Northern Inyo Hospital

July 15 2015 Regular Meeting

July 15 2015 Regular Meeting - July 15 2015 Regular Meetin

DRAFT AGENDA

NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING
July 15, 2015 at 5:30 p.m.
In the Tallman Pavilion at the Tri-County Fairgrounds, 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 June 17 2015 regular meeting
4. Approval of minutes of the June 30 2015 special meeting
5. Approval of minutes of the July 2 2015 special meeting
6. Approval of financial and statistical reports for the month of May 2015

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7. Chief Executive Officer's Report; Victoria Alexander-Lane (*information items*)
   - A. Telemedicine update
   - B. LAFCO update
   - C. Physician Recruitment
   - D. Celtic Leasing Termination
   - E. Strategic Plan Update
   - F. Management Training
8. Chief of Staff Report; Mark Robinson, M.D.
   - A. Medical Staff privileging and credentialing (*action item*):
     1. Appointment to the NIH Provisional Active Medical Staff of Emergency Medicine Physician Anne Goshgarian, M.D.
   - B. Hospital wide Policy and Procedure approvals (*action items*):
     1. *Fluoride Varnish Application*
     2. *Administration of Drugs: Patient's Own Medications*
     3. *Drug Shortages or Outages*
     4. *Medication Over-Ride Policy*
     5. *Single Dose vs. Multi-Dose Vial Policy*

6. *Recall: Drugs*
7. *DI Mammography Infection Control Policy*
8. *Admission of a Patient with a Communicable Disease*
9. *Adult Immunization in the Healthcare Worker – Version 3*
10. *Prevention and Treatment of Pertussis in Hospital Employees*
11. *Prevention of Catheter Associated Urinary Tract Infections Guidelines*
12. *Foley Removal Protocol*

C. 2014 Draft Antibiogram (*action item*)

9. Chief Nursing Officer Report (*information item*).
10. Chief Performance Excellence Officer Report (*information item*).
11. Compensation During Leave of Absence presentation (*information item*).
12. Benefit Cost presentation (*information item*).
13. New Business

A. Purchase of equipment for Nuclear Medicine radiopharmacy (*action item*).

B. Inyo County First 5 Grant approval (*action item*).

C. 2015-2016 Fiscal Year Budget (*action item*).

D. NIH Foundation Board Member approval, Mr. Ken Partridge (*action item*).

E. Approval of Milliman Actuarial Valuation as of January 1, 2015 (*action item*).

F. Personnel Policy: *Leaves of Absence – Leave Donation* (*action item*).

G. Personnel Policy: *Benefits – Tuition Reimbursement* (*action item*).

H. Personnel Policy: Benefits – Paid Sick Leave (*action item*).

I. Modification to Agreement with High Sierra Imaging and Interventions (*action item*).

J. Green Committee Update (*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. Discussion of a personnel matter (*Government Code Section 54957*).

16. Return to open session, and report of any action taken in closed session.
17. 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 5:45 pm by M.C. Hubbard, President.

PRESENT

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

ALSO PRESENT

Victoria Alexander-Lane, Chief Executive Officer
Mark Robinson M.D., Chief of Staff
Sandy Blumberg, Executive Assistant

OPPORTUNITY FOR PUBLIC COMMENT

Ms. Hubbard stated at this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. The following persons spoke during public comment:

- Laurie Archer, RN
- Gloria Phillips, RN
- Vickie Labraque, RN
- Chris Whitcomb
- Janie Robertson
- (unidentified member of public)
- Pam Mitchell
- Eric Richman, O.D.
- Ken Kilgore
- John Atkins
- Randy Short
- Cheryl Moreau
- Stacey Brown, M.D.
- Robin Cassidy
- Cindy Freeman
- Todd Lembke
- Maura Richman, RN
- Sue Tonelli, RN
- Lynne Greer
- Cherie Labraque
- Pam Spector, RN
- Tami McDermith, RN

At the request of a member of the public, Board members Watercott, Hayden, Hubbard, Clark, and Ungersma each provided a brief description of their Hospital District Board experience and their personal background. Ms. Hubbard also provided a brief overview of the personal leave that is currently allowed to Northern Inyo Hospital (NIH) employees.

CONSENT AGENDA

Ms. Hubbard then called attention to the Consent Agenda for this meeting which contained the following items:

- Approval of the minutes of the May 13 2015 regular meeting
- Approval of the financial and statistical reports for the month of April 2015

It was moved by Denise Hayden, seconded by D. Scott Clark, M.D. and unanimously passed to approve both Consent Agenda items as presented.

CHIEF EXECUTIVE OFFICER'S REPORT

Chief Executive Officer Victoria Alexander-Lane reported on the following:

- The physician on-boarding process (for incoming practitioners) is being expanded and improved upon, and it now includes two weeks of Hospital orientation
- Hospital Administration continues to work with the Inyo County Local Agency Formation Commission (LAFCO) to look into the subject of encroachment of services within the Northern Inyo Healthcare District boundaries
- A potential Chief Medical Officer (CMO) candidate will come for a visit the next week. A brief description of the role of a CMO was also provided.
- Hospital Administration is moving forward to pursue designating the NIH Rural Health Clinic (RHC) as a Medical Home. RHC expansion continues and the Hospital also continues to recruit for family practice and internal medicine practitioners to join the Clinic team. The Hospital's women's health and OB/Gyn practitioners will now also be part of the RHC.
- Strategic planning for the Hospital's Information Technology (IT) Department continues, and an IT Department open house will take place in the near future
- The Hospital is currently working on improving processes for transitions in patient care, and is looking at concepts including patient navigators and care coordinators. NIH also continues to increase its focus in the areas of population wellness and prevention
- The Hospital continues to look into telemedicine services as a solution for meeting some of the unmet healthcare needs in this community
- The NIH management team will soon participate in the 2nd phase of management training on *The 7 Habits of Highly Effective People*
- The Hospital management team also continues work on review of internal process management, and on improving and updating existing hospital policies
- NIH Community Relations staff is in high gear planning special events for hospital staff

Ms. Alexander-Lane additionally asked if the Board is interested in holding the August regular meeting of the District Board at Cardinal Village Resort, which is located within the Hospital District boundaries. The response to that inquiry was favorable.

CHIEF OF STAFF REPORT

Chief of Staff Mark Robinson M.D. reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends Board approval of the following:

MEDICAL STAFF CREDENTIALING, PRIVILEGING, AND ADVANCEMENTS

1. Advancement of Felix Karp, M.D. from Temporary Locums to Provisional Active Staff with clinical privileges as requested
2. Advancement of Matthew Wise, M.D. from Provisional Active Staff to Active Staff with clinical privileges as requested
3. Granting of Pelvic Radiology privileges as requested commensurate with current practice to Keith Shonnard, M.D.

Dr. Robinson also reported that the Medical Executive Committee recommends acceptance of the Medical Staff resignations of Sudhir Kakarla, M.D. and Kristin Collins, D.O., per their requests. He additionally noted that following careful review, consideration, and approval by the appropriate Committees, the Medical Executive Committee recommends Board approval of the following hospital wide policies and procedures:

POLICY AND PROCEDURES APPROVALS

1. *Endo Venous Laser Treatment*
2. *Malignant Hyperthermia Cart Check*
3. *Shoulder Arthroscopy 3 Point Distraction System*
4. *Surgery Tissue/Bone Graft "Look Back" policy*
5. *Bone Graft Tissue Bank*
6. *Utilization Review Plan*
7. *Organ/Tissue/Eye Donation*

Following review of the information provided it was moved by Peter Watercott, seconded by John Ungersma, M.D. and unanimously passed to approve all Medical Staff credentialing, privileging, advancements, and resignations; and all seven policies and procedures as presented.

CHIEF NURSING OFFICER REPORT

Chief Nursing Officer Kathy Decker R.N. provided a nursing department update which included stating that Interim Perinatal Unit Nurse Manager Jan Burke RN is now on board and is very pleased to be part of the Hospital team and its' (phenomenal) staff.

PERFORMANCE EXCELLENCE REPORT

Chief Performance Excellence Officer Maria Sirois provided a monthly report which included the following:

- Hospital compliance statistics and reports
- An update on the progress of the Leap Frog Survey
- Information on Hospital staff Performance Excellence Training (including Lean Six Sigma training)

NEW BUSINESS

2015/2016 FISCAL YEAR BUDGET

Chief of Fiscal Services Carrie Petersen called attention to a summary of submitted Hospital departmental budgets for the upcoming 2015/2016 fiscal year, which at this time results in a bottom line initial deficit of $3,882,012. Ms. Petersen stated that management's goal in the next month will be to work diligently to get the budget to the right positive bottom line to meet our needs as an organization, including meeting the Bond Debt Service Coverage guidelines that require NIH to have sufficient income to cover outstanding debt. While work on the budget

continues, Ms. Alexander-Lane recommends Board approval of the capital budget and depreciation items only at this time. Following brief discussion it was moved by Mr. Watercott, seconded by Doctor Ungersma, and unanimously passed to approve the capital budget and depreciation portions of the 2016/2016 budget (only) at this time.

401(A) PLAN AMENDMENT

Chief Human Relations Officer Georgan Stottlemyre called attention to an Amendment to the District 401(A) Retirement Plan which allows for revision of the timing requirements for funding of the employer contribution. It was moved by Ms. Hayden, seconded by Doctor Ungersma, and unanimously passed to approve the Amendment to the District 401(A) Retirement Plan as presented.

MAMMOGRAPHY UPGRADE

Ms. Alexander-Lane called attention to a request to upgrade the Hospital's mammography machine to 3D Breast tomosynthesis in order to provide the highest quality of care available to citizens of the District. It was noted that the upgrade will bring NIH's ability to detect breast cancer to a state-of-the-art level which only exists at a small number of facilities in this country. It was moved by Doctor Ungersma, seconded by Doctor Clark, and unanimously passed to approve the proposed mammography upgrade as presented.

FLOOR WAXING PROPOSAL

Environmental Services Manager Richard Miears called attention to a proposal for floor waxing services that resulted from an RFP (Request For Proposal) being advertised during the month of May. It was moved by Ms. Hayden, seconded by Doctor Clark, and unanimously passed to approve a contract with *Just Do Right Janitorial* for floor waxing services at NIH, per the information provided by Mr. Miears.

APPROVAL OF APPROPRIATIONS LIMIT FOR THE 2015/2016 FISCAL YEAR

Chief of Fiscal Services Carrie Petersen called attention to a proposed Appropriations Limit for the fiscal year July 1 2015 thru June 30 2016, per calculations and data provided by the State of California Department of Finance. It was moved by Doctor Ungersma, seconded by Ms. Hayden, and unanimously passed to approve an appropriations limit of $553,086.33 for the upcoming fiscal year as presented.

MICROSOFT LICENSING RENEWAL

Information Technology Technical Services Manager Devin Riley called attention to a request for renewal of the Hospital's Microsoft Licensing Agreement which will expire in the month of July. It was moved by Mr. Watercott, seconded by Ms. Hayden and unanimously passed to renew the Hospital's Microsoft Licensing Agreement as requested.

UPDATE TO EMPLOYEE DISCOUNT POLICY

Chief of Fiscal Services Carrie Petersen called attention to a proposed update to the current NIH employee discount policy, which corrects the policy to reflect the current District discount of 25% for employees and the prompt pay discount of 20% available to all patients. It was moved by Dr. Ungersma, seconded by Dr. Clark, and unanimously passed to approve the update to the medical expense discount policy as presented.

HOSPITALIST CONTRACT ADDENDUM, JOY ENGBLADE	Ms. Alexander-Lane called attention to a proposed addendum to the Chief Hospitalist Agreement with Joy Engblade, M.D. which would allow for a tuition reimbursement of up to $10,000 per year for continuing medical education as per common practice. It was moved by Doctor Clark, seconded by Ms. Hayden, and unanimously passed to approve the proposed contract Addendum with Chief Hospitalist Joy Engblade M.D. as presented.
MICROSOFT TRUE UP COST	Information Technology Technical Services Manager Devin Riley then called attention to a request to "true-up" the liability (expense) for the Hospital's licensed Microsoft Software to correct the expense to actual. It was moved by Doctor Ungersma, seconded by Mr. Watercott, and unanimously passed to approve the "true-up" adjustment to the cost of the Hospital's licensed Microsoft Software as requested.
BOARD MEMBER REPORTS	Ms. Hubbard asked if any members of the Board of Directors wished to report on any items of interest. No reports were heard.
ADJOURNMENT TO CLOSED SESSION	At 8:14 pm Ms. Hubbard announced the meeting would adjourn to closed session to allow the Board of Directors 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. Discussion of potential litigation (*Government Code Section 54956(d)(2)*). C. Confer regarding action filed against Northern Inyo Healthcare District and other Defendants (*Government Code Section 54956.9(a)*).
RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN	At 9:00 pm the meeting returned to open session. Ms. Hubbard reported the Board took no reportable action.
ADJOURNMENT	The meeting was adjourned at 9:01 pm.

_____
M.C. Hubbard, President

Attest: _____
D. Scott Clark, M.D., Secretary

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 Watercott, Treasurer John Ungersma, M.D., Member at Large
OPPORTUNITY FOR PUBLIC COMMENT	Ms. Hubbard stated that at this time persons in the audience may speak on items on the agenda for this meeting (*speakers will be limited to a maximum of two minutes each*). Multiple comments were heard.
ADJOURNMENT TO CLOSED SESSION	At 6:15 pm Ms. Hubbard announced that the meeting would adjourn to closed session to allow the Board of Directors to: A. Complete the Annual CEO Performance Evaluation (*Government Code Section 54957*).
RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN	At 8:05pm the meeting returned to open session. Ms. Hubbard reported that the Board took no reportable action.
ADJOURNMENT	The meeting was adjourned at 8:07 pm.

_____
M.C. Hubbard, President

Attest: _____
D. Scott Clark, M.D., Secretary

BUDGET VARIANCE ANALYSIS

May-15 Fiscal Year Ending June 30, 2015

Year to date for the period ending May 31, 2015

938	or	33%	more IP days than in the prior fiscal year
$ 4,318,407	or	12.92%	over budget in IP Ancillary Revenue and
$ 3,500,880	or	4.8%	over budget in OP Revenue resulting in
$ 7,819,287	or	7.3%	over budget in gross patient revenue &
$ (3,549,129)	or	-5.1%	under budget in net patient revenue

Year-to-date Net Revenue was	$	65,887,807
Total Operating Expenses were:	$	60,225,169

for the fiscal year to date

$ (2,972,156)	or	0.0%	under budget. Wages and Salaries were
$ (1,948,850)	or	-9.0%	under budget and Employee Benefits
$ 735,789	or	5.1%	over budget.
		77%	Employee Benefits Percentage of Wages

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

$ 735,789	or	5.1%	Employee Benefits due to funding of Defined Contribution Plan & extremely high Health Claims
$ 1,134,900	or	54%	Interest Expense over budget due to Accretive Interest on Capital Appreciation Bonds

Other Information:

$ 6,305,686		Operating Income, less
$ (5,232,580)		loss in non-operating activities created a net income of;
$ 1,073,106	$ (300,786)	under budget.
	42.49%	Contractual Percentages for Year and
	34.96%	Budgeted Contractual Percentages including
$ 490,229	in prior year cost report settlement activity for Medicare & Medi-Cal	

Non-Operating actives included:

$ (4,083,271) loss	$ 1,048,028	under budget in Medical Office Activities & Over Budget on Interest Expense
$ 298,915	$ (173,497)	under budget in 340B Pharmacy Activity

Contractual Percentage Information

Month Percentage	Year Percentage	
47%	42%	Our Interim Cost Report to Medicare resulted in a payable to Medicare of $2 Million which is reflected in the higher contractual percentage

Northern Inyo Hospital
Balance Sheet
Period Ending May 31, 2015

Current Assets:	**Current Month**	**Prior Month**	**Change**
Cash and Equivalents	5,328,941	3,839,869	1,489,072
Short-Term Investments	9,652,260	9,741,050	(88,790)
Assets Limited as to Use	-	-	-
Plant Replacement and Expansion Fund	2	2	-
Other Investments	978,712	978,712	-
Patient Receivable	47,818,786	47,080,153	738,633
Less: Allowances	(36,482,014)	(36,139,967)	(342,047)
Other Receivables	(373,703)	(287,517)	(86,186)
Inventories	3,856,078	3,849,604	6,475
Prepaid Expenses	1,287,726	1,305,464	(17,738)
Total Current Assets	**32,066,789**	**30,367,370**	**1,699,419**
Internally Designated for Capital Acquisitions	1,124,199	1,033,731	90,468
Special Purpose Assets	893,325	319,336	573,990
Limited Use Asset; Defined Contribution Pension	389,122	400,000	(10,878)
Revenue Bonds Held by a Trustee	3,001,921	2,840,174	161,746
Less Amounts Required to Meet Current Obligations	-	-	-
Assets Limited as to use	**5,408,566**	**4,593,240**	**815,326**
Long Term Investments	1,552,143	1,452,143	100,000
			-
Property & equipment, net Accumulated Depreciation	82,995,199	83,377,276	(382,077)
Unamortized Bond Costs	-	-	-
			-
Total Assets	**122,022,697**	**119,790,029**	**2,232,668**

Northern Inyo Hospital
Balance Sheet
Period Ending May 31, 2015

Liabilities and Net Assets			
Current Liabilities:			
Current Maturities of Long-Term Debt	81,828	163,456	(81,628)
Accounts Payable	1,137,977	1,023,288	114,690
Accrued Salaries, Wages & Benefits	4,933,472	4,845,316	88,156
Accrued Interest and Sales Tax	618,349	436,078	182,271
Deferred Income	44,416	88,832	(44,416)
Due to 3rd Party Payors	3,829,497	2,941,829	887,668
Due to Specific Purpose Funds	-	-	-
Total Current Liabilities	**10,645,539**	**9,498,799**	**1,146,740**
Long Term Debt, Net of Current Maturities	50,353,007	50,353,007	-
Bond Premium	1,140,210	1,145,807	(5,597)
Accreted Interest	8,103,375	7,992,827	110,549
Total Long Term Debt	**59,596,592**	**59,491,640**	**104,952**
Net Assets			
Unrestricted Net Assets less Income Clearing	49,814,135	49,814,126	9
Temporarily Restricted	893,325	319,336	573,990
Net Income (Income Clearing)	1,073,106	666,128	406,978
Total Net Assets	**51,780,566**	**50,799,590**	**980,976**
Total Liabilities and Net Assets	**122,022,697**	**119,790,029**	**2,232,668**

NORTHERN INYO HOSPITAL
STATEMENT OF OPERATIONS (new format)
for period ending May 31, 2015

	ACT MTD	BUD MTD	VARIANCE	ACT YTD	BUD YTD	VARIANCE
Unrestricted Revenues, Gains & Other Support						
Inpatient Service Revenue						
Routine	905,607	649,292	256,315	8,805,905	7,016,540	1,789,365
Ancillary	2,429,151	2,442,562	(13,411)	28,924,494	26,395,452	2,529,042
Total Inpatient Service Revenue	3,334,758	3,091,854	242,904	37,730,399	33,411,992	4,318,407
Outpatient Service Revenue	7,041,625	6,786,817	254,808	76,842,277	73,341,397	3,500,880
Gross Patient Service Revenue	10,376,383	9,878,671	497,712	114,572,676	106,753,389	7,819,287
Less Deductions from Revenue						
Patient Service Revenue Deductions	80,649	321,161	(240,512)	2,429,731	3,470,612	(1,040,881)
Contractual Adjustments	4,639,077	3,132,004	1,507,073	46,745,367	33,845,841	12,899,526
Prior Period Adjustments *	111,626	-	111,626	(490,229)	-	(490,229)
Total Deductions from Patient Service Revenue	4,831,353	3,453,165	1,378,188	48,684,869	37,316,453	11,368,416
Net Patient Service Revenue	5,545,030	6,425,506	(880,476)	65,887,807	69,436,936	(3,549,129)
Other revenue	42,439	20,461	21,978	643,048	221,103	421,945
Total Other Revenue	42,439	20,461	21,978	643,048	221,103	421,945
Expenses:						
Salaries and Wages	1,819,894	2,008,944	(189,050)	19,760,718	21,709,568	(1,948,850)
Employee Benefits	670,786	1,346,264	(675,478)	15,284,130	14,548,341	735,789
Professional Fees	535,673	583,646	(47,973)	6,008,996	6,307,143	(298,147)
Supplies	532,113	580,564	(48,451)	5,596,370	6,273,833	(677,463)
Purchased Services	333,608	336,480	(2,872)	3,399,304	3,636,165	(236,861)
Depreciation	408,591	414,572	(5,981)	4,424,513	4,480,053	(55,540)
Bad Debts	252,731	221,771	30,960	2,289,630	2,396,557	(106,927)
Other Expense	249,767	355,867	(106,100)	3,461,508	3,845,665	(384,157)
Total Expenses	4,803,163	5,848,108	(1,044,945)	60,225,169	63,197,325	(2,972,156)
Operating Income (Loss)	784,306	597,859	186,447	6,305,686	6,460,714	(155,028)
Other Income:						
District Tax Receipts	44,416	45,268	(852)	488,576	489,187	(611)
Tax Revenue for Debt	85,704	87,348	(1,644)	942,744	943,921	(1,177)
Partnership Investment Income		-	-		-	-
Grants and Other Contributions Unrestricted	36,750	8,231	28,519	193,692	88,950	104,742
Interest Income	12,862	11,586	1,276	149,574	125,203	24,371
Interest Expense	(291,531)	(194,891)	(96,640)	(3,240,982)	(2,106,082)	(1,134,900)
Other Non-Operating Income	3,578	2,858	720	18,173	30,886	(12,713)
Net Medical Office Activity	(291,199)	(474,836)	183,637	(4,083,271)	(5,131,299)	1,048,028
340B Net Activity	22,092	43,716	(21,624)	298,915	472,412	(173,497)
Non-Operating Income/Loss	(377,329)	(470,720)	93,391	(5,232,580)	(5,086,822)	(145,758)
Net Income/Loss	406,978	127,139	279,839	1,073,106	1,373,892	(300,786)

NORTHERN INYO HOSPITAL
OPERATING STATISTICS
for period ending May 2015

		FYE 2015	FYE 2014		
	Month to Date	Year-to-Date	Year-to-Date	Variance from PY	
Licensed Beds	25	25	25		
Total Patient Days with NB	351	3,742	2,804	938	33%
Swing Bed Days	57	755	138	617	
Discharges with NB	105	1,156	1,044	112	
Days in Month	31	335	335		
Occupancy	11.32	11.17	8.37	3	
Average Stay (days)	3.34	3.24	2.69	1	
Hours of Observation (OSHPD)*	566	6,605	7,737	(1,132)	
Observation Adj Days	24	275	322	(47)	
ER Visits (OSHPD)	589	7,222	7,108	114	
Outpatient Visits (OSHPD)	3,191	31,613	35,290	(3,677)	
IP Surgeries (OSHPD)	20	342	270	72	
OP Surgery (OSHPD)	85	981	938	43	
Worked FTE's	292.00	298.00	324.00	(26)	
Paid FTE's	316.00	337.00	368.00	(31)	
Payor %					
Medicare		42%	43%	-1%	
Medi-Cal		22%	17%	5%	
Insurance, HMO & PPO		34%	36%	-2%	
Indigent (Charity Care)		0.4%	1%	-1%	
All Other		2%	3%	-1%	
Total		100%	100%		

***Observation Hours have been corrected for the year**

Financial Indicators as of May 31, 2015										
	Target	May-15	Apr-15	Mar-15	Feb-15	Jan-15	Dec-14	Nov-14	Oct-14	Sep-14
Current Ratio	>1.5-2.0	3.01	3.20	3.21	3.41	3.46	3.04	2.62	2.69	2.68
Quick Ratio	>1.33-1.5	2.56	2.68	2.66	2.81	2.89	2.56	2.18	2.27	2.21
Days Cash on Hand prior method	>75	159.00	139.61	126.67	138.83	130.36	143.21	127.59	122.64	136.14
Days Cash on Hand Short Term Sources	>75	83.33	78.31	71.26	61.69	60.80	73.66	55.44	61.35	65.50
Debt Service Coverage	>1.5-2.0	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 Receivlable Only divided by Current Liabilities										
Updated Days Cash on hand Short Term = current cash & short term investments / by total operating expenses year-to-date / by days in fiscal year										

Investments as of May 31, 2015

ID	Purchase Date	Maturity Date	Institution	Broker	Rate	Principal Invested
1	02-May-15	01-Jun-15	LAIF (Walker Fund)	Northern Inyo Hospital	0.29%	323,344.36
3	02-May-15	01-Jun-15	Local Agency Investment Fund	Northern Inyo Hospital	0.29%	9,328,916.12
			SHORT TERM INVESTMENTS			**9,652,260.48**
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			**$11,204,402.98**

Defined Contribution LAIF Accrual Account

2	02-May-15	01-Jun-15	LAIF Defined Cont Plan	Northern Inyo Hospital	0.29%	389,121.83

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending June 30, 2015
As of May 31, 2015

MONTH APPROVED BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES		AMOUNT
FY 2011-12	Paragon Physician Documentation Module		111,826 *
FY 2012-13	Paragon Rules Engine/Meaningful Use Stage 2 QeM	Plus annual fees	67,390 *
FY 2013-14	Caldwell Easy III	EEG	50,917
	Athrex Orthopedic Equipment & Instrumentation	Surgery	70,010 *
	Philips Monitors	Infusion Unit	93,452 *
	Blood Gas Analyzer Upgrade	Laboratory	14,687
	Stress Equipment	EKG	39,044 *
	5500 HD Resting ECG System	EKG	29,654 *
	GE OEC 9900 C-Arm	Radiology	163,673 *
	Olympus 3-D Laparascopic Cameras and Scopes	Surgery	487,327 *
	Triad Energy Platform Also on Capital Expenditures	Surgery	49,131 *
	AMOUNT APPROVED BY THE BOARD IN THE PRIOR FISCAL YEARS TO BE EXPENDED IN THE CURRENT FISCAL YEAR		1,177,111
FY 2014-15	Radio Frequent Ablation Hardware		36,580
	Flooring Replacement; ED Corridor & Sterile Pack, Clean Up and Decontamination		195,820
	Dragon Voice Recognition		36,963
	VIP-6 Tissue Processor		80,054
	AMOUNT APPROVED BY THE BOARD IN THE CURRENT FISCAL YEAR TO BE EXPENDED IN THE CURRENT FISCAL YEAR		349,417
	Year-to-Date Board Approved Budgeted Capital		449,910 *
	Amount Approved by the Board in Prior Fiscal Years		

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending June 30, 2015
As of May 31, 2015

MONTH APPROVED BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
	to be Expended in the Current Fiscal Year	1,177,111
	Amount Approved by the Board in the Current Fiscal Year to be Expended in the Current Fiscal Year	349,417
	Year-to-Date Board-Approved Amount to be Expended	
	Year-to-Date Administrator-Approved Amount	172,432 *
	Actually Expended in Current Fiscal Year	1,528,488 *
	Year-to-Date Completed Building Project Expenditures	219,025 *
	TOTAL FUNDS APPROVED TO BE EXPENDED	1,919,945
	Total-to-Date Spent on Incomplete Board Approved Expenditures	

Reconciling Totals:

Actually Capitalized in the Current Fiscal Year Total-to-Date	1,919,945
Plus: Lease Payments from a Previous Period	0
Less: Lease Payments Due in the Future	0
Less: Funds Expended in a Previous Period	0
Plus: Other Approved Expenditures	0
ACTUAL FUNDS APPROVED IN THE CURRENT FISCAL YEAR TOTAL-TO-DATE	1,919,945
Donations by Auxiliary	
Donations by Hospice of the Owens Valley	0
+Tobacco Funds Used for Purchase	0
	0

*Completed Purchase
(Note: The budgeted amount for capital expenditures for all priority requests for the fiscal year ending June 30, 2015, is $3,725,006 coming from existing hospital funds.)

**Completed in prior fiscal year

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending June 30, 2015
As of May 31, 2015

Administrator-Approved Item(s)	Department	Amount	Month Total	Grand Total
As of Month Ending April 30, 2015				**169,652**
Turbo JRF-19 Dual Temp Refrigerator	Emergency Room	2,780	2,780	
As of Month Ending May 31, 2015				**172,432**

CALL TO ORDER	The meeting was called to order at 12:14 pm by M.C. Hubbard, President.
PRESENT	M.C. Hubbard, President D. Scott Clark, M.D., Secretary Peter Watercott, Treasurer John Ungersma, M.D., Member at Large
ABSENT	Denise Hayden, Vice President
ALSO PRESENT	Victoria Alexander-Lane, Chief Executive Officer Sandy Blumberg, Executive Assistant
ALSO PRESENT FOR RELEVANT PORTIONS	Margaret Kemp-Williams, Inyo County Legal Counsel Josh Hart, Inyo County Planning Commission
OPPORTUNITY FOR PUBLIC COMMENT	Ms. Hubbard stated at this time persons in the audience may speak on items listed on the agenda for this meeting (*speakers will be limited to a maximum of two minutes each*). No comments were heard.
ADJOURNMENT TO CLOSED SESSION	At 12:15 pm, Ms. Hubbard announced that the meeting would adjourn to closed session to allow the Board of Directors to: A. Conference with Legal Counsel regarding pending and threatened litigation, existing litigation, and significant exposure to litigation (*pursuant to Government Code section 54956.9*).
RETURN TO OPEN SESSION AND REPORT OF ACTION TAK	At 1:05pm the meeting returned to open session. Ms. Hubbard reported that the Board took no reportable action. John Ungersma, M.D. then moved that the Board of Northern Inyo Healthcare District participate with the Inyo County Local Agency Formation Commission (LAFCO) to bring legal action against Southern Mono Healthcare District concerning incursion into Northern Inyo Healthcare District boundaries. The motion was seconded by Peter Watercott, and passed to approve by all four Board members present, with Director Hayden being absent from the vote.
AMENDMENT TO THE AGREEMENT BETWEEN INYO LAFCO AND THE NIH HEALTHCARE DISTRICT	It was then moved by Peter Watercott, seconded by Doctor Ungersma, and passed by all Directors present to approve an Amendment of the June 17 2015 Agreement between the Inyo Local Agency Formation Commission and Northern Inyo Healthcare District, for the reimbursement of litigation costs, with Director Hayden being absent from the vote.
ADJOURNMENT	The meeting was adjourned at 1:15 pm.

_____ Attest: _____

M.C. Hubbard, President D. Scott Clark, M.D., Secretary

NORTHERN INYO HOSPITAL
People you know, caring for people you love.

Northern Inyo County Local Hospital District

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

June 24, 2015

Celtic Leasing Corporation
Attn: Michael J. Purcell
Corporate Headquarters
4 Park Plaza, Suite 300
Irvine, CA 92614

RE: Northern Inyo Hospital Equipment Lease

This letter is to inform Celtic Leasing Corp. that Northern Inyo Hospital elects to terminate Master Lease No. CML-3043A with respect to Lease Schedule No. 3043A01 as of 12/31/2015. We have been trying to negotiate in good faith with Brent Dunbar since February 12th, 2015 without cooperation.

Thank you,

Victoria Alexander-Lane

CEO, Northern Inyo Hospital

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

TO: NICLHD Board of Directors
FROM: Mark Robinson, MD, Chief of Medical Staff
DATE: July 7, 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 NICLHD Board of Directors:

1. Approval of the following policies/procedures, which have been reviewed and recommended by appropriate Medical Staff committees:
    i. *Flouride Varnish Application*
    ii. *Administration of Drugs: Patient's Own Medications*
    iii. *Drug Shortages or Outages*
    iv. *Medication Over-Ride Policy*
    v. *Single Dose vs. Multi-Dose Vial Policy*
    vi. *Recall: Drugs*
    vii. *DI Mammography Infection Control Policy*
    viii. *Admission of a Patient with a Communicable Disease*
    ix. *Adult Immunization in the Healthcare Worker – Version 3*
    x. *Prevention and Treatment of Pertussis in Hospital Employees*
    xi. *Prevention of Catheter Associated Urinary Tract Infections Guidelines*
    xii. *Foley Removal Protocol*
2. 2014 Draft Antibiogram
3. Approval of appointment to the NIH Provisional Active Medical Staff of Emergency Medicine Physician Anne Goshgarian, MD. This recommendation is made consequent to careful review of the applicant's application and supporting documentation.

Mark Robinson, MD

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Fluoride Varnish Application	
Scope: Rural Health Clinic	Manual: RHC
Source: RHC Director of Nursing	Effective Date:

PURPOSE: To retard, arrest and reverse the process of dental decay in children.

POLICY:

1. Children ages one year to five years will be eligible for application of fluoride varnish every 6 month upon order of a medical provider.
2. Application of the fluoride varnish may be performed during a nursing visit or a provider visit at the RHC by any Medical Provider, a Medical Assistant (M/A), Clinic Technician or Registered Nurse (RN).
3. Fluoride varnish may be applied regardless of other fluoride treatments being utilized for the child.

PROCEDURE:

1. Assure order is documented/signed by a Medical Provider (MD, DO, NP or PA) within the patient chart for Fluoride Varnish 5% application to teeth.
2. Gather supplies:
   - Disposable gloves
   - Gauze sponges (2 x 2)
   - Fluoride varnish with applicator
   - Small disposable fluoride applicator
   - Dental mouth mirror or tongue depressor
3. Educate the parent and child about the procedure including Position the child face-to-face in the parents lap with head on the parent's knees. Staff then sits knee-to-knee with the parent and treats the child from behind the head.
4. Using gentle finger pressure with gloved hands to open the child's mouth.
5. Use gauze to remove excess saliva from the teeth beginning with the posterior teeth and moving centrally.
6. Apply a thin layer of varnish to all surfaces of the teeth. Saliva helps to set the varnish.
7. Educate parent/child to:
   (a) Avoid **hot** food or beverages and to avoid hard foods for the remainder of the day. The child may consume cold or warm foods.
   (b) Teeth are not to be flossed or brushed until the following the fluoride varnish application.
   (c) Procedure needs to be repeated every 6 months up to age 5 years.

REFERENCES:

1. American Academy of Pediatrics: Bright Smiles from Birth, ICAAP, training video @ http://illinoisaap.org/2010/08/bright-smiles-from-birth-training-video/

CROSS REFERENCE P&P:

Approval	Date
Clinical Consistency Committee	6/9/15

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Fluoride Varnish Application	
Scope: Rural Health Clinic	Manual: RHC
Source: RHC Director of Nursing	Effective Date:

Pediatric/Perinatal Committee	4/21/15
MEC	
Board	

Developed: 3/24/2015
Reviewed:
Revised:
Supercedes:

Responsibility for review and maintenance:
Index Listings: Pediatric Teeth

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Administration of Drugs: Patient's Own Drugs	
Scope: Hospital-Wide	Department: Pharmacy
Source: Pharmacy	Effective Date: 06/15

PURPOSE:

To insure the quality and integrity of medications brought to the hospital by patients and administered by NIH personnel. To comply with Title 22 CCR 70263

POLICY:

1. ADMINISTRATION OF PATIENT'S OWN MEDICATIONS

   a. A patient's personal medications shall not be administered to the patient unless specifically ordered by the prescribing practitioner responsible for the patient. Patients may self-administer medications only in accordance with the **"Administration of Drugs: Self-Administration"** policy and procedure.

   b. There must be a complete written order, name of the medication, strength, dose, route and frequency, by the prescriber for the nurse to administer the patient's own drugs. Drugs must be positively identified by the hospital pharmacist or physician **(A nurse cannot do this).**

   c. Licensed independent practitioners authorizing the administration of patient's own medications must write the name, strength, route, and dosage of each drug with a clear order identifying which drugs are to be administered from the patient's supply.

   d. Medications identified for administration in accordance with this policy shall be sent to the pharmacy for repackaging and dispensing. The check-box on the "Patient's Own Medication Record Card" designating "Med(s) In Use In Pharmacy" shall be checked.

   e. Emergency Room patients shall not take their own medications unless a physician writes an order for "patient's to take their own medication" if pharmacy does not stock it. The pharmacist and/or physician will need to identify/verify the medication prior to administration. If an emergency patient brings in his/her own medications, physician will review and have the ED nurse enter the home medications into the Paragon system.

2. IDENTIFICATION OF PATIENT'S OWN MEDICATIONS

   a. Medications brought into the facility by patients shall not be administered unless the medication containers are clearly and properly labeled, the drugs have been absolutely identified, their quality and integrity is not questionable, and documentation of such identification is made on the Medication Administration Record.

b. A physician, other prescribing practitioner, or a pharmacist must examine and positively identify a patient's personal drugs. Documentation of patients' own medication identification shall be made on the MAR by the statement "Identified by [identifier's initials].

c. Patient's own drugs shall be entered on the MAR as "patient's own med" along with the name, strength, route, and dosage. Nurses shall document administration of patient's own medications per general administration policies.

3. STORAGE OF PATIENT'S OWN MEDS—NON CONTROLLED SUBSTANCES

a. Patient's own medications brought in to the hospital that are not to be administered to the patient in accordance with this policy will be sent home with the patient's family or representative if possible. Nursing staff will initially fill out the medication reconciliation before sending the medications home with the family or patient's agent.

4. Drugs brought into the hospital not-for-patient-administration must be retained in the facility unless the drug is unavailable through the hospital pharmacy:

i. Patient's home medications shall be packaged in a zip-lock bag, sealed, labeled with a "Patient's Own Medication Record Card" and stored in a locked cabinet located on Med Surg's medication room.
ii. Nursing staff must call pharmacy to inform them that home medications are in the locked cabinet.
iii. Pharmacy technician will then log the home medications onto the triple form of "Patient Own Medications and document the name of the medication, strength, route and dosage. One copy of the triple form will be kept in the pharmacy, second copy form will be stapled to the zip-lock bag with the home medications, and the third copy of the form will be in the chart.
iv. All controlled home medications will be kept in Pharmacy locked narcotic locker after a double check count with a pharmacist and pharmacy technician. The quantity will be documented on the Patient Own Medication triple form.
v. If it is after hours, please communicate with the oncoming shift to notify Pharmacy the next day in AM.
vi. The Patient's Own Medication Record Card shall be filled out with the date, full name of the patient, medical record number, and the quantity (#) of medication containers in the bag. A corresponding "Patient's Own Medication Receipt" must be filled out and placed in the patient's chart.

b. If a patient's personal drugs are depleted and additional drugs are required, the pharmacy shall supply the additional quantities from its own supplies.

5. USE OF PATIENT'S OWN MEDS—CONTROLLED SUBSTANCES

a. Patients' own controlled substance prescriptions must be brought to the pharmacy prior to administration to the patient. Pharmacy technician and Pharmacist will double count and document the quantity on the Patient Own Medication triple form.

b. Pharmacy will produce a label for single doses of the medication and will package single unit doses for distribution to the nursing unit of the patient.

c. No more than a 12 hour supply will be dispensed to the patient's medication nurse.

d. The number of doses dispensed will be recorded in the pharmacy and reconciled each day with the electronic MAR record of administrations.

6. RETURN OF PATIENTS' PERSONAL DRUGS

a. During interdisciplinary rounds, pharmacist will receive a list of patients who will be discharged.

b. Pharmacist will notify pharmacy technicians to make sure all the home medications, including controlled medications will be ready for the nurse to give to the patient prior to discharge. NOTE: The nurse will not be able to retrieve the home narcotic medications after pharmacy hours).

c. Discharged patients: Drugs belonging to discharged patients shall be returned to the patient, family, or authorized representative upon discharge. The patient and, when appropriate, the family shall be instructed about which drugs, if any, are to be continued after discharge.

d. Controlled substances that have been stored for administration to the patient shall be counted, and the count recorded on the MAR and the date that the medication is returned to the patient on the Patient's Own Medication Record Card.

e. Expired patients: Drugs belonging to expired patients shall be destroyed.

7. DESTRUCTION OF UNRETURNED DRUGS

a. Personal drugs from expired patients and personal drugs on hand more than thirty (30) days after discharge shall be destroyed in accordance with applicable law.

b. Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of two pharmacists or a pharmacist and a registered nurse employed by the hospital.

c. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in a separate log. Such log shall be retained for at least three years.

d. Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, shall be destroyed in the presence of a pharmacist.

PROCEDURE:

NA

Committee Approval	Date
Policy and Procedure Committee	10/8/03
Pharmacy and Therapeutics Committee	10/16/03, 6/18/2015
Medical Executive Committee	11/4/03
Board of Directors	11/16/03

Revised 9/12, 6/15
Reviewed 7/05, 10/06, 10/07, 9/08, 9/09, 9/10, 9/11,6/15
Supercedes

Reference: The Compliance Guide to the JACHO's Medication Management Standards, Second Edition

Cross Reference: Administration of Drugs and Biological

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Drug shortages or outages	
Scope: Hospital Wide	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: Yet to be approved

PURPOSE:
To describe the process to address medication shortages and outages

DEFINITION:
Drug shortages or outages is defined as a supply issue that affects how the pharmacy prepares or dispenses a drug product or influences patient care when prescribers must use an alternative agent because of supply problems.

POLICY:

1. The Pharmacy Department will have an alternate source of drugs in the event of a shortage or outage of prescribed medication or disaster, emergency or need.

2. In the event a drug or device is needed for the hospital and it is unavailable or is too late to order the item through usual channels, the Pharmacist on duty, or on call, in conjunction with the AON, will assess the need for obtaining a particular medication. Consideration will be given to the availability of therapeutic equivalents currently available. Such equivalent shall be communicated to the ordering physician for substitution.

3. Should it be determined that no substitution can be made, the Pharmacist on duty or the on-call Pharmacist will coordinate the acquisition process by contacting the outside sources listed on the "Outside Sources List" that is posted in the pharmacy.

4. Should one of the sources on the "Outside Sources List" not have the needed item(s), the Pharmacist shall do everything within his/her power to obtain the needed item(s) from any other hospital, pharmacy or alternate supplier.

5. If any item is unavailable or an undue amount of time would lapse before the item could be administered, the Pharmacist on duty's or the Nursing Supervisor (after hours) shall contact the prescriber so that an alternate item may be used and that the prescriber may be informed as to the status of his/her patient's drug therapy.

6. Practitioners with privilages to order and prescribe medications at NIH will be provided with information and education about this facility's protocols for procurement of medications during shortages, outages and/or emergencies. The education should alert prescribers to their responsibilities (i.e., prescribing alternatives if necessary) when shortages/outages of medications occur.

7. During normal Pharmacy hours a member of the Pharmacy staff may be sent to obtain any needed medication from an outside source. When the Pharmacy is closed,

Title: Drug shortages or outages	
Scope: Hospital Wide	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: Yet to be approved

medication may be picked up or delivered by calling another approved hospital employee, the California Highway Patrol, or the Inyo County Sheriff's office.

8. Medication obtained from pharmacies outside the hospital must have the pharmacy's label on the container if it is a repackaged drug. This label must include the name of the medication, strength, amount, lot number and expiration date. Any medication received that does not meet this standard will be returned to the outside pharmacy or destroyed by the Pharmacist in charge.

9. Industry-wide shortages shall be communicated to Licensed Independent Practitioners with prescribing privileges via written memoranda sent by the Director of Pharmacy or designee. Such memoranda shall list the drugs that are in short supply and any strategies for substitution. The memorandum will also notify providers or items that are no longer in short supply.

10. Industry-wide shortages that are deemed to be critical shall be presented to the Pharmacy and Therapeutics Committee for the development of substitution protocols on a case by case basis. Decisions by the Pharmacy and Therapeutics Committee as to substitution protocols shall be approved by the Medical Executive Committee and communicated to Licensed Independent Practitioners with prescribing privileges via written memoranda sent by the Chairman of the Pharmacy and Therapeutics Committee or designee.

Approval	Date
Pharmacy and Therapeutics Committee	**6/18/2015**
Medical Executive Committee	
Board or Directors	

Developed: 9/2003
Reviewed: 6/15
Revised: 4/7/15, 6/15
Supercedes:

Responsibility for review and maintenance: Director of Pharmacy
Index Listings: Medication, Shortage, Outage

References: American Society of Health-System Pharmacists. ASHP Guidelines on Managing Drug Product Storages in Hospital and Health Systems. American Journal of Health-system Pharmacists 2009;66 1399-1406

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Medication Over-ride Policy	
Scope: Hospital Wide	**Department:**
Source: Med/Surg Nurse Manager	**Effective Date: 06/2015**

PURPOSE:
To delineate a system for safely providing medications to meet patient needs when the pharmacy is closed.

DEFINITION:
All medication distribution systems have medication withdrawal functions that allow nurses limited access to certain medications before order review and approval by a pharmacist.

POLICY:

1. All medications must have a physician order and the documentation in the medical record/chart must support emergency medication override.
2. Override medication access should be given to a House Supervisor, RN Code Team, and Respiratory Response Team having an urgent clinical need for the medication for their patients, and must notify Pharmacist as soon as possible for authorization.
3. Ensure medications available for override are unit specific
4. High-risk problem-prone, low-volume, and high-cost drugs are not available in Automated Dispensing Unit (ADU) for PACU and ED areas.
5. Override function should only be utilized to access medications in emergency and true STAT situation.
6. The Pharmacy and Therapeutics Committee shall review the lists of approved override medications annually.
7. Any over-ride emergency medication must have "clinical reason" documented in Omnicell to over-ride prior to pharmacist verification.
8. Drugs not available for override by nurses:
    a. Fentanyl Patches
    b. Chemotherapeutic agents
    c. Concentrated electrolytes
9. Only medications determined by the Director of Pharmacy with approval of the Pharmacy and Therapeutics Committee will be available for override including the following categories:

Drugs available for override by all nurses without Pharmacist authorization:

a. Emergency Medications including:
    i. Naloxone
    ii. Dextrose 50%
    iii. Diphenydramine
    iv. Flumazenil
    v. Injectable pain medications
    vi. Ondansetron Injectable and Orally Disintegrating Tablets
    vii. Promethazine
    viii. Prochlorperazine
    ix. Volume expanders limited to solutions without potassium
    x. Nitroglycerin tablets
    xi. RSI Kit-Rapid Sequence Intubation
    xii. Hemorrhage Kit – OB---access to Perinatal RN
    xiii. Injectable Benzodiazepines
    xiv. Pitocin Bag

10. Medications removed without a pharmacist review via override should be reviewed for appropriateness prior to administration:
    a. Drug, dose, frequency, and route of administration
    b. Therapeutic duplication
    c. Drug allergies or sensitivities
    d. Potential interactions between other medications, food, and laboratory values

11. Patient safety will be considered in all decisions involving override medications.

12. Medications removed using the override function will be analyzed by a pharmacist in a reasonable time frame, and audited on a regular basis.

13. All nurses have access to the "Standard Mix Calculator" on the computer desktop for preparation instructions to reconstitute or dilute medications.

14. All new nurses with override privileges are required to complete competency assessment test related to the safe use of overrides within the initial orientation.

Pharmacist-on-call

1. Pharmacy hours are 0700 to 1700. From 1701 through 0659, seven days a week, the units will be faxing or phone all orders to the NIH Pharmacist on call.
2. The pharmacist on call will enter the orders in the pharmacy information system through a secure computer connection after reviewing the orders for appropriateness and safety.
3. Timely and efficient pharmacy order entry will be maintained to limit the need for the use of the override function.

Automated dispensing units

1. The Director of Pharmacy in consultation with the unit Supervisor shall determine nature and quantity of medications in ADU with approval by the Pharmacy and Therapeutics Committee.

2. The pharmacy will stock the Automatic Dispensing Units in accordance with the Automatic Dispensing Unit policy.

3. Diagnostic and ancillary departments of the hospital may stock pharmaceuticals particular to their departments only when the physician in charge of the department has authorized such.

4. All pharmaceuticals stored or used by any department in the hospital shall be under the supervision of the Pharmacy Department.

5. Pharmaceutical supplies shall be ordered in writing on the Supplies Requisition form.

Title: Medication Over-ride Policy	
Scope: Hospital Wide	**Department:**
Source: Med/Surg Nurse Manager	**Effective Date: 06/2015**

6. Any repackaging shall be done in the Pharmacy under the direction of the pharmacist. Repackaged items shall be labeled with the following information:

    a. Name and address of the pharmacy repackaging the drug and the name and address of the pharmacy that initially dispensed the drug.
    b. Name of the ingredient(s)
    c. Strength and dosage form (if indicated)
    d. Manufacturer and lot number
    e. Expiration date
    f. Date of repackaging, followed by the initials of the preparer (For example, 040295KK)

7. Repackaging, transferring medications from one container to another, and labeling or relabeling of medications is prohibited by other than pharmacy personnel.

8. The pharmacist shall check the filled stock requisition for accuracy and will initial the requisition to document the check before the requested items leave the pharmacy.

Pharmacy Access after Pharmacy Hours

1. There shall be no access to the pharmacy by anyone other than a registered pharmacist.

Pharmacist Verification of After-Hours Removals of Medications from ADU

1. Overrides are not permitted except in extreme emergencies.

2. An override report will be generated automatically each day by the ADU system and will be analyzed by the pharmacist on duty for appropriateness.

3. Performance improvement action will be taken by the Director of Pharmacy for any unnecessary overrides.

PROCEDURES:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Medication Over-ride Policy	
Scope: Hospital Wide	**Department:**
Source: Med/Surg Nurse Manager	**Effective Date: 06/2015**

1. Nurses using the Emergency Medication list will only do so in a true emergency that is documented in the medical record.
2. House Supervisor, RN Code Team, and Respiratory Response Team will sign-in Omnicell and will choose the correct privileges for the job they are doing.

3. When overriding the nurses with the override privileges will:

    a. Call the pharmacist to get approval unless it is a true emergency documented in the medical record.
    b. Find the patient in the Omnicell
    c. Choose the medication from Stocked Meds and an override reason list will pop-up
    d. Select the appropriate **REASON** for overriding the medication.
    e. If the appropriate reason is not listed on the pop-up, type in the Omnicell "REASON" what is the override medication give for i.e. Rx Auth, Morphine pain level 8/10

4. The following morning a list of all overrides are automatically e-mailed to a pharmacist by the Omnicell system.

5. The pharmacist working the shift, on which the override occurred, will verify the "CLINICAL REASON for the override.

6. Any discrepancy between the pharmacist and the nurse reason choice will be made known to the manager of the medical unit and the nurse to follow-up and re-education if needed.

REPORTING:

1. All over-rides will be audited every day to make sure appropriate "clinical reason" has been documented in the Omnicell.

2. Per MERP data collections, pharmacy will report all the overrides at least on a quarterly basis.

Committee Approval	**Date**
Policy and Procedure Committee	4/15/04
Pharmacy and Therapeutics	6/18/2015

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Medication Over-ride Policy	
Scope: Hospital Wide	**Department:**
Source: Med/Surg Nurse Manager	**Effective Date: 06/2015**

Medical Executive Committee	6/1/04
Administration	6/4/04
Board of Directors	6/16/04

Revised 4/15/04, 8/06,6/15
Reviewed 10/05,04/08 BSS/JBF,
10/08bss, **9/12 BS**
Supercedes

Committee Approval needed: Yes, Nurse Management
Responsibility for Review: Compliance Officer;
Index Listing: After Hours Access to Drugs

REFERENCES:

1. ASHP: Automation and Information Technology-Guidelines July 21, 2009 pages 55-61
2. Institute for Safe Medication Practices (ISMP): Guidance on the Interdisciplinary Safe Use of Automated Dispensing Cabinets 2008
3. CA Law Book of Pharmacy 2015, sections 4052.7 and 4076

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Single-dose vs Multi-dose Vial Policy**	
Scope: Hospital-wide and Rural Health Clinic	Department: Pharmacy
Source: Pharmacy	Effective Date: New Policy, 06/15

PURPOSE: To provide an accurate and safe method of administrating single-dose and multi-dose vials to our patients at Northern Inyo Hospital and the Rural Health Clinic.

DEFINITION: Proper aseptic techniques of single-dose and multi-dose vial procedures will minimize the chance of contamination and prevent infections.

a. Single-dose vials do not have preservative.
b. Multiple dose vials do have preservative

POLICY:

1. Licensed clinical staff will use One needle, One syringe, Only One time to ensure patient is protected from any kind of contamination or infection.
2. Multiple dose vials will only be used for one patient to reduce the risk of contamination.
3. Vials labeled by the manufacturer as "single-dose" or "single-use" will only be used for one patient. Single-dose vials lack antimicrobial preservatives and can become contaminated and serve as a source of infection when they are used inappropriately.
4. Single-dose vials/ampules are for immediate use only, and once opened shall not be stored for any time period.
5. Single dose vials shall be used whenever possible and discarded immediately after use (within one hour).
6. Visually inspect all single-dose and multi-dose vials for integrity, precipitation, contamination, or damage before each use.
7. A pharmacy technician shall check opened vials during their daily rounds.

PROCEDURE:

Single-dose/single-use vials

1. Use a single-dose /single-use vial for a single patient during the course of a single procedure.
   a. Do not re-puncture the vial.
   b. Discard the vial after this single use
   c. Used vials should never be returned to stock on clinical units, drug carts, and anesthesia carts.
8. Medications in single-dose/single-use vials lack antimicrobial preservatives and are therefore at greater risk to become contaminated and serve as a source of infection when used inappropriately.
9. Do not store used single-dose/single-use vials for later use, no matter what the size of the vial.

Multiple-dose vials

1. Only vials clearly labeled by the manufacturer for multiple dose use can be used more than once.
2. When multiple-dose vials are used more than once, use a new needle and new syringe for each entry. Do not leave needles or other objects in the vial between uses, as this may contaminate the vial's content.
3. Disinfect the vial's rubber septum before piercing by wiping with a sterile 70 percent isopropyl alcohol prep. Allow the septum to dry before inserting a needle or other devices into the vial.
4. Once a multiple-dose vial is punctured, it should be assigned a "beyond-use" date. 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.
5. All vials should be **dated with 28 days expiration and initialed when opened or taken from the refrigerator.** If reconstituted, the vial should be labeled with the concentration and the manufacturer's lists an expiration date of a shorter time frame than 28 days.
6. Multiple-dose vials (i.e., containing bacteriostatic agents) are considered single patient vials.
7. Unused or unopened multiple dose vials (MDV) shall be stored until the manufacturer's expiration date and according to manufacturer's recommendation.

Committee Approval	Date
Policy and Procedure Committee	
Pharmacy and Therapeutics Committee	6/18/2015
Medical Executive Committee	
Board of Directors	

Initiated: 6/18/2015

Revised	
Reviewed	6/18/2015
Supersedes	

REFERENCES:

1. CDC: The One and Only Campaign
2. Joint Commission, Preventing infection from the misuse of vials June 6, 2014

CROSS REFERENCES:

1. Administration of Drugs and Biologicals 4/2010

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Recall: Drugs	
Scope: Departmental	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: 06/15

PURPOSE:

To insure that patients will not be harmed by medications, dispensed by Northern Inyo Hospital, that have been recalled or discontinued for safety reasons

Definitions of recalls:

1. A Class I recall is a situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death.

2. A Class II recall is a situation in which use of or exposure to a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.

3. A Class III recall is a situation in which use of or exposure to a violative product is not likely to cause adverse health consequences.

4. Hospital-compounded sterile product recalls

POLICY:

1. The Pharmacy's daily routine shall include a check for recalled drugs (i.e. National Recall Alert Center)

2. Actions taken shall be documented. Recall notices shall be dated and initialed when the procedure is completed. An indication of the action taken shall be entered on the notice. The Pharmacy staff shall file and retain all notices.

3. The pharmacy will follow procedures to retrieve drugs dispensed by the hospital to patients in the event of a Class I or Class II recall.

4. The pharmacy will determine the danger to patients in a Class III recall and will either retrieve drugs dispensed, or remove drugs from stocks to be returned to the manufacturer.

5. All returns to the manufacturer of any recalled drugs shall be in accordance with State and Federal Laws. Drugs shall be labeled so that recalls can be affected as necessary and proper controls established. Label shall contain:

    a. Lot numbers or pharmacy control numbers
    b. Manufacturer name (if not evident from the proprietary name or from pharmacy prepackaging records).

2. In the event of a Class I or II recall, the nursing staff shall be notified through the hospital email system or by personal communication and by posting the recall notice in their department. The

Title: Recall: Drugs	
Scope: Departmental	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: 06/15

medical staff shall be notified through a copy of the recall notice in their mailboxes and through the Pharmacy and Therapeutics function.. When necessary, individual practitioners and other professionals shall also be notified. If the pharmacist believes there is eminent patient danger they will phone all the offices and then inspect them.

3. Any patient who is believed to have received a Class I or II recalled medication will be notified in writing of that fact. A copy of such notification will be sent to the patients' primary care provider as listed in the patients profile in the computer system.

4. In the event of a NIH-compounded sterile product recall, the Sterile Products: Compounding Quality Assurance Program Policy and Procedure will be followed:

    a. Recalled products or ingredients of any CSP will follow the same procedure as other recalled drugs in the hospital with a heightened urgency due to the nature of IV administration.
    b. Provide to the California Board of Pharmacy, within 12 hours, any recall notice issued by NIH pharmacy for sterile drug products it has compounded.
    c. NIH Pharmacy shall, if recalling a CSP, notify the patient, the prescriber and the attending nurse immediately, but not later than 12 hours after determination of the recall is made.

PROCEDURE:

Storage of Recalled Products:

1. Stocks of recalled products will be labeled, Recalled—Awaiting Disposition, **DO NOT USE** (or similar label). Recalled products will be quarantined in a designated area while awaiting disposition.

Class I and Class II recalls

1. Upon receipt of a Class I or Class II recall, the pharmacy personnel will generate a "drug utilization" report for the recalled drug in the pharmacy computer application with a 30-day date range ending on the date the report is run.

2. In the event that the report shows patients with the recalled drug, the pharmacist will check the list of patients to determine if any of the patients are still in the hospital.

3. If the drug has been dispensed for administration directly from the pharmacy to any current patients, the pharmacist will assure that the recalled drug is removed from patient medication bins.

4. A pharmacy technician will check the Automated Dispensing Unit's Item list to determine if any of the recalled drug is stored in any automated unit.

Title: Recall: Drugs	
Scope: Departmental	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: 06/15

5. If the recalled drug is stored in any automated unit, the technician will notify the pharmacist and will remove any recalled inventory from the unit.

6. All other storage units including Surgery, PACU, Outpatient Services, Radiology Areas shall be checked by direct viewing of the supply by the pharmacist on duty or by a person designated by the pharmacist on duty.

7. A pharmacy technician will go to the Rural Health Clinic (RHC) and will check the sample log to determine if any of the recalled drug is in the sample stock of the RHC.

8. If the sample stock includes any of the recalled drugs, the pharmacy technician will remove the drug, signing it out of the sample log as recalled and returned to pharmacy.

9. If the sample stock included any of the recalled drug, the pharmacy technician will inform the Nurse Manager of the RHC of the recall and the Nurse Manager will see to it that any patient, to whom a recalled sample was dispensed, is immediately telephoned and informed not to take any more of the medication and to return the remainder of the medication to the RHC.

10. Any recalled medication returned to the RHC will be turned over to the pharmacy for return to the manufacturer.

11. All recalled medication will be returned to the manufacturer according to the instructions of the recall documents.

12. Patient's on the list who received the recalled medication will be sent a letter informing them of the fact. A copy will be sent to the primary care physician on the computer patient profile and/or mail. When appropriate prescribers are provided with additional recall information, anticipated clinical problems/events, information that may be provided to the patient and the description of the proper procedure to file an adverse event form if one occurs as a result of a product quality defect.

Class III recalls:

1. Upon receipt of a Class III recall the pharmacist will read the recall document to determine if there is any danger to patients.

2. If the pharmacist determines that there is a danger to patients from the recalled drug, the Class I and II procedure will be followed.

3. If the pharmacist determines that there is no danger to patients, pharmacy and automated dispensing unit inventories will be examined to determine if there are any recalled drug lots therein.

4. If there are recalled drug lots in the examined inventories, the pharmacist will have them removed and quarantined for return to the manufacturer in accordance with the manufacturers' instructions.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Recall: Drugs	
Scope: Departmental	Department: Pharmacy
Source: Director of Pharmacy	Effective Date: 06/15

Committee Approval	**Date**
Pharmacy and Therapeutics Committee	6/18/2015
Medical Executive Committee	
Board of Directors	

Responsibility for review and maintenance: Director of Pharmacy
Index Listings:
Initiated: 4/03
Revised/Reviewed: 9/04, 10/05, 5/08, 8/12, 11/14, 4/8/15, 6/18/2015

References
California State Board of Pharmacy
www.fda.gov; Regulatory Procedures Manual-October 2013, Chapter 7, Recall procedures.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: DI Mammography Infection Control Policy	
Scope: Departmental	Manual: Breast Imaging, Diagnostic Imaging
Source: Director of Diagnostic Imaging	Effective Date: 4/20/2015

PURPOSE:
To prevent and control the spread of infection to employees, patients, and visitors within the mammography department by properly cleaning the equipment.

POLICY:
Northern Inyo Hospital has established and complies with a system specifying procedures to be followed by the facility for cleaning and disinfecting mammography equipment after contact with blood or other potentially infectious materials. This system specifies the methods for documenting facility compliance with the infection control procedures established. The materials used to disinfect mammography equipment are those specified by the equipment manufacturer and approved by the infection control department.

PROCEDURE:
1. Mammography rooms are to be cleaned between patients.
2. All surfaces in contact with patient are to be wiped clean with a facility and x-ray unit manufacturer approved disinfectant at the end of each examination. See below:
    1. Wipe the Bucky, paddle, and other components with germicidal disposable cloth or a clean cloth with an approved disinfectant between each patient following the manufacture instructions printed on the label. (Sample documents reproduced on the following pages, labeled A, B and highlighted.
    2. When disinfecting for blood and body fluids, all blood and body fluids must be thoroughly cleaned from the surface and objects before disinfection. Use germicidal/bactericidal/fungicidal/virucidal disposable disinfectant wipe and completely wet the surface to be cleaned following the manufacture instructions printed on the label. (Sample documents reproduced on the following pages, labeled B and highlighted)
3. All staff should perform hand hygiene before and after contact with patients and after cleaning equipment.
4. All linens are for single patient use only. Following use, they are to be deposited in appropriate linen bag for transport to laundry.
5. Any spills or drips on floors or equipment must be washed with a facility and manufacturer approved disinfectant following the manufacturer instructions.

Isolation Patients:

1. Isolation patients are scheduled in such a manner as to cause the least amount of exposure to other patients.
2. The staff will adhere to the established isolation precautions as described in the infection control manual.
3. In case blood or bodily fluids come in contact with machine it will be documented on the Infection Control Log.

REFERENCES:
1. **MQSA Federal Register 1 Vol. 62,No.208; page 55991**
2. **OSHA Blood Borne Pathogens Standard (29 CFR 1910.1030)**

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: DI Mammography Infection Control Policy	
Scope: Departmental	Manual: Breast Imaging, Diagnostic Imaging
Source: Director of Diagnostic Imaging	Effective Date: 4/20/2015

CROSS REFERENCE P&P:

Approval	Date
Radiology Services Committee	**5/19/2015**
Infection Control Committee	**6/30/2015**
Medical Executive Committee	
Administration	
Board of Directors	

Developed:
Reviewed: DDI 4/20/2015
Revised: 4/19/2015
Supercedes: Infection Control Policy per MQSA Cleaning of Bodily Fluids

Index Listings:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Admission of a Patient with a Communicable Disease	
Scope: Hospital Wide	Manual: Clinical Practice Manual, CPM - Infection Control- Patient Care (ICP)
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

POLICY:

1. Regulations for Communicable Diseases admissions are extracted from "Communicable Disease Control Procedure of the County of Inyo California", and are consistent with state regulations.

2. Patients with the following diagnosed or suspected diseases shall not be admitted to or treated at NIH:
   a. Ebola Virus, Lassa Fever and all other hemorrhagic illnesses

3. Patients with the following diagnosed or suspected disease shall be admitted or treated to these rooms :
   a. ED Room 2
   b. ICU Room 1
   c. MS Room 5

   Suspected and or/confirmed:
   a. Chicken Pox
   b. Relapsing Fever (Louse-borne)
   c. SARS
   d. Plague
   e. Botulism
   f. Mumps (with complications)
   g. Pertussis (if severe and under three [3] years of age)
   h. Poliomyelitis
   i. Rabies
   j. Rubeola (measles, with complications)
   k. Tetanus
   l. Typhoid Fever

4. Any patient with communicable disease listed as a Reportable Disease may remain in the facility.
   - Exception: Designated as stated above under #2.
   - State regulations are met at this facility for adequate isolation

5. Patients who are asymptomatic carriers of salmonella, typhoid, or shigella, may **NOT** be discharged to a skilled nursing or intermediate care facility, unless prior written approval has been obtained from the attending physician.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Admission of a Patient with a Communicable Disease	
Scope: Hospital Wide	Manual: Clinical Practice Manual, CPM - Infection Control- Patient Care (ICP)
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

REFERENCES:

1. CDC (2014) Healthcare Workers Identify Isolate Inform: ED Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease. http://www.cdc.gov/vhf/ebola/hcp/ed-management-patient-possible-ebola.html.

CROSS REFERENCE P&P:

1. Triage of Patients suspected of Ebola
    a. NIH Ebola Algorithm (Attached to above P&P and also located on NIH Intranet, Forms, Departmental, Emergency Department section)

Approval	Date
Communicable Disease Task Force	**5/2015**
Infection Control Committee	**6/30/2015**
MEC	
Board of Directors	

Developed: 3/2015
Reviewed:
Revised:

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Adult Immunization in the Health Care Worker**	
Scope: Hospital Wide	Manual: **Employee Health**
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

It is a priority for Northern Inyo Hospital to provide as safe an environment as possible for both employees and the patients they serve. This includes prevention of disease transmission between health care workers (HCWs) and patients, particularly those diseases that are preventable by immunization.

PURPOSE:

1. To explain Northern Inyo Hospital's Immunization Program.
- HCWs are at risk of acquiring several vaccine-preventable diseases with potentially devastating consequences.
- HCWs also serve as vectors for transmitting disease to other staff members and patients. Outbreaks of vaccine-preventable diseases have been well documented in medical institutions. Immunizing HCWs against vaccine-preventable diseases can prevent these outbreaks.

2. To define who is included in NIH's Immunization Program.
3. To define which immunizations are offered by Northern Inyo Hospital.
4. To identify the resource(s) for all decisions (unless otherwise stated) for the immunization program.

POLICY:

1. The employee health nurse, supervised by the Medical Director or designee, administers the immunization program. Questions related to vaccinations and immunization status are best addressed to the employee health nurse. However, in most cases the ER nursing staff is also able to help, and they are available 24 hours a day. If the ER is busy with a heavy patient load, then it may be necessary to call or return at a quieter time.
2. Participants in the immunization program include:
    a. All NIH employees.
    b. Physicians
    c. Independent contractors.
    d. Travel staff.
    e. Volunteers.
    f. Hospice staff.
    g. Student workers (with parental permission for those under age 18)
3. The health status of all participants is assessed for:
    a. General health status.
    b. Vaccination history.
    c. Allergy history.
    d. Documentation of infectious diseases.
    e. Documentation of past immunizations.
    f. Documentation of disease titers.
4. The currently available vaccines are:
    a. Measles, mumps, rubella (MMR).
    b. Varicella- If age 50 or less there should be evidence of 2 chickenpox vaccinations or a positive titer.
    c. Hepatitis B- If at risk for contact with blood, blood products, or bodily secretions (eligibility by department is in the Bloodborne Standard policy).

Title: **Adult Immunization in the Health Care Worker**	
Scope: Hospital Wide	Manual: **Employee Health**
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

d. Tetanus, diphtheria, pertussis (Tdap).
e. Tetanus/diphtheria (Td), if staff member has contraindication to Tdap.
f. Influenza- Offered yearly.
g. Pneumococcal- For employees >65 or at risk because of chronic health problems; In addition, it is encouraged for those employees 19 years through 64 who smoke or have asthma.
h. Meningococcal- For laboratory technicians whose work in microbiology puts them at a higher risk.
i. Zoster (Shingles)- If you are over 50, regardless of previous chickenpox vaccine status, then the zoster is recommended.

5. All aspects of the immunization program will follow the CDC guidelines in the current edition of **Epidemiology and Prevention of Vaccine-Preventable Diseases.**
   Published by the Department of Health and Human Services
   Centers For Disease Control and Prevention (CDC)
   This resource is published yearly so all recommendations will stay current.
6. Interim recommendations will be based on the CDC recommendations and the American Committee on Immunization Practices (ACIP).
   The CDC website, **www.cdc.gov**., reflects any interim recommendations.

PROCEDURE:

1. All participants will be notified of available vaccinations and determination will be made if a specific vaccination is appropriate, based on individual history.
2. The vaccinations are primarily given by the Employee Health RN and also in the ER, as staffing and time permits, providing 24-hour availability.
3. The vaccines are all free of charge, as are any necessary titers done before or after the vaccinations.
4. When participants receive notice of a vaccination being due or a question related to vaccination status, it is appreciated if there is a prompt response. It should be considered a priority and repeated requests should not have to be necessary.
5. It is preferred that vaccinations not be delayed or refused. However, all employees have a right to refuse any vaccination after being informed of risks and benefits. There is a vaccination declination that needs to be signed after the employee is fully informed.
6. Documentation is completed by the employee health nurse and is kept in the employee health files and database. The employee health nurse is responsible for the maintenance of these records.
7. Copies of health records are available from the employee health nurse.
8. Standing orders for immunizations to be obtained on an annual basis for the Employee Health immunization program.

SPECIAL CONSIDERATIONS:

1. Employees who request immunizations not covered by the standing orders and guidelines of the Employee Health Medical Director will be referred to their private provider.

Title: **Adult Immunization in the Health Care Worker**	
Scope: Hospital Wide	Manual: **Employee Health**
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

2. The immunization program follows NIH guidelines approved by the Infection Control Committee, based on the CDC Guidelines and ACIP.
3. Age: Adults only. Employees < 18 years of age will need parental approval.

DOCUMENTATION:
All documentation relating to vaccinations and or titers will be kept in the Employee Health files and database.
With employee signed permission, vaccination consents will be forwarded to the employee's local health care provider.
The Employee Health Nurse or designee is responsible for maintenance of immunization records.

REFERENCES:

1. *Epidemiology and Prevention of Vaccine-Preventable Diseases, current edition*
   Published by the Department of Health and Human Services
   Centers for Disease Control and Prevention (CDC).
2. United States Centers for Disease Control and Prevention Website: www.cdc.gov
3. American Committee on Immunization Practices: www.immunize.org/acip
4. Marshall, G. (2012). *The Vaccine Handbook: A Practical Guide for Clinicians.*
   University of Louisville School of Medicine: Professional Communications, Inc.
5. Immunization Action Coalition: www.immunize.org/catg.d/p2017.pdf

CROSS REFERENCE P&P:
1. **Aerosolized Transmissible Disease Standard**
2. **Influenza Policy**

Committee Approval	**Date**
Infection Control Committee	**6/30/15**
MEC	
Board	

Developed: 09/2007 la
Reviewed: 08/2011 la; 5/15 NH
Revised: 03/2014 la; 6/15 NH
Supercedes:

Healthcare Personnel Vaccination Recommendations

VACCINES AND RECOMMENDATIONS IN BRIEF

Hepatitis B – If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (SC).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

Meningococcal – Give 1 dose to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis* and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a "non-responder."

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*.

REFERENCES

1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).

2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, *MMWR*, 2013; 62(10):1–19.

3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit IAC's website at www.immunize.org/acip.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2017.pdf • Item #P2017 (3/15)

Figure 5. Immunization Schedule—Adults 19 Years and Older-United States, 2015.

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group[1]

VACCINE ▼ AGE GROUP ▶	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza[2,3]	1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap)[3,4]	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					
Varicella[3,4]	2 doses					
Human papillomavirus (HPV) Female[3,5]	3 doses					
Human papillomavirus (HPV) Male[3,5]	3 doses					
Zoster[6]					1 dose	
Measles, mumps, rubella (MMR)[3,7]	1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13)[3,8]	1-time dose					
Pneumococcal polysaccharide (PPSV23)[8]	1 or 2 doses					1 dose
Meningococcal[3,9]	1 or more doses					
Hepatitis A[3,10]	2 doses					
Hepatitis B[3,11]	3 doses					
Haemophilus influenzae type b (Hib)[3,12]	1 or 3 doses					

*Covered by the Vaccine Injury Compensation Program

- For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster
- Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)
- No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. – 8:00 p.m. Eastern Time, Monday–Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

Figure 2. Vaccines that might be indicated for adults based on medical and other indications[1]

VACCINE ▼ INDICATION ▶	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV])[4,5,7,8,11]	HIV infection CD4+ T lymphocyte count[4,7,8,11] < 200 cells/μL	HIV infection CD4+ T lymphocyte count[4,7,8,11] ≥ 200 cells/μL	Men who have sex with men (MSM)	Kidney failure, end-stage renal disease, receipt of hemodialysis	Heart disease, chronic lung disease, chronic alcoholism	Asplenia (including elective splenectomy and persistent complement component deficiencies)[8,12]	Chronic liver disease	Diabetes	Healthcare personnel
Influenza[2,3]	1 dose IIV annually				1 dose IIV or LAIV annually	1 dose IIV annually					1 dose IIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap)[3,4]	1 dose Tdap each pregnancy	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs									
Varicella[3,4]	Contraindicated		2 doses								
Human papillomavirus (HPV) Female[3,5]		3 doses through age 26 yrs				3 doses through age 26 yrs					
Human papillomavirus (HPV) Male[3,5]		3 doses through age 26 yrs				3 doses through age 21 yrs					
Zoster[6]	Contraindicated			1 dose							
Measles, mumps, rubella (MMR)[3,7]	Contraindicated		1 or 2 doses								
Pneumococcal 13-valent conjugate (PCV13)[3,8]		1 dose									
Pneumococcal polysaccharide (PPSV23)[8]		1 or 2 doses									
Meningococcal[3,9]		1 or more doses									
Hepatitis A[3,10]		2 doses									
Hepatitis B[3,11]		3 doses									
Haemophilus influenzae type b (Hib)[3,12]		post-HSCT recipients only	1 or 3 doses								

*Covered by the Vaccine Injury Compensation Program

- For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster
- Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
- No recommendation

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Centers for Disease Control and Prevention

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults ages 19 years and older, as of February 1, 2015. For all vaccines being recommended on the Adult Immunization Schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 6. Footnotes—Immunization Schedule for Adults 19 Years and Older-United States, 2015.

1. Additional information

- Additional guidance for the use of the vaccines described in this supplement is available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- Information on vaccination recommendations when vaccination status is unknown and other general immunization information can be found in the General Recommendations on Immunization at www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm.
- Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) is available at wwwnc.cdc.gov/travel/destinations/list.
- Additional information and resources regarding vaccination of pregnant women can be found at www.cdc.gov/vaccines/adults/rec-vac/pregnant.html.

2. Influenza vaccination

- Annual vaccination against influenza is recommended for all persons aged 6 months or older.
- Persons aged 6 months or older, including pregnant women and persons with hives-only allergy to eggs can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.
- Adults aged 18 years or older can receive the recombinant influenza vaccine (RIV) (FluBlok). RIV does not contain any egg protein and can be given to ageappropriate persons with egg allergy of any severity.
- Healthy, nonpregnant persons aged 2 to 49 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (LAIV) (FluMist) or IIV.
- Health care personnel who care for severely immunocompromised persons who require care in a protected environment should receive IIV or RIV; health care personnel who receive LAIV should avoid providing care for severely immunosuppressed persons for 7 days after vaccination.
- The intramuscularly or intradermally administered IIV are options for adults aged 18 through 64 years.
- Adults aged 65 years or older can receive the standard-dose IIV or the highdose IIV (Fluzone High-Dose).
- A list of currently available influenza vaccines can be found at www.cdc.gov/flu/protect/vaccine/vaccines.htm.

3. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

- Administer 1 dose of Tdap vaccine to pregnant women during each pregnancy (preferably during 27 to 36 weeks' gestation) regardless of interval since prior Td or Tdap vaccination.
- Persons aged 11 years or older who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-toxoid containing vaccine.
- Adults with an unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series including a Tdap dose.
- For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6 to 12 months after the second.
- For incompletely vaccinated (i.e., less than 3 doses) adults, administer remaining doses.
- Refer to the ACIP statement for recommendations for administering Td/Tdap as prophylaxis in wound management (see footnote 1).

4. Varicella vaccination

- All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.
- Vaccination should be emphasized for those who have close contact with persons at high risk for severe disease (e.g., health care personnel and family contacts of persons with immunocompromising conditions) or are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
- Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health care facility. The second dose should be administered 4 to 8 weeks after the first dose.
- Evidence of immunity to varicella in adults includes any of the following:
  - documentation of 2 doses of varicella vaccine at least 4 weeks apart;
  - U.S.-born before 1980, except health care personnel and pregnant women;
  - history of varicella based on diagnosis or verification of varicella disease by a health care provider;
  - history of herpes zoster based on diagnosis or verification of herpes zoster disease by a health care provider; or
  - laboratory evidence of immunity or laboratory confirmation of disease.

5. Human papillomavirus (HPV) vaccination

- Two vaccines are licensed for use in females, bivalent HPV vaccine (HPV2) and quadrivalent HPV vaccine (HPV4), and one HPV vaccine for use in males (HPV4).
- For females, either HPV4 or HPV2 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13 through 26 years, if not previously vaccinated.
- For males, HPV4 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13 through 21 years, if not previously vaccinated. Males aged 22 through 26 years may be vaccinated.
- HPV4 is recommended for men who have sex with men through age 26 years for those who did not get any or all doses when they were younger.
- Vaccination is recommended for immunocompromised persons (including those with HIV infection) through age 26 years for those who did not get any or all doses when they were younger.
- A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 4 to 8 weeks (minimum interval of 4 weeks) after the first dose; the third dose should be administered 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of at least 12 weeks).
- HPV vaccines are not recommended for use in pregnant women. However, pregnancy testing is not needed before vaccination. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remainder of the 3-dose series should be delayed until completion or termination of pregnancy.

6. Zoster vaccination

- A single dose of zoster vaccine is recommended for adults aged 60 years or older regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged 50 years or older, ACIP recommends that vaccination begin at age 60 years.
- Persons aged 60 years or older with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.

7. Measles, mumps, rubella (MMR) vaccination

- Adults born before 1957 are generally considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

Measles component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
  - are students in postsecondary educational institutions,
  - work in a health care facility, or
  - plan to travel internationally.
- Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component:

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
  - are students in a postsecondary educational institution,
  - work in a health care facility, or
  - plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health care facility) should be considered for revaccination with 2 doses of MMR vaccine.

Rubella component:

- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health care facility. Health care personnel born before 1957:
- For unvaccinated health care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

8. Pneumococcal (13-valent pneumococcal conjugate vaccine [PCV13] and 23-valent pneumococcal polysaccharide vaccine [PPSV23])vaccination

- General information
  - When indicated, only a single dose of PCV13 is recommended for adults.
  - No additional dose of PPSV23 is indicated for adults vaccinated with PPSV23 at or after age 65 years.
  - When both PCV13 and PPSV23 are indicated, PCV13 should be administered first; PCV13 and PPSV23 should not be administered during the same visit.
  - When indicated, PCV13 and PPSV23 should be administered to adults whose pneumococcal vaccination history is incomplete or unknown.
- Adults aged 65 years or older who
  - Have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 in 6 to 12 months.
  - Have not received PCV13 but have received a dose of PPSV23 at age 65 years or older: Administer PCV13 at least 1 year after the dose of PPSV23 received at age 65 years or older.
  - Have not received PCV13 but have received 1 or more doses of PPSV23 before age 65: Administer PCV13 at least 1 year after the most recent dose of PPSV23; administer a dose

Figure 6. Footnotes—Immunization Schedule for Adults 19 Years and Older-United States, 2015. (Cont'd)

of PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PPSV23.

— Have received PCV13 but not PPSV23 before age 65 years: Administer PPSV23 6 to 12 months after PCV13 or as soon as possible if this time window has passed.

— Have received PCV13 and 1 or more doses of PPSV23 before age 65 years: Administer PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PPSV23.

- Adults aged 19 through 64 years with immunocompromising conditions or anatomical or functional asplenia (defined below) who

— Have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 at least 8 weeks after PCV13; administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23.

— Have not received PCV13 but have received 1 dose of PPSV23: Administer PCV13 at least 1 year after the PPSV23; administer a second dose of PPSV23 at least 8 weeks after PCV13 and at least 5 years after the first dose of PPSV23.

— Have not received PCV13 but have received 2 doses of PPSV23: Administer PCV13 at least 1 year after the most recent dose of PPSV23.

— Have received PCV13 but not PPSV23: Administer PPSV23 at least 8 weeks after PCV13; administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23.

— Have received PCV13 and 1 dose of PPSV23: Administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23.

- Adults aged 19 through 64 years with cerebrospinal fluid leaks or cochlear implants: Administer PCV13 followed by PPSV23 at least 8 weeks after PCV13.
- Adults aged 19 through 64 years with chronic heart disease (including congestive heart failure and cardiomyopathies, excluding hypertension), chronic lung disease (including chronic obstructive lung disease, emphysema, and asthma), chronic liver disease (including cirrhosis), alcoholism, or diabetes mellitus: Administer PPSV23.
- Adults aged 19 through 64 years who smoke cigarettes or reside in nursing home or long-term care facilities: Administer PPSV23.
- Routine pneumococcal vaccination is not recommended for American Indian/ Alaska Native or other adults unless they have the indications as above; however, public health authorities may consider recommending the use of pneumococcal vaccines for American Indians/ Alaska Natives or other adults who live in areas with increased risk for invasive pneumococcal disease.
- Immunocompromising conditions that are indications for pneumococcal vaccination are: Congenital or acquired immunodeficiency (including B- or T-lymphocyte deficiency, complement deficiencies, and phagocyte disorders excluding chronic granulomatous disease), HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, multiple myeloma, solid organ transplant, and iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy).
- Anatomical or functional asplenia that are indications for pneumococcal vaccination are: Sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, and splenectomy. Administer pneumococcal vaccines at least 2 weeks before immunosuppressive therapy or an elective splenectomy, and as soon as possible to adults who are newly diagnosed with asymptomatic or symptomatic HIV infection.

9. Meningococcal vaccination

- Administer 2 doses of quadrivalent meningococcal conjugate vaccine (MenACWY [Menactra, Menveo]) at least 2 months apart to adults of all ages with anatomical or functional asplenia or persistent complement component deficiencies. HIV infection is not an indication for routine vaccination with MenACWY. If an HIV-infected person of any age is vaccinated, 2 doses of MenACWY should be administered at least 2 months apart.
- Administer a single dose of meningococcal vaccine to microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, persons at risk during an outbreak attributable to a vaccine serogroup, and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.
- First-year college students up through age 21 years who are living in residence halls should be vaccinated if they have not received a dose on or after their 16th birthday.
- MenACWY is preferred for adults with any of the preceding indications who are aged 55 years or younger as well as for adults aged 55 years or older who

a) were vaccinated previously with MenACWY and are recommended for revaccination, or b) for whom multiple doses are anticipated. Meningococcal polysaccharide vaccine (MPSV4 [Menomune]) is preferred for adults aged 55

years or older who have not received MenACWY previously and who require a single dose only (e.g., travelers).

- Revaccination with MenACWY every 5 years is recommended for adults previously vaccinated with MenACWY or MPSV4 who remain at increased risk for infection (e.g., adults with anatomical or functional asplenia, persistent complement component deficiencies, or microbiologists).

10. Hepatitis A vaccination

- Vaccinate any person seeking protection from hepatitis A virus (HAV) infection and persons with any of the following indications:

— men who have sex with men and persons who use injection or noninjection illicit drugs;

— persons working with HAV-infected primates or with HAV in a research laboratory setting;

— persons with chronic liver disease and persons who receive clotting factor concentrates;

— persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A; and

— unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. (See footnote 1 for more information on travel recommendations.) The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

- Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6 to 12 months (Havrix), or 0 and 6 to 18 months (Vaqta). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12.

11. Hepatitis B vaccination

- Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:

— sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection drug users; and men who have sex with men;

— health care personnel and public safety workers who are potentially exposed to blood or other infectious body fluids;

— persons with diabetes who are younger than age 60 years as soon as feasible after diagnosis; persons with diabetes who are age 60 years or older at the discretion of the treating clinician based on the likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood glucose monitoring in long-term care facilities, the likelihood of experiencing chronic sequelae if infected with HBV, and the likelihood of immune response to vaccination;

— persons with end-stage renal disease, including patients receiving hemodialysis, persons with HIV infection, and persons with chronic liver disease;

— household contacts and sex partners of hepatitis B surface antigen–positive persons, clients and staff members of institutions for persons with developmental disabilities, and international travelers to countries with high or intermediate prevalence of chronic HBV infection; and

— all adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug abuse treatment and prevention services, health care settings targeting services to injection drug users or men who have sex with men, correctional facilities, end-stage renal disease programs and facilities for chronic hemodialysis patients, and institutions and nonresidential day care facilities for persons with developmental disabilities.

- Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.
- Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 mcg/mL (Recombivax HB) administered on a 3-dose schedule at 0, 1, and 6 months or 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

12. Haemophilus influenzae type b (Hib) vaccination

- One dose of Hib vaccine should be administered to persons who have anatomical or functional asplenia or sickle cell disease or are undergoing elective splenectomy if they have not previously received Hib vaccine. Hib vaccination 14 or more days before splenectomy is suggested.
- Recipients of a hematopoietic stem cell transplant (HSCT) should be vaccinated with a 3-dose regimen 6 to 12 months after a successful transplant, regardless of vaccination history; at least 4 weeks should separate doses.
- Hib vaccine is not recommended for adults with HIV infection since their risk for Hib infection is low.

13. Immunocompromising conditions

- Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, and inactivated influenza vaccine) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Table 1. Contraindications and Precautions to Commonly Used Vaccines in Adults

Vaccine	Contraindications	Precautions
Influenza, inactivated (IIV)[2]	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine; or to a vaccine component, including egg protein	• Moderate or severe acute illness with or without fever • History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination • Adults who experience only hives with exposure to eggs may receive RIV or, with additional safety precautions, IIV[2]
Influenza, recombinant (RIV)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of RIV or to a vaccine component. RIV does not contain any egg protein[2]	• Moderate or severe acute illness with or without fever • History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination
Influenza, live attenuated (LAIV)[2,3]	• Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine, or to a previous dose of any influenza vaccine • In addition, ACIP recommends that LAIV not be used in the following populations: — pregnant women — immunosuppressed adults — adults with egg allergy of any severity — adults who have taken influenza antiviral medications (amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours; avoid use of these antiviral drugs for 14 days after vaccination	• Moderate or severe acute illness with or without fever • History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination • Asthma in persons aged 5 years and older • Other chronic medical conditions, e.g., other chronic lung diseases, chronic cardiovascular disease (excluding isolated hypertension), diabetes, chronic renal or hepatic disease, hematologic disease, neurologic disease, and metabolic disorders
Tetanus, diphtheria, pertussis (Tdap); tetanus, diphtheria (Td)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of Tdap, diphtheria and tetanus toxoids and pertussis (DTP), or diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine	• Moderate or severe acute illness with or without fever • Guillain-Barré Syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For pertussis-containing vaccines: progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
Varicella[3]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy,[4] or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised) • Pregnancy	• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[5] • Moderate or severe acute illness with or without fever • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Zoster[3]	• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy,[4] or patients with HIV infection who are severely immunocompromised) • Pregnancy	• Moderate or severe acute illness with or without fever • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
Measles, mumps, rubella (MMR)[3]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy,[4] or patients with HIV infection who are severely immunocompromised) • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[5] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[6]
Pneumococcal conjugate (PCV13)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including to any vaccine containing diphtheria toxoid	• Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Meningococcal, conjugate (MenACWY); meningococcal, polysaccharide (MPSV4)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Hepatitis A	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Hepatitis B	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Haemophilus influenzae Type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine excipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. A contraindication is a condition in a recipient that increases the chance of a serious adverse reaction. Therefore, a vaccine should not be administered when a contraindication is present.

2. For more information on use of influenza vaccines among persons with egg allergies and a complete list of conditions that CDC considers to be reasons to avoid receiving LAIV, see CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. *MMWR* 2014;63(32):691–97.

3. LAIV, MMR, varicella, or zoster vaccines can be administered on the same day. If not administered on the same day, live vaccines should be separated by at least 28 days.

4. Immunosuppressive steroid dose is considered to be ≥2 weeks of daily receipt of 20 mg of prednisone or the equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.

5. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered. See CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2011;60(No. RR-2). Available at www.cdc.gov/vaccines/pubs/pinkbook/index.html.

6. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.

* Adapted from CDC. Table 6, Contraindications and precautions to commonly used vaccines. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2011;60(No. RR-2):40–41 and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. Epidemiology and prevention of vaccine preventable diseases. 12th ed. Washington, DC: Public Health Foundation, 2011. Available at www.cdc.gov/vaccines/pubs/pinkbook/index.html

† Regarding latex allergy, consult the package insert for any vaccine administered.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS241083-F

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Prevention and Treatment of Pertussis in Hospital Employees**	
Scope: **Hospital Wide**	Manual: Employee Health
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date: TBD

PURPOSE:

To define how the hospital will protect its patients, employees, and respond to outbreaks of Pertussis in the community

POLICY:

1. Employees who fit the definition of a close contact (see attached information sheet), or who have been coughing for greater than 2 weeks without a known positive close contact may obtain a nasopharyngeal swab if sent by a licensed independent practitioner (physician, nurse practitioner, or physician's assistant) or the employee health nurse.

    a. The ordering practitioner will fill out the appropriate laboratory order form.
    b. The employee needs to take the order to Central Registration.
    c. The front registrar will notify RT.
    d. RT will obtain the nasal swab and take the specimen and order to the lab.

2. Laboratory confirmation of pertussis can be difficult; clinicians may need to make a presumptive diagnosis of likely pertussis before the cough has been present for 2 weeks in order to treat the case and manage contacts appropriately. The diagnosis can be made on the basis of known exposure, prolonged paroxysmal coughing with associated findings, such as post-tussive vomiting and lymphocytosis.

3. If likely contact of NIH employees with patients or other staff members known or suspected to have active pertussis occurs, a licensed independent practitioner with prescription privileges may write a prescription for treatment or prophylaxis with an antibiotic.

    a. The hospital pharmacy will fill valid prescriptions without charge.
    b. Treatment will not be initiated after a period equal to or greater than 3 weeks after onset of symptoms because it is not recommended by CDC and has not been proven to be of benefit to employees or contacts.

<u>Identification and notification of contacts</u>:

4. If employees are contacts of highly suspected or confirmed pertussis cases, they will be notified of their exposure as soon as possible and educated regarding signs and symptoms of pertussis. Chemoprophylaxis may be recommended.
   Close contacts include those who have had:
    a. Direct contact with respiratory, oral or nasal secretions from a symptomatic case.
    b. Face-to-face contact, regardless of duration, with a case who is symptomatic (e.g., in the catarrhal or paroxysmal period of illness.
    c. Shared confined space in close proximity for a prolonged period of time; such as > 1 hour with a symptomatic case.

Title: **Prevention and Treatment of Pertussis in Hospital Employees**	
Scope: **Hospital Wide**	Manual: Employee Health
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date: TBD

Definition of health care worker and patient close contacts:

5. Health care worker contacts: A HCW without the appropriate personal protective equipment required for the implementation of droplet precautions having close contact with a case; including activities such as performing a physical examination, suctioning, bronchoscopy, feeding, bathing and other procedures requiring prolonged or close interaction.
    a. Patient close contacts: Close contact includes patients who have shared a room or common living space with a pertussis case, or patients who have been directly cared for by a HCW.
    Note: Determination of close contacts should be more inclusive in settings such as a newborn nursery or the pediatric area, because infants are at risk for developing severe disease.
6. Outpatient contacts: Most individuals who were in waiting rooms or other care areas in clinics and outpatient settings at the same time as a pertussis case should NOT be considered close contacts.

Notification of local health care providers:

7. Inyo County Health Department will notify local physicians, the public and the hospital of any outbreak of pertussis among hospital employees or among the public.

Vaccination with Tdap (ADACEL):

8. All NIH employees will be vaccinated with Tdap. The only exception is for those who may have a medical contraindication to the vaccine.
9. The Cal-OSHA Aerosolized Transmissible Disease Standard does allow for a signed declination, but as most will always need a tetanus booster, this will be the rare case.
10. Tdap will be provided at no charge to all NIH employees.

Active surveillance of contacts (cough watch):

11. HCWs who are close contacts of those with pertussis will be monitored for acute illness for at least 21 days after their last exposure to an infectious case.

Restriction of symptomatic health care workers:

13. Exposed HCW's may be excluded from work under certain circumstances:
    a. HCWs who are symptomatic after exposure to a case may be relieved from direct patient contact until 5 days after the start of appropriate antimicrobial treatment.
    b. HCWs with symptoms of pertussis who cannot take or refuse to take antimicrobial therapy will be excluded from work for 21 days from onset of catarrhal symptoms.

Reporting of cases:

Title: **Prevention and Treatment of Pertussis in Hospital Employees**	
Scope: **Hospital Wide**	Manual: Employee Health
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date: TBD

14. Both confirmed and probable cases must be reported to DHS using the DHS Pertussis Case Report form (attached to this policy).

Infection control precautions in the Hospital and associated Medical Clinics:

15. All HCWs will practice droplet precautions when examining a patient with suspected or confirmed pertussis.
16. All hospitalized patients with diagnosed or suspected pertussis will be place on droplet precautions until the diagnosis is ruled out or until they have been on effective drug therapy for 5 days. If the patient does not receive drug therapy, she/he will be isolated for 21 days after onset of illness, if still hospitalized.

PROCEDURE:

1. Confirm report that suspected case(s) meets case definition and/or is highly suspected
   a. Positive contact, plus cough >1 week: Culture, Exclude from work, Treatment
   b. Negative contact but cough> 2 weeks: Culture, Exclude from work, Treatment
2. Obtain laboratory specimen for diagnosis. PCR tests (nasopharyngeal swabs) are done free of charge at NIH's laboratory by the Respiratory Care Department.
   See attached guidelines for the testing procedure for Pertussis
3. Identify and notify contacts: special emphasis should be given to identifying those at high risk for severe pertussis or those who may transmit the disease to persons at high risk for severe disease.
4. Recommend chemoprophylaxis as appropriate: Initiate as soon as possible and chemoprophylaxis is recommended regardless of age and vaccination status.
   Employee may go to his/her health care provider or go directly to NIH pharmacy with a prescription for the appropriate medication.
5. Alert local physicians and other health care providers.
6. Exclude symptomatic persons from work as appropriate.
7. Vaccinate those who are not up-to-date for pertussis.
8. Active surveillance of close contacts for at least 21 days after their last exposure to an infectious case.
9. Make sure the appropriate case report form has been sent to DHS.

References:

1. CDPH *Pertussis Report*, April 20, 2015
2. CDPH *Pertussis: Public Health Investigation*, July, 2014
3. CDPH *Pertussis Case Report Form*, CDPH 8258, Jan, 2014

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Prevention and Treatment of Pertussis in Hospital Employees**	
Scope: **Hospital Wide**	Manual: Employee Health
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date: TBD

Committee Approval	**Date**
Infection Control Committee	6/30/15
Medical Executive Committee	
Board of Directors	

Developed: 6/06
Revised: 8/11, 4/13
Reviewed: 12/13, 5/14 bs, 5/15 nh
Supersedes

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Prevention of Catheter Associated Urinary Tract Infections (UTI's), Guidelines	
Scope: All Unit	**Manual:** Infection Control Orange Manual
Source: Manager of Employee Health Infection Control Employee Wellness	**Effective Date: September 2007**

PURPOSE:
To reduce the incidence of catheter associated UTI's by employing effective infection control measures.

POLICY:

1. Urinary catheterization should be done only when medically necessary.
2. Catheters should be removed as soon as medically possible.
3. A closed drainage system must be maintained.
4. Strict aseptic technique must be maintained during catheterization.

The following is a guideline of preventive measures; for catheterization and care follow specific policies in the Med-Surg Manual.

PREVENTIVE MEASURES:

1. Catheter Insertion:
   a. The use of strict aseptic technique and sterile equipment is imperative in infection prevention.
   b. Clean the urethral meatus prior to catheter insertion with soap and water
   c. The appropriate catheter tray shall be selected for each catheterization.
   d. The urethra shall be adequately lubricated prior to insertion.
   e. Document the insertion of the catheter in the patient's record
   f. Local anesthesia with topical Lidocaine product approved for use in this facility may be used, see policy
2. Securing the Catheter
   a. Excessive movement of the catheter in the urethra may cause irritation and urethral traction and may facilitate access of bacteria to the bladder.
   b. The drainage tubing should be secured to the thigh with tape or a catheter strap; tape tubing rather than catheter.
   c. For an immobile male (for chronic neurogenic or paralyzed patient), the catheter may be taped to the lower abdomen, which prevents penile/scrotal fistula formation.
   d. Catheters shall, at all times, be positioned over the leg; contamination from the rectal area is very likely if the catheter is positioned under the leg.
3. Catheter Care:
   a. Nursing personnel shall perform perineal care every 8 hours and as needed.

b. Catheter care shall be directed toward keeping the perineal area, catheter and meatus clean, using soap and clean water and washcloth. Thorough rinsing with clean water is important to remove soap and encrustations.

c. On each shift, nursing personnel will inspect perineum/catheter for cleanliness, appropriate taping and placement over leg. The catheter should not be manipulated unnecessarily.

d. More frequent cleaning will be necessary if soiling with drainage or stool occurs.

e. Catheter care with Povodine-Iodine and Betadine ointment is not believed to be effective in preventing catheter-associated UTI's.

4. Closed Drainage System:

a. A closed urinary drainage system must be maintained

b. If irrigation is necessary to remove clots:

1. Follow policy for bladder irrigation.
2. Routine catheter irrigation is not indicated.

c. If it becomes necessary to change the drainage bag, the catheter-tubing junction must be disinfected prior to separation by thorough cleansing (scrubbing) with alcohol swab.

d. Keep the catheter collection bag below the level of the bladder at all times

5. Urinary Flow:

a. Unobstructed flow shall be maintained.

b. The catheter and tubing should be kept from kinking

c. Catheter plugs are not to be used.

6. Drainage Bags:

a. It is not necessary to change the urinary drainage bag unless it leaks or sediment accumulates.

b. If a bag change is indicated, aseptic technique shall be employed.

c. When emptying the drainage bag, the drain spigot must never touch the measuring container.

d. Leg bags are not routinely used for hospitalized patients, but may be indicated for discharge planning, if to be used at home. – Physician to designate.

e. Most drainage systems have anti-reflux valves, if not, bags should be kept below bladder level.

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Prevention of Catheter Associated Urinary Tract Infections (UTI's), Guidelines	
Scope: All Unit	**Manual:** Infection Control Orange Manual
Source: Manager of Employee Health Infection Control Employee Wellness	**Effective Date: September 2007**

7. Specimen Collection:
   a. Follow procedure as indicated under policy "Bladder Catheterization" section on **specimen collection from Foley catheter.**
8. Catheter Change:
   a. Indwelling catheters should not be changed if functioning well.
   b. Catheters must **not** be "pushed in further" or advanced once the catheter tubing is no longer sterile. If this is necessary, remove and replace catheter. Cleaning the tubing will *not* render it sterile

Cross Reference:

1. Foley Removal Protocol

Reference:

1. HICPAC, Guideline For Prevention Of Catheter-Associated Urinary Tract Infections 2009; Carolyn V. Gould, MD, MSCR [1]; Craig A. Umscheid, MD, MSCE [2]; Rajender K. Agarwal, MD, MPH [2]; Gretchen Kuntz, MSW, MSLIS [2]; David A. Pegues, MD [3] and the Healthcare Infection Control Practices Advisory Committee (HICPAC) [4]; http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf

Approval	Date
CCOC	
Infection Control Committee	6/30/15
Medical Executive Committee	
Board of Executive	

Committee(s) approval needed: X Yes. ____ No, Infection Control Committee
Index Listing: Guidelines for Prevention of Catheter Associated UTI's
Initiated: July, 1985.
Revised: 1/95, 8/97; 9/98; 10/99, 5/03, 5/05, 7/10bss, 2/11 bss, 9/12 BS,5-14bss
Reviewed:5/15 nh

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: Prevention of Catheter Associated Urinary Tract Infections (UTI's), Guidelines	
Scope: All Unit	**Manual:** Infection Control Orange Manual
Source: Manager of Employee Health Infection Control Employee Wellness	**Effective Date: September 2007**

6:2.2

NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE

Title: **Foley Removal Protocol**	
Scope: Hospital Wide	Manual: Infection Control Orange Manual
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

Northern Inyo Hospital Foley Removal Protocol

• Prevent Catheter –Associated Urinary Tract Infections •

Interventions

- Insert only when necessary- must have an order.
- Write insertion date, time, and initials on urine bag with permanent marker.
- Engage in proper hand hygiene when handling catheter.
- Use catheter-securing device.
- Label the emptying device with the patient's name and date, and discard it discharge.
- Ensure perineum was cleansed with soap and water during morning care (ask patient care giver or spot check).
- Hang Foley bag on bed frame, making sure bag and tubing do not come in contact with the floor.
- Ensure Foley tubing is free of obstruction and kink free.
- Document insertion in Clinical Care station under the GU tab of the Daily assessment or other appropriate area, paper or electronic, specific to each department.

Nurse Driven Foley Removal Protocol

* See "Foley Catheter Removal Protocol" algorithm

Documentation

Complete daily assessment with clear documentation using the GU tab in Clinical care Station (or department specific paper work) in regard to a Foley Catheter in place every shift. Document insertion and discontinue date on patient care summary (electron and/or department specific paper work).

National Healthcare Safety Network CAUTI Criteria 1
Patient had an indwelling urinary catheter in place at the time of or within 48 hours prior to specimen collection *and* at least 1 of the following signs or symptoms with no other recognized cause: fever (>38 □C), suprapubic tenderness, or costovertebral angle pain or tenderness *and* a positive urine culture of ≥ 10^5 colony-forming units (CFU)/ ml with no more than 2 species of microorganisms.
National Healthcare Safety Network CAUTI Criteria 2
Patient had an indwelling urinary catheter in place at the time of or within 48 hours prior to specimen collection *and* at least 1 of the following signs or symptoms with no other recognized cause: fever (>38 □C), suprapubic tenderness, or costovertebral angle pain or tenderness *and* positive urinalysis demonstrated by at least 1 of the following findings: a) Positive dipstick for leukocyte esterase and/ or nitrite b) Pyuria (urine specimen with ≥ 10 white blood cells [WBC]/mm^3 or ≥ 3 WBC/ high power field of

Title: **Foley Removal Protocol**	
Scope: Hospital Wide	Manual: Infection Control Orange Manual
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

unspun urine)
c) Microorganisms seen on Gram stain of unspun urine

and

positive urine culture of $\geq 10^3$ and $< 10^5$ CFU/ ml with no more than 2 species of microorganisms.

Cloudy or foul smelling urine, sediment in the Foley tubing, and temperature <100.4□F do NOT always represent a urinary tract infection

If catheterized patient has

- Cloudy or foul smelling urine
- Sediment in the Foley tubing
- Low grade fever (<100.4°F)

Assess the need for the Foley:

- If the patient does not need the catheter, notify the Physician for possible removal.
- If the patient needs a catheter, notify the physician for possible replacement of existing Foley Catheter.

Cross Reference:

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

Reference:

1. HICPAC, Guideline For Prevention Of Catheter-Associated Urinary Tract Infections 2009; Carolyn V. Gould, MD, MSCR [1]; Craig A. Umscheid, MD, MSCE [2]; Rajender K. Agarwal, MD, MPH [2]; Gretchen Kuntz, MSW, MSLIS [2]; David A. Pegues, MD [3] and the Healthcare Infection Control Practices Advisory Committee (HICPAC) [4]; http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf

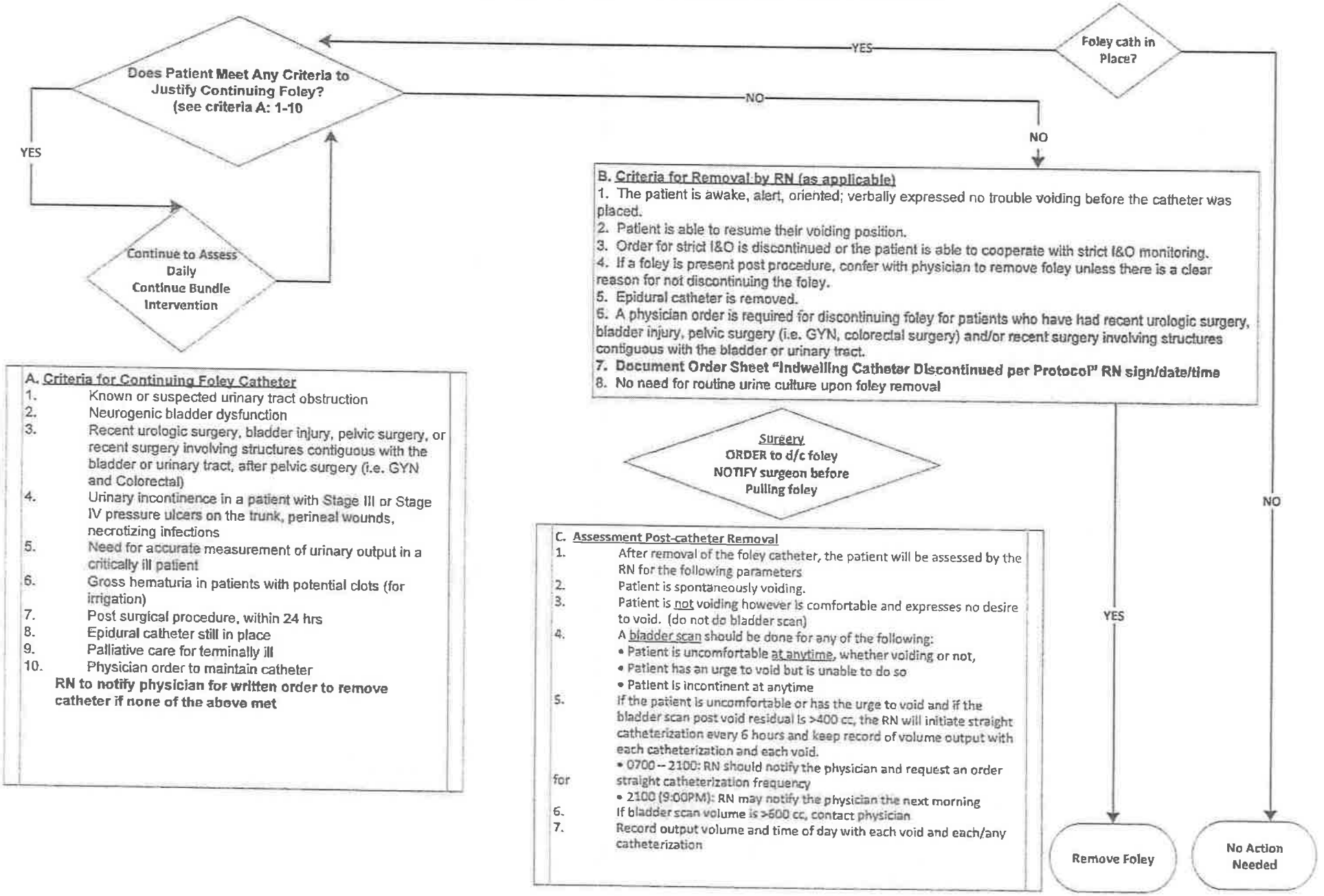
Approval	Date
Infection Control Committee	**6/30/2015**
Medical Executive Committee	
Board of Directors	

Revised: 5/15 NH
Reviewed:
Supercedes:

Index Listings:
Initiated:
Revised/Reviewed:

Title: **Foley Removal Protocol**	
Scope: Hospital Wide	Manual: Infection Control Orange Manual
Source: Manager of Employee Health Infection Control Employee Wellness	Effective Date:

Northern Inyo Hospital
FOLEY CATHETER REMOVAL PROTOCOL



NORTHERN INYO HOSPITAL
BISHOP, CALIFORNIA
EVA S. WASEF, M.D., PATHOLOGIST

ANTIBIOGRAM 2014

GRAM NEGATIVE BACILLI

Time period: January 1 through December 31

Organism (# isolates)	Escherichia coli (586)	Pseudomonas aeruginosa (37)	Klebsiella pneumoniae ssp pneumonia (104)	Klebsiella oxytoca (25)*	Enterobacter cloacae complex (24)*	Citrobacter freundii complex (21)*	Proteus mirabilis (22)*
ANTIMICROBIALS *	%S	%S	%S	%S	%S	%S	%S
Ceftriaxone	97		97	100	88	95	100
Pip/Tazobactam	98		99	96			100
Nitrofurantoin	**98**		35	80		81	
Tobramycin	95	100	97	100	96	100	100
Ceftazidime	**97**	**100**	97	100	86	90	**95**
Cefepime	**98**	100	**99**	100	92	100	95
Gentamicin	**94**	92	97	100	**86**	**100**	100
Ciprofloxacin	88	**86**	99	100	**86**	**95**	73
Levofloxacin	89	83	99	100	**92**	**95**	77
Trimethoprim/sulfa	82		**96**	82	86	**100**	86
Cefazolin	**92**		97	88			95
Ampicillin	61						91
Ampicillin/Sulbactam	67		**92**	76			100
Imipenem	100	94	100	100	100	76	
Ertapenem	100		100	100	100	100	

*NOTE: *30 isolates are the CLSI recommendations for calculation of the Antibiogram*

ESBL	# isolated (%)
Escherichia coli	12 (2)
Klebsiella pneumoniae	3 (3)

NORTHERN INYO HOSPITAL
BISHOP, CALIFORNIA
EVA S. WASEF M.D., PATHOLOGIST
ANTIBIOGRAM 2014

GRAM POSITIVE COCCI Percent susceptible: ( ) indicates # of isolates
Time period: **January 1 through December 31.**

Organism (# isolates)	Entero coccus faecalis (121)	Entero coccus faecium (4)	Staphylococcus Aureus (219)		Staphylococcus species, coagulase negative (109)	Enterococcus species (4)
ANTIMICROBIALS						
			MSSA (170)	MRSA (49)		
Vancomycin	99	75	100	100	100	100
Gentamicin			**99**	**100**	94	
Trimethoprim/sulfa			**99**	**100**		
Tetracycline			**98**	**98**	86	
Clindamycin			99	85	73	
Ciprofloxacin	87**	25**	85	22	66	77
Levofloxacin	88 **	25**	85	20	68	77
Erythromycin			74	20	45	
Benzlpenicillin	98	25				100
Oxacillin			100	0	58	
Cefazolin			*	*	*	
Linezolid	100	100	**100**	100	100	100
Nitrofurantoin	100**	0**				

Trending Findings
 # MRSA isolates

80 = 39% 2010
82 = 34% 2011
83 = 35% 2012
61 = 29% 2013
49 = 22% 2014

NOTE: 30 isolates are the CLSI recommendations for calculation of the Antibiogram
Antibiotics in BOLD suggests preferred
*= Refer to Oxacillin
**= Effective only for urine

Strep pneumoniae (6)	
Penicillin Screen Sensitive	50% (3)
Penicillin Screen Indeterminate	50% (3)

NORTHERN INYO HOSPITAL
Northern Inyo County Local Hospital District

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Performance Excellence July15, 2015

Quality Assurance and Performance Improvement (QAPI) Report

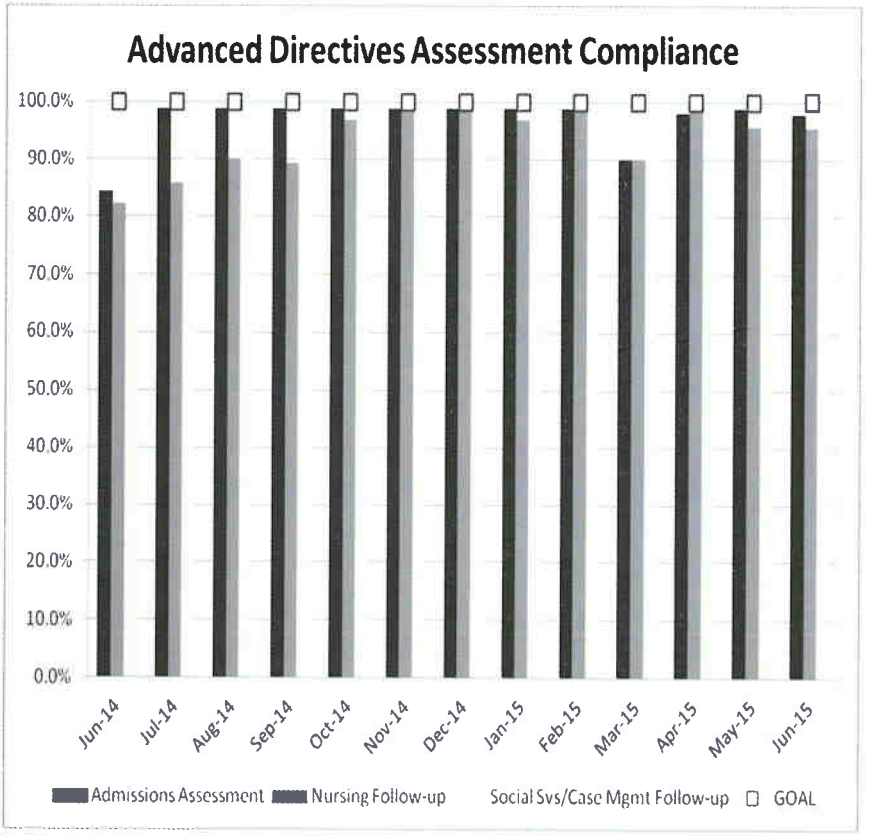
Joint Commission Survey Readiness

1. Focused Standards Assessment. NIH continues to make improvements based on the FSA findings, in preparation for an on-site survey. *QAPI will be conducting additional assessments of Performance Improvement and Leadership functional chapter standards.*

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.



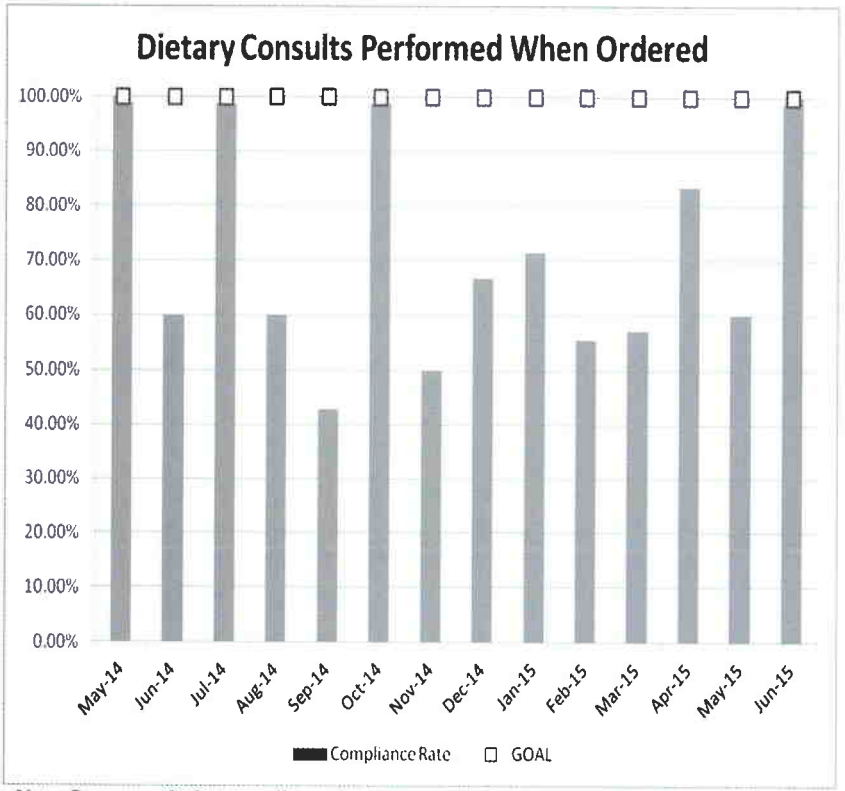
   b. Positive Lab Cultures are being routed to Infection Prevention and each positive is being investigated as to source. Monitoring has been ongoing and reported through Infection Control Committee. QAPI receives data.

   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,

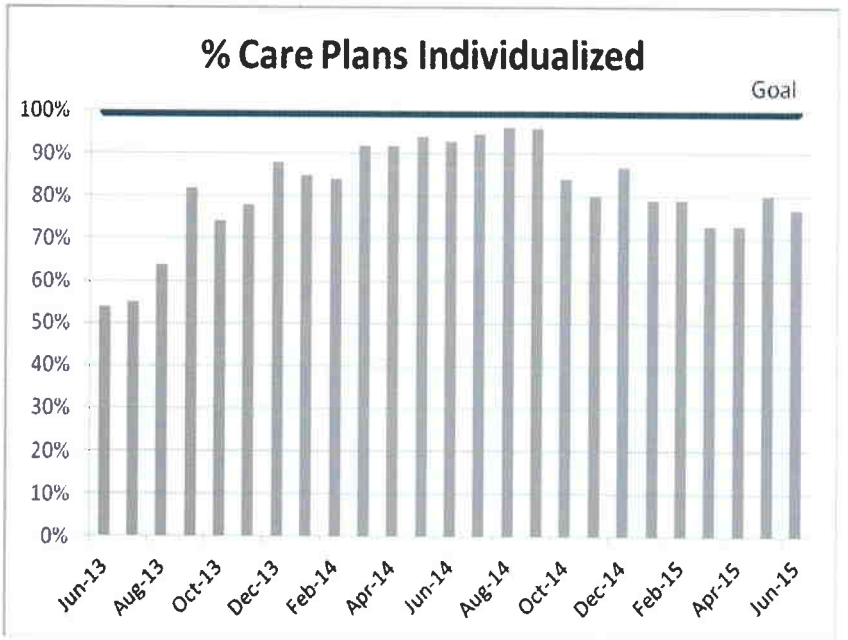
to provide more meaningful data.

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. No data since last BOD meeting.

CMS Core Measures Project

1. *NIH must submit outcome and process data to CMS according to defined reporting deadlines. Currently, the process for reporting or the 'Core Measures' has the following issues:*
   a. *Very complex and includes multiple internal and external stakeholders.*
   b. *Heavy reliance on manual data processing and chart review*
   c. *Access issues with multiple software required for the process*
   d. *No systematic, standardized approach to data processing, reporting and training for the process.*

2. *Goals of the project are as follows:*
   a. *Clarify the process and define roles & responsibilities & improve process efficiency*
   b. *Develop a user-friendly, standardized systematic approach to the process.*
   c. *Resolve software access issues & establish total preventive maintenance program.*
   d. *Develop standard work for this process and incorporate into larger scheme of regulatory reporting.*

3. *Project Progress:*
   a. *Define: Related processes have been mapped, issues identified.*
   b. *Measure: Metrics identified and waste identified, including delays, manual processes and associated labor hours*
   c. *Analyze: Identified failure points and root causes of failures and waste.*
   d. *Improve: In process of brainstorming solutions.*

Important Note: *These issues are pervasive with regulatory reporting processes at NIH. 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 charter completed and project initiated.
   a. Defined desired outcomes & process characteristics, assessed current outcomes & process characteristics through staff interviews, document review, observation, research industry practices on this job function, identified process owners and made recommendations, in process of implementing recommendations for testing.
   b. System/process changes have been implemented with measurable improvements noted. HIMS Coordinator is in the process of validating the changes, establishing ongoing monitoring and evaluation of the new process, and formally closing out the project.

2. OB Biliscan Charge Capture Improvement Project charter drafted, approved
   - Process/system issues have been identified & defined.
   - Baseline process and outcome data has been collected
   - Established root causes of the issues.
   - *Improvement strategies under consideration: Training modules/manual development, competency & skills checklist, ongoing monitoring & evaluation audit plan.*

3. ICD-10 Implementation project. No new updates since last BOD meeting.

4. Perinatal Chargemaster Improvement Project. No new updates since last BOD meeting.

Leap Frog Survey

1. *Leapfrog Survey data was submitted on June 26, 2015. Opportunities for improvement will be identified from the information and incorporated into the hospital-wide QAPI plan.*

Performance Excellence Training

1. 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 to include in the next pilot test with train-the-trainer group in July include clarifying learning objectives and job description verbiage for managers.*

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.

First class was held on January 9, 2015 and the following topics were covered:

- Value of Six Sigma
- A Systems Approach & Baldrige
- Organizational Drivers & Metrics
- Organizational Goals & Six Sigma Projects
- Lean Principles Introduction
- Team Dynamics Introduction

Second class was held on January 16, 2015 and the following topics were covered:

- Change Management & Culture
- Project Management
- Business Results: Cost of Poor Quality & Saving Lives
- Management & Planning Tools

Third class was held on February 6, 2015 and the following topics were covered:

- Process Management, Analysis & Documentation
    - Voice of the Customer, Customer-Centric Best Practices
    - Process Mapping, Work Instructions, Policies & Procedures

Fourth class (short ½ class) was held on February 13, 2015 and the following topics were covered:

- Working With Data
- Probability & Statistics
- Collecting & Summarizing Data

Fifth class (short ½ class) was held on March 13, 2015 and the following topics were covered:

- Measurement System Analysis
- Process Capability & Performance
- Deming's Red Bead Game
- Review & revise team project charters

Sixth class was held on April 24, 2015 and the following topics were covered:

- Qualitative Analysis
    - Brainstorming & Affinity Diagrams
    - Fishbone/Cause & Effect/Ishikawa Diagrams & 5 Whys?
    - Failure Modes, Effects and Criticality Analysis & Pareto Charts
    - Review Lean & Process Analysis
- Quantitative Analysis
    - Statistical Probability Distributions & Hypothesis Testing
    - Exploratory Data Analysis (Multi-Vari, Regression, Correlation)

-

Seventh class was held on May 29, 2015 and the following topics were covered:

- Innovation Methods, including, but not limited to the following:
  - Random Simulation, Six Thinking Hats
  - Benchmarking & Best Practices Research
  - Theory of Inventive Problem-Solving (TRIZ)
  - SCAMPER
  - Poka-Yoke
- Design of Experiments
- Selecting the best solutions
- Pilot test & implement solutions
- Control Plans, Statistical Process Control, Project Handover & Close-out

NEXT STEPS:

- *Project & problem work sessions held on 6/26/15 & 7/2/15-Instructor & peer feedback on draft project charters and other deliverables.*

Lean Six Sigma mentoring and coaching involves project facilitation, ensuring proper use of Lean Six Sigma tools, phase gatekeeping. The goal here is to transition from KNOWLEDGE to ABILITY and to develop critical thinking skills and help participants apply what they have learned in class or from work experience to a novel situation.
THIS IS LEARNING.

Baldrige and the Journey to Excellence

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

Strategic Communications Report

Marketing/Internal Communication Projects (See Attached.)

1. *Tristan's Story*
2. *Patient Portal-posters, postcards, website button link*

Events

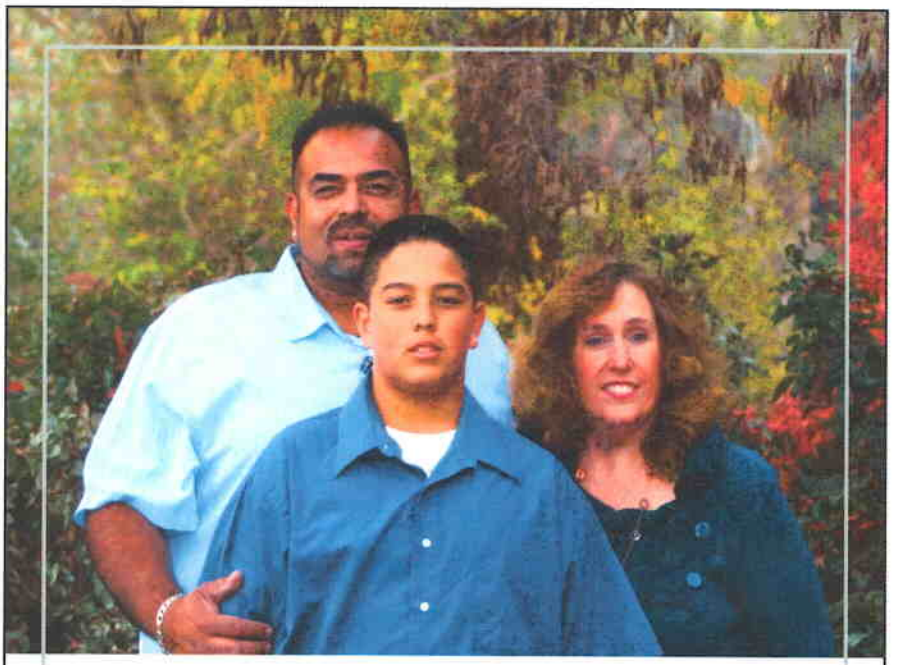
1. *Dr. Meredick is scheduled to speak about Musculoskeletal Health to the community on July 23, 2015; location to be determined.*

Medical Staff Office Report

Medical Staff Office Updates

1. No new updates since last BOD meeting.

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



Tristan's Story

On March 23, at about 5:25 p.m., we got a phone call that no parent wants to get. Our 12-year-old son, Tristan, had been badly hurt in a bicycle accident. He told us he was having trouble walking and breathing. Our hearts sank – we rushed to pick him up and took him straight to Northern Inyo Hospital's (NIH) emergency room.

Tristan was admitted to NIH for about a week. From our first encounter at the ER, we knew we were in good hands. In our rush to get to the hospital, we left Tristan's insurance card behind, but the ER clerk straightened everything out – this was so reassuring in a time of crisis. The doctor and surgeon were professional and caring, plus they spoke to our son in his own language, in a way he could understand, and they explained everything.

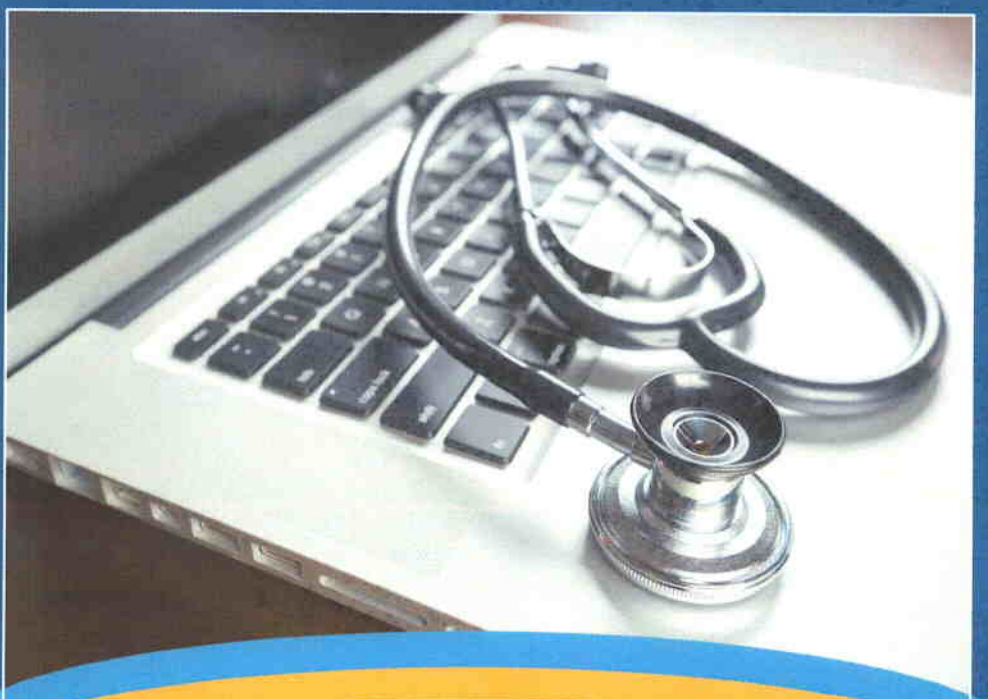
Every step of the way, everyone was so involved – CT Scan, X-Ray, Respiratory, Nursing and Dietary – literally a whole team of skilled people working with us to help our son get better. The NIH healthcare team also took care of our family, as well. Their skill and compassion alleviated our fears, giving us a sense of comfort.

Our son is doing great now – thanks to everyone at NIH. We are proud of our community hospital and would recommend it as the healthcare provider of choice to our friends and family.

We want to send a big thank you to all of the wonderful staff that helped our family. We won't forget you.

Sincerely,
Robert Cano Valle & Debra Pooley,
Bishop

NORTHERN INYO HOSPITAL
People you know, caring for people you love



Sign up for our

Patient Portal

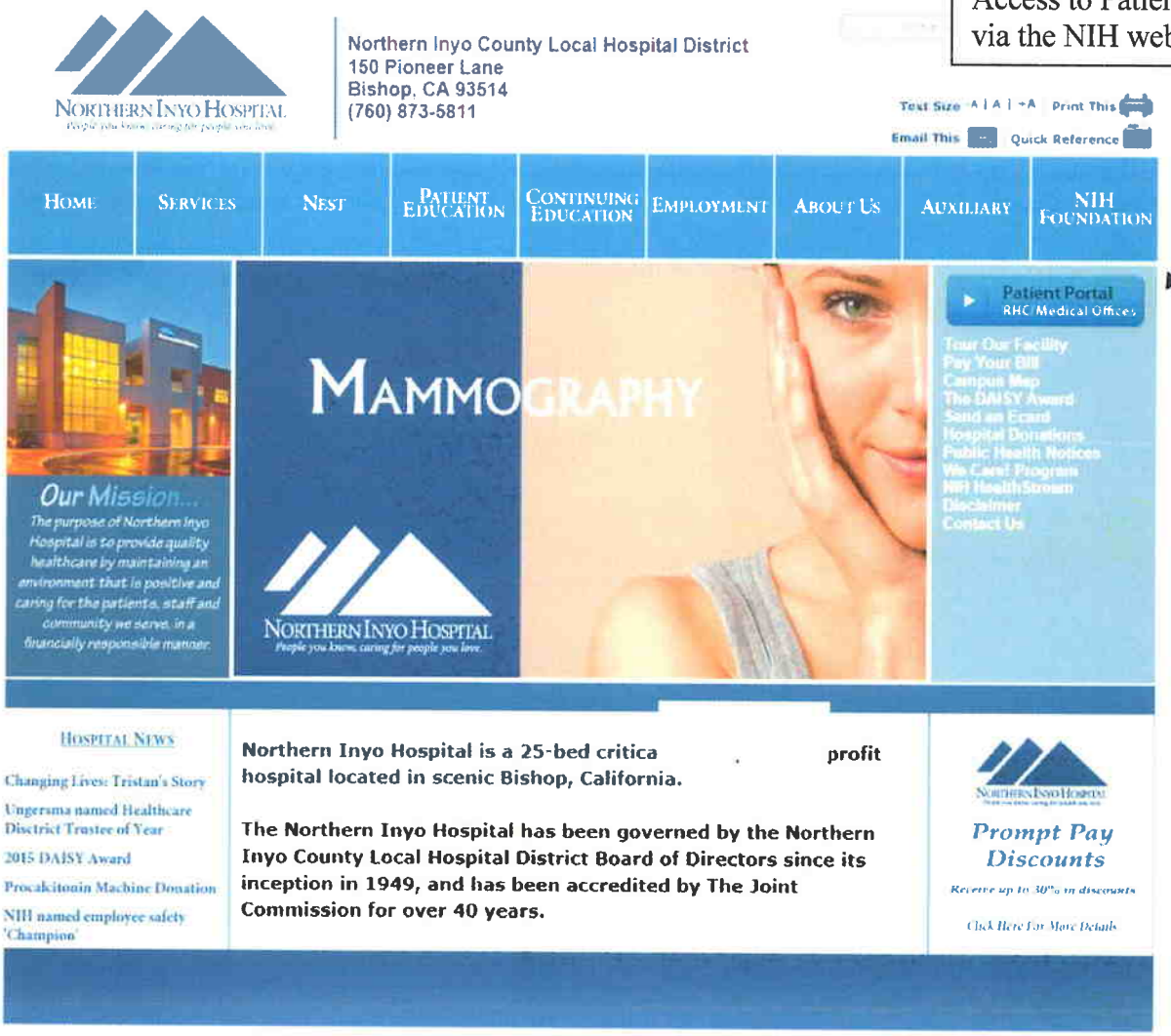
Secure, online access to your health care team

- View test results
- Request an appointment
- Communicate with us
- Request perscription refills
- View your health records
- Convenient 24-hour access

Ask our Staff how you can get started today!

NIH
RURAL HEALTH CLINIC

Access to Patient portal via the NIH website.



Patty Dickson

To: Victoria Alexander-Lane, CEO
From: Patty Dickson, Director of Diagnostic Imaging
Re: Radiopharmacy requirements

It has come to my attention that we need to implement some changes in the Nuclear Medicine Radiopharmacy ("the hot lab")currently licensed at NIH.
While we meet or exceed all California Radiologic Health Branch standards, we need a "clean" room for radiopharmaceutical preparation to meet Pharmacy standards (USP 797).
We are unable to use a commercial central radiopharmacy due to our remote location.
We are unable to use the clean room in the pharmacy due to the radioactive nature of our compounding.
We have enough space in our current radiopharmacy to make these changes without a construction project, however, we will need to purchase a lead-shielded "portable clean room."

The area in which radiopharmaceuticals are prepared must meet ISO (International Standards Organization) Class 5 and 8 standards.
ISO class 5 is the strictest and will require the purchase of a lead-shielded laminar flow hood.
It must be shielded because all of our medications are radioactive.

Preliminary research indicates a shielded radiopharmacy laminar flow hood will cost approximately $50,000.
Attached is a quote from Biodex for $45, 612, however, it does not include shipping.
Additionally, none of the radiopharmacy hoods are compatible with our 11 year old dose calibrator.
We will need to purchase a new Atomlab dose calibrator to ensure compliant handling. Dose Calibrators are approximately $10,000.

Total request:	
Radiopharmacy Shielded Laminar Flow Hood	**~$50,000**
Atomlab Dose Calibrator	**~$10,000**

Please contact me if you have any additional questions. Thank you for your consideration of this matter.

Inclusions: Net revenue calculations for Nuclear Medicine, Information about the Shielded Isolator, Quote from Biodex for Shielded Isolator

Nuclear Medicine Dept	FY 2012	FY 2013	FY 2014	FY 2015
Total Revenue	$ 1,406,471.00	$ 1,325,488.37	$ 1,610,723.71	$ 1,377,715.12
Total Expenses	$ 407,364.44	$ 352,522.28	$ 368,675.73	$ 396,168.39
Gain	$ 999,106.56	$ 972,966.09	$ 1,242,047.98	$ 981,546.73
Net Revenue after contractuals	$ 579,481.80	$ 564,320.33	$ 720,387.83	$ 569,297.10

Compounding Radiopharmacy Isolator

Radiopharmacy Equipment

LFGI SERIES Radiopharmacy Isolator: All Stainless Steel Lead Shielded Compounding Aseptic Containment Isolator

The Germfree Shielded Isolator provides advanced product and personnel protection while compounding sterile radiopharmaceuticals. Our Shielded Isolator functions as a Glovebox while operating under negative pressure to meet NIOSH recommendations. Additionally, the unit complies with USP <797> regulations for operation outside of a cleanroom.

Unidirectional laminar airflow system maintains ISO Class 5/Class 100 air quality under dynamic conditions.

HEPA filtered unidirectional (laminar) air bathes the work area to protect the product from contamination and removes any particulates generated by sample manipulation. The unit has 1/4" lead shielding for protection while compounding sterile radiopharmaceuticals. Users are completely shielded from materials being manipulated in the work area.
Germfree's Radiopharmacy Isolator meets or exceeds ISO 14644-1 Class 5 (Class 100) air quality under dynamic conditions. The LFGI Series Isolator does not require an ISO Class 8 cleanroom. The unit fits Atomlab and other dose calibrators. Each Shielded Isolator undergoes rigorous physical testing to assure the unit meets performance requirements.
Leasing Options: Contact us about leasing USP 797 Compounding Equipment.
Product SpecificationsPrint Page Request More Information

Product Specifications

- Dimensions
- Specifications
- Features
- Airflow
- CACI

OVERALL DIMENSIONS:

LFGI-R: 36" wide • 34" deep • 79.5" high

WORK AREA DIMENSIONS:

LFGI-R: 34" wide • 24" deep
Designed to fit through standard door openings and elevators.

LFGI-R (RADIOPHARMACY ISOLATOR):

- Achieve USP <797> compliance without expensive pharmacy ventilation renovations.
- ISO Class 5 (Class 100) LFGI Series Isolator does not require an ISO Class 8 cleanroom.
- 1/4" lead shielding for protection while compounding sterile radiopharmaceuticals.
- Fits Atomlab and other dose calibrators.

SAFETY:

- Lock-out handle requires a key to access the work area.
- Digital pressure gauge with audible and visual low pressure alarm.
- Inward face velocity is 95-100 linear feet per minute at gloveport opening to protect operator/product during potential glove loss.
- Glove changes can be made without breaking containment.
- Locking casters are standard.
- Each Shielded Isolator undergoes rigorous physical testing to assure the unit meets performance requirements. Independent certification is required before use.

FILTRATION AND EXHAUST:

- 100% HEPA filtration of supply and exhaust air from both the work area and the antechamber to provide a fully controlled and contained environment.
- Long lasting HEPA filters are full coverage and front loading for easy replacement by a certifier.

ERGONOMICS:

- Hydraulic assist height adjusting stand offers a full 10" range variance allowing operators to sit or stand comfortably for extended time periods.
- Stainless steel sliding tray inside the airlock pulls forward for loading and unloading items into the airlock to eliminate reaching strains.

- Two part sleeve/glove system allows the use of most types and sizes of commercially available sterile gloves for better dexterity and tactility.
- Extra large oval gloveports are placed with bottoms together to provide an anthropometrically correct configuration that accommodates a wide range of body types and increases range of movement.
- Gloveports have a 3" arm rest to enhance operator comfort.
- Large viewing panel is set at an angle to reduce glare and enhance operator comfort.

CONFIGURATION OPTIONS:

- Work area differential pressure is negative with the option to exhaust to the outside.
- Fits Atomlab and other dose calibrators.

ELECTRICAL:

- High capacity motor/blower system with speed control to extend HEPA filter life.
- Ten foot hospital grade power cord with molded grounded plug.
- Sealed outlet in work area.
- Separate lighted power ON/OFF indicator switches for blower and lighting.
- High efficiency, standard sized fluorescent lights are externally mounted to minimize heat build-up and allow for replacement outside of containment.
- Voltage = 115 Volt, 60 Hz (220v/50-60 Hz also available).
- Amperage Rating = 15
- Running Amperage = 6

ANTECHAMBER:

- Sealed two-door airlock maintains complete environmental separation between the work area and the laboratory.
- HEPA filtered purge (air change) of airlock air eliminates cross contamination between the work area and the room during both material ingress and egress.

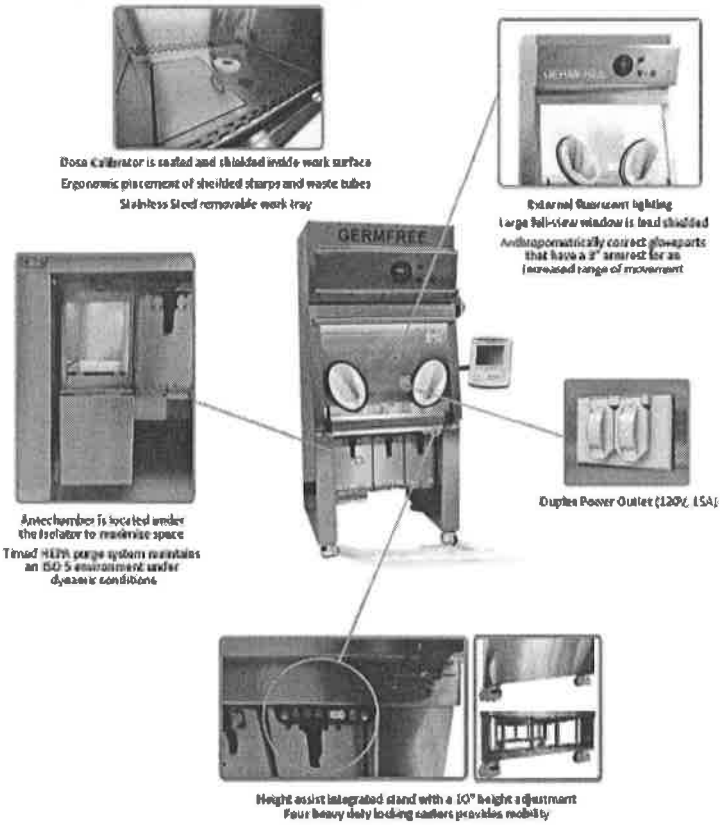
SHARPS AND WASTE DISPOSAL:

- A sharps container is located under the isolator surrounded by individual ¼" lead shields.
- Sharps tube is a straight 2 ½" diameter tube to facilitate quick drop of the largest syringes.
- The tubes are provided with easily removable shielded seals/stoppers to maintain work area containment.

EQUIPMENT SPECIFICATIONS:

- 1/4" Standard Lead Shielding located in the back, sides, bottom, and front of the work area.
- All stainless steel construction both inside and out with a pharmaceutical grade #4 finish - lead is encapsulated between the interior and exterior stainless steel panels.
- Front viewing panel is top hinged and self supporting for easy access to the work area for cleaning and equipment ingress.
- Straight sides and back maximize work area to accommodate the many types and shapes of equipment and dose calibrators.
- All corners in work area are seamless; antechamber and work surface are easily reached and cleaned.
- Large 46mm thick leaded acrylic viewing window.

FEATURES:



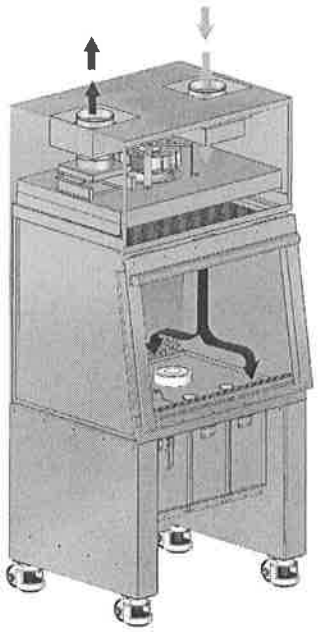
AIRFLOW:

Compounding Aseptic Containment Isolators: USP 797 Regulations for Compounded Sterile Preparations

USP 797 provided the first official and enforceable requirements for preparing **CSPs -Compound Sterile Preparations**. USP 797 is the ***U.S. Pharmacopeia's (USP) Revised General Chapter <797> for Pharmaceutical Compounding Sterile Preparations.*** According to the organization these requirements set "practice standards to help ensure that compounded sterile preparations are of high quality". Chapter <797> fundamentally changed the way that facilities that prepare compounded sterile preparations approach their work.

USP 797 applies to the diverse range of facilities that prepare Compounded Sterile Preparations

Chapter <797> applies to all facilities that prepare CSPs. This includes hospital and health-system pharmacies that prepare compounded sterile preparations including main hospital pharmacy operations and satellite pharmacy units. USP 797 also applies to clinics, hospital care units as well as other facilities that handle the compounding of sterile preparations. As facilities change their procedures to meet USP 797 requirements, they are finding that barrier isolators can provide an ideal alternative to a more costly cleanroom.
The Food and Drug Administration states that a barrier isolator is: "a decontaminated unit supplied with HEPA filtered air that provides uncompromised continuous isolation of its interior from the external environment, including surrounding cleanroom air and personnel." Installing a Compounding Aseptic Containment Isolator provides cleanroom conditions within a contained workspace. Compounding Aseptic Containment Isolators provide an ISO Class 5 (Class 100) environment for product preparation, with work occurring inside a closed, pressurized work space, accessible only via a sealed gloves system.



Negative Configuration
Compounding Aseptic Containment Isolator (CACI)

General Standards for USP 797 Compounding Aseptic Containment Isolators:

Germfree's Compounding Aseptic Containment Isolators are an ideal solution for providing a clean work environment in the pharmacy industry when compounding sterile preparations.
As there no true uniform industry standards for manufacturing isolators, there are significant design differences among manufacturers. A well-designed isolator that will significantly reduce microbial contamination should meet a range of minimal standards. Germfree's Radiopharmacy Shielded Isolators meet or exceed these standards:

- Unidirectional airflow showers the work zone with a continuous supply of filtered air that sweeps contaminants out through the air exhaust system.
- Negative air pressure maintains containment of hazardous substances within the isolator
- Easy to clean and disinfect inside and out

- Pass-through system that isolates the interior of the unit from the room when materials are transferred in and out
- Made of durable materials (stainless steel, glass, and high-performance, scratch-resistant plastics)
- Includes height adjustors to make the work environment ergonomic

Print Page Request More Information

BIODEX

QUOTATION

Issue Date: 6/30/2015
Quote Number: 00003721

CUSTOMER CONTACT	QUOTATION INFORMATION

Wayne McGregor
Nuclear Medicine Department
Northern Inyo Hospital
150 Pioneer Ln
Bishop, CA 93514
United States
Phone: 760-873-2636
Email: wayne.mcgregor@nih.org

Expiration Date: 09/30/15
Questions: Ann Marie Alessi
(631) 924-9000 Ext. 2230

Excludes Shipping, please provide method of shipping

Prepared by: Ann Marie Alessi

Quantity	Part ID	Description	Unit Price	Total Price
1	190-215	SHIELDED ISOLATOR Dimensions: Overall Dimensions: 38' w x 32.5" d x 79" h (96 x 82 x 201 cm) Designed to fit through standard door openings and elevators Height Adjustment: 79" - 89" (200.7 x 226 cm) Work Area Dimensions: 32.5" w x 25" d x 28" h (82".6 x 63.5 x 71 cm) Viewing Window: 30" w x 23" h (76.2 x 58.4 cm), 1.8" (46 mm) thick leaded acrylic Construction: Stainless steel with a pharmaceutical grade finish Lead Shielding: .25" (.64 cm) on back, sides, bottom and front Fluorescent Lights: High efficiency; externally mounted to minimize heat buildup Separate lighted power ON/OFF switch Motor/Blower: High capacity with speed control to extend HEPA filters life. Separate lighted power ON/OFF switch Power: 115 VAC, 60 Hz (Optional 220 VAC, 50-60 Hz is available), 15 AMP line, running amperage = 6 AMP. Includes ten foot hospital grade power cord with molded grounded plug. Sealed outlet in work area. Weight: 1,600 lb (725.7 kg) Warranty: Two years parts; one year labor	$46,900.00	$46,900.00
1	190-219	TOTAL CUSTOMER CARE PLAN The Total Customer Care Plan is an extended warranty plan that ensures continued top performance of the Isolator after the factory warranty has expired. Includes: Set-up, installation (including dose calibrator) and up to four hours of training Factory certified in-service Extends warranty to three years parts including labor Isolator training DVD Stainless Steel Mop handle Twenty Mop heads One year supply of isolator sleeves (two pairs)	$1,995.00	$1,995.00
			Subtotal	$48,895.00
		Includes a 7% discount on the Isolator	Discount	$3,283.00
			Grand Total	**$45,612.00**

Biodex Medical Systems, Inc.
20 Ramsey Road, Shirley, NY, USA, 11967-4704, Phone: 001-631-924-9000, Email: info@biodex.com, www.biodex.com

BIODEX

QUOTATION

Issue Date: 6/30/2015
Quote Number: 00003721

CUSTOMER APPROVAL AS QUOTED:

Signature: _____ Date: _____

Print Name: _____ Title: _____

TERMS:

INSTITUTIONS (with approved Credit): Net 30 Days
RESIDENTIAL CUSTOMERS: Full payment required by
Visa, MasterCard, Discover or American Express prior to shipment
ALL CUSTOMERS: Subject to credit approval
FREIGHT: FOB Shirley, NY (customer pays freight)
Plus sales tax where applicable

DELIVERY INFORMATION		
Must arrive by:	___/___/___	
Loading Dock?	☐ Yes	☐ No
Inside Delivery?	☐ Yes	☐ No
Partial Shipment OK?	☐ Yes	☐ No

We hereby certify this Quotation is true and correct, valid for 60 days and is renewable upon written request (which may reflect price change). All prices and costs indicated herein are paid by the customer to Biodex Medical Systems, Inc. with NO allowable deductions or assessments for banking or other charges. Any adjustment to shipping charge estimation will be paid by the customer.

Biodex Medical Systems, Inc.
20 Ramsey Road, Shirley, NY, USA, 11967-4704, Phone: 001-631-924-9000, Email: info@biodex.com, www.biodex.com

AGREEMENT BETWEEN COUNTY OF INYO
AND Northern Inyo Hospital
FOR THE PROVISION OF Childbirth Education and Breastfeeding Support **SERVICES**

INTRODUCTION

WHEREAS, the County of Inyo (hereinafter referred to as "County") may have the need for the Birth Ed & Breastfeeding Support services of Northern Inyo Hospital of Bishop, CA (hereinafter referred to as "Contractor"), and in consideration of the mutual promises, covenants, terms, and conditions hereinafter contained, the parties hereby agree as follows:

TERMS AND CONDITIONS

1. SCOPE OF WORK.

The Contractor shall furnish to the County, upon its request, those services and work set forth in Attachment **A,** attached hereto and by reference incorporated herein. Requests by the County to the Contractor to perform under this Agreement will be made by Jean Turner whose title is: Director of Health & Human Services. Requests to the Contractor for work or services to be performed under this Agreement will be based upon the County's need for such services. The County makes no guarantee or warranty, of any nature, that any minimum level or amount of services or work will be requested of the Contractor by the County under this Agreement. County by this Agreement incurs no obligation or requirement to request from Contractor the performance of any services or work at all, even if County should have some need for such services or work during the term of this Agreement.

Services and work provided by the Contractor at the County's request under this Agreement will be performed in a manner consistent with the requirements and standards established by applicable federal, state, and County laws, ordinances, regulations, and resolutions. Such laws, ordinances, regulations, and resolutions include, but are not limited to, those which are referred to in this Agreement.

2. TERM.

The term of this Agreement shall be from July 1, 2015 to June 30, 2018 unless sooner terminated as provided below.

3. CONSIDERATION.

A. Compensation. County shall pay to Contractor in accordance with the Schedule of Fees (set forth as Attachment **B)** for the services and work described in Attachment **A** which are performed by Contractor at the County's request.

B. Travel and per diem. Contractor will not be paid or reimbursed for travel expenses or per diem which Contractor incurs in providing services and work requested by County under this Agreement.

C. No additional consideration. Except as expressly provided in this Agreement, Contractor shall not be entitled to, nor receive, from County, any additional consideration, compensation, salary, wages, or other type of remuneration for services rendered under this Agreement. Specifically, Contractor shall not be entitled, by virtue of this Agreement, to consideration in the form of overtime, health insurance benefits,

retirement benefits, disability retirement benefits, sick leave, vacation time, paid holidays, or other paid leaves of absence of any type or kind whatsoever.

D. Limit upon amount payable under Agreement. The total sum of all payments made by the County to Contractor for services and work performed under this Agreement shall not exceed $79,350 Dollars (hereinafter referred to as "contract limit"). County expressly reserves the right to deny any payment or reimbursement requested by Contractor for services or work performed which is in excess of the contract limit.

E. Billing and payment. Contractor shall submit to the County, once a month, an itemized statement of all services and work described in Attachment **A**, which were done at the County's request. This statement will be submitted to the County not later than the fifth (5th) day of the month. The statement to be submitted will cover the period from the first (1st) day of the preceding month through and including the last day of the preceding month. This statement will identify the date on which the services and work were performed and describe the nature of the services and work which were performed on each day. Upon timely receipt of the statement by the fifth (5th) day of the month, County shall make payment to Contractor on the last day of the month.

F. Federal and State taxes.

(1) Except as provided in subparagraph (2) below, County will not withhold any federal or state income taxes or social security from any payments made by County to Contractor under the terms and conditions of this Agreement.

(2) County will withhold California State income taxes from payments made under this Agreement to non-California resident independent contractors when it is anticipated that total annual payments to Contractor under this Agreement will exceed one thousand four hundred ninety nine dollars ($1,499.00).

(3) Except as set forth above, County has no obligation to withhold any taxes or payments from sums paid by County to Contractor under this Agreement. Payment of all taxes and other assessments on such sums is the sole responsibility of Contractor. County has no responsibility or liability for payment of Contractor's taxes or assessments.

(4) The total amounts paid by County to Contractor, and taxes withheld from payments to non-California residents, if any, will be reported annually to the Internal Revenue Service and the California State Franchise Tax Board. To facilitate this reporting, Contractor shall complete and submit to the County an Internal Revenue Service (IRS) Form W-9 upon executing this Agreement.

4. WORK SCHEDULE.

Contractor's obligation is to perform, in a timely manner, those services and work identified in Attachment **A** which are requested by the County. It is understood by Contractor that the performance of these services and work will require a varied schedule. Contractor will arrange his/her own schedule, but will coordinate with County to insure that all services and work requested by County under this Agreement will be performed within the time frame set forth by County.

5. REQUIRED LICENSES, CERTIFICATES, AND PERMITS.

A. Any licenses, certificates, or permits required by the federal, state, county, municipal governments, for contractor to provide the services and work described in Attachment A must be procured by Contractor and be valid at the time Contractor enters into this Agreement. Further, during the term of this Agreement, Contractor must maintain such licenses, certificates, and permits in full force and effect. Licenses, certificates, and permits may include, but are not limited to, driver's licenses, professional licensesor certificates, and business licenses. Such licenses, certificates, and permits will be procured and maintained in force by Contractor at no expense to the County. Contractor will provide County, upon execution of this Agreement, with evidence of current and valid licenses, certificates and permits which are required to perform the services identified in Attachment **A**. Where there is a dispute between Contractor and County as to what licenses, certificates, and permits are required to perform the services identified in Attachment **A**, County reserves the right to make such determinations for purposes of this Agreement.

B. Contractor warrants that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any federal department or agency. Contractor also warrants that it is not suspended or debarred from receiving federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the General Services Administration available at: http://www.sam.gov.

6. OFFICE SPACE, SUPPLIES, EQUIPMENT, ETC.

Contractor shall provide such office space, supplies, equipment, vehicles, reference materials, and telephone service as is necessary for Contractor to provide the services identified in Attachment **A** to this Agreement. County is not obligated to reimburse or pay Contractor, for any expense or cost incurred by Contractor in procuring or maintaining such items. Responsibility for the costs and expenses incurred by Contractor in providing and maintaining such items is the sole responsibility and obligation of Contractor.

7. COUNTY PROPERTY.

A. Personal Property of County. Any personal property such as, but not limited to, protective or safety devices, badges, identification cards, keys, etc. provided to Contractor by County pursuant to this Agreement are, and at the termination of this Agreement remain, the sole and exclusive property of County. Contractor will use reasonable care to protect, safeguard and maintain such items while they are in Contractor's possession. Contractor will be financially responsible for any loss or damage to such items, partial or total, which is the result of Contractor's negligence.

B. Products of Contractor's Work and Services. Any and all compositions, publications, plans, designs, specifications, blueprints, maps, formulas, processes, photographs, slides, video tapes, computer programs, computer disks, computer tapes, memory chips, soundtracks, audio recordings, films, audio-visual presentations, exhibits, reports, studies, works of art, inventions, patents, trademarks, copyrights, or intellectual properties of any kind which are created, produced, assembled, compiled by, or are the result, product, or manifestation of, Contractor's services or work under this Agreement are, and at the termination of this Agreement remain, the sole and exclusive property of the County. At the termination of the Agreement, Contractor will convey possession and title to all such properties to County.

8. WORKERS' COMPENSATION.

Contractor shall provide Statutory California Worker's Compensation coverage and Employer's Liability coverage for not less than $1,000,000 per occurrence for all employees engaged in services or operations under this Agreement. The County of Inyo, its agents, officers and employees shall be named as additional insured or a waiver of subrogation shall be provided.

9. INSURANCE.

For the duration of this Agreement Contractor shall procure and maintain insurance of the scope and amount specified in Attachment **C** and with the provisions specified in that attachment.

10. STATUS OF CONTRACTOR.

All acts of Contractor, its agents, officers, and employees, relating to the performance of this Agreement, shall be performed as independent contractors, and not as agents, officers, or employees of County. Contractor, by virtue of this Agreement, has no authority to bind or incur any obligation on behalf of County. Except as expressly provided in Attachment **A**, Contractor has no authority or responsibility to exercise any rights or power vested in the County. No agent, officer, or employee of the County is to be considered an employee of Contractor. It is understood by both Contractor and County that this Agreement shall not under any circumstances be construed or considered to create an employer-employee relationship or a joint venture. As an independent contractor:

A. Contractor shall determine the method, details, and means of performing the work and services to be provided by Contractor under this Agreement.

B. Contractor shall be responsible to County only for the requirements and results specified in this Agreement, and except as expressly provided in this Agreement, shall not be subjected to County's control with respect to the physical action or activities of Contractor in fulfillment of this Agreement.

C. Contractor, its agents, officers, and employees are, and at all times during the term of this Agreement shall, represent and conduct themselves as independent contractors, and not as employees of County.

11. DEFENSE AND INDEMNIFICATION.

Contractor shall defend, indemnify, and hold harmless County, its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorney's fees, arising out of, resulting from, or in connection with, the performance of this Agreement by Contractor, or Contractor's agents, officers, or employees. Contractor's obligation to defend, indemnify, and hold the County, its agents, officers, and employees harmless applies to any actual or alleged personal injury, death, or damage or destruction to tangible or intangible property, including the loss of use. Contractor's obligation under this paragraph extends to any claim, damage, loss, liability, expense, or other costs which is caused in whole or in part by any act or omission of the Contractor, its agents, employees, supplier, or any one directly or indirectly employed by any of them, or anyone for whose acts or omissions any of them may be liable.

Contractor's obligation to defend, indemnify, and hold the County, its agents, officers, and employees harmless under the provisions of this paragraph is not limited to, or restricted by, any requirement in this Agreement for Contractor to procure and maintain a policy of insurance.

To the extent permitted by law, County shall defend, indemnify, and hold harmless Contractor, its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorney's fees, arising out of, or resulting from, the active negligence, or wrongful acts of County, its officers, or employees.

12. RECORDS AND AUDIT.

A. Records. Contractor shall prepare and maintain all records required by the various provisions of this Agreement, federal, state, county, municipal, ordinances, regulations, and directions. Contractor shall maintain these records for a minimum of four (4) years from the termination or completion of this Agreement. Contractor may fulfill its obligation to maintain records as required by this paragraph by substitute photographs, microphotographs, or other authentic reproduction of such records.

B. Inspections and Audits. Any authorized representative of County shall have access to any books, documents, papers, records, including, but not limited to, financial records of Contractor, which County determines to be pertinent to this Agreement, for the purposes of making audit, evaluation, examination, excerpts, and transcripts during the period such records are to be maintained by Contractor. Further, County has the right, at all reasonable times, to audit, inspect, or otherwise evaluate the work performed or being performed under this Agreement.

13. NONDISCRIMINATION.

During the performance of this Agreement, Contractor, its agents, officers, and employees shall not unlawfully discriminate in violation of any federal, state, or local law, against any employee, or applicant for employment, or person receiving services under this Agreement, because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex. Contractor and its agents, officers, and employees shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), and the applicable regulations promulgated thereunder in the California Code of Regulations. Contractor shall also abide by the Federal Civil Rights Act of 1964 (P.L. 88-352) and all amendments thereto, and all administrative rules and regulations issued pursuant to said act.

14. CANCELLATION.

This Agreement may be canceled by County without cause, and at will, for any reason by giving to Contractor thirty (30) days written notice of such intent to cancel. Contractor may cancel this Agreement without cause, and at will, for any reason whatsoever by giving thirty (30) days written notice of such intent to cancel to County.

15. ASSIGNMENT.

This is an agreement for the services of Contractor. County has relied upon the skills, knowledge, experience, and training of Contractor as an inducement to enter into this Agreement. Contractor shall not assign or subcontract this Agreement, or any part of it, without the express written consent of County. Further, Contractor shall not assign any monies due or to become due under this Agreement without the prior written consent of County.

16. DEFAULT.

If the Contractor abandons the work, or fails to proceed with the work and services requested by County in a timely manner, or fails in any way as required to conduct the work and services as required by

County, County may declare the Contractor in default and terminate this Agreement upon five (5) days written notice to Contractor. Upon such termination by default, County will pay to Contractor all amounts owing to Contractor for services and work satisfactorily performed to the date of termination.

17. WAIVER OF DEFAULT.

Waiver of any default by either party to this Agreement shall not be deemed to be waiver of any subsequent default. Waiver or breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach, and shall not be construed to be a modification of the terms of this Agreement unless this Agreement is modified as provided in paragraph twenty-four (24) below.

18. CONFIDENTIALITY.

Contractor further agrees to comply with the various provisions of the federal, state, and county laws, regulations, and ordinances providing that information and records kept, maintained, or accessible by Contractor in the course of providing services and work under this Agreement, shall be privileged, restricted, or confidential. Contractor agrees to keep confidential all such information and records. Disclosure of such confidential, privileged, or protected information shall be made by Contractor only with the express written consent of the County. Any disclosure of confidential information by Contractor without the County's written consent is solely and exclusively the legal responsibility of Contractor in all respects.

Notwithstanding anything in the Agreement to the contrary, names of persons receiving public social services are confidential and are to be protected from unauthorized disclosure in accordance with Title 45, Code of Federal Regulations Section 205.50, the Health Insurance Portability and Accountability Act of 1996, and Sections 10850 and 14100.2 of the Welfare and Institutions Code, and regulations adopted pursuant thereto. For the purpose of this Agreement, all information, records, and data elements pertaining to beneficiaries shall be protected by the provider from unauthorized disclosure.

19. CONFLICTS.

Contractor agrees that it has no interest, and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of the work and services under this Agreement.

20. POST AGREEMENT COVENANT.

Contractor agrees not to use any confidential, protected, or privileged information which is gained from the County in the course of providing services and work under this Agreement, for any personal benefit, gain, or enhancement. Further, Contractor agrees for a period of two years after the termination of this Agreement, not to seek or accept any employment with any entity, association, corporation, or person who, during the term of this Agreement, has had an adverse or conflicting interest with the County, or who has been an adverse party in litigation with the County, and concerning such, Contractor by virtue of this Agreement has gained access to the County's confidential, privileged, protected, or proprietary information.

21. SEVERABILITY.

If any portion of this Agreement or application thereof to any person or circumstance shall be declared invalid by a court of competent jurisdiction, or if it is found in contravention of any federal, state, or county statute, ordinance, or regulation, the remaining provisions of this Agreement, or the application thereof, shall not be invalidated thereby, and shall remain in full force and effect to the extent that the provisions of this Agreement are severable.

22. FUNDING LIMITATION.

The ability of County to enter this Agreement is based upon available funding from various sources. In the event that such funding fails, is reduced, or is modified, from one or more sources, County has the option to cancel, reduce, or modify this Agreement, or any of its terms within ten (10) days of its notifying Contractor of the cancellation, reduction, or modification of available funding. Any reduction or modification of this Agreement made pursuant to this provision must comply with the requirements of paragraph twenty-four (24) (Amendment).

23. ATTORNEY'S FEES.

If either of the parties hereto brings an action or proceeding against the other, including, but not limited to, an action to enforce or declare the cancellation, termination, or revision of the Agreement, the prevailing party in such action or proceeding shall be entitled to receive from the other party all reasonable attorney's fees and costs incurred in connection therewith.

24. AMENDMENT.

This Agreement may be modified, amended, changed, added to, or subtracted from, by the mutual consent of the parties hereto, if such amendment or change is in written form and executed with the same formalities as this Agreement, and attached to the original Agreement to maintain continuity.

25. NOTICE.

Any notice, communication, amendments, additions, or deletions to this Agreement, including change of address of either party during the terms of this Agreement, which Contractor or County shall be required, or may desire, to make, shall be in writing and may be personally served, or sent by prepaid first class mail to, the respective parties as follows:

County of Inyo
First 5 Inyo County — Department
568 W. Line Street — Street
Bishop, CA 93514 — City and State

Contractor:
Northern Inyo Hospital — Name
150 Pioneer Lane — Street
Bishop, CA 93514 — City and State

26. ENTIRE AGREEMENT.

This Agreement contains the entire agreement of the parties, and no representations, inducements, promises, or agreements otherwise between the parties not embodied herein or incorporated herein by reference, shall be of any force or effect. Further, no term or provision hereof may be changed, waived, discharged, or terminated, unless the same be in writing executed by the parties hereto.

//// ////

AGREEMENT BETWEEN COUNTY OF INYO

AND Northern Inyo Hospital
FOR THE PROVISION OF Childbirth Education and Breastfeeding Support **SERVICES**

IN WITNESS THEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND SEALS THIS _____ DAY OF _____, _____.

COUNTY OF INYO

By:_____

Dated: _____

CONTRACTOR

By:_____
Signature

_____
Print or Type Name

Dated:_____

APPROVED AS TO FORM AND LEGALITY:

County Counsel

_____

APPROVED AS TO ACCOUNTING FORM:

_____
County Auditor

APPROVED AS TO PERSONNEL REQUIREMENTS:

_____
Personnel Services

APPROVED AS TO INSURANCE REQUIREMENTS:

_____
County Risk Manager

ATTACHMENT A

AGREEMENT BETWEEN COUNTY OF INYO

AND Northern Inyo Hospital

FOR THE PROVISION OF Childbirth Education and Breastfeeding Support SERVICES

TERM:

FROM: July 1, 2015 TO: June 30, 2018

SCOPE OF WORK:

The Contractor shall provide birthing classes, breastfeeding support groups, and related services as detailed in the accompanying Scope of Work attachment incorporated into this contract (pages 8, 9, 10 & 11 of the Northern Inyo Hospital's Early Child Health Proposal for 2015-18). Contractor shall complete the tasks listed in this plan no later than June 30, 2018, and shall provide requested fiscal reports and evaluation materials listed herein at quarterly intervals to the First 5 Inyo Commission.

All publicity materials for the public produced pursuant to this agreement shall be submitted to First 5 Inyo County for approval and shall include "Funded by First 5 Inyo County" and or the First 5 Inyo County logo. The Contractor shall also coordinate with First 5 Inyo to make sure free advertising venues such as community calendar announcements in local newspapers and radio stations are utilized to promote the regularly scheduled birth classes and breastfeeding support group meetings, and that flyers for related services are available to new and expectant parents in NEST or new parent kits.

The major services this contract addresses and the ways they are to be measured include:

1. Designation of a Maternal Family Educator and selection of 3 employees to be certified in childbirth education

   -total # of staff prepared to deliver childbirth support

2. Delivery of monthly birthing classes, hospital tours, and NEST appointments

   -total # of parents served in birthing classes and NEST (copies of attendance sheets)
   -total # of parents who received SIDS prevention and shaken-baby prevention resources
   -post-surveys that detail what clients learned and how their families benefited from these classes and resources

3. Delivery of a weekly breastfeeding support group

   -total # of parents served in breastfeeding support group (copies of attendance sheets)
   -number of parents who say this group helped prepare to breastfeed before birth
   -number of parents who say this group helped them continue to breastfeed after return to work
   -number of parents who say the support group helped them to breastfeed longer than without advice and encouragement
   -number of participants sharing local breastfeeding barriers for future amelioration

4. Progress toward Baby Friendly Hospital designation by 2018 will be measured by achievement of the following milestones:

   2015-16 staff training and continued data collection
   2016-17 maternity care quality improvement plan and BFH readiness interview
   2017-18 on-site assessment by BFH certification board and BFH designation awarded

Due to the current NEST program and its work on surveying mothers, the respondent rate numbers are readily available of those participating in the phone surveys. The NEST believes that by modifying its data collection techniques by moving to an anonymous, online survey will address the current barrier it is facing gathering data from delivering mothers. At each program evaluation point the number of survey respondents will be compared against the deliveries during that period.

Lastly, due to its participation in the mPINC survey and with the potential designation as a Baby Friendly Hospital, NIH will know that is has fulfilled the Surgeon General's Call to Action to Support Breastfeeding, succeeded in implementing the BFHI's 10 Steps Successful Breastfeeding, and is providing the gold standard in maternity care.

Scope of Work

Designate NIH staff eligible for grant funded Maternal Family Educator position	June 2015
Initiation of .3FTE position- Maternal Family Educator	July 2015
Selection of 3 employees to take childbirth education certification	July 2015
Move into Dissemination Phase of Baby Friendly Hospital Initiative (BFHI): ➢ Staff Training on implementing the 10 Steps to Successful Breastfeed ➢ Data Collection on current maternity care	July 2015
Marketing/promotion for Childbirth classes	July 2015 and ongoing through life of project
Participates in World Breastfeeding Month	August 2015
Development of Survey Monkey for data collection	August 2015
Working with partners on developing curriculum for child birth classes	August 2015
Initiation of Survey Monkey for data collection. Survey will be sent out monthly according to if it is the 1 month, 3 month, or 6 month follow-up. Review of data completed monthly.	September 2015
Initiation of Childbirth classes to be held monthly. Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	September 2015
NIH staff enrolled in Childbirth Education Certification Program	September 2015

Participation in quarterly First 5 Partner meeting where results and data will be shared	October 2015
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	October 2015
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	November 2015
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	December 2015
Initiation of breastfeeding support group will be available on a weekly basis at set days/times	January 2016
Prepare for staff training in BFHI	January 2016
Participation in quarterly First 5 Partner meeting where results and data will be shared	January 2016
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	January 2016
California Breastfeeding Coalition Conference attendance- 2-3 attendees	February 2016
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	February 2016
Program evaluation based on data analysis of previous six months	March 2016
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	March 2016
Participation in quarterly First 5 Partner meeting where results and data will be shared	April 2016
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	April 2016
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	May 2016
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	June 2016
Enter into the Designation Phase of BFHI: ➢ Implementation of NIH's Quality Improvement on maternity care ➢ Conducting a readiness interview with BFHI assessors ➢ On-site assessment from BFHI assessors ➢ Baby-Friendly Designation	July 2016
Anticipated new Electronic Health Record for Perinatal	July 2016

to better track data collection	
Participation in quarterly First 5 Partner meeting where results and data will be shared	July 2016
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	July 2016
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	August 2016
Program evaluation based on data analysis of previous six months	September 2016
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	September 2016
Participation in quarterly First 5 Partner meeting where results and data will be shared	October 2016
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	October 2016
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	November 2016
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	December 2016
Participation in quarterly First 5 Partner meeting where results and data will be shared	January 2017
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	January 2017
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	February 2017
Program evaluation based on data analysis of previous six months	March 2017
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	March 2017
Participation in quarterly First 5 Partner meeting where results and data will be shared	April 2017
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	April 2017
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	May 2017
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	June 2017
Anticipated BFHI Designation	July 2017
Participation in quarterly First 5 Partner meeting where	July 2017

results and data will be shared	
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	July 2017
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	August 2017
Program evaluation based on data analysis of previous six months	September 2017
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	September 2017
Participation in quarterly First 5 Partner meeting where results and data will be shared	October 2017
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	October 2017
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	November 2017
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	December 2017
Participation in quarterly First 5 Partner meeting where results and data will be shared	January 2018
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	January 2018
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	February 2018
Program evaluation based on data analysis of previous six months	March 2018
Childbirth classes – Weeknight Sessions: Tues/Thurs for two consecutive weeks in the evening	March 2018
Participation in quarterly First 5 Partner meeting where results and data will be shared	April 2018
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	April 2018
Childbirth classes – Weeknight Sessions: Mon/Weds for two consecutive weeks in the evening	May 2018
Childbirth class – Weekend Sessions: Saturday for two consecutive weeks during the day	June 2018

ATTACHMENT B

AGREEMENT BETWEEN COUNTY OF INYO
AND Northern Inyo Hospital
FOR THE PROVISION OF Childbirth Education and Breastfeeding Support SERVICES

TERM:

FROM: July 1, 2015 TO: June 30, 2018

SCHEDULE OF FEES:

For services satisfactorily rendered, and upon receipt of semester invoices, the County agrees to compensate the Contractor for expenditures incurred from July 1, 2015 to June 30, 2018 in an amount not to exceed $79,350.

Actual program and equipment costs are to be invoiced to First 5 Inyo County after service delivery on a semester basis on the last day of each month listed below, and indirect costs are not exceed 15% of the total contracted amount. Expenditures should not deviate from the proposed budget categories by more than $2,500 without the express written permission of the First 5 Inyo Commission.

Notwithstanding paragraph 3 E. Billing and Payment, semester invoices with attached expenditure sheets, fiscal receipts, and related evaluation materials should be received by First 5 Inyo no later than 15 days after the due dates listed below.

In the event that invoices or evaluation materials are not forthcoming in that time period, the Commission retains the right to withhold payment until satisfactory receipt and review of those materials has taken place. Habitual tardiness over 2 or more semesters in provision of such agreed invoices, fiscal documentation, or evaluation data is cause for the First 5 Inyo Commission to review this contract for reduction or cancelation.

Due Date	Late After
January 1, 2016	January 15, 2016
July 1, 2016	July 15, 2016
January 1, 2017	January 15, 2017
July 1, 2017	July 15, 2017
January 1, 2018	January 15, 2018
July 1, 2018	July 15, 2018

NIH 2015-16 Birth & Breastfeeding Grant

GENERAL	BUDGET	SEMESTER 1		SEMESTER 2		TOTALS
PERSONNEL	**13,000**	1 Quarter	2 Quarter	3 Quarter	4 Quarter	
50% of .3 FTE position	13,000					
EDUCATION	**11,500**					
Onsite BFHI staff training	6,000					
Online BFHI new staff trn	1,000					
Childbirth cert training	4,500					
SUPPLIES	**7,350**					
Birth Prep Supplies	2,250					
Prevention Kit Supplies	4,500					
Incentives for Surveys	600					
TRAVEL	**0**					
MISCELLANEOUS	**1,000**					
Marketing/promotions	1,000					
TOTALS	**32,850**					

NIH 2016-17 Birth & Breastfeeding Grant

GENERAL	BUDGET	SEMESTER 1		SEMESTER 2		TOTALS
PERSONNEL	**13,000**	1 Quarter	2 Quarter	3 Quarter	4 Quarter	
50% of .3 FTE position	13,000					
EDUCATION	**300**					
Online BFHI staff training	300					
SUPPLIES	**7,350**					
Birth Prep Supplies	2,250					
Prevention Kit Supplies	4,500					
Incentives for Surveys	600					
TRAVEL	**0**					
MISCELLANEOUS	**4,200**					
Marketing/promotions	1,000					
BFH designation	3,200					
TOTALS	**24,850**					

NIH 2017-18 Birth & Breastfeeding Grant

GENERAL	BUDGET	SEMESTER 1		SEMESTER 2		TOTALS
PERSONNEL	**13,000**	1 Quarter	2 Quarter	3 Quarter	4 Quarter	
50% of .3 FTE position	13,000					
EDUCATION	**300**					
Online BFHI staff training	300					
SUPPLIES	**7,350**					
Birth Prep Supplies	2,250					
Prevention Kit Supplies	4,500					
Incentives for Surveys	600					
TRAVEL	**0**					
MISCELLANEOUS	**1,000**					
Marketing/promotions	1,000					
TOTALS	**21,650**					

Specifications 2
Insurance Requirements for Professional Services

Consultant shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Consultant, its agents, representatives, or employees.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability** (CGL): Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis for bodily injury and property damage, including products-completed operations, personal injury and advertising injury, with limits no less than **$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Consultant has no owned autos, Code 8 (hired) and 9 (non-owned), with limit no less than **$500,000** per accident for bodily injury and property damage.
3. **Workers' Compensation** insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **$1,000,000** per accident for bodily injury or disease.

(Not required if consultant provides written verification it has no employees)

1. **Professional Liability** (Errors and Omissions) Insurance appropriates to the Consultant's profession, with limit no less than **$1,000,000** per occurrence.

If the Consultant maintains higher limits than the minimums shown above, the Entity requires and shall be entitled to coverage for the higher limits maintained by the Consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Entity.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

1. **The Entity, its officers, officials, employees, and volunteers are to be covered as additional insureds** on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the consultant including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Consultant's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10 and CG 20 37 forms if later revisions used).

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Primary Coverage

For any claims related to this contract, the **Consultant's insurance coverage shall be primary** insurance as respects the Entity, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Entity, its officers, officials, employees, or volunteers shall be excess of the Consultant's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall state that **coverage shall not be canceled, except with notice to the Entity**.

Waiver of Subrogation

Consultant hereby grants to Entity a waiver of any right to subrogation which any insurer of said Consultant may acquire against the Entity by virtue of the payment of any loss under such insurance. Consultant agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Entity has received a waiver of subrogation endorsement from the insurer.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the Entity. The Entity may require the Consultant to provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the Entity.

Claims Made Policies

If any of the required policies provide coverage on a claims-made basis:

1. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
2. Insurance must be maintained and evidence of insurance must be provided ***for at least five (5) years after completion of the contract of work.***
3. If coverage is canceled or non-renewed, and not ***replaced with another claims-made policy form with a Retroactive Date*** prior to the contract effective date, the Consultant must purchase "extended reporting" coverage for a minimum of ***five (5)*** years after completion of contract work.

Verification of Coverage

Consultant shall furnish the Entity with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the Entity before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Consultant's obligation to provide them. The Entity reserves the right to require complete,

certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Subcontractors

Consultant shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein.

Special Risks or Circumstances

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

People you know,
caring for people you love

N . I . H . MEMORANDUM

DATE: June 30, 2015

TO: Victoria Alexander-Lane

FROM: Carrie Petersen, Chief of Fiscal Services

RE: 2015-16 Budget

The following budget has three columns. The first was a straight projection for next year based on the Actual Year-to-Date activity for Northern Inyo Hospital as of the month ending February 28, 2015. The second column, as presented last month contains the Management Requested budget submissions. In the final column, you will see my recommended budget for the fiscal year 2015-16.

In order to make the 2015-16 budget as proposed, we will have to outline targeted methods to reduce our benefits. As you are aware, 80% benefits is completely unacceptable in any business and I cannot propose a budget that would extend the benefit expense level we have had in 2014-15 fiscal year. Please note that in the May financial report, we experienced a drop in benefits to 77% due to a number of reinsurance payments for the over $90,000 total claims were received. While this still reflects medical expenses that are not sustainable, we know that the 82% was not real and is being corrected, as expected. We also recommend that the pension funding for the defined benefit plan stay on the 20 year catch-up plan that is reflected in the actuarial statement you have in this month's board packet instead of doing an increase to funding. I do not have a crystal ball and cannot guarantee that we will be able to make this budget, but due to the changing climate in healthcare and the "unknown" issues that approach us in the future, I feel that we can come back to the Board of Directors with a mid-year budget adjustment after our new physicians come on-board and we continue to work with manager to find the savings necessary to keep the hospital at the debt-service coverage ratios necessary. Based on the hospital performance this year and reflected in the year-to-date financials, we have the ability to keep costs under control while still providing excellent care.

Thank you for your consideration.

Northern Inyo Hospital
Fiscal Year 2015-16 Budget Income Statement

	Projected Budget	Management Budget	Adjusted Administration Budget	
Unrestricted Revenues, Gains & Other Support				
Inpatient Service Revenue				
Inpatient Routine Services	$9,587,952	$9,587,952	$9,587,952	
Inpatient Ancillary Services	$32,579,304	$32,579,292	$32,579,292	
Total Inpatient Service Revenue	**$42,167,256**	**$42,167,244**	**$42,167,244**	
Outpatient Service Revenue	$83,300,424	$84,132,780	$84,132,780	
Gross Patient Service Revenue	**$125,467,680**	**$126,300,024**	**$126,300,024**	
Less Deductions from Revenue				
Patient Service Revenue Deductions	$2,929,776	$2,929,776	$2,929,776	
Contractual Adjustments	$49,936,032	$49,936,032	$49,936,032	
Prior Period Adjustments	($110,004)	($110,004)	($110,004)	
Total Deductions from Patient Service Revenue	**$52,755,804**	**$52,755,804**	**$52,755,804**	
Net Patient Service Revenue	**$72,711,876**	**$73,544,220**	**$73,544,220**	
Other revenue	$492,984	$492,984	$492,984	
Total Other Revenue	**$492,984**	**$492,984**	**$492,984**	
Expenses:				
Salaries and Wages	$22,122,612	$24,416,772	$24,416,772	
Employee Benefits	$17,779,836	$19,442,952	$15,870,902	Benefits at 65%
Professional Fees	$6,188,064	$7,063,488	$7,063,488	
Supplies	$6,201,312	$6,165,864	$6,165,864	
Purchased Services	$3,675,888	$4,091,136	$3,675,888	Held to projected
Depreciation	$4,831,164	$5,110,188	$5,110,188	
Bad Debts	$2,402,316	$2,402,316	$2,402,316	
Other Expense	$3,964,644	$4,125,192	$3,964,644	Held to projected
Total Expenses	**$67,165,836**	**$72,817,908**	**$68,670,062**	
Operating Income (Loss)	**$6,039,024**	**$1,219,296**	**$5,367,142**	
Other Income:				
District Tax Receipts	$532,992	$532,992	$532,992	
Partnership Investment Incomce	$0	$0	$0	
Grants and Other Contributions Unrestricted	$36,564	$36,564	$36,564	
Interest Income	$165,960	$165,960	$165,960	
Transfers from Restricted Funds for Operating Exp	$1,007,748	$1,007,748	$1,007,748	
Interest Expense	($3,427,872)	($3,427,872)	($3,427,872)	
Other Non-Operating Income	$5,268	$5,268	$5,268	
Net Medical Office Activity	($4,682,328)	($3,792,588)	($3,792,588)	
340B Net Activity	$370,620	$370,620	$370,620	
Non-Operating Income/Loss	**($5,991,048)**	**($5,101,308)**	**($5,101,308)**	
Net Income/Loss	**$47,976**	**($3,882,012)**	**$265,834**	
Total Bond Debt for Coverage Ratios	4,509,117.61	4,509,117.61	4,509,117.61	
Net Income/Loss Plus Depreciation & Interest Expense	$8,307,012	$4,656,048	$8,803,894	
Debt Service Coverage Ratio	**1.84**	**1.03**	**1.95**	

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

Northern Inyo Hospital Debt Information Fiscal Year Ending 2016 Lender	Description	Original Issue Principle	(Long-Term) Remaining Issue Principle	Current FY 2016 Principle Payments	FY 2016 Interest Payments	End Date	FY 2016 Debt Payments	Interest %
GE Government Financing #001	Original Radiology Equipment	$ 3,348,470.10	$ -	$ -	$ -	12/1/2013	$ -	
GE Financing #002	Phillips Monitoring Equipment	$ 700,738.87	$ 199,089.82	**$ 143,345.83**	**$ 9,700.25**	10/1/2017	$ 153,046.08	
GE Financing #003	2013 Ultrasound Equipment	$ 290,000.00	$ 112,462.47	**$ 58,306.79**	**$ 5,163.01**	4/1/2018	$ 63,469.80	3.58%
Bank of the West-Trinity 002	McKesson Paragon	$ 1,019,846.36	$ 297,030.17	**$ 240,788.16**	**$ 22,088.04**	8/1/2017	$ 262,876.20	~4.857%
Bank of the West-Trinity 001	McKesson Paragon	$ 1,819,762.97	$ 380,893.06	**$ 436,567.39**	**$ 31,081.35**	4/1/2017	$ 467,648.74	4.995%
Bank of the West-Taycor	Turner Logistics-Hospital equipment Steris	$ 612,753.56	$ 100,632.12	**$ 128,948.85**	**$ 7,775.43**	3/16/2017	$ 136,724.28	4.548%
		$ 7,791,571.86	$ 1,090,107.64	$ 1,007,957.02	$ 75,808.08		$ 1,083,765.10	
Revenue Bonds								
2010 NIH Revenue Bonds	Building Costs	$ 11,600,000.00	$ 8,780,000.00	**$ 620,000.00**	**$ 557,937.50**	12/1/2025	$ 1,177,937.50	5% to 6.375%
2013 NIH Revenue Bonds	Building Costs	$ 11,335,000.00	$ 10,415,000.00	**$ 310,000.00**	**$ 465,950.01**	12/1/2029	$ 775,950.01	3.875% to 5%
		$ 22,935,000.00	$ 19,195,000.00	$ 930,000.00	$ 1,023,887.51		$ 1,953,887.51	
Total Long-Term Debt		$ 30,726,571.86	$ 20,285,107.64	$ 1,937,957.02	$ 1,099,695.59		$ 3,037,652.61	
Additional new issues Line of Credits **Oak Valley/Eastern Sierra Community Bank**	**Annex Building Mortage**	**$ 600,000.00**		$ -	$ -	**4/1/2017**	$ -	**Paid Off 8/4/14**
Operating Leases					Monthly Lease			
Celtic Leasing	Turner Logistics-Skytron Equipment	$ 1,013,111.36			**$ 36,277.00**		$ 435,324.00	3.5% to 4.365%
Total Cash to cover Principal, Interest & Capital Lease Payments for 2016							**$ 3,472,976.61**	
General Obligation Bonds								
2005 NIH GO Bond	Building Costs	$ 15,035,000.00	$ 13,840,000.00	**$ 195,000.00**	**$ 723,640.00**	7/1/2035	$ 918,640.00	5.12%
2009 NIH GO Bond	Building Costs	$ 14,464,947.15	$ 13,829,947.15	**$ 265,000.00**	**$ 287,825.00**	10/1/2038	$ 552,825.00	6.25% Average
Total Debt-General Obligation Bonds		$ 29,499,947.15	$ 27,669,947.15	$ 460,000.00	$ 1,011,465.00		$ 1,471,465.00	
	Total Principal & Interest Expense for 2016			**$ 2,397,957.02**	**$ 2,111,160.59**			
Total Bond Debt for Coverage Ratios	Revenue & General Obligation Bonds			$ 2,397,957.02	$ 2,111,160.59		$ 4,509,117.61	

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June 16, 2015

Ms. Victoria Alexander-Lane
Chief Executive Officer
Northern Inyo Hospital
150 Pioneer Lane
Bishop, California 93514-2599

Northern Inyo County Local Hospital District Retirement Plan
Actuarial Valuation as of January 1, 2015

Dear Ms. Alexander-Lane:

Enclosed is our Actuarial Valuation as of January 1, 2015. The recommended contribution is $3,900,000. This means the current monthly contribution rate of $360,000 should be decreased to $325,000, effective July 1, 2015.

In this year's valuation, we have lowered the salary scale assumption from 5.0% to 4.0% to reflect lower long-term inflation expectations. In addition, we have changed the actuarial cost method from the projected unit credit method to the entry age normal cost method, for purposes of compliance with GASB Statements No. 67 and 68.

If you have any questions or would like to review the report with me, please give me a call at (415) 394-3716.

Sincerely,

Rich Wright

RAW:km
enc.
cc: Georgan Stottlemyre
Carrie Petersen
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Northern Inyo County
Local Hospital District Retirement Plan

Actuarial Valuation as of January 1, 2015

Prepared by:

Richard A. Wright
FSA, MAAA

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June 16, 2015

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June 16, 2015

Northern Inyo Hospital
150 Pioneer Lane
Bishop, California 93514-2599

Northern Inyo County Local Hospital District Retirement Plan
Actuarial Valuation as of January 1, 2015

As part of our engagement with the Hospital, we have made an actuarial valuation of the Northern Inyo County Local Hospital District Retirement Plan for the plan year beginning January 1, 2015. The purpose of this valuation is to determine the recommended contribution pursuant to the Hospital's funding policy.

In preparing this report, we have relied without audit on information (some oral and some in writing) provided by New York Life Insurance Company and the Hospital. This information includes, but is not limited to, financial information, census data, and plan provisions. We found this information to be reasonably consistent and comparable with information used for other purposes. The valuation results depend on the integrity of this information. If any of this information is inaccurate or incomplete the results may be different and the calculations may need to be revised.

All costs, liabilities, rates of interest, and other factors for the Fund have been determined on the basis of actuarial assumptions and methods which are individually reasonable (taking into account the experience of the Plan and reasonable expectations); and which, in combination, offer our best estimate of anticipated experience affecting the Fund.

This valuation report is only an estimate of the Plan's financial condition as of a single date. It can neither predict the Plan's future condition nor guarantee future financial soundness. Actuarial valuations do not affect the ultimate cost of Plan benefits, only the timing of Plan contributions. While the valuation is based on an array of individually reasonable assumptions, other assumption sets may also be reasonable and valuation results based on those assumptions would be different. No one set of assumptions is uniquely correct. Determining results using alternative assumptions is outside the scope of our engagement.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the Fund's funded status); and changes in plan provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of

future measurements. The Hospital has the final decision regarding the appropriateness of the assumptions and actuarial cost methods.

The calculations reported herein have been made in accordance with the applicable provisions of the Internal Revenue Code. The results of this valuation are applicable only for the current year and are intended to be used only by the plan sponsor for the specific purposes described herein.

Milliman's work is prepared solely for the internal business use of the Hospital. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work product. Milliman's consent to release its work product to any third party may be conditioned on the third party signing a Release, subject to the following exception(s):

(a) The Hospital may provide a copy of Milliman's work, in its entirety, to the Hospital's professional service advisors who are subject to a duty of confidentiality and who agree to not use Milliman's work for any purpose other than to benefit the Hospital.

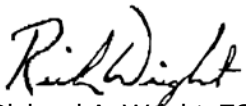
(b) The Hospital may provide a copy of Milliman's work, in its entirety, to other governmental entities, as required by law.

No third party recipient of Milliman's work product should rely upon Milliman's work product. Such recipients should engage qualified professionals for advice appropriate to their own specific needs.

The consultants who worked on this assignment are pension actuaries. Milliman's advice is not intended to be a substitute for qualified legal or accounting counsel.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally accepted actuarial principles and practices which are consistent with the applicable Actuarial Standards of Practice of the American Academy of Actuaries. The undersigned is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Sincerely,



Richard A. Wright, FSA, MAAA
Consulting Actuary

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TABLE OF CONTENTS

SECTION I. VALUATION SUMMARY

INTRODUCTION

This report sets forth the results of our valuation of the Northern Inyo County Local Hospital District Retirement Plan, as of January 1, 2015. In Section II we furnish certain financial statements and actuarial exhibits of the Fund for the 2014 plan year. Section III presents the determination of the contribution requirement for the 2015 plan year.

A summary of the Plan is set forth in Appendix A, and the actuarial assumptions and cost method used in determining the costs and liabilities are described in Appendix B. The membership data is shown in Appendix C.

HIGHLIGHTS

The Plan was closed to new entrants effective January 1, 2013.

We have changed the actuarial cost method from the projected unit credit method to the entry age normal cost method, for purposes of compliance with GASB 67 and 68. This change has been made retroactive back to the prior valuation date of January 1, 2014, and thus the prior year's valuation results shown in this report reflect this method change, which resulted in an increase of $5,214,952 in the actuarial accrued liability as of January 1, 2014. This change had no effect on the determination of the recommended contribution.

For this year's valuation, we have lowered the salary increase assumption from 5.0% to 4.0% to reflect lower long-term inflation expectations. This assumption change resulted in a decrease of $1,677,930 in the actuarial accrued liability as of January, 1, 2015 and a decrease of $72,000 in the amount of the recommended contribution for 2015.

The entry age normal cost decreased from $2,603,182 in last year's valuation to $2,153,703 this year, due primarily to the decrease in covered payroll and the above-mentioned assumption change. The normal cost as a percentage of payroll decreased from 13.4% last year to 12.2%.

The investment performance of the fund showed a return of 5.2% for 2014. The average investment return over the last 20 years has been 6.4%.

The Full Funding Limitation is a measure of the funded status of the plan as of the valuation date. It is normally used to determine minimum required contributions and the maximum tax-deductible limit for taxable entities. For the 2015 Plan Year, the Full Funding Limitation would limit contributions to the Plan to $19,807,023 for the year.

The recommended contribution is based on a target funding level of 125% of the Accumulated Benefit Obligation (ABO). The plan's current funding level is 91.9% of ABO. The deficit under 125% is being amortized over a 20-year period beginning on January 1, 2012. The applicable amortization amount for the year is added to the current year's ABO normal cost to determine the recommended contribution for the year.

For the 2015 plan year, the recommended contribution is $3,900,000, or $325,000 per month if paid in 12 monthly installments during the 7/1/2015-6/30/2016 fiscal year.

RESULTS OF VALUATION

The following table summarizes the principal valuation results and compares them with the prior plan year.

	January 1, 2015	January 1, 2014
Number of Participants		
Active – Fully vested	142	145
– Partially vested	89	99
– Nonvested	29	44
– Total	260	288
Part-time employees with accrued benefits	6	8
Disabled employees with accrued benefits	1	1
Terminated vested	58	53
Retired	0	0
Total participants	325	350
Participant Payroll under NRA	$ 17,664,833	$ 19,429,331
Actuarial Accrued Liability	$ 49,116,826	$ 53,757,951
Funding Target – 125% of Accumulated Benefit Obligation (ABO)	$ 44,394,099	$ 45,957,220
Actuarial Assets	$ 32,628,625	$ 35,906,226
Normal Cost at Beginning of Year	$ 2,153,703	$ 2,603,182
As a percentage of applicable payroll	12.2%	13.4%
Full Funding Limitation	$ 19,807,023	$ 21,733,339
Recommended Contribution	$ 3,900,000	$ 4,320,000
As a percentage of applicable payroll	22.1%	22.2%
Investment Return		
Current annual yield	5.2%	2.8%
Average annual yield for last 5 years	5.0%	5.1%

MONTHLY CONTRIBUTIONS

To satisfy the funding requirement for the 2015 plan year, we recommend the schedule of contributions shown below. Contributions for a fiscal year (July 1 to June 30) are being applied to the plan year (January 1 to December 31) ending within the fiscal year.

Approximate Date of Contribution	Contributions for the 2015 Plan Year
07/15/2015	$ 325,000
08/15/2015	325,000
09/15/2015	325,000
10/15/2015	325,000
11/15/2015	325,000
12/15/2015	325,000
01/15/2016	325,000
02/15/2016	325,000
03/15/2016	325,000
04/15/2016	325,000
05/15/2016	325,000
06/15/2016	325,000
Total	$ 3,900,000

EXHIBIT 1. SUMMARY OF PLAN ASSETS

The valuation assets as of January 1, 2015, are the sum of the accrued balances in the contractual Fixed Dollar Account (GA-928) and the Indexed Bond Fund (account #11344) as of December 31, 2014, maintained by New York Life, plus any accrued but unpaid contributions and minus any distributions payable. The balance in the contractual Pension Account is allocated to retired participants and beneficiaries and is excluded from the valuation. Development of the assets is as follows:

	January 1, 2015	January 1, 2014
Plan Assets		
Fixed Dollar Account (GA-928)	$ 19,938,730	$ 23,872,677
Indexed Bond Fund (Acc. #11344)	10,529,895	9,957,549
Total	$ 30,468,625	$ 33,830,226
Accrued Contributions	2,160,000	2,076,000
Actuarial Assets	$ 32,628,625	$ 35,906,226
Asset Allocation		
Fixed Dollar Account	61.1%	66.5%
Indexed Bond Fund	32.3%	27.7%
Accrued Contributions	6.6%	5.8%
Total	100.0%	100.0%

Note: We have not audited the fund's assets shown above. We have relied on the information furnished by New York Life Insurance Company.

EXHIBIT 2. SUMMARY OF CHANGES IN PLAN ASSETS

Plan assets increase or decrease each year due to employer contributions, investment income, benefit payments to retiring participants, plan expenses paid by the trust fund, and any realized and unrealized gains and losses from investments.

	PLAN YEAR ENDING	
	December 31, 2014	December 31, 2013
Beginning Balance	$ 33,830,226	$ 35,494,273
Additions:		
Employer contributions	4,236,000	4,344,000
Investment income	1,774,807	1,000,205
Experience adjustment	0	0
Total	6,010,807	5,344,205
Subtractions:		
Benefit payments	(9,172,910)	(6,625,553)
Expenses & related charges	(50,304)	(48,022)
Experience adjustment	(149,194)	(334,677)
Total	(9,372,408)	(7,008,252)
Ending Balance	$ 30,468,625	$ 33,830,226

EXHIBIT 3. HISTORICAL RETURNS ON PLAN ASSETS

The following table shows the historical return on plan assets since 1995:

Plan Year	Return
2014	5.21%
2013	2.82%
2012	4.93%
2011	5.94%
2010	5.88%
2009	5.97%
2008	6.53%
2007	6.71%
2006	5.57%
2005	5.32%
2004	5.84%
2003	5.41%
2002	8.18%
2001	7.33%
2000	8.48%
1999	4.42%
1998	7.90%
1997	8.64%
1996	5.70%
1995	12.16%
Average for last 5 years	4.95%
Average for last 10 years	5.48%
Average for last 20 years	6.43%

The actuarial valuation rate for the 2015 plan year is 6.25%.

EXHIBIT 4. PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (ABO)

The present value of accumulated plan benefits (also known as the Accumulated Benefit Obligation or ABO) is the value of benefits that have been accrued to date.

	As of January 1, 2015	As of January 1, 2014
Vested Benefits		
Active participants	$ 29,437,819	$ 31,849,900
Part-time participants with accrued benefits	335,859	521,558
Terminated vested participants	4,435,196	2,917,368
Disabled participants	24,511	22,453
Participants currently receiving payments	0	0
Total	$ 34,233,385	$ 35,311,279
Nonvested Benefits	1,281,894	1,454,497
Total	$ 35,515,279	$ 36,765,776
Valuation Assets	$ 32,628,625	$ 35,906,226
Funding Ratio	91.9%	97.7%

EXHIBIT 5. CHANGES IN ACCUMULATED PLAN BENEFITS

The changes in the present value of accumulated plan benefits for the last two plan years are summarized below.

	PLAN YEAR ENDING	
	December 31, 2014	December 31, 2013
Beginning of Year	$ 36,765,776	$ 35,334,265
Benefits accumulated and actuarial experience	5,624,552	4,321,273
Increase for interest due to the decrease in the discount period	2,297,861	2,385,063
Plan amendment	0	0
Change in actuarial assumptions	0	1,350,728
Benefits paid	(9,172,910)	(6,625,553)
End of Year	$ 35,515,279	$ 36,765,776

EXHIBIT 6. DEVELOPMENT OF NORMAL COST

The normal cost is calculated according to the actuarial cost method. Under the entry age normal cost method, the normal cost is calculated as the sum of the normal costs for individual participants. A participant's normal cost is calculated by allocating the value of future benefits as a level percentage of earnings over the participant's working lifetime. The normal cost is as follows:

	PLAN YEAR BEGINNING	
	January 1, 2015	January 1, 2014
Normal cost as of beginning of plan year	$ 2,153,703	$ 2,603,182
Estimated payroll for plan participants	17,664,833	19,429,331
Normal Cost as % of payroll	12.2%	13.4%
Normal cost as of end of plan year	2,288,309	2,765,881

EXHIBIT 7. ACTUARIAL ACCRUED LIABILITY

The actuarial accrued liability has been calculated using the entry age normal actuarial cost method, and is equal to the present value of benefits for all members less the present value of future normal costs for active employees. Any actuarial liability in excess of the plan's assets is called an unfunded actuarial accrued liability.

	As of January 1, 2015	As of January 1, 2014
Present Value of Benefits		
Active participants	$ 60,203,823	$ 71,160,602
Part-time participants with accrued benefits	335,859	521,558
Terminated vested participants	4,435,196	2,917,368
Disabled participants	24,511	22,453
Participants currently receiving payments	0	0
Total PVB	$ 64,999,389	$ 74,621,981
Present Value of Future Normal Cost		
Active employees	$ 15,882,563	$ 20,864,030
Actuarial Accrued Liability		
Active participants	44,321,260	50,296,572
Part-time participants with accrued benefits	335,859	521,558
Terminated vested participants	4,435,196	2,917,368
Disabled participants	24,511	22,453
Participants currently receiving payments	0	0
Total actuarial accrued liability	$ 49,116,826	$ 53,757,951
Actuarial Assets	$ 32,628,625	$ 35,906,226
Unfunded Actuarial Accrued Liability	$ 16,488,201	$ 17,851,725

EXHIBIT 8. FULL FUNDING LIMITATION

The full funding limitation is defined by the Internal Revenue Code and limits minimum required and maximum deductible contributions of well-funded retirement plans.

	PLAN YEAR ENDING	
	December 31, 2015	December 31, 2014
Actuarial Accrued Liability	$ 49,116,826	$ 53,757,951
Normal Cost	2,153,703	2,603,182
Total	$ 51,270,529	$ 56,361,133
Actuarial assets	$ 32,628,625	$ 35,906,226
Full Funding Limitation, beginning of year	$ 18,641,904	$ 20,454,907
Interest	1,165,119	1,278,432
Full Funding Limitation, end of year	$ 19,807,023	$ 21,733,339

EXHIBIT 9. RECOMMENDED CONTRIBUTION

The recommended contribution targets a funding level of 125% of the Accumulated Benefit Obligation (ABO). Since the plan is currently funded less than 125% of ABO, the deficit is amortized over a 20 year period starting from January 1, 2012 (i.e. 17 years remaining as of January 1, 2015). The recommended contribution is reduced, if necessary, to the Full Funding Limitation.

	PLAN YEAR ENDING	
	December 31, 2015	December 31, 2014
Target Surplus		
Accumulated Benefit Obligation (ABO)	$ 35,515,279	$ 36,765,776
Funding Target %	x 125%	x 125%
Funding Target (125% of ABO)	$ 44,394,099	$ 45,957,220
Actuarial Assets	32,628,625	35,906,226
Excess / (deficit)	$ (11,765,474)	$ (10,050,994)
Recommended Contribution		
ABO Normal Cost	$ 2,589,355	$ 3,170,902
Amortization of (Excess) / Deficit	1,075,982	890,144
Total as of beginning of year	$ 3,665,337	$ 4,061,046
Interest	229,084	253,815
Total as of end of year	$ 3,894,421	$ 4,314,861
Full Funding Limitation, end of year	$ 19,807,023	$ 21,733,339
Recommended Contribution	$ 3,894,421	$ 4,314,861

APPENDIX A. SUMMARY OF PENSION PLAN

The following paragraphs are only a brief summary of the more important provisions of the plan. In the event there are any inconsistencies between statements contained in this Appendix and the plan document, the provisions of the plan document shall control.

Effective Date: March 1, 1975; last restatement January 1, 2009; amended January 1, 2008; and amended January 1, 2013.

Plan Eligibility: An employee becomes a participant of the plan on the earliest January 1 or July 1 following the later of attainment of age 21 and completion of 1 year of service. The Plan was closed to new entrants effective January 1, 2013.

Vesting: 50% vesting after 5 years of Credited Service increasing 10% per year until 100% vested after 10 years of service. Active participants automatically become 100% vested upon attainment of normal retirement age or if they become totally and permanently disabled.

Normal Retirement Date: The first day of the month coinciding with or following the later of Participant's attainment of age 65 or completion of 5 years of plan participation. However, the Normal Retirement Date shall not be later than age 70.

Normal Retirement Benefit: 2.50% of Average Annual Compensation multiplied by years of Credited Service, but not less than $600.

Average Annual Compensation: Average of annual compensation for the highest consecutive 36-month period preceding the determination date. Compensation includes wages, shift differential, standby pay, and 50% of the value of any unused and unpaid sick leave existing at the time of termination of employment, and accrued after April 26, 1997.

Accrued Benefit: Normal Retirement Benefit prorated on credited service.

Normal Form of Retirement Benefit: Life Annuity.

Early Retirement: The first day of the month coinciding with or following the Participant's attainment of age 55 and completion of at least 5 years of credited service. Then the normal retirement benefit will be reduced by 5/9% for each of the first 60 months and 5/18% for each additional month that payment starts before normal retirement age.

Pre-Retirement Death Benefit: If a vested participant dies prior to retirement, his or her beneficiary will receive the actuarially determined present value of his or her accrued benefit.

APPENDIX B. ACTUARIAL COST METHOD AND ASSUMPTIONS

The following cost method and assumptions were used in valuing the benefits of all participants.

	January 1, 2015	January 1, 2014
Actuarial Cost Method	Entry Age Normal Cost Method	Entry Age Normal Cost Method
Funding Interest Rate		
Pre-retirement	6.25%	6.25%
Post-retirement	Based on Date of Participation DOP Before 7/1/2009: 8.00% DOP On/After 7/1/2009: 6.50%	Based on Date of Participation DOP Before 7/1/2009: 8.00% DOP On/After 7/1/2009: 6.50%
Salary Scale	4.00%	5.00%
Administrative Expenses	None.	None.
Mortality	Based on Date of Participation DOP Before 7/1/2009: 1984 UP Mortality Table set back 4 years. DOP On/After 7/1/2009: RP-2000 Table for Males set back 4 years.	Based on Date of Participation DOP Before 7/1/2009: 1984 UP Mortality Table set back 4 years. DOP On/After 7/1/2009: RP-2000 Table for Males set back 4 years.
Disability		
Disablement Rate	None.	None.
Disabled Annuitants Mortality	None.	None.
Withdrawal Rates	Table T-8, The Actuary's Pension Handbook, Crocker-Sarason-Straight.	Table T-8, The Actuary's Pension Handbook, Crocker-Sarason-Straight.
Retirement Age	The later of age 65 or the 5th anniversary of date of participation; or age 70, if earlier.	The later of age 65 or the 5th anniversary of date of participation; or age 70, if earlier.
Asset Valuation Method	Market value	Market value

APPENDIX C. SUMMARY OF PARTICIPANT DATA

Active Participants

	NUMBER OF PARTICIPANTS			ANNUAL SALARIES		
Age	Males	Females	Total	Males	Females	Total
Under 25	0	0	0	$ 0	$ 0	$ 0
25 - 29	3	7	10	166,993	311,240	478,233
30 - 34	6	17	23	416,755	928,693	1,345,448
35 - 39	8	21	29	804,721	1,250,815	2,055,536
40 - 44	6	13	19	411,726	771,577	1,183,303
45 - 49	7	13	20	514,977	967,494	1,482,471
50 - 54	13	33	46	1,104,612	2,216,338	3,320,950
55 - 59	6	47	53	532,385	3,328,081	3,860,466
60 - 64	7	45	52	449,585	3,149,138	3,598,723
65 - 69	2	6	8	313,728	367,455	681,183
70 & Over	0	0	0	0	0	0
Total	58	202	260	$ 4,715,482	$ 13,290,831	$ 18,006,313

Other Participants

	NUMBER OF PARTICIPANTS			ANNUAL BENEFITS		
Participant Status	Males	Females	Total	Males	Females	Total
Part-time	0	6	6	$ 0	$ 56,064	$ 56,064
Disabled	0	1	1	0	2,741	2,741
Terminated Vested	11	47	58	217,034	462,726	679,760
Retired	0	0	0	0	0	0
Total	11	54	65	$ 217,034	$ 521,531	$ 738,565

APPENDIX D. RECONCILIATION OF PARTICIPANT DATA

	ACTIVES	PART-TIME	TERM VESTEDS	DISABLEDS	TOTAL
As of 1/1/2014	288	8	53	1	350
New entrants	1*				1
Rehired/Return to active	7	(3)			4
Move to part-time	(2)	2			
Non-vested withdrawals	(4)	(1)			(5)
Vested withdrawals	(12)		12		
Disability					
Deaths					
Annuity purchases	(9)		(1)		(10)
Lump sum payouts	(9)		(6)		(15)
Other					(0)
As of 1/1/2015	260	6	58	1	325

* *Adjustment for 1 individual who previously worked as a temp who was added to the Plan with a date of participation prior to January 1, 2013.*

APPENDIX E. GLOSSARY OF KEY TERMS

Actuarial Accrued Liability. The Present Value of Future Benefits allocated to past service in accordance with the actuarial cost method.

Accumulated Benefit Obligation (ABO). The present value of benefits accrued as of the valuation date. The ABO includes both vested and nonvested benefits, but does not include the cost of additional service or compensation increases after the valuation date.

Actuarial Cost Method. A method of allocating the present value of benefits to past and future periods. Actuarial cost methods generally take into consideration the effect of wage inflation.

Actuarial Gains and Losses. Changes to the funded status due to deviations from the actuarial assumptions. The deviations may result from gains and losses from investments, employee turnover, disability, retirement, mortality, and administrative expenses.

Funded Status. A comparison of the plan assets against liabilities for future benefits. The funded status will differ depending on which benefit liability is being compared. For example, the actuarial accrued liability can include the value of future compensation increases, but the present value of accumulated benefits does not. The funded status is also dependent on the interest rate used to discount future benefits back to the present.

Funding Target. For this plan, the funding target has been set by the plan sponsor to be equal to 125% of the Accumulated Benefit Obligation (ABO).

Normal Cost. The value of benefits earned for one year of service. The value of benefits earned for one year of service. The normal cost is calculated in accordance with the actuarial cost method. The accumulation of all normal costs assigned to past service equals the Actuarial Accrued Liability. The ABO normal cost is the increase in the ABO due to one additional year of service and one additional year of compensation increases.

Present Value of Accumulated Benefits. This is the same as the ABO. This includes both vested and nonvested benefits, but does not include the cost of additional service or compensation increases after the valuation date.

Present Value of Future Benefits. The sum of all benefits expected to be paid in the future by the plan, with the payments discounted to the present using the valuation interest rate. This includes benefits to be earned in the future for current employees.

Present Value of Future Normal Cost. The sum of all future normal costs expected for current employees, with the costs discounted back to the present using the valuation interest rate.

Vested Benefits. These include benefits to which a plan participant has earned a nonforfeitable right as a result of having satisfied the applicable service requirement(s) for such benefits under the plan, which include normal retirement benefits, early retirement benefits, and the pre-retirement spouse's survivor annuity.

NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Leaves of Absence - LEAVE DONATION	
Scope: Hospital Wide	Department: **Human resources – Employee Handbook**
Source: Human Resources	Effective Date:

POLICY:

It is the policy of Northern Inyo Hospital (NIH) to allow employees to donate/transfer their paid leave (PDLV) or paid time off (PTO) (hereinafter "leave") to another employee who is experiencing a family emergency or personal crisis that creates a need for additional time off beyond that individual's available leave. Such donations are strictly voluntary, may occur during the first 16 weeks of a Northern Inyo Hospital (NIH) Job Protected Leave (JPL), and require the Administrator's approval.

PROCEDURES:

To be eligible to donate leave, you must have been employed with NIH for at least one year preceding the leave donation.

If you wish to donate leave, you must complete a "PTO or Paid Leave Transfer" form and provide it to the Administrator for approval.

The minimum donation is 8.00 hours and the maximum donation is 40.00 hours in one pay period, as long as you retain a minimum of 40.00 hours in your own PTO account.

Donated/transferred hours ~~may be from an employee at the same or a higher rate of pay to an employee at the same or lower rate of pay on an hour for hour basis. Otherwise, only the equivalent value of hours may be donated. (~~Example 1~~. ~~If donating employee makes $10/hour and receiving employee makes $5/hour, if all other requirements are met, donating employee may donate/transfer 40.00 hours~~will be converted to dollars at time of transfer in the following manner. Example 1. If the donating employee makes $10/hour and the receiving employee makes $5/hour, if all requirements are met, the donating employee may donate/transfer 40 hours x $10 = $400 / $5 = 80 hours to the receiving employee. Example 2. If donating employee makes $5/hour and the receiving employee makes $10/hour, if all requirements are met, donating employee may donate/transfer 40.00 hours x $5 = $200 / $10 = 20.00 hours to the receiving employee. In ~~this~~ either case, the hours will be rounded down to the nearest whole hour.~~)~~

Donated/transferred hours will not be returned to you.

You may only donate whole hours (i.e. 20.0 not 20.25).

You cannot borrow against future leave to donate. If you are currently on leave, you cannot donate leave.

NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Leaves of Absence - LEAVE DONATION	
Scope: Hospital Wide	Department: **Human resources – Employee Handbook**
Source: Human Resources	Effective Date:

You may donate/transfer leave to another employee during their first 16 weeks of a Northern Inyo Hospital (NIH) Job Protected Leave (JPL).

Additional Information

Employees on extended leave, past their first 16 weeks of an NIH JPL, may no longer receive PTO donations/transfers.

Approval	**Date**
Board of Directors	07/15/2015

NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Benefits - TUITION REIMBURSEMENT	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Chief Human Relations Officer	Effective Date: 01/14/2015

PURPOSE:

To encourage employees to pursue higher education.

POLICY:

It is the policy of Northern Inyo Hospital to provide reimbursement to full time regular employees for job-related education and development activities.

Reimbursement is for course fees and textbooks for education and development obtained from university courses and technical college courses for requests that have been pre-approved by Senior Management.

PROCEDURE:

Eligibility requirements

1. Employee must have successfully completed their introductory period.
2. Employee's performance must be at least satisfactory, meeting all expectations and not be in the progressive disciplinary process.
3. The paperwork must be submitted to Senior Management for approval prior to the start of the course.
4. The course must be directly related to the employee's position and be job-related.
5. The course must be through an accredited educational institution (university, technical college, or extension facility).
6. A passing grade of "C" or better, or a completion certificate, is required prior to reimbursement.

Reimbursement Criteria

1. Pre-approved university courses or technical college courses and associated textbooks are covered at a maximum of $1,000 per fiscal year. Courses applicable to potential future assignment may be approved at a lesser amount.
2. It is not the intent of this program to underwrite the pursuit of a technical school or college degree; however, if certain courses in the degree curriculum meet the above guidelines, they may be submitted for consideration.
3. Termination of employment (actual date of termination) for any reason prior to the completion of the class(es) and submittal of the letter grade completion certificate will make the employee ineligible for this reimbursement.

NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Benefits - TUITION REIMBURSEMENT	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Chief Human Relations Officer	Effective Date: 01/14/2015

Approval Procedure

1. Prior to enrollment, employees will need to complete the appropriate form, give it to their supervisor for approval, then their supervisor will send the form to Senior Management for consideration. The employee will be notified by Human Relations whether the request is approved or denied. Pre-approval from Senior Management is required for reimbursement.
2. If the request is approved, the employee will receive two copies of the approved form. When the course is completed, the employee will send one copy along with their class grade or completion certificate and a verified statement of tuition costs or adequate receipts to Human Relations for reimbursement of up to the maximum amount defined under Reimbursement Criteria.
3. Initial approval of a course of study does not obligate Northern Inyo Hospital to approve future courses in that course of study. Approvals are only valid for the specific course and quarter/semester requested. Payment of courses at a higher institution rate does not obligate Northern Inyo Hospital to continue payment at that higher rate.

Additional Information

1. Employees may not apply for the tuition reimbursement for courses previously taken, or courses currently in progress. Pre-approval of Senior Management is required.
2. Unless directed and approved by Northern Inyo Hospital, an employee's regular work schedule will not be altered to allow time off the job for participation in courses. Employee's time to participate in courses is not paid time unless approved PTO is used.
3. It is expected that employees who use this program will select courses locally if available and then pursue courses at a reasonable cost so that the most education and credits can be obtained for the reimbursement dollars provided.
4. Employees applying for any other educational assistance through any sources such as Free Application for Federal Student Aid (FAFSA) need to be aware that there may be notification requirements and/or tax considerations. It is advisable to consult your educational assistance program and a tax professional for such information.

FORMS:
TUITION ASSISTANCE REQUEST FORM

Approval	**Date**
Board of Directors	01/14/2015; 07/15/2015

Developed: 09/2014
Revised: 07/15/2015
Reviewed:

NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Benefits - PAID SICK LEAVE	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Chief Human Relations Officer	Effective Date: 07/01/2015

PURPOSE:

To comply with State of California Healthy Workplaces/Healthy Families Act of 2014.

POLICY:

Beginning July 1, 2015, NIH provides paid sick leave to employees who have worked 30 or more days in California within a year of their employment with the company or at the time this policy becomes effective.

An employee who becomes ineligible for PTO due to a change in status or is otherwise ineligible for PTO will accrue paid sick leave at the rate of one hour for every 30 hours worked up to a maximum of 24 hours each 12-month period; provided , however , that the maximum accrual shall not exceed 48 hours at any one time.

An employee who becomes eligible for PTO shall stop accruing paid sick leave when the employee 's PTO accrual exceeds 24 hours and thereafter may not use any accrued, but unpaid sick leave; provided, however, that the employee will commence accruing paid sick leave and may use such sick leave upon the employee thereafter becoming ineligible for PTO.

Subject to the above restrictions on the use of paid sick leave, an employee ineligible for PTO who has not been separated from employment with NIH for more than one year may use any previously accrued, but unpaid sick leave.

PROCEDURE:

Eligibility

All employees who have worked 30 or more days in California within a year of their employment with NIH or at the time this policy becomes effective.

Procedures

Eligible employees will accrue one hour of sick time for every 30 hours worked up to a maximum accrual of 48 hours or six days, whichever is greater, per calendar year.

After successfully completing 90 days of employment, eligible employees may begin to use paid sick time under this policy in increments of two hours, up to a maximum of 24 hours, or three days, whichever is greater, per calendar year.

Accrued, unused time under this policy will carry over each year up to a maximum accrual of 48 hours or six days, whichever is greater.

An employee may use paid sick leave under this policy for an unexpected personal business/emergency. Additionally, in accordance with California law, an employee may use PTO in increments of not less than two hours for any purpose as provided under the

NORTHERN INYO HOSPITAL
EMPLOYEE HANDBOOK – PERSONNEL POLICY

Title: Benefits - PAID SICK LEAVE	
Scope: Hospital Wide	Department: Human Resources - Employee Handbook
Source: Chief Human Relations Officer	Effective Date: 07/01/2015

California Healthy Workplaces, Healthy Families Act of 2014, including (i) diagnosis, care, or treatment of any existing health condition of, or preventive care for, the employee or an employee's family member (child-regardless of age, parent (including step-parent and parent-in-law), spouse, registered domestic partner, grandparent, grandchild or sibling); (ii) for an employee who is a victim of domestic violence, sexual assault, or stalking, for the purposes set forth in Labor Code Section 230.1 (medical attention, services from a domestic violence shelter, psychological counseling, safety planning).

The hospital requires employees to use paid sick leave under this policy in minimum increments of two hours.

Employees requesting time off under this policy should provide as much advanced notice to their direct manager as practicable, and employees who take more than three days of leave will be required to provide appropriate documentation to their direct manager in support of the leave taken.

Unused sick leave shall not be paid upon termination, resignation, retirement, or other separation of employment. However, employees who are re-employed with the company within a year of separation will have their accrued unused bank of time off under this policy made available to them.

Leave under this policy may run concurrently with leave taken under other applicable policies as well as under local, state or federal law, including leave taken pursuant to the California Family Rights Act (CFRA) or the Family and Medical Leave Act (FMLA).

For more information regarding leave under this policy, contact Human Relations.

OTHER REFERENCES:

- State of California Healthy Workplaces/Healthy Families Act of 2014

Approval	**Date**
Board of Directors	

Responsibility for review and maintenance: CHRO
Developed: 06/25/2015
Revised:
Reviewed: