



Northern Inyo County Local Hospital District

***Board of Directors Regular Meeting***

**Wednesday February 20 2013; 5:30pm**

*Board Room  
Birch Street Annex  
2957 Birch Street, Bishop, CA*

# **DRAFT AGENDA**

## NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT BOARD OF DIRECTORS MEETING

February 20, 2013 at 5:30 P.M.

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

1. Call to Order (at 5:30 p.m.).
  2. Opportunity for members of the public to comment on any items on this Agenda.
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### **Consent Agenda**

3. Approval of the minutes of the January 16, 2013 regular meeting (*action item*).
  4. Renewal of Security Officer Agreements for S. Day; J. Boyer; K. Nelsen; F. Gomez; J. Gustafson; D. Nolan (*action items*).
  5. Renewal of Lead Officer Security Agreement for S. Day (*action item*).
  6. Security report for December 2012 (*information item*).
  7. Financial and Statistical Reports for the month of December 2012; John Halfen (*action item*).
    - *The month of December was not a good month for NIH. While we typically lose about 600K for the final two months of the year, it is still a shocker to see an 800K loss in one month. December's loss stemmed from a shortfall of revenue, not unusual for December, and an over-budget condition in employee benefits to the tune of 450K, due to a dramatic increase in healthcare costs – likely due to year-end medical care after the individual deductibles have been met. Maybe we will catch a break and this will mean lower costs in January and February.*
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8. Administrator's Report; John Halfen.

A. Orthopedic services update

C. Physician Recruiting Update

B. Kitchen Inspection

9. Chief of Staff Report; Robbin Cromer-Tyler, M.D.

A. Policy and Procedure approvals (*action items*):

1. Rural Health Clinic Provider Quality Assurance Policy
2. Rural Health Clinic Provider Peer Review Policy
3. Newborn Pulse Oximetry Screening Prior to Discharge
4. Preoperative EPT Testing Protocol
5. Lidocaine Anesthetic for Local Infiltration Prior To Peripheral Catheter Placement
6. Protocol for Intravenous Insulin Infusion (AK the Cleveland Clinic Protocol)

7. Pediatric Standards of Care and Routines
8. Standards of patient Care in the Perinatal Unit
- B. Medical Staff Bylaws amendment; *Credentialing Healthcare Practitioners in the Event of a Disaster (action item)*.
10. Old Business
  - A. Update on CEO Succession Plan and selection of a recruiting firm (*action item*).
  - B. Approval of the Hospice Program Business Plan (*action item*).
  - C. Approval of an Agreement between Pioneer Home Health Care, Inc; Northern Inyo County Local Hospital District; and Hospice of the Owens Valley (*action item*).
  - D. Ratification of Capital Lease with G.E. Financing for Phillips Monitoring System (*action item*).
11. New Business
  - A. Employee Incentive Store (*action item*).
  - B. Purchase of Zimmer power equipment for orthopedic surgeries, approximate cost \$44,000 (*action item*).
  - C. Renewal of MultiMedical Biomedical Services agreement (*action item*).
  - D. Renewal of Physician Income Guarantee and Practice Management Agreement for James Englesby, M.D. (*action item*).
  - E. Renewal of Rural Health Clinic Physician Staff Agreements for Tom Boo, M.D. and Stacey Brown, M.D. (*action items*).
  - F. Foundation for Excellence proposal (*action item*).
  - G. Approval of part-time orthopedic office space in Mono County (*action item*).
  - H. Disposition of Respiratory Therapy building (*action item*).
  - I. BidMed proposal for purchase and removal of old equipment (*action item*).
12. Reports from Board members on items of interest.
13. Opportunity for members of the public to comment on any items on this Agenda, and/or on any items of interest.
14. Adjournment to closed session to:
  - A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
  - B. Confer with legal counsel regarding pending litigation based on stop notice filed by Strocal,

Inc. (Government Code Sections 910 et seq., 54956.9).

15. Return to open session, and report of any action taken in closed session.
16. Opportunity for members of the public to address the Board of Directors on items of interest.
17. Adjournment.



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- CALL TO ORDER                      The meeting was called to order at 5:30pm by John Ungersma M.D., President.
- PRESENT                                John Ungersma, M.D., President  
M.C. Hubbard, Vice President  
Denise Hayden, Secretary  
D. Scott Clark, M.D., Treasurer  
Peter Watercott, Member
- ALSO PRESENT                      John Halfen, Administrator  
Robbin Cromer-Tyler, M.D., Chief of Staff  
Douglas Buchanan, District Legal Counsel  
Sandy Blumberg, Executive Assistant
- ALSO PRESENT FOR  
RELEVANT PORTIONS              Dianne Shirley, R.N., Performance Improvement Coordinator
- OPPORTUNITY FOR  
PUBLIC COMMENT                  Doctor Ungersma asked if any members of the public would like to comment on any items of interest. No comments were heard.
- CONSENT AGENDA                  The proposed consent agenda for this meeting contained the following items:  
  1. Approval of the minutes of the December 19, 2012 regular meeting (*action item*)
  2. Approval of the financial and statistical reports for the month of November, 2012 (*action item*)
- ADMINISTRATOR'S  
REPORT                                It was moved by M.C. Hubbard, seconded by Denise Hayden, and passed to approve the proposed consent agenda items as presented.
- ORTHOPEDIC  
SERVICES UPDATE                  Mr. Halfen reported orthopedic surgeon Mark Robinson, M.D. will begin practicing essentially full-time at the Bishop orthopedic clinic no later than January 24<sup>th</sup>. Four of the employees formerly working in the Bishop office as employees of Mammoth Hospital will continue on as employees of Northern Inyo Hospital (NIH). Doctor Robinson continues to recruit for a second orthopedic surgeon to join the Bishop practice, which is now known as Sierra Crest Orthopedics and Neurology.
- SAFETY                                 Mr. Halfen called attention to the Security report for the month of November 2012, which revealed no new Security issues of significance.
- PHYSICIAN  
RECRUITMENT                      Mr. Halfen also reported that Administration continues to recruit for a second OB/Gyn physician to join the practice of Lara Jeanine Arndal, M.D.. Roger Brecheen, M.D. is expected to provide locums OB/Gyn coverage during the month of February, with the intent of possibly joining the practice full-time. Mr. Halfen additionally noted that Catherine Leja, M.D. is now practicing at NIH's Rural Health Clinic.

- REVENUE BOND  
REFINANCE
- Mr. Halfen additionally reported that plans to refinance the Districts' 1998 revenue bonds at a lower interest rate are moving forward and should be finalized by the end of January. The refinance will save the District around \$800,000, and it is estimated that the bonds will be reissued at an interest rate of (approximately) 3.86 percent.
- ANTHEM BLUE CROSS  
CHIEF OF STAFF  
REPORT
- Mr. Halfen also stated he has signed a Letter of Intent for Anthem Blue Cross to become the hospital's preferred Managed MediCal Network. He has also signed letters of intent with two other insurance companies, but he expects Anthem Blue Cross to be designated as our preferred network.
- PROCEDURES AND  
PROTOCOLS
- Chief of Staff Robbin Cromer-Tyler, M.D. reported following careful review and approval by the appropriate committees, the Medical Executive Committee recommends approval of the following hospital-wide policies and procedures:
1. Standardized Procedures of NIH RHC nurse Practitioners:
    - a) *Emergency Care Policy for the Nurse Practitioner*
    - b) *Laboratory and Diagnostic Testing*
  2. Protocols for NIH RHC Physician Assistants
    - a) *Emergency Care Policy for the Rural Health Clinic Physician Assistant*
    - b) *Laboratory and Diagnostic Testing Policy for the Rural Health Clinic Physician Assistant*
- OLD BUSINESS
- CEO SUCCESSION  
PLAN UPDATE
- It was moved by Peter Watcott, seconded by Denise Hayden, and passed to approve all four procedures and protocols as requested.
- Mr. Halfen stated that we have received proposals to conduct a Chief Executive Officer (CEO) search from three top-level recruiters. The Board will review those proposals and discuss them at the February regular meeting of the District Board. A question was asked regarding whether or not management or any members of the Board have experience with any of the three recruitment firms, and Mr. Halfen stated that B.E. Smith brought us Interim CNO Sharon Tourville, R.N., and he has also had a positive past experience with Korn Ferry. Doctor Clark stated that B.E. Smith has placed quite a few executives in small hospitals in the past, and it is his feeling that they may be a good option. Following brief discussion it was moved by Mr. Watcott, seconded by Ms. Hayden, and passed to table the selection of a CEO recruiter to the February meeting of the District Board, in order to allow the Board time to review the information received from the recruiters. Doctor Clark voted against waiting another month to choose a recruiter for the CEO search.
- NEW BUSINESS
- EMPLOYEE  
CONCERNS, FAMILY  
AND MEDICAL LEAVE  
POLICIES
- Doctor Ungersma then called attention to the agenda item involving employee concerns regarding the Hospital's Family and Medical Leave Policies. A sizeable group of NIH employees and members of the public were present to discuss this issue. At the outset, Mr. Watcott and Ms.

Hayden stated that as spouses of NIH employees, they would be required to recuse themselves from discussion of this topic. The following are the main points made regarding concerns about the hospital's existing leave policies:

- Donise Costello expressed her appreciation regarding being reinstated as an employee. She also stated her concern that employees were not informed that the 16 week leave policy would begin to be enforced, when a precedent of non-enforcement previously existed.
- The Hospital's existing leave policies are considered by many to be vague and in need of clarification.
- Allowed leave for per diem employees should be calculated differently than allowed leave for full-time employees.
- NIH Surgery Technician Chris Cauldwell stated she continues to delay needed surgery for fear of being separated from employment
- Statements were made to the effect that employee leave policies mandated by the government were originally created in order to protect the employee, not to force their termination.
- Many employees feel that if they are reinstated to employment following an extended medical leave of absence, their original start date should remain intact and should not be re-set.
- Long term employees feel they should receive consideration commensurate with their years of dedicated service to the hospital.
- Employees who are reinstated following an extended Family or Medical Leave of Absence (FMLA) do not want termination from employment shown on their permanent employment record.
- The employee Personnel Payroll Advisory Committee (PPAC) began discussion of leave policies in the past, and was working on revising them prior to meetings being suspended during the hospital move and during implementation of the hospital's new information system.
- Many surgeries and illnesses require a recovery time of more than 16 weeks. Considering that complications can also arise, perhaps the 16 week period of allowed leave should be extended or considered to be flexible.
- Employees with "old sick leave" and Paid Time Off (PTO) would like to be able to use it toward or in conjunction with their FMLA.
- Hospital leave policies have not been revised for over 10 years.
- Jennifer Scott, M.D. stated her concerns regarding liability issues for physicians when unforeseen complications arise that cause employees to be separated from employment for being absent from work longer than expected.

In response to inquiries from those present, Mr. Halfen explained that management began enforcing the 16 week maximum leave policy to prevent absent employees from remaining "on the books" for unreasonable amounts of time. Doctor Ungersma expressed his feeling that the

existing policies are indeed vague, and should be revisited. It was noted that the PPAC Committee met during the last week, and that the Committee is working on presenting management with suggestions for possible revisions to NIH's existing leave policies. At the end of a lengthy discussion on this topic it was moved by M.C. Hubbard that for the calendar year 2013 employees who return to work following a leave longer than 16 weeks will be reinstated (and their separation expunged), with their original hire date remaining intact. The motion was passed by a vote of 3 yes's and 0 no's, with Mr. Watercott and Ms. Hayden abstaining from the vote. The PPAC Committee will now meet regularly to work toward coming to an agreement with management on leave policies, and the action taken by the Board will allow everyone until the end of 2013 to come up with a solution to this issue.

RECONSIDERATION OF  
SEPARATION OF  
EMPLOYMENT

Doctor Ungersma then called attention to the agenda item regarding reconsideration of the separation of employment of Donise Costello, LVN. It was moved by Ms. Hubbard, seconded by Ms. Hayden, and passed (unanimously) to approve the reinstatement of Ms. Costello, with all five Board members voting.

RELATIONSHIP  
BETWEEN DISTRICT  
BOARD AND PPAC  
COMMITTEE

NIH Surgery Technician and PPAC Committee Representative Nita Eddy spoke to the Board about the relationship between the PPAC Committee and the District Board of Directors, noting that she was speaking on behalf of herself and not on behalf of the PPAC Committee as a whole. She reviewed the role and history of the PPAC Committee, and also explained that hospital staff has been under a great deal of stress during the past year, having being faced with many challenges and changes as a result of the move into the new hospital and the change to a new Hospital Information System (HIS). She additionally stated her hope that hospital staff and management take this review of employee leave policies as an opportunity to work together and create something positive out of an unpleasant situation. She asked that the Board become more involved in the PPAC process, and possibly review regular reports from the PPAC Committee in an effort to become more informed on personnel issues and to improve communication between management and staff. Following further discussion, it was moved by Mr. Watercott, seconded by Ms. Hubbard, and passed to approve that the PPAC Committee make regular reports to the Board, and that the Board will review those reports on a regular basis.

G.E. WIRELESS  
UPGRADE

Radiology Director Patty Dickson called attention to a proposal to approve a GE Healthcare Contract and purchase of a wireless upgrade for the hospital, in order to move existing hospital equipment to the new orthopedic and neurology clinic. Ms. Dickson explained that when Mammoth Hospital moved out of the orthopedic clinic they took their imagining equipment with them, and it is difficult for the clinic to operate

using the older NIH equipment they are now left with. Ms. Dickson stated after evaluating the available options the best option appears to be doing a digital radiographic upgrade for imaging room 2, in order to move the computed radiography equipment in that room to the orthopedic clinic (at an approximate cost of \$50,000 to \$70,000). It was moved by Mr. Watercott, seconded by Ms. Hubbard and passed to approve the GE contract and upgrade to radiology equipment as requested.

DAISY FOUNDATION  
AWARDS

Nursing Supervisor Lisa Erwin reported that management would like to participate in the Daisy Foundation award program, which recognizes employees for excellence in Nursing. Hospital management desires to increase its' level of employee recognition, and would like to implement the Daisy program and coordinate it with the Employee of the Month program for non-nursing employees. Ms. Erwin reviewed the history of the Daisy Foundation, which is well regarded by many professional nursing organizations. Ms. Erwin additionally invited the Board to participate in and support the Daisy Foundation program at NIH, also stating that this is an information item only, that does not require action.

NIH EMPLOYEE  
SURVEY

Human Resources Director Georgan Stottlemire introduced Vicki Bauer, who was in attendance to present her proposal to conduct a confidential employee satisfaction assessment for the District Board. Ms. Bauer distributed her resume and answered questions from the Board regarding her experience and qualifications to provide an assessment. Her proposal is to conduct a confidential employee satisfaction assessment for the Board, utilizing face-to-face interviews with a sampling of a minimum of 40 to 50 hospital employees. Ms. Bauer explained how she will keep employee input confidential, and it is her estimate that the assessment will cost the District \$4,000 to \$7,000 to complete. Following further discussion, Ms. Bauer stated she is enthusiastic about conducting the assessment and she offered to be paid only if the Board is happy with her final product. It was moved by Mr. Watercott, seconded by Ms. Hubbard, and passed to engage Ms. Bauer to conduct an employee satisfaction assessment with NIH employees, with payment for her services depending on Board acceptance of her final assessment. Doctor Clark voted against selecting Ms. Bauer to conduct the assessment.

EMPLOYEE HEALTH  
POLICY AND  
PROCEDURE

Doctor Ungersma called attention to a hospital wide policy and procedure titled "*Health and Safety – Post Offer Physical Examination and Annual Health Screening*". The version of the policy presented includes an update and clarification of an existing policy which applies to pre-employment physicals for incoming NIH employees. It was moved by Mr. Watercott, seconded by Ms. Hubbard, and passed to approve the updated policy and procedure as presented.

HOSPICE OF THE  
OWENS VALLEY  
PROPOSALS

Mr. Halfen addressed the subject of proposals regarding the Hospice of the Owens Valley, which included the following:

1. Potential Hospice merger with Pioneer Home Health Care
2. Discussion of decisions regarding location of the Hospice offices
3. Potential for NIH to develop and incorporate a Homecare and Hospice Division
4. Discussion of other potential roles the District might play in relation to the Hospice of the Owens Valley

Mr. Halfen stated it has become necessary to clarify the relationship between NIH and the Hospice of the Owens Valley (HOV), and to plan for the future of the Hospice. HOV has recently undergone a change of management, and is short of volunteers and in need of a plan to move forward into the future. Discussion followed, which included establishing that the modular building that currently houses the Hospice offices is, in fact, the property of the Hospital District. Current Hospice Director Caitlin Higginbotham and Pioneer Home Health Director Pat West were in attendance to discuss the possibility of a merger between the Hospice and Pioneer Home Health Care, which appears to possibly be in the best interest of the Hospice. Discussion of office space and reorganization took place, and Ms. Higginbotham stated that for legal reasons the Hospice can no longer operate as an auxiliary of Northern Inyo Hospital. At the conclusion of the discussion, Mr. Halfen asked the Board if they were inclined to favor the merger of Pioneer Home Health with the Hospice, or if they thought the details of aligning the Hospice and the Hospital closer should be pursued further. The Board expressed its appreciation of the importance of Hospice services for our community, and felt that at this stage of discussion it appears it may benefit Hospice most to become aligned with Pioneer Home Health. The Board requested that Ms. West and Ms. Higginbotham work together to produce a business plan outlining the details of the possible merger, and return with that plan to a future meeting of the District Board. Mr. Watercott commented that Hospice workers and volunteers are truly special people, and that the work that they do is an invaluable form of patient care. Mr. Halfen then requested that the Board agree to continue to partially support the Hospice for a period of six months, in order to allow them time to reorganize in the way that will benefit them most. Following further discussion, it was moved by Doctor Clark, seconded by Ms. Hubbard, and passed to approve the hospital continuing to support the Hospice of the Owens Valley until 6/30/13, and absorbing the cost of two full-time Hospice employees (FTE's) for that period of time.

CALIFORNIA SECTION  
1115 WAIVER

Mr. Halfen called attention to a grant application proposal for delivery system reform under California's Section 1115 Waiver Delivery System Reform Incentive Pool program (DSRIP); which involves the Hospital District applying for 2.2 million dollar grant. Following brief discussion Doctor Clark voiced his objection to the part of the proposal regarding

NIH credentialing outside radiologists by proxy, stating that the Medical Staff is not likely to approve of such a practice. Following further discussion it was moved by Mr. Watercott, seconded by Ms. Hayden, and passed to approve the 1115 proposal, with the telemedicine credentialing provision being removed from the proposal presented.

POSSIBLE PURCHASE  
OF REAL PROPERTY

Mr. Halfen stated that the agenda item dealing with the possible purchase of residential real property will not be considered at this meeting.

BOARD MEMBER  
REPORTS

Doctor Ungersma asked if any members of the Board of Directors wished to report on any items of interest. No reports were heard.

OPPORTUNITY FOR  
PUBLIC COMMENT

In keeping with the Brown Act, Mr. Watercott again asked if any members of the public wished to comment on any items listed on the agenda for this meeting, or on any items of interest. EKG Chief Technician Leslie Manzonie thanked the Board for the decisions they made earlier regarding employee concerns about the Hospital's medical leave policies. No other comments were heard.

CLOSED SESSION

At 9:13pm Doctor Ungersma announced the meeting was being adjourned to closed session to allow the Board of Directors to:

- A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
- B. Confer with legal counsel regarding pending litigation based on stop notice filed by Strocal, Inc. (Government Code Sections 910 et seq., 54956.9).
- C. Conduct CEO Annual Performance Evaluation (Government Code Section 54957).
- D. Discussion of an employee complaint and disagreement regarding an employment separation (Government Code Section 54957).
- E. Discussion of an employee grievance and appeal of an employee termination (Government Code Section 54957).
- F. Conference with real property negotiator (John Halfen) regarding property located in the District (Government Code Section 54956.8).

At 9:59pm the meeting returned to open session. At that time it was moved by Ms. Hubbard, seconded by Mr. Watercott, and passed to reinstate Carmelita Bloom to employment at NIH pending her acceptance of a settlement option offer.

ADJOURNMENT

The meeting was adjourned at 10:00pm.

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John Ungersma, M.D., President

Attest: \_\_\_\_\_

Denise Hayden, Secretary



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**SECURITY SERVICES AGREEMENT  
PER DIEM EMPLOYMENT AGREEMENT**

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT, a political subdivision organized and existing pursuant to the Local Hospital District Law (Health and Safety Code Section 32000, et seq.) of the State of California, hereinafter referred to as "District", and Stephen Day, hereinafter referred to as "Officer", agrees as follows:

**PART I  
RECITALS**

1. The District is the owner and operator of a Hospital located in Bishop, California. District employees several hundred employees, operates a physical plant of over 90,000 sq. feet and is currently undertaking a significant replacement of it facilities.
2. The District requires that it's employees, patients, visitors, and assets enjoy a reasonably safe and secure environment while they are on the District Campus.
3. Officer is duly qualified and appropriately licensed and or certified and or registered to perform the duties as described herein. Officer has experience is managing public disturbances and in securing business operations.
4. District has concluded that engaging Officer is the most desirable course of action considering both the cost and quality of service, as compared to other arrangements available to District.

**PART II  
AGREEMENTS**

1. **Duties of the Officer.** The Officer shall:
  - a. Patrol areas, said areas will be designated from time to time, and will change from time to time. Patrol means to provide a visible, physical presence, to observe the areas for unsafe conditions, and to improve said conditions when practical.
  - b. Escort employees, patients and visitors to their cars as requested.
  - c. Assist District employees and other caregivers in transporting patients as required.
  - d. Provide information to the public as requested.
  - e. Restrict entrance of the public when called for.
  - f. Assist in the management of unruly patients, visitors, and general public.
  - g. Enforce District policy relative to restricted areas.
  - h. Assist patient transportation as requested.
  - i. Report to and adhere to the instructions of the Nursing Supervisor in charge.
  - j. Assist EMT's and ambulance personnel as requested.
  - k. Notify the appropriate agencies should a security problem arise warranting outside assistance.

2. **Working Hours.** The District will designate a "lead" Officer. Said Officer will construct and publish, on a monthly basis, the schedule for the remaining officers. Shifts will be for seven days a week, including holidays, for 10 to 12 hours, typically from 6 pm until 6am. Each Officer will volunteer for shifts each month. Once agreed to and published, the Officer will be responsible, in the event he/she is unable to work a scheduled shift, to secure his/her replacement from the remaining contracted officers or notify the lead Officer or District Administrator of said deficiency. Repeated deficiencies will result in termination.
3. **Uniforms.** Officer will wear the prescribed uniform, which will consist of a District logoed shirt and black pants, provided by the District. The officer will also wear, if appropriately licensed/ permitted, guns, mace, pepper spray, handcuffs, and batons.
4. **Background Checks, Annual Physical Examination.** The Officer will submit to background checks as will be required by the District initially and from time to time, as well as annual physical examinations.
5. **Compensation.** The District will compensate the Officer for every tenth of an hour (6 minute increments) based on the base rate of \$42.40 per hour. No minimal number of shifts will be required by the District, but the number of shifts awarded to the Officer will be solely determined by the Lead Officer, in consultation with the District Administrator when necessary.
6. **Benefits.** There are no benefits of any kind, no provision for absence or sick pay, no pension, etc expressed or implied herein.
7. **Notices and Termination.** Each party agrees to accept notices at the addresses stated below. Either party may terminate this contract with 30 written notice to the other. District may terminate this contract immediately upon the arrest or conviction of the officer of any State, County, or Local Law/Ordinance or upon the Officer's loss of licensure/certification/permit that is required by this contract or the duties described herein.
8. **Payment.** Lead Officer will submit a roster of shifts worked for a given month by the fifth working day of the following month. Officer will clock in, be subject to all wage and hour regulations, and will be paid bi-weekly.
9. **PER DIEM EMPLOYEE.** Officer is at all times a Perdiem employee and subject to all the policies and regulations of all NIH employees.
10. **Liability Insurance.** District agrees to procure and maintain, throughout the term of this Agreement, at its sole expense, a policy of general liability insurance coverage with limits of at least \$1,000,000 for any one occurrence, and \$3,000,000 annual aggregate coverage per Officer. Said insurance will cover each officer within the scope of their duties.

11. **Not Exclusive.** It is specifically agreed and understood that Officer shall not be required to, nor is it anticipated that Officer will devote full time to District, it being understood that Officer may have additional agreements.

12. **Assignment.** Officer shall not assign, sell or transfer this Agreement or any interest therein without the consent of the District in writing first had and obtained. Notwithstanding any of the foregoing, it is understood and agreed that, in the event that Officer forms an alternative professional organization, duly authorized under the laws of this State to practice medicine, said alternative professional organization may be substituted in the place of Officers, with all of the rights and subject to all of the obligations of Officer under the terms of this Agreement. Said substitution shall be effected upon Officer giving written notice to District.

13. **Term.** The term of this Agreement shall be from February 24, 2013 to February 23, 2014, and continuing from month to month thereafter.

14. **Amendment.** This Agreement may be amended at any time by written agreement duly executed by both parties.

15. **Attorney's Fees.** In the event that suit is brought regarding the provisions of this Agreement or the enforcement thereof, the prevailing party shall be awarded its cost of suit and reasonable attorney's fees as a part of any Judgment rendered therein.

**DISTRICT:**

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT

BY \_\_\_\_\_

John Halfen  
Administrator

**OFFICER:**

\_\_\_\_\_  
Stephen Day  
2235 Longview Drive  
Bishop, CA 93514

**SECURITY SERVICES AGREEMENT  
LEAD OFFICER ADDENDUM  
2-24-2013**

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT, a political subdivision organized and existing pursuant to the Local Hospital District Law (Health and Safety Code Section 32000, et seq.) of the State of California, hereinafter referred to as "District", and Steve Day, hereinafter referred to as "Officer", agrees as follows:

**PART I  
RECITALS**

1. The District is the owner and operator of a Hospital located in Bishop, California. District employees several hundred employees, operates a physical plant of over 90,000 sq. feet and is currently undertaking a significant replacement of its facilities.
2. The District requires that it's employees, patients, visitors, and assets enjoy a reasonably safe and secure environment while they are on the District Campus.
3. Officer is duly qualified and appropriately licensed and or certified and or registered to perform the duties as described herein. Officer has experience in managing public disturbances, in securing business operations and in leading other Officers to do the same.
4. District has engaged, and is engaging, several persons with the same qualifications as Officer to provide the services described above. District further requires, for the efficient and effective administration of its security service, the additional service of one Officer to administer the scheduling of all Officers, to monitor and evaluate their performance, and to report to Hospital administration concerning same.
5. District desires that Officer perform and provide the administrative services described above and Officer desires to perform and provide them.

**PART II  
AGREEMENTS**

- A. Duties of the Lead Officer:** The Lead Officer shall:
- a. Execute and be bound by all of the provisions of the Security Services Agreement, dated 2-24-2013, (hereinafter referred to "AGREEMENT"), or as amended and in force at the time, unless specifically precluded by terms in this agreement.
  - b. Recruit, retain, and screen for appropriateness, officers to perform the functions as described in the Agreement.

- c. Ensure and enforce the contract terms of the Agreement.
- d. Schedule all Officers for the shifts described in the Agreement, publish the Schedule with the NIH Administrator or his designee on a monthly basis, and notify NIH of any changes to the schedule.
- e. Work a minimum of three shifts per month.
- f. Meet with NIH officials from time to time to review the performance of the officers and discuss any needed changes in the duties required by the Agreement.
- g. Ensure that all officers are appropriately licensed, registered, or certified to perform the duties they will perform.
- h. Submit a completion schedule of shifts taken by officers each month and submit said schedule to NIH.

**2. Compensation.** NIH will compensate Officer at the rate of \$1,500 per month no later than the tenth of each month for that month.

**3. Term.** This agreement will run concurrent with the Agreement and be subject to said Agreement. Either Party may cancel this agreement by 30 days written notice to the other.

IN WITNESS WHEREOF, the parties hereto have executed this Security Services Agreement Addendum at Bishop, California.

DISTRICT:

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT

BY \_\_\_\_\_  
John Halfen  
Administrator

LEAD OFFICER: Stephen Day

BY \_\_\_\_\_

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# NORTHERN INYO HOSPITAL

## SECURITY REPORT

DECEMBER 2012

### FACILITY SECURITY

Access security during this period revealed thirty five exterior doors found unsecure during those times when doors were to be secured. One interior door was located during this same time.

Eight Hospital vehicles were found open during this period of which, two were located with the keys inside.

### HUMAN SECURITY

On December 4<sup>th</sup>, a problematic ED patient was found smoking in the room where he was being examined.

On December 13<sup>th</sup>, Security Staff was called to the ED for a confused patient.

On December 20<sup>th</sup>, California Department of Corrections presented with a prisoner, patient, that required a minor surgery. A CDC Guard maintained custody of this patient throughout his stay.

On December 22<sup>nd</sup>, through December 26<sup>th</sup>, Security Staff maintained snow and ice control during the evening and early morning hours.

On December 27<sup>th</sup>, Security Staff stood by with a disruptive ED patient.

On December 31<sup>st</sup>, Security Staff was called to the ED for an extremely intoxicated patient.

Security Staff provided Law Enforcement assistance on seven occasions this month. Two were for LAB BAC's.

Security stood by with five suspected 5150 patients this month.

Security provided thirty five patient assists this month.

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**Statement of Operation**  
**Monthly Statement of Operations**  
**Dollars in 1,000s**

**For Period: 6-2013 (12/01/2012 - 12/31/2012)**

	<u>December</u>	<u>MTD Budget</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Unrestricted Revenues, Gains & Other Support				
Inpatient Service Revenue				
Ancillary	559	581	3,460	3,447
Routine	2,011	1,921	13,616	11,403
Total Inpatient Service Revenue	2,570	2,502	17,076	14,850
Outpatient Service Revenue	5,365	5,710	33,326	33,893
Gross Patient Service Revenue	7,935	8,212	50,402	48,743
Less Deductions from Revenue				
Patient Service Revenue Deductions	(197)	(179)	(1,263)	(1,061)
Contractual Adjustments	(3,181)	(3,026)	(18,752)	(17,960)
Prior Period Adjustments	1	157	1,691	935
Total Deductions from Patient Service Revenue	(3,378)	(3,047)	(18,324)	(18,085)
Net Patient Service Revenue	4,557	5,165	32,079	30,658
Other revenue	20	28	621	165
Transfers from Restricted Funds for Operating Exp	102	98	612	584
Total Other Revenue	122	126	1,233	749
Expenses:				
Salaries and Wages	1,809	1,800	10,580	10,683
Employee Benefits	1,599	1,119	7,171	6,643
Professional Fees	482	499	2,799	2,962
Supplies	500	527	3,002	3,126
Purchased Services	284	237	1,376	1,409
Depreciation	198	323	1,184	1,914
Interest Expense	184	186	1,138	1,102
Bad Debts	94	203	1,501	1,205
Other Expense	311	253	1,753	1,501
Total Expenses	5,461	5,146	30,503	30,545
Operating Income (Loss)	(782)	145	2,808	862
Other Income:				
District Tax Receipts	42	45	254	264
Partnership Investment Income		4		23
Grants and Other Contributions Unrestricted		21	49	126
Interest Income	8	7	49	43
Other Non-Operating Income	3	3	41	19
Net Medical Office Activity	(160)	(85)	(791)	(504)
340B Net Activity	58	47	212	280
Non-Operating Income/Loss	(48)	42	(186)	251
Net Income/Loss	(829)	188	2,622	1,113

**Northern Inyo Hospital  
Balance Sheet**

**For Period: 6-2013 (12/01/2012 - 12/31/2012)**

YTD Balance

<b>Current Assets:</b>	
Cash and Equivalents	\$1,770,906
Short-Term Investments	\$3,043,715
Assets Limited as to Use	\$0
Plant Replacement and Expansion Fund	\$2
Other Investments	\$1,178,290
Patient Receivable	\$37,769,475
Less: Allowances	\$-26,599,547
Other Receivables	\$400,719
Inventories	\$2,924,494
Prepaid Expenses	\$1,414,252
<b>Total Current Assets</b>	<b>\$21,902,306</b>
<hr/>	
Internally Designated for Capital Acquisitions	\$827,068
Special Purpose Assets	\$52,762
Revenue Bonds Held by a Trustee	\$1,879,356
Less Amounts Required to Meet Current Obligations	\$0
<b>Assets Limited as to use</b>	<b>\$2,759,187</b>
<hr/>	
Long Term Investments	\$100,000
Property & equipment, net Accumulated Depreciation	\$91,226,430
Unamortized Bond Costs	\$882,986
<b>Total Assets</b>	<b>\$116,870,908</b>
<hr/>	

**Northern Inyo Hospital  
Balance Sheet**

**For Period: 6-2013 (12/01/2012 - 12/31/2012)**

YTD Balance

Liabilities and Net Assets

Current Liabilities:

Current Maturities of Long-Term Debt	\$-474,094
Accounts Payable	\$-1,177,988
Accrued Salaries, Wages & Benefits	\$-4,973,319
Accrued Interest and Sales Tax	\$-251,538
Deferred Income	\$-254,380
Due to 3rd Party Payors	\$-1,900,000
Due to Specific Purpose Funds	\$-1,042,482
<b>Total Current Liabilities</b>	<b>\$-10,073,800</b>

Long Term Debt, Net of Current Maturities	\$-49,857,747
Bond Premium	\$-1,299,197
<b>Total Long Term Debt</b>	<b>\$-51,156,943</b>

Net Assets

Unrestricted Net Assets	\$-55,587,402
Temporarily Restricted	\$-52,762
Net Income	
<b>Total Net Assets</b>	<b>\$-55,640,164</b>

<b>Total Liabilities and Net Assets</b>	<b>\$-116,870,908</b>
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# Northern Inyo Hospital

Investments as of 12/31/2012

	<b>Purchase Dt</b>	<b>Maturity Dt</b>	<b>Institution</b>	<b>Rate</b>	<b>Principal</b>
1	12/2/2012	1/1/2013	Multi-Bank Securities	0.01%	2,572,308.39
2	12/2/2012	1/14/2013	LAIF (Walker Fund)	0.33%	321,406.75
3	5/20/2010	5/20/2013	First Republic Bank-Div of BOFA FNC	2.40%	150,000.00
4	5/20/2010	5/20/2015	First Republic Bank-Div of BOFA FNC	3.10%	100,000.00
			<b>Total</b>		<b>\$3,143,715.14</b>

Northern Inyo Hospital  
 Monthly Report of Capital Expenditures  
 Fiscal Year Ending JUNE 30, 2012  
 As of December 31, 2012

MONTH APPROVED BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
FY 2011-12	Transport Monitor for PACU to be purchased by NIH Auxillary Donation	15,000 *
	Additional Copper and Fiberoptic Cable	29,884
	Paragon Physician Documentation Module	137,254
	Ultrasound Machine	165,694 *
	AMOUNT APPROVED BY THE BOARD IN THE PRIOR FISCAL YEARS TO BE EXPENDED IN THE CURRENT FISCAL YEAR	<u>347,832</u>
	AMOUNT APPROVED BY THE BOARD IN THE CURRENT FISCAL YEAR TO BE EXPENDED IN THE CURRENT FISCAL YEAR	<u>0</u>
	Amount Approved by the Board in Prior Fiscal Years to be Expended in the Current Fiscal Year	347,832
	Amount Approved by the Board in the Current Fiscal Year to be Expended in the Current Fiscal Year	<u>0</u>
	Year-to-Date Board-Approved Amount to be Expended	347,832
	Year-to-Date Administrator-Approved Amount Actually Expended in Current Fiscal Year	222,440 * <u>0 *</u>
	Year-to-Date Completed Building Project Expenditures	0 *
	TOTAL FUNDS APPROVED TO BE EXPENDED	<u><u>570,272</u></u>
	<b>Total-to-Date Spent on Incomplete Board Approved Expenditures</b>	0
Reconciling Totals:		
	Actually Capitalized in the Current Fiscal Year Total-to-Date	222,440
	Plus: Lease Payments from a Previous Period	0
	Less: Lease Payments Due in the Future	0
	Less: Funds Expended in a Previous Period	0
	Plus: Other Approved Expenditures	<u>347,832</u>
	ACTUAL FUNDS APPROVED IN THE CURRENT FISCAL YEAR TOTAL-TO-DATE	570,272

**Northern Inyo Hospital**  
**Monthly Report of Capital Expenditures**  
**Fiscal Year Ending JUNE 30, 2012**  
**As of December 31, 2012**

<b>MONTH APPROVED BY BOARD</b>	<b>DESCRIPTION OF APPROVED CAPITAL EXPENDITURES</b>	<b>AMOUNT</b>
	Donations by Auxiliary	20,000
	For 2012 Asset receive 2013	0
	Donations by Hospice of the Owens Valley	0
	+Tobacco Funds Used for Purchase	0
		<u>0</u>
		<u><u>20,000</u></u>

\*Completed Purchase

(Note: The budgeted amount for capital expenditures for all priority requests for the fiscal year ending June 30, 2013, is \$943,036 coming from existing hospital funds.)

**Northern Inyo Hospital**  
**Monthly Report of Capital Expenditures**  
**Fiscal Year Ending JUNE 30, 2012**  
**As of December 31, 2012**

Administrator-Approved Item(s)	Department	Amount	Month Total	Grand Total
<b>MONTH ENDING NOVEMBER 2012</b>			<b>6,897</b>	<b>196,547</b>
Electrical and Lighting in Remodel of 1967 b Phase III Remodel		4,803		
Steam Pipe Excavation and Installation	Phase III Remodel	10,455		
Carpet and Base Corners for Offices	Phase III Remodel	5,172		
Armstrong Commercial Sheet Vinyl	OB/GYN Clinic	965		
ELECTRIC FOOD SLICER	DIETARY	4,498		
<b>MONTH ENDING DECEMBER 2012</b>			<b>25,893</b>	<b>222,440</b>



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# COUNTY OF INYO

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



Date: 2/6/13  
 Time: 9:30  
 Reinspection \_\_\_\_\_

## Food Facility Inspection Report

Facility: Northern Inyo Hospital Address: W. Line St. Bishop  
 Food Safety Certificate: Name: Marty Taylor Exp. Date: 10/16  
 In= In Compliance N/O= Not observed [X]= Item not in compliance cos= corrected on site maj= major

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

No PHF [ ]

Temp	Food	Location	Temp	Food	Location	Temp	Food	Location
35	Ambient	Walk In	0	Ambient	W/ Freeze	30	Walk-in chf	Area 9-10
37	Ice	"	34	Ambient	Frig 5-7	35-41	Ambient	frige 1-4
40	Scallions	"	39	"	Frige 8-10			

Comments:  
 Facility appears clean and well maintained -  
 the only dust observed was in the vent  
 above the dish washer -  
 Food is safely stored - prepared, and  
 served -

Received By: [Signature] REHS: Jerry Oser

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**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Rural Health Clinic Provider Quality Assurance Policy	
Scope: Rural Health Clinic Providers	Department: RHC
Source: Outpatient Dept - RHC	Effective Date: December 1, 2012

**PURPOSE:**

To establish and implement a consistent, standardized, externally validated, and evidence-based set of clinical outcome measures to be used in ensuring delivery of high quality healthcare in an ambulatory, primary care clinic setting.

**DEFINITIONS:**

RHC Providers – Any Nurse Practitioner (NP), Physician Assistant (PA) or Physician who is employed or contracted to provide clinical services at the RHC

**POLICY:**

- 1) At the beginning of the fiscal year, the RHC Medical Director will review (and update if necessary), the clinical measures and benchmark goals to be utilized for that year.
- 2) The clinical measures will be validated by evidence-based, peer-reviewed literature. Such documentation will be submitted with the reports of the measures to the appropriate committees
- 3) The frequency of measurement will be quarterly. The measurement data will be summarized annually.
- 4) The data will be extracted from the RHC electronic medical record across all RHC providers and all recorded clinic visits for the appropriate time period.
- 5) The Medical Director will present the RHC provider with his/her specific data for the time period, review the RHC provider's performance, and discuss any remedial action necessary.
- 6) The Medical Director or his/her designee will present the quarterly report and annual summary to the Medicine/ICU committee for discussion and approval.
- 7) The Annual Report will contain:
  - a. Provider-specific data
  - b. RHC clinic-wide data
  - c. Benchmark Goals
  - d. Action plan for next fiscal year

Committee Approval	Date
N/A	

Revised  
Reviewed  
Supercedes

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: Rural Health Clinic Provider Peer Review Policy	
Scope: Rural Health Clinic Providers	Department: RHC
Source: Outpatient Dept - RHC	Effective Date: December 1, 2012

**PURPOSE:**

To establish, implement and ensure a mechanism to deliver high quality ambulatory primary care health care in a safe and effective manner. To comply with peer review requirements by NIH Bylaws, State of California and federal accreditation agencies.

**DEFINITIONS:**

RHC Providers – Any Nurse Practitioner (NP), Physician Assistant (PA) or Physician who is employed or contracted to provide clinical services at the RHC

**POLICY:**

**RANDOM CHART REVIEW:**

Frequency: All providers will have 5% of their charts reviewed on a monthly basis.

Methodology:

- 1) Charts will be selected by randomization each day by nursing staff. The ambulatory visit documentation will be forwarded to the appropriate reviewing provider in the electronic medical record:
  - a. Physician charts will be reviewed by other staff physicians in their own specialty, if available. If not available, the Medical Director will review the physician charts.
  - b. Physician Assistant charts will be reviewed by his/her supervising physician as per the Delegation of Services Agreement.
  - c. Nurse Practitioner charts will be reviewed by the supervising staff physician or the Medical Director.
- 2) Charts will be reviewed according to the standardized peer review form (Appendix A).
  - a. Decision tree as follows depending on four outcomes of review:
    - A. *Management fully consistent with practice standards* – no further discussion needed, chart tabulated.
    - B. *Management adequate but may diverge from practice standards in certain aspects* – discussion with reviewed provider by reviewer concerning different options of management, documentation required on peer review form, chart reviewed by Medical Director and tabulated.
    - C. *Certain aspects of management merit further discussion* – discussion with reviewed provider by reviewer concerning clarification of management decisions, documentation required on peer review form, chart reviewed by Medical Director and tabulated.

- D. *Management substantially deficient* – discussion with reviewed provider by reviewer concerning deficiencies in standard of care, documentation required on peer review form, chart reviewed by Medical Director, discussion with Medical Director with both reviewed provider and reviewer, and tabulated.
- b. Charts of Medical Director will be reviewed by Assistant Medical Director (if appointed) or other RHC staff physician.
- 3) Referral to the closed session of peer review at the Medicine/ICU Committee:
  - a. Any chart found to be “*Management substantially deficient*” will automatically be presented
  - b. Any chart where the reviewing provider requests committee review after discussion with the reviewed provider
  - c. Any chart where the Medical Director requests committee review after discussion with the reviewed provider

### **CRITICAL INDICATOR CHART REVIEW:**

Frequency: Chart will be reviewed if the following critical indicators are triggered:

- 1) Transfer to NIH for emergency care
- 2) All admissions of RHC patients
- 3) All deaths of RHC patients
- 4) Documented specific procedure complication, such as:
  - a. Hemorrhage
  - b. Poor healing
  - c. Impairment of body function to a level less than that prior to the procedure and less than commonly expected as a result of the procedure
- 5) Cardiac or respiratory arrest
- 6) Consultation by the midlevel provider with the physician in the following circumstances:
  - a. emergent conditions requiring prompt medical intervention after the stabilization has been initiated
  - b. any injury threatening life or limb
  - c. any laceration requiring complicated suture closure
  - d. any fracture or injury requiring immobilization by full casting
  - e. complicated or extensive burns
- 7) Upon request of the patient/family, provider staff, nursing or ancillary RHC staff, or Medical Staff member

### Methodology:

- 1) Charts will be selected by identification of the critical indicator trigger.
- 2) Chart will be forwarded to the Medical Director (or Assistant Medical Director or designated RHC physician staff member, if the Medical Director is unavailable)
- 3) Chart will be reviewed according to the standardized peer review form (see Appendix A).
- 4) Referral to the closed session of peer review at the Medicine/ICU Committee:
  - a. Any chart found to be “*Management substantially deficient*” will automatically be presented
  - a. Any chart where the Medical Director requests committee review after discussion with the reviewed provider

**SPECIFIC CIRCUMSTANCES:**

Frequency: Under the following circumstances, charts will selected for review:

- 1) Any chart that a supervising physician prescribes a Schedule II medication at the request of the Physician Assistant or Nurse Practitioner
- 2) Any chart that a Physician Assistant appears to be practicing outside his/her scope of practice as defined by his/her Standardized Protocols
- 3) Any chart that a Nurse Practitioner appears to be practicing outside his/her scope of practice as defined by his/her Standardized Procedures.

Methodology:

Charts will be reviewed with the same procedure as described under "Random Chart Review" lines #2 and #3

**COMMITTEE REVIEW SUMMARY:**

The Medical Director (or designee) will present a quarterly summary of chart review data to the Medicine/ICU Committee. Data will consist of:

- b. Total number of charts reviewed
- c. Frequency of review results
- d. Total number of clinic visits
- e. Outcome of reviews/committee decisions

<b>Committee Approval</b>	<b>Date</b>
N/A	

Revised  
Reviewed  
Supersedes



# POLICY AND PROCEDURE

Title:	Newborn Pulse Oximetry Screening Prior to Discharge		
Scope:	Click here to enter text.	Department:	Ob/Gyn
Source:	Perinatal Nurse Manager	Effective Date:	11/1/2012

## Purpose

To provide a guideline for screening of the newborn in LDRP to identify the presence of Congenital Heart Disease (CHD)

## Policy

1. Pulse oximetry will be performed on all newborns at 24-36 hours of age to allow for follow-up if necessary. It can be done earlier if the patient is an early discharge
2. Licensed LDRP and cross trained staff in can perform this procedure. Respiratory Therapy may assist.

## Procedure

1. Assemble the equipment, the pulse oximeter monitor and the oximetry probe appropriate for that unit.
2. Place the oximetry probe on a clean, dry site on either foot toward the heel.
3. Apply the sensor so the LED and the photodetector are opposing each other.
4. Use an opaque material to shield the sensor when phototherapy lights are used.
5. With the infant quiet, observe pulse oximeter reading
6. Wait until the pulse oximeter detects a steady, clear pulse signal and steady oxygen saturation is displayed. If a steady clear pulse signal is not displayed, try the other lower extremity and ensure the site is clean and dry.
7. Interpretation of results:
  - a. For O<sub>2</sub> saturations of greater or equal to 95% test is complete (Occasional desaturations are normal, as long as infant has saturations reaching 95%). This is true for a test at any time during the newborns hospitalization.
  - b. For O<sub>2</sub> saturations less than 95% contact RT to assist and confirm. A pre and post ductal measurement will be taken using 2 separate monitors simultaneously.



- c. Notify the MD immediately for saturations below 88% or if pre-ductal and post-ductal differences are greater than 3%.
- d. For oxygen saturations of 88%-94% complete pre-ductal and post- ductal testing 3 times, an hour apart. Call the MD during day hours for results and further orders.

**Documentation:**

- 1. Nursing will document the following on the newborn record:
  - a. Date and time of test
  - b. Hours of age at time of test
  - c. Probe location
  - d. Result and who performed the test whether it was nursing or RT
  - e. MD notification
- 2. RT will document on their record if they have been involved in the process.

**Committee Approval**

*Approving Member*  
Perinatal-Pediatrics Committee  
Medical Executive Committee  
NICLHD Board of Directors

*Date*  
 Click here to enter a date.  
 Click here to enter a date.  
 Click here to enter a date.

Revised	<u>11/12/2012</u>
Reviewed	Click here to enter a date.
Supersedes	Click here to enter text.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Preoperative EPT Testing Protocol</b>	
Scope: Multi Departmental	Department: <b>Laboratory, PACU</b>
Source: OP/PACU Nurse Manager	Effective Date: 12/06/06

**PURPOSE:**

To ensure that all female patients between the ages of 11 to 52 have an early pregnancy test (EPT) performed the day of any elective surgery prior to the start of anesthesia if one has not been done in the prior week.

**POLICY:**

1. Any nurse preparing a female patient of child bearing potential for any elective surgery will explain the need for an EPT either by urine or blood sample to the patient.
2. The exceptions are:
  - a. Patients scheduled for cesarean section
  - b. Patients that have had a prior hysterectomy, bilateral tubal ligation / fulguration.
  - c. Patients for whom the anesthesiologist deems the test unnecessary, or have already had an EPT done as ordered by the surgeon.
3. Prep nurse will obtain urine specimen and send to lab for EPT.
4. Should the urine sample be unobtainable, the prep nurse will ask the surgeon for an order for a blood EPT.
5. A copy of the result will be placed in the patient's chart prior to the initiation of anesthesia.

**PROTOCOL:**

1. The RN preparing the patient for surgery will:
  - Determine if the patient is a female of childbearing potential (age 11-52)
  - Check to see if an EPT has already been done (ordered by surgeon as part of the preoperative work-up).
  - Explain the need for a urine test to ascertain pregnancy status and obtain verbal permission from the patient to proceed with test.
  - Place a copy of the test results in patient's chart.
2. In the event that urine is not obtainable prior to surgery, the RN will have the EPT done by a blood test.
  - Submit request to NIH Laboratory via computer for a blood EPT; the test should be run STAT.
  - Have the phlebotomist obtain the specimen, or get blood when starting the IV, ensure the vial is properly labeled, and ensure the specimen gets to the lab as quickly as possible.
  - Place a copy of the test results in patient's chart.

**SPECIAL CONSIDERATIONS:**

**Physician order required:** No

**Procedure may be performed by:** RN, LVN, Phlebotomist or Lab Tech

**Special education required to perform procedure:** No **Age specific considerations:** see above

<b>Committee Approval</b>	<b>Date</b>
Policy and Procedure Committee	10/24/06
Surgery –Tissue Committee	1/30/13
Perinatal/Pediatrics Committee	7/18/06
Medical Executive	11/7/06
Administration	11/27/06
Board of Directors	12/6/06

Revised 10/25/06, 07/10AW, 05/11AW, 10/11, 10/2012AW

Reviewed

Index Listing: Pregnancy Testing, Early Pregnancy Testing, EPT

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Lidocaine Anesthetic For Local Infiltration Prior To Peripheral Catheter Placement</b>	
Scope:	Department: <b>Emergency Dept, ICU/CCU, Medical/Surgical, OB/Gyn, Outpatient, PACU, Rural Health Clinic, Surgery</b>
Source: OP/PACU Nurse Manager	Effective Date:

**Policy:**

A licensed nurse who is qualified to use a local anesthetic prior to peripheral IV catheter placement may do so if the IV is ordered by a physician.

**Purpose:**

Infiltration anesthesia: Local anesthesia produced by injection of the anesthetic (lidocaine 1% plain) solution in the area of terminal nerve endings.

**Special Considerations:**

Physician order is: not required for the lidocaine.

Procedure may be performed by:  RN,  LVN

Special education required to perform procedure:  YES

The nurse will have:

- A current California nursing license.
- Successfully completed the probationary period.
- Successfully performed a return demonstration of this procedure.

**Supplies:**

TB syringe w/ 25 gauge needle

30 gauge needle

Lidocaine 1%

IV Prep or alcohol pad

IV start supplies and IV as ordered

**Precautions:**

Make sure that the patient is not allergic to lidocaine or any "caines" before initiating procedure.

**Procedure:**

1. Explain the procedure to the patient. Gather supplies
2. Wipe top of lidocaine vial with the alcohol pad. Draw up most of a cc in a T.B. syringe. Change needle to a 30 gauge needle.
3. Select the peripheral IV site by tourniquet application, visual and manual inspection of extremity.
4. Wipe selected site with an IV prep pad.
5. Inject 0.1 to 0.2 cc of lidocaine intradermally, distal and to the side of the selected IV start site.
6. Gently massage the injection site for several seconds with a clean 2 X 2.
7. Reapply the tourniquet and proceed with the I.V. start according to the established guidelines.

**Documentation:**

Document use of lidocaine (1%, intradermal) with IV start documentation on appropriate nursing form. (Document the number of IV start attempts.)

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Lidocaine Anesthetic For Local Infiltration Prior To Peripheral Catheter Placement</b>	
<b>Scope:</b>	<b>Department: Emergency Dept, ICU/CCU, Medical/Surgical, OB/Gyn, Outpatient, PACU, Rural Health Clinic, Surgery</b>
<b>Source: OP/PACU Nurse Manager</b>	<b>Effective Date:</b>

**Committee approval needed:** \_\_\_ no  X  yes: Nurse Management 10/98

**Responsibility for review and maintenance:** OPD/PACU Nurse Manager

**Index listings:** IV Therapy, Lidocaine for Peripheral Cath. Placement; Lidocaine Anesthetic, Local Infiltration, Peripheral Cath. Placement

**Date revised:** 9/98, 2/04, 8/25/04, 9/10/07, 9/08, 04/10AW, 05/11 AW, 09/12 AW

**NORTHERN INYO HOSPITAL**  
**Protocol for Intravenous Insulin Infusion**  
**(AKA the Cleveland Clinic Protocol) 8/15/07**

**General Guidelines:**

- Goal Blood Glucose level = \_\_\_\_\_
- Standard drip: 250units/250ml 0.9% NaCl via an infusion device (1 unit/ml)
- Surgical patients who have received an oral diabetes medication within 24 hours should start when blood glucose is more than 120 mg/dL. All other patients can start when blood glucose is 70 mg/dL or higher
- Insulin infusions should be discontinued when a patient is eating AND has received first dose of subcutaneous insulin

**Intravenous fluids:**

Most patients will need 5 to 10 grams of glucose per hour: e.g. Dextrose 5% in Water (D5W) or dextrose 5% in water with 0.45% sodium chloride (D5W-1/2 NS) at 100-200ml/hour or equivalent (e.g. TPN or Enteral feeding)

**Initiating the infusion:**

ALGORITHM 1: Start here for most patients (see table below)

ALGORITHM 2: For patients not controlled with Algorithm 1, or start here if patient receiving glucocorticoids; or for patients with diabetes receiving more than 80 units/day of insulin as an outpatient

ALGORITHM 3: For patients not controlled on Algorithm 2. **NO PATIENTS SHOULD START HERE**

ALGORITHM 4: For patients not controlled on Algorithm 3. **NO PATIENTS START HERE**

PATIENT'S BLOOD GLUCOSE LEVEL (MG/DL)	INSULIN INFUSION RATE (UNITS/HOUR)			
	ALGORITHM 1	ALGORITHM 2	ALGORITHM 3	ALGORITHM 4
<b>&lt;60 = HYPOGLYCEMIA (SEE BELOW FOR TREATMENT)</b>				
<70	0	0	0	0
70-109	0.2	0.5	1	1.5
110-119	0.5	1	2	3
120-149	1	1.5	3	5
150-179	1.5	2	4	7
180-209	2	3	5	9
210-239	2	4	6	12
240-269	3	5	8	16
270-299	3	6	10	20
300-329	4	7	12	24
330-359	4	8	14	28
>360	6	12	16	28

<p><b>Moving from algorithm to algorithm</b></p> <ul style="list-style-type: none"> <li>✓ Move up to the next higher algorithm if the blood glucose concentration is above the goal range (see above goal) and does not change by at least 60 mg/DL within 1 hour.</li> <li>✓ Move Down an algorithm when blood glucose is &lt;70 mg/dL X 2</li> </ul> <p><b>Patient monitoring</b></p> <ul style="list-style-type: none"> <li>• Check capillary blood glucose every hour until it is within goal range for 4 hours, then decrease to every 2 hours for 4 hours, and if it remains stable, may decrease to every 4 hours</li> <li>• Hourly monitoring may be indicated for critically ill patients even if they have stable blood glucose</li> </ul>	<p><b>Treatment of hypoglycemia (BG &lt;60 mg/dL)</b></p> <ul style="list-style-type: none"> <li>• Discontinue insulin drip AND</li> <li>• Give dextrose 50% in water (D50W) intravenously</li> <li>• If patient is awake: 25 ml (1/2 vial)</li> <li>• If patient is not awake: 50 ml (1 vial)</li> <li>• Recheck blood glucose every 20 minutes and repeat 25 ml D50W IV if &lt;60mg/dL. Restart insulin drip once blood glucose is &gt;70 mg/dl X 2 checks. Restart drip with lower algorithm (see "Moving down")</li> </ul> <p><b>Notify the physician</b></p> <ul style="list-style-type: none"> <li>• For any blood glucose change greater than 100 mg/dL in 1 hour</li> <li>• For blood glucose &gt; 360 mg/dL</li> <li>• For hypoglycemia that has not resolved within 20 minutes of giving 50 ml of D50W IV and discontinuing the insulin drip</li> </ul>
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# INSULIN INFUSION FLOW SHEET

Imprint patient card

patient last name: \_\_\_\_\_

first name: \_\_\_\_\_

medical record # \_\_\_\_\_

Algorithm start: 1 or 2 (Circle)

Goal Blood Glucose level = \_\_\_\_\_

infusion start date: \_\_\_\_\_ time: \_\_\_\_\_ rate: \_\_\_\_\_ units/hr = \_\_\_\_\_ ml/hr RN initial: \_\_\_\_\_

Finger Stick date: \_\_\_\_\_ time: \_\_\_\_\_ Blood Glucose = \_\_\_\_\_ RN initial: \_\_\_\_\_

ALGORITHM (circle): 1 2 3 4

IF no rate change: rate: \_\_\_\_\_ units/hr = \_\_\_\_\_ ml/hr RN initial: \_\_\_\_\_

new rate start: date: \_\_\_\_\_ time: \_\_\_\_\_ rate: \_\_\_\_\_ units/hr = \_\_\_\_\_ ml/hr RN initial: \_\_\_\_\_

Finger Stick date: \_\_\_\_\_ time: \_\_\_\_\_ Blood Glucose = \_\_\_\_\_ RN initial: \_\_\_\_\_

ALGORITHM (circle): 1 2 3 4

IF no rate change: rate: \_\_\_\_\_ units/hr = \_\_\_\_\_ ml/hr RN initial: \_\_\_\_\_

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Finger Stick date: \_\_\_\_\_ time: \_\_\_\_\_ Blood Glucose = \_\_\_\_\_ RN initial: \_\_\_\_\_

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ALGORITHM (circle): 1 2 3 4

IF no rate change: rate: \_\_\_\_\_ units/hr = \_\_\_\_\_ ml/hr RN initial: \_\_\_\_\_

new rate start: date: \_\_\_\_\_ time: \_\_\_\_\_ rate: \_\_\_\_\_ units/hr = \_\_\_\_\_ ml/hr RN initial: \_\_\_\_\_

RN Signature: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

**NORTHERN INYO HOSPITAL INSULIN SLIDING SCALE  
FLOW SHEET**

**ACCU-CHEK® INFORM SYSTEM**

[GLUCOSE VALUES] LESS THAN 40 mg/dl OR GREATER THAN 350 mg/dl  
And [HEMATOCRIT] LESS THAN (<)20 or GREATER THAN (>) 65

**MUST BE VERIFIED BY LABORATORY TESTING**

Laboratory Directors: Kenneth Saeger, MD; Eva Wasef, MD; Natalie Mills, MD

ICU

If monitor # change use ↓

Accu-Chek® Inform	UJ 66025958	
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<i>Date</i>	<i>Time</i>	<i>Comfort Test Strip Code No.</i>	<i>Result</i>	<i>Initials</i>	<i>INSULIN</i>	<i>Comments % Nourishment and Meals eaten</i>	<i>Lab Confirmation Done (✓) w/name</i>

**NORMAL GLUCOSE VALUE RANGE 75 - 105 mg/dl**

SIGNATURE	Initials	SIGNATURE	Initials

*Revised 2/10/2011*

ADULT dosages based on weight

<weight in pounds = 0.0 Kg  
 <weight in Kg = 0.0 pounds

Insulin, Regular 250 units/ 250 ml NS bag  
 use "nitro" set without filter

adult ketoacidosis

loading 0.1 units/Kg = 0 units IV push  
 initial then titrate up or down 0.1 units/Kg/hr = 0.0 ml/hour  
 convert units/Kg/hr = 0.0 ml/hour  
 convert units/hour = 0.0 ml/hour  
 convert ml/hour = 0 units/hour

low-dose for the diabetic woman during the intrapartum period

BS mg/dL	units/hour =	ml/hour
<100	0	0
D5LR 125ml/hr plus	1	1
D5LR 125ml/hr plus	1.5	1.5
NS 125ml/hr plus	2	2
NS 125ml/hr plus	2.5	2.5

sex 1 for MALE or 2 for FEMALE

feet height = 0.0 Kg  
 inches height = 0.0 inches

mEq/L pre-existing serum Sodium

hyponatremia associated with coma or seizures Y=yes N=no

5% Sodium Chloride (hypertonic) 855 mEq Na/ 1000 ml sterile water

ml over 270 hours = ml/hour with frequent serum Na monitoring  
 (less if loop diuretic is given and dilute urine excreted)

rapid correction of hyponatremia can result in permanent neurological damage (sometimes fatal)  
 correct hyponatremia at a rate less than 0.5 mEq/L per hour (12 mEq/L per day)  
 monitor serum Sodium frequently

ml/hour 5% NaCl 0 ml/hr 3% NaCl = 0.0 mEq/day = 0.0 Gm/day Sodium

3% Sodium Chloride (hypertonic) is NOT AVAILABLE at NIH but may be approximated by the following

ml/hr 3% NaCl 0 ml/hr 5% NaCl  
 or  
 ml/hr 3% NaCl 0 ml/hr 5% NaCl  
 plus 0 ml/hr 0.9% NaCl (Normal Saline) running concurrently



**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

Title: <b>Pediatric Standards of Care and Routines</b>	
Scope:	Department: <b>ICU/CCU, Outpatient, PACU, Pediatric</b>
Source: Med/Surg Nurse Manager	Effective Date:

The Standards of Care for pediatric patients identified here are considered applicable to all patients on the Pediatric Unit, but should be adapted to meet the individual needs of each patient written into the nursing care plan. The Standards of Care describe the minimal care acceptable for each patient.

1. Medication Administration for Pediatric patients

The nurse administering the first dose of an ordered medication to a pediatric patient has the responsibility to verify that the dosage (based on age and weight) has been checked against a reference by two healthcare professionals. The two persons that check the dose will initial the original order in the Medical Record i.e., *dose checked by: (initials), include resource used including (the page number) and/ or insert the printed information related to the drug and sign this information.*

The Emergency medications doses based on the Broselow-Hinkle Pediatric emergency system will be calculated based on the patient's admission weight. This will be completed using a weight-based program provided by the pharmacy. If a pharmacist is in house they will calculate the doses and then the RN will do an independent double-check. If no pharmacist is in house an RN will calculate the drug doses using the provided program and then these calculations will be independently double-checked by another licensed nurse. Once the calculations are completed this information will be placed in the front of the pediatric patient's chart for ease of access.

2. Pediatric Admission Assessment (See Admission of Pediatric Patient)

Every pediatric patient will have an assessment completed upon admission by a registered nurse. Pediatric Admission Assessment is completed on all Pediatric patients up to the 13<sup>th</sup> birthday. Thirteen and up may be placed on the adult Admission Assessment form. All pediatric patients will have pain assessment completed on admission and each shift according to the pain policy.

a. Pediatric Assessment (See Pediatric Flow Sheet and Documentation of Patient Care)

The pediatric patient will be assessed every shift by a licensed nurse and more frequently if condition warrants. Head circumferences on all pediatric patients <2 years will be documented on admit and more frequently if ordered by physician.

b. All staff are trained to recognize the rights of patients and to appropriately assess and manage pain. On admission and at regular intervals all patients will be assessed for the existence of pain, both acute and chronic. The results of this assessment will be incorporated into the plan of care and in the focus charting, facilitating regular reassessment and follow-up. All patients and families will be educated in a culturally competent manner regarding appropriate expectations for pain management during hospitalization and upon discharge.

3. Pediatric Patient Care Plan

Every pediatric patient will have an up-to-date Patient Care Plan, which includes patient/family teaching and discharge planning, according to established expected outcomes.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
Scope:	Department: ICU/CCU, Outpatient, PACU, Pediatric
Source: Med/Surg Nurse Manager	Effective Date:

4. Vital Signs

Vital signs are obtained on admission and once every shift or as ordered by the physician.

**Blood Pressure**

Blood pressures are to be taken on all children regardless of age. Follow instructions for use of the non-invasive BP monitor. The lower extremities may be used to obtain the blood pressure with the non-invasive BP monitor on pediatric patients including the use on a newborn. If BP is higher than normal range, cuff may be too small. (See Normal Values Chart for age - specific BP values, posted in Pediatric Ante Room).

**Temperature**

Tympanic temperatures may be taken on all children over the age of one. Temporal Artery or rectal temperatures are taken on infants under one. Tympanic temperature of 97.8 F should be rechecked rectally unless the child is very cool.

**Pulse**

An apical pulse is to be taken on all children under two years of age. The pulse should be taken with the infant or child in a resting or quiet state when possible. Activity should be recorded on graphic sheet with pulse rate.

**Respirations**

Respiratory rate is to be taken on all children, preferably with the child in a resting or quiet state. If this is not possible, activity should be recorded on graphic sheet with respiratory rate. See policy for respiratory assessment.

The RN or LVN may perform finger stick Blood Sugar (FSBS) if the pediatric patient is demonstrating signs or symptoms suspicious for hyper/hypoglycemia. The physician will be informed of the results. Any pediatric patient under the age of 3 exhibiting signs and symptoms should have a FSBS performed and results called in to physician.

5. Weights (See Pediatric Weight Policy)

Weight will be obtained on admission and daily, unless the physician writes an order to discontinue daily weights. Use gram scale for infants; floor scale for larger children. Record all weights in grams or Kg.

For those pediatric patients whose weight is 36 k or lower, the admission weight will be posted above the bed or crib, using the appropriate colored card to correspond with the Broselow Tape.

6. Height

Height will be measured on admission. May use counter or wall chart.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
Scope:	Department: <b>ICU/CCU, Outpatient, PACU, Pediatric</b>
Source: Med/Surg Nurse Manager	Effective Date:

7. Growth Chart (See Growth Chart)

Growth Chart must be completed on admission.

8. Sleep

Adequate amounts of sleep as determined by the age of the infant, child, or adolescent will be a goal of the Pediatric Unit.

Infants to 12 mo.	16 - 18 hours sleep/24 hours 2 daily naps
Toddlers (12 - 24 mo)	12-14 hours sleep/24 hours 2 short daily naps or one long nap
Preschool (3-5 yrs)	10-12 hours sleep/24 hours 1 daily nap
School Age (5-12 yrs)	10 hours sleep/24 hours
Adolescent (12-14 yrs)	8-10 hours sleep/24 hours

Patients are encouraged to nap at their usual times or in the early afternoon. Patient's usual bedtime is encouraged during hospitalization by dimming patient room lights. It is recommended that all radio and television sets be turned off or the volume subdued during quiet time and at bedtime so as not to disturb the patient's hours of sleep.

9. Personal Hygiene

Unless contraindicated by extreme physical injury, illness, or cultural background, routine personal hygiene will be performed daily. Parent should be encouraged to assist with this routine.

Daily personal hygiene will include hair grooming. All patients with erupted teeth should have teeth brushed or oral care after every meal and snack. Pediatric patients will be bathed every other day or as needed. Infants may be bathed in the tub or sink.

Shampoo hair as needed. Body lotion may be applied to dry skin and decrease tissue breakdown over bony prominences.

10. Activity Level

A TV and VCR/DVD with children's videos/DVD are available for viewing. Parents are encouraged to bring in favorite videos/DVD appropriate for age of child.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
<b>Scope:</b>	<b>Department: ICU/CCU, Outpatient, PACU, Pediatric</b>
<b>Source: Med/Surg Nurse Manager</b>	<b>Effective Date:</b>

Each patient's age and stage of development, as well as, health status must be taken into consideration whenever nursing personnel are planning and implementing levels of activity for the hospitalized patient.

**Infants:** Hold for bottle and solid feedings for warmth, comfort, and physical contact.

Provide age appropriate toys for visual, auditory, and tactile stimulation.

**Toddlers:** Allow unrestrained movement in crib with the use of an overhead whenever possible.

Encourage the toddler to do things which can be done safely with adult supervision.

Provide comfort measures when the toddler needs to be dependent upon adult figures.

**Preschool:** Allow ambulation as much as physical condition will permit.

Involve in planning and caring out self-care activities according to the child's age and developmental level.

Accept lapses into dependence and encourage gradual return to independence.

Provide entertainment with music, rhymes, and familiar stories.

**School Age:** Provide time for doing school work. If the child will be hospitalized and/or out of school for more than three weeks, contact the Homebound School Teacher through the local education department, or encourage parents to bring in homework.

Encourage parents to bring in games that the child and parent can play.

**Adolescents:** Provide time for schoolwork and a Homebound School teacher if needed.

Involve in planning and carrying out self-care, which is most essential to the adolescent.

Allow to ambulate freely, yet set limits, as the adolescent needs some control of the environment.

Relationships with peers are of great importance and peer groups visitation should be allowed as much as the patient's physical condition permits.

## 11. Dietary Regime

If not specified by the physician, diet selection should be made according to the nursing assessment of the age and ability of the infant, child, or adolescent. Personal and parental preferences should be taken into consideration by the nursing staff and Dietary Department in planning a well-balanced diet for each individual patient.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
Scope:	Department: <b>ICU/CCU, Outpatient, PACU, Pediatric</b>
Source: Med/Surg Nurse Manager	Effective Date:

Infant diet consists of pureed cereal, fruit, vegetables, and meat. Infant formula, sterile water, and juices are available. Baby bottles and nipples are also available.

Toddler diet consists of junior foods and soft finger foods. Milk and juices by bottle or cup are available.

Pediatric regular diet consists of favorites of children and adolescents for their selection, along with small or large portion selection.

Regular diet consists of adult variety selection and portion size.

Three meals are served in 24 hours. Between meal and bedtime snacks are available from the dietary department for children and adolescents whose appetites or special diets require increased caloric intake.

## 12. Safety

All infants admitted to the Pediatric unit will be cared for following recommendations to prevent SIDS. Information provided by the "Back to Sleep" campaign will be provided to the family, with education from nursing staff documented in the medical record.

All pediatric admissions will have a security band applied at the time of admission.

- a. The nurse will document every shift that the patient has a security tag on and that it is functioning correctly.
- b. The parents/significant other will receive education specific to the security tag and its function.
- c. A picture will be taken of the child and all specific information related to the physical appearance will be placed on a form and placed in the patients chart.

For patient safety during ambulation, nursing personnel should:

- a. Accompany all patients during initial ambulation.
- b. Assist patient as indicated during hospitalization.

Bed and crib precautions for safety are:

- a. Children four years or younger will sleep in cribs with side rails up.
- b. Children between ages of 1-4 will be placed in high top (covered) cribs appropriate to level of activity.
- c. Pediatric patients may be placed in a regular bed under the age of four if the child normally sleeps in a regular bed at home.
- d. Bed should routinely be left in low position.
- e. Siderails will be used based on individual needs of child. Siderails will be up in the following cases:
  - Sedated child
  - Postoperative patient
  - Child with history/diagnosis of seizures
- f. Crib sides are kept raised to full height and secured at all times unless the nurse or parent is attending the child.
- g. Crib ceilings/extenders are to be used for any child in a crib that is able to stand.
- h. Call light is to be within easy reach of child/parent. (See policy Brady/Apnea Monitor)
- i. Unsupervised pediatric patients under the age of 10 years who are in a regular bed will have bed locks in place.

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<b>Scope:</b>	<b>Department: ICU/CCU, Outpatient, PACU, Pediatric</b>
<b>Source: Med/Surg Nurse Manager</b>	<b>Effective Date:</b>

Wheelchairs must:

- a. Be in proper working order.
- b. Have wheels locked when a patient is stationary or getting in or out of the chair. Whenever patient is transported to other areas of the hospital:
  - a. Must be accompanied by appropriate hospital personnel.

No child under the age of 8 years will be left in the tub or shower without supervision.

Environment should be:

- a. Clean
- b. Free from clutter
- c. Properly lighted
- d. Checked by personnel on each shift
- e. Free of any defective or unsafe equipment

Disposal of wastes: Follow current hospital policy

Identification bands on all patients

Colored coded bands will be used on all patients as indicated per the color-coded band policy

Electrical safety precautions include:

- a. Use of grounded equipment
- b. Intact insulation on electrical cords.
- c. Machinery not touching patient's bed.
- d. Spilled liquid to be washed and/or wiped dry immediately.
- e. Hazards noted should be reported promptly to proper department.

**13. Nutrition - Fluid and Electrolyte Balance (consult with Dietician as needed)**

Assure proper intake by:

- a. Administering oral fluids, IV fluids and tube feedings as ordered.
- b. IV site to be checked every hour for patency, and appearance and documented in the PCFS
- c. Withholding fluids when necessary.
- d. Maintaining an adequate food intake.
- e. Notifying physician if actual intake varies from expected intake.

Assess the fluid and electrolyte status by:

- a. Observing, reporting, and recording abnormal signs and symptoms.
- b. Specific gravity every shift or more frequently if ordered by physician.
- c. Noting laboratory reports and bringing significant changes to doctor's attention promptly.

**14. Elimination**

Assess adequacy of urine and bowel output by:

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
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<b>Source: Med/Surg Nurse Manager</b>	<b>Effective Date:</b>

- a. Observation of type, amount and frequency of urine and stool output.
- b. Weigh diapers for accurate output unless otherwise ordered.
- c. Check patency and position of catheter every shift - catheter care as necessary.
- d. Specific gravity every shift or more frequently if ordered by Physician.

Care of other drainage includes:

- a. Checking patency and position of tubes.
  - b. Irrigating tubes as needed per order.
  - c. Using standard precautions when handling drainage.
  - d. Measuring and recording all output.
  - e. Noting and recording color and character of drainage.
  - f. Ostomy bags applied, cleaned and changed as needed.
15. Oxygen and Ventilation (involve Respiratory Therapist as needed)
- A. Measures for providing adequate oxygen and ventilation are:
    1. Encouraging patient to turn, cough and deep breathe
      - a. Every two hours for immobile and/or strict bed rest patients (unless contraindicated).
      - b. Every two hours or more frequently for selected surgical patients.
    2. Use of incentive spirometer as ordered.
    3. Keeping air passages clear by:
      - a. Gentle suctioning of nose and mouth using the bulb syringe or Neo-Tek suction device or appropriate device for deep tracheal suction if absolutely needed or ordered.
      - b. Positioning infants on side or infant seat at all times.
    4. Observing, reporting and recording signs of inadequate oxygenation.
      - a. Signs include the following:
        - Substernal retractions
        - Nasal flaring
        - Cyanosis
        - Grunting respirations
        - Agitation unexplained by other reasons
16. Emotional Support (Patient and Parents) (consult with Social Worker as needed)
- A. All babies should be held firmly but gently when picking up or holding.
  - B. Talk softly to baby while giving care.
  - C. Encourage mother to talk softly, sing to baby, hold baby close, cuddle and have eye contact if she appears inhibited by hospital environment
  - D. Talk to baby when feeding, rock in rocking chair if possible.
  - E. Assist mother to relax when handling baby.
  - F. Indicate to patient and family that the patient is a respected, individual person.
    1. Encourage patient and family to ask questions.
    2. Allow patient to wear own bed clothes when appropriate.
    3. Answer call light signal promptly.
    4. Observation of patient's and family's understanding of, and reaction to, diagnosis and/or physical disability and adjusting nursing actions accordingly.
    5. Explanation of tests and procedures.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
Scope:	Department: ICU/CCU, Outpatient, PACU, Pediatric
Source: Med/Surg Nurse Manager	Effective Date:

6. Adjusting unit routines for patient and family convenience and/or needs.
  7. Orientation of patient and family to hospital and room environment (call system, operation of bed, bathroom, mealtimes, visiting hours. Instructing patient and/or family that all valuable items are to be taken home or placed in the safe.
  8. Listen attentively.
  - G. Observation of and reporting unusual behavior of patients and/or parents.
  - H. Encourage members of family in their support of patient.
    1. Encourage relatives to visit at mealtimes and feed patient if desired.
    2. Allow relatives to remain with patient if it is appropriate to his condition.
  - I. Accept patient's right to question and request additional information about procedures and treatments.
  - J. Identify oneself by name and repeat as necessary on initial contact with patient and family.
  - K. Encourage expression of feelings to facilitate the maintenance of effective verbal and non-verbal-verbal communication and constructive means of dealing with stress.
  - L. Avoid talking about patient in his presence and in presence of the family unless they are included.
  - M. Encourage patient and family to participate in planning, assessing and providing care.
  - N. Offer to call spiritual advisor if appropriate.
17. Family Teaching
- A. Education of family regarding patient care.
    1. Provide support and education for breast and bottle feeding (may want to involve perinatal staff when caring for small infants).
    2. Promote bonding between infant and home care giver.
  - B. Teaching in keeping with limitations of family's environment and levels of family's understanding and acceptance.
  - C. Obtain assistance of personnel from other health disciplines as necessary.
18. Discharge
- A. Include family members in discharge planning.
  - B. Record date and time discharge and/or transfer took place. Follow discharge documentation guidelines.
  - C. Record mode of transportation, person to whom patient was discharged to and hospital personnel accompanying patient to the door and/or to another unit (including car seat).
  - D. Patient health status.
  - E. Signature of the nurse.
19. If Patient is Dying
- A. Notify physician and family.
  - B. Treat patient and family with compassion and respect.
  - C. Facilitate religious interventions.
20. When Patient Dies
- A. Provide privacy for family as long as necessary and allow visual and/or physical contact with the deceased if desired by family and not contraindicated.
  - B. If an infant, may want to offer a keepsake box (discuss with perinatal nurse for procedure).



**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Pediatric Standards of Care and Routines</b>	
Scope:	Department: <b>ICU/CCU, Outpatient, PACU, Pediatric</b>
Source: Med/Surg Nurse Manager	Effective Date:

C. Care for body in accordance with hospital procedure.

21. Infection Control

Follow the standard precautions in the Infection Control Manual. Includes cleaning of toys used in the Pediatric Unit.

22. Documentation

Per Pediatric Standards policies on Patient Care Flow Sheet.

**Committee approval:** \_\_\_ No; X Yes

**Responsibility for review and maintenance:** Med-Surg/Pediatric Head Nurse

**Index listings:** Pediatric Standards and Routines; Routines, Pediatric; Vital Signs – pediatric Patient; Weights, Pediatric; Growth Chart; Sleep; Hygiene; Activity Level; Diet; Safety; Nutrition, Fluids; Elimination; Emotional Support; Teaching; Discharge; Death of Child; Infection Control, Pediatric Unit (see Infection Control Policy and Procedure Manual)

**Initiated:** 4/86

**Revised/Reviewed :** 2/88, 7/94, 3/98; 7/99; 01/2000; 1/2001; 12/2001; 1/2002; 7/2005; 11/07bss, 3/09bss; 1/2010bss; 6/11mcp; BS 9/12; 2/13 bss

<b>Committee Approval</b>	<b>Date</b>
Peri-peds	<b>January 15, 2013</b>
<b>Executive Council</b>	
<b>Board of Directors</b>	

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Standards of Patient Care in the Perinatal Unit</b>	
Scope:	Department: <b>OB/Gyn</b>
Source: OB Nurse Manager	Effective Date:

**Standards of Care for OB**

**Purpose:** To provide consistent standards for women and neonates cared for in the Perinatal Unit.

**Policy:**

Perinatal nurses will care for all perinatal patients. A non-perinatal RN may care for the perinatal patient under the direct supervision of a perinatal RN. Antepartum, intrapartum, postpartum and nursery patients will be assessed and cared for in accordance with specific guidelines and protocols. Every woman who presents for care to OB will at a minimum have:

1. Vital signs
2. Evaluation of EFM tracing
3. Weight
4. Urine dips with Chemstrip- Proteinuria only. If further urine evaluation is needed a UA will be sent to lab.
5. DTR and clonus assessment
6. Record all allergies and medications
7. Review of prenatal record (if available) for initial labs, risk factors and/or co-morbidities.
8. Name band and allergy bands (as applicable) on patient
9. Employ age specific protocol for education:
  - a. Mothers older than 19 years of age
  - b. Mothers younger than 19 years of age (teen pregnancy)

If any patient is in acute distress the following standards will apply PRN the patient situation: (while the MD is being called)

1. Apply oxygen via nasal cannula or mask to obtain SPO<sub>2</sub> >90%
2. May place S.L while physician is being notified
3. May call lab for CBC, draw and hold
4. May call radiology for ultrasound STAT
5. Obtain FSBS if displaying signs and symptoms of hypo or hyperglycemia.
6. Implement ACLS protocol as necessary.

**Specific patient populations**

**A. Outpatient/Antepartum patients**

- a. All antepartum patients over 20 weeks gestation will have an initial fetal heart rate evaluation and tocometer in order to rule out preterm labor and/or monitor fetal well being. If less than 24 weeks, fetal heart tones can be auscultated with Doppler. Over 24 weeks the EFM should be applied.
- b. Any patient that presents to OB without physician orders will be cared for in accordance to the MSE policy.
- c. EFM tracing will be obtained. Results of the EFM tracing will be reported including Category (I, II, or III). Category III strips will be reported to the physician immediately.
- d. If passage of vaginal fluid is reported, evaluation of that fluid may include one or all of the following:
  - i. Sterile speculum exam for pooling
  - ii. Amniotest or AmnioSure swab
  - iii. Preparation of a slide and microscopic evaluation for ferning.
- e. All information will be reported to the physician. Further orders for continued evaluation versus discharge will be at the discretion of the physician.

**B. Intrapartum Patients**

- a. All labor patients will have a nursing assessment completed and documented within two hours of arrival. This includes all consents and MRSA swab if applicable. Refer to the Admission Assessment of Obstetrical Patient policy.
- b. Labor patients will have an initial EFM tracing demonstrating a Category I strip over at least 20 minutes. After this, monitoring will be done per physician order, electronically or by auscultation.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Standards of Patient Care in the Perinatal Unit</b>	
Scope:	Department: <b>OB/Gyn</b>
Source: OB Nurse Manager	Effective Date:

Nursing staff may initiate external EFM at any time for any situation that requires further assessment of fetal well-being.

- c. If the EFM tracing reveals a Category II or III tracing, the patient will remain on continuous monitoring until a Category I strip is obtained or the medical provider makes a further evaluation and has viewed the strip.
- d. If the physician deems a labor epidural is appropriate, standards following the specific epidural policy will be adhered to.
- e. Frequent position changes and voiding at least every 2 hours while in labor is encouraged.
- f. For fetal distress and membranes are ruptured, internal monitoring may be initiated at RN discretion while another staff member is contacting the physician.
- g. Once an epidural is in place, a Foley catheter should be inserted.
- h. If a cesarean section is called for emergent or non-emergent reasons, the Cesarean Section policy will be followed.
- i. If a fetal scalp electrode is in use, it may be removed per physician order or left in place and removed in the operating room just prior to prepping for the incision.

**C. Postpartum Patient**

- a. All postpartum patients will have vital signs and fundal checks every 15 minutes for two hours immediately following vaginal delivery.
- b. Patients requesting short stay will not be admitted to postpartum or nursery but will be cared for according to the Short Stay policy in the birthing room.
- c. Post cesarean section and tubal ligation patients will have an initial fundal check. After this if lochia is the same or less than the initial assessment fundal checks may be deferred for patient comfort.
- d. One family member may spend the night in the room with the patient. No children.

**D. Nursery Patient**

- a. NRP and S.T.A.B.L.E. protocols will be instituted when indicated.
- b. All IV fluids administered to neonates will be on an infusion pump and/or syringe pump.
- c. Any neonate on IV therapy will be on strict intake and output. Bottle feeding will be measured and diapers will be weighed. All other newborns will be on simple I&O (recording of feedings in minutes as well as numbers of voids and stools).
- d. Daily weights
- e. Rooming in with mothers is to be encouraged, with babies in nursery prn or if unstable.
- f. All newborns will receive initial bath when stable according to the Nursery Admission policy. Everyone except parents will employ universal precautions until bath is completed.
- g. All newborns will receive Newborn Screening and Hearing Screening per policy. If parents decline these screens, they must sign a waiver.
- h. Infants are fed in accordance to the mother's wishes. Information on the benefits of breastfeeding will be provided. Breastfeeding is to be encouraged.
- i. Photographs will be taken in the event of any birth defects and placed on the chart.
- j. Blood pressure readings are not standard for neonates. Blood pressure will be measured on unstable neonates and/or per M.D. order.
- k. Temperatures are to be routinely taken via temporal or axillary routes only. Rectal temperatures can be obtained when clinically indicated.
- l. Standard SIDS precautions will be routinely followed by nursing staff

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Standards of Patient Care in the Perinatal Unit</b>	
Scope:	Department: <b>OB/Gyn</b>
Source: OB Nurse Manager	Effective Date:

- A safe, clean environment shall be provided for all patients, staff and visitors. The hospital Standard Precautions will be followed at all times.
  - A. All emergency equipment will be checked daily for proper functioning and electrical safety
- All nursing care will be appropriately documented.
- Nursing assessments, flow sheets, care plans will be updated and appropriately documented on at least every shift or more PRN.
- All medications will be given appropriately and according to hospital policy, including the Six Rights:
  - 1. Right medication
  - 2. Right dose
  - 3. Right time
  - 4. Right route
  - 5. Right patient
  - 6. Right documentation
- In the event of medication incompatibility, an IV at TKO rate or Saline lock may be inserted.
- Nursing staff will be responsible for knowledge of medication given or utilizing appropriate resources to gain that knowledge.
- All patients receiving IV vasoactive and antidysrhythmic agents will have additional monitoring (SPO<sub>2</sub>, Telemetry, Cardiac and/or apnea monitoring) appropriate for the patient condition. Notify physician of significant changes as ordered.
- All sedation/ analgesia will be given according to the IV sedation analgesia guidelines.
- All neonatal dosages will initially be double checked with another nursing or pharmacy professional and referenced against a pediatric drug guide (e.g. "Up-To-Date"). Neonatal IV fluids and medications given by nursing will be given by syringe Pump or other IV infusion pump.
- The undelivered labor patients will have infusions of the following medications only by IV infusion pump. These medications will be piggybacked into a mainline infusion fluid at a port close to the patient, in order to allow for rapid termination of treatment without compromising IV access:
  - 1. Pitocin / Oxytocin
  - 2. Magnesium Sulfate
- Confidentiality and personal privacy will be maintained for patients at all times.
- When a patient is transferred to another facility, moved to another area of the hospital, or discharged, their status will be documented in the medical record and by verbal report. A telephone report will be given to a nurse of the receiving facility/unit. This will be done in addition to verbal reports to Ambulance/transport personnel.
- Discharge planning shall be initiated for all patients as soon as possible. Social Services will see patients assisting with applicable referrals. Social Services will assist with adoptions per the Adoption P/P.

**NORTHERN INYO HOSPITAL  
POLICY AND PROCEDURE**

<b>Title: Standards of Patient Care in the Perinatal Unit</b>	
Scope:	Department: <b>OB/Gyn</b>
Source: OB Nurse Manager	Effective Date:

- Throughout the patient's stay, the patient and, as appropriate, his/her significant other will receive education specific to the patient's health care needs.
- Appropriate teaching will be started and ongoing for all patients/families/significant others. This will be documented in the patient's medical record.

**Committee approval needed:** No  Yes

**Responsibility for review and maintenance:** Perinatal Nurse Manager

**Index Listings:** Standards of Care, Perinatal; Perinatal Standards of Care, Standards on Perinatal Unit

**Revised:** 5/2011, 1/2013jk

in approval

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# NORTHERN INYO HOSPITAL

## MEDICAL STAFF POLICY & PROCEDURE

### CREDENTIALING HEALTH CARE PRACTITIONERS IN THE EVENT OF A DISASTER

#### POLICY:

In the event of a disaster or emergency where the Hospital's emergency management plan has been activated and the Hospital is unable to handle the immediate patient care needs, the Chief Executive Officer or the Chief of Staff or their designee(s) may grant Disaster Privileges to individuals presenting themselves as health care practitioners seeking to volunteer their services, after the process outlined below has been followed.

#### PROCEDURE:

1. All Hospital departments and supervisory personnel (including Disaster Team Leaders) shall be instructed to direct all volunteering health care practitioners ("HCPs") to the Medical Staff Office (or to the Acting Administrator in the Disaster Command Center if the Medical Staff Office is not accessible).
2. Before a volunteer practitioner is considered eligible to function as a volunteer licensed independent practitioner, the volunteering HCP shall be required to produce a valid government-issued photo ID card with a signature (e.g., driver's license or passport) and at least one of the following:
  - a. a current license to practice medicine issued by a state, federal, or regulatory agency; or
  - b. identification indicating that the individual is a member of a Disaster Medical Assistance Team, the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group; or
  - c. identification indicating that the individual has been granted authority, by a federal, state or municipal entity, to render patient care, treatment, or services in disaster circumstances; or
  - d. signed statement by a current Hospital or Medical Staff Member with personal knowledge regarding the practitioner's identity and ability to act as a licensed independent practitioner during a disaster.

If possible, copies of these documents should be made (and/or notation of the current hospital or medical staff member with personal knowledge). If it is not possible to make copies, the identification information (including full name, address, license number, issuing agency, etc.) shall be recorded.

3. The volunteering HCP shall be requested to indicate his/her malpractice carrier and the name of the hospital(s) where he/she currently holds privileges. If possible, verification of licensure, insurance, and hospital affiliations shall be made by telephone or electronic query. A query to the NPDB and OIG shall also be submitted, unless technologically not possible. In the event this information cannot be verified, emergency approval of Disaster Privileges may still be granted pending verification.
4. The Request for Disaster Privileges form shall be completed (as indicated on the attached form).
5. The available information shall be reviewed by the individual(s) authorized to grant emergency approval of Disaster Privileges, per Policy above. The on-site responsible Medical Staff member (i.e., in accordance with facility disaster plan, e.g., ER physician) shall interview the volunteer to determine the appropriate scope of assigned responsibilities, and make a recommendation based on the available information to the Chief Executive Officer or Chief of Staff or their designee(s), who are authorized to grant Disaster Privileges.
6. The volunteer HCP shall be partnered with a member of the Medical Staff or Allied Health staff of similar specialty. Partnering information shall be recorded with the other information regarding the volunteer HCP.
7. The volunteer HCP shall be issued a temporary identification badge indicating his/her name, status as an approved volunteer HCP, and notation of his/her partner.
8. Any such Disaster Privileges may be terminated at any time, with or without cause or reason, and any such termination shall not give rise to any rights of review, hearing, appeal or other grievance mechanism. Disaster Privileges shall be terminated immediately if any information is received that suggests the volunteer HCP is not capable of rendering services as approved.
9. As soon as the status of the emergency situation is such that routine credentials verification procedures are possible, the Medical Staff Office shall initiate such procedure in the manner set forth in the Medical Staff Bylaws.



## NORTHERN INYO HOSPITAL REQUEST FOR DISASTER PRIVILEGES

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex: M F

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Hospital(s) Where You Hold Privileges: \_\_\_\_\_

Malpractice Insurance Carrier: \_\_\_\_\_

Medical Staff Member References (name & contact info for each):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### VERIFICATIONS

	Photo ID	Type:	State/Country:	Expiration:
	Medical License	Number:	Issued By:	Expiration:
	DMAT, MRC, ESAR-VHP, Other	Number:	Issued By:	Expiration
	Affirmation of Identity	By:	Capacity:	
	Other			

Hospital Affiliation(s): \_\_\_\_\_

NPDB query submitted: \_\_\_\_\_ Received: \_\_\_\_\_ Findings: \_\_\_\_\_

OIG query submitted: \_\_\_\_\_ Received: \_\_\_\_\_ Findings: \_\_\_\_\_

**DISASTER PRIVILEGES APPROVAL**

Partner Assignment \_\_\_\_\_

Scope of Disaster Privileges Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by (check one):     CEO                     Chief of Staff                     Designee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

**1. Executive Summary**

Hospice is a way of caring; it is not a place. When cure is no longer possible, the caring doesn't stop. Hospice care is a way to help those with a terminal illness be as comfortable as possible and focused on living, while also guiding family members to an understanding of what each dying person is experiencing.

Our objective is to become an enhanced team of experts dedicated to this process – nurse, physician, therapist, social worker, aide, spiritual counselor and volunteer to help make this challenging time a peaceful and meaningful journey for everyone involved. This enhanced hospice will reach beyond the Bishop area to serve all those in need, from Lone Pine to Mammoth Lakes, and possibly even to the June Lake area.

Our goal is to provide hospice care to all with a qualifying need, billing for what we can, and utilizing raised funds and donations to care for those who cannot pay.

Going beyond end-of-life care, our goal is to also have a strong bereavement program and a strong fundraising arm.

In light of these objectives, this proposal is to unite the expertise of Pioneer Home Health Care, Inc. (PHHC) and Hospice of the Owens Valley (HOV) under one, non-profit, corporate structure and one California home health care license, and to quickly prepare all involved employees and volunteers for Medicare certification and accreditation by the Accreditation Commission for Health Care (ACHA).

While shared staff and shared expenses will help us to be effective and efficient, it will be important for the Hospice of the Owens Valley to retain its identity and history, as it is a well-loved entity in our Bishop area.

Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

**2. Agency Description**

Pioneer Home Health Care, Inc. is a non-profit, 501(c)(3), community-based agency, serving the Eastern Sierra for more than 22 years. The agency presently provides a home health care program, a personal care program and a senior care management program. Pioneer is well poised to embrace a hospice program, having strong leadership, knowledgeable clinicians, and willing support staff. This is all overseen by a supportive, community-based corporate board. The geographic area Pioneer serves includes all communities from Lone Pine to June Lake, and includes communities along Highway 6 as far as Benton. Its business office is in Bishop, centrally located to serve this vast area.

Pioneer's Home Health Care Program served 286 people in 2012, providing 2125 visits. The Personal Care Program served 65 clients, providing 21,590 hours of attendant care. Pioneer's net margin for 2012 was \$62,868.00.

Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

### 3. Service

We are proposing significant enhancements to the present available hospice services. While the HOV services have been limited to the Bishop and Big Pine areas, the proposal extends care to serve the majority of both Inyo and Mono counties. Many more people will have access to hospice care. Our goal is to provide hospice care to all with a qualifying need, regardless of ability to pay. Many more employees and volunteers will be providing care and support activities.

We will be a Medicare and Medi-Cal certified hospice program, giving us both Standards of Care and the ability to receive revenue for care provided. This revenue will be used for salaries and benefits of a greatly enlarged staff, and overhead costs.

Volunteerism and fundraising will be recruited in outlying areas (Lone Pine/Mammoth Lakes) and continued energetically where it already exists. Donated funds will be used for indigent care, a bereavement program, and as seed money for any additional supportive hospice project.

While preserving the identity of the HOV, brochures, the website, and other community education literature will be updated to show the marriage of PHHC and HOV. While we will be sole provider without competition, it will be important to educate the community on the enhanced availability of hospice services.

Recruitment has already taken place for additional clinical and clerical support. Available as soon as needed are: a full-time RN, a nearly full-time LVN, and a half-time clerical support person. In addition to these, the present PHHC staff of medical social worker, certified home health aide, physical therapist and occupational therapist have additional available time to provide hospice care.

Technology use will be enhanced. All patient records will be done through electronic documentation, with laptops being utilized by field clinicians. Electronic records will be protected per HIPAA regulations. The present CareFacts home health documentation vendor will be providing us the hospice documentation format to meet all Medicare regulations and will provide necessary training to all staff. Through this system, the clinicians will have the capacity to reconcile all medications and be immediately aware of any potential severe interactions or drug duplications.

Once the core program has been merged and certified, there will be opportunity to focus energies on enhanced fundraising and future supportive programs.

Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

**4. Market Analysis**

Historically, Hospice of the Owens Valley services have only been available in the areas around Bishop and Big Pine. There has been no competing hospice in the Inyo and Mono County areas. Our target market will be Lone Pine to June Lake, covering a significant portion of population not formerly served. Others that could have been served by hospice, died while in a skilled nursing facility (24 in 2010) or while under the care of PHHC (annual average of 16). While the average number of annual deaths in the Inyo and Mono County areas is 175 – 200, HOV data indicates only serving 10% of these people. In other communities, at least 60% of dying people are served by a hospice entity. Our goal will be to serve a percent more closely aligned with other communities or closer to 100 patients annually.

The distribution patterns show that most of our patients will be in the Bishop and Southern Inyo areas, but moderate patient numbers will also be in the north. Heart disease is our largest cause of death, with cancer diagnoses coming in second. (see attachment)

Main competition toward reaching that patient census include the two skilled nursing facilities in Inyo County and those who choose not to have any formalized end-of-life care. Our challenge will include sufficient education to the larger Eastern Sierra community, so that everyone becomes aware of their options for end-of-life care. Physicians and health care providers also need an awareness of the expansion of hospice services.



Number of Deaths by ZIP Code of Decedent's Residence  
By Sex and Age of Decedent and Selected Leading Causes of Death  
California, 2010

ZIP CODES	SEX		AGE												CAUSE OF DEATH (See Footnotes for definitions of abbreviations.)														
	TOTAL DEATHS	M	F	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Unk	HTD	CAN	STK	CLD	ALZ	INJ	DIA	PNF	LIV	SUI	HYP	NEP	OTH	
BP 93513	19	11	8	-	-	-	-	-	-	1	3	1	8	6	-	6	4	1	3	-	-	1	-	1	-	-	-	-	3
B 93514	130	57	73	-	-	-	2	1	1	7	16	17	37	49	-	35	31	8	6	-	8	4	2	4	1	4	1	26	
LS3526	12	7	5	-	-	-	-	-	-	3	1	3	5	5	-	6	2	2	-	-	-	-	-	-	-	-	1	2	
LP 93545	27	17	10	-	-	-	-	-	1	1	3	5	13	13	-	12	6	5	1	-	-	-	-	-	-	-	-	2	
ML 93546	13	7	6	2	-	1	1	1	1	1	1	1	4	2	-	2	2	2	-	1	1	3	1	-	-	-	-	4	
TOTAL	201	99	102	2	2	3	2	2	2	9	26	25	57	75	61	45	45	14	10	1	12	5	3	5	1	5	3	36	

\* All deaths which occurred to residents in ZIP Codes with fewer than five events have been combined into ZIP Code "99998".  
 \*\* All deaths to California residents with ZIP Codes not in the appropriate range for California have been combined into ZIP Code "99999".  
 \*\*\* NOTE: ZIP CODES WITH FEWER THAN FIVE DEATHS ARE NOT LISTED.

Cause of Death Definitions and ICD-10 Codes (International Classification of Diseases, Revision 10)

HTD	Diseases of the Heart	I00-I09, I11, I13, I20-I51	DIA	Diabetes Mellitus	E10-E14
CAN	Malignant Neoplasms (Cancer)	C00-C97	PNF	Influenza and Pneumonia	J09-J18
STK	Cerebrovascular Disease (Stroke)	I60-I69	LIV	Chronic Liver Disease and Cirrhosis	K70, K73-K74
CLD	Chronic Lower Respiratory Disease	J40-J47	SUI	Intentional Self Harm (Suicide)	U03, X60-X84, Y87.0
ALZ	Alzheimer's Disease	G30	HYP	Essential Hypertension & Hypertensive Renal Disease	I10, I12, I15
INJ	Unintentional Injuries (Accidents)	V01-X59, Y85-Y88	NEP	Nephritis, Nephrotic Syndrome and Nephrosis	N00-N07, N17-N19, N25-N27
			OTH	All Other Causes	Residual Codes



Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

**5. Strategy and Implementation**

- A. Submit a letter of interest to the California Wellness Foundation, and other grant sources, requesting consideration for hospice program seed money support.  
Who: Pat West  
When: February 2013
- B. Complete the legal agreement. Merge all employees and volunteers under the PHHC corporate structure. Hire all present paid employees of HOV.  
Who: Authority for PHHC, HOV and Northern Inyo Hospital (NIH)  
When: By end of February 2013
- C. Transition all HOV funds under PHHC corporate structure  
Who: Authority for PHHC, HOV and NIH  
When: By end of February 2013  
Set up a small oversight committee of former HOV volunteers to monthly review how hospice revenues and funds are being managed, and report back to corporate board if any concerns need to be addressed.  
Who: Concerned volunteers from HOV, chosen by HOV Board  
When: By end of March 2013
- D. Transition all patients and their medical records from HOV to PHHC, reviewing each patient individually to determine if they would qualify for coverage under their present insurance plan or whether their care will be covered by hospice funds.  
Who: Caitlin Higginbotham, PHN and Coco Sly, RN  
When: By end of February 2013, no later than first week of March 2013
- E. Physically vacate HOV building, integrating all people and necessary furniture, equipment, and supplies to the PHHC office. (This situation will be temporary, until a larger facility is identified or created). Temporarily rent adequate storage space for furniture and durable medical equipment.  
Who: All staff and volunteers and possibly hire a mover  
When: Move into PHHC building by March 15, 2013. Completely vacate HOV buildings by end of March, 2013
- F. Generate a media campaign to celebrate and promote the new union and extended services. First step will be to reassure the community that HOV remains a vibrant part of the local community.  
Who: Pat West, Caitlin Higginbotham, Tom Boo and all staff and board  
When: Immediately after merger is legally settled  
Continue the media campaign in person to facilities and physicians, address at community clubs, use radio, television, newspaper, website, blogs.

Who: All staff and volunteers headed by Pat West and Caitlin Higginbotham  
When: Ongoing

- G. Extend PHHC corporate board membership to the full compliment of 7 positions. Those with an interest, representing the geographic area to be served and representing the hospice interests, will submit a letter of interest to the PHHC corporate board for review and determination.  
Who: All those with an interest to be an active PHHC corporate board member. PHHC present board members.  
When: By end of March 2013
- H. Continue to accept patients for hospice care under the present home health licensed program until the hospice program becomes Medicare certified. Provide all hospice services, including the volunteer, physician and spiritual support components. Begin serving the greater Eastern Sierra area for hospice patients.  
Who: All merged employees and volunteers  
When: From March 1, 2013 until time of hospice certification – projected for August 1, 2013  
Continue to embrace the office volunteers and the services they provide  
Who: All office volunteer staff  
When: As soon as physical space has been designated at time of move, and ongoing.
- I. Provide all training and preparation for staff and volunteers to be ready for Medicare certification and accreditation. When ready, apply for certification through ACHC and complete survey process, utilizing their support team to ensure readiness. If needed, may engage consultant. Utilize an on-line learning program, as well as local expertise. Become hospice certified.  
Who: Pat West and Caitlin Higginbotham to coordinate; all staff and volunteers to participate  
When: From March 2013 through July 2013 (3 – 6 months)
- J. Establish all needed hospice contracts with support services – pharmacy, DME, hospitals, skilled nursing facilities.  
Who: Administrator and Board  
When: Completed by July 2013
- K. After receiving Hospice Medicare certification, begin admitting patients directly under the certified hospice program. Determine which present patients need to be transitioned. Provide another media campaign with celebrations and congratulations!  
Who: Clinical patient staff – patient transition / administrator and coordinators – media campaign  
When: August and September 2013
- L. Recruit and train volunteers throughout the service area  
Who: Hospice program coordinator  
When: Ongoing
- M. Work on a significant fundraiser and media blitz – possibly related to time of fair.  
Who: Special committee of volunteers, board, administrator, coordinator  
When: September 2013 (and obviously before)

N. Combine Light-Up-A-Life and Open House for a big December community celebration/education/fundraiser

Who: Everyone

When: December 4, 2013

O. Continue search and plans for a permanent office location to accommodate our growing needs and a place that represents us well in the health care community.

Who: Everyone

When: December 4, 2013

Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

**6. Management and Personnel**

- A. See organizational chart (attached) for explanation of management structure
- B. Personnel Plan will include the following:
  - 1. Transition all present paid HOV employees
  - 2. Transition all present volunteers
  - 3. Train all present PHHC staff (RN, LVN, PT, OT, MSW) to care for hospice patients
  - 4. Hire additional RN, who will provide care for both home health and hospice patients.  
Progress her from per diem to full time as patient census grows
  - 5. Increase present LVN hours from per diem to full time as patient census grows.
  - 6. Recruit more volunteers for office, fundraising and bedside support.
  - 7. Present option for medical director to remain in volunteer status or transition to paid status if work load significantly increases. Consider assistance of second physician to assist northern area.
  - 8. Hire an additional 20 hour office employee and re-distribute office responsibilities to meet existing and new needs with greatest expertise.
  - 9. Continue to grow the entire team as total patient census increases.

Pioneer Home Health Care, Inc.  
Organizational Chart

Board of Directors

President	Secretary	Member	Member	Member	Member
Randall Van Tassell, CPA	Kathryn Williams	Dave Patterson	Natalie Sanders, RN	xxxxxxx	xxxxxxx

Administrator/DON  
Pat West, PHN

State Licensed Home Health Care

Administrative Assistant

Internal Services Coordinator

Human Resources Coordinator

Clinical Supervisor  
Coco Sly, RN

Senior Care Mgmt Program

Geriatric Care Manager  
Jennifer Johnston

Personal Care Program

Program Coordinator  
Sue Glenn  
Caregivers

Hospice Program

Medical Director  
Thomas Boo, MD

Program Coordinator  
Caitlin Higginbotham

Case Manager  
Caitlin Higginbotham, PHN

Case Managers  
Tamara Walker, RN  
Ruby Allen, RN

Home Health Program

Volunteer Program

Bereavement Program

Clinical Field Staff

Registered Nurse  
Physical Therapy  
Occupational Therapy  
Medical Social Worker  
Certified Home Health Aide

Total Quality Manager  
Kathryn Erickson, PHN

Pioneer Home Health Care, Inc.  
**Hospice Program Business Plan**

**7. Financial Analysis**

See attached projected Revenue and Projected Budget for 2013

There will be no revenue from insurance sources until hospice is Medicare certified. During the certification process, at least 5 hospice patients will be admitted under the new program, with at least 2-3 available for surveyor visits. We will not be able to bill for this care. Therefore, we cannot expect any hospice-specific revenue until certification is completed. The Medicare, Medi-Cal and Insurance revenue projected is from August through December only. This is based on a conservative average census of 26 patients, with average lengths of stay of 37 days each. This revenue should eventually offset all but approximately \$16,000 of first year costs. All Costs are projected on the budget sheets.

## Pioneer Home Health Care - Projected 2013 Revenue and Budget

<b>Projected Revenue for 2013 - Hospice Only</b>		
<b>Hospice Program (5 months start-up and 5 months active)</b>		
Medi - Medi, Insurances/Other	170,000.00	
Donations/Memorials/Memberships/Fundraising	8,000.00	
		<b>\$ 178,000.00</b>
HOV transitioned funds (approximate)	16,139.00	
		<b>\$ 16,139.00</b>
<b>Total Anticipated Revenue</b> *without special project grant funding		<b>\$ 194,139.00</b>
<b>Projected Budget for 2013 - Hospice Only</b>		
<b>DIRECT EXPENSES</b>		
Direct Salaries	75,500.00	
Direct Payroll Taxes	5,776.00	
Direct Benefits	6,038.00	
Direct Transportation @ .50 cents per mile	1,900.00	
Billable Medical Supplies	1,500.00	
<b>TOTAL Direct Expenses</b>		<b>\$ 90,714.00</b>
<b>INDIRECT EXPENSES</b>		
Indirect Salaries	54,975.00	
Indirect Payroll Taxes	4,452.00	
Indirect Benefits	5,130.00	
Operational Costs	38,868.00	
<b>TOTAL Indirect Expenses</b>		<b>\$ 103,425.00</b>
<b>TOTAL EXPENSES</b>		<b>\$ 194,139.00</b>
<b>Projected Total Net Gain</b>		<b>\$ -</b>
Approximately \$18,000 will be spent in 2013 for start-up that will not be recovered in 2013 by anticipated revenue or funding, unless grant sources can be accessed.		
Over \$20,000 in 2013 costs identified are one-time, start-up costs, not be repeated in future years.		

Pioneer Home Health Care  
**Projected Budget For 2013 - Hospice Only**

Acct #	Account Description	Hospice Mar - Dec	Hospice Start-Up Costs
	<b>Direct Care Clinicians</b>		
4010	Salaries - RN	60,000.00	30,000.00
4020	Salaries - LVN	3,000.00	2,000.00
4030	Salaries - PT	3,000.00	720.00
4040	Salaries - OT	1,500.00	720.00
4050	Salaries - ST	-	-
4060	Salaries - MSW	6,000.00	1,000.00
4070	Salaries - CHHA	2,000.00	225.00
		<u>75,500.00</u>	<u>34,665.00</u>
	<b>Direct Care Clinicians</b>		
4110	Payroll Taxes - RN	4,590.00	2,295.00
4120	Payroll Taxes - LVN	230.00	150.00
4130	Payroll Taxes - PT	230.00	150.00
4140	Payroll Taxes - OT	114.00	76.00
4150	Payroll Taxes - ST	-	-
4160	Payroll Taxes - MSW	460.00	306.00
4170	Payroll Taxes - CHHA	152.00	100.00
		<u>5,776.00</u>	<u>3,077.00</u>



Pioneer Home Health Care  
**Projected Budget For 2013 - Hospice Only**

Acct #	Account Description	Hospice Mar - Dec	Hospice Start-Up Costs
	<b>Direct Care Clinicians</b>		
4210	Benefits - RN	5,000.00	3,200.00
4220	Benefits - LVN	195.00	130.00
4230	Benefits - PT	195.00	130.00
4240	Benefits - OT	128.00	86.00
4250	Benefits - ST	-	-
4260	Benefits - MSW	390.00	260.00
4270	Benefits - CHHA	130.00	86.00
		<u>6,038.00</u>	<u>3,892.00</u>
	<b>Patient Care Related</b>		
	@ .50 cents per mile		
4310	Transportation - RN	1,200.00	660.00
4320	Transportation - LVN	50.00	30.00
4330	Transportation - PT	100.00	50.00
4340	Transportation - OT	50.00	20.00
4350	Transportation - ST	-	-
4360	Transportation - MSW	200.00	130.00
4370	Transportation - CHHA	300.00	200.00
		<u>1,900.00</u>	<u>1,090.00</u>

Pioneer Home Health Care  
**Projected Budget For 2013 - Hospice Only**

Acct #	Account Description	Hospice Mar - Dec	Hospice Start-Up Costs
4430	Contract Services - PT	-	-
4450	Contract Services - ST	-	-
4500	Billable Medical Supplies	1,500.00	-
		1,500.00	-
		1,500.00	-
	<b>Indirect/Administrative</b>		
5009	Salaries - QA	2,000.00	1,500.00
5010	Salaries - Clin Sup	1,000.00	1,000.00
5011	Salaries - Clerical	12,500.00	8,330.00
5012	Salaries - Administrator	26,475.00	17,650.00
5018	Salaries - Hospice Program Coord	15,000.00	-
		54,975.00	28,480.00
	<b>Indirect/Administrative</b>		
5109	Pyrl Taxes - QA	150.00	100.00
5110	Pyrl Taxes - Clin Sup	76.00	50.00
5111	Pyrl Taxes - Clerical	962.00	641.00
5112	Pyrl Taxes - Administrator	2,038.00	1,358.00
5118	Pyrl Taxes - Hospice Program Coord	1,226.00	816.00
		4,452.00	2,965.00
		4,452.00	2,965.00

Pioneer Home Health Care  
**Projected Budget For 2013 - Hospice Only**

Acct #	Account Description	Hospice Mar - Dec	Hospice Start-Up Costs
	Indirect/Administrative		
5209	Benefits - QA	40.00	26.00
5210	Benefits - Clin Sup	-	-
5211	Benefits - Clerical	150.00	100.00
5212	Benefits - Administrator	1,600.00	1,066.00
5218	Benefits - Hospice Program Coord	3,340.00	2,226.00
		<u>5,130.00</u>	<u>3,418.00</u>
			5,130.00
5308	Transp - Hospice Indirect	500.00	300.00
5500	401K Plan	-	-
5510	Accounting	-	-
5520	Bad Debt	-	-
5530	Bank Charges	-	-
5535	Building Cosis	-	-
	* to be determined when goal more defined		
5536	Collection Fees	-	-
5540	Community Education	400.00	400.00
5550	Computer Costs (3 new computers & CF licences, cable line)	7,500.00	7,000.00
5560	Consultant Services (includes ACHC accred)	12,750.00	9,750.00
5580	Dues & Subscriptions	-	-

Pioneer Home Health Care  
**Projected Budget For 2013 - Hospice Only**

Acct #	Account Description	Hospice Mar - Dec	Hospice Start-Up Costs
5590	Employee Education (out-of-area)	1,900.00	1,900.00
5600	Employee Welfare	-	-
5610	Equipment Rental	-	-
5611	Fundraising	1,000.00	-
5620	Insurance - Gen/Prof/D&O	1,550.00	1,034.00
5630	Interest	-	-
5640	Janitorial	416.00	276.00
5650	Legal (hospice contracts)	2,000.00	2,000.00
5660	Licenses, Taxes & Fees	-	-
5670	Maintenance & Repairs/Equip	-	-
5680	Maintenance & Repairs/Office (moving costs)	500.00	500.00
5685	Marketing	-	-
5690	Medical Waste	-	-
5700	Meetings - Staff/UR/Adv Brd	150.00	-
5710	Minor Equipment	100.00	100.00
5720	Non-Billable Med Supplies	500.00	334.00
5730	Office Expense/Supplies	250.00	200.00

\* this will increase significantly if/when we move (see building budget)

Pioneer Home Health Care  
**Projected Budget For 2013 - Hospice Only**

Acct #	Account Description	Hospice Mar - Dec	Hospice Start-Up Costs
5740	Office Rent	4,550.00	3,034.00
5750	Patient Education	100.00	100.00
5760	Postage	1,200.00	800.00
5770	Printing & Stationary	500.00	500.00
5780	Prof Conf/Committees/Meetings	800.00	800.00
5790	Recruiting/Hiring	100.00	100.00
5795	Telecare Expenses	-	-
5800	Telephone/Communication Sys	1,430.00	950.00
5810	Utilities	672.00	450.00
		<u>38,868.00</u>	<u>30,528.00</u>
		38,868.00	
		*	
	<b>Total Expenses</b>	<b>194,139.00</b>	<b>108,115.00</b>
	Projected Income	194,139.00	
	Projected Net	0.00	

**AGREEMENT**

**THIS AGREEMENT effective on \_\_\_\_\_, 2013, is entered into by and between Pioneer Home Health Care, Inc., a California corporation (hereinafter referred to as "Pioneer"), Northern Inyo Local Hospital District (hereinafter referred to as "Hospital" and Hospice of the Owens Valley, a sole proprietor (hereinafter referred to as "Hospice").**

**STATEMENT OF PURPOSE**

- A. Hospice is the operator of a volunteer hospice program;
- B. Hospice is an auxiliary of Hospital; and
- C. Pioneer is a corporation authorized to do business in the State of California. Hospice desires to transfer and Pioneer desires to receive certain of the assets of Hospice used in or relating to its volunteer hospice operation on the terms and conditions set forth in this Agreement;

NOW, THEREFORE, in consideration of the premises and the mutual promises contained herein, the sufficiency of which are acknowledged by the parties, Hospice, Hospital and Pioneer agree as follows:

**ARTICLE I**

**ASSETS**

1.1 Assets. Hospice shall assign, transfer, and deliver to Pioneer on the effective date all of the assets described in Section 1.1.

Transitioned Assets. The Transitioned Assets are described as follows:

- 1.1.1 A list of current patients and the originals of all records pertaining to all of Hospice's current patients.
- 1.1.2 All of Hospice's rights, to the extent assignable, in and to the contracts described on Schedule 1.1.2 for which Pioneer wishes to accept assignment.
- 1.1.3 The name "Hospice of the Owens Valley."
- 1.1.4 Furnishings and equipment listed on attached Schedule 1.1.4.

1.1.5 All applicable and/or transferable governmental permits, licenses, authorizations, provider numbers, approvals and consents in connection with the provision of volunteer hospice services listed on attached Schedule 1.1.5.

1.1.6 All cash assets, including, but not limited to, checking and savings accounts, money market accounts and certificates of deposit.

1.2 Liabilities. The Acquired Assets shall be transferred to Pioneer free and clear of all liabilities, obligations, liens, security interests, and encumbrances whatsoever. Pioneer shall in no event assume or be liable for any liability or obligation of Hospice. Hospice shall retain responsibility for all other liabilities and obligations with respect to its volunteer hospice operations, whether or not accrued and whether or not disclosed. Notwithstanding the foregoing, Pioneer shall assume full responsibility for, and shall indemnify and hold harmless Hospice with respect to, all obligations and liabilities arising out of or pertaining to the Assets and accruing with respect to periods following the effective date of this Agreement.

1.3 Payment of Certain Items.

With respect to certain expenses incurred in the operation of Hospice's services, the following provisions shall be made:

(a) Operating Expenses. Hospice shall be responsible for all costs and expenses attributable to the ownership of the Assets up to the effective date and Pioneer shall become responsible for liabilities and all costs and expenses attributable to the ownership of the Assets from and after the effective date.

(b) Accrued Vacation. On or before the effective date, Hospice shall pay employees of its hospice operations who accept employment with Pioneer for all unused vacation days.

## ARTICLE II REPRESENTATIONS, WARRANTIES, AND COVENANTS OF HOSPICE AND HOSPITAL

Hospice and Hospital represent and warrant to, and covenants with, Pioneer as follows:

2.1 Organization. Hospice is a sole proprietor validly existing in the State of California. Hospice has the requisite power and authority to own, operate, or lease the Assets and to conduct volunteer hospice operations as presently conducted. Hospice is duly qualified and is in good standing in all jurisdictions in which the character of the property owned, leased, or operated by Hospice's volunteer hospice operations or the nature of the business conducted by Hospice makes such qualification necessary.

2.2 Authority. Hospice and Hospital have the requisite power and authority to execute and deliver this Agreement and to perform the transactions contemplated hereby. The execution, delivery, and performance of this Agreement have been duly and validly authorized by all

necessary action on the part of Hospice and Hospital. This Agreement has been duly executed and delivered by Hospice and Hospital and constitutes a valid and binding obligation of Hospice and Hospital enforceable against Hospice and Hospital in accordance with its terms subject to bankruptcy, insolvency, reorganization, moratorium, and similar laws affecting the rights and remedies of creditors and subject to the further qualification that the remedy of specific performance or injunctive relief is discretionary with the court before which any proceeding therefore may be brought.

2.3 No Conflict or Breach. The execution, delivery, and performance of this Agreement do not and will not:

- 2.3.1 conflict with or constitute a violation of any Articles of Incorporation of Hospice or Hospital;
- 2.3.2 conflict with or constitute a violation of any law, statute, judgment, order, decree, or regulation of any legislative body, court, administrative agency, governmental authority, or arbitrator applicable to or relating to Hospice, Hospital or the Assets;
- 2.3.3 conflict with, constitute a default under, result in a breach or acceleration of, or, except as set forth on Schedules 1.1.2 or 1.1.4, require notice to or the consent of any third party under any contract, agreement, commitment, lease, mortgage, note, license, or other instrument or obligation to which Hospice or Hospital is party or by which they are bound or by which the Assets are affected; or
- 2.3.4 result in the creation or imposition of any lien, charge, or encumbrance of any nature whatsoever on any of the Assets.

2.4 Consents and Approvals. Hospice agrees that it is its responsibility to obtain (a) each consent, approval, authorization, registration, or filing with any federal, state, or local judicial or governmental authority or administrative agency and (b) each consent, approval, authorization of or notice to any other third party, which is required in connection with the valid execution and delivery by Hospice of this Agreement or the consummation by Hospice of the transactions contemplated herein, except for those consents, approvals, authorizations, registrations, and filings that may only be obtained by Pioneer. Hospice shall use commercially reasonable efforts to obtain those consents as promptly as possible.

2.5 Title to Assets. Hospice has good and marketable title to all of the Transitioned Assets, free and clear of any liens, encumbrances, claims, security interests, mortgages, or pledges of any nature.

2.6 Litigation. Except as set forth on Schedule 2.6, there are no claims, actions, suits, arbitration proceedings, inquiries, hearings, injunctions, or investigations relating to the Hospice's volunteer hospice operations or affecting the Assets pending, or to the knowledge of Hospice, threatened against Hospice. No claims have been brought within the last one (1) year against Hospice related to volunteer hospice operations or affecting the Assets or relating to Hospice's ownership, use, or operation of the Assets.



## 2.7 Compliance with Decrees and Laws.

- 2.7.1 Except as set forth on Schedule 2.7, Hospice has, to its knowledge, complied with all laws applicable to its volunteer hospice operations, the violation of which would have a material adverse effect on Hospice or the Assets, and has obtained all Licenses of any governmental or regulatory authority material to the ownership, maintenance, and operation of its premises, services, and facilities and to Hospice's knowledge there is no pending threat of cancellation, modification, or nonrenewal of any such License nor any basis for such cancellation, modification, or nonrenewal which would have a material adverse effect on the Assets. All such Licenses have been made available to Pioneer for its review. Hospice is not, to her knowledge, presently in violation or default of any such License, and the present uses of the Assets do not violate any law where such violation or default would have a material adverse effect on the operations of Hospice's hospice services. Except as set forth in Schedule 2.7, no written notice or warning from any governmental or regulatory authority with respect to any failure or alleged failure of Hospice to comply with any law applicable to Hospice's ownership and operation of volunteer hospice services, which failure to comply would have a material adverse effect on Hospice, has been issued or given, nor, to Hospice's knowledge, is any such notice or warning proposed or threatened. Except as set forth on Schedule 2.7, no consent or approval of, prior filing with or notice to, or other action by any governmental or regulatory authority is required in connection with the execution and delivery of this Agreement or any assignment, agreement, or other instrument to be executed and delivered pursuant to this Agreement by Hospice or the consummation of the transactions provided for herein or therein, except for such consents and approvals that have been obtained and filings, notices, and other actions that have been taken or made.
- 2.7.2 Except as set forth on Schedule 2.7, the rights of Hospice in connection with its volunteer hospice operations have not been terminated or otherwise adversely affected as a result of any investigation or action by any federal or state governmental regulatory authority. Except as set forth on Schedule 2.7, as related to Hospice or the Assets, Hospice has not, during the past one (1) year, been the subject of any inspection, known investigation, survey, audit, or known monitoring by any governmental regulatory entity, trade association, professional review organization, accrediting organization, or certifying agency, which has resulted in an outstanding deficiency that would have a material adverse effect on such entity, nor has any such entity received any notice of deficiency in connection with the operation thereof that would have a material adverse effect on such entity. Except as set forth on Schedule 2.7, as related to Hospice or the Assets, copies of all material reports, correspondence, notices, and other documents relating to any such inspection, investigation, survey, audit, monitoring, or other form of review by a

governmental or regulatory authority to which any of the foregoing has been subject and to which Hospice has access have been made available to Pioneer.

2.8 Licenses. Except as set forth on Schedule 2.8, Hospice is not in material violation of any licensure requirements and no proceedings are pending or, to the knowledge of Hospice, threatened to revoke or limit any such license.

2.9 Statements True and Correct. To the knowledge of Hospice and Hospital, no representation or warranty made herein, including any Schedule with respect to such representation or warranty, nor any statement or certificate furnished or to be furnished pursuant to this Agreement, contains or will contain any untrue statement of material fact or omits or will omit to state a material fact necessary to make the statements contained therein not misleading.

### ARTICLE III REPRESENTATIONS, WARRANTIES, AND COVENANTS OF PIONEER

Pioneer represents and warrants to, and covenants with, Hospice as follows:

3.1 Organization and Good Standing. Pioneer is a corporation duly organized, validly existing, and in good standing under the laws of the State of California. Pioneer is duly qualified and is in good standing in all jurisdictions in which the character of the property owned, leased, or operated by it or the nature of the business conducted by it makes such qualification necessary.

3.2 Authority. Pioneer has the requisite corporate power and authority to execute, deliver, and perform this Agreement and to consummate the transactions contemplated hereby. The execution, delivery, and performance of this Agreement, and the consummation of the transactions contemplated hereby, have been duly and validly authorized by all necessary corporate action on the part of Pioneer. This Agreement has been duly executed and delivered by Pioneer and constitutes a valid and binding obligation of Pioneer enforceable against Pioneer in accordance with its terms subject to bankruptcy, insolvency, reorganization, moratorium, and similar laws affecting the rights and remedies of creditors and subject to the further qualification that the remedy of specific performance or injunctive relief is discretionary with the court before which any proceeding therefore may be brought.

3.3 No Conflict or Breach. The execution, delivery, and performance of this Agreement do not and will not (a) conflict with or constitute a violation of the Articles of Incorporation of Pioneer, or (b) conflict with or constitute a violation of any law, statute, judgment, order, decree, or regulation of any legislative body, court, administrative agency, governmental authority, or arbitrator applicable to or relating to Pioneer.

3.4 Governmental Approvals. Except as set forth on Schedule 3.4, no consent, approval, authorization, registration, or filing with any federal, state, or local judicial or governmental authority or administrative agency is required in connection with the valid execution and

delivery by Pioneer of this Agreement or the consummation by Pioneer of the transactions contemplated herein.

3.5 Statements True and Correct. To the knowledge of Pioneer, no representation or warranty made herein, including any Schedule with respect to such representation or warranty, nor any statement or certificate furnished or to be furnished pursuant to this Agreement, contains or will contain any untrue statement of material fact, or omits or will omit to state a material fact necessary to make the statements contained therein not misleading.

#### ARTICLE IV COVENANTS OF HOSPICE

Hospice covenants and agrees with Pioneer as follows:

4.1 Conduct of Volunteer Hospice Operations. Prior to the effective date, Hospice has conducted its volunteer hospice operations in the normal and customary manner in the ordinary course of business.

4.2 Access and Information. Prior to the effective date, Hospice shall permit Pioneer and its counsel, accountants, and other representatives reasonable access during normal business hours to the properties, assets, books, records, agreements, and other documents of Hospice pertaining to the Assets. Prior to the effective date, Hospice shall furnish to Pioneer and its representatives all information concerning the Assets or its volunteer hospice operations as Pioneer may reasonably request. Prior to effective date, Hospice shall permit and facilitate appropriate communications between Pioneer's and Hospice's suppliers, customers, landlords, and other persons having relationships with its volunteer hospice operations.

4.3 No Other Solicitations. Until the earlier of the effective date or the termination of this Agreement, Hospice and its management and representatives shall not solicit or encourage any offer, proposal, or inquiry from, or engage in any discussions or negotiations with, any person regarding the disposition of any of the Assets or of any material part of its volunteer hospice services.

#### 4.4 Hospice's Employees.

4.4.1 Hospice shall make adequate provisions for a settlement of all obligations of Hospice to any employees terminated as a result of this transfer of assets or who do not accept employment with Pioneer to the extent vested as to such employees and required by applicable law or by contract to be paid or provided to such employees; including accrued salaries, wages, payroll taxes, any severance pay entitlements, health, medical, retirement, vacation or deferred compensation benefits, and any other obligations and expenses of any kind or description of Hospice arising out of or relating to the employment by Hospice or Hospice's termination of such employees.

- 4.4.2 With respect to those employees of Hospice who accept employment with Pioneer, Hospice shall make adequate provisions for a settlement of all obligations of Hospice, to the extent vested as to such employees and required by applicable law or by contract to be paid or provided to such employees, including accrued salaries, wages, payroll taxes, any severance pay entitlements, health, medical, retirement, or deferred compensation benefits, and any other obligations and expenses of any kind or description of Hospice arising out of or relating to the employment by Hospice or Hospice's termination of such employees.
- 4.4.3 In the event the effective date does not coincide with the ending date of Hospice's pay period, Hospice shall take appropriate action, such as prorating employee deductions over the applicable portion of the pay period prior to the effective date, to assure that amounts deducted from Hospice's employees' pay for employee benefits match the employee benefits provided to such employees by Hospice prior to the effective date.

4.5 Use of Names. Following Closing, Hospice and Hospital shall not conduct business under or use the name "Hospice of the Owens Valley" or any other name under which it has conducted its volunteer hospice operations. Hospital hereby agrees to remove Hospice from its website as an auxiliary on the effective date. The parties hereby acknowledge that Pioneer will use the name "Hospice of the Owens Valley" after the effective date.

4.6 Telephone Numbers. Following the effective date, Hospice shall cause all the telephone numbers of its volunteer hospice operations listed on Schedule 4.8 to be utilized solely by Pioneer.

4.7 Noncompetition.

- 4.7.1 For a period of five (5) years following the effective date, Hospice and Hospital shall not engage or be involved as an equity owner, either directly or indirectly, in any entity, including without limitation as a shareholder, partner, or member, which is engaged in the provision of hospice services in the State of California.
- 4.7.2 Hospice and Hospital acknowledge that the covenants contained in this Section are reasonably necessary to protect the legitimate interests of Pioneer, are reasonable with respect to time and territory, and do not interfere with the interests of the public. Hospice and Hospital further acknowledges that the description of the covenants contained in this Section is sufficiently accurate and definite to inform it of the scope of the covenants.
- 4.7.3 Hospice and Hospital acknowledge that a breach or violation of any of the covenants under this Section will result in immediate and irreparable harm to Pioneer in an amount that will be impossible to ascertain at the time of the breach or violation, and that the award of monetary damages will not

be adequate relief to Pioneer. Therefore, notwithstanding anything to the contrary contained in this Agreement, the failure on the part of Hospice to perform all of the covenants established by this Section shall give rise to Pioneer's right to obtain enforcement of this Section in a court of equity by a decree of specific performance or other injunctive relief. This remedy shall be cumulative and in addition to any other remedy Pioneer may have.

## ARTICLE V MUTUAL COVENANTS

Pioneer covenants and agrees with Hospice, and Hospice covenants and agrees with Pioneer as follows:

5.1 Commercially Reasonable Efforts. Pioneer and Hospice shall use commercially reasonable efforts to make or obtain all consents, approvals, authorizations, registrations, and filings with all federal, state, or local judicial or governmental authorities or administrative agencies as are required in connection with the consummation of the transactions contemplated by this Agreement.

5.2 Confidentiality. In recognition of the confidential nature of certain of the information that will be provided to each party by the other, the parties agree, to the extent permitted by law, to retain in confidence and to require its partners, directors, officers, employees, consultants, professional representatives, and agents to retain in confidence all confidential information transmitted or disclosed to it by the other and further agree that it will not use for its own benefit and will not use or disclose to any third party, or permit the use or disclosure to any third party of, any confidential information obtained from or revealed by the other, except that the parties may disclose the information to those of its representatives who need the information for the proper performance of their assigned duties with respect to the consummation of the transactions contemplated hereby. In making such information available to its representatives, Pioneer and Hospice shall take any and all precautions necessary to ensure that its representatives use the information only as permitted hereby. Notwithstanding anything to the contrary in the foregoing provisions, such information may be disclosed (a) where it is necessary to any regulatory authorities or governmental agencies; (b) if it is required by court order or decree or applicable law; (c) if it is ascertainable or obtained from public or published information; (d) if it is received from a third party unknown to the recipient to be under an obligation to keep such information confidential; or (e) if the recipient can demonstrate that such information was in its possession prior to disclosure thereof in connection with this Agreement. If either party shall be required to make disclosure of any such information by operation of law, such disclosing party shall give the other party prior notice of the making of such disclosure and shall use all reasonable efforts to afford such other party an opportunity to contest the making of such disclosure.

5.3 Notice to Patients. Hospice and Pioneer shall work together to prepare a mutually acceptable notice of the transactions contemplated hereby which shall be delivered to the patients of Hospice's volunteer hospice operations.

5.4 Post-Effective Date: Maintenance of and Access to Information.

- 5.4.1 The parties acknowledge that after the effective date each party may need access to information or documents in the control or possession of the other party for the purposes of concluding the transactions herein contemplated, tax returns or audits, compliance with the government reimbursement programs and other legal requirements, and the prosecution or defense of third party claims. Accordingly, each party shall keep, preserve, and maintain in the ordinary course of business and as required by legal requirements and relevant insurance carriers all books; records; including patient medical records; documents; and other information in the possession or control of such party for a period of five (5) years following the effective date.
- 5.4.2 Each party shall cooperate fully with and make available for inspection and copying by, the other party, its employees, agents, counsel, and accountants and/or governmental authorities, upon written request and at the expense of the requesting party, such books, records, documents, and other information to the extent reasonably necessary to facilitate the foregoing purposes. In addition, each party shall cooperate with, and shall permit and use commercially reasonable efforts to cause its respective former and present partners, directors, officers, and employees to cooperate with the other party on and after the effective date in furnishing information, evidence, testimony, and other assistance in connection with any action, proceeding, arrangement, or dispute of any nature with respect to the subject matters of this Agreement and pertaining to periods prior to the effective date. The exercise by Hospice of any right of access granted herein shall not materially interfere with the business operations of Pioneer. For a period of one hundred eighty (180) days following the effective date, Hospice shall permit and facilitate appropriate communications between Pioneer and Hospice's suppliers, customers, landlords, and other persons having relationships with Hospice's volunteer hospice operations.

ARTICLE VI  
CONDITIONS PRECEDENT TO PIONEER'S OBLIGATIONS

The obligations of Pioneer to consummate the transactions contemplated by this Agreement are subject to the satisfaction of the following conditions on or before the effective date, unless specifically waived in writing by Hospice prior to the effective date:

6.1 Representations and Warranties. The representations and warranties of Hospice contained in this Agreement shall have been true and correct on the date of this Agreement and

shall be true and correct in all material respects on the effective date as though made on and as of the effective date.

6.2 Compliance with Covenants. Hospice shall have substantially performed and substantially complied with all covenants, agreements, and obligations required by this Agreement to be performed or complied with by it on or prior to the effective date.

6.3 Absence of Litigation. No action or proceeding shall be pending or, in the reasonable opinion of Pioneer, threatened by or before any court or other governmental body or agency seeking to restrain, prohibit, or invalidate the transactions contemplated by this Agreement or which would adversely affect the right of Pioneer to own, operate, or control the Assets of Hospice after the effective date.

6.4 Absence of Change. Between the date of this Agreement and the effective date, no material adverse change shall have occurred in the business, operations, business prospects, or financial or other condition of the Assets, nor shall there have occurred any material casualty loss or destruction of, or damage to, any of the Assets.

6.5 Consents and Approvals. All (a) required consents; (b) licenses; (c) other orders or notifications of, or registrations, declarations, or filings with, or expiration of waiting periods imposed by, any applicable governmental or judicial authority; and (d) consents, approvals, authorizations, or notifications of any other third parties, all as required in connection with consummation of the transactions contemplated by this Agreement, including the operation of Hospice, shall have been made or obtained by Hospice.

## ARTICLE VII CONDITIONS PRECEDENT TO HOSPICE'S OBLIGATIONS

The obligations of Hospice to consummate the transaction contemplated by this Agreement are subject to the satisfaction of each of the following conditions on or before the effective date, unless specifically waived in writing by Hospice prior to the effective date:

7.1 Representations and Warranties. The representations and warranties of Pioneer contained in this Agreement shall have been true and correct on the date of this Agreement, and shall be true and correct in all material respects on the effective date as through made on and as of the effective date.

7.2 Compliance with Covenants. Pioneer shall have substantially performed and substantially complied with all covenants, agreements, and obligations required by this Agreement to be performed or complied with by it on or before the effective date.

7.3 Absence of Litigation. No action or proceeding shall be pending by or before any court or other governmental body or agency seeking to restrain, prohibit, or invalidate the transactions contemplated by this Agreement.

7.4 Consents and Approvals. All Required Consents shall have been obtained prior to or on the effective date by Pioneer.

## ARTICLE VIII INDEMNIFICATION

8.1 Indemnification by Hospice. Hospice shall indemnify, defend, and hold harmless Pioneer, its managers, officers, directors, members, shareholders, and affiliates from, against, and with respect to any and all action or cause of action, loss, damage, including, without limitation, all foreseeable and unforeseeable consequential damages, claim, obligation, liability, penalty, fine, cost, and expense, including, without limitation, reasonable attorneys' and consultants' fees and costs and expenses incurred in investigating, preparing, defending against or prosecuting any litigation, claim, proceeding, demand, or request for action by any governmental or administrative entity, of any kind or character arising out of or in connection with any of the following:

- 8.1.1 any and all liabilities and obligations of Hospice, of any kind or nature whatsoever, whether accrued, absolute, contingent, or otherwise, known or unknown;
- 8.1.2 Hospice's ownership and use of the Assets prior to the effective date, including, without limitation, any and all liabilities arising under Hospice's Licenses or arising under contracts which relate to events occurring prior to the effective date.

8.2 Indemnification by Pioneer. Pioneer shall indemnify, defend, and hold harmless Hospice and its managers, officers, directors, members, shareholders, and affiliates from, against, and with respect to any loss arising out of or in connection with any of the following:

- 8.2.1 Pioneer's ownership and use of the Assets on and after the effective date.

8.3 Notice of Claim. Any party seeking to be indemnified hereunder shall notify the other party from whom indemnity is sought in writing of any claim for recovery; specifying in reasonable detail the nature of the loss. The indemnified party shall provide to the other party as promptly as practicable thereafter all information and documentation reasonably requested by the other party to verify the claim asserted.

## ARTICLE IX MISCELLANEOUS

9.1 Survival of Representations. All representations, warranties, and obligations of the parties hereto contained in this Agreement or otherwise made in writing in connection with the transactions contemplated hereby shall survive the execution and delivery of this Agreement and the effective date hereunder. The right to indemnification, payment of damages, or other remedy based on the representations and warranties of Hospice, and on covenants, agreements, and



obligations herein of Hospice will not be affected by any investigation conducted with respect to, or any knowledge acquired or capable of being acquired, at any time, whether before or after the execution and delivery of this Agreement or the effective date, with respect to the accuracy or inaccuracy of or compliance with, any such representation, warranty, covenant, agreement, or obligation. The waiver of any condition based on the accuracy of any representation or warranty, or on the performance of or compliance with any covenant, agreement, or obligation, will not affect the right to indemnification, payment of damages, or other remedy based on such representation, warranty, covenant, agreement, or obligation.

9.2 Risk of Loss. The risk of loss, damage, or condemnation related to Hospice's volunteer hospice operations or of any of the Assets from any cause whatsoever shall be borne by Hospice at all times prior to the effective date. In the event of any loss, damage, or condemnation of any of the Assets prior to the effective date, Pioneer shall have the option, in its sole discretion and expense, to:

9.2.1 terminate this Agreement by written notice to Hospice; or

9.2.2 proceed to complete the transition contemplated by this Agreement and complete the restoration and replacement of such damaged Assets after the effective date, in which event Hospice shall assign to Pioneer the right to receive all insurance proceeds payable in connection with such damage.

9.3 Expenses. All costs and expenses incurred in connection with this Agreement and the transactions contemplated hereby shall be paid by the party incurring such expense, whether or not the transfer of the Assets is consummated.

9.4 Publicity. The parties shall work together to prepare a mutually acceptable joint announcement of the transactions contemplated hereby, which shall be released to the public shortly following the effective date. Except to the extent otherwise required by this Agreement or applicable law, the parties shall not make any press releases or other announcements prior to the effective date with respect to the transactions contemplated hereby except as required by applicable law without the prior approval of the other party.

9.5 Notices. All notices, demands, and other communications made hereunder shall be in writing and shall be given either by personal delivery, by nationally recognized overnight courier with charges prepaid or by United States Postal Service certified mail, return receipt requested and shall be deemed to have been given or made when delivered at the following addresses or such other address for a party as shall be specified by like notice:

If to Hospice: Hospice of the Owens Valley

\_\_\_\_\_  
\_\_\_\_\_

If to Pioneer: Ms. Pat West  
Pioneer Home Health Care, Inc.  
162 East Line Street  
Bishop, California 93514

If to Hospital:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.6 Governing Law. This Agreement shall be governed by the laws of the State of California applicable to agreements made and to be performed entirely within such state.

9.7 Mediation; Jurisdiction.

9.7.1 If any dispute arises out of or in connection with this Agreement, the breach thereof, or indemnification pursuant thereto, prior to commencing litigation, the parties shall attempt to settle the dispute through mediation. The party claiming a dispute shall notify the other party in writing. Within five (5) business days of receipt of such notice given in accordance with the above requirements, the parties may mutually agree in writing upon a mediator. If the parties cannot agree in writing upon a mediator, each party shall immediately designate a mediator and give notice in writing of such designation to the other party in accordance with the above requirements. These two mediators shall immediately select a third mediator who shall mediate this dispute. Mediation shall be conducted no later than fifteen (15) business days from the initial receipt of notice of a dispute by either party.

9.7.2 Any action or proceeding seeking to enforce any provision, or based on any right arising out of, this Agreement may be brought against any of the parties in the courts of the State of California, County of \_\_\_\_\_. Process in any action or proceeding referred to in the preceding sentence may be served on any party anywhere in the world.

9.8 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

9.9 Assignment. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns. Neither this Agreement nor any of the rights, interests, or obligations hereunder shall be assigned by any of the parties hereto without the prior written consent of all other parties hereto and any purported assignment without such consent shall be void.

9.10 Third Party Beneficiaries. None of the provisions of this Agreement or any document contemplated hereby is intended to grant any right or benefit to any person or entity that is not a party to this Agreement.

9.11 Headings. The article and section headings contained in this Agreement are solely for the purpose of reference, are not part of this Agreement, and shall not in any way affect the meaning or interpretation of this Agreement.

9.12 Amendments. Any waiver, amendment, modification, or supplement of or to any term or condition of this Agreement shall be effective only if in writing and signed by all parties hereto.

9.13 Time of Essence. With regard to all dates and time periods set forth or referred to in this Agreement, time is of the essence.

9.14 Waiver. The rights and remedies of the parties to this Agreement are cumulative and not alternative. Neither the failure nor any delay by any party in exercising any right, power, or privilege under this Agreement or the documents referred to in this Agreement will operate as a waiver of such right, power, or privilege, and no single or partial exercise of any such right, power, or privilege will preclude any other or further exercise of such right, power, or privilege or the exercise of any other right, power, or privilege.

9.15 Severability. In the event that any provision in this Agreement shall be determined to be invalid, illegal, or unenforceable in any respect, the remaining provisions of this Agreement shall not be in any way impaired and the illegal, invalid, or unenforceable provision shall be fully severed from this Agreement, and there shall be automatically added in lieu thereof a provision as similar in terms and intent to such severed provision as may be legal, valid, and enforceable.

9.16 Entire Agreement. This Agreement and the Schedules and Exhibits hereto constitute the entire contract between the parties hereto pertaining to the subject matter hereof, and supersede all prior and contemporaneous agreements and understandings between the parties with respect to such subject matter.

IN WITNESS WHEREOF, each of the parties hereto has caused this Agreement to be signed by its duly authorized officer as of the date first above written.

Pioneer Home Health Care, Inc.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Hospice of the Owens Valley

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Northern Inyo Local Hospital District

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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# Northern Inyo Hospital Employee Incentive Store Proposal

As Northern Inyo Hospital is located in such a remote area, one of our main marketing goals is to convince those who can afford to leave the area, to spend their healthcare dollars locally. From a traditional marketing perspective, this is accomplished by building consumer confidence in the Northern Inyo Hospital brand by providing consistently high quality experiences at our facility. Unfortunately, with the advent of the internet and saturation of the healthcare market, traditional advertising is becoming less effective. Contemporary pervasive marketing strategies focus on finding ways for consumers to interact with brands on an emotional, intellectual and physical level. Meaningful brand experiences stick with consumers, especially when those experiences are in line with personal values and beliefs. In this new era of experience marketing, consumers interact with brands in order to achieve satisfaction with, and loyalty to the brand.<sup>1</sup>

The creation of an Employee Incentive Store would allow Northern Inyo Hospital to begin to fulfill this new marketing need, while simultaneously providing rewards and incentives to staff for demonstrating good behavior. These internal incentive stores can be very popular with staff and go a long way to build morale and brand loyalty. Additionally, selecting Northern Inyo Hospital branded items for the store that are highly visible in public, that are in line with our values of promoting health and wellness, and that have a high likelihood of being given or shared with other community members, would allow us to provide a symbolic and sustainable memory of the experience of utilizing them as well as physical interaction with the Northern Inyo Hospital brand.

The store would be virtually housed on Northern Inyo Hospital's intranet. The physical items would be ordered, stored and delivered to staff by Cheryl Underhill. Items would be "purchased" by Northern Inyo Hospital staff with NORTHERN INYO HOSPITAL BUCKS. NORTHERN INYO HOSPITAL BUCKS could be earned by staff in a variety of methods such as demonstrating excellence at their job, participating in Northern Inyo Hospital sponsored events like working a booth, participating in the Northern Inyo Hospital /ACI Wellness Program which proactively works to reduce healthcare costs for our staff, etc... The Human Resource Department, Department Heads and Administrative Staff could be allocated a predetermined amount of NORTHERN INYO HOSPITAL BUCKS to reward staff members who demonstrate going above and beyond the call of duty. Items would be priced at market value and one NORTHERN INYO HOSPITAL BUCK would roughly equal \$1.

Requirements for items in store:

- A. The item must prominently display the current Northern Inyo Hospital logo.
- B. The item must have a high probability of being seen in public.
- C. The item must be cool. It must be likely that the item would be sought after by non-Northern Inyo Hospital staff.
- D. Consumers must be able to interact with the product in a meaningful way.
- E. The majority of items should promote health and wellness for individuals and our community as a whole.

# Northern Inyo Hospital Employee Incentive Store Proposal

Here are some examples of items that could be featured in the virtual store:

						
Pedometer ~\$2/ea		Non-plastic Sports Bottles ~\$3.50/ea		Marathon Kits ~ \$3/ea		
						
Car Sun Shade ~\$5	1 <sup>st</sup> Aid Kits ~\$12	Umbrellas ~\$8	Blankets ~\$7	Backpacker Chair ~\$17	Yoga mats ~\$10	Beach Towels ~\$10
						
Slingpack ~\$5	Briefcase ~\$6	Briefcase ~\$20	Lunch Bags ~\$3	Cooler Tote ~\$10	Drawstring Tote ~\$1	Tote ~\$1
						
Grocery Tote ~\$2	Spoooner Mug ~\$2.50	Mug ~\$1.50	Thermos ~\$10	Picture Frames ~\$5	Temp/Clocks \$8	Padfolios ~\$10
						
Cool Apparel ~\$10 - \$40						
						
Hats ~\$5	Rain Gear ~\$1	Ice Scrapers ~\$2	Travel Tool Kits ~\$2	Clip Tool Kit ~\$8		

# Northern Inyo Hospital Employee Incentive Store Proposal

In an effort to prevent self-dealing activities, NORTHERN INYO HOSPITAL BUCKS would be printed under controlled circumstances, numbered, and tracked when issued. Additionally, the authorizing party (i.e. Department Head) would physically sign the NORTHERN INYO HOSPITAL BUCKS when given to a staff member, so there is no question as to who authorized the incentives for the individual wanting to “purchase” items from the store.

The items in the virtual store will not be for sale, as that would require the collection of retail sales tax. This virtual store would be a marketing and incentive effort, not a direct source of revenue for the hospital.

The initial budget for this project is requested at \$5,000. This would allow the virtual store to be stocked with a variety of imprinted items (which usually carry minimum order thresholds). The success of the project and the budget for subsequent years would be reviewed annually.

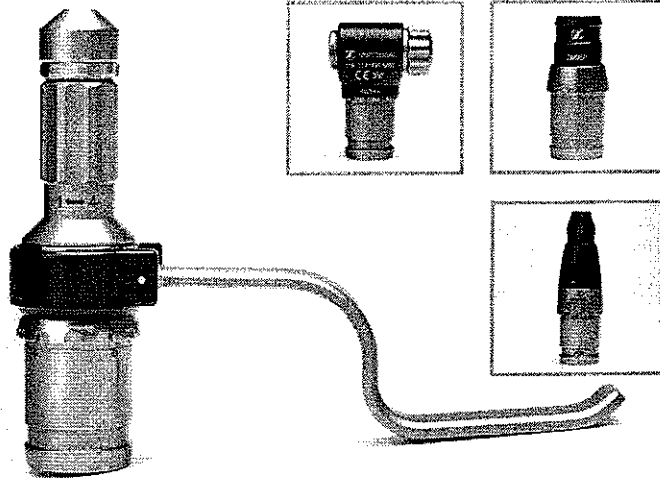
## References

1. Van Waart, P., & Mulder, I. Meaningful advertising: pervasive advertising in the experience economy. (March 2011). Retrieved from <http://pervasiveadvertising.org/wp-content/uploads/2011/03/vanwaart.pdf>.



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POWER SYSTEM



**FREEDOM FROM COMPROMISE**

Avoid a compromise between clinical need and budget constraint with the Power of Modularity



**CHOOSE YOUR POWER SOURCE**

**Battery**



**Compact Battery Charger**  
89-8510-421-49



**Sterilizable Battery**  
89-8510-440-50

**Aseptic Battery Housing**  
89-8510-440-10

**Aseptic Battery**  
89-8510-440-20

**Aseptic Battery Funnel**  
89-8510-440-30

**Electric**



**Electronic Power System**  
89-8510-420-10



**Sterilizable Cord**  
89-8510-420-20

**Pneumatic**



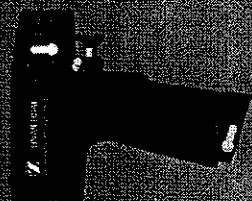
**Single Air Hose**  
89-8510-556-30 (3m)  
89-8510-556-50 (5m)

**Double Air Hose - Draeger**  
89-8510-563-00 (3m)  
89-8510-565-00 (5m)

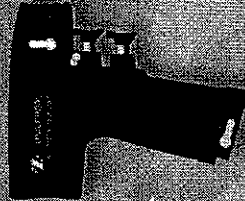
**Double Air Hose - Synthes**  
89-8510-569-01 (3m)  
89-8510-566-01 (5m)

**CHOOSE YOUR HANDPIECE**

**Electric/Battery Handpieces**

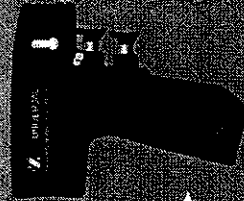


**Single Trigger Handpiece**  
89-8509-400-10



**Double Trigger Handpiece**  
89-8509-400-20

**Pneumatic Handpiece**



**Double Trigger Handpiece**  
89-8507-406-00

**CHOOSE YOUR ATTACHMENTS**

**Sawing**



**Oscillating Saw**  
89-8509-450-60

**Reciprocating Saw**  
89-8509-451-20

**Reaming**



**Coupling**

Hudson

AD

Zimmer

Trinkle

Harris

Zimmer/Hudson

250 rpm

350 rpm

500 rpm

89-8509-425-40

89-8509-425-40

89-8509-425-10

89-8509-425-70

89-8509-425-50

89-8509-425-30

**Drilling**



**Radiolucent Drill Adapter**  
89-8509-461-20



**Small AO 1000 rpm**  
89-8509-410-20



**Zimmer/Hudson 1000 rpm**  
89-8509-415-80



**Hudson 1000 rpm**  
89-8509-415-40



**Key Chuck 1000 rpm**  
89-8509-410-80



**Keyless Chuck 1000 rpm**  
89-8509-410-90



**Wire Driver**  
89-8509-451-41

**Modular Coupling**



**Modular AO Coupling**  
89-8509-460-10



**Modular Small AO Coupling**  
89-8509-460-20



**Modular Harris Coupling**  
89-8509-460-30



**Modular Zimmer Coupling**  
89-8509-460-70



**Modular Hudson Coupling**  
89-8509-460-40



**Modular Trinkle Coupling**  
89-8509-460-50



**Modular Key Chuck**  
89-8509-460-80



**Modular Keyless Chuck**  
89-8509-460-90

**Optional Adapters**



**Intramedullary Adapter**  
89-8509-461-10



**Drilling/Reaming Adapter**  
89-8509-412-50



## Ordering Information

### Handpieces

Prod. No.	Description
89-8507-400-00	Electric/Battery Double Trigger Handpiece
89-8507-400-10	Electric/Battery Single Trigger Handpiece
89-8507-405-00	Pneumatic Double Trigger Handpiece

### Battery Components

Prod. No.	Description
89-8510-421-69	Compact Battery Charger
89-8510-440-50	Sterilizable Battery
89-8510-440-10	Aseptic Battery Housing
89-8510-440-20	Aseptic Battery
89-8510-440-30	Aseptic Battery Funnel

### Electric Components

Prod. No.	Description
89-8510-420-10	Electric Power System
89-8510-420-20	Sterilizable Cord for Electric Power System
89-8510-421-01	Power Cord US (Replacement)

### Pneumatic Components - Single Air Hose

Prod. No.	Description
89-8510-456-30	High Flow Pneumatic Hose (3m)
89-8510-456-50	High Flow Pneumatic Hose (5m)
89-8510-115-60	Synthes Adapter for Pneumatic Hose
89-8510-115-81	Schrader Adapter for Pneumatic Hose
89-8510-455-50	Washing Cap for Pneumatic Hose

### Pneumatic Components - Double Air Hose

Prod. No.	Description
89-8510-563-00	High Flow Pneumatic Hose (3m) Draeger
89-8510-563-01	High Flow Pneumatic Hose (3m) Synthes
89-8510-565-00	High Flow Pneumatic Hose (5m) Draeger
89-8510-565-01	High Flow Pneumatic Hose (5m) Synthes
89-8510-555-00	Washing Cap for Pneumatic Hose

### Sterilization Cases

Prod. No.	Description
89-8510-459-46	Sterilization Case with Lift-out Tray
89-8510-459-42	Sterilization Case for Pneumatic Hose
89-8510-459-43	Sterilization Case - Trauma
00-8900-099-00	Stackable Lid Assembly

### Sawing Attachments

Prod. No.	Description
89-8509-450-60	Oscillating Saw Attachment
89-8509-451-20	Reciprocating Saw Attachment

### Reaming Attachments

Prod. No.	Description
89-8509-425-10	AO Reamer Attachment 250 rpm
89-8509-425-30	Harris Reamer Attachment 250 rpm
89-8509-425-40	Hudson Reamer Attachment 250 rpm
89-8509-425-50	Trinkle Reamer Attachment 250 rpm
89-8509-425-70	Zimmer Reamer Attachment 250 rpm
89-8509-425-80	Zimmer/Hudson Reamer Attachment 250 rpm
89-8509-435-10	AO Reamer Attachment 350 rpm
89-8509-435-30	Harris Reamer Attachment 350 rpm
89-8509-435-40	Hudson Reamer Attachment 350 rpm
89-8509-435-50	Trinkle Reamer Attachment 350 rpm
89-8509-435-70	Zimmer Reamer Attachment 350 rpm
89-8509-435-80	Zimmer/Hudson Reamer Attachment 350 rpm
89-8509-450-10	AO Reamer Attachment 500 rpm
89-8509-450-30	Harris Reamer Attachment 500 rpm
89-8509-450-40	Hudson Reamer Attachment 500 rpm
89-8509-450-50	Trinkle Reamer Attachment 500 rpm
89-8509-450-70	Zimmer Reamer Attachment 500 rpm
89-8509-450-80	Zimmer/Hudson Reamer Attachment 500 rpm
89-8509-461-10	Intramedullary Attachment

### Drilling Attachments

Prod. No.	Description
89-8509-410-20	Small AO Drill Attachment
89-8509-410-80	Key Chuck Attachment with key
89-8509-410-81	Key for Key Chuck Attachment
89-8509-410-90	Keyless Drill Attachment
89-8509-415-40	Hudson Drill Attachment
89-8509-415-80	Zimmer/Hudson Drill Attachment
89-8509-451-41	Wire Driver, MicroMetric, 1-4mm
89-8509-461-20	Radiolucent Drill Attachment
89-8509-412-50	Drilling/Reaming Attachment
89-8509-460-10	AO Modular Coupling
89-8509-460-20	Small AO Modular Coupling
89-8509-460-30	Harris Modular Coupling
89-8509-460-40	Hudson Modular Coupling
89-8509-460-50	Trinkle Modular Coupling
89-8509-460-70	Zimmer Modular Coupling
89-8509-460-80	Key Chuck Modular Coupling
89-8509-460-90	Keyless Modular Coupling



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Inventory -  
983-71206

# ON SITE TECHNICIAN SERVICE CONTRACT



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## Customer

**NORTHERN INYO HOSPITAL**  
150 Pioneer Lane  
Bishop, CA 93514  
(760) 873-5811

4704 W. Jennifer Avenue  
Suite 101  
Fresno, CA 93722

**(888)492-3400**

(559)276-1647

Fax (559)276-0109

multimedicalsystems.com

MultiMedical Systems is pleased to have this opportunity to submit a proposal for services requested by **NORTHERN INYO HOSPITAL**. The acceptance of this agreement, according to the terms and conditions as specified, constitutes the customer's agreement to pay for services provided by MultiMedical Systems.

## Contract highlights include:

- ◆ The equipment covered and contract cost is based on the attached equipment list and codes assigned.
- ◆ PM and Repair labor is designated by the assigned service code in the attached inventory list.
- ◆ PM and Repair parts are not included.
- ◆ Repairs not covered under this contract will be billed at contract rates per paragraph "C".
- ◆ Please review all exclusion paragraph "K", inclusion paragraph "L" and contract type paragraph "M")

## Contract Costs

## Annual Cost

**One Full-time On-site Technician:**

**\$135,000**

*Please choose the desired option below:*

<u>Specialty Ad Ons</u>	<u>Stand Alone Cost</u>	<u>Service Type:</u>	<u>Cost to add to Contract</u>
<input type="checkbox"/> Anesthesia - Drager	\$8,060.00	FSLO	\$2,480.00
<input type="checkbox"/> Skytron - Tables and Skyvision	\$7,050.00	PMEL	\$1,760.00
<input type="checkbox"/> Portable X-Ray - AMX-2	\$2,950.00	FSLO	\$850.00
<input type="checkbox"/> Stryker Neptune's	\$2,850.00	FSLO	0.00
<input type="checkbox"/> Steris - Sterilizers	\$15,750.00	PMEL	\$4,250.00
<input type="checkbox"/> Ventilators - iVents	\$1,980.00	FSLO	0.00
<input type="checkbox"/> Ventilators - PB 840	\$1,775.00	FSLO	0.00
<b>Totals</b>	<b>\$40,415.00</b>		<b>\$9,340.00</b>

*Monthly payments are due prior to the month service is rendered.*

**THIS PROPOSAL IS VALID FOR 60 DAYS FROM THE QUOTE DATE AT THE BOTTOM OF THIS PAGE.**

**MultiMedical Systems**

January 30, 2013

Customer Acceptance of Contract Terms

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Contract Agreement Conditions and Terms:

This agreement is between MultiMedical Systems, hereinafter referred to as "MMS" and Northern Inyo Hospital, hereinafter referred to as "The Client." The term of this agreement shall be for 36 months, commencing on March 1, 2013 and expiring on February 29, 2016.

### A. PLANNED MAINTENANCE

During the term of this agreement, MMS will schedule and provide planned maintenance as indicated herein. PM frequency of all equipment is designated on the attached inventory list. This maintenance shall be scheduled, normally during the Standard Coverage Period and all equipment will be made available to MMS personnel at the scheduled time. Planned maintenance generally includes checking mechanical and electrical safety, functional testing and adjusting for optimum mechanical performance as defined by manufacturer's recommendations and regulatory requirements. Minor repairs can be completed during the planned maintenance as time permits. Any other needed repairs will be noted and scheduled for correction. Upon completion of each inspection, MMS will provide appropriate documentation of the Periodic Maintenance (PM) performed. The PM inspections by MMS determine the safety and operational integrity of tested equipment at the time of the inspection. If the device has a requested service code of Electrical Safety Only (ELSO) then MMS cannot guarantee that the medical device is working to manufacturer's specifications. Mechanical abuse, power fluctuations and environmental factors, among other causes, may result in equipment problems in the interim. Hence, these inspections in no way eliminate the necessity for the manufacturer's recommended user operational testing and inspections prior to use. All service rendered will comply with regulatory directives such as DHS, NFPA, Title 22, CLIA, FDA, ISO 9000 and Joint Commission.

### B. STANDARD COVERAGE PERIOD

The standard coverage period for MMS is 8:00 A.M. to 5:00 P.M., Monday through Friday (excluding holidays observed by MMS as noted below). Type of service coverage is based on the service code assigned to each device on the attached inventory list. See Exhibit "C" for service code explanation. All unscheduled repair service performed outside the standard coverage period, after hours, or on holidays and weekends shall be billed out at the Overtime or Holiday rates listed in Table 1 following paragraph D. MMS maintains a service technician on call 24 hours a day, 7 days a week. The aforementioned standard coverage period may be superseded by terms of the contract cover face. The holidays recognized by MMS are observed on dates designated by the United States Government, and are as follows: New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, and Christmas Day. MMS Reserves the right to amend this list at any time.

### C. REPAIR SERVICE

MMS will provide repair service for the equipment listed herein when requested by The Client and will make every effort to respond to service calls at a mutually agreed upon time. When an emergency call is placed for equipment covered by this agreement (and is non-functional at the time of the call), MMS will make every effort to respond within three hours of the time service is requested. All sub-contractors will make every effort to respond within four hours of requested service. All billable charges for labor and travel are set forth according to the tables below. MMS reserves the right to correct all work orders that don't adhere to, or correspond to tables 1 & 2 below. Consulting time is billed for meetings, equipment evaluation, special projects, in-servicing, or special training not otherwise specifically included in this contract. (The "\*" denotes Specialty Services.)

Hourly Rates and Minimum Billing	Hourly Rate	Hours	Minimum Billing Charges	Overtime	Hours	OT Minimum Billing	Double Time: Sundays, Holiday & between 9:00pm & 7:00am
<i>Biomedical &amp; Dental General</i>							
Unscheduled	\$85.00	1.0	\$85.00	\$127.50	4.0	\$510.00	\$170.00
<i>Specialty</i>							
*Audiometers, Biomedical Systems (e.g. Monitoring Systems), Power Tables, Surgical Lights & Lab	\$110.00	1.0	\$110.00	\$165.00	4.0	\$660.00	\$220.00
* Dental Radiology, Sterilizers & Ventilators	\$110.00	1.5	\$165.00	\$165.00	4.0	\$660.00	\$220.00
* Anesthesia, Consulting, Imaging, Surgical Lasers & Dialysis	\$155.00	2.0	\$310.00	\$232.50	4.0	\$930.00	\$310.00

Table 1



The minimum repair labor is based on the above table for the first service event and a minimum of 1/2 hour for each additional service event during the same service trip. Prevailing labor rates will be billed on all services provided, including zone travel charges, unless otherwise stated on a service contract agreement. Minimum billing for all after hours service is 4 hours at the overtime rate, plus a zone charge from the location of the on-call technician, or the nearest available technician.

All travel charges are based on the following zone rates.						
Zones	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
Zone Miles	(In Town)	(0-25)	(25-60)	(60-100)	(100-175)	>175
Contract/Zone Travel Charges						
All zone charges for Specialty are from the location nearest available tech!						
Biomedical & Dental General	\$60.00	\$96.00	\$144.00	\$216.00	\$324.00	\$95.00 per hour
*Audiometers, Dental Radiology, Power Tables, Surgical Lights, Lab, Sterilizers, Instrument Cleaners, & Ventilators	\$88.00	\$132.00	\$198.00	\$297.00	\$445.50	\$112.50 per hour
*Anesthesia, Consulting, Dialysis, Surgical Lasers & Imaging	\$124.00	\$186.00	\$279.00	\$418.50	\$627.75	\$165.00 per hour
Overtime/Zone Travel Charges						
Biomedical & Dental General	\$96.00	\$144.00	\$216.00	\$324.00	\$486.00	\$144.00 per hour
*Audiometers, Dental Radiology, Power Tables, Surgical Lights, Lab, Sterilizers, Instrument Cleaners & Ventilators	\$132.00	\$198.00	\$297.00	\$445.50	\$668.25	\$198.00 per hour
*Anesthesia, Consulting, Dialysis, Surgical Lasers & Imaging	\$186.00	\$279.00	\$418.50	\$627.75	\$941.63	\$279.00 per hour

**Table 2**

The Zone that the client is charged for biomedical service is from the nearest available technician, whichever is closest. The Zone charge for any specialty "\*" service is from the nearest available specialty trained technician.

#### **D. GENERAL CONDITIONS**

1. This service agreement is contingent upon the proper use of all equipment and the observance of all operational instructions. It specifically excludes labor, parts, and expenses necessary to repair equipment damaged by accident, neglect, misuse, abuse, fire, flood, natural disasters, water damage or other calamities commonly defined as "Acts of God" or by The Client's failure to maintain the manufacturer's recommended environmental conditions and power line specifications. Also failures due to attempts to modify, alter, add to, relocate, reinstall, or service by other than MMS shall be billed for labor, parts and expenses at the prevailing MMS rates and terms then in effect.
2. Excusable Delay: MMS agrees to perform all services in good faith but has no responsibility or liability for delays by suppliers in providing materials, parts, or services. Acts of God, fire, flood, war, embargoes, labor disputes, acts of sabotage, riots, accidents, delays of carriers, voluntary or mandatory compliance with any governmental act, regulation or request, shortage of labor, materials, or manufacturing facilities, multiple employee sicknesses or injuries, or any other cause beyond our reasonable control, is not the responsibility of MMS.
3. MMS shall be responsible for the repair, re-calibration or replacement of any equipment rendered unserviceable to The Client solely as the result of negligent or wrongful acts by MMS in conducting service operations. In no event shall MMS be responsible or liable to The Client or any representative of The Client in excess of its obligation to repair, recalibrate, or replace the equipment serviced under this contract. To repair or replace said items would be at the discretion of MMS.
4. The prevailing contract rates for labor and parts can increase from time-to-time when the cost to provide such service and parts increases. If and when such changes take place, an addendum to the contract shall be made.
5. This contract may be cancelled with written notice 60 days prior to the anniversary date of the contract. The anniversary date is considered the first day of the month that the contract takes affect. Written notice of cancellation must be delivered by registered mail.

#### **E. TEST EQUIPMENT**

It is The Client's responsibility to maintain and make available all service manuals, card extenders, special test tools, adapters, etc. that are provided and required by the manufacturer. MMS will supply all test instrumentation required for repairs and/or inspections with the exception of specialty devices that are unique to this Client facility or to the manufacturer. Such specialty test equipment will be provided by The Client. All calibrations of test instrumentation shall be traceable to the National Bureau of Standards.

## **F. DOCUMENTATION AND EQUIPMENT MANAGEMENT PROGRAM**

During the term or at the termination of the agreement MMS will provide complete documentation in compliance with the requirements of all accreditation agencies. All repairs and inspection data will be documented and provided to a designated person or department. An inspection and maintenance summary will be provided at quarterly intervals. MMS will provide The Client with all records required by regulatory agencies that pertain to MMS' technicians' certification & training. MMS will provide, for its technicians, a laptop with its computerized Equipment Management Program. The Client shall retain ownership of all data within the computer files that is pertinent to equipment serviced under this agreement and for which are available online via the internet.

## **G. INSURANCE**

MMS maintains coverage for general and professional liability and worker's compensation. Mid-Continent Casualty, General Aggregate - \$3,000,000; Products - Completed Operations Aggregate Limit - \$3,000,000; Personal and Advertising Injury - \$1,000,000; Each Occurrence - \$1,000,000; Commercial Excess Policy - Each Occurrence - \$4,000,000, Policy Aggregate Limit - \$4,000,000. The excess policy adds \$4,000,000 to the main policy for a total of \$5,000,000.

## **H. PAYMENT**

Contracted Time, Material Services, and Sales Taxes are payable upon receipt of invoice. Charges for services performed, or parts used that are not covered by the terms of this agreement, shall be invoiced to The Client on or before the tenth of the month following the completion of services, and are due and payable within thirty days of receipt. Accounts over thirty days may be assessed a 5% surcharge. Should an account fall sixty days in the arrears, MMS may exercise the right to discontinue service to The Client, until the account is made current.

Contract payments must be made in advance of each month, quarter, or annual coverage. If payment is not made prior to coverage MMS may withhold services till the contract payment is made and assess a 5% surcharge on outstanding payment.

## **I. ACCESS TO RECORDS**

Until the expiration of four years after the furnishing of the services provided under the contract, seller will make available to the Secretary, U.S. Department of Health and Human Services, the U.S. Controller General, and their representatives, the contract and all books, documents and records necessary to certify the nature and extent of the costs of those services. If seller carries out the duties of the contract through a subcontract worth \$10,000.00 or more, over a 12-month period with a related organization, the subcontract will also contain access by the Secretary, Controller General, and their representatives to the related organization's books and records.

## **J. EXCLUSIONS**

The following are not included in this contract:

1. Upgrades: software or hardware.
2. Restoration and Reconditioning: The time and parts it takes to complete a cosmetic restoration or a manufacturer's defined overhaul.
3. Rental or loaner equipment.
4. Repairs on Shutter Systems within a Laser are not included.
5. Ultrasound probes are not covered unless specifically included on the main contract page.
6. Expendable items such as, recorder paper, reagents, patient electrodes, catheters, glassware of any kind, magnetic tape, data processing media, fiber optics, or lead aprons.
7. Accessories such as surgical pneumatic tools or any other external specialty tool that plugs into a medical device are not covered. ECG leads and cables are not covered. A stock of leads and cables will be ordered by The Client and maintained at The Client facility in the biomed area for quick and easy access.
8. Any specialty medical equipment added to the inventory which is not listed in the original contract, or that is not coded for repair or PM service. Specialty devices include, but are not limited to: Anesthesia, Ventilators, Radiology, Nuclear Medicine, Diagnostic Ultrasound, Sterilizers, Computed Tomography (CT), Magnetic Resonance Imaging, Laser, Ophthalmic, and Lab Analyzers.
9. Any medical equipment that is under a service contract or reagent rental contract by another service provider or Manufacturer is not covered.
10. The cost to correct any pre-existing problem (hard or intermittent failure) found during the initial inspection (on a device added to this contract without a prior MMS inspection) that does not meet manufacturers' specifications, is not covered. With The Client's approval, MMS or MMS' contractors will, at the MMS' contract rates, repair and bring such equipment within the manufacturers' specifications.
11. The repair cost on any device deemed to have been damaged by liquids, having been dropped, or misused in any way is not covered.
12. Installation of equipment, clinical set up of equipment, and in-services are not included, and if needed will be billed at contract rates.
13. Excessive search time (a total of more than ½ hour accumulative time) for any device due for preventative maintenance is not

- included. Any additional search time will be billed at MMS' contract rates.
14. The time and expense to acquire any technical or user manuals is not covered. It is the responsibility of The Client to have all such technical literature available at The Client facility. Any related expenses incurred will be billed at the MMS' contract rates.
  15. Manufacturer technical support (that is billed to MMS on client equipment) is not covered, and will be passed on to The Client.
  16. Recharging of any refrigerator or freezer device is not covered.
  17. Unscheduled labor on any device not listed on the original inventory list, or that has not been added in accordance with the contract terms, is not covered.
  18. Labor on devices that are no longer supported by the manufacturer will be covered up to one and one half (1.5) hours per service event. If any parameter on a medical device becomes non-repairable, and The Client wants to continue the use of such a device, it will automatically default to a time & material (TMWC) status on the service code.
  19. Any major changes to the equipment database (such as a global change of control numbers), any special project or special research above and beyond normal reporting or normal service functions. Such projects shall be billed at the prevailing MMS consulting rate of \$115.00 per hour.
  20. Repairs on devices coded for "parts coverage" are only covered up to 50% of the replacement value based on the same manufacturer and model of the device. If The Client wants to complete a repair that exceeds that amount, The Client is responsible for paying the difference in cost.
  21. Coverage under this contract ceases on any device the FDA or other regulatory agencies deem unsafe for use, regardless of the service code assigned to the device. A letter in reference to this change in coverage will be sent by MMS to The Client. If the device deemed to be unsafe is a specialty device, an addendum to the contract will be made.
  22. Overnight shipment of repair parts for critical devices is covered, but in the case of devices where ample backup units are available, this service is not included. Every effort will be made by MMS to get all repair parts at the earliest possible time to keep equipment down time, to a minimum.
  23. Mattresses and mattress covers for beds are not covered.

#### **K. INCLUSIONS**

The following are included in this contract:

1. On site technician five days per week excluding government recognized holidays and MMS monthly meetings. Typically, the first business day of each month is designated as an MMS monthly meeting day. On occasion, this meeting date may change. The Client will be notified in advance if there is any schedule change. On days a technician is unavailable to do rounds, MMS will check in via phone with each major department. On designated monthly meeting days, MMS will still respond to emergency unscheduled service calls in accordance with paragraph B.
2. Hospital rounds will be done in person Monday through Friday when a technician is available except on recognized holidays and on MMS monthly meeting days.
3. Coordinating and maintaining all Scheduled and Unscheduled service on listed medical equipment (depending on the service code designated).
4. Scheduling and tracking of all service activity on equipment contracted with other outside vendors is included.
5. Incoming inspections will be completed on all non specialty devices, at no additional cost.
6. Web based access is included for all service records, schedules and inventory lists.
7. The initial in-service for web based reports is included. All other requested training, after the completion of the initial in-service, will be billed at consulting rates with a minimum billing of two hours, plus a Zone travel charge.
8. Standard monthly and quarterly reports are included. Custom reports requested by the client for web based access will be billed at consulting rates with a minimum billing of two hours. A proposal will first be given with an agreed upon format. MMS reserves all copy rights to all custom and non-custom reports.
9. A representative will attend quarterly EOC meetings. All monthly, quarterly, and annual reports will be provided The Client on a timely basis. Non "quarterly EOC" meetings for which The Client requests representation, will be billed at prevailing MMS consulting rates.
10. A MMS representative will be available to assist during State and Joint Commission inspections.

#### **L. HIRING OF MMS EMPLOYEES**

The Client agrees not to offer employment, directly or indirectly, to any of MMS' employees or ex-employees, for a period of two (2) years, following the termination of this Service Agreement. It is understood that MMS has hired and trained employees at a substantial expense. The indirect employment of such employees shall be understood as knowingly permitting such employees or ex-employees to perform services in The Client facility on behalf of any contractor or third party service that provides services equivalent to that previously provided by MMS. For any breach of this covenant, MMS may recover, from The Client, as liquidated damages and not as a penalty, the sum of Six Hundred Dollars (\$600.00) per business day for each business day that such breach continues, for a maximum of one hundred eighty (180) business days. MMS shall be entitled to specific performance of this provision and shall be entitled to proceed to enjoin such employment. If legal action is necessary, to enforce this provision or to collect liquidated damages, MMS shall be further entitled to recover all legal expenses, including reasonable attorney's fees.

**M. DOCUMENTATION AND EQUIPMENT MANAGEMENT PROGRAM**

MMS will provide, for its technicians, a laptop with its computerized Equipment Management Program. The Client shall retain ownership of all data within the computer files that is pertinent to equipment serviced under this agreement and for which print formats are available.

**N. LEGAL JURISDICTION**

If legal action is necessary to enforce this contract or any provision herein, the laws of the State of California shall govern the construction and enforcement of this contract, and the District Court of Fresno County, California, shall be the sole and exclusive jurisdiction and venue, in any legal proceeding related hereto.

**O. INDEMNIFICATION CLAUSE**

MMS agrees to indemnify and hold harmless The Client, its affiliates, officers, employees, and representatives from and against any losses, costs, damages, and expenses resulting from claims for bodily injury or property damage arising out of joint efforts through the term of this agreement unless such bodily injury, property damage, or personal injury is determined to be the result of the negligence of The Client, their affiliates, officers, employees, or representatives.

The Client agrees to indemnify and hold harmless MMS, its affiliates, officers, employees, and representatives from and against any losses, costs, damages, and expenses resulting from claims for bodily injury or property damage arising out of joint efforts through the term of this agreement unless such bodily injury, property damage, or personal injury is determined to be the result of the negligence of MMS, their affiliates, officers, employees, or representatives.

**Customer Acceptance:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**MultiMedical Systems**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
000585-1618	Analyzer, Electrolyte	B & K Medical	4017	260-00778	INTO	Not Scheduled
230108-1618	Defibrillator, AED	Laerdal Medical Corp.	AED TRAINER 2	230108	INTO	Not Scheduled
002520-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M3535A	US00560597	INTO	Not Scheduled
000760-1618	Line Isolation Monitor	BioteK Instruments	Universal ISO	131132	INTO	Not Scheduled
002586-1618	Module, Cardiac Output	Datex/Ohmeda	M-COP-00-01	4427467	INTO	Not Scheduled
001060-1618	Safety Analyzer	Dale Technology Inc.	601	70229	INTO	Not Scheduled
002509-1618	Thermometer, Digital	Health Care Logistics	10368	1222404092	INTO	Not Scheduled
002510-1618	Thermometer, Digital	Health Care Logistics	10368	1222404029	INTO	Not Scheduled
002511-1618	Thermometer, Digital	Health Care Logistics	10368	1222401030	INTO	Not Scheduled
002512-1618	Thermometer, Digital	Health Care Logistics	10368	1222401032	INTO	Not Scheduled
002514-1618	Thermometer, Digital	Health Care Logistics	10368	1222401033	INTO	Not Scheduled
001045-1618	Thermometer, Lab	Fisher Scientific	HLTA-40	20020101	INTO	Not Scheduled
001912-1618	Thermometer, Temporal	Exergen	TAT-5000	A204528	INTO	Not Scheduled

Biomedical Engineering has 13 active Devices. 0 are Scheduled. 13 are Not scheduled

Department Central Services

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001738-1618	Charger, Battery	Stryker	2110	98080123	FSLO	12 Months
001739-1618	Charger, Battery	Stryker	2110	98080133	FSLO	12 Months
001312-1618	Charger, Battery	Stryker	4110-120	0529000533	FSLO	12 Months
001736-1618	Charger, Battery	Stryker	4110-120	0526600213	FSLO	12 Months
001737-1618	Charger, Battery	Stryker	2110	98080113	FSLO	12 Months
001735-1618	Cleaner, Steam	Accutome Inc	GEM-1	11032564	FSLO	12 Months
001573-1618	Incubator, Bio	Steris	S-3082	97094309	FSLO	12 Months
001733-1618	Incubator, Bio	Steris	400313	702900678502	FSLO	12 Months
001734-1618	Incubator, Bio	Steris	C1392	760060998783	FSLO	12 Months
002455-1618	Incubator, Test Tube	Attest	53371	06514581	FLSO	12 Months
002456-1618	Incubator, Test Tube	Attest	53371	12116974	FLSO	12 Months
002454-1618	Incubator, Test Tube	Attest	53371	06294440	FLSO	12 Months
002202-1618	Refrigerator, Lab	GE Healthcare	GMR06AAZAWW	HV026380	FSLO	12 Months
000628-1618	Regulator, Suction	Chemtron Medical Div	22-12-12080998	None	FSLO	12 Months
000701-1618	Regulator, Suction	Allied Healthcare Prod.	22-12-12089-98	None	FSLO	12 Months
000499-1618	Sealer, Heat	Reneco	LS18-120	898-181-3887L	FSLO	12 Months
001456-1618	Sequential Compression Unit	Aircast	System 30A	35029	FSLO	12 Months
002014-1618	Sequential Compression Unit	Aircast	30A	25752	FSLO	12 Months
001615-1618	Sequential Compression Unit	Aircast	30A	39670	FSLO	12 Months
001453-1618	Sequential Compression Unit	Aircast	30A	35009	FSLO	12 Months
001452-1618	Sequential Compression Unit	Aircast	30A	35046	FSLO	12 Months
001451-1618	Sequential Compression Unit	Aircast	30A	35060	FSLO	12 Months
001558-1618	Sequential Compression Unit	Aircast	30A	11241	FSLO	12 Months
001437-1618	Sequential Compression Unit	Aircast	30A	14643	FSLO	12 Months
001438-1618	Sequential Compression Unit	Aircast	30A	24332	FSLO	12 Months
001440-1618	Sequential Compression Unit	Aircast	30A	31912	FSLO	12 Months
001441-1618	Sequential Compression Unit	Aircast	30A	23999	FSLO	12 Months
001442-1618	Sequential Compression Unit	Aircast	30A	24106	FSLO	12 Months
001614-1618	Sequential Compression Unit	Aircast	30A	39671	FSLO	12 Months
001493-1618	Sequential Compression Unit	Aircast	30A	10396	FSLO	12 Months
001455-1618	Sequential Compression Unit	Aircast	30A	35016	FSLO	12 Months
002470-1618	Sterilizer, Scope	Steris	System1E	400171	ELSO	12 Months
002377-1618	Sterilizer, Scope	Steris	System1E	400157	ELSO	12 Months
002376-1618	Sterilizer, Scope	Steris	System1E	400177	ELSO	12 Months
002217-1618	Sterilizer, Steam	Steris	CENTURY PREVAC	03230011-21	FSLO	3 Months
002218-1618	Sterilizer, Steam	Steris	CENTURY PREVAC	03230011-11	FSLO	3 Months
002216-1618	Sterilizer, Vacuum	Steris	AMSCO V-PRO 1	327811-15	FSLO	6 Months
002215-1618	Washer, Instrument, Reliance	Steris	RELIANCE VISION SING	3611211004	FSLO	3 Months

Central Services has 38 active Devices. 38 are Scheduled. 0 are Not scheduled

Control #

Device Type

Manufacturer

Model #

Serial #

Service Code

PM Frequ.

**Dependent Chemistry**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002572-1618	Computer, Roll Around	Unknown	Unknown	1201629-0014	FSLO	12 Months
002573-1618	Computer, Roll Around	Unknown	Unknown	1201629-0009	FSLO	12 Months
001113-1618	Monitor, Multiparameter	Nonin Medical Inc	2120	126600286	FSLO	6 Months
001313-1618	Monitor, Multiparameter	Datascope	PASSPORT 2	TS02113-15	FSLO	6 Months
001315-1618	Monitor, Multiparameter	Colin Medical Instruments	PASSPORT 2	TS02148-L5	FSLO	6 Months
001314-1618	Monitor, Multiparameter	Colin Medical Instruments	PASSPORT 2	TS02052-15	FSLO	6 Months
002001-1618	Monitor, Multiparameter	Philips	VS2	US02002384	FSLO	6 Months
001811-1618	Refrigerator/Freezer	Kenmore	564.94446400	050416844	FSLO	12 Months
001492-1618	Scale, Patient Electric	SR Instruments	555	2030	FSLO	12 Months
002046-1618	Stretcher, Hydraulic	Techlem	5000	TMPR0408018	FSLO	12 Months
002045-1618	Stretcher, Hydraulic	Techlem	5000	TMPR0408019	FSLO	12 Months
001252-1618	Thermometer, Temporal	Exergen	TAT 5000	A80818	FSLO	12 Months
001604-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09077036	FSLO	12 Months
001605-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076310	FSLO	12 Months
001606-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076658	FSLO	12 Months
001810-1618	TV, Patient	Healthwatch	WM-FSI-SB-E	WPS1158	FSLO	12 Months
001812-1618	TV, Patient	Healthwatch	22LG3DCH	910RMUY106070	FSLO	12 Months

**Chemotherapy** has 17 active Devices. 17 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001339-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US00212099	FSLO	6 Months
002099-1618	X-Ray, Portable	General Electric	46-165600010 AMX2	2664WK1	FSLO	12 Months

CT has 2 active Devices. 2 are Scheduled. 0 are Not scheduled



**Department of Ramadan**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001198-1618	Aspirator, Portable	Mabis	VARIO	nsn	FSLO	12 Months
001973-1618	Doppler	Huntleigh Technology	FD1+	FDIPX0234050-09	FSLO	12 Months
001970-1618	Filters	PCI Medical Inc.	G10VP	30375	FSLO	12 Months
001972-1618	Light, Examination	Leviton	Gooseneck	None	FSLO	12 Months
001976-1618	Light, Examination	Leviton	Gooseneck	None	FSLO	12 Months
001968-1618	Monitor, NIBP	Cofin Medical Instruments	Press-Mate	A801919	FSLO	12 Months
000975-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001979-1618	Scale, Infant Electric	SR Scales	SR555	2702	FSLO	12 Months
001978-1618	Scale, Infant Mechanical	Health-O-Meter	322	None	FSLO	12 Months
001969-1618	Thermometer, Tympanic	Welch Allyn	6014	Unknown	FSLO	12 Months

**Dr. Ramadon has 10 active Devices. 10 are Scheduled. 0 are Not scheduled**

Control #

Device Type

Manufacturer

Model #

Serial #

Service Code

PM Freq.

000558-1618

Aspirator, Portable

Medela Inc.

VARIO

1008021

FSLO

12 Months

001349-1618

Aspirator, Portable

SSCOR, Inc.

2402

U00574

FSLO

3 Months

001338-1618

Defibrillator/Multiparameter Monitor

Philips Medical Systems

MRX M355A

US00212100

FSLO

6 Months

001285-1618

EEG

Viays/Carefusion

OEMH3246DOO

OAO50226

FSLO

12 Months

001378-1618

EKG

GE Medical Systems

MAC5500

SCD06465650

FSLO

12 Months

001379-1618

EKG

GE Medical Systems

Mac5500

scd06460669

FSLO

12 Months

001660-1618

Monitor, Multiparameter

Philips

VS2

VS0061543

FSLO

12 Months

000459-1618

Monitor, SpO2

Nellcor

N-20P

20772124

FSLO

12 Months

000782-1618

Monitor, SpO2

Nellcor

N-20P

21678286 1998

FSLO

12 Months

001377-1618

Monitor, Stress System

GE Medical Systems

CaseP2

scf06460694

FSLO

12 Months

001967-1618

Scale, Infant Electric

Befour, Inc

SCAL31MC

080531MC0234

FSLO

12 Months

001966-1618

Scale, Patient Mechanical

Health-O-Meter

None

None

FSLO

12 Months

002008-1618

Treadmill

GE Medical Systems

T2100

SBC10306590SA

FSLO

12 Months

EKG has 13 active Devices. 13 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
001536-1618	Air Float	Hover Tech International	GSP115	12108729	FSLO	12 Months
000168-1618	Air Recirculator	Stackhouse	10850	9408032	FSLO	12 Months
000168-1618	Air Recirculator	Stackhouse	10850	9408032	FSLO	24 Months
002521-1618	Alarm, Baby Abduction	Dell Computer Corp	Infant Security Dell	3522862097	FSLO	12 Months
001350-1618	Aspirator, Portable	SSCOR Inc.	2402	U00559	FSLO	3 Months
001348-1618	Aspirator, Portable	SSCOR Inc.	2402	U00563	FSLO	3 Months
002440-1618	Boom, Overhead	Skytron	Unknown	1107-348-02-1-0752	PMEL	6 Months
002443-1618	Boom, Overhead	Skytron	Unknown	1104-348-02-1-0682	PMEL	6 Months
001766-1618	Cast Cutter	Stryker	9002-210	74-75	FSLO	12 Months
000113-1618	Charger, Base	Welch Allyn	71110	None	FSLO	12 Months
002557-1618	Computer, Roll Around	Unknown	Unknown	1201629-0008	FSLO	12 Months
002558-1618	Computer, Roll Around	Unknown	Unknown	1201629-0027	FSLO	12 Months
002556-1618	Computer, Roll Around	Unknown	Unknown	1201629-0001	FSLO	12 Months
001335-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US002121095	FSLO	6 Months
001341-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US00212107	FSLO	6 Months
002333-1618	Doppler	Meda Sonics Inc.	Triall	TS24102	FSLO	12 Months
000935-1618	Dryer, Swab	Kinderprint	Dryer swab	87-0151	FSLO	12 Months
002050-1618	Dryer, Swab	Kinderprint	CSI	100512	FSLO	12 Months
002371-1618	EKG	Philips	Pagewriter	us41208095	FSLO	12 Months
001253-1618	Lamp, Ultraviolet	Burton Medical Products	31603	31951	FSLO	12 Months
001191-1618	Lamp, X-Ray View Box	General Electric	None	None	FSLO	12 Months
002370-1618	Lamp, X-Ray View Box	Maxant	Techline 400	52208-01	FSLO	12 Months
000167-1618	Light Source, Fiberoptic	Luxtec Corp	1150	0808185	FSLO	12 Months
000315-1618	Light, Examination	Burton Medical Products	0131010	03104	FSLO	12 Months
002214-1618	Light, Examination	Steris	HARMONY 500	11103511100338	FSLO	12 Months
002367-1618	Light, Examination	Skytron	Stellar ST9	11017233	FSLO	12 Months
002368-1618	Light, Examination	Skytron	ST29	10410390	FSLO	12 Months
002369-1618	Light, Examination	Skytron	ST29	10410389	FSLO	12 Months
002362-1618	Light, Examination	Skytron	Stellar ST9	11017232	FSLO	12 Months
002363-1618	Light, Examination	Skytron	Stellar ST9	11017231	FSLO	12 Months
002364-1618	Light, Examination	Skytron	Stellar ST9	11017230	FSLO	12 Months
002365-1618	Light, Examination	Skytron	Stellar ST9	11017229	FSLO	12 Months
002366-1618	Light, Examination	Skytron	Stellar ST9	11017226	FSLO	12 Months
002441-1618	Light, Surgical	Skytron	ST23	10410389	FSLO	6 Months
001161-1618	Light, Surgical	Skytron	KR56	Y123Q2736	FSLO	6 Months
001162-1618	Light, Surgical	Skytron	KR56	7076Q2472	FSLO	6 Months
001163-1618	Light, Surgical	Skytron	KR56	Y07302468	FSLO	6 Months
002442-1618	Light, Surgical	Skytron	ST23	10410390	FSLO	6 Months
002048-1618	Light, Vaginal Exam	Welch Allyn	739	20110125	FSLO	12 Months
002268-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13860308	FSLO	12 Months

## Control #

## Device Type

## Manufacturer

## Model #

## Serial #

## Service Code

## PM Freq.

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002256-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13860306	FSLO	12 Months
002260-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE9070APJ5	FSLO	12 Months
002263-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE9070APJ7	FSLO	12 Months
002265-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13860307	FSLO	12 Months
002266-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APIC	FSLO	12 Months
002269-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APgw	FSLO	12 Months
002253-1618	Module, Multiparameter	Philips Medical Systems	M3001A	DE9070APHE	FSLO	12 Months
002255-1618	Module, Multiparameter	Philips Medical Systems	M3001A	DE9070APHI	FSLO	12 Months
002258-1618	Module, Multiparameter	Philips Medical Systems	M3001A	DE9070APK6	FSLO	12 Months
002252-1618	Monitor, Multiparameter	Philips Medical Systems	IntelliVue MP30	nsn	FSLO	6 Months
002257-1618	Monitor, Multiparameter	Philips Medical Systems	IntelliVue MP30	de728a0389	FSLO	6 Months
002301-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE82099005	FSLO	6 Months
002584-1618	Monitor, Multiparameter	Philips	VS3	us23146282	PMIIV	6 Months
002259-1618	Monitor, Multiparameter	Philips	IntelliVue MP30	de728a0380	FSLO	6 Months
002262-1618	Monitor, Multiparameter	Philips	IntelliVue MP30	de728a0378	FSLO	6 Months
002261-1618	Monitor, Multiparameter	Philips	IntelliVue MP5	de91349917	FSLO	6 Months
002267-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE82099010	FSLO	6 Months
002305-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE82098985	FSLO	6 Months
002017-1618	Monitor, Multiparameter	Philips	VS3	us10230991	FSLO	6 Months
001299-1618	Monitor, SpO2	Nelicor	Rad-5v	21319040	FSLO	12 Months
001301-1618	Monitor, SpO2	Nelicor	Rad-5v	515181	FSLO	12 Months
002522-1618	Monitor, Video	Dell Computer Corp	19" monitor HUGS	CN0RNC21742612537YH	FSLO	12 Months
002272-1618	Monitor, Video	Philips Medical Systems	19" monitor	L11C001838	FSLO	12 Months
NC-H1040-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1041-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1042-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1025-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1021-A-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1021-B-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1023-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H1024-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCER2438-1618	Nurse Call Station	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
002360-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002361-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002359-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002358-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002357-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002356-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002355-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
002354-1618	Ophthalmoscope	Weich Alllyn	767	None	FSLO	12 Months
001754-1618	Ophthalmoscope	Weich Alllyn	676	None	FSLO	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002273-1618	Printer, Computer	Philips Medical Systems	862120	US92610030	FSLO	12 Months
002274-1618	Printer, Computer	HP	P2055DN	VNB3R19525	FSLO	12 Months
002372-1618	Refrigerator, Hospital	GE Healthcare	GTR12HBRWW	LV722024	FSLO	12 Months
002373-1618	Refrigerator, Hospital	GE Healthcare	GTR12HBRWW	LV722465	FSLO	12 Months
002191-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800103	FSLO	12 Months
002331-1618	Refrigerator/Freezer	Kenmore	Danby	NS	FSLO	12 Months
001767-1618	Regulator, Suction	Chemtron Medical Div	Unknown	Unknown	FSLO	Not Scheduled
002128-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002129-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002130-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002131-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002132-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002133-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002134-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002135-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002136-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002137-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002138-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002139-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002140-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002141-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
001565-1618	Scale, Infant Mechanical	Seca	Hallway	5374297083884	FSLO	12 Months
001032-1618	Scale, Patient Electric	SR Instruments	555	2029	FSLO	12 Months
002437-1618	Scope, Laryngoscope	Olympus Medical Systems	Series 5	52969	FSLO	12 Months
002194-1618	Slit Lamp	Topcon Instruments Corp.	xcel-400	22736-0610	FSLO	6 Months
001747-1618	Stretcher, Hydraulic	Stryker	SL3E	0809102308	FSLO	12 Months
001750-1618	Stretcher, Hydraulic	Stryker	1005	0609082380	FSLO	12 Months
001752-1618	Stretcher, Hydraulic	Stryker	1015	0806099468	FSLO	12 Months
001753-1618	Stretcher, Hydraulic	Stryker	1007	0911033629	FSLO	12 Months
001755-1618	Stretcher, Hydraulic	Stryker	0737	0809102309	FSLO	12 Months
001756-1618	Stretcher, Hydraulic	Stryker	1007	0911033630	FSLO	12 Months
002229-1618	Stretcher, Hydraulic	Stryker	Gymnie	1202033124	FSLO	12 Months
001749-1618	Stretcher, Hydraulic	Stryker	1007	0911033631	FSLO	12 Months
001765-1618	Stretcher, Hydraulic	Stryker	1061	0806123333	FSLO	12 Months
002495-1618	Stretcher, Hydraulic	Stryker	737	0809102308	FSLO	12 Months
002496-1618	Stretcher, Hydraulic	Stryker	1061	1202033124	FSLO	12 Months
002234-1618	Stretcher, Hydraulic	Stryker	Gymnie	1202030626	FSLO	12 Months
002230-1618	Stretcher, Hydraulic	Stryker	MSeries w/5th Wheel SM1C	1202030626	FSLO	12 Months
002270-1618	Telemetry, Central	Philips Medical Systems	M3155B/A08	2DA1461BYK	FSLO	12 Months
001567-1618	Thermometer, Digital	Welch Allyn	692	09051633	FSLO	12 Months
002504-1618	Thermometer, Digital	Health Care Logistics	10368	nsn	FSLO	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002507-1618	Thermometer, Digital	Health Care Logistics	10368	12224041113	FSLO	12 Months
001628-1618	Thermometer, Lab	Fisher Scientific	15-077-8D	101326560	FSLO	12 Months
001995-1618	Thermometer, Temporal	Exergen	TAT 5000	A214553	FSLO	12 Months
001997-1618	Thermometer, Temporal	Exergen	TAT 5000	A214557	FSLO	12 Months
002076-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N11511473	FSLO	12 Months
001600-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076663	FSLO	12 Months
002604-1618	Tonometer	Mentor Corp.	Tono-Pen XL	25001-0112	FSLO	12 Months
002420-1618	Ultrasound, Imaging	Sonosite	SonoSite Edge	03ptyv	ELSO	12 Months
002271-1618	UPS, Power Back-Up	TrippLite	SMARTPRO UPS	2134LLCSM628400616	FSLO	12 Months
002523-1618	UPS, Power Back-Up	APC	SMT2200	4B1217P28330	FSLO	12 Months
001107-1618	Warmer, Blood	Level 1 Technologies	HL90	20030470	FSLO	3 Months
000204-1618	Warmer, Patient	Augustine Medical	505	50535	FSLO	12 Months
000879-1618	Warmer, Patient	Augustine Medical	500	502c30652	FSLO	12 Months
001989-1618	Warmer, Patient	Arizant Healthcare Inc.	87500	25797	FSLO	12 Months

**Emergency Room has 136 active Devices. 121 are Scheduled. 15 are Not scheduled**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002525-1618	Alarm, Baby Abduction	Dell Computer Corp	Infant Security Dell	35233754257	FSLO	12 Months
001347-1618	Aspirator, Portable	SSCOR Inc.	2402	U00572	FSLO	3 Months
001360-1618	Bed, Electric w/Scale	Hill Rom	P1900K006210	H33AM8789	FSLO	12 Months
002223-1618	Bed, Electric w/Scale	Hill Rom	Total Care	NO11AMB268	FSLO	12 Months
001260-1618	Bed, Electric w/Scale	Hill Rom	P1900G006219	F243AM2648	FSLO	12 Months
000491-1618	Bed, Electric w/Scale	Hill Rom	P1900-BF4953	08Q9141999	FSLO	12 Months
000658-1618	Charger, Base	Welch Allyn	71150		FSLO	12 Months
002549-1618	Computer, Roll Around	Unknown	Unknown	1201629-0007	FSLO	12 Months
002548-1618	Computer, Roll Around	Unknown	Unknown	1201629-0030	FSLO	12 Months
002547-1618	Computer, Roll Around	Unknown	Unknown	1201629-0022	FSLO	12 Months
001331-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US00212098	FSLO	6 Months
000796-1618	Doppler	Parks Medical Electronics	811	022710	FSLO	12 Months
002193-1618	Doppler	Cooper Surgical	BF4B	BS054287	FSLO	12 Months
000989-1618	Equipment Cabinet	Siemens Medical Systems	7262731581-1M	45D15B	FSLO	12 Months
002411-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE728A0370	FSLO	12 Months
002306-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APJ4	FSLO	12 Months
002308-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APJ4	FSLO	12 Months
002311-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APKB	FSLO	12 Months
002595-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13866087	FSLO	12 Months
002310-1618	Monitor, Multiparameter	Philips	IntellVue MP50	DE820990945	FSLO	6 Months
002307-1618	Monitor, Multiparameter	Philips	IntellVue MP50	DE820999044	FSLO	6 Months
002312-1618	Monitor, Multiparameter	Philips	IntellVue MP50	DE820999028	FSLO	6 Months
002254-1618	Monitor, Multiparameter	Philips	IntellVue MP50	de82099017	FSLO	6 Months
002410-1618	Monitor, Multiparameter	Philips	IntellVue MP30	DE728A0370	FSLO	6 Months
002526-1618	Monitor, Video	Dell Computer Corp	19" monitor-HUGS	CN00C730C71623OAF47z	FSLO	12 Months
002316-1618	Monitor, Video	Philips Medical Systems	19" monitor	L11C001832	FSLO	12 Months
002317-1618	Monitor, Video	Philips Medical Systems	19" monitor	L11C001834	FSLO	12 Months
NCICUH2006-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCICUH2007-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCICUH2009-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCICUH2011-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCICU2444-1618	Nurse Call Station	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
000135-1618	Pacemaker, External	Medtronic Inc.	5348	PEF001412P	FSLO	6 Months
002315-1618	Printer, Computer	Philips Medical Systems	862120	US92610084	FSLO	12 Months
002314-1618	Printer, Computer	HP	P2055DN	VNB3R19527	FSLO	12 Months
001763-1618	Refrigerator, Hospital	Kenmore	564.91171100	060615436	FSLO	12 Months
002192-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800080	FSLO	12 Months
002195-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800134	FSLO	12 Months
001269-1618	Refrigerator/Freezer	Kenmore	564.94256400	040213084	FSLO	12 Months
000533-1618	Regulator, Intermittent	Chemtron Medical Div	Vacutron	136592	FSLO	Not Scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
000530-1618	Regulator, Suction	Chemtron Medical Div	NONE	NONE	FSLO	Not Scheduled
002475-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002476-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002477-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002478-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002479-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002480-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002481-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002482-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002483-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002484-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
000433-1618	Scale, Infant Electric	Detecto Scales	Doctors	None	FSLO	12 Months
000453-1618	Scale, Patient Electric	Scale-Tronix	5002	5002-3233	FSLO	12 Months
002318-1618	Telemetry, Central	Philips Medical Systems	M3155B/A08	2UA1461BTF	FSLO	12 Months
US11478804-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478804	FSLO	12 Months
US11478810-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478810	FSLO	12 Months
US11478811-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478811	FSLO	12 Months
US11478805-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478805	FSLO	12 Months
US11478807-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478807	FSLO	12 Months
US11478806-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478806	FSLO	12 Months
US11478808-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478808	FSLO	12 Months
US11478809-1618	Telemetry, Transmitter	Philips Medical Systems	TRX+	US11478809	FSLO	12 Months
001284-1618	Thermometer, Digital	Welch Allyn	692	5019161	FSLO	12 Months
002506-1618	Thermometer, Digital	Health Care Logistics	10368	1222404032	FSLO	12 Months
001268-1618	Thermometer, Lab	Fisher Scientific	15-077-8D	240210944	FSLO	12 Months
001595-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076656	FSLO	12 Months
001596-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076784	FSLO	12 Months
001598-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076657	FSLO	12 Months
002066-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N10043923	FSLO	12 Months
002319-1618	UPS, Power Back-Up	TrippLite	SMARTPRO UPS	2134LCSM628400224	FSLO	12 Months
002527-1618	UPS, Power Back-Up	APC	550	4B1217P29201	FSLO	12 Months
002224-1618	Warning Cabinet	Steris	18 GLASS DOOR	426611009	FSLO	12 Months

**Intensive Care Unit has 72 active Devices. 60 are Scheduled. 12 are Not scheduled**



## Control #

## Device Type

## Manufacturer

## Model #

## Serial #

## Service Code

## PM Frequ.

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001902-1618	Autoclave, Table Top	Pelton & Crane	S	A7-13958	FSLO	12 Months
000682-1618	Centrifuge	Clay Adams	Compact 2	35003380298	FSLO	12 Months
001910-1618	Charger, Base	Welch Alllyn	71110	None	FSLO	12 Months
001891-1618	Charger, Base	Welch Alllyn	71110	None	FSLO	12 Months
001895-1618	Charger, Base	Welch Alllyn	71110	None	FSLO	12 Months
001898-1618	Charger, Base	Welch Alllyn	71150	None	FSLO	12 Months
001889-1618	Charger, Base	Welch Alllyn	71150	None	FSLO	12 Months
002010-1618	Charger, Base	Welch Alllyn	71110	None	FSLO	12 Months
002011-1618	Charger, Base	Welch Alllyn	71110	None	FSLO	12 Months
001890-1618	EKG	Welch Alllyn	AT-2 Plus	026.64836	FSLO	12 Months
001885-1618	Light, Examination	Adjustable Fixture C	Gooseneck	None	FSLO	12 Months
001886-1618	Light, Examination	Adjustable Fixture C	Gooseneck	None	FSLO	12 Months
001897-1618	Manometer, Mercury	Baum	Baumanometer	X44216	FSLO	12 Months
001894-1618	Microscope, Lab	Wesco	Unknown	88251	FSLO	12 Months
001900-1618	Monitor, Multiparameter	Welch Alllyn	420	200101069	FSLO	12 Months
001909-1618	Monitor, NIBP, Battery	Omnron	HEM-712CLCN2	20080403054LF	FSLO	12 Months
001906-1618	Monitor, SpO2	Nellcor	N-20P	20630092	FSLO	12 Months
001904-1618	Refrigerator/Freezer	GE Healthcare	SC25KD	MF109855	FSLO	12 Months
001907-1618	Refrigerator/Freezer	GE Healthcare	SC25KD	MF109855	FSLO	12 Months
001905-1618	Scale, Lift, Electric	Detecto Scales	758C	E09800-0048	FSLO	12 Months
001893-1618	Scale, Patient Mechanical	Health-O-Meter	None	None	FSLO	12 Months
001911-1618	Table, Exam	IE Medical Group	104	9571	FSLO	12 Months
001888-1618	Table, Exam	Midmark Corp.	104	E42021	FSLO	12 Months
001892-1618	Table, Exam	IE Medical Group	104	Unknown	FSLO	12 Months
001896-1618	Table, Exam	Midmark Corp.	104	E021102	FSLO	12 Months
001899-1618	Table, Exam Power	IE Medical Group	104	9571	FSLO	12 Months
001887-1618	Table, Exam Power	Midmark Corp.	119	BY1022	FSLO	12 Months
001908-1618	Thermometer, Digital	Welch Alllyn	679	00513516	FSLO	12 Months
001901-1618	Timer, Lab	West & Associates	40035	Unknown	FSLO	12 Months
001903-1618	Timer, Lab	West & Associates	40035	Unknown	FSLO	12 Months

**Internal Medicine has 30 active Devices. 30 are Scheduled. 0 are Not scheduled**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
000901-1618	Agglutination Viewer	Oxford	5384	6313	FSLO	3 Months
000535-1618	Cell Washer	Sorvall	CW-II	8502811	FSLO	3 Months
001303-1618	Centrifuge	Drucker	642C	481105-45	FSLO	3 Months
001049-1618	Centrifuge	Clay Adams	2002	3790008	FSLO	3 Months
001330-1618	Centrifuge	Ortho Diagnostic Systems	MTS	481105-45	FSLO	3 Months
001985-1618	Freezer, Blood	Helmer Labs	IPF125-4	992369	FSLO	3 Months
002073-1618	Heating Block	Thermo Scientific	2050	c1648110519879	FSLO	3 Months
001329-1618	Incubator, Lab	Ortho Diagnostic Systems	Heating Block	255-118-5911	FSLO	3 Months
001361-1618	Mixer, Lab	Fisher Scientific	14-060-1	179706110068	FSLO	3 Months
001568-1618	Plasma System	Helmer Labs	DH4	987349	FSLO	3 Months
002203-1618	Refrigerator, Blood Bank	Helmer Labs	IB105	1003594	FSLO	3 Months
001297-1618	Refrigerator, Blood Bank	Helmer Labs	Unknown	968790	FSLO	3 Months
000538-1618	Rotator	Becton Dickinson	51-II	NONE	FSLO	3 Months
002062-1618	Rotator	Becton Dickinson	51-II	NONE	FSLO	3 Months
001159-1618	Rotator	Becton Dickinson	51-II	NONE	FSLO	3 Months
001149-1618	Thermometer, Digital	Fischer	15-077-BD	23007973	FSLO	3 Months
002412-1618	Thermometer, Digital	Fischer	15-077-BD	usn	FSLO	3 Months
002068-1618	Thermometer, Lab	Fisher Scientific	06-664-23	80610456	FSLO	3 Months
001569-1618	Thermometer, Lab	Helmer Labs	DT1	986961	FSLO	3 Months
001499-1618	Thermometer, Lab	Thermo Electron	Unknown	26694	FSLO	3 Months
002005-1618	Thermometer, Lab	Fisher Scientific	06-664-23	72442852	FSLO	3 Months
001358-1618	Thermometer, Lab	Fisher Scientific	06-664-23	6178228	FSLO	3 Months
001424-1618	Thermometer, Lab	Fisher Scientific	15-077-22	72441782	FSLO	3 Months
001466-1618	Thermometer, Lab	Fisher Scientific	06-664-23	72479690	FSLO	3 Months
002421-1618	Thermometer, Lab	Traceable	245C5	11668919	PMIW	12 Months
002021-1618	Timer, Lab	Fisher Scientific	06-662-46	101738930	FSLO	3 Months
002026-1618	Timer, Lab	Fisher Scientific	06-662-46	101738950	FSLO	3 Months
001774-1618	UPS, Power Back-Up	Eaton	5115	GD512A0041	FSLO	3 Months

Lab-Blood Bank has 28 active Devices. 28 are Scheduled. 0 are Not scheduled

**DEPARTMENT OF HEALTH SERVICES**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001837-1618	Analyzer, Blood Gas	Osmontics	OPTICCA	0P3-5959	FSLO	12 Months
002425-1618	Analyzer, Chemistry	Unknown	Meter Pro	00058775	FSLO	12 Months
001838-1618	Analyzer, Chemistry	CYTYC	Tli	60304L08D0	FSLO	12 Months
002433-1618	Analyzer, Chemistry	Beckman/Coulter	Cell Dyn	Unknown	FSLO	12 Months
002432-1618	Analyzer, Chemistry	Beckman/Coulter	Cell Dyn	Unknown	FSLO	12 Months
002435-1618	Blender, Food	Unknown	908	Unknown	FSLO	12 Months
001845-1618	Glucose Monitor	Roche	Accu-Check Inform	UJ66026088	INTO	Not Scheduled
001846-1618	Glucose Monitor	Roche	Accu-Check Inform	UJ66025431	INTO	Not Scheduled
001852-1618	Hood, Fume	Misonix	UA-550E	AD14780807	FSLO	12 Months
002055-1618	Thermometer, Digital	Fisher Scientific	15-077-8D	111323202	FSLO	12 Months
002023-1618	Timer, Lab	Fisher Scientific	06-662-46	101738968	FSLO	12 Months
002030-1618	Timer, Lab	Fisher Scientific	06-662-46	10205721	FSLO	12 Months
002031-1618	Timer, Lab	Fisher Scientific	06-662-46	102059732	FSLO	12 Months
002032-1618	Timer, Lab	Fisher Scientific	06-662-46	102059733	FSLO	12 Months

Lab-Chemistry has 14 active Devices. 12 are Scheduled. 2 are Not scheduled

Control #

Device Type

Manufacturer

Model #

Serial #

Service Code

PM Frequ.

Department: Lab-Hematology

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001831-1618	Analyzer, Coag	Biosite Diagnostics	Triage	00020830	FSLO	12 Months
002471-1618	Analyzer, Coag	Biosite Diagnostics	Triage Meter pro	00067809	FSLO	12 Months
001832-1618	Analyzer, Coag	Accu-Chek	85005-6	3605	FSLO	12 Months
001825-1618	Analyzer, Hematology	Siemens Medical Systems	CA500	A3725	FSLO	12 Months
000859-1618	Bath, Water	Abbott Laboratories	TFD	064	FSLO	12 Months
002434-1618	Cryostat	Thermo Fisher Scientific	HMS25	UNKnown	PMIW	12 Months
001826-1618	Microscope, Lab	Olympus Medical Systems	BX41TF	8K211237	FSLO	12 Months
01828-1618	UPS, Power Back-Up	APC	BP700VC	5B0893T08642	FSLO	12 Months

Lab-Hematology has 8 active Devices. 8 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001849-1618	Heating Block	Thermo Scientific	2050	16480080830963	FSLO	12 Months
001850-1618	UPS, Power Back-Up	APC	1000	Unknown	FSLO	12 Months
001851-1618	UPS, Power Back-Up	APC	1300	Unknown	FSLO	12 Months

Lab-Microbiology has 3 active Devices. 3 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001580-1618	Analyzer, Blood Gas	Siemens Medical Systems	405	10490	FSLO	12 Months
002427-1618	Analyzer, Chemistry	Siemens Medical Systems	EXL 2000	NA	FSLO	12 Months
002428-1618	Analyzer, Chemistry	Siemens Medical Systems	EXL 2000	NA	FSLO	12 Months
002430-1618	Analyzer, Chemistry	Siemens Medical Systems	Est Auto plus	NA	FSLO	12 Months
001616-1618	Analyzer, Coag	Coulter Electronics	AC-T	AN03034	FSLO	12 Months
001503-1618	Analyzer, Coag	Bio Merieux	Bact/Alert	CB3093	FSLO	12 Months
001502-1618	Analyzer, Coag	Bio Merieux	Vitek 2 Compact	C21463	FSLO	12 Months
001496-1618	Analyzer, Urine	Roche	Miditron Junior II	8108388	FSLO	12 Months
001684-1618	Analyzer, Urine	Roche	Urisys1100	UK	FSLO	12 Months
000758-1618	Bacti-Cinerator	Oxford	8889-001007	019149	FSLO	12 Months
001183-1618	Bacti-Cinerator	Oxford	Bacticinerator 3	K0412349	FSLO	12 Months
001243-1618	Bacti-Cinerator	Oxford	Bacticinerator 3	K0415128	FSLO	12 Months
000536-1618	Centrifuge	Dade	Immufuge	46432	FSLO	6 Months
001506-1618	Centrifuge	Hettich	420	0000179	FSLO	6 Months
001996-1618	Centrifuge	Hettich	PowerSpin LX	0000179	FSLO	6 Months
002249-1618	Centrifuge	Hettich	PowerSpin LX	0001201	FSLO	6 Months
001433-1618	Centrifuge	Stat Spintech	EXPRESS SSS4	481105-45	FSLO	6 Months
001302-1618	Centrifuge	Drueker	642C	481105-44	FSLO	6 Months
000885-1618	Centrifuge	Hermes	CYTOSPIN	MA10720 01p	FSLO	6 Months
001305-1618	Centrifuge	Drueker	642C	Centrifuge is in NIH CAR	FSLO	6 Months
001520-1618	Centrifuge	WR Medical Electronic Co	WR	5D	FSLO	6 Months
000683-1618	Centrifuge	Clay Adams	Compact 2	35003380298	FSLO	12 Months
001464-1618	Centrifuge	Fisher Scientific	228	11342	FSLO	6 Months
002602-1618	Centrifuge	Stat Spintech	statspin2	1239m50109043	FSLO	6 Months
000573-1618	Centrifuge	Stat Spintech	EXPRESS SSS4	1499 Rev. E	FSLO	6 Months
001555-1618	Centrifuge	IEC	M510	08804	FSLO	6 Months
002422-1618	Freezer, Laboratory	Unknown	LF041WWW/0M	NA	PMTW	6 Months
000756-1618	Heating Block	Rosco	LA	none	FSLO	6 Months
000644-1618	Heating Block	Lab-Line Instruments, Inc	2090	1267	FSLO	6 Months
001495-1618	Hood, Fume	Misonix	AU-550E	AD14780807	FSLO	12 Months
001501-1618	Hood, Fume	Unknown	NU-425-400	116552073007	FSLO	12 Months
001500-1618	Hood, Fume	Unknown	Exhaust 302	P07001	FSLO	12 Months
001229-1618	Incinerator	Oxford	Bacti-cinerator IV	K0413004	FSLO	12 Months
001103-1618	Incinerator	Sherwood Medical	Bacti-cinerator III	K0312787	FSLO	12 Months
001505-1618	Incubator, Aerobic	Labline	460	145008029273	FSLO	12 Months
001504-1618	Incubator, Aerobic	Labline	460	145008029734	FSLO	12 Months
000792-1618	Incubator, Aerobic	Sheldon	2300MP	0500199	FSLO	12 Months
000911-1618	Incubator, Aerobic	Sheldon	153325	533930567760	FSLO	12 Months
000101-1618	Microscope, Lab	Olympus Medical Systems	BHTU	233780	FSLO	12 Months
000102-1618	Microscope, Lab	AO Instrument Co.	none	891594	FSLO	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
000104-1618	Microscope, Lab	AO Instrument Co.	none	603117	FSLO	12 Months
001925-1618	Microscope, Lab	Spencer	Unknown	Unknown	FSLO	12 Months
001101-1618	Microtome	Olympus Medical Systems	Cut 4060	600431	FSLO	12 Months
000754-1618	Mixer, Lab	Scientific Products	S8225	NONE	FSLO	12 Months
000907-1618	Osmometer	Abbott Laboratories	3MO	42383-96	FSLO	12 Months
000496-1618	Refrigerator	Jewett	BBR17	43977-488	FSLO	6 Months
000684-1618	Refrigerator, Blood Bank	Jewett	CT-1	4037	FSLO	6 Months
000720-1618	Refrigerator, Lab	Kenmore	25370132990	LA94500062	FSLO	6 Months
002424-1618	Refrigerator, Lab	US Products INC	UNKNOWN	UNKNOWN	FSLO	6 Months
000695-1618	Rotator	Scientific Products	ORBIT1000	nsma\$1610	FSLO	12 Months
001118-1618	Scale, Laboratory	Sartorius Corp.	Unknown	50708414	FSLO	12 Months
002429-1618	Scale, Laboratory	American Scientific	Millipore	1844	FSLO	12 Months
001102-1618	Scale, Laboratory	Ohaus	Unknown	004BX1140104	FSLO	12 Months
001264-1618	Shaker, Orbital	Barnstead/Thermodyne Corp	40110	110604091492	FSLO	12 Months
001097-1618	Shaker, Orbital	Scientific Products	40110	110402096441	FSLO	12 Months
000865-1618	Slide Steiner	Boeckel	01122	01122	FSLO	12 Months
002457-1618	Table, Exam Power	UMF	8678	111426	FSLO	12 Months
002589-1618	Table, Exam Power	UMF	588	111426	FSLO	12 Months
002016-1618	Thermometer, Digital	Fisher Scientific	15-077-8D	101326556	FSLO	12 Months
002059-1618	Thermometer, Digital	Fisher Scientific	15-077-8D	111323091	FSLO	12 Months
001512-1618	Thermometer, Digital	Fisher Scientific	15-077-8D	80205737	FSLO	12 Months
001983-1618	Thermometer, Digital	Dickson	SM300	10189160	FSLO	12 Months
001984-1618	Thermometer, Digital	Dickson	SM300	10189163	FSLO	12 Months
001556-1618	Thermometer, Lab	Fisher Scientific	06-664-23	72311555	FSLO	12 Months
001611-1618	Thermometer, Lab	Fisher Scientific	15-077-22	90770252	FSLO	12 Months
001613-1618	Thermometer, Lab	Fisher Scientific	06-664-23	7256066	FSLO	12 Months
002423-1618	Thermometer, Lab	Fisher Scientific	15-077-8D	101797938	FSLO	12 Months
002436-1618	Thermometer, Lab	Fisher Scientific	15-077-8D	10132651	FSLO	12 Months
001425-1618	Thermometer, Lab	Fisher Scientific	15-077-22	72438413	FSLO	12 Months
001432-1618	Thermometer, Lab	Fisher Scientific	06-664-23	7256061	FSLO	12 Months
000880-1618	Thermometer, Lab	Fisher Scientific	Digital	20099823	FSLO	12 Months
000931-1618	Thermometer, Lab	Fisher Scientific	TRACEABLE	21060296	FSLO	12 Months
001171-1618	Thermometer, Lab	Fisher Scientific	TRACEABLE	NA	FSLO	12 Months
001237-1618	Thermometer, Lab	Fisher Scientific	15-077-8D	41267459	FSLO	12 Months
001239-1618	Thermometer, Lab	Fisher Scientific	15-077-8D	41267474	FSLO	12 Months
001241-1618	Thermometer, Lab	Fisher Scientific	06-664-23	41512341	FSLO	12 Months
001242-1618	Thermometer, Lab	Fisher Scientific	06-664-23	41512376	FSLO	12 Months
001160-1618	Timer, Lab	Westbend	150-953	40053	FSLO	12 Months
002054-1618	Timer, Lab	Fisher Scientific	06-662-46	111240227	FSLO	12 Months
002024-1618	Timer, Lab	Fisher Scientific	06-662-46	101738965	FSLO	12 Months
002025-1618	Timer, Lab	Fisher Scientific	06-662-46	101738941	FSLO	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002022-1618	Timer, Lab	Fisher Scientific	06-662-46	102059726	FSL0	12 Months
002426-1618	Timer, Lab	Westbend	150-953/BOB	008904	FSL0	12 Months
001367-1618	Tissue Processor	Rusch Inc.	Tissue Processor	NA	FSL0	12 Months
001089-1618	Tissue Processor	Miles	4890	1000512	FSL0	12 Months
002009-1618	Tube Rocker	Thermo Scientific	Labquake	1833100477750	FSL0	12 Months
002235-1618	Tube Rocker	Thermo Scientific	Labquake	1834111048620	FSL0	12 Months
002431-1618	Tube Rocker	Streck Laboratories	Unknown	NA	ELSO	12 Months
001661-1618	UPS, Power Back-Up	APC	1500	UNKNOWN	FSL0	12 Months

Laboratory has 89 active Devices. 89 are Scheduled. 0 are Not scheduled



Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
000409-1618	Air Recirculator	Stackhouse	10850	9408106	FSLO	12 Months
002528-1618	Alarm, Baby Abduction	Dell Computer Corp	Infant Security Dell	25616055277	FSLO	12 Months
001430-1618	Bed, Electric	Hill Rom	P3200D000015	J018AD7507	FSLO	12 Months
001427-1618	Bed, Electric	Hill Rom	P3200D000015	J018AD7505	FSLO	12 Months
001428-1618	Bed, Electric	Hill Rom	P3200D000015	J018AD7502	FSLO	12 Months
001429-1618	Bed, Electric	Hill Rom	P3200D000015	J018AD7508	FSLO	12 Months
001258-1618	Bed, Electric	Hill Rom	P3200A000013	F247AD8219	FSLO	12 Months
001345-1618	Bed, Electric	Hill Rom	P3200D000015	H228AD5130	FSLO	12 Months
001319-1618	Bed, Electric	Hill Rom	P3200D000015	4079AD114	FSLO	12 Months
001346-1618	Bed, Electric	Hill Rom	P3200D000015	H228AD5100	FSLO	12 Months
001334-1618	Bed, Electric	Hill Rom	P3200D000015	H228AD5169	FSLO	12 Months
000396-1618	Bed, Electric	Hill Rom	850	850-31Y54	FSLO	12 Months
002122-1618	Bed, Electric	Hill Rom	Versacare	m031ad6617	FSLO	12 Months
002123-1618	Bed, Electric	Hill Rom	Versacare	m031ad6613	FSLO	12 Months
002124-1618	Bed, Electric	Hill Rom	Versacare	m332ad3170	FSLO	12 Months
002125-1618	Bed, Electric	Hill Rom	Versacare	m332ad3167	FSLO	12 Months
002126-1618	Bed, Electric	Hill Rom	Versa Care	m016ad5696	FSLO	12 Months
001333-1618	Bed, Electric	Hill Rom	P3200D000015	H228AD5115	FSLO	12 Months
001248-1618	Bladder Scan	Verathon	BVI-3000	05250523	FSLO	12 Months
001375-1618	Bladder Scan	Verathon	BVI-3000	07177109	FSLO	12 Months
000300-1618	Charger, Base	Welch Allyn	71150	None	FSLO	12 Months
002560-1618	Computer, Roll Around	Unknown	Unknown	1201629-003	FSLO	12 Months
002559-1618	Computer, Roll Around	Unknown	Unknown	1201629-015	FSLO	12 Months
002561-1618	Computer, Roll Around	Unknown	Unknown	1201629-0011	FSLO	12 Months
002569-1618	Computer, Roll Around	Unknown	Unknown	1201629-0026	FSLO	12 Months
002562-1618	Computer, Roll Around	Unknown	Unknown	1199023-0002	FSLO	12 Months
002581-1618	Computer, Roll Around	Unknown	Unknown	1201629-0004	FSLO	12 Months
001343-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US00212097	FSLO	6 Months
001781-1618	Glucose Monitor	Roche	Accu-Chek Inform	UJ66025793	INTO	Not Scheduled
001782-1618	Glucose Monitor	Roche	Accu-Chek Inform	UJ66025792	INTO	Not Scheduled
001508-1618	Lift, Patient	Invacare Corp.	Reliant 440/100925	081ia000073	FSLO	12 Months
002493-1618	Light, Examination	Skytron	Stellar ST9	11017272	FSLO	12 Months
001078-1618	Monitor, Central	Colin Medical Instruments	BPRC-64FA2	FA-416D	FSLO	12 Months
002326-1618	Monitor, Computer	Philips	TRACE VUE	DE82099013	FSLO	12 Months
002490-1618	Monitor, Multiparameter	Philips	MP5	DE21051732	FSLO	6 Months
002491-1618	Monitor, Multiparameter	Philips	VS2	CN21201367	FSLO	6 Months
002492-1618	Monitor, Multiparameter	Philips	VS2	CN21201368	FSLO	6 Months
002002-1618	Monitor, Multiparameter	Philips	VS2	US02002390	FSLO	6 Months
002003-1618	Monitor, Multiparameter	Philips	VS2	US02002391	FSLO	6 Months
000958-1618	Monitor, NIBP	Colin Medical Instruments	Advantage	311104	FSLO	6 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002465-1618	Monitor, NIBP/SpO2	Philips Medical Systems	863278	CN21201369	FSLO	6 Months
002464-1618	Monitor, NIBP/SpO2	Philips Medical Systems	863278	CN21201370	FSLO	6 Months
000482-1618	Monitor, SpO2	Nellcor	N-20P	20634453	FSLO	12 Months
002529-1618	Monitor, Video	Dell Computer Corp	19" monitor HUGS	CN00C730C71623IBP2931	FSLO	12 Months
000349-1618	Nebulizer, Compressor	De Vilbiss	5610D	701924	FSLO	12 Months
NCH2044-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2042-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2038-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2035-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2032-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2031-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2028-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2024-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2023-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2019-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2018-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2058-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2055-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2053-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2051-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCH2045-1618	Nurse Call Room	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCMS2463-1618	Nurse Call Station	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
000276-1618	Pump, Heating Pad	Gaymar Industries Inc.	TP-500	C79265	FSLO	6 Months
000277-1618	Pump, Heating Pad	Gaymar Industries Inc.	TP-500		FSLO	6 Months
000365-1618	Pump, Heating Pad	Gaymar Industries Inc.	TP-500	A79248	FSLO	6 Months
001779-1618	Refrigerator/Freezer	Kenmore	564.61912401	060707179	FSLO	12 Months
002142-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002143-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002144-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002145-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002146-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002147-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002148-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002149-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002150-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002151-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002152-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002153-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002154-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002155-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002156-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002157-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002158-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002159-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002160-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002161-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002162-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002163-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002164-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002165-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002166-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002167-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002168-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002169-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002170-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002171-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002172-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002173-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
000297-1618	Scale, Infant Electric	Air-Shields	N10-01	BK31035	FSLO	12 Months
000952-1618	Scale, Infant Mechanical	Detecto Scales	Infant Scale	None	FSLO	12 Months
001507-1618	Scale, Lift, Electric	Hoyer	HPL600-WBSC	ER600-3307	FSLO	12 Months
000452-1618	Scale, Patient Electric	Scale-Tronix	5002	5002-3366	FSLO	12 Months
002250-1618	Scale, Patient Electric	Scale-Tronix	2002	2002-3550	FSLO	12 Months
002320-1618	Telemetry, Central	Philips Medical Systems	M3153B/A08	2UA2010SWQ	FSLO	12 Months
002056-1618	Thermometer, Digital	Fisher Scientific	15-077-8D	111323091	FSLO	6 Months
002508-1618	Thermometer, Digital	Health Care Logistics	10368	1222404035	FSLO	6 Months
002502-1618	Thermometer, Digital	Health Care Logistics	10368	nsn	FSLO	6 Months
001780-1618	Thermometer, Lab	Health Care Logistics	10368	60834912	FSLO	12 Months
001981-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N10029148	FSLO	12 Months
001982-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N10030556	FSLO	12 Months
001999-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N10515136	FSLO	12 Months
002000-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N10515111	FSLO	12 Months
002012-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09070934	FSLO	12 Months
002321-1618	UPS, Power Back-Up	Triplite	SMARTPRO UPS	2134LLCSM628400963	FSLO	12 Months
002530-1618	UPS, Power Back-Up	APC	550	4B147P36024	FSLO	12 Months
001052-1618	Warmer, Blood	Level 1 Technologies	HL90	20003144	FSLO	3 Months

Med Surg has 116 active Devices. 82 are Scheduled. 34 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
000569-1618	Aspirator, Portable	Medela Inc.	VARIO	1008040	FSLO	12 Months
000739-1618	Monitor, Multiparameter	Invivo Research	3155MRI	F00328	FSLO	6 Months
000740-1618	Power Supply	Invivo Research	DC, 20V	NONE	FSLO	12 Months
000738-1618	Power Supply	Invivo Research	DC, 20V	327410	FSLO	12 Months

MRI has 4 active Devices. 4 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
<b>Department: Nursery</b>						
002226-1618	Light, Examination	Skytron	Stellar ST9W	11067504 H-2087	FSLO	12 Months
002185-1618	Scale, Infant Electric	Olympic Medical Corp.	56325	60-1764	FSLO	12 Months

**Nursery has 2 active Devices. 2 are Scheduled. 0 are Not scheduled**

Department of

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002322-1618	Alarm, Baby Abduction	Dell Computer Corp	Infant Security Dell	BRW7YR1	FSLO	12 Months
002119-1618	Bed, Birthing	Hill Rom	Affinity	n030aa7533	FSLO	12 Months
002120-1618	Bed, Birthing	Hill Rom	P3700D000015	n033aa7602	FSLO	12 Months
002121-1618	Bed, Birthing	Hill Rom	P3700D000015	n030aa7539	FSLO	12 Months
002127-1618	Bed, Birthing	Hill Rom	P3700D000015	n030aa7537	FSLO	12 Months
002096-1618	Bilirubinometer	Respironics, Inc.	100-0800-20	b11102719	FSLO	6 Months
001115-1618	Bilirubinometer	Respironics, Inc.	100-0800-20	03043	FSLO	6 Months
001235-1618	Bilirubinometer	Respironics, Inc.	Type22	4184	FSLO	6 Months
000590-1618	Bilirubinometer	Respironics, Inc.	x74345/dale 40	0281	FSLO	6 Months
002565-1618	Computer, Roll Around	Unknown	Unknown	1201629-0013	FSLO	12 Months
002567-1618	Computer, Roll Around	Unknown	Unknown	1201629-0002	FSLO	12 Months
002568-1618	Computer, Roll Around	Unknown	Unknown	1201629-0024	FSLO	12 Months
002566-1618	Computer, Roll Around	Unknown	Unknown	1201629-0029	FSLO	12 Months
002244-1618	Incubator, Infant	Air-Shields	C450QT Isolette	BG24278	FSLO	6 Months
002245-1618	Incubator, Infant	Air-Shields	C450QT Isolette	BG24279	FSLO	6 Months
002246-1618	Incubator, Infant	Air-Shields	Birthing Room Warmer	BG05177	FSLO	6 Months
002242-1618	Light, Bilirubin	Drager	PhotoTherapy 4000	ASCA0086	FSLO	6 Months
002243-1618	Light, Bilirubin	Drager	PhotoTherapy 4000	ASCA0091	FSLO	6 Months
002489-1618	Monitor, Central	Dell Computer Corp	MRX174	256330847171	FSLO	12 Months
002409-1618	Monitor, Multiparameter	Philips	IntelliVue MP5	DE21051659	FSLO	6 Months
002531-1618	Monitor, Multiparameter	Philips	Avalon FM30	DES3115596	FSLO	6 Months
002583-1618	Monitor, Multiparameter	Philips	Avalon FM30	DES3117567	FSLO	6 Months
001370-1618	Monitor, NIBP	Critecare Systems	506	81911	FSLO	6 Months
002533-1618	Monitor, Patient	Dell Computer Corp	Fetal Monitor Dell	16535829709	FSLO	12 Months
002536-1618	Monitor, Patient	Dell Computer Corp	Fetal Monitor Dell	16534430029	FSLO	12 Months
002539-1618	Monitor, Patient	Dell Computer Corp	Fetal Monitor Dell	16534383373	FSLO	12 Months
002542-1618	Monitor, Patient	Dell Computer Corp	Fetal Monitor Dell	3915176941	FSLO	12 Months
002532-1618	Monitor, Video	Dell Computer Corp	19" monitor HUGS	CN00C730C71623261069€	FSLO	12 Months
002535-1618	Monitor, Video	Dell Computer Corp	19" monitor	CN00C730C7162325E070€	FSLO	12 Months
002538-1618	Monitor, Video	Dell Computer Corp	19" monitor HUGS	CN00C730C71623261069€	FSLO	12 Months
002541-1618	Monitor, Video	Dell Computer Corp	19" monitor HUGS	CN00C730C71623261069€	FSLO	12 Months
002324-1618	Monitor, Video	Dell Computer Corp	19" monitor	CN0GRNWZ7287213JCCN	FSLO	12 Months
002473-1618	Monitor, Video	Dell Computer Corp	19" monitor HUGS	CN0C730C730C	FSLO	12 Months
002474-1618	Monitor, Video	Dell Computer Corp	19" monitor OB TRACE VI	256330847171	FSLO	12 Months
NC-H2083-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H2078-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H2077-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H2074-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H2073-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-H2069-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months

## Control #

## Device Type

## Manufacturer

## Model #

## Serial #

## Service Code

## PM Frequ.

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
NCLD2458-1618	Nurse Call Station	Rautland-Borg Corp	Responder 5	None	FSLO	12 Months
002466-1618	Ophthalmoscope	Welch Allyn	767	None	FSLO	12 Months
002467-1618	Ophthalmoscope	Welch Allyn	767	None	FSLO	12 Months
002201-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800142	FSLO	12 Months
002196-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800137	FSLO	12 Months
002197-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800078	FSLO	12 Months
002198-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800280	FSLO	12 Months
002485-1618	Regulator, Suction	Allied Healthcare Prod.	22-15-1208	H2083	FSLO	Not Scheduled
002486-1618	Regulator, Suction	Allied Healthcare Prod.	22-15-1208	H2083	FSLO	Not Scheduled
002208-1618	Scale, Patient Electric	Detecto Scales	6855 BARIATRIC	E22311-103	FSLO	12 Months
002231-1618	Stretcher, Hydraulic	Stryker	Gymmie	1202033123	FSLO	12 Months
002488-1618	Stretcher, Hydraulic	Stryker	Transport 1061 26" litter	1202033123	FSLO	12 Months
002233-1618	Stretcher, Hydraulic	Stryker	Transport 737 26" litter	102032236	FSLO	12 Months
002487-1618	Stretcher, Hydraulic	Stryker	Transport 1061 26" litter	1202033122	FSLO	12 Months
002513-1618	Thermometer, Digital	Health Care Logistics	10368	1222401112	FSLO	12 Months
002503-1618	Thermometer, Digital	Health Care Logistics	10368	nsn	FSLO	12 Months
002501-1618	Thermometer, Digital	Health Care Logistics	10368	nsn	FSLO	12 Months
002534-1618	UPS, Power Back-Up	APC	550	4B147P32923	FSLO	12 Months
002537-1618	UPS, Power Back-Up	APC	550	4B1217P27955	FSLO	12 Months
002540-1618	UPS, Power Back-Up	APC	550	4B1147P32931	FSLO	12 Months
002543-1618	UPS, Power Back-Up	APC	550	4B1147P36048	FSLO	12 Months
002472-1618	UPS, Power Back-Up	APC	UPS 550 OB TRACE VU	4B1147P35572	FSLO	12 Months
002323-1618	UPS, Power Back-Up	TrippLite	SMARTPRO UPS	4B1147P28825	FSLO	12 Months
002205-1618	Warmer, Solution	ENTHERMICS MEDICAL SYSTEMS	EC770L	582650 H-2066	FSLO	12 Months
002225-1618	Warming Cabinet	Stens	24 Glass Door	42801102	FSLO	12 Months

**OB has 65 active Devices. 63 are Scheduled. 2 are Not scheduled.**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002590-1618	Light, Examination	Medical Illum. Inc.	011515-6	A318784	FSLO	12 Months
002587-1618	Thermometer, Temporal	Exergen	TAT5000	A318784	FSLO	12 Months

Ortho Clinic has 2 active Devices. 2 are Scheduled. 0 are Not scheduled



DEPARTMENT OF PATIENTS SERVICES/PACU

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002189-1618	Aspirator, Portable	Allied Healthcare Prod.	Unknown	2011025006	FSLO	12 Months
002551-1618	Computer, Roll Around	Unknown	Unknown	1201629-0019	FSLO	12 Months
002552-1618	Computer, Roll Around	Unknown	Unknown	1201629-0016	FSLO	12 Months
002550-1618	Computer, Roll Around	Unknown	Unknown	1201629-0028	FSLO	12 Months
002555-1618	Computer, Roll Around	Unknown	Unknown	1201629-0017	FSLO	12 Months
002553-1618	Computer, Roll Around	Unknown	Unknown	1201629-0021	FSLO	12 Months
002554-1618	Computer, Roll Around	Unknown	Unknown	1201629-0023	FSLO	12 Months
002574-1618	Computer, Roll Around	Unknown	Unknown	1201629-0006	FSLO	12 Months
001342-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US00212101	FSLO	6 Months
001403-1618	Doppler	Meda Sonics Inc.	Triall	TS22072	FSLO	12 Months
001145-1618	Head Lamp	Keeler Optical	All Pupil	05220	FSLO	12 Months
002298-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APFP	FSLO	12 Months
002294-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APH8	FSLO	12 Months
002295-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APH7	FSLO	12 Months
002299-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APFP	FSLO	12 Months
002302-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APHD	FSLO	12 Months
002303-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APH3	FSLO	12 Months
002313-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APK7	FSLO	12 Months
002276-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13860235	FSLO	12 Months
002280-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13860239	FSLO	12 Months
002283-1618	Module, Multiparameter	Philips Medical Systems	M3015A	DE13860238	FSLO	12 Months
002277-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APGR	FSLO	12 Months
002279-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APGR	FSLO	12 Months
002282-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APHC	FSLO	12 Months
002296-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APGZ	FSLO	12 Months
002292-1618	Module, Multiparameter	Philips Medical Systems	M3001a	DE9070APHB	FSLO	12 Months
002304-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE82099013	FSLO	6 Months
002275-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989867	FSLO	6 Months
002278-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820988999	FSLO	6 Months
002281-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989008	FSLO	6 Months
002289-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989009	FSLO	6 Months
002291-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989015	FSLO	6 Months
002293-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989041	FSLO	6 Months
002296-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989988	FSLO	6 Months
002297-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820989991	FSLO	6 Months
002300-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	DE820990033	FSLO	6 Months
002264-1618	Monitor, Multiparameter	Philips	IntelliVue MP50	de82099049	FSLO	6 Months
002288-1618	Monitor, Video	Philips Medical Systems	19" monitor	L11C001835	FSLO	12 Months
NC-PACU07-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU08-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
NC-PACU09-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU10-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU11-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU01-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU02-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU03-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU04-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU05-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NC-PACU06-1618	Nurse Call	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
NCPACU2446-1618	Nurse Call Station	Rauland-Borg Corp	Responder 5	None	FSLO	12 Months
002287-1618	Printer, Computer	HP	P2055DN	VNB3X14973	FSLO	12 Months
001273-1618	Refrigerator, Hospital	Springer-Penguin Inc	44	Unknown	FSLO	12 Months
002199-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800302	FSLO	12 Months
002190-1618	Refrigerator, Lab	Summit	FF28L	FF28L110800304	FSLO	12 Months
002175-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002174-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002176-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002177-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002178-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002179-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002180-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002181-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002182-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002183-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
002184-1618	Regulator, Suction	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
001923-1618	Stretcher, Hydraulic	Allied Healthcare Prod.	NONE	NONE	FSLO	Not Scheduled
001926-1618	Stretcher, Hydraulic	Midmark Corp.	K550-001	TEG003357	FSLO	12 Months
002232-1618	Stretcher, Hydraulic	Midmark Corp.	K550-001	TEG003358	FSLO	12 Months
001744-1618	Stretcher, Hydraulic	Stryker	Transport 737 26" litter	102032237	FSLO	12 Months
001746-1618	Stretcher, Hydraulic	Stryker	946-2	06020830	FSLO	12 Months
001745-1618	Stretcher, Hydraulic	Stryker	946-2	08061377	FSLO	12 Months
001759-1618	Stretcher, Hydraulic	Stryker	1005	0606086050	FSLO	12 Months
001743-1618	Stretcher, Hydraulic	Stryker	1501	94012895	FSLO	12 Months
001921-1618	Stretcher, Hydraulic	Stryker	946-2	91021739	FSLO	12 Months
002494-1618	Stretcher, Hydraulic	Stryker	1069 Eye	0612080688	FSLO	12 Months
002284-1618	Stretcher, Hydraulic	Stryker	Transport 1089 26" eye	1206032975	FSLO	12 Months
001359-1618	Telemetry, Central	Philips Medical Systems	M3155B/A08	2UA1461BVW	FSLO	12 Months
002505-1618	Thermometer, Digital	Welch Allyn	692	03407854	FSLO	12 Months
002044-1618	Thermometer, Digital	Health Care Logistics	10368	122404091	FSLO	12 Months
001696-1618	Thermometer, Lab	Health Care Logistics	10368	82392777	FSLO	12 Months
001697-1618	Thermometer, Lab	Control Company	253.6480206	BA72404691	FSLO	12 Months
		Taylor	Unknown	Unknown	FSLO	12 Months

**Control #**

**Device Type**

**Manufacturer**

**Model #**

**Serial #**

**Service Code**

**PM Frequ.**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001227-1618	Thermometer, Temporal	Exergen	TAT 5000	A15235	FSLO	12 Months
002497-1618	Thermometer, Temporal	Exergen	TAT 5000	A293804	FSLO	12 Months
002500-1618	Thermometer, Temporal	Exergen	TAT 5000	A162371	FSLO	12 Months
002067-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09100111	FSLO	12 Months
002285-1618	UPS, Power Back-Up	TrippLite	SMARTPRO UPS	2134LLCSM628401146	FSLO	12 Months
001552-1618	Warmer, Patient	Arizant Healthcare Inc.	87500	07333	FSLO	6 Months
001521-1618	Warmer, Patient	Arizant Healthcare Inc.	87500	07330	FSLO	6 Months
001522-1618	Warmer, Patient	Arizant Healthcare Inc.	87500	07331	FSLO	6 Months
001523-1618	Warmer, Patient	Arizant Healthcare Inc.	87500	07332	FSLO	6 Months
001276-1618	Warmer, Patient	Augustine Medical	505	26706	FSLO	6 Months
002468-1618	Warning Cabinet	Steris	18 GLASS DOOR	0433411039	FSLO	12 Months

**Outpatient Surgery/PACU has 92 active Devices. 81 are Scheduled. 11 are Not scheduled**

Control # Device Type Manufacturer Model # Serial # Service Code PM Freq.

Department: Pathology/Histology

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
001405-1618	Autopsy Saw	Thermoshandon	10000	4487	FSLO	12 Months
002606-1618	Camera Contoller	HP	PediaVision	nsn	FSLO	12 Months
001992-1618	Dispenser	Thermo Scientific	A81600111	wd1053d1009	FSLO	12 Months
001958-1618	Filtration System	Surgicott	ALD-X50B	ALDUS-F0105	FSLO	12 Months
001957-1618	Microscope, Lab	Bristolinc	720152	Unknown	FSLO	12 Months
001100-1618	Microtome	Olympus Medical Systems	Cut 4055	550424	FSLO	12 Months
000861-1618	Oven, Drying	Abbott Laboratories	218	5206110	FSLO	12 Months
000863-1618	Ph Meter	Thermo Orion	Unknown	30561	FSLO	12 Months
002607-1618	Printer, Computer	HP	5520	nsn	FSLO	12 Months
000940-1618	Refrigerator/Freezer	Unknown	Unknown	NA	FSLO	12 Months
001683-1618	Thermometer, Lab	Control Company	61161-278	101447906	FSLO	12 Months
002027-1618	Timer, Lab	Fisher Scientific	06-662-46	102059730	FSLO	12 Months
002028-1618	Timer, Lab	Fisher Scientific	06-662-46	102059666	FSLO	12 Months
002029-1618	Timer, Lab	Fisher Scientific	06-662-46	1102059724	FSLO	12 Months
001775-1618	UPS, Power Back-Up	APC	SMT200	JS1002022984	FSLO	12 Months

Pathology/Histology has 15 active Devices. 15 are Scheduled. 0 are Not scheduled

**Department: Pediatrics, Allergy**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001877-1618	Aspirator	Schuco	5711-130	0000125	FSLO	12 Months
001861-1618	Centrifuge	Clay Adams	Physicians Compact	52024	FSLO	12 Months
001913-1618	Centrifuge	Vulcon Technologies	MS24	3282	FSLO	12 Months
001867-1618	Charger, Base	Welch Allyn	71150	None	FSLO	12 Months
001869-1618	Charger, Base	Welch Allyn	71150	None	FSLO	12 Months
001870-1618	Charger, Base	Welch Allyn	71150	None	FSLO	12 Months
001876-1618	Charger, Base	Welch Allyn	71150	None	FSLO	12 Months
001860-1618	Hemoglobinometer	Hemocue Inc.	B-Hemoglobin	8936-0190	FSLO	12 Months
001862-1618	Incubator, Lab	Boekel	133000	03208	FSLO	12 Months
001866-1618	Light, Examination	Adjusco	Gooseneck	None	FSLO	12 Months
001868-1618	Light, Examination	Adjusco	Gooseneck	None	FSLO	12 Months
001863-1618	Microscope, Lab	Nikon	76421	70030	FSLO	12 Months
001872-1618	Monitor, NIBP, Battery	Mabis	04-320-001	Unknown	FSLO	12 Months
001878-1618	Nebulizer, Compressor	DeVilbiss	561	Unknown	FSLO	12 Months
001858-1618	Printer, Video	Starr	NX1001	Unknown	FSLO	12 Months
001865-1618	Refrigerator/Freezer	Kenmore	EL05CCXW	E94453075	FSLO	12 Months
001879-1618	Refrigerator/Freezer	Kenmore	ET20NKXDW02	EF0729774	FSLO	12 Months
001871-1618	Scale, Infant Electric	Olympic Medical Corp.	56300	00499	FSLO	12 Months
001874-1618	Scale, Patient Mechanical	Health-O-Meter	None	None	FSLO	12 Months
001857-1618	Spirometer	Multispiro Inc	910000	25111	FSLO	12 Months
001873-1618	Thermometer, Temporal	Exergen	TAT5000	A4655	FSLO	12 Months

**Pediatrics and Allergy has 21 active Devices. 21 are Scheduled. 0 are Not scheduled**

**Department: Perinatal/OB**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
001579-1618	Audio Quick Check	Hill Rom	E6854	9172	FSL0	12 Months
001790-1618	Blender, Oxygen	Bird	03800A	KEF15647	FSL0	12 Months
000444-1618	Charger, Battery	Welch Allyn	71150	None	FSL0	12 Months
002600-1618	Defibrillator, AED	Philips Medical Systems	FR3	C12J-00804	FSL0	12 Months
000959-1618	Doppler	Meda Sonics Inc.	Tria	F02009	FSL0	12 Months
000857-1618	Doppler	Meda Sonics Inc.	Tria	2000FD01673	FSL0	12 Months
001788-1618	Glucose Monitor	Roche	Accu-Check Infrom	UJ66025424	INTO	Not Scheduled
001234-1618	Light, Bilirubin	Olympic Medical Corp.	Type 91	91-10615	FSL0	6 Months
000942-1618	Light, Surgical	Skytron	IN19	D00010001	FSL0	12 Months
000943-1618	Light, Surgical	Skytron	IN19	D00010010	FSL0	12 Months
000114-1618	Microscope, Lab	AO Instrument Co.	none	745697	FSL0	12 Months
002107-1618	Monitor, Fetal Multiparameter	Philips Medical Systems	Avalon CTS	NSN	FSL0	6 Months
002104-1618	Monitor, Fetal Multiparameter	Philips Medical Systems	Avalon FM50	DE81105447	FSL0	6 Months
002103-1618	Monitor, Fetal Multiparameter	Philips Medical Systems	Avalon FM50	DE81105446	FSL0	6 Months
002105-1618	Monitor, Fetal Multiparameter	Philips Medical Systems	Avalon FM50	DE81105442	FSL0	6 Months
001773-1618	Monitor, Multiparameter	Philips	V83	US00924739	FSL0	12 Months
001310-1618	Monitor, SpO2	Masimo	Rad-5V	513462	FSL0	12 Months
000933-1618	Monitor, Television	Zenith Sales Co	TVY2021	6N002166	FSL0	12 Months
001786-1618	Printer, Video	Sony	UP-D897	98173	FSL0	6 Months
001236-1618	Pump, Breast	Medela Inc.	LACTINA	1070692	FSL0	6 Months
001783-1618	Refrigerator/Freezer	Kenmore	564.9117400	060615400	FSL0	12 Months
000553-1618	Regulator, Suction	Chemtron Medical Div	22-04-0112VACTRN	11-98	FSL0	Not Scheduled
000636-1618	Regulator, Suction	Chemtron Medical Div	22-04-0112	NONE	FSL0	Not Scheduled
000637-1618	Regulator, Suction	Chemtron Medical Div	22-04-0112	NONE	FSL0	Not Scheduled
000688-1618	Regulator, Suction	Chemtron Medical Div	22-04-0112	NONE	FSL0	Not Scheduled
000528-1618	Regulator, Suction	Precision Medical Inc.	PM3000	Unknown	FSL0	Not Scheduled
000527-1618	Scale, Infant Electric	Air-Shields	Infant S	ZG37951	FSL0	Not Scheduled
000735-1618	Thermometer, Digital	Welch Allyn	678	3084736	FSL0	12 Months
001784-1618	Thermometer, Lab	Health Care Logistics	10368	61831429	FSL0	12 Months
001599-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09077049	FSL0	12 Months
001593-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09077034	FSL0	12 Months
001594-1618	Thermometer, Tympanic	Sherwood Medical	Genius 2	N09076765	FSL0	12 Months
002080-1618	Timer, Lab	Fisher Scientific	06-662-46	102059483	FSL0	12 Months
001785-1618	Ultrasound, Imaging	GE Medical Systems	Logic IQe	LER42613	ELSO	6 Months
001657-1618	Ventilator, Infant	Fisher & Paykel Healthcare	NEOPUFF	060512001091	FSL0	6 Months
000306-1618	Warmer, Infant	Air-Shields	PM-78-1	WY23569	FSL0	6 Months
001085-1618	Warmer, Infant	Air-Shields	PM-78-1	GK10634	FSL0	6 Months
002247-1618	Warmer, Infant	Air-Shields	Birthing Room Warmer	BF05178	FSL0	6 Months

Perinatal/OB has 38 active Devices. 32 are Scheduled. 6 are Not scheduled

Department: Pharmacy

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
000577-1618	Freezer, Laboratory	Jewett	UCF3B	61462-298	FSLO	6 Months
001583-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12918160	FSLO	12 Months
001574-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12544825	FSLO	12 Months
000649-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12889311	FSLO	12 Months
000679-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12871207	FSLO	12 Months
001217-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12874140	FSLO	12 Months
000783-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12566281	FSLO	12 Months
001056-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12918955	FSLO	12 Months
001057-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12918988	FSLO	12 Months
001585-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12871074	FSLO	12 Months
001575-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12897668	FSLO	12 Months
001581-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12902603	FSLO	12 Months
001582-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12560398	FSLO	12 Months
001584-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12917025	FSLO	12 Months
001586-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12917873	FSLO	12 Months
001587-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12902593	FSLO	12 Months
001588-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12902527	FSLO	12 Months
000784-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12566355	FSLO	12 Months
000785-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12566395	FSLO	12 Months
000804-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565222	FSLO	12 Months
000807-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565340	FSLO	12 Months
000808-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565346	FSLO	12 Months
000809-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565355	FSLO	12 Months
000810-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565393	FSLO	12 Months
000812-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565401	FSLO	12 Months
000813-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565402	FSLO	12 Months
000817-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565427	FSLO	12 Months
000819-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565429	FSLO	12 Months
000820-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12565486	FSLO	12 Months
000927-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12884559	FSLO	12 Months
001081-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12544453	FSLO	12 Months
001082-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12568455	FSLO	12 Months
001083-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12891032	FSLO	12 Months
001203-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12897663	FSLO	12 Months
001204-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12520296	FSLO	12 Months
001265-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12525265	FSLO	12 Months
001271-1618	Pump, Infusion	Abbott Laboratories	Plum XL	12525575	FSLO	12 Months
001608-1618	Pump, Infusion Tri	Abbott Laboratories	XL3	12115960	FSLO	12 Months
001609-1618	Pump, Infusion Tri	Abbott Laboratories	XL3	12115616	FSLO	12 Months
001610-1618	Pump, Infusion Tri	Abbott Laboratories	XL3	12111449	FSLO	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001612-1618	Pump, Infusion Tri	Abbott Laboratories	XL3	12196373	FSLO	12 Months
002049-1618	Pump, Infusion Tri	Abbott Laboratories	XL3	12114290	FSLO	12 Months
001589-1618	Pump, Infusion Tri	Hospira	Plum XL	12114426	FSLO	12 Months
001422-1618	Pump, Infusion, PCA	Hospira	13088	15765327	FSLO	6 Months
001410-1618	Pump, Infusion, PCA	Hospira	13088	15765422	FSLO	6 Months
001408-1618	Pump, Infusion, PCA	Hospira	13088	15765467	FSLO	6 Months
001411-1618	Pump, Infusion, PCA	Hospira	13088	15765465	FSLO	6 Months
001412-1618	Pump, Infusion, PCA	Hospira	13088	15765490	FSLO	6 Months
001413-1618	Pump, Infusion, PCA	Hospira	13088	15765371	FSLO	6 Months
001414-1618	Pump, Infusion, PCA	Hospira	13088	15765418	FSLO	6 Months
001415-1618	Pump, Infusion, PCA	Hospira	13088	15765426	FSLO	6 Months
001416-1618	Pump, Infusion, PCA	Hospira	13088	15765421	FSLO	6 Months
001417-1618	Pump, Infusion, PCA	Hospira	13088	15765482	FSLO	6 Months
001418-1618	Pump, Infusion, PCA	Hospira	13088	15765468	FSLO	6 Months
001419-1618	Pump, Infusion, PCA	Hospira	13088	15765478	FSLO	6 Months
001420-1618	Pump, Infusion, PCA	Hospira	13088	15765441	FSLO	6 Months
001421-1618	Pump, Infusion, PCA	Hospira	13088	15765475	FSLO	6 Months
001423-1618	Pump, Infusion, PCA	Hospira	13088	15765355	FSLO	6 Months
001117-1618	Pump, Syringe	Baxa	Dual Rate	03934	FSLO	12 Months
001120-1618	Pump, Syringe	Baxa	Micro Fuse	08429	FSLO	12 Months
001121-1618	Pump, Syringe	Baxa	Micro Fuse	08430	FSLO	12 Months
001122-1618	Pump, Syringe	Baxa	Micro Fuse	08431	FSLO	12 Months
000578-1618	Refrigerator/Freezer	Jordon Scientific	FT-2-TRG	16981987H	FSLO	6 Months
001316-1618	Rotator	Barnstead International	M48215	NONE	FSLO	12 Months
002061-1618	Thermometer, Digital	Fisher Scientific	15-077-8D	72380625	FSLO	12 Months
001401-1618	Thermometer, Digital	Taylor	Unknown	UNKNOWN	FSLO	12 Months

Pharmacy has 66 active Devices. 66 are Scheduled. 0 are Not scheduled



Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
000571-1618	CPM Machine, PT	Ortho Diagnostic Systems	ANNIFLEX480	480-02921	FSLO	12 Months
000954-1618	Exerciser, Climber	Henley International	HF Step	A1148	FSLO	12 Months
000953-1618	Exerciser, Elliptical	Sears	1000	0040-0580	FSLO	12 Months
000416-1618	Freezer, Laboratory	Sears	2539105010	S006148566	FSLO	12 Months
000246-1618	Hydrocollator	Chattanooga	SS-2	7359	FSLO	12 Months
000238-1618	Light, Examination	Unknown	Unknown	T1644	FSLO	12 Months
000374-1618	Table, Physical Therapy	Med-Ortho Design & Mfg	28535	283452	FSLO	12 Months
000693-1618	Table, Physical Therapy	Medi-Plinth	11713-615	3206	FSLO	12 Months
001498-1618	Table, Physical Therapy	Armedica Manufacturing	AM500	22897	FSLO	12 Months
002051-1618	Table, Physical Therapy	Armedica Manufacturing	AM500	unknown	FSLO	12 Months
000245-1618	Table, Physical Therapy	Armedica Manufacturing	VE2000	0890-30760	FSLO	12 Months
000224-1618	Traction Unit	Tru-Trac Therapy Products	TTT-92	8624	FSLO	12 Months
001706-1618	Traction Unit	Tru-Trac Therapy Products	XT200	2058810608000988PEV	FSLO	12 Months
001318-1618	Treadmill	Unknown	2760	4213	FSLO	6 Months
001368-1618	Ultrasound/Stimulator, PT	Chattanooga	2760	5656	FSLO	6 Months
002352-1618	Ultrasound/Stimulator, PT	Chattanooga	201-941	11110426	FSLO	6 Months
001449-1618	Whirlpool	Whitehall Mfg. Inc.	JO-145	21886	FSLO	12 Months
001509-1618	Whirlpool	Whitehall Mfg. Inc.	L90M	21887	FSLO	12 Months
000226-1618	Whirlpool	Whitehall Mfg. Inc.	JO-145	S6687	FSLO	12 Months

Physical Therapy has 19 active Devices. 19 are Scheduled. 0 are Not scheduled

Control #

Device Type

Manufacturer

Model #

Serial #

Service Code

PM Frequ.

Department: Radiology

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001710-1618	C-Arm	GE Medical Systems	OEC 9900 Elite	Unknown	ELSO	12 Months
001709-1618	C-Arm	GE Medical Systems	OEC 6800	861392	ELSO	12 Months
000263-1618	Light, Examination	Burton Medical Products	Unknown	Unknown	FSLO	12 Months
001916-1618	UPS, Power Back-Up	GE Healthcare	LP-33	Q001047707B130G	FSLO	12 Months
001915-1618	X-Ray, Breast Biopsy	Maxant	Unknown	Unknown	ELSO	12 Months
001663-1618	X-Ray, Portable	General Electric	5151481-3	1014220wk6	ELSO	12 Months

Radiology has 6 active Devices. 6 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001514-1618	Air Float	IVY Biomedical Systems	HoverMatt Air Supply	121087290837	FSLO	12 Months
001669-1618	Cart, Other	Atec	Saphire	200629	FSLO	12 Months
001918-1618	Ct Scanner	GE Medical Systems	5124069-5	402314CN9	ELSO	12 Months
000949-1618	Gamma Counter	Johnson & Johnson	GSM-5	2132	FSLO	12 Months
000950-1618	Gamma Counter	Ludlum Meas	14C	121996	FSLO	12 Months
001920-1618	Hot Plate	Corning Medical	PC200	440930	FSLO	12 Months
000947-1618	Injector, Dye	Medrad Inc.	MARK IV	Na	FSLO	12 Months
001919-1618	Injector, Dye	Medrad Inc.	Stellant	301422634464	FSLO	12 Months
001114-1618	Injector, Dye	Capintec Inc.	Caprus 600	600315	FSLO	12 Months
000666-1618	Lamp, X-Ray View Box	Maxant	Techline	None	FSLO	12 Months
001711-1618	Lamp, X-Ray View Box	General Electric	Unknown	Unknown	FSLO	12 Months
001535-1618	Monitor, Cardiac Output	IVY Biomedical Systems	3150	0711192	FSLO	12 Months
001664-1618	Monitor, Cardiac Output	IVY Biomedical Systems	3150	0710136	FSLO	12 Months
001296-1618	Monitor, Radiation	Capintec Inc.	Cap rac	12853	FSLO	12 Months
000664-1618	RF Controller	GE Medical Systems	300	328254	FSLO	12 Months
000318-1618	Table, Exam Power	Biodex	056650	650597079	FSLO	12 Months
001924-1618	Ultrasound, Imaging	GE Medical Systems	Logiq P5	98174SU6	ELSO	12 Months
001054-1618	Ultrasound, Imaging	GE Healthcare	Logiq P5	61086us5	ELSO	12 Months
001053-1618	Ultrasound, Imaging	GE Healthcare	Logiq P5	61085us7	ELSO	12 Months
001665-1618	Warmer, Fluid	Parker	3700	1550-R2229	FSLO	12 Months
001364-1618	Warmer, Solution	Parker	8204	025558	FSLO	12 Months
001211-1618	Warmer, Solution	Parker	8204	025558	FSLO	12 Months
000923-1618	Warmer, Solution	Parker	8204	025558	FSLO	12 Months

Radiology/Ultrasound has 23 active Devices. 23 are Scheduled. 0 are Not scheduled

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002610-1618	Audio Quick Check	Welch Allyn	29400	14027F	FSLO	12 Months
000534-1618	Centrifuge	Clay Adams	420225	273284	FSLO	12 Months
000799-1618	Colposcope	Leisegang	9W	0204LOT01/100	FSLO	12 Months
000798-1618	Colposcope	Leisegang	9W	19236	FSLO	12 Months
001993-1618	Defibrillator, AED	Philips Medical Systems	M5070A	B101-06262	FSLO	12 Months
057418-1618	Doppler	Huntleigh Technology	FDIX	FDIPX0106747-03	FSLO	12 Months
057419-1618	Doppler	Huntleigh Technology	D920	Jan4-99-35356	FSLO	12 Months
002035-1618	Freezer, Laboratory	Norlake scientific	LF041WWW/0M	11010890	FSLO	12 Months
001560-1618	Hemoglobinometer	Hemocue Inc.	201	9526011210	FSLO	12 Months
001700-1618	Hemoglobinometer	Hemocue Inc.	201	1012118015	FSLO	12 Months
001559-1618	Microscope, Lab	Olympus Medical Systems	BX 41	9F16463	FSLO	12 Months
002043-1618	Monitor, Multiparameter	Philips	VS2	US02003682	FSLO	12 Months
002042-1618	Monitor, Multiparameter	Philips	VS2	US02003681	FSLO	12 Months
000961-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
000963-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
000972-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
002611-1618	Ophthalmoscope	Welch Allyn	GS777	None	FSLO	12 Months
001701-1618	Refrigerator, Lab	Jewett	1401-00492	10837220000	FSLO	12 Months
002034-1618	Refrigerator, Lab	Norlake scientific	LR161WWW/0	10101482	FSLO	12 Months
000962-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
000964-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
000977-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
002013-1618	Table, Exam Power	Midmark Corp.	223-HI-LOW	V985250	FSLO	12 Months
001563-1618	Thermometer, Digital	Cardinal Health	T2960	72381088	FSLO	12 Months
002238-1618	Thermometer, Temporal	Exergen	TAT5000	A279681	FSLO	12 Months
002239-1618	Thermometer, Temporal	Exergen	TAT5000	A252800	FSLO	12 Months
002236-1618	Thermometer, Temporal	Exergen	TAT5000	A278583	FSLO	12 Months
002237-1618	Thermometer, Temporal	Exergen	TAT5000	A278583	FSLO	12 Months
057429-1618	Ultrasound, Imaging	GE Healthcare	LOGIQ 500MD	LPSR98174	ELSO	12 Months
001393-1618	Ultrasound, Imaging	GE Healthcare	Logiq P5	Unknown	ELSO	12 Months

Ramdon . MD. Office has 30 active Devices. 30 are Scheduled. 0 are Not scheduled

Department Respiratory

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
001964-1618	Blender, Oxygen	Siemens Medical Systems	960	2435865	FSLO	12 Months
001960-1618	Blender, Oxygen	Bird	Unknown	Unknown	FSLO	12 Months
000250-1618	Compressor, Air	Timeter Instruments	2000	J21X	FSLO	12 Months
002563-1618	Computer, Roll Around	Unknown	Unknown	1201629-0018	FSLO	12 Months
002564-1618	Computer, Roll Around	Unknown	Unknown	1201629-0025	FSLO	12 Months
000437-1618	Dryer, Instrument	HR Inc	Unknown	Unknown	FSLO	12 Months
001197-1618	Filtration System	Unknown	2214	209319	FSLO	12 Months
000871-1618	Heater Humid F&P	Fisher & Paykel Healthcare	MR730	2000-73JHB11473	FSLO	12 Months
000872-1618	Heater Humid F&P	Fisher & Paykel Healthcare	MR730	2000-73JHB11426	FSLO	12 Months
000873-1618	Heater Humid F&P	Fisher & Paykel Healthcare	MR730	2000-73JHB11463	FSLO	12 Months
000951-1618	Humidifier, Heater	Fisher & Paykel Healthcare	MR450	Unknown	FSLO	12 Months
000254-1618	Humidifier, Heater	Infrasonics Inc.	0505009	5796-048	FSLO	12 Months
000257-1618	Humidifier, Heater	Infrasonics Inc.	0505009	060	FSLO	12 Months
000377-1618	Humidifier, Heater	Infrasonics Inc.	0505009	98BD125	FSLO	12 Months
002079-1618	Humidifier, Heater	VAPOTHERM INC	Precision Flow	PF00003385-9	ELSO	12 Months
001694-1618	Humidifier, Heater	Puritan Bennett	Cascade I	Unknown	FSLO	12 Months
000696-1618	Monitor, Oxygen	Catalyst Research	MINIOX 1	1-17541	FSLO	12 Months
000697-1618	Monitor, Oxygen	Catalyst Research	MINIOX 1	1-17540	FSLO	12 Months
001210-1618	Monitor, Oxygen	Catalyst Research	MINIOX 1	F410E94	FSLO	12 Months
000966-1618	Monitor, SpO2	Nellcor	N-20PA	21302004	FSLO	12 Months
000157-1618	Monitor, SpO2	Nellcor	N-3000	21319040	FSLO	12 Months
000142-1618	Monitor, SpO2	Nellcor	N-3000	20968102	FSLO	12 Months
000144-1618	Monitor, SpO2	Nellcor	N-3000	20968097	FSLO	12 Months
000656-1618	Monitor, SpO2	Nellcor	N-20	20861553	FSLO	12 Months
000875-1618	Monitor, SpO2/Battery	Nellcor	N-100	100-296603B	FSLO	12 Months
001458-1618	Monitor, SpO2/Battery	Nellcor	N-65	G07839777	FSLO	12 Months
001459-1618	Monitor, SpO2/Battery	Nellcor	N-65	G07839784	FSLO	12 Months
001460-1618	Monitor, SpO2/Battery	Nellcor	N-65	G07839787	FSLO	12 Months
001564-1618	Oxygen Concentrator	Respironics, Inc.	600	0157504	FSLO	12 Months
000882-1618	Power Supply	Nellcor	SPS-N1	None	FSLO	12 Months
000849-1618	Power Supply	Nellcor	SPS-N1	None	FSLO	12 Months
001572-1618	Pulmonary Analyzer	Puritan Bennett	Zan 252	72521459	FSLO	12 Months
000581-1618	Scale, Patient Electric	Detecto Scales	9708-815	3P7044	FSLO	12 Months
000293-1618	Spirometer	Marion Scientific Corp.	108	85528	FSLO	12 Months
001443-1618	Spirometer	Marion Scientific Corp.	314000	2008LB0008	FSLO	12 Months
001627-1618	Ventilator, BiPap	Respironics, Inc.	V60	1000012263	FSLO	6 Months
000985-1618	Ventilator, BiPap	Respironics, Inc.	582059	5393036454	FSLO	6 Months
001042-1618	Ventilator, Cpap	Respironics, Inc.	622093	1189877	FSLO	6 Months
001961-1618	Ventilator, IPPB	Bird	Mark 7	7070847	FSLO	6 Months
001962-1618	Ventilator, IPPB	Bird	Mark 10	6910756	FSLO	6 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001965-1618	Ventilator, IPPB	Bird	Mark 7	697930	FSLO	6 Months
001461-1618	Ventilator, Portable	Versamed	1.4.5	IV21333	FSLO	6 Months
001462-1618	Ventilator, Portable	Versamed	1.4.5	IV21311	FSLO	6 Months
001742-1618	Ventilator, PPI	Bird	Mark 10	7010146	FSLO	6 Months
000256-1618	Ventilator, Servo	Siemens Medical Systems	SV900C	156966	FSLO	6 Months
000375-1618	Ventilator, Servo	Siemens Medical Systems	SV900C	140019	FSLO	6 Months
001309-1618	Ventilator, Volume	Puritan Bennett	840	3510061609	FSLO	6 Months
001322-1618	Ventilator, Volume	Puritan Bennett	840	3510061587	FSLO	6 Months

**Respiratory** has 48 active Devices. 48 are Scheduled. 0 are Not scheduled

Department Rural Health Clinic

000979-1618	Aspirator, Portable	Medela Inc.	VARIO	1021724	FSLO	12 Months
000981-1618	Audiometer	Welch Allyn	TM262	20010805	FSLO	12 Months
000692-1618	Centrifuge	Becton Dickinson	COMPACT II	35003050545	FSLO	12 Months
000719-1618	Charger, Base	Welch Allyn	71110	NONE	FSLO	12 Months
002330-1618	Colposcope	Leisegang	985	052913	FSLO	12 Months
001994-1618	Defibrillator, AED	Philips Medical Systems	M5070A	B101-05429	FSLO	6 Months
000474-1618	Defibrillator/Monitor	Physio-Control	LP9p	7224317	FSLO	6 Months
000647-1618	Defibrillator/Monitor	Physio-Control	LP9p	000005976	FSLO	6 Months
002341-1618	Doppler	Meda Sonics Inc.	Triall	na	FSLO	12 Months
001088-1618	Doppler	Meda Sonics Inc.	Tria	ts02847	FSLO	12 Months
001557-1618	Hemoglobinometer	Hemocue Inc.	201	0916013046	FSLO	12 Months
001473-1618	Light, Examination	Graham-Field	GOOSE NECK	Unknown	FSLO	12 Months
001481-1618	Light, Examination	Graham-Field	Gooseneck	None	FSLO	12 Months
001702-1618	Light, Examination	Graham-Field	Gooseneck	None	FSLO	12 Months
001479-1618	Light, Examination	Grams Medical	Gooseneck	Unknown	FSLO	12 Months
001483-1618	Light, Examination	Grams Medical	Gooseneck	Unknown	FSLO	12 Months
001475-1618	Light, Examination	Grams Medical	Gooseneck	Unknown	FSLO	12 Months
001477-1618	Light, Examination	Unknown	Gooseneck	Unknown	FSLO	12 Months
000973-1618	Light, Examination	Burton Medical Products	0224100	Unknown	FSLO	12 Months
000976-1618	Light, Examination	Burton Medical Products	0224100	Unknown	FSLO	12 Months
000960-1618	Light, Examination	Burton Medical Products	0224100	Unknown	FSLO	12 Months
000941-1618	Light, Examination	Welch Allyn	44100	12211999	FSLO	12 Months
000103-1618	Microscope, Lab	Olympus Medical Systems	BH-2	233308	FSLO	12 Months
001355-1618	Monitor, Multiparameter	General Electric	2023615-308	AAW06380515SA	FSLO	12 Months
001354-1618	Monitor, Multiparameter	General Electric	2009284001	AAW06390011	FSLO	12 Months
001357-1618	Monitor, Multiparameter	General Electric	2009284001	AAW06380522	FSLO	12 Months
001086-1618	Nebulizer, Compressor	DeVilbiss	5650H	H2692948	FSLO	12 Months
001480-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001686-1618	Ophthalmoscope	Welch Allyn	76720	Unknown	FSLO	12 Months
001476-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001474-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001470-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001486-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001487-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
001619-1618	Ophthalmoscope	Welch Allyn	76720	Unknown	FSLO	12 Months
001618-1618	Ophthalmoscope	Welch Allyn	76720	Unknown	FSLO	12 Months
001538-1618	Ophthalmoscope	Welch Allyn	74710	None	FSLO	12 Months
000980-1618	Refrigerator/Freezer	Kenmore	564.98251890	010718042	FSLO	12 Months
002072-1618	Refrigerator/Freezer	Kenmore	532.2658.25	010718042	FSLO	12 Months
002095-1618	Refrigerator/Freezer	Kenmore	EdgeStar	010718042	FSLO	12 Months

Control #

Device Type

Manufacturer

Model #

Serial #

Service Code

PM Frequ.

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
000969-1618	Scale, Infant Electric	Scale-Tronix	4800	48-4277	FSLO	12 Months
002605-1618	Scale, Patient Electric	SR Instruments	555i	1909	FSLO	12 Months
001182-1618	Scale, Patient Electric	SR Instruments	555	2479	FSLO	12 Months
000970-1618	Scale, Patient Electric	SR Instruments	555	1909	FSLO	12 Months
001820-1618	Stretcher, Hydraulic	Midmark Corp.	530	TAE003812	FSLO	12 Months
001699-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
001704-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
001705-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
001687-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
001688-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
001690-1618	Table, Exam	Midmark Corp.	404	UNKNOWN	FSLO	12 Months
001471-1618	Table, Exam Power	Welch Allyn	411	GT001249	FSLO	12 Months
001822-1618	Thermometer, Lab	Fisher Scientific	06-664-11	51105384	FSLO	12 Months
001823-1618	Thermometer, Lab	Fisher Scientific	06-664-11	41470874	FSLO	12 Months
002041-1618	Thermometer, Temporal	Exergen	TAT5000	A233962	FSLO	12 Months
002348-1618	Thermometer, Temporal	Exergen	TAT5000	A278583	FSLO	12 Months
002349-1618	Thermometer, Temporal	Exergen	TAT5000	A278583	FSLO	12 Months
002094-1618	Thermometer, Temporal	Exergen	TAT5000	A256661	FSLO	12 Months
02353-1618	Ultrasound, Imaging	GE Healthcare	SonoSite Turbo	wk12rd	ELSO	12 Months

Rural Health Clinic has 59 active Devices. 59 are Scheduled. 0 are Not scheduled



Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
001448-1618	Ablation System, Endometrial	Nova Sure	09	CSP8430	FSL0	6 Months
001327-1618	Air Float	Hoovertech International	GSPJ115	12108329 0605015428	FSL0	12 Months
001550-1618	Air Float	Hoovertech International	GSPJ115	12108329051700012	FSL0	12 Months
000897-1618	Air Recirculator	PCI Medical Inc.	G17HS	G17HS-2048	FSL0	12 Months
000523-1618	Anesthesia Unit	North American Drager	Narkomed GS	11216	FSL0	6 Months
000446-1618	Anesthesia Unit	North American Drager	Narkomed GS	11177	FSL0	6 Months
002006-1618	Anesthesia Unit	North American Drager	FABIUS GS	ASBH-0199	FSL0	6 Months
000161-1618	Aspirator	Berkeley Bio-Engineering	VC-11	1814	FSL0	6 Months
001351-1618	Aspirator, Portable	SSCOR Inc.	2402	U00510	FSL0	3 Months
002449-1618	Boom, Overhead	Skytron	Unknown	1103-267-02-1-125	PMEL	6 Months
002452-1618	Boom, Overhead	Skytron	Unknown	1103-267-02-1-123	PMEL	6 Months
002453-1618	Boom, Overhead	Skytron	Unknown	1103-267-02-1-126	PMEL	6 Months
002397-1618	Camera Controller	Skyvision	Stellar TV-II	11050297	FSL0	6 Months
002385-1618	Camera Controller	Skyvision	GDM	nsm	PMEL	6 Months
002405-1618	Camera Controller	Skyvision	GDM	nsm	PMEL	6 Months
002603-1618	Camera Controller	Skyvision	GDM	nsm	PMEL	6 Months
001531-1618	Camera Controller	Olympus Medical Systems	CV-180	7889906	FSL0	6 Months
001542-1618	Camera Controller	Olympus Medical Systems	CV-180	7889903	FSL0	6 Months
001062-1618	Camera Controller	Olympus Medical Systems	CV-160	7219043	FSL0	6 Months
001577-1618	Camera Controller	Olympus Medical Systems	CV-180	7889907	FSL0	6 Months
001072-1618	Camera, Nuclear	Storz Instrument Co.	733250	MLP021830	FSL0	12 Months
001723-1618	Cart, Video	Stryker	WM-30	9801898	FSL0	12 Months
001729-1618	Cart, Video	None	Head Lamp	None	FSL0	12 Months
001732-1618	Cart, Video	None	Atlas	None	FSL0	12 Months
001353-1618	Cast Cutter	Stryker	8128	1555B	FSL0	12 Months
001225-1618	Charger, Battery	Stryker	T4	0408400663az	FSL0	12 Months
NEW501-1618	Column, Gas	Skyvision	Unknown	1009-142-01-1-0187	PMEL	6 Months
NEW502-1618	Column, Gas	Skyvision	Unknown	1009-142-01-1-0188	PMEL	6 Months
NEW503-1618	Column, Gas	Skyvision	Unknown	1010-142-01-1-0227	PMEL	6 Months
002570-1618	Computer, Roll Around	Unknown	Unknown	1201629-0005	FSL0	12 Months
002571-1618	Computer, Roll Around	Unknown	Unknown	1201629-0020	FSL0	12 Months
001065-1618	Cryosurgical Unit	Wallach Surgical Devices	WA-2000	900502-4	FSL0	12 Months
001340-1618	Defibrillator/Multiparameter Monitor	Philips Medical Systems	MRX M355A	US00212096	FSL0	6 Months
001488-1618	Doppler	Koven Technology	HD-307	N06030005	FSL0	12 Months
000442-1618	Electrosurgical Unit	Conmed	6500	98HGR008	FSL0	6 Months
000351-1618	Electrosurgical Unit	Conmed	60-5250-001	97CGE059	FSL0	6 Months
001337-1618	Electrosurgical Unit	Conmed	60-8005-001	06EGP130	FSL0	6 Months
002204-1618	Electrosurgical Unit	Conmed	SYSTEM 5000	11GGP030	FSL0	6 Months
000800-1618	Electrosurgical Unit	Valleylab Inc.	Ligasure	L0C958V	FSL0	6 Months
001123-1618	Electrothermal Generator	Smith & Nephew Richards	VULCAN	VG0841	FSL0	6 Months

Control #

Device Type

Manufacturer

Model #

Serial #

Service Code

PM Freq.

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
001659-1618	Fibrinotherm	Baxter	AG	FB31801	FSLO	6 Months
001376-1618	Freezers, All	Recco	ULT 350-9-A32	01424T	FSLO	6 Months
002597-1618	Harmonic Scalpel	Ethicon Enco - Surgery	GEN 04	1111226375	FSLO	6 Months
001548-1618	Insufflator, Electric	Olympus Medical Systems	UCR	7900742	FSLO	6 Months
001544-1618	Insufflator, Electric	Olympus Medical Systems	UCR	7800652	FSLO	6 Months
001539-1618	Insufflator, Electric	Olympus Medical Systems	UHI-3	7800503	FSLO	6 Months
001529-1618	Insufflator, Electric	Olympus Medical Systems	UHI-3	7800604	FSLO	6 Months
002448-1618	Interface, Video	Gefen	Scaler	Unknown	FSLO	12 Months
002450-1618	Interface, Video	Gefen	Scaler	Unknown	FSLO	12 Months
002451-1618	Interface, Video	Gefen	Scaler	Unknown	FSLO	12 Months
001044-1618	Irrigation Console	Davol Inc.	9025800	7535	FSLO	12 Months
001712-1618	IV Pole, Electric	Mercury Medical	10-200	None	FSLO	12 Months
001768-1618	IV Pole, Electric	Mercury Medical	10-200	None	FSLO	12 Months
005902-1618	IV Pole, Electric	Mercury Medical	10-200	None	PMW	12 Months
005901-1618	IV Pole, Electric	Mercury Medical	10-200	None	PMW	12 Months
002386-1618	Lamp, X-Ray View Box	Maxant	Tecline 400	52206-03	FSLO	12 Months
002390-1618	Lamp, X-Ray View Box	Maxant	Tecline 400	52206-02	FSLO	12 Months
002447-1618	Lamp, X-Ray View Box	Maxant	Tecline 400	52206-02	FSLO	12 Months
001667-1618	Lamp, X-Ray View Box	GE Medical Systems	Unknown	None	FSLO	12 Months
001176-1618	Lamp, X-Ray View Box	General Electric	Unknown	None	FSLO	12 Months
001177-1618	Lamp, X-Ray View Box	General Electric	Unknown	Unknown	FSLO	12 Months
001727-1618	Lamp, X-Ray View Box	Appleton Electric	52988	None	FSLO	12 Months
001112-1618	Laser, Surgical	Diomed Limited	15+	152375	ELSO	6 Months
001570-1618	Laser, Surgical	Zeiss	532s	1023355	ELSO	6 Months
002206-1618	Light Source, Fiberoptic	Luxtec Corp	9300XSP	XPST0207	FSLO	12 Months
002207-1618	Light Source, Fiberoptic	Luxtec Corp	9300XSP	XPST0210	FSLO	12 Months
001063-1618	Light Source, Fiberoptic	Luxtec Corp	CLV-180	7227934	FSLO	6 Months
001571-1618	Light Source, Fiberoptic	Heine	HK7000	1261768	FSLO	6 Months
001530-1618	Light Source, Fiberoptic	Olympus Medical Systems	CLV-180	7809076	FSLO	6 Months
001576-1618	Light Source, Fiberoptic	Olympus Medical Systems	CLV-180	7909359	FSLO	6 Months
001541-1618	Light Source, Fiberoptic	Olympus Medical Systems	CLV-180	7909320	FSLO	6 Months
000488-1618	Light, Examination	O. C. White CO	BH	35784	FSLO	12 Months
002381-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	NA	PMEL	6 Months
002391-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	NA	PMEL	6 Months
002392-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11081946	PMEL	6 Months
002394-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11072012	PMEL	6 Months
002393-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11072008	PMEL	6 Months
002399-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11040372	PMEL	6 Months
002400-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11072013	PMEL	6 Months
002401-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11072009	PMEL	6 Months
002379-1618	Light, Surgical	Skytron	ECT2FVB/2AFC1/AURS51	11061947	PMEL	6 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002380-1618	Light, Surgical	Skytron	ECT2FVB2AFCl/AURS57	11072011	PMEL	6 Months
002378-1618	Light, Surgical	Skytron	B9-410-02	NSN	FSL0	6 Months
002398-1618	Light, Surgical	Skytron	B9-410-02	NSN	FSL0	6 Months
001173-1618	Line Isolation Monitor	Sola	M2	Unknown	FSL0	12 Months
001174-1618	Line Isolation Monitor	Sola	M2	Unknown	FSL0	12 Months
001175-1618	Line Isolation Monitor	Sola	M2	Unknown	FSL0	12 Months
000378-1618	Lithotripter	Storz Instrument Co.	27080C	2483	ELSO	12 Months
000432-1618	Microscope, Surgical	Wild Leitz USA Inc.	M650	unknown	FSL0	12 Months
002524-1618	Microscope, Surgical	Zeiss	Lerica	6633122743	FSL0	12 Months
000229-1618	Microscope, Surgical	Zeiss	S3B	184024	FSL0	12 Months
002111-1618	Module, Multiparameter	GE Healthcare	Patient Data Module	SA31145824GA	FSL0	12 Months
002112-1618	Module, Multiparameter	GE Healthcare	Patient Data Module	SA311458241GA	FSL0	12 Months
002113-1618	Module, Multiparameter	GE Healthcare	Patient Data Module	SA311039451GA	FSL0	12 Months
002114-1618	Module, Multiparameter	GE Healthcare	Patient Data Module	SA311428162GA	FSL0	12 Months
002070-1618	Module, Multiparameter	Datex/Ohmeda	M-ESTP-00-04	804604	FSL0	12 Months
000790-1618	Module, NIBP	Datex/Ohmeda	M-NIBP-00-03	136677	FSL0	12 Months
002108-1618	Monitor, Anesthesia	Datex/Ohmeda	B650	SEW11477028HA	FSL0	6 Months
002109-1618	Monitor, Anesthesia	Datex/Ohmeda	B650	SEW11517992HA	FSL0	6 Months
002110-1618	Monitor, Anesthesia	Datex/Ohmeda	B650	SEW11517997HA	FSL0	6 Months
002115-1618	Monitor, Anesthesia	GE Healthcare	Transport Pro	SC11236477GA	FSL0	6 Months
001366-1618	Monitor, ESU	Encision	EM-2+	PLJ0813	FSL0	6 Months
001249-1619	Monitor, ESU	Encision	EM-2+	P5F1934	FSL0	6 Months
000364-1618	Monitor, Irrigation	Vitalmetrics	700	7001160	FSL0	12 Months
000560-1618	Monitor, Multiparameter	Datex Medical Instruments	AS/3 COMPACT	3765087	FSL0	6 Months
001141-1618	Monitor, Radiation	Bennett MFG CO	D325	B-9800	FSL0	12 Months
001444-1618	Monitor, Radiation	Intramed	Node Seeker	imi-NS-10189	FSL0	12 Months
002033-1618	Monitor, Video	Olympus Medical Systems	AMM213TD	210hms0197	FSL0	6 Months
002402-1618	Monitor, Video	Skyvision	GDM HD Z3 26"	d26011090083	FSL0	6 Months
002403-1618	Monitor, Video	Skyvision	GDM HD Z3 26"	d26011090182	FSL0	6 Months
002404-1618	Monitor, Video	Skyvision	GDM HD Z3 42"	nsn	FSL0	6 Months
002382-1618	Monitor, Video	Skyvision	GDM HD Z3 26"	D26011090183	FSL0	6 Months
002383-1618	Monitor, Video	Skyvision	GDM HD Z3 26"	D26011090185	FSL0	6 Months
002384-1618	Monitor, Video	Skyvision	GDM HD Z3 42"	NSN	FSL0	6 Months
002388-1618	Monitor, Video	Skyvision	GDM HD Z3 26"	D26011090189	FSL0	6 Months
002389-1618	Monitor, Video	Skyvision	GDM HD Z3 26"	D26011090181	FSL0	6 Months
002395-1618	Monitor, Video	Skyvision	GDM HD Z3 42"	NSN	FSL0	6 Months
001290-1618	Monitor, Video	Sony	LMD 2140MD	2001719	FSL0	6 Months
001374-1618	Monitor, Video	Sony	LMD 2140MD	2007218	FSL0	6 Months
000179-1618	Monitor, Video	Sony	7117	1169	FSL0	6 Months
001549-1618	Phacoemulsifier	Advanced Medical Optics	NGP680300	200951067	FSL0	12 Months
001168-1618	Phacoemulsifier	Allergan Medical Optics	cmp680300	200334275	FSL0	12 Months

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
000850-1618	Power Drive Unit	Gynecare	MD0100	00785	FSLO	12 Months
002596-1618	Printer, Computer	HP	p1606dn	n5n	FSLO	12 Months
002598-1618	Printer, Computer	HP	p1606dn	n5n	FSLO	12 Months
002599-1618	Printer, Computer	HP	p1606dn	n5n	FSLO	12 Months
001543-1618	Printer, Video	Olympus Medical Systems	OEP-4	A804317	FSLO	6 Months
001545-1618	Pump, Irrigation Arthroscopic	Olympus Medical Systems	OFF	07532	FSLO	6 Months
001546-1618	Pump, Irrigation Arthroscopic	Olympus Medical Systems	OFF	07527	FSLO	6 Months
001125-1618	Pump, Irrigation Arthroscopic	Linvatec Corp	87000	5173	FSLO	6 Months
001146-1618	Pump, Irrigation Arthroscopic	HK Surgical	K1p-11	03p062525	FSLO	6 Months
002200-1618	Refrigerator, Lab	Summit	FF28L	FF28L1108002099	FSLO	12 Months
001617-1618	Scope Maintenance Unit	PCI Medical Inc.	EFP250	103168	FSLO	12 Months
1412721-1618	Scope, Bronchoscope	Pentax	BF-160	1412721	INTO	Not Scheduled
2807249-1618	Scope, Colonoscope	Olympus Medical Systems	CFQ-180AL	2807249	INTO	Not Scheduled
2203611-1618	Scope, Colonoscope	Olympus Medical Systems	CFQ-160L	2203611	INTO	Not Scheduled
2416693-1618	Scope, Colonoscope	Olympus Medical Systems	CFQ-160L	2416693	INTO	Not Scheduled
2204932-1618	Scope, Gastroscope	Olympus Medical Systems	GIF-Q160	2204932	INTO	Not Scheduled
2808897-1618	Scope, Gastroscope	Olympus Medical Systems	BHTU	2808897	INTO	Not Scheduled
12024-1618	Scope, Sigmoidoscope	Pentax	FS-34P2	12024A	INTO	Not Scheduled
000564-1618	Sealer, Heat	Renoco	LS	394-4020L	FSLO	12 Months
001724-1618	Simulator, Arthroscopic	Simulation	Unknown	Unknown	FSLO	12 Months
001726-1618	Slit Lamp/Laser	Zeiss	Visulas 532S	1023355	FSLO	12 Months
001336-1618	Smoke Evacuator	Commed	60-5901-001	060869	FSLO	6 Months
002220-1618	Sterilizer, Steam	Steris	CENTURY AMSCO	03230011-11	FSLO	3 Months
002221-1618	Sterilizer, Steam	Steris	CENTURY AMSCO	03230011-11	FSLO	3 Months
001713-1618	Sterilizer, Vacuum	Steris	Eagle 3013	0106088-006	INTO	Not Scheduled
001214-1618	Stimulator, Nerve	Life Tech	NL-3	190009	FSLO	12 Months
001534-1618	Table, O.R. Power	OSI	5803	60777	FSLO	6 Months
001207-1618	Table, O.R. Power	Skytron	Elite 3500	3500B-3k-211	FSLO	6 Months
002408-1618	Table, O.R. Power	Skytron	EZ SLIDE 3501B	3501B-101-765	PMEL	6 Months
001055-1618	Table, O.R. Power	Skytron	Elite 3500	3500B-2D-213	FSLO	6 Months
002228-1618	Thermometer, Digital	Health Link	10368	72380643	FSLO	12 Months
002498-1618	Thermometer, Digital	Health Care Logistics	10368	122281012	FSLO	12 Months
002499-1618	Thermometer, Digital	Health Care Logistics	10368	122280387	FSLO	12 Months
001080-1618	Tonometer	Mentor Corp.	Tono-Pen XL	5K104A11	FSLO	12 Months
000439-1618	Tourniquet, Electric	Zimmer	A.T.S. 750	CA099875	FSLO	12 Months
000440-1618	Tourniquet, Electric	Zimmer	A.T.S. 750	CB099875	FSLO	12 Months
001450-1618	Ultrasonic Cleaner	Ultrasoix	71002	03110214	FSLO	12 Months
002375-1618	Ultrasonic Cleaner	Medisafe	Sonic Irrigator SA	11118930203	FSLO	12 Months
001332-1618	Ultrasound, Imaging	Terason	Tera Vision	Unknown	ELSO	12 Months
001300-1618	UPS, Power Back-Up	Triplite	AGSM70PSR3HG	9437DYOSM484900040	FSLO	12 Months
001725-1618	VCR/DVD	Toshiba Medical Systems	SD-V394SU	BCB909044555A	FSLO	12 Months

Control # Device Type Manufacturer Model # Serial # Service Code PM Frequ.

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
002069-1618	Warmer, Blood	Level 1 Technologies	HL90	20002418	FSLO	3 Months
001626-1618	Warmer, Fluid	Arizant Healthcare Inc.	247	00571	FSLO	12 Months
002085-1618	Warmer, Patient	Augustine Medical	775	20271	FSLO	12 Months
002086-1618	Warmer, Patient	Augustine Medical	775	20272	FSLO	12 Months
002087-1618	Warmer, Patient	Augustine Medical	775	20273	FSLO	12 Months
001632-1618	Warmer, Solution	Arizant Healthcare Inc.	247	00579	FSLO	12 Months
002219-1618	Warming Cabinet	Steris	18 GLASS DOOR	426611047	FSLO	6 Months
002222-1618	Warming Cabinet	Steris	18 GLASS DOOR	426611048	FSLO	6 Months
000464-1618	Washer, Instrument	American Opiturgical Inc	ARS2000	1152	ELSO	12 Months
002188-1618	Waste Management System	Stryker	Neptune 2 ultra	1120002893	FSLO	6 Months
002374-1618	Waste Management System	Stryker	docking station	1119401953	ELSO	6 Months
002186-1618	Waste Management System	Stryker	Neptune 2 ultra	111955000963	FSLO	6 Months
002187-1618	Waste Management System	Stryker	Neptune 2 Ultra	11178000863	FSLO	6 Months
002387-1618	Workstation	Skyvision	Soric-72	U-36137-1	FSLO	12 Months
002406-1618	Workstation	Skyvision	Soric-72	U-36137-2	FSLO	12 Months
002407-1618	Workstation	Skyvision	Soric-72	U-33584-1	FSLO	12 Months

Surgery has 179 active Devices. 171 are Scheduled. 8 are Not scheduled

Control #    Device Type    Manufacturer    Model #    Serial #    Service Code    PM Frequ.

Department: **Ultrasound**

001991-1618    UPS, Power Back-Up    APC    SMT2200    JS1009026975    FSLO    12 Months

**Ultrasound has 1 active Devices. 1 are Scheduled. 0 are Not scheduled**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Freq.
002515-1618	Analyzer, Urine	Roche	Unisys 1100	ux09633660	FSLO	12 Months
001631-1618	Camera Controller	Olympus Medical Systems	OTV-SX	7943816	FSLO	12 Months
000681-1618	Centrifuge	Clay Adams	420225	35003430139	FSLO	12 Months
001446-1618	Defibrillator, AED	Philips Medical Systems	M5066A	A08D-06675	FSLO	12 Months
000965-1618	Light, Examination	Burton Medical Products	0224100	Unknown	FSLO	12 Months
000106-1618	Microscope, Lab	Spencer	1051	Unknown	FSLO	12 Months
002248-1618	Monitor, Multiparameter	Philips	VS3	US12642550	FSLO	12 Months
002585-1618	Monitor, Multiparameter	Philips	VS3	us23146181	PMIW	12 Months
001382-1618	Monitor, Video	National Display System	V3C SX18-A143	04-34218	FSLO	12 Months
001490-1618	Ophthalmoscope	Welch Allyn	676	None	FSLO	12 Months
001489-1618	Ophthalmoscope	Welch Allyn	676	None	FSLO	12 Months
001381-1618	Ophthalmoscope	Welch Allyn	676	None	FSLO	12 Months
001880-1618	Printer, Video	Sony	UP-D897MD	72125	FSLO	12 Months
001400-1618	Scale, Wheel Chair, Electrical	Befour, Inc	Scal31mc	0705mx310200	FSLO	12 Months
001396-1618	Table, Exam	Midmark Corp.	104	NA	FSLO	12 Months
001394-1618	Table, Exam	Midmark Corp.	104	NA	FSLO	12 Months
001397-1618	Table, Exam Power	Midmark Corp.	411	NA	FSLO	12 Months
002116-1618	Thermometer, Temporal	Exergen	TAT5000	A275746	FSLO	12 Months
002117-1618	Thermometer, Temporal	Exergen	TAT5000	A275750	FSLO	12 Months
002439-1618	Thermometer, Temporal	Exergen	TAT5000	A300321	FSLO	12 Months
001388-1618	Ultrasound, Imaging	Hitachi Inc.	Unknown	LP5R98174	ELSO	12 Months
001399-1618	Warmer, Fluid	Cone Instruments	Unknown	52430	FSLO	12 Months
001671-1618	Washer, Instrument	PCI Medical Inc.	TempModel	31046	ELSO	12 Months
001672-1618	Washer, Instrument	PCI Medical Inc.	TempModel	31047	ELSO	12 Months

Urology has 24 active Devices. 24 are Scheduled. 0 are Not scheduled

Department: **Womens Clinic**

Control #	Device Type	Manufacturer	Model #	Serial #	Service Code	PM Frequ.
001818-1618	Centrifuge	Hamilton Bell	6500	8680	FSLO	12 Months
001795-1618	Colposcope	Leisegang	9W	0204LOTO1/100	FSLO	12 Months
002334-1618	Defibrillator, AED	Philips Medical Systems	M5070A	B101-05429	FSLO	6 Months
002344-1618	Doppler	Huntleigh Technology	FD1+	nsn	FSLO	12 Months
002343-1618	Doppler	Huntleigh Technology	FD1+	nsn	FSLO	12 Months
002342-1618	Doppler	Huntleigh Technology	FD1+	nsn	FSLO	12 Months
002338-1618	Doppler	Meda Sonics Inc.	FAAB2	FAAB2	FSLO	12 Months
002336-1618	Hemoglobinometer	Hemocue Inc.	201	11670132625	FSLO	12 Months
002337-1618	Hemoglobinometer	Hemocue Inc.	201	1140118082	FSLO	12 Months
002346-1618	Monitor, Multiparameter	Welch Allyn	420	nsn	FSLO	12 Months
002347-1618	Monitor, Multiparameter	Welch Allyn	420	nsn	FSLO	12 Months
002612-1618	Monitor, Multiparameter	Welch Allyn	420	nsn	FSLO	12 Months
002327-1618	Refrigerator, Lab	Kenmore	FFAR22L	A111200020	FSLO	12 Months
002329-1618	Refrigerator, Lab	Kenmore	FFAR22L	A111200105	FSLO	12 Months
002340-1618	Scale, Wheel Chair, Electrical	Befour, Inc	Scal31mc	120431mc1656	FSLO	12 Months
002335-1618	Table, Exam Power	Midmark Corp.	404	AX065389	FSLO	12 Months
001793-1618	Table, Exam Power	IE Medical Group	Ritter 75	nsn	FSLO	12 Months
002328-1618	Thermometer, Lab	Fisher Scientific	Summit	N/a	FSLO	12 Months
002351-1618	Thermometer, Temporal	Exergen	TAT5000	A283720	FSLO	12 Months
002350-1618	Thermometer, Temporal	Exergen	TAT5000	A286585	FSLO	12 Months
002591-1618	Thermometer, Temporal	Exergen	TAT5000	A323401	FSLO	12 Months
002345-1618	Washer, Instrument	PCI Medical Inc.	Gus Station	31046	ELSO	12 Months

Womens Clinic has 22 active Devices. 22 are Scheduled. 0 are Not scheduled



Control # Device Type Manufacturer Model # Serial # Service Code PM Frequ.

Department X-Ray

001352-1618	Aspirator, Portable	SSCOR Inc.	2402	U00555	FSLO	3 Months
001201-1618	Lamp, X-Ray View Box	Maxant	Unknown	None	FSLO	12 Months
002579-1618	Scale, Patient Mechanical	Detecto Scales	339	NSN	FSLO	12 Months
001199-1618	Table, X-RAY	Biodex	056-672	0302405	FSLO	12 Months

X-Ray has 4 active Devices. 4 are Scheduled. 0 are Not scheduled

Northern Inyo Hospital has 1,309 active Devices. 1,206 are Scheduled. 103 are Not scheduled

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**NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT  
PRIVATE PRACTICE PHYSICIAN  
INCOME GUARANTEE AND PRACTICE MANAGEMENT  
AGREEMENT**

This Agreement is made and entered into on this 1st day of January, 2013 by and between Northern Inyo County Local Hospital District ("District") and James Englesby, M.D. ("Physician").

**RECITALS**

- A. District, which is organized and exists under the California Local Health Care District Law, *Health & Safety Code section 32000, et seq.*, operates Northern Inyo Hospital ("Hospital"), a critical access hospital serving northern Inyo County, California, including the communities of Bishop and Big Pine.
- B. The District Board of Directors has found, by Resolution No. 09-01, that it will be in the best interests of the public health of the aforesaid communities to obtain a licensed physician who is a board-certified/eligible specialist in the practice of general medicine, to practice in said communities, on the terms and conditions set forth below.
- C. Physician is a physician and surgeon engaged in the private practice of medicine, licensed to practice medicine in the State of California. Physician desires to relocate his practice ("Practice") to Bishop, California, and practice general medicine in the aforesaid communities.

**IN WITNESS WHEREOF, THE PARTIES AGREE AS FOLLOWS:**

**I.  
COVENANTS OF PHYSICIAN**

Physician shall relocate his Practice to medical offices ("Offices") provided by District at a place to be mutually agreed upon in Bishop, California and shall, for the term of this Agreement, do the following:

- 1.01. Services.** Physician shall provide Hospital with the benefit of his direct patient care expertise and experience, and shall render those services necessary to enable Hospital to achieve its goals and objectives for the provision of General Medicine Services. The scope of services to be performed by Physician is described in Exhibit A attached hereto and incorporated by reference herein. Physician shall provide Hospital with patient medical record documentation of all direct patient care services rendered hereunder; such documentation shall be submitted to

Hospital on an ongoing basis, and shall be in the form, and contain the information, requested by the Hospital such that a complete medical record can be assembled.

- 1.02. **Limitation on Use of Space.** No part of any offices provided by the District either by lease or other arrangement shall be used at any time by Physician as anything other than the private practice of General Medicine unless specifically agreed to, in writing, by the parties.
- 1.03. **Medical Staff Membership and Service:** Physician shall:
- a) Obtain and maintain Provisional or Active Medical Staff ("Medical Staff") membership with General Medicine privileges sufficient to support a full time General Medicine practice, for the term of this Agreement.
  - b) Physician shall be solely responsible for call coverage for his personal private practice.
  - c) Maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred, and revenue acquired, pursuant to this Agreement to the extent, and in such detail, as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies, services, and other costs and expenses of whatever nature, for which he may claim payment or reimbursement from the District. Physician acknowledges and agrees that any federal office authorized by law shall have access, for the purpose of audit and examination, to any books, documents, papers, and records of Physician which are relevant to this Agreement, at all reasonable times for a period of four (4) years following the termination of this Agreement, during which period Physician shall preserve and maintain said books, documents, papers, and records. Physician further agrees to transfer to the District, upon termination of this Agreement, any books, documents, papers or records which possess long-term [*i.e.*, more than four (4) years] value to the Hospital. Physician shall include a clause providing similar access in any sub-contract he may enter with a value of more than Ten Thousand Dollars (\$10,000) or for more than a twelve (12) month period, when said sub-contract is with a related organization.
  - d) At all times comply with all relevant policies, rules and regulations of the Hospital, subject to California and federal statutes governing the practice of medicine.
  - e) District expressly agrees that said services might be performed by such other qualified physicians as the Physician may employ or otherwise provide so long as each such physician has received proper training, is properly licensed, has been granted privileges by the Hospital Medical Staff, and has received approval in writing from the Hospital.

## II. **COVENANTS OF THE DISTRICT**

**2.01. Hospital Services.**

- a) Space. Hospital shall make the Offices available for the operation of Physician's Practice either through a direct let at no cost to the physician or through an arrangement with a landlord, also at no cost to the physician, other than the fees retained by the hospital (3.05).
- b) Equipment. In consultation with Physician, Hospital shall provide all equipment as may be reasonably necessary for the proper operation and conduct of Physician's practice. Hospital shall repair, replace or supplement such equipment and maintain it in good working order.

**2.02. General Services.** District shall furnish ordinary janitorial services, maintenance services, and utilities, including telephone service, as may be required for the proper operation and conduct of Physician's Practice.

**2.03. Supplies.** District shall purchase and provide all supplies as may be reasonably required for the proper treatment of Physician's Practice patients. Physician shall inform Hospital of supply needs in a timely manner and shall manage the use of supplies in an efficient manner that promotes quality and cost-effective patient care.

**2.04. Personnel.** District shall determine the initial number and types of employees required for the operation of the Practice and place them in the Practice initially. Physician and Hospital will mutually agree to subsequent staffing requirements. Physician shall not be required to maintain any personnel that he does not feel is appropriate for the practice.

**2.05. Business Operations.** District shall be responsible for all business operations related to operation of the Practice, including personnel management, billing and payroll functions. Physician will provide the appropriate billing codes, which will be used unless changed by mutual consent of the Physician and Hospital. Hospital will incur and pay all operating expenses of the Practice.

**2.06. Hospital Performance.** The responsibilities of District under this Article shall be conditional upon and subject to District's discretion and its usual purchasing practices, budget limitations and applicable laws and regulations.

**2.07. Practice Hours.** The District desires, and Physician agrees, that Physician's Practice shall operate on a full-time basis, maintaining hours of operation in keeping with the full time practice of one General Medicine physician while permitting a schedule sufficient to serve the patients of the Practice. Specific shifts will be scheduled according to normal operating procedures of the Practice and will be mutually agreed upon with Physician.

**III.**  
**COMPENSATION**

- 3.01. **Compensation.** During the term of this agreement, District shall guarantee Physician an annual income of \$199,999.99, payable to Physician at the higher of 50% of fees collected for services rendered in Section II or the rate of \$7,692.30 every two (2) weeks, adjusted quarterly to reflect 50 % of fees collected so that payments will not exceed the minimum guarantee unless 50% of the fees exceed the guarantee on an annualized basis. All payments shall be made on the same date as the District normally pays its employees. Hospital will provide lodging for physician for a period of 6 months.
- 3.02. **Malpractice Insurance.** Physician will secure and maintain his own malpractice insurance with limits of no less than \$1 million per occurrence and \$3 million per year. District will reimburse Physician eighty percent (80%) of the premiums for said insurance paid for by Physician.
- 3.03. **Health Insurance.** Hospital will provide physician with Medical, Dental, and Vision insurance equivalent to what a single (unmarried) hospital employee receives for a period of 18 months.
- 3.04. **Billing for Professional Services.** Subject to section 2.05 above, Physician assigns to District all claims, demands and rights of Physician to bill and collect for all professional services rendered to Practice patients, for all billings for surgical services, for all billings consulting performed or provided by the Physician. Physician acknowledges that Hospital shall be solely responsible for billing and collecting for all professional services provided by Physician to Practice patients at Practice and for all surgical services performed at the Hospital, and for managing all Practice receivables and payables, including those related to Medicare and MediCal beneficiaries. Physician shall not bill or collect for any services rendered to Practice patients or Hospital patients, and all Practice receivables and billings shall be the sole and exclusive property of Practice. In particular, any payments made pursuant to a payer agreement (including co-payments made by patients) shall constitute revenue of the Practice. In the event payments are made to Physician pursuant to any payer agreement, Physician shall promptly remit the payments directly to District.
- 3.05. **Retention.** Hospital will retain 50% of all fees collected from the activities of physician/practice in exchange for the services rendered in II above.

**IV.**  
**TERM AND TERMINATION**

- 4.01. **Term.** The term of this Agreement shall be three (3) years beginning on 1-1-2013 and ending on 12-31-2015. The Agreement may be renewed, by written

instrument signed by both parties, no later than 120 days before its expiration date.

- 4.02. **Termination.** Notwithstanding the provisions of section 4.01, this Agreement may be terminated:
- a) By Physician at any time, without cause or penalty, upon one hundred and eighty (90) days' prior written notice to the District;
  - b) Immediately by District in its sole discretion if Physician fails to maintain the professional standards described in Article V of this Agreement;
  - c) Immediately upon closure of the Hospital or Practice;
  - d) By either party upon written notice to the other party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits, restricts, limits or in any way substantially changes the arrangement contemplated herein or which otherwise significantly affects either party's rights or obligations under this Agreement; provided that in such event, District must give notice to Physician equal to that provided to District by the relevant federal, state or local government or agency. If this Agreement can be amended to the satisfaction of both parties to compensate for any such prohibition, restriction, limitation or change, this clause shall not be interpreted to prevent such amendment; or
  - e) By either party in the event of a material breach by the other party and, in such event, the non-breaching party shall have the right to terminate this Agreement after providing thirty (30) days' written notice to the breaching party, explaining the breach, unless such breach is cured to the satisfaction of the non-breaching party within the thirty (30) days.
- 4.03. **Rights Upon Termination.** Upon any termination or expiration of this Agreement, all rights and obligations of the parties shall cease except those rights and obligations that have accrued or expressly survive termination.

## V.

### **PROFESSIONAL STANDARDS**

- 5.01. **Medical Staff Membership.** It is a condition precedent of District's obligation under this Agreement that Physician maintains Active Medical Staff membership on the Hospital Medical Staff with appropriate clinical privileges and maintain such membership and privileges throughout the term of this Agreement.
- 5.02. **Licensure and Standards.** Physician shall:
- a) At all times be licensed to practice medicine in the State of California;

- b) Comply with all policies, bylaws, rules and regulations of Hospital, Hospital Medical Staff, and Practice, including those related to documenting all advice to patients and proper sign-off of lab and X-ray reports;
- c) Be a member in good standing of the Provisional or Active Medical Staff of Hospital;
- d) Maintain professional liability coverage in an amount required for membership on the Active Medical Staff of Hospital;
- e) Participate in continuing education as necessary to maintain licensure and the current standard of practice; and
- f) Comply with all applicable laws, rules and regulations of any and all governmental authorities, and applicable standards and recommendations of the Joint Commission on Accreditation of Healthcare Organizations.
- g) At all times conduct himself, professionally and publicly, in accordance with the standards of the medical profession, the Hospital Medical Staff, and the District. Further, he shall not violate any law which prohibits (1) driving a motor vehicle under the influence of alcohol or prescription drugs or the combined influence of such substances, (2) unlawful use of controlled substances, (3) being intoxicated in a public place in such a condition as to be a danger to himself or others, and/or (4) conduct justifying imposition of an injunction prohibiting harassment of Hospital employees in their workplace. Entry of any injunction, judgment, or order against Physician based upon facts which constitute any of the above offenses shall be a material breach of this Agreement.

## VI.

### RELATIONSHIP BETWEEN THE PARTIES

#### 6.01. Professional Relations.

- a) Independent Contractor. No relationship of employer and employee is created by this Agreement. In the performance of Physician's work and duties, Physician is at all times acting and performing as an independent contractor practicing the profession of medicine. District shall neither have nor exercise control or direction over the methods by which Physician performs professional services pursuant to this Agreement; provided, however, that Physician agrees that all work performed pursuant to this Agreement shall be in strict accordance with currently approved methods and practices in Physician's professional specialty and in accordance with the standards set forth in this Agreement.
- b) Benefits. Except as specifically set forth in this Agreement, it is understood and agreed that Physician shall have no claims under this Agreement or otherwise against Hospital for Social Security benefits, worker's compensation benefits, disability benefits, or any employee benefit of any



kind. In addition, Hospital shall have no obligation to reimburse Physician for any costs or expenses associated with Physician's compliance with continuing medical education requirements.

- 6.02. **Responsibility for Own Acts.** Each party will be responsible for its own acts or omissions and all claims, liabilities, injuries, suits, demands and expenses for all kinds which may result or arise out of any malfeasance or neglect, caused or alleged to have been caused by either party, their employees or representatives, in the performance or omission of any act or responsibility of either party under this contract. In the event that a claim is made against both parties, it is the intent of both parties to cooperate in the defense of said claim and to cause their insurers to do likewise. However, both parties shall have the right to take any and all actions they believe necessary to protect their interest.

## VII. **GENERAL PROVISIONS**

- 7.01. **No Solicitation.** Physician agrees that he will not, either directly or indirectly, during and after the term of this Agreement, call on, solicit, or take away, or attempt to call on, solicit, or take away any patients or patient groups with whom Physician dealt or became aware of as a result of Physician's past, present or future affiliation with Hospital and Practice.
- 7.02. **Access to Records.** To the extent required by Section 1861(v)(i)(I) of the Social Security Act, as amended, and by valid regulation which is directly applicable to that Section, Physician agrees to make available upon valid written request from the Secretary of HHS, the Comptroller General, or any other duly authorized representatives, this Agreement and the books, documents and records of Physician to the extent that such books, documents and records are necessary to certify the nature and extent of Hospital's costs for services provided by Physician.

Physician shall also make available such subcontract and the books, documents, and records of any subcontractor if that subcontractor performs any of the Physician's duties under this Agreement at a cost of \$10,000.00 or more over a twelve (12) month period, and if that subcontractor is organizationally related to Physician.

Such books, documents, and records shall be preserved and available for four (4) years after the furnishing of services by Physician pursuant to this Agreement. If Physician is requested to disclose books, documents or records pursuant to this subsection for purposes of an audit, Physician shall notify Hospital of the nature and scope of such request, and Physician shall make available, upon written request of Hospital, all such books, documents or records. Physician shall

indemnify and hold harmless Hospital in the event that any amount of reimbursement is denied or disallowed because of the failure of Physician or any subcontractor to comply with its obligations to maintain and make available books, documents, or records pursuant to this subsection. Such indemnity shall include, but not be limited to the amount of reimbursement denied, plus any interest, penalties and legal costs.

This section is intended to assure compliance with Section 1861 of the Social Security Act, as amended, and regulations directly pertinent to that Act. The obligations of Physician under this section are strictly limited to compliance with those provisions, and shall be given effect only to the extent necessary to insure compliance with those provisions. In the event that the requirements or those provisions are reduced or eliminated, the obligations of the parties under this section shall likewise be reduced or eliminated.

- 7.03. **Amendment.** This Agreement may be amended at any time by mutual agreement of the parties, but any such amendment must be in writing, dated, and signed by both parties.
- 7.04. **No Referral Fees.** No payment or other consideration shall be made under this Agreement for the referral of patients, by Physician, to Hospital or to any nonprofit corporation affiliated with District.
- 7.05. **Repayment of Inducement.** The parties stipulate and agree that the income guaranteed to Physician under this Agreement, and the covenants of the District to provide office space, personal, equipment, and certain other benefits, are the minimum required to enable Physician to relocate himself to Bishop, California; that he is not able to repay such inducement, and no such repayment shall be required.
- 7.06. **Assignment.** Physician shall not assign, sell, transfer or delegate any of the Physician's rights or duties, including by hiring or otherwise retaining additional physicians to perform services pursuant to this Agreement, without the prior written consent of Hospital.
- 7.07. **Attorneys' Fees.** If any legal action or other proceeding is commenced, by either party, to enforce rights, duties, and/or responsibilities under this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and costs. As used in this Section 7.07, the term "prevailing party" shall have the meaning assigned by Section 1032(a)(4) of the California Code of Civil Procedure.
- 7.08. **Choice of Law.** This Agreement shall be construed in accordance with, and governed by, the laws of the State of California.
- 7.09. **Exhibits.** All Exhibits attached and referred to herein are fully incorporated by this reference.

7.10. **Notices.** All notices or other communications under this Agreement shall be sent to the parties at the addresses set forth below:

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

**Physician:** James Englesby, M.D.  
152 Pioneer Lane, Suite C  
Bishop, CA 93514

Notice may be given either personally or by first-class mail, postage prepaid, addressed to the party designated above at the address designated above, or an address subsequently specified in writing by the relevant party. If given by mail, notice shall be deemed given two (2) days after the date of the postmark on the envelope containing such notice.

- 7.11. **Records.** All files, charts and records, medical or otherwise, generated by Physician in connection with services furnished during the term of this Agreement are the property of Practice. Physician agrees to maintain medical records according to Practice policies and procedures and in accordance with community standards. Each party agrees to maintain the confidentiality of all records and materials in accordance with all applicable state and federal laws. Hospital agrees to permit Physician to have access, during or after the term of the Agreement, to medical records generated by Physician if necessary in connection with claims, litigation, investigations, or treatment of patients.
- 7.12. **Prior Agreements.** This Agreement represents the entire understanding and agreement of the parties as to those matters contained in it. No prior oral or written understanding shall be of any force or effect with respect to the matters contained in this Agreement. This Agreement may be modified only by a writing signed by each party or his/its lawful agent.
- 7.13. **Referrals.** This Agreement does not impose any obligation or requirement that Hospital shall make any referral of patients to Physician or that Physician shall make any referral of patients to Hospital. The payment of compensation pursuant to section 3.01 is not based in any way on referrals of patients to Hospital.
- 7.14. **Severability.** If any provision of this Agreement is determined to be illegal or unenforceable, that provision shall be severed from this Agreement, and the remaining provisions shall remain enforceable between the parties.

- 7.15. **Waiver.** The failure of either party to exercise any right under this Agreement shall not operate as a waiver of that right.
- 7.16. **Gender and Number.** Use of the masculine gender shall mean the feminine or neuter, and the plural number the singular, and vice versa, as the context shall indicate.
- 7.17. **Authority and Executive.** By their signature below, each of the parties represent that they have the authority to execute this Agreement and do hereby bind the party on whose behalf their execution is made.
- 7.18. **Construction.** This Agreement has been negotiated and prepared by both parties and it shall be assumed, in the interpretation of any uncertainty, that both parties caused it to exist.

NORTHERN INYO COUNTY  
LOCAL HOSPITAL DISTRICT

PHYSICIAN

By \_\_\_\_\_  
John Ungersma, M.D., President  
District Board of Directors

By \_\_\_\_\_  
James Englesby, M.D.

APPROVED AS TO FORM:

\_\_\_\_\_  
Douglas Buchanan  
District Legal Counsel

## **EXHIBIT A**

### **SCOPE OF DUTIES OF THE PHYSICIAN**

#### POSITION SUMMARY

The Physician is a Member of the Northern Inyo Hospital Active Medical Staff. Physician provides direct primary medical diagnosis and treatment to Practice and Hospital patients. The Physician will provide services commensurate with the equivalent of a full time General Medicine Practice. Full time shall mean regularly scheduled office hours to meet the service area demand and performance of surgeries as may be required. Full time shall also mean the provision of no more than four (4) weeks of vacation and two (2) weeks of time to acquire CME credits, if needed, as well as all recognized national holidays. All time off will be coordinated with Call coverage such that scheduled time off will not conflict with the Physician's call requirement.

Specifically, the Physician will:

1. Provide high quality primary medical care services.
2. Direct the need for on-going educational programs that serve the patient.
3. Evaluate and develop treatment plans to facilitate the individual healthcare needs of each patient.
4. Work with all Practice personnel to meet the healthcare needs of all patients.
5. Assess, evaluate, and monitor on-going health care and medication of Practice patients.
6. Manage all medical and surgical emergencies.
7. Participate in professional development activities and maintain professional affiliations.
8. Participate with Hospital to meet all federal and state regulations.
9. Utilize Hospital provided EMR.

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**NORTHERN INYO HOSPITAL  
RURAL HEALTH CLINIC STAFF PHYSICIAN  
PROFESSIONAL SERVICES AGREEMENT**

This Professional Services Agreement (this "Agreement"), entered into as of February 20, 2013, is entered into by and between Northern Inyo Hospital Local Hospital District ("Hospital") and Stacey Brown, MD. ("Physician").

**RECITALS**

A. Hospital operates a general acute care hospital, which, among other things, owns and operates a Rural Health Clinic (the "Clinic"), located at 153 Pioneer Lane, Bishop, California.

B. Physician is an individual duly licensed to practice medicine in the State of California, and he desires to practice in Bishop, California.

C. Hospital desires to obtain professional medical services from Physician for the patients of Clinic, and Physician desires to furnish such services upon the terms and conditions set forth in this Agreement.

D. Hospital believes that high standards of patient care can be achieved if Physician assumes the responsibilities set out further in this Agreement.

THEREFORE, THE PARTIES AGREE:

I. PHYSICIAN RESPONSIBILITIES.

1.01 Services. Hospital hereby engages Physician to serve as Clinic staff physician, and Physician hereby accepts such engagement on the terms and conditions set forth in this Agreement. In his capacity as staff physician, Physician shall provide Hospital with the benefit of his direct patient care expertise and experience, and shall render those services necessary to enable Hospital to achieve its goals and objectives for the Clinic. The scope of services to be performed by Physician is described in Exhibit A attached hereto and incorporated by reference herein. Physician shall provide Hospital with patient medical record documentation of all direct patient care services rendered hereunder; such documentation shall be submitted to Hospital on an ongoing basis, and shall be in the form, and contain the information, requested by the Hospital such that a complete medical record can be assembled.

1.02 Limitation on Use of Space. No part of the Clinic's premises shall be used at any time by Physician as an office for the private practice of medicine or to see patients other than Clinic patients.

1.03 Covenants of Physician: Physician shall:

(a) Apply for and/or maintain Provisional or Active Medical Staff membership and the aforesaid Family Practice privileges for the term of this Agreement.

(b) Provide on-call Hospitalist coverage for the Hospital's in-patient service Service within the scope of privileges granted him by Hospital. A minimum of 7 rotations (weeks) is required. Hospitalist rotations will be compensated at the current hospitalist rate and count as income against the guarantee.

(c) Maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred, and revenue acquired, pursuant to this Agreement to the extent, and in such detail, as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies, and services, and other costs and expenses of whatever nature, for which he may claim payment or reimbursement from the District. Physician acknowledges and agrees that any federal office authorized by law shall have access, for the purpose of audit and examination, to any books, documents, papers, and records of Physician which are relevant to this Agreement, at all reasonable times for a period of four (4) years following the termination of this Agreement, during which period Physician shall preserve and maintain said books, documents, papers, and records. Physician further agrees to transfer to the District, upon termination of this Agreement, any books, documents, papers or records which possess long-term [*i.e.*, more than four (4) years] value to the Hospital. Physician shall include a clause providing similar access in any sub-contract he may enter with a value of more than Ten Thousand Dollars (\$10,000) or for more than a 12-month period, when said sub-contract is with a related organization.

(d) At all times comply with all relevant policies, rules and regulations of the Hospital, subject to California and federal statutes governing the practice of medicine.

(e) As much as is practical, Physician shall be on call or in actual physical presence to provide the emergency coverage required by this Agreement. However, District expressly agrees that said such other qualified physicians might perform services as the Physician may employ or otherwise provide so long as each such physician has received proper training, is properly licensed, and has received approval in writing by the Hospital.

(f) Assist in monitoring and reviewing the clinical performance of Clinic non-physician providers (nurse practitioners).

(g) Staff the Clinic a minimum of three days per week, a minimum of 39 weeks per year. Additional shifts may be available and are optional for the Physician.

II. HOSPITAL RESPONSIBILITIES.

2.01 Hospital Services.

A. Space. Hospital shall make available for Physician reasonably necessary facilities for the operation of Clinic.



- B. Equipment. In consultation with Physician, Hospital shall make all decisions regarding the acquisition of all equipment as may be reasonably necessary for the proper operation and conduct of Clinic. Hospital shall repair, replace or supplement such equipment and maintain it in good working order.
- 2.02 General Services. Hospital shall furnish ordinary janitorial services, maintenance services, and utilities, including telephone service, as may be required for the proper operation and conduct of Clinic.
- 2.03 Supplies. Hospital shall purchase and provide all supplies as may be reasonably required for the proper treatment of Clinic patients. Physician shall inform Hospital of supply needs in a timely manner and shall manage the use of supplies in an efficient manner that promotes quality and cost-effective patient care.
- 2.04 Personnel. Hospital shall determine and furnish all other personnel required to operate Clinic.
- 2.05 Business Operations. Hospital shall be responsible for all business operations related to operation of the Clinic, including personnel management, billing and payroll functions.
- 2.06 Hospital Performance. The responsibilities of Hospital under this Article shall be subject to Hospital's discretion and its usual purchasing practices, budget limitations and applicable laws and regulations.
- 2.07 Clinic Hours. Specific shifts will be scheduled according to normal operating procedures of the Clinic.

### III. COMPENSATION.

- 3.01 Compensation. Hospital shall pay Physician \$43.79 per hour and \$44.28 per patient encounter for patients seen in the Clinic by Physician. Said sums are payable on the 20th day of the calendar month immediately following the service performed. The hourly rate will be adjusted annually at the same rate and effective date as NIH employee wages. The per patient rate will adjust upward at the same percentage as the RHC MediCal payment rate.
- 3.02 Malpractice Insurance. Physician agrees to secure his own malpractice insurance with limits and coverage's appropriate for the physician to provide services under this agreement. Hospital agrees to reimburse 80% of malpractice premiums paid by Physician. Physician's maximum out of pocket expense will be limited to \$10,000 annually.
- 3.03 Time off. Physician shall be afforded 6 weeks of time off per year.
- 3.04 Health Insurance. At all times during the Term of this Agreement, including any extensions or renewals thereof, Physician will be admitted to the Hospital's self-funded Medical/Dental/Vision Benefit Plan and be provided the benefits contained therein as if Physician were an employee of the District.
- 3.05 Disability Insurance. Physician may purchase disability insurance. NIH will match physician's premium contribution, up to \$10,000 per term of this Agreement.
- 3.06 Life Insurance. NIH will provide \$250,000 benefit term life insurance policy.

- 3.07 Physician will be admitted to NIH's self funded Medical/Dental/Vision plan with the same premium and benefits as the other participants.
- 3.08 Billing for Professional Services. Physician assigns to Clinic all claims, demands and rights of Physician to bill and collect for all professional services rendered to Clinic patients. Physician acknowledges that Clinic shall be solely responsible for billing and collecting for all professional services provided by Physician to Clinic patients at Clinic, and for managing all Clinic receivables and payables, including those related to Medicare and Medi-Cal beneficiaries. Physician shall not bill or collect for any services rendered to Clinic patients, and all Clinic receivables and billings shall be the sole and exclusive property of Clinic. In particular, any payments made pursuant to a payer agreement (including co-payments made by patients) shall constitute revenue of the Clinic. In the event payments are made to Physician pursuant to any payer agreement, Physician shall promptly remit the payments directly to Clinic.

#### IV. TERM AND TERMINATION.

- 4.01 Term. The term of this Agreement shall be for a period of three years beginning on October 1, 2012 and ending on the last day of the thirty sixth months thereafter.
- 4.02. Termination. Notwithstanding the provisions of section 4.01, this Agreement may be terminated:
- A. By either party, at any time, without cause or penalty, upon sixty (60) days' prior written notice to the other party;
  - B. Immediately by Hospital in its sole discretion if Physician fails to maintain the professional standards described in Article V of this Agreement;
  - C. Immediately upon closure of the Hospital or Clinic;
  - D. By either party upon written notice to the other party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits, restricts, limits or in any way substantially changes the arrangement contemplated herein or which otherwise significantly affects either party's rights or obligations under this Agreement; provided that in such event, Hospital must give notice to Physician equal to that provided to Hospital by the relevant federal, state or local government or agency. If this Agreement can be amended to the satisfaction of both parties to compensate for any such prohibition, restriction, limitation or change, this clause shall not be interpreted to prevent such amendment.
- 4.03 Rights Upon Termination. Upon any termination or expiration of this Agreement, all rights and obligations of the parties shall cease except those rights and obligations that have accrued or expressly survive termination.

V. PROFESSIONAL STANDARDS.

- 5.01 Medical Staff Standing. Prior to performing services pursuant to this Agreement, Physician must obtain full Medical Staff privileges on the Medical Staff of Hospital, and maintain such membership throughout the term of this Agreement. Such membership shall be subject to all of the privileges and responsibilities of Medical Staff membership.
- 5.02 Licensure and Standards. Physician shall:
- A. At all times be licensed to practice medicine in the State of California;
  - B. Comply with all policies, bylaws, rules and regulations of Hospital and Clinic and its Medical Staff, including those related to documenting all advice to patients and proper sign-off of lab and X-ray reports;
  - C. Be a member in good standing of the Active Medical Staff of the Hospital;
  - D. Maintain professional liability coverage in an amount required for membership on the Active Medical Staff of the Hospital;
  - E. Participate in continuing education as necessary to maintain licensure and the current standard of practice; and
  - F. Comply with all applicable laws, rules and regulations of any and all governmental authorities, and applicable standards and recommendations of the Joint Commission.

VI. RELATIONSHIP BETWEEN THE PARTIES.

- 6.01 Professional Relations.
- A. Independent Contractor. No relationship of employer and employee is created by this Agreement. In the performance of Physician's work and duties, Physician is at all times acting and performing as an independent contractor, practicing the profession of medicine. Hospital and Clinic shall neither have nor exercise control or direction over the methods by which Physician performs professional services pursuant to this Agreement; provided, however, that Physician agrees that all work performed pursuant to this Agreement shall be in strict accordance with currently approved methods and practices in Physician's professional specialty and in accordance with the standards set forth in this Agreement. The sole interest of Hospital is to insure that such services are performed and rendered in a competent and cost effective manner.
  - B. Benefits. Except as specifically set forth in this Agreement, it is understood and agreed that Physician shall have no claims under this Agreement or otherwise against Hospital for social security benefits, worker's compensation benefits, disability benefits, unemployment benefits, sick leave, or any other employee benefit of any kind. In addition, Hospital shall have no obligation to reimburse

Physician for any costs or expenses associated with Physician's compliance with continuing medical education requirements.

- 6.02 Responsibility for Own Acts. Each party will be responsible for its own acts or omissions and all claims, liabilities, injuries, suits, demands and expenses for all kinds which may result or arise out of any malfeasance or neglect, caused or alleged to have been caused by either party, their employees or representatives, in the performance or omission of any act or responsibility of either party under this contract. In the event that a claim is made against both parties, it is the intent of both parties to cooperate in the defense of said claim and to cause their insurers to do likewise. However, both parties shall have the right to take any and all actions they believe necessary to protect their interest.

## VII. GENERAL PROVISIONS.

- 7.01 No Solicitation. Physician agrees that he will not, either directly or indirectly, during and after the term of this Agreement, call on, solicit or take away, or attempt to call on, solicit or take away any patients or patient groups with whom Physician dealt or became aware of as a result of Physician's past, present or future affiliation with Hospital and Clinic.
- 7.02 Access to Records. To the extent required by Section 1861(v)(i)(I) of the Social Security Act, as amended, and by valid regulation which is directly applicable to that Section, Physician agrees to make available upon valid written request from the Secretary of HHS, the Comptroller General, or any other duly authorized representatives, this Agreement and the books, documents and records of Physician to the extent that such books, documents and records are necessary to certify the nature and extent of Hospital's costs for services provided by Physician.

Physician shall also make available such subcontract and the books, documents, and records of any subcontractor if that subcontractor performs any of the Physician's duties under this Agreement at a cost of \$10,000 or more over a twelve-month period, and if that subcontractor is organizationally related to Physician.

Such books, documents, and records shall be preserved and available for four (4) years after the furnishing of services by Physician pursuant to this Agreement. If Physician is requested to disclose books, documents or records pursuant to this subsection for purposes of an audit, Physician shall notify Hospital of the nature and scope of such request, and Physician shall make available, upon written request of Hospital, all such books, documents or records. Physician shall indemnify and hold harmless Hospital in the event that any amount of reimbursement is denied or disallowed because of the failure of Physician or any subcontractor to comply with its obligations to maintain and make available books, documents, or records pursuant to this subsection. Such indemnity shall include, but not be limited to the amount of reimbursement denied, plus any interest penalties and legal costs.

This section is intended to assure compliance with Section 1861 of the Social Security Act, as amended, and regulations directly pertinent to that Act. The obligations of Physician under this section are strictly limited to compliance with those provisions, and shall be given effect only to the extent necessary to insure compliance with those provisions. In the

event that the requirements or those provisions are reduced or eliminated, the obligations of the parties under this section shall likewise be reduced or eliminated.

- 7.03 Amendment. This Agreement may be amended at any time by mutual agreement of the parties, but any such amendment must be in writing, dated, and signed by the parties.
- 7.04 Arbitration and Dispute Resolution.
- A. Non Medical Disagreements. In the event that disagreements arise between the parties concerning their performance under this Agreement, or on other matters, such disagreements shall be the subject of negotiations between Physician and the Hospital Administrator. In the event Physician is not satisfied with the decision of the Administrator, the dispute shall be submitted to the Hospital's Board of Directors and the decision of the Board shall be final.
- B. Medical Disagreement. Any questions or disagreements concerning standards of professional practice or the medical aspects of the service furnished in Clinic shall be referred to a peer group of qualified physicians recommended by the Medical Executive Committee, which shall recommend a resolution of the matter to the Administrator. In the event Physician is not satisfied with the decision of the Administrator, the dispute shall be submitted to the Hospital Board of Directors and the decision of the Board shall be final.
- 7.05 Assignment. Physician shall not assign, sell, transfer or delegate any of the Physician's rights or duties, including by hiring or otherwise retaining additional physicians to perform services pursuant to this Agreement, without the prior written consent of Hospital.
- 7.06 Attorneys' Fees. If any legal action or other proceeding is commenced, by either party, to enforce rights, duties, and/or responsibilities under this Agreement, the prevailing party shall be entitled to recover a reasonable attorney's fee and costs. As used in this Section 7.06, the term "prevailing party" shall have the meaning assigned by Section 1032(a)(4) of the California Code of Civil Procedure.
- 7.07 Choice of Law. This Agreement shall be construed in accordance with, and governed by, the laws of the State of California.
- 7.08 Exhibits. All Exhibits attached and referred to herein are fully incorporated by this reference.
- 7.09 Notices. All notices or other communications under this Agreement shall be sent to the parties at the addresses set forth below:

Hospital: Administrator  
Northern Inyo Hospital  
150 Pioneer Lane  
Bishop, CA 93514

Physician: Stacey Brown, MD  
153-B Pioneer Lane  
Bishop, CA 93514

- 7.10 Records. All files, charts and records, medical or otherwise, generated by a Medical Professional in connection with services furnished during the term of this Agreement are the property of Clinic. Physician agrees to maintain medical records according to Clinic policies and procedures and in accordance with community standards. Each party agrees to maintain the confidentiality of all records and materials in accordance with all applicable state and federal laws. Hospital agrees to permit Physician to have access during or after the term of the Agreement, to medical records generated by Physician if necessary in connection with claims, litigation, investigations, or treatment of patients.
- 7.11 Prior Agreements. This Agreement represents the entire understanding and agreement of the parties as to those matters contained in it. No prior oral or written understanding shall be of any force or effect with respect to the matters contained in this Agreement.
- 7.12 Referrals. This Agreement does not impose any obligation or requirement that Hospital shall make any referral of patients to Physician or that Physician shall make any referral of patients to Hospital. The payment of compensation pursuant to section 3.01 is not based in any way on referrals of patients to Hospital.
- 7.13 Severability. If any provision of this Agreement is determined to be illegal or unenforceable, that provision shall be severed from this Agreement, and the remaining provisions shall remain enforceable between the parties.
- 7.14 Waiver. The failure of either party to exercise any right under this Agreement shall not operate as a waiver of that right.
- 7.15 Gender and Number. Use of the masculine gender shall mean the feminine or neuter, and the plural number the singular, and vice versa, as the context shall indicate.
- 7.16 Authority and Executive. By their signature below, each of the parties represent that they have the authority to execute this Agreement and do hereby bind the party on whose behalf their execution is made.

NORTHERN INYO COUNTY  
LOCAL HOSPITAL DISTRICT

PHYSICIAN

By \_\_\_\_\_  
John Ungersma, M.D., President  
Board of Directors

By \_\_\_\_\_  
Stacey Brown, MD  
Physician

## EXHIBIT A

### POSITION DESCRIPTION

#### TITLE

Staff Physician

#### DEPARTMENT

Rural Health Clinic

#### POSITION SUMMARY

The Rural Health Clinic Staff Physician is a Member of the Northern Inyo Hospital Active Medical Staff and the Clinic multi-disciplinary care team. He/she provides direct primary medical diagnostic and treatment to patients. The Staff physician will:

1. Provide high quality primary medical care services.
2. Direct the need for on-going educational programs that serve the patient.
3. Evaluate and develop treatment plans to facilitate the individual healthcare needs of each patient.
4. Work with all office personnel to meet the healthcare needs of all patients.
5. Assess, evaluate, and monitor on-going health care and medication of Clinic patients.
6. Manage all medical and surgical emergencies.
7. Participate in professional development activities and maintain professional affiliations.
8. Participate with Hospital to meet all Federal and State Rural Health Clinic regulations.
9. Monitor and review clinical performance of non-physician providers (Nurse Practitioners)
10. Provide on-site clinical consultation to non-physician providers (Nurse Practitioners)
11. Support and utilize the hospital's and Clinic's Electronic Health Records.

## Exhibit B

### Malpractice "Tail" Coverage

Tail coverage will be provided in accordance with the following:

- Physician completes the entire three (3) year Term of this Agreement and then leaves the Hospital for any reason whatsoever = District pays 100% of the tail coverage premium;
- Physician leaves on her own initiative before the full three (3) year Term of this Agreement is completed and Physician provides Hospital with not less than one hundred and eighty (180) days' prior written notice = District and Physician split the tail premium pro-rata based on the number of months Physician stayed with the Hospital before leaving;
- Physician leaves the Hospital and does not give the required notice = Physician shall pay 100% of the tail premium;
- Physician becomes disabled to the point where she closes her practice contemplated by this Agreement District pays 100% of the tail coverage premium;
- Hospital terminates Physician with or without cause before full three (3) year Term ends = Hospital pays 100% of the tail coverage premium.



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**NORTHERN INYO HOSPITAL  
RURAL HEALTH CLINIC STAFF PHYSICIAN  
PROFESSIONAL SERVICES AGREEMENT**

This Professional Services Agreement (this "Agreement"), entered into as of February 20, 2013, is entered into by and between Northern Inyo Hospital Local Hospital District ("Hospital") and Tom Boo, MD. ("Physician").

**RECITALS**

A. Hospital operates a general acute care hospital, which, among other things, owns and operates a Rural Health Clinic (the "Clinic"), located at 153 Pioneer Lane, Bishop, California.

B. Physician is an individual duly licensed to practice medicine in the State of California, and he desires to practice in Bishop, California.

C. Hospital desires to obtain professional medical services from Physician for the patients of Clinic, and Physician desires to furnish such services upon the terms and conditions set forth in this Agreement.

D. Hospital believes that high standards of patient care can be achieved if Physician assumes the responsibilities set out further in this Agreement.

THEREFORE, THE PARTIES AGREE:

I. PHYSICIAN RESPONSIBILITIES.

1.01 Services. Hospital hereby engages Physician to serve as Clinic staff physician, and Physician hereby accepts such engagement on the terms and conditions set forth in this Agreement. In his capacity as staff physician, Physician shall provide Hospital with the benefit of his direct patient care expertise and experience, and shall render those services necessary to enable Hospital to achieve its goals and objectives for the Clinic. The scope of services to be performed by Physician is described in Exhibit A attached hereto and incorporated by reference herein. Physician shall provide Hospital with patient medical record documentation of all direct patient care services rendered hereunder; such documentation shall be submitted to Hospital on an ongoing basis, and shall be in the form, and contain the information, requested by the Hospital such that a complete medical record can be assembled.

1.02 Limitation on Use of Space. No part of the Clinic's premises shall be used at any time by Physician as an office for the private practice of medicine or to see patients other than Clinic patients.

1.03 Covenants of Physician: Physician shall:

- (a) Apply for and/or maintain Provisional or Active Medical Staff membership and the aforesaid Family Practice privileges for the term of this Agreement.
- (b) Provide on-call Hospitalist coverage for the Hospital's in-patient service Service within the scope of privileges granted him by Hospital. A minimum of 7 rotations (weeks) is required. Hospitalist rotations will be compensated at the current hospitalist rate and count as income against the guarantee.
- (c) Maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred, and revenue acquired, pursuant to this Agreement to the extent, and in such detail, as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies, and services, and other costs and expenses of whatever nature, for which he may claim payment or reimbursement from the District. Physician acknowledges and agrees that any federal office authorized by law shall have access, for the purpose of audit and examination, to any books, documents, papers, and records of Physician which are relevant to this Agreement, at all reasonable times for a period of four (4) years following the termination of this Agreement, during which period Physician shall preserve and maintain said books, documents, papers, and records. Physician further agrees to transfer to the District, upon termination of this Agreement, any books, documents, papers or records which possess long-term [*i.e.*, more than four (4) years] value to the Hospital. Physician shall include a clause providing similar access in any sub-contract he may enter with a value of more than Ten Thousand Dollars (\$10,000) or for more than a 12-month period, when said sub-contract is with a related organization.
- (d) At all times comply with all relevant policies, rules and regulations of the Hospital, subject to California and federal statutes governing the practice of medicine.
- (e) As much as is practical, Physician shall be on call or in actual physical presence to provide the emergency coverage required by this Agreement. However, District expressly agrees that said such other qualified physicians might perform services as the Physician may employ or otherwise provide so long as each such physician has received proper training, is properly licensed, and has received approval in writing by the Hospital.
- (f) Assist in monitoring and reviewing the clinical performance of Clinic non-physician providers (nurse practitioners).
- (g) Staff the Clinic a minimum of three days per week, a minimum of 39 weeks per year. Additional shifts may be available and are optional for the Physician.

II. HOSPITAL RESPONSIBILITIES.

2.01 Hospital Services.

- A. Space. Hospital shall make available for Physician reasonably necessary facilities for the operation of Clinic.

- B. Equipment. In consultation with Physician, Hospital shall make all decisions regarding the acquisition of all equipment as may be reasonably necessary for the proper operation and conduct of Clinic. Hospital shall repair, replace or supplement such equipment and maintain it in good working order.
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- 2.03 Supplies. Hospital shall purchase and provide all supplies as may be reasonably required for the proper treatment of Clinic patients. Physician shall inform Hospital of supply needs in a timely manner and shall manage the use of supplies in an efficient manner that promotes quality and cost-effective patient care.
- 2.04 Personnel. Hospital shall determine and furnish all other personnel required to operate Clinic.
- 2.05 Business Operations. Hospital shall be responsible for all business operations related to operation of the Clinic, including personnel management, billing and payroll functions.
- 2.06 Hospital Performance. The responsibilities of Hospital under this Article shall be subject to Hospital's discretion and its usual purchasing practices, budget limitations and applicable laws and regulations.
- 2.07 Clinic Hours. Specific shifts will be scheduled according to normal operating procedures of the Clinic.

### III. COMPENSATION.

- 3.01 Compensation. Hospital shall pay Physician \$43.79 per hour and \$44.28 per patient encounter for patients seen in the Clinic by Physician. Said sums are payable on the 20th day of the calendar month immediately following the service performed. The hourly rate will be adjusted annually at the same rate and effective date as NIH employee wages. The per patient rate will adjust upward at the same percentage as the RHC MediCal payment rate.
- 3.02 Malpractice Insurance. Physician agrees to secure his own malpractice insurance with limits and coverage's appropriate for the physician to provide services under this agreement. Hospital agrees to reimburse 80% of malpractice premiums paid by Physician. Physician's maximum out of pocket expense will be limited to \$10,000 annually.
- 3.03 Time off. Physician shall be afforded 6 weeks of time off per year.
- 3.04 Health Insurance. At all times during the Term of this Agreement, including any extensions or renewals thereof, Physician will be admitted to the Hospital's self-funded Medical/Dental/Vision Benefit Plan and be provided the benefits contained therein as if Physician were an employee of the District.
- 3.05 Disability Insurance. Physician may purchase disability insurance. NIH will match physician's premium contribution, up to \$10,000 per term of this Agreement.
- 3.06 Life Insurance. NIH will provide \$250,000 benefit term life insurance policy.

- 3.07 Physician will be admitted to NIH's self funded Medical/Dental/Vision plan with the same premium and benefits as the other participants.
- 3.08 Billing for Professional Services. Physician assigns to Clinic all claims, demands and rights of Physician to bill and collect for all professional services rendered to Clinic patients. Physician acknowledges that Clinic shall be solely responsible for billing and collecting for all professional services provided by Physician to Clinic patients at Clinic, and for managing all Clinic receivables and payables, including those related to Medicare and Medi-Cal beneficiaries. Physician shall not bill or collect for any services rendered to Clinic patients, and all Clinic receivables and billings shall be the sole and exclusive property of Clinic. In particular, any payments made pursuant to a payer agreement (including co-payments made by patients) shall constitute revenue of the Clinic. In the event payments are made to Physician pursuant to any payer agreement, Physician shall promptly remit the payments directly to Clinic.

#### IV. TERM AND TERMINATION.

- 4.01 Term. The term of this Agreement shall be for a period of three years beginning on December 29, 2012 and ending on the last day of the thirty sixth months thereafter.
- 4.02. Termination. Notwithstanding the provisions of section 4.01, this Agreement may be terminated:
- A. By either party, at any time, without cause or penalty, upon sixty (60) days' prior written notice to the other party;
  - B. Immediately by Hospital in its sole discretion if Physician fails to maintain the professional standards described in Article V of this Agreement;
  - C. Immediately upon closure of the Hospital or Clinic;
  - D. By either party upon written notice to the other party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits, restricts, limits or in any way substantially changes the arrangement contemplated herein or which otherwise significantly affects either party's rights or obligations under this Agreement; provided that in such event, Hospital must give notice to Physician equal to that provided to Hospital by the relevant federal, state or local government or agency. If this Agreement can be amended to the satisfaction of both parties to compensate for any such prohibition, restriction, limitation or change, this clause shall not be interpreted to prevent such amendment.
- 4.03 Rights Upon Termination. Upon any termination or expiration of this Agreement, all rights and obligations of the parties shall cease except those rights and obligations that have accrued or expressly survive termination.

V. PROFESSIONAL STANDARDS.

- 5.01 Medical Staff Standing. Prior to performing services pursuant to this Agreement, Physician must obtain full Medical Staff privileges on the Medical Staff of Hospital, and maintain such membership throughout the term of this Agreement. Such membership shall be subject to all of the privileges and responsibilities of Medical Staff membership.
- 5.02 Licensure and Standards. Physician shall:
- A. At all times be licensed to practice medicine in the State of California;
  - B. Comply with all policies, bylaws, rules and regulations of Hospital and Clinic and its Medical Staff, including those related to documenting all advice to patients and proper sign-off of lab and X-ray reports;
  - C. Be a member in good standing of the Active Medical Staff of the Hospital;
  - D. Maintain professional liability coverage in an amount required for membership on the Active Medical Staff of the Hospital;
  - E. Participate in continuing education as necessary to maintain licensure and the current standard of practice; and
  - F. Comply with all applicable laws, rules and regulations of any and all governmental authorities, and applicable standards and recommendations of the Joint Commission.

VI. RELATIONSHIP BETWEEN THE PARTIES.

- 6.01 Professional Relations.
- A. Independent Contractor. No relationship of employer and employee is created by this Agreement. In the performance of Physician's work and duties, Physician is at all times acting and performing as an independent contractor, practicing the profession of medicine. Hospital and Clinic shall neither have nor exercise control or direction over the methods by which Physician performs professional services pursuant to this Agreement; provided, however, that Physician agrees that all work performed pursuant to this Agreement shall be in strict accordance with currently approved methods and practices in Physician's professional specialty and in accordance with the standards set forth in this Agreement. The sole interest of Hospital is to insure that such services are performed and rendered in a competent and cost effective manner.
  - B. Benefits. Except as specifically set forth in this Agreement, it is understood and agreed that Physician shall have no claims under this Agreement or otherwise against Hospital for social security benefits, worker's compensation benefits, disability benefits, unemployment benefits, sick leave, or any other employee benefit of any kind. In addition, Hospital shall have no obligation to reimburse

Physician for any costs or expenses associated with Physician's compliance with continuing medical education requirements.

- 6.02 Responsibility for Own Acts. Each party will be responsible for its own acts or omissions and all claims, liabilities, injuries, suits, demands and expenses for all kinds which may result or arise out of any malfeasance or neglect, caused or alleged to have been caused by either party, their employees or representatives, in the performance or omission of any act or responsibility of either party under this contract. In the event that a claim is made against both parties, it is the intent of both parties to cooperate in the defense of said claim and to cause their insurers to do likewise. However, both parties shall have the right to take any and all actions they believe necessary to protect their interest.

## VII. GENERAL PROVISIONS.

- 7.01 No Solicitation. Physician agrees that he will not, either directly or indirectly, during and after the term of this Agreement, call on, solicit or take away, or attempt to call on, solicit or take away any patients or patient groups with whom Physician dealt or became aware of as a result of Physician's past, present or future affiliation with Hospital and Clinic.
- 7.02 Access to Records. To the extent required by Section 1861(v)(i)(I) of the Social Security Act, as amended, and by valid regulation which is directly applicable to that Section, Physician agrees to make available upon valid written request from the Secretary of HHS, the Comptroller General, or any other duly authorized representatives, this Agreement and the books, documents and records of Physician to the extent that such books, documents and records are necessary to certify the nature and extent of Hospital's costs for services provided by Physician.

Physician shall also make available such subcontract and the books, documents, and records of any subcontractor if that subcontractor performs any of the Physician's duties under this Agreement at a cost of \$10,000 or more over a twelve-month period, and if that subcontractor is organizationally related to Physician.

Such books, documents, and records shall be preserved and available for four (4) years after the furnishing of services by Physician pursuant to this Agreement. If Physician is requested to disclose books, documents or records pursuant to this subsection for purposes of an audit, Physician shall notify Hospital of the nature and scope of such request, and Physician shall make available, upon written request of Hospital, all such books, documents or records. Physician shall indemnify and hold harmless Hospital in the event that any amount of reimbursement is denied or disallowed because of the failure of Physician or any subcontractor to comply with its obligations to maintain and make available books, documents, or records pursuant to this subsection. Such indemnity shall include, but not be limited to the amount of reimbursement denied, plus any interest penalties and legal costs.

This section is intended to assure compliance with Section 1861 of the Social Security Act, as amended, and regulations directly pertinent to that Act. The obligations of Physician under this section are strictly limited to compliance with those provisions, and shall be given effect only to the extent necessary to insure compliance with those provisions. In the

event that the requirements or those provisions are reduced or eliminated, the obligations of the parties under this section shall likewise be reduced or eliminated.

- 7.03 Amendment. This Agreement may be amended at any time by mutual agreement of the parties, but any such amendment must be in writing, dated, and signed by the parties.
- 7.04 Arbitration and Dispute Resolution.
- A. Non Medical Disagreements. In the event that disagreements arise between the parties concerning their performance under this Agreement, or on other matters, such disagreements shall be the subject of negotiations between Physician and the Hospital Administrator. In the event Physician is not satisfied with the decision of the Administrator, the dispute shall be submitted to the Hospital's Board of Directors and the decision of the Board shall be final.
- B. Medical Disagreement. Any questions or disagreements concerning standards of professional practice or the medical aspects of the service furnished in Clinic shall be referred to a peer group of qualified physicians recommended by the Medical Executive Committee, which shall recommend a resolution of the matter to the Administrator. In the event Physician is not satisfied with the decision of the Administrator, the dispute shall be submitted to the Hospital Board of Directors and the decision of the Board shall be final.
- 7.05 Assignment. Physician shall not assign, sell, transfer or delegate any of the Physician's rights or duties, including by hiring or otherwise retaining additional physicians to perform services pursuant to this Agreement, without the prior written consent of Hospital.
- 7.06 Attorneys' Fees. If any legal action or other proceeding is commenced, by either party, to enforce rights, duties, and/or responsibilities under this Agreement, the prevailing party shall be entitled to recover a reasonable attorney's fee and costs. As used in this Section 7.06, the term "prevailing party" shall have the meaning assigned by Section 1032(a)(4) of the California Code of Civil Procedure.
- 7.07 Choice of Law. This Agreement shall be construed in accordance with, and governed by, the laws of the State of California.
- 7.08 Exhibits. All Exhibits attached and referred to herein are fully incorporated by this reference.
- 7.09 Notices. All notices or other communications under this Agreement shall be sent to the parties at the addresses set forth below:

Hospital: Administrator  
Northern Inyo Hospital  
150 Pioneer Lane  
Bishop, CA 93514



Physician: Tom Boo, MD  
153-B Pioneer Lane  
Bishop, CA 93514

- 7.10 Records. All files, charts and records, medical or otherwise, generated by a Medical Professional in connection with services furnished during the term of this Agreement are the property of Clinic. Physician agrees to maintain medical records according to Clinic policies and procedures and in accordance with community standards. Each party agrees to maintain the confidentiality of all records and materials in accordance with all applicable state and federal laws. Hospital agrees to permit Physician to have access during or after the term of the Agreement, to medical records generated by Physician if necessary in connection with claims, litigation, investigations, or treatment of patients.
- 7.11 Prior Agreements. This Agreement represents the entire understanding and agreement of the parties as to those matters contained in it. No prior oral or written understanding shall be of any force or effect with respect to the matters contained in this Agreement.
- 7.12 Referrals. This Agreement does not impose any obligation or requirement that Hospital shall make any referral of patients to Physician or that Physician shall make any referral of patients to Hospital. The payment of compensation pursuant to section 3.01 is not based in any way on referrals of patients to Hospital.
- 7.13 Severability. If any provision of this Agreement is determined to be illegal or unenforceable, that provision shall be severed from this Agreement, and the remaining provisions shall remain enforceable between the parties.
- 7.14 Waiver. The failure of either party to exercise any right under this Agreement shall not operate as a waiver of that right.
- 7.15 Gender and Number. Use of the masculine gender shall mean the feminine or neuter, and the plural number the singular, and vice versa, as the context shall indicate.
- 7.16 Authority and Executive. By their signature below, each of the parties represent that they have the authority to execute this Agreement and do hereby bind the party on whose behalf their execution is made.

NORTHERN INYO COUNTY  
LOCAL HOSPITAL DISTRICT

PHYSICIAN

By \_\_\_\_\_  
John Ungersma, M.D., President  
Board of Directors

By \_\_\_\_\_  
Tom Boo, MD  
Physician

## EXHIBIT A

### POSITION DESCRIPTION

#### TITLE

Staff Physician

#### DEPARTMENT

Rural Health Clinic

#### POSITION SUMMARY

The Rural Health Clinic Staff Physician is a Member of the Northern Inyo Hospital Active Medical Staff and the Clinic multi-disciplinary care team. He/she provides direct primary medical diagnostic and treatment to patients. The Staff physician will:

1. Provide high quality primary medical care services.
2. Direct the need for on-going educational programs that serve the patient.
3. Evaluate and develop treatment plans to facilitate the individual healthcare needs of each patient.
4. Work with all office personnel to meet the healthcare needs of all patients.
5. Assess, evaluate, and monitor on-going health care and medication of Clinic patients.
6. Manage all medical and surgical emergencies.
7. Participate in professional development activities and maintain professional affiliations.
8. Participate with Hospital to meet all Federal and State Rural Health Clinic regulations.
9. Monitor and review clinical performance of non-physician providers (Nurse Practitioners)
10. Provide on-site clinical consultation to non-physician providers (Nurse Practitioners)
11. Support and utilize the hospital's and Clinic's Electronic Health Records.

## Exhibit B

### Malpractice "Tail" Coverage

Tail coverage will be provided in accordance with the following:

- Physician completes the entire three (3) year Term of this Agreement and then leaves the Hospital for any reason whatsoever = District pays 100% of the tail coverage premium;
- Physician leaves on her own initiative before the full three (3) year Term of this Agreement is completed and Physician provides Hospital with not less than one hundred and eighty (180) days' prior written notice = District and Physician split the tail premium pro-rata based on the number of months Physician stayed with the Hospital before leaving;
- Physician leaves the Hospital and does not give the required notice = Physician shall pay 100% of the tail premium;
- Physician becomes disabled to the point where she closes her practice contemplated by this Agreement District pays 100% of the tail coverage premium;
- Hospital terminates Physician with or without cause before full three (3) year Term ends = Hospital pays 100% of the tail coverage premium.

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*People you know,  
caring for people you love.*

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N . I . H . M E M O R A N D U M

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**DATE:** 01/31/2013  
**TO:** Northern Inyo Hospital, Board of Directors  
**FROM:** Carrie Petersen, Chief of Fiscal Services  
**RE:** Request from the Foundation for Excellence at  
Bishop Union High School

Wendy Duncan, President of the Foundation for Excellence at BUHS asked to meet with me today to request that we consider using their partner, School Spirit Pays for the processing of our Merchant Card services. We currently pay fees to Elavon for the processing of all credit payments and School Spirit Pays would match our current rates for processing and they then donate a portion of the fees they receive to the Foundation.

This brings up the request from John and me for direction from the Board about community related fund-raising activities. John receives requests for us to work with local community organizations frequently and we usually have to say that we cannot make a gift of public funds. Please see the attached information from the Foundation and be prepared to discuss what the pleasure of the Board would be related to this type of hospital activity. In the past we have assisted some not for profits including but not limited to, Hospice of the Owens Valley, Eastern Sierra Breast Cancer Alliance, and various sport programs through paid advertising only.

Thank you for your consideration.

Foundation for Excellence at Bishop Union High  
School  
301 N. Fowler Street  
Bishop, CA 93514

Working to Preserve Quality Education for Future Generations  
January 30, 2013

The Foundation for Excellence was formed to help the school provide its students educational opportunities they are entitled to and would otherwise have to forego because of funding problems. Our main purpose is to raise money to pay for projects felt needed to provide students with a better learning environment.

The foundation is now involved in updating and providing new technology equipment for the classroom. Just recently the foundation gave the school \$40,000 for a new computer lab and interactive white boards.

The foundation is now partnering with School Spirit Pays (SSP) to help us create another form of income to meet the needs of the school and its students. SSP believes in the importance of public education and are committed to helping us with finances during these times of budget cutbacks. SSP is a credit card processing company backed by industry leaders with a strong track record. The best part is your business can support Bishop Union High School at no additional cost. SSP will match your current rates for credit card fees and makes a donation from their portion of net revenues.

We highly recommend School Spirit Pays!

Sincerely,



Wendy Duncan  
President

Board of Directors

Tina Cocherell



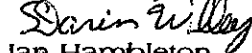
Lis Mazzu



Jake Rasmuson



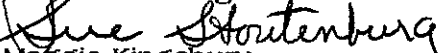
Darin Willey



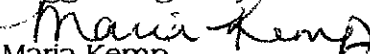
Jan Hambleton



Sue Stoutenburg



Maggie Kingsbury



Maria Kemp



Mammoth Schools NOW Education Foundation

August 1, 2012

To Whom It May Concern:

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**Board of  
Directors**

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*Dan Dawson*

*Kristy  
Williams*

*Bonnie  
Gregory*

*Jennifer  
Peckenpaugh*

*Shanna  
Bissonette*

*Lea Ann Eller*

*Leisha  
Baldwin*

*Terri Wolfe*

*Pamela Bold*

*Rich Boccia*

*Gloria  
Vasquez*

This letter shall serve to highly recommend School Spirit Pays (SSP). SSP sought out and partnered with the Mammoth Schools NOW Education Foundation in an effort to create an alternate income stream for Mammoth Unified School District. They clearly believe in the importance of public education and are committed to helping finance it during these difficult times. The transition to SSP as a credit card processor is seamless and the staff members are a pleasure to work with. I highly recommend SSP to any school foundation interested in raising more recurring funds, which is every school foundation. I further recommend them to merchants as an easy, simple, cost-free way to support public education in your community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel R. Dawson', written in a cursive style.

Daniel R. Dawson  
President

*The mission of the Mammoth Schools NOW Education Foundation is to enhance educational excellence in the public schools of Mammoth Lakes through partnerships and fundraising to improve school culture, facilities and academic flexibility.*

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**Cost Comparison for removal of Furniture Furnishings and Equipment**

Cost for NIH to remove all of the Furniture Furnishings and Equipment -(\$54674.90)

Profit to NIH if we sell all the Furniture Furnishings and Equipment to Bid Med +\$7500.00

## Neil Lynch

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**From:** Jackie [jackie@bidmed.com]  
**Sent:** Monday, December 10, 2012 2:19 PM  
**To:** Neil Lynch  
**Subject:** BidMed Offer  
**Attachments:** J-163-1.pdf

Hi Neil,

We would like to offer \$7,500.00 for all your surplus medical equipment and a complete cleanout. I have attached a Bill of Sale that limits all liability from your hospital. If accepted you will receive a certified check in the mail before the removal of any of your equipment. We are able to remove all equipment as of next week. Have a great day and talk to you soon!

Thank you,

**Jackie Dymora** 

National Account Executive

Direct 773.840.8143

Office 866.811.1441

[www.BidMed.com](http://www.BidMed.com)





Manufacturer	Model	Description	Picture
Carts 2			
GE	Medical Systems		
Siemens	Infinity Delta XL		
Welch Allyn			
Colin	Press Mate		
Skytron		Lights Dual	
Skytron		Light	
Medical Chair			
Topcon	IT-1	Adjustable Instrumentation Table	
Topcon	SL-3E		
MidMark	S30		
Vacutron	22-15-1208		
Welch Allyn	Sure Temp Plus	Continuous Intermittent Suction Regulator	
Vacutron		Patient Adjustable Warming System	
Bair Paws	875		
Welch Allyn	74710		
Mast	III A	QTY 2	
Bair Hugger	S05	Patient Warming	
ER 2000		Waterloo HealthCare Division	
Pentax	LH 150	Light Source	
Accu System	Genius 2		
Cart			
Burton	D224100	Flexible Arm Light-OPII	
Siemens	SC 6002XL		
Welch Allyn	71150	Charger	
Steris Amsco	Warming Cabinet	Dual Compartment Warmer	
Detecto		Scale	
Drager	1275275 C06		
Siemens	1275275		
Baxter	PX 1800		
Siemens	Multimed 12		
Siemens	5731281 B1		
Siemens	5591537	(lots)	
Chemetron	Intermittent Vacuum Regulator		
Burton	244310	QTY 6	
Netcor	Pulse Oximeter		
Welch Allyn	Sure Temp Plus		
Siemens		Cart	
Capnocheck Plus	9004		
Siemens	SC 900XL	QTY 6	
AccSystem	Genius 2		
Siemens	SC7000		
American Surgical	Luminaire		
Medrix	AMVX2108		
Olympus	WM N60	Mobile Workstation Advan	
Luxtec	9300XSP		
Linvatec	9300	Advantage Drive System	
Cart Deli		Cart and Computer	
Central Supply			
e/Zimmer/Amsco 3021 Vacamactic			
Stryker	Instrument Neptune	Waste Management System	
Amsco	Flexible Management System	QTY2	
Skytron	Infinity	Dual QTY 2	
Stryker	Rover 120 V	Neptune Waste Management System	
Steris Amsco	Eagle 3013	Provac Steam Sterilizer	
Olympus		Work Station	
Stryker	Surgery	Bed	
Datex	Engstrom Compact		
HillRom	Versa Care		
HillRom	Century CC		
Collin	Press Mate Pal		

Collin	Press Mate	
Heartsim	2000	
Laerdal	Monitor interface	
Collin	Press Mate 7800	QTY 4
HillRom	Centra	
Collin	Press Mate Advantage	
Siemens	SC 6002XL	
Narco Scientific	C100/200	
Air Shields	Isolette Infant Incubator	QTY 2
Air Shields	Micro-Lite	Phototherapy System
Bair Hugger	500/OR	Patient Warming System
Siemens	4322975	
Ultrasonic Doppler	811-815	Flow Detector
Siemens	EtCO2 Sensor	
Drager	Baxa Dual Rate Infuser	
Air Shields	Vickers C 821	C200 Air Controller
Phototherapy Radiometer	74345	
HillRom	Genesis	
Air Shields	PM781	Infant Warmer Birthing RM
Skytron	Infinity	QTY 2
Air Shields	IICS-90	
Amsco		
Kodak	M6B	RPX-OMAT
Siemens	SV 900	
Air Oxygen	Blender	Elema AB
StackHouse	Hospi-Gard ISO Clean	
Aridyne	2000	
HGM	PC	
HGM	Penacle Q-YAG	
Carl Zeiss	30 SL-M	
Mobil-Vac	5500	
Linvatec	9010	
Linvatec	LIS 8430	
Linvatec	IM3200	3CCD Digital imaging
Storz	25012	Electronic Lapaflator System
Storz	Auto Exposure	
Beckman Coulter	Access 2	Immunoassay System Serial # 505111
MidMark	119	
Exam Tables		
APC Back	UPSR5 1200	
Fetal Monitors	145	
Fetal Monitors Corometrics	116	
Telemetry Receiver	331	
Ritter	M9 Ultraclave	
Corometrics	118	Material Monitor
Powervar	12	
Lexmark	E850d	
Marquette	MAC15	
GE	LOGIQ P5	
Synevac	10	
Aloka	620	
Chalrs		QTY 2
Leisegang	IDSUL	
Welch Allyn	Braun	
Storz instrumentation		
Storz	28020A 0	
Storz	27023A 0	
Valleylab LigaSure	LSO200	Vessel Sealing System
Storz	11274AAV	Catalog# 27672A Endoscopy
Gyrus	ACMI Invisio IEN 0564	
Storz	27411L 10 & 27411K 10	Endoscopy Catalog # 39301LA
Storz	11274AAV	
Athez TranFix II	AR 1972	ACL Reconstruction System

Synthes  
MISC BIN

4 Empty Containers

Pentax  
ACM!

LH 15QP

Light Source

Olympus  
Storz

F170 micro  
A5254 0  
26003 AA

Cables

Storz  
IT Equipment  
Furniture

*Note: All other excess equipment including Attachment A*

ATTACHMENT A

**END**