

October 21 2015 Regular Meeting

2015-10 October - October 21 2015 Regular Meeting

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AGENDA

NORTHERN INYO HEALTHCARE DISTRICT BOARD OF DIRECTORS REGULAR MEETING

October 21, 2015 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. At this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. *(Members of the audience will have an opportunity to address the Board on every item on the agenda. Speakers are limited to a maximum of two minutes each.)*

Consent Agenda (action items)

3. Approval of minutes of the August 19 2015 regular meeting
 4. Approval of minutes of the September 14 2015 special meeting
 5. Approval of minutes of the September 16 2015 special meeting
 6. Financial and Statistical reports for July 2015
 7. Financial and Statistical reports for August 2015
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8. Acting Chief Executive Officer's Report; Kevin S. Flanigan, MD, MBA *(information items)*
 - A. Transition update
 - B. ICD-10
 - C. Beta recognition
 - D. Mammography Accreditation
 - E. Toiyabe Breast Collaboration
 - F. Leadership Development
 - G. Urology
 - H. Meeting with SIH
 - I. Meeting with SMHD CMO
 - J. 340B Program Audit Report
 9. Chief of Staff Report; Mark Robinson, M.D.
 - A. Hospital wide Policy and Procedure approvals *(action items)*:
 1. *Patient Mobility Assessment*
 2. *Standard of Care: End of Life*
 3. *Bili Scan Transcutaneous Bilirubin Testing*
 4. *Calibration of Equal Arm Prescription Scale (Balance Scale) Policy*
 5. *Look-alike, Sound-alike Drugs*

6. *Medication Administration Labeling for Topical: Creams and Ointments*
7. *Returning of Instrument to Central Sterile Processing*
8. *Sterile Processing – P&P/Form Oversight*
9. *Antimicrobial Stewardship*
- B. Approval of use of Dropless Formulation (*action item*).
- C. Approval of *Confidential Peer Review* form (*action item*).
- D. Approval of *Radiology Privileges Request* form (*action item*).
- E. Advancement of Sunny Sawyer, PA-C's proctoring period based upon Stacey Brown M.D.'s reviews of Sunny Sawyer's charts (*action item*).
- F. Release from proctorship of temporary locum tenens Family Medicine physician Arvinder Bir, M.D. based on Dr. Brown's reviews of Dr. Arvinder Bir's clinic charts (*action item*).
- G. Approval of ED Triage Protocol Checklists (*action item*).
10. Chief Nursing Officer Report (*information item*).
11. Chief Performance Excellence Officer Report (*information item*).
12. Old Business
 - A. NIH Foundation Board member approval, Ken Partridge (*action item*).
 - B. Emergency Department contract renewal update; Kevin S. Flanigan, MD, MBA (*information item*).
13. New Business
 - A. Ratification of extension of the *Rural Health Clinic Physician Staff Agreement* with Stacey Brown, M.D. through December 31, 2015; Kevin S. Flanigan, MD, MBA (*action item*).
 - B. Authorization to bind SHIP Grant (*action item*).
 - C. PHI Breach Report; Kelli Huntsinger (*information item*).
14. Reports from Board members (*information items*).
15. Adjournment to closed session to/for:
 - A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*Section 32155 of the Health and Safety Code, and Section 54962 of the Government Code*).
 - B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation (*pursuant to Government Code Section 54956.9*).
 - C. Confer regarding action filed against Northern Inyo Healthcare District and other Defendants (*Government Code Section 54956.9(a)*).

- D. CEO Employment/Recruitment (*Government Code Section 54957*).
- 16. Return to open session, and report of any action taken in closed session.
- 17. CEO Employment/Recruitment (*action item*).
- 18. Determination of date for November and December 2015 regular Board meetings (*action items*).
- 19. Adjournment.

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

CALL TO ORDER The meeting was called to order at 5:30 pm by M.C. Hubbard, President.

PRESENT M.C. Hubbard, President
Denise Hayden, Vice President
D. Scott Clark, M.D., Secretary
Peter Watcrott, Treasurer
John Ungersma, M.D., Member at Large

ALSO PRESENT Victoria Alexander-Lane, Chief Executive Officer
Sandy Blumberg, Executive Assistant

REFINANCE OF
GENERAL OBLIGATION
BONDS H. Grant Wilson with HG Wilson Municipal Finance Inc. called attention to a proposal to refinance Northern Inyo Healthcare District's (NIHD's) 2005 and 2009 General Obligation Bonds in order to realize a savings opportunity of up to \$3,000,000.00. Following review of the information provided it was moved by D. Scott Clark, M.D., seconded by John Ungersma, M.D. and unanimously passed to approve moving forward with the refinancing of the 2005 and 2009 General Obligation Bonds as recommended.

OPPORTUNITY FOR
PUBLIC COMMENT Ms. Hubbard announced that persons in the audience may speak on any items not on the agenda for this meeting, on any matter within the jurisdiction of the District Board. Speakers will be limited to a maximum of three minutes each or as determined by the Chair based on the number of speakers. Members of the audience will also have the opportunity to address the Board on every item listed on the agenda.

The following persons spoke during public comment:

- Bonnie Pooley, RN
- Dara Powell, RN
- Sheri Aust
- Laurie Archer, RN
- Scott Vincik, RN
- Becky Taylor
- Lynne Greer
- Ken Kilgore
- Cindy Freeman
- Fran Yuschak
- Maggie Egan
- Robbin Cromer-Tyler, M.D.
- Susan Dewes

CONSENT AGENDA Ms. Hubbard then called attention to the Consent Agenda for this meeting, which contained the following item:
1. Approval of minutes of the July 15 2015 regular meeting
It was moved by Doctor Ungersma, seconded by Doctor Clark and

unanimously passed to approve the proposed consent agenda item as presented.

CEO REPORT

Chief Executive Officer Victoria Alexander-Lane reported that hospital administration continues to explore telemedicine options, taking great care to ensure that the best possible telemedicine partner is selected. Ms. Alexander-Lane also stated that incoming Chief Medical Officer/Chief Information Officer/Chief Operations Officer Kevin S. Flanigan M.D., MBA will assist with the telemedicine selection effort.

TELEMEDICINE
UPDATE

PHYSICIAN
RECRUITMENT

Louisa Salisbury M.D. is now practicing in the Northern Inyo Hospital (NIH) pediatric clinic, and general surgeon Allison Robinson, M.D. will join the NIH Medical Staff in the next couple of weeks. Additionally, OB/Gyn practitioner Martha Kim M.D. has already established an active practice as part of the NIH Women's Health Clinic. It was also noted that Stacey Brown M.D. is no longer acting as NIH Rural Health Clinic (RHC) Medical Director, and that position is currently being filled by Charles Hooper M.D. on a temporary basis.

CALIFORNIA
DEPARTMENT OF
PUBLIC HEALTH VISIT

Ms. Alexander-Lane also reported that the California Department of Public Health (CDPH) conducted a licensing survey on July 21 and 22, and has approved the licensing of Northern Inyo Hospital's infusion unit and several other departments and specialties within the hospital.

FAMILY AND MEDICAL
LEAVE ACT UPDATE

Ms. Alexander-Lane also stated that hospital administration continues to look into details of the Family and Medical Leave Act (FMLA) in an effort to determine whether or not more can be done to assist hospital employees who go out on extended leaves of absence due to illness.

A CASE FOR CHANGE

Ms. Alexander-Lane also provided an overview of the financial changes that have been made at the hospital in the last year, providing a history of what has been done and the reasons why changes were needed. She reminded those present that we have not raised prices for our patients, stating that hospital staff has been working together to move toward a business model that will help us to remain successful into the future. Ms. Lane additionally noted that we are losing a significant amount of money on our managed practices, and the hospital will conduct Lean projects for all of our service lines in order to determine potential areas for cost savings opportunities.

STRATEGIC PLANNING

Ms. Alexander-Lane also stated that the District's next Strategic Planning sessions have been scheduled during the month of October. She additionally called attention to information on the expected future landscape of the healthcare industry and the strategies that will help us to navigate the changes that we can expect in the upcoming years.

CHIEF OF STAFF
REPORT

Vice Chief of Staff Richard Meredick, M.D. reported following careful review and consideration, the Medical Executive Committee recommends

PRIVILEGING AND
CREDENTIALING

Board approval of the following Medical Staff privileging and credentialing:

1. Appointment to the NIH Provisional Active Medical Staff for William Timbers, M.D. (Emergency Medicine)
2. Appointment to the NIH Provisional Active Medical Staff for Louisa Salisbury, M.D. (pediatrics)
3. Appointment to the NIH Provisional Active Medical Staff for Allison Robinson, M.D. (general surgery)
4. Advancement From Provisional status to Full and Unrestricted status for Sunny Sawyer, Physicians Assistant (Certified); Allied Health Provider

It was moved by Doctor Clark, seconded by Doctor Ungersma, and unanimously passed to approve physician privileging and credentialing items 1 through 3 as presented. It was then moved by Peter Watercott, seconded by Doctor Ungersma, and unanimously passed to also approve the advancement of Physician's Assistant Sunny Sawyer to Full and Unrestricted status as requested.

POLICY AND
PROCEDURE
APPROVALS

Doctor Meredick then reported following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee also recommends approval of the following hospital wide Policies and Procedures:

1. *Supervision and Direction of Allied Health Professionals at RHC*
2. *RHC Clinic Provider QA Policy*
3. *Argon Laser Therapy (Ophthalmic)*
4. *Glutaraldehyde Use Station Gus-Station High-Level Disinfection Device*
5. *Scope of Service*
6. *Interim Guidance for Environmental Infection Control for Patients with Probable/Suspected Ebola Virus*
7. *Triage of Patients suspected of Ebola*

It was moved by Doctor Clark, seconded by Denise Hayden, and unanimously passed to approve hospital wide Policies and Procedures 1 through 7 as presented.

Doctor Meredick additionally reported that the Medical Executive Committee also recommends approval of the following forms:

1. Outpatient Clinic/Rural Health Clinic Clinical Privileges Form
2. RHC Provider Competency Form

It was moved by Mr. Watercott, seconded by Doctor Ungersma, and unanimously passed to approve both forms as presented.

CHIEF NURSING
OFFICER REPORT

Chief Nursing Officer Kathryn Decker RN provided a monthly Nursing Department report which included the following items:

1. Colleen Moxley, RN has accepted the position of Nursing Educator
2. Tracy Aspel, RN has accepted the position of Director of Nursing Practice
3. Paul Connolly with B.E. Smith will act as interim RHC Manager

4. Houda Rizk with B.E. Smith is acting interim Director of Rehabilitation Services

Ms. Decker additionally reported that the hospital will participate in a statewide disaster drill/medical health exercise during the month of September, which will involve a simulation of anthrax exposure. Ms. Decker also noted the following:

1. A Critical Care skills day for hospital staff will take place
2. Beta Healthcare has recognized the Hospital OB and Emergency Departments for excellence
3. The NIH RHC has been licensed for both family practice and women's health services
4. The number of swing beds at NIH has been increased to 15

PERFORMANCE
EXCELLENCE REPORT

Chief Performance Excellence Officer Maria Sirois provided a monthly report on Performance Excellence activities at NIH, including an update on Lean Six Sigma training and on the continuation of our Baldrige journey toward excellence. Ms. Sirois stated the importance of data analysis and measurement in the improvement and evaluation of organizational performance.

NIH FOUNDATION
BOARD MEMBER

Ms. Alexander-Lane then stated that approval of new NIH Foundation Board member Ken Partridge will be tabled to the next regular meeting of the District Board.

SURGERY UNIT
SERVICE AGREEMENT

Surgery Unit Nurse Manager Ann Wagoner RN called attention to a proposal for renewal of the hospital's surgery unit equipment service agreement with Steris Corporation. Following review of the information provided it was moved by Doctor Ungersma, seconded by Ms. Hayden and unanimously passed to approve the renewal of the Steris equipment service agreement as presented

FINANCIAL AND
STATISTICAL REPORTS
FOR JUNE 2015

Chief of Fiscal Services Carrie Petersen called attention to the financial and statistical reports for the month of June 2015, which showed the hospital realized a deficit for the month of approximately \$275,000. The hospital was over budget in revenue; however it was also over budget in expenses as well, losing approximately \$620,000 on net Medical Office activity. In spite of the loss for this month, the hospital has still realized a profit for the year-to-date in the amount of \$797,182. Ms. Petersen also reviewed the Balance Sheet as of June 30, 2015 as well as the status of the hospital's investments.

COMPENSATION
CLARIFICATION FOR
CATHERINE LEJA, MD

Ms. Alexander-Lane reported that clarification is needed regarding compensation for Catherine Leja, M.D.. Doctor Leja's most current agreement became effective on June 24 2013, however following discussion with the previous Administrator it was determined that Dr. Leja would be paid per the terms of her earlier agreement dated October 17 2012 and be compensated on a per patient basis. Following brief discussion it was moved by Doctor Ungersma, seconded by Doctor Clark,

and unanimously passed to approve continuing to compensate Doctor Leja per the terms of her October 17 2012 agreement.

EMERGENCY
DEPARTMENT
PROPOSAL

Ms. Alexander-Lane then called attention to a proposal from Emcare Incorporated to provide Emergency Department (ED) group physician coverage. Ms. Lane noted that the hospital's existing agreement with Eastern Sierra Emergency Physicians will expire in February of 2016, and she asked that the Board review the Emcare proposal in order to do due diligence regarding the possibility saving up to \$500,000 on the ED contract renewal. Ms. Alexander-Lane asked that the Board review the Emcare proposal in detail in preparation for possibly making a decision on ED coverage at the regular September meeting of the District Board.

BOARD MEMBER
REPORTS

Ms. Hubbard asked if any members of the Board of Directors wished to report on any items of interest. Doctor Ungersma reported the Hospital District is running informational sound clips on KIBS radio in order to provide general information to members of this community on a variety of hospital matters. No other reports were heard.

ADJOURNMENT TO
CLOSED SESSION

At 8:36 pm Ms. Hubbard announced the meeting would adjourn to closed session to allow the Board of Directors to:

- A. Hear reports on the hospital quality assurance activities from the responsible department head and the Medical Staff Executive Committee (*Section 32155 of the Health and Safety Code, and Section 54962 of the Government Code*).
- B. Confer with Legal Counsel regarding pending and threatened litigation, existing litigation and significant exposure to litigation (*Government Code Section 54956.9*).
- C. For discussion of the *Rural Health Physician Agreement* with Matthew Wise M.D. (*Government Code Section 54957*).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 9:29 pm the meeting returned to open session. Ms. Hubbard reported that the Board took no reportable action.

RURAL HEALTH
PHYSICIAN
AGREEMENT WITH
MATTEW WISE, MD

Ms. Hubbard then called attention to approval of the *Rural Health Physician Agreement* with Matthew Wise, M.D.. It was moved by Doctor Ungersma, seconded by Doctor Clark, and unanimously passed to approve the *Rural Health Physician Agreement* with Matthew Wise M.D. as presented.

ADJOURNMENT

The meeting was adjourned at 9:31 pm.

M.C. Hubbard, President

Attest:

D. Scott Clark, M.D., Secretary

CALL TO ORDER The meeting was called to order at 9:00 am by M.C. Hubbard, President.

PRESENT M.C. Hubbard, President
Denise Hayden, Vice President
D. Scott Clark, MD, Secretary
Peter Watercott, Treasurer
John Ungersma, MD, Member at Large

ALSO PRESENT Gregory McClune, Attorney

OPPORTUNITY FOR
PUBLIC COMMENT Ms. Hubbard stated that at this time persons in the audience may speak only on items listed on the Notice for this meeting (*speakers will be limited to a maximum of three minutes each*). No comments were heard.

CLOSED SESSION At 9:01 am the meeting was adjourned to closed session to allow the Board of Directors to:

- A. Discuss potential litigation pursuant to Government Code Section 54956.9(d)(2).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN At 10:40 am the meeting returned to open session. Ms. Hubbard reported the Board took no reportable action.

ADJOURNMENT The meeting was adjourned at 10:42 am.

M.C. Hubbard, President

Attest:

Peter Watercott, Treasurer

CALL TO ORDER The meeting was called to order at 9:00 am by M.C. Hubbard, President.

PRESENT M.C. Hubbard, President
Peter Watercott, Treasurer
John Ungersma, MD, Member at Large
Kevin S. Flanigan, MD, MBA, Northern Inyo Hospital CIO, COO
Sandy Blumberg, Executive Assistant

ABSENT Denise Hayden, Vice President
D. Scott Clark, MD, Secretary

OPPORTUNITY FOR PUBLIC COMMENT Ms. Hubbard stated that at this time persons in the audience may speak only on items listed on the agenda for this meeting (*speakers will be limited to a maximum of three minutes each*). The following persons spoke during public comment:
- Ken Kilgore
- Lynne Greer

APPOINTMENT OF ACTING CHIEF EXECUTIVE OFFICER Ms. Hubbard then asked for a motion regarding appointment of an Acting Chief Executive Officer (CEO) for Northern Inyo Hospital (following the departure of outgoing Chief Executive Officer Victoria Alexander-Lane). It was moved by Peter Watercott, seconded by John Ungersma, MD and unanimously passed to appoint Kevin S. Flanigan, MD, MBA to be the Acting CEO of Northern Inyo Hospital.

ADJOURNMENT The meeting was adjourned at 9:08 am.

M.C. Hubbard, President

Attest:

Peter Watercott, Treasurer

*Northern Inyo Hospital
Balance Sheet (Preliminary)
Period Ending July 31, 2015*

Current Assets:	Current Month	Prior Month	Change
Cash and Equivalents	3,400,533	5,509,074	(2,108,541)
Short-Term Investments	11,191,016	11,184,185	6,830
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	2	2	-
Other Investments	978,712	978,712	-
Patient Receivable	47,009,781	47,534,265	(524,484)
Less: Allowances	(36,481,882)	(36,789,049)	307,167
Other Receivables	654,316	28,067	626,248
Inventories	3,307,390	3,031,041	276,349
Prepaid Expenses	1,530,775	1,349,326	181,450
Total Current Assets	31,590,642	32,825,623	(1,234,981)
Internally Designated for Capital Acquisitions	1,124,218	1,124,209	9
Special Purpose Assets	954,676	893,342	61,334
Limited Use Asset; Defined Contribution Pension	389,398	389,122	276
Revenue Bonds Held by a Trustee	2,822,123	2,660,378	161,745
Less Amounts Required to Meet Current Obligations	-	-	-
Assets Limited as to use	5,290,415	5,067,050	223,365
Long Term Investments	1,000,000	1,000,000	-
Property & equipment, net Accumulated Depreciation	86,813,898	87,118,324	(304,426)
Unamortized Bond Costs	-	-	-
Total Assets	124,694,955	126,010,998	(1,316,042)

*Northern Inyo Hospital
Balance Sheet (Preliminary)
Period Ending July 31, 2015*

Liabilities and Net Assets

Current Liabilities:

Current Maturities of Long-Term Debt	2,315,695	2,397,957	(82,262)
Accounts Payable	1,056,718	1,521,680	(464,962)
Accrued Salaries, Wages & Benefits	4,444,218	5,289,386	(845,167)
Accrued Interest and Sales Tax	428,856	261,509	167,347
Deferred Income	506,996	0	506,996
Due to 3rd Party Payors	1,607,735	3,396,997	(1,789,262)
Due to Specific Purpose Funds	-	-	-
Total Current Liabilities	10,360,217	12,867,529	(2,507,312)

Long Term Debt, Net of Current Maturities	47,955,050	47,955,050	-
Bond Premium	1,126,604	1,132,201	(5,597)
Accreted Interest	8,324,473	8,213,924	110,549
Total Long Term Debt	57,406,127	57,301,176	104,952

Net Assets

Unrestricted Net Assets less Income Clearing	54,948,961	54,151,769	797,192
Temporarily Restricted	954,676	893,342	61,334
Net Income (Income Clearing)	1,024,974	797,182	227,791
Total Net Assets	56,928,611	55,842,294	1,086,317

Total Liabilities and Net Assets	124,694,955	126,010,998	(1,316,043)
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NORTHERN INYO HOSPITAL
STATEMENT OF OPERATIONS
for period ending July 31, 2015

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
Unrestricted Revenues, Gains & Other Support						
Inpatient Service Revenue						
Routine	873,815	799,007	74,808	873,815	799,007	74,808
Ancillary	2,889,156	2,714,930	174,226	2,889,156	2,714,930	174,226
Total Inpatient Service Revenue	3,762,972	3,513,937	249,035	3,762,972	3,513,937	249,035
Outpatient Service Revenue	7,170,233	7,011,065	159,168	7,170,233	7,011,065	159,168
Gross Patient Service Revenue	10,933,205	10,525,002	408,203	10,933,205	10,525,002	408,203
Less Deductions from Revenue						
Patient Service Revenue Deductions	203690.06	244148	-40457.94	203690.06	244148	-40457.94
Contractual Adjustments	4204131.78	4161336	42795.78	4204131.78	4161336	42795.78
Prior Period Adjustments	282293	-9167	291460	282293	-9167	291460
Total Deductions from Patient Service Revenue	4,690,115	4,396,317	293,798	4,690,115	4,396,317	293,798
Net Patient Service Revenue	6,243,090	6,128,685	114,405	6,243,090	6,128,685	114,405
Other revenue	29,408	41,082	(11,674)	29,408	41,082	(11,674)
Total Other Revenue	29,408	41,082	(11,674)	29,408	41,082	(11,674)
Expenses:						
Salaries and Wages	1,789,984	2,031,988	(242,004)	1,789,984	2,031,988	(242,004)
Employee Benefits	1,097,124	1,270,352	(173,228)	1,097,124	1,270,352	(173,228)
Professional Fees	587,243	588,624	(1,381)	587,243	588,624	(1,381)
Supplies	283,372	512,905	(229,533)	283,372	512,905	(229,533)
Purchased Services	277,146	319,385	(42,239)	277,146	319,385	(42,239)
Depreciation	398,481	425,849	(27,368)	398,481	425,849	(27,368)
Bad Debts	229,983	200,193	29,790	229,983	200,193	29,790
Other Expense	385,703	322,535	63,168	385,703	322,535	63,168
Total Expenses	5,049,036	5,671,831	(622,795)	5,049,036	5,671,831	(622,795)
Operating Income (Loss)	1,223,463	497,936	725,527	1,223,463	497,936	725,527
Other Income:						
District Tax Receipts	46,091	44,416	1,675	46,091	44,416	1,675
Tax Revenue for Debt	84,288	83,979	309	84,288	83,979	309
Partnership Investment Income		-	-		-	-
Grants and Other						
Contributions Unrestricted	276,185	3,047	273,138	276,185	3,047	273,138
Interest Income	25,903	13,830	12,073	25,903	13,830	12,073
Interest Expense	(288,385)	(285,656)	(2,729)	(288,385)	(285,656)	(2,729)
Other Non-Operating Income	2,808	439	2,369	2,808	439	2,369
Net Medical Office Activity	(336,833)	(294,181)	(42,652)	(336,833)	(294,181)	(42,652)
340B Net Activity	(8,544)	31,237	(39,781)	(8,544)	31,237	(39,781)
Non-Operating Income/Loss	(198,489)	(402,889)	204,400	(198,489)	(402,889)	204,400
Net Income/Loss	1,024,974	95,047	929,927	1,024,974	95,047	929,927

Investments as of 7/31/2015

ID	Purchase Date	Maturity Date	Institution	Broker	Rate	Principal Invested
1	15-Jul-15	01-Aug-15	LAIF (Walker Fund)	Northern Inyo Hospital	0.30%	323,571.53
3	15-Jul-15	01-Aug-15	Local Agency Investment Fund	Northern Inyo Hospital	0.30%	10,335,519.07
4	16-Apr-14	15-Oct-16	Wachovia Corp New Note	Multi-Bank Service	1.38%	552,142.50
Short Term Investments						11,211,233.10
5	13-Jun-14	13-Jun-18	Synchrony Bank Retail-FNC	Financial Northeaster Corp.	1.60%	250,000.00
6	28-Nov-14	28-Nov-18	American Express Centurion Bank	Financial Northeaster Corp.	2.00%	150,000.00
7	02-Jul-14	02-Jul-19	Barclays Bank	Financial Northeaster Corp.	2.05%	250,000.00
8	02-Jul-14	02-Jul-19	Goldman SachsBank USA NY CD	Financial Northeaster Corp.	2.05%	250,000.00
9	20-May-15	20-May-20	American Express Centurion Bank	Financial Northeaster Corp.	2.05%	100,000.00
Long Term Investments						\$1,000,000.00
TOTAL INVESTMENTS						\$12,211,233.10
2	15-Jul-15	01-Aug-15	LAIF Defined Cont Plan	Northern Inyo Hospital	0.30%	389,397.67
TOTAL LAIF						11,048,488.27

Financial Indicators as of July 31, 2015										
	Target	Jul-15	Jun-15	May-15	Apr-15	Mar-15	Feb-15	Jan-15	Dec-14	Nov-14
Current Ratio	>1.5-2.0	3.05	2.55	3.01	3.20	3.21	3.41	3.46	3.04	2.62
Quick Ratio	>1.33-1.5	2.52	2.21	2.56	2.68	2.66	2.81	2.89	2.56	2.18
Days Cash on Hand prior method	>75	1,833.16	147.86	159.00	139.61	126.67	138.83	130.36	143.21	127.59
Days Cash on Hand Short Term Sources	>75	968.14	82.92	83.33	78.31	71.26	61.69	60.80	73.66	55.44
Debt Service Coverage	>1.5-2.0	4.56	1.97	2.02	2.16	1.94	1.93	1.97		
Debt Service Coverage as outlined in 2010 and 2013 Revenue Bonds require that the district has a debt service coverate ratio of 1.50 to 1 (can be 1:25 to 1 with 75 days cash on hand)										
Debt Service Coverage is calculated as Net Income (Profit/Loss) from the Income Statement PLUS Depreciation & Interest Expense added back divided by the Current Interest & Principle for TOTAL DEBT from the Debt Information divided by number of closed fiscal periods										
Current Ratio Equals (from Balance Sheet) Current Assets divided by Current Liabilities										
Quick Ratio Equals (from Balance Sheet) Current Assets;Cash and Equivalents through Net Patient Accounts Receivable Only divided by Current Liabilities										
Updated Days Cash on hand Short Term = current cash & short term investments / by total operating expenses year-to-date / by days in fiscal year										

NORTHERN INYO HOSPITAL
OPERATING STATISTICS
for period ending July 2015

	FYE 2016		FYE 2015		
	Month to Date	Year-to-Date	Year-to-Date	Variance from PY	
Licensed Beds	25	25	25		
Total Patient Days with NB	331	331	386	(55)	-14%
Swing Bed Days	41	41	42	(1)	
Discharges with NB	126	126	137	(11)	
Days in Month	31	31	31		
Occupancy	10.68	10.68	12.45	(2)	
Average Stay (days)	2.63	2.63	2.82	(0)	
Hours of Observation (OSHPD)	581	581	686	(105)	
Observation Adj Days	24	24	29	(4)	
ER Visits (OSHPD)	710	710	700	10	
Outpatient Visits (OSHPD)	3,189	3,189	3,180	9	
IP Surgeries (OSHPD)	31	31	29	2	
OP Surgery (OSHPD)	101	101	86	15	
Worked FTE's	295.00	295.00	298.00	(3)	
Paid FTE's	333.00	333.00	337.00	(4)	
Payor %					
Medicare		37%	43%	-6%	
Medi-Cal		24%	17%	8%	
Insurance, HMO & PPO		35%	36%	-1%	
Indigent (Charity Care)		1.5%	1%	0%	
All Other		2%	3%	-1%	
Total		<u>100%</u>	<u>100%</u>		

BUDGET VARIANCE ANALYSIS

Jul-15 Fiscal Year Ending June 30, 2016

Year to date for the period ending July 31, 2015

	-55	or	-14%	
\$	249,035	or	7.09%	less IP days than in the prior fiscal year
\$	159,168	or	2.3%	over budget in IP Ancillary Revenue and
\$	408,203	or	3.9%	over budget in OP Revenue resulting in
\$	114,405	or	1.9%	over budget in gross patient revenue &
				over budget in net patient revenue

Year-to-date Net Revenue was	\$		6,243,090
Total Operating Expenses were:	\$		5,049,036

for the fiscal year to date

	\$ (622,795)	or	-11.0%	under budget. Wages and Salaries were
\$	(242,004)	or	-11.9%	under budget and Employee Benefits
\$	(173,228)	or	-13.6%	under budget.

61% Employee Benefits Percentage of Wages

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

	\$ 29,790	or	14.9%	Bad Debt Expense; monthly fluctuations
\$	63,168	or	19.6%	Other Expenses

Other Information:

	\$ 1,223,463		\$ 929,927	Operating Income, less
\$	(198,489)		42.90%	loss in non-operating activities created a net income
\$	1,024,974	\$	41.77%	of;
				over budget.
				Contractual Percentages for Year and
\$	(282,293)			Budgeted Contractual Percentages including
				in prior year cost report settlement activity for Medicare & Medi-Cal

Non-Operating actives included:

	\$ (336,833)	loss	\$ (42,652)	under budget in Medical Office Activities & Over
\$	(8,544)	\$	(39,781)	Budget on Interest Expense
				under budget in 340B Pharmacy Activity

Contractual Percentage Information

Month Percentage		Year Percentage	
43%		43%	

BUDGET VARIANCE ANALYSIS

Aug-15 Fiscal Year Ending June 30, 2016

Year to date for the period ending August 31, 2015

	113	or	17%	less IP days than in the prior fiscal year
\$	968,227	or	13.78%	over budget in IP Ancillary Revenue and
\$	(23,194)	or	-0.2%	under budget in OP Revenue resulting in
\$	945,032	or	4.5%	over budget in gross patient revenue &
\$	306,115	or	2.5%	over budget in net patient revenue

Year-to-date Net Revenue was	\$	12,563,485
Total Operating Expenses were:	\$	11,414,789

for the fiscal year to date
 under budget. Wages and Salaries were
 under budget and Employee Benefits
 over budget.

\$	71,127	or	0.6%
\$	(497,170)	or	-12.2%
\$	283,413	or	11.2%

79% Employee Benefits Percentage of Wages

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

\$	169,593	or	49.8%	Bad Debt Expense; monthly fluctuations
\$	33,066	or	14.9%	Other Expenses

Other Information:

\$	1,214,095	Operating Income, less
\$	(590,144)	loss in non-operating activities created a net income
\$	623,951	of;
\$	433,857	over budget.
	42.88%	Contractual Percentages for Year and
	41.77%	Budgeted Contractual Percentages including
\$	(279,570)	in prior year cost report settlement activity for Medicare & Medi-Cal

Non-Operating actives included:

\$	(673,302) loss	\$	(84,940)	under budget in Medical Office Activities & Over
\$	68,060	\$	5,586	Budget on Interest Expense
				over budget in 340B Pharmacy Activity

Contractual Percentage Information

Month Percentage	Year Percentage
43%	43%

Financial Indicators as of August 31, 2015	Target	Aug-15	Jul-15	Jun-15	May-15	Apr-15	Mar-15	Feb-15	Jan-15	Dec-14
Current Ratio	>1.5-2.0	2.85	3.05	2.55	3.01	3.20	3.21	3.41	3.46	3.04
Quick Ratio	>1.33-1.5	2.36	2.52	2.21	2.56	2.68	2.66	2.81	2.89	2.56
Days Cash on Hand prior method	>75	824.62	1,833.16	147.86	159.00	139.61	126.67	138.83	130.36	143.21
Days Cash on Hand Short Term Sources	>75	416.43	968.14	82.92	83.33	78.31	71.26	61.69	60.80	73.66
Debt Service Coverage	>1.5-2.0	2.71	4.56	1.97	2.02	2.16	1.94	1.93	1.97	
Debt Service Coverage as outlined in 2010 and 2013 Revenue Bonds require that the district has a debt service coverate ratio of 1.50 to 1 (can be 1:25 to 1 with 75 days cash on hand)										
Debt Service Coverage is calculated as Net Income (Profit/Loss) from the Income Statement PLUS Depreciation & Interest Expense added back divided by the Current Interest & Principle for TOTAL DEBT from the Debt Information divided by number of closed fiscal periods										
Current Ratio Equals (from Balance Sheet) Current Assets divided by Current Liabilities										
Quick Ratio Equals (from Balance Sheet) Current Assets;Cash and Equivalentents through Net Patient Accounts Receivable Only divided by Current Liabilities										
Updated Days Cash on hand Short Term = current cash & short term investments / by total operating expenses year-to-date / by days in fiscal year										

*Northern Inyo Hospital
Balance Sheet
Period Ending August 31, 2015*

Current Assets:	Current Month	Prior Month	Change
Cash and Equivalents	2,998,582	3,400,533	(401,951)
Short-Term Investments	11,191,016	11,191,016	-
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	2	2	-
Other Investments	978,712	978,712	-
Patient Receivable	48,648,181	47,009,781	1,638,400
Less: Allowances	(37,186,174)	(36,481,882)	(704,292)
Other Receivables	748,114	654,316	93,799
Inventories	3,412,497	3,307,390	105,107
Prepaid Expenses	1,467,613	1,530,775	(63,162)
Total Current Assets	32,258,543	31,590,642	667,901
Internally Designated for Capital Acquisitions	1,124,228	1,124,218	9
Special Purpose Assets	954,676	954,676	-
Limited Use Asset; Defined Contribution Pension	389,398	389,398	-
Revenue Bonds Held by a Trustee	2,983,866	2,822,123	161,743
Less Amounts Required to Meet Current Obligations	-	-	-
Assets Limited as to use	5,452,167	5,290,415	161,752
Long Term Investments	1,000,000	1,000,000	-
Property & equipment, net Accumulated Depreciation	86,633,189	86,813,898	(180,709)
Unamortized Bond Costs	-	-	-
Total Assets	125,343,900	124,694,955	648,944

Northern Inyo Hospital
Balance Sheet
Period Ending August 31, 2015

Liabilities and Net Assets

Current Liabilities:

Current Maturities of Long-Term Debt	2,233,221	2,315,695	(82,474)
Accounts Payable	1,431,885	1,056,718	375,168
Accrued Salaries, Wages & Benefits	4,756,389	4,444,218	312,170
Accrued Interest and Sales Tax	600,229	428,856	171,374
Deferred Income	460,905	506,996	(46,091)
Due to 3rd Party Payors	1,822,594	1,607,735	214,859
Due to Specific Purpose Funds	-	-	-
Total Current Liabilities	11,305,223	10,360,217	945,006

Long Term Debt, Net of Current Maturities	47,955,050	47,955,050	-
Bond Premium	1,121,007	1,126,604	(5,597)
Accreted Interest	8,435,022	8,324,473	110,549
Total Long Term Debt	57,511,079	57,406,127	104,952

Net Assets

Unrestricted Net Assets less Income Clearing	55,973,945	54,948,961	1,024,984
Temporarily Restricted	954,676	954,676	-
Net Income (Income Clearing)	(401,023)	1,024,974	(1,425,996)
Total Net Assets	56,527,598	56,928,611	(401,013)

Total Liabilities and Net Assets	125,343,900	124,694,955	648,945
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NORTHERN INYO HOSPITAL
STATEMENT OF OPERATIONS
for period ending August 31, 2015

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
Unrestricted Revenues, Gains & Other Support						
Inpatient Service Revenue						
Routine	1,049,799	799,007	250,792	1,923,615	1,598,014	325,601
Ancillary	3,183,330	2,714,930	468,400	6,072,486	5,429,860	642,626
Total Inpatient Service Revenue	4,233,129	3,513,937	719,192	7,996,101	7,027,874	968,227
Outpatient Service Revenue	6,828,702	7,011,065	(182,363)	13,998,936	14,022,130	(23,194)
Gross Patient Service Revenue	11,061,831	10,525,002	536,829	21,995,036	21,050,004	945,032
Less Deductions from Revenue						
Patient Service Revenue Deductions	180,192	244,148	(63,956)	383,882	488,296	(104,414)
Contractual Adjustments	4,563,968	4,161,336	402,632	8,768,100	8,322,672	445,428
Prior Period Adjustments	(2,723)	(9,167)	6,444	279,570	(18,334)	297,904
Total Deductions from Patient Service Revenue	4,741,437	4,396,317	345,120	9,431,552	8,792,634	638,918
Net Patient Service Revenue	6,320,395	6,128,685	191,710	12,563,485	12,257,370	306,115
Other revenue	35,991	41,082	(5,091)	65,399	82,164	(16,765)
Total Other Revenue	35,991	41,082	(5,091)	65,399	82,164	(16,765)
Expenses:						
Salaries and Wages	1,776,822	2,031,988	(255,166)	3,566,806	4,063,976	(497,170)
Employee Benefits	1,726,993	1,270,352	456,641	2,824,117	2,540,704	283,413
Professional Fees	806,142	588,624	217,518	1,393,386	1,177,248	216,138
Supplies	551,702	512,905	38,797	835,074	1,025,810	(190,736)
Purchased Services	344,401	319,385	25,016	621,547	638,770	(17,223)
Depreciation	434,306	425,849	8,457	832,787	851,698	(18,911)
Bad Debts	369,786	200,193	169,593	599,769	400,386	199,383
Other Expense	355,601	322,535	33,066	741,304	645,070	96,234
Total Expenses	6,365,753	5,671,831	693,922	11,414,789	11,343,662	71,127
Operating Income (Loss)	(9,367)	497,936	(507,303)	1,214,095	995,872	218,223
Other Income:						
District Tax Receipts	46,091	44,416	1,675	92,181	88,832	3,349
Tax Revenue for Debt	84,288	83,979	309	168,576	167,958	618
Partnership Investment Income	-	-	-	-	-	-
Grants and Other Contributions Unrestricted		3,047	(3,047)	276,185	6,094	270,091
Interest Income	23,966	13,830	10,136	49,869	27,660	22,209
Interest Expense	(288,173)	(285,656)	(2,517)	(576,559)	(571,312)	(5,247)
Other Non-Operating Income	2,038	439	1,599	4,846	878	3,968
Net Medical Office Activity	(336,468)	(294,181)	(42,287)	(673,302)	(588,362)	(84,940)
340B Net Activity	76,604	31,237	45,367	68,060	62,474	5,586
Non-Operating Income/Loss	(391,655)	(402,889)	11,234	(590,144)	(805,778)	215,634
Net Income/Loss	(401,023)	95,047	(496,070)	623,951	190,094	433,857

NORTHERN INYO HOSPITAL
OPERATING STATISTICS
for period ending August 31, 2015

	FYE 2016		FYE 2015		
	Month to Date	Year-to-Date	Year-to-Date	Variance from PY	
Licensed Beds	25	25	25		
Total Patient Days with NB	431	781	668	113	17%
Swing Bed Days	51	92	131	(39)	
Discharges with NB	142	268	208	60	
Days in Month	31	62	62		
Occupancy	13.90	12.60	10.77	2	
Average Stay (days)	3.04	2.91	3.21	(0)	
Hours of Observation (OSHPD)	493	674	1,425	(751)	
Observation Adj Days	21	28	59	(31)	
ER Visits (OSHPD)	651	1,313	1,355	(42)	
Outpatient Visits (OSHPD)	3,111	6,300	6,402	(102)	
IP Surgeries (OSHPD)	31	62	45	17	
OP Surgery (OSHPD)	80	181	186	(5)	
Worked FTE's	286.00	286.00	278.84	7	
Paid FTE's	327.00	327.00	318.38	9	
Payor %					
Medicare		38%	40%	-2%	
Medi-Cal		23%	24%	0%	
Insurance, HMO & PPO		35%	35%	0%	
Indigent (Charity Care)		0.9%	0%	1%	
All Other		3%	2%	1%	
Total		<u>100%</u>	<u>100%</u>		

Investments as of August 31, 2015

ID	Purchase Date	Maturity Date	Institution	Broker	Rate	Principal Invested
1	02-Aug-15	01-Sep-15	LAIF (Walker Fund)	Northern Inyo Hospital	0.32%	323,571.53
3	02-Aug-15	01-Sep-15	Local Agency Investment Fund	Northern Inyo Hospital	0.32%	10,335,519.07
Short Term Invesetments						10,659,090.60
4	16-Apr-14	15-Oct-16	Wachovia Corp New Note	Multi-Bank Service	1.38%	552,142.50
5	13-Jun-14	13-Jun-18	Synchrony Bank Retail-FNC	Financial Northeaster Corp.	1.60%	250,000.00
6	28-Nov-14	28-Nov-18	American Express Centurion Bank	Financial Northeaster Corp.	2.00%	150,000.00
7	02-Jul-14	02-Jul-19	Barclays Bank	Financial Northeaster Corp.	2.05%	250,000.00
8	02-Jul-14	02-Jul-19	Goldman SachsBank USA NY CD	Financial Northeaster Corp.	2.05%	250,000.00
9	20-May-15	20-May-20	American Express Centurion Bank	Financial Northeaster Corp.	2.05%	100,000.00
Long Term Investments						\$1,552,142.50
TOTAL INVESTMENTS						\$12,211,233.10
2	02-Aug-15	01-Sep-15	LAIF Defined Cont Plan	Northern Inyo Hospital	0.32%	389,397.67
TOTAL LAIF						11,048,488.27

It is my honor to congratulate
Northern Inyo Hospital
for its commitment to improve the quality and
safety of care delivered to moms and babies as,
together, we strive to eliminate preventable harm.

I would like to take this opportunity to recognize
your team's achievement in successfully completing
the Tier 1 requirements of BETA Healthcare Group's
Quest for Zero: OB initiative 2015.

In your second year of participation, you are
reaching a new level of excellence by implementing
strategies focused on patient safety. As a result of
your tremendous effort at Northern Inyo Hospital,
you have received a premium credit of 5%.

Thank you for making a difference.



Tom Wander
Chief Executive Officer





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

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

TO: NIHD Board of Directors
FROM: Mark Robinson, MD, Chief of Medical Staff
DATE: September 1, 2015

RE: Medical Executive Committee Report

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

1. Approval of the following policies/procedures, which have been reviewed and recommended by appropriate Medical Staff committees (Action Items):
 - i. *Patient Mobility Assessment*
 - ii. *Standard of Care: End of Life*
 - iii. *Bili Scan Transcutaneous Bilirubin Testing*
 - iv. *Calibration of Equal Arm Prescription Scale (Balance Scale) Policy*
 - v. *Look-alike, Sound-alike Drugs*
 - vi. *Medication Administration Labeling for Topical: Creams and Ointments*
 - vii. *Returning of Instrument to Central Sterile Processing*
 - viii. *Sterile Processing – P&P/Form Oversight*
 - ix. *Antimicrobial Stewardship*
2. Dropless Formulation (Action Item)
3. *Confidential Peer Review form* (Action Item)
4. *Radiology Privileges Request Form* (Action Item)
5. Advancement of Sunny Sawyer, PA-C's proctoring period based upon Dr. Brown's reviews of Sunny Sawyer's charts (Action Item)
6. Release from proctorship of temporary locum tenens Family Medicine physician Arvinder Bir, MD based on Dr. Brown's reviews of Dr. Arvinder Bir's clinic charts (Action Item)
7. *ED Triage Protocol Checklists* (Action Item)

Mark Robinson, MD, Chief of Staff

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Patient Mobility Assessment	
Scope: Hospital Wide	Manual: CPM - Patient Safety (PS)
Source: DON ACUTE & SUBACUTE	Effective Date:

PURPOSE: Patient and staff safety is one of the highest priorities in our organization and the ability to assess a patient's mobility is a large part of keeping both patient and staff safe.

POLICY:

1. The mobility of a patient should be assessed on admission, a minimum of daily at the time of the falls assessment at 2000 and as the patient's condition changes to ensure that the staff and patient remain in a safe situation.
2. On admission the patient will be assessed for mobility needs on the admission assessment under the mobility tab.
3. The use of the mobility assessment tool in the Daily Assessment section of Clinical care Station under the tab labeled mobility should be used to have a uniform measurement of the patient's abilities and equipment that should be used.
4. The results of each assessment shall be placed on the white board in each patient's room to help with communication of equipment and safety needs during their care to keep them safe.
5. At hand off of the patient the mobility assessment results must be communicated to the person receiving the patient.

PROCEDURE:

1. On admission to the hospital the patient will be assessed for the mobility needs in the Admission assessment using the **Mobility Assessment tool** in the mobility tab that is built into the Electronic Medical Record.
 - *Mobility Level 1* – Patient cannot help at all with transfers, full staff assistance for physical activities – requires **total assistance using a transfer device** with transfer at **all times**. Pt. cannot maintain sitting.
 - *Mobility Level 2* – Pt. requires a **Transfer device** – **Most of the time. Moderate to Maximal assistance of 2 persons if not using a lift device**. Pt. cannot maintain standing or requires maximal assistance to reposition in bed
 - *Mobility Level 3* – Patient would be using devices such as walkers, gait belts, other ambulation equipment. Usually would require **Minimal assistance of one person**. Pt. can stand but cannot ambulate without some assistance.
 - *Mobility level 4* – Can ambulate or transfer with or without assistive devices **independently**
2. The RN assessing the mobility of the patient will chose **one level** that most fits the patients needs and determine what type of equipment that would most benefit that individual patient.
 - Hoyer Total Lift

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Patient Mobility Assessment	
Scope: Hospital Wide	Manual: CPM - Patient Safety (PS)
Source: DON ACUTE & SUBACUTE	Effective Date:

- Patient assist mover (Reliant 440)
 - Gait belt
 - Slip Device
 - Number of staff required to assist patient both for re-positioning in bed and once up
3. Once the initial assessment is completed the level will be communicated to all staff using the white board in the room. The mobility level and equipment needs will be listed on the white board.
 4. The mobility level will be assessed every shift at the same time that the daily fall assessment is completed (2000) and as the patient's condition changes. This will be completed in Clinical Care Station under daily assessment, using the mobility tab built into the assessment.
 5. At the time of each assessment the white board in the room will be updated and the information communicated to those caring for the patient.
 6. Any hand off of the patient will include their mobility score and equipment needed to move or assist the patient safely.

REFERENCES:

1. Cal/OSHA Safe Patient Handling Regulations—August 2014

CROSS REFERENCE P&P:

1. Gait Belt Policy
- 2.
- 3.

Approval	Date
Patient Safe Handling	4/15
CCOC	5/15
MEC	9/1/15
Board	

Developed: 4-9-2015

Reviewed:

Revised:

Supercedes:

Index Listings:

**NORTHERN INYO HOSPITAL
STANDARD OF CARE**

Title: Standard of Care: End of Life	
Scope: Hospital Wide	Manual: CPM - End of Life (EOL)
Source: CNO	Effective Date: 7/1/2014

PURPOSE: To identify what the patient/family/significant other can expect from care delivery during the end of life. The purpose of comfort care is neither to hasten death nor prolong life artificially but to support the patient/family/significant other through symptom management and effective communication.

POLICY:

1. End of Life Care is to provide the dying patient and his/her family and/or significant other a caring atmosphere that includes an understanding of the disease process, use of appropriate interventions to alleviate pain and suffering, identification and support of psychological and emotional needs of the patient, patient involvement in his/her care planning and interventions and respect for the patient as a member of a family.

PROCEDURE: The End of Life patient can expect:

1. The right to be kept informed of his/her diagnosis, prognosis, and progress
 - a. The nurse will facilitate teaching the patient/family/significant other about his/her disease and the dying process.
 - b. The nurse will act as the patient advocate and work with the medical staff practitioner and family/significant others to keep patient informed.
2. The right to participate in the planning and implementation of care.
 - a. The nurse will work with the patient to provide activities and rest periods as identified by the patient as important.
 - b. The patient will be encouraged to participate in his/her own care as appropriate.
 - c. The nurse will work with the patient/family/significant other to identify goals and hopes, i.e. pain control, hold first grandchild, etc.
3. The right to maintain as much independence and self respect as possible, given each individual particular circumstance.
 - a. The nurse will encourage the patient to keep informed about his progress and to make his/her own decision for as long as possible.
 - b. The patient is encouraged to maintain as much autonomy as possible.
4. The nurse will work to maintain a pleasant, therapeutic and relaxed atmosphere that will not detract from professional standards.
5. Family and significant other caregivers are encouraged and given the opportunity to participate in the care of the patient.
 - a. If the patient agrees, family/significant others are encouraged to spend as much time with the patient as chosen.
 - b. If the patient agrees, family/significant others are encouraged to be involved with the daily care of the patient.
 - c. The nurse will incorporate and facilitate the patient care with the family/significant other and patient.
6. The right to expect alleviation of pain and suffering
 - a. The nurse will use a pain scale to identify patient pain and need for medication.
 1. Conscious patients: pain severity rate can be on numeric, Wang-Baker (faces) and visual. For pediatrics up to age 3 use the FLACC Scale.
 2. Nursing Assessment to include onset, location, reaction, duration, character, effects of treatment, tired.
 - ii. Unconscious patients:
 1. Use Adult non verbal pain scale tool to assess pain including facial grimacing, agitation, moaning, and rigidity on turning.

**NORTHERN INYO HOSPITAL
STANDARD OF CARE**

Title: Standard of Care: End of Life	
Scope: Hospital Wide	Manual: CPM - End of Life (EOL)
Source: CNO	Effective Date: 7/1/2014

2. Patient family/significant other may indicate perception of patient pain level (family/significant other with knowledge of patient comfort level).
- b. Pain medications will be administered in coordination with the patient or family/significant other and medical staff practitioner to provide the patient with the level of pain control and alertness level desired.
 - i. A patient does not have to ask for pain medication to have PRN's administered or infusion rates increased when the possibility of pain is identified.
 - ii. Nursing Assessment to include settled/comfortable vs. unsettled/uncomfortable, dyspnea, nausea, agitation, anxiety/restlessness, insomnia and gurgling/rattling respirations.
- c. The nurse will identify alternatives for providing comfort to the patient.
 - i. Provide soft music to patient's preferences
 - ii. Room lighting muted
 - iii. Eliminate odors
 - iv. Eliminate noise
 - v. Display cards, photo's or objects that have special meaning to the patient.
7. The patient, family, and significant other will be supported by an interdisciplinary team for psychological and emotional needs.
 - a. The nurse will facilitate contact of the patient's support team (spiritual support, family member, etc.)
 - b. The nurse may provide support to the patient/family/significant other and work with other disciplines in order to best meet the needs:
 - i. Chaplain or spiritual support
 - ii. Social worker
 - iii. Dietician
 - iv. Medical Staff practitioner
 - c. The nurse and/or other team members will assist the patient's family/significant other in working through the grieving process and other problems involved in serious illness and changes in lifestyle.
8. The nurse will follow the dying client care practice outlined in Smith, Duell, and Martin (2008) Clinical Nursing Skills Unit 2, The Dying Client.
9. In addition to the End of Life Standard of Care, the nurse will follow the department specific standards of care to which the patient has been admitted.

REFERENCES:

1. Perry, Potter and Ostendorf (2014) Clinical Nursing Skills Techniques, St. Louis, Elsevier Mosby
2. Smith, Duell & Martin (2008) Clinical Nursing Skills, New Jersey, Prentice Hall
3. TJC (March 2013) CAMCAH functional Chapter RI 01.05.01

CROSS REFERENCE P&P:

1. Patient Rights and Responsibilities
2. Post Mortem Care
3. Organ Tissue Donation
4. Do Not Resuscitate
5. Advanced Directives
6. Pain Assessment and Management Policy and Procedure
7. Hospice Plan of Care Admission

**NORTHERN INYO HOSPITAL
STANDARD OF CARE**

Title: Standard of Care: End of Life	
Scope: Hospital Wide	Manual: CPM - End of Life (EOL)
Source: CNO	Effective Date: 7/1/2014

Approval	Date
Clinical Consistency committee	6/5/2014
Medical Executive Committee	9/1/15
Board of Directors	

Developed: 5/2014

Reviewed:

Revised:

Supercedes:

Responsibility for review and maintenance:

Index Listings:

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: BiliChek Transcutaneous Bilirubin Testing	
Scope: Perinatal Services	Manual: OB - Diagnostic Test and Lab Test (DLT), OB/Gyn
Source: DON of Perinatal services-Traveler	Effective Date:

Purpose:

To identify infant's with hyperbilirubinemia. Transcutaneous assessment of bilirubin levels in the neonate reduces the need for blood sampling procedures.

Policy:

All infants will have a bili scan prior to discharge.

All infants should be assessed visually for jaundice every shift. A biliscan will be performed within 24 hours of age for:

- Infants with documented ABO incompatibility.
- Infants with documented Rh sensitivity
- Infants with delayed meconium passage (> 12-24 hours)
- Infants with significant birth trauma or bruising, such as cephalohematoma.
- Less than 37 weeks gestation or low birth weight
- Positive Coombs

Biliscan will be performed at any age if clinically jaundiced.

Procedure:

- Following manufacturer's attached instructions, perform patient test on forehead (See Addendum)
- Prior to calling the MD with results determine risk level by going to "UpToDate" or "bilitool.org".
 - In UpToDate, select "Calculators," "Pediatric Calculators," "Calculator: Newborn hyperbilirubinemia assessment." Enter the hours of age, if there are maternal clinical risk factors and the results of the scan in the calculator.
 - In "Bilitool.org" enter the infant's date/time of birth (or the hours of life) and the bili scan results into the calculator.
 - Use the neuro toxicity risk zone as an aid in determining which category the infant is in for determining the threshold for start of phototherapy
- When calculating and reading the results, take into account any risk factors to determine which neurotoxicity risk zone the infant falls into. These factors include:
 - Isoimmune Hemolytic Disease
 - G6PD deficiency
 - Asphyxia
 - Significant lethargy
 - Temperature instability
 - Sepsis
 - Acidosis
 - Albumin < 3.0 g/dL
- If the bili scan results fall into the "High-Intermediate" or "High" risk zones, staff will place a neonatal bilirubin (nbili) blood level order to be drawn prior to calling physician. Calculate the risk of the blood level by following the same steps as described above. Notify the physician if phototherapy is recommended and to receive orders.

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: BiliChek Transcutaneous Bilirubin Testing	
Scope: Perinatal Services	Manual: OB - Diagnostic Test and Lab Test (DLT), OB/Gyn
Source: DON of Perinatal services-Traveler	Effective Date:

- Have information such as infant birth weight, current weight, feeding assessment, presence of stools/urine, and other pertinent information available when calling the MD.
- Outpatient testing after discharge: Follow the NEST Practice Standards policy

Documentation:

- Document the results in Paragon under “Measurements” section of the Flowsheet with calculated risk level. Place charges either by batch charging or charging through documentation on the Hygiene/Treatments tab of the Daily assessment. A charge should be placed each time a bili scan is performed.
- Print a copy of recommendations from “bilitool.org” or “UptoDate” for the bili level and risk zone, place infant label, and put in infant’s chart for physician review when rounding

Can be performed by: Perinatal Staff and Cross-Trained Staff (RN and LVN) who have completed the competency

Approval	Date
Perinatal Pediatrics Committee	4/21/2015
Medical Executive Committee	9/1/15
Board of Directors	

Committee approval needed: Peri Peds Committee

Revised: 06/2003, 10/10jk, 11/11jk, 2/12jk, 4/2012jk 10/2014

Reviewed:

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Calibration of, Equal Arm Prescription Scale (Balance Scale) Policy	
Scope: Departmental	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: 1/15/2015, 8/20/2015

PURPOSE:

To comply with California B&P 1735.6, Compounding Facilities and Equipment regarding calibration of pharmaceutical scales:

(a) Any pharmacy engaged in compounding shall maintain written documentation regarding the facilities and equipment necessary for safe and accurate compounded drug products. Where applicable, this shall include records of certification(s) of facilities or equipment.

(b) Any equipment used to compound drug products shall be stored, used, and maintained in accordance with manufacturers' specifications.

(c) Any equipment used to compound drug products for which calibration or adjustment is appropriate shall be calibrated prior to use to ensure accuracy. Documentation of each such calibration shall be recorded in writing and these records of calibration shall be maintained and retained in the pharmacy.

In addition, comply to CCR Title 16, Training of Compounding Staff:

- a. Maintain competency evaluation on preparations and knowledge on non-sterile compounds annually (ASHP 5th edition).
- b. Maintain written documentation that the pharmacy staff have the skills and training involved in compounding
- c. Demonstrate knowledge of the processes and procedures of calibrating a balanced scale prior compounding any drug product.

POLICY:

1. NIH pharmacy shall use an Equal-Arm Prescription Scale (Balance Scale) for weighing pharmaceutical ingredients used in compounding inside the Pharmacy; no patient contact within the pharmacy.
2. Annually the pharmacy balance scale will be inspected and certified by the Counties of Inyo and Mono Department of Weights and Measures.
3. The pharmaceutical balance scale will be calibrated prior to compounding any drug product to ensure accuracy.
4. Documentation of each such calibration shall be recorded in writing and these records of calibration shall be maintained and retained in the pharmacy.

PROCEDURE:

1. Work space must clear of any obstructions (lose screws, under pan), fax, computer, and no expose to air particles
2. Balance Scale is in an acceptable location and on a solid and stable table or countertop
3. Assure that the balance is level and clean.
4. Assure that the pan arrest is engaged.
5. Place a glassine paper sheet of equal size on each pan.
6. Set the milligram scale at zero
7. Place one 10 gram weight on each pan.
8. Release the pan arrest

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Look-alike, Sound-alike Drugs	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: 3/16/2005, 8/20/2015

PURPOSE:

To implement measures for the prevention of errors involving the interchange of drugs deemed to be look-alike, sound-alike at Northern Inyo Hospital (NIH)

POLICY:

The Pharmacy and Therapeutics Committee will maintain a list of look-alike, sound-alike drugs used in the organization.

- 1) Orders for these medications will be printed or legibly written
- 2) Abbreviations will not be used for any drug names
- 3) Both brand and generic name will be included in the order.
- 4) Generic names will be the default nomenclature. Brand names will only be used to distinguish from the generic (Oxycontin, MS Contin) if applicable.
- 5) Alternatively, the pharmacist will add the reason for prescribing the drug (i.e. diagnosis, symptom, major pharmacologic purpose) in the comments section in of the electronic medical record.
- 6) Drugs on this list will be stored in non-conjoining places throughout the institution.
- 7) The pharmacy computer system will be configured with “tall man” lettering in order to prevent the confusion of these medications (i.e. hydroOXYzine; hydrALazine)
- 8) The pharmacy will physically separate agents in storage areas and automated dispensing cabinets (Omniceil)
- 9) “Sound-like, Look-like auxiliary alerts shall be placed on medication storage bins in the automated dispensing cabinets (Omniceil) as well in the Central Pharmacy medication bins.
- 10) All unit-dose packaging will be labeled with both generic and brand names.
- 11) The Pharmacy and Therapeutics Committee will review the list of look-alike, sound-alike drugs every 6 months

REFERENCE:

1. www.ismp.org
2. www.jointcommission.org

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Look-alike, Sound-alike Drugs	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: 3/16/2005, 8/20/2015

Committee Approval	Date
Pharmacy and Therapeutics Committee	1/20/2005, 8/20/2015
Medical Executive Committee	3/2/2005, 9/1/2015
Administration	3/2/2005
Board of Directors	3/16/2005, 9/16/2015

Revised:

Reviewed: 3/08, 6/10, 9/12, 10/13, 8/20/15

Supercedes:

Responsibility for review and maintenance:

Index Listings:

Initiated:

Revised/Reviewed:

APPROVED

**LIST OF LOOK ALIKE AND SOUND ALIKE
AT NORTHERN INYO HOSPITAL PHARMACY**

<u>LOOK ALIKE</u>	<u>SOUND ALIKE</u>
DOPAMINE	DOBUTAMINE
HYDROXAZINE	hydrALAZINE
AMIODARONE	AMANTADINE
ACTIVASE	TNKase
ALLEGRA	VIAGRA
ACTIVASE	CATHFLO ACTIVASE
ADACEL	DAPTACEL
DEPAKOTE	DEPAKOTE ER
BENAZAPRIL	BENADRYL
buPROPion	busPIRone
DOXOrubicin liposomal	DOXOrubicin
CARVEDILOL	CAPTOPRIL
CARBOplatin	CISplatin
SOLU-MEDROL	SOLU-CORTEF
PREDNISONE	PREDNISOLONE
CEFAZOLIN	CEFTRIAXONE
CELEBREX	CELEXA
PRILOSEC	PROZAC
PRADAXA	PLAVIX
ALPRAZOLAM	LORAZEPAM
TRAZADONE	TRAMADOL
FENTANYL	REMIFENTANIL
SERTRALINE	CETIRIZINE
DOXIL	PAXIL
METOPROLOL succinate	METOPROLOL tartrate
LEVOFLOXACIN	LEVETIRACETAM
METFORMIN	METRONIDAZOLE
MEPHYTOM	METHADONE
LEVOTHYROXINE	LIOTHYRONINE
MIRAPEX	MIRALAX
MS CONTIN	OXYCONTIN
NALOXONE	LANOXIN
NEULASTA	LUNESTA
PAROXETINE	FLUOXETINE
OXYCONTIN	OXYCODONE
NICARDIPINE	NIFEDIPINE
POTASSIUM ACETATE	SODIUM AXETATE

**LIST OF LOOK ALIKE AND SOUND ALIKE
AT NORTHERN INYO HOSPITAL PHARMACY**

PROZAC	PROGRAF
RIFAMPIN	RIFAXIMIN
OXCARBAZEPINE	CARBAMAZEPINE
WELLBUTRIN SR	WELLBUTRIN XL
ZOCOR	COZAAR
HUMULIN	NOVALIN
GLYBURIDE	GLIPIZIDE

Approved

NORTHERN INYO HOSPITAL POLICY AND PROCEDURE

Title: Medication Administration Labeling for Topical: Creams and Ointments	
Scope: Hospital-wide + Hospital Clinics	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: 8/20/15, NEW POLICY

PURPOSE:

To ensure that all medications used within all areas of the hospital including outpatient setting (i.e. infusion center, physical therapy) are appropriately labeled according to regulatory and patient safety standards (see NPSG #3 and MM.4.30 guidelines)

POLICY:

All topical creams, ointments, and solutions in hospital, outpatient, and procedural settings must be appropriately labeled. Procedural areas may include, but are not limited to: Surgery/Pre-op, Emergency Room, Radiology, Infusion Center, and Physical Therapy Department, as well as medical floors and patient care areas, where medications are administered on a routine basis.

1. All topical creams, ointments, and solutions shall not be used for multiple patients.
2. All topical creams, ointments and solutions will have an appropriate prescription label for each patient.
3. At a minimum, all medications dispensed in the hospital are labeled with the following:
 - a. Drug name
 - b. Strength
 - c. Volume/dose
 - d. Expiration date when not used within 24 hours
 - e. Once a multiple-dose vial (MDV) is punctured (i.e Lidocaine Topical Solution 4% MDV), it should be assigned a "beyond-use" date (BUD). The beyond-use date for an opened or entered (i.e. needle-punctured) multiple-dose container with antimicrobial preservatives is 28 days, unless otherwise specified by the manufacturer.
 - f. All vials should be **dated with 28 days expiration and initialed when opened or taken from the refrigerator unless the manufacturer's listed an expiration date shorter than the beyond-use date.**
 - i. If reconstituted, the vial should be labeled with the concentration and the manufacturer's listed an expiration date if a shorter time frame than 28 days.
 - g. Beyond use date (BUD) and time
 - h. Preparation date and time
 - i. Auxiliary labels
 - j. Initials of Pharmacy technician preparing medication
 - k. Pharmacist checking the medication, as appropriate
4. Person who may label medications and make label changes: Only a pharmacist, or authorized pharmacy personnel under the direction and supervision of a pharmacist, shall label containers from which medications are to be distributed or dispensed and make labeling changes.
5. Labeling so that recalls can be effected: All topical creams, ointments, and solutions shall be labeled so that recalls can be effected as necessary and proper controls established. Labels must contain lot numbers when applicable.

6. Mislabeled Topical Medications and Solutions: Medications that are mislabeled, (i.e. labels are illegible, incomplete, incorrect, etc.) shall be discarded.
7. Example of Accessory and Cautionary Statements or supplemental labels: the following are examples of accessory and cautionary statements or supplemental labels:
 - a. Do Not Use After _____ (Beyond Use Date or the manufacturer listed an expiration date shorter than the Beyond Use Date and time)
 - b. Shake Well
 - c. Refrigerate
 - d. Do Not Crush
 - e. External and Internal Use
8. Storage: Medications will be placed in a secure and locked cabinet.

REFERENCES:

1. www.jointcomission.org
2. Joint Commission standard MM.4.30 Medications are appropriately labeled.

Committee Approval	Date
Policy and Procedure Committee	
Pharmacy and Therapeutics Committee	8/20/2015
Medical Executive Committee	9/1/2015
Administration	
Board of Directors	9/16/2015

Revised
 Reviewed
 Supercedes

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Returning of Instrument to Central Sterile Processing	
Scope: RHC, Emergency Dept, Med-Surg, ICU, Perinatal	Manual: CPM - Infection Control-Environmental (ICE)
Source: DON Perioperative Services	Effective Date:

PURPOSE: To identify the process for the immediate pre-cleaning of instruments prior to transport to Central Sterile Processing.

POLICY:

- A. Each department/office will have a white container to soak reusable instruments prior to return to CSP.
- B. PPE will be worn when pre-cleaning instruments.
- C. Instruments are to be soaked, cleaned, and free of debris prior to transport to Sterile Processing. Corrosion, rusting, and pitting occur when blood and debris are allowed to dry in or on surgical instruments. Cannulas or lumens can become obstructed with organic material.
- D. Each department/office is responsible for the cleaning of instruments used in the department and the removal/disposal of sharps prior to placing them in the transport containers.
- E. Transport of instrument to CSP will be in a designated container for transport.
- F. The Sterile Processing Department will be responsible for the final decontamination and terminal sterilization of reusable instruments and medical devices.

PROCEDURE:

Step 1: Pre-cleaning

Apply appropriate PPE for type of pre-cleaning

Step 2: Removing Sharps

All sharps must be removed and properly disposed of prior to handling / cleaning instruments.

Step 3: Cleaning, Soaking, and Washing

Remove visible gross debris from reusable instruments or medical devices at point of use with approved enzymatic cleaner per manufacturer's directions.

- A. Place manufacturer approved enzymatic detergent and water into appropriate empty container, verifying expiration date of enzymatic detergent.
- B. Place instruments in container.
- C. Leave hinged instruments in open position and disassemble those with removable parts
- D. Soak instrument per manufacturer's guidelines.
- E. Scrub all surfaces with scrub brush or other cleaning tools, paying special attention to serrated edges, box locks and other hard to reach places. Brush delicate instruments carefully and handle separate from general instruments.
 - a. Instruments must be scrubbed while submerged in enzymatic cleaner to prevent aerosolization of blood borne pathogens.
 - b. Discard one time use brushes and cleaning tools after use.
 - c. Discard enzymatic detergent after use.

Step 4: Rinsing

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Returning of Instrument to Central Sterile Processing	
Scope: RHC, Emergency Dept, Med-Surg, ICU, Perinatal	Manual: CPM - Infection Control-Environmental (ICE)
Source: DON Perioperative Services	Effective Date:

Rinsing with water is part of the washing process so any sediment left on the washed items may be removed.

Step 5: Checking

Opening and closing instrument to ensure soil is not trapped in the box locks of the instrument. Observation also ensures the cleaning process is thorough and complete.

Step 6: Transport

Monday – Friday a courier will pick up and transport pre-cleaned reusable instrument or medical device in approved container to the Sterile Processing Department for completion of the terminal sterilization process. The transport container must be labeled to indicate bio-hazardous contents to communicate to others the items are potentially infectious. The transport container should be labeled with unit specific (colored) autoclave tape to ensure each department/ office receives the correct instruments after sterilization.

Step 7: Return / Pickup

Return of Sterile Instruments and Clean Transport Containers will be done Monday through Friday by courier (when the courier comes to pick up instruments, the sterilized instruments will be returned to the clinic/office or department). If after hours pickup is necessary please contact the House Supervisor.

REFERENCES:

1. Association of PeriOperative Registered Nurses (2013) Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Settings. AORN: Denver, CO.

Approval	Date
CCOC	6/16/2015
Infection Control Committee	8/25/15
MEC	9/1/15
Board of Directors	

Developed: 02/01

Reviewed:

Revised: 04/14 PN

Supercedes:

Responsibility for review and maintenance: Director of Peri-operative Services

Index Listings: Cleaning process/Instrument cleaning

**Northern Inyo Hospital
Sterile Processing- P&P/Form Oversight**

P&P:		Oversight Person	Dev	Rev	Revised	Effective	Education	Retire/Archive
II-P	1. Basic Principles of Sterilization	Periop DON			5/2015			
II-P	2. Biological Monitoring Systems for Steam Sterilizers	Periop DON			4/2015	6/2010		
II-P	3. Cleaning and Care of Surgical Instruments	Periop DON		4/2011	5/2015			
II-P	4. Cleaning and Sterilization or Chemical Disinfectant of Equipment	Periop DON		9/2012	5/2015			
II-P	5. Cleaning & Sterilization of Neuro Therm Probes	Periop DON	12/2014		3/2015			
I-J	6. Daily and Weekly Procedures	Periop DON			5/2015			
I-J	7. Disaster Check List Sterile Processing	Periop DON			7/2015			
I-J	8. Disaster Plan Sterile Processing	Periop DON			7/2015			
II-Q	9. Disposal of Gluteraldehyde (Cidex)	Periop DON	4/1995		5/2015			
II-Q	10. Eye Wash Stations in the Perioperative and Sterile Processing Units	Periop DON			4/2015			
II-C	11. Heat Sealer	Periop DON			6/2015			
II-P	12. Immediate Use Sterilization	Periop DON			4/2015			
II-P	13. Infection Control	Periop DON			5/2015			
II-P	14. Instrument Cleaning Process	Periop DON		2/2015	4/2014			
II-O	15. Manufacturer's Information on Hardware/Equipment	Periop DON			5/2015			

II-O	16. Manufacturer's Recall Sterile Processing	Periop DON				5/2015		
II-O	17. Mass Casualty Incident Supply Cart	Periop DON				5/2015		
II-P	18. Objectives and Functions Sterile Processing	Periop DON				4/2015		
VIII	19. Orientation to Sterile Processing	Periop DON				6/2015		
I-I	20. Performance Improvement Program Sterile Processing	Periop DON				6/2015		
I-A	21. Philosophy Sterile Processing	Periop DON				4/2015		
II-Q	22. Quick Rinse	Periop DON				6/2015		
II-Q	23. Reprocessing Single Use Disposable Items	Periop DON				5/2015		
II-Q	24. Selection and Use of Packaging Systems	Periop DON				5/2015		
II-Q	25. Special Procedure Trays	Periop DON				5/2015		
I-G	26. Staffing of Unit Sterile Processing	Periop DON				4/2015		
III	27. Standards of Practice Sterile Processing	Periop DON	7/2015					
II-Q	28. Sterilization Recall Policy	Periop DON				5/2015		
II-Q	29. Sterilization of CMI Vacuum Pump	Periop DON				6/2015		
II-P	30. Sterilizing of Orthopedic Implants	Periop DON				5/2015		
II-P	31. Steris Century Medium Steam Sterilizer	Periop DON	6/2012			5/2015		
II-P	32. Steris System 1E Processor	Periop DON	7/2012			5/2015		
LL-P	33. Steris V116 Prevacuum Sterilizer Surgery	Periop DON	6/2012			5/2015		
LL-P	34. Steris V-Pro 1 Low Temp Sterilizer	Periop DON	5/2012			5/2015		
II-Q	35. Storage Requirements for Sterile and Clean Items	Periop DON				5/2015		

II-Q	36. Supplies after Hours Sterile Processing	Period DON			5/2015			
II-P	37. Vision Single Chamber Washer Disinfectant	Period DON	7/2012		5/2015			
II-Q	38. Wrapping and Dating of Supplies and Instruments	Period DON			5/2015			
Forms:	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							

Dev.
Rev. 8/2015 BS

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Antimicrobial Stewardship: The Judicious Use of Antimicrobial Agents	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: Yet to be Approved NEW POLICY, 6/15

PURPOSE:

The purpose of this policy is to develop a framework for the judicious use of antimicrobial agents in the hospital setting and establish a formal Antimicrobial Stewardship Program (ASP). The Antimicrobial Stewardship Committee is a sub-committee of the Infection Control Committee.

The primary goal of antimicrobial stewardship is to optimize clinical outcomes while minimizing unintended consequences of antimicrobial use, including toxicity, the selection of pathogenic organisms (such as *C. difficile*), and the emergence of resistance.”

Additionally, the development of guidelines for empiric antibiotic selection to control the acquisition and transmission of multi-drug resistant organisms, including but not limited to, *methicillin resistant Staphylococcus aureus* (MRSA), *vancomycin resistant Enterococcus* (VRE), *Clostridium difficile* (CDI) and other epidemiologically significant multi-drug resistant gram negative bacteria throughout the organization.

DEFINITIONS AND HISTORY:

Antimicrobial Stewardship is an activity that promotes the appropriate selection of antimicrobials, the appropriate dosing of antimicrobials, the appropriate route of administration and the appropriate duration of antimicrobial therapy.

Antimicrobial resistance is associated with increased patient mortality, prolonged hospitalizations and increased cost associated with care.² The inappropriate use of antimicrobials in the hospital community has been linked with antimicrobial resistance.

In 2006, the governor of the State of California approved Senate bill No. 739: 1288.8 (2) *By January 1, 2008, the department shall take all of the following actions to protect against health care associated infections (HAI) in general acute care hospitals statewide:*

*-(4) require that general acute care hospitals develop a process for evaluating the judicious use of antibiotics, the results of which shall be monitored jointly by appropriate representatives and committees involved in quality improvement activities.*³

In 2007, The Infectious Disease Society of America (IDSA) in conjunction with the Society for Healthcare Epidemiology of America (SHEA) published antimicrobial stewardship guidelines focused on interdisciplinary collaboration to promote the appropriate use of antimicrobials. It is these guidelines that form the basis of Northern Inyo Critical Care Access Hospital’s antimicrobial stewardship efforts.

By July 1 2015 the Enactment of SB1311 which added a Section 1288.85 to the Health and Safety Code which requires general acute care hospitals to adopt and implement Antimicrobial Stewardship Programs (See Dec. 19, 2014 All Facilities Letter).

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Antimicrobial Stewardship: The Judicious Use of Antimicrobial Agents	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: Yet to be Approved NEW POLICY, 6/15

POLICY:

The Antimicrobial Stewardship committee, multi-disciplinary team under the direction of the Infection control Committee Chair, shall provide ongoing review and recommendation of antimicrobial use in the hospital. The findings and activities of the Antimicrobial Stewardship Committee shall be reported to the Pharmacy and Therapeutics and Infection Control Committees. Any protocols/guidelines developed by the Antimicrobial Stewardship will be approved by Infection Control Committee.

The team will utilize communications from IDSA, SHEA, the American Society of Health System Pharmacists (ASHP) and microbiological sciences to develop the organization's program.

1. Committee Composition (To include, but is not limited to):

- a. Hospitalists and Internists
- b. Clinical Pharmacists
- c. Clinical Microbiologist
- d. Infection Preventionists
- e. Clinical Informatics
- f. Emergency department physician
- g. Champion Nurse
- h. Infection Control Committee Chair
- i. Hospital Administration

2. Reporting Structure:

- a. The Antimicrobial Stewardship is a subcommittee of the Infection Control Committee.

Goals of the Antimicrobial Stewardship Program include, but are not limited to:

1. Decrease selective pressure for the emergence of antibiotic resistance microbes
2. Optimize the utilization of antimicrobial agents in order to realize improvement in patient outcomes and economic benefit. This program will be coordinated with existing infection control efforts to significantly decrease the prevalence of antibiotic resistant pathogens.
3. Increase effectiveness and timeliness of antimicrobial formulary management
4. Eliminating redundant/unnecessary antimicrobial use by:
 - a. Responding to emergence of resistance to antimicrobials by recommending alterations to the formulary of available antimicrobial agents
 - b. Instituting therapeutic interchanges where appropriate and advantageous
 - c. Instituting antibiotic restrictions/empiric usage guidelines where appropriate
5. Expansion of IV to Oral conversion program

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Antimicrobial Stewardship: The Judicious Use of Antimicrobial Agents	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: Yet to be Approved NEW POLICY, 6/15

Elements and Strategies of an Antimicrobial Stewardship Program⁴:

Prospective audit with intervention and feedback

- Utilize current Sanford Guide as guidelines for appropriate use of targeted antimicrobials
 - Daily review of targeted antimicrobials for appropriate use:
 - Piperacillin/Tazobactam (Zosyn) intravenous
 - Vancomycin intravenous and oral
 - Quinolones, specifically Levofloxacin (Levaquin) intravenous and oral
 - Linezolid (Zyvox) intravenous and oral
 - Other antimicrobials as usage trends emerge
- Feedback to the prescriber by personnel (Clinical Pharmacist)
- Pharmacokinetic dosing per Clinical Pharmacist
- Antimicrobial/Microbiology mismatch reports
- Documentation of interventions for targeted antimicrobials
- MRSA colonization testing for empiric triage of medical and surgical patients

Formulary facilitation and retrospective review following initial dose (s) for targeted agents.

- Review current Sanford guidelines for the use of targeted antimicrobials for approved indications
- Daily review of targeted antimicrobial use for appropriate use
- Streamlining and de-escalation of therapy, once cultures and sensitivities are available
- Documentation of interventions for targeted antimicrobial use

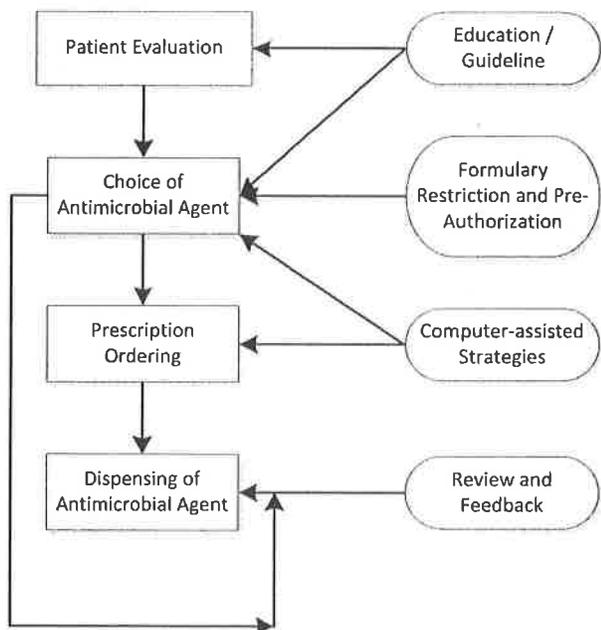
Supplemental Strategies:

- Admission Assessment to include antibiotic use with recent treatment and in the patient's profile
- Education of staff, patients and family members
- Development of guidelines and clinical pathways
- Antimicrobial order forms and order sets
- Inventory control and therapeutic formulary substitution of antimicrobials
- Prevention of interactions between antibiotics and food/drugs
- Pharmacy and Lab roles in review of antibiotic use
- Dose optimization
- IV-to-PO conversion

Strategies:

NORTHERN INYO HOSPITAL POLICY AND PROCEDURE

Title: Antimicrobial Stewardship: The Judicious Use of Antimicrobial Agents	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: Yet to be Approved NEW POLICY, 6/15



Source: MacDougall C, Polk RE. Antimicrobial stewardship programs in health care systems. *Clin Microbiol Rev.* 2005;18(4):638-56

PROCEDURE:

Antimicrobial Mismatch Monitoring:

- a. The clinical pharmacist shall review lab reports for potential organism and antimicrobial agent mismatches whereby a change of therapy may be warranted. The pharmacist may also review the lab reports for patients receiving on-going antimicrobial therapies that have no active culture data and no signs/symptoms of existing infection.
- b. The clinical pharmacist shall then provide recommendations to the prescriber for antimicrobial regimen changes, additions, deletions, discontinuation of therapy, etc, if warranted, through verbal interaction and/or documentation in the progress note section of the patient's medical chart.

Ongoing clinical pharmacy protocols:

- a. Pharmacokinetic dosing and monitoring – Vancomycin and aminoglycosides
- b. Antimicrobial IV to PO conversion
- c. Dose adjustment of renally cleared medications

Measurements: Proposed Performance Metrics

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Antimicrobial Stewardship: The Judicious Use of Antimicrobial Agents	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: Yet to be Approved NEW POLICY, 6/15

Drug use measurements:

- a. Antibiotic start time for sepsis bundle
- b. Days of Therapy (DOT) or Defined Daily doses (DDD) / Patient volume
- c. Number of resistant infections (MDRO) / Patient volume
- d. Days of IV vs. PO treatment for high-bioavailability antimicrobials
- e. Total antimicrobial expenditures / Patient volume
- f. Nosocomial *Clostridium difficile* rate

Measurement of Antimicrobial Stewardship Program effectiveness:

- a. Intervention documentation – acceptance to:
 - Empiric Guideline adoption (Sanford Guide)
 - IV to PO conversion recommendation
 - Antimicrobial dosage adjustments: renal dosing, pharmacokinetic dosing
 - Other types of recommendations
- b. Time spent in Antimicrobial Stewardship activities – evidenced by interventions entered by pharmacists.

Antibiogram developed annually for trending of resistance patterns. Findings and trends of antimicrobial use and resistance patterns will be reported to P&T Committee, Infection Control Committee, and Quality Assurance and Performance Improvement.

References:

1. Dellit TH, Owens RC, McGowan JE Jr, et al. Infectious Diseases Society of America guideline for development of an institutional program to enhance antimicrobial stewardship. *Clin Infect Dis.* 2007;44(2):159-177
2. Centers for Disease Control and Prevention. Get smart for healthcare. <http://cdc.gov/getsmart/healthcare/> (accessed 2011 Aug 27)
3. California Senate Bill No. 739. <http://dhcs.ca.gov/provgovpart/initiative/inqi/Documents/SB739.pdf> (accessed 2011 Aug 27)
4. Dellit TH, Owens RC, McGowan JE Jr, et al. Infectious Diseases Society of America guideline for development of an institutional program to enhance antimicrobial stewardship. *Clin Infect Dis.* 2007;44 (2):159-177.
5. State of California-Health and Human Services Agency: California Department of Public Health, refer to Dec. 19, 2014 All Facilities Letter, Ron Chapman, MD, MPH.

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Antimicrobial Stewardship: The Judicious Use of Antimicrobial Agents	
Scope: Hospital Wide	Department: Pharmacy
Source: Pharmacy Director	Effective Date: Yet to be Approved NEW POLICY, 6/15

Committee Approval	Date
Infection Control Committee	6/30/2015
Pharmacy and Therapeutic Committee	8/20/2015
Medical Executive Committee	7/7/2015
Administration	
Board of Directors	

Initiated: 06/15

Revised:

Reviewed: Supercedes:

Responsibility for review and maintenance:

Index Listings:

Initiated:

Revised/Reviewed:

Tajinder Gill

From: Forest Flodin [fflodin@imprimispharma.com]
Sent: Friday, August 07, 2015 1:31 PM
To: Tajinder Gill
Cc: Jill Pake; Ann Wagoner; Thomas Reid; Joe Bitterman; Etani Susman; John Saharek
Subject: RE: Dropless Formulations
Attachments: Park CA Pharmacy License (exp 8-1-16).pdf; Park CA Sterile Compounding License (exp 8-1-16).pdf; PCAB Formal Accreditation Letter.pdf; Park CA BOP Inspection (6-25-15).pdf; Park CA BOP Inspection Report (2-10-14).pdf; ImprimisPharmacy_QualityHandout.pdf; Park - Tri-Moxi-Vanc Test Results.pdf; ASHP Foundation Outsourcing Tool_June 2015 - Park Compounding.pdf; AAO_TriMoxi-Galloway_v3.pdf; Customer Dry Ice Instructions v1.4.pdf

Hi Tajinder,

Thank you for your time on the phone Wednesday. Please find below and attached the information on the formulations, the pricing, shipping, and pharmacy documentation we discussed. Please let me know if any additional information is needed for your review.

Formulation details:

TriMoxi (preservative-free triamcinolone acetonide and moxifloxacin) is currently \$20/vial; Concentration is (15/1) mg/ml, can be stored at room temp, has a 6 month BUD, and is generally shipped with greater than 3 month of shelf life remaining.

TriMoxi+Vanc (preservative-free triamcinolone acetonide, moxifloxacin, and vancomycin) is currently \$25/vial; Concentration is (15/1/10) mg/ml, is stored frozen, has a 6 month BUD, and is generally shipped with greater than 3 month of shelf life remaining. All Tri-Moxi-Vanc orders are shipped overnight on dry ice.

- Both formulations are dispensed in a 1 ml single dose vial
- Both formulations must be “shaken” before use, but are “ready to go” – the person administering the medication just has to draw it into a syringe
- Storage information is on the label
- Both can be injected through either a 27ga or 30ga cannula
- The injection amount is typically .15-.20 cc’s

Shipping:

The general shipping charge is cost+25%, but we do offer the following:

- Free ground shipping orders over \$100
- Free overnight shipping for orders over \$500 (Free shipments that require dry ice incur a \$20 charge)

For example, an order of 5 vials of Tri-Moxi would qualify for free ground shipment, an order of 25 Tri-Moxi vials would qualify for free overnight, and an order of 20 vials of Tri-Moxi-Vanc would qualify for free overnight (but would incur a \$20 charge due to dry ice). Please let me know if you require any clarification on our shipping policies.

Most accounts also find the following documents helpful in reviewing our pharmacy. Park Compounding is a PCAB Accredited, FDCA Section 503A pharmacy, and all prescriptions are dispensed to individually identified patients.

Documents:

- CA Retail Pharmacy License
- CA Sterile Pharmacy License
- PCAB Accreditation Letter

- CA BOP 2015 Inspection
- CA BOP 2014 Inspection
- Imprimis Rx Quality Statement
- Tri-Moxi-Vanc Example Test Result (shipped with each order)
- ASHP Outsourcing Assessment Tool
- AAO Tri-Moxi clinical presentation by Dr. Galloway
- Customer Dry Ice Shipping Instructions

Thank you for your time and consideration. Please let me know if I can provide any additional information.

Best regards,
Forest

Forest J. Flodin

Director of Technical Operations

12264 El Camino Real, Suite 350

San Diego, CA 92130

O: 858.704.4443

M: 858.366.8389

E : fflodin@imprimispharma.com

[NASDAQ: IMMY](#) | [Website](#) | [LinkedIn](#)



The Last Hurdle— Taking Cataract Surgery Dropless

Surgeons' staff will tell you drops are the bane of their existence.

AN INTERVIEW WITH KEVIN T. SCRIPTURE, MD, AND SYDNEY L. TYSON, MD, MPH

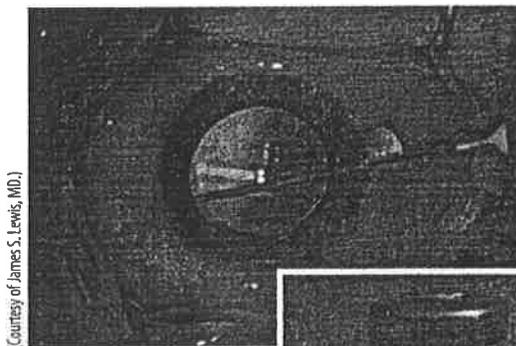
Without a doubt, the technology surrounding cataract surgery is amazing. Femtosecond lasers can drastically reduce the use of ultrasound energy within the eye, premium IOLs improve vision at all distances, and precise technology can even eliminate astigmatism. Patients achieve excellent vision within 24 hours of surgery, and the cataract procedure is one of the safest in all of medicine. Then, you have the drops.

Endophthalmitis is the primary fear after cataract surgery, and the way to mitigate it is pharmacological prevention. A close second to that fear is acute and chronic inflammation, which not only decreases patients' satisfaction but can also lead to permanent vision loss. Because the peak incidence of cystoid macular edema is 4 to 6 weeks after surgery,¹ therapy generally lasts that long. Although the intentions are good, patients' compliance with topical therapy after cataract surgery is miserable. One study found that 50% of patients took less than half of the prescribed medication and that 20% took less than a quarter.²

THOSE DREADED DROPS

If you speak to any cataract surgeon's staff, you will quickly discover that drops are the bane of their existence. Doctors often mistrust the preservatives used in generic

drops, but the copayments on branded medications can be inaccessible for patients. Patients head to the pharmacy on Saturday and spend \$200 on a noncovered drop, because they are worried about their Monday morning surgery. They are then irate to have paid that much. Even when cost is not a factor, understanding and compliance are poor.



(Courtesy of James S. Lewis, MD.)



Figure. TriMoxi and TriMoxiVanc can be injected into the vitreous at the time of cataract surgery.

Sydney Tyson, MD, MPH, a cataract and refractive surgeon relates, "Despite our best efforts, patients have no idea how to administer their drops correctly. We print instruction sheets with pictures and create tables with checkboxes for each time a patient needs to take a drop. Regardless, if it is unilateral or bilateral, patients are completely confused. I would say that 70% of all calls we receive from postoperative patients are related to their drops."

Certainly, the downside of drops is enough to start people thinking outside the box. Kevin Scripture, MD, a fellow cataract and refractive surgeon recalls, "I first heard James Gills, MD, speak about dropless cataract surgery at the American Society of Cataract and Refractive Surgery meeting in 2005, and it was enough to entice me to perform a trial in my practice. My first cohort included

10 patients that were given intravitreal transzonular triamcinolone and gatifloxacin. Following the success of the initial 10 patients, I expanded the trial to 100 patients. In May 2005, I started performing dropless surgery on all of my cataract patients, save those who are allergic to quinolones or have severe glaucoma. I have now performed more than 20,000 dropless procedures.”

THE POSSIBILITIES OF INTRACAMERAL ANTIBIOTICS

Steve A. Arshinoff, MD, is a pioneer in using moxifloxacin (Vigamox; Alcon) right out of the bottle.³ European studies of intracameral antibiotics showed efficacy, but often included compounding formulas that were cumbersome to achieve.⁴⁻⁶ Dr. Gills’ research showed the possibility of intracameral injections of Kenalog (triamcinolone; Apothecon), inspiring further movement in the field. Dr. Tyson had been following these thought leaders in their move to dropless cataract surgery for some time when he was inspired by Dr. Arshinoff’s concept of taking the antibiotic out of the bottle, diluting it, and injecting it.

“I found that injecting the antibiotic intracamerally was a potentially very effective way to control intraocular pathogens, and I stopped prescribing antibiotics postoperatively,” he says. “That led to my desire to find a way to eliminate postoperative steroid drops as well. I perform small-incision cataract surgery, which does not induce a lot of inflammation, so I felt comfortable with that concept. Thus, I had cut my patients down to just one drop of Prolensa [bromfenac 0.07%; Bausch + Lomb] per day postoperatively, and that worked well. But, it was still difficult for some. Prolensa is not covered for all patients, so pharmacists try to substitute the generic formulation that requires more frequent dosing and is potentially more corneotoxic. In addition, if patients do not get the one drop per day correctly in their eye, that eliminates all antiinflammatory coverage.”

A BREAKTHROUGH

Dr. Gills also began injecting Kenalog into the sub-Tenon space. Following blood-free cataract surgery by making a cut into the sub-Tenon space and performing a blind injection, however, are a bit extreme for some surgeons. A breakthrough in injectable drugs for cataract surgery arose from the collaboration of an inventor surgeon, Jeffrey Liegner, MD, and a state-of-the-art compounding pharmacy. In 2013, Imprimis Pharmaceuticals acquired the intellectual property related to these ophthalmic formulations. The proprietary, patent-pending technologies allow drugs such as triamcinolone and moxifloxacin (with or without vancomycin), which do not typically distribute evenly in a suspension, to be combined in a single medication. The formulations, TriMoxi and TriMoxiVanc, can be injected into

the vitreous at the time of cataract surgery (Figure).

Dr. Tyson states, “When I found out there was a compounded formula of antibiotics and steroid provided by a [Pharmacy Compounding Accreditation Board]-accredited pharmacy, that could be injected transzonularly into the vitreous, that brought the concept from idea to reality for me. Since November 2013, I have performed more than 1,000 dropless surgeries. Now, all of my cataract surgeries, except in glaucoma patients, are dropless, and the results have been excellent. When analyzing all patients that have undergone the injection, including the initial patients with whom I was still figuring out the nuances of the injection, only 10% end up needing a rescue medication, because the compounded formula wasn’t as efficacious for them. There were no cases of steroid-responsive IOP spikes.”

With more surgeries under his belt, Dr. Scripture reports his rescue rate to be about 5%.

CONCLUSION

Just as glaucoma management is being revolutionized by microinvasive surgeries that can eliminate or reduce the burden of pharmacologic therapy, dropless cataract surgery is the next frontier. “I believe that using intraocular medications in lieu of postoperative drops is a big advantage to patients and doctors,” says Dr. Scripture. “When other physicians discover this is a legitimate alternative to drops, everyone involved will benefit.” ■

Kevin T. Scripture, MD, is a cataract and refractive surgeon at Whitewater Eye Centers, Connorsville, Indiana. He acknowledged no financial interest in the products or companies mentioned herein. Dr. Scripture may be reached at kscripture@wwyecenters.com.

Sydney L. Tyson, MD, MPH, is an attending surgeon at Wills Eye Hospital, Philadelphia, and the cofounder of Eye Associates as well as the founder and president of SurgiCenter of Vineland, New Jersey. He acknowledged no financial interest in the products or companies mentioned herein. Dr. Tyson may be reached at sydytyson@comcast.net.

1. Asano S, Miyake K, Ota I, et al. Reducing angiographic cystoid macular edema and blood-aqueous barrier disruption after small-incision phacoemulsification and foldable Intraocular lens implantation: Multicenter prospective randomized comparison of topical diclofenac 0.1% and betamethasone 0.1%. *J Cataract Refract Surg.* 2008;34(1):57-63.
2. Hermann MM, Ustundag C, Diestelhorst M. Compliance with topical therapy after cataract surgery using a new microprocessor-controlled eye drop monitor. *Invest Ophthalmol Vis Sci.* 2005;46. E-abstract 3832.
3. Arshinoff SA, Bastianelli PA. Incidence of postoperative endophthalmitis after immediate sequential bilateral cataract surgery. *J Cataract Refract Surg.* 2011;37(12):2105-2114.
4. Barreau G, Mounier M, Marín B, Adenis JP, Robert P. Intracameral cefuroxime injection at the end of cataract surgery to reduce the incidence of endophthalmitis: French study. *J Cataract Refract Surg.* 2012;38:1370-1375.
5. Yu-Wai-Man P, Morgan SJ, Hildreth AJ, Steel DH, Allen D. Efficacy of intracameral and subconjunctival cefuroxime in preventing endophthalmitis after cataract surgery. *J Cataract Refract Surg.* 2008;34:447-451.
6. García-Sánchez MC, Arias-Puente A, Rodríguez-Garavito G, Banuelos JB. Effectiveness of intracameral cefuroxime in preventing endophthalmitis after cataract surgery: ten-year comparative study. *J Cataract Refract Surg.* 2010;36:203-207.



Making Dropless Cataract Surgery Possible



Solving Unmet Patient Needs

Preventing infection and inflammation in post-cataract surgery patients has always been a major concern for ophthalmic surgeons. Currently, topical pharmacotherapy is needed pre- and post-surgery for preemptive and continuing control against infection and inflammation. However, these topical ophthalmic drops raise a host of concerns including compliance and cost issues, patient inconvenience, as well as staff and chair-time spent dealing with drop-related challenges in the medical practice.

The current treatment regimen for cataract surgery includes 3-4 weeks of self-administered ocular drops, which requires strict adherence to a multi-drop dosing schedule. In addition to a number of patient compliance issues associated with drop therapy, one of the greatest challenges is cost. Generic drops are frequently substituted by the pharmacy and insurance companies due to cost. This requires the office staff to work with patients and pharmacists to obtain the best and most affordable regimen and re-train on previously provided drop therapy instructions an often frustrating experience for all parties. Once a patient acquires the correct medication, issues with proper instillation still remain.

While studies have shown that antibiotics administered into the eye at the time of cataract surgery significantly reduce the risk of endophthalmitis^{1,2}, only recently have compounded, injectable options become available for protection from both infection and inflammation. Imprimis Pharmaceuticals (San Diego, CA) develops novel proprietary pharmaceutical formulations, which physicians can then prescribe. The prescriptions are then filled and made available by a sterile compounding pharmacy that utilizes a third party FDA-registered laboratory to test that all formulations are in compliance with U.S. Pharmacopeia (USP) guidelines prior to each shipment.



Anti-inflammatory and Anti-bacterial Combination Formulations

Imprimis' patent-pending formulations have been specifically developed by pharmacists over the course of a number of years. Significant input from an ophthalmic surgeon was solicited to ensure that the viscosity and solubility of the formulations were optimized for ocular injections through small needles and cannulas.

Currently, two compounded antibiotic and steroid options are available in single, injectable intraocular doses administered during cataract surgery: one contains triamcinolone acetonide and moxifloxacin hydrochloride, and a second variation includes the added antibiotic vancomycin. These preservative-free products contain triamcinolone plus moxifloxacin, and the relative strength of the active ingredients can be tailored to meet the needs of individual patients by the prescribing physician.

Intraoperative administration of drugs virtually eliminates both non-compliance and patient error, significantly lessening the surgeon's concern and enhancing the patient's experience with cataract surgery. In addition, placing the formulations directly into the vitreous may have other benefits, such as: 1) allowing the surgeon to pinpoint the most desired site for delivery; 2) allowing for slow release, as the vitreous is thought to retain the medication; and 3) decreasing the emergence of antibiotic resistance common in topical antibiotic applications.³⁻⁵

"Intraoperative administration of drugs virtually eliminates both non-compliance and patient error"



"The advantages in using a single dose administered transzonularly during surgery include improved patient compliance, reduced costs to the patient, and decreased post-operative care."

Physician Experience with Dropless Cataract Surgery

Imprimis' compounded proprietary formulations have been used successfully in thousands of cataract surgeries; advantages include reduction of compliance concerns and reduction of staff and chair time spent on instructions and follow-up with post-operative surgical patients, as well as calls from pharmacists. The following two independent, physician-conducted studies both found the use of these compounded formulations to have significant benefits in overall patient compliance, cost, and general experience, as well as showing no to low-levels of post-op incidents of endophthalmitis, CME, and inflammation.^{6,7}

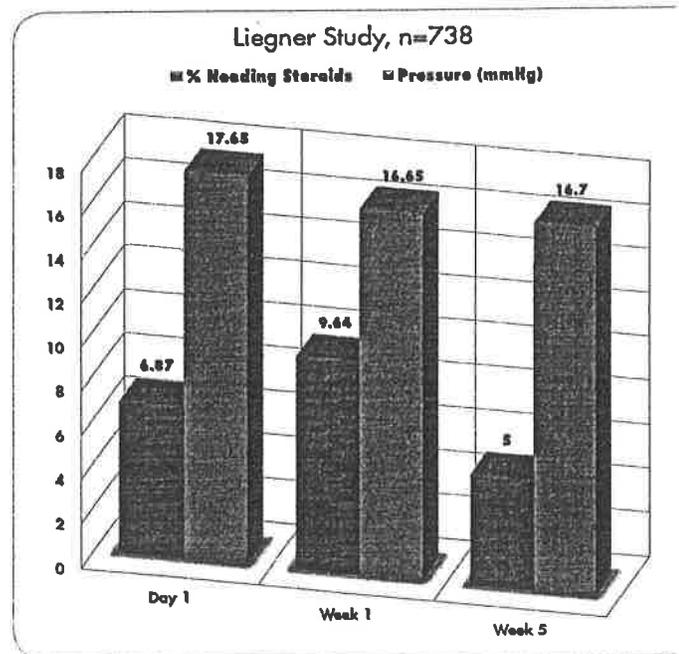
In a retrospective analysis of 738 surgeries, Jeffrey T. Liegner, MD, of Eye Care Northwest (Sparta, NJ), injected triamcinolone-moxifloxacin-vancomycin using a transzonular approach into the vitreous during cataract surgery. Day 1 post-surgery, 6.87% of patients needed steroid drops and 1 week following surgery that increased to 9.64%. After week 5, 5% of patients needed steroid drops (N=488). Mean IOP was 17.65 mmHg at day 1, 16.65 mmHg at week 1, and 16.7 mmHg at week 5. There were no cases of endophthalmitis observed. Dr. Liegner has completed nearly 4,500 cataract surgeries to date using these formulations.

"Using the intravitreal medications, Triamcinolone-moxifloxacin-vancomycin allows for more proactive control with benefits including lower costs compared to topical drugs and a highly efficient delivery directly into the vitreous," says Dr. Liegner. "One injection during surgery can eliminate patient error and inconvenience, is more cost effective, and helps with recovery as it ensures the medication is being delivered correctly in the most preferred area."

In another study, M. Stewart Galloway, MD, evaluated 1575 eyes that underwent phacoemulsification with IOL implantation and received the triamcinolone acetonide and moxifloxacin hydrochloride, formulation (Tri-Moxi), instead of topical medications. All patients were seen post-op the same day (4-7 hours later), three to four weeks post-op, and at six months post-op. None of his cases developed endophthalmitis, and 98% remained free from CME and inflammation.

As a result of his studies, Dr. Galloway concluded, "Intravitreal triamcinolone-moxifloxacin had very low rates of inflammation and CME, and there were no cases of endophthalmitis. The advantages in using a single dose administered transzonularly during surgery include improved patient compliance, reduced costs to the patient, and decreased post-operative care. It also has huge potential in third-world medicine, where post-op visits are rarely a possibility."

Injectable drugs are revolutionizing the management of cataract patients. They simplify the process and provide safeguards against bacterial infection and inflammation, reducing the dependence on drop therapy and as a result, decreasing overall costs. Patients no longer need to administer multiple drops daily, thereby largely eliminating patient non-compliance and errors associated with this approach. Dropless cataract surgery has tremendous potential benefit to patients, caregivers, surgeons, staff, and the healthcare system alike.



¹ Shorstein NH, Winthrop KL, Harrington LJ. Decreased postoperative endophthalmitis rate after institution of intracameral antibiotics in a Northern California eye department. *J Cataract Refract Surg.* 2013;39(1):6-14.

² Barry P, et al. ESCRS study of prophylaxis of postoperative endophthalmitis after cataract surgery: Preliminary report of principal results from a European multicenter study. *J Cataract Refract Surg.* 2006 Mar;32(3):407-10.

³ Kim SJ, Toma HS. Antimicrobial resistance and ophthalmic antibiotics: 1-year results of a longitudinal controlled study of patients undergoing intravitreal injections. *Arch Ophthalmol.* 2011 Sep;129(9):1190-8.

⁴ Hwang DG. Fluoroquinolone resistance in ophthalmology and the potential role for newer ophthalmic fluoroquinolones. *Surv Ophthalmol.* 2004 Mar; 49 Suppl 2(1):S79-83.

⁵ Gaynor BD, Chidambaram JD, Cevallos V, et al. Topical ocular antibiotics induce bacterial resistance at extraocular sites. *Br J Ophthalmol.* Sep 2005; 89(9): 1097-1099.

⁶ Liegner J. Better surgery through chemicals. Presented at the American Society for Cataract and Refractive Surgeons Annual Meeting, April 25-29, Boston, MA.

⁷ Galloway MS. Intravitreal placement of antibiotic/steroid as a substitute for post-operative drops following cataract surgery. Presented at the American Society for Cataract and Refractive Surgeons Annual Meeting, April 25-29, Boston, MA.

STERILE COMPOUNDED FORMULATIONS YOU CAN TRUST

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- ✓ Meets or exceeds U.S. Pharmacopeia (USP) <797> guidelines
 - ✓ Quarterly facility monitoring and inspections
 - ✓ Endotoxin and sterility testing of each batch prior to distribution
 - ✓ Cleared test results included with every order
-



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	U.S. Pharmacopeia (USP) <797>	PCAB®	An Imprimis Pharmacy*	Status
STERILITY TESTING	Sterile lots per USP <71>	Comply with USP	All Sterile lots	✓
ENDOTOXIN TESTING	Sterile Injectable lots per USP <85>	Comply with USP	All Sterile Injectable lots	✓
PRE-SHIPMENT QUARANTINE	Not required, but recommended	Comply with USP	14 days for sterility result	✓
ENVIRONMENTAL TESTING	Every 6 months	Every 6 months	Every 3 months	✓
TEST RESULTS INCLUDED WITH ORDER	No requirement	No requirement	Sterility Results Endotoxin Results	✓
BEYOND USE DATING	Literature and experience based Stability Study Recommended	Comply with USP	Literature and experience based Stability Study Data (in progress)	✓
PERSONNEL	Initial Aseptic training Annual Aseptic Evaluation	Comply with USP	Initial Aseptic Training Semi-Annual Evaluations	✓
COMPOUNDING ENVIRONMENT	Aseptic in ISO5 Disinfectant Rotation	Aseptic in ISO5 Disinfectant Rotation	All aseptic in ISO5 Disinfectant Rotation	✓
QA PROGRAM DOCUMENTATION AND POLICIES	Written SOPs <ul style="list-style-type: none"> • Equipment monitoring and calibration • Compounding filling and labeling • Equipment and supplies • Training of staff • Procedure for handling hazardous drugs • Quality assurance program • Record keeping requirements • Recall procedures 	Written SOPs <ul style="list-style-type: none"> • Equipment monitoring and calibration • Compounding filling and labeling • Equipment and supplies • Training of staff • Procedure for handling hazardous drugs • Quality assurance program • Record keeping requirements • Recall procedures 	Written SOPs <ul style="list-style-type: none"> • Equipment monitoring and calibration • Compounding filling and labeling • Equipment and supplies • Training of staff • Procedure for handling hazardous drugs • Quality assurance program • Record keeping requirements • Recall procedures 	✓

*Applies to triamcinolone acetone, moxifloxacin hydrochloride and vancomycin formulations compounded by a pharmacist pursuant to a prescription to meet the needs of individual patients. An Imprimis Pharmacy is a wholly-owned subsidiary of Imprimis Pharmaceuticals.

PCAB® is a service of ACHC. All Rights Reserved.

May 8, 2014



Dr. Dennis Saadeh, Pharm.D., FACA
Director of Quality Assurance/President
Park Compounding - ID:1106
9257 Research Drive
Irvine, CA 92618

Dear Dr. Saadeh:

I am pleased to inform you that Park Compounding has been approved for accreditation as a "PCAB[®] compounding pharmacy" for sterile and non-sterile compounding. Your accreditation is effective as of May 8, 2014 and will continue through May 5, 2017 contingent upon ongoing compliance with PCAB[®] standards and payment of your annual accreditation fees.

PCAB[®] was created by the leading organizations in the pharmacy profession for the purpose of recognizing those compounding pharmacies that have demonstrated their outstanding commitment to quality. Park Compounding is one of the more than 200 PCAB[®] Accredited pharmacies nationally.

With your pharmacy's designation as a PCAB[®] compounding pharmacy, patients and practitioners can know that Park Compounding ranks among the best compounding pharmacies in the country for compliance with quality standards. This is visible evidence of your commitment to your patients and the pharmacy profession.

Please accept my congratulations on behalf of the pharmacy profession and the patients that you serve. Professional self-regulation is the most effective means in assuring integrity and quality.

Sincerely,

Cynthia Freberg
Acting Executive Director/Director of Operations

cc: File - Park Compounding - ID:1106



BOARD OF PHARMACY
 1625 NORTH MARKET BLVD., SUITE N-219
 SACRAMENTO, CA 95834
 (916) 574-7900

Sterile Compounding License

LICENSE NO. LSC 99026
 RECEIPT NO. 51600351

VALID UNTIL AUGUST 01, 2016

PARK COMPOUNDING
 9257 RESEARCH DRIVE
 IRVINE CA 92618-4286

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
 This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder more than 10 percent share change, administrator or pharmacist-in-charge.
 This permit is valid only at the address shown.

07/14/15

The official status of this license can be verified at www.pharmacy.ca.gov



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FORM WPHLSC (12/31/08)

CC:Y



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Retail Pharmacy Permit

LICENSE NO. PHY 41748
RECEIPT NO. 51600853

VALID UNTIL AUGUST 01, 2016

PARK COMPOUNDING
9257 RESEARCH DRIVE
IRVINE CA 92618-4286

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder more than 10 percent share change administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

07/08/15

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----



INSPECTION REPORT

Inspector Remarks:

Routine LSC Inspection:

(Non sterile to sterile represents 99% of all sterile compounding which represents ~20% of all compounding)

The following were reviewed: H/C water, NTC poster, Expiration date of drug inventory, Training Records, Policies and Procedures, Equipment certification (2 hoods for non sterile compounding and 4 scales), Endotoxin testing machine, QA, Theft and Impairment (BPC 4104)

Discussion Items:

1. All dangerous drugs and bulk ingredients scanned into computer inventory and assigned a unique barcode which is affixed to bottle. Each item is scanned and documented on log (informational)
2. Any pharmacist who authenticates sterile compounding product is to complete required training per CCR 1751.6 (e)(1)
PIC Saadeh and RPH Gasca to complete training within 30 days
3. Filters on both LFH to be replaced 2/13/14

LSC:

- No Chemotherapy
- 2 ISO -5 hood within ISO 7 clean room
- Viable and non viable Air WNL 10/21/13 w/ microbiological analysis
- Water tested WNL 1/14/14
- Endotoxin and Autoclave Equipment: Reviewed
- Labeling: Reviewed
- Attire
- Master formulas/Logs: PCCA , scientific journals, etc
- Training Records: TCH MARYAMNAZ SHAHSIAH , NADIA M ELSAYED IBRAHIM, DENNIS E SAADEH- IV compounding area
- Quantitative/Qualitative Analysis: Tested
- Surface Testing (both bacteria and fungal): Reviewed
- Smoke Test: Passed per SERTS 10/10/2013)
- Cleaning Records : Reviewed
- Batch- all batches quarantined until results obtained

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign)
 Pharmacist (print) TINA M. SULIC-SAADEH
 Owner(sign) _____
 Owner(print) _____

Inspector (sign) *Katherine Sill*
 Inspector (print) Katherine Sill

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR

INSPECTION REPORT

Pharmacy Hospital Pharmacy Clinic Exempt Hospital Wholesaler Hypodermic

Date: 6/25/2015 Inspector: Michael Boluro-Ajayi

Firm: PARK COMPOUNDING Phone: (949)551-7195

Address: 9257 RESEARCH DRIVE City: IRVINE Zip: 926184286

Ownership: CORPORATION

Permit #: LSC99026 Permit Exp: 8/1/2015 DEA#: BP5058335 DEA Exp: 3/31/2017

Date of Self Assessment Form: 6/23/2015 Other Permit #: N/A Date of DEA Inventory: 1/2/2015

Hours M-F: 9am:5pm Hours Saturday Closed Hours Sunday: Closed

PIC NADIA M ELSAYED IBRAHIM RPH55103 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>DENNIS E SAADEH</u>	<u>RPH41232</u>	<u>DIHOANA DUTERTE</u>	<u>TCH114405</u>
	<u>TINA M SULIC SAADEH</u>	<u>RPH41234</u>	<u>EDWIN C VAPOR</u>	<u>TCH49055</u>
	<u>LAWRENCE E WOODHOUSE</u>	<u>RPH33129</u>	<u>GUSTAVO RAMIREZ</u>	<u>TCH2552</u>
	<u>DIEP T VU</u>	<u>RPH51031</u>	<u>MARYAMNAZ SHAHSIAH</u>	<u>TCH66352</u>
	<u>MARC GASCA</u>	<u>RPH56107</u>	<u>PHUONG K TRAN</u>	<u>TCH72943</u>
	<u>MAYA ZALZALI</u>	<u>INT29032</u>	<u>QUYEN T TRAN</u>	<u>TCH98439</u>
	<u>MONICA J ANDERSON</u>	<u>INT33058</u>	<u>SUSAN M JAMES</u>	<u>TCH903</u>
	<u>SAMAR S ABDEL-AZIZ</u>	<u>RPH40026</u>	<u>THUY H TRAN</u>	<u>TCH145154</u>



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

INSPECTION REPORT

Pharmacy Hospital Pharmacy _____ Clinic _____ Exempt Hospital _____ Wholesaler _____ Hypodermic _____

Date: 2/10/2014 Inspector: Katherine Sill

Firm: Park Compounding Pharmacy Phone: (949) 551-7195

Address: 9257 Research Drive City: Irvine Zip: 92618

Ownership: CORPORATION

Permit #: LSC99026 PHY41748 Permit Exp: 8/1/2014 DEA#: BP5058335 DEA Exp: 3/31/2014

Date of Self Assessment Form: 9/10/2013 Other Permit #: N/A Date of DEA Inventory: 1/14/2013

Hours M-F: 9am-5pm Hours Saturday: Closed Hours Sunday: Closed

PIC TINA M SULIC SAADEH RPH41234 Administrator _____

RPH Consultant _____

Staff	RPH Name:	License #:	Staff Name:	License #:
	<u>DENNIS E SAADEH-C</u>	<u>RPH41232</u>	<u>MARYAMNAZ SHAHSIAH-C</u>	<u>TCH66352</u>
	<u>NADIA M ELSAYED IBRAHI</u>	<u>RPH55103</u>	<u>PHUONG K TRAN</u>	<u>TCH72943</u>
	<u>LAWRENCE E WOODHOUSE</u>	<u>RPH33129</u>	<u>DIHOANA DUTERTE</u>	<u>TCH114405</u>
	<u>YKHANH T NGUYEN</u>	<u>RPH64465</u>	<u>KIMBERLY R WU</u>	<u>TCH80912</u>
	<u>MARC GASCA-C</u>	<u>RPH56107</u>	<u>SUSAN M JAMES</u>	<u>TCH903</u>
			<u>QUYENT T TRAN</u>	<u>TCH98439</u>



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INSPECTION REPORT

Inspector Remarks:

Sterile Pharmacy compounding inspection: PIC Nadia Ibrahim was present and assisted with the inspection. Here today for a routine inspection.

Fills about 250 prescriptions daily. Licensed in 24 other states.

Compounding:

10% of dispensed drugs-veterinary drugs

Chemotherapy: Leukeran veterinary oral

Non sterile to sterile: High risk

Trimix, Sermorelin, HCG, Lyophilized Trimix

Minerals and Vitamins

Hormones: Testosterone, Progesterone, estrogen: troches, cream, tablets

Specialty: Sugar free, diet free, hypoallergenic

Compound Area:

ISO 8 Prep room, ISO-7 Ante room, ISO 7 clean room

Certified CERT (Controlled Environment Regulatory Testing Services)

Certification: 04/17/2015

6 powder fume hoods:

Certified: CERT

Certification: 04/17/2015

2 ISO 5 horizontal laminar flow hood

Certified: CERT

Certification: 04/17/2015

1 BSC II cabinet in a non-class room

Certified: CERT

Certification: 04/17/2015

Compounding policy and procedure: reviewed

Labeling: reviewed

Master formula: available

Cleaning log: reviewed

Refrigerator/ Freezer temperature log: reviewed

Attire: Gown, gloves clean room, coverall, head mask and shoe cover available

Competency and staff training: reviewed for all compounding staff

Disposal: Chemo spill kit: Available

Quality and Quantity testing: Endotoxin testing done in-house, Quantitative testing done by a third party lab (Dynalabs)

BUD: reviewed

Reference: PCCA, Trissels, Compound today, JPCC

WLS: PCCA, LETCO, Fagron, MEDISCA

Reverse Distributor: Pharmaceutical Returns Service

Discussion

Educated PIC Ibrahim on the impending laws and requirements regarding cytotoxic drugs. Pharmacy is currently compounding

Leukeran in a non-class room in the open.

Discussed with PIC Ibrahim on the industry wide best practice process validation.

Discussed with PIC Ibrahim on the type of media required for process validation.

Licensee Remarks:



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INSPECTION REPORT

I have reviewed, discussed, understand and received a copy of this form .

Inspector (sign) *Michael Beluro-Ajayi*
 Inspector (print) Michael Beluro-Ajayi

Pharmacist (sign) *Nadia Ibrahim*
 Pharmacist (print) Nadia Ibrahim

Owner(sign) _____
 Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:



CONFIDENTIAL PEER REVIEW
NON-PROCEDURE

Date:

Reviewed by:

Physician:

H&P (provide summary)

Complete

Incomplete: please explain

Medical Decision Making (provide summary)

Appropriate

Inappropriate: please explain

Discharge (provide summary)

Complete

Incomplete: please explain

Care consistent with acceptable medical standard

Care outside of standard

Follow up needed: will refer to _____

Education provided and accepted: _____

Refer to Chief of Service or Chief of Staff for action

Reviewer signature: _____ Date: _____

RADIOLOGY SERVICE

Supervise Allied Health Professional

TELERADIOLOGY

Diagnostic Radiology

GI/OR fluoroscopy interpretation, as requested by supervising physician

Head, Neck, Chest, Abdomen and Pelvis

Spine

Extremity

CT

Head, Neck, Chest, Abdomen and Pelvis

Spine

Extremity

Vascular Exams (Angio)

MRI

Head, Neck, Chest, Abdomen and Pelvis

Spine

Extremity

Vascular Exams (Angio)

US

Head, Neck, Chest, Abdomen and Retroperitoneal

Pelvic, Obstetric and Scrotal

Soft tissue, superficial and deep

Extremity

Vascular including color flow doppler

Nuclear Medicine

ALL Nuclear Medicine studies

ON-SITE RADIOLOGY

A physician with On-site privileges may also read via teleradiology.

General Fluoroscopy

General fluoroscopy (current CA Radiography & Fluoroscopy X-Ray Supervisor & Operator Permit required)

Diagnostic Radiology

Head, Neck, Chest, Abdomen, Pelvis and Spine
Extremity

Gastrointestinal studies with contrast

Cholangiography, IV, O.R., & T-tube

Sialography

Lumbar Puncture

Pediatric Lumbar Puncture

Hysterosalpingography

CT

Head, Neck, Chest, Abdomen, Pelvis and Spine

Extremity

Vascular Exams (Angio)

MRI

Head, Neck, Chest, Abdomen, Pelvis and Spine

Prostate

Extremity

Vascular Exams (Angio)

RADIOLOGY SERVICE

ON-SITE RADIOLOGY

NM

Must be an authorized user (on NIH Radioactive materials license or have temporary authorized user status)

GI studies

- _____ Lung studies
- _____ Musculoskeletal studies
- _____ Infection/Tumor Studies
- _____ Renal Studies
- _____ Endocrine studies
- _____ Hepato/biliary studies
- _____ Myocardial/Vascular Studies
- _____ CSF/LEAK studies

US

- _____ Neck, Chest, Abdomen and Retroperitoneal
- _____ Pelvic, Obstetric and Scrotal
- _____ Soft tissue, superficial and deep
- _____ Extremity
- _____ Vascular including color flow doppler

Cardiac/pericardial

Interventional Procedures

- _____ Fluoroscopic guidance
- _____ US guidance
- _____ CT guidance
- _____ MR guidance

DEXA

Bone Densitometry

Vascular

- _____ Angiography
- _____ Percutaneous Vena Cava Filter Placement / Removal (IVC)
- _____ Peripherally Inserted Central Catheter
- _____ Central Line insertion (exclude port-a-cath)
- _____ Insertion/management of hemodialysis catheter

Urography

- _____ Cystography
- _____ Urethrography
- _____ Intravenous Urography
- _____ Nephrostogram
- _____ Nephrostomy Tube Placement

Bladder Drainage Catheter

Biopsy

- _____ Soft tissue, superficial/deep
- _____ Peritoneal/Retroperitoneal
- _____ Musculoskeletal
- _____ Percutaneous Organ Biopsy

Drainage/Aspiration/Centesis

- _____ Soft tissue, superficial/deep
- _____ Peritoneal/Retroperitoneal
- _____ Musculoskeletal
- _____ Thoracostomy Tube Placement/Thoracentesis
- _____ Percutaneous Abscess or Cyst Drainage
- _____ Transhepatic Biliary Studies
- _____ Paracentesis

RADIOLOGY SERVICE

Pain Management

Radiofrequency Ablation - Nerves
 Vertebroplasty/Kyphoplasty
 Trigger Point Injections

Epidurals

Translaminar
 Cervical
 Thoracic
 Lumbar
 Sacral

Transforaminal

Cervical
 Thoracic
 Lumbar

Caudal
 Sacral
 Sacral

Facet/Paravertebral Nerve Injections

Cervical
 Thoracic
 Lumbar
 Sacral

Athrocentesis/Arthrography

Large Joint (Knee, Shoulder, etc)
 Medium Joint (Wrist, Ankle, etc)
 Small Joint (Finger, Toe)
 SI Joint

Anesthesia

Topical anesthesia
 Local infiltration
 Peripheral Nerve Block
 Minimal Sedation (Anxiolysis)

Moderate Sedation/analgesia (Conscious Sedation)

BREAST IMAGING SERVICES

Anesthesia

Topical anesthesia
 Local infiltration
 Peripheral Nerve Block
 Minimal Sedation (Anxiolysis)

Moderate Sedation/analgesia (Conscious Sedation)

Breast Imaging

Mammography, screening and diagnostic
 Breast US - handheld/Automated
 Breast MRI
 Surgical specimen evaluation

Breast aspiration/drainage

Galactography

Breast/tissue biopsy

Needle localization

US guidance

MR guidance

Stereo guidance

Do we have the capability and processes in place for the following?

<input type="checkbox"/>	Transrectal US	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Kyphoplasty	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Transjugular intrahepatic portosystemic shunt (TIPS)	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Herniography	
<input type="checkbox"/>	Oral cholecystograph	
<input type="checkbox"/>	Bronchography	
<input type="checkbox"/>	Angioplasty and Stenting	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Intravascular Lytic Therapy	Do not have equipment/probes, policies, procedures

Endovascular interventions of all peripheral vessels & branches of aorta except innominate & carotid vessels

<input type="checkbox"/>	Angioscopy	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Balloon angioplasty	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Endoluminal graft placement	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Stent placement	Do not have equipment/probes, policies, procedures
<input type="checkbox"/>	Thrombolytic therapy	Do not have equipment/probes, policies, procedures

Thrombolytic agent administration other than M.I.

<input type="checkbox"/>		Do not have equipment/probes, policies, procedures
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NORTHERN INYO HOSPITAL
Rural Health Clinic

153 Pioneer Lane
Suite B
Bishop, CA 93514
(760) 873-2849
Fax (760) 873-2836

July 10, 2015

Catherine Leja, MD

Chair of Interdisciplinary Committee

Dear Cathy,

It is my pleasure to recommend Sunny Sawyer, PA for advancement from provisional status to full and unrestricted status as a NIH allied health provider (AHP) at the Rural Health Clinic per our Medical Staff Bylaws Section 13.3.

Since starting clinical work at the RHC at the beginning of May 2015, I have directly witnessed her capacity as a primary health care provider. We started with 2 weeks of direct shadowing by myself while she saw patients in the clinic. She exhibited excellent patient care with regard to history taking, physical exam, medical decision-making and synthesis of differential diagnoses with subsequent establishment of a treatment plan. Even though she was hired with an eye to acute/same-day care duties, she established good rapport with patients with an easy-going style that put the patients at ease. She was diligent about extracting patient histories, picking up essential details and confirming her working diagnoses with pertinent physical exam findings. She was adept at physical exams, laboratory interpretation and ordering directed diagnostic studies. Her chart documentation was superb – better at times than other seasoned physician assistants I've worked with in the past.

After her direct shadowing period, I have had the opportunity to review every one of her charts from May 1- July 1 (a total of 269 charts.) I have found no deficiencies in thought process, synthesis of therapies or follow-through on her plans. Indeed, she demonstrates a level of care far above her current new-graduate status. (I can provide a list of these chart reviews if required.)

I have supervised Sunny on all of the NIH Physician Assistant Protocols requested on March 4, 2015 (see attached) and found no deficiencies as mentioned above.

Again, I heartily recommend that Sunny advance from provisional status as of July 1, 2015. Chart review for Sunny will then continue at 5% of her charts per NIH policy/California state requirements.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stacey Brown', is written over a horizontal line.

Stacey Brown, MD, FAAFP

Proctor for Sunny Sawyer, PA



NORTHERN INYO HOSPITAL
 Northern Inyo County Local Hospital District
 150 Pioneer Lane, Bishop, California 93514

Medical Staff Office
 (760) 873-2136 voice
 (760) 873-2130 fax
 anthony.peregretti@nih.org

TO: NIH Medical Staff
 NICHHD Board of Directors

I agree to supervise Sunny Sawyer [name/title] while functioning under the following approved Physician Assistant Protocols.

✓	General Policy for RHC PA	RHC
✓	Management of Acute Illness for RHC PA	RHC
✓	Adult Health Maintenance Policy for RHC PA	RHC
✓	Management of Chronic Illness Policy for RHC PA	RHC
✓	Emergency Care Policy for RHC PA	RHC
✓	Laboratory & Diagnostic Testing for RHC PA	RHC
✓	Medication/Device Policy for RHC PA	RHC
✓	Minor Surgical Policy for RHC PA	RHC
✓	Management of Minor Trauma for RHC PA	RHC
✓	Well Child Care Policy for RHC PA	RHC
	Protocol for Physician Assistant in the Operating Room	

I certify that I hold appropriate privileges to supervise a Physician Assistant at NIH and am currently competent to perform all privileges required to supervise this Physician Assistant.

 3/9/15
 Supervising Physician: Print Name/Title. Sign, Date



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Rural Health Clinic

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Bishop, CA 93514
(760) 873-2849
Fax (760) 873-2836

August 23, 2015

Anthony Shapera, MD
Chair of Credentials Committee

Dear Tony,

It is my pleasure to complete the proctoring of Dr. Arvinder Bir, a locum tenens physician hired for the months of July and August after Dr. Boo left the clinic. Even though this Friday is his last day of work at the clinic, I feel a letter of support and documentation is needed for his time at NIH.

He has mainly been responsible for the acute care needs of the clinic, including ER and hospital followup visits. He has also seen some of Dr. Boo's continuity patients, treating standard primary care issues such as diabetes, hypertension, and psychiatric disorders. In addition, he has filled the role of interim medical director, completing more than 100 chart reviews of the MD and NP/PA providers during July and August.

I have personally reviewed more than 150 of his clinic charts, worked closely with him in clinic and discussed many patients with him after clinic hours. His clinic notes are accurate, succinct, and helpful for the next provider following his acute visit. His thought process is clear and well-documented in the medical record. His fund of knowledge is broad. His interpersonal interactions with clinic staff are courteous and respectful.

Please accept this letter as documentation for completion of Dr. Arvinder Bir's proctoring under Bylaws Section 3.7.6.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stacey Brown', with a large, stylized flourish at the end.

Stacey Brown, MD, FAAFP

ED Triage Protocol Checklists

Medical Order Sets

Abdominal/Flank Pain

- Saline Lock IV
- NPO
- Labs – CBC, CMP
- UA – dip and hold
- For females of child-bearing age, add serum qual HCG
- For upper abdominal pain, add serum lipase and amylase
- For upper abdominal pain and >40yo, add EKG

Allergic Reaction

Notify physician immediately for any respiratory distress.

- Oxygen saturation and Cardiac Monitor
- IV NS or saline lock
- Epinephrine (1:1000) 0.3mg IM for adults and 0.01mg/kg IM for peds

For any patient with wheezing, difficulty breathing, difficulty swallowing, swollen tongue or history of prior severe allergic reaction.

- Benadryl 50mg IVP for adults and 1mg/kg IVP for peds (up to 50mg)
- Albuterol 2.5mg/3cc NS nebulized, may repeat x1

Altered Level of Consciousness

Notify physician immediately for any unstable vital signs or respiratory distress.

- Oxygen saturation and Cardiac Monitor
- Accucheck
- Saline lock IV with bloods to hold
- Dextrose for BS <60 – D50 25gm IVP for adults and D25 2-4 ml/kg for peds (up to 25mg)
 - o Pull out D₁₀W for infants less than 30 days and notify MD immediately

Chest Pain – Adult

- Oxygen saturation – O₂ via Nasal Cannula for sats < 95%
- Cardiac Monitor
- Saline lock IV, Antecubital 18g if possible
- ECG
- Labs – CBC, CMP, Trop, MB
 - Add PT/PTT if on Coumadin
- 1 view portable CXR
- Aspirin 162 mg PO chew tab
- NTG SL 0.4mg q5min prn, may repeat x 2

Contraindicated for patients who have recently taken phosphodiesterase inhibitors (i.e. Cialis < 48hrs or Viagra/Levitra < 24hrs)

Hold for SBP < 100, HR <50 or >100, evidence of inferior MI on ECG

Dysuria

- UA w/culture if indicated
 - For females of child-bearing age, add urine qual HCG

Emergency Physician

Date

Time

ED Triage Protocol Checklists

Fever

For pediatric patients under 14 years old and based on prior antipyretic given

- Tylenol 15mg/kg PO or PR Q4hrs (up to 650mg)
- Motrin 10mg/kg PO Q6hrs (for patients 6 months old or greater, up to 400mg)

For adult patients

- Tylenol 650mg PO or PR Q6hrs

Gastrointestinal Bleeding

- Saline Lock IV
- Cardiac Monitor
- Labs – CBC, CMP, PT/PTT, Type & Screen

Seizure

- Oxygen saturation and Cardiac Monitor
- Saline Lock IV
- Accucheck
- Dextrose for BS <60 – D50 25gm IVP for adults and D25 2-4ml/kg for peds (up to 25gm)
 - o Pull out D₁₀W for infants less than 30 days and notify MD immediately
- For active seizures notify physician immediately then Ativan 2mg IVP for adults and 0.05mg/kg IVP for peds (up to 2mg) , may repeat x1 prn

Shortness of Breath

- Oxygen saturation and Cardiac Monitor
- Saline Lock IV
- Titrate oxygen to keep sats >90%
- Labs – draw and hold
- 2 view CXR
 - o I 1 view portable if patient unstable
- Albuterol 2.5mg/3cc NS nebulized, may repeat x1
- ECG for patients >40yo

Hypotension

- Oxygen saturation and Cardiac Monitor
- Large-bore IV
- Titrate oxygen to keep sats >90%
- Fluid bolus NS in 500ml increments for SBP<90
 - o Pediatric patients – NS 20mg/kg(up to 500ml) for AMS or SBP<70 less than 1 yo and <70mm HG + (2x age) for 1-10 yo
- Labs – CBC, CMP, Trop, MB, Lactate, Blood Cx x2, UA
- 1 view portable CXR

Emergency Physician

Date

Time

ED Triage Protocol Checklists

Neurologic Symptoms (possible Stroke)

- Oxygen saturation and Cardiac Monitor
- Saline Lock IV
- Accucheck
- CT Head w/o contrast
- CBC, CMP, PT/PTT
- ECG

Syncope

- Oxygen saturation and Cardiac Monitor
- Saline Lock IV
- Orthostatic vital signs
 - Supine for 5 minutes then check BP & HR, stand for 2-5 minutes then check BP & HR
 - Considered positive with decrease SBP by 20mmHG, decrease DBP by 10, increase HR by 30bpm or symptoms of cerebral hypoperfusion
- ECG
- Accucheck

Vomiting

- Saline Lock IV
- Labs – draw and hold
- For adults without a history of CHF or Chronic Renal Failure, 1L NS Bolus
- Zofran 4mg PO or 4mg IV for >16kg and 2mg PO for <16kg

Trauma Order Sets

Eye Problems

- Visual acuity with corrective eyewear
- Proparacaine and fluorescein strips to bedside
 - May instill 1-2 gtts Proparacaine q30min to affected eye
- For chemical injuries, irrigate affected eye with 1L NS through Morgan lens. Start immediately in triage before checking visual acuity

Laceration

- For adults with tetanus immunization >10 years or unknown, give Tdap 0.5ml IM
- For pediatric patients, apply LET topical anesthetic to wound for 20-30min
- Irrigate wound as tolerated

Emergency Physician

Date

Time

ED Triage Protocol Checklists

Orthopedic Injuries

The ED physician should be notified immediately for open fractures, dislocations or injuries with vascular compromise.

- Ice, elevate and stabilize
- Urine or serum HCG as needed
- Saline Lock IV for moderate to severe pain or obvious deformities
- Examine extremity and document neurovascular status, deformity, instability, crepitus, bony tenderness, ecchymosis, or swelling

Always examine joints above and below as well for associated injuries

Order appropriate Xrays – special considerations:

- Ankle, Foot, Toes, Heel
 - Xray entire foot for toe injuries
 - Add calcaneal views for heel tenderness or fall from height
 - Add knee xrays for tenderness over proximal fibula
 - Elbow, Forearm, Wrist, Fingers
 - Xray wrist for distal forearm tenderness
 - Add navicular view for snuffbox tenderness

No xrays for peds <6yo with arm pain or loss of function and no obvious deformity
 - Shoulder, Clavicle
 - Notify physician immediately for SOB or low sats
 - Chest (Ribs)
- Order 1vw upright CXR

Pain control

For acute orthopedic injuries only. Patients with chronic pain issues must be seen by the ED physician prior to medication.

IV narcotics require initial review by the ED physician

For adults

- Mild to moderate pain – Motrin 600mg PO
- Moderate pain – Percocet-5 1 tab PO
- Severe pain – Fentanyl 50ucg IVP q5min prn, max 200 ucg

For pediatrics >2 years old

- Mild to moderate pain – Motrin 10mg/kg PO (up to 600mg)
- Moderate pain – Lortab (hydrocodone/acetaminophen) elixir 0.1mg/kg hydrocodone PO (up to 10mg)
- Severe pain – Fentanyl 1ucg/kg intranasal, may repeat 0.5ucg after 5 minutes (up to 100ucg)

Emergency Physician

Date

Time



Performance Excellence (PEX) October 21, 2015

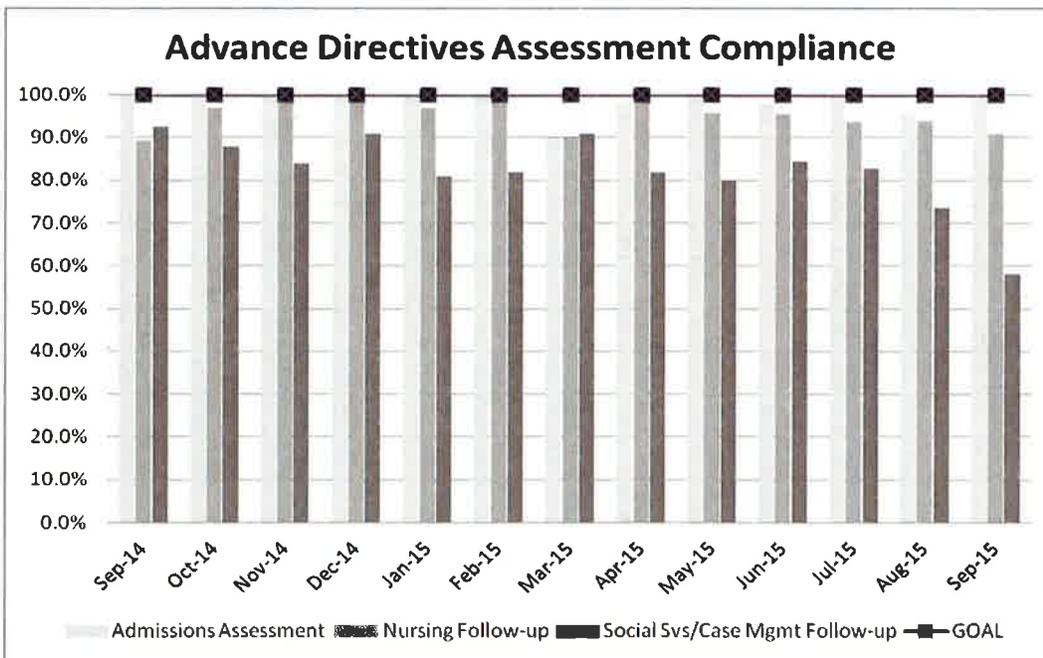
Quality Assurance and Performance Improvement (QAPI) Report

Joint Commission Survey Readiness

1. Focused Standards Assessment. NIH continues to make improvements based on the FSA findings, in preparation for an on-site survey. *Performance Excellence staff have been assigned to work on some improvements in the TJC functional chapters of Leadership (LD), Performance Improvement (PI) and Medical Staff (MS). PEX will be partnering with senior managers to prepare for a TJC survey.*

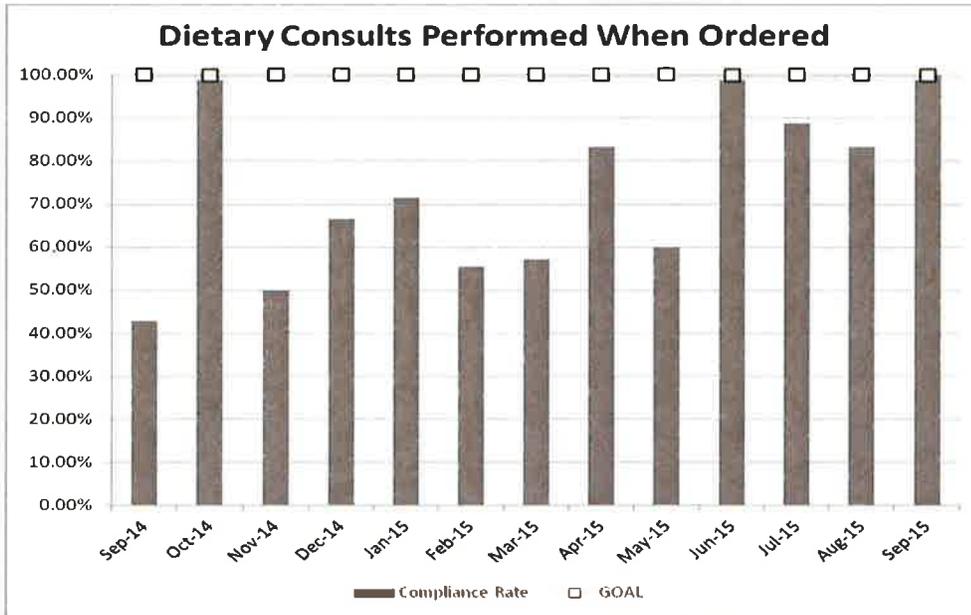
2013 CMS Validation Survey Monitoring

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



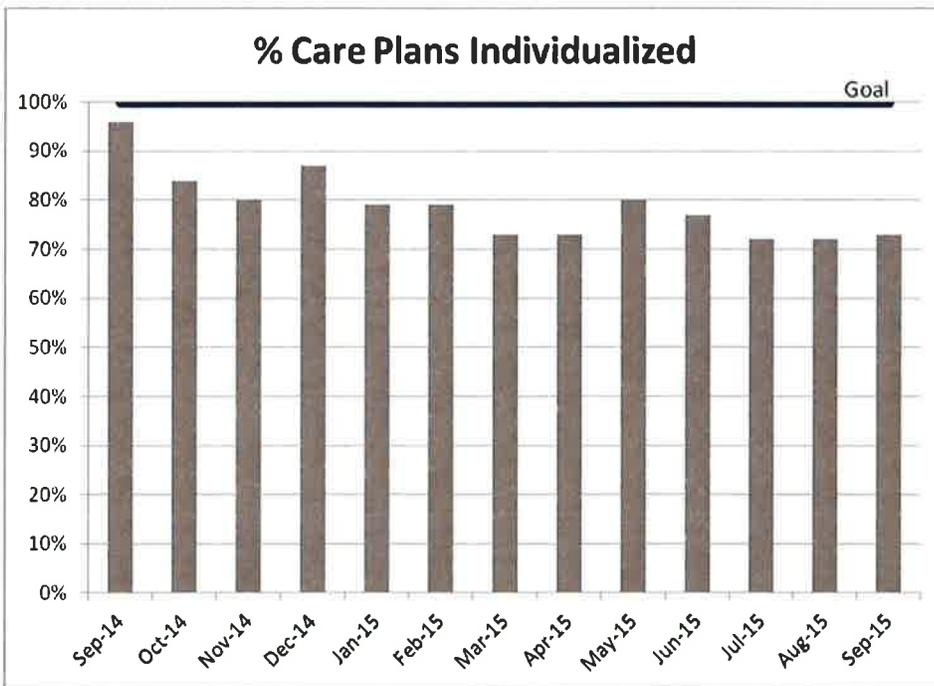
- b. Positive Lab Cultures are being routed to Infection Prevention and each positive is being investigated as to source. Monitoring has been ongoing and reported through Infection Control Committee. QAPI receives data.
- c. Safe Food cooling monitored for compliance with approved policy and procedure. 100% compliance since May 6, 2013.
- d. Dietary hand washing logs have been reported and are at 100% compliance since May 6, 2013. The Dietary department has developed and is testing new handwashing logs with the help of Nel Hecht, Infection Preventionist, to provide more meaningful data.

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



Important Note: Some months have small sample sizes and % compliance should be interpreted with caution.

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



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

h. Pain Re-Assessment. NIH conducts pain re-assessment after administering pain medications and uses a 1-10 scale. Please note that different scales are used for different departments for easier visualization, but that the scale will be used starting in October for better inter-departmental comparison. No new data since last BOD meeting.

Celebrate Infection Prevention Week (10/18/15-10/24/15)

- In 42 months, there were only 5 hospital acquired urinary tract infections, 1 central line infection and zero cases of Ventilator-Associated Pneumonia. In the same 42 months, out of 4,524 surgeries, there were only 19 surgical site infections for a rate of 0.5 %, which is four times LOWER than the national average of about 2%.
- Infection Control set up hand sanitizer stations at hospital entries and lobby areas.
- Achieved 95% overall flu vaccination rate during 2014 flu season; final results for 2015 season not in yet.
- Communicable Disease Emergency Preparedness including Ebola preparation and planning.

CMS Core Measures Project (DMAIC)

1. *Project Progress (Analyze/Improve)*

- a. *Improve: In process of brainstorming solutions with many ideas focusing on mistake-proofing, automation and standard work strategies.*
 - *Solutions selected for testing include creating usable, validated query reports to be used for submission process and creation of training modules for submission process.*

Important Note: After completion of this project, other regulatory reporting projects will be conducted to improve the efficiency of these processes and increase opportunity for spending more time on value-added projects.

Clinical Documentation Improvement

1. Emergency Department Charge Capture Improvement Project (DMAIC)
2. OB Biliscan Charge Capture Improvement Project (DMAIC)
3. Perinatal Chargemaster Improvement Project.

No new updates on these CDI projects.

Performance Excellence Training

1. Customer Service Training Implementation Project (PMBOK)
 - a. Project Progress (Execution) Continue to develop train-the-trainer AIDET implementation strategy.
 - Pilot tested the "Introduction to Customer Service" training with several small group of Phlebotomy employees on June 4, 12, 26. Opportunities identified included in the next pilot test with train-the-trainer group in July include clarifying learning objectives and job description verbiage for managers.
 - *Train-the-trainer workshop held on 7/24/15; plan to team teach next area after phlebotomy*
 - *Some initial AIDET observations conducted by project team in Phlebotomy area; team met to discuss observations and decided to start observations followed up by Just In Time training after observations.*
2. Lean Six Sigma Green Belt training. (For more information about this methodology, please visit <http://asq.org/cert/six-sigma-green-belt/bok>. Lean Six Sigma is a scientific, data-driven methodology for improving processes and systems.
 - *Project & problem work sessions held on 7/10/15 and 7/31/15-help course participants work on charters and ensure due diligence and that proper tools are being used and methodology is being followed.*
 - *Class participant projects using a Lean Six Sigma or PMBOK methodology include the following:*
 - *CMS Core Measures Improvement project (Analyze/Improve)*
 - *OB Biliscan Charge Capture Improvement Project (Improve)*
 - *Perinatal Chargemaster Improvement Project (Initiate/Define)*
 - *EVS Route Standardization Improvement Project (Initiate)*
 - *Medical Records Lean Work Board Project (FOCUS-PDSA-Understand)*

- *Emergency Department Charge Capture Improvement Project (Control & Close-Out)*
- *Physician On/Offboarding Improvement Project (Initiate/Define)*

3. *Project Management Consulting/Mentoring.*

- Projects mentored and/or facilitated by CPEO:
 - *Orthopedic Patient Flow Improvement Project (Initiate/Define)*
 - *Workplace Violence Risk Assessment (Initiate/Define)*
 - *Wound Care Standardization & Improvement Project (Initiate/Define)*
 - *Antibiotic Stewardship Program Implementation Project (Plan/Execute)*

Baldrige and the Journey to Excellence

1. See Handout – Category 4 - Measurement, Analysis and Knowledge Management

Strategic Communications Report

Marketing/Internal Communication Projects (See Attachments)

1. *Infusion Center press release*
2. *Tri-County Fair press release (Patient Portal)*
3. *Billboard on 395 near Rite Aid*
4. *Breast Cancer Awareness Month ad campaign- Joyce's story, We Care program, 3D mammography*

Events

1. *Dr. Meredick, orthopedic surgeon, scheduled to speak about Musculoskeletal Health (Hand, Wrist, Elbow and Shoulder Wellness) to the community on 10/15/15, 6:30 PM at NIHD Birch Street Annex.*
2. *Reception for Acting CEO and new physicians, 10/14/15, 5:30-7:00 PM, Hospital Main Lobby*

Medical Staff Office Report

Medical Staff Office Updates

1. Medical Staff Office is working on re-appointment activities.

Project Management Methodology Keys

FOCUS-PDSA CYCLE: F (Find), O (Organize), C (Clarify), U (understand), S(Select), P(Plan), D(DO), S (Study), A (Act)

DMAIC: Define –Measure-Analyze-Improve-Control

DMADV: Define-Measure-Analyze-Design-Verify

PMBOK: Initiate-Plan-Execute-Monitor & Control-Close-Out



FOR IMMEDIATE RELEASE

Contact: Barbara Laughon
NIH Strategic Communications
(760) 873-5811 ext. 3415

New Northern Inyo Hospital Infusion Center opens Monday

Cancer patients receiving chemotherapy are often facing the greatest challenge of their lives. Care providers at Northern Inyo Hospital's newly expanded Infusion Center plan to do everything they can to make the experience as comfortable as possible.

Recently relocated into a larger space within the older main hospital, the expanded facility will open for service Monday, Aug. 24 at 8 a.m. Infusion patients with scheduled appointments for Aug. 24 are asked to park in front of the hospital's West Line Street entrance and check in with Central Registration in the main lobby. They will then be escorted to the new location.

The new Infusion Center features five private treatment bays furnished with large reclining chairs and wall mounted televisions. Adjustable gurneys are also available for those preferring to lie down. For those seeking a more social setting, the bays are large enough to allow some family or friends to sit with the patients and chat or watch television together.

The new center also provides a comfortable, modern treatment area for patients receiving other treatments including outpatient Blood Transfusions, Antibiotic Therapy and Eye Laser Treatment.

Perhaps the most inspiring aspect of the facility is a simple, yet elegant, silver bell, donated by the Northern Inyo Hospital Auxiliary. Those completing their therapy may ring the bell, a symbolic end to an often life-changing journey.

Hospital employees and members of the public got a sneak peek at the new facility last week during separate receptions. The public reception, hosted by the Northern Inyo Hospital Foundation, drew about 50 people to the facility. NIH Foundation President Jack England and

Hospital CEO Victoria Alexander-Lane greeted visitors as they arrived. Mini-tours of the facility revealed a well-thought out patient-centered operation, overseen by Ann Wagoner, Director of Nursing – Perioperative Services, her nursing team and Chief Nursing Officer Kathy Decker.

The Northern Inyo Hospital Foundation Board of Directors includes Jack England, Kay O'Brien, Mary Mae Kilpatrick, Debbie Core, Pete Watercott, Ken Partridge, Caddy Jackson, Carole Wade, and Dr. Richard Meredith. The Foundation's Executive Director is Greg Bissonette.

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NIH15_0381: The Northern Inyo Hospital Foundation in the new Infusion Center, from left to right, Executive Director Greg Bissonette, board members Caddy Jackson, Carole Wade, Ken Partridge, Foundation President Jack England, board members Dr. Richard Meredith, Debbie Core and Pete Watercott. Not shown: Board members Mary Mae Kilpatrick and Kay O'Brien. *Photo by Barbara Laughon/Northern Inyo Hospital*



FOR IMMEDIATE RELEASE

Contact: Barbara Laughon
NIH Strategic Communications
(760) 873-5811 ext. 3415

NIH Patient Portal sign-ups available at 2015 Tri-County Fair

If you are looking for a convenient way to access your personal health record, Northern Inyo Hospital has the answer.

Volunteers from the hospital's staff will help people sign up for the hospital's new online Patient Portal program during the Tri-County Fair, Sept. 3-6. The volunteers will be located on the south side of The Charles Brown Auditorium.

Anyone who has spent the night in the hospital or who is a patient of The Rural Health Clinic, or the orthopedic, women's and pediatric clinics may sign up for the Patient Portal. Once signed up, patients have an easy and convenient way to view test results, and clinic patients can request appointments and communicate with their health care team via secured messages.

The portal's biggest benefit is that it gives participants the ability to view portions of their records online for free. They may also print copies of their records at home at no charge. This reduces the need for most trips to the hospital's Medical Records department where people are charged for personal copies of their records.

"Plus this gives them access to their records after hours, and on weekends and holidays," explains Cyndee Kiddoo, Health Information Management Services (HIMS) manager.

Hospital Administrator Victoria Alexander-Lane said the Patient Portal technology is the wave of the future. "The portal technology allows our patients to take steps to manage their own care," Alexander-Lane said. "Going forward we're going to see more and more mobile health tools that emphasize wellness and really insert health care into people's lives."

To sign-up, participants must have an active email address.

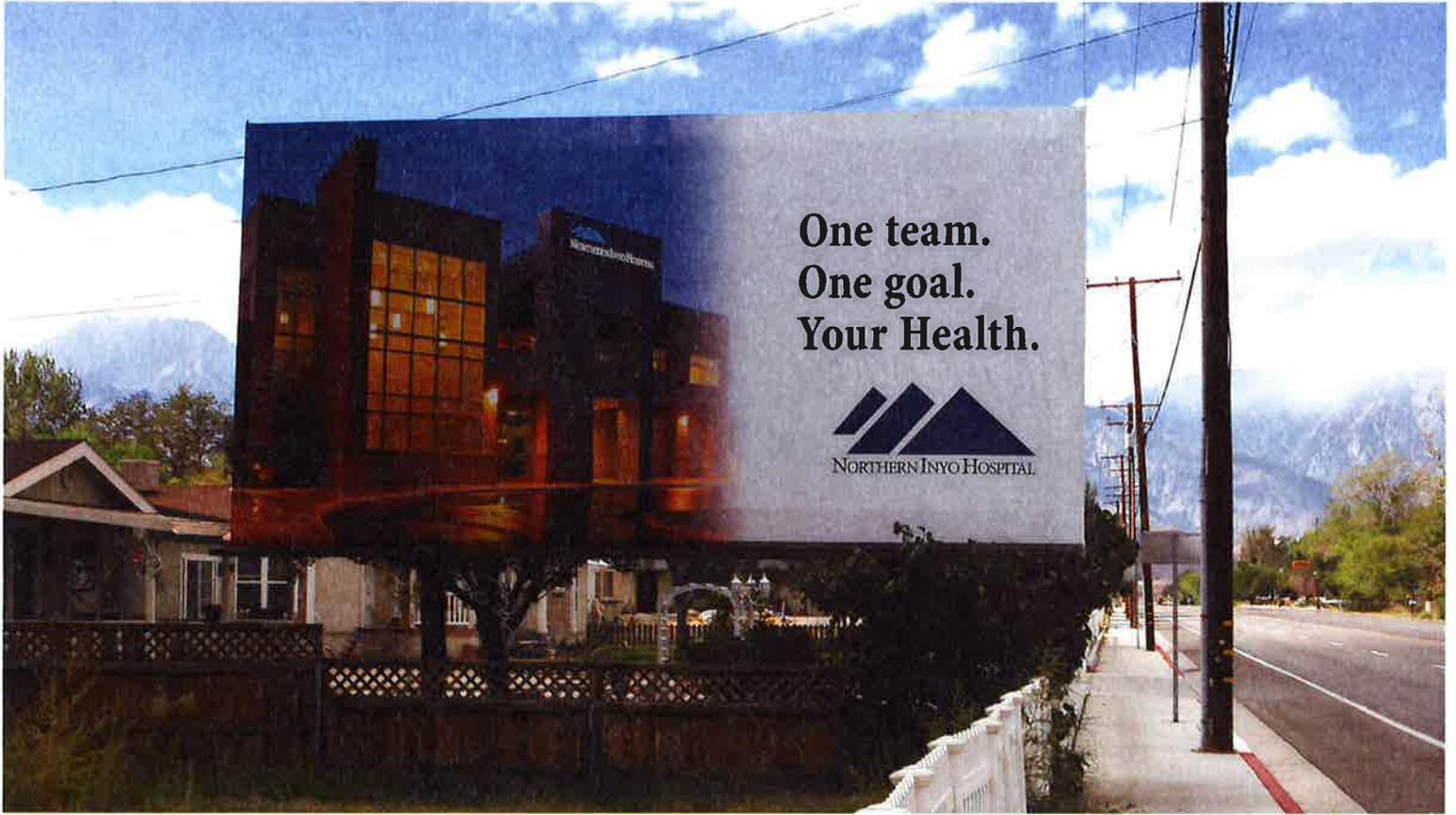
The sign-up process will be kept short during the Fair. Hospital volunteers will ask participants to fill out a brief sheet of information. Within a week, participants will receive an email with a personal invitation to the Patient Portal's secure sign-up area.

Anyone having trouble signing in may contact Cyndee Kiddoo for assistance at (760) 872-2152, 8 a.m. to 4 p.m. Monday through Friday, or after hours by email at Cyndee.Kiddoo@NIH.org.

In addition to the Patient Portal information, the NIH fair booth will have information on the hospital's reduced cost services and new healthcare providers including Drs. Marty Kim, Louisa Salisbury and Allison Robinson.

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Northern Inyo Hospital is a 25-bed, not-for-profit Critical Access Hospital located in Bishop. Accredited by The Joint Commission, NIH has been providing health care to the Eastern Sierra since 1946.





NORTHERN INYO HOSPITAL

We CARE!

Early Breast Cancer Detection Program

**\$10
copay**

Services covered include:

- Screening Mammograms
- Diagnostic Mammograms
- Other Diagnostic Studies
- Biopsies

Please do not let an inability to pay stop you or a loved one from getting timely screenings.

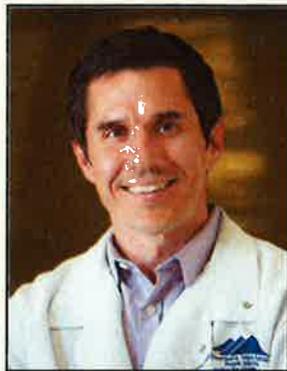
Mammograms save lives!

Serving at risk uninsured or underinsured local residents

Insurance coverage varies. For details about your coverage and billing, call (760) 873-2190

To schedule an exam, call NIH Diagnostic Imaging
(760) 873-2155

NIH Healthy Lifestyle Talks – Free, Open to Public



Speaker

Richard Meredick, MD

*Specializing in Trauma,
Sports Medicine/Arthroscopy, and
Joint Preservation/Reconstruction*

Talk 2: Hand, Wrist, Elbow and Shoulder Wellness

Advancing Musculoskeletal Health

*How maintaining musculoskeletal
health can improve your quality of life*

Thursday, Oct. 15, 6:30 p.m.

**Northern Inyo Hospital Birch Street Annex
2957 Birch St., Bishop**

Photos by Bob Rice



Northern Inyo Healthcare District

(760) 873-5811 • www.NIH.org



Memo

To: NIH Board of Directors
From: Greg Bissonette
cc:
Date: September 29, 2015
Re: Authorization to Bind for SHIP Grant

Board of Directors,

The attached document is required by California's Department Health Care Services' Primary, Rural, and Indian Health Care Division to negotiate and sign the Small Rural Hospital Improvement Program Application and/or Grant Agreement on behalf of the Northern Inyo Healthcare District.

It is to substantiate that the person signing those documents has the authority and capacity granted them by the Board of Directors.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Bissonette", written over a light gray background.

Greg Bissonette

Department Health Care Services
Primary, Rural, and Indian Health Care Division

Small Rural Hospital Improvement Program
Authorization to Bind

The Authorization to Bind permits the designee(s) listed below to negotiate and sign the Small Rural Hospital Improvement Program Application and/or Grant Agreement for any *payment requests that may result*.

The Board of Directors of Northern Inyo Healthcare District, in a duly executed meeting and held on [redacted] where a quorum was present, resolved to authorize:

Dr. Kevin Flanigan (Typed Name)	And/or designee	[redacted] (Typed Name)
CEO (Title)		[redacted] (Title)
[redacted] (Signature)		[redacted] (Signature)

The undersigned hereby affirms he/she is a duly authorized officer of the corporation and statements contained in this application package are true and complete to the best of the his/her knowledge, and accepts as a condition of a grant award the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes this is a public document and open for public inspection.

Authority to contract:

If someone other than the corporate board of director's chairperson is to negotiate and sign any resultant grant of this application, a letter of agreement and authorization must be signed and dated by the board of director's chairperson, indicating the name of such person and stating that person's area of responsibility in this matter.

Board Chairperson: M.C. Hubbard
(Typed Name)

[redacted]
(Chairperson's Signature)

[redacted]
(Date)

Board Chairperson
Mailing Address: 150 Pioneer Ln.
City: Bishop
Zip Code: 93514

Please mail one original copy to Department of Health Care Services, Primary, Rural, and Indian Health Division, 1500 Capitol Avenue, Suite 72-338, MS 8502, Sacramento, CA 95899-7413 and e-mail or fax a duplicate copy (916) 449-5777.

Reset Form

Print Form

Northern Inyo Hospital Breaches of Protected Health Information (PHI)
2011 - 2014

Breaches by Type	2011	2012	2013	2014
Theft	0	0	0	0
Loss	0	0	0	0
Unauthorized Access/Disclosure	2	17	29	22
Incorrect Mailing	4	2	1	5
Improper Disposal	0	0	0	0
Hack	0	0	0	0
Total Breaches	6	19	30	27

Breakdown	2011	2012	2013	2014
Faxing	1	14	13	12
Paper Hand-Outs	1	3	8	4
Mis-directed Mailings	4	2	1	5
Verbal Disclosure	0	0		1
Unlawful Access	0	0	7	5
Unlawful Disclosure	0	0	1	0
	6	19	30	27

CDPH was notified of all above potential breaches for review and determination. See below for the status-

CDPH Investigation Status	2011	2012	2013	2014
Complete/Closed	0	1	22	13
Incomplete/Open	6	18	3	9
In Review	0	0	5	5
	6	19	30	27

Deficiency Status on Complete/Closed Cases (above)				
Unsubstantiated/No Deficiency Assigned	0	1	16	1
Confirmed Breaches	0	0	6	12
Plans of Corrections Submitted	0	0	6	12