



Northern Inyo County Local Hospital District

Board of Directors Regular Meeting

Wednesday June 20 2012; 5:30pm

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

DRAFT AGENDA

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT BOARD OF DIRECTORS MEETING

June 20, 2012 at 5:30 P.M.

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

1. Call to Order (at 5:30 P.M.).
 2. Opportunity for members of the public to comment on any items on this Agenda.
 3. Adjournment to closed session to:
 - A. Confer with legal counsel regarding pending litigation based on stop notice filed by Strocgal, Inc. (Government Code Sections 910 et seq., 54956.9).
 4. Return to open session and report of any action taken in closed session.
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Consent Agenda

5. Approval of minutes of the May 16, 2012 regular meeting (*action item*).
 6. Financial and Statistical Reports for the month of April 2012; John Halfen (*action item*):
 - *(The Balance Sheet is not available due to Paragon conversion issues)*
 - *The Hospital incurred a 308K loss in the month of April*
 - *Patient service revenue was off by 457K due to a 377K variance from budget in inpatient routine service revenue*
 - *Operating expenses exceeded budget by 118K mostly due to the McKesson conversion, which caused a 104K overage in salaries*
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7. Administrator's Report; John Halfen.
 - A. Building Update
 - B. Orthopedic services update
 - C. Physician Recruiting Update
 - D. Security Report for April 2012
 - E. CT Accreditation, Radiology Department
 - F. Quality Reports
8. Chief of Staff Report; Robbin Cromer-Tyler, M.D..
 - A. Hospital wide Policy and Procedure approvals (*action items*):
 1. *Performance Improvement Plan*
 2. *Physician Complaint Resolution Process*
 3. *Nebulized Lidocaine*
 4. *Managing Drug Shortages*
 5. *Pharmacist Clinical Interventions*
 6. *Disinfection of Computer Devices*

B. Medical Staff Appointments and Credentialing (*action items*):

1. Appointment of OB/GYN Lynn Leventis, M.D. to the Provisional Medical Staff
2. Approval of Emily Marshall, P.A. to Assist in Operating Room under the Delegations of Services Agreement and written supervision guidelines with supervising physician Tomi Bortolazzo, M.D.

C. Staff Resignations (*action items*):

1. Natalie Mills, M.D.
2. Vasuki Sittampalam Daram, M.D.

D. Medical Staff Election Results (*information item*).

E. Other

9. Old Business

- None -

10. New Business

A. Ratification of Construction Change Orders approved within the \$100,000 allowance (*action items*):

1. COR 317; Added Employee Time clock at Main Corridor, \$707
2. COR 318; IB 343, Change locksets in corridors to meet required code, \$9,087
3. COR 319; RFI 1321 – Door EH101 Operator Attachment. \$7,613
4. COR 320; IB 356, Added lighting for Existing Central Plant, \$23,477
5. COR 321; Painting of existing Central Plant ceiling, \$16, 839
6. COR 322; Added Insulation at ED Sinks per ACO, \$1,159
7. COR 323; IB 364 Lighting Change from Normal to Emergency Power, \$956
8. COR 324; Added humidifier control as required by the MEOR, \$3,740
9. COR 325; RFI 1362 Card Reader at Elevator 1 and 2, second floor, \$6,402
10. COR 326; IB 360, Circuit Change in OR for lasers, \$1,496
11. COR 327; Added Controls for Master Alarm Panel and Relays for N and N02, \$7,331
12. COR 328; IB 300, 344, 345, 350, 352, 357, \$0
13. COR 329; IB 254 Allowance True Up \$14,905
14. COR 330; IB 314, Added Signage at ED canopy, \$3,916
15. COR 332; IB 363, Window at Balcony ILO of railing, \$12,003

B. Fiscal Year 2012-2013 Draft Budget (*action item*).

C. Resolution 12-02 to consolidate the Hospital District Board Election with November General

- Election (*action item*).
- D. Proposed Resolution 12-03 authorizing execution, delivery, and performance of Line Of Credit documents with Alliance Bank of Arizona (*action item*).
 - E. Resolution 12-04, District Re-Zoning for the November Election (*action item*).
 - F. Purchase of and Ultrasound machine for Radiology Department, \$153,790 (*action item*).
 - G. NIH Employee Survey (*discussion and/or possible action item*).
 - H. Resolution 12-05, Annual Appropriations Limit (*action item*).
 - I. Resignation of Asao Kamei, M.D. as Medical Director of the Hospitalist Program (*information item*).
 - J. Waiver of conflict with Northern Inyo Hospital Foundation, regarding Marie Boyd contract (*action item*).
- 11. Reports from Board members on items of interest.
 - 12. Opportunity for members of the public to comment on any items on this Agenda, and/or on any items of interest.
 - 13. Adjournment to closed session to:
 - A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
 - B. Confer with legal counsel regarding pending litigation based on stop notice filed by Strocac, Inc. (Government Code Sections 910 et seq., 54956.9).
 - C. Discussion to determine whether or not to initiate litigation (Government Code Section 54956.9(c)).
 - D. Confer with legal counsel regarding potential litigation (Government Code Section 54956.9(c)).
 - 14. Return to open session, and report of any action taken in closed session.
 - 15. Opportunity for members of the public to address the Board of Directors on items of interest.
 - 16. Adjournment.

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CALL TO ORDER The meeting was called to order at 5:35 pm by Peter Watercott, President.

PRESENT Peter Watercott, President
John Ungersma, M.D., Vice President
M.C. Hubbard, Secretary
Denise Hayden, Treasurer
D. Scott Clark, M.D., Director

ALSO PRESENT John Halfen, Administrator
Robbin Cromer-Tyler, M.D., Chief of Staff
Douglas Buchanan, District Legal Counsel
Sandy Blumberg, Administration Executive Assistant

ALSO PRESENT FOR
RELEVANT PORTION(S) Dianne Shirley, R.N., Performance Improvement Coordinator

OPPORTUNITY FOR
PUBLIC COMMENT Mr. Watercott asked if any members of the public wished to comment on any items listed on the agenda for this meeting, or on any items of interest. No comments were heard.

CONSENT AGENDA
(APPROVAL OF
MINUTES AND
FINANCIALS) The proposed consent agenda for this meeting included the following items:

1. Approval of minutes of the April 18, 2012 regular meeting (*action item*)
2. Approval of minutes of the April 23, 2012 special meeting (*action item*)
3. Approval of the Financial and Statistical Reports for the month of April 2012; John Halfen (*action item*):
 - *Cash balances fell along with accounts payable. There were no other significant changes to the Balance Sheet*
 - *All sources of patient revenue were consistent with budget, but Year-To-Date gross revenue is still significantly under budget*
 - *There were no substantial prior period adjustments*
 - *Salaries are running slightly ahead of budget due largely to the last McKesson push to "Go Live". Overall Expenses were \$210K under budget*
 - *Monthly Operating Income was \$243K, \$89K over budget, with a Year-To-Date net income of \$2,159,000, or \$1,006,000 over budget*

It was moved by Denise Hayden, seconded by John Ungersma, M.D., and passed to approve all three consent agenda items as presented.

ULTRASOUND
PURCHASE FOR ER OR
RHC Mr. Watercott called attention to item 8C under the New Business section of this agenda, a request to purchase an ultrasound machine for use in the Emergency Department or in the Northern Inyo Hospital (NIH) Rural Health Clinic. Jennie Walker, M.D. addressed this item, explaining that there are five hospital departments that will need ultrasound equipment

once we move into the new hospital building. At this time the hospital owns three machines, intends to rent one more, and would like to purchase the fifth. After determining which existing machines will work best in the different hospital departments, this agenda item originally referring to a potential purchase for the Rural Health Clinic (RHC) will in reality likely be a purchase of ultrasound equipment to be used in the Emergency Department (ED). Dr. Walker described the machine being proposed for purchase, and noted the anesthesiologists may also use the equipment from time to time, and it can also be used in place of a bladder scanner. The Emergency Department currently shares ultrasound equipment with the Medical Surgical floor; however in the new building this will not be possible because of the location of those two departments. It was additionally noted that \$30,000 originally donated by the Northern Inyo Hospital Auxiliary for the purpose of purchasing a bladder scanner will instead be used to help offset and pay for nearly half of this \$62,000 purchase. Following review of the information provided it was moved by D. Scott Clark, M.D., seconded by M.C. Hubbard, and passed to approve the purchase of SonoSite ultrasound equipment for use in the NIH Emergency Department or RHC as requested.

ADMINISTRATOR'S
REPORT

BUILDING UPDATE

Rick Casa with Turner Construction Company provided the building project update, stating that the new hospital building is a first-class facility which is absolutely state-of-the-art. The final certificate of occupancy for the new building is expected on May 31st, and exterior landscaping work is now underway.

RECRUITING UPDATES

Mr. Halfen reported there is nothing new regarding our search for an orthopedic surgeon, and Dr. Russell Donnelly has not been in contact following his recent visit. At this time we are continuing our efforts to recruit for a new orthopedic surgeon; for a part-time hospitalist; and for a family practice physician for the Rural Health Clinic.

H.I.S. UPDATE

Mr. Halfen additionally reported the McKesson Hospital Information System (HIS) implementation went relatively well, however it will take a long time for all of the bugs to be worked out, and for hospital staff and the Medical Staff to fully learn how to use the new system. If we had waited longer to implement the system we would have missed out on 40% of the Meaningful Use dollars available to us, and it is only thanks to an incredible amount of hard work on the part of hospital staff and our physicians that this conversion was able to happen.

CHIEF OF STAFF
REPORT

Chief of Staff Robbin Cromer-Tyler, M.D. reported following careful review and approval by the appropriate committees, the Medical Executive Committee recommends Board approval of the following hospital wide policies and procedures:

1. Vapotherm
2. Initial Ventilator Settings

3. Circumcision
4. Newborn Screening Test
5. BiliChek Transcutaneous Bilirubin Testing
6. Influenza Vaccination Policy
7. Employee Tuberculosis Surveillance
8. Bloodborne Pathogens

It was moved by Ms. Hayden, seconded by Ms. Hubbard, and passed to approve all eight hospital wide policies and procedures as recommended.

Doctor Cromer-Tyler also called attention to the following three reports, which were presented as information items only:

1. *Pharmacy and Therapeutics Committee Adverse Drug Event Report, Year End 2011*
2. *Medication Error Reduction Program, Annual Report for 2011*
3. *Pharmaceutical Care Report for 2011*

Doctor Cromer-Tyler then reported following careful review and consideration the Medical Executive Committee recommends appointment to the NIH Provisional Medical Staff with privileges as requested for the following:

- A. Board-certified cardiologists Theodore Berndt, M.D.; Thomas DaVee, M.D.; Richard Seher, M.D.; and Robert Swackhamer, M.D.; affiliated with Renown Medical Center, with telemedicine privileges as requested to remotely read echocardiograms
- B. Board-certified internist and hospitalist Sudhir Kakarla, M.D., with privileges as requested.
- C. Board-certified radiologist Natalia Zarzhevsky, M.D. with privileges as requested.

It was moved by Ms. Hubbard, seconded by Ms. Hayden, and passed to approve all Medical Staff appointments as requested.

OLD BUSINESS

ALLIANCE BANK LINE OF CREDIT

Mr. Halfen reported the terms and conditions for the previously approved Line of Credit with Alliance Bank have undergone minor changes, and they will be discussed at future meeting when we have received exact details on those changes.

NEW BUSINESS

CONSTRUCTION CHANGE ORDER REQUESTS

Rick Casa with Turner Construction Company called attention to the following list of proposed Construction Change Order Requests (C.O.R.'s):

1. COR 307; IB 359, Power for HW Alarm and RFI 1366, \$4,102.83
2. COR 308; Horizontal PDU for IT Room, per NIH request, \$5,344.22
3. COR 309; IB 340, FED Change for Code Clearance, \$7,447.27
4. COR 310; IB 342, Ice Maker Anchorage, \$4,654.66
5. COR 311; IB 354, Ambulance Entrance Door Control, \$4,804.90
6. COR 312; RFI 1236, Casework and Mech-Shades Conflict in Med Surg and ICU, \$905.48

7. COR 313; RFI 1347.1, Ice maker in Casework H2101, \$862.72
 8. COR 314; IB 351, Cable Tray and Kitchen Equipment, \$601.92
- Mr. Casa explained these COR's constitute odds and ends typically left at the end of a construction project, stating we have almost reached the end of these types of adjustments. Mr. Halfen explained we have nearly used up the budget previously approved by the Board for miscellaneous fixes, so he is asking for Board approval of these items separately in order to leave enough money to pay for any further closeout items without having to call a special meeting of the District Board. It was also mentioned that Mr. Casa is likely to attend the June regular meeting of the District Board in order to discuss Turner's warranty on the new hospital building. It was moved by Doctor Ungersma, seconded by Ms. Hayden, and passed to approve all eight Construction Change Order Requests as requested.

APPROVAL OF 2012-
2013 BUDGET
CALENDAR

Mr. Halfen noted that the Board is typically asked to look at the budget for the upcoming fiscal year at the May Board of Director's regular meeting, but because of the building project and the HIS implementation project he would like to push discussion of next years' budget to the June and July 2012 meetings. It was moved by Ms. Hayden, seconded by M.C. Hubbard, and passed to approve addressing the 2012-2013 fiscal year budget at the June and July 2012 regular Board meetings.

EARTHQUAKE
INSURANCE POLICY

Mr. Halfen opened discussion on the subject of the hospital's earthquake insurance coverage, noting that we did not carry earthquake insurance until 2007 when it became clear that we owned some very valuable medical equipment that would be difficult to replace in the event of a disaster. In light of the fact that the new hospital building is being built to standards that essentially make it "earthquake proof", it might be prudent to drop the building insurance in order to save on the cost of the policy. Following brief discussion it was decided that the contents of the new building, plus the contents of the imaging building will be insured for replacement value, but the structure of the new hospital building itself will not need insurance coverage.

BOARD MEMBER
REPORTS

Mr. Watercott asked if any members of the District Board wished to report on any items of interest. Doctor Ungersma distributed information provided at the Association of California Healthcare Districts (ACHD) annual meeting, on Healthcare Union Issues for employers, as well as updates on the status of pending healthcare legislation.

Mr. Watercott reminded those present that the NIH Foundation is holding a fundraising quilt raffle, and raffle tickets are available for sale through this Thursday. He also noted that the Foundation is providing the funding for the healing garden that is being designed for the new hospital facility.

OPPORTUNITY FOR
PUBLIC COMMENT

In keeping with the Brown Act, Mr. Watercott again asked if any members of the public wished to comment on any items of interest.

District Legal Counsel Douglas Buchanan called attention to copies of the original formation documents of the Hospital District, as a matter of interest for those present. The District was initially formed in 1945 by a vote of 665 designates in favor, and 21 votes opposed. Mr. Buchanan also expressed his appreciation of Inyo County Clerk Recorder Kammi Foote, who assisted him in locating these historical documents.

Laboratory Manager Leo Fries commented that hospital staff and Medical Staff deserve high praise for their efforts in relation to the HIS conversion. Carrie Petersen, Controller, also noted that the accounting part of the conversion went amazingly well, thanks only to an enormous effort on the part of hospital staff and the Information Technology (IT) Department. Ms. Hayden also commented that she has high praise for hospital staff, the IT Department, and the Medical Staff in regard to the conversion project as well.

CLOSED SESSION

At 6:30 p.m. Mr. Watercott announced the meeting was being adjourned to closed session to allow the Board of Directors to:

- A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
- B. Confer with legal counsel regarding pending litigation based on stop notice filed by Strocal, Inc. (Government Code Sections 910 et seq., 54956.9).
- C. Discussion to determine whether or not to initiate litigation (Government Code Section 54956.9(c)).
- D. Confer with legal counsel regarding potential litigation (Government Code Section 54956.9(c)).

RETURN TO OPEN
SESSION AND REPORT
OF ACTION TAKEN

At 7:01 p.m. the meeting returned to open session. Mr. Watercott reported that the Board took no reportable action.

OPPORTUNITY FOR
PUBLIC COMMENT

In keeping with the Brown Act, Mr. Watercott again asked if anyone present wished to comment on any items on the agenda for this meeting or on any items of interest. No comments were heard.

ADJOURNMENT

The meeting was adjourned at 7:02.

Peter Watercott, President

Attest:

M.C. Hubbard, Secretary

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

For Period: 10-2012 (04/01/2012 - 04/30/2012)

	<u>April</u>	<u>April</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Unrestricted Revenues, Gains & Other Support				
Inpatient Service Revenue				
Ancillary	572	555	5,401	5,647
Routine	1,621	1,938	16,966	19,698
Total Inpatient Service Revenue	2,193	2,493	22,367	25,345
Outpatient Service Revenue	4,962	5,071	52,153	51,559
Gross Patient Service Revenue	7,155	7,564	74,520	76,905
Less Deductions from Revenue				
Patient Service Revenue Deductions	(129)	(125)	(1,686)	(1,271)
Contractual Adjustments	(2,946)	(2,859)	(28,964)	(29,072)
Prior Period Adjustments	44		2,603	
Total Deductions from Patient Service Revenue	(3,032)	(2,984)	(28,048)	(30,342)
Net Patient Service Revenue	4,123	4,580	46,472	46,562
Other revenue				
Other revenue	27	40	296	402
Transfers from Restricted Funds for Operating Exp	97	87	971	888
Total Other Revenue	124	127	1,268	1,290
Expenses:				
Salaries and Wages	1,704	1,600	16,838	16,266
Employee Benefits	1,069	1,018	10,463	10,345
Professional Fees	473	392	4,621	3,987
Supplies	407	469	4,843	4,766
Purchased Services	300	234	2,224	2,381
Depreciation	226	316	2,129	3,213
Interest Expense	110	111	1,025	1,130
Bad Debts	163	195	1,674	1,984
Other Expense	224	223	2,388	2,265
Total Expenses	4,676	4,558	46,205	46,338
Operating Income (Loss)	(429)	149	1,534	1,515
Other Income:				
District Tax Receipts	48	42	481	426
Partnership Investment Income		2	33	25
Grants and Other Contributions Unrestricted	82	5	117	51
Interest Income	8	26	66	263
Other Non-Operating Income	5	5	32	51
Net Medical Office Activity	(13)	(104)	(817)	(1,053)
340B Net Activity	(9)		404	
Non-Operating Income/Loss	122	(23)	316	(237)
Net Income/Loss	(308)	126	1,850	1,277

Investments as of 4/30/2012

	Purchase Dt	Maturity Dt	Institution	Broker	Rate	Principal
1	4/13/2012	5/1/2012	LAIF (Walker Fund)	Northern Inyo Hospital	0.37%	320,835.08
2	4/2/2012	5/1/2012	Multi-Bank Securities	Multi-Bank Service	0.01%	3,572,089.75
3	5/20/2010	5/20/2013	First Republic Bank-Div of BOFA	Financial Northeaster Corp.	2.40%	150,000.00
4	5/20/2010	5/20/2015	First Republic Bank-Div of BOFA	Financial Northeaster Corp.	3.10%	100,000.00
			Total			\$4,142,924.83

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NORTHERN INYO HOSPITAL

SECURITY REPORT

APRIL 2012

FACILITY SECURITY

Access security during this period revealed ten instances of open or unsecured entry doors being located during those hours when doors were to be secured. One interior door was found unsecured during this same period.

The old Main Building roof hatch was found unsecured twice during this period.

HUMAN SECURITY

On April 1st, Security was called to the ED for an angry and disruptive patient who was upset because the ED Doctor would not provide adequate pain medication. This subject eloped prior to completion of diagnosis only to return a short time later whereupon he again became angry and once again left Campus.

On April 5th, Security was called to ICU for a detox, patient who was being uncooperative. This patient complied with requests from Security,

On April 8th, Security was called to the ED for a combative patient. This patient was restrained and medicated.

On April 8th, Security was called to the ED for a suspected drug seeking patient who was angry and dissatisfied.

On April 9th, Security was called to ICU for an uncooperative detox patient.

On April 14th, Security stood by in the ED for an upset and mildly uncooperative patient.

On April 15th, Security was called to the ED for an uncooperative and disruptive patient.

On April 16th, Security contacted an extremely intoxicated subject on Campus near the main parking lot. Bishop Police were dispatched and this subject was taken into custody for Public Intoxication.

On April 18th, ICU Staff requested Security standby while a patient was medicated.

On April 20th, the Nurse Supervisor asked that Security perform hourly checks on an ICU patient.

On April 27th, Security supervised a suspected 5150 patient with a history of violent behavior.

On April 28th, Security was called to the ED for disruptive family members. These persons were counseled and chose to leave Campus.

Security Staff provided Law Enforcement assistance on 6 occasions this month. Three were for Lab BAC's.

5150 standby was provided on five instances this month.

Security provided patient assistance on twenty one occasions during this period.

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

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

voice
fax

TO: NICLHD Board of Directors

FROM: Robbin Cromer-Tyler, MD
NIH Chief of Staff

DATE: June 4, 2012

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:

- a. Approval of the following policies/procedures:
 1. *Performance Improvement Plan*
 2. *Complaint Resolution Process*
 3. *Nebulized Lidocaine*
 4. *Managing Drug Shortages*
 5. *Pharmacist Clinical Interventions*
 6. *Disinfection of Computer Devices*
- b. Appointment to the NIH Provisional Medical Staff, with privileges as requested, of the Board-certified OB/GYN Lynn Leventis, MD, with privileges as requested commensurate with her private practice in obstetrics and gynecology;
- c. Approval of Emily Marshall, PA, to function according to the NIH protocol entitled *Northern Inyo Hospital Medical Staff Protocol for Physician Assistant in the Operating Room*, under the Delegations of Services Agreement and written supervision guidelines with supervising physician Tomi Bortolazzo, MD.
- d. Accept the resignations of Natalie Mills, MD and Vasuki Sittampalam Daram, MD.

Robbin Cromer-Tyler, MD, Chairman

NORTHERN INYO HOSPITAL
PERFORMANCE IMPROVEMENT PLAN

PURPOSE

The Performance Improvement Plan establishes a hospital wide program and interdisciplinary approach to improve patient care and services at Northern Inyo Hospital; and to meet the requirements established by outside agencies.

SCOPE AND AUTHORITY

The scope of this plan will include all patient care and support services throughout the hospital and will encompass all ancillary care facilities.

The Northern Inyo County Local Hospital District (NICLHD) Board of Directors establishes these policies supporting the mission of Northern Inyo Hospital and is ultimately responsible for the quality of patient care and services provided. The NICLHD Board of Directors delegates the development, implementation and evaluation of the performance improvement policy and related plan to the Medical Staff and Hospital Administrator.

The Northern Inyo Hospital Administrator delegates performance improvement activities to the Performance Improvement Committee.

The Northern Inyo Hospital Medical Staff is charged with participating in the Performance Improvement Plan to achieve quality patient care and compliance with all regulatory agencies. Medical Staff members will contribute to all quality improvement activities through participation in Medical Staff service committees and by assuming leadership roles, as necessary, in the performance improvement process.

OBJECTIVES

1. To establish quality standards for patient care and services; and, to measure performance against accepted standards.
2. To improve patient care and services by directing the performance assessment and corrective actions for all hospital staff and associated services.
3. To accurately collect and organize data to identify areas for improvement; and, to seek resolution of identified concerns and support future improvement.
4. To communicate important findings and corrections to the Medical Staff Quality Improvement Committee and the NICLHD Board of Directors.

PERFORMANCE AND QUALITY MEASURES

Northern Inyo Hospital has established measurements to assess performance. The scope of these measurements will be consistent with the care and services provided, as well as the mission and goals of Northern Inyo Hospital.

Quality performance criteria will address, but is not limited to, the following:

1. Safety of the environment of care
2. Safety of the providers and recipients of care
3. The mission and objectives of Northern Inyo Hospital
4. Compliance with the regulatory, licensing, and accreditation requirements
5. The effectiveness, timeliness and stability of processes that are high risk, high volume or problem prone
6. Desirable outcomes of care for at-risk populations
7. The effectiveness of the design of new or modified services.

NORTHERN INYO HOSPITAL
PERFORMANCE IMPROVEMENT PLAN

The criteria below will be the basis for ongoing evaluation of Northern Inyo Hospital functions, care, and services:

1. Operative and other invasive procedures
2. Medication use, including review of all medication errors and adverse drug reactions
3. Use of blood and blood components and transfusion reactions
4. Restraint use
5. Resuscitation outcomes
6. Infection prevention and control
7. Customer satisfaction
8. Pain management
9. Critical Indicators as established by NIH Medical Staff service committees
10. Quality of care and safety concerns identified by employees and staff
11. Utilization management
12. Falls reduction and patient safety
13. Outcomes related to use of anesthesia and procedural sedation
14. All sentinel events
15. Effectiveness of response to change or deterioration in patient's' condition.

Measurement of the above areas may be organization-wide in scope, targeted to specific areas, departments or services, or focused on selected populations. These measurements may be ongoing, time limited, intensive or recurring. The duration, intensity, and frequency of monitoring are based on the needs of the organization, external requirements, and the results of data analysis.

DATA ANALYSIS

Data collected from performance measures will be reviewed and analyzed in order to identify patterns, trends and variations that might demonstrate opportunities for improvement. Analysis may include a continuous monitoring program or an intensive focused assessment appropriate to the situation or issue.

Data will be intensively assessed when a significant undesirable performance or variation is noted. Intense analysis may also be necessary when levels of performance or variation indicate a potential problem or concern such as the following:

1. Performance varies significantly from that of other organizations or recognized standards
2. A sentinel event has occurred, triggering a root cause analysis
3. There is a confirmed hemolytic reaction
4. There is a significant medication error or adverse drug reaction
5. There is a major discrepancy between preoperative and post-operative diagnosis including those identified during pathologic review
6. There is a significant adverse event associated with anesthesia or procedural sedation.

PERFORMANCE IMPROVEMENT EVALUATION AND REVIEW

Northern Inyo Hospital will undertake to improve existing processes and outcomes, and then institute policies and practices in order to sustain improved performance. Northern Inyo Hospital utilizes the PDCA model to institute practices to improve care: P (plan), D (do, implement the plan), C (check on results), and A (act on findings). This process may be used formally or informally in organizational improvement processes. In order for performance improvement to be sustained at Northern Inyo Hospital, staff must be educated in the key processes. Education and participation of staff at all levels is essential. Information available about sentinel events from either The Joint Commission (TJC) or from healthcare organizations that provide similar care and services will be analyzed for

NORTHERN INYO HOSPITAL
PERFORMANCE IMPROVEMENT PLAN

opportunities to improve Northern Inyo Hospital's internal process and to prevent the event from occurring at Northern Inyo Hospital.

The Performance Improvement Coordinator will be responsible for reviewing, organizing and processing risk management incidents. The Performance Improvement department will collect and compile the data identified in this Plan for analysis and presentation to the Medical Staff Quality Improvement Committee. Data or information regarding individual physicians, independent licensed practitioners, and others granted clinical privileges at Northern Inyo Hospital or appointed to the Northern Inyo Hospital Medical Staff will be forwarded to the Medical Staff Coordinator for appropriate action and secure storage in the Medical Staff office.

MEDICAL STAFF QUALITY IMPROVEMENT COMMITTEE

The Medical Staff Quality Improvement Committee is composed of the members of the Medical Executive Committee, the Hospital Administrator, the Director of Nurses and the Performance Improvement Coordinator. The Quality Improvement Committee meets at least ten (10) times a year. The Quality Improvement Committee shall be responsible for overall supervision of patient care services, quality monitoring, and hospital assessment and improvement activities. Accordingly, the Quality Improvement Committee shall:

1. Oversee the implementation of the Performance Improvement Plan to improve the quality of care and services which affect patient health and safety;
2. Revise the Performance Improvement Plan as necessary to set forth specific mechanisms for reviewing, evaluating, and maintaining the quality, appropriateness, and efficiency of patient care within the hospital;
3. Evaluate reports and review data regarding the quality and appropriateness of the diagnosis and treatment furnished by all health care providers.
4. Take appropriate remedial actions to address deficiencies found through the quality assurance programs and document the outcomes of all remedial actions.
5. Assess corrective actions when indicated by the findings and recommendations generated by the peer review process or the quality improvement organization, BETA Healthcare Group. The outcomes of all remedial actions will be documented.
6. Support continuing healthcare education and the development of appropriate educational programs for physicians and hospital staff.
7. Annually review, and report to the NICLHD Board of Directors, all patient care services and other services which affect patient health and safety.

PERFORMANCE IMPROVEMENT COMMITTEE

The Performance Improvement Committee will consist of all Hospital department heads, supervisors and managers, the Performance Improvement Coordinator, the Compliance Officer, the Medical Staff Coordinator, and the Hospital Administrator. The Performance Improvement Committee will meet at least quarterly. The Committee will review the performance improvement activities of hospital departments and patient care services and all other services that affect patient health and safety, excluding Medical Staff and peer review reports and activities, as directed by the Medical Staff Quality Improvement Committee. Patient safety studies will be reported to the Performance Improvement Committee at least quarterly. The Performance Improvement Committee will also recommend remedial actions to address deficiencies found through the quality assurance programs.

The Northern Inyo Hospital Performance Improvement Committee and the Medical Staff Quality Improvement Committee will review this Performance Improvement Plan and any associated plans at least annually.

Northern Inyo Hospital Medical Staff Physician Complaint Resolution Process

Policy

To create a responsible, consistent, and accessible means of communicating and addressing complaints regarding physicians at Northern Inyo Hospital.

Definition

Complaints about a physician may be concerns from patients, friends, family members, hospital staff, medical staff, volunteers or anyone who is conducting business at the hospital. Types of complaints that should be referred to the Medical Staff Office include any concerns regarding quality of care provided and/or behavioral issues. Complaints may come in the form of a letter, phone call, email or from an 'incident' report. Anonymous complaints will not be accepted.

Procedure

1. All complaints will be initially directed to the Medical Staff Office. The Medical Staff Coordinator will review the complaint, complete the approved Medical Staff form entitled *NIH Physician-Related Event Report*, advise the Chief of Staff, and forward it to the appropriate Committee Chair/Service Chief and/or Service Chief. At that time, the individual filing the complaint will be notified that the complaint was received.
2. The Committee Chair/Service Chief, or designee, will review the complaint and notify the Medical Staff Office of how the complaint will be handled. The Committee Chair/Service Chief may draft a letter to the individual filing the complaint notifying him/her that the complaint is under review.
3. The Committee Chair/Service Chief, or designee, will notify the physician in writing or in person of the complaint. The physician who is the subject of the complaint will be given an opportunity to review the complaint and provide input as desired. The physician may not keep a copy of the complaint. If the physician provides a written response, it will be kept with the complaint for review and filed in the physician's credentials file with the final outcome of the complaint.
4. For any complaint that involves concerns about quality of care, the patient encounter will be submitted for peer review through the usual Medical Staff Peer Review process.
5. Complaints may be handled through one of the following scenarios:

- a. The complaint may be handled by a meeting with the individual who filed the complaint. This meeting may include the complainant, the complainant's supervisor (if an NIH employee), the physician who is the subject of the complaint, the Committee Chair/Service Chief, and/or others as appropriate. The Committee Chair/Service Chief, or designee, will prepare a written report noting the key elements of the conversation and any resolutions or actions to be taken. The memo will be filed in the physician's credentials file.
 - b. The complaint may be handled with a letter drafted by the Committee Chair/Service Chief, or designee, to be sent to the individual who filed the complaint. A copy of the letter including any resolutions or actions to be taken will be filed in the physician's credentials file.
6. If the Committee Chair/Service Chief feels the complaint requires further investigation or action, it will be referred to the Medical Executive Committee for review. The MEC will determine what level of action is appropriate. If there is cause for formal corrective action, the MEC will then follow the appropriate procedures as outlined in the Medical Staff Bylaws and policies.
7. The Committee Chair/Service Chief will notify the physician in writing of the outcome of the complaint.
8. It is the responsibility of the Medical Staff Office to track the progress of all complaints and keep accurate records of any resolutions in the physician's credentials file. All complaints will be reviewed at the time of re-credentialing.
9. The complaint resolution process is a component of peer review. All peer review documentation will be maintained in the Medical Staff Office in accordance with the Medical Staff Bylaws in order to protect their confidentiality and to qualify for protection under Evidence Code Section 1157.

NIH PHYSICIAN-RELATED EVENT REPORT
PROTECTED PEER REVIEW DOCUMENT: EV. CODE 1157

Submit Completed Forms To The Medical Staff Office, ATTN: Chief of Staff
With supporting documentation (if available and applicable)

Date of Event:	Time of Event:
Location:	
Patient MR # (if applicable):	

Please provide a DETAILED description of the event:

Who was involved?

What happened?

What were the contributing factors?

Has this happened before? (If yes, how often & when?)

What could prevent future occurrences?

Date

Signature of Person Reporting Event

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Nebulized Lidocaine	
Scope: Respiratory Therapist	Department: Respiratory Care
Source: Director of Respiratory Care	Effective Date: 2-23-2012

PURPOSE:

Lidocaine is a common local anesthetic frequently nebulized during bronchoscopy procedures, placement of NG tubes, to relieve bronchoconstriction and cough symptoms as well as acting as a local anesthetic. It is typically given in a dose between 20 and 160 mg. Aerosolized drugs have several advantages over other drug formulations, including quick onset of action and low incidence of systemic adverse effects.

LIMITATIONS:

1. This policy is for patients weighing > 45 Kg
2. Duration of Lidocaine is approximately 15-20 minutes; there should be no delay in doing the procedure after nebulization.
3. Recommended to wait 20 minutes before repeating dose if necessary.

EQUIPMENT:

1. Hand Held Nebulizer
2. Aerosol Mask
3. 3 ml of 4 % Lidocaine 40mg/ml
4. Filter Straw

PROCEDURE:

1. Once an order for a Lidocaine treatment is written, the Respiratory Care Practitioner (RCP) will check the order.
 - a. 3 ml of 4% Lidocaine 40mg/ml (Preservative Free)
2. RCP will obtain proper equipment and take it to the patient's room.
3. Patient identification must be confirmed using the **two-identifier** system prior to conducting any healthcare procedures. See policy.
4. The RCP will identify themselves to the patient and explain the procedure to them.
5. The medication and a filter straw will be removed from the Omni-cell.
6. The equipment will be assembled, breath sounds, pulse, respirations will be assessed, the medication ordered will be instilled in the HHN and then administered at a flow rate of 6-8 lpm with either oxygen or medical air.
7. Patient will be coached to breathe slowly through the mouth at normal tidal volume.

INDICATIONS:

1. The need to deliver Lidocaine as an aerosol to the airways, to
 - a. Control pain and gagging during procedures
 - b. Relieve bronchoconstriction
 - c. Cough symptoms

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Nebulized Lidocaine	
Scope: Respiratory Therapist	Department: Respiratory Care
Source: Director of Respiratory Care	Effective Date: 2-23-2012

HAZARDS / COMPLICATIONS:

1. Malfunction of device and/or improper technique may result in under dosing or overdosing.
2. Complications related to specific pharmacological agents can occur.
3. Aerosols may cause bronchospasm or irritation of the airway.
4. Exposure to medications and patient-generated droplet nuclei may be hazardous to clinicians.
5. Personal protection devices and equipment are available and should be used when indicated per universal precaution protocol. (Gloves, masks, gowns, hood filtration and if necessary patient isolation with vented room exhaust and mechanical air filtration exchange unit. Also appropriate eye protection as necessary.)

SYMPTOMS OF LIDOCAINE TOXICITY:

1. Lightheadedness, dizziness
2. Visual disturbance
3. Headache
4. Mouth tingling, numbness or tingling of tongue
5. Sedation
6. Impaired concentration
7. Imperfect articulation of speech
8. Tinnitus
9. Metallic taste
10. Muscular twitching, tremors

References: "Unlabeled Uses of Nebulized Medications, **Mary Beth Shirk, Pharm.D. Kevin R. Donahue, B.S., Pharm.D. Jill Shirvani, A.A.S.**, 10/24/2006; American Journal of Health-System Pharmacy. 2006;63(18):1704-1716. © 2006 American Society of Health-System Pharmacists Medscape

Committee Approval	Date
Medical Staff	4/10/12
Pharmacy & Therapeutics Committee	5/17/12
Medical Executive Committee	
NICLHD Board of Directors	

Revised

Reviewed

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Managing Drug Shortages	
Scope: Hospital-wide	Department: Pharmacy
Source: Director of Pharmacy	Effective Date:

PURPOSE:

The purpose of this policy is to set forth the practices that will be followed in an organized, coordinated and consistent approach to managing drug shortages.

POLICY:

1. The Pharmacy and Therapeutics Committee gives the responsibility for monitoring drug shortages to the Director of Pharmacy.
2. The Director of Pharmacy will be responsible for educating and informing all Medical Staff members who will be affected by the drug shortage(s). An email will be sent to the Medical Staff office which will distribute the information to all Medical Staff members.
3. The Director of Pharmacy will follow the following plan in addressing the shortage:
 - a. Place the item on back-order with the wholesaler.
 - b. Try to purchase through cooperating pharmacies with access to alternate wholesalers.
 - c. Communicate with other California Licensed Hospital Pharmacies, including but not limited to Mammoth Hospital and other members of Western Alliance for Healthcare Resources purchasing group, to try to purchase surplus supplies.
4. The Director of Pharmacy will develop information sheets and/or dosing guidelines for medication alternatives, which will be distributed to Medical Staff members via the Medical Staff office.
5. Prioritizing which patient(s) will receive the limited supply of drug will be accomplished by the Chief of Staff or designee and Chairman of the Pharmacy and Therapeutics Committee in consultation with Staff physicians who prescribe the medication. Decisions will be communicated to the Medical Staff via the Medical Staff office.

Committee Approval	Date
Medical Staff	4/10/12
Pharmacy and Therapeutics Committee	5/17/12
Medical Executive Committee	6/5/12
Board of Directors	

Revised
Reviewed
Supercedes

DRAFT

NORTHERN INYO HOSPITAL POLICY AND PROCEDURE

REVISION UNDERLINED

Title: PHARMACIST CLINICAL INTERVENTIONS	
Scope: Hospital-Wide	Department: Pharmacy
Source: Pharmacy	Effective Date: 10/08/2003

PURPOSE:

To insure that pharmacist clinical interventions are performed at NIH in a uniform fashion .

POLICY:

1. Pharmacists will perform clinical interventions that are approved by the medical staff, ordered by a physician, and that are, in the professional judgment of the pharmacist, necessary for the safety of patients at NIH.
2. Such interventions include, but not limited to, dose adjustments based upon renal function, conversion of parenteral to enteral dosage forms, adjusting antibiotic therapy in accordance with a culture and sensitivity report, delaying or stopping access to medications which have been prescribed in doses which are clearly outside of approved ranges, and, delaying or stopping medications which are prescribed in a manner which might cause a medication error to occur.
3. Unless the prescriber orders a pharmacist intervention, contact with the prescriber must be initiated by the pharmacist immediately prior to an intervention, or, if in the judgement of the pharmacist the intervention must be made immediately to avoid patient harm, as soon as possible after an intervention is made pursuant to this policy.
4. Clinical interventions will be documented on patients' medical records in a manner prescribed by this policy and procedure.
5. Clinical interventions will be documented on patients' medical records in accordance with the procedures below or through Computerized Physician Order Entry (CPOE) performed by the intervening pharmacist on his/her own login.

PROCEDURE:

Preparation

1. Run necessary reports each day before 1000.
2. Run the "targeted drug" report.
3. Highlight drugs approved for IV to PO conversions.
4. Highlight orders that are to be reviewed for intervention.

5. Check patient profile for ht., wt., scr., age, scheduled oral/ng medications make information entries to monitoring form. Calculate IBW, IDW, Creatinine Clearance in pharmacy if possible.
6. Go to nursing floors to obtain patient charts and current clinical information.

Renal Dosing Protocol

1. In Progress Notes write the following:

Date and time

Ht. = inches, Wt. = Kg., Age = yrs., IBW (ideal body wt.) = kg., IDW (ideal dosing wt. If appropriate) = Kg.
Calculated Creatinine Clearance = ml/min.
Dose of (insert med name) = mg (or gm) q (insert hours)h (e.g. Dose of Levaquin = 250mg q48h)

Sign your name, title.

2. In Physician's Order Sheet write the following:

Decrease (insert name of drug) to (insert strength) q (insert hours)h IVPB (e.g. Decrease Levaquin to 250mg q48h)

Per Renal Dosing Protocol

Sign your name, title.

IV to PO Conversion

1. In Progress Notes:

Pt. on (insert type if known) diet. Pt. taking scheduled PO (or NG) medications. Meets criteria for IV to PO conversion of (insert Med name). (Insert Medication Name) provides equal blood levels PO as IV (or provides equal efficacy PO as IV in the case of Zantac). Plan: change (insert drug name) to PO.

Sign your name, title.

2. In Physician's Order sheet:

DC (name of medication) IV. (Name of Medication, strength) PO (or NG) q (insert hours)h (or qd, bid, etc.)

Per IV to PO protocol

Sign your name, title

Antibiotic Streamlining:

1. In patients Medical Record, look for culture and sensitivities, overlapping coverage of empiric antibiotics (Ancef plus Cefotan, Levaquin plus Cefotan, etc.). Check WBC's, pt. temps, renal and hepatic function, diagnosis and progress notes to determine the efficacy of the antibiotic choice(s).
2. In the absence of C&S leave a note attached to the progress notes pointing out your findings and suggesting a change.
3. In the progress notes:

Write pertinent findings, recommendations.
Sign your name, title
4. Follow up until change is made or rejected. Note each visit in the progress notes and on our clinical record.

Ordered Interventions:

1. Following physician order such as "Pharmacy to Dose [Medication Name]" the pharmacist will gather all of the necessary patient data, order laboratory tests including CBC, Chem Panel, Serum Creatinine, Drug levels if not already ordered.
2. Follow Renal Dosing Protocol above
3. Write daily or periodic progress notes, showing recalculations based upon new data as needed.

Committee Approval	Date
Policy and Procedure Committee	10/8/03
Pharmacy and Therapeutics Committee	10/16/03
Medical Executive Committee	11/4/03

Revised 05/17/2012
 Reviewed
 Supersedes

**NORTHERN INYO HOSPITAL
POLICY AND PROCEDURE**

Title: Disinfection of Computer Devices	
Scope:	Department: Infection Control Orange Manual
Source: Smith, Barbara	Effective Date:

POLICY:

It is the responsibility of all staff and “device” users to minimize the risk of transmission of pathogens by following principles of hand hygiene and the cleaning of devices with manufactured approved products. All computer devices will be cleaned and disinfected in order to prevent cross-contamination and the transmission of pathogens throughout the facility. Computer devices include but are not limited to computer keyboards, mice, and bar code scanners.

PROCEDURE:

1. Staff and other “users” are responsible for intermittent cleaning of the devices before and after use.
 - i. Computer equipment that is stored on rolling stands (i.e. computer-on-wheels), specifically the keyboard and mouse, should be cleaned with an EPA-registered hospital disinfectant wipe by the **user** prior to entrance and upon exit of a patient care area/room. (Do Not clean the screen itself) **All staff must clean their hands after patient contact and prior to using the computer equipment.**
 - ii. Rooms with patients on **precautions** should have dedicated computer equipment, if possible. All staff must clean their hands after patient contact and prior to using the computer equipment.
 - iii. All gloves must be removed and hands cleaned prior to using the computer equipment.
 - iv. Barcode scanners, and other non-porous portable devices, should be cleaned with an alcohol or disinfectant wipe by the **user** prior to entrance and upon exit of a patient care area/room.
2. The cleaning or disinfecting of computer hardware (not being used inside a patient room) will be cleaned on regular and routine bases by the department using that computer station, using an EPA-registered hospital detergent/disinfectant. (do not use these wipes to clean the screen)
3. All computer stations used in a **precautions** room will be cleaned by housekeeping during their terminal cleaning of that room once the patient has been discharged. This will include the entire stand and computer but not the computer screen itself. Environmental services will be using an EPA-registered hospital disinfectant wipe Cleaning will be completed prior to removing the computer from the room.

REGULATORY STANDARDS:

- Joint Commission Infection Control Standards
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007 <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>
- Occupational Safety & Health Administration Bloodborne Pathogen Standard

Approval	Date
Infection Control Committee	

Revised:
Reviewed:

**NORTHERN INYO HOSPITAL MEDICAL STAFF
PROTOCOL FOR
PHYSICIAN ASSISTANT IN THE OPERATING ROOM**

I. POLICY:

- A. The Physician Assistant (PA) assists the attending surgeon during a surgical procedure by providing aid in exposure, hemostasis, and other technical functions which will help the surgeon carry out a safe operation with optimal results for the patient.
- B. Only a PA currently licensed in California, who meets all the criteria specified in Appendix A may perform this procedure. Knowledgeable regarding PA limitations and practices within these.

The PA will be evaluated for continued competency 90 days after assuming this position and yearly thereafter. The evaluation will be done by a physician and will contain input from the appropriate attending surgeon(s) based on this protocol, chart review and their observations.

- C. The PA may function under this protocol only when the following conditions are met:
 - 1. The attending surgeon has determined that the PA can provide the type of assistance needed during the specific surgery.
 - 2. The PA functions under the direct supervision of the Attending Surgeon, i.e., only when the attending surgeon is physically present in the operating room.

II. PROTOCOL

The PA will:




- 1. Assist with the positioning, prepping and draping of the patient, or perform these actions independently, if so directed by the surgeon.
- 2. Provide retraction by:
 - a. Closely observing the operative field at all times.
 - b. Demonstrating stamina for sustained retraction.
 - c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
 - d. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.
 - e. Anticipating retraction needs with knowledge of the surgeon's preferences and anatomical structures.
- 3. Provide hemostasis by:
 - a. Applying the electrocautery tip to clamps or vessels in a safe and knowledgeable manner, as directed by the surgeon.
 - b. Sponging and utilizing pressure, as necessary.
 - c. Utilizing suctioning techniques.
 - d. Applying clamps on superficial vessels and the tying or electrocoagulation of them, as directed by the surgeon.
 - e. Placing suture ligatures in the muscle, subcutaneous and skin layer.
 - f. Placing hemoclips on bleeders, as directed by the surgeon.

4. Perform knot tying by:
 - a. Having knowledge of the basic techniques of knot tying to include, two-handed tie; one-handed tie; instrument tie.
 - b. Tying knots firmly to avoid slipping.
 - c. Avoiding undue friction to prevent fraying of suture.
 - d. "Walking" the knot down to the tissue with the tip of the index finger and laying the strands flat.
 - e. Approximating tissue rather than pulling tightly to prevent tissue necrosis.
5. Perform dissection as directed by the surgeon by:
 - a. Having knowledge of the anatomy.
 - b. Demonstrating the ability to use the appropriate instrumentation.
 - c. For abdominal surgery: dissection includes all layers to, but not, the peritoneum.
6. Provide closure of layers of tissue as directed by the surgeon; sutures fascia., subcutaneous tissue and skin by:
 - a. Correctly approximating the layers, under direction of the surgeon.
 - b. Demonstrating knowledge of the different types of closures, to include but not be limited to: interrupted vs. continuous; skin sutures vs. staples; subcuticular closure; horizontal mattress.
 - c. Correctly approximating skin edges when utilizing skin staples or suture.
7. Assist the surgeon at the completion of the surgical procedure by:
 - a. Affixing and stabilizing all drains.
 - b. Cleaning the wound and applying the dressing.
 - c. Assisting with applying casts; splints, bulky dressings, abduction devices.

The PA practices within the appropriate limitations and may choose not to perform those functions for which he/she has not been prepared or which he/she does not feel capable of performing.

APPENDIX A

- I. A Physician Assistant who is approved as a PA at NIH may function as first assistant if all of the following conditions exist.
 1. Currently licensed as a PA in California.
 2. Successful completion of an accredited Physician Assistant program. (A copy of the certificate of completion will be placed in the PA's personnel file and the Medical Staff credentials file.)
 3. Demonstrated knowledge and skill in applying principles of asepsis and infection control and demonstrated skill in behaviors that are unique to functioning as a PA.
 4. Demonstrated knowledge of surgical anatomy, physiology and operative procedures for which the PA assists.
 5. Demonstrated ability to function effectively and harmoniously as a team member.
 6. Able to perform CPR; ACLS completion preferred.
 7. Able to perform effectively in stressful and emergency situations.

APPROVALS SIGNATURES	DATE
 Chair, Surgery, Tissue, Transfusion and Anesthesia Committee	5/30/12
 Chair, Interdisciplinary Practice Committee	5/30/12
 Chair, Medical Executive Committee	5/30/12
President, NICLHD Board of Directors	

BOA Approved
3/21/12

PA Authorized to Perform this Protocol	Date of Approval by District Board of Directors
Signature of Supervising Physician	Date

PA Authorized to Perform this Protocol	Date of Approval by District Board of Directors
Signature of Supervising Physician	Date

PA Authorized to Perform this Protocol	Date of Approval by District Board of Directors
Signature of Supervising Physician	Date

PA Authorized to Perform this Protocol	Date of Approval by District Board of Directors
Signature of Supervising Physician	Date

PA Authorized to Perform this Protocol	Date of Approval
Signature of Supervising Physician	Date

Starosta 10/20/10
Marshall

PA Authorized to Perform this Protocol	Date of Approval by District Board of Directors
Signature of Supervising Physician	Date

PA Authorized to Perform this Protocol	Date of Approval by District Board of Directors
Signature of Supervising Physician	Date

DELEGATION OF SERVICES AGREEMENT BETWEEN SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT AND WRITTEN SUPERVISION GUIDELINES

This Delegation of Services Agreement is entered into between *Dr. Tomi Bortolazzo, M.D.* (“*Supervising Physician*”), and *Emily Marshall, PA-C* (“*PA*”), in order to fulfill the purposes set forth below.

1. **Purpose.** The purpose of this Agreement is to comply with the requirements of Title 16, Article 4, of the California Code of Regulations, hereinafter referred to as the “Physician Assistant Regulations.” Section 1399.540 of the Physician Assistant Regulations states, in pertinent part, that “A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant’s education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.” In this Agreement, Supervising Physician hereby delegates the performance of certain medical services to PA. Section 1399.545 of the Physician Assistant Regulations sets forth requirements for supervision by a supervising physician when a PA is caring for patients. This Agreement shall set forth such requirements to be followed by Supervising Physician.
2. **Qualifications.** PA is licensed by the California Physician Assistant Committee. Supervising Physician is licensed by the Medical Board of California or the Osteopathic Medical Board of California and is qualified to act as a supervising physician. PA and Supervising Physician are familiar with the requirements governing the performance of medical services by PAs, and the supervision of PAs by supervising physicians, as set forth in the Physician Assistant Regulations.
3. **Authorized Services.**
 - (a) PA is authorized by Supervising Physician to perform all the tasks set forth in subsections (a), (b), (c), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, subject to the limitations and conditions described in this Agreement or established by Supervising Physician in any applicable protocols or otherwise. PA is also authorized to perform certain surgical procedures as specified by Supervising Physician in accordance with Section 1399.541(i) of the Physician Assistant Regulations.
 - (b) As required by Section 1399.540 of the Physician Assistant Regulations, PA may only provide those medical services which he or she is competent to perform and which are consistent with PA’s education, training and experience. PA shall consult with Supervising Physician or another qualified health care practitioner regarding any task, procedure or diagnostic problem which PA determines exceeds his or her level of competence, or shall refer such cases to Supervising Physician or another appropriate practitioner.

(c) PA shall perform delegated medical services under the supervision of the Supervising Physician as specified in the Physician Assistant Regulations, this Agreement, any applicable practice protocols, and the specific instructions of Supervising Physician.

(d) As required by Section 1399.546, each time a PA provides care for a patient and enters his or her name, signature, initials or computer code on the patient's record or written order, PA shall also enter the name of the Supervising Physician responsible for the patient.

4. Drug Orders.

- (a) PA may administer or provide medication to a patient, or issue a drug order, orally or in writing in a patient's chart or drug order form, subject to the conditions and limitations as set forth in Section 3502.1 of the Business and Professions Code, this Agreement, any applicable protocols as described in subsection (b) below, or the specific instructions of Supervising Physician. Such medications may include Controlled Substances in schedules [II] through V. PA may sign for the request and receipt of samples of drugs specified in the protocols described in subsection (b) below.
- (b) Drug orders shall either be based on protocols established or adopted by Supervising Physician, or shall be approved by Supervising Physician for the specific patient prior to being issued or carried out. Notwithstanding the foregoing, all drug orders for Controlled Substances shall be approved by Supervising Physician for the specific patient prior to being issued or carried out.
- (c) Supervising Physician shall review, countersign, and date the medical record of any patient for whom PA issues or carries out a drug order for a Schedule II Controlled Substance within seven (7) days.

5. Emergency Transport and Backup.

- (a) In a medical emergency requiring the services of a hospital emergency room, the patient shall be directed or transported to the Northern Inyo Hospital Emergency Room, the telephone number of which is 760-873-5811 . When indicated, PA or practice personnel shall telephone the 911 Operator to summon an ambulance.
- (b) In the event Supervising Physician is not available when needed, PA may call and/or refer patients to other authorized physicians as designated by the Supervising Physician, or as otherwise deemed appropriate by PA.

6. **Supervising Physician's Responsibilities.**

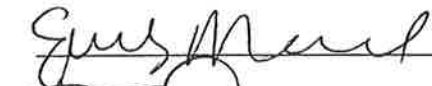

- (a) Supervising Physician shall remain electronically available at all times while PA is performing medical services, unless another approved supervising physician who has signed a Delegation of Services Agreement for PA is so available.
- (b) To the extent required by Section 4(c) above, Supervising Physician shall review, countersign and date within seven (7) days the medical record of any patient for whom PA issues or carries out a drug order. For other patients, Supervising Physician shall utilize one or more of the following mechanisms to supervise PA, as required by Section 1399.545 of the Physician Assistant Regulations:

_____ Examination of the patient by Supervising Physician the same day as care is given by PA

_____ Supervising Physician shall review, audit and countersign every medical record written by PA within 30 days of the encounter.

 X Supervising Physician shall audit the medical records of at least five percent (5%) of the patients managed by PA under protocols which shall be adopted by Supervising Physician and PA, pursuant to Section 1399.545(e)(3) of the Physician Assistant Regulations. Supervising Physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient.

- 1. **Protocols.** This Agreement does not constitute the protocols required by Section 3502.1 of the Business and Professions Code or, if applicable, Section 1399.545(e)(3) of the Physician Assistant Regulations. Such protocols are on file at the practice site and may incorporate by reference appropriate medical texts.
- 2. **No Third Party Beneficiaries.** This Agreement shall not be construed as creating rights in or obligations to any third party. It is the intent of the parties solely to fulfill the requirements of the Physician Assistant Regulations for a Delegation of Services Agreement and for the mechanisms to be used by Supervising Physician in supervising PA.

 Dated: 9/10/11 _____ PHYSICIAN ASSISTANT
 Dated: 9/16/11 _____ SUPERVISING PHYSICIAN

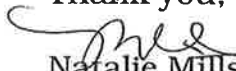
23 May 2012

Robbin Cromer-Tyler, M.D.
Chief, NIH Staff
Northern Inyo Hospital
150 Pioneer Lane
Bishop, California 93514

Dear Dr. Cromer-Tyler,

I am writing to inform you of my resignation from the NIH Medical Staff and relinquishment of hospital privileges, effective immediately.

Thank you,


Natalie Mills, M.D.

Cc: John Halfen, NIH CEO/CFO



NORTHERN INYO HOSPITAL
150 Pioneer Lane, Bishop, California 93514
People you know, caring for people you love

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

May 31, 2012

Robbin Cromer-Tyler, MD
Chief of Staff
Northern Inyo Hospital

Dear Dr. Cromer-Tyler,

I am writing to inform you that I am leaving the area to practice in Lancaster, California, therefore I must resign my NIH Active Staff appointment and clinical privileges at Northern Inyo Hospital.

Thank you.

Sincerely,

Vasuki Daram, MD



NORTHERN INYO HOSPITAL
150 Pioneer Lane, Bishop, California 93514
People you know, caring for people you love

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

NIH Medical Staff Annual Election Results

The following were elected by the Medical Staff to serve on its behalf from July 1, 2012 to June 30, 2013:

Chief of Staff: Robbin Cromer-Tyler, MD

Vice Chief of Staff: Taema Weiss, MD

Immediate Past Chief of Staff: Helena Black, MD

Medical Executive Committee Member-at-Large: Doris Lin, MD

The Medical Executive Committee thanks Amr Ramadan, MD for his year of service as Vice Chief of Staff.

**THIS SHEET
INTENTIONALLY
LEFT BLANK**

May 30, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 317

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
610A	Added Employee Timeclock at Main Corridor	\$707.29

Total Amount \$707.29

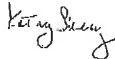
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Seven hundred seven and 29/100 dollars (\$707.29)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
P.O. Box 1532
Bishop, CA 93515
phone: 760-582-9020
fax: 760-873-7246

May 30, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 318

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
649	IB 343 change multiple locksets in corridors to meet required code clearance.	\$9,087.15

Total Amount \$9,087.15

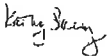
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Nine thousand eighty seven and 15/100 dollars (\$9,087.15)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____
John Halfen
CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
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May 30, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 319

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
652	EH101 Operator Attachment – RFI 1321 changed the door operator type to one that is capable of being mounted at the required location. The originally specified operators were supplied to the owner.	\$7,613.14

Total Amount \$7,613.14

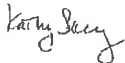
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Seven thousand six hundred thirteen and 14/100 dollars (\$7,613.14)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____
John Halfen
CEO - Northern Inyo Hospital

cc: File



May 30, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 320

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
677	IB 356 Added Lighting for Existing Central Plant	\$23,476.79

Total Amount **\$23,476.79**

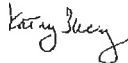
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Twenty three thousand four hundred seventy six and 79/100 dollars (\$23,476.79)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
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May 30, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 321

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
690	Painting ceiling at existing Central Utility Plant after complete removal and replacement of sheetrock required due to structural changes in IB 112, 251 and 254.	\$16,839.03

Total Amount \$16,839.03

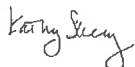
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Sixteen thousand eight hundred thirty nine and 03/100 dollars (\$16,839.03)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____
John Halfen
CEO - Northern Inyo Hospital

cc: File

Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
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May 30, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 322

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
692	Added Insulation at ED Sinks as required per ACO FVR.	\$1,158.98

Total Amount **\$1,158.98**

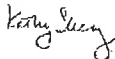
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **One thousand one hundred fifty eight and 98/100 dollars (\$1,158.98)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File

Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
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fax: 760-873-7246

May 31, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 323

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
697	IB 364 Lighting Required to be changed from normal power to emergency power.	\$955.56

Total Amount \$955.56

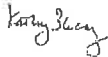
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Nine hundred fifty five and 56/100 dollars (\$955.56)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



Northern Inyo Hospital Construction
150 Pioneer Lane
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fax: 760-873-7246

May 31, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 324

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
699	Added humidifier control as required by the MEOR	\$3,739.80

Total Amount **\$3,739.80**

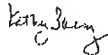
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Three thousand seven hundred thirty nine and 80/100 dollars (\$3,739.80)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File

Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
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phone: 760-582-9020
fax: 760-873-7246

May 31, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 325

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
662	Added Card Reader Control for Elevator 2 and 3	\$6,402.02
Total Amount	\$6,402.02	

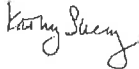
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Six thousand four hundred two and 02/100 dollars (\$6,402.02)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
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May 31, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 326

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
682	IB 360 O.R. Circuit change from 20a to 30a for the Lasers	\$1,495.92

Total Amount **\$1,495.92**

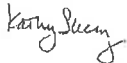
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **One thousand four hundred ninety five and 92/100 dollars (\$1,495.92)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

J ohn Halfen
 CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
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Bishop, CA 93514
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Bishop, CA 93515
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fax: 760-873-7246

May 31, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 327

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
687	Added Contols for the Master Alarm Panel and Relays for N and NO2. Field cordinated by the MEOR	\$7,331.48

Total Amount \$7,331.48

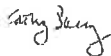
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Seven thousand three hundred thirty one and 48/100 dollars (\$7,331.48)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____
John Halfen
CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
P.O. Box 1532
Bishop, CA 93515
phone: 760-582-9020
fax: 760-873-7246

June 01, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 328

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
646	IB 344 ACT Splay Wire Attached to Soffits	\$0.00
658	IB 345 High Deck Flute Detail	\$0.00
661	IB 350 OR Suite Boundary	\$0.00
672	IB 352 Lobby Guardrail attachment	\$0.00
673	IB 357 Ice Maker Anchorage, Standby Kitchen	\$0.00
604	IB 300 Various Architectural RFIs	\$0.00

Total Amount \$0.00

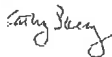
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Zero and 00/100 dollars (\$0.00)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____
 J ohn Halfen
 CEO - Northern Inyo Hospital

cc: File

June 01, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 329

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
424A	IB 254 - This change is to cover the overrun of the allowance created in COR 203 for the ceiling patching at the central plant due to structural changes. The original allowance was 15,000 which did not account for the need for scaffolding.	\$14,904.97

Total Amount \$14,904.97

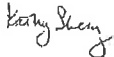
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Fourteen thousand nine hundred four and 97/100 dollars (\$14,904.97)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____
John Halfen
CEO - Northern Inyo Hospital

cc: File

June 07, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 330

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
567	IB 314 Added Signage at ED canopy	\$3,916.05

Total Amount \$3,916.05

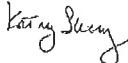
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Three thousand nine hundred sixteen and 05/100 dollars (\$3,916.05)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



Turner Construction
Northern Inyo Hospital Construction
150 Pioneer Lane
Bishop, CA 93514
P.O. Box 1532
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June 07, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 331

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
668	Added aluminum window W/Y at giftshop, missed in CO24	\$4,502.37

Total Amount \$4,502.37

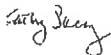
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Four thousand five hundred two and 37/100 dollars (\$4,502.37)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



June 07, 2012

Mr. John Halfen
Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA 93514

RE: Northern Inyo Hospital Construction
Project # 1495401
Change Order Request Number COR - 332

Dear Mr. Halfen,

We have finalized the required quotations for the additional work outlined below. Please see the attached supporting documentation for a complete labor, material and equipment estimate of the work.

PCO No	Description	Amount
694	IB 363 Window at Balcony and Grab Bar	\$12,002.84

Total Amount \$12,002.84

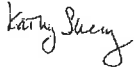
Funding Source: Owner Contingency

This change will also result in a possible schedule impact of 0 days to the project.

Please return one (1) copy of this letter indicating your approval of this Change Order Request which increases our Contract by **Twelve thousand two and 84/100 dollars (\$12,002.84)**. This approval will also authorize us to issue Subcontract Change Orders accordingly.

If you have any questions regarding this Change Order Request, please call me at your earliest convenience.

Sincerely,



Kathy Sherry
Project Manager

Approved By: _____ Date: _____

John Halfen
CEO - Northern Inyo Hospital

cc: File



**THIS SHEET
INTENTIONALLY
LEFT BLANK**

RESOLUTION NO. 12-02

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT
REQUESTING CONSOLIDATION OF ELECTION**

WHEREAS, it is necessary that three (3) directors be elected to the Board of Directors of Northern Inyo County Local Hospital District, one each from Zones I, II, and IV of said District; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Northern Inyo County Local Hospital District that it request that the Board of Supervisors of the County of Inyo, State of California, consolidate said election of directors with the statewide election to be held on November 6, 2012; and,

BE IT FURTHER RESOLVED THAT THE Hospital Administrator be, and he is hereby directed to file copies of this Resolution with said Board of Supervisors of the County of Inyo, State of California, and the County Clerk-Recorder, Registrar of Voters of said County.

Adopted, signed and approved this 20th day of June, 2012.

Peter J. Watercott, President

Attest:

M.C. Hubbard, Secretary

**RESOLUTION NO. 12-03
OF THE
NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS**

BORROWER: Northern Inyo County Local Hospital District

LENDER: Alliance Bank of Arizona (A Division of Western Alliance Bank)

DATE OF LINE OF CREDIT: _____

At a duly called meeting of the governing body of Borrower held on the 31st day of May 2012, the following resolution was introduced and adopted.

WHEREAS, the governing body of Borrower has determined that a true and very real need exists to establish a working capital Line of Credit (LOC); and

WHEREAS, the governing body of Lender has taken the necessary steps, including any legal bidding requirements, under applicable law to arrange for the acquisition of such Line of Credit.

BE IT RESOLVED, by the governing body of Lender that the terms of said Line Of Credit Agreement are in the best interest of Borrower for the acquisition of such working capital; and the governing body of Lender designates and confirms that the persons indicated below are authorized to execute and deliver the Line Of Credit Agreement and any related documents necessary to the consummation of the transaction contemplated by the Line of Credit Agreement.

Peter Watercott
(Name of Party to Execute LOC Agreement)

Chairman of the Board
(Title)

John Halfen
(Name of Party to Execute LOC Agreement)

C.E.O.
(Title)

The undersigned further certifies that the above resolution has not been repealed or amended and remains in full force and effect and further certifies that the above and foregoing Line of Credit Agreement is the same as presented at said meeting of the governing body of Lender.

Date: _____

X _____
Secretary/Clerk

**RESOLUTION 12-04
OF THE
NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS**

WHEREAS, On _____, 2002, the Northern Inyo County Local Hospital District ("District") Board of Directors adopted Resolution 02-01 establishing zones for the members of said Board, including in such zones certain voting precincts of the County of Inyo, and

WHEREAS, the 2010 decennial census having been completed, it is now in the best interests of the District that the boundaries of said zones be adjusted to comply with the requirements of the United States and California constitutions, and applicable law,

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District, meeting in regular session on this 20th day of June 2012, that the zones of said District be adjusted to include the following numbered Inyo County precincts:

ZONE I

1. (Round Valley, Mustang Mesa area)
2. (Round Valley, South of Pine Creek Road)
3. (Rocking K, Sawmill, Buttermilk, Starlite)
4. (Aspendell, Bishop Creek)
39. (East side of McLaren to Otey Road)
40. (East of McLaren to Brockman)
41. (Westridge)
42. (Westridge)
43. (Westridge)
49. (Reservation, South of West Line Street)

ZONE II

7. (West of Lazy A)
8. (East of Lazy A)
9. (Glenwood Mobile Home Park)
10. (Highlands)
11. (Highlands)
12. (Highlands)
14. (Dixon Lane, Meadowcreek area)
20. (Early Pond)
34. (Laws)

ZONE III

21. (Northwest – City)
22. (Northeast – City, Park area)
23. (City – Rome to Keough, West of Main Street)
24. (City – East Pine to East Yaney, East of Main Street)
25. (City – Keough to West Pine, West of Main Street)
26. (City – Keough to West Pine, West of Main Street)
27. (City – East Pine to Willow, East of Main Street)
28. (City – West Pine to West Line, West of Main Street)
29. (City – East Line, Hanby area, East side of City)
31. (City – Willow to South end of City, East of Main Street)

ZONE IV

30. (City – West Line to South end of City, West of Main Street)
44. (Highland, Sunset, Watterson)
45. (North of Sierra Vista Way, Irene Way)
46. (South of Sierra Vista Way, Underwood)
47. (Reservation, West of Barlow, North of West Line)
48. (Reservation, East of Barlow, North of West Line)
50. (South of West Line, Barlow to Main Street)

ZONE V

32. (City – East Line to East South, East side of City)
33. (City – East Line to East South, East side of City)
35. (Airport, Van Loon, Poleta area)
58. (North of Collins, Rawson Creek area)
59. (South of Schober Lane, Rossi Hill, to North of Rawson Creek area)
60. (South of Collins, Wilkerson area)
61. (Big Pine, West of 395, South of Pine Road)
62. (Big Pine, Knight Manor, Rolling Green to Pine Road)
63. (Big Pine, Townsite, North side)
64. (Big Pine, Townsite, South side)
65. ((Big Pine, East of 395)
66. (Deep Springs)
67. (Fish Springs, Tinemaha, Aberdeen)

AND BE IT FURTHER RESOLVED, that the Hospital Administrator be, and he is hereby, directed to file copies of this Resolution with the County of Inyo Board of Supervisors, and with the County of Inyo Clerk-Recorder, Registrar of Voters.

Moved, Seconded, and adopted this 20th day of June, 2012.

Peter J. Watercott, President

Attest:

M.C. Hubbard, Secretary

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TOSHIBA

Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

**QUOTATION/ORDER
ORDER SUMMARY**

OMT NO: 379376
QUOTE NO: 4884

PRESENTED TO: (COMPLETE LEGAL NAME)

DATE: 6/6/2012
DELIVER TO:

NORTHERN INYO HOSPITAL
150 PIONEER LN
BISHOP, CA. 93514

NORTHERN INYO HOSPITAL
150 PIONEER LN
BISHOP, CA. 93514

EQUIPMENT SUMMARY:
TUS-A500.000

**APLIO™ 500 ULTRASOUND IMAGING
SYSTEM**

APLIO™ 500 ULTRASOUND IMAGING
SYSTEM

DICOM

RELIANCE TECHNOLOGY PROTECTION
PROGRAM

APLIO 500 PROMOTIONS

RELIANCE EXTENDED WARRANTY
PROMOTION

RELIANCE EXTENDED WARRANTY

INTRAOPERATIVE LINEAR TRANSDUCER

MULTI-FREQUENCY LINEAR
TRANSDUCER, SMALL PARTS

This quotation shall remain valid until June 29, 2012.

All prices are F.O.B. destination.

Payment terms are: Cash - 0% down payment, 80% upon shipment, 20% net 30 days after shipment or upon availability for first use by purchaser, whichever comes first.

Additional terms and conditions appear at the end of this quotation. McKesson Agreement Required Yes No
Vital Software License Agreement Required Yes No

Please return signed quotation to: Toshiba America Medical Systems, 2441 Michelle Drive, Tustin, CA 92780.

ACCEPTED AGREED AND ORDERED:

CUSTOMER REQUESTED DELIVERY DATE:

TOSHIBA REP/CONTACT DATE

PURCHASER'S SIGNATURE/TITLE

DATE

ZONE SALES MANAGER

DATE

**QUOTATION/ORDER
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EQUIPMENT SUMMARY: (continued)

MULTI-FREQUENCY LINEAR
TRANSDUCER

MULTI-FREQUENCY CONVEX
TRANSDUCER

MULTI-FREQUENCY MICRO CONVEX
TRANSDUCER

MULTI-FREQUENCY CONVEX
ENDOVAGINAL TRANSDUCER

MULTI-FREQUENCY CONVEX
TRANSDUCER FOR 4-D

MECHANICAL 4-D KIT / MD-TEE KIT

PANORAMIC VIEW

DIGITAL GRAYSCALE PRINTER PACKAGE

SONY DIGITAL GRAYSCALE PRINTER

MOUNTING KIT FOR PERIPHERAL UNIT

GEL WARMER

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Special Information & Terms

- This quotation/order will be subjected to the Agreement for Ultrasound equipment products between Amerinet and Toshiba America Medical Systems, Inc., Reference contract no. VQ10220
- Includes 12 month Service Warranty.

TUS-A500.000

APLIO 500 ULTRASOUND IMAGING SYSTEM

Toshiba's flagship ultrasound system, the Aplio™ 500, features industry-first, technological developments that provide premium image quality and operator effectiveness never before available.

High-density beamformer architecture uses the most advanced digital signal-processing technology and forms the foundation for advanced, real-time imaging applications and breakthrough technologies to see more and do more in the diagnosis and treatment of patients.

High density rendering enables comprehensive 3-D/4-D imaging to extend diagnostic capabilities, delivering unrivaled detail and resolution.

iStyle™+ Productivity Suite features the industry's most customizable user interface, along with numerous other workflow automation tools designed for operator comfort, efficiency and effectiveness.

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STANDARD COMPONENTS

- Aplio 500 Ultrasound Imaging System
- Tissue Doppler Imaging (TDI)
- ApliPure+™
- Differential Tissue Harmonic Imaging (D-THI)
- Precision Imaging
- Quick Start Presets
- Quick Scan
- Trapezoid Imaging
- Advanced Dynamic Flow™ (ADF)
- Tissue Specific Optimization (TSO)
- Auto-Intima Media Thickness (A-IMT)
- 19" LCD monitor with articulated arm and handle
- Built-in DVD/CD drive with writer
- 5 USB Ports

KEY FEATURES

Extraordinary Image Quality

Toshiba's new image architecture - **High-Density Beamformer** - provides unprecedented image resolution and detail. This enables Aplio to deliver information quickly and reliably through an array of unique imaging technologies, including the following:

Next-Generation Precision Imaging

A multi-resolution signal-processing technique that enhances the definition of structures and sharpens borders to separate clinical information from clutter and noise for a more accurate representation of patient anatomy.

Differential Tissue Harmonic Imaging (D-THI)

An exclusive Toshiba patented technology, D-THI works with BT technology transducers. It provides improved visualization and definition of lesions, cysts and subtle tissue characteristics while scanning at increased depth and

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on difficult-to-image patients.

ApliPure™

The next generation of real-time compound-imaging technology. ApliPure uses simultaneous spatial and frequency compounding to deliver images of outstanding clarity and detail.

Tissue Specific Optimization (TSO)

Automatically corrects for the speed of sound through different tissues; particularly helpful for difficult-to-image patients.

Advanced Dynamic Flow

Provides high-resolution color imaging of micro-vessels within tumors and organs. Provides superior resolution compared to conventional color or power Doppler by applying the same ultra-high bandwidth normally used in grayscale to Doppler signal processing.

High Density Rendering

3-D/4-D volume imaging provides an ultra-high-level of 3-D detail and resolution. Captures volume data sets at high-volume rates for shorter exam times and greater productivity.

Auto-IMT

Provides a measurement of the intima-media thickness of the arterial wall to detect the presence and track the progression of atherosclerotic disease.

Outstanding Operability

iStyle+ Productivity Suite automates workflow and optimizes ergonomics.

Customizable User Interface

The main panel and touch-control screen (TCS) is fully customizable. Virtually all keys can be reassigned to meet individual needs, reduce learning curves and operator fatigue, and enhance workflow.

Quick Start Presets

Streamline workflow with the fully programmable sub-presets menu, which

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allow you to optimize image quality and color flow for a specific clinical target with a single touch of a button.

Quick Scan

Optimize 2-D image quality in all modes with a single touch. Equalizes thousands of image points, forming an image with balanced tissue brightness throughout the field-of-view.

Reliance Technology Protection Program

This quotation includes the Reliance Technology Protection Program for a full 36 months from the time of purchase.

Included in the plan is one software update per year to keep customers at the latest technology level. Hardware upgrades and options not covered. Whenever possible, installation will coincide with the preventive maintenance.

GENERAL HARDWARE DESCRIPTION

Display

- 19" LCD monitor with articulated arm and handle
- Programmable, touch-command screen restores preset adjustments with one touch

Main Panel

- Fully adjustable to provide ideal interaction whether sitting or standing. Moves:
 - Up and down
 - In and out
 - Side to side
- Functions grouped around central palm controller
- Customizable to application demands and user preferences
- Programmable main panel, screen layout and touch-control screen menu

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- Advanced imaging and application presets

Transducers

- Ergonomic, lightweight transducers with innovative shapes and super-flexible cables designed for superior image quality
- Six probe holders eliminate transducer changeover time
- Four active ports provide convenient transducer access for faster exams and increased throughput

Connectivity

Extensive communication and data management capabilities enable seamless integration into hospital and research environments including the following DICOM functions:

- Media Storage
- Verification
- Storage
- Print
- Storage Commitment
- MULTI FRAME (Network Transfer)
- MWM (Modality Worklist Management)
- Query/Retrieve
- MPPS (Modality Performed Procedure Step)
- Structured Reporting

Image Maker Express

The Image Maker Express is an online marketing resource designed exclusively for Toshiba customers that helps create outreach programs to generate awareness about imaging services.

- Includes positioning and messaging guides to help strategize communications efforts and tactics
- Contains product information, ready-to-use collaterals and ideas for creating custom materials to promote new imaging capabilities

Image Maker Express provides access to:

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- Product images
 - Clinical images
 - PowerPoint presentations
 - Sample brochures
 - Sample press releases
 - Marketing strategy tutorials
 - Tips on effective presentations
 - Updates at www.imagemaker.toshiba.com/express
- *Offerings may vary per product*

APPLICATIONS SUPPORT

Developed with customer input, Toshiba's innovative support programs have resulted in increased customer satisfaction. These include the following:

Technical Assistance

Customer support specialists are available 24/7 to help resolve technical issues in real time. Application support specialists are also available to assist staff with protocol and image-quality issues.

Local Customer Teams

A single call mobilizes a local team of Toshiba customer engineers. With an average of 10 years of Toshiba experience and 105 hours of specialized training, they can resolve almost any performance issue.

Parts Support

A complete inventory of product parts is ready for shipment when and where they are needed, any time of day or night.

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Training

Included with the purchase of Aplio is training conducted by Toshiba applications specialists registered with the American Registry of Diagnostic Medical Sonographers (ARDMS).

Training includes:

- Three days of on-site applications training
- Three additional days of on-site follow-up applications training (dates to be mutually agreed upon)
- Performance Pro Guarantee. If for any reason the customer is dissatisfied with any module of the training provided, Toshiba will conduct the specific training module again at no charge.

Clinical Education Program

Toshiba customers receive access to the CME resources on SonoWorld via SonoBucks vouchers. Toshiba makes the SonoBucks vouchers available as an add-on to equipment and service sales, allowing customers to make a one-stop purchase of both products and education.

Additional On-Site Training

Available for purchase.

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COMPONENT SUMMARY:

TUS-A500/W1 APLIO™ 500 ULTRASOUND IMAGING SYSTEM

USDI-A500A/EL DICOM

Supports a variety of timed and gated multi-frame DICOM capabilities including:

- Verification SCU/SCP
- Storage SCU
- Modality Worklist Management SCU to support operations with HIS/RIS systems
- Storage SCU to allow studies to be stored to Aplio from remote systems such as Storage Commitment SCU and MPPS SCU workflow management and data

UL-TUS500TP RELIANCE TECHNOLOGY PROTECTION PROGRAM

UL-A500-PROMO-OC APLIO 500 PROMOTIONS

TUS500EW-PROMO.100 RELIANCE EXTENDED WARRANTY PROMOTION

As an introductory product offering for the Toshiba Aplio 500 ultrasound imaging system, this quotation includes the Reliance Extended Warranty Program which increases the warranty period from 12 months to 36 months.

This introductory offer requires the receipt of a firm, non-contingent purchase order by June 29, 2012.

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UL-TUS500EW

RELIANCE EXTENDED WARRANTY

The Reliance Extended Warranty Program increases the warranty period from 12 months to 36 months.

Aplio 500 units provide a 3-year warranty on the base system. During the second and third year of the warranty, up to two (2) standard transducers, for both years combined, will be replaced, if needed, due to defect (excludes consumables, vended items, TEE transducers and 4-D transducers).

Toshiba America Medical Systems, Inc. provides service labor coverage during the initial thirty-six (36) month warranty period at no charge to the customer between the hours of 8 a.m. - 5 p.m., Monday through Friday, excluding federal holidays.

PLT-1202S

INTRAOPERATIVE LINEAR TRANSDUCER

Multi-frequency for:

- Intraoperative
- Musculoskeletal
- Small parts
- Imaging Frequencies :
14.0/12.0/10.0/8.0/7.0T14.0/T12.0/T10/T8/T7 MHz
- Doppler Frequencies : 8.8/8.0/7.2./6.6/6.1 MHz

PLT-1204BT

MULTI-FREQUENCY LINEAR TRANSDUCER, SMALL PARTS

For:

- Small parts
- Breast
- Musculoskeletal
- Vascular (Doppler)

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Model: PLT-1204BT

Applicable systems: SSA-790A V3.0 or later and Xario XG V2.0 or later

Imaging Frequencies: 14.0/12.0/9.3/8.0/7.2/T14.0/T12.0/T10.0/T8.0/T7.0 MHz

D-THI Frequencies: 18.0/14.0/13.0 MHz

Doppler Frequencies: 10.0/8.9/8.8/7.3/7.2/6.2/6.1/5.3 MHz

Applicable modes: B/PS-THI/D-THI/CDI/TDI/ADF/PWD/ApliPure/ApliPure+

Biopsy adapter: Same as for PLT-1204AT: CIVCO 680-088 (TG-4)

Prerequisite: Differential Tissue Harmonic Imaging (DTHI) Required

PLT-704SBT

MULTI-FREQUENCY LINEAR TRANSDUCER

7.5MHz linear transducer for vascular imaging providing high resolution and sensitivity.

- Multifrequency: 11.0/10.0/8.6/6.2/4.8/T8.4/T7.6/T7.2/T6.6/T6.2 MHz
- D-THI Frequency : 9.0/8.0 MHz
- Doppler Frequencies : 8.0/7.2/6.1/5.3/4.7/4.4 MHz
- Field Width: 38 mm

PVT-375BT/FS

MULTI-FREQUENCY CONVEX TRANSDUCER

Specifications:

- 192 elements; 70 degree FOV; 50 mm radius
- Imaging frequencies:
6.0/5.0/4.0/2.8/1.9/T6.0/T5.5/T5.0/T4.0/T3.0 MHz
- D-THI frequencies: 5.0 MHz
- Doppler frequencies: 3.6/3.1/3.0/2.5/2.2/1.8

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PVT-382BT/FS

MULTI-FREQUENCY MICRO CONVEX TRANSDUCER

With PS-THI and differential tissue harmonic imaging for:

- Abdominal
- OB/GYN

Specifications:

- 128 elements, 80 degree FOV, 20 mm radius
- Fundamental B-mode frequencies: 5.5/4.5/3.7/2.5/1.8 MHz
- PS-THI frequencies: T5.0/T4.4/T3.8/T3.4/T2.8 MHz
- Doppler frequencies: 3.6/3.1/3.0/2.5/2.2/1.8 MHz
- D-THI frequency: 5.0 MHz

Prerequisite: Aplio SW Version 5.5 or Higher, Xario Version 3.0 software

PVT-661VT

MULTI-FREQUENCY CONVEX ENDOVAGINAL TRANSDUCER

- Imaging Frequencies:
8.8/7.3/5.8/4.7/3.6/T8.0/T7.2/T6.6/T6.0/T5.6 MHz
- D-THI Frequencies: 7.0/6.0 MHz
- Doppler Frequencies: 6.6/6.2/5.0/4.2/3.6/3.3 MHz

PVT-675MV/AA

MULTI-FREQUENCY CONVEX TRANSDUCER FOR 4-D

Model name: PVT-675MV
Frequency: 6.0 MHz
Scan angle: Approximately 70°
Supports 4-D color

Prerequisites:

*Xario XG V3.2 or later with UIMV-661A installed or
Aplio MX V1.2 or later with UIMV-780A installed or
Aplio XG V5.0 or later with UIVM-791A installed*

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UIMV-A500A

MECHANICAL 4-D KIT / MD-TEE KIT

A motor-control board required to run the 4-D transducers and motorized multi-plane transesophageal echocardiography package (PET-512MC).

USPV-A500A/EL

PANORAMIC VIEW

- Allows for the evaluation of vessels, organs and anatomy in a large field-of-view.
- Provides for the collection of more comprehensive data sets for evaluating or identifying enlarged masses, soft tissue abnormalities and foreign bodies.
- Scans at a continuous speed without the need for probe attachments.

UP-D897/500.100

DIGITAL GRAYSCALE PRINTER PACKAGE

UP-D897

SONY DIGITAL GRAYSCALE PRINTER

High-quality monochrome digital printer.

- 325 dpi thermal head
- 256 levels of gray

UZRI-A501A

MOUNTING KIT FOR PERIPHERAL UNIT

Mounting kit for black & white printer.

UZGW-007A

GEL WARMER

TOTAL QUOTE PRICE
Applicable Sales Tax Additional

\$148,265.00

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OPTIONS

USMP-A500A/EL

MICRO PURE IMAGING

add \$5,525.00

A micro-calcification visualization technology that detects isolated high-echo regions by checking correlation with the surrounding tissues. The detected region is displayed white against other tissues, which are displayed blue.

Supported transducers:

- PLT-1204BT multi-frequency linear transducer, small parts
- PLT-1204BX multi-frequency linear transducer with Micro-Slice
- PLT-805AT multi-frequency linear transducer

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ADDENDUM

ALL INFORMATION CONTAINED IN THIS QUOTATION IS
CONFIDENTIAL AND MAY NOT BE DISCLOSED TO ANY THIRD
PARTY WITHOUT TOSHIBA'S PRIOR WRITTEN CONSENT.

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PRODUCT WARRANTY AND SERVICES COVERAGE

SYSTEM WARRANTY TERMS

Toshiba America Medical Systems, Inc. (TAMS) warrants to Customer that the product(s) to be delivered hereunder will be free from defects in material, manufacturing workmanship, and title. Any product or part furnished to Customer during the warranty period (stated in the table below) to correct a warranty failure shall be warranted to the extent of the unexpired term of the warranty applicable to the repaired or replaced product or part.

The warranty period shall commence on the date the Product is delivered to Customer. However, if TAMS installs the product, the warranty period for such product shall commence on the date the installation of the product is complete. Notwithstanding the foregoing, in the event that the installation of the product is delayed for a total of thirty (30) days or more from the date of delivery for any reason or reasons for which TAMS is not responsible, the warranty period for such product may, at TAMS' option, commence on the thirtieth (30th) day from the date such product is delivered to Customer.

WARRANTY EXCLUSIONS

Warranty coverage does not include any defect which results, in whole or in part, from (1) negligent storage or handling of the product by Customer, its employees, agents, or contractors, (2) failure of Customer to prepare the site or provide power requirements or operating environmental conditions in compliance with any applicable instructions or recommendations of TAMS, (3) absence of any product, component, or accessory recommended by TAMS but omitted at Customer's direction, (4) any design, specification or instruction furnished by Customer, its employees, agents, or contractors, (5) any alteration of the product by persons other than TAMS, (6) combining TAMS' product with any product furnished by others, (7) combining incompatible products of TAMS, (8) improper use of the product, improper maintenance of the product by a party other than TAMS, or failure to comply with any applicable instructions or recommendations of TAMS, or (9) acts of God, acts of civil or military authority, fires, floods, strikes or other labor disturbances, war, riot, or other causes beyond the reasonable control of TAMS.

TAMS does not warrant any products not manufactured by Toshiba such as, without limitation, monitors, cameras, computer equipment, etc. Such items will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Toshiba.

Warranty coverage also excludes consumables, including but not limited to cryogenes, cassettes, magazines, imaging screens, disks, cartridges, etc.

GLASSWARE WARRANTY

Glassware, including X-ray tubes and Image Intensifiers, are provided separate warranties. Glassware included with the purchase of a new system is governed by the glassware warranty, described below, not the system warranty.

CT X-ray tubes carry a prorated warranty based on the number of rotations shown below or 12 months, whichever comes first.

Tube Type	Prorated Warranty
CXB-350	150,000 rotations*
CXB-400 (Helicool)	150,000 rotations*
CXB-650	150,000 rotations*
CXB-750/D/4A (Megacool™)	200,000 rotations*
CXB-750/E/2A (Megacool™ V) Aquilion Premium	150,000 rotations*
CXB-750/E/2A (Megacool™ V) Aquilion ONE	150,000 rotations*

*A rotation is any 360-degree or single rotation of the gantry with X-rays on.

The following time-based warranty terms apply to all other glassware:

Tube Type	Time-Based Warranty
Liquid Bearing Tubes (DSRX-TXXXX)	12 months, non-prorated
All Other X-ray tubes	12 months, non-prorated
Image Intensifiers	18 months, non-prorated

GLASSWARE PRORATION CALCULATION:

Credits for glassware that fails during the warranty periods stated above will be calculated as follows:

Tubes with Prorated Rotation Warranty:

$$\text{Credit} = 1 - \frac{\text{Number of Rotations Used}}{\text{Number of Rotations Warranted}}$$

Credit will be applied to the purchase of the replacement X-ray tube or Image Intensifier. Complete glassware coverage during warranty period may be purchased from the local services organization at an additional charge.

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BISHOP, CA. 93514

Tubes with Non-Prorated, Time-Based Warranty:

Tubes with a non-prorated warranty will be replaced during the initial warranty period at no charge to the customer. The replacement tube carries the remainder of the original warranty. For example, a tube with a 24-month non-prorated warranty fails at month thirteen (13), the tube is replaced at no charge and carries eleven (11) months of warranty.

REMEDIES

If TAMS determines that any product fails to meet any warranty during the applicable warranty period, TAMS shall correct any such failure by either, at its option, repairing, adjusting, or replacing without charge to Customer any defective or nonconforming parts of the product. TAMS shall have the option to furnish either new or remanufactured replacement parts or assemblies. During the warranty period, Toshiba will furnish free of charge any upgrades, including software required to correct any defect in the warranted products or as required under applicable laws.

WARRANTY SERVICE

Warranty service during the applicable warranty period will be performed without charge to Customer during TAMS' normal business hours, Monday through Friday, excluding holidays. Subject to the availability of personnel, after-hours service is available upon request at an additional charge.

The remedies set forth herein are conditional upon Customer promptly notifying TAMS within the applicable warranty period of any defect or nonconformance and making the product available for correction.

DISCLAIMERS AND LIMITATIONS ON LIABILITY

TAMS' obligation to repair or replace defective parts will be Customer's sole and exclusive remedy for a breach of the warranty set forth above. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

In no event shall TAMS be liable for special, incidental or consequential damages. Toshiba does not warrant that the operation of the warranted products will be uninterrupted.

WARRANTIES BY PRODUCT LINE

	COMPUTERIZED TOMOGRAPHY	MAGNETIC RESONANCE	PACS SYSTEMS	ULTRASOUND	X-RAY VASCULAR	X-RAY R/F & RAD
SYSTEMS AND MAJOR COMPONENTS	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
ACCESSORY OPTIONS	6 Months	6 Months	6 Months	6 Months	6 Months	6 Months
REPLACEMENT & OPTIONAL PARTS	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days
UPGRADE COMPONENTS	90 Days	90 Days	N/A	12 Months	6 Months	6 Months
MISC. WARRANTY ITEMS	Detectors: Solid State 12 Months	N/A	N/A	Transducers: 12 Months	N/A	N/A

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INITIALS	DATE

**QUOTATION/ORDER
ORDER DETAIL**

DATE: 6/6/2012 OMT NO: 379376
QUOTE NO: 4884

PRESENTED TO:

NORTHERN INYO HOSPITAL
150 PIONEER LN
BISHOP, CA. 93514

TERMS AND CONDITIONS OF SALE

1. **GENERAL TERMS.** Unless otherwise specified on the face of this document, this Quotation/Order ("Agreement") will remain valid only if accepted by Customer no later than 60 days from date of submission to Customer.
2. **TITLE AND RISK OF LOSS.** Title and risk of loss to the Equipment purchased under this Agreement will pass to Customer: (a) if Toshiba is to provide installation, upon Toshiba's completion of installation, or (b) if Toshiba will not provide installation, upon delivery by Toshiba to a common carrier at Toshiba's facility from which the Equipment is shipped.
3. **TERMS OF PAYMENT.** Prices stated are F.O.B. Customer's facility. All taxes which are payable by Toshiba in connection with the sale, use, or possession of the Equipment (excluding income taxes), will be paid by Customer in addition to the quoted price. Terms of payment for, C.T., M.R.I, X-Ray, and the McKesson System will be cash-10% upon execution of this Agreement, 70% upon delivery, balance due upon completion of installation and/or availability for first use, whichever is earlier. Terms of payment for Ultrasound will be cash-10% upon execution of this Agreement, 90% NET upon completion of installation and/or availability for first use, whichever is earlier. All invoices paid after due date will be assessed a late payment charge of the lesser of 1 1/2% per month or the maximum rate permitted by law.
4. **DELAYS.** If Customer changes the scheduled delivery date specified on the face of this document ("Scheduled Delivery Date") during the period of 120 days preceding such date, Customer will nevertheless pay the installment of the purchase price which would have been payable upon delivery, on the Scheduled Delivery Date as if delivery had been made on such date. In addition, Customer will pay all extra costs incurred by Toshiba as a result of such delay, including, without limitation, storage and transportation. Storage fees will be charged at commercially comparable rates for storage on Toshiba's site. If delivery is delayed by 12 months or more from the Scheduled Delivery Date, except through the fault of Toshiba, the price set forth in this Agreement may be increased by Toshiba to a level equal to the prevailing price in effect at the time of the revised delivery date.
5. **ACCEPTANCE BY TOSHIBA.** This Quotation/Order will not be binding on Toshiba even if signed by a Toshiba employee, until Customer's order for the Equipment is booked by Toshiba's Headquarter office.
6. **EQUIPMENT INSTALLATION.** Toshiba will install all Equipment purchased under this Agreement and connect them to existing power and/or plumbing lines at no additional charge to Customer. Customer will be responsible for electrical wiring, plumbing, carpentry, plastering, painting, or all other site preparation required prior to installation and connection of the Equipment by Toshiba. Customer will provide space at the installation site for the safe storage of Toshiba's tools, test equipment and other materials used for installation at no charge to Toshiba. Customer shall, at its cost, obtain all permits and licenses required by governmental authorities in connection with the installation and operation of the Equipment. The Equipment may contain certain components, which may have been re-manufactured. However, such components will meet the manufacturer's specifications for new components as of the date of completion of installation. Customer acknowledges that the System and Software are designed to operate within certain power, temperature, airborne contamination, and humidity ranges. Customer will be responsible for, without limitation: (i) preparing and maintaining the Customer facility in conformance with the Site Preparation Guide; (ii) maintaining its network infrastructure; (iii) providing Toshiba, McKesson or its subcontractors access to a network connection in or near the area of the System being serviced by the equipment service staff; and (iv) supplying computer grade AC power. The Equipment relies upon a stable grounded connection to the main power grid in order to function effectively. Customer acknowledges that AC power supply quality may be a problem in old facilities or in those facilities receiving poor quality utility service and that power conditioning may be necessary in such cases.
7. **EQUIPMENT OPERATION.** Customer agrees that all Equipment purchased under this Agreement will be operated exclusively by duly qualified technicians and/or medical doctors in a safe and reasonable manner in accordance with Toshiba's written instructions, applicable laws and regulations, and for the purposes for which such Equipment was intended.
8. **LIMITED WARRANTY AND REMEDY.** A. For the Toshiba Equipment: For the warranty period described below by product, Toshiba, as its only obligation, will replace or repair, without charge to Customer during Toshiba's normal working hours (if Customer requests warranty service outside such hours, Customer will pay overtime premium for labor), any component of the Equipment that is defective in materials or workmanship, provided such defect is reported to Toshiba within the warranty period. Toshiba's warranty

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period is as follows: (a) Systems and Major Components - one year from date of completion of installation; (b) Accessories/Options (except glassware) - six months from date of completion of installation. Components not manufactured by Toshiba will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Toshiba. During the warranty period, Toshiba will furnish free of charge any upgrades, including software required to correct any defect in the Equipment or as required under applicable laws.

B. For the McKesson System: The McKesson System ("System") will be covered by a 12-month warranty beginning the date of completion of installation of the System (the "Warranty Period"). The warranty covers repair of any defects in materials or workmanship related to the computer equipment ("Equipment") that is included in the System purchased by Customer under this Agreement. The warranty also covers correction of any McKesson software ("Software") that does not conform with its functional specifications. In order to receive services during the Warranty Period, Customer must provide McKesson and Toshiba with remote access through a VPN. During the Warranty Period, Customer is entitled to (a) all Generally Available Software Updates except for Updates that are separately priced and marketed by Toshiba or McKesson, and (b) all Generally Available Software Upgrades, except for Upgrades that are separately priced and marketed by Toshiba or McKesson. "Software Updates" means Software modifications, enhancements, corrections, improvements, and patches to the existing functionality of Customer's licensed version of the McKesson Software (e.g., version 4.1 to 4.3 to 4.5). "Software Upgrades" means new versions and future releases of the McKesson Software (e.g. version 4.x, 5.x, 6.x). Software Updates or Upgrades that provide new features not originally purchased may be separately priced and marketed. Software Updates and Software Upgrades to the McKesson Software will be delivered remotely, on-line. The warranty does not include any non-McKesson Software, the labor and travel expenses associated with on-site installation of a Software, or any hardware addition or modification.

The warranty set forth in this Section will not apply:

- a. if Customer operates the Software on equipment other than Equipment purchased from Toshiba or attaches other equipment to the System not approved by Toshiba;
- b. if a person or entity other than McKesson or its authorized third party suppliers modifies the Software;
- c. as a result of Customer's improper use, abuse, neglect of the Equipment, including failure to maintain environmental conditions within the operating range specified by the Equipment

- d. manufacturer or accident;
- d. as a result of viruses or other corruption caused by external entities; or
- e. for damages resulting from a Force Majeure condition described in Section 13 below.

C. The Following Applies to Both the Toshiba Equipment and the McKesson System: Toshiba does not warrant that the operation of the Equipment of the System will be uninterrupted. All defective parts replaced by Toshiba will become the property of Toshiba. Replacement parts may be re-manufactured. However, such parts will meet the manufacturer's specifications for new components as of the date of completion of installation. TOSHIBA'S OBLIGATION TO REPAIR OR REPLACE DEFECTIVE PARTS OR SOFTWARE WILL BE CUSTOMER'S SOLE AND EXCLUSIVE REMEDY FOR A BREACH OF THE WARRANTY SET FORTH IN THIS AGREEMENT. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The warranty set forth in this Agreement will not apply to, and Toshiba will not be liable for any defects resulting from misuse, repairs performed by unauthorized third parties, accidents, acts of God, or neglect of anyone other than Toshiba.

9. LIMITATION OF LIABILITY. NEITHER TOSHIBA NOR CUSTOMER WILL UNDER ANY CIRCUMSTANCES BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ECONOMIC LOSS ARISING OUT OF OR RELATED TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT, EVEN IF EITHER PARTY IS APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING. IN NO EVENT WILL EITHER PARTY'S LIABILITY TO THE OTHER (WHETHER BASED ON AN ACTION OR CLAIM IN CONTRACT, TORT, INCLUDING NEGLIGENCE, STRICT LIABILITY, OR OTHERWISE) ARISING OUT OF OR RELATING TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT EXCEED THE AGGREGATE AMOUNT ACTUALLY PAID BY CUSTOMER TO TOSHIBA UNDER THIS AGREEMENT. THE LIMITATION OF LIABILITY SET FORTH ABOVE WILL NOT APPLY TO CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY EQUIPMENT DEFECTS, OR TO CLAIMS FOR PATENT INFRINGEMENT.

10. SECURITY INTEREST. Toshiba hereby reserves and Customer grants to Toshiba a security interest pursuant to the Uniform Commercial Code, in and to the Equipment (and all products and proceeds of it) until full payment of the purchase price is received.

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In the event that Customer finances its acquisition of the Equipment through a lease, conditional sale contract, secured loan agreement or other financing agreement (collectively, "Lease") with Toshiba, then the security interest in the Equipment (and all products and proceeds thereof) shall secure all obligations of Customer due and to become due under the Lease.

11. REMOVAL OF EQUIPMENT. Until Toshiba has received full payment of the purchase price, Customer will not remove all or any part of the Equipment from Customer's premises, nor will Customer sell, lease, transfer or otherwise part with the possession of, or permit any lien or encumbrance to be placed on all or any part of the Equipment.

12. REMEDIES OF TOSHIBA. If Customer fails to make any payment when due under this Agreement or under any other agreement between Customer and Toshiba, or becomes insolvent or makes an assignment for the benefit of creditors, or if a petition in Bankruptcy is filed by or against Customer, or if the financial responsibility of Customer becomes impaired or unsatisfactory in Toshiba's reasonable judgment, or if Customer otherwise breaches any of the terms and conditions of this Agreement, then Toshiba may, without prior notice or demand, defer shipments, cancel the balance of the order, suspend performance of any obligation (including without limitation, all obligations set forth under Limited Warranty And Remedy above), and/or take immediate possession of the Equipment delivered, until the full purchase price of the Equipment is paid by Customer or, at Toshiba's discretion, until security satisfactory to Toshiba is given by Customer. Any costs incurred by Toshiba as a result of suspending performance or repossession or collection will be payable by Customer. Toshiba may sell repossessed Equipment with proceeds to be applied to unpaid balance and expenses incurred in sale, repossession and collection. Customer will pay any remaining deficiency. Toshiba may exercise any other rights available to it by law.

13. EXCUSED PERFORMANCES. Neither party will be liable to the other for non-performance or delay in performance resulting directly or indirectly from any occurrences beyond such party's control, including without limitation, strikes or other labor troubles, acts of God, war, accidents, fires, floods, other catastrophes, inclement weather, transportation, unavailability of materials and labor, delays caused by suppliers, or laws, regulations, or acts of any governmental agency.

14. SOFTWARE. All rights and interest in any software that may be furnished under this Agreement, and any updates and enhancements to it, will remain the property of Toshiba. Such software is being furnished to Customer under a non-exclusive license. Customer will not, or allow others to decompile, modify, copy, reproduce, or transcribe the software nor allow third parties to use the same without Toshiba's prior written consent. Upon Toshiba's request, Customer will execute an End-User Software License Contract, in a form to be mutually agreed between the parties.

15. CANCELLATION. Customer may not cancel the order subject to this Agreement except with Toshiba's prior written consent. In the event of such cancellation, Toshiba will be entitled to recover any and all damages suffered by it caused by the cancellation as allowed by law, but in no event less than an amount equal to twenty percent (20%) of the purchase price for a restocking charge.

16. ASSIGNMENT. Neither party may assign any of its obligations under this Agreement without the prior written consent of the other party. However, some of the obligations stated in this Agreement, such as the ones relating to installation of the McKesson System and warranty may be performed by Toshiba's contractors or suppliers.

17. EXPORT REGULATIONS. This Agreement involves products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by Customer, directly or indirectly, in contravention of such Regulations is prohibited.

18. ATTORNEY'S FEES AND COSTS. In the event of any legal proceeding involving any party to this Agreement against the other relating to the subject matter of this Agreement, the prevailing party in such proceeding will be entitled to recover attorney's fees, expert fees, and court costs against the non-prevailing party.

19. ENTIRE AGREEMENT. This quotation as well as the attached McKesson Pass Through Terms and Conditions contains the entire agreement between the parties and supersedes all prior and contemporaneous agreements between the parties, whether oral or written, relating to its subject matter, including, without limitation, all different or additional terms and conditions which may be contained in Customer's bid documents, purchase order or any other documents furnished by Customer. The provisions of this Agreement may not be modified unless in writing and executed by both parties.

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TO DATE

- NIH has been conducting employee surveys for years, although not routinely and in varying formats and questions
- Some surveys were formal written surveys that presented employees with standard statements to solicit their level of satisfaction for each situation/ experience/ statement
- The last survey administered to NIH employees was developed and administered by Business and Legal Reports (BLR)
 - Results were presented in totals only; satisfaction comparisons were made to other employers
 - Employees had the opportunity to add written comments, which were compiled and presented without edit or comment
- Some employees have expressed concerns in the past concerning confidentiality

If the objectives of the survey are to provide input regarding general working conditions which should be reviewed and enhanced, and/or to provide a comparison of employee satisfaction with other similar organizations, a standardized, written survey is a viable strategy.

If the objective of the survey is to identify specific information and recommendations for improvement in NIH areas of management processes, supervisory practices, communications, and related employment practices, then I recommend the following.

RECOMMENDED APPROACH

- The Board of Directors identifies target areas for inquiry and selected employees to be interviewed. *Generally, I find it important to meet with at least one employee from every discipline in the organization - two if it is large. When several employees wish to participate, I recommend that we supplement interviews with group meetings and/or opportunity to email or fax their thoughts.*
- Consultant conducts confidential interviews with selected employees

- Consultant provides BOD with observations and recommendations for improvement and or action. *Any issues involving/impacting a specific manager or employee would be presented in a confidential session.*
- Working with the Board of Directors, viable recommendations are prioritized and strategies to address are discussed. *This generally includes the organization's senior leadership team, though it is the Board who sets the priorities.*
- With the Board of Directors (or representatives from the BOD), Consultant presents findings and prioritized recommendations to staff.

PREMISES WHICH GUIDE MY WORK

1. To maintain objectivity I will use NIH's mission as the guidepost. This discourages advocating for one perspective, e.g. Board, Management, Staff, and Stakeholders. In essence, I am an advocate for the organization and not any one group of people.
2. When I am interviewing management and staff, I believe everything everyone tells me.
3. I believe perception is the editor of reality.
4. For public organizations I present an oral presentation of observations and recommendations. I do so because a single observation or recommendation taken out of context and leaked to a media could be used to harm an organization or individual. The client (the NIH Board of Directors for this project) decides how the information is presented.
5. Observations and recommendations are based on interview "themes" not individual issues or complaints.

TERRY GOOCH ROSS

P.O. BOX 969, MAMMOTH LAKES, CA. 93546, (O) 760 924-2202 (F) 760 924-2208 (E) tross1205@AOL.COM

EXPERIENCE AS AN ORGANIZATION, PLANNING & HUMAN RESOURCES CONSULTANT (1986 – present)

CLIENTS & SIGNIFICANT ASSIGNMENTS:

Organizations outside the Eastern Sierra Region include:

WESTSIDE COMMUNITY SERVICES, San Francisco (2009 - current)

Develop and conduct comprehensive leadership and management training for all levels of management; facilitate planning efforts; provide individual coaching to Executive Director and members of the Senior Management Team as assigned

CATHOLIC CHARITIES-CYO, San Francisco/Marin/San Mateo Counties (1998 – 2005)

Facilitated culture merge (management/ staff/ organization capacity/ leadership teams) activities/ retreats needed as a result of reunifying two organizations, and planning (short term and strategic) sessions; in June 2005, completed conducting a formal strategic planning process with Board & Staff, currently consulting through implementation, including leadership development (individual and team), occasional team facilitation and HR/employee relations consulting

YOUTH AND FAMILY ENRICHMENT SERVICES, San Mateo (2005 - 2006)

Developed and conducted comprehensive leadership training for all levels of management; currently providing individual coaching to members of the Senior Management Team

OTHER CLIENTS INCLUDE/HAVE INCLUDED:

- *Casa Pacifica (Camarillo), Children's Bureau (Los Angeles), Hollygrove Children & Family Services (Hollywood), Children's Institute International (Los Angeles), California Charter School Association (Los Angeles), Parents Anonymous, Inc. (Claremont), Snowline Hospice (Placerville), Community Family Guidance Center (Cerritos), Five Acres (Pasadena), Sacramento Children's Home, The Cascade School (Redding/Whitmore), Hathaway Children's Services (Southern California), McKinley Children's Services (San Dimas), The Sycamores (Pasadena) ...*
- *Santa Barbara County (Department of Social Services), Riverside County (Departments of Social Services and Child Protective Services), Yolo County, Butte County, United Advocates for Children of California, Center on Child Welfare (at University of Southern California – providing leadership training for Los Angeles County Department of Children & Family Services), San Bernardino Department of Public Social Services, County Welfare Director's Association, Child Welfare League of America, Association of Children's Services of Southern California), and the California Association of Services for Children...*
- *Harrington Group (Accounting Firm for NGO's), Willis Corroon Group, Revenue Enhancement Group, Inc., Toyo Information Systems, Brown Broadcasting Company, Donovan Data Systems...*

Eastern Sierra organizations:

INYO COUNTY (2006 – present)

Conducted workplace assessment and made recommendations for structure, management, work flow for the Water department and Public Works (includes recruitment priorities/strategies); facilitation of team building and planning for the Senior Management Team (County Department Heads); and general assignments which include leadership coaching; work with Human Resources in sensitive employee relations issues; and, leadership coaching of individual Department Directors

MONO COUNTY (2002 – 2011)

Conducted organization development, leadership and team review for *Public Works Department, the Office of the Assessor, Community Development, the Office of the County Clerk, Department of Social Services and Health & Human Services*; provided related leadership coaching to individual managers in a variety of departments; conducted assessments and developed plans to remedy workplace conflicts.

MAMMOTH MOUNTAIN (2004 – periodic)

Develop and conduct human resources and leadership trainings for all levels of management

EASTERN SIERRA TRANSIT AUTHORITY (2009)

Conducted a workplace assessment; provided a structured plan for addressing organization issues; provided leadership coaching

SOUTHERN MONO HEALTHCARE DISTRICT (*Mammoth Hospital & Clinics*) (2000 – 2007)

Facilitation of annual Board/ Management Strategic Planning effort, including design of process (*which is altered annually depending on progress towards strategic priorities*) interviews of all key internal stakeholders, Staff/Board focus groups, preparation and facilitation of Board retreat, and draft of Plan; facilitation of various special task forces/ specialty groups; and, regularly conduct leadership training sessions

MONO COUNTY, SUPERIOR COURT OF CALIFORNIA (1999 – 2003)

As a public member, facilitated Community-Focused Strategic Plan effort, including draft of Plan (1999), as a consultant 1999 to present, facilitate ongoing Community-Focused Strategic Plan effort, including preparation and facilitation of community stakeholder meetings, draft of original and annual strategic and operational plans, process implementation; ongoing development of strategies for community involvement; and completion of regular reports to State; conducted a personnel/work environment assessment with recommendations for strengthening administrative capacity 2002

Other regional clients include/have included:

Wild Iris (current), GEO (Geothermal Education & Outreach), High Sierra Energy Foundation, Eastern Sierra Interpretive Association, Inyo National Forest, The Owens Valley Committee – strategic and tactical planning, Eastern Sierra Regional Partners – collaborative building, ALIMAR (Andrea Lawrence Institute for Mountains and Rivers) – strategic planning, CURES (Coalition of Unified Recreation in the Eastern Sierra) – strategic planning, Eastern California Museum – strategic planning, ESIA (Eastern Sierra Interpretive Association)- partner facilitation

CORPORATE EXPERIENCE

- TICOR (National), 1980 – 1986, VICE PRESIDENT/ CORPORATE PERSONNEL DIRECTOR; VICE PRESIDENT/ NATIONAL TRAINING DIRECTOR; NATIONAL SALES TRAINING MANAGER
- VICE PRESIDENT/ TRAINING DIRECTOR
WESTERN FEDERAL SAVINGS & LOAN (California), 1978 - 1980
- ASSISTANT VICE PRESIDENT/ TRAINING DIRECTOR
CENTRAL BANK OF DENVER (Colorado), 1975 - 1978
- CORPORATE TRAINING OFFICER
SECURITY PACIFIC NATIONAL BANK, 1973 - 1974

EDUCATION

Bachelor of Arts, Psychology, University of Southern California

CONTINUING EDUCATION

(twenty+ years of selected leadership, management and human resource seminars including:
Fundamentals of Mediation Program, Stanford Law School

AFFILIATIONS

- Advisory Board, Eastern Sierra Disabled Sports, current
- Advisory Board, Eastern Sierra Land Trust, current

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ASAO KAMEI, M.D.
INTERNAL MEDICINE

152 PIONEER LANE
BISHOP, CALIFORNIA 93514
(810) 873-7111
(760)

June 1, 2012

Dear Mr. Halfen:

As the Hospitalist Director I have felt responsible for the success of the program. All the indicators show that the program is successful. For the past 12 months I have had to fill in on more Hospitalist rotation than was required by my contract. Last year two hospitalists were removed from the program due to multiple reasons. Although Dr. Boo and Hathaway helped to cover the loss, I was the hospitalist that covered most of the shifts.

This year we had four hospitalists apply for the position. Unfortunately none have worked out. Once again the burden of coverage has been placed on me even though Dr.s Boo and Hathaway have increased their shifts.

After much thought I was willing to try and keeps the program running smoothly through June and July with the hopes that we would have one or two more Hospitalists in the rotation.

At this time we do not have anyone applying for the position. The August schedule has 3 open weeks. I hope to fill in one week with a combination of Dr. Kakarla and one local MD.

I believe I fulfilled my side of the Hospitalist Contract and went above and beyond the duties requested.

If we are unable to have sufficient number of Hospitalist to cover the rotations by August 31st, I feel I must resign my position as the Director and a Hospitalist. I cannot direct if there are insufficient number of Hospitalists in the rotation. Although I enjoyed working with the hospital staff, the increase in my work load as Director and Hospitalist has adversely affected my office patients and staff, my role as director of EKG and Respiratory departments, and my personal life.

Sincerely



END