September 16 2020 Regular Meeting

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AGENDA
NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING
September 16, 2020 at 5:30 p.m.
2957 Birch Street, Bishop, CA

Northern Inyo Healthcare District invites you to attend this Zoom meeting:

TO CONNECT VIA **ZOOM**: (*A link is also available on the NIHD Website*)
https://zoom.us/j/213497015?pwd=TDlIWXRuWjE4T1Y2YVFWbnF2aGk5UT09
Meeting ID: 213 497 015
Password: 608092

PHONE CONNECTION:
888 475 4499 US Toll-free
877 853 5257 US Toll-free
Meeting ID: 213 497 015

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1. Call to Order (at 5:30 pm).
2. ***Public Comment***: At this time, persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the agenda.
3. New Business:
   A. Pioneer Home Health Board of Directors introductions (*information item*).
   B. Chief Nursing Officer transition (*information item*).
   C. 2020 NIHD Strategic Planning Development (*action item*).
   D. Approval of Interim Chief Executive Officer serving as a member of the Pioneer Home Health Board of Directors (*action item*).
   E. Administrator-on-Call Policy and Procedure approval (*action item*).
   F. Revised Safe Patient Handling Charter (*action item*).
4. Chief of Staff Report, Stacey Brown, MD:
   A. Policy and Procedure approvals (*action items*):
      1. *Admission, Documentation, Assessment, Discharge, and Transfer of Swing-Bed Patients*

2. *Adult Oxygen Protocol*
3. *Cardiopulmonary Department Cardiac Stress Tests*
4. *Chemotherapy Administration and Precautions*
5. *Discharging a Patient with a Hospital Administered Metered Dose Inhaler (MDI)*
6. *Omnicell Automated Dispensing Unit (ADU)*
7. *Potassium Intravenous Administration*
8. *Procedural Sedation*
9. *Pulmonary Function Testing*
10. *Vortran GO2VENT Use as Emergency Ventilator*
11. *Management of the Diabetic Patient (Insulin and Hyperglycemia Prococol)*

B. Annual Approvals (*action items*):

1. *Standardized Procedure – Adult Health Maintenance*
2. *Standardized Protocol – Adult Health Maintenance*

C. Medical Staff Bylaws update (*action item*).

Consent Agenda (action items)

5. Approval of minutes of the August 19 2020 regular meeting
6. Interim Chief Executive Officer and Chief Operating Officer report
7. Interim Chief Medical Officer report
8. Chief Nursing Officer report
9. Financial and Statistical reports as of August 31 2020
10. Compliance Department Quarterly report
11. Cerner Implementation update

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12. Reports from Board members (*information items*).
13. Adjournment to Closed Session to/for:

A. Conference with Legal Counsel, existing litigation (*pursuant to Paragraph (1) of subdivision (d) of Government Code Section 54956.9)*. Name of case: Inyo County LAFCO and NIHD v. SMHD, Case No. 3-2015-8002247-CY-WM-GDS-Sacramento County.

B. Conference with Labor Negotiators, Agency Designated Representative: Irma Moisa; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).

C. Conference with Legal Counsel, existing litigation (*pursuant to Paragraph (1) of subdivision (d) of Government Code Section 54956.9*), claim of Lisa J. Kuly.

D. Discussion of a real estate negotiation regarding price, 152 Pioneer Lane, Bishop, California, agency negotiators Kelli Davis, MBA; and Nickoline Hathaway MD and Asao Kamei MD (*pursuant to Government Code Section 54956.8*).

E. Confer with legal counsel regarding significant exposure to litigation (*Government Code Section 54956.9(d)(2)and (e)(2)*), 1 matter involving invoices submitted by John Tremble.

F. Public Employee Performance Evaluation (*pursuant to Government Code Section 54957(b)*) title: Interim Chief Executive Officer.

14. Return to Open Session and report of any action taken (*information item*).
15. Adjournment.

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

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Administrator-On-Call Policy	
Scope: Hospital Wide	Manual: Administration
Source: Chief Executive Officer/Administrator	Effective Date: 6/18/14

PURPOSE:
Ensure that an authorized and trained officer of NIHD is always available after regular business hours (i.e. nights, weekends and holidays) to help coordinate NIH's response during an emergency situation. During off hours, the Administrator-On-Call (AOC) is the appointed senior voice for the entire facility.

POLICY:

1. The Chief Executive Officer, who acts in this capacity during normal business hours, will rotate responsibility among the ~~leadership team of the administrative staff~~l leadership team, ~~that is, the Chief Operating Officer, Chief Nursing Officer, Chief of Fiscal Services, Chief Performance Excellence Officer, Chief Human Relations Officer~~, or other person designated by the CEO.

2. The monthly listing of the AOC shall be posted on the NIHD intranet and will be accessible to all units, department directors and the switchboard.

3. In accordance with schedules developed by administration, there shall be an AOC twenty-four (24) hours a day, seven (7) days a week. It shall be the responsibility of the scheduled AOC to notify CEO of any changes in the schedule.

4. ~~The AOC shall cover for one full week beginning at 0800 each Monday and conclude at 0759 the following Monday.~~

5. AOCs shall remain available by telephone at all times during their time on duty and shall remain close enough to the hospital to respond in person within ~~30~~ 60 minutes.

6. During evenings, nights, major holidays and weekends, the on-site designated administrator for the Hospital is the Nursing Department's House Supervisor. This individual should be contacted first if emergency problems/questions or general questions of patient care and administration should arise.

7. The AOC is available to assist House Supervisors should the need arise. The AOC must be notified in the event of serious incidents such as the following:
   a. Hospital-wide or facility-wide emergency conditions.
   b. Emergency situations outside the facility which might have an impact on NIHD facilities.
   c. Emergency of unusual conditions on NIHD facilities wherein the health and welfare of patients, employees or visitors could be in question such as significant acts of violence, significant staffing problems, safety/care issues related to the physical facilities.
   d. Situations in which patient refuses to consent to life-sustaining treatment (i.e. refusal of blood products, etc…)
   e. Sentinel events

Title: Administrator-On-Call Policy	
Scope: Hospital Wide	Manual: Administration
Source: Chief Executive Officer/Administrator	Effective Date: 6/18/14

f. Situations where there is inadequate staffing or a high census, pending surge plan particularly in the ICU and ED and there are no available beds or sufficient nursing staff AND the House Supervisor is unable to resolve the situation. Decision to ~~close to~~not accept new admissions in specific units must be discussed with the AOC.

g. Public relations issues that may have an adverse effect on NIHD and related media requests.

8. In most cases, the AOC will act as the Incident Commander and may provide support and assistance in coordination and communication. The AOC should assess the reasonableness of the response and relieve the House Supervisor or other person acting as initial Incident Commander, when needed.

9. All actions by the AOC shall be communicated to the CEO on the next regular business day or immediately at the AOC's discretion. The Risk Manager and other appropriate parties will be notified of any sentinel event or other such critical incidents.

REFERENCES:

1. Joint Commission Resources. *Guide to Emergency Management Planning in Health Care*. Oakbrook Terrace, IL: Joint Commission Resources, 2002. Print.

CROSS REFERENCE P&P:

1. Nursing Administrative Coverage

Committee Approval	Date
Senior Management	5/12/2014
Board of Directors	6/18/2014
Board of Directors Last Review	

Developed: 5/11/2014
Reviewed:
Revised:
Responsibility for review and maintenance: CEO

Northern Inyo Hospital
Nursing Services
Safe Patient Handling Subcommittee (SPH)

Lead by: Employee Health Specialist
Reports to: Chief Nursing Officer (CNO)
Information flowed to Safety Committee

Membership: Employee Health Specialist, CNO, COO, HR Benefit/LOA Specialist, Staff members form DI, RHC/NIA Clinic, ED, ICU, Perinatal, Peri-Operative, Rehab, Cardiopulmonary, Medical/Surgical, One Clinical Staff Educator (CSE), District Education Coordinator, Environment of Care Safety Specialist, and Nurse Managers as alternates when needed.

Convenes: Quarterly and/or Ad Hoc
Purpose:

1. Inspire clinical teamwork and collaboration with SPH activities to reduce patient and HCW injuries.
2. To evaluate and recommend a plan of action of Federal and Cal- OSHA changes and/or requirements of the SPH regulations.
3. Develop and oversee plans and P&P's that support SPH:
    a. Annual review Safe Patient Handling P&P
    b. Annual review Minimal Lift P&P
4. Review and discuss any SPH Unusual Occurrence Reports (UOR) and events to prevent future occurrence.
5. Annual review of SPH equipment list

Developed: 6/2020 MM
Revised:
Reviewed:

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: Stacey Brown, MD, Chief of Medical Staff
DATE: September 1, 2020
RE: Medical Executive Committee Report

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

A. Policies and Procedures (*action items*)
   1. *Admission, Documentation, Assessment, Discharge, and Transfer of Swing-Bed Patients*
   2. *Adult Oxygen Protocol*
   3. *Cardiopulmonary Department Cardiac Stress Tests*
   4. *Chemotherapy Administration and Precautions*
   5. *Discharging a Patient with a Hospital Administered Metered Dose Inhaler (MDI)*
   6. *Omnicell Automated Dispensing Unit (ADU)*
   7. *Potassium Intravenous Administration*
   8. *Procedural Sedation*
   9. *Pulmonary Function Testing*
   10. *Vortran GO2VENT Use as Emergency Ventilator*
   11. *Management of the Diabetic Patient (Insulin and Hyperglycemia Protocol)*

B. Annual Approvals (*action item*)
   1. Standardized Procedure – Adult Health Maintenance
   2. Standardized Protocol – Adult Health Maintenance

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Admission, Documentation, Assessment, Discharge, and Transfer of Swing Bed Patients*	
Scope: Acute/subacute Services	Manual: Admission, Discharge, Transfer Documentation (ADT)
Source: MANAGER MED SURG ICU	Effective Date: 1/1/15

Field Code Changed

Field Code Changed

Field Code Changed

PURPOSE:
To identify the admission, documentation, assessment, discharge and transfer process for Swing Bed Residents.

POLICY:
1. NIH has adopted the Medicare concept to allow Critical Access Hospitals (CAH) to interchangeably use acute care beds with sub-acute care beds called swing bed.
2. Swing bed reimbursement status has changed to skilled nursing services and reimbursement
3. NIH is licensed for 15 swing beds.
4. Medicare reimbursement requires a 3-day qualifying stay in a hospital bed prior to admission to a swing bed. The swing bed stay must fall within the same spell of illness as the qualifying stay. Reimbursement for non-Medicare patients requires preauthorization before admission to swing status.
5. The acute care patient that meets admission criteria to sub-acute care (swing bed status) is to be discharged from acute care and admitted to swing bed.
6. Admission priority to swing bed will be given to NIHD acute care patients.
   a. External transfers of Inyo County residents will be considered for admissions based on current swing patient census.
   b. Case Management will approve external transfers in collaboration with the house supervisor and Hospitalist.

PROCEDURE:
1. Case Management will work with the patient's physician and with the house supervisor (HS) to determine whether a Medicare patient is eligible for swing bed status. If there is a difference of opinion, the Utilization Review Committee Chairman (or the Chief of Staff) and the CCO will be consulted.

POLICY:
1. NIH has adopted the Medicare concept to allow Critical Access Hospitals (CAH) to interchangeably use acute care beds with sub acute care beds called swing bed.
1. Swing bed reimbursement status has changed to skilled nursing services and reimbursement (SNF).
2. NIH is licensed for 15 swing beds.
3. Medicare reimbursement requires a 3 day qualifying stay in a hospital bed prior to admission to a swing bed. The swing bed stay must fall within the same spell of illness as the qualifying stay.
4. The acute care patient that meets admission criteria to sub acute care (swing bed status) is to be discharged from acute care and admitted to swing bed.
5. Admission priority to swing bed will be NIH acute care patients.
   a. External transfers of Inyo County residents will be considered for admissions based on current swing patient census.
   b. The Case Management DON will approve external transfers in collaboration with Hospitalist.

PROCEDURE:
1. Case Management will work with the patient's physician and with the House Supervisor (HS) to determine whether a Medicare patient is eligible for swing bed status. If there is a difference of opinion, the Utilization Review Committee Chairman (or the Chief of Staff) and the CEO will be consulted.
   a. Patients who benefit from the swing bed program are individuals recovering from surgery or illness who require skilled care. The goal of skilled nursing care is to help improve a patient's condition or to maintain their current condition and prevent it from getting worse.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: ~~Admission, Documentation, Assessment, Discharge, and Transfer of Swing Bed Patients~~*	
Scope: Acute/subacute Services	Manual: ~~Admission, Discharge, Transfer Documentation (ADT)~~
Source: ~~MANAGER MED SURG ICU~~	Effective Date: 1/1/15

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b. To be admitted to a swing bed, Medicare patients must have a 3-day qualifying stay, have Medicare Part A, and a physician order for swing bed admission.
c. A Medicare patient is allowed up to 100 days per benefit period for swing bed, as long as criteria are being met. The patient must be able to work towards a goal and must be making progress towards achievement of the goal.
d. The patient does not have to physically move to a different bed from the acute setting rather the "swing" process is more of an accounting function that indicates a different level of care and Medicare payment.
2. When a Medicare patient has been approved for swing bed admission, the physician will enter a CPOE or write discharge orders from acute care and an admission order to swing bed status, a discharge summary, update history and physical, and write new orders for patient care.
3. The acute care paper chart will be sent to Medical Records for processing and coding, and a new swing bed chart will be initiated (new ~~event~~ visit ID # will be generated). The acute care electronic chart will be ~~stored in HPF~~ available in the electronic health record (EHR).
~~4. The admitting office shall be notified by nursing that the patient is to be discharged from acute care and admitted to "swing bed status with transitional care status."~~
~~5. Admitting will create and distribute a new face sheet, assign a new account number and will complete a swing bed admission packet with the patient or the patient's legal representative.~~
~~6.~~ 4. ~~Admitting will issue a new face sheet,~~ Patient will be given "NIH Patient Rights" form, "Swing Bed Discharge Notification" form, and the "NIHD Swing Bed Patient and Family Member or Significant Other Invitation" letter inviting them to the daily interdisciplinary meeting ~~and obtain signatures on ABN's if indicated.~~
~~a.~~ The case load RN will review Resident's Rights with the patient/family.
~~7. The department clerk will disassemble the acute care chart and will copy the following, which will be included in the swing bed chart:~~
~~a. History and Physical from HPF so the MD can update for the swing bed Admission~~
~~b. Copy the order for transfer to swing bed status that prints on the OCR or written order.~~
~~c. Discharge Summary from acute care record. This needs to be dictated and can be found in HPF.~~
~~d. To be found in patient profile: pertinent lab, radiology and other notes.~~
~~e. New swing bed admission orders either written or CPOE.~~
~~f.~~ a. ~~Advance Directives follow the patient as a permanent record.~~
~~8.~~ 5. The Department Clerk will notify ~~notifies~~ the Activities Coordinator of the patient's admission to swing bed status.

Assessment:
1. Physicians will visit swing bed Residents at least every 7 days. The physician will write a progress note at the time of each visit.
2. In addition to the Initial Nursing Assessment ~~and the Patient Profile~~, the RN will conduct an initial and periodic comprehensive, accurate assessment of each resident's functional capacity within 12 hours of admission.
   a. The periodic assessment will be repeated within 14 days after a significant change in the resident's physical or mental condition and not less often than once every 12 months.
3. ~~The NIH Electronic Record and Care Plan tab will be utilized for swing bed residents.~~ The interdisciplinary team meets every day at 11 to discuss the swing bed resident's care goals and recommends appropriate interventions/referrals.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Admission, Documentation, Assessment, Discharge, and Transfer of Swing Bed Patients*	
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Source: MANAGER MED SURG ICU	Effective Date: 1/1/15

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a. Families and/or significant others are included in the care planning and family conferences are held as needed.

Documentation:

1. The NIHD Electronic Record will be utilized for documentation of care for swing bed residents. Nursing will utilize the NIH electronic record; clinical care station for documentation. The Daily Focus Assessment will be completed every twelve hours following the Swing Bed Assessment/Reassessment schedule (Refer to the attached Swing Bed Assessment/Reassessment Swing Patient Population Guidelines).
2. Medications will be administered and documented according to the current NIHD policy.
3. Advance Directives for swing bed patients will be maintained according to the NIHD hospital policy.

Discharge/Transfer:

1. Swing bed residents at NIHD are transferred or discharged based on patient progress toward goals.
   a. Patient/conservator notices of transfer/discharge is documented on the Swing Bed Transfer/Notification form (see attached).
   b. Patient or their guardians have the right to request transfer or discharge at any time, but NIH only initiates transfers or discharge when appropriate regulatory criteria are met.
2. When a swing bed resident is discharged/transferred, the physician completes a discharge summary and documents the reasons for the discharge/transfer in the progress notes.
3. The post-discharge plan of care is developed with the participation of the resident and his or her family.
4. The NIHD non-emergent transfer form will be used for transfers. The NIH discharge instruction form will be used when a patient is discharged.
5. The swing bed chart will be sent to Medical Records for processing and coding. The electronic swing bed record is stored in HPF.
   a. The swing bed chart will remain separate from the acute care medical record.
6. If a patient is being transferred to a SNF, a "Notice of Medicare provider for Non-coverage" will be completed by Admitting.

REFERENCES:

1. State Operations Manual: Survey protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-beds in CAHs, Section 485.645 and 483.10

CROSS REFERENCE P&P:

1. Advance Directive P&P
2. Discharge P&P
3. Admission, Discharge, Transfer of Patients Continuum of Care
4. Swing Bed Patients Interdisciplinary Care Conference
5. Education of Swing Bed Patients and Family
6. Rights of Swing Bed Patients

REFERENCES:

1. CAH and Swing Bed Regulations

CROSS REFERENCE P&P:

1. Advance Directive P&P
   Discharge P&P