, Telemedicine Staff

10. Reports from Board members (*information items*).
11. Adjournment to closed session to/for:

A. Discussion of Labor Negotiations; Agency Designated Representative: Kevin Dale; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).

B. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).

C. 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*).

D. Discussion of a personnel matter (*pursuant to Government Code Section 54957*).

12. Return to open session and report of any action taken in closed session.
13. 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

Indicator	Baseline	Goal	Jul-Sep 2017 Q1	Oct-Dec 2017 Q2	Jan-Mar 2018 Q3	Apr-Jun 2018 Q4	YTD
Service							
1. Customer satisfaction							
a. Average Credentialing TAT (from receipt of complete application)	11 days	<21 days	9 d	8 d	16 d	11 d	12 d
b. Average Privileging TAT (from receipt of complete application)	25 days	<60 days	18 d	22 d	27 d	44 d	30 d
c. Percent on-time start	92%	100%	92%	92%	100%	93%	95%
2. Application times							
a. Average time for any application materials to be returned	28 days	<14 days	11 d	18 d	19 d	23 d	18 d
b. Average time for complete application to be returned	51 days	<45 days	36 d	38 d	32 d	46 d	37 d
Quality							
1. Credentialing/Privileging							
a. Percent processed within time frame specified in bylaws	93%	100%	100%	100%	100%	100%	100%
b. Percent of applicants granted temporary/expedited privileges	39%	<50%	58%	33%	33%	36%	39%
People							
1. Active Staff	39	N/A	39	41	41	41	
2. All Medical Staff Members and Allied Health Professionals	92	N/A	82	88	96	106	
3. Locums/Temporary Staff	3	N/A	9	5	5	4	
Finance							
1. Total initial applications processed	14/year	N/A	12	12	24	14	62
2. Number of locum tenens applications	5/year	N/A	6	5	4	4	19
3. Number of applications abandoned/discontinued	6/year	N/A	1	3	1	0	5

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
Q4: April - June 2018

Narrative Notes:

The Medical Staff Office processed 62 initial applications in the 2017-2018 fiscal year, up from approximately 15 initial applications the prior fiscal year. Approximately one-third of the applications were attributable to new services and the expansion of services that the district committed to as part of its strategic plan, resulting in net additional providers.

The areas in which the Medical Staff Office exceeded its goals were (seen in blue on the color chart):

- The turn-around times for verification of the application (credentialing) and the approval of the application (privileging);
- The adherence to the timeframes dictated in the bylaws (100% of the time).

The areas in which the Medical Staff Office will be focusing on improving over the next fiscal year are:

- Improving the ease in which the application can be submitted to encourage timely turn-around of the application materials.
- Communicating expectations to the applicant to better improve compliance with submitting a complete application.
- Improving communication/visibility of the Medical Staff Office among other hospital departments such that the credentialing and privileging processes can begin early on and thus avoid the necessity of using the expedited process unnecessarily (reflected by the metric “percent of applicants granted temporary/expedited privileges”) or of delaying the practitioner’s anticipated start date (reflected by the metric “percent on-time start”).

Dianne Picken, M.S.
Medical Staff Support Manager
7/2/2018

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

Northern Inyo Healthcare District

150 Pioneer Lane
Bishop, CA 93514
(760) 873-5811
www.nih.org

On July 14th, 2018, Denice Hynd, Manager of Nutrition Services, and Kelli Huntsinger, Chief Operating Officer, are recognized by the Northern Inyo Healthcare District to act in partnership as the Interim Director of Nutritional Services.

Signed: _____

_____

_____

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Authorization of Hours Worked Beyond Regularly Scheduled Shift (Including Overtime Request)	
Scope: Nursing Services	Manual: 3. NAM - Utilization of Nursing Staff and Staffing Budget
Source: Chief Nursing Officer	Effective Date: 12/1/13

PURPOSE:
It is the policy of Northern Inyo Hospital to monitor Nursing Services hours worked beyond hired status (regularly worked hours) to identify patient care situations, meetings, etc., that alter workload completion, efficiency, and delivery of patient care.

POLICY:
1. Any hours worked beyond the regularly scheduled shift hours hired or in addition to the scheduled shift, are considered overtime and must re recorded in the scheduling software for monitoring, where it will be approved by the nursing department Director, Manager, Assistant Nurse Manager or House Supervisor.
2. Overtime pay will be issued in accordance to the HR payroll policy.
3. Any Nursing hours worked beyond the scheduled shift or in addition to the scheduled shift, including not taking the 30 minute lunch break must be approved by the House Supervisor on duty.
4. Indirect work hours (meetings, Learning Management System course work completion) are to be completed during the assigned (direct care) shift unless otherwise approved by nursing management.

PROCEDURE:
1. When an employee becomes aware that he/she is unable to complete their workload by the end of the assigned shift, he/she will notify the house supervisor (HS). This may be related to meeting attendance, change in patient condition, etc.
2. The House Supervisor will evaluate the existing situation and provide action as indicated (additional help, assistance with organization and priority setting, approval of meeting attendance, etc.).
3. Employees who,
   a. are on call or called in,
   b. attend meetings, in- service, etc., outside their regular work ours,
   c. do not take a 30 minute lunch break,
   d. cannot complete the workload within the assigned shift,
   e. called in early to work or asked to stay over,
   f. works extra shifts beyond those hours hired,

   will have the work hours documented by the House Supervisor in the department Staffing Management software with attached reason for the overtime.
   g. Scheduled to complete Learning Management System courses without a patient assignment, hours will be moved under education within the scheduling software to allow for tracking of hours.
4. If staff is unable to complete indirect work hours such as meeting attendance, Learning Management Systems course work etc. during the assigned shift, staff are to clock into KRONOS using the correct code.
   a. Staff usage of indirect hours for workshops, Shared Governance, etc., are to be monitored by the employee manager
5. The manager and/or designee will utilize the Staffing Management Software to verify the KRONOS sheets, monitor OT trends, adjust scheduling, and forecast budgeting.

REFERENCES:
1. Fair Labor Standards Act

CROSS REFERENCE P&P:
2. Scheduling of Nursing Personnel
3. Payroll Policies and Procedures
4. Staff work expectations beyond scheduled shift in department that closes

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Authorization of Hours Worked Beyond Regularly Scheduled Shift (Including Overtime Request)	
Scope: Nursing Services	Manual: 3. NAM - Utilization of Nursing Staff and Staffing Budget
Source: Chief Nursing Officer	Effective Date: 12/1/13

5. Fixed Staff Floating
6. Deployment of Nursing Staff at Department Level and Patient Care Areas
7. Routine Hours of Work
8. Hours, Rest and Meal Periods

Approval	**Date**
NEC	6/20/18
Board of Directors	
Last Board of Director Review	4/18/18

Developed: 11/1/13
Reviewed:
Revised: 6/18ta
Supersedes:
Index Listings:

NORTHERN INYO H~~OSPITAL~~EALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: 02-01 INTRODUCTION	
Scope: ~~Hospital~~ District Wide	Department: **Human ~~r~~Resources – Employee Handbook**
Source: Human Resources ~~Manager~~	Effective Date: 11/20/2002

PURPOSE:

These Personnel Policies contain important information regarding Northern Inyo ~~Hospital's~~ Healthcare District's (District) rules, regulations and benefits that affect you as an employee of ~~our~~ the ~~hospital~~District. These Policies have been approved by the ~~Northern Inyo County Local Hospital~~ District's Board of Directors taking into account, but not limited to, the ~~advice~~ input of the ~~Northern Inyo Hospital Personnel/Payroll Advisory Committee.~~District's Workforce Council, Human Resources professionals, District Leadership, and the Executive Team.

~~The Northern Inyo Hospital Personnel/Payroll Advisory Committee provides the Hospital Administrator and the Board of Directors with recommendations regarding these Personnel Policies, Payroll Policies and Guidelines, and the fringe benefit package offered by the Hospital to its employees. The Personnel/Payroll Advisory Committee is composed of the Hospital's Human Resources Director, Chief Financial Officer, Administrator, and six other elected employees. Please refer to the Personnel/Payroll Advisory Committee Guidelines of Northern Inyo Hospital for additional information.~~

Committee Approval	**Date**
~~Personnel Policy Advisory Committee~~	
Human Resources Manager	
Administration	
Board of Directors	11/20/2002
Board of Director Review	7/18/18

NORTHERN INYO ~~HOSPITAL~~HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Required - ACKNOWLEDGMENT FORM	
Scope: ~~Hospital~~ District Wide	Manual: Human ~~r~~Resources – Employee Handbook
Source: Human Resources	Effective Date: 3/19/2014

I can receive or access a copy of the Employee Handbook that contains the Personnel Policies of Northern Inyo ~~Hospital~~ Healthcare District or individual policies contained therein as amended from time to time and approved by the Board of Directors by using searchable copies of this Human Resources Employee Handbook Personnel Policies via Policy & Procedure Manager or requesting a copy from Human Resources.

I understand and agree that:

- It is my responsibility to read and familiarize myself with the contents of the Handbook since it includes policies and procedures that provide information for the guidance and reference of all employees.
- I can ask Human Resources about any questions I have concerning the provisions of the Employee Handbook.
- The Employee Handbook is not intended to create, and should not be construed as creating, a contract between Northern Inyo ~~Hospital~~ Healthcare District and me. No contractual relationship will arise unless an express written contract is signed by the Administrator, who is the only representative authorized to enter into such a relationship, and me.
- Other than the Administrator of Northern Inyo ~~Hospital~~Healthcare District, no manager, supervisor, or representative of Northern Inyo ~~Hospital~~ Healthcare District has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Administrator has the authority to make any such agreement and then only in writing, signed by the Administrator.
- Except for an employee's employment at-will status, any and all policies or practices can be changed at any time by Northern Inyo ~~Hospital~~Healthcare District. Northern Inyo ~~Hospital~~Healthcare District reserves the right to change my hours, wages, and working conditions at any time. The contents of the Employee Handbook may be changed at Northern Inyo ~~Hospital's~~ Healthcare District's discretion at any time for any reason without notice.
- Northern Inyo ~~Hospital~~ Healthcare District has the right to interpret and apply the Employee Handbook policies as it deems appropriate.
- The Employee Handbook is confidential company information and must be treated as such.
- Nothing in the Employee Handbook creates or is intended to create a promise or representation of continued employment and that employment at Northern Inyo ~~Hospital~~ Healthcare District is employment at-will, that is employment may be terminated at the will of either the Northern Inyo ~~Hospital~~ Healthcare District or myself at any time with or without cause.
- This agreement on at-will status is the sole and entire agreement between Northern Inyo ~~Hospital~~ Heathcare District and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with Northern Inyo ~~Hospital~~Healthcare District.
- Collective Bargaining Agreement Disclaimer: The policies and procedures outlined in the Employee Handbook have been designed to comply with all existing written and unwritten policy statements; all requirements of existing labor laws and, if applicable, a Collective Bargaining Agreement with an employee organization. Where conflicts exist, the Collective Bargaining Agreement will take precedence over any District Personnel Policy. The Chief Human Resources Officer (CHRO) has responsibility for the interpretation of this policy, and any exceptions to this policy will be made with Executive Team approval. All policies and procedures may be modified or changed at any time with Board and Executive Team approval.

Acknowledged:

NORTHERN INYO ~~HOSPITAL~~HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Required - ACKNOWLEDGMENT FORM	
Scope: ~~Hospital~~ District Wide	Manual: Human ~~r~~Resources – Employee Handbook
Source: Human Resources	Effective Date: 3/19/2014

Signature of Employee: _____ Date: _____

Printed Name of Employee: _____

Approval	**Date**
Human Resources	
Administration	
Board of Directors	03/19/2014
Last Board of Director review	~~8/16/17~~7/18/2018

Title: EMPLOYEE RECOGNITION	
Scope: District Wide	Department: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/15/2017

PURPOSE:

The purpose of this policy is to establish a District-wide recognition program for Northern Inyo Healthcare District ("District") employees.

POLICY:

The District believes the quality of the District's employees will determine the quality of the care, treatment and services the District provides. Therefore, as part of enhancing employee engagement through promoting recognition for its employees, it is the District's policy to establish an employee recognition program based on the quality of the work done by its employees.

PROCEDURE:

1. Recognition for On the Spot Awards

   Recognition for On-the-Spot Awards is done at any time. Employees and/or customers can submit a One Team/One Goal/Your Health card directly to the employee who is recognized describing the reason(s) why the recognized employee deserves an On-the-Spot Award. Criteria for this award is an immediate observable on the spot display by that employee of the work done that is aligned with the mission, vision and/or values of the District. The recognized employee shall take the card to Human Resources who will exchange the card for a nominal reward. Employees will be recognized throughout the District for their On-the-Spot awards. Cards are generally available throughout the District including in Community Relations, Human Resources and the Cafeteria.

2. Recognition as Employee of the Month.

   Recognition of at least one (1) Employee-of-the-Month occurs monthly. The Employee-of-the-Month Recognition program awards at least one (1) employee each month who is nominated by an employee from within or outside the nominated employee's department. The selection criteria for this award is based on the nominated employee's work that consistently demonstrates work aligned with the mission, vision, and/or values of the District. Nominations shall be made on the approved form. A sub-committee of the Workforce Council, the Employee Recognition Subcommittee (ERS), shall review and select each month's Employee of the Month. The ERS shall be chaired by the Community Relations representative of the Workforce Council and further consist of at least one (1) employee appointed yearly to the ERS by each Chief as well as the current winner of the Employee-of-the-Year award.

Title: EMPLOYEE RECOGNITION	
Scope: District Wide	Department: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/15/2017

3. Recognition as Employee of the Year

Recognition as the Employee-of-the-Year occurs annually. The Employee-of-the-Year recognition program awards one (1) employee per year from the winners of the Employee-of-the-Month award from the prior twelve (12) months and from other nominees that are received. The Executive Leadership Team shall select an employee whose work throughout the prior twelve (12) months adds significant value to the mission, vision and/or values of the District. Additional criteria can be used to include work by the nominee around The 7 Habits of Highly Effective People (i.e., a proactive person, a person who begins with the end in mind, a person who puts first things first, a person who thinks win-win, a person who seeks first to understand, and then to be understood, a person who can synergize and a person who creates growth and self-renewal). The Employee of the Year shall be recognized at the Northern Inyo Hospital (NIH) Foundation's Annual Avenue of Excellence Award Dinner, shall serve a one (1) year term on the ERS, and be otherwise recognized through other means available to the District.

4. Recognition for Years of Service

Years of service awards are presented to employees after five (5) years of service and following each additional five (5) years of regular employment. In addition, certificates are presented to these employees entitling them to additional Paid Time Off hours based on the following schedule:

A. An employee who was in a full-time status as of the last pay period of the prior year will be given 8 hours of Paid Time Off;

B. An employee who was in a regular part-time status as of the last pay period of the prior year will be given 6.4 hours of Paid Time Off;

C. An employee who was in a per diem status as of the last pay period of the prior year will be given 3 hours of Paid Time Off.

REFERENCES:

Covey, S. (1989). *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change.* New York, NY: Simon & Schuster.

Approval	Date
Human Resources	11/2/2017
Executive Leadership	11/5/2017

Title: EMPLOYEE RECOGNITION	
Scope: District Wide	Department: Human Resources – Employee Handbook
Source: Human Resources	Effective Date: 11/15/2017

Board of Directors	11/15/2017
Last Board of Directors Review	7/18/2018

Developed: 11/2/2017
Reviewed: 7/18/2018
Revised: 7/18/2018
Supersedes: 16-01 EMPLOYEE RECOGNITION
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Learning Internships, Clinical or Academic Rotations, and Career Shadowing Opportunities	
Scope: ~~Hospital~~ District Wide	Manual: Human Resources
Source: Human Resources	Effective Date: 6/22/2017

PURPOSE:

1. To define the requirements for non-employees and employees to explore healthcare careers under the supervision of Northern Inyo Healthcare District (~~NIHD~~District) staff.
2. To set forth the requirements for participants in the learning internship, clinical or academic rotations, and career shadowing programs and to ensure compliance with relevant laws, regulations, policies and procedures applicable thereto.

POLICY:

Northern Inyo Healthcare District (~~NIHD~~District) believes its ability to meet the needs of our patients and community is related to its ability to attract and retain adequate numbers of qualified, competent and diverse employees who provide high quality service in a healthcare setting. To accomplish this, ~~NIHD~~the District's leadership will foster workforce development programs that include developing a pipeline of talent within the community and within its workforce. It is, therefore, ~~NIHD's~~ the District's policy to establish learning internships, clinical or academic rotations and career shadowing opportunities to attract persons interested in working in the healthcare industry or persons interested in enhancing their career development while already working for the District. If a District employee is engaged in any activity under this policy, the employee must pursue it on their off duty time.

DEFINITIONS:

Learning Internship: A learning internship opportunity is for any individual who is looking for an opportunity to explore healthcare careers or healthcare processes. This opportunity is generally for the duration of a semester.

Clinical or Academic Rotation: A clinical or academic rotation opportunity is for any individual or group of individuals under the supervision of an instructor that provides direct application of classroom objectives and is generally focused in patient care areas. An affiliation agreement between the educational institution and ~~NIHD~~ the District prior to the start of any clinical or academic rotation.

Career Shadowing: A career shadowing opportunity is for any individual who requests an observation of a specific position or department for a specific date(s) and times.

PROCEDURE:

1. Opportunities under this policy are coordinated through the Human Resources Department.

Title: Learning Internships, Clinical or Academic Rotations, and Career Shadowing Opportunities	
Scope: ~~Hospital~~ District Wide	Manual: Human Resources
Source: Human Resources	Effective Date: 6/22/2017

a. Human Resources will refer the request to the Department head(s) where the request is being made.
b. The Department head will then review and receive approval from their Chief.
c. If a shadow experience can be accommodated, the Department head:
   1) Notifies HR of approval of request and dates they can accommodate.
   2) Notifies the individual or group to start the pre-requisite requirements.

2. Prior to the commencement of the opportunity, the assigned ~~NIHD~~ District supervisor will ensure the individual or group completes the required information packet and turns it into Human Resources for approval. Upon approval, the individual or group will onboard with Human Resources and then be released to the assigned ~~NIHD~~ District supervisor to begin the opportunity.

3. The ~~NIHD~~ District supervisor will:
   a. Orient the individual or group to their role, the department, and, if needed, to ~~NIHD~~the District.
   b. Ensure that all ~~NIHD~~ District policies regarding patient confidentiality and privacy are enforced throughout the opportunity.
   c. Ensure that the individual or group meets the objectives of the opportunity.

4. The ~~NIHD~~ District supervisor and the individual or group will complete an evaluation form at the end of the program to ensure that the program undergoes continuous improvement.

5. Human Resources will review the program annually and periodically as feedback warrants.

REFERENCES:

The Joint Commission Standards HR.01.02.07, HR.01.03.01, HR.01.04.01, PI.02.01.01, and PI.03.01.01

Committee Approval	**Date**
Human Resources	6/2/2017
Executive Team	6/5/2017
Board of Directors	6/22/2017
Last Board of Directors Review	7/18/2018

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: DISCRIMINATION AND HARASSMENT PREVENTION POLICY AND PROCEDURE	
Scope: District-wide	Manual: Human Resources
Source: Human Resources Director	Effective Date: 7/18/2018

POLICY

The ability of the Northern Inyo Healthcare District (District) to meet the needs of our patients is directly related to attracting and retaining adequate numbers of qualified, competent and diverse employees who provide high quality service in a healthcare setting. To accomplish this, the District will determine how employees function within the organization, establish and maintain programs that facilitate recruitment, orientation, competency, and continuing education, and will evaluate and provide a positive work environment to promote employee retention.

It is, therefore, the policy of the District to provide equal employment opportunities to all employees and applicants without regard to age (40 or older), ancestry, color, religious creed (including religious dress and grooming practices), disability (mental and physical), marital status, medical condition (cancer and genetic characteristics), genetic information, military and veteran status, national origin, race, sex (including pregnancy, child birth, breastfeeding and medical conditions related to pregnancy), gender, gender identity and gender expression, sexual orientation, or any other protected status in accordance with all applicable federal, state and local laws.

In addition, the District is committed to providing a work environment that is free of unlawful discrimination and harassment. In furtherance of this commitment, the District strictly prohibits all forms of unlawful discrimination/harassment, including discrimination/harassment on the basis of age (40 or older), ancestry, color, religious creed (including religious dress and grooming practices), disability (mental and physical), marital status, medical condition (cancer and genetic characteristics), genetic information, military and veteran status, national origin , race, sex (including pregnancy, child birth, breastfeeding, and medical conditions related to pregnancy), gender, gender identity and gender expression, sexual orientation, or any other protected status in accordance with all applicable federal, state and local laws.

This policy extends to all aspects of the District's employment practices, including recruiting, hiring, discipline, termination, promotions, transfers, compensation, benefits, training, leaves of absence, and other terms and conditions of employment.

Title: DISCRIMINATION AND HARASSMENT PREVENTION POLICY AND PROCEDURE	
Scope: District-wide	Manual: Human Resources
Source: Human Resources Director	Effective Date: 7/18/2018

The District will provide a reasonable accommodation for any known physical or mental disability of a qualified individual or for employees' religious beliefs and observances, provided the requested accommodation does not create an undue hardship for the District and does not pose a direct threat to the health or safety of others in the workplace or to the individual. The District will not retaliate or discriminate against a person for requesting an accommodation under this policy, regardless of whether the accommodation was granted.

PROCEDURES

A. Scope.

1. This policy prohibits discrimination and harassment in the workplace and applies to applicants and employees of the District, including supervisors and managers.

2. The District prohibits managers, supervisors and employees from discriminating against or harassing co-workers as well as customers, vendors, suppliers, independent contractors and others doing business with the District.

3. The District prohibits customers, vendors, suppliers, independent contractors and others doing business with the District from discriminating against or harassing the District's employees.

B. Examples of prohibited sexual harassment or discrimination.

1. Sexual harassment includes a broad spectrum of conduct, including harassment based on sex, gender, gender identity or expression, and sexual orientation. Examples of unlawful and unacceptable behavior includes, but is not limited to:

   a. Unwanted sexual advances.

   b. Offering an employment benefit (such as a raise, promotion or career advancement) in exchange for sexual favors, or threatening an employment detriment (such as termination or demotion) for an employee's failure to engage in sexual activity.

   c. Visual conduct, such as leering, making sexual gestures and displaying or posting sexually suggestive objects or pictures, cartoons or posters.

d. Verbal sexual advances, propositions, requests or comments.

e. Sending or posting sexually related messages, videos or messages via text, instant messaging or social media.

f. Verbal abuse of a sexual nature, graphic verbal comments about an individual's body, sexually degrading words used to describe an individual and suggestive or obscene letters, notes or invitations.

2. Physical conduct, such as touching, groping, assault or blocking movement.

3. Physical or verbal abuse concerning an individual's sex, gender, gender identity, gender expression or sexual orientation.

4. Verbal abuse concerning a person's physical characteristics.

C. Other examples of prohibited harassment or discrimination.

1. In addition to Section B, above, the District strictly prohibits harassment or discrimination concerning any other protected characteristic.

2. Such prohibited harassment includes, but is not limited to:

a. Racial or ethnic slurs, epithets and any other offensive remarks.

b. Jokes, whether written or verbal.

c. Threats, intimidation and other menacing behavior.

d. Inappropriate verbal, graphic or physical conduct.

e. Sending or posting harassing messages or videos via any means including text, instant messaging, social media, etc.

f. Other harassing or discriminatory conduct based on one or more of the protected categories identified in this policy.

3. Harassment of the District's customers, clients, vendors, suppliers, or independent contractors is also strictly prohibited.

D. Reporting harassment or discrimination.

1. If an employee feels that he or she is being harassed or discriminated against in violation of this policy by another employee, supervisor, manager or third party doing business with the District, the employee should immediately contact the Director of Human Resources, their District Leader, any Chief, the AOC, and/or the House Supervisor.

2. If an employee observes harassment or discrimination by another employee, supervisor, manager or nonemployee, the employee should immediately report the incident to the individuals identified above.

3. All supervisors must report complaints of misconduct under this policy to the Director of Human Resources (x2145) immediately so the District can investigate and take appropriate action.

4. All complaints of unlawful harassment or discrimination that are reported to management or to the persons identified above will be investigated as promptly as possible, and corrective action will be taken where warranted.

5. All complaints of unlawful harassment or discrimination that are reported to management or to the persons identified above will be treated with as much confidentiality as possible, consistent with the need to conduct an adequate investigation.

6. Complaints will be investigated by impartial and qualified internal personnel unless external involvement is warranted.

7. The process will be documented and tracked for reasonable progress, and all investigations will be completed in a timely manner.

8. The California Department of Fair Employment and Housing (DFEH) may also investigate and process complaints of harassment or discrimination. The toll free number for the DFEH is (800) 884-1684.

9. Employees' notification to the District is essential to enforcing this policy.

10. Employees will not be penalized in any way for reporting a harassment or discrimination allegation in good faith.

11. It is unlawful for an employer to retaliate against employees who oppose the practices prohibited by the California Fair Employment and Housing

Act (FEHA), or who file complaints or otherwise participate in an investigation, proceeding or hearing conducted by the DFEH or the Fair Employment and Housing Commission (FEHC).

12. Similarly, the District prohibits employees from hindering its internal investigations or its internal complaint procedure.

13. Employees who have any questions regarding what constitutes harassment or discriminatory conduct should contact the Director of Human Resources, their District Leader, any Chief, the AOC, and/or the House Supervisor.

E. Violations of this policy will result in discipline.

1. Violation of this policy will subject an employee to appropriate disciplinary action, up to and including termination.

2. Employees may be held personally liable for harassing conduct that violates the law.

F. Retaliation prohibited.

1. The District strictly prohibits any adverse action or retaliation against those who report, oppose or participate in an investigation of alleged violations of this policy.

2. Participating in an investigation of alleged wrongdoing in the workplace includes:

   a. Filing a complaint with a federal or state enforcement or administrative agency.

   b. Participating in or cooperating with a federal or state enforcement agency that is conducting an investigation of the District regarding alleged unlawful activity.

   c. Testifying as a party, witness or accused regarding alleged unlawful activity.

d. Making or filing an internal complaint with the District regarding alleged violations of this policy.

e. Providing informal notice to the District regarding alleged violations of this policy.

f. Associating with another employee who is engaged in any of these activities.

3. If an employee feels that he or she is being retaliated against, the employee should immediately contact the Director of Human Resources, any District Leader, any Chief, the AOC and/or any House Supervisor.

4. If an employee observes retaliation by another employee, supervisor, manager or nonemployee, he or she should immediately report the incident to the individuals identified above.

5. Any employee determined to be responsible for violating this policy will be subject to appropriate disciplinary action, up to and including termination.

6. Moreover, any employee, supervisor or manager who condones or ignores potential violations of this policy will be subject to appropriate disciplinary action, up to and including termination.

REFERENCES

California Fair Employment and Housing Act of 1959, Government Code §§12900 – 12996.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: DISCRIMINATION AND HARASSMENT PREVENTION POLICY AND PROCEDURE	
Scope: District-wide	Manual: Human Resources
Source: Human Resources Director	Effective Date: 7/18/2018

Discrimination and Harassment Prevention Policy and Procedure

Employee Acknowledgement

I have received a copy and had an opportunity to read the Discrimination and Harassment Prevention Policy and Procedure. I understand that I may ask my supervisor or any employee of the Human Resources department any questions I might have concerning this policy. I also understand that it is my responsibility to comply with this policy and any revisions made to it.

_____ _____

Signature of Employee Date

Approval	**Date**
Human Resources	7/1/2018
Executive Team	7/6/2018
Board of Directors	
Last Board of Director review	

Supersedes: 03-01 Equal Employment Opportunity
23-01 Harassment by Employees

CALL TO ORDER	The meeting was called to order in the Northern Inyo Healthcare District Board Room at 2957 Birch Street, Bishop, California, at 5:30 pm by John Ungersma MD, President.
PRESENT	John Ungersma MD, President Mary Mae Kilpatrick, Secretary Jean Turner, Treasurer Robert Sharp, Member-at-Large 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 Richard Meredick MD, Chief of Staff Sandy Blumberg, Executive Assistant
ABSENT	M.C. Hubbard, Vice President
OPPORTUNITY FOR PUBLIC COMMENT	Doctor Ungersma stated 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 will be limited to a maximum of three minutes each. No comments were heard.
DISTRICT BOARD RESOLUTION 18-03, CONSOLODATION OF ELECTION	Doctor Ungersma called attention to Northern Inyo Healthcare District (NIHD) Board Resolution 18-03 which would allow for consolidation of the Healthcare District 2018 election with the November 6 2018 general election. It was moved by Jean Turner, seconded by Mary Mae Kilpatrick and unanimously passed to approve District Board Resolution 18-03 to consolidate the Healthcare District election with the state-wide general election, with a change being made to reflect that Directors for District Zones II, III, and V will be elected on November 6 2018.
DISTRICT BOARD RESOLUTION 18-04, APPROPRIATIONS LIMIT FOR 2018/2019 FISCAL YEAR	Chief Financial Officer John Tremble called attention to District Board Resolution 18-04, which establishes the appropriations limit for the July 1 2018 through June 30 2019 fiscal year. It was moved by Ms. Kilpatrick, seconded by Robert Sharp, and unanimously passed to approve District Board Resolution 18-04 as presented.
APPROVAL OF OPERATING BUDGET FOR 2018/2019 FISCAL YEAR	Mr. Tremble called attention to the NIHD proposed operating budget for the 2018/2019 fiscal year, and provided an overview which included the following: - Projected patient volumes, services, and expansion of services - Review of projected expenses including salaries and wages, supplies, purchased services, and depreciation - The proposed budget allows for a 4% increase to the price patient services, excluding diagnostic imaging, and a 60% increase to the

- swing bed per day rate charged
- Review of finalized capital expenditures
- Approval of general policies relating to the budget process, including continuation of charity care and patient discounts

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the proposed operating budget for the 2018/2019 fiscal year as presented.

FUNDING FOR NIHD RETIREMENT PLAN, FISCAL YEAR 2018/2019

Mr. Tremble also called attention to proposed funding of the NIHD Retirement Plan at a rate that will allow it to be fully-funded in a period of ten years. It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve funding of the NIHD Retirement Plan for the 2018/2019 fiscal year, at a rate proposed by Milliman Inc..

BOARD OF DIRECTORS POLICY AND PROCEDURE APPROVALS:

- *NIHD BOARD MEETING MINUTES*
- *NIHD MEETINGS/ BROWN ACT COMPLIANCE*

Chief Executive Officer Kevin S. Flanigan MD, MBA called attention to a proposed Board of Directors Policy and Procedure titled *NIHD Board Meeting Minutes,* being established as a best practice for the District Board. It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve the proposed Board policy titled *NIHD Board Meeting Minutes* as presented.

Doctor Flanigan also called attention to a second Board of Directors Policy and Procedure titled *Northern Inyo Healthcare District Board of Directors Meetings/Brown Act Compliance*. It was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve the *Northern Inyo Healthcare District Board of Directors Meetings/Brown Act Compliance* Policy and Procedure as presented. Doctor Flanigan noted that with approval of these two policies NIHD will submit an application for Association of California Healthcare Districts (ACHD) certification. On behalf of the entire Board Director Turner expressed her appreciation of the hard work and effort on the part of Director M.C. Hubbard, who has spent countless hours of work on completion of the requirements needed to receive ACHD certification.

PROCESS FOR APPOINTING BOARD MEMBERS TO VACANT SEATS

Director Turner called attention to the need to establish a standardized process for appointing and on-boarding new Board members in the event of a vacancy. Following brief discussion it was determined that Directors Turner, Kilpatrick, and Sharp will work on developing a draft process that will later be presented to the full Board for review and approval.

TELEWORK PROGRAM POLICY

Chief Human Resources Officer Evelyn Campos Diaz called attention to a proposed Personnel Policy titled *Telework Program Policy* which would allow District employees to work remotely under specific conditions and when beneficial to both the District and the employee. It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve the proposed *Telework Program Policy* as presented.

WORKPLACE VIOLENCE PREVENTION POLICY	Ms. Campos Diaz also called attention to revisions made to the previously established Personnel Policy titled *Workplace Violence Prevention Policy*, which has been revised to further improve upon the District's Workplace Violence Prevention program. It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve the revised *Workplace Violence Prevention Policy* as presented.
EMERGENCY DEPARTMENT LEVEL OF CARE ASSESSMENT POLICY AND PROCEDURE	Chief Nursing Officer Tracy Aspel RN called attention to updates made to the NIHD *Emergency Department Level of Care Worksheet*, which will ensure the District's compliance with existing requirements. It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the updated *Emergency Department Level of Care Worksheet* as presented.
CARRIER CHILLER REPLACEMENT	Doctor Flanigan called attention to a request to replace an 80-ton Carrier Chiller for the NIHD Support Building, due to the catastrophic failure of the District's existing equipment. Doctor Flanigan noted that this is an unbudgeted expense; however replacement of the equipment is essential for the operation of the District. It was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve the purchase of the Carrier Chiller for the NIHD Support Building as requested.
GRANT APPLICATION FOR ADOLESCENT AND REPRODUCTIVE HEALTH EDUCATION	Doctor Flanigan also requested approval to partner with the County of Inyo to obtain grant funding for enhancement of adolescent reproductive health education in this community. It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve NIHD partnering with the County of Inyo to apply for grant funding to enhance adolescent reproductive health education in the community.
STRATEGIC PLAN PRESENTATION FORMAT FOR FISCAL YEAR 2018/2019	Doctor Flanigan reported four focus groups consisting of NIHD employees and leaders have been formed to work with the NIHD Executive Team to work on achieving the goals of the District's Strategic Plan. The groups are working on initiatives relating to the Patient Experience; Workforce Experience; Fiscal Responsibility; and Quality. The groups will begin reporting to the Board of Directors on a quarterly rotating basis beginning with the July 2018 regular Board meeting.
2013 CMS SURVEY VALIDATION MONITORING QUARTERLY REPORT	Director of Quality and Risk Altaf Ibrahim called attention to the 2013 Centers for Medicare and Medicaid Services (CMS) Validation Survey Monitoring quarterly report for June of 2018. Following review of the information provided it was moved by Ms. Kilpatrick, seconded by Mr. Sharp, and unanimously passed to approve the 2013 CMS Survey Validation Monitoring quarterly report as presented.
CONSENT AGENDA	Doctor Ungersma called attention to the Consent Agenda for this meeting, which contained the following items: - *Approval of minutes of the May 16 2018 regular meeting* - *Financial and Statistical reports as of April 30, 2018*

- *Policy and Procedure annual approvals*

It was moved by Mr. Sharp, seconded by Ms. Turner, and unanimously passed to approve all three Consent Agenda items as presented.

CHIEF OF STAFF REPORT

Chief of Staff Richard Meredick MD reported following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee recommends approval of the following District wide Policies, Procedures, Protocols, and Order Sets:

POLICIES, PROCEDURES, PROTOCOLS, AND ORDER SETS

1. *Medical Ethics Referrals and Consultations*
2. *Medical Staff and Allied Health Professional Educational Requirements*
3. *Adult Immunization in the Healthcare Worker*
4. *Aerosolized Transmissible Disease Exposure Plan/Respiratory Protection Program*
5. *Bloodborne Pathogen Exposure Control Plan*
6. *Emergency Management Plan*
7. *Emergency Room Overcrowding*
8. *Evaluation of Pregnant Patients in the Emergency Department*
9. *Infection Prevention Plan*
10. *Process for Amendment to Protected Health Information*
11. *Process for Auditing of Physician In-house/Office Records*
12. *Record Retention, Destruction and Disposal of Protected Health Information*
13. *Rejected Specimens Acceptability and Rejection*
14. *Role of Microbiology in Infectious Disease Control*
15. *Safe Injection Practices*
16. *Scope of Anesthesia Practice*
17. *Toy Cleaning*
18. *Trauma Patient Care in the Emergency Department*
19. *Trophon Environmental Probe Reprocessor (EPR)*
20. *Wild Iris Services (Victims Services)*
21. *DI – CT Contrast Administration*
22. *DI – CT Radiation Safety Policy*
23. *DI – Monitoring and Minimizing Radiation Exposure for the Occupational Worker*
24. *DI NM Daily Area Surveys*
25. *DI NM General Rules for the Safe Use of Radioactive Materials*
26. *DI NM Radioactive Package Receipt*
27. *Diagnostic Imaging – Monitoring and Documentation of Fluoroscopic Quality Control*
28. *Diagnostic Imaging – Scope of Services*
29. *Diagnostic Imaging – Ultrasound, Intimate Exams*
30. *Diagnostic Imaging Department Orientation and Competency*
31. *Diagnostic Imaging X-Ray Protocols Procedure*
32. *Diagnostic Mammography – 3D*
33. *Premedication for Radiographic Contrast Sensitivity*
34. *Ultrasound – Scope of Practice Procedure*

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously

passed to approve Policies, Procedures, Protocols, and Order Sets 1 through 34 as presented.

NURSE PRACTITIONER AND CERTIFIED NURSE MIDWIFE STANDARDIZED PROCEDURES

Doctor Meredick also reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following Nurse Practitioner and Certified Nurse Midwife Standardized Procedures:

1. *General Policy*
2. *Adult Health Maintenance Policy*
3. *Management of Acute Illness Policy*
4. *Management of Chronic Illness Policy*
5. *Emergency Care Policy*
6. *Laboratory and Diagnostic Testing Policy*
7. *Minor Surgical Procedures Policy*
8. *Management of Minor Trauma Policy*
9. *Well Child Care Policy for the Nurse Practitioner*

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve Nurse Practitioner and Certified Nurse Midwife Standardized Procedures 1 through 9 as presented.

MEDICAL STAFF SERVICE CHIEFS AND OFFICERS FOR 2018/2019

Doctor Meredick additionally reported the Medical Executive Committee requests Board approval of the following Medical Staff Service Chiefs and Medical Staff Officers for the 2018/2019 Medical Staff year:

1. *Chief of Staff – Allison Robinson, MD*
2. *Vice Chief of Staff – Will Timbers, MD*
3. *Immediate Past Chief of Staff – Richard Meredick, MD*
4. *Member-at-Large – Joy Engblade, MD*
5. *Chief of Emergency Room Service – Sierra Bourne, MD*
6. *Chief of Medicine/Intensive Care Service – Nickoline Hathaway, MD*
7. *Chief of Obstetrics – Martha Kim, MD*
8. *Chief of Pediatrics – Charlotte Helvie, MD*
9. *Chief of Radiology – Edmund Pillsbury, MD*
10. *Chief of Surgery – Jeanine Arndal, MD*

It was moved by Ms. Kilpatrick, seconded by Ms. Turner, and unanimously passed to approve the slate of Medical Staff Service Chiefs and Medical Staff Officers for the 2018/2019 Medical Staff year as presented.

RURAL HEALTH CLINIC CRITICAL INDICATORS FOR 2018

Doctor Meredick also requested approval of the *Rural Health Clinic Critical Indicators* for 2018. It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve the *Rural Health Clinic Critical Indicators* for 2018 as presented.

MEDICAL STAFF APPOINTMENTS AND PRIVILEGES

Doctor Meredick additionally requested approval of the following Medical Staff appointments and privileges:

1. Daniel K. Davis MD (*orthopedic surgery*) – Provisional Consulting Staff

2. John Adam Hawkins DO (*emergency medicine*) – Provisional Active Staff

It was moved by Mr. Sharp, seconded by Ms. Kilpatrick, and unanimously passed to approve both Medical Staff appointments and privileges as requested.

MEDICAL STAFF TEMPORARY PRIVILEGES (LOCUM TENENS)

Doctor Meredick also requested approval of the following temporary privileges, Locum Tenens:

1. Akash Rusia MD (*internal medicine*)
2. Chibao Nguyen DO (*internal medicine*)
3. Chivonne Harrigal MD (*breast imaging*)

It was moved by Ms. Turner, seconded by Ms. Kilpatrick, and unanimously passed to approve all three temporary privileges as requested.

MEDICAL STAFF ADDITIONAL PRIVILEGES

Doctor Meredick additionally requested approval of the following Medical Staff additional privileges:

1. Robert Nathan Slotnick, MD (*perinatology*) – addition of cervical cerclage privileges
2. Thomas Boo MD (*family medicine*) – addition of outpatient family medicine privileges to work in the RHC

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve both additional privileges as requested.

TELEMEDICINE STAFF APPOINTMENTS/ PRIVILEGES

Doctor Meredick also stated the Medical Executive Committee recommends approval of the following Telemedicine Staff Appointment/Privileges – Proxy Credentialing:

- *As per the approved Telemedicine Physician Credentialing and Privileging Agreement, and as outlined and allowed by 42CFR 482.22, the Medical Staff has chosen to recommend the following practitioners for Telemedicine privileges relying upon Adventist Health's credentialing and privileging decisions*:
  1. Sheila Lezcano MD (*Endocrinology*) – Adventist Health, Telemedicine Staff

It was moved by Ms. Turner, seconded by Mr. Sharp, and unanimously passed to approve the Telemedicine Staff Appointment/Privileging – Proxy Credentialing of Doctor Lezcano as requested.

BOARD MEMBER REPORTS

Doctor Ungersma asked if any members of the Board of Directors wished to report on any items of interest. Director Sharp thanked District Staff and leadership for their dedication to his on-boarding process, stating that it was a pleasure to work with everyone involved. Doctor Ungersma stated his desire for the Board of Directors of NIHD and of Southern Mono Healthcare District (SMHD) to meet in the future to discuss cooperation regarding the delivery of healthcare services. Doctor Ungersma additionally stated his intention to resign from the NIHD Board of Directors in July, stating his feeling that it is an appropriate time to retire after serving on the District Board for 18 years. Director Turner

expressed her appreciation of Doctor Ungersma's leadership, historical knowledge, and many exemplary qualities that have contributed to the success of the NIHD Board, and additionally stated that she feels honored to be affiliated with NIHD and the other members of the Board of Directors. No other reports were heard.

ADJOURNMENT TO CLOSED SESSION

At 7:42 pm Doctor Ungersma stated the meeting would adjourn to closed session to allow the Board of Directors to:

A. Discuss Labor Negotiations; Agency Designated Representative: Kevin Dale; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
B. Discuss trade secrets, new programs and services (estimated public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).
C. 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*).
D. Discussion of a personnel matter (*pursuant to Government Code Section 54957*).
E. Discussion of real estate negotiation (*pursuant to Government Code Section 54956.8*).

RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN

At 8:35 pm the meeting returned to open session. Doctor Ungersma reported the Board took no reportable action.

ADJOURNMENT

The meeting was adjourned at 8:35 pm.

_____
John Ungersma, President

Attest: _____
Mary Mae Kilpatrick, Secretary

NORTHERN INYO HEALTHCARE DISTRICT
PRELIMINARY STATEMENT OF OPERATIONS
for period ending May 31, 2018

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
Unrestricted Revenues, Gains & Other Support						
Inpatient Service Revenue						
Routine	1,079,764	804,423	275,341	10,763,520	8,692,947	2,070,573
Ancillary	2,737,276	2,790,390	(53,114)	30,187,028	30,154,235	32,793
Total Inpatient Service Revenue	3,817,040	3,594,813	222,227	40,950,549	38,847,182	2,103,367
Outpatient Service	9,514,352	8,119,362	1,394,990	96,023,176	87,741,456	8,281,720
Gross Patient Service Revenue	**13,331,392**	**11,714,175**	**1,617,217**	**136,973,725**	**126,588,638**	**10,385,087**
Less Deductions from Revenue						
Patient Service Revenue Deductions	115,102	234,723	(119,621)	2,416,653	2,536,525	(119,872)
Contractual Adjustments	7,097,176	4,493,004	2,604,172	58,283,721	48,553,427	9,730,294
Prior Period Adjustments	(1,777,641)	(13,400)	(1,764,241)	(3,764,855)	(144,804)	(3,620,051)
Total Deductions from Patient Service Revenue	**5,434,638**	**4,714,327**	**720,311**	**56,935,520**	**50,945,148**	**5,990,372**
Net Patient Service Revenue	**7,896,755**	**6,999,848**	**896,907**	**80,038,205**	**75,643,490**	**4,394,715**
Other revenue	57,998	76,819	(18,821)	780,092	830,144	(50,052)
Total Other Revenue	**57,998**	**76,819**	**(18,821)**	**780,092**	**830,144**	**(50,052)**
Expenses:						
Salaries and Wages	2,256,357	2,328,739	(72,382)	23,469,321	25,165,404	(1,696,083)
Employee Benefits	1,661,430	1,589,908	71,522	17,992,385	17,181,269	811,116
Professional Fees	1,387,616	724,509	663,107	11,716,915	7,829,385	3,887,530
Supplies	857,867	648,488	209,379	8,352,206	7,007,843	1,344,363
Purchased Services	324,089	360,086	(34,502)	3,481,688	3,891,254	(409,566)
Depreciation	332,793	443,023	(110,230)	4,105,250	4,787,503	(682,253)
Bad Debts	203,580	242,784	(39,204)	2,812,582	2,623,633	188,949
Other Expense	439,725	352,700	87,025	4,363,244	3,811,449	551,795
Total Expenses	**7,463,457**	**6,690,237**	**774,715**	**76,293,591**	**72,297,740**	**3,995,851**
Operating Income (Loss)	**491,295**	**386,430**	**103,371**	**4,524,707**	**4,175,894**	**348,813**
Other Income:						
District Tax Receipts	43,955	49,096	(5,141)	483,505	530,556	(47,051)
Tax Revenue for Debt	128,647	165,487	(36,840)	1,415,114	1,788,325	(373,211)
Partnership Investment Income	66,526	-	66,526	66,526	-	66,526
***Grants and Other Contributions**	-	42,466	(42,466)	1,559,430	458,906	1,100,524
Interest Income	29,738	16,845	12,893	326,266	182,036	144,230
Interest Expense	(238,142)	(260,547)	22,405	(2,705,349)	(2,815,588)	110,239
Other Non-Operating Income	4,614	2,422	2,192	46,850	26,174	20,676
Net Medical Office	(430,110)	(396,696)	(33,437)	(4,297,027)	(4,286,885)	(10,142)
340B Net Activity	(1,737)	16,987	(18,724)	(4,988)	183,569	(188,557)
Non-Operating Income/Loss	**(396,508)**	**(363,940)**	**(32,568)**	**(3,109,672)**	**(3,932,907)**	**823,235**
Net Income/Loss	**94,787**	**22,490**	**70,802**	**1,415,035**	**242,987**	**1,172,048**

NORTHERN INYO HEALTHCARE DISTRICT

Preliminary BUDGET VARIANCE ANALYSIS

Fiscal Year Ending June 30, 2018

Year to date for the month ending May 31, 2018

	293	or	9.1%	more IP days than in the prior fiscal year
$	2,103,367	or	5.4%	over budget in Total IP Revenue and
$	8,281,720	or	9.4%	over budget in OP Revenue resulting in
$	10,385,087	or	8.2%	over budget in gross patient revenue &
$	4,394,715	or	5.8%	over budget in net patient revenue

Year-to-date Net Revenue was			$	80,038,205
Total Operating Expenses were:			$	76,293,591
				for the fiscal Year To Date
$	3,995,851	or	5.5%	over budget. Salaries and Wages were
$	(1,696,083)	or	-6.7%	under budget and Employee Benefits
$	811,116	or	4.7%	over budget
			77%	Employee Benefits as Percentage of Wages

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

$	3,887,530	or	49.7%	Professional Fees are over budget due to contract labor budgeted as employees
$	551,795	or	14.5%	Other Expenses are over budget due to timing difference on Liability Insurance, Surgery Lease, Plant Utilities as well as Chemistry and Pharmacy spending
$	188,949	or	7.2%	Bad Debts are over budget due to higher volume of Outpatient services provided

Other Information:

$	4,524,707			Operating Income, less
$	(3,109,672)			loss in non-operating activities resulted in a Net
$	1,415,035	or	$ 1,172,048	over budget.
			41.57%	Actual Contractual Percentages for Year versus
			40.24%	Budgeted Contractual Percentages including

$	3,764,855	in prior year cost report favorable settlement activity for Medicare & Medi-Cal

Non-Operating activities included:

$	(4,297,027)	loss	$ (10,142)	unfavorable to budget in Medical Office Activities
$	1,559,430		$ 1,100,524	favorable to budget in Grants and Other Contributions

NORTHERN INYO HEALTHCARE DISTRICT

Preliminary OPERATING STATISTICS

for period ending May 31, 2018

		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	338	3,501	3,208	293	9%
Total Patient Days without NB	305	3,190	2,898	292	10%
Swing Bed Days	59	463	360	103	29%
Discharges without NB	104	1,007	983	24	2%
Swing Discharges	10	65	58	7	12%
Days in Month	31	335	335		
Occupancy without NB	9.84	9.52	8.65	0.9	10%
Average Stay (days) without NB	2.93	3.17	2.95	0.2	7%
Average LOS without NB/Swing	2.62	2.89	2.74	0.2	6%
Hours of Observation	835	9,646	8,398	1,248	15%
Observation Adj Days	35	402	350	52	15%
ER Visits All Visits	711	8,835	9,007	(172)	-2%
RHC Visits	2,025	27,235	26,915	320	1%
Outpatient Visits	4,089	43,274	40,987	2,287	6%
IP Surgeries	23	223	251	(28)	-11%
OP Surgery	149	1,217	1,128	89	8%
Worked FTE's	361.89	345.94	333.03	13	4%
Paid FTE's	396.07	373.10	371.65	1	0%
Hours Worked to Hours Paid%	91.4%	92.7%	89.6%	3.1%	3%
Payor %					
Medicare		43%	41%	2%	
Medi-Cal		20%	23%	-3%	
Insurance, HMO & PPO		34%	33%	1%	
Indigent (Charity Care)		0.8%	1%	-0.4%	
All Other		2%	2%	0%	
Total		100%	100%		

Northern Inyo Healthcare District
Preliminary Balance Sheet
Period Ending May 31, 2018

Assets:	Current Month	Prior Month	Change
Current Assets			
Cash and Equivalents	5,360,119	4,148,119	1,212,000
Short-Term Investments	8,720,501	8,805,734	(85,233)
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	-	-	-
Other Investments	1,094,029	1,094,029	-
Patient Receivable	60,823,121	62,512,209	(1,689,088)
Less: Allowances	(46,947,366)	(48,094,152)	1,146,786
Other Receivables	8,809,799	8,771,184	38,615
Inventories	4,100,318	4,137,088	(36,770)
Prepaid Expenses	1,612,575	1,582,338	30,238
Total Current Assets	**43,573,097**	**42,956,548**	**616,549**
Internally Designated for Capital Acquisitions	1,125,397	1,125,397	-
Special Purpose Assets	964,558	964,558	-
Limited Use Asset; Defined Contribution Pension	1,457,067	1,371,834	85,233
Limited Use Assets Defined Benefit Plan	13,365,385	13,365,385	-
Limited Use Asset Defined Benefit Plan 003	14,391	13,264	1,128
Revenue Bonds Held by a Trustee	3,031,508	2,849,918	181,590
Less Amounts Required to Meet Current Obligations	-	-	-
Assets Limited as to use	**19,958,305**	**19,690,355**	**267,950**
Long Term Investments	1,750,000	1,750,000	-
Property & equipment, net of Accumulated Depreciation	77,225,146	77,519,383	(294,237)
Unamortized Bond Costs	-	-	-
Total Assets	**142,506,547**	**141,916,285**	**590,262**

Northern Inyo Healthcare District
Preliminary Balance Sheet
Period Ending May 31, 2018

Liabilities and Net Assets	Current Month	Prior Month	Change
Current Liabilities:			
Current Maturities of Long-Term Debt	2,110,089	2,110,089	-
Accounts Payable	2,808,789	2,440,224	368,565
Accrued Salaries, Wages & Benefits	7,288,680	6,741,660	547,020
Accrued Interest and Sales Tax	506,001	380,762	125,239
Deferred Income	121,383	165,338	(43,955)
Due to 3rd Party Payors	1,136,742	1,120,165	16,577
Due to Specific Purpose Funds	(620,882)	-	(620,882)
Other Deferred Credits; Pension	4,521,207	4,520,080	1,128
Total Current Liabilities	**17,872,009**	**17,478,318**	**393,691**
Long Term Debt, Net of Current Maturities	41,839,947	41,839,947	-
Bond Premium	541,740	548,987	(7,247)
Accreted Interest	12,083,130	11,972,582	110,549
Other Non-Current Liabilities; Pension	30,487,532	30,487,532	-
Total Long Term Debt	**84,952,350**	**84,849,048**	**103,302**
Net Assets			
Unrestricted Net Assets less Income	38,717,631	38,624,362	93,269
Temporarily Restricted	964,558	964,558	-
Net Income (Income Clearing)	(1,415,278)	(1,322,009)	(93,269)
Total Net Assets	**39,682,189**	**39,588,920**	**93,269**
Total Liabilities and Net Assets	**142,506,547**	**141,916,285**	**590,262**

NORTHERN INYO HEALTHCARE DISTRICT

Restricted and Specific Purpose Fund Balances
for period ending May 31, 2018

	Current Month	Prior Month	Change
Board Designated Funds:			
Tobacco Fund Savings Account	$ 1,098,670	$ 1,098,670	-
Equipment Fund Savings Account	$ 26,727	$ 26,727	-
Total Board Designated Funds:	**$ 1,125,397**	**$ 1,125,397**	**$ -**
Specific Purpose Funds:			
* Bond and Interest Savings Account	$ 834,044	$ 834,044	$ -
Nursing Scholarship Savings Account	$ 30,448	$ 30,448	$ -
Medical Education Savings Account	$ -	$ -	$ -
Joint NIHD/Physician Group Savings Account	$ 100,066	$ 100,066	$ -
Total Specific Purpose Funds:	**$ 964,558**	**$ 964,558**	**$ -**
Grand Total Restricted and Specific Purposes Funds:	**$ 2,089,954**	**$ 2,089,954**	**$ -**

NORTHERN INYO HEALTHCARE DISTRICT

Investments as of May 31, 2018

ID	Purchase Date	Maturity Dat	Institution	Broker	Rate		Principal Invested
2	31-May-18	01-Jun-18	Local Agency Investment Fund	Northern Inyo Hospital	1.76%		8,470,501.41
3	13-Jun-14	13-Jun-18	Synchrony Bank Retail-FNC	Financial Northeaster Corp.	1.60%		250,000.00
				Short Term Investments			8,720,501.41
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		$	10,470,501.41
1	31-May-18	01-Jun-18	LAIF Defined Cont Plan	Northern Inyo Hospital	1.76%	$	1,457,066.56
				LAIF PENSION INVESTMENTS		$	1,457,066.56

Northern Inyo Healthcare District

Preliminary Financial Indicators as of May 31, 2018

	Target	May-18	Apr-18	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-17	May-17
Current Ratio	>1.5-2.0	2.44	2.46	2.43	2.47	2.50	2.41	2.18	2.26	2.45	2.42	2.49	3.39	3.83
Quick Ratio	>1.33-1.5	1.63	1.63	1.66	2.06	2.09	1.99	1.83	1.84	1.82	1.81	2.05	2.84	3.23
Days Cash on Hand prior method	>75	134.64	132.72	137.59	168.44	166.36	165.72	169.35	165.31	140.47	142.06	160.31	154.70	160.60
Days Cash on Hand Short Term	>75	61.83	57.21	51.38	83.49	81.30	83.05	87.18	81.28	53.95	59.26	79.93	79.37	75.71
Debt Service Coverage	>1.5-2.0	2.47	2.49	2.52	2.68	2.73	2.67	2.74	2.78	2.79	2.87	2.34	1.81	1.96
Operating Margin		5.57	5.50	5.18	5.09	4.87	5.79	5.87	7.64	7.49	8.45	6.67	4.71	6.18
Outpatient Revenue % of Total		70.10	69.97	69.49	69.74	69.53	69.25	69.52	69.46	69.13	69.83	66.58	69.86	69.96
Cash flow (CF) margin (EBIDA to revenue)		3.33	3.43	3.53	4.17	4.31	4.05	4.30	4.69	4.82	5.62	3.68	2.48	2.84
Days in Patient Accounts Receivable	<60 Days	75.40	79.80	81.50	85.60	85.90	82.80	81.80	81.40	82.10	81.40	74.10	78.90	89.00

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

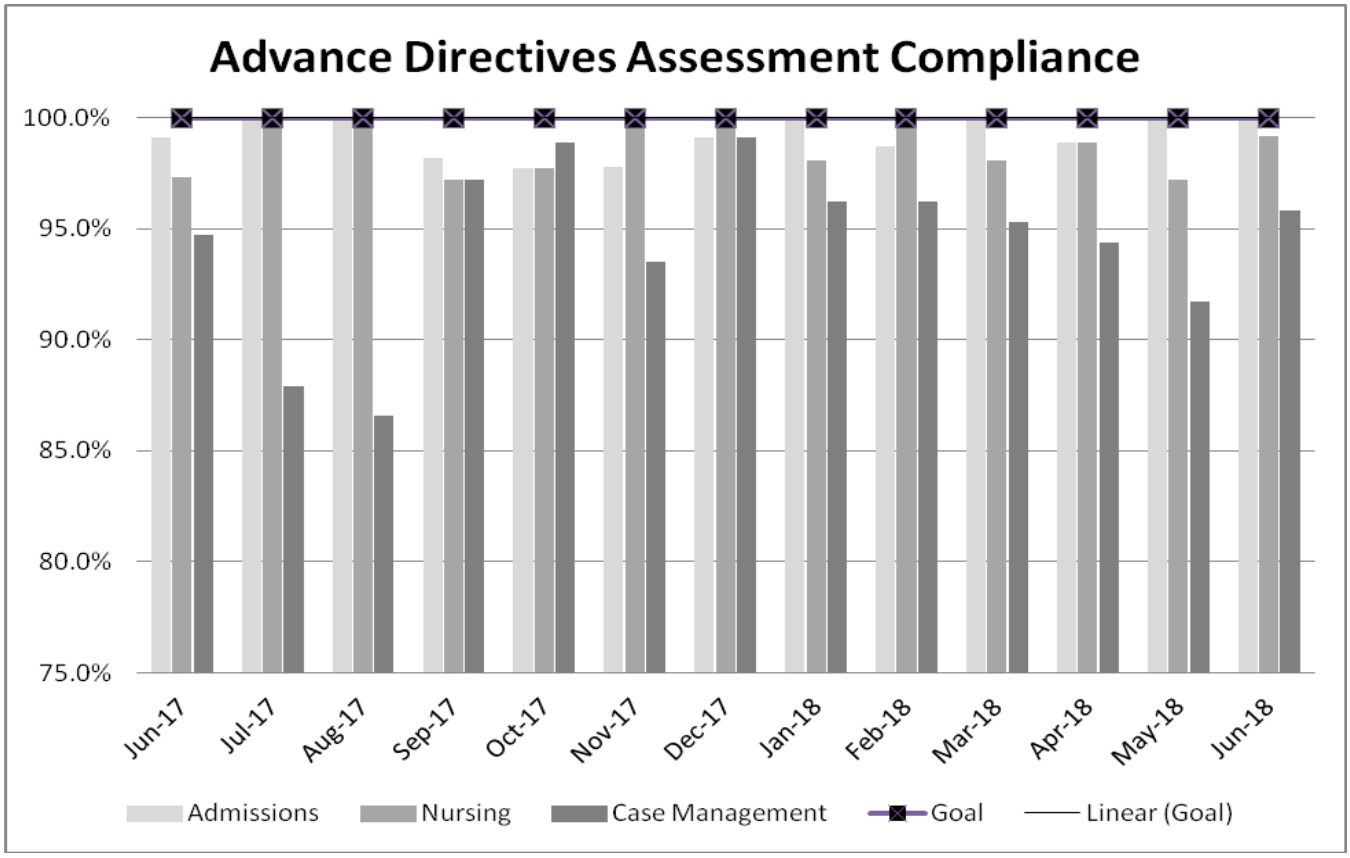
Cash Flow (CF) margin (EBIDA to revenue) Equals (from Income Statement) [Net Income+Interest+Depreciation+Amoritization(if any)/Total Revenue] x 100

Accounts Receivable Days are pulled from the AR Aging report

2013 CMS Validation Survey Monitoring-July 2018

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.

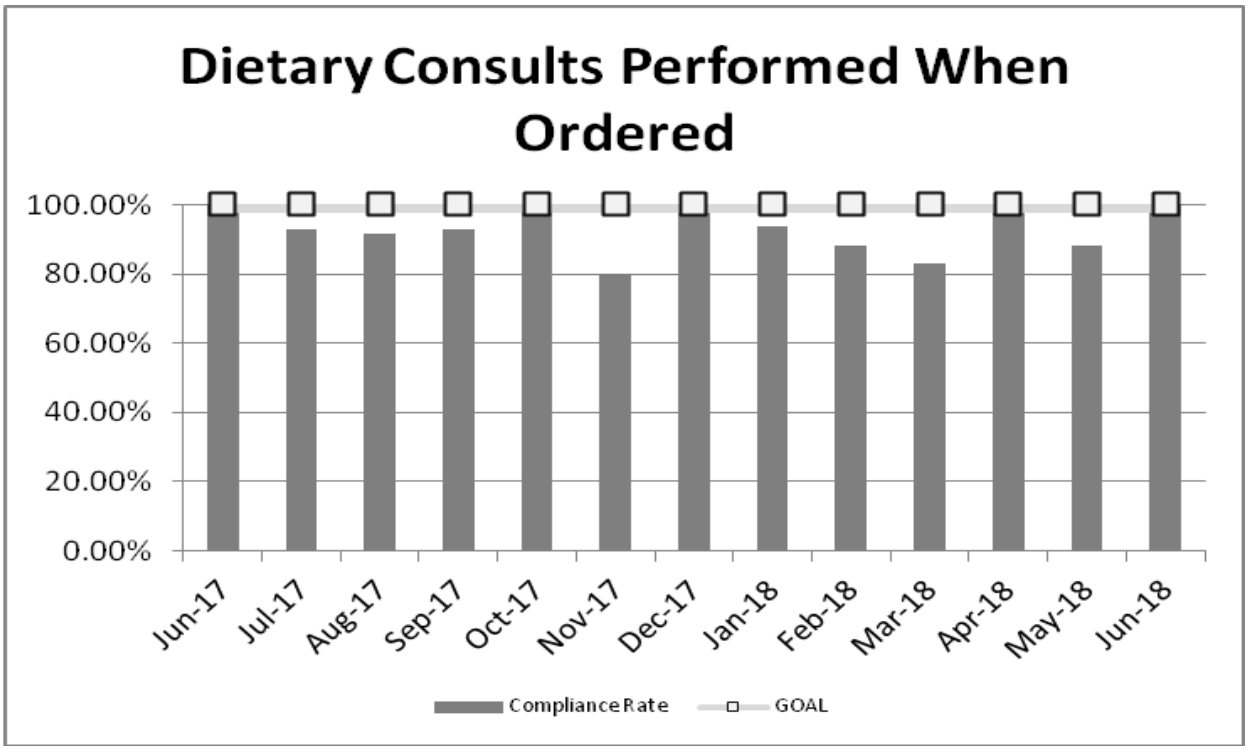


    b. Positive Lab Cultures are being routed to Infection Prevention and each positive is being investigated as to source. Monitoring has been ongoing and reported through Infection Control Committee. QAPI receives data.

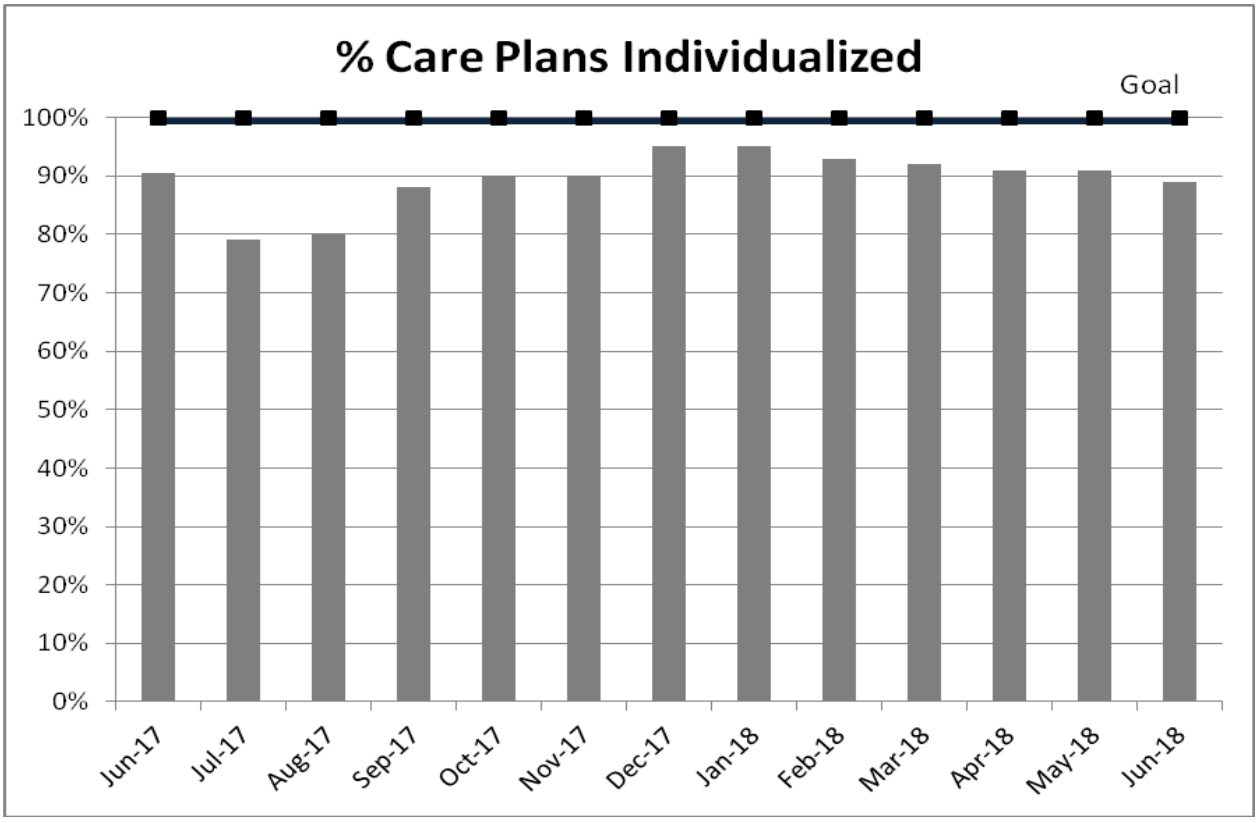
    c. Safe Food cooling monitored for compliance with approved policy and procedure. 100% compliance since May 6, 2013.

    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.

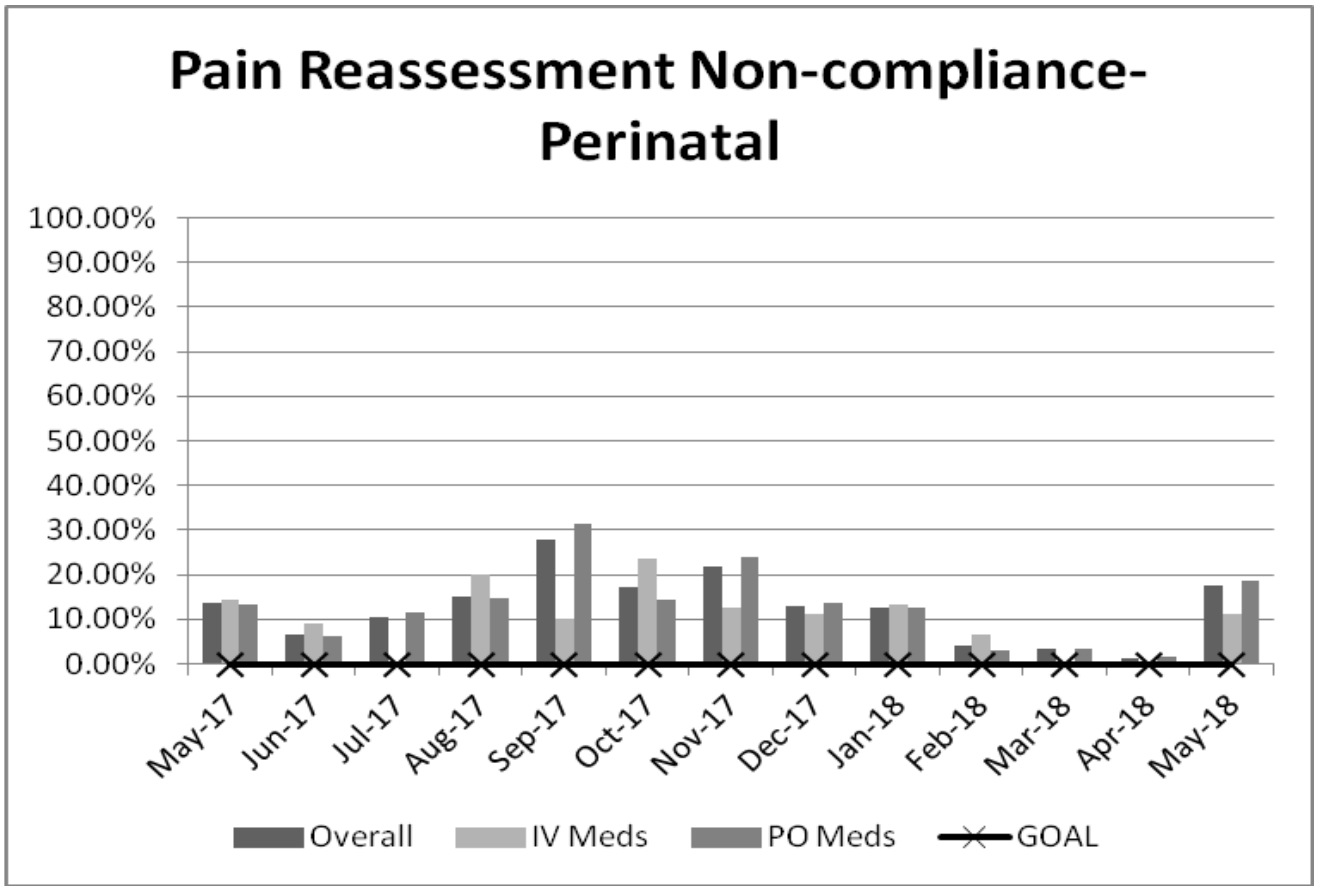


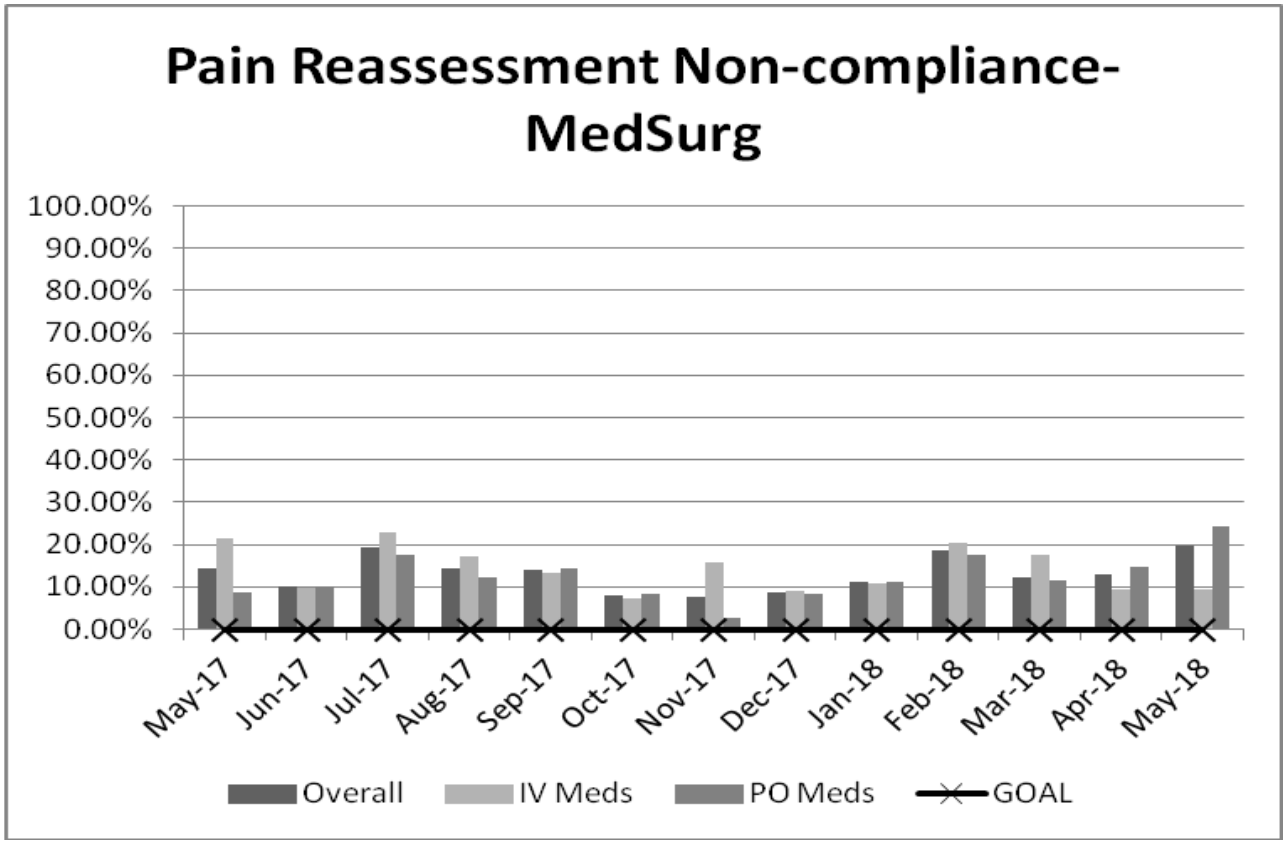
f. Care plans reviewed by Case Management and interventions made to produce care plans. Progress has been made in developing individualized care plans.

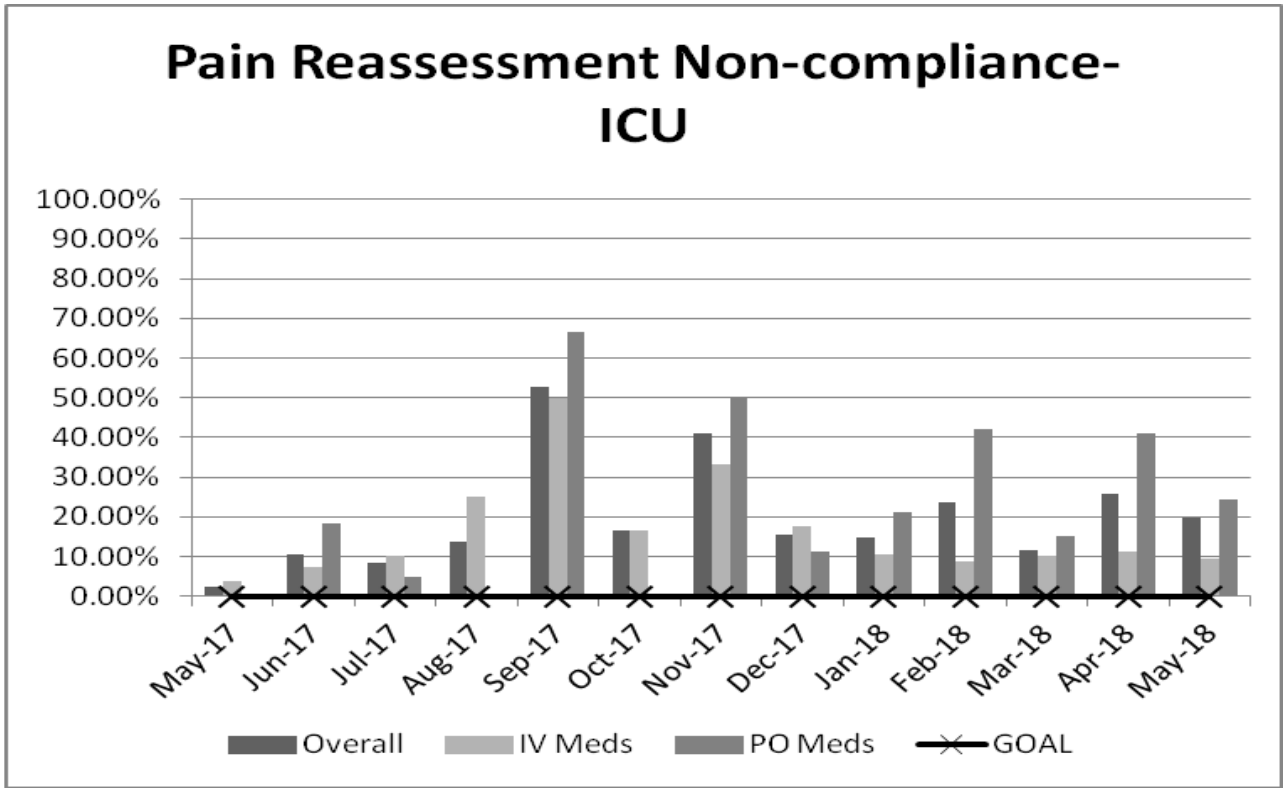


g. Fire drill date, times, attendance and outcomes, smoke detector tests, and fire extinguisher test grids have been approved. All fire drills were complete and compliant from May 6, through present.

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







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

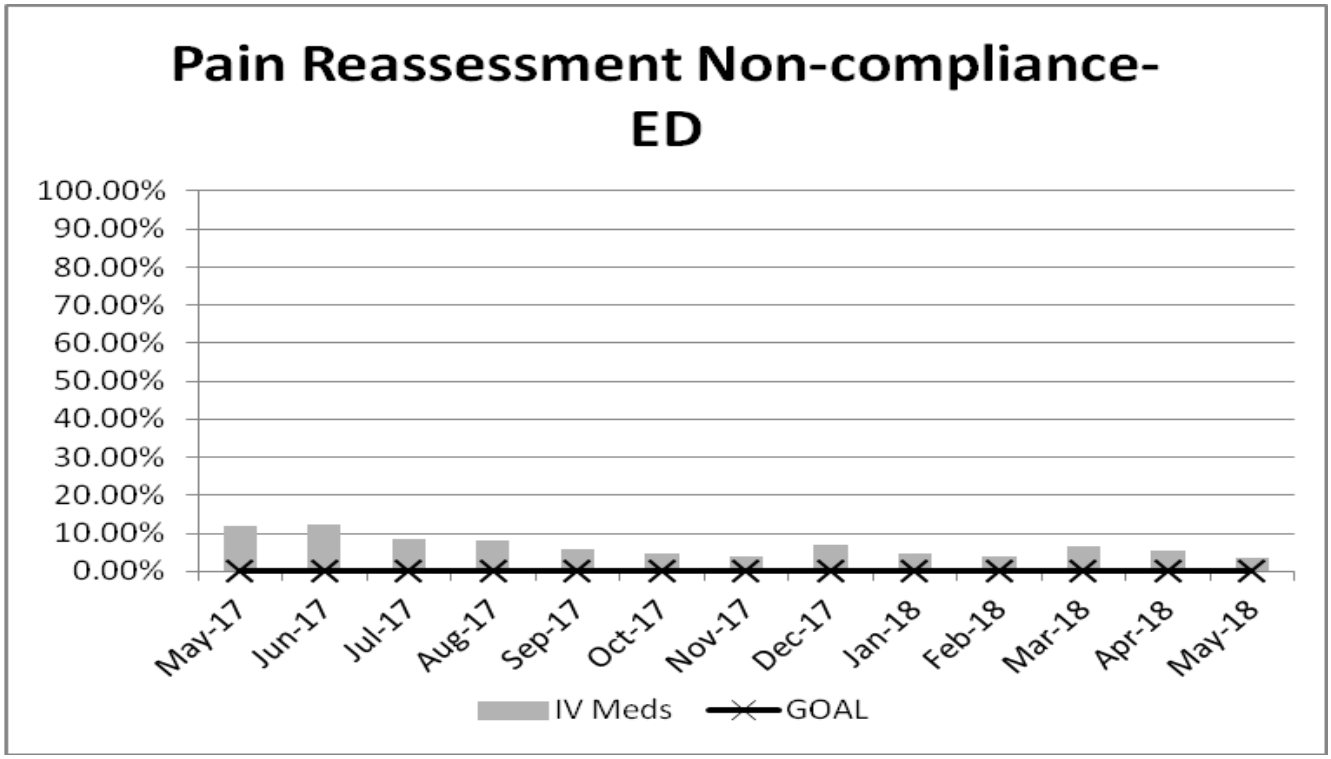


Table 6. Restraint chart monitoring for legal orders.

	Nov 2017	***Dec 2017***	***Jan 2018***	***Feb* 2018***	***Mar 2018***	***April 2018***	***May 2018***	***June 2018****	***Goal***
Restraint verbal/written order obtained within 1 hour of restraints	1/1 (100%)	3/3 (100%)	1/1 (100%)		2/2 (100%)	1/1 (100%)	1/2 (50%)		100%
Physician signed order within 24 hours	1/1 (100%)	2/3 (66%)	0/1 (0%)		2/2 (100%)	1/1 (100%)	1/2 (50%)		100%
Physician Initial Order Completed (all areas completed and form/time/date noted/signed by MD and RN)	1/1 (100%)	1/3 (33%)	0/1 (0%)		1/2 (50%)	0/1 (0%)	1/2 (50%)		100%
Physician Re-Order Completed (all areas completed and form time/date/noted/signed by MD and RN)	N/A	2/6 (33%)	N/A		3/6 (50%)	N/A	N/A		100%
Orders are for 24 hours	1/1 (100%)	9/9 (100%)	1/1 (100%)		8/8 (100%)	1/1 (100%)	2/2 (100%)		100%
Is this a PRN (as needed) Order	0/1 (0%)	0/9 (0%)	0/1 (0%)		0/8 (0%)	0/1 (0%)	0/2 (0%)		0%

***Indicates no patients for this time frame**

5

POLICIES TO THE BOD

DIAGNOSTIC IMAGING / RADIOLOGY

POLICY & PROCEDURES TO THE BOARD **July 2018**

	TITLE	TO BOD	COMMENTS
1	Mammography Compliance Requirements	7/18/2018	Draft
2	Imaging Xray Protocols Procedure	7/18/2018	Draft
3	Department Orientation and Competency	7/18/2018	Draft
4	Scope of Services	7/18/2018	Draft
5	Lead interpreting Mamographer Responsibilities	7/18/2018	Draft
6	Mammography - 3D	7/18/2018	Draft
7	Radiologist Peer Review Program	7/18/2018	Draft
8	Self Referral for Breast Screening Exams	7/18/2018	Draft
10	Monitoring and Documentation of Fluoroscopic Quality Control	7/18/2018	Draft
11	Premedication for Radiographic Contrast Sensitivity	7/18/2018	Draft
12	Venipuncture by Radiologic Technologist	7/18/2018	Draft
13	Ultrasound, Intimate Exams	7/18/2018	Draft
14	DI Mammography Infection Control Ploicy	7/18/2018	Update and reviewed
15	Discharge of Radiology patients following Image Guided Procedures	7/18/2018	Needs all approval
16	Diagnostic Imaging - Responsibility and Process for Release of Personal Health Information	7/18/2018	Needs all approval
17	Diagnostic X-Ray Protocols	7/18/2018	Needs all approval
18	Mammography Infection Control Policy	7/18/2018	Update and reviewed

POLICIES TO THE BOD

ENVIRONMENTAL

POLICY & PROCEDURES TO THE BOARD **JULY 2018**

ENVIRONMENTAL

			TO BOD	COMMENTS
1	Cleaning Procedures: Room/Building Components: Carpet Cleaning		7/18/2018	
2	Cleaning Procedures: Room/Building Components: Ceilings		7/18/2018	
3	Cleaning Procedures: Room/Building Components: Dust Mopping		7/18/2018	
4	Cleaning Procedures: Room/Building Components: Floor Care		7/18/2018	
5	Cleaning Procedures: Room/Building Components: Floor Care (Taski Method, Mop Method, Floor Polishing)		7/18/2018	
6	Cleaning Procedures: Room/Building Components: Floor Finish Applications		7/18/2018	
7	Cleaning Procedures: Room/Building Components: Floor Finish Stripping		7/18/2018	
8	Cleaning Procedures: Room/Building Components: Intake Vents		7/18/2018	

Human Resources Policies

July, 2018

1 At-Will Disclaimer Statement

2 Pay Scale and Pay Adjustments

3 Punch Detail Report

4 Pay Distribution

5 Zero Pay

6 Employment of Minors

7 Standards of Conduct

8 Orientation

9 Employee Complaints and the Grievance Process

10 Competency Plan

11 Collective Bargaining Agreement Disclaimer

12 Lifetime Benefit Hours

13 Workforce Council

14 Workforce Experience Committee

15 Workforce Experience Committee Mission, Vision and Goals

POLICY AND PROCEDURE ANNUAL APPROVAL

INFORMATION TECHNOLOGY

July 2018

1. Electronic Communication (Email) Acceptable Use Policy

POLICY & PROCEDURE ANNUAL APPROVALS, NURSING DEPARTMENT
JULY 2018 BOARD MEETING

Cleaning & Sterilization of NeuroTherm Probes

Cleaning Procedures: Contact and Enteric Isolation Rooms at Discharge

Dietary Dress, Health and Safety Policies

EASTERN SIERRA CANCER ALLIANCE

Role of Microbiology in Infectious Disease Control

Prevention of Catheter Associated Urinary Tract Infections (UTI's), Guidelines*

Care of Handwashing Products

Title: Cleaning Procedures: Contact and Enteric Isolation Rooms at Discharge

Environmental Disinfectant - Cleaning Solution

Exposure Evaluation

Handling of Dishes/Utensils

Handling of Soiled Linen

Hepatitis Prophylaxis/Needles Stick Policy

Hospi-Gard Portable Filtration Unit (H.G.U.)

INFECTION SURVEILLANCE HOTLINES

Infection Prevention Recommendations for Avian Influenza, Novel Influenza, and Seasonal Flu

Infectious/Non-Infectious Waste Disposal Procedure

IV Therapy Facts

Patient Exposure

Respiratory Care Infection Control General Policies

Severe Acute Respiratory Syndrome (SARS) Infection Control Recommendations Hospitalized Patients*

Sharps Injury Protection Plan

Tuberculosis Exposure Control Plan

Communicable Disease Prevention Of Pre Hospital Care Worker

Computer Downtime Emergency Department

Computer Interface Down Time Emergency Department

Consent for Medical Treatment

Coroner's Cases

Dead on Arrival*

Dental Emergency Protocol

Discharge Instructions Emergency Department

Elder Abuse from Licensed Facility

Emergency Department Physician on Duty Disclosure of Name

USE OF EMERGENCY ROOM RECORD

Emergency Department Triage Protocols

Emergency Medical Screening of Patients on Hospital Property

Emergency Medication and Code Blue Crash Cart Policy

Emergency Room Overcrowding

EMTALA Policy

Evaluation and Medical Screening of Patients Presenting to the Emergency Department

HIV Test Results Consent for Permission to Reveal

Interfacility Transfer Guidelines

Leaving Hospital Against Medical Advice Refusal of Treatment or Transfer

Legal Blood Alcohol Intake Form Completion of the

Medications Emergency Department

Mentally Ill Patients Detention of

MICN Guidelines

Patient Valuables and Personal Effects in the Emergency Room

Patients Under the Influence of Drugs Management of

Pentax Emergency Bedside Intubating Laryngoscope

Photo Documentation Policy

Pre-Hospital Care Policy

Privacy of Emergency Department Patients

Quality Assurance Review Daily Chart Review

Quality Management Program Emergency Service

Quality Improvement Program Pre-Hospital

Recommendation for Prophylaxis After Occupational Exposure to HIV

Scope of Service for the Emergency Department

Sexual Assault Exam Policy

Sexual Assault Response Team

Telephone Advice Information

Trauma Patient Care in the Emergency Department

Infection Control Risk Assessments (ICRA for Demolition, Renovation, or New Construction Projects

Language Access Services Policy

Language Access Services Program*

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

PURPOSE:

1. The purpose of this standard operating procedure is to set forth the standardized procedures to fill a vacancy on the Board of Directors by appointment.

2. This procedure does not apply to any Board vacancy that is to be filled by election.

PLAN TO FILL A BOARD VACANCY BY APPOINTMENT

1. On a semi-annual basis, District staff will secure from the County of Inyo/Recorder's Office a list of registered voters in each of the Zones within the jurisdiction of the Northern Inyo Healthcare District.

2. On an ongoing and continuous basis, Board members will encourage interested registered voters to serve the Northern Inyo Healthcare District through service on the Board of Directors.

PROCEDURES:

1. Upon receipt of a notification of a board vacancy, and after the Board has determined to fill the vacancy by appointment versus by election, the notification will be examined by District staff to determine the date by which the vacancy must be filled.

2. After the Board has appointed an ad hoc committee to fill the vacancy, District staff shall immediately commence to fill the vacancy. District staff will, in collaboration with the ad hoc committee members, establish target dates by which various parts of this process shall be completed so as to afford the ad hoc committee members and any potential applicant the fullest of opportunities to fill the vacant position with a qualified candidate.

3. Upon receipt of a notification of a board vacancy, District staff shall notify the county elections official of the vacancy within the proper time frame as per the Board's policy.

4. After the Board has appointed an ad hoc committee, District staff shall coordinate availability of schedules between all appointed ad hoc committee members so that there is sufficient time to complete the interviews and make a recommendation to the full Board of an appointee to fill the vacancy, all of which must occur within the proper time frame as per the Board's policy.

5. District staff shall post the notice of the Board vacancy in locations and within the time frames per the Board's policy on Appointments to the NIHD Board of

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Directors.

6. District staff shall receive applications (see attached application form) from each candidate and will immediately review the application for completeness.

7. Upon receipt of a completed application, District staff shall determine if the candidate meets the required qualifications for the Board vacancy, as follows:

   a. Applicant must be a resident of the Zone of the Healthcare District in which the vacancy occurs;
   b. Applicant must be a registered voter of the Zone of the Healthcare District in which the vacancy occurs;
   c. Applicant must acknowledge that applicant will be subject to the Healthcare District's Conflict of Interest policy;
   d. Applicant must acknowledge that applicant will be required to completed Form 700 "Statement of Economic Interests" form.

8. If the applicant meets the required qualifications for the Board vacancy as set forth above, District staff shall transmit the application to each ad hoc committee member for a determination to interview the candidate.

9. Upon receipt of a notification from the ad hoc committee that a candidate is to be scheduled for the interview, District staff shall consult the schedules of the ad hoc committee members and the candidates to set a mutually convenient time for the interview. Notification of the dates set for the interviews shall be transmitted to both the ad hoc committee and the candidate.

10. At the option of the ad hoc committee, the attached guidelines for interviewing candidates and sample interview questions may be used. The ad hoc committee may also opt to set scoring criteria for the interviews.

11. Per the Board policy, the ad hoc committee will bring a recommendation for the appointment to the full Board for consideration.

12. Upon receipt of the Board's decision on the ad hoc committee's recommendation, District staff will be instructed to notify the unsuccessful candidate(s), if any, and the successful candidate of the Board's appointment.

13. At the Board's direction, District staff shall transmit the Board's appointment to the county elections official as per the Board's policy.

REFERENCES:

1. Appointments to the NIHD Board of Directors Policy
2. Gov. Code 1780 (a)

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

3. County of Inyo/Recorder Office
4. Work Flow for Appointments to Fill Board Vacancy

Approval	**Date**
Legal Counsel	
Board of Directors	
Last Board of Director review	

Developed: July, 2018
Reviewed:
Revised:
Supersedes:
Index Listing:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT VACANCY

THE NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS

Instructions:

If you are interested in serving on the Board of Directors of the Northern Inyo Healthcare District (District), please complete this application and return it to: Sandy Blumberg, Executive Assistant to the Chief Executive Officer, Northern Inyo Healthcare District, 150 Pioneer Lane, Bishop, CA 93514.

Date Due:_____

You will be advised by the District if your appointment is confirmed. Thank you for your interests.

DISTRICT:____NORTHERN INYO HEALTHCARE DISTRICT_ Date: _____

Name: _____
(Print Name)

Residence Address: _____

Business or Mailing Address (if different from the residence address):_____

_____

Phone (Day time): _____ Phone (Evening): _____

E-Mail address: _____

EDUCATION			
Institution	Major	Degree	Year

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

WORK/VOLUNTEER EXPERIENCE			
Organization	City	Position	From/To

_____ I acknowledge that I will be required to complete Form 700, "Statement of Economic Interests".

_____ I acknowledge that I will be required to be subject to the District's Conflict of Interest policy.

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

GUIDE TO THE INTERVIEWING PROCESS

1. TYPES OF QUESTIONS

Well thought-out key questions can provide the maximum amount of useful information from a brief conversation with the candidate. The purpose of most questions is to open up a topic for conversation or to confirm information.

BEHAVIORAL QUESTIONS ask about what the candidate is doing currently or has done in the past. It asks for examples of current or past performance, based on the premise that past behavior is the best predictor of future behavior. Phrase questions in the present or past tense, but not the future tense. This is an example for a behavioral question: "Describe an occasion where you successfully accomplished a goal."

OPEN-ENDED QUESTIONS encourage the candidate to give more than a one or two word response. This type of question requires an explanatory response and allows a candidate to show communication skills in an indirect way. Open-ended questions begin with: what, how, why, describe, explain, tell me. Examples of this type of question is this: "*Describe your experience in meeting deadlines."* Or, *"Tell me about your current volunteering activities."*

CLOSED-ENDED or YES or NO QUESTIONS are used to elicit a specific response or verify information you already have. They result in minimal conversation and often begin with *are, have, do, will, did, can, could*. Examples of this type of question include this one: "Have you ever had to meet a difficult deadline?" Note how it is closed-ended as opposed to this one that is more open ended: *"Describe your experience meeting difficult deadlines."*

NEUTRAL QUESTIONS do not reveal what you *want* to hear and encourage the candidate to express his or her own ideas as well as give unedited information. Neutral questions encourage honesty and candor: "*What's more important, speed or accuracy?"* is more neutral than "*Don't you think accuracy is more important than speed?"* which leads the candidate to answer the question with the answer that the interviewer desires.

HYPOTHETICAL QUESTIONS ask the candidate to respond to new or unfamiliar situations, providing insight to the candidate's ability to analyze and solve problems. An example is this one: "*Assume you are in the grocery store and a constituent approaches you and asks you how the closed session of the board meeting went. What would you do?"*

2. GUIDELINES FOR CONDUCTING THE INTERVIEW

The interview is a two-way conversation to exchange information and to determine if there is a fit between the vacancy and the candidate. Some suggestions for conducting a good interview follow:

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

a. Hold all calls and don't allow interruptions.

b. Establish a comfortable environment with good lighting and privacy.

c. Give a brief overview of the process to establish an understanding of what will take place. Use the "road-map" approach as a guide for both the candidate and yourself.

d. Listen to the interviewee's responses. Ideally, the interviewer should talk no more than 20% of the time. Combine good listening with good use of questions and comments. Remember that as long as you are talking, you are not learning about the candidate.

e. Prepare open, neutral and behavioral key questions covering the essential functions. Cover each area using follow-up technique to probe, reflect and summarize. Use paraphrasing to clarify and expand on the candidate's responses. Begin with phrases such as "you said before . . . " or "You gave me an example of a time when . . . " or "let me see if I got this right . . . "

f. Use comments to show interest, encourage conversation and move the interview forward without falling into a question and answer interrogation. Example: "That's interesting . . . " or "I see . . . " or "why don't you elaborate on that a bit . . . "

g. Question the answer! Seek contrary information to confirm or correct your first impressions. If the candidate recites an accomplishment, ask "Tell me about an occasion when things did not go well," or "and what did you learn from that experience?"

h. Control the direction of the interview. If the candidate strays from the topic, redirect the interview by waiting for a pause and say "thank you, I think that answers my question," or "with time so short it will be valuable to move to another subject."

i. Use silence. Candidates may bridge a silence with useful information.

j. Encourage candor and honesty by not evaluating the information during the interview. To encourage honesty, ask for the name of someone who will speak to the topic. For example, if the candidate said she always meets her deadlines, ask "who can I speak with regarding those deadlines?"

k. Jot down key words during the interview for later reference. Do not write evaluative comments in the candidate's presence.

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

l. Encourage the candidate throughout the interview (they may be nervous).

3. INTERVIEW ROAD-MAP

a. Allow time for the candidate to review the duties before the interview.

b. Hold all telephone calls. Do not allow interruptions during the meeting.

c. Explain the "Road-map" to the candidate

"We like the information you provided about yourself and would like to learn more about your experiences as it relates to this vacancy. We will have an hour for our meeting. Let me explain the agenda for today. I will begin by asking questions about your experience. We will be concentrating on your experience, knowledge and skills. As much as possible, I would like to hear about specific examples. As we move along, I may ask you to give me names of persons who know about your experiences in a particular area. So that I will not forget, I will be taking notes as we talk. You will have an opportunity to ask questions and provide additional information at a later point."

d. Ask the Questions (See menu of interview questions).

e. Concluding questions should focus around the following:

"Is there anything else that you feel we should know about you?"

"Is there anything else you would like to add?"

"Do you have any questions for us?"

f. Conclude the Interview with a statement like the following:

"Thank you for your time, and interest in the position. We will finish the interviews by _____. We anticipate getting back to you with our decision by___."

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

INTERVIEWER SCORING SHEET
(*Optional*)

Applicant's Name:_____ **Date of Interview: _ _____**

INSTRUCTIONS TO THE INTERVIEWER:

Each applicant will be asked the same questions.

Rate each applicant's response on a scale of 1-5 as follows:

1-Did not answer the question or well below expected response
2-Below the average expected response
3-Expected response
4-Above average expected response
5-Well above the average expected response

Question #1:

Interviewer's Notes:

Rating:_____

Questions #2:

Interviewer's Notes:

Rating:_____
Question #3:

Interviewer's Notes:

Rating:_____

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

The following Menu of Interview Questions are provided as a resource. Interviewers may opt to choose some of these questions from this Menu.
Asking 10 questions will approximate 40 minutes of interview time.
Adapted from SHRM, 2018

Menu of Interview Questions

Table of Contents

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Opening/Closing Questions

Opening

- What do you know about the Healthcare District?
- Tell us about your commitment to the community?
- Tell me why you chose to apply to be one of our Board members.
- What do you like most about the District's services or the District in general? What do you like least, and what do you find the most challenging?
- Tell us a bit about your work background, and then give us a description of how you think it relates to our current opening on the Board.
- What are your qualifications in healthcare, that is, what skills do you have that make you the best candidate for this Board position? Include any special training you have had (such as on-the-job, college, continuing education, seminars, reading) and related work experience.
- Why have you applied for this position?
- What skill sets do you think you would bring to this position?
- Tell me about your present or last job. Why did you choose it? Why did you, or why do you, want to leave?
- What was your primary contribution or achievement in your last or current position? Biggest challenge?
- What are your short- and long-term career goals?
- What are some positive aspects of your last employment or employer? What are some negative aspects?
- Where do you see the Healthcare District in 5 or 10 years?
- After learning about this opportunity, what made you take the next step and apply for the position?
- What would you have liked to do more of in your last position? What held you back?
- Would you please describe your interest in becoming a Board member?
- Tell me about your normal experiences during a typical day in your current position.
- In your current job, what is your usual schedule? How many hours do you work, and when do you work them?
- What sizes of organizations have you worked in?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- What industries have you worked in? Was healthcare one of them?
- What qualities and skills do you think a successful Board professional should have? Which of these qualities and skills you named do you have?
- Tell me about two accomplishments that were very successful or you are the most proud of.
- What college courses or experience have prepared you for the Board position you are applying for with us?
- What three things are most important to you in a position?
- What was the best job you ever had? What was the worst? Why?
- What do you think makes a "good" organization? What makes an organization be described as "one of the best businesses" or "best places to work" by a community?
- Describe the ideal job from your perspective.
- Describe what you would say if asked to talk about yourself in a group of 15 work colleagues.
- What's the best book you've read in the last year? Please take a minute and tell us what you liked about it.
- What is your interpretation of "success"?
- Describe an ideal work environment or "the perfect job."

Closing

- Describe what you see as your strengths related to the Board position. Describe what you see as your weaknesses related to this position.
- If we decide to appoint you to this position, what contributions would you expect to make during the first three months on the Board?
- Why should we select you for appointment?
- If the position required it, would you be willing to travel?
- How soon could you start as we have short deadlines to meet?
- If you are the successful appointment, how would you expect to be different after a year on the Board?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- Now that you have learned about our District and the position you are applying for, what hesitation or reluctance would you have in accepting this appointment if we offered it to you?
- Tell me anything else you would like us to know about you that will aid us in making our decision.
- What questions would you like to ask us?
- Have you heard of any programs, policies or actions of the District that concern you?
- How will your idea and work on the Board enhance the District in the healthcare industry as it is today?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Business Acumen - Financial Management

Behavioral

- Have you ever been over budget? Why? How did you handle this?
- Recount a time when you had to prioritize bill or invoice payment.
- If you could pick a stock to add to a company's portfolio, which one would it be? Why?
- Describe a tough financial analysis problem you were able to solve and how you solved it.
- Walk me through a financial statement (pick one).

Situational

- What would you do if you had to reject the proposed budget submitted by management?
- Discuss a situation when an expense was greater or less than originally planned. What did you do with the surplus or shortage?

General

- Describe your budget creation and management experience.
- Tell me about your fiscal management experience: budgeting, reporting, cutting costs, and building and maintaining reserves.
- Describe your PL (profit/loss) experience.
- What type of inventory audits have you been involved in? Describe challenges you've faced.
- Have you ever performed a cost-benefit analysis? Tell me about it.
- What experience do you have with financial planning and analysis?
- Is it usually better to pay bills early or on time or a little late?
- What is an income statement? A balance sheet?
- What is the job of the conventional finance department?
- Is it possible to have a positive cash flow but to be in financial trouble?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Collaboration and Interpersonal Skills

Behavioral

- Give me an example of a time when you had to deal with a difficult co-worker. How did you handle the situation?
- Describe a difficult time you have had dealing with an employee or customer. Why was it difficult? How did you handle it? What was the outcome?
- Describe a time when you were instrumental in creating or improving a good relationship with another organization or people.
- Recall an occasion when you had to interact with people from different parts of an organization or neighborhood to accomplish a single goal.
- Recount an occasion when you were able to connect individuals from different backgrounds or cultures in a unified effort.

Situational

- You are a committee member, and you disagree with a point or decision. How do you respond?
- If someone asked you for assistance with a matter that is outside the parameters of your role, what would you do?
- If you had a problem with a team member's lack of contribution to a project, what would you do?
- There's a deadline to be met. The team members have an excellent grasp of their positions, but one member is absent, and no one can do her job well. What would you do?

General

- What would your references say about how you collaborate with others?
- What do you think of your last boss/peer?
- Describe the best relationship you've had with a previous boss/peer.
- If I asked your previous or current workers about you, what would they say?
- Tell me what type of relationship exists and *should* exist between your current department and the department it works most closely with.
- Each boss is a little different. My management philosophy or style is _____. In what way(s) do you think that your work style would complement mine or other people's work styles?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- Describe what you foresee to be as challenges or adjustments for us, as you see it
- In terms of communication (face-to-face, phone, e-mail, instant messaging, texting), which is your preference for collaboration? Why?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Communication

Behavioral

- Give some examples of how and when you were the spokesperson for your current (or most recent) organization.
- Give an example of how you carefully considered your audience prior to communicating with them. What factors influenced your communication?
- Describe a time you used your communications skills to negotiate with an angry person.
- Have you ever given a presentation to a group? How did you prepare for it? What would you do differently?
- Describe a time when you were able to overcome a communications barrier(s).
- Tell me about a time when effective listening skills helped you in a problematic situation.
- Tell me about a time when you thought someone wasn't listening to you. What did you do?
- Recount an occasion when you were greeted with a greeting that was not normal for you. How'd you respond?

Situational

- Suppose two people have difficulty communicating with each other, but you understand both. Would you try to help the two understand each other better? If so, how?
- Two members of a team do great work, but they do not work well together. What are some of the key ways to get them to work together better?

General

- Management requires both good writing and verbal skills for effective communication. When it comes to giving information to employees that can be done either way, do you prefer to write an e-mail or memo or talk to the person? Why?
- How well do you communicate with others? What communication techniques do you use?
- When do you think it is best to communicate in writing? When do you communicate face-to-face?
- In terms of communication (face-to-face, phone, e-mail, instant messaging, texting), when might you use each?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Critical Evaluation

Behavioral

- Tell me about a time you used your knowledge of the organization to get an idea approved.
- Tell me about a time you used financial data to support a successful project.
- Tell me about a time when you used industry data to support a successful project.
- Tell me about a time when you used economic environment data to support a successful project.
- What have you done in your previous positions at other companies that made a significant difference to the business and for which you believe you will be remembered?
- Recall for us an occasion when you had to explain your department's losses.

Situational

- You're new to an organization. How do you go about learning how the organization works?
- You're new to an organization. What is one of the first things you do to learn how the organization works?
- You're new to an organization. What is one of the first things you do to learn how you can contribute to the organization's mission?
- You've been approached with a new idea for the District. Describe how you go about determining the feasibility and possible success of that idea.
- If you were given the responsibility to start a new District service from scratch, what are the basics that you would need to consider?
- Let's suppose the service you're proposing only breaks even. Assuming it is your decision, do you accept or reject the service? Suppose it is only $1.00 profitable?

General

- What difference does it make to organize departments in a centralized versus decentralized way? What is your preference? Why?
- What role does "corporate culture" play in the success of a company?
- How have you participated in planning processes?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Cultural Effectiveness

Behavioral

- If any of your work took you out of the country or out of this local area, what did you do to ensure that your adjustment back to this environment went smoothly?
- Tell me about a time when working in a different country or different part of this country you had to adapt to the culture. What adaptations did you have to make? How did you go about it?
- Describe a situation in which you have had to work in a multicultural environment and the challenges you had. How did you approach the situation, and what was the outcome?
- Tell me about a time when you worked in a major metropolitan area or situation that was totally foreign to you.
- Talk about a time when you worked abroad.

Situational

- Describe an interaction you had in which different cultures collided. How did you handle it?
- Five employees from five different countries eat lunch together regularly. One hurts the feelings of another. They complain to you. How do you resolve the situation?
- Executives ask your opinion about whether the company should spread operations into a major metropolitan area. Do you encourage the expansion or discourage it?

General

- How many non-local assignments have you completed?
- Please share the main reasons why you chose to accept any of your work experiences and were these decision based on culture?
- If you could work and live anywhere else in the world, where would it be?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Customer Focus

Behavioral

- Tell me about a time when you went out of your way to give great service to a customer.
- Tell me about a time when you asked for feedback on your customer service skills from your manager or co-worker and then used that response to improve your work.
- Describe a time when you had to deal with a difficult guest- or client-relations problem. What was the outcome? What did you learn?
- Tell me about a time when you knew that your customer might not get what he or she needed on time. How did you handle this?
- Tell me about a time when you had to say "no" to a customer because his or her request was against company policy.
- Tell me about a time when you had trouble working with a difficult or demanding customer. How did you handle this?
- Tell me about a situation in which you "lost it" or did not do your best with a customer. What did you do about this?
- Describe a time when you exceeded a customer's expectations.
- Describe a time when you lost a customer. What would you do differently?
- Share an example of a time when you developed rapport with a customer. What strategies did you use? How did you transfer the use of those strategies to other customers?

Situational

- "Yes" is the word clients, customers and guests like to hear. However, if you had to say "no," how would you do it?
- A customer's purchase is not what was promised. Do you explain to the customer why that happened?

General

- What do you find is the most difficult part about providing customer service? What is the best part?
- Describe a process or system that you improved so customers would be better served.
- When are policy exceptions to customers warranted? Not warranted?
- How do you go about deciding what strategy to employ when dealing with a difficult customer?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- We all have customers or clients. Who are your clients, and how do you identify them?
- What have you done to improve relations with your customers?
- How would you define guest or client satisfaction?
- What does the term "customer" mean to you?
- What does the phrase "servicing the customer needs" mean to you?
- Describe a time when someone failed to provide satisfactory service to you as a consumer of this Healthcare District. How could that person have improved his or her performance in that particular situation?
- Give an example of one thing that is important in building repeat-customer business.
- What types of behaviors do you find most annoying or frustrating in a client or customer? How do you handle those behaviors?
- What specific process do you go through when a client or guest is dissatisfied?
- How do you think your clients, customers or guests would describe you and your work?
- Have you ever contacted a customer with the sole purpose of seeking feedback about a product or service you delivered? What did you learn? What did you change?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Decision-making

Behavioral

- What are some of the most important steps you've used in making business-related decisions?
- Give a specific example of a decision you made that was not effective. Why do you think it was not effective, and what did you do when this realization was made?
- Describe a time when you had to make a very important and difficult decision that affected everyone in your department.
- Recount a time when you were not the authority but had to make a decision about the team's next step(s).

Situational

- How would you react if the following situation should occur: A worker or customer suddenly collapses on the floor. After a few minutes, a large crowd, speaking loudly and making demands, gathers around.
- You have a critical decision to make for the District, and all alternatives will likely be unpopular with staff. What input do you gather before deciding? What factors do you take into consideration?
- What would you do if your worker needed a computer monitor immediately? His co-worker was on vacation for three weeks and had a compatible unused monitor at his desk, and the purchase order process would take the worker's new monitor up to three weeks to be delivered.

General

- What methods do you use to make decisions? When do you find it most difficult to make a decision?
- Directors need good information to be able to make good decisions. Do you tend to gather information up to a deadline to make a better-informed decision or gather just enough information to make a good decision quickly?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Ethical Practice

Behavioral

- Describe a time when you came across questionable business practices. How did you handle the situation?
- Have you ever faced a significant ethical problem? How did you handle it?
- Describe a time when you made a mistake**.** How did you deal with this situation, and what was the outcome?
- Have you worked in a situation in which a person had a conflict of interest? How did you handle this?
- Describe a time when you had an opportunity to personally profit from your employer's product.

Situational

- You have found a person's belongings in the main corridor (communal space). Describe how you would take care of the situation.
- Suppose you were asked you to get information for someone that you knew was confidential and that he or she should not have access to. What would you do?
- If you observed someone making inappropriate sexual or racial remarks to another person, and it was obvious to you that the situation was creating an uncomfortable environment, what would you do?
- As one of our Directors, how would you proceed if the full Board adopted a policy or program that you felt was inconsistent with the goals and mission of the District?
- What would you do if you and others discovered a District employee sexually harassing other employees?

General

- Define professional behavior or conduct appropriate in the workplace.
- Explain the phrase "work ethic," and describe yours.
- Are there any types of marketing that you consider unethical?
- How important is ethics in modern business?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Flexibility

Behavioral

- Give an example of a time when you were trying to meet a deadline and you were interrupted and did not make the deadline. How did you respond?
- Give an example of a time when you had to quickly change project priorities. How did you do it?
- Recount a time when you accommodated someone beyond your comfort level, though you didn't have to.

Situational

- Suppose you are in a situation in which deadlines and priorities change frequently and rapidly. How would you handle it?
- The Board meets at usual hours. The Board asks you to do some work that takes you beyond the normal meeting time. How would you respond? What if you already made plans to be away – would your response differ?
- You work an eight-hour day and you are tired. You have a board meeting that night. What do you do?

General

- People react differently when job demands are constantly changing. How do you react to this?
- How important is it to be flexible?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Initiative

Behavioral

- Can you tell me about a time during your previous experiences when, unsolicited, you suggested a better way to perform a process?
- Tell me about a goal that you have accomplished and why that was important to you.
- Could you share with us a recent accomplishment you are most proud of?
- Describe a time when you performed a task outside your perceived responsibilities. What was the task? Why did you perceive it to be outside your responsibilities? What was the outcome?
- Describe a time when you kept from getting bored when dealing with routine tasks.
- What was the most creative thing you have done and why?
- Give me an example of a time you were able to take the lead in changing a policy.

Situational

- When you complete a task early, what do you do with your "extra" time?
- You're given an assignment to create "two or three" proposals. Assuming you have more than enough time and resources, how many proposals do you actually create? Why?

General

- When were you able to demonstrate initiative?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Leading Others

Behavioral

- Give me an example of a time when you needed to help others learn a new skill set. What did you do?
- Have you ever been in a position in which you had to lead a group of peers? How did you handle it? Tell me about problems you had and how you handled them.
- Have you ever managed a situation in which the people or units reporting to you were in different locations? Tell me how this worked.
- Tell me about your experience working with a board of directors. What approach and philosophy did you follow in working with boards?
- Tell me about a time when you organized, managed and motivated others on a complex task from beginning to end.
- Give me an example of how you have motivated or inspired others.

Situational

- A new policy is to be implemented. You do not agree with this new policy. How do you discuss this policy with staff?
- A subordinate regularly questions your authority. What do you do?
- The board of directors elects not to reward increases this year. How do you do handle communications on this if you are asked by staff?

General

- Describe an ideal supervisor or manager.
- Tell us about your management style—people, teamwork and direction.
- What is the largest number of staff you have supervised or directed, and what were their job functions?
- Tell me about your experience in leading and managing an organization similar to ours.
- Tell me about your experiences with staff development.
- What is your own philosophy of management?
- What do you do to develop people that you manage?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- Do you find it more natural to point out what's wrong so people can accomplish tasks competently or to praise people for their work and then later point out what may need correcting?
- What is the most significant contribution you have made to team cohesiveness?
- What is the most significant contribution you have made to unify an organization?
- What do you think are the most valuable traits in a good leader?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Learning Orientation

Behavioral

- Describe a time when you took a new job that required a much different set of skills from what you had. How did you go about acquiring the needed skills?
- Have you had an occasion when a prior strength actually turned out to be a weakness in another setting? How did you cope?
- Throughout your experiences have you learned more about your profession through course work or through on-the-job experience? Explain.
- What area of your last job was most challenging for you? Why was this specific part of the position difficult? Is this still challenging? Why or why not?
- Tell me about a time when you volunteered for an assignment to expand your knowledge and skills.
- Tell of a time when you had to educate yourself about a topic to make a presentation.

Situational

- The company announces a reimbursement program for any course taken that will improve your performance in your position. Do you take advantage of it? Why or why not?
- A new co-worker speaks another language. Do you try to learn small talk in that language or discourage the potential confusion caused by the use of different languages in the workplace?

General

- Tell me about the one person who has influenced you the most during your career. Was he or she a manager or mentor? What did you learn from him or her? Why do you think you learned so much from that person?
- What is more important to your profession—experience or continued education?
- How do you stay informed of current ideas on management and on the healthcare industry?
- Under what kinds of conditions do you learn best?
- In what areas would you like to develop further? What are your plans to do that?
- What are your career path interests?
- Should Directors seek to improve their knowledge and skill base? Why? Why not?
- What was the best training program in which you have participated?
- What are your major professional reading sources?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- What sorts of things have you done to become better qualified for your career?
- Careers grow and develop just as people do. Where do you see your career now? Why? What are you doing to sustain it?
- What's the most valuable thing you've learned in the past year? Why?
- Do you feel you are knowledgeable about current healthcare industry-related legislation or trends? Why or why not?
- What was the last work-related educational seminar or class you attended? Why did you attend this course? How have you transferred the knowledge gained in the course to your work?
- Do you have aspirations to earn advanced degree(s)?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Personal Effectiveness/Credibility

Behavioral

- What strengths did you rely on in your experiences to make you successful?
- Tell me about a situation you wish that you had handled differently based on the outcome. What would you change (or will you change) when faced with a similar situation?
- Describe a time when you had to deal with a difficult person, a co-worker or customer. How did you handle the situation?
- Give an example of how you stay organized when juggling multiple tasks.
- Tell of a time you had to defend your actions.

Situational

- What do you do when you know you are right and others disagree with you?

General

- How do you encourage people not under your authority to do work on your project?
- How would you describe your abilities as a business developer? As a business maintainer?
- How would your friends describe your work style or habits?
- Who should be responsible for monitoring and managing employee performance?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Problem-solving/Analysis

Behavioral

- Describe for me a decision you made that would normally have been made by someone else. What was the outcome?
- Describe a time when you needed to use the principles of logic to solve a problem.
- Have you ever solved a problem that others around you could not solve? Tell me about it.
- What was one of the toughest problems you ever solved? What process did you go through to solve it?
- Tell me about a time when you had a work problem and didn't know what to do.
- Tell me about a time when you solved one problem but created others.
- Tell me about a time when a problem was more than it at first appeared to be.
- How have you approached solving a problem that initially seemed insurmountable?
- What have you done when faced with an obstacle to an important project? Give me an example.
- Share with me how you analyzed different options to determine which was the best alternative?
- Describe for me how your prior experiences required you to be proficient in the analysis of technical reports.
- Give an example of when you used analytical techniques to design solutions to solve problems.

Situational

- Assume math is not your strength. You need to do some statistical analysis regarding the District's performance to present to others. What do you do?

General

- Do people ever come to you for help in solving problems? Why? Give me an example of when this happened.

Math test: Solve for x. 4x - 12 = 48.

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Results Driven

Behavioral

- Tell me about your current or most recent experience and how you helped the organization accomplish its goals and mission.
- How have you reacted when you found yourself stalled in an inefficient process?
- Tell me about a time when you inherited a process that wasn't working and you had limited time to fix it.

Situational

- The project is brought to a lull (or worse, a halt) due to a worker's lack of productivity. What are your next steps?

General

- Tell me about a position you have held in which part of your pay was based on your own performance or results.
- Which is more desirable to you: A business that is run in an efficient business-like manner or a business that is run in a personal and friendly way?
- Based on what you have read and heard, what ideas do you have about continuing and increasing the success of this Healthcare District?
- How do you procure needed resources outside your direct control?
- When you design a process to get something done, how do you establish the steps?
- What are some of the most effective ways you use to keep tasks on track?
- How would you rate yourself as a closer when you're doing a business presentation? (if you are/were in sales)
- Did you have assigned goals, objectives, quotas or targets? What were they, and did you meet them?
- How were your incentives structured in your last job?
- What were your responsibilities from the commencement of a business pitch to the end of the business pitch cycle?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Strategic Thinking

Behavioral

- Give me an example of a time when you had to engage in future planning.
- Tell me about a time when you participated in developing a departmental or organizational business strategy. What was your role? How did you approach it?
- Tell me about a time when you identified a need for a new approach or product to meet a market need.
- Tell of how your job (at a current or former employer) was directly related to a strategic goal.

Situational

- Outline how you would create a strategy for a healthcare services promotion campaign.
- A strategic plan is settled on. Would you identify competitors? Allies? How?

General

- Tell me how the duties and responsibilities of your current or past experiences related to the organization's business strategy.
- Is it more important to be a detail-oriented person or a big-picture person? Explain.
- What do you think is the role of the CEO in strategic planning for the organization?
- What is strategic thinking?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Stress Management/Composure

Behavioral

- Tell me about a work or personal "nightmare" you were involved in. How did you approach the situation, and what was the outcome?
- Have you ever been caught unaware by a problem or obstacle that you had not foreseen? What happened?

Situational

- You are angry about an unfair decision. How do you react?
- Your boss is vexed by a recurring misconception about your team or a process. Do you respond? How?

General

- Describe what you would classify as a "crisis."
- How do you know when you are stressed? What do you do to de-stress?
- What do you do when others resist or reject your ideas or actions?
- How would your past employers or others describe your response to hectic or stressful situations?
- What kinds of events cause you stress?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Teamwork Orientation

Behavioral

- Tell me about a time when a team project failed.
- Tell me about a time when you needed to work as part of a team to satisfy a client or resolve an issue.
- Tell me about a time you worked on a cross-functional team. Were there different challenges compared to a departmental-task team?
- When groups work together, conflict often erupts. Tell me about a time that conflict occurred in one of your workgroups and what you did about it.
- Tell me about a time you pitched in to help a team member finish a project even though it "wasn't your job." What was the result?
- Tell me about a situation in which political power plays affected team dynamics. How did you or the team overcome this situation, and how could the situation have been avoided?
- Tell me about a time when you were a part of a great team. What was your part in making the team effective?
- Tell me the role you play within workgroups and why.
- Tell me about the most effective contribution you have made as part of a task group or special project team.
- Have you ever worked on a virtual team? If so, tell me about this experience. What were the team dynamics? Was the team successful? If not, what do you perceive to be the advantages and disadvantages of this type of team? What would you do differently? How would you suggest creating team cohesiveness in a virtual setting?

Situational

- The project is brought to a lull (or worse, a halt) due to a co-worker's lack of productivity. What are your next steps?
- You're in a group where individual performance is highly rewarded and regarded. One teammate is not as productive as the rest. You could help him and reduce your own productivity or not help, and the team suffers. How do you handle this?

General

- What do you think are the best and worst parts of working in a team environment? How do you handle it?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- If I asked several of your co-workers, friends or others about your greatest strength as a team member, what would they tell me?
- What do you think makes a team of people work well together? What makes them not work well together?
- How would people you work with describe you?
- What is essential for a team to be successful?
- Who is the most valuable "player" on any team?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Technical Capacity

Behavioral

- The last time that you experienced a technical problem during your day, to whom did you go for help? Why did you choose this person?
- Tell me about a time when you used your technical knowledge to solve a problem that appeared to be unsolvable.
- Describe a technical report that you had to complete. What did the report entail? What was the purpose? Who was the audience?
- Describe a time when you had to share data electronically. What went well and what did not?

Situational

- You need to merge a document from Excel to Word. Can it be done?
- Someone needs money sent to a certain account (say, to buy tickets for a prospective client). Only you have the requisite information and authority. What do you look for in the URL to ensure security with the site?
- An employee e-mails a Word presentation to you. How would you get that presentation to an overhead PowerPoint projection?
- Say a weather emergency keeps team members from going to the meeting site, but a meeting has to happen. How would you assemble meeting participants?
- Several team members in several different states need to collaborate. What are the best steps to accomplish that? How would you facilitate?

General

- Describe the types of network security features you have worked on in the past.
- How would you describe your skills in Word, Excel, PowerPoint and Access (relevant software used in the job)? Beginner, intermediate or advanced?
- What do you believe is your most honed skill?
- In your opinion, how does managing a staff of healthcare workers differ, if any, from managing other kinds of workers?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

- What characteristics do you feel are necessary for success as a healthcare worker?
- What support, either administrative or technical assistance, did you receive in your previous positions?
- Describe the ideal technical support you would need to be most effective as a Director on our Board of Directors.
- How can technology help this position function?

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Thoroughness

Behavioral

- What means have you used to focus on detail and to keep from making mistakes?
- When there's a decision for a new important process, what means do you use to communicate step-by-step processes to ensure other people understand and will complete the process correctly?
- Tell me the steps you take to monitor the quality of your work in your current job.
- How do you decide when something is "good enough" or when it needs to be as close as possible to perfection? When have you had to make this determination? Explain.
- Describe a time when you failed to satisfy a client or customer due to some minor neglect. What did you do to correct it?

Situational

- After repairing something, you notice you've left a small amount of debris where you did the work. What do you do?

General

- Tell me how the quality of your work affects others around you. Give me an example.
- Describe "thoroughness."

Title: PROCEDURE TO FILL A BOARD VACANCY BY APPOINTMENT	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

Time Management

Behavioral

- Have you worked under time constraints before? Give us an example.
- Was there a time when you struggled to meet a deadline? Tell us about it.
- Describe a time you identified a barrier to your (or to others') productivity and what you did about it.
- When you have a lot of work to do or multiple priorities, how do you get it all done? Give me an example.
- Tell me about a time when you had to choose between two priorities, one of which was related to a commitment to a board of directors. How did you prioritize these?

Situational

- It's 4:30 on a Friday afternoon. You are given a bit of reading to do that needs to be finished by 8:00 Monday morning. You have already made plans to be away the entire weekend. What would you do?
- You work an eight-hour day. You have eight tasks of equal measure that are due that day. You have a board meeting later that day. What do you do to ensure you have enough time for all of this?

General

- Tell me about your productivity and time management skills.
- What do you do when someone else is late and preventing you from accomplishing your tasks?
- How do you determine what amount of time is reasonable for a task?
- How do you keep yourself from feeling overwhelmed when various projects in process are equally important?
- What percentage of time did you spend on each functional area of your job or your volunteer activities?
- Describe the workload, if you have one, at your current position. How do you feel about it? What would you change about it, if you could?
- Define time management.
- Do you feel you will have adequate time to devote to the business this Board of Directors is involved in?

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: BOARD MEMBER ORIENTATION STANDARD OPERATING PROCEDURE	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

PURPOSE: The purpose of this standard operating procedure is to set forth the standardized procedures to orient a newly appointed or newly elected Board member to the Northern Inyo Healthcare District (District) Board of Directors and the District.

PROCEDURES:

1. As soon as practicable after the Board member is sworn in, District staff shall schedule orientation of the Board member to the role and to the District.

2. Orientation can include, but is not limited to the following:

    a. Meeting with the Chief Executive Officer (CEO) to include information about the role, Board of Director's (Board) Mission/Vision/Values, Board meeting schedule, cycle of Board reports, etc., as follows:

        i. Review of the Board's Orientation book;
        ii. Orientation regarding required training and required forms including ethics training and Association of California Healthcare District's (ACHD) meetings, trainings and resources;
        iii. Orientation to the District's functional operations and Board member involvement in District and employee events; and
        iv. Review of the Board's policies including the travel policy.

    b. Orientation with the Chief Officers on the following:

        i. Division of responsibilities for each Chief area, orientation to the functional parts of the organization, relevant contact information, and the Chief's role and contact numbers;
        ii. Review of the role of the Administrator on Call;
        iii. Tour of the District's facilities including a map of the facilities, ongoing construction and planned construction projects, fire/life safety, environment of care topics, and designated parking zones;
        iv. Identification badging requirements for a Board member and applicable security processes related to the ID Badge;
        v. Orientation to healthcare industry topics that affect District operations; and
        vi. Orientation to regulatory compliance for a non-clinical role delivered via the current online learning management system.

    c. Orientation with Information Technology Services (ITS) including the following:

        i. ITS services available to a Board Member;
        ii. Orientation to applicable ITS Security requirements; and
        iii. Programming of electronic device(s) of the Board Member.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: BOARD MEMBER ORIENTATION STANDARD OPERATING PROCEDURE	
Scope: Board of Directors	Manual: BOD Policy Manual – Administration
Source: Board of Directors	Effective Date:

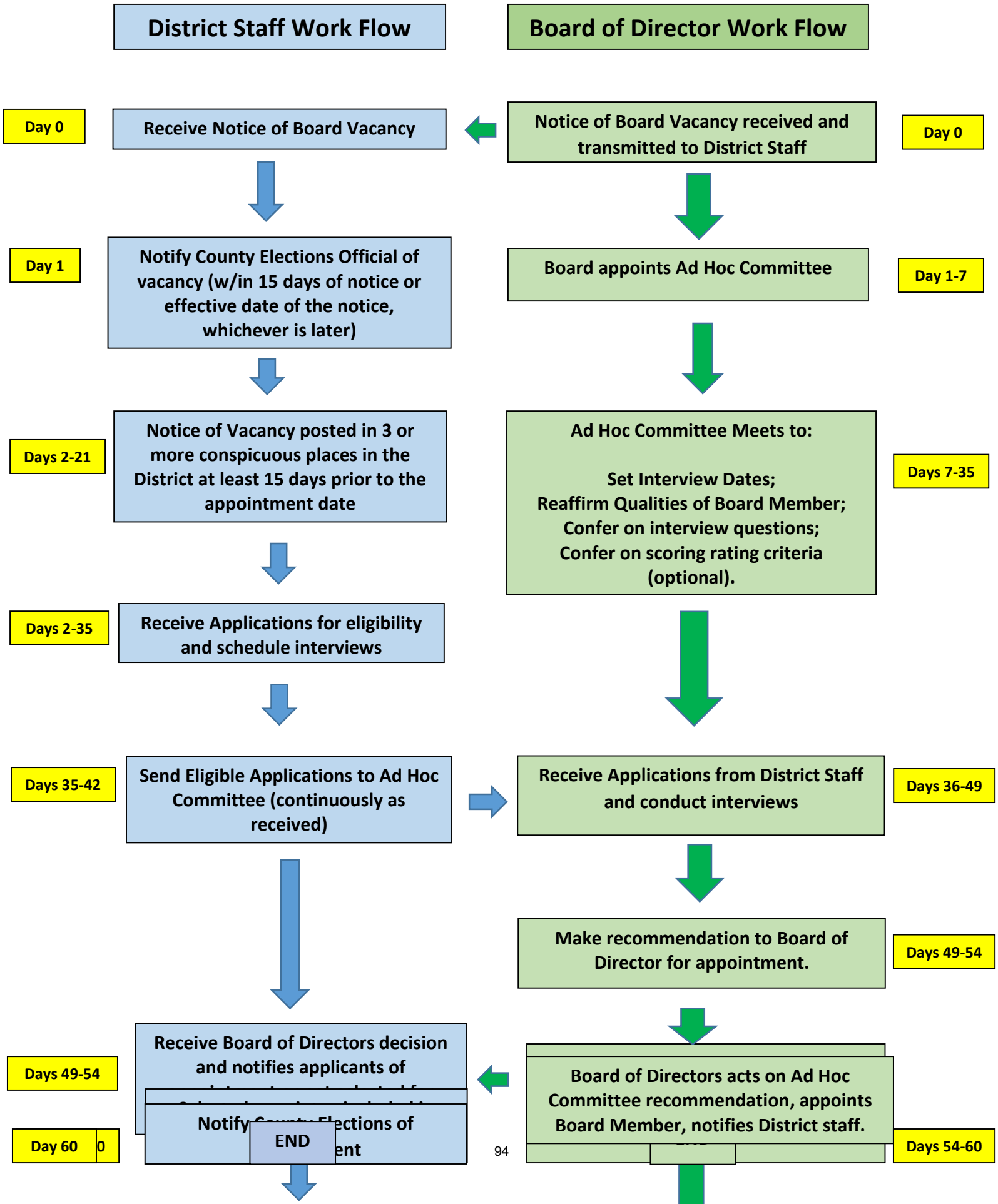
3. As District operations transform, additional orientation may be delivered as identified by the Chief Executive Officer.

4. Orientation completion shall be documented.

Approval	**Date**
Legal Counsel	
Board of Directors	
Last Board of Director review	

Developed: July, 2018
Reviewed:
Revised:
Supersedes:
Index Listing:

Work Flow for Appointments to Fill Board Vacancy



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: Allison Robinson, MD, Chief of Medical Staff
DATE: July 9, 2018
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:

A. Policies/Procedures/Protocols/Order Sets (*action item*)
   1. *Accepting Orders for Outpatient Infusion Services from Non-Privileged Practitioners*
   2. *Ambulatory Care Pharmacist Interview Questions*
   3. *Blood Product Replacement During Obstetric Hemorrhage*
   4. *Fentanyl Patch Ordering Protocol*
   5. *Heparin Dosing Protocol*
   6. *Home Medication Verification – Medication Reconciliation*
   7. *Intravenous Medication Policy*
   8. *Methadone for Withdrawal Order Verification*
   9. *Point of Care Accu-Chek Blood Glucose Testing*
   10. *Thrombolytic Therapy for Acute Myocardial Infarction*
   11. *Vancomycin Dosing*
   12. *Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure*

B. Family Medicine Core Privilege Form (*action item*)

C. Medical Staff Resignations (*action items*)
   1. Michael Abdulian, MD (*Orthopedic Surgery*, *Adventist Health*) – effective June 11, 2018
   2. Helena Black, MD (*Emergency Medicine*) – effective June 30, 2018
   3. Gregg McAninch, MD (*Radiology*) – effective June 30, 2018

D. Medical Staff Appointments/Privileges (*action items*)
   1. Jared M. Kasper, MD (*Radiology*) – Provisional Consulting Staff
   2. Anne K. Wakamiya, MD (*Internal Medicine*) – Provisional Active Staff

E. Staff Category Changes (*action item*)
   1. Arsen Mkrtchyan, MD (*Internal Medicine/Hospitalist*) – from Locum Tenens Staff to Provisional Active Staff
   2. Helena Black, MD (*Emergency Medicine*) – appointment to Honorary Staff

F. Telemedicine Staff Appointment/Privileges – Proxy Credentialing (*action item*)
As per the approved Telemedicine Physician Credentialing and Privileging Agreement, and as outlined and allowed by 42CFR 482.22, the Medical Staff have chosen to recommend the following practitioners for Telemedicine privileges relying upon Adventist Health's credentialing and privileging decisions.

1. Navid Ezra, MD (*Dermatology*) – Adventist Health, Telemedicine Staff

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Accepting Orders for Outpatient Infusion Services from Non-Privileged Practitioners	
Scope: Referring Practitioners	Manual: Medical Staff, Infusion Center
Source: Medical Staff Support Manager	Effective Date:

PURPOSE:
To establish a process for non-privileged practitioners to order outpatient infusion services at Northern Inyo Healthcare District (NIHD) that is in compliance with federal and state regulations.

POLICY:

A. Non-privileged referring practitioners (i.e., a practitioner who has not been credentialed or privileged by NIHD), may order outpatient infusion services at NIHD if:
    1. The practitioner is licensed, in good standing, in California;
    2. The practitioner is acting within his or her scope of practice;
    3. The practitioner is responsible for the care of the patient;
    4. The practitioner is not currently excluded from participation in Medicare, Medicaid or other state or federal health care programs.

B. Ordering practitioners will be required to remain responsible for the care of referred patients and must agree to provide necessary consultation as first call.

C. Ordering practitioners will be required to submit a signed attestation indicating their agreement to comply with this policy.

D. If questions or concerns regarding the order cannot be addressed with the ordering practitioner (should the practitioner be unreachable), the patient's case will be reviewed by the Medical Director of the Outpatient Infusion Center. If a change in management is deemed appropriate, orders will be changed and the ordering practitioner will be notified.

E. If the Medical Director of the Outpatient Infusion Center cannot be reached, the Outpatient Infusion staff may initiate the following escalating contact protocol:
    1. Primary care provider, or;
    2. Hospitalist on-call, or lastly;
    3. Emergency room physician.

F. Outpatient infusion therapy services will be provided in accordance with policies and protocols approved by the Medical Executive Committee and Board of Directors.

G. Quality evaluation and reviews of the Outpatient Infusion Center will be provided by a physician member of the Medicine and Intensive Care service.

PROCEDURE:

A. At the receipt of an outpatient infusion order from a non-privileged practitioner who is not currently on the approved referring practitioner roster, the Outpatient Infusion staff will send the attached attestation to the ordering practitioner for completion.

Title: Accepting Orders for Outpatient Infusion Services from Non-Privileged Practitioners	
Scope: Referring Practitioners	Manual: Medical Staff, Infusion Center
Source: Medical Staff Support Manager	Effective Date:

B. If the patient's primary care provider is an NIHD privileged practitioner, an effort should be made to send a copy of the order to the primary care provider (with patient consent).

C. Once the attestation has been returned, the outpatient infusion staff is responsible for ensuring the practitioner's information is verified as outlined below:

1. *The practitioner is licensed in California* – online verification of California licensure (including active/inactive status and disciplinary action) can be found on the public Medical Board of California website, or by going to: www.mbc.ca.gov/Breeze/License_Verification.aspx

2. *The practitioner is not currently excluded from participation in Medicare, Medicaid or other state or federal health care programs* – the Office of the Inspector General (OIG) maintains a list of excluded entities and individuals, which can be found online by visiting the OIG website and querying the exclusion database, or by following this link: https://exclusions.oig.hhs.gov/. Medi-Cal maintains a suspended and ineligible provider list in a downloadable format on this website: https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp

D. During normal business hours, the Outpatient Infusion Center staff may coordinate with Medical Staff Office staff to complete the verification of ordering practitioners. A copy of the signed attestation will be sent to the Medical Staff Office.

E. A list of currently verified non-privileged practitioners will be maintained by the Medical Staff Office and will be available to the Outpatient Infusion Center staff. Verifications should be repeated every two years at minimum.

REFERENCES:

1. Centers for Medicare and Medicaid Services Conditions of Participation §482.54
2. Matzka, Kathy. (2006). *The Compliance Guide to the JCAHO Medical Staff Standards.* HCPro, Inc.; 5th edition. Print.
3. Providence Sacred Heart Medical Center and Children's Hospital. (2016). "Non-Staff Practitioners Ordering Outpatient Tests and Treatments." Retrieved from: http://washington.providence.org/~/media/files/providence/hospitals/wa/phc/policies/orderingoutpatienttests_nonstaffpractitioners.pdf/

Approval	**Date**
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed: 06/2018 dp
Reviewed:
Revised: 07/2018 nh
Supersedes: N/A
Index Listings: referring practitioner orders, non-staff orders

Outpatient Nursing
Fax: (760) 873-2151
Phone: (760) 873-2845 or (760) 873-2837

Northern Inyo Healthcare District (NIHD) Outpatient Infusion Center Therapy
Attestation Form for Non-Privileged Practitioners

This attestation must be completed by Ordering Practitioners who are not members of the NIHD Medical Staff or Allied Health Professional Staff in accordance with the *Accepting Orders for Outpatient Infusion Services from Non-Privileged Practitioners* policy.

By signing this order form, the Ordering Practitioner attests that he/she:

1. Holds a current, unrestricted California license;
2. Is acting within the scope of his/her license;
3. Is responsible for the care of the patient identified on the order form; will be reachable through the phone number identified below; and will provide consultation and documentation as requested by the NIHD Infusion Center;
4. Agrees that failure to provide information or care as requested by Infusion Center staff will terminate this order and disqualify Practitioner from submitting further orders;
5. Will provide any documentation requested by the Infusion Center (e.g., history and physical, authorization for treatment ordered);
6. Has not been excluded from participation in Medicare, Medi-Cal or any other Federal or State health care program.

Failure to comply with the requirements listed may result in the Ordering Practitioner's inability to continue referrals to the NIHD Infusion Center.

_____ _____ _____
CA Licensure Primary Phone Secondary Phone

_____
Office/Practice Name and Address

_____ _____ _____
Name of Ordering Practitioner Signature Date

NIHD Office Use Only:

Verification of Licensure Completed By: _____ *Date:* _____

Please send a copy of this form to the Medical Staff Office

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Ambulatory Care Pharmacist Interview Questions	
Scope: NIA Physician's Clinics	Manual:
Source: Interim Pharmacy Director	Effective Date:

PURPOSE:

1. Establish an official guideline of questions the NIHD Ambulatory Care Pharmacist will ask patients during the research phase of obtaining medication related issues.

PROCEDURE:

1. The pharmacist will be allowed to ask the following questions to help discover medication related issues the patient may be experiencing.

a) What medications is the patient taking at home?
b) How is the patient organizing their medications?
c) What side effects is the patient experiencing?
d) How is the patient feeling and was the patient recently admitted to the hospital?
e) Is the patient receiving home health?
f) Does the patient have caregivers?
g) How are the labs related to the patient's medications (e.g. blood pressure for anti-hypertensives, blood glucose for anti-diabetic medications)

REFERENCES:

1. Interview with Cardiology Pharmacist and Assistant Professor at the University of California San Francisco on 2/2018.

CROSS REFERENCE P&P:

1.

Approval	**Date**
Pharmacy & Therapeutics Committee	7/5/18
Medical Executve Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed:
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT

POLICY AND PROCEDURE

Title: Blood Product Replacement During Obstetric Hemorrhage	
Scope: Obstetrics Department/Pharmacy/Lab	Manual:
Source: Interim Pharmacy Director	Effective Date:

PURPOSE:

1. Establish an official guideline for blood product replacement once a patient has been diagnosed with post-partum hemorrhage.

INTRODUCTION:

The different stages of obstetric hemorrhage can be approximately defined as follows:

1. Stage 1: Blood loss > 500 mL vaginally or blood loss > 1000 mL cesarean with normal vital signs and lab values
2. Stage 2: Continue Bleeding (EBL up to 1500 mL OR > 2 uterotonics) with normal vital signs and lab values
3. Stage 3: Continued Bleeding (EBL > 1500 mL OR > 2PRBCs given OR at risk for occult bleeding/coagulopathy OR any patient with abnormal vital signs/labs/oliguria.
4. Stage 4: Cardiovascular collapse (massive hemorrhage, profound hypovolemic shock, or amniotic fluid embolism).

PROCEDURE:

1. Nursing/anesthesia will draw stat labs
    a. Blood type and crossmatch
    b. Hemoglobin and platelet count, PT (INR)/PTT, fibrinogen, & ABG (as needed)
2. Obtain massive transfusion pack.
    a. Consider using coolers
    b. Order Packed Red Blood Cells from the Northern Inyo Hospital Blood Bank
3. Administer as needed in a 6:4:1 ratio.
    a. 6 units of Packed red blood cells: infuse between 1-4 hours
    b. 4 units Fresh frozen plasma:
        i. Dose is typically 12 to 15 mL/kg
        ii. Infusion rate is typically between 10-20 mL/kg/hour
    c. 1 unit of apheresis platelets (3 x 1011 platelets per unit):
        i. Dose typically is 12 to 15 mL/kg
        ii. Infusions typically take place between 10 to 20 mL/kg/hour or as patient tolerates.
4. Cryoprecipitate
    a. Initial request: if fibrinogen is < 100 mg/dL, order 10 units of cryoprecipitate.
    b. Order additional units to maintain fibrinogen concentration ≥ 100-125 mg/dL
    ~~b.~~c. Infuse cryoprecipitate over 4 to 10 mL/min.

REFERENCES:

1. The American College of Obstetricians and Gynecologists. Massive Transfusion Protocol (Blood Bank). Accessed 6/12/18
2. Shields, L, et. Al. Blood product replacement. CMQCC obstetric hemorrhage toolkit. Nov. 2009. P. 1-10.

NORTHERN INYO HEALTHCARE DISTRICT

POLICY AND PROCEDURE

Title: Blood Product Replacement During Obstetric Hemorrhage	
Scope: Obstetrics Department/Pharmacy/Lab	Manual:
Source: Interim Pharmacy Director	Effective Date:

Approval	**Date**
Perinatal/Pediatric Committee	6/22/18
Pharmacy & Therapeutics Committee	7/5/18
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed: 6/12/18 by N. Vu
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Fentanyl Patch Ordering Protocol	
Scope: Northern Inyo Hospital	Manual:
Source: Interim Pharmacy Director	Effective Date:

PURPOSE:

1. Establish an official order form and guideline for when fentanyl patch may be ordered at Northern Inyo Hospital

PROCEDURE:

Date: _____ Time: _____

Patient Name _____ DOB:_____ MRN#_____

Assure the patient is presently NOT in the ED/PACU/OR before dispensing a fentanyl patch.

Continuing Fentanyl Patch From Home:

1. ~~Fentanly~~Fentanyl patch _____ mcg/hour transdermally every _____ days
2. Assess for presence of and remove any old patches prior to placement of a new patch

Initiation of Fentanyl Patch:

Circle True or False for the questions below. A transdermal fentanyl patch will not be dispense unless all questions are answered.		
T	F	Patient has persistent, moderate to severe chronic pain for an extended period of time (≥ 1 week)
T	F	Patient is opioid tolerant receiving > 60 mg of oral morphine, > 30 mg oral oxycodone, or > 8 mg oral hydromorphone daily (or analgesic equivalent) for one week or longer* (See potency conversion guideline on page 2)
T	F	Pain cannot be managed by other means, such as non-steroidal analgesics, opioid combination products or immediate-release products

If the answer to any of the above questions is **False – <u>transdermal fentanyl patch is contraindicated</u>.** Do not order.

- ☐ Pharmacist consultation for pain management recommendations requested

1. Calculate total daily narcotic utilization
2. Determine the equivalent transdermal fentanyl dose
3. Check the box corresponding to the appropriate fentanyl regimen:

- ☐ Fentanyl 25 mcg/hr transdermally every 3 days
- ☐ Fentanyl 50 mcg/hr transdermally every 3 days
- ☐ Fentanyl 75 mcg/hr transdermally every 3 days
- ☐ Fentanyl 100 mcg/hr transdermally every 3 days
- ☐ ~~Fetnanyl~~Fentanyl _____ mcg/hr transdermally every 3 days

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Fentanyl Patch Ordering Protocol	
Scope: Northern Inyo Hospital	Manual:
Source: Interim Pharmacy Director	Effective Date:

Dosage increase Following Initiation of Fentanyl Patch:

_____

Select YES or NO for the questions below. A dose increase will not be dispensed unless therapy duration is confirmed.

☐ YES	☐ NO	It has been ≥ 72 hours since initiation of therapy

IF **YES** :

1. Discontinue previous patch order
2. Assess for presence of and remove any old patches prior to placement of a new patch
3. Start Fentanyl _____ mcg/hr transdermally every 3 days

IF NO The dosage cannot be increased at this time. Revisit dosing change 72 hours after initiation of therapy

Subsequent Dosage Increase of Fentanyl Patch:

Select YES or NO for the questions below. A dose increase will not be dispensed unless therapy duration is confirmed.

☐ YES	☐ NO	It has been ≥ 6 days since the last change in dosing

IF **YES**

1. Discontinue previous patch order
2. Assess for presence of and remove any old patches prior to placement of a new patch
3. Start Fentanyl _____ mcg/hr transdermally every 3 days

IF NO:

1. The dosage cannot be increased at this time. Revisit 6 days after the last dosage change.

Dose Decrease:

1. Remove any old patches prior to placement of a new patch
2. Fentanyl patch _____ mcg/hour transdermally every _____ days

Pharmacist Signature _____ Date _____

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Fentanyl Patch Ordering Protocol	
Scope: Northern Inyo Hospital	Manual:
Source: Interim Pharmacy Director	Effective Date:

Fentanyl Patch Dosing Guidelines and Recommendations

- USE NARCOTIC MEDICATIONS WITH CAUTION IN PATIENTS WITH SLEEP APNEA, COPD, AND EXTREMES IN AGE AND BODY WEIGHT
- GENERAL GUIDELINES SHOULD BE CUSTOMIZED TO BALANCE INDIVIDUAL PATIENT COMFORT/SAFETY

Equianalgesic Potency Conversion Guideline:

Medication	Equianalgesic Dose (mg)	
	IV/IM	ORAL
Morphine	20	60
Hydromorphone	3	15
Methadone	20	40
Oxycodone	30	60

Equivalent Fentanyl Patch Dosing Guideline:

Current Analgesic	Daily Dosage (mg/day)			
Morphine (oral)	60-134	135-224	225-314	315-404
Morphine (IM/IV)	10-22	23-37	38-52	53-67
Oxycodone (oral)	30-67	68-112	113-157	158-202
Hydromorphone (oral)	8-17	18-28	29-39	40-51
Hydromorphone (IV)	1.5-3.4	3.5-5.6	5.7-7.9	8-10
Methadone (oral)	20-44	45-74	75-104	105-134
Fentanyl Patch	**25 mcg/hr**	**50 mcg/hr**	**75 mcg/hr**	**100 mcg/hr**

Note: the above table should not be used to convert from fentanyl to other opioids. The conversion ratios are conservative and may result in over dosage if used to convert fentanyl to other opioids.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Fentanyl Patch Ordering Protocol	
Scope: Northern Inyo Hospital	Manual:
Source: Interim Pharmacy Director	Effective Date:

Dosage Considerations	• Pain relief from a fentanyl patch will not occur for 10 to 16 hours. Full effects may not be seen for 24 to 72 hours after application • The dosage should not be increased more frequently than every 3 days. Appropriate dosage increases may be based on daily supplemental dosage using the ratio of 45 mg/24 hours of oral morphine to a 12.5mcg/hour increase in fentanyl dosage
Safety Warnings	• Heat can increase the absorption of fentanyl from the patch. Fever may increase fentanyl plasma concentrations by up to 33%. • If the patch is discontinued, it may take up to 24 hours for fentanyl to clear from the body. Patients who have had a serious adverse event will require monitoring and treatment for at least 24 hours.
Safe Administration Practices	• Patches should not be cut or altered in any way. • Do NOT apply any type of heating device (warming blanket ,heating pad, etc.) to the area on or around the patch. • Rotate patch application site • Ensure that old patches are removed prior to applying a new patch. • Appy to clean, dry, non-irritated, and hair-free skin. • Discard old patch(es) when new patch(es) are applied by folding patch in half and placing in the pharmaceutical waste container.
Drug Interactions	• The concomitant use of this fentanyl patch with potent CYP450 3A4 inhibitors (ritonavir, ketoconazole, itraconazole, clarithromycin, nelfinavir, and nefazodone) may result in an increase in fentanyl plasma concentrations.

REFERENCES:

1. Sutter Medical Center Sacramento Fentanyl Order Form. Access 6/13/18.
2. Royal Alexandria Hospital. Adult Drug Formulary 2003.
3. Lothian Palliative Care Guidelines. Dec 2001.
4. Tycross R et al. Palliative Care Formulary. 2nd Edition. Radcliffe Medical Press.

Approval	**Date**
Pharmacy & Therapeutics Committee	7/5/18
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed: 6/13/18 by N. Vu
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Heparin Dosing Protocol	
Scope: NIH	Manual:
Source: Interim Pharmacy Director	Effective Date:

PURPOSE:
This policy and procedure is intended to provide an improved/alternate standardized process for the initiation, maintenance, and monitoring of intravenous unfractionated heparin.

POLICY:

The rationale for updating the Heparin Nomogram is to keep up with current guidelines with dosing and aPTT reference ranges. This policy would apply to adult patients receiving intravenous unfractionated heparin infusions in the inpatient or emergency department setting.

DEFINITIONS:
1. IBW – Ideal Body Weight
2. ABW – Actual Body Weight
3. AdjBW – Adjusted Body Weight
4. UFH – Unfractionated Heparin

PLEASE NOTE:
1. Heparin infusion will not be interrupted unless discontinued by physician.
2. Do not use this protocol for stroke/TIA patients unless specifically requested by physician.
3. Avoid intramuscular injections
4. Heparin infusion order MUST be renewed every 5 days.

PROCEDURE:
1. Lab:
    a. Order baseline aPTT, PT/INR, and CBC **PRIOR** to initiation of heparin.
    b. Sent **aPTT** 6 hours after starting infusion or 6 hours after any dosage change.
    *(PHYSICIANS – DO NOT ORDER ADDITIONAL ROUTINE aPTT STUDIES)
    c. Obtain **aPTTs** Q6 hours and adjust infusion by the Heparin Sliding Scale until the aPTT is therapeutic
    d. Obtain aPTT q24 hours once two consecutive aPTTs are therapeutic (aPTT = 60 to 100 sec)
    e. Obtain **CBC** q3days
2. Occult blood test all stools while on Heparin and notify physician if occult blood present.
3. Notify Physician for any signs of bleeding.
4. Stat CBC without differential with signs and symptoms of significant bleeding and notify the physician.
5. Activate Rapid Response Team and implement RRT Protocols if condition warrants.
6. DOSING WEIGHT:
    a. Patient Actual Body Weight (ABW) _____(kg)
    b. Ideal Body Weight (IBW) _____(kg)
    Men IBW = 50 kg + (2.3 kg x [inches > 5 feet])
    Women IBW = 45 kg + (2.3 kg x [inches > 5 feet])
    c. Dosing Weight _____(kg)
    Use ABW, unless obese (>20% IBW)
    If obese, use Adjusted Body Weight = IBW + 0.4(ABW-IBW)

Title: Heparin Dosing Protocol	
Scope: NIH	Manual:
Source: Interim Pharmacy Director	Effective Date:

Deep Vein Thrombosis/Pulmonary Embolism Treatment Protocol:	**Acute Coronary Syndrome dosing protocol:**
Initial Bolus = 80 units/kg (**Dosing Weight**) max = 10,000 units (Round to nearest 1,000 units)	**Initial Bolus** = 60 units/kg (**Dosing Weight)** max = 4,000 units (Round to nearest 1,000 units)
Start Infusion at 18 units/kg/hr max = 2000 units/hr (Round to closest 40 units/hr)	**Start infusion** at 12 units/kg/hr max = 2000 units/hr (Round to nearest 40 units/hr)
Infusion titration instructions:	**Infusion titration instructions:**
aPTT < 35 sec: 50 units/kg RE-BOLUS (max = 8,000 units), then increase infusion rate by 4 units/kg/hr (maximum change = 400 units/hr) aPTT = 35 to 39: 25 units/kg bolus, INCREASE infusion by 2 units/kg/hr (max change = 200 units/hr) aPTT = 60 to 100: NO CHANGE aPTT = 101 to 120 sec: DECREASE infusion by 2 units/kg/hr, (max change = 200 units/hr) aPTT > 120 sec: Hold heparin for 1 hour, then DECREASE infusion by 3 units/kg/hr (max change = 300 units/hr)	aPTT < 25 sec: 60 units/kg bolus (max 4,000 units), then INCREASE infusion by 3 units/kg/hr (max change = 300 units/hr) aPTT = 25 to 49 sec: INCREASE infusion by 2 units/kg/hr (max change = 200 units/hr) aPTT = 50 to 70 sec: NO CHANGE aPTT = 71 to 90 sec: DECREASE infusion by 2 units/kg/hr (max change = 200 units/hr) aPTT > 90 sec: Hold heparin for 1 hour, then decrease infusion by 3 units/kg/hr (max change = 300 units/hr)

REFERENCES:

1. Vandiver J. Vondracek T. Antifactor Xa levels vs activated partial thromboplastin time for monitoring unfractionated heparin. Pharmacotherapy: Official Journal of the American College of Clinical Pharmacy. 32(6);546-58
2. Erstad B. (Editor) Laboratory Testing with Anticoagulation. Critical Care Pharmacotherapy, American College of Clinical Pharmacy (2016);499-507
3. Heparin Dosing protocol from Highland Hospital in Oakland, CA. Accessed 6/8/18.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Heparin Dosing Protocol	
Scope: NIH	Manual:
Source: Interim Pharmacy Director	Effective Date:

CROSS REFERENCE P&P:

1. NPSG 03.05.01

Approval	**Date**
Pharmacy & Therapeutics Committee	7/5/18
CCOC	
MEC	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed by: N. Vu 6/29/18
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: **Intravenous Medication Policy**	
Scope: Northern Inyo Hospital	Department: CPM – Medication (MED)
Source: Interim Director of Pharmacy	Effective Date:

PURPOSE:
To ensure the safe administration of intravenous (IV) medications at Northern Inyo Hospital and provide guidance for medication categories in defined areas with specific levels of care.

POLICY:
This policy is applicable to all areas of Northern Inyo Hospital where IV medications are given.

1. Code Blue Protocol is not limited by this list.
   Rationale: Certain drugs are not included on this list because of their potential for initiating a life-threatening emergency and/or of the amount of time required for monitoring. The Pharmacy & Therapeutics Committee will be responsible for approving additional medications to the attached list. The P&T Chairperson is authorized to approve exceptions that need immediate attention. Exceptions will be for a single patient only and should be referred to the P&T Committee for review and possible addition to the approved list of IV Medications.

Definitions:

IVP = Intravenous Push
IVPB = Intravenous Piggy Back is OK to give as an infusion
ICU = Intensive Care Unit
ED = Emergency Department
PACU = Post-anesthesia Care Unit

- If the High Risk Maternity/OB Labor & Delivery cell is blank, please follow the same rules specified for the Med-Surg/OB/Outpatient Clinics column.

PROCEDURE:

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB/Out-Patient Infusion Center	Comments
Acetaminophen IV (Ofirmev	IVPB	IVPB	IVPB	
Acetazolamide [Diamox]	IVP, IVPB	IVP, IVPB	IVP, IVPB	Slow IVP 100 mg/mL at 100 mg/min. IVPB (250 to 500 mg) [50 mL] over 15 to 30 min
Acetylcysteine IV [Acetadote]	IVPB	IVPB	IVPB	
Acyclovir [Zovirax]	IVPB	IVPB	IVPB	lDilute to 7mg/mL or lower. Infuse ≥ 60 min.
Adenosine [Adenocard]	IVP	IVP	NO	Rapid IV Push over 30 sec. **Cardiac Monitoring Required**
Albumin	IVPB	IVPB	IVPB	Infuse <2-4 mL/min; 25% infuse <1 mL/min; no filter necessary
Alteplase [TPA]	IVPB	IVPB	Cathflow only	Dwell time for Cathflow is 20 minutes minimum
Amikacin [Amikin]	INH, IM, IVPB	INH, IM, IVPB	INH, IM, IVPB	
Aminocaproic Acid [Amicar]	IVPB	IVPB	IVPB	No faster than 1.25 g/hr Max 20 gm/24 hrs.
Aminophylline [Norphyl]	IVPB/IV PUMP	IVPB, IV PUMP	IVPB, IV PUMP	Give loading dose by IVPB whenever possible – if necessary may give 200 mg or less IV by slow push. No faster than 20 mg/min IV Push.
Amiodarone [Cordarone]	IVPB	IVPB	NO	OK to give if pt is at risk for extravasation. Cardiac Monitoring Required.
Ampicillin	IVPB	IVPB	IVPB	
Ampicillin/Sulbactam [Unasyn]	IVPB	IVPB	IVPB	
Argatroban	IVPB	IVPB	IVPB	Reserved for HIT
Atenolol [Tenormin]	IVP, IV PUMP	IVP, IV PUMP	IVP, IV PUMP	Slow Push, no faster than 1 mg/min. Cardiac Monitoring Required.

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB	Comments
Atropine [AtroPen]	IVP	IVP	IVP	Usual adult dose in CPR: 0.5 mg to 1 mg, repeated if needed. Usual total max. dose = 0.04 mg/kg (3mg)
Azithromycin [Zithromax]	IVPB	IVPB	IVPB	Dilute each 500 mg in 250 to 500 mL D5W or NS Infuse over ≥ 60 min
Betamethasone	IVP	IVP	IVP, IM	
Bumetanide [Bumex]	IV, IVPB	IVP, IVPB	IVP, IVPB	Give over 1 to 2 min IV Push
Calcium Chloride	IVPB	IVP	IVPB	Diluete in 50 mL D5W or NS and infuse no faster than over 15 to 30 min. OK if pt. has extravasation risk
Calcium Gluconate	IVPB	IVPB	IVPB	Infuse over 15 to 30 min. OK to give if pt has extravasation risk
Cefazolin	IVPB, IVP	IVPB, IVP	IVPB, IVP	
Cefepime	IVPB, IVP	IVPB, IVP	IVPB, IVP	
Cefotaxime	IVPB, IVP	IVPB, IVP	IVPB, IVP	
Cefoxitin	IVPB, IVP	IVPB, IVP	IVPB, IVP	
Ceftazidime	IVPB, IVP	IVPB, IVP	IVPB, IVP	
Ceftriaxone	IVPB, IVP, IM	IVPB, IVP, IM	IVPB, IVP, IM	Use PF 1%Lidocaine for reconstituting IM
Ciprofloxacin [Cipro]	IVPB	IVPB	IVPB	Flush line with NS before and after if using a heparin lock – will precipitate with heparin
Clindamycin	IVPB	IVPB	IVPB	
Conjugated Estrogen	IVP	IVP	IVP	Dissolve in 5 mL of packaged diluents. Avoid vigorous shaking
Cosyntropin [Cortrosyn]	IVP	IVP	IVP	IVP over 2 minutes
CroFab	IVPB	NO	NO	Reconstitute each vial with NS Only. Do not shake.

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB	Comments
Daptomycin	IVPB	IVPB	IVPB	Reconstitute ONLY with NS
Desmopressin	IVP, IM	IVP, IM	IVP, IM	
Dexamethasone	IVP, IVPB	IVP, IVPB	IVP, IVPB	
Dexmedetomidine [Precedex]	IVPB	IVPB	NO	
Diazepam	IVP	IVP	IVP	
Digoxin	IVP	IVP	NO	**Cardiac Monitoring Required**
Diltiazem	IVP, IVPB	IVP, IVPB	NO	Cardiace Monitoring Required.
Diphenhydramine	IVP	IVP	IVP, IVPB	
Doxycycline	IVPB	IVPB	IVPB	stable for 48 hours if refrigerated & protected from sunlight/artificial light
Dobutamine	IVPB	IVPB	IVPB	**Cardiac Monitoring Required**
Dopamine	IVPB	NO	NO	**Cardiac Monitoring Required**
D50W	IVP	IVP	IVP	
Edrophonium Chloride [Enlon]	IVP, IM	IVP, IM	NO	
Enalaprilat	IVP	IVP	IVP	**Cardiac Monitoring Required**
Epinephrine [Adrenalin]	IVP, IVPB, SQ, IM	IVP, SubQ, IM	IVP, SubQ, IM	
Ertapenem	IVPB	IVPB	IVPB	
Erythromycin	IVPB	IVPB	IVPB	
Esmolol	IVP, IVPB	IVP, IVPB	NO	**Cardiac Monitoring Required**
Famotidine	IVP, IVPB	IVPB	IVPB	
Furosemide	IVP, IVPB	IVP, IVPB	IVP, IVPB	≤ 60 mg IVP over 2 to 5 minutes > 60 mg IVPB with max rate 4mg/min
Flumazenil	IVP	IVP	IVP	
Fluconazole	IVPB	IVPB	IVPB	
Fomepizole	IVPB	IVPB	NO	All doses infused ≥ 30 minutes in at least 100 ml NS or D5W

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB	Comments
Fosaprepitant [Emend]	NO	NO	IVPB	
Fosphenytoin	IVP, IVPB	IVP, IVPB	NO	
Gentamicin	IVPB	IVPB	IVPB	
Glucagon	IVP	IVP	NO	
Glycopyrrolate	IM, IVP	IM, IVP	PO, IM, IVP	Contains benzyl alcohol
Granisetron	IVP, IVPB	IVP, IVPB	IVP, IVPB	
Haloperidol decanoate	IM	IM	IM	Do Not administer Haloperidol decanoate IV.
Haloperidol lactate	IM	IM	IM	Do not administer haloperidol lactate IV. Consider Cardiac Monitoring
Heparin	IVP, IVPB, SQ	IVP, IVPB, SQ	IVP, SQ	
Hydralazine [Apresoline]	IVP	IVP	IVP	
Hydroxyzine [Atarax]	IM	IM	IM	NO IVP
Hydrocortisone [Solucortef]	IVP, IVPB	IVP, IVPB	IVP, IVPB	≤250 mg give IVP >250 mg give IVPB 500 mg max, IVPB infuse over 1 hour
Insulin Regular	IVPB, IVP, SQ	IVP, SQ	IVP, SQ	
Iron Dextran	IVP-test dose, IVPB	IVP-test dose, IVPB	IVP-test dose, IVPB	
Iron Sucrose	IVPB	IVPB	IVPB	
Imipenem/Cilastatin	IVPB	IVPB	IVPB	
Labetalol	IVP, IVBP	IVP, IVPB	IVP only	**Cardiac Monitoring Required**
Levetiracetam [Keppra]	IVPB	IVPB	IVPB	
Levothyroxine	IVP, IM	IVP, IM	IVP, IM	
Levofloxacin	IVPB	IVPB	IVPB	
Lidocaine/D5W	IVPB	IVPB	NO	**Cardiac Monitoring Required**
Linezolid	IVPB	IVPB	IVPB	
Lorazepam	IVP	IVP	IVP	

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB	Comments
Magnesium Sulfate	IVPB, IM	IVPB, IM	IVPB, IM	
Mannitol	IVP, IVBP	IVP, IVBP	NO	
Meropenem	IVPB	IVPB	IVPB	
Methylergonovine	IVP	NO	IVP – OB ONLY	
Methylprednisolone	IVP, IVPB	IVP, IVPB	IVP, IVPB	
Methylene Blue				Primary use diagnostic imaging
Metoclopramide	IVP	IVP	IVP	
Metoprolol	IVP, IVPB	IVP, IVPB	IVP	**Cardiac Monitoring Required**
Metronidazole	IVPB	IVPB	IVPB	
Micafungin [Mycamine]	IVPB	IVPB	IVPB	
Midazolam	IVP, IVPB	IVP, IVPB	IVP, IVPB	
Moxifloxacin	IVPB	IVPB	IVPB	
Neostigmine	IVP	IVP	NO	**Cardiac Monitoring Required**
Nesiritide [Natrecor]	IVPB	IVPB	NO	IV Bolus dose pulled from infusion bag. Max bolus rate (2 mcg/kg) followed by 0.01 mcg/kg/min. LD may not be appropriate if SBP <110 or if patient recently treated with after load reducer. **Cardiac Monitoring Required**.
Nicardipine	IVPB	IVPB	NO	**Cardiac Monitoring Required**
Nitroglycerin	IVPB	IVPB	IVPB	Use NTG tubing, do not mix with other medication. **Cardiac Monitoring Required**
Nitroprusside	IVPB	IVPB	IVPB	**Cardiac Monitoring Required**
Norepinephrine	IVP, IVPB	IVP, IVPB	NO	**Cardiac Monitoring Required**
Naloxone	IVP, IVPB, IM, SQ	YES	YES	
Naficillin	IVPB	IVPB	IVPB	
Octreotide	IVPB	IVPB	IVPB	

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB	Comments
Olanzapine	IM	IM	IM	Reconstitute with SW only. IM Only, Do not combine in a syringe with haloperidol, lorazepam, or diazepam
Palonosetron HCl [Aloxi]	IVP, IVPB	IVP, IVPB	IVP, IVPB	
Penicillin G potassium	IVPB	IVPB	IVPB	
Phenylephrine	IVPB	IVPB	NO	**Cardiac Monitoring Required**
Phenytoin	IVPB, IVP	IVPB, IVP		DO NOT EXCEED 50 MG/MIN. Patients with pre-existing CV conditions and elderly use: 20 mg/min. Doses above 100 mg should be given as IVPB. Use 0.22 micron in-line filter for IVPB **Cardiac Monitoring Required**
Piperacillin/tazobactam [Zosyn]	IVPB	IVPB	IVPB	
Pitocin [Oxytocin]	IVP, IVPB	IVP, IVPB	IVP, IVPB	
Potassium Chloride	IVPB	IVPB	IVPB	**Cardiac Monitoring Required if <20 mEq/hr**
Potassium Phosphate	IVPB	IVPB	IVPB	
Procainamide HCl	IM, IV	IV, IM	NO	**Cardiac Monitoring Required**
Prochlorperazine	IM, IVP	IM, IVP	IM, IVP	
Promethazine	IM, IVP	IM, IVP	IM, IVP	
Propofol	IVP, IVPB	IVP, IVPB	NO	**Cardiac Monitoring Required**
Propranolol	IVP	IVP	NO	**Cardiac Monitoring Required**
Prothrombin Complex Concentrate [KCentra]	IVPB	IVPB	NO	
Rifampin	IVPB	IVPB	IVPB	
Sodium Bicarbonate	IVPB	IVPB	NO	
Tenecteplase [TNK]	IVP	IVP	YES	IV Push bolus over 5 sec.
Terbutaline	IVP	NO	IVP	
Thiamine	IVPB	IVPB	IVPB	
Tobramycin	IVPB	IVPB	IVPB	

Medication Generic [Brand] Misc.	ICU ED PACU	TELEMETRY Or Med/Surg	OB	Comments
Tranexamic Acid	IVPB, INFIL/TOP	IVPB	YES	
Trimethoprim-sulfamethoxazole [Bactrim, Septra]	IVPB	IVPB	IVPB	Dilute each 5 mL in 75 to 150 mL D5W Prepare immediately prior to administration Check carefully for precipitation Do not refrigerate Infuse over 60 to 90 minutes
Verapamil	IVP	IVP	NO	Do not exceed 10 mg/2 min. **Cardiac Monitoring Required**
Vasopressin	IVPB	IVPB	NO	Dilute in NS or D5W . **Cardiac Monitoring Required**
Valproate sodium	IVPB	IVPB	IVPB	Administer IV as a 60 minute infusion (not more than 20 mg/min). Compatible in D5W, NS, or Lactated Ringers
Vancomycin	IVPB, PO	IVPB, PO	IVPB, PO	

REFERENCES:

1. Sutter Medical Center Sacramento IV Drug Administration Policy. Accessed 2018
2. University of California Medical Center IV Drug Administration Policy. Accessed 2018.
3. Highland Hospital IV Drug Administration Policy. Accessed 2018.
4. Lexicomp Drug Database. Accessed 2/2018.
5. Clinical Pharmacology Drug Database. Accessed 2/2018

Approval	Date
Pharmacy & Therapeutics Committee Review	7/5/18
CCOC	
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed: B. Franosch and N. Vu 2/2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Home Medication Verification – Medication Reconciliation	
Scope: NIHD	Manual: Medical Staff, Nursing All Unit, Pharmacy
Source: Interim Pharmacy Director	Effective Date:

PURPOSE:

To ensure timely and accurate medication information is captured and documented to compile a comprehensive list of the patient's medications.

- Communication of this information across the continuum of care
- To reduce medication-related errors
- Improve patient safety and outcomes.

POLICY:

1. The home medication verification process will include these steps:
    a. Obtaining and documenting the most complete and accurate list possible of all current medications for each patient.
    b. For the purposes of home medication verification, the term "medication" includes:
        - prescription medications
        - over-the-counter (OTC) medications
        - sample medications
        - investigational/study medications
        - vitamins and other supplements
        - herbal remedies
        - eye, ear, skin preparations or patches
        - dietary or nutritional supplements
        - parenteral nutrition
        - inhaled medications and respiratory treatments
        - diagnostic, contrast, and radioactive agents
        - vaccines
        - blood derivatives
        - intravenous solutions (plain, with electrolytes or drugs)
2. Comparing the list against admissions, transfer, and discharge orders.
3. Resolving any discrepancies.
4. Making necessary and appropriate medication changes based on the patient's clinical condition.
5. Communicating the complete and updated list to the next provider of service whenever the patient is referred or transferred to another setting, service, practitioner, or level of care within or outside the hospital.
    a. The reconciliation process shall be by the MD at each of the following points-of-care:
        - NIH Clinics
        - ED
        - Admission

- Intra-hospital transfer to another service or level of care (i.e. ICU to floor transfer)
- Discharge to home or transfer to another facility

2. Qualified NIHD personnel include registered nurses (RN), registered pharmacists (RPh), and pharmacy technicians. One qualified personnel will review the home medication list entered into the EHR within 12 hours of a patient's admission to the hospital as an inpatient or observation patient.
3. The qualified personnel will interview the patient and/or family member or caregiver to ascertain the most accurate home medication list including doses and times of administration.
4. The qualified personnel will verify or research when necessary the most accurate information by contacting the patient's provider, pharmacy, or family. The qualified personnel will consult with a pharmacist if assistance is needed.
5. The qualified personnel will correct any entries in the Home Medication list made by previously entering personnel.
6. The physician will make every effort to review and reconcile the medication list using the Medication Reconciliation Module of the Computerized Physician Order Entry system in Paragon prior to entering new orders.
7. As part of the discharge process, the physician will utilize the Medication Reconciliation Module to reconcile discharge medications.
8. Qualified personnel shall print the Discharge Summary & Discharge Home Medication List. They will also educate the patient or report the summary to another facility. The Discharge Home Medication Summary is given to the patient at discharge.

Procedure:

1. Obtain information to complete the list of the patient's current medications and document this information in the electronic health record (EHR). Information sources may include:
    a. Prescription medications
    b. List provided by the patient or surrogate
    c. Patient/family recall
    d. Primary care physician or other medical service providers
    e. Medication Administration Record (MAR) from an outside facility or agency
    f. Discharge summary or discharge medication list from a previous hospitalization (providers are discouraged from using a recent discharge summary as the sole data source)
    g. Current hospitalization MAR
    h. Contacting patient's provider, family, or pharmacy.
2. Reasonable efforts should be made and resources used to obtain medication information in situations involving a poor historian; literacy, language, cultural, or cognitive status barrier; or other patient vulnerability.

Title: Home Medication Verification – Medication Reconciliation	
Scope: NIHD	Manual: Medical Staff, Nursing All Unit, Pharmacy
Source: Interim Pharmacy Director	Effective Date:

3. A complete medication entry will include the elements listed below, if unable to obtain this information, the nurse or pharmacist will document the reason:
    a. Medication or product name
    b. Dose (including concentration for liquid medications—e.g. mg/mL)
    c. Route or site of administration
    d. Frequency (schedule)
    e. Date and time of last dose
    f. Reason or indication for use
4. The discharging physician shall review the admission Medication Reconciliation History prior to placing discharge orders.
5. The patient or caregiver should be given a copy of the Discharge Medication Reconciliation Summary at the time of discharge.
6. The patient should not need to be contacted more than two times to discuss their home medications during the admission process. First, the medication verification process will be conducted by either the pharmacy technician, registered, nurse, or pharmacist. Secondly, the medication reconciliation will occur during the provider's initial assessment of the patient.

References:

1. The Joint Commission Chapter: National Patient Safety Goals Standard: NPSG.03.06.01: Maintain and communicate accurate patient medication Goal 3, Improve the safety of using medications
2. The Joint Commission Chapter: Provision of Care, Treatment and Services: PC.01.02.03: CAH defines, in writing, the time frame(s) within which it conducts the patient's initial assessment.
3. ASHP Policy: 0620: PHARMACISTS' ROLE IN MEDICATION RECONCILIATION Source: Council on Professional Affairs

Cross Reference P&P:

1. Medication Reconciliation
2. Admission, discharge, Transfer of Patients: Continuum of Care

Committee Approval	**Date**
Clinical Consistency	4/23/18
Pharmacy and Therapeutics Committee	7/5/18
Medical Executive Committee	7/9/18
Board of Directors	

Developed: 4/9/15
Reviewed:
Supercedes:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Home Medication Verification – Medication Reconciliation	
Scope: NIHD	Manual: Medical Staff, Nursing All Unit, Pharmacy
Source: Interim Pharmacy Director	Effective Date:

Responsibility for review and maintenance: Director of Pharmacy
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT

POLICY AND PROCEDURE

Title: Methadone for Withdrawal Order Verification	
Scope: Emergency Department	Manual:
Source: Interim Pharmacy Director	Effective Date:

Purpose

To outline the necessary steps needed to verify methadone for withdrawal orders

Procedure

1. If the patient is enrolled in a methadone clinic, the physician must document the following on the medication order:
    a. The methadone clinic name
    b. Methadone dose.
    c. Please note that the order is incomplete without this information, and therefore cannot be further verified or dispensed.
2. The Pharmacists must confirm the methadone dose by calling the methadone clinic, even if it is after hours. Each methadone clinic has an after hour process to confirm doses for hospitalized patients.
3. If the patient has missed >2 consecutive days of methadone/>3 days in the past week, OR when the dose and clinic for methadone cannot be confirmed:
    a. The physician may order oral methadone 10-20mg X1 or an equivalent oral dose if patient is not tolerating oral medications. Parenteral to oral dose conversion is 1:2 because parenteral formulations are more potent than oral formulations.
    b. Evaluate in 4-8 hours for sedation or persistent withdrawal signs and symptoms
    c. Give additional oral methadone 10mg if needed
    d. Max oral methadone dose is 30mg the first day
4. If the patient is not enrolled in a methadone clinic, the physician may initiate a methadone order for withdrawal with instruction to enroll the patient in a methadone clinic.

REFERENCES:

1. Adapted from similar Policy and Procedures from Highland Hospital and UC Davis Medical Center May 2018.
2. Drug Enforcement Agency's Narcotic Treatment Program Guidelines.

CROSS REFERENCE P&P:

1.

NORTHERN INYO HEALTHCARE DISTRICT

POLICY AND PROCEDURE

Title: Methadone for Withdrawal Order Verification	
Scope: Emergency Department	Manual:
Source: Interim Pharmacy Director	Effective Date:

Approval	**Date**
Emergency Department Committee Meeting	5/16/18
Pharmacy & Therapeutics Committee	7/5/18
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed: 5/9/18

Reviewed:

Revised:

Supersedes:

Index Listings:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Point of Care Accu-Chek Blood Glucose Testing*	
Scope: ER, ICU, Laboratory, Med Surg, Outpatient Clinics, PACU, Perinatal	Manual: Lab- Point of Care
Source: POC Coordinator	Effective Date: 4/1/2018

I. INTENDED USE

Accu-Chek Inform II test strips are for use with the Accu-Chek Inform II meter for the quantification of glucose levels in venous whole blood, arterial whole blood, neonatal heel stick or fresh capillary whole blood samples drawn from fingertips as an aid to monitoring the effectiveness of glucose control. Blood collected in a tube should be tested within 30 minutes of drawing. This system is not intended for the use in diagnosis or screening of diabetes mellitus, nor can neonate cord blood samples be tested.

The Accu-Chek Inform II blood glucose monitoring system is approved for Waived Testing Status by the FDA. It is for in-vitro diagnostic use only and is intended for multiple patients used in healthcare settings when compliant cleaning and disinfecting recommendations of the FDA, CDC, and CMS are followed.

II. PRINCIPLE

The Accu-Chek Inform II system quantitatively measures glucose in whole blood. The enzyme on the test strip, mutant variant of quinoprotein glucose dehydrogenase from Acinetobacter calcoaceticus, recombinant in E. coli, converts the glucose in the blood sample to gluconolactone. This reaction creates a harmless electrical DC current that the meter interprets for a glucose result. The sample and environmental conditions are also evaluated using a small AC signal.

The system is calibrated with venous blood containing various glucose concentrations and is calibrated to deliver plasma-like results, although you always apply whole blood to the test strip. The reference values are obtained using a validated test method. This test method is referenced to the hexokinase method and is traceable to an NIST standard.

Sample size: 0.6 uL
Test time: 5 seconds
System measurement range: 10-600 mg/dL

III. MATERIALS, REAGENTS AND EQUIPMENT

A. Items included
   1. Accu-Chek Inform II glucose monitor
   2. Accu-Chek Inform II test strips and lot specific code key (uploaded in the laboratory)

B. Items not included
   1. Items used to acquire blood (e.g.: syringe, capillary tubes, lancets etc)
   2. Appropriate disinfectant for cleansing site
   3. Gauze or cotton balls
   4. Bandages (optional)

IV. SPECIMEN COLLECTION

A. Acceptable specimens
   1. Fresh whole blood sample types

Title: Point of Care Accu-Chek Blood Glucose Testing*	
Scope: ER, ICU, Laboratory, Med Surg, Outpatient Clinics, PACU, Perinatal	Manual: Lab- Point of Care
Source: POC Coordinator	Effective Date: 4/1/2018

- Venous whole blood
- Arterial whole blood
- Capillary whole blood (non neonate fingerstick or neonate heelstick)

2. Acceptable Anticoagulants for testing with Accu-Chek Inform II
   - EDTA
   - Lithium or Sodium Heparin

B. Unacceptable specimens
   - Cord blood
   - Use of iodoacetate or fluoride-containing anticoagulants

C. Collection
   1. Finger stick procedure
      a. Select the finger site for puncture. (Use middle or ring finger not recently punctured).
      b. Enhance blood flow to the selected puncture site
         - Warming the site
         - Instructing the patient to flex and move the arm, wrist, hand and fingers while you are assembling your supplies and preparing the system for testing
         - Positioning the intended puncture site below heart level
         - Gently massaging in an outward (distal) direction from the palm and the base of the finger to the fingertip.
      c. Cleanse the puncture site by means of appropriate cleansing product. Allow the site to air dry completely before puncturing.
      d. Advise the patient of imminent puncture.
      e. *Accu-Chek Safety Pro lancet use*:
         - Twist off the protective cap of the Safe-T-Pro Plus lancet and discard
         - Choose the desired depth setting
         - Hold the Safe-T-Pro Plus lancet tip against the puncture site
         - Press the purple trigger button, dispose in sharps container

   2. Heelstick

➔See diagram below for safe area of heelstick wound

a. ~~Baby should be in supine position with knee at the open end of a bassinet. Keep area warm.~~Collect while: (1) baby is skin-to-skin if at all possible, or (2) baby is in room, or lastly (3) baby is in nursery accompanied with a parent.
b. Clean incision area with antiseptic and allow to air dry. DO NOT allow heel to come in contact with a non sterile area.
c. Remove appropriate Tenderfoot device from blister pak
d. Remove the safety clip. Once clip is removed DO NOT push trigger or touch blade slot. *Remember: prolonged exposure can compromise sterility of the site.*
e. NEVER puncture deeper than 2.4-2.5 mm.
NEVER puncture through a previous site.
NEVER puncture on the posterior curvature of the heel or arch.
f. Place blade slot surface flush against the heel so its center point is vertically aligned with the incision site.
g. Ensure that both ends of the device have made light contact with the skin and depress the trigger. Immediately remove the device from the heel.
h. Use a dry sterile gauze to gently wipe away the first droplet of blood.
i. Taking care not to make direct contact with the collection container or Accu-Chek testing strip - allow the strip to fill by capillary action.
j. Press a dry sterile gauze to the incision until bleeding has stopped or apply a bandage.
k. Dispose of lancet in a sharps container.

3. Other blood collections
   a. Peripheral whole blood is acceptable for use with the Accu-Chek. One drop from a syringe is acceptable or anticoagulated blood can be used, refer to section IV A.2 for acceptable anticoagulants that can be used for testing.

V. STORAGE OF TEST STRIPS AND CONTROLS

A. Store strips and controls between 4-30°C (39-86°F)
B. Use strips at temperatures between 16-35°C (61-95°F)
C. Keep strips away from dampness and humidity of >80%
D. Keep unused strips stored in original container with cap tightly closed.
E. Strips are stable until the date on the vial.
F. Strips should be used immediately after removing from the container.
G. DO NOT USE expired test strips.
H. Control Reagent package contains 2 control solutions
   - Hypoglycemic range (control solution 1, gray cap)
   - Hyperglycemic range (control solution 2, white cap)
   - Refer to package insert for specific ingredients of the solutions
I. Controls are stored between 4-30°C (39-86°F)
J. Use control solutions at room temperatures
K. Control vials are stable 3 months after opening

Title: Point of Care Accu-Chek Blood Glucose Testing*	
Scope: ER, ICU, Laboratory, Med Surg, Outpatient Clinics, PACU, Perinatal	Manual: Lab- Point of Care
Source: POC Coordinator	Effective Date: 4/1/2018

VI. QUALITY CONTROL

A. Must be run each day OR day of use. System locks out after 24 hrs until controls are performed.
B. Additionally controls:
- Must be run when a new box of strips is opened.
- Must be run if a strip container is left opened.
- Must be run if strips were incorrectly stored.
- Must be run if there is a question about a patient's result.
- Must be run if the meter was dropped or to check system performance.

C. Control solution is stable for 3 months once bottle is opened. WRITE THE NEW DATE OF EXPIRATION ON THE VIAL LABEL **OR** IF THE EXPIRATION ON THE VIAL OUTDATES BEFORE THE 3 MONTHS, USE WHICH EVER COMES FIRST.

VII. ACCU-CHEK INFORM II GLUCOSE TEST

A. Remove meter from the base Unit: **Press Purple button**
   1. Wait for *"Performing Self Checks"* message to complete its process.
   2. Control testing must be performed daily, at a minimum (see above conditions that warrant additional control testing).
B. Scan your ID badge (serves as operator ID)
C. TO PERFORM CONTROL TEST: Select "Control Test" on the screen
   1. Choose Level 1 (Low).
   2. Scan the Lo control solution barcode at the prompt.
   3. Scan the strips barcode at the prompt.
   4. Insert the Glucose strip with the yellow window of the strip pointing out from the meter and the gold electrode facing inward.
   5. After gently mixing the control, open cap, WIPE the tip with a lint free wipe.
   6. Squeeze bottle of solution until a tiny drop forms--touch drop to the front edge of the yellow window of the test strip.
   7. WIPE the tip of the bottle with a lint-free wipe, then cap tightly. The result appears in the display. Remove and discard used test strip.
   8. Repeat steps 1 – 7 for Level 2 (High)
   9. The acceptable ranges are scanned into the glucometer with each lot number AND the ranges are found on the side of the test strips.
   10. In the case that Control Results are NOT within the acceptable range
      a. You may not be doing the test correctly; repeat the test.
      b. The test strip may be damaged from exposure to very high or low temperature or exposed to increased humidity. Open a fresh unexposed vial.
      c. Check the expiration date on the vials of test strips and control solutions. If either is out of date- TOSS- and repeat testing with in-date materials.
      d. Be sure the glucose control solution you are using is clear blue in color. Do not use a cloudy solution.

Control results must be within the defined acceptable ranges before patient testing is allowed. The instrument indicates a pass or fail.

Title: Point of Care Accu-Chek Blood Glucose Testing*	
Scope: ER, ICU, Laboratory, Med Surg, Outpatient Clinics, PACU, Perinatal	Manual: Lab- Point of Care
Source: POC Coordinator	Effective Date: 4/1/2018

D. TO PERFORM PATIENT TESTING: Carry meter to patient room or area for testing and assemble supplies.
   1. Prepare the patient, with the meter on, choose patient test, scan the patient's ID bracelet, the visit number populates the patient ID, OR enter the patients visit or Medical Record number manually. Verify the patient ID, and press the check button. NOTE: IN EXTREME EMERGENCY SITUATIONS, YOU CAN BYPASS THE CONTROLS. USE 911 AS THE PATIENT'S ID. The meter allows 9 stat tests by pressing Run Stat. Record results on AccuChek 911 log to be able to reconcile patient results with Visit number. (see section IX. C. below).
   2. Perform the finger stick, as described in section IV B , with the strip inserted in meter, touch the strip to the drop of blood, allowing window to fill by capillary action, if there is still yellow showing, it is ok to add a second drop, the meter will sound a beep when enough blood is added.

VIII. RESULT REVIEW

A. All patient and control results are stored in the Accu-Chek meter. The lab will download all results monthly into the Roche RALS Computer, print them and store them for 3 years.
B. To access stored results, turn the meter on, press the arrow, scan your operator ID badge, select **REVIEW RESULT** button
   1. Press Patient or QC
   2. Use arrow key up and down to find needed information

IX. RESULT MANAGEMENT

A. **GENERAL PROCEDURE**
   1. Record the glucose result in the patient's chart as instructed by your department.
   2. All results and QC data are stored in the lab's RALS notebook and printed and kept for 3 years.

B. **CRITICAL VALUE POLICY**:
   1. The Critical value cutoffs are included in the table below that list the glucose ranges

Patient Age	**Normal Glucose Range**	**Critical Values**
Newborn (birth until hospital discharge)	45-70 mg/dl	<30 ->150 mg/dl
After newborn discharge to 1 year	45-90 mg/dl	<40 - >400 mg/dl
1 year to 2 years	60-100 mg/dl	<50 - >400 mg/dl
>2 years	75-105 mg/dl	<50 - >400 mg/dl

2. All first time finger stick values obtained that meet the crucial cut-offs will be **REPEATED IMMEDIATELY** by the POC testing personnel.
   Note: Critical results in the ER may be verified by basic or comprehensive metabolic panel based on the provider's decision.
   During the same visit, if a patient has had a critical glucose by finger stick that has been repeated and verified by lab draw, the provider may decide to not repeat testing on subsequent events as the patient has been shown to be unstable. Please add the comment "known critical" to the patient result at the time of testing.
3. Once a critical value has been verified by repeat finger stick test, inform the provider of the results and the provider will make the decisions for patient follow up INCLUDING a follow up Lab Draw for POC Glucose.
4. PLEASE ADD THE FOLLOWING **COMMENTS** TO THE PATIENT RESULTS AT THE TIME OF TESTING
   a. Test repeated and
   b. MD informed
   Note: A total of 3 comments may be added. If desired, touch the "cloud" to enter your own comment via keypad.
5. The analytical measuring range of the meter is from 10-600 mg/dL **Any result that reads "HI" or "LO" is out of range of the meter and must be repeated. (The message means greater than 600 mg/dl or less than 10 mg/dl)**
6. If the ALERT "HI" or "LO" value repeats, the above comments must be added to the patient results in the glucometer immediately and additionally, the nurse must order **a POC Glucose Lab Draw** to ascertain the actual level of glucose.

C. **911 RESULT POLICY --- New Section**

1. In emergency situations when no patient wristband is available, testing personnel may use "911" as the patient identifier. It is inappropriate to use "911" more than once on the same patient unless an initial critical blood glucose result has to be verified by repeat.
2. Testing personnel will immediately log Accu-Chek results in the patient's electronic chart, in the presence of the patient.
3. **As soon as** a patient has a functioning Visit number and labels are available, testing personnel will reconcile the "911" patient result with the patient's Visit number by placing a patient label or by handwriting Patient Name, Date of Birth, Visit number and/or MR number on the "**ACCUCHEK 911 Log" sheet**.
4. Next to the patient ID, testing staff will log the date and time of service, blood glucose result, and initials.
5. It is inappropriate to delay the use of the 911 log to reconcile the patient identifiers any longer than is absolutely necessary.
6. The log will be kept close to the Accu-Chek docking station in each department.

7. Completed logs will be reviewed by the POCT coordinator or designee. They will be kept together with the QC data and patient report print outs in the POC department for a minimum of 3 years.

X. PROCEDURAL NOTES

A. All supplies for Accu-Chek Inform II are obtained from the Pharmacy OmniCell.
B. Troubleshooting the instrument is performed by the POC team, and if necessary the manufacturer, Roche.

XI. MAINTENANCE CONSISTS OF CLEANING AND DISINFECTING.

A. Make sure the system is turned OFF before cleaning and is sitting on a level surface. Use a soft cloth that is damp with water to remove blood or other visible organic matter. Disinfecting is accomplished with **Clorox™ Germicidal Disposable Wipes** (EPA reg. No. 67619). Squeeze out excess liquid, wipe surfaces three times horizontally and three times vertically and carefully wipe around the test strip port area (making sure no liquid enters port area). Allow the meter to be damp for 3 minutes. (The manufacturer suggests only 1 disinfectant be used as using more than one disinfectant interchangeably has not been evaluated.) Thoroughly dry after cleaning and disinfecting with a soft dry cloth or gauze.
B. The following parts of the meter and system components may be cleaned and disinfected:
   1. The area around the test strip port
   2. **Avoid getting liquid into the test strip port.**
   3. The meter display (touchscreen)
   4. The meter housing (entire meter surface)
   5. **Do not** clean or disinfect the meter while performing a blood glucose or control test.
   6. **Do not** spray anything onto the meter.
   7. **Do not** immerse the meter in liquid.
   8. **Allow the instrument to be thoroughly dry before use.**

XII. LIMITATIONS

- Hematocrit should be between 10-65%.
- Lipemic samples (triglycerides) in excess of 1800 mg/dl may produce elevated results**.**
- Blood concentrations of galactose >15 mg/dl will cause overestimation of blood glucose results.
- Intravenous administration of ascorbic acid which results in blood concentrations of ascorbic acid >3 mg/dl will cause overestimation of blood glucose results.
- If peripheral circulation is impaired, collection of capillary blood from the approved sample sites is not advised as the results might not be a true reflection of the physiological blood glucose level. This may apply in the following circumstances: severe dehydration as a result of diabetic decompensated heart failure NYHA Class IV, or peripheral arterial occlusive disease.
- The performance of this system has not been evaluated in the critically ill.

Title: Point of Care Accu-Chek Blood Glucose Testing*	
Scope: ER, ICU, Laboratory, Med Surg, Outpatient Clinics, PACU, Perinatal	Manual: Lab- Point of Care
Source: POC Coordinator	Effective Date: 4/1/2018

XIII. REFERENCES

1. Accu-Chek Inform II Operator's Manual 03-2013

Approval	**Date**
Medical Director of the Laboratory	1/30/2018
CCOC	2/26/2018
Emergency Medical Care Committee	3/14/18
Medical Services Committee	4/26/18
Peri/Peds Committee	6/22/18
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed: 3/16
Reviewed: Lab 3/17, Board of Directors 4/17
Revised: 01/18, 6/18
Supersedes:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Thrombolytic Therapy for Acute Myocardial Infarction**	
Scope:	Department: **Emergency Dept, ICU/CCU**
Source: Manager - Emergency Department	Effective Date: 6/16/04

PURPOSE:

Ensure the timely, safe and appropriate administration of thrombolytic therapy for the treatment of acute myocardial infarction (AMI)

POLICY:

1. Emergency Department (ED) physicians, Internal Medicine Physicians, Family Ppractice physicians trained in the management of AMI, may initiate thrombolytic therapy.

~~2. Tenectaplase (TNK) will be used exclusively for thrombolysis in AMI.~~

~~3.~~2.A Tenectaplase (TNK) supply shall be available in the Emergency Department at all times. A back-up supply shall be available in the pharmacy.

~~4.~~3.A thrombolytic administration packet consisting of

a. Acute MI Thrombolytic Therapy – Tenectaplase Order Sheet
b. Patient Selection Worksheet For Thrombolytic Therapy
c. Consent For Use Of Thrombolytic Therapy
~~d.~~ Frequent Vital Signs Sheet
~~e.~~d. ~~Thrombolytic Therapy For Acute Myocardial Infarction Policy~~
~~f.~~e. Drug Use Evaluation – Tenecteplase
~~g.~~f. Nursing Focus Review

➢ Packet contents are on the intranet: Forms>Departmental Forms>ED>MI TNK Packet http://intranet/Forms/Downtime/ED/Thrombolytic%20use%20Guidelines%20for%20Acute%20Myocardial%20Infarction.pdf

5. Nursing personnel shall provide the thrombolytic administration ~~packet~~paperwork/packet (in the intranet) to the physician.

~~5.~~ 6. The Acute MI Thrombolytic Therapy – Tenectaplase order sheet shall be used to order TNK. TNK may also be ordered separately in CPOE.

~~6.~~ 7. The Emergency Department Physician may contact a cardiologist for consultation while giving thrombolytics and should also discuss coordination of further care of patient who has received thrombolytic therapy with transfer center physician.

~~7.~~ 8. The Emergency Department triage nurse will initiate the chest pain triage protocol ~~following orders~~ upon determining that a patient has presented with chest pain:

~~a.~~g. Oxygen therapy at an initial rate of 2 liters/min.

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: No bullets or numbering

Formatted: No bullets or numbering

Formatted: No bullets or numbering

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Thrombolytic Therapy for Acute Myocardial Infarction**	
Scope:	Department: **Emergency Dept, ICU/CCU**
Source: Manager - Emergency Department	Effective Date: 6/16/04

~~b.~~h. Continuous cardiac monitoring, pulse oximetey and blood pressure monitoring,
~~c.~~i. Chest X-Ray
~~d.~~j. CBC, PT, PTT, Troponin, Chem-14, Type and Screen, UA
~~e.~~k. EKG
~~f.~~l. Aspirin 325mg if the patient has not taken aspirin or been given aspirin prior to arrival, and if the patient is not allergic to aspirin or related NSAIDs (e.g.: Ibuprofen, Naproxen).
m. Start an IV with Normal Saline 1000ml at 20ml/hr.

9. Start a 2nd IV if AMI is determined and TNK is to be administered. Verify with physician before breaking TNK seal.

10. Have patient sign consent prior to administration of TNK.

~~g.~~

- ~~Provide physician with the Acute MI Thrombolytic Therapy – Tenectaplase packet.~~
- 11. House supervisor shall be notified regarding patient transfer.

12. Nursing Focus Review and Drug Use Evaluation sheet shall be turned in to ED Manager after form is completed.

REFERENCE:

1. Genentech. TNkase (Tenectaplase). Retrieved from https://www.gene.com/download/pdf/tnkase_prescribing.

CROSS REFERENCE:

1. Emergency Department Triage Protocols
2. Thrombolytic Therapy Consent

Committee Approval	Date
~~Emergency Department Committee~~Clinical Consistency Oversight Committee	3/26/18
~~ICU/CCU Committee~~Emergency Services Committee	~~4/29/04~~ 5/16/18
Med/ICU Committee	4/26/18
Pharmacy and Therapeutics Committee	~~5/20/04~~ 7/5/18
Medical Executive Committee	~~6/1/04~~ 7/9/18

Formatted: No bullets or numbering
Formatted: Superscript
Formatted: Bulleted + Level: 2 + Aligned at: 0.75" + Indent at: 1", Tab stops: 1", List tab
Formatted: No bullets or numbering
Formatted: Font: Bold
Formatted: Font: Bold

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Thrombolytic Therapy for Acute Myocardial Infarction**	
Scope:	Department: **Emergency Dept, ICU/CCU**
Source: Manager - Emergency Department	Effective Date: 6/16/04

~~Administration~~	~~6/4/04~~
Board of Directors	~~6/16/04~~
Last Board of Director review	6/21/17

Revised 03/18 gr
Revi<u>ewed</u>~~sed~~ 6/11as; 2/15as, ; 1/17 LA
Supersedes

NORTHERN INYO HEALTHCARE DISTRICT

POLICY AND PROCEDURE

Title: Vancomycin Dosing	
Scope: Northern Inyo Hospital	Manual: Pharmacy
Source: Interim Pharmacy Director	Effective Date:

PURPOSE: This procedure outlines the Pharmacy Department's responsibilities when vancomycin is ordered per protocol in adult patients

PROCEDURE:

I. When a physician orders "Vancomycin Protocol," the Pharmacy Department will perform the following services:

II. Laboratory Monitoring:

a. Prior to therapy: Obtain a patient weight and serum creatinine if not recorded within the previous 72 hours.

b. During therapy:

i. Serum Creatinine

1. Serum Cr qday if the patient is on other nephrotoxic drugs (e.g., aminoglycoside, amphotericin, cyclosporine, ACE Inhibitors, Zosyn, NSAIDs, acyclovir, IV contrast, etc.).
2. Serum Cr qday x 3 days then q3days if the patient is **not** on other nephrotoxic drugs.

ii. WBC

1. WBC q3days

iii. Vancomycin dosing and drug level monitoring

1. Identify hemodialysis versus non-hemodialysis patients to determine vancomycin dosing. For all patients with serum creatinine ≥ 2 confirm if patient is on hemodialysis (i.e. chart review, medication review, call RN or MD). See selection III for dosing non-dialysis patients and section IV for dosing hemodialysis patients.
2. Identify the disease being treated with vancomycin to determine if a loading dose will be required and frequency of drug level monitoring. See Section III for non-dialysis patients and Section IV for hemodialysis patients.
3. Usually only vancomycin troughs are needed. Random levels may be obtained on patients with poor renal function who only receive intermittent or post-dialysis dosing.

Estimated renal Function (Cl_{Cr})	$t_{1/2}$ (hrs)	Steady state (hrs)
➢ 120 mL/min	4 to 6	12 - 24
90 – 120 mL/min	8	24-36
60 – 90 mL/min	12	36-48
30 – 60 mL/min	24	72-96
15 – 30 mL/min	48	144-288* (1-2 wks)
< 15 mL/min	72-96+	

III. Dosing (Non-hemodialysis patients):

a. Dosing Interval

CrCl (mL/min)	Interval for Target Trough 15-20 mcg/mL
➢ 70	Q8hr
50-70	Q12hr
30-49	Q18-24hr
<30	Give x 1 dose. Check a 24-48 hour level.

b. Dosing and Drug Level Monitoring

Type of Infection	Target Levels
Infections with known or suspected MRSA Treatment of isolates with MIC ≥ 1 If MIC ≥ 2, consider alternatives	15-20
Treatment of uncomplicated infections only (e.g., cellulitis, UTI, etc.)	10-15 *minimum vancomycin trough should ALWAYS be maintained above 10mg/L to avoid development of resistance
Any	Physician may specify target range

Indication	Loading Dose	Maintenance Dose	Timing of Levels
Complicated infections: Sepsis CNS Infection Osteomyelitis Endocarditis Pneumonia Bacteremia Febrile Neutropenia	20 mg/kg (actual body weight) max 2 gm per dose	15 mg/kg (actual body weight) max 2 gm per dose Use lean body weight* in morbidly obese patients with BMI >50kg/m^2	• If FREQ q8hr or q6hr, trough prior to 4th or 5th dose at the start of therapy (including the loading dose). Repeat at least q3days. • If FREQ q12h, q18h, or q24h, trough prior to 3rd or 4th dose at the start of therapy (including the loading dose). Repeat at least q3days. • If FREQ > q24h (e.g. q48h or q36h), trough prior to 2nd or 3rd dose at the start of therapy (including the loading dose). Repeat at least q3days. • Repeat trough after any dose adjustments, changes in renal function or as clinically indicated. ***Note**: initial troughs may not be at steady state!* *The loading dose counts as dose 1 for the purposes of trough levels*
All other indications or uncomplicated infections	No loading dose required	15mg/kg (actual body weight) Max 2 gm per dose. Use lean body weight* in morbidly obese patients with a BMI >50 kg/m^2	

- If vancomycin level results are outside the target range, adjust the dose and/or interval as needed to achieve the target range.
- If the patient has already received a previous dose per physician, the pharmacist may complete the loading dose with a partial dose, if appropriate. If sufficient time and/or half-live have passed, the pharmacist may elect to completely re-load the patient.
- For patients expected to be on short term therapy (≤ 3 days) or surgical prophylaxis cases, who are not on other nephrotoxic drugs and have stable renal function, no trough levels may be required.
- Always round dose to the nearest 250 mg.
  Use lean body weigh* in morbidly obese patients (BMI > 50 kg/m^2.* Formula:
  Lean body weight – male: (9270xtbw)/[6680 + (216 x BMI)]
  Lean body weight – female: (9270 x tbw)/[8780 + (244 x BMI)]
- Pharmacists may exert clinical judgment where appropriate. But they must document in the interventions tab why he/she deviated from this protocol.

Pharmacy Documentation

A. Pharmacy documentation shall occur daily in the Progress Notes on all protocol patients such that the ordering physician can maintain oversight at all times.
B. General Format for Pharmacist Documentation:
    a. Day ____ of vancomycin therapy: Indication (on day 1), Tmax last 24 hours; last WBC (date); last SCr (date) last level(s) (date) and microbiology results (C&S).
    b. Assessment of levels vs. desired. Assessment of SCr changes (if any), I/O and other nephrotoxic drugs (if any). Patient's clinical status.
    c. Plan (i.e., continue present Rx; check level(s); check SCr; adjust dose, etc.).
    d. Additional documentation for patient on dialysis: dialysis dates, length of dialysis, pre and end dialysis BUNs and weights, name of dialysis filter if known.

V. References

1. Rello J, Sole-violan J, Sa-Borges M, et al: Pneumonia caused by oxacillin-resitant Staphylococcus aureus treated with glycopeptides. Crit Care Med 2005; 33:1983-1987.
2. Combes A, Luyt CE, et al: Impact of methicillin resistance on outcome of Staphylococcus aureus ventilator-associated pneumonia. Am J Respir Crit Care Med 2004;170: 785-792.
3. Blot S. MRSA pneumonia: Better outcome through continuous infusion of vancomycin. Crit Care Med 2005; 33:9: 2127-2128.
4. Byl B, Jacobs F, et al: Vancomycin penetration of uninfected pleural fluid exudate after continuous or intermittent infusion. Antimicrob. Agents Chemother 2003; 47: 2015-2017.
5. American Thoracic Society, Infectious Diseases Society of America. Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. Am J Respir Crit Care Med. 2005; 171:388-416.
6. James J, Palmer SM, et al: Comparison of conventional dosing versus continuous-infusion vancomycin therapy for patients with suspected of documented gram-positive infections. Antimicrob. Agents Chemother 1996; 40: 696-700.
7. Wysocki M, Delatour FD et al: continuous versus intermittent infusion of vancomycin in severe staphylococcal infections: prospective multicenter randomized study. Antimicrob. Agents Chemother. 2001; 45: 2460-2467.
8. Kasiakou SF, Sermaides GJ et al: Continuous versus intermittent intravenous administration ofantibiotics: a meta-analysis of randomized controlled trials. Lancet Infect Dis 2005; 5: 581-89.
9. Vuagnat A, Stern R, et al: High dose vancomycin for osteomyelitis: Continuous vs intermittent infusion. J Clin. Pharm. Therap. 2004; 29: 351-357.
10. Amari EBE, Vuagn A. et al: High versus standard dose vancomycin for osteomyelitis. Scand J Infect Dis. 2004;. 36: 712-717.

11. Baddour LM, Wilson WR, Bayer AS, et al. Infective endocarditis: diagnosis, antimicrobial therapy, and management of complications: a statement for healthcare professional from the committee on rheumatic fever, endocarditis, and Kawasaki disease, council on cardiovascular disease in the young, and the councils on clinical cardiology, stroke, and cardiovascular surgery and anesthesia American heart association: endorsed by the Infectious Diseases Society of America. Circulation 2005; 111: 3167-3184.
12. Albanese J, Leone M. et al: Cerebrospinal fluid penetration and pharmacokinetics of vancomycin administered by continuous infusion to mechanically ventilated patients in an intensive care unit. Antimicrob. Agents Chemo. 2000; 44; 1356-1358.
13. Ariano RE, Fine A, et al. Adequacy of a vancomycin dosing regimen in patients receiving high-flux hemodialysis. American J Kidney Dis. 2005; 46: 681-687.
14. Kielstein JT, Czock D et al: Pharmacokinetics and total elimination of meropenem and vancomycin in intensive care unit patients undergoing extended daily dialysis. Crit Care Med 2006; 34: 51-55.
15. Pollard T, Lampasona V. et al: Vancomycin redistribution: Dosing recommendations following high flux hemodialysis. Kidney International 1994;45: 232-237.
16. Barth Rh, DeVincenzo N. Use of vancomycin in high-flux hemodialysis: Experience with 130 courses of therapy. Kidney International 1996; 50: 929-936.
17. Touchette MA, Patel RV, et al: Vancomycin removal by high flux polysulfone hemodialysis membranes in critically ill patients with end stage renal disease. Amer. J Kidney Dis. 1995; 26: 469-474.
18. Clinical Pharmacology copyright 2006, version 6.03. Last updated 2006.
19. James CW, turner CG. Recommendations for monitoring serum vancomycin concentrations. BUMC 2001;14:189-190.
20. Pai AB, Pai MP. Vancomycin dosing in high flux hemodialysis. Am J Health Syst Pharm 61(17);1812-1816.
21. Rybak M, Lomaestro B et al: Therapeutic monitoring of vancomycin in adult patients: A consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists. Am J Health Syst Pharm 2009;66;82-98.
22. Sutter Medical Center Sacramento's vancomycin dosing protocol. Accessed 6/8/18.

Approval	**Date**
P&T Approval	7/5/18
MEC Approval	7/9/18
Board of Directors Approval	
Last Board of Directors Review	

Developed: Nicholas Vu (6/8/18)

Reviewed:

Revised:

Supersedes:

Index Listings:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual:
Source:	Effective Date:

PURPOSE:

This standardized procedure developed for the use by the Nurse Practitioner (NP) and the Certified Nurse Midwife (CNM) is designed to cover the management of drugs and devices for patients of all ages presenting to the outpatient setting.

POLICY:

1. This standardized procedure and those authorized to work through this standardized procedure will meet all guidelines as outlined in the *General Policy for the Outpatient Nurse Practitioner or Certified Nurse Midwife.*
2. Circumstances:
    a. Patient population: neonates, pediatrics, adults and geriatrics – as appropriate for specialty.
    b. Settings:
        i. Rural Health Clinic (RHC)
        ii. Bishop Pediatrics and Allergy
        iii. Rural Health Women's Health Clinic (RHWC)
        iv. Northern Inyo Associates (NIA) Clinic
    c. Supervision: Physicians indicated in the supervisory agreements for the NP or CNM.
3. The NP or CNM may initiate, alter, discontinue, and renew medication included on, but not limited to the formulary referenced in Appendix A. Schedule I medications are excluded. NPs and CNMs will be required to have a current "Furnishing Number" which has been obtained from the Board of Registered Nursing. All NP & CNM providers will be required to have a DEA certificate and will prescribe within the constraints of this certification.

PROTOCOL:

1. Database – Nursing Practice
    a. Subjective data information will include but is not limited to: Relevant health history to warrant the use of the drug or device, no allergic history specific to the drug or device, and no personal and/or family history which is an absolute contraindication to use the drug or device.
    b. Objective data information will include but is not limited to: Physical examination appropriate to warrant the use of the drug or device and laboratory tests or procedures to indicate/contraindicate use of drug or device if necessary.
    c. Assessment: Subjective and objective information consistent for the use of the drug or device. No absolute contraindications of the use of the drug or device.
2. Treatment – Common Nursing Functions
    a. Medications/devices furnished by the NP or CNM may be either over-the-counter or medications/devices requiring a prescription.
    b. Medications/devices may be furnished directly to the patient, or the patient's direct care giver, by the NP or CNM (section 2725.1 of the NPA).

Title: Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual:
Source:	Effective Date:

c. Medications may be furnished by transmittal. The NP or CNM may write and sign "transmittal orders" of any prescription personally stated or written by the physician. This is in accordance with the Pharmacy Law, Business and Professions Code, Section 34021
d. Office samples may be dispensed per Northern Inyo Healthcare District (NIHD) policy.
e. The drug or device will be appropriate to the condition being treated:
    i. Dosage will be in the effective range per formulary references
    ii. Not to exceed upper limit dosage per formulary references.
f. Medication history has been obtained including other medications being taken, medication allergies, and prior medications used for current condition.
g. All Medications/devices furnished shall be documented in the patient's medical record. The effectiveness of the medication/device shall be documented in the patient's medical record.

3. Patient Education
    a. Provide the client with information and counseling in regard to the drug or device. Caution the client regarding potential side effects or complications with chosen drug or device. Document education process in the medical record.
4. Consultation and/or referral
    a. Non-responsiveness to appropriate therapy and/or unusual or unexpected side effects and as indicated in general policy statement.
5. Documentation
    a. A current drug list will be maintained in the patient's ~~RHC~~ record. All medications furnished, changes in medications, and renewals will be documented on this list.
    b. The name and furnishing number of the NP or CNM is written on the transmittal order.

CROSS REFERENCE P&P:

1. *General Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure.*

Approval	**Date**
Interdisciplinary Practice Committee	6/7/18
Medical Executive Committee	7/9/18
Board of Directors	
Last Board of Directors Review	

Developed:
Reviewed:
Revised: 5/2018
Supersedes:
Index Listings:

Title: Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual:
Source:	Effective Date:

APPENDIX A:

FORMULARY SPECIFICATIONS for
Furnishing Medications/Devices Policy for the Nurse Practitioner/Physician Assistant
STANDARDIZED PROCEDURE/PROTOCOL

Formulary: Lexicomp drug database as accessed through UpToDate online reference, current as published and updated online.

Deletions: None.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual:
Source:	Effective Date:

APPROVALS

_____	_____
Chairman, Interdisciplinary Practice Committee	Date
_____	_____
Administrator	Date
_____	_____
Chief of Staff	Date
_____	_____
President, Board of Directors	Date

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Furnishing Medications/Devices Policy for the Nurse Practitioner or Certified Nurse Midwife – Standardized Procedure	
Scope: Nurse Practitioner, Certified Nurse Midwife	Manual:
Source:	Effective Date:

ATTACHMENT 1 – LIST OF AUTHORIZED NP's or CNM's

1. _____ _____
   NAME DATE
2. _____ _____
   NAME DATE
3. _____ _____
   NAME DATE
4. _____ _____
   NAME DATE
5. _____ _____
   NAME DATE
6. _____ _____
   NAME DATE
7. _____ _____
   NAME DATE
8. _____ _____
   NAME DATE
9. _____ _____
   NAME DATE
10. _____ _____
    NAME DATE

Northern Inyo Hospital Medical Staff
Clinical Privilege Request Form

Appointment cycle _____
(Office use only)

Practitioner Name: _____ Date: _____
Please Print

FAMILY MEDICINE

Instructions: Please check box next to each core privilege/special privilege requested.

INITIAL CRITERIA

Education/Formal Training:

- Completed accredited residency training in family medicine.
- Board Certified/Board Eligible by the American Board of Family Medicine **OR** equivalent.

OUTPATIENT CORE PRIVILEGES

- Assess, evaluate, stabilize and/or provide treatment to patients of any age who present to the outpatient environment with any illness, condition or symptom.
- Evaluate, diagnose, perform H&P, consult, and provide non-surgical treatment to a patient of any age.

Primary Care

- ☐ Incision and drainage of abscess, excluding peri-rectal
- ☐ Allergy immunotherapy
- ☐ Anoscopy
- ☐ Arthrocentesis/joint injections
- ☐ Incision and drainage of Bartholin's cyst/abscess
- ☐ Bladder catheterization
- ☐ Bone marrow aspiration/biopsy
- ☐ Burn management, 1st and 2nd degree
- ☐ Aspiration of breast cyst
- ☐ Application of cast/splint
- ☐ Cancer chemotherapy(in consultation with oncologist)
- ☐ Cerumen impaction removal
- ☐ Cervical dilation (mechanical)
- ☐ Removal of cervical polyps, simple
- ☐ Circumcision with clamp, pediatric only
- ☐ Colposcopy, with or without cervical biopsy
- ☐ Cryotherapy, skin
- ☐ Cryotherapy, cervix
- ☐ Dermoscopy
- ☐ Endometrial biopsy
- ☐ Flexible sigmoidoscopy
- ☐ Foreign body removal (skin, superficial corneal/conjunctival, nose and ear)
- ☐ Ganglion cyst aspiration/injection
- ☐ Incision of thrombosed external hemorrhoid, simple
- ☐ Insertion/removal of implanted contraceptive device (eg, Nexplanon)
- ☐ Insertion/removal of intrauterine device (IUD)
- ☐ Laceration repair, simple
- ☐ Lumbar puncture

Primary Care (continued)

- ☐ Microscopic examination (urine, vaginal wet mount and skin preparations)
- ☐ Myringotomy/tympanocentesis
- ☐ Nail removal
- ☐ Paracervical block
- ☐ Pessary placement
- ☐ Digital nerve/ring block anesthesia
- ☐ Injection sclerotherapy (telangiectases only)
- ☐ Skin biopsy (excisional, shave, or punch)
- ☐ Soft tissue injections/trigger point injections
- ☐ Drainage of subungual hematoma
- ☐ Tonometry
- ☐ Tympanometry
- ☐ Application of Unna paste boot
- ☐ Vasectomy
- ☐ Uncomplicated wound debridement

Obstetrics/Gynecology

- ☐ Endocervical curettage
- ☐ Vulvar/vaginal biopsy
- ☐ Abdominal/transvaginal OB/GYN ultrasonography
- ☐ Saline infusion hysterosonography

Physical Examinations

- ☐ Pre-employment physicals
- ☐ Commercial driving medical exams (DOT Medical Examiner's Certificate required)
- ☐ Disability evaluations
- ☐ Independent medical evaluations (Workman's Compensation)
- ☐ Return to work evaluations

INPATIENT CORE PRIVILEGES

Requires inpatient experience within the last 2 years, current ACLS certification, and recommendation by Inpatient Medical Director.
Please cross out and initial any core privilege NOT requested.

Request	
☐	• Admit, evaluate, diagnose, perform H&P, consult and provide nonsurgical treatment to patients presenting with general medical problems. • Admit, evaluate, diagnose, perform H&P, consult and provide nonsurgical treatment to patients presenting with critical illnesses, needing ICU care. • Ventilator management.

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	
☐ Well newborn care/admit to nursery (requires experience in last 2 years and recommendation by Chief of Pediatrics) ☐ Conscious sedation (requires tutorial and current ACLS certificate per Procedural Sedation policy) ☐ Surgical first assist (requires experience in last 2 years and recommendation by Chief of Surgery)	**Special Privileges in Obstetrics**: require experience in last 2 years and recommendation by Chief of OB/GYN ☐ Vaginal delivery; spontaneous ☐ Vacuum-assisted vaginal delivery ☐ Episiotomy and repair of vaginal lacerations (1st and 2nd degree only; 3rd/4th degree must consult OB) ☐ Manual extraction of the placenta ☐ FSE application/IUPC insertion ☐ Induction of labor/cervical ripening

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*

APPROVALS

COMMENTS/MODIFICATIONS TO REQUESTED PRIVILEGES:

_____ _____
RHC/Outpatient Medical Director Date Chief of Medicine Date

_____ _____
Chief of Pediatrics Date Chief of Surgery Date

_____ _____
Chief of Obstetrics Date Inpatient Medical Director Date

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

(Office use only)