Northern Inyo Hospital

# December 18 2019 Regular Meeting

## December 18 2019 Regular Meeting - December 18 2019 Reg


Agenda, December 19 2019 Regular Meeting

Agenda, December 18 2020 Regular Meeting ........................................................2

Competitive Bidding results, MDV and Stop Loss

Competitive Bidding Results, MDV and Stop Loss ..................................................6

Review of New York Life as pension broker

Review of New York Life as pension broker ........................................................19

Policy & Procedure, Nursing Assessment & Reassessment

Policy & Procedure, Nursing Assessment & Reassessment ................................26

Human Resources Department Assessment

Human Resources Department Assessment........................................................28

Chief of Staff Report

Medical Executive Committee report, December 2019 ..........................................49

Medical Staff Policy and Procedure approvals, December 2019 ..........................51

Consent Agenda

Minutes, November 20 2019 Regular Meeting.......................................................99

Financial and Statistical reports for December 2019 ..........................................105

# *AGENDA*

## NORTHERN INYO HEALTHCARE DISTRICT
## BOARD OF DIRECTORS REGULAR MEETING

**December 18, 2019 at 5:30 p.m.**

***2957 Birch Street, Bishop, CA***

1. Call to Order (at 5:30 pm).
2. At this time persons in the audience may speak on any items not on the agenda on any matter within the jurisdiction of the District Board. *Members of the audience will have an opportunity to address the Board on every item on the agenda, and speakers will be limited to a maximum of three minutes each. The Board is prohibited from generally discussing or taking action on items not included on the agenda.*
3. Reports from Board members (*information items*).
4. Strategic Plan update, Workforce Experience Committee report (*information item*).
5. New Business:
   - A. Governance Consultant for NIHD (*action item*).
   - B. Competitive bidding results, employee MDV Plan and NIHD Stop Loss policy (*action item*).
   - C. Review of New York Life as pension broker (*action item*).
   - D. Policy and Procedure approval, *Nursing Assessment & Reassessment* (*action item*).
   - E. Appointment of Board member to serve on NIHD Quality Council (*action item*).
   - F. Change of date for February 2020 regular Board meeting (*action item*).
   - G. Reporting structure re-org (*information item*).
   - H. Wipfli audit results and January presentation (*information item*).
   - I. Presentation monitor options review (*action item*).
   - J. Election of Board officers for 2020 calendar year (*action item*).
   - K. Discussion of a real estate transaction, 153 Pioneer Lane, Bishop, California (*action item*).
   - L. H.R. Consultant report (*information item*).
   - M. Grand Jury response (*information item*).
6. Chief of Staff Report, William Timbers, MD:
   - A. Policy and Procedure approvals (*action items*):
     1. *Obtaining Blood Bank Samples from Patients in Surgery*
     2. *Pain Management and Documentation*
     3. *Standards of Care in the Perioperative Unit*

4. *Sterilization Challenge Pack (Verify Assert)*
5. *Disaster Management Committee*
6. *Interdisciplinary Team – Clinical Screens Built into the Initial Nursing Assessment*
7. *Bed Bug Infestation and Management*
8. *Infection Prevention Plan*
9. *Linen Laundry Processes AB 2679*

B. Reappointment to new Staff category (*action item*):

1. Michael Rhodes, MD (*internal medicine/hospitalist*) – change from Temporary Staff to Provisional Active Staff. Privileges active through December 31, 2020.

C. Resignation (*action item*):

1. Jennifer Figueroa, PA-C (*family practice*) – effective 10/23/19

D. Extension of appointments – bylaws 6.13.3 (*action items*):

1. Daniel Davis, MD (*orthopedics*)
2. Kevin Deitel, MD (*orthopedics*)

E. Medical Staff and Advanced Practice Provider Reappointments for 2020-2021 (*action items*):

1. Farres Ahmed, MD, *Radiology*
2. Jon Bowersox, MD, *Surgery*
3. Stacey L. Brown, MD, *Family Medicine*
4. Thomas Bryce, MD, *Radiology*
5. Brandon Chan, MD, *Radiology*
6. Alissa Dell, NP, *Family Practice*
7. Michael L. Dillon, MD, *Emergency Medicine*
8. John Y. Erogul, MD, *Radiology*
9. Aamer Farooki, MD, *Radiology*
10. Daniel Firer, MD, *Family Medicine*
11. Nancy E. Fong, NP, *Family Practice*
12. Benjamin Ge, MD, *Radiology*
13. Jay K. Harness, MD, *Surgery*
14. Nickoline M. Hathaway, MD, *Internal Medicine*
15. John Adam Hawkins, DO, *Emergency Medicine*
16. Andrew D. Hewchuck, DPM, *Podiatry*
17. Kristin N. Irmiter, MD, *Pediatrics*

18. Asao Kamei, MD, *Internal Medicine*
19. Jared Kasper, MD, *Radiology*
20. Martha Kim, MD, *OB/GYN*
21. Rita Klabacha, PA-C, *Family Practice*
22. Sheila Lezcano, MD, *Rheumatology*
23. Stephen Loos, MD, *Radiology*
24. Azadeh L. Majlessi, MD, *Rheumatology*
25. Erik J. Maki, MD, *Radiology*
26. Rainier Manzanilla, MD, *Interventional Cardiology*
27. Richard Meredick, MD, *Orthopedics*
28. Jennifer Norris, CNM, *Nurse-Midwife*
29. Tammy O'Neill, PA-C, *Orthopedics*
30. Nilem Patel, MD, *Endocrinology*
31. Wilbur Peralta, MD, *Internal Medicine*
32. Michael W. Phillips, MD, *Emergency Medicine*
33. Edmund P. Pillsbury MD, *Radiology*
34. Kinsey R. Pillsbury, MD, *Radiology*
35. David Pomeranz, MD, *Emergency Medicine*
36. Truong Quach, MD, *Internal Medicine*
37. Thomas K. Reid, MD, *Ophthalmology*
38. Christopher Rowan, MD, *Cardiology*
39. Amy Saft, CRNA, *Nurse Anesthesia*
40. Curtis Schweizer, MD, *Anesthesiology*
41. Richard Seher, MD, *Cardiology*
42. Robert N. Slotnick, MD, *OB/GYN*
43. Laura Sullivan, MD, *Cardiology*
44. Robert Swackhamer, MD, *Cardiology*
45. Carolyn J. Tiernan, MD, *Emergency Medicine*
46. Ian Tseng, MD, *Radiology*
47. Gary Turner, MD, *Radiology*
48. Rajesh Vaid, MD, *Radiology*
49. Anne K. Wakamiya, MD, *Internal/Geriatric Medicine*

*50.* Eva S. Wasef, MD, *Pathology*

*51.* Stephen Wei, MD, *Radiology*

*52.* Christopher Wilson, MD, *Cardiology*

*53.* Sarah Zuger, MD, *Family Medicine*

F. Physician recruitment update (*information item*).

-----------------------------------------------------------------------------------------------------------

***Consent Agenda (action items)***

7. Approval of minutes of the November 20 2019 regular meeting
8. Financial and statistical reports as of October 2019

-----------------------------------------------------------------------------------------------------------

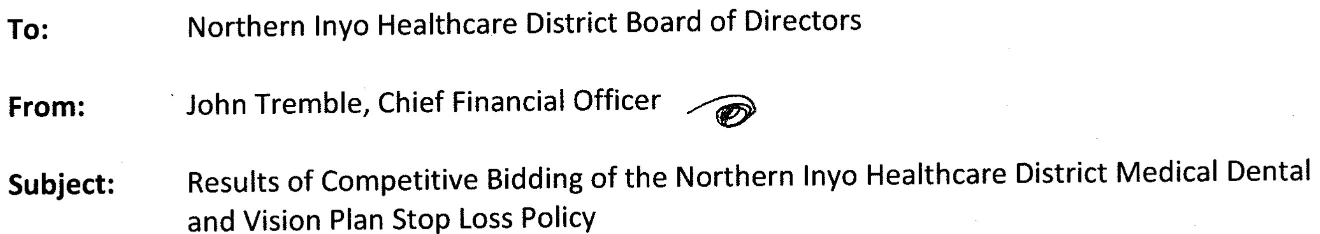
9. Adjournment to Closed Session to/for:
   A. Conference with Labor Negotiators; Agency Designated Representative: Kevin S. Flanigan, MD, MBA; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
   B. Confer with Legal Counsel regarding threatened litigation, 2 matters pending (*pursuant to Government Code Section 54956.9(d)(2)*).
   C. Discussion of a personnel matter, Chief Financial Officer and ITS Service Desk Technician (*pursuant to Government Code Section 54957*).
10. Return to Open Session and report of any action taken in Closed Session.
11. Adjournment.

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

**Northern Inyo Healthcare District**

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

**December 5, 2019**



**To:** Northern Inyo Healthcare District Board of Directors

**From:** John Tremble, Chief Financial Officer

**Subject:** Results of Competitive Bidding of the Northern Inyo Healthcare District Medical Dental and Vision Plan Stop Loss Policy

The District has an insurance broker (Keenan) who actively markets the Medical Dental and Vision Plan offered by Northern Inyo Healthcare District to its employees. Two and half years ago, the District changed its broker and hired Keenan at an annual fixed fee to market our various benefits.

As a result of their work; the District changed Stop Loss Insurers from Sun Life to Swiss Re at a savings of $310,000 a year. This year; the results of their work; has management proposing to change Stop Loss insurers for 2020. The final bids reflect a decrease of costs of (5.1%) to (15.0%) at the current self funding level of $150,000 per person per year.

Additional bids were received to increase the self funding level to $175,000 or $200,000; with additional premium savings of (11.0%) to (40.0%). Some of the terms and conditions of the offers are different between the insurers and as such may have different impacts on the District should we have a high claim loss year in 2020.

The District had 3 claims in 2018 which exceeded $150,000 and 3 claims in 2019. It is expected that one covered individual will incur claims of $250,000 in 2020 at a minimum. The net loss ratio experienced by NIHD was 38.8% in 2018 and 13.2% as of 2019. It is projected that another claim will exceed $150,000 in 2019 and raise the loss ratio for 2019 to 30.0%. In 2016, the District's loss ratio was 162% as a result of one nearly $1 million dollar claim. Over the last six years, the loss ratio has averaged 71%.

It is my recommendation that the District select Voya Financial as the Stop Loss Carrier for 2020 with a $200,000 Self funding threshold. The complete bid package is attached excluding page 10; which contained specific claims data; for your review.

# NORTHERN INYO HOSPITAL (NIH)

## 2020 Stop Loss Renewal/Marketing Presentation

**Presented by:**

Keenan
HealthCare

## NORTHERN INYO HOSPITAL (NIH)

### Table of Contents


I. Executive Summary.......... Page 1-2

II. Carrier Responses.......... Page 3

III. Financial Summary.......... Page 4-6

IV. Stop Loss Renewal Analysis - Proposed.......... Page 7-9

V. Large Claims Summary (1/1/19 - 10/31/19).......... Page 10

VI. Loss Ratio.......... Page 11

**NORTHERN INYO HOSPITAL (NIH)**
**EXECUTIVE SUMMARY**
**RENEWAL RESULTS**

**I. Stop Loss Marketing and Renewal Results:**

- Stop loss RFP marketed to thirteen (13) stop loss carrier partners. Eleven (11) carriers quoted and two (2) declined to quote.

**II. Swiss Re:**

- **Initial** - Renewal offer is an approximate **9.4%** increase, or an additional $79,437, in annual premium when compared to current
- **Final** - Renewal offer is an approximate **5.1%** decrease, or a reduction of $43,643, in annual premium when compared to current and a savings of $123,080 in annual premium when compared to the final renewal offer
- Projected Experience Credit Refund of $79,000 (Based on claims paid October 31, 2019) subject to renewal with Swiss Re.

**Alternate Renewal Deductible Options:**

- Renewal Option 1: **11.0%** decrease with a **$175,000** Specific Deductible
- Renewal Option 2: **27.6%** decrease with a **$200,000** Specific Deductible
- Includes - Experience Credit Advantage with a maximum premium refund (25% of net profit) - **Paid 12 months after the contract period**
- No New Lasers at Renewal and a 40% Rate Cap
- Includes Mirroring Endorsement
- Retirees are NOT included
- Disclosure required

**III. Voya:**

- **Proposed** - Renewal offer is an approximate **12.0%** decrease, or a reduction of $101,689, in annual premium when compared to current

**Alternate Renewal Deductible Options:**

- Proposed Option 1: **27.6%** decrease with a **$175,000** Specific Deductible
- Proposed Option 2: **40.0%** decrease with a **$200,000** Specific Deductible
- Includes - Experience Credit Advantage with a maximum premium refund (25% of net profit) - **Paid 3 months after the contract period**
- No New Lasers at Renewal and a 40% Rate Cap
- Includes Mirroring Endorsement
- Retirees are NOT included

Disclosure required

**IV. Optum:**

- **Proposed** - Renewal offer is an approximate **15.0%** decrease, or a reduction of $127,144, in annual premium when compared to current

**Alternate Renewal Deductible Options:**

- Proposed Option 1: **26.2%** decrease with a **$175,000** Specific Deductible
- Proposed Option 2: **38.2%** decrease with a **$200,000** Specific Deductible
- Includes - Experience Credit Advantage with a maximum premium refund (25% of net profit) - **Paid 6 months after the contract period**
- No New Lasers at Renewal and a **50% Rate Cap**
- Includes Mirroring Endorsement
- Retirees are NOT included

Disclosure required

**NORTHERN INYO HOSPITAL (NIH)**
**Stop Loss RFP Analysis**
**Carrier Responses**
**Effective Date: January 1, 2020**

| Carrier | Financial Rating | Status | Note |
|---|---|---|---|
| Swiss Re (Incumbent) | A+ (Superior) | Quoted | Finalist |
| Voya Financial | A (Excellent) | Quoted | Finalist |
| Optum | A (Excellent) | Quoted | Finalist |
| Anthem | A (Excellent) | Quoted | Uncompetitive with proposed rates |
| Berkshire Hathaway | A++ (Superior) | Quoted | Uncompetitive with proposed rates |
| Evolution Risk | A (Excellent) | Decline | Uncompetitive with current rates |
| Liberty Insurance | A (Excellent) | Quoted | Uncompetitive with proposed rates |
| Partner Re | A (Excellent) | Quoted | Uncompetitive with proposed rates |
| QBE | A (Excellent) | Quoted | Uncompetitive with proposed rates |
| Reliance Standard | A+ (Superior) | Quoted | Uncompetitive with proposed rates |
| Sun Life | A+ (Superior) | Quoted | Uncompetitive with proposed rates |
| Symetra | A (Excellent) | Quoted | Uncompetitive with proposed rates |
| Tokio Marine HCC | A++ (Superior) | Decline | Uncompetitive with current rates |

## Swiss Re Assumptions/Contingencies

- This proposal is subject to review and acceptance of the employer's signed plan document (within 60 days of the effective date) confirming that all plan document provisions associated with this proposal have been met. Please review your plan document as reimbursements will be limited to the lesser of the benefit maximum reflected in the plan document or the Maximum Reimbursement amount reflected in this proposal.
- This proposal assumes a minimum of 75% participation of all eligible employees as stated in the plan document. Should the 75% minimum participation or the current eligibility differ in any way, verification will be needed and this offer may be re-evaluated.
- This proposal assumes that Medicare is primary for retirees age 65 and over. If Medicare is not primary, we reserve the right to reevaluate the terms of this proposal.
- Unless otherwise noted within these Qualifications & Contingencies, this proposal is subject to receipt, review and approval of updated claim information to include paid, pended, denied, held and suspended reports. In addition, diagnosis, current and future treatment plan, and prognosis is required for known or expected shock claimants.
- This proposal is subject to information on any individual who previously exhausted the employer benefit plan lifetime maximum who will be reinstated because the lifetime maximum cap has been eliminated. Disclosure of information must include any dependent under age 26 being added who was previously deemed not eligible under the employer benefit plan and whose claims could potentially exceed 50% of the specific deductible.
- This proposal is subject to information on claims under assessment by an Independent Review Organization (IRO).
- The renewal Rate Cap is 40%. This means that the Specific rates and Aggregating Specific Deductible, if applicable, will not increase by more than 40% upon renewal for like terms.
- This proposal is based on the following network(s): Blue Cross Blue Shield Products All
- Retirees are not covered
- Organ transplant coverage is included
- No New Laser (NNL) feature has been included: No new claimants will be lasered in the second contract year. Claimants with a higher Specific deductible in the first contract year will have the deductible level continued in the second contract year unless there is medical information that allows Swiss Re Corporate Solutions to reduce or eliminate the claimant's deductible.
- Domestic claims will be reimbursed at 80%.
- Gapless: The option is reflected in this renewal proposal. Gapless coverage provides protection for claims incurred in the prior contract period but paid after the prior run-out period. Claims are now eligible in the renewal period subject to renewal terms i.e., deductible. Contact your Sales Executive for more information.
- Experience Refund Option is included in the pricing of this proposal. Certain restrictions apply: Must have a minimum of $200,000 in Specific premium prior to the Experience Refund load being applied; Experience refund applies to Specific coverage only and does not apply to Aggregate coverage; Must renew and stay in force for the entire subsequent year to be eligible for a refund.

## Voya Assumptions/Contingencies

- No fully insured lives are covered.
- In addition to base commissions, certain brokers and/or service providers may receive compensation related to factors such as overall sales of Company products, total premium for products sold through the broker/service provider, growth in the number of customers, and retention of existing customers. Compensation and fees may also be paid to brokers and/or service providers for administrative services in connection with Company products. Please contact us if you would like additional detail on compensation and fees payable on your case.
- Plan must have medical case management and utilization review.
- All claims are reported/paid in U.S. dollars.
- Any costs charged by the claim administrator for reports required to substantiate claims will be paid by the employer.
- The proposal is based on the data submitted. Any changes to this data may allow us to modify the proposal.
- There is no coverage for retirees.
- We reserve the right to re-underwrite if an increase or decrease in the number of Covered Persons and Covered Dependents exceeds 15%.
- This proposal includes a Dividend Eligible Agreement.
- Renewal Rate Cap Endorsement guarantees your subsequent year's renewal will be capped at 40% and no new individual adjusted deductible will apply (laser free renewal).
- Renewal Rate Cap Upon contract renewal, premium will not exceed an agreed upon percentage. Also, no new Individual Adjusted Deductible will apply (laser free).
- The Disclosure Reports must be provided to us no earlier than 90 calendar days prior to the policy's effective date or renewal date, as applicable. Should we require any additional information, we will notify the plan sponsor and/or its designated representative in writing no later than 20 calendar days following receipt of the Disclosure Reports. Any firm quote is void unless accepted by the plan sponsor in writing within 35 days from the date we have provided a firm quote.

# NORTHERN INYO HOSPITAL (NIH)
## FINANCIAL SUMMARY
**Effective Date: January 1, 2020**

| QUOTED DEDUCTIBLE OPTIONS | $150,000<br>Current Annual Premium | $150,000<br>Initial Renewal | $150,000<br>Final Renewal | $175,000<br>Renewal Option 1 | $200,000<br>Renewal Option 2 |
|---|---|---|---|---|---|
| **Swiss Re** | $847,454 | $926,891 | $803,811 | $754,558 | $613,174 |
| % Increase/Decrease over Current | | 9.4% | -5.1% | -11.0% | -27.6% |
| $ Increase/Decrease over Current | | $79,437 | ($43,643) | ($92,896) | ($234,280) |
| | | | Proposed Option | Proposed Option 1 | Proposed Option 2 |
| **Voya** | | | $745,765 | $613,291 | $508,851 |
| % Increase/Decrease over Current | | | -12.0% | -27.6% | -40.0% |
| $ Increase/Decrease over Current | | | ($101,689) | ($234,162) | ($338,603) |
| | | | Proposed Option | Proposed Option 1 | Proposed Option 2 |
| **Optum** | | | $720,310 | $625,001 | $523,581 |
| % Increase/Decrease over Current | | | -15.0% | -26.2% | -38.2% |
| $ Increase/Decrease over Current | | | ($127,144) | ($222,453) | ($323,873) |

*Note: Lowest cost options highlighted based on rates an contract terms.*

# NORTHERN INYO HOSPITAL (NIH)
## FINANCIAL SUMMARY
**Effective Date: January 1, 2020**

**Optum Assumptions/Contingencies**

- 12/24 contract for Specific Coverage covers the actual amount of claims incurred within the Policy Period and Paid within the Policy Period plus twelve (12) months following, or within the next Policy Periods, upon renewal with the Company.
- This quote includes a Rate Cap provision which guarantees that the Subsequent Policy Period beginning January 1, 2021 will not contain any new lasers. In addition, the Specific Monthly Premium Rate and Aggregating Specific Deductible (if applicable) will not increase more than 50%.
- The Rate Cap will not apply if the Company determines there is a material change to the Policyholder's Plan, the Excess Loss Policy, or the composition of the group. Continuation of the Rate Cap will be assessed annually.
- Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this proposal.
- Option(s) 1, 2, and 3 of this proposal include(s) an Experience Refund which will allow for a refund of 25 % of Net Profit provided this stop loss coverage continues for a subsequent Policy Period and is in force at the time of refund.
- The Plan will have Network: Anthem Blue Cross of California Case Manager: REQUIRED TPA: Keenan & Associates
- The Plan will have Pharmacy Benefit Manager: Express Scripts
- Covered Expenses billed by Northern Inyo Hospital are limited to 80 % of the PPO network repriced charges Paid.
- A minimum of 50 % of those employees eligible under the terms of the plan document will be covered by the Excess Loss Insurance Policy. If final enrollment changes by more than 10 %, Optum reserves the right to revise this quote.
- Retirees are not considered Covered Persons for benefits under the Excess Loss Policy.
- This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
- This proposal is based upon data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the rates, terms, or conditions of this proposal or can void the proposal or coverage.
- This proposal assumes there is pre-notification and/or pre-certification of inpatient hospitalizations. If this is not the case, the above specific rates will be increased by 5.3%.
- This proposal assumes the Plan does not cover experimental treatments, Phase I and II Clinical Trials and benefits that are not medically necessary.
- Specific Accommodation Reimbursement is available at no additional cost.
- This proposal includes, at no additional cost, the IRO Extended Liability Endorsement which provides a 12-month extension of coverage for any paid claim that is denied and subsequently overturned by an IRO upon appeal.

# NORTHERN INYO HOSPITAL (NIH)
## STOP LOSS MARKETING ANALYSIS - SPECIFIC DEDUCTIBLE LEVEL OF $150,000
### Effective Date: January 1, 2020

| | Current | Initial Renewal | Final Renewal | Proposed Option | Proposed Option |
|---|---|---|---|---|---|
| Carrier Name | Swiss Re | | | **Voya** | **Optum** |
| Rate Guarantee / Cap | 1 Year | | | 1 Year | |
| Specific Deductible | $150,000 | | | $150,000 | |
| Annual Maximum Reimbursement | Unlimited | | | Unlimited | |
| Contract Basis | 12/24 | | | 12/24 | |
| Covered Expense | Medical, Rx | | | Medical, Rx | |
| Domestic Reimbursement Level | 80% Domestic | | | 80% Domestic | |
| **Specific Premium** | | | | | |
| Single (182) | $89.56 | $97.70 | $85.40 | $78.55 | $89.09 |
| Family (218) | $249.18 | $272.75 | $235.97 | $219.50 | $200.97 |
| Composite (400) | $176.55 | $193.10 | $167.46 | $155.37 | $150.06 |
| **Specific Monthly Premium** | **$70,621** | **$77,241** | **$66,984** | **$62,147** | **$60,026** |
| **Specific Annual Premium** | **$847,454** | **$926,891** | **$803,811** | **$745,765** | **$720,310** |
| **% Increase/Decrease over Current** | | **9.4%** | -5.1% | -12.0% | -15.0% |
| **$ Increase/Decrease over Current** | | **$79,437** | ($43,643) | ($101,689) | ($127,144) |

| | Current / Initial Renewal / Final Renewal | Voya | Optum |
|---|---|---|---|
| Commissions | 10% | 10% | 10% |
| Refunding | Included | Included | Included |
| NNL | Included | Included | Included |
| Renewal Cap | 40% | 40% | **50%** |
| Mirroring Contract | Included | Included | Included |

| | |
|---|---|
| 2019 Estimated Experience Credit Refund* | **$79,360** |
| **Overall Cost Summary** | |
| Maximum Annual Liability | $803,811 |
| **Max Annual Lability after Experience Refund and Program Expenses** | **$724,451** |
| **% Increase/Decrease over Current** | -14.5% |
| **$ Increase/Decrease over Current** | ($123,003) |

*Swiss Re paid claims as of 10/31/2019. Claims payments could change by policy end, resulting in a different refund amount.

*The above numbers are projections. Final accounting will be based off of updated claims and terms of the 2019 agreement.

***Contract period does not end until 12/31/2020. Groups are not reviewed for a premium refund until 12 months after the contract period, anticipated payment would be June 2021.**

## NORTHERN INYO HOSPITAL (NIH)
## STOP LOSS MARKETING ANALYSIS - SPECIFIC DEDUCTIBLE LEVEL OF $175,000
### Effective Date: January 1, 2020

| | Current | Renewal Option 1 | Proposed Option 1 | Proposed Option |
|---|---|---|---|---|
| Carrier Name | **Swiss Re** | | **Voya** | **Optum** |
| Rate Guarantee / Cap | 1 Year | | 1 Year | |
| Specific Deductible | $150,000 | **$175,000** | **$175,000** | |
| Annual Maximum Reimbursement | Unlimited | | Unlimited | |
| Contract Basis | 12/24 | | 12/24 | |
| Covered Expense | Medical, Rx | | Medical, Rx | |
| Domestic Reimbursement Level | 80% Domestic | | 80% Domestic | |
| **Specific Premium** | | | | |
| Single (182) | $89.56 | $79.33 | $64.50 | $77.30 |
| Family (218) | $249.18 | $222.21 | $180.59 | $174.38 |
| Composite (400) | $176.55 | $157.20 | $127.77 | $130.21 |
| **Specific Monthly Premium** | **$70,621** | **$62,880** | **$51,108** | **$52,083** |
| **Specific Annual Premium** | **$847,454** | **$754,558** | **$613,291** | **$625,001** |
| **% Increase/Decrease over Current** | | -11.0% | -27.6% | -26.2% |
| **$ Increase/Decrease over Current** | | ($92,896) | ($234,162) | ($222,453) |
| Commissions | 10% | | 10% | 10% |
| Refunding | Included | | Included | Included |
| NNL | Included | | Included | Included |
| Renewal Cap | 40% | | 40% | **50%** |
| Mirroring Contract | Included | | Included | Included |
| 2019 Estimated Experience Credit Refund* | | **$79,360** | | |
| **Overall Cost Summary** | | | | |
| Maximum Annual Liability | | $754,558 | | |
| **Max Annual Lability after Experience Refund and Program Expenses** | | **$675,198** | | |
| **% Increase/Decrease over Current** | | -20.3% | | |
| **$ Increase/Decrease over Current** | | ($172,256) | | |

*Swiss Re paid claims as of 10/31/2019. Claims payments could change by policy end, resulting in a different refund amount.
*The above numbers are projections. Final accounting will be based off of updated claims and terms of the 2019 agreement.
***Contract period does not end until 12/31/2020. Groups are not reviewed for a premium refund until 12 months after the contract period, anticipated payment would be June 2021.**

# NORTHERN INYO HOSPITAL (NIH)
## STOP LOSS MARKETING ANALYSIS - SPECIFIC DEDUCTIBLE LEVEL OF $200,000
### Effective Date: January 1, 2020

| | Current | Renewal Option 2 | Proposed Option 2 | Proposed Option |
|---|---|---|---|---|
| Carrier Name | Swiss Re | | Voya | Optum |
| Rate Guarantee / Cap | 1 Year | | 1 Year | |
| Specific Deductible | $150,000 | **$200,000** | **$200,000** | |
| Annual Maximum Reimbursement | Unlimited | | Unlimited | |
| Contract Basis | 12/24 | | 12/24 | |
| Covered Expense | Medical, Rx | | Medical, Rx | |
| Domestic Reimbursement Level | 80% Domestic | | 80% Domestic | |
| **Specific Premium** | | | | |
| Single (182) | $89.56 | $63.44 | $53.44 | $64.76 |
| Family (218) | $249.18 | $181.43 | $149.90 | $146.08 |
| Composite (400) | $176.55 | $127.74 | $106.01 | $109.08 |
| **Specific Monthly Premium** | **$70,621** | **$51,098** | **$42,404** | **$43,632** |
| **Specific Annual Premium** | **$847,454** | **$613,174** | **$508,851** | **$523,581** |
| **% Increase/Decrease over Current** | | -27.6% | -40.0% | -38.2% |
| **$ Increase/Decrease over Current** | | ($234,280) | ($338,603) | ($323,873) |

| | Current / Renewal Option 2 | Proposed Option 2 | Proposed Option |
|---|---|---|---|
| Commissions | 10% | 10% | 10% |
| Refunding | Included | Included | Included |
| NNL | Included | Included | Included |
| Renewal Cap | 40% | 40% | **50%** |
| Mirroring Contract | Included | Included | Included |

| | Renewal Option 2 |
|---|---|
| 2019 Estimated Experience Credit Refund* | **$79,360** |
| **Overall Cost Summary** | |
| Maximum Annual Liability | $613,174 |
| **Max Annual Lability after Experience Refund and Program Expenses** | **$533,814** |
| **% Increase/Decrease over Current** | -37.0% |
| **$ Increase/Decrease over Current** | ($313,640) |

*Swiss Re paid claims as of 10/31/2019. Claims payments could change by policy end, resulting in a different refund amount.
*The above numbers are projections. Final accounting will be based off of updated claims and terms of the 2019 agreement.
***Contract period does not end until 12/31/2020. Groups are not reviewed for a premium refund until 12 months after the contract period, anticipated payment would be June 2021.**

# NORTHERN INYO HOSPITAL (NIH)

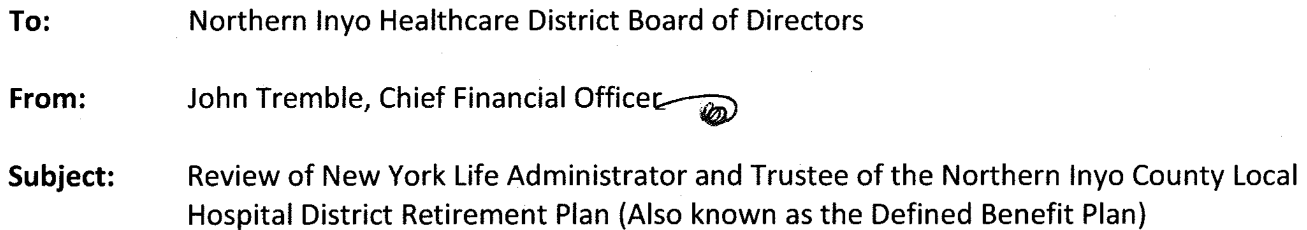
## 2 YEAR LOSS RATIO

| Current Year | Carrier | Spec. Deduct. | Basis | Covg. | # Months | Gross Annual Premium | Claims Paid Over Spec. Deduct | Loss Ratio |
|---|---|---|---|---|---|---|---|---|
| YTD 2019 | Swiss Re | $150,000 | 12/24 | MED/RX | 10 | $847,454 | $111,560 | 13.2% |
| 2018 | Swiss Re | $100,000 | 12/24 | MED/RX | 12 | $1,160,502 | $449,709 | 38.8% |

**Northern Inyo Healthcare District**

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

**December 5, 2019**



**To:** Northern Inyo Healthcare District Board of Directors

**From:** John Tremble, Chief Financial Officer

**Subject:** Review of New York Life Administrator and Trustee of the Northern Inyo County Local Hospital District Retirement Plan (Also known as the Defined Benefit Plan)

The District engaged the firm of Hooker & Holcombe to review the performance of New York Life as the Administrator and Trustee of the NIHD Defined Benefit Retirement Plan. The firm of Hooker & Holcombe is a related party to our broker of benefits and health claims administrator (Keenan).

The goal of the engagement of Hooker & Holcombe was to have a "fresh eyes" review of the Defined Benefit Retirement Plan as currently administrated and invested by New York Life. They were not engaged to review the actual benefits or provisions of the Plan.

This review is consistent with our process of reviewing all benefits offered by the District to identify areas where competitive bidding should occur as to derive improved value for the District and its workforce. The report is attached for your review.

hooker & holcombe

*1300 Hall Boulevard, Suite 1C*
*Bloomfield, CT 06002*

*t 860.521.8400*
*f 860.521.3742*

*hhconsultants.com*

November 12, 2019

Mr. John Tremble
Chief Financial Officer
Northern Inyo Healthcare District
150 Pioneer Lane
Bishop, CA 93514

***RE: Review of New York Life Contract No. GA00928***

**Executive Summary**

The Northern Inyo Healthcare District (NIHD) has hired our firm to analyze the Northern Inyo County Local Hospital District Retirement Plan's ("Plan") investment program to determine if changes should be considered to better serve the needs of the Plan. Since 1982 the Plan's investments and benefits administrative services have been administered under New Your Life Contract GA00928. For our analysis we have reviewed:

- **Investment Structure** – the Plan assets are held in three accounts, two of which are part of NYL's General Account, and the third a fixed income index fund managed by a NYL affiliated company.
- **Expenses** – both explicit and implicit fees are considered. Explicit fees are high relative to some alternative options. Due to the nature of insurance company general accounts, the implicit fees are not readily determinable.
- **Investment Performance** – with virtually all assets invested in fixed income products, portfolio performance has steadily declined over time as the world has moved into a historically low interest rate environment.
- **Asset Allocation** – the Plan has little diversification as the majority of assets are held in NYL's General Account with the remaining assets invested in a bond fund.
- **Terms of Contract Discontinuance** – upon contract discontinuance NYL retains all responsibility for retiree liability while the Plan retains responsibility for all active and term vested liability. The plan would receive assets in the Fixed Dollar Account adjusted by a factor determined at the time of discontinuance and would retain the bond portfolio, while NYL would retain assets in the Pension Account.
- **Alternative Options** – given that the NYL Contract is a legacy product of the 1980's lacking in transparency and diversity, we recommend modernizing to an open architecture platform with lower expenses and a diverse universe of investment options to choose from.

Following your review of this report, our firm is ready to assist you in determining the appropriate solutions for modernizing your plan's investment program.

Sincerely,

Stuart H. Herskowitz
Senior Vice President, Client Relations

John N. Fuller
Vice President, Director of Operations

**Northern Inyo County Local Hospital District Retirement Plan**
**Review of New York Life Contract No. GA00938**

## Investment Structure

The Plan's investments are held in the following accounts:

- Fixed Dollar Account - The Fixed Dollar Account is an unallocated account that consists of NYL General Account assets and serves as the vehicle to handle the Plan's cash flows including contributions, distributions and expenses. It is credited with interest annually with a rate determined by NYL based on the experience of NYL's General Account assets. In addition, this account is the source (or recipient) of funds required to meet the minimum funding requirements of the Plan's Pension Account.

- Pension Account – The Pension Account is allocated to Plan retirees and consists of NYL General Account assets. As participants retiree funds are transferred from the Fixed Account into the Pension Account in an amount equal to the present value of that retiree's stream of future payments. This account is credited with interest annually at the same rate as the Fixed Account. In addition, at the end of each year NYL determines a minimum dollar amount needed to fully fund retiree benefit payments based on then current interest rates. If the balance of the Pension Account is less than the calculated minimum dollar amount, funds are transferred in from the Fixed Account (referred to as an Experience Adjustment). If the balance is greater than the calculated minimum dollar amount, funds are transferred to the Fixed Account. This Experience Adjustment takes into account the retiree mortality experience as well as NYL's General Account performance.

- Bond Portfolio – The Bond Portfolio consists of the Mainstay Indexed Bond Fund which is a mutual fund managed by NYL's affiliated investment management firm, New York Life Investment Management LLC. This fund tracks the Bloomberg Barclays U.S. Aggregate Bond Index and is intended to have performance similar to the index, less the management fee of 37 basis points. It serves as a diversifying investment option outside of NYL's General Account.

## Expenses

Given the characteristics of the NYL General Account structure it is not possible for us to fully identify all expenses truly being paid by the Plan to NYL. Explicit administrative fees have been about 13 basis point over the last six years, which is on the high side when compared to alternatives like Schwab.

We would also note that included in these expenses are commissions (over $16,000 in 2018, approximately 3 bps) paid each year to a broker, Carl Pearce. The commission is based on a graded schedule applied to contributions into the plan. Over the last seven years Mr. Pearce has been paid over $81,000. According to NYL, Mr. Pearce provides financial guidance and advice for the Plan. One other thing to note here is that the commissions should be listed on the annual 5500 filing, but from the documentation we have reviewed, it appears that has not been happening for at least the last seven years of filings. NYL has since provided a revised 2018 5500 Schedule A.

The fees for the Mainstay Index Bond are high for an index fund at 37 basis points, which typically benefit from very low fees. For comparison, the Vanguard Total Bond Index Fund Admiral Shares has a fee of only 5 basis points.

What is not apparent are the internal expenses associated with management of NYL's General Account. Ultimately these implicit expenses serve to lower overall returns to the Plan.

**Asset Allocation**

In determining whether this investment structure is appropriate for the Plan we have considered both the asset allocation and portfolio returns. The Plan is invested exclusively in General Account and fixed income assets. While we don't have access to the underlying General Account assets, it is safe to conclude that these consist primarily of fixed income vehicles as is typical of insurance company general accounts.

On the positive side, this means the Plan can expect low volatility of returns and it is protected from the likelihood of experiencing substantial declines as happened to many plans during the financial crisis of 2008-09.

On the negative side, Plan assets are not well diversified and the majority of assets are subject to the credit worthiness of NYL. We note that NYL has consistently held very high credit ratings (currently AAA from S&P) and we do not anticipate that there is substantial risk at this time to Plan assets. But, given the lack of diversity (in particular the lack of equity investments) the potential returns for the Plan are severely limited, especially given the current low interest rate environment we are now in. To put this in quantitative terms, the following are the Plan's annualized returns for various time periods vs. that of a well-diversified portfolio (45% Russell 3000, 15% MSCI EAFE, 40% BloombergBarclays Aggregate Bond) for the period ending December 31, 2018:

| Time Period | Inyo | Diversified Portfolio |
|---|---|---|
| One Year | -0.5% | -4.1% |
| Three Year | 0.4% | 5.5% |
| 5 Year | 1.6% | 4.8% |
| 10 Year | 3.3% | 8.6% |
| 20 Year | 4.8% | 5.5% |

A recent study of the largest public pension plans shows the average plan had a 44% allocation to equities in 2016, an increase from 32% in 2008. In addition, there has been a trend towards greater geographical diversification of assets. Anecdotally, our firm works with a large number of pension plans in the Northeast similar in size to NIHD's, and we generally find that equity allocations are between 50% and 60%.

### Investment Performance

The following is a summary of weighted portfolio returns by account and in total:

| | 2018 Plan Year | 2017 Plan Year | 2016 Plan Year | 2015 Plan Year | 2014 Plan Year | 2013 Plan Year |
|---|---|---|---|---|---|---|
| **Fixed Dollar Account** | 4.27% | 4.13% | 4.26% | 4.83% | 5.39% | 4.97% |
| **Pension Account** | 4.37% | 4.49% | 4.72% | 4.98% | 5.20% | 5.29% |
| **Bond Portfolio** | -0.57% | 3.19% | 2.16% | 0.16% | 5.75% | -2.43% |
| **Total Porfolio** | 3.42% | 4.16% | 4.15% | 3.94% | 5.23% | 3.48% |

What this table doesn't take into account is the annual experience adjustment levied against the Fixed Dollar Account to reflect mortality, expense and investment gains or losses. This impact is shown in the following table:

| | 2018 Plan Year | 2017 Plan Year | 2016 Plan Year | 2015 Plan Year | 2014 Plan Year | 2013 Plan Year |
|---|---|---|---|---|---|---|
| **Experience Adjustment** | (629,531) | (725,690) | (793,788) | (544,048) | (149,184) | (334,678) |
| **Fixed Account - adjusted** | -0.44% | -0.70% | -0.25% | 2.22% | 4.93% | 3.79% |
| **Total Portfolio - adjusted** | -0.51% | 1.10% | 0.77% | 1.46% | 5.21% | 1.96% |

In this table we have treated the experience adjustment as part of the investment return of both the Fixed Dollar Account and the Total Portfolio. While this is not technically a component of portfolio returns, the end result is that it does have a significant impact the portfolio's value similar to investment losses. We do not have enough information from NYL to determine why the Pension Account regularly experiences losses but presumably it is due primarily to either the use of mortality tables that are not reflective of the Plan's retiree population, and / or investment returns on NYL's General Account that are not meeting expectations. The continuing transfer of funds from the Fixed Dollar Account is significantly impacting its net returns and is part of the cause of the steady decline in value of this account.

One other thing to note is that with the steady decline in interest rates starting in the 1980's the Plan's returns have been on a steady downward trend, as illustrated below. Given the current interest rate environment, we do not expect this trend line to reverse itself in the near-term.

| 5 Year Return Period | Annualized Return |
|---|---|
| 1999 - 2003 | 6.8% |
| 2004 - 2008 | 6.0% |
| 2009 - 2013 | 5.1% |
| 2014 - 2018 | 2.8% |

**Terms of Contract Discontinuance**

Under the terms of the NYL contract the following provisions would apply should you decide to terminate the contract:

a. The Plan would receive a percentage of the Fixed Dollar Account in a single payment. Note that as of December 31, 2018 that would have been 107%. The actual percentage would be determined based on interest rates in effect at the time of termination of the contract and could be higher or lower than this amount.

b. The Plan would retain ownership of the Mainstay Bond fund.

c. NYL would retain full responsibility for all current retiree liability and its corresponding ongoing benefit payments.

d. The Plan would retain full responsibility for all active and term vested liability and their related future benefit payments.

**Alternative Options**

1. **Continue in Current Program Without Any Changes** – We consider the current model to be the product of a bygone era when interest rates were much higher and plans could expect a steady and reasonable return on their assets while enjoying safety of principal and minimum volatility. In today's interest rate environment where yield is very hard to come by we expect that the Plan will continue to realize paltry investment returns resulting in increasing contribution levels over the long term. The fee structure is not transparent and the administrative and mutual fund fees are high compared to some alternatives that are available. The one benefit that we see with the current investment program is that it offers relative safety of principal in the event of a major market downturn.

2. **Discontinue the current contract with NYL and move to a different NYL investment program** – NYL has indicated that they are happy to direct you to representatives of New York Life Investment Management who will go over the array of services and investment products available under their platform. No details were provided to us on these services and products.

3. **Discontinue the NYL contract and move to a new service provider** – In our view switching, to an open architecture custodial platform offers the benefits of asset diversification and a lower cost structure. With open architecture the Plan is not required to invest in proprietary products, which typically means lower cost investments are available to choose from. In addition, over the long term, investing in domestic and international equities, and other alternative asset classes has historically resulted in higher returns.

## Conclusions

Over the last 30 years the retirement plan industry has been through many changes. As retirement plan sponsors have migrated away from traditional defined benefit plans towards participant directed plans, custodial service providers have been forced to provide greater transparency and more competitive fee structures as plan sponsors have come to recognize their fiduciary responsibility to plan participants. Plan sponsors have also recognized their responsibility to provide high quality investment options to plan participants, which has resulted in a big movement towards open architecture investment platforms. While the impetus for change may have come from the defined contribution world, the defined benefit world has benefited as well from the lower fee structures and vast array of investment options that are now available on many custodial platforms. What worked 30 years ago when options were limited and fixed income investments offered solid returns doesn't work well in today's environment. Modern portfolio theory has shown us that asset diversification can help to limit portfolio volatility without sacrificing return. Liability-driven investment strategies have provided a way to immunize portfolios from the impacts of interest rate fluctuations, thereby allowing for more predictable funding of pension plans.

With this in mind, our recommendation is that NIHD should consider moving to an open architecture custodial platform in order to lower fees and increase investment diversity. We suggest that the NIHD pension committee talk with representatives from NYL to see what alternatives are available on their platform. We also recommend that the committee look at several other low cost, high quality custodians in order to ensure the Plan receives competitive rates and quality service. This can best be accomplished by conducting an RFP. In addition, NIHD should consider working with a qualified investment advisor to develop a sensible investment strategy with the potential for higher returns in the long run.

Should the pension committee decide to move forward with our recommendations, we are available to assist in whatever capacity the committee deems appropriate. In the meantime, we are always available to answer questions regarding this report or any other Plan related issues.

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Nursing Assessment & Reassessment* | |
|---|---|
| Scope: Nursing Services | Manual: CPM - Admission, Discharge, Transfer Documentation (ADT) |
| Source: Chief Nursing Officer | Effective Date: 3/1/17 |

## PURPOSE:
To determine the care, treatment and services that will meet the patient's needs based on the initial RN assessment. To determine the RN reassessment of the patient's needs throughout the course of care, treatment and services.

## POLICY:
1. At the time of patient admission, all patients will have an initial nursing assessment (which includes physical, psychological, and social status parameters), completed by an RN based on the patient's age and population specific needs.

2. The time of admission is defined by each nursing patient care department, outlining specific time frames for completion of assessment with time frames established based on that department's Scope of Service (see attached chart time frames).
   a. Immediately upon arrival, to nursing patient care department, vital signs will be obtained and a Quick Check assessment will be performed. Refer to A Quick Check policy and procedure. If the Quick Check assessment reveals the patient to be severely compromised, a complete and thorough assessment will be performed immediately. This may include the calling of the Rapid Response Team.

3. As appropriately determined by the RN performing the initial assessment and/or as indicated by the Admission Medical Staff Practitioner Orders, other disciplines will be contacted to assess the patient.

4. Based on the Initial Nursing Assessment, patient needs are prioritized and an individualized nursing plan of care is developed for the patient.

5. The Interdisciplinary Plan of Care is developed based on the collaborative interdisciplinary team's assessment and goals established.
   a. The House Supervisor (HS) monitors the Interdisciplinary Plan of Care for Perinatal Services, ICU and Acute/Subacute Services.
   b. The caseload RN monitors the Interdisciplinary Plan of Care in departments that practice Primary Nursing.

6. Reassessment will be determined by the patient's diagnosis, nursing department admitted, complexity of care, duration of care, and patient response to care and treatment.

7. Discharge planning begins on the day of admission as a collaborative effort by the RN with other disciplines. Case Management develops the discharge plan.

## PROCEDURE:
1. The RN chooses the initial nursing assessment specific to the age of the patient and department.

2. The initial nursing assessment will include identification of the patient, the reason for admission, patients known allergies, history and physical exam, functional health pattern's as defined using Gordon's Health Patterns, advanced directive, medication history, and content specific to the population and individual needs of the patient.

3. Based on the initial nursing assessment, clinical screens have been established to generate referrals to the following interdisciplinary team members:
   a. Rehabilitation Services Screen
   b. Cardiopulmonary Services Screen

| Title: Nursing Assessment & Reassessment* | |
|---|---|
| Scope: Nursing Services | Manual: CPM - Admission, Discharge, Transfer Documentation (ADT) |
| Source: Chief Nursing Officer | Effective Date: 3/1/17 |

c. Nutritional Services Screen
d. Social Services Screen

4. The RN will complete a reassessment according to time frames established for the departments, usually in correlation with the start of each shift on the daily assessment record.
   a. The depth and frequency of reassessment is dependent on the patient's response to care, treatment and services provided, (See attached time frames).

**REFERENCES:**

1. TJC Comprehensive Accreditation Manual for Hospitals. Functional Chapter Provision of care PC01.02.03 EPI, and Record of Care treatment Services 01.03.01 EPI
2. Gordon, M. Nursing Diagnosis: Process and application, Thirteenth Edition, St. Louis: Mosby, July 2009


**CROSS REFERENCE P&P:**
1. Organization Wide Assessment and Reassessment of Patients
2. Nursing Care Plan
3. Quick Check
4. Rapid response Team
5. Interdisciplinary Plan of Care

| **Approval** | **Date** |
|---|---|
| NEC | 11/20/19 |
| Board of Directors | 1/18/17 |
| Last Board of Director review | 4/18/18 |

Developed: 11/16
Reviewed: 12/17ta
Revised: 11/19jn
Supersedes:
Index Listings:

# NORTHERN INYO

# HEALTHCARE DISTRICT

---

# Human Resources Department

# Assessment 2019

*Prepared by*

**Don Turko**, Project Lead
**Charlie Wilson**, Consultant

**Municipal Resource Group, LLC**

December 2019

## TABLE OF CONTENTS

Page

I. EXECUTIVE SUMMARY ..... 1

II. INTRODUCTION ..... 2

III. PROJECT SCOPE ..... 2

IV. METHODOLOGY ..... 3
- A. Data Sources ..... 3
- B. Client Data ..... 4
- C. Human Resources Staff Data ..... 5

V. GENERAL HUMAN RESOURCES DEPARTMENT ASSESSMENT AND STAFFING RECOMMENDATIONS ..... 6
- A. Staffing ..... 6
- B. Organizational Functions of the Human Resources Department ..... 7
- C. Human Resources Staff Interview Perceptions ..... 7
- D. Client Interview Perceptions ..... 7
- E. MRG Observations ..... 8
- F. Recommended Staffing and Associated Changes for the NIHD Human Resources Department ..... 9

VI. LABOR AND EMPLOYEE RELATIONS ..... 12
- A. Labor Relations ..... 12
- B. Employee Relations ..... 13

VII. RECRUITMENT AND SELECTION ..... 14

VIII. CLASSIFICATION ..... 15

IX. COMPENSATION ..... 16

X. BENEFITS ADMINISTRATION ..... 16

XI. CONCLUSIONS AND RECOMMENDATIONS ..... 16

ATTACHMENT A - NIHD Documents Reviewed as Part of the HR Department Assessment

## I. EXECUTIVE SUMMARY

The Northern Inyo Healthcare District (NIHD) is a full-service Hospital providing health care services to the California County of Inyo and its population of 18,026 residents. Located in the rural Owens Valley on the eastern slope of the Sierra Nevada Mountains, residents were isolated from quality health care services for the first several decades after settlement of the region. In true pioneer spirit, local community leaders organized and secured passage of SB 586, which authorized the formation of hospital districts in the State of California.

In January 1946, the Northern Inyo County Local Hospital District was formed and became the first hospital district to be formed in the State of California. Subsequently, the NIHD was successful in securing state and federal funding to help in building the Northern Inyo Hospital in 1948. The first Hospital was opened in 1949.

In 1968, the NIHD continued to expand its facilities and gained an Acute Care Unit. In 1981, a new ICU/CCU wing was added to address advances in critical care medicine, and in 2012, NIHD completed a major transformation of facilities to include the most state-of-the-art medical equipment in the region. Over time, staffing has grown to reflect the expansion of services to the community, with a current staffing of 514 employees. As one of Inyo County's largest employers, the recruitment and retention of qualified and dedicated medical and health care staff is essential to the delivery of quality health care services to the community. Accomplishment of successful recruitment and retention objectives requires that the Human Resources Department function efficiently and successfully.

The field of Human Resources has continued to grow increasingly more complex in recent years as a result of changes in employment laws and governmental regulation, with particular emphasis in the past several years on changes in workplace organization, culture and technology. The role of the Human Resources Department is more important than ever in ensuring an institutionally professional work environment, avoiding unnecessary liability, and supporting the hiring, training and retention of a high-performing workforce that is responsive to the health care needs of the community. With this role in mind, NIHD retained Municipal Resource Group, LLC (MRG) to assess its Human Resources Department.

**The role of the Human Resources Department is more important than ever in order to be responsive to the health care needs of the community by:**

- **ensuring an institutionally professional work environment**
- **avoiding unnecessary liability**
- **supporting continuity in hiring**
- **retaining a high-performing workforce**

This Report recognizes several strengths within the NIHD Human Resources Department, while identifying significant areas for professional development based upon Human Resources best

practices. MRG's recommendations are intended to support the Department as it continues to contribute to a progressive, productive and vibrant work environment for NIHD that meets the needs of its diverse community.

## II. INTRODUCTION

The NIHD Human Resources Department currently operates with four (4) full-time positions, supporting the NIHD departments in the areas of recruitment and selection, onboarding, payroll support, labor and employee relations, employee benefits, leaves administration and classification and compensation.

Recent staffing reductions and leadership turnover have significantly impacted the Human Resources Department and present one of the most significant challenges to consistent and reliable service delivery to hospital departments and staff. As experienced managerial and technical employees have left NIHD, significant institutional knowledge has left with them. This has created confusion and territoriality regarding service responsibilities, as well as increasing workload (impacting capacities of staff). As a direct result, organizational confidence in the Human Resources Department has been significantly undermined.

## III. PROJECT SCOPE

The NIHD engaged MRG to provide a high-level assessment of the Human Resources Department's current functions and organizational structure, staffing levels and core services, and to examine industry standards that might address any professional or staffing changes necessary to bring the Department into professional alignment with other high-performing and exemplary Human Resources departments. In doing so, this high-level assessment will provide best practice staffing and service recommendations that can bring immediate improvements to the capabilities and professional perception of the Human Resources Department at NIHD.

To gain a more thorough understanding of current Human Resources processes, MRG initially requested, received and reviewed current policies and procedures and numerous other documents. Thereafter, MRG staff conducted on-site interviews on September 18 and 19, 2019, of key NIHD executives, HR staff and stakeholders, who are identified in Section IV of this Report

Subsequently, MRG staff also contacted representatives of several other similarly situated public hospitals in the region to gather relevant comparison data. Additional data was gleaned from Human Resources web sites regarding best practices and benchmarks. Data from these sources will be cited in the following sections of this assessment.

MRG's assessment and resulting recommendations were prepared based upon our understanding of the scope of work and our experience with similar assessments of public agencies. Recommendations and options are prepared in summarized form and intended to provide NIHD with choices to consider for continuing improvement of service delivery to staff

and the community. Any decision to implement suggested recommendations or options provided should be aligned with ongoing organizational efforts to define the values, mission and objectives of NIHD and its constituent departments.

## IV. METHODOLOGY

### A. Data Sources

MRG conducted this assessment by means of in-person and telephonic interviews, a review of many documents requested from and/or supplied by NIHD, a brief tour of the acute care hospital facility, independent research of applicable resources and other area healthcare organizations, and comparisons to best practices within the knowledge base of the assigned consultants. MRG received exceptional coordination support from the office of the Chief Executive Officer and the Human Resources Department to complete this assessment and all NIHD stakeholders interviewed were very gracious in sharing their thoughts, opinions, observations and documents to support the data collection necessary for a high-level assessment.

**Data for this report was gathered via**

- **NIHD Interviews**
- **NIHD Policy & Document Review**
- **NIHD HR Statistical Data**
- **Peer Hospital Practices**
- **HR Industry Best Practices**

This assessment is not intended to be a comprehensive management audit of all Human Resources functions or activities throughout NIHD. As such, the observations and recommendations should be considered relevant information and not comprehensive findings.

In-person and telephonic discussions with internal Clients and stakeholders of the Human Resources function included the Chief Executive Officer, Chief Operating Officer, Chief of Nursing Operations, Chief Financial Officer and Compliance Officer. Human Resources Department staff members interviewed included the Human Resources Director, Human Resources Generalist, Human Resources Benefits/Leave of Absence Specialist and Community Relations Coordinator.

A comprehensive list of all NIHD documents reviewed for this assessment are included as **Attachment "A."** Additional statistical information was also supplied by Human Resources staff, including Employee Counts, Requisitions (for Employment), New Hire/Separation/ Turnover data and applications received.

Other area healthcare organizations considered for comparison to NIHD included Mammoth Hospital (in Mammoth Lakes, approximately 45 minutes from Bishop) and Ridgecrest Regional Hospital (in Ridgecrest, approximately 2.5 hours from Bishop).

Salient statistics for these two organizations are as follows:

Mammoth Hospital: A 3.5 FTE Human Resources staff, including an HR Manager, a Senior HR Generalist, an HR Assistant and a 0.5 Employee Health Nurse. They have approximately 415 employees to service their 17 beds and 12 out-patient clinics (a ratio of 1 HR staff member to 118.6 employees). This HR function does not include Risk Management or Physician Recruitment, but does include Employee Health (for Workers' Compensation). Benefits plan decision-making is shared with Finance. There are no unions or employee associations for collective bargaining.

Ridgecrest Regional Hospital: An 8.0 FTE Human Resources staff, including an Administrator of HR/RM, HR Manager, HR Recruiter, HR Business Partner, Benefits Specialist, HR Assistant, Employee Health Nurse and an LVN (who assists with Employee Health and clinical recruitment). They have approximately 900 employees to service their 25 acute care beds, 125 skilled nursing facility beds and 11 clinics (a ratio of 1 HR staff member to 112.5 employees). The HR department itself does not perform Risk Management functions (other than Workers' Compensation by the Employee Health Nurse) and provides little assistance to Physician Recruitment. Benefits plan decision-making is predominantly performed in Human Resources. There are no unions or employee associations for collective bargaining.

| | NIHD | Mammoth | Ridgecrest |
|---|---|---|---|
| Employees | 514 | 415 | 900 |
| Human Resources Employees (FTE) | 4 | 3.5 | 8 |
| Beds | 25 | 17 | 25/125 SNF |
| Clinics | 6 | 12 | 11 |

Rejected as comparison matches were Southern Inyo Hospital in Lone Pine (approximately one hour from Bishop) and Kern Valley Hospital in Lake Isabella (approximately three hours from Bishop). Southern Inyo Hospital only has approximately 67 FTEs (93 employees), while Kern Valley Hospital only has approximately 247 FTEs (350 employees), compared to the current NIHD employee count of approximately 514 employees.

### B. Client Data

Key internal Clients of the Human Resources Department who were interviewed provided input through open-ended questions as well as a few focused questions regarding Human Resources service areas. These Clients shared the recent history of the Department, including the retirement of a long-term leader of the Department ("Georgeanne") at the conclusion of bargaining (June 2016) for the first Labor contract with the American Federation of State, County and Municipal Employees (AFSCME); the subsequent temporary assignment of Alison

Murray to the Chief HR Officer position; the subsequent hiring of another Chief HR Officer ("Evelyn"), who was to precept Ms. Murray; the focused layoff of the Chief HR Officer ("Evelyn"), HR Assistant ("Doug") and HR Administrative Assistant ("Michelle") in March of 2019; and the reassignment of the Community Relations Coordinator to Human Resources.

Human Resources staff was characterized as hard-working, customer service focused and well-intended. All Clients stated that Human Resources staff had more work than they could reasonably handle effectively and efficiently, but there were various opinions regarding appropriate staffing levels, efficient use of technology, efficient procedures and practices, individual competency, and ability to respond strategically to the needs of NIHD. While new employee orientation/onboarding was reviewed favorably, as well as the transactional support of benefits and leaves administration, concerns were expressed about the recruitment and selection process; employee relations support (coaching, counselling and discipline); depth of labor relations experience; personnel record keeping (current licensure, competency and safety records); benefits plan decision-making and administration (versus transactions); supervisory and managerial education and training; harassment and related investigations; and grievance response.

**All Clients stated that Human Resources staff had more work than they could reasonably handle effectively and efficiently.**

### C. Human Resources Staff Data

All Human Resources staff members stated during their interviews that the current staffing level (4.0 FTEs) is not sufficient to meet organizational needs. One staff member shared that the work frustrations were so prevalent, that she intended to retire at the end of the calendar year (subsequent to the interview she submitted her resignation and recruitment has commenced to replace this FTE). The Community Relations Coordinator shared that she, too, has plans to retire soon, but a resignation notice had not been received from her as of the writing of this assessment.

Concerns were expressed that the current HR Director has been so consumed with labor relations activities, along with other recruitment and administrative duties, that she is not knowledgeable of many of the duties, tasks and procedures performed by other HR staff. It was also reported that the Leaves function was so compartmentalized and not supported by technology, that a knowledge gap exists in the Department for sustained service of this vital function. The relatively new ADP Human Resources and Applicant Tracking system is reported as underutilized and not fully supported by IT Department staff. The interface between the Kronos timekeeping system and the ADP system is not developed. It was acknowledged that the recruitment and selection process is likely not meeting the needs of NIHD due to its cumbersome nature and general work volume. It was stated that there was a great need to automate many aspects of HR processes. The expressed knowledge about Benefit plans decision-making confirmed that current HR staff defers to Finance, and they focus on benefit

communication and associated transactional activity. More in-depth observations are included in the following sections of this assessment.

## V. GENERAL HUMAN RESOURCES DEPARTMENT ASSESSMENT AND STAFFING RECOMMENDATIONS

### A. Staffing

The NIHD Human Resources Department currently has a staffing allocation of 4.0 full-time positions, as follows:

| | |
|---|---|
| Human Resources Director | Alison Murray |
| Human Resources Generalist | Loretta (Lori) Bengochia |
| Human Resources Benefits/LOA Specialist | Laurie Longnecker |
| Community Relations Coordinator | Cheryl Underhill |

This staffing level is relatively new, resulting from the layoff of three previously funded positions of Chief Human Resources Officer, Human Resources Assistant and Administrative Assistant in March 2019 as part of an organizational reduction in force. The former Chief position has been underfilled by the position of Human Resources Director (formerly Manager), but the other two positions remain unfilled. The Community Relations Coordinator position has been assigned to Human Resources, but currently performs very little work in support of Human Resources activities. Prior to the March 2019 layoffs, the Human Resources staffing allocation was 6 full-time positions, but they are currently essentially performing activities with 3 full-time positions. As of the time this assessment report was being written, the Human Resources Benefits/LOA Specialist had submitted her resignation to depart by the end of the calendar year, and the Community Relations Coordinator has orally stated that she would be retiring soon, but a written notice had not been provided.

### B. Organizational Functions of the Human Resources Department

The NIHD Human Resources Department performs a typical array of services to support the various departments of NIHD. Services include recruitment and selection, onboarding of new staff, payroll support services, leaves administration and coordination, labor and employee relations, employee benefits administration, Workers' Compensation claims filing, and classification and compensation administration.

The relatively recent formation of a nursing services bargaining unit has placed an increasingly larger demand on the time of the current Human Resources Director, placing a strain on the availability of the Director to interact regularly with other Human Resources Department staff. As a result, staff morale has declined and team relationships have grown less effective.

An additional event that has evolved recently is the transfer of Physician Recruitment responsibilities from Human Resources staff directly to the Chief of Staff (a physician role). As the Chief of Staff is elected and incumbents are typically rotated periodically, MRG is concerned that this rotation results in institutional knowledge being lost on an ongoing basis; if the function were to return to Human Resources, proficiency in Physician Recruitment could be improved and the potential of hiring mishaps could be minimized. It is recognized that the credentialing function of newly hired physicians has been and would continue to be performed by the Medical Staff Office.

### C. Human Resources Staff Interview Perceptions

When interviewed individually and privately, the Human Resources staff shared concerns regarding the future of the Department. Their concerns included the direction (decrease) of Human Resources staffing levels; the recent layoffs within the Department; concern over a lack of leadership from past Chief Human Resources officers as well as the current Director; a lack of presence of the current Director to provide guidance due to extended labor negotiations; and the growing perception among hospital staff that Human Resources is not an effective working unit.

### D. Client Interview Perceptions

The Chief Operating Officer and the Chief of Nursing Operations were interviewed in person, separately, and were requested to rate current services of the Human Resources Department in several service areas based upon a 10-point scale (10 being the highest rating and 1 being the lowest rating). Their composite scores were as follows:

| Service Area | Rating |
|---|---|
| Recruitment and Selection | 5 |
| Onboarding | 6 |
| Processing Personnel Documents | 5 |
| Customer Service to Employees | 7 |
| Customer Service to Management | 7 |

| Service Area | Rating |
|---|---|
| Assisting with Benefits (including Leaves) | 8 |
| Assisting with Grievances/Complaints | 8 |

Narrative comments from Clients and stakeholders identified during the onsite interviews raised the following areas of concern:

- HR staff lacks working knowledge of NIHD Personnel Rules and State/federal Employment laws;
- HR staff lacks working knowledge of Discipline Rules and proficiency in working supportively with managers in areas of discipline;
- HR has provided no leadership or interest in providing Career Development Training programs;
- HR has not taken steps to participate in regional job fairs;
- HR has demonstrated little or no use of social media in recruitment activities;
- HR has provided little or no leadership in helping managers understand "how to work with HR";
- The HR Director does not demonstrate a style of "hands on" leadership or coaching of HR staff;
- HR has not taken steps to digitize HR documents or to automate routine paper processes;
- HR is not trusted to process license verification of professional staff; and
- HR has not provided training for managers on coaching and counselling skills to alleviate disciplinary actions.

**E. MRG Observations**

Based upon MRG interviews with Clients and Human Resources staff, the following observations are shared:

- HR staff lack cross-training and "cross desk" understanding of all office functions;
- The HR Director is transaction-focused and does not demonstrate a sense of the strategic purpose for Human Resources within NIHD;
- HR has not taken appropriate steps to integrate available technology into day-to-day HR operations and transactions;
- The HR Director has not demonstrated initiative regarding a strategic plan for upgrading HR operations/systems or to facilitate the introduction/integration of systems to compliment NIHD organizational initiatives;
- The HR Director and subordinate staff demonstrate little or no networking interactions with other health care facilities or professional organizations (SHRM – Society for

Human Resources Management, ASHHRA – American Society for Healthcare Human Resources Administration, CalPELRA – California Public Employers Relations Association, HHRMAC – Healthcare Human Resources Management Association for California, CHA – California Hospital Association and Affiliated Councils); and

- HR is largely ineffective in strategic coordination with NIHD's insurance broker (Keenan & Associates) on the various employee benefit plans.

### F. Recommended Staffing and Associated Changes for the NIHD Human Resources Department

Based upon the emergent issues that the Human Resources Department is currently facing, including the departure of the incumbent Benefits/LOA Specialist and the possible retirement of the incumbent Community Relations Coordinator, several immediate action steps are recommended:

1. Immediately reclassify the Benefits/LOA Specialist position to a Human Resources Generalist-Benefits Specialist position (using the pay range for the position to be equal with the Human Resources Generalist-Recruitment Specialist position);
2. Immediately thereafter, post and recruit for this reclassified position;
3. The current Human Resources Director, Alison Murray, should take immediate steps to document all existing duties being performed by the incumbent Benefits/LOA Specialist, Laurie Longnecker;
4. The incumbent Community Relations Coordinator should be informed that there will be significant changes in the scope of her assigned duties upon the upgrading of her position, effective January 2020;
5. Executive leadership should determine the timing on the recruitment for a new Human Resources Director position;
6. Upon recruiting and selecting a new Human Resources Director, reclassify Alison Murray to a new classification of Human Resources Analyst - Labor Relations, Y-rating her compensation; and
7. Enhance Human Resources participation into senior/executive staff meetings so that the Human Resources function is elevated to a strategic partner level.

The recommended staffing of the Human Resources Department should evolve to a five (5) FTE complement consisting of the following:

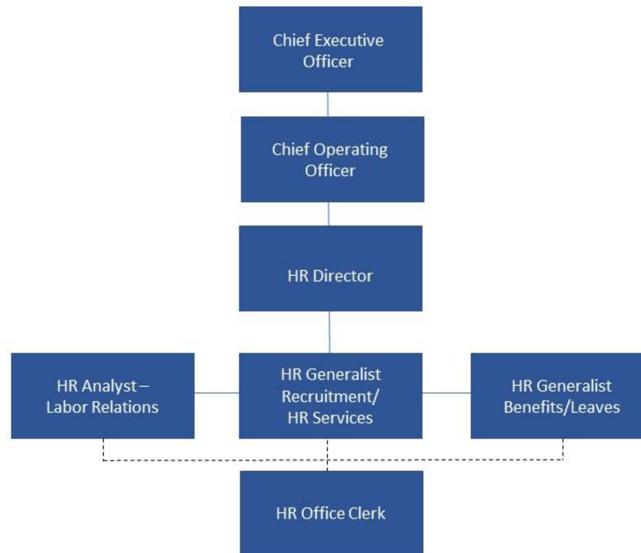
Human Resources Director;

Human Resources Analyst – Labor Relations, Recruitment and Employee Relations;

Human Resources Generalist, Recruitment and HR Services;

Human Resources Generalist, Benefits and Leaves; and

Human Resources Office Clerk.




This recommended complement of an initial staffing level of five (5) FTEs in the Human Resources Department may need to be revisited by the new Human Resources Director and Chief Operating Officer after an appropriate assessment period once the Department is fully staffed. The addition of the Human Resources Analyst – Labor Relations classification and the upgrade of the Benefits/LOA Specialist position to that of HR Generalist, will provide greater professional capacity and flexibility to the Department. In recommending a staffing level of five (5) FTEs, it is noteworthy to report that MRG's research indicates that a still higher staffing level may be warranted, but any change should be managed incrementally, as adding too many positions quickly does not necessarily bring clarity or organizational stability.

Staffing ratio data gleaned from the Bureau of National Affairs (BNA), a renowned source, indicates that Human Resources departmental staffing across all industries consists of 1.3 FTEs per one hundred employees in the organization. Using this ratio and applying it to NIHD, it would be recommended that NIHD should have up to 6.5 employees in Human Resources to service its 500 employees. Comparisons to other area healthcare organizations shows that Ridgecrest Regional Hospital has 8 FTEs for its 900 employees (the BNA ratio would have it staffed with 11.7 FTEs), while Mammoth Hospital has 3.5 FTEs for its 415 employees (the BNA ratio would have it staffed with 5.4 FTEs). Another comparative look at the recommended NIHD staffing to that of Ridgecrest and Mammoth is that of staffing per 100 employees. The ratio for the three organizations would be as follows:

- NIHD, with 500 employees and a staff of 5.0 FTEs, would result in a ratio of 1 HR staff member per 100 employees;
- Mammoth Hospital, with 415 employees and a staff of 3.5 FTEs, has a current ratio of 1 HR staff member to 118.6 employees; and

- Ridgecrest Regional Hospital, with 900 employees and a staff of 8 FTEs, has a current ratio of 1 HR staff member to 112.5 employees.

Naturally, these comparative ratios would be impacted by any additional tasks performed in Human Resources by an agency (Risk Management, Physician Recruitment, Employee Health, etc.). It is also noteworthy to state that neither Mammoth Hospital nor Ridgecrest Regional Hospital currently have unions or represented employees, lessening the staff burden to bargain and administer labor contracts (MOUs) and related union matters.

To provide greater detail to the assigned duties of the recommended five positions for the NIHD Human Resources Department, the proposed duty summary, by position, is indicated below:

Human Resources Director: As a strategic member of the NIHD Executive Team, the HR Director supervises all HR staff; manages all recruitment processes; recommends high-level benefits program decisions; recommends all HR policies for the organization; performs high-level guidance over labor relations strategy and employee relations decisions; is responsible for performance management oversight, education and training deliverables, classification and compensation, and the HR budget.

Human Resources Analyst – Labor Relations: Primary staff for labor relations administration, including bargaining and grievance response; oversees and coordinates all Physician Recruitment activities; serves as primary HR contact for all Nursing-reporting departments (and perhaps some that currently report up to the Chief Executive Officer), overseeing recruitment activities for such and first-level employee relations support; assists in benefits, and compensation activities and education/training deliverables.

Human Resources Generalist, Recruitment: Primary staff for all non-Nursing departments (and perhaps some that currently report up to the Chief Executive Officer), overseeing recruitment activities for such and first-level employee relations support; responsible for integrity of the ADP system (working with IS and Finance) and interface with the Kronos timekeeping system (working with IS and Finance/Payroll) and in implementing additional modules of the ADP functionality; assists with classification and compensation activities and education/training deliverables; co-responsible for New Employee Orientation/ onboarding; cross trains to cover the duties of the Human Resources Generalist assigned to Benefits and Leaves.

Human Resources Generalist, Benefits and Leaves: Primary staff for all benefits program administration, enrollment and billings; responsible for establishing and maintaining a system for all Leaves requests, ensuring compliance for all types of Leaves; primary staff for reasonable accommodation/interactive process matters; coordinates with third-party administrator on Workers' Compensation matters; co-responsible for New Employee Orientation/onboarding; cross trains to cover duties of the Human Resources Generalist assigned to Recruitment.

Human Resources Office Clerk: This new classification will replace the Community Relations Coordinator upon the incumbent's retirement and will be compensated at a lower pay rate than the Human Resources Generalist position and the Community Relations Coordinator position to help offset the increase in salary expense for the upward reclassification of the current Benefits/LOA Specialist classification. This position will serve as the "front desk" customer service person to respond to all routine telephone calls and in-person drop-in traffic to the Department; assists with routine Leaves processing and basic Benefits transactions in support of the assigned HR Generalist; assists with routine recruitment and selection activities in support of the assigned HR Generalists; performs primary data-entry into the ADP system and will be responsible for the personnel files record-keeping; may assist the HR Director and other staff in meeting scheduling and education/training activities.

The benefits that NIHD will receive from these recommended staffing changes include the following:

- Provides greater servicing capacity by HR staff to user departments (recruitments, including Physician Recruitment, and education/training deliverables);
- Increases the overall professionalism and competencies of HR staff;
- Expands support and counsel to user departments on disciplinary issues and Memorandum of Understanding (MOU) questions;
- Expands front counter service and data entry capability;
- Assists in building a more professional culture in HR and expansion of staff mentoring by hiring an experienced manager candidate with demonstrated leadership credentials for the Human Resources Director position;
- Frees up the Human Resources Director position to provide more immediate support to the CEO, COO and Executive Team; and
- Enhances benefit plan decision-making and associated contract negotiations in conjunction with Keenan & Associates.

## VI. LABOR AND EMPLOYEE RELATIONS

### A. Labor Relations

Prior to the current bargaining cycle with AFSCME, Labor Relations was performed by NIHD Human Resources staff with little consultation from experienced public sector labor negotiators or public sector labor attorneys. Utilizing inexperienced management negotiators resulted in an onerous and expensive labor contract, exhaustion of HR staff, the redirection of HR staff from fundamental core services of a Human Resources Department, and inattention to succession planning within the HR function. The energy devoted to Labor Relations for the Nursing Unit, and the resultant MOU, likely contributed to other employees feeling the need to organize to protect their interests and optimize their economic standing with NIHD. NIHD

is currently awaiting an arbitrator's decision regarding the creation of another Unit or Units within NIHD, which will result in another wave of labor relations activity. The use of an experienced labor attorney to be the lead negotiator for NIHD for the recently negotiated contract with AFSCME has resulted in the "correction" of poorly constructed provisions of the previous MOU. The incumbent Human Resources Director has been consumed with the labor relations process, despite the use of a retained lead negotiator, and is responsible for implementing the negotiated changes in wages, benefits and other provisions, as well as continuing to be involved in the processing of all grievances regarding provisions of the new MOU (as she was with the previous one). This prolonged focus of energy by the incumbent Human Resources Director on labor relations issues will continue to stymie improvements to the overall Human Resources function, including the ability to address identified Client concerns in a timely fashion, improve understanding of the transactional and technological processes currently in place, train and supervise staff, and focus on the strategic needs of NIHD. While a formal grievance log for the entire organization has not been maintained historically, the Human Resources Director does have a record of AFSCME grievances for the recent past.

### B. Employee Relations

Performance Management, in terms of the timely and thorough delivery of annual performance appraisals to NIHD staff, is not a cultural norm outside of Nursing. The reported number of delinquent performance appraisals, and the delay of merit-based salary increases, is very high. Executive staff acknowledge this issue and have good intentions to correct this situation. In the meantime, it is theorized that this could be contributing to the concerns of unrepresented staff in their pursuit of formal union representations. The absence of timely and thorough performance appraisals for staff is also problematic in reinforcing any coaching, counselling and discipline of staff to address performance deficiencies. It is reported that overly broad spans of control are contributing to this, as well as a lack of general devotion of time to this important activity.

There is a mixed perception of the support that Human Resources provides to various NIHD departments on coaching, counselling and progressive discipline. The Nursing departments are generally satisfied with support by Human Resources; all other disciplines are less than pleased with the support. Some disappointment is related to the ostensible "at will" employment stance that NIHD documents cite for non-represented employees, and the desire by some managers to utilize this doctrine for staff separations. However, Executive and HR leadership both acknowledge that by both past practice and conflicting documentation about the application of progressive discipline, the notion that NIHD is an at-will employer is inaccurate. Disappointment was expressed about the lack of Human Resources-led basic training for supervisors and managers related to the following: Providing Constructive Feedback, Conducting Performance Appraisals, Coaching Employees, Counselling and Disciplining Employees, and related subjects. Human Resources has not maintained a Discipline Log historically, but some data exists as of 2017 going forward.

Finally, it was expressed several times that there is a lack of trust by both NIHD management and staff that Human Resources will address and fairly adjudicate grievances and complaints that are formally provided for resolution. There is some acknowledged history that the former Chief Human Resources Officer received grievances/complaints, but they were never acted upon, and documentation of such is now "missing" from Human Resources files. This history is exacerbated by current beliefs amongst some staff that certain relationships exist between members of management (Nursing) and the current Human Resources Director that would cause complaints to not be addressed in an objective and fair manner. Some NIHD staff have approached the Compliance Officer as an alternative method of having their concerns addressed.

## VII. RECRUITMENT AND SELECTION

Because of its isolated location in California's remote Owens Valley, the recruitment of qualified professional and support staff is a major challenge for NIHD and the Human Resources staff. Bishop is literally hundreds of miles from California's more populated regions; therefore, the attraction and recruitment of new staff is vital to building and maintaining a talented health care delivery team.

Unfortunately, following interviews with key NIHD managers and a review of the Human Resources Department recruitment procedures, it does not seem that Human Resources staff has a strategic plan that meets best practice standards. MRG found Human Resources recruitment processes to be excessively slow and transactional, and completely lacking a social media presence. A review of the Human Resources Hiring Process flow chart provided to MRG, depicting the hiring process from requisition to first day of employment, shows two major deficiencies:

a. The absence of performance measures to provide assurances to departments that recruitments will be timely, and to guide Human Resources staff as to meeting timeliness standards; and
b. An almost total dependence on paper transactions, and an absence of an end-to-end electronic/automated recruitment and placement system.

To recruit for highly competent staff, NIHD needs a recruitment and selection process that meets current best practice requirements, including but not limited to an attractive internet site that includes video components that market NIHD and the Bishop region, and that provides a clear depiction of the recruitment process and the benefits of a career at NIHD, and provides potential employees the opportunity to file an application or resume for consideration, even when recruitments are not currently open (or at least a notification method when certain opportunities are available).

In addition to the shortcomings of the existing procedures that support recruitment and selection, one additional tool that does not seem to be a part of the Human Resources tool kit is the creation of a strategic plan developed in close collaboration with all NIHD departments.

Such a strategic plan must also focus on local, regional and statewide job fairs and conferences where critical professional and technical candidates can be recruited.

One final anomaly that MRG identified in its review of NIHD and Human Resources recruitment processes was the recent decision of the NIHD Board to remove the recruitment of Physicians from the CEO and Human Resources Department and assign that organizational responsibility to the Chief of Staff. This action, in MRG's opinion, is outside the norm of best practices. Best practice has all recruitment processes centered into one locus within any complex organization and these processes should not be managed by any individual that serves a term assignment. Recruitment responsibility should not be assigned to staff positions that change periodically.

**Summary of Recruitment Recommendations**

- HR Staff to Establish Performance Standards and Measures
- Implementation of Internet Recruiting (social media, online application, notification of new openings)
- Website use to Attract Candidates to Area
- Participation in Regional and Vocational Job Fairs
- Return Physician Recruiting Function to HR Staff

Client feedback indicated that recruitment and selection is perceived to be one of the lowest-rated service areas of the Human Resources Department. Concerns range from the seemingly excessive number of process steps for the entire recruitment and selection process, to the initial delay in getting approved requisitions posted to start the process, to the use of contemporary recruitment techniques (social media, attendance at job fairs) in order to attract a qualified applicant pool. Similar dissatisfaction was also expressed on the general processing of personnel documents.

## VIII. CLASSIFICATION

The process of routinely reviewing existing positions for appropriate assignment of classification as part of a compensation program, and support for the recruitment and retention of qualified staff, has largely "fallen by the wayside," as a hiring freeze has been implemented and the size of the Human Resources Department (diminished from six FTEs to four FTEs) has impacted work load. While it appears that some routine "job description maintenance" has occurred, a programmatic assessment of NIHD's classification system has not been a priority. This is not unusual in organizations with higher priorities and limited staffing, so NIHD is not an exception to the best practice of routinely dedicating resources to this activity. However, there is evidence that some "workarounds" have been implemented to address some organizational needs or wants. It appears that "career ladders" have been created for Laboratory Assistants (classified I through IV), Radiologic Technologists (classified I through IV), Surgical Technicians (classified I through III), and perhaps Occupational and Physical Therapists (classified I and II) may have been created for compensation purposes rather than to maintain a Classification system. Once ladders are created for reasons other than genuine classification reasons, they are very difficult to undo, particularly in an employee-represented environment.

## IX. COMPENSATION

NIHD has, for several years, utilized the services of a reputable and professional compensation consulting firm that specializes in the healthcare industry. Typically, on a bi-annual basis, NIHD assesses the applicable market data against its compensation practices and modifies their salary ranges as necessary and is feasible. NIHD may have to modify their compensation approach for classifications which are newly covered by negotiated labor contracts.

## X. BENEFITS ADMINISTRATION

MRG was quite surprised to learn that Human Resources was not very involved in the decision-making for the design and strategic administration of NIHD Benefits programs. It was explained that a prior Chief Human Resources Officer ("Georgeanne") may have been more involved in Benefits decision-making in previous years (she retired in July of 2016), but the overt avoidance of Benefits by a subsequent Chief HR Officer ("Evelyn"), and the lack of subject matter expertise by the current Human Resources Director, has left the Chief Financial Officer to absorb this function. While the Chief Financial Officer has seemed to perform more than adequately in securing a thriving relationship with an Insurance Broker (Keenan & Associates), and in achieving some expense reductions, if not program improvements, typical best practice has this functional responsibility performed by Human Resources, with the top position in the HR Department typically performing or reviewing benefit program analysis for recommendations to the Executive Team and Board of Directors. Given the current union environment for Nurses, and the potential for more employees to be covered by a collective bargaining agreement, Benefits program decisions could be vital to the financial well-being of NIHD. A newly hired Human Resources Director should have competency in strategic Benefits program development and administration.

Similarly, there was some surprise to MRG at the lack of depth within Human Resources regarding the transactional activities associated with Benefits and Leaves administration. While this assessment was high-level, and a deep analysis of transactional activities was beyond the scope of this assessment, it appeared that processes were rudimentary, not automated (until data entry was performed into the ADP system), and there was a lack of documentation regarding work processes, which is highly necessary for cross-training and continuity of work. It was also noted that for Workers' Compensation claim processing, using the BETA Healthcare Group as a third-party administrator, there is an expressed lack of knowledge on what this organization does or could provide in terms of value-added services.

## XI. CONCLUSIONS AND RECOMMENDATIONS

The Executive and Human Resources staff of NIHD were gracious in sharing information, opinions and thoughts about the Human Resources function, and it is apparent that there is a sincere desire to learn from past mistakes, invest in current staff where appropriate, and take the Human Resources function to a higher level of performance for operational and strategic purposes. Data collected and observations made by MRG staff for this high-level assessment have contributed to the following recommendations:

1. Staffing of the HR function at NIHD should evolve to 5.0 FTEs to include the classifications of HR Director; HR Analyst – Labor Relations; two (2) HR Generalists, one with a focus on Recruitment and the other with a focus on Benefits/Leaves; and an HR Office Clerk;
2. Recruitment efforts should commence immediately for the HR Generalist for Benefits/Leaves, and possibly to replace the Community Relations Coordinator (with an HR Office Clerk);
3. A recruitment timeline and process should be developed by NIHD Executive staff for a new HR Director and, upon hiring into this role, the current HR Director should be reclassified to Human Resources Analyst – Labor Relations with Y-rated compensation. An optional recommendation is to retain MRG's services to assess and screen applications for the HR Director position, and to participate on the selection panel to help assess needed competencies for success;
4. HR Department staffing should be revisited by the new HR Director and Chief Operating Officer within a reasonable time (six to twelve months) after the Department is fully staffed, to assess modifications;
5. NIHD should reconsider placing the Physician recruitment function back into Human Resources (or as an alternative, a joint approach with the Chief of Staff);
6. Current HR staff should revisit their existing recruitment and selection approaches and process steps to determine ways to better meet Client needs without compromising compliance and quality standards. This revisit should examine time-to-post issues at the beginning of the process, consider more contemporary recruitment activities, and examine process breakdowns/ hindrances which artificially elongate the requisition-to-hire timeline;
7. Current HR staff should avail themselves of no-cost and low-cost professional development resources to increase their competencies in all dimensions of the Human Resources discipline. Resources could include California Hospital Association/Hospital Councils, American Society for Healthcare Human Resources Administration, CalPELRA, SHRM, BETA Healthcare Group, California Special District Association (CSDA) and others;
8. A comprehensive assessment of the Leaves management process should be undertaken upon hiring the HR Generalist to ensure compliance, to enhance and improve record-keeping and tracking, and to appropriately engage in reasonable accommodation and interactive process activities;
9. When HR staffing has stabilized and a new HR Director has begun work at NIHD, an action plan and timetable to address the following issues should be developed:
    a. Training for managerial/supervisorial NIHD staff on performance management, coaching/counselling/discipline and grievance response;
    b. Digitize personnel documents to create electronic personnel files and other libraries of document;

c. Review all HR Standard Operating Procedures (S.O.P.s);

d. Perform a comprehensive review and update of the Employee Handbook;

e. Commence a formal cross-training program within Human Resources to develop back-up skills and redundancy in order to prevent the loss of institutional knowledge. Such a program should include the development of detailed desk/procedure manuals;

f. Implement additional modules of ADP (onboarding, performance management) while increasing the functionality of currently used modules. Explore the feasibility of an interface between ADP and Kronos; and

g. Return to a programmatic approach to Classification and Compensation Plan management, including the dogmatic updating of position descriptions, and reviewing market data against detailed turnover statistics for significance. Consider retaining a classification/compensation consultant to assess current practices.

## ATTACHMENT A

## NIHD Documents Reviewed as Part of the HR Department Assessment

1. Employee Handbook
2. Human Resources Department Standard Operating Procedures
3. NIHD Organizational Chart
4. July 1, 2018 to June 30, 2019 MOU with AFSCME
5. Joint Commission Final Report Dated February 25, 2019
6. NIHD Payroll Policies and Guidelines
7. NIHD Benefit Package Overview
8. NIHD 401(a) Retirement Plan Summary
9. Current Pay Ranges as of September 2019
10. Master List of Current Employees as of August 2019
11. Duties List for the HR Director, HR Generalist and Benefits/LOA Specialist as of October 2019
12. Updated Job Description and Evaluation Form for Human Resources Generalist (for both the Recruitment and Benefits assignments) as of November 2019
13. Job Duties list for the "HR Benefit/LOA Specialist" as provided by the incumbent in September 2019
14. Hospital-Wide General Orientation Agenda, including Relias Training Modules
15. Supplemental Leave of Absence Request Form
16. Data sheets supplied by the Human Resources Department staff on historical employee growth, turnover, new hire data, traveler utilization, requisition status, and current Employee Count by category of employment status
17. Recently negotiated MOU with AFSCME (red line version with changes register)
18. NIHD HR Hiring Process Flow Sheet

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

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

TO: NIHD Board of Directors
FROM: William Timbers, MD, Chief of Medical Staff
DATE: December 3, 2019
RE: Medical Executive Committee Report

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

A. Policies and Procedures (*action item*)
  1. *Obtaining Blood Bank Samples from Patients in Surgery*
  2. *Pain Management and Documentation*
  3. *Standards of Care in the Perioperative Unit*
  4. *Sterilization Challenge Pack (Verify Assert)*
  5. *Disaster Management Committee*
  6. *Interdisciplinary Team – Clinical Screens Built into the Initial Nursing Assessment*
  7. *Bed Bug Infestation and Management*
  8. *Infection Prevention Plan*
  9. *Linen Laundry Processes AB 2679*

B. Reappointment to New Staff Category (*action item*)
  1. Michael Rhodes, MD (*internal medicine/hospitalist*) – change from temporary staff to provisional active staff. Privileges active through December 31, 2020.

C. Resignations (*action item*)
  1. Jennifer Figueroa, PA-C (*family practice*) – effective 10/23/19

D. Extension of appointment – bylaws 6.13.3 (*action items*)
  1. Daniel Davis, MD (*orthopedics*)
  2. Kevin Deitel, MD (*orthopedics*)

E. Medical Staff and Advanced Practice Provider Reappointments for 2020-2021 (*action items*)

| Practitioner | | Specialty |
|---|---|---|
| Ahmed, Farres | MD | Radiology |
| Bowersox, Jon | MD | Surgery |
| Brown, Stacey L | MD | Family Medicine |
| Bryce, Thomas | MD | Radiology |
| Chan, Brandon | MD | Radiology |
| Dell, Alissa | NP | Family Practice |
| Dillon, Michael L | MD | Emergency Medicine |
| Erogul, John Y | MD | Radiology |
| Farooki, Aamer | MD | Radiology |
| Firer, Daniel | MD | Family Medicine |
| Fong, Nancy E | NP | Family Practice |
| Ge, Benjamin | MD | Radiology |

| | | |
|---|---|---|
| Harness, Jay K | MD | Surgery |
| Hathaway, Nickoline M | MD | Internal Medicine |
| Hawkins, John Adam | DO | Emergency Medicine |
| Hewchuck, Andrew D | DPM | Podiatry |
| Irmiter, Kristin N | MD | Pediatrics |
| Kamei, Asao | MD | Internal Medicine |
| Kasper, Jared | MD | Radiology |
| Kim, Martha | MD | OB/GYN |
| Klabacha, Rita | PA-C | Family Practice |
| Lezcano, Sheila | MD | Rheumatology |
| Loos, Stephen | MD | Radiology |
| Majlessi, Azadeh L | MD | Rheumatology |
| Maki, Erik J | MD | Radiology |
| Manzanilla, Rainier | MD | Interventional Cardiology |
| Meredick, Richard | MD | Orthopedics |
| Norris, Jennifer | CNM | Nurse-Midwife |
| O'Neill, Tammy | PA-C | Orthopedics |
| Patel, Nilem | MD | Endocrinology |
| Peralta, Wilbur | MD | Internal Medicine |
| Phillips, Michael W | MD | Emergency Medicine |
| Pillsbury, Edmund P | MD | Radiology |
| Pillsbury, Kinsey R | MD | Radiology |
| Pomeranz, David | MD | Emergency Medicine |
| Quach, Truong | MD | Internal Medicine |
| Reid, Thomas K | MD | Ophthalmology |
| Rowan, Christopher | MD | Cardiology |
| Saft, Amy | CRNA | Nurse Anesthesia |
| Schweizer, Curtis | MD | Anesthesiology |
| Seher, Richard | MD | Cardiology |
| Slotnick, Robert N | MD | OB/GYN |
| Sullivan, Laura | MD | Cardiology |
| Swackhamer, Robert | MD | Cardiology |
| Tiernan, Carolyn J | MD | Emergency Medicine |
| Tseng, Ian | MD | Radiology |
| Turner, Gary | MD | Radiology |
| Vaid, Rajesh | MD | Radiology |
| Wakamiya, Anne K | MD | Internal/Geriatric Medicine |
| Wasef, Eva S | MD | Pathology |
| Wei, Stephen | MD | Radiology |
| Wilson, Christopher | MD | Cardiology |
| Zuger, Sarah | MD | Family Medicine |

F. Physician recruitment update (*information item*)

NORTHERN INYO HOSPITAL
POLICY

| **Title: Obtaining Blood Bank Samples From Patients in Surgery** | |
|---|---|
| Scope: Transfusion Services | **Departments: Laboratory, Surgery** |
| Author: Immunology Coordinator | **Effective Date:** |
| Copy Location: | **Revised Date: October 2019** |

## PURPOSE:

This policy explains how specimens for blood bank work are collected from patients already in surgery.

## POLICY:

There are three methods for obtaining blood bank samples from patients already in surgery:

1. A member of the laboratory team gowns up and enters the surgery suite; identifies the patient, draws and labels the sample, then bands the patient.
2. A member of the surgery team draws and labels the sample with the patient's name, date of birth and medical record number. A member of the laboratory team waiting at the entrance to the surgical suite accepts the specimen, verbally confirms the patient ID with the surgery team, prepares the blood bank band and hands the blood bank band to the surgical team to place on the patient.
3. A member of the surgery team draws and labels the sample with the patient name, date of birth, medical record number and blood bank label, then bands the patient with the blood bank band and sends the sample to the lab.

The method for obtaining blood bank samples depends on the time of day and available personnel:

1. Phlebotomists are on site from 5am to midnight 7 days a week. During this period, the preferred method is method (1). Employ methods (2) and (3) if necessary.
2. Between midnight and 5am, one Clinical Laboratory Scientist is on site and one phlebotomist is on call. The Clinical Laboratory Scientist does not draw blood. During this period, employ methods (2) or (3).

## NOTES:

1. Orders originating from surgery for blood bank work are phoned orders. Laboratory personnel will enter orders in the information system and fill out necessary paperwork.
2. Use the following contact numbers:
   a. Between 6am and 5pm extension 3679
   b. Between 5pm and 6am extension 2113 or radio
3. When notifying the lab for a needed blood draw, specify the patient name and the surgery suite number.

## Cross-Reference P&P:

1. Blood Bank – Emergency Requests
2. Blood Bank – How to order Tests
3. Blood Bank- Obtaining Blood Products
4. Operating Room Attire
5. Blood and Blood Product Transfusion – Lippincott Manual

| Reviewed by | Date |
|---|---|
| Surgery, Tissue, Transfusion, Anesthesia Committee | 10/23/19 |
| Medical Executive Committee | 12/3/19 |

NORTHERN INYO HOSPITAL
POLICY

| **Title: Obtaining Blood Bank Samples From Patients in Surgery** | |
|---|---|
| Scope: Transfusion Services | **Departments: Laboratory, Surgery** |
| Author: Immunology Coordinator | **Effective Date:** |
| Copy Location: | **Revised Date: October 2019** |

| Board of Directors | |
|---|---|
| Board of Directors Last Review | |

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

**PURPOSE:**
1. To provide for standardization of pain screening/assessment, management and documentation across the treatment continuum, with a particular focus on the hospital in-patient.
2. Assessment of pain for the non-verbal infant, child or adult must rely on behavioral and or physiologic parameters.

**POLICY:**
Pain assessment will be documented on the Admission Nursing Assessment form initially and on a regular basis on the unit patient care flow sheet or unit nursing record thereafter.

At a minimum, the following standards for pain assessment, treatment, and documentation will be followed. Additionally, individual unit standards of care that pertain to pain assessment, management, and documentation will be followed.

The same numerical scale for pain assessment will be used for each individual patient If the type of pain scale is changed it will be noted.
The following scales will be used:

A. **Neonatal/Infant Pain Scale (NIPS)**
This scale may be used for *infants less than 1 year* of age.
See addendum I

B. **Facial, legs, activity, cry, consolability scale (FLACC)**
This scale can be used in *children ages 2 months to 7 years.*
FLACC Behavioral Pain Assessment Scale is a behavioral assessment that can be used to determine pain level when a child can't report his level of pain. It can be used in children ages 2 months to 7 years. Five categories are scored from 0 to 2. The categories are then totaled to obtain the child's pain score. The pain score can range from 0 to 10; the higher the score, the greater the pain.
See addendum II

C. **Wong-Baker FACES Pain Rating Scale:** This scale is used for adults and pediatric *patients older than 3 year of age.* The Wong-Baker FACES Pain Rating Scale can also be used with *patients who have mild dementia* or for those who are unable to understand a numeric pain scale.
It is a self-report tool in which the patient points to the face that corresponds to his pain intensity. NIH uses the 0 to 10 scale.
See addendum III

D. **Patient Self Report of Pain:** The Numeric Pain Scale may be used for patients
*5 years of age or older*.
The patient must be able to count.
The patient reports pain severity on a 0-10 scale by associating with a numerical value or facial expression.
See addendum IV

draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

E. **Observational Pain Scale for Critically Ill Adults:** May be used for patients who are unable to communicate their pain level. May be used for sedated, somnolent, sleeping, or cognitively impaired patients.
See Addendum V

***STANDARDS:***

1. Patients or their representatives will be informed that they have a right to be involved in their pain management as stated in the Patient Bill of Rights. This information will be included in the Conditions of Admission that the patient signs on admission to the hospital.

2. Patients or their representatives will be instructed in the use of the pain rating scale to report their pain (age-appropriate, condition appropriate, and language appropriate). The type of pain scale used will be documented on the patient care record.

3. When possible, patients will be asked to participate in setting a comfort goal. Pertinent comfort measures will be taught to the patient and family. This information will be documented on the patient care record.

4. The pain goal is set by the patient or nurse/or other clinical discipline for patients who are unable to set a goal. The goal is monitored for inpatients at a minimum of every 24 hours as part of the Interdisciplinary plan.

   **Pain Screening and assessment:**
   A. Screening:
      a. All patients will be screened for the presence of pain:
         i. On admission or initial patient encounter
         ii. Before and after a procedure
         iii. With a change in condition
         iv. With patient's self-report of recurring or new pain
         v. As appropriate for patient's condition
      b. With each routine vital sign assessment. If the patient is being screened by a CNA, Tech or MA, only patient self-report of pain severity may be used. The screener will immediately report to licensed personnel using the following guidelines:
         i. Pain that is above the patient's acceptable level of pain
         ii. Any chest pain
         iii. Any new onset of pain above the patient's acceptable level of pain

5. Upon Admission, all patients will be asked about the presence and intensity of pain at the time of initial evaluation and as clinically indicated.
6. Initial pain assessment and or new report of pain:
   A. When the patient denies pain: if the patient denies pain, document zero (0) as well as the patient's acceptable pain severity level in the electronic health record. No further pain documentation is needed at this time.
   B. Once pain has been identified, further pain assessment must be completed by a nurse or physician and includes the following elements:

Draft

a. **Pain Severity** is determined by the patient's self-assessment or by alternative pain scales such as the FLACC or NIPS
b. The nurse may collaborate with the family and or significant other as well as review suspected caused of pain to evaluate the patients' pain. This is especially helpful with pain assessments of the non-communicative patient.
c. **Location** The location of pain will be assessed and documented. For patients evaluated using the FLACC or NIPS, pain location may not be assessable. The RN will use knowledge about the patients' condition, behavior and history to assist in pain location assessment.
d. **Acceptable severity** of pain on a 0-10 scale. The patient may change the acceptable level at any time. Acceptable level cannot be obtained from the non-communicative patient and may not be assessable if using any of the recommended scales for nonverbal patients.
e. **Additional/optional elements** that should be noted during a pain assessment and may assist with the development of a plan of care include:
   i. Quality and Character of pain
   ii. Radiation location as appropriate
   iii. Duration and frequency of pain
   iv. Effects of pain: impact on daily functioning and associated symptoms
   v. Alleviating factors, response to past interventions, what helps decrease or relieve pain, usual relief measures
   vi. Aggravating factors: what increases or triggers pain

7. Pain must always be assessed and evaluated in light of the patient's entire clinical condition. Examples of scenarios that may not require additional assessment:
   A. Pain level less than or equal to patient reported acceptable severity
   B. Patient declines additional assessment or intervention
8. Any patient declination of assessment or intervention will be documented in the health record.

**Focused re-assessment**

1. Focused pain reassessment must be completed by a nurse or trained team member as part of the shift assessment or treatment plan and in response to the patient's initial assessment. The team member documents in the shift assessment a minimum of every shift. The assessment is documented in the EHR and includes:
   A. Pain severity
   B. Pain location
   C. If possible, an acceptable severity of pain on a 0-10 scale will be used. If a patient denies pain it may be documented as "denies pain", or it may be documented as zero (0).
   A post intervention reassessment is conducted within a reasonable time frame after pharmacologic intervention and or other pain management interventions have occurred.
      a. After pharmaceutical intervention, the RN/LVN reassesses the patient's response:
         i. Pain shall be assessed and pain intensity documented within 15 minutes ± 10 minutes after Intravenous administration of pain medication.
         ii. Pain shall be assessed and pain intensity documented within 60 minutes ± 15 minutes after ~~parenteral~~Intramuscular injection-of pain medication for inpatient and outpatient admissions.

draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

iii. Pain shall be assessed and pain intensity documented with 90 minutes ± 15 minutes after oral drug therapy for inpatient and outpatient admissions.

D. Re-assessment must be performed in light of the patient's entire clinical condition. Examples of scenarios that may not require additional assessment:
   a. Pain level less than or equal to patient reported acceptable level
   b. Patient declined additional assessment or intervention

E. Pain intensity will be assessed prior to any repeated PRN pain medication administration.

**Pain management and plan of care:**

The RN will begin development of the pain management plan of care in collaboration with the patient, family, significant other, medical plan of care and interdisciplinary care team. An evidence-based, individualized plan of care is created upon admission and updated as needed based on the diagnosis or patient's individual needs (Gulanick & Myers, 2011). The individualized plan of care includes nursing interventions for pain management.

1. A pain rating higher than the patient's comfort goal will elicit intervention. Interventions will be initiated as ordered. If pain persists, the physician will be notified.

**DOCUMENTATION:**

The following will be documented in the patient's medical record:
   a. Patient/family (as applicable) teaching
   b. Type of scale used
   c. The comfort goal, when appropriate
   d. Initial and subsequent pain assessments
   e. Pain relief intervention
   f. Any interdisciplinary review
   g. Any modification of the treatment plan

The following records/forms may contain this documentation:
   a. Admission Nursing Assessment
   b. Nursing Plan of Care
   c. Unit Nursing Record or Patient Care Flow Sheet
   d. Medication Documentation Sheet (if applicable)
   e. Discharge Instructions

**REFERENCES**:

1. http://wongbakerfaces.org/
2. https://www.nlm.nih.gov/research/umls/sourcereleasedocs/current/LNC_FLACC/
3. https://www.uwhealth.org/healthfacts/parenting/7711.pdf
4. https://com-jax-emergency-pami.sites.medinfo.ufl.edu/files/2015/02/Neonatal-Infant-Pain-Scale-NIPS-pain-scale.pdf
   *From* Hockenberry, M. J., & Wilson, D. (2016). *Wong's essentials of pediatric nursing* (10th ed.). St. Louis, MO: Mosby. Reprinted with permission.
5. *From* Merkel, S. I., et al. (1997). The FLACC: A behavioral scale for scoring postoperative pain in young children. *Pediatric Nursing, 23,* 293–297
6. McCaffery M, Pasero C: Pain: Clinical Manual, p. 410 Copyright 1999 Mosby, inc.)



draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

7. Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *J Am Med Dir Assoc. 2003;4(1):9-15.*

**CROSS REFERENCE P&P's:**
1. Nursing Assessment/Reassessment
2. Opioid Sedation Scale

| **Approval** | **Date** |
|---|---|
| CCOC | 2/25/19 |
| Peri-Peds Committee | 9/26/19 |
| Pharmacy & Therapeutics Committee | 10/17/19 |
| Med/ICU Committee | 10/3/19 |
| Surgery Tissue Committee | 10/23/19 |
| Medical Executive Committee | 12/3/19 |
| Board of Directors | |
| Last Board of Director Review | 4/18/18 |

Initiated: 12/99
Revised: 4/00, 8/00, 11/00, 04/02, and 02/2006 SM, 10/07, 04/10 AW, 9/12 AW 4/13, 2/17la, 2/19ta
Reviewed: 05/11AW,

draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

**Addendum I:**

**NEONATAL INFANT PAIN SCALE (NIPS)**

## *Use for infants less than one year of age*

The Neonatal infant Pain Scale (NIPS) is a behavioral scale and can be utilized with both full-term and Pre-term infants. The tool was adapted from the CHEOPS scale and uses the behaviors that nurses have described as being indicative of infant pain or distress. It is composed of six (6) indicators:

- Facial expression
- Cry
- Breathing patterns
- Arms
- Legs
- State of arousal

Each behavioral indicator is scored with 0 or 1 except “cry” which has three possible descriptors (scored 0.1.or 2). See the NIPS Scale for the description of infant behavior in each indicator group.

Infants should be observed for one minute in order to fully asses each indicator.

Total pain scores ran from 0-7. The suggested interventions based upon the infant’s level of pain are listed below.

Evaluate newborn for causes of pain versus the need for routine comfort measures.

Pain indicated by:

1. Birth injuries/trauma
2. Maternal drug history indicating potential for neonatal withdrawal symptoms
3. Painful procedures (i.e., IV starts, lab draws, tube placement, injections, circumcision, etc)

Discomfort indicated by:

1. Need for repositioning
    a. Reposition for correct body alignment, flexed midline position.
2. Need for diaper or linen change
    a. Change diapers or clothing
3. Signs of hunger (i.e., hand-mouth activity, sucking, rooting)
    a. Feed per orders or offer non-nutritive sucking for infants unable to feed for medical reasons

draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

## NEONATAL INFANT PAIN SCALE (NIPS)

| Scores | 0 | 1 | 2 | |
|---|---|---|---|---|
| **Facial Expression** | **Relaxed Muscles**<br>Restful face<br>Neutral expression | **Grimace**<br>Tight facial muscles, furrowed brow, chin, jaw (negative facial expression – nose, mouth, and brow) | | |
| **Cry** | **No cry**<br>Quiet, not crying | **Whimper**<br>Mild moaning, intermittent | **Vigorous cry**<br>Loud scream, rising , shrill, continuous (note: silent cry may be scored if baby is intubated, as evidenced by obvious mouth, facial movement) | |
| **Breathing Patterns** | **Relaxed**<br>Usual pattern for this baby | **Change in breathing**<br>In drawing, irregular, faster than usual, gagging, breath holding | | |
| **Arms** | **Relaxed / Restrained**<br>No muscular rigidity, occasional random movements of arms | **Flexed / Extended**<br>Tense, straight arms, rigid and/or rapid extension, flexion | | |
| **Legs** | **Relaxed / Restrained**<br>No muscular rigidity, occasional random leg movement | **Flexed / Extended**<br>Tense, straight legs, rigid and/or rapid extension, flexion | | |
| **State of Arousal** | **Sleeping / Awake**<br>Quiet, peaceful, | **Fussy**<br>Alert, restless, and thrashing | | |

draft

| | | | | |
|---|---|---|---|---|
| | sleeping or alert and settled | | | |
| **Total:** | | | | |

**Pain Level Intervention**

0-2 = mild to no pain none
3-4 = mild to moderate pain Non-pharmacological intervention with a reassessment in 30 minutes
>4 = severe pain Non-pharmacological intervention and possibly a pharmacological intervention

draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

**Addendum II**:

**Facial, legs, activity, cry, consol ability scale (FLACC)**
**For children ages 2 months to 7 years.**
The FLACC Behavioral Pain Assessment Scale is a behavioral assessment that can be used to determine pain level when a child can't report his level of pain. It can be used in children ages 2 months to 7 years. Five categories are scored from 0 to 2. The categories are then totaled to obtain the child's pain score. The pain score can range from 0 to 10; the higher the score, the greater the pain. See Addendum IV

| **FLACC Behavioral Pain Assessment Scale**[19] | | | |
|---|---|---|---|
| The FLACC Behavioral Pain Assessment Scale is a behavioral assessment that can be used to determine pain level when a child can't report his level of pain. It can be used in children ages 2 months to 7 years. Five categories are scored from 0 to 2. The categories are then totaled to obtain the child's pain score. The pain score can range from 0 to 10; the higher the score, the greater the pain. | | | |
| | **Scoring** | | |
| **Category** | **0** | **1** | **2** |
| Face | No particular expression or smile | Occasional grimace or frown, withdrawn, disinterested | Frequent to constant frown, clenched jaw, quivering chin |
| Legs | Normal position or relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| Activity | Lying quietly, normal position, moves easily | Squirming, shifting back and forth, tense | Arched, rigid, or jerking |
| Cry | No cry (awake or asleep) | Moans or whimpers, occasional complaint | Crying steadily, screams or sobs, frequent complaints |
| Consol ability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to, distractible | Difficult to console or comfort |
| Total score: | | | |
| *From* Merkel, S. I., et al. (1997). The FLACC: A behavioral scale for scoring postoperative pain in young children. *Pediatric Nursing, 23,* 293–297. | | | |

**Addendum III:**

**Wong-Baker FACES Pain Rating Scale**
**For adults and pediatric patients older than 3 year of age or who have mild dementia or who do not understand the numeric pain scale.**
It's a self-report tool in which the patient points to the face that corresponds to his pain intensity. NIH uses the 0 to 10 scale. Explain to the patient what each face means before having him rate his pain.
To use the FACES scale, explain to the patient that each face represents a person who feels happy because he has no pain or is sad because he has some or a lot of pain. Face 0 is very happy because he doesn't hurt. Face 1 hurts just a little bit. Face 2 hurts a little more. Face 3 hurts even more. Face 4 hurts a whole lot. Face 5 hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the patient to choose the face that best describes how he is

feeling.

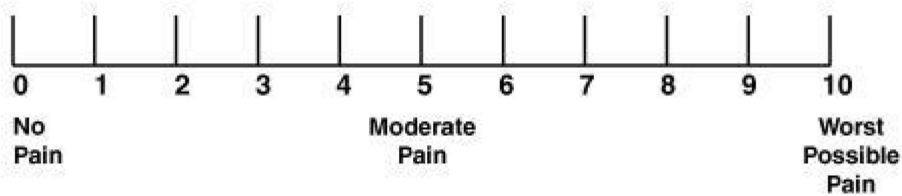
| | | | |
|---|---|---|---|
| Legs | Normal position or relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| Activity | Lying quietly, normal position, moves easily | Squirming, shifting back and forth, tense | Arched, rigid, or jerking |
| Cry | No cry (awake or asleep) | Moans or whimpers, occasional complaint | Crying steadily, screams or sobs, frequent complaints |
| Consol ability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to, distractible | Difficult to console or comfort |
| Total score: | | | |

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

**Addendum IV:**

**Numeric Pain Scale**

A numeric pain scale is a self-report tool. To use it, the patient must have a concept of numbers and their relationship to each other. The scale can be used vertically or horizontally. The numbers range from 0 to 10, where 0 is no pain and 10 is the worst possible pain. The nurse should ask the patient to pick which number corresponds to her/his pain level




draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

**Addendum V:**

**Observational Pain Scale:**
Used for patients who are unable to communicate their pain level

Instructions: Observe the patient for five minutes before scoring his or her behaviors. Score the behaviors according to the following chart. The patient can be observed under different conditions (e.g., at rest, during a pleasant activity, during care giving, after the administration of pain medication).

| Categories | 0 | 1 | 2 | Score |
|---|---|---|---|---|
| Face | No particular expression or smile | Occasional grimace, tearing, frowning, wrinkled forehead | Frequent grimace, tearing, frowning, wrinkled forehead | |
| Activity (movement) | Lying quietly, normal position | Seeking attention through movement or slow, cautious movement | Restless, excessive activity and/or withdrawal reflexes | |
| Guarding | Lying quietly, no positioning of hands over areas of body | Splinting areas of the body, tense | Rigid, stiff | |
| Physiology (vital signs) | Stable vital signs | Change in any of the following:<br>• SBP>20 mm Hg<br>• HR>20/min | Change in any of the following:<br>• SBP>30 mm Hg<br>• HR>25/min | |
| Respiratory | Baseline RR/$SpO_2$ Compliant with ventilator | RR>10 above baseline, or 5% ↓$SpO_2$ mild asynchrony with ventilator | RR>20 above baseline, or 10% ↓$SpO_2$ mild asynchrony with ventilator | |
| | | | **TOTAL SCORE** | |

© Strong Memorial Hospital, University of Rochester Medical Center, 2004.

Each of the 5 categories is scored from 0-2, which results in a total score between 0 and 10.
Document total score by adding numbers from each of the 5 categories.
Scores:
0-2 indicate no pain
3-6 moderate pain
7-10 severe pain

draft

| Title: Pain Management and documentation* | |
|---|---|
| Scope: Nursing Services | Manual: Cognitive and Perceptual (NSC), CPM - Neurological, Sensory |
| Source: Manager - ICU Acute/Subacute | Effective Date: 5/16/17 |

**Addendum VI**

**Deep Breathing for relaxation with the option of peaceful imagery**

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you.
4. To help you focus on your breathing and breathe slowly and rhythmically:
   Breathe in as you say silently to yourself "In two three"
   Breathe out as you say silently to yourself "Out two three"
   Or
   Each time you breathe out, say silently to yourself a word such as peace or relax
5. You may imagine that you are doing this in a place you have found very calming and relaxing for you, such as laying in the sun at the beach.
6. Do steps 1 through 4 only once or repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow, deep breath. As you breathe out you may say to yourself, "I feel alert and relaxed."

**Additional points:**

- This technique for relaxation has the advantage of being very adaptable. You may use it for only a few seconds or for up to 20 minutes. For example, you may do this regularly for 10 minutes twice a day. You may also use it for one or two complete breaths any time you need it throughout the day or when you awaken in the middle of the night.
- If you use this technique for more than a few seconds try to get in a comfortable position in a quiet environment.
- A very effective way to relax is to add peaceful images once you have performed steps 1 through 4 above. Following are some ideas about finding your own peaceful memories.

Something may have happened to you a while ago that can be of use to you now. Something may have brought you deep joy or peace. You may be able to draw on the past experience to begin you peace or comfort now. Think about these questions:

- Can you remember any situation even when you were a child, when you felt calm, peaceful, secure, hopeful, or comfortable?
- Have you ever laid back, kicked off your shoes, and daydreamed about something peaceful? What were you thinking of?
- Do you get a dreamy feeling when you listen to music? Do you have any favorite music?
- Do you have any favorite poetry that you find uplifting or reassuring? Are you now or have you ever been religiously active? Do you have favorite readings, hymns, or prayers? Even if you haven't heard or thought of them for many years, childhood religious experiences may still be very soothing.

Very likely some of the things you think of in answer to these questions can be recorded for you, such as your favorite music or a prayer read by your clergyman. Then you can listen to the recording whenever you wish. Or, if your memory is strong, you may simply close your eyes and
recall the events or words.

draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**STANDARD OF CARE**

| Title: Standards of Care in the Perioperative Unit | |
|---|---|
| Scope: Perioperative Unit | Manual: Surgery, PACU – Standards of Care (S of C) |
| Source: DON Perioperative Services | Effective Date: 3/31/18 |

**POLICY STATEMENT:**

1. The Perioperative Unit nursing is provided using an interdisciplinary team approach, based on a holistic assessment of patient needs, capabilities, and limitations; nursing diagnosis; planning; interventions; and evaluation of patient response.
2. The patient age-specific population served is:
   - Pediatric: 2 years of age up to 13 years of age
   - Adult: 13 years of age to 65 years of age
   - Geriatric: > 65 years of age

**PROCEDURE:**

The Perioperative patient and/or family-caregiver can expect:

1. **THROUGHOUT THE STAY**
   a. To be treated in accordance with NIH's policy entitled "Patients' Rights"
   b. To be kept informed of and involved in the plan of care including medications, procedures, and discharge needs.
   c. To have care delivered based on standards of practice for the diagnosis identified.

2. **PRIOR TO ADMISSION**
   A. A preoperative interview initiated by a perioperative RN by phone at least one day prior to the scheduled surgery. If the patient chooses to come to the hospital the day prior to surgery – the interview may be conducted in person. The preoperative interview will include:
      a. Preoperative teaching, based on individualized needs
      b. Description of the pre-op preparation, the OR, and the PACU
      c. Review of past procedures and problems, allergies, implants, immunizations, family history, use of alcohol, tobacco, other drugs
      d. Review of current medications, medications to be taken prior to surgery
      e. Estimated times for surgery and discharge from the PACU (outpatient surgery) or transfer to inpatient unit
      f. The interview will be documented in the EHR (electronic health record).

3. **ON ADMISSION OR TRANSFER INTO THE DEPARTMENT:**
   A. Orientation to the surgical experience but not limited to:
      To be greeted immediately upon arrival to the unit including:
      a. Introduction of nursing and ancillary staff
         i. Explanation of what to expect within the next hour
         ii. Expected timing of the surgery
      b. A clean patient cubicle with appropriate supplies and equipment and orientation to:
         i. Call light use and TV controls
         ii. Bathroom location
         iii. Equipment in use including warming measures, athrombic pumps if ordered
   B. Assessment and preparation for surgery within 30 minutes of arrival by an RN

a. Assessment of level of assistance required to complete activities of daily living, including transferring, ambulation, self-care, and feeding; support provided to meet identified needs postoperatively
b. Personal belongings checked and placed in labeled belongings bag or given to designated responsible adult accompanying patient
c. Height, Weight and vital signs taken and recorded
d. Physical assessment (skin, lungs, heart, pulses, pupils, mobility)
e. Social and learning needs assessment (continued using information from the perioperative interview)
f. IV access obtained
g. Informed consent for surgery reviewed / signed per policy
h. Surgical site preparation performed if ordered / needed
i. Review of postoperative equipment (crutches, braces, shoes, briefs)
j. A Surgical Checklist will be completed on each preoperative patient prior to the patient going to the OR.
k. To have a surgery RN review chart, explain surgery and answer questions before going into surgery. The Surgical Checklist will be reviewed by the Circulating RN prior to the patient being moved to the OR.
l. The patient will participate in signing the surgical site per policy.
m. To speak with the surgeon and have any questions answered prior to going to the OR
n. If anesthesia provider is assigned to the patient – the anesthesia provider will assess the patient, review the medical record, and explain anesthesia plan to patient prior to the patient entering the OR

C. To receive information about the patient/family's Speak Up Program, Patient Rights, Patient Safety, Patient Advocate, Advance Directives, Infection Control, and Rapid Response.

D. The nursing care of patients will be supervised by RNs adept in skills and knowledge of a surgery patient. The priority of data collection activities is driven by the patient's immediate condition and/or anticipated:
a. Nursing plan of care individualized for patient. Information from the preoperative interview, medical record, preoperative checklist, and interviews done the day of surgery will be used to formulate an ongoing plan of care which will be documented in the EHR
b. Review and initiation of preoperative orders by the RN
   i. To have an RN review and initiate physician admitting orders within 30 minutes of admission, including review of medical staff plan of care as written
c. To have an RN initiate discharge planning at time of admission, to be readdressed throughout stay including:
   i. Patient goals for hospitalization
   ii. Referral to interdisciplinary team, including but not limited to: dietary, social services, physical therapy, speech therapy, and pharmacy.

d. The Perioperative RN's practice is guided by the ANA's Code for Nurses, AACN's Ethic of Care, and ethical principles, ASPAN Standards and Practice Recommendations as well as AORN Guidelines for Perioperative Practice.
e. The AHA ACLS protocol will be instituted when necessary for all PACU patients, older than 13 years of age, and the AHA PALS protocol instituted when necessary for all patients younger than 13 years of age.

E. During the Surgical procedure the patient will be accompanied by a surgical RN (the RN will accompany the patient to surgery, a Surgical RN will be with the patient through surgery and will accompany the patient out of surgery. The Surgical nurse will ensure safety for the patient addressing:
a. Positioning – assessing and ensuring correct alignment and tissue integrity
b. Site mark visible after draping
c. Risk for fire in the OR
d. Medication labeling on and off the sterile field
e. Aseptic technique will be implemented and maintained throughout the surgical procedure
f. Specimens properly labeled
g. Universal Protocol will be followed. A time-Out is performed before an incision is made and before the incision is closed

F. The patient will be accompanied from surgery by an anesthesia provider, the RN that administered sedation, or surgeon

G. The patient will be monitored continuously throughout the operative procedure by an anesthesia provider or an RN.

H. All patients undergoing operative, manipulative, or diagnostic procedures under general or regional anesthesia shall stay in the PACU before being returned to the nursing unit except those patients who, in the judgement of the surgeon and anesthesia provider should be taken directly to an in-patient hospital room. The anesthesia provider, surgeon, or responsible physician shall ascertain the patient is in satisfactory condition before delegating the immediate care to the PACU RN.

I. A report is given to the Postoperative RN (PACU or other unit RN) by the Surgical RN and the anesthesia provider. Such discussion shall include pre-existing medical problems, anesthetic technique used, surgery or procedure performed, any untoward reactions or unusual incidents, special orders, needs or precautions.

4. **THROUGHOUT THE PACU STAY:**

A. To have an RN monitor and assess the patient from PACU admit to PACU discharge as the patient's condition warrants. Patients will receive nursing care based on an assessment of their needs.

B. All patients will have cardiac monitoring in the most appropriate leads. Monitor strips will be placed on the chart preoperatively and postoperatively. Changes in rate, rhythm, or morphology will be documented PRN.

C. Vital signs including Blood Pressure, Pulse, Respiratory rate and O2 saturation will be completed per policy. A temperature will be obtained on PACU admission and discharge or more often as the condition dictates.

D. All completed assessments (vital signs, level of consciousness, nerve and circulation checks, pain scales), intravenous fluids, medications, blood and blood product administration will be documented in the EHR in a timely manner.

E. All inpatients will be on intake and output monitoring. I&O's will be recorded every 2 hours.

F. All patients will have an IV or saline lock unless otherwise ordered by the physician.

G. All patients will have suctioning performed whenever indicated. This includes oral/naso pharyngeal and endotracheal suctioning.

H. In the event that a patient's status deteriorates, the PACU RN will immediately notify the anesthesia provider or the surgeon. The responsibility for the PACU patient is a joint one, shared by the surgeon and the anesthesia provider. Requests for assistance by the PACU personnel shall evoke immediate and appropriate response on the part of the anesthesia provider or surgeon. In the event that the patient's status deteriorates, the PACU RN will immediately notify the anesthesia provider or surgeon. If no anesthesia provider is involved in the care of the patient, the surgeon responsible.
   a. Abnormal or worsening critical signs specific to patient's baseline
   b. Abnormal or worsening lab values
   c. Significant change in Level of Consciousness (LOC)
   d. Significant or worsening change in physical assessment
   e. Significant change or imbalance in Input and Output (I&O)
   f. Any adverse drug and/or blood reactions, or untoward change as a response to treatment
   g. Inability to control pain or obtain pain relief
   h. Any untoward occurrence/event occurring in the hospital
   i. Significant change in cardiac rhythm

I. To receive prompt identification of and intervention for potential and actual complications/side effects, including Rapid Response Team initiation. All unusual incidents, untoward reactions, and notification of and response by the anesthesia provider and surgeon shall be noted in the PACU record.

J. Care of the PACU patient will be guided by the policies and procedures at Northern Inyo Hospital. The PACU is not to be used as a substitute for routine post-operative care and patients requiring prolonged observations should be admitted to a 23 hour "Observation Status".

K. A FSBS may be performed by the RN if the patient is demonstrating signs or symptoms suspicious for hypo/hyperglycemia. The physician will be informed of all abnormal results.

L. In the event of medication incompatibility, a second IV at TKO rate or saline lock may be inserted.

M. Nursing staff will be responsible for knowledge of medication given and utilizing appropriate resources to gain that knowledge.

N. All sedation/analgesia will be given according to the Procedural Sedation guidelines.

O. The nurse may obtain a 12-lead EKG and will call the anesthesia provider or surgeon in the event of:

a. New onset of chest pain.
b. Significant changes in the cardiac rhythm.

P. To have pain assessed and managed in a systematic way to achieve optimal relief.
Q. Environment assessment, to include maintenance of clean, quiet, and therapeutic atmosphere. *Universal precautions will be followed*
R. To have safety measures identified specific to each patient including:
  a. Patient identification band in place; staff to use at least two patient identifiers for medications and procedures.
  b. 5 rights of medication administration practiced.
  c. Fall risk assessment completed at admission (pre-operatively) and discharge from hospital.
  d. Skin assessment at admission (pre-operatively) and discharge from hospital.
    i. Interventions in place specific to patient to prevent new breakdown (positioning in the OR), and to treat existing skin breakdown
  e. Restraints only used if less restrictive measures not successful and the patient is at risk for injury of self.
  f. Smoke-free environment
S. To have preventative measures followed to avoid patient infections, pneumonia, and blood clots.
T. To have visitors as patient condition warrants per PACU RN, anesthesia provider, and surgeon discretion.
U. To have continuity of care maintained between preoperative RN, Surgery RN, PACU RN, and inpatient unit RN through appropriate sharing of information (SBAR-QC).
V. To have confidentiality and privacy maintained in accordance with policy on Patient Rights, State Law, and Federal Law.
W. To have nutritional needs assessed, and nutrition provided that meets the patient's special diet, including cultural, religious, or ethnic preferences.
X. Patients have the right to refuse care, treatment and services in accordance with the law and regulation
Y. All admitted patients will be entered in the PACU logbook.

5. **ON TRANSFER WITHIN NIH:**
  A. To have discharge transfer assessment completed by transferring RN.
  B. To have patient assessment completed by receiving RN.
  C. The inpatient may be transferred from the PACU utilizing STTA (Surgery, Tissue, Transfusion, and Anesthesia) Committee approved PACU Discharge Criteria
  D. To have transferring RN provides report of patient condition (SBAR-QC) to receiving RN.
  E. To have patient/family updated on reason for transfer, location moved, and expected time of transfer.
  F. To be transferred with all belongings.

6. **ON DISCHARGE:**

A. To have discharge assessment completed by RN.
B. A physician will discharge the patient. STTA Committee approved PACU Discharge Criteria will be used to determine readiness for discharge.
C. To have written discharge instructions provided to patient/family member by RN, including clarification of:
   a. Who to call for questions.
   b. Nature of medical condition and what symptoms to report to MD.
   c. Medications to take, list of medications already given that day, new prescriptions.
   d. Follow-up appointment, including outpatient diagnostic test and lab work orders.
   e. Medical equipment needed at home, including vendor to call for assistance.
   f. Activity level and return to work.
   g. A responsible adult should take the patient home – driving is not permitted for 24 hours following anesthesia / sedation
   h. Dietary restrictions.
D. To be discharged with all belongings and medications.
E. To receive hospital follow-up call.

**REFERENCE(S):**

1. American Nurses Association. (2010). Nursing Scope and Standards of Practice. Silver Spring, MD: Nursesbooks.org
2. JCAHO (CAMH): UP.01.01.01, RI.01.03.01, PC.03.01.01, PC.03.01.03, PC.03.01.05, PC.03.01.07, PC.04.01.05, RC.01.03.01 Jan 2019
3. CA Code of Regulations Div. 5, Title 22: 70223, 70225, 70233 (2018)
4. CMS: 482.52 2009
5. ASPAN Perianesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements (2012-2014)
6. AORN 2018 Edition Guidelines for Perioperative Practice

**CROSS REFERENCE HOSPITAL P&P:**

1. Preoperative Interview
2. Operative Consents
3. Hand Off; Standardized Nursing Communications Policy
4. Postoperative Teaching
5. Patients' Rights
6. Universal Protocol
7. Pain Management and Documentation
8. Obtaining Blood Bank Samples from Patients in Surgery

| Approval | Date |
|---|---|
| Clinical Consistency Oversight Committee (CCOC) | 11/18/19 |
| STTA | 10/23/19 |
| Medical Executive Committee (MEC) | 12/3/19 |

**NORTHERN INYO HEALTHCARE DISTRICT**
**STANDARD OF CARE**

| Title: Standards of Care in the Perioperative Unit | |
|---|---|
| Scope: Perioperative Unit | Manual: Surgery, PACU – Standards of Care (S of C) |
| Source: DON Perioperative Services | Effective Date: 3/31/18 |

| Board of Directors | |
|---|---|
| Last Board of Director review | |

Developed: 3/96
Reviewed:
Revised: 02/01, 08/11 bs, 08/12bs, 01/19aw, 11/19 aw
Last Board of Director review: 1/16/19
Index Listings: Standards of Care, Perioperative

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Sterilization Challenge Pack (Verify Assert) | |
|---|---|
| Scope: Sterile Processing | Manual: Infection Control Blue Manual, Sterile Processing |
| Source: DON Perioperative Services | Effective Date: 2/18/16 |

**PURPOSE:**
To assure sterility of sterile items including implants for release for use.

**POLICY:**
1. Evidence of effective steam sterilization processes will be documented. A Biological Indicator Process Challenge Device (BI PCD) equivalent in challenge to the BI challenge test pack (towel PCD) recommended by the Association for the Advancement of Medical Instrumentation (AAMI) can be used in every 4 minute or greater 270 degree F/132 degrees C pre-vacuum steam sterilization cycles.
2. Sterilization utilizing the ~~3M Attest Rapid Steam-Plus~~ Verify Assert Challenge allows release of sterilized items including implants within ~~3 hour~~ 40 minutes after the test is deemed negative.

**PROCEDURE:**
1. A ~~3M Attest Rapid Steam-Plus~~ Verify Assert Challenge Pack ~~41382~~ is labeled with the appropriate sterilizer load information (sterilizer ID, load number, and processing date).
2. The ~~41382V~~ challenge pack is placed flat, label side up, on the bottom shelf of the sterilizer over the drain, in the first load of the day and in any load containing an implantable device.
3. The sterilization cycle is run per policy for sterilization.
4. When the cycle is complete, the ~~41382~~ challenge pack is retrieved and opened and the ~~3M Attest Rapid Readout Biological~~ integrating indicator ~~1292 (1292 BI or test Bi)~~ and the Verify Assert SCBI contained within the challenge pack is removed and allowed to cool for 10 minutes.
5. The ~~Comply SteriGage~~ Steam Chemical Integrator contained within the challenge pack is checked. The dark color should have entered the ACCEPT window. If the dark color has not entered the ACCEPT window, this indicates a REJECT result which means the load was not exposed to sufficient steam sterilization conditions and should not be released for use. The integrator result is recorded.
6. The test Biological Indicator (BI) is activated by twisting the cap tight and a flick of the wrist releases the media from the cap to the base of the vial which is then ~~and~~ incubated in the Verify incubator. ~~a 3M Attest Auto-reader 390.~~
7. A positive control (i.e., unprocessed) ~~1292~~ BI having the same lot # as the test BI is incubated each day in the ~~3M Attest Auto-reader 390~~ incubator.
8. The result of the control BI is recorded. The Control BI must show a fluorescent positive result (+ symbol on the ~~Auto-reader 390~~ Verify incubator LCD display) within ~~3 hour~~ 40 minutes to ensure the test BI result is valid.
9. The final negative reading (- symbol on the Auto-reader LCD display) of the BI is made at ~~3 hour~~ 40 minutes and indicates a successful sterilization process. Record the result and discard the test BI.
10. Each load containing implantable medical devices is quarantined until the BI result is negative (-) at 40 minutes ~~3 hours~~.
11. Any positive result for a test BI and/or failing chemical integrator result must be reported to the Perioperative Director of Nurses immediately for further investigation and/or action. Any items processed in a positive result load must not be used and must be reprocessed.

Draft

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Sterilization Challenge Pack (Verify Assert) | |
|---|---|
| Scope: Sterile Processing | Manual: Infection Control Blue Manual, Sterile Processing |
| Source: DON Perioperative Services | Effective Date: 2/18/16 |

~~PROCEDURE FOR SETUP of the Attest Auto-reader 390:~~

1. ~~Place 3M Attest Auto-reader 390 unit on a firm level surface away from sunlight and incandescent light.~~
2. ~~Once plugged in, allow 30 minutes to warm up before placing a 3M Attest Rapid Readout Biological Indicator into the incubation well. The C1 caution code will disappear when proper incubation temperature is reached. It is recommended that the unit be left on to eliminate warm-up periods.~~
3. ~~Set up the 3M Attest Auto-reader 390 per manufacture instructions, setting the clock, audible alarm and incubation well configuration. Review manufactures information following policy.~~
   - ~~Configure the wells for 1292 BIs (brown cap, 3 hour readout). Wells are configured and color coded to match the cap of the 3M Attest Super Rapid Readout Biological Indicator.~~
   - ~~Make sure the color coded incubation well configuration sticker surrounding the incubation wells matches the programmed well configuration.~~
   - ~~Use the up or down buttons to toggle between Yes and No, press the (X) to accept changes.~~

**PRECAUTIONS:**

1. To ensure the challenge pack delivers the intended challenge:
   - DO NOT OPEN challenge pack prior to sterilization
   - DO NOT reuse challenge pack
2. DO NOT use the challenge pack to monitor sterilization cycles which it is not designed to challenge:
   - Gravity –displaced steam sterilization cycles.
   - 250 degrees F(121 degrees C) dynamic air-removal (pre-vacuum) steam sterilizer cycles.
   - 270 degrees F (132 degrees C) dynamic-air removal (pre-vacuum) sterilization cycles having exposure time of < 4 minutes.
   - Dry heat, chemical vapor, ethylene oxide or other low temperature sterilization processes.
3. After ~~1292~~ BI activation, ensure media has flowed to the spore growth chamber.
4. ~~There is a glass ampoule inside the plastic vial of the biological indicator. To avoid the risk of serious injury or death from flying debris due to a ruptured ampoule:~~
   - Allow the biological indicator to cool for the recommended time period before activating. ~~Activating or excessive handling of the BI before cooling may cause the glass ampoule to burst.~~
   - Wear safety glasses when activating the biological indicator.
   - Handle the biological indicator by the cap when crushing and flicking.
   - Do not use your fingers to crush the ~~glass~~ ampoule.

INDICATIONS FOR USE: In the United States:

- Use the ~~3M Attest Rapid 5 Steam-Plus Challenge Pack 41382 in conjunction with the 3M Attest Auto-reader 390~~ Verify Assert Challenge Pack to qualify or monitor dynamic air-removal (pre-vacuum) steam sterilization cycles of 4 minutes or greater at 270 degrees F (121 degrees C. The ~~3M Attest Rapid Readout Biological Indicator 1292 contained in the~~ challenge pack provides a final fluorescent result in ~~3 hours~~ 40 minutes. ~~An optional visual ph color is observed in 48 hours.~~

Draft

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Sterilization Challenge Pack (Verify Assert) | |
|---|---|
| Scope: Sterile Processing | Manual: Infection Control Blue Manual, Sterile Processing |
| Source: DON Perioperative Services | Effective Date: 2/18/16 |

<u>REFERENCES:</u>

1. ANSI/AAMI ST79:2010 & A1:2010 & A2:2011 & A3:2012 Comprehensive guide to steam sterilization and sterility assurance in healthcare facilities. Section 10.
2. ~~3M Attest Rapid Readout Steam Challenge Device 41382 manufacturer's.~~ Steris Technical Data Monograph written IFU
3. ~~3M Attest Auto-reader 390~~ Verify Incubator manufacture's written IFU.

CROSS REFERENCE P&P:

1. Basic Principles of Sterilization

| Approval | Date |
|---|---|
| STTA | 10/23/19 |
| CCOC | 8/26/19 |
| Infection Control | 8/26/19 |
| MEC | 12/3/19 |
| Board of Directors | |
| Last Board of Directors Review | 1/16/19 |

Developed: 1/8/2016 BS
Reviewed: 3/4/2016 BS
Revised: 8/19 rs
Supersedes:
Index Listings: ~~3M Attest Rapid Stem Challenge Pack 41382/3M Attest Auto-Reader 390/ Rapid Release of sterilized items~~ Verify Assert Sterilization Challenge Pack; Challenge Pack for Sterilization, Verify Assert

draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Disaster Management Committee | |
|---|---|
| Scope: District Wide | Manual: |
| Source: Manager, Emergency Department/ Disaster Planning | Effective Date: |

**PURPOSE:**
The committee's mission is to collaborate on emergency management strategies and initiatives designed to enhance preparedness and improve Northern Inyo Healthcare District's (NIHD) ability to respond to, and recover from, all threats.

**SCOPE OF AUTHORITY:**

The purview of the Committee is limited to matters that pertain to the Emergency Operation Plan's mitigation, preparedness, response and recovery strategies

**REPORTING STRUCTURE:**

The Committee reports to the Emergency Services Committee.

**MEMBERSHIP:**
The following departments will be represented in the Disaster Management Committee:

- Manager, Emergency Department & Disaster Planning
- Assistant Manager, Emergency Department & Disaster Planning
- Chief Operations Officer
- Director, Emergency Department & Inpatient Services
- Medical Director, Emergency Department (or designee)
- Manager, ICU/ Acute-Subacute
- House Supervisor
- Director, Perioperative Services
- Director, Safety
- Director, Diagnostic Services
- Controller, Finance Department
- Manager, Information Technology Services (ITS)
- Administrative Staff Director, Northern Inyo Associates/ Rural Health Clinic ( NIA/RHC)
- Manager, Plant Operations
- Director, Purchasing
- Director, Pharmacy
- Director, Environmental Services and Laundry
- Manager, Infection Prevention/ Clinical Informatics
- Director, Dietary
- Additional consultants (i.e. legal, compliance, consultants) can be invited to assist when needed.

| Title: Disaster Management Committee | |
|---|---|
| Scope: District Wide | Manual: |
| Source: Manager, Emergency Department/ Disaster Planning | Effective Date: |

**RESPONSIBILITIES:**
The committee is responsible for:
- Continuously analyzing all risks which expose NIHD to the potential disruption of its activities, including risks that are natural and manmade.
- Overseeing the development of emergency preparedness and response plans in response to the risks and hazards identified.
- Presenting district wide emergency response plans to the Board of Directors for approval and further presentation to the Executive Group for approval to implement.
- Assisting with the development of emergency response plans for departments and units, and for ensuring they align with the district wide plan.
- Facilitating communication of the emergency operations plan through updates in the NIHD website and written materials as needed.
- Designing and conducting two internal disaster drills per year, with one of the drills to include a surge event and another to include participation with external emergency response agencies.
- Developing training materials and facilitating the appropriate training for the district employees.
- Annual review of existing emergency management plans and related policies and procedures.
- Recording meeting minutes, After Action Reports (AAR), Healthcare Coalition ( HCC) meeting minutes and distributing them to its members.

**MEETINGS:**
The committee will meet at least quarterly and more often as needed . A majority of the committee members shall constitute a quorum. The committee chair will keep a copy of the committee meeting minutes and forward a copy to the Executive Team.

**REFERENCE:**
1. California Hospital Association. Emergency Preparedness- Preparing Hospitals for Disaster. https://www.calhospitalprepare.org/emergency-operations-plan
2. The Joint Commission- Emergency Management in Healthcare, An All-Hazards Approach. 2008. https://www.jointcommission.org/emergency_management.aspx
3. Centers for Medicare and Medicaid Services (CMS). *Emergency Preparedness Rule.* https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Disaster Management Committee | |
|---|---|
| Scope: District Wide | Manual: |
| Source: Manager, Emergency Department/ Disaster Planning | Effective Date: |

**CROSS REFERENCE P&P:**

1. Emergency Management Plan

| **Approval** | **Date** |
|---|---|
| Disaster Management Committee | 10//2019 |
| Emergency Services Committee | 11/13/19 |
| Medical Executive Committee | 12/03/19 |
| Board of Directors | |
| Last Board of Directors Review | |

Developed: 09/2019 gr
Reviewed:
Revised:
Supersedes:

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Interdisciplinary Team – Clinical Screens Built into the Initial Nursing Assessment* | |
|---|---|
| Scope: Nursing Services | Manual: CPM - Communication (COM) |
| Source: Chief Nursing Officer | Effective Date: 3/17/16 |

## PURPOSE:

To identify clinical screens that are part of the Initial Nursing Assessment to trigger referrals to members of the Interdisciplinary Team. The Interdisciplinary Team may include, but is not limited to, Case Manager, LCSW, Physical Therapist, Speech Language Pathologist, Occupational Therapist, Respiratory Therapist or Registered Dietitian.

## POLICY:

1. As part of the Initial Nursing Assessment, the interdisciplinary team identifies screens that the RN will complete through interview or assessment.
   a. The screens contain risk factor information that triggers a referral to the Interdisciplinary Team member.
   b. More in depth assessment will then be completed by the Interdisciplinary Team based on the risk factors.

2. Referral from screening that meets criteria generates further assessment by specific service line; this service line screen is more in-depth and does not require a medical provider order. Treatment orders do require a medical provider order. Interdisciplinary screens that are contained within the Initial Nursing Assessment include:
   a. Nutritional Screen
   b. Functional Screen (Rehabilitation Services)
   c. Case Management Screen
   d. Respiratory Therapy Screen

## PROCEDURE:

1. The Interdisciplinary Team develops Initial Nursing Assessment Clinical Screens (interview or physical assessment) that will initiate a referral to that discipline.

2. The referred discipline will then complete a more thorough assessment which may include Medical Staff Practitioner Orders, Plan of Care with goals and/or further referral.

3. The goals from the Health Care Team are incorporated into the Interdisciplinary Plan of Care that are monitored for patient progress.

## REFERENCES:


1. TJC Comprehensive Accreditation Manual of Hospital Functional Chapter Provision of Care. PC.01.02.03 EP-7, EP-8, Oakbrook Terrance, Illinois.


## CROSS REFERENCE P&P:

1. Rehabilitation Services Functional Screen
2. Nutritional Services Screen
3. Case Management Services Screen

| **Approval** | **Date** |
|---|---|
| CCOC | 11/18/19 |
| MEC | 12/03/19 |
| Board of Directors | |
| Last Board of Director review | |

Developed: 1/16

draft

**NORTHERN INYO HOSPITAL**
**POLICY AND PROCEDURE**

| Title: Interdisciplinary Team – Clinical Screens Built into the Initial Nursing Assessment* | |
|---|---|
| Scope: Nursing Services | Manual: CPM - Communication (COM) |
| Source: Chief Nursing Officer | Effective Date: 3/17/16 |

Reviewed: 4/18ta
Revised: 11/19jn
Supersedes:

draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Bed Bug Infestation and Management. | |
|---|---|
| Scope: NIHD | Manual: Infection Control Environment |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date: |

## PURPOSE:

To prevent and control the spread of bed bugs within NIHD organization and describe the processes and procedure to manage patients admitted to the hospital or seen in the outpatient setting with exposure to bed bugs.

## POLICY:

1. Contact Precautions will be implemented upon identification or suspicion of bed bug exposure
2. Notify Physicians for further orders
3. Once control measures have been implemented, routine follow-up inspections are required to monitor the effectiveness of the treatments. Since bed bugs are well adapted to hiding, repeated implementation of control measures and inspections are often necessary for complete eradication.
4. Patients, visitors, and staff in the affected area may need to be relocated to eliminate the possibility of further contamination.
5. Bag and contain all unnecessary items and clutter.

## DEFINTION:

1. Bed bugs: Bed bugs (*Cimex lectularius*) are small, flat, parasitic insects that feed solely on the blood of people and animals while they sleep. Bed bugs are reddish-brown in color, wingless, range from 1mm to 7mm (roughly the size of Lincoln's head on a penny), and can live several months without a blood meal.

## PROCEDURE:

1. **Procedure: For Environmental Control.**
   If a bed bug infestation is suspected in an empty room or area, the following environmental procedures are recommended:
   a. If possible, capture a bed bug and place it in a sealed container to assist pest management in their assessment and give them the room number for documentation.
   b. Leave the suspect room intact without cleaning or removal of items (e.g., linens, furniture, equipment) to facilitate determination of the extent, if any, of the infestation, and to prevent the spread of bugs to other areas.
   c. Close off the room or area from use, place signage ("Do Not Enter, Do Not Remove Equipment, Linen or Furniture from Room").
   d. Notify Environmental Services and Nursing Supervisor immediately (24/7) and Infection Prevention during normal business hours.
   e. Infested bedding, linens, clothing will need to be double-bagged and tied securely before they are discarded.
   f. A thorough inspection of room potentially requires dismantling the bed and examining upper and lower surfaces. Cracks and crevices of the bed frames should be examined.
   *Note: Things to look for include the bugs themselves, and the light brown, molted skins of the nymphs. Dark spots of dried bed bug excrement are often present along mattress seams or wherever the bed bugs have resided.*
2. **Procedure: For Environmental Services (EVS):**
   a. Contact EVS Manager, who will contact pest control for room and/or area treatment.



draft

b. Infection Prevention or House Supervisor and Environmental Services to determine if further investigation is needed.

c. Terminally clean the room or area following these procedures:
   - Staff person dons gown and disposable booties on feet.
   - Double-bag and remove all trash.
   - Double-bag and remove all linen.
   - Double-bag and remove curtain.
   - All patient belongings, equipment, and furnishings including beds should not leave the room until through inspection finds them bug free.
   - After double-bagging and removal, linen should be put directly into a washer or dryer and dried on the hot setting for at least 20 minutes to kill all stages of bed bugs.
   - Seal potential bed bug access points to adjacent rooms, by filling gaps that occur where plumbing penetrates common walls and around electrical, cable and phone outlets.
   - Room is to be terminally cleaned with alcohol
   - Treated fabric surfaces must remain wet for 10 minutes. Torn or damaged mattresses should be bagged and discarded.
   - Upholstery or drapery that cannot be laundered or treated with insecticides must be double bagged and tied securely before discarding.
   - Vacuuming can help remove some of the bed bugs before treatment with insecticides. Afterward, dispose of the vacuum bag in a sealed trash bag. Bed bugs, especially the eggs, can be difficult to dislodge and the vacuum cleaner will need to be taken out of service, bagged and tied securely. Consult pest control for treatment of equipment.
   - After room is cleaned, exterminator is to be called for inspection of room before it is reopened.

**3.** Log all incidents and provide documentation to Infection Prevention and to pest control for follow up action

**4. Procedure: For Suspected or Diagnosed Infestation for a Hospital Admission or Emergency Department Visit.**

**a.** Collect potential bed bugs in a sealed container and save for pest control.

**b.** The patient should be showered or bathed; if unable to shower, the patient should be changed into hospital-laundered clothing, and be moved to a new room/area.

**c.** Close off the old room or area from use and place appropriate signage ("Do Not Enter, Do Not Remove Equipment, Linen or Furniture from Room") on closed door. (See "Procedure: For Environmental Services" for cleaning instructions.)

**d.** Notify Housekeeping Supervisor and Nursing Supervisor immediately and Infection Prevention during normal business hours.

**e.** Place all the patient's clothing and other belongings (except toiletries) into a sealed plastic bag. If the patient requests that the clothing be discarded, call Facilities to dispose of the clothing and document the patient's request in their chart. If the patient refuses to dispose of his/her belongings, they will be stored in the sealed bag in the patient room for 24 hours. If the patient is in the ED and is discharged, a disposable garment or hospital pajamas can be given to the patient to wear home.



draft

f. Prior to discharge, provide education to the patient on information regarding bed bug detection, prevention, and control.

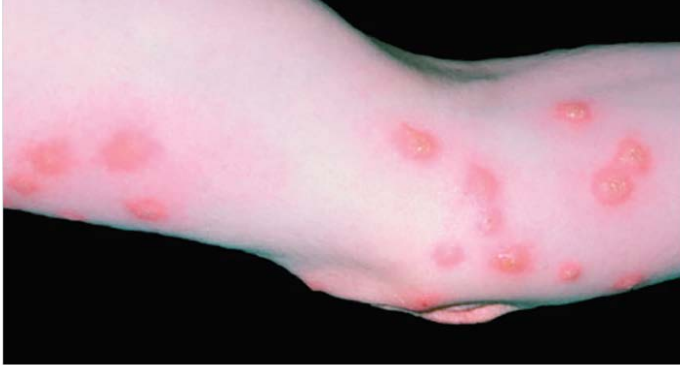
5. **Procedure: For a Suspected or Diagnosed Infestation in an Outpatient Setting.**
   - **a.** Contain patient belongings in a sealed plastic bag for the duration of their visit.
   - **b.** After the patient leaves the room or area, close the affected area for use with signage ("Do Not Enter, Do Not Remove Equipment, Linen or Furniture from Room"). (See "Procedure: For Environmental Services" for cleaning instructions)
   - **c.** Notify Housekeeping Supervisor and Nursing Supervisor immediately and Infection Prevention during normal business hours.
   - **d.** Prior to discharge, provide education to the patient on information regarding bed bug detection, prevention, and control.
6. **Procedure: For Management of Visitors:** Visitors who reside in the same environment as the patient can be restricted from visiting the hospital at the discretion of the Infection Preventionist, nursing supervisor, or director/manager of department. Answers to the following questions can be used to help make this decision:
   - **a.** Are bed bugs visible on the visitor?
   - **b.** Does the patient or visitor state that the home is infested with bed bugs?
   - **c.** Does the visitor describe characteristic bed bug bites on his/her extremities, neck or shoulders? In certain situations, when it is necessary for a family member to be present, the visitor can be asked to change into a different clothing or hospital gown and have their clothes sealed in a bag.
7. Log all incidents and provide documentation to Infection Prevention and to pest control for follow up action
8. **Procedure: Post Bedbug Infestation**
   - a. Room may be unblocked and used for patients when pest control and Infection Prevention or House Supervisor have confirmed that there is no further evidence of bed bugs and any repairs have been made.
   - b. Bed bug control is an ongoing effort that may require numerous visits to inspect and re-treat the infested area. Infestation should be significantly reduced following the initial treatment. Regular inspections and treatments should continue until there is no evidence of bed bugs.
   - c. Resume ongoing bedbug monitoring.

**IMAGES:**
**Bed bug nymph:**

draft

| Title: Bed Bug Infestation and Management. | |
|---|---|
| Scope: NIHD | Manual: Infection Control Environment |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date: |

**Bed bug bites:**



**REFERENCES:**

1. Association for Professionals in Infection Control and Epidemiology (APIC). (2017). Forms and Checklists for Infection Prevention, Volume 2. Arlington, VA: APIC.
2. Centers for Disease Control and Prevention. (2017). Bed Bugs FAQS. Retrieved from https://www.cdc.gov/parasites/bedbugs/faqs.html
3. Illinois Department of Public Health. (Site accessed 10-3-19). Prevention & Control Bed bugs in Health Care Facilities. Retrieved from http://www.idph.state.il.us/envhealth/BedBugs_HealthCareFacilities.pdf

**CROSS REFERENCE P&P:**

1. **Lippincott Procedures: Contact Precautions**
2. **Cleaning Procedures: Contact and Enteric Isolation Rooms at Discharge**
3. **Infection Prevention Plan**
4. **Pest Control for North Inyo Hospital**
5. **Linen AB 2679 Policy and Procedure**

| **Approval** | **Date** |
|---|---|
| CCOC | 10/21/19 |
| Infection Control Committee | 11/26/19 |
| MEC | 12/03/19 |
| Board of Directors | |
| Last Board of Directors Review | |

Developed: 10/19 RC
Reviewed:
Revised:
Supersedes:
Index Listings: Bed bugs, bedbugs, infestation

draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

**PURPOSE:**

1. The goal of Northern Inyo Healthcare District (NIHD) is to establish a comprehensive Infection Prevention and Control Program. The program is to ensure that the organization has a functioning coordinated process in place to minimize the risks of endemic and epidemic Healthcare Associated Infections (HAI's) in patients, visitors, and healthcare workers and to optimize use of resources through a strong preventive program while utilizing evidenced base practices and principles. The continuously developing Infection Control Program is part of NIHD ongoing commitment to provide high quality healthcare. Through the Infection Control Program, NIHD systematically involves each team member in the process of maintaining a safe environment for our patients, visitors, team members, and other healthcare providers.

2. The Infection Control (IC) Program incorporates the following on an ongoing basis:
    - Surveillance, prevention and control of infection throughout the organization.
    - Develop alternative techniques to address the real and poteteinal exposure.
    - Select and implement the best techniques to minimize adverse outcomes.
    - Evaluate and monitor the results and revise techniques as needed.
    - Administrative support to ensure adherence to the program standards.
    - Northern Inyo Healthcare District NIHD ensures that all team members are effectively trained and educated on infection control issues and procedures through orientation and an ongoing continuing education program.
3. The infection control process and its supporting mechanisms are based on current scientific knowledge, acceptable practice guidelines, applicable laws and regulations, sound epidemiologic principles and research on HAI's It takes into consideration the following factors: the facility's geographic location, patient volume, patient population served, the hospital's clinical focus and number of team members.

**POLICY:**

The Infection Prevention and Control Program at NIHD, which allows for a systematic coordinated and continuous approach, is guided and implemented by:

1. Adherence to the established IC Program standards is continuously monitored through surveillance. Problems identified through surveillance are analyzed, evaluated, and monitored for resolution. Surveillance is used to identify opportunities to improve care while playing an integral role in continuous quality improvement effort.
2. OSHA regulations and pertinent federal, state, and local regulation pertaining to infection prevention which are implemented and followed.
3. Education upon hire and again annually with particular emphasis on proper use of personal protective equipment (PPE) for healthcare workers at risk of accidental exposure to blood borne pathogens. In addition, emphasis is placed on educating staff regarding airborne diseases and its mode of transmission.

draft

4. Surveillance will include HAI's among patient and personnel when possible. Targeted studies will be conducted on infection that are high risk, high volume. In addition, selected HAI's and microbiology reports will be monitored.
5. Monitoring and evaluation of key performance aspects of infection control surveillance and management which are:
   - Device related infections.
   - Multi-Drug Resistant Organisms.
   - TB: Suspected or confirmed in patients and staff
   - Occupational Exposure to Bloodborne Pathogens
   - Other Communicable diseases
   - Employee Health trends
   - Surgical Site Infections
   - Construction and renovation activities
6. Continuous collection and/or screening of data to identify potential infectious outbreaks.
7. Participating in an organizational proactive education program in an effort to reduce and control the spread of infection.
8. Facilitating a multidisciplinary approach to the prevention and control of infections.
9. Utilizing epidemiologic principles and nosocomial infection research form recognized authoritative agencies.
10. Collaborating with NIDH organization policies and procedures affecting the prevention and control of infections.
11. Interacting with and reporting governmental agencies
12. The Infection Control Program is connected with the Inyo County Health Department to ensure appropriate follow-up of infection is implemented within the communities and rural areas served by Northern Inyo Healthcare District.

**PROCEDURE:**

1. When evaluation identifies an area of concern, a specific problem, or an opportunity for improvement, a corrective action plan will be formulated. The corrective action plan is collaborative in nature.
2. When problems or opportunities for improvement are identified; actions taken/recommended will be documented in the appropriate committee meeting minutes.
3. If immediate action is necessary, the Infection Preventionist, Infection Control. Committee, or designee has the authority to institute any surveillance, prevention and control measures if there is reason to believe that any patient or personnel is at risk. The actions will be reported to the appropriate committee, and leadership.
4. The Infection Control Committee/Infection Preventionist has the responsibility for infection prevention and control activities throughout the organization. This committee is ~~governed~~ presided by a physician having knowledge of infection control and prevention practices and performance improvement methodologies. The physician guides the committee and decisions for improvement of care through the prevention and control if infections.

draft

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

5. The responsibility and direct accountability for the surveillance, data gathering, aggregation and analysis is assigned to the Infection Prevention team.
6. Hospital Personnel and medical staff members share accountability in reporting of isolation cases suspected or confirmed HAI's. There is collaboration among departments as well as the Infection Control Nurse to identify any HAI trends or pattern that may occur, or opportunities to improve outcome in the reduction and control of infections.
7. The Infection Prevention team will:
   - Review all positive cultures to determine if HAI's or reportable disease.
   - Review and do an evaluation of confirmed infectious cases to assure correct implementation of PPE as appropriate. Periodic observation of clinical department at assure maintenance or standard precautions on all patients.
   - Complete Infection Prevention and Control inspections.
   - Collaboratively review of hazardous waste management and disposal with the maintenance department.
   - Provide a Chairperson for the sharps committee.
   - Participate in product evaluation.
   - Report to governmental and local agencies.
   - Will complete annual Infection Control Risk Assessments and update as needed
   - Will complete Infection Control Risk Assessment (ICRA) related to construction or renovation.
8. Identify and track key performance measure related to process and outcome in an effort to continuously improve the management of HAI's throughout the organization.
9. Work collaborative with District Education to provide education related to infection prevention and control practices to ensure a safe environment for patients and healthcare personnel.
10. The Infection Preventionist work closely with the Quality Council to identify potential quality problems throughout the organization.
11. Work closely with Safety team of possible infectious issues that are potentially hazardous to patients and staff.
12. Monitoring the results of the Infection Prevention (IP) Program allows the hospital to determine if the techniques already in effect are working well, or if changed conditions require new or revised techniques. The process of monitoring provides control and coordination of the IP program and also causes the infection control process to renew itself through new information. Monitoring is achieved through:
    - Committee interaction
    - Daily job functions of the Infection Prevention team
    - Comparisons of current statistical information and historical data and bench marking
    - Policy and procedure reviews; future surveys and inspections, internal and external.
    - Action plans



draft

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

Draft

**METHODOLGY:**

1. Case findings and identification of demographically important HAI's provide surveillance data. Nosocomial infection data, using, as appropriate, rates stratified by infection risk or focused infection studies, are collected on an ongoing basis.
2. In addition to the use of planned surveillance methods, special studies may be conducted that include:
   - The investigation of clusters of infections above expected levels.
   - The investigation of single cases of unusual or epidemiologically significant HAI's
   - A focus on procedures with significant potential for HAI's, particularly when the procedure is new or substantially changed.
   - The comparison of a group of infected patients with an uninfected control group to detect statistically significant risk factors for which control measures can be developed.

3. The Infection Control Manager or designee will conduct outbreak investigations whenever appropriate by following any or all of the below steps if indicated:
   - Verify the diagnosis and confirm possible outbreak
   - Implement immediate control measures if needed
   - Define the outbreak; refine as the outbreak investigation progresses
   - Conduct case findings by making a line listing that may contain:
     i. Name and Medical Record Number
     ii. Age, sex, diagnosis
     iii. Unit or location
     iv. Date of Admission
     v. Date of Symptom Onset
     vi. Procedures
     vii. Symptoms
     viii. Positive Cultures and pertinent labs
   - Form Outbreak Control Team, if preliminary assessment suggests actual outbreak. The team may include all or some of the following:

     i. Infection Preventionist
     ii. Infection Control Medical Staff Chairperson
     iii. Microbiologist
     iv. Lab Manager
     v. Administrator on call
     vi. Inyo County Health Officer
     vii. Strategic Communications Specialist
     viii. Administrative Assistant
   - Hospital Incident Command Center will be followed as necessary.
   - Evaluate control case (ex: any new cases)

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

- Communicate findings with leadership.
- Keep record of all data and communication.
- Contact CDC or other agencies for advice or assistance if deemed appropriate or necessary.

4. Interventions to reduce infections risks other than those directly related to prevention of transmission may include the following strategies:
    - The Surveillance function itself.
    - Review positive microbiology/Lab results
    - Institution of prevention and control measure as indicated (e.g. isolation, improved hand hygiene, active surveillance of cultures, and environmental cleaning)
    - Perform Surveillance for healthcare –associated infection by:
        i. Follow CDC National Healthcare Safety Network (NHSN) definitions
        ii. Prospective surveillance: Monitor patients during hospitalization and post discharge
        iii. Retrospective surveillance: Identify infections via chart reviews
    - Monitored incidence of healthcare-associated. device-related or procedure-related infections:
        i. Central catheter-associated bloodstream infections
        ii. Ventilator -associated events
        iii. Surgical site infections
        iv. Catheter-associated urinary tract infections
        v. MDRO infections
    - Conduct Periodic tracer activity
    - Ensure compliance with The Joint Commission Critical Access Hospital requirements and the California Department of Public Health regulations.
5. The assessment of reasons for infection rates not being reduced by surveillance alone and interventions undertaken to address problems in the following areas:
    - Knowledge – innovative educational approaches beyond the routine or standard in services.
    - Behavior – activities by managers to change behavior.
    - Systems – such as staffing, sink number and placement, control of over-crowding, lack of proper equipment and supplies.

**POLICIES AND PROCEDURES:**

1. Policies and procedures are based on recognized guidelines and applicable law and regulations. Policies and procedures address prevention and control mechanisms used in all patient care and service areas to prevent the transmission of infection among patients, team members, medical staff, contractors, volunteers and visitors; and also, address specific environmental issues.
2. Policies and procedures address the following:
    - Measures that is scientifically valid, applicable in all seeing, and practical to implement.

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

- The relationship between team member activities and the infection prevention and control program.
- Various methods used to reduce the risk of transmission of infection between or among team members and patients.
- Appropriate patient care practices, sterilization, disinfection and antisepsis, and pertinent environmental controls.
- Educational and consultative roles of the Infection Preventionist.

3. Infection control policies and procedures will be reviewed/revised annually or every three years as needed by the Infection Preventionist Manager with approval of the Clinical Consistency Oversight Committee (CCOC) and Infection Control Committee and prior to submission to the Medical Executive Committee.

**LEADERSHIP AND RESPONSIBILITY:**

1. Board of Directors has the final authority and oversight of the Infection Control Program. The Board monitors and supports organizational efforts to continuously improve the quality of patient care services and customer satisfaction. The Board ensures the necessary resources and education for the hospital to achieve these goals. The Board delegates the responsibility of maintenance of the Infection Control Program to the Medical Executive Committee and Chief Executive Officer.

2. Medical Executive Committee is responsible for overseeing the Infection Control Program and delegates the development and monitoring of infection surveillance, prevention and control processes to the Infection Control Committee. The Medical Executive Committee receives information related to actions taken to resolve issues of infection control and, if necessary, acts upon any issues related to infection control. The Medical Executive Committee grants the Infection Preventionist Manager authority, under the direction of the Infection Control Committee Chair or his/her designee, to institute surveillance, prevention and control measures of studies, when there is reason to believe that any patient or team member may be in danger. In the absence of the Infection Preventionist Manager, nursing staff trained in Infection Prevention practices assumes the Infection Control responsibilities and are able to take appropriate actions as outlined in Infection Control Policies.

3. Chief Executive Officer serves as a liaison between the Board of Directors and the Medical Executive Committee. He/she ensures that all hospital departments, programs, and disciplines participate in and provide support for the Infection Control Program.

4. NIHD administration is responsible for supporting the Infection Preventionist and the Infection Control Committee, by supporting efforts to prevent and control the spread of infection.

5. Infection Control Medical Staff Chairperson acts as a resource for the Infection Control Manager. This person will have training and/or experience in infection control as stated



draft

in *Senate Bill 158* (Attachment 1) and will review the Infection Control Program, including rates, make recommendations as needed and have input into policies and procedures.

6. Infection Preventionist assumes the responsibility of managing and carrying out the infection surveillance, prevention and control functions within NIHD. This person has training in infection surveillance, prevention and control as well as knowledge and job experience in the areas of epidemiological principles and infectious disease, sterilization, sanitation and disinfection practices. This individual also is knowledgeable in adult education principles and patient care practice. This person maintains records and logs of incidents related to infections and communicable disease. The Infection Preventionist Manager and/or designee reviews culture and sensitivity testing, reviews antibiotic usage reports, reports suspected infections, conducts department specific periodic rounding, infection control annual risk assessment and implements isolation procedures in accordance with hospital policy, maintain policies and procedures that are specific to patient care activities and are based on recognized guidelines and applicable laws and regulations. The Infection Preventionist Manager has input into staff education to ensure all team members are competent to participate in infection monitoring, prevention and control activities. The Infection Preventionist Manager refers cases for physician review and communicates pertinent clinical infection control information to the Infection Control Committee.
7. Clinical staff is responsible for being familiar with infection prevention and control policies and procedures.
8. Quality Council is responsible for review and assistance in performance activities related to infection prevention and control.

**REPORTING AND COMMUNICATION:**

1. Information about infections is reported both internally and to public health agencies, providing clinical practitioners with valid epidemiological measures of the risk of infection in their patients. This will allow them to take action to reduce those risks and decrease infection rates.
9. When the hospital becomes aware that it received a patient from another organization who has an infection requiring action and the infection was not communicated by the referring organization, the Infection Preventionist Manager will inform the referring organization. Upon discharge, the case manager and/or nurse caring for the patient will inform the accepting facility of any infections the patient may have, site treatment and any special precautions. If the patient is transferred to another facility and there are pending laboratory results the transfer form will be completed indicating "Pending Lab Culture and the ordering physician will be notified via telephone and fax with laboratory results. If the ordering physician is no longer caring for the patient, the ordering physician will inform the laboratory technician of the physician or facility caring for the patient.
10. Donor/Tissue postoperative infections/complications identified through surveillance activities that are suspected of being directly related to the use of the tissue will be

Draft

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

investigated promptly. Notification of the post-transplant infection or adverse event will be reported to the tissue supplier by the Infection Preventionist Managers as soon as the hospital becomes aware of the event.

11. Infection Control committee meetings will be conducted not less than quarterly and more often as needed. Minutes will be recorded by the Medical Staff Office.
12. Findings, quality assessment activities, performance improvement recommendations, actions and follow-up evaluations will be forwarded to Infection Control Committee members, other medical staff committees as appropriate, Medical Executive Committee and the Board of Directors.
13. Review of infections-and surveillance data within the hospital will be completed quarterly through Infection Prevention Pillars and Infection Committee Database.

**INFECTION CONTROL AND PREVENTION RESOURCES:**
There are multiple resources for information about infection prevention and control. Although not an exhaustive list, several professional associations and governmental websites are listed below. In addition, local and health state departments offer a wealth of information.

- Center for Disease Control and Prevention
  www.cdc.gov
- HICPAC
  Healthcare Infection Control Practices Advisory Committee
  www.cdc.gov/ncidod/hip/HICPAC/factsheet.htm
- U.S. Department of Labor – Occupational Safety & Health Administration
  www.osha.gov
- U.S. Food and Drug Administration
  www.fda.gov
- American Public Health Association
  www.apha.org
- American Society for Healthcare Engineering
  www.ashe.org
- Association for Professionals in Infection Control, Inc.
  www.apic.org
- The Society for Healthcare Epidemiology of America, Inc.
  www.shea-online.org
- The Infectious Disease Society of America
  www.idsociety.org
- International Sharps Injury Prevention Society (ISIPS)
  http://www.isips.org/
- World Health Organization (WHO)
  http://www.who.int/en/
- Occupational Health and Safety Administration
  https://www.osha.gov/



Draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

**REFERENCES:**


1. All Facilities Letter 14-36 California Department of Public Health, 12/19/2014, Regarding SB 1311: Antimicrobial Stewardship Programs.
2. APIC - "Infection Prevention Program in Critical Access Hospitals" Teresa Fulton, RN, MSN, CIC, Chief Quality Officer, Whidbey General Hospital, 2013, http://www.apic.org/…/Day_1-_Infection_Prevention_for_CAH-_Web.pdf
3. APIC . (2016). Outbreaks and Infection Emergencies. Retrieved from https://www.cdph.ca.gov/programs/hai/Documents/15Outbreaks_Final051115.pdf
4. Centers for Disease Control and Prevention. (2016). Infection Control in Health Care Facilities. Retrieved from https://www.cdc.gov/flu/professionals/infectioncontrol/
5. Centers for Disease Control and Prevention. (2017). Infection Control Assessment Tools. Retrieved from https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html
6. Centers for Disease Control and Prevention. (2016). Infection Prevention and Control Assessment Tool for Acute Care Hospitals. Retrieved from https://www.cdc.gov/infectioncontrol/pdf/icar/hospital.pdf
7. Centers for Disease Control and Prevention. (2016). Principles of Epidemiology in Public Health Practice, Third Editions an Introduction to applied epidemiology and biostatistics Lesson 6: Investigating an outbreak. Retrieved from https://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson6/section2.html
8. *Senate Bill No. 158, Florez.* Sept. 25, 2008, *California*. Retrieved from https://www.cdph.ca.gov/services/boards/Documents/SB158chaptered09_25_08.pdf
9. The Joint Commission (January 2017) Critical Access Hospital: Infection Prevention and Control (IC) IC01.05.01.


**CROSS REFERENCE P&P:**

1. NIH Medical Staff Bylaws and Rules Amendment, (6/18/2003), Infection Control Committee p. 7 &8.
2. Infection Control: Northern Inyo Healthcare District Surge Plan
3. Scope of Service –Infection Prevention
4. Scope of Service Employee Health

| **Approval** | **Date** |
|---|---|
| CCOC | 3/25/19 |
| Infection Control Committee | 11/26/19 |
| MEC | 12/03/19 |
| Board of Directors | |
| Last Board of Directors Review | 6/19/19 |

Developed: 2/13/99
Reviewed: 1/11
Revised: 6/03, 9/05, 1/08, 1/09, 1/10, 2/15, 4/17rc, 3/18rc, 10/19 rc



draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Infection Prevention Plan | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist | Effective Date:4/1/2015 |

Supersedes: Goals of the Infection Control Program dated 2/22/2011, Infection Control Committee Responsibilities
Index Listings:

draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Linen Laundry Processes AB 2679 | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist & EVS/Laundry Manager | Effective Date: |

## PURPOSE:

Patient linens are a potential means of cross contamination between patients, healthcare workers and the environment. This policy describes the process for managing patient linen at NIHD to reduce the risk of disease transmission to patients, staff, and to meet General Assembly Bill 2679-Linen Laundry Processes.

## POLICY:

1. All soiled linen is considered contaminated. Adherence to standard precaution will be utilized and staff will perform hand hygiene after contact with soiled linen.
2. Soiled linen shall be handled as little as possible and with minimum agitation to prevent contamination of the air and persons handling the linen
3. Linens used at NIHD will be cleaned, handled and transported according to federal (Centers for Medicare Services), state (Title 22 Licensing and Certification California Code of Regulations), Senate Bill AB 2679, and local regulations. In addition, adherence to guidelines and standards set forth by the Healthcare Laundry Accreditation Council and the Association for Professionals in Infection Prevention and Epidemiology (APIC) is required.
4. NIHD will allow for more energy and water efficient processes to be used in the processing of hygienically clean linens.
5. Laundry Equipment will be maintained according to the manufactures instructions. Maintenance documentation will be held and maintained by the NIHD Maintenance Department.
6. Appropriate laundry weight and volume will be followed. NIHD practice is that all clean linen is weighed after washed and folded before being delivered to the clinical departments. A log is kept for all weight and is maintained in the laundry department.
7. Wet or damp textiles will not be left overnight.
8. Temperature, relative humidity, and moisture control in linen storage areas will be maintained to prevent microbial proliferation.
9. Laundering cycles consist of flush, main wash, bleaching, rinsing, and souring.[1274] Cleaned wet textiles, fabrics, and clothing are then dried, pressed as needed, and prepared (e.g., folded and packaged) for distribution back to the facility.
10. Separate rooms shall be maintained in the hospital for storage of clean linen and for storage of soiled linen. Storage shall not be permitted where air distribution is impeded such as air conditioning or ventilating systems.
11. Linen carts shall only be used for the storage of transportation of only clean or dirty linen specified carts.
12. Soiled linen shall be transported and stored in only labeled, designated “Soiled Linen Carts.” Clean linen shall be transported and stored in only labeled, “Designated Clean Linen.” Clean linen covers are made of washable materials, which should be cleaned/disinfected bi-annually and as needed. Clean linen transportation carts will be cleaned weekly and as needed. A log will be maintained in the laundry department with cleaning schedule and documentation.

| Title: Linen Laundry Processes AB 2679 | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist & EVS/Laundry Manager | Effective Date: |

13. Soiled linen shall be sorted in a separate enclosed room by a person instructed in methods of protection from contamination. Staff shall not immediately handle clean linen until protective attire worn in the soiled linen area is removed and hands are washed.
14. Soiled linen shall be handled, stored and processed in a safe manner that will prevent the spread of infection and will assure the maintenance of clean linen *(Refer to P&P Handling Soiled Linen).*
15. Appropriate PPE must be worn when handling and changing chemicals, which include: liquid resistant lab gown, Exam gloves, chemical & sharp proof gloves, goggles, and full face shield.
16. Laundry bags will be closed before placing in container for transport.
17. The center divider door shall remain closed in laundry facility area where contaminated linen is received, to minimize the potential for re-contaminating cleaned laundry with aerosolized contaminated lint.
18. Laundered textiles that have been properly laundered and disinfected, may be used in newborn nursery.
19. When a machine is out of service, a sign indicating, "Machine is under maintenance." Only Maintenance Department can remove sign when maintenance complemented

**DEFINITIONS:**

1. Clean linen: Laundry/ Linen that has gone through the sanitization process that is ready to be used by healthcare staff.
2. Contaminated Laundry**:** Laundry, which has been soiled with blood or other potentially infectious material or may contain sharps.
3. Hygienically clean**:** Textiles that are free from microorganisms in quantities that are capable of causing disease.

**PROCEDURE:**

1. Linens shall be washed using an effective soap or detergent and thoroughly rinsed to remove soap or detergent and soil. Linens shall be exposed to water at a minimum temperature of 71 degrees C (160 degrees F) for at least 24 minutes during the washing process, or a lower temperature of 60 degrees C (140 degrees F.) for 24 minutes may be utilized if the linens are subsequently passed through a flatwork ironer at 110-115 feet per minute at a temperature of 300 degrees F. or a tumbler dryer at a temperature of 180 degrees F. (see reference#7)
2. Equipment textiles/linen shall be laundered according to manufactures instructions.
3. Packaging, transporting, and storing clean textiles by methods that will ensure their cleanliness and protect them from dust and soil during interfaculty loading, transport, and unloading
4. NIHD will maintain a contract for off-site laundering services to be utilized during high volume and downtime. Clean linens provided by an off-site laundry must be packaged prior to transport to prevent inadvertent contamination from dust and dirt during loading, delivery, and unloading. Functional packaging of laundry can be achieved in several ways, including

draft

- placing clean linen in a hamper lined with a previously unused liner, which is then closed or covered
- placing clean linen in a properly cleaned cart and covering the cart with disposable material or a properly cleaned reusable textile material that can be secured to the cart; and
- wrapping individual bundles of clean textiles in plastic or other suitable material and sealing or taping the bundles.

5. Coated or laminated fabrics become contaminated with blood or other body surfaces, NIHD will follow manufactures instruction for decontamination and cleaning take into account the compatibility or the rubber backing with the chemical germicide or detergents used. If the backing develops surface cracks, the item will be discarded.
6. Microbiologic sampling will be conducted during outbreak investigations if epidemiologic evidence indicates a role for healthcare textiles and clothing in disease transmission.

**REFERENCES:**

1. California Department Public Health. (2018). AFL 18-49 Assembly Bill (AB) 2679-Linen Laundry Processes.
2. California Legislative Information. (2018). AB-2679 Health facilities: linen laundry. Retrieved from https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2679
3. Center for Disease Control and Prevention. (2015). Infection Control. Background G. Laundry and Bedding. Retrieved from https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html
4. Infection Control Today. (June 18, 2015). Best Practices to Prevent Infections during Laundering of Healthcare Textiles. Retrieved from http://www.infectioncontroltoday.com/news/2015/06/best-practices-to-prevent-infections-during-laundering-of-healthcare-textiles.aspx
5. Westlaw California Code of Regulations/ (2019). § 70825. Laundry Service 22 CA ADC § 70825 Barclay Official California Code of Regulations. Retrieved from https://govt.westlaw.com/calregs/Document/I1E05CB90D4BC11DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
6. Westlaw California Code of Regulations/ (2019). § 71629. Laundry Service 22 CA ADC § 71629 Barclay Official California Code of Regulations. Retrieved from https://govt.westlaw.com/calregs/Document/I427DE2A0D4BC11DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1

**CROSS REFERENCE P&P:**

1. Handling Soiled Linen

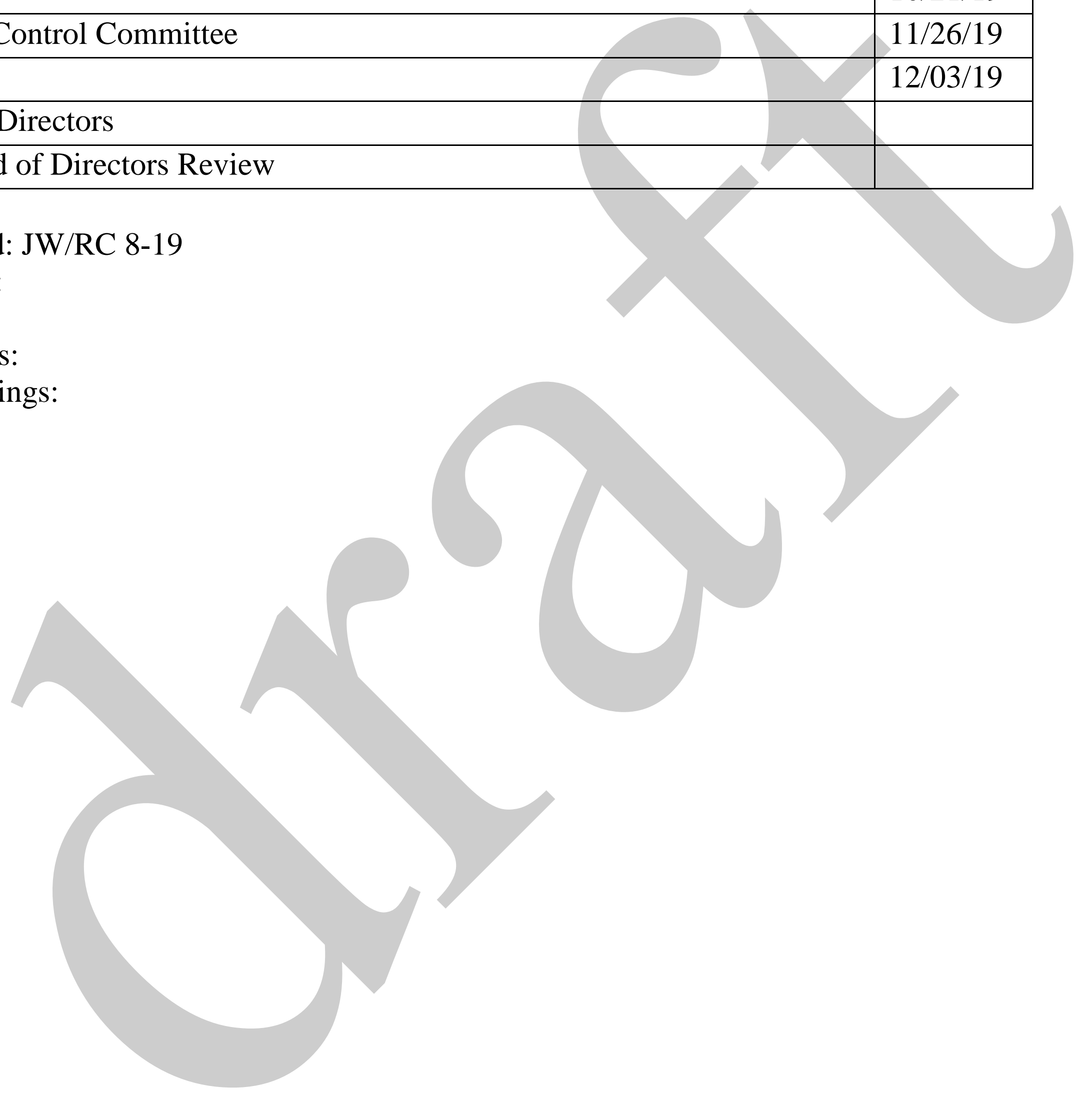


draft

**NORTHERN INYO HEALTHCARE DISTRICT**
**POLICY AND PROCEDURE**

| Title: Linen Laundry Processes AB 2679 | |
|---|---|
| Scope: NIHD | Manual: Nursing Administration |
| Source: Quality Nurse/Infection Control Preventionist & EVS/Laundry Manager | Effective Date: |

| **Approval** | **Date** |
|---|---|
| CCOC | 10/21/19 |
| Infection Control Committee | 11/26/19 |
| MEC | 12/03/19 |
| Board of Directors | |
| Last Board of Directors Review | |




Developed: JW/RC 8-19
Reviewed:
Revised:
Supersedes:
Index Listings:

| | |
| --- | --- |
| CALL TO ORDER | The meeting was called to order at 5:30 pm by Mary Mae Kilpatrick, President. |
| PRESENT | Mary Mae Kilpatrick, President<br>Jean Turner, Vice President<br>Robert Sharp, Secretary<br>M.C. Hubbard, Treasurer<br>Jody Veenker, Member at Large<br>Will Timbers MD, Chief of Staff<br>Kevin S. Flanigan MD, MBA, Chief Executive Officer<br>John Tremble, Chief Financial Officer<br>Tracy Aspel RN, BSN, Chief Nursing Officer |
| ABSENT | Kelli Davis, MBA, Chief Operating Officer |
| OPPORTUNITY FOR PUBLIC COMMENT | Ms. Kilpatrick stated at this time persons in the audience may speak on any items not on the agenda for this meeting on any matter within the jurisdiction of the District Board. Speakers will be limited to a maximum of three minutes each, and members of the audience will have an opportunity to address the Board on every item on the agenda. Comments were heard from area resident Jerome Remick, who expressed concerns about several issues involving Northern Inyo Healthcare District (NIHD). |
| INYO COUNTY FIRST FIVE STRATEGIC PLAN | Inyo County First 5 Director Serena Johnson presented the Inyo County First 5 Strategic Plan for 2019-2024. The Mission of First 5 Inyo is "*To build the early childhood systems and supports needed to ensure Inyo County's young children are healthy, safe, and ready to succeed*". |
| TRANSESOPHOGEAL PROGRAM AT NIHD | NIHD Emergency Department physician James Fair, MD and NIHD Echocardiographer Terry Tye provided a presentation on a transesophogeal echocardiograph program that will be implemented at the District soon. Transesophogeal echocardiographs (TEE's) provide images of the heart that are far superior to chest pictures, and the program is expected to make a lifesaving difference for some area residents. |
| PHARMACY CONSTRUCTION UPDATE | Louis Varga and Francisco Garcia with Colombo Construction provided an update on the NIHD Pharmacy construction project. The project is progressing well and crews are working 7 days a week, often 12-14 hours per day in an effort to meet a December 2019 construction deadline. If the project is near completion by the December deadline, it is expected that the District will be allowed to keep the Pharmacy open until such time as the project is actually complete. |
| STRATEGIC PLAN UPDATE | The NIHD Finance and Market Share Committee provided an update on work relating to the Finance and Market Share-related goals of the |

District's Strategic Plan. The Committee's presentation included the following:

- An analysis of the reasons area healthcare providers refer patients out to other facilities
- Results from a physician survey regarding overall provider satisfaction with District Radiology; Lab; Surgery; Cardiopulmonary; Rehab; and Language services
- Responses from a physician survey regarding potential new services they would like to see offered at NIHD

PIONEER HOME HEALTH UPDATE

Pioneer Home Health (PHH) Administrator Pat West provided a report on home health, hospice, and personal care services provided by PHH. Ms. West stated that the partnership between PHH and NIHD has allowed Pioneer Home Health the opportunity to grow and serve a much larger number of residents of this community. She noted that the value of the increased services to area residents has been significant, and that PHH's next strategic goal is to increase staff in order to grow services even further. Ms. West additionally reported that Ruby Allen has been selected to be the next Administrator of Pioneer Home Health, and that Ms. Allen will take over Administrative duties in March of 2020.

NEW BUSINESS

GRIEVANCE MEDIATION OUTCOME

Chief Executive Officer Kevin S. Flanigan, MD, MBA reported that the resolution of two grievances filed by the American Federation of State and County Municipal Employees (AFSCME) against NIHD is nearing completion. It is possible that an additional reading (or readings) of a statement regarding District staff's right to unionize without retaliation will be scheduled.

INDEPENDENCE SCHOOL DISTRICT OCCUPATIONAL THERAPY SERVICES

Doctor Flanigan additionally reported that NIHD desires to provide Occupational Therapy services for children in the Independence School District, and that the District is working with Independence School Superintendent Rosanne Lampariello Cameron to establish an agreement. Doctor Flanigan additionally stated that the agreement will not be finalized until such time as the Inyo County Local Agency Formation Commission (LAFCO) has approved establishing the service line.

DETERMINATION OF AD HOC COMMITTEE TO FILL DISTRICT ZONE 5 BOARD VACANCY

Ms. Kilpatrick called attention to determination of a Board of Directors Ad Hoc Committee to address filling the December 31 2019 District Zone 5 Board vacancy. It was moved by M.C. Hubbard, seconded by Jean Turner, and unanimously passed to approve appointing Directors Robert Sharp and Jody Veenker to serve on the Ad Hoc Committee.

PHARMACY DEPARTMENT POLICY AND PROCEDURE APPROVAL

Doctor Flanigan called attention to a proposed District-Wide Pharmacy Policy and Procedure titled *Repackaging and Compounding of Medications*. It was moved by Mr. Sharp, seconded by Ms. Hubbard, and unanimously passed to approve the proposed *Repackaging and Compounding of Medications* Policy and Procedure as presented.

**AB 2190 ATTESTATION**

Doctor Flanigan also called attention to a letter of attestation stating that the District Board of Directors has been informed of the regulations included in Assembly Bill (AB) 2190 relating to building rating requirements mandated for hospitals by the year 2030. Doctor Flanigan noted that the specifics included in AB 2190 are likely to change prior to the 2030 deadline, however the District Board must be informed of the upcoming conformance requirements.

**DISCUSSION OF CALIFORNIA LAW AB-5**

Chief Financial Officer John Tremble provided information on California Assembly Bill (AB) 5, which limits the use of classifying workers as independent contractors rather than employees. Mr. Tremble stated that the new law will likely affect 4 of the District's current contractors, and that the law will become effective on January 1, 2020. Mr. Tremble additionally stated that he and NIHD Human Resources personnel will meet with the four contractors who may be affected, in an attempt to assess and remedy their specific situations.

**OLD BUSINESS**

**REVISED GENERAL LEGAL COUNSEL REQUEST FOR PROPOSALS**

Doctor Flanigan called attention to a revised General Counsel Legal Services Request for Proposals (RFP) intended to possibly secure local legal representation for the District, in addition to the District's attorney relationships already in place. Following a review of housekeeping edits needed to the document it was moved by Ms. Veenker, seconded by Ms. Turner, and unanimously passed to approve the revised General Legal Counsel Legal Services RFP with minor edits being made.

**STRATEGIC PLANNING UPDATE**

Doctor Flanigan provided an update on the District's strategic planning direction and its goal of transitioning from a hospital-centric delivery model to a regional healthcare system. The update included a review of the following:

- The District's four strategic initiatives relating to Quality; Patient Experience; Workforce Experience; and Fiscal Health and Market Share
- NIHD's goal is to integrate physical and behavioral healthcare into a single care delivery model
- The District intends to expand its revenue-generating service lines in order to ensure fiscal success

Doctor Flanigan also noted the importance of considering patient flow and workflow in strategic planning going forward.

**CHIEF OF STAFF REPORT**

**POLICY AND PROCEDURE APPROVALS**

Chief of Staff William Timbers, MD reported following careful review, consideration, and approval by the appropriate Committees the Medical Executive Committee recommends approval of the following District-wide Policies and Procedures:

1. *Admissions, Discharge, Transfer of Patients: Continuum of Care*
2. *Pediatric Ambulatory Blood Pressure Monitoring Policy*
3. *Drug Storage and Inspections of Medication Areas*
4. *Emergency Medications Trays Policy*

5. *Influenza Vaccination Policy*
6. *Pharmacist Intervention for Iron Replacement*
7. *Rehabilitation Services Standard of Care*
8. *Repackaging and Compounding of Medications*
9. *Sharps Injury Protection Plan*
10. *Therapy Evaluation/Inpatients, OPO, and Swing Bed Patients*
11. *Use of Biosimilar Products at Northern Inyo Healthcare District*

It was moved by Mr. Sharp, seconded by Ms. Veenker, and unanimously passed to approve Policies and Procedures 1 through 11 as presented.

MEDICAL STAFF APPOINTMENTS AND PRIVILEGES

Doctor Timbers also reported the Medical Executive Committee recommends approval of the following Medical Staff appointments and privileges:

1. Kelly T. Brace, DPM (*podiatry*) – Provisional Active Staff
2. Matthew Ercolani, MD (*urology*) – Provisional Consulting Staff
3. Daniel Su, MD (*cardiology*) – Provisional Consulting Staff
4. Vlad Radulescu, MD (*cardiology*) – Telemedicine Staff
5. Felix Karp, MD (*internal medicine*) – Provisional Consulting Staff

It was moved by Ms. Hubbard, seconded by Mr. Sharp, and unanimously passed to approve all 5 appointments and privileging as requested.

EXTENSION OF TEMPORARY PRIVILEGES

Doctor Timbers additionally requested extension of Temporary Privileges through December 31, 2019 for the following:

1. Joseph BenPerlas, MD (*internal medicine*)
2. Shiva Shabnam, MD (*internal medicine*)

Doctor Timbers also noted that the request for extension of Temporary Privileges for Sumon Syed, MD as been withdrawn. It was moved by Mr. Sharp, seconded by Ms. Turner, and unanimously passed to approve the extension of Temporary Privileges through December 31, 2019 for Doctors BenPerlas and Shabnam as requested.

NEW PRIVILEGES

Doctor Timbers also reported the Medical Executive Committee recommends the granting of new privileges for:

- James Fair, MD (*emergency medicine*) – privileges for the performance of transesophageal echocardiograms (TEE)

It was moved by Ms. Veenker, seconded by Ms. Turner, and unanimously passed to approve the granting of new privileges for James Fair MD as requested.

MEDICAL STAFF ADVANCEMENTS

Doctor Timbers additionally requested approval of the following Medical Staff advancements:

1. Stefan Schunk, MD (*internal medicine*) – advancement from Provisional Active Staff to Active Staff
2. Atashi Mandal, MD (*internal medicine*) – advancement from Provisional Active Staff to Active Staff

It was moved by Ms. Turner, seconded by Ms. Veenker, and unanimously passed to approve both Medical Staff advancements as requested.

MEDICAL STAFF RESIGNATIONS

Doctor Timbers also requested approval of the following Medical Staff resignations:

1. Jennie Walker, MD (*emergency medicine*) – effective 10/01/19
2. Jessica Paulson, MD (*emergency medicine*) – effective 10/15/19
3. H. Charlie Wolf, MD (*emergency medicine*) – effective 12/31/19
4. Sarkis Kiramijyan, MD (*cardiology*) – effective 12/31/19
5. Gabriel Overholzer, DDS (*dentistry*) – effective 12/31/19

It was moved by Ms. Veenker, seconded by Ms. Turner, and unanimously passed to accept all 5 Medical Staff resignations as requested.

PHYSICIAN RECRUITMENT UPDATE

Doctor Timbers additionally noted that the District has recruited 8 to 10 new physicians in the last six months, and the number of incoming doctors exceeds the number of departing physicians. He additionally stated that the use of marketing and physician recruitment via social media will be increasing, and that social media has proven to be effective as well as cost saving in that it eliminates the need to engage the services of a recruiting firm. Doctor Timbers additionally stated that the job description for a Chief Medical Officer (CMO) is still being finalized, and that it will be placed on the agenda for a future Board of Directors meeting.

CONSENT AGENDA

Miss Kilpatrick called attention to the Consent Agenda for this meeting, which contained the following items:

- *Approval of minutes of the October 16 2019 regular meeting*
- *Financial and Statistical reports as of September 2019*
- *Chief Executive Officer Report*
- *Chief Operating Officer Report*
- *Chief Nursing Officer Report*
- *Chief Financial Officer Report*
- *Compliance Department Quarterly Report*
- *Policy and Procedure annual approvals*

It was moved by Mr. Sharp, seconded by Ms. Veenker, and unanimously passed to approve all eight Consent Agenda items as presented, with references to the District Board President being changed to the District Board Chair in all Board of Directors Policies and Procedures.

BOARD MEMBER REPORTS

Ms. Kilpatrick asked if any members of the Board of Directors wished to report on any items of interest. Director Sharp praised the Halloween celebration organized for District staff, and Director Turner praised a recent Healthy Lifestyles talk on to topic of Sepsis, provided by Stacey Brown, MD. Ms. Hubbard also noted that the first "Walk With A Doc" will take place tomorrow, November 21 at 1:00 pm. No other comments were heard.

ADJOURNMENT TO CLOSED SESSION

At 7:54 pm Ms. Kilpatrick announced that the meeting would adjourn to Closed Session to allow the District Board of Directors to:

A. Discuss trade secrets, new programs and services (estimated

public session date for discussion yet to be determined) (*Health and Safety Code Section 32106*).

B. Conference with Labor Negotiators; Agency Designated Representative: Irma Moisa; Employee Organization: AFSCME Council 57 (*pursuant to Government Code Section 54957.6*).
C. Confer with Legal Counsel regarding threatened litigation, 3 matters pending (*pursuant to Government Code Section 54956.9) d)(2)*).
D. Discussion of a real estate negotiation regarding price, 152 Pioneer Lane, Bishop, California, Agency negotiators Kevin S. Flanigan MD, MBA and Pioneer Medical Associates partners (*pursuant to Government Code Section 54956.8*).

RETURN TO OPEN SESSION AND REPORT OF ACTION TAKEN

At 9:08 pm the meeting returned to Open Session. Ms. Kilpatrick reported that the Board took no reportable action

ADJOURNMENT

The meeting was adjourned at 9:09 pm.

________________________________
Mary Mae Kilpatrick, President

Attest: ________________________________
Robert Sharp, Secretary

**Chief Financial Officer Report to the Board of Directors** **December 18, 2019**

**Overview:** Organizational billed charges were good in October with significant positive variances in surgery sales. The month of November is a different story with lower revenues from Inpatient.

| | Charges | Budget |
|---|---|---|
| October, 2018 | 12,311,788 | 12,324,875 |
| November, 2018 | 12,965,830 | 13,205,209 |
| December, 2018 | 11,320,722 | 13,205,209 |
| January, 2019 | 13,649,585 | 13,645,381 |
| February, 2019 | 11,808,879 | 12,324,875 |
| March, 2019 | 12,927,842 | 13,645,381 |
| April, 2019 | 14,479,237 | 13,205,209 |
| May, 2019 | 13,190,872 | 13,645,381 |
| June, 2019 | 12,985,554 | 13,205,327 |
| July, 2019 | 14,142,468 | 13,645,381 |
| August, 2019 | 14,486,110 | 14,095,678 |
| September, 2019 | 12,636,290 | 13,640,980 |
| October, 2019 | 14,348,923 | 14,095,678 |
| November, 2019 | 12,883,459 | 13,640,980 |

Gross Accounts Receivables in Athena continue to be unacceptably high at $50,776,885; 112.6; Gross Days in AR. Remaining Gross Accounts Receivable in Paragon is $2,409,318 and Centricity is $378,450.

Salaries and Wages continued to be steady on a per day basis.

| | Salaries & Wages | Cost Per Day |
|---|---|---|
| January, 2019 | 2,550,818 | 82,284 |
| February, 2019 | 2,457,730 | 87,776 |
| March, 2019 | 2,674,515 | 86,275 |
| April, 2019 | 2,555,902 | 85,199 |
| May, 2019 | 2,616,111 | 84,391 |
| June, 2019 | 2,509,763 | 83,659 |
| July, 2019 | 2,585,146 | 83,392 |
| August, 2019 | 2,638,465 | 85,112 |
| September, 2019 | 2,530,883 | 84,363 |
| October, 2019 | 2,536,968 | 81,838 |
| November, 2019 | 2,496,691 | 83,223 |

**Audit Update:** The audit was entering the final stages of completion when I asked Wipfli to post-pone the finishing process. An error of significant magnitude was discovered by the business office and charges previously posted in the past fiscal year were overstated by approximately $1,450,000.

As of the writing of this report (December 6$^{th}$), the Medicare Cost Report was filed with CMS with a receivable of $2,205,069 posted. The cost report had a significant impact on the annual results as a significant decrease in patient days and increased outpatient sales pushed expenses into the outpatient Medicare settlement. Our outpatient cost to charge ratio grew from 42.1% to 43.6% in 2019.

Submitted by John Tremble

# Northern Inyo Healthcare District
## Statement of Operations
## As of October 31, 2019

| | Month To Date 10/31/2019 | Month To Date 09/30/2019 | Year To Date 10/31/2019 | Year To Date 10/31/2018 |
|---|---|---|---|---|
| **Patient Care Revenues** | | | | |
| Inpatient Revenue | 2,969,027.16 | 2,537,993.99 | 10,458,611.46 | 11,252,926.45 |
| Outpatient Revenue | 10,838,533.15 | 9,608,636.18 | 43,065,402.15 | 37,455,973.64 |
| Clinic Revenue | 541,362.91 | 458,567.65 | 2,058,685.46 | 2,218,304.87 |
| Total Gross Patient Service Revenue | 14,348,923.22 | 12,605,197.82 | 55,582,699.07 | 50,927,204.96 |
| Deductions from Revenue | (6,806,927.65) | (6,329,514.29) | (27,580,101.81) | (25,713,269.74) |
| Other Patient Revenue | 412.97 | 1,413.03 | 40,996.49 | 0.00 |
| **Total Net Patient Revenue** | 7,542,408.54 | 6,277,096.56 | 28,043,593.75 | 25,213,935.22 |
| Medicaid Settlement Income/Expense | 0.00 | 0.00 | 23,557.00 | 0.00 |
| Disproportionate Share Income/Loss | 0.00 | 0.00 | 0.00 | 2,471,501.66 |
| Total Income/Expense from Cost Reporting | 0.00 | 0.00 | 23,557.00 | 2,471,501.66 |
| Other Operating Revenue | 945,243.00 | 819,881.45 | 3,171,484.94 | 2,542,572.62 |
| **Total Gross Operating Profit** | 8,487,651.54 | 7,096,978.01 | 31,238,635.69 | 30,228,009.50 |
| **Operating Expenses** | | | | |
| Repairs and Maintenance | 3,907.00 | 36,601.00 | 47,338.51 | 253,585.58 |
| Leases and Rental Expenses | 35,045.36 | (43,380.73) | 67,997.48 | 306,977.06 |
| Salary & Wages | 2,536,958.41 | 2,422,139.49 | 9,964,013.48 | 9,442,017.52 |
| Benefits | 1,687,353.29 | 1,717,218.16 | 6,531,313.63 | 7,111,313.53 |
| Non-Benefit Expenses | 13,240.09 | 11,267.20 | 45,797.88 | 59,504.43 |
| Professional Fees | 778,633.00 | 918,568.41 | 3,275,207.55 | 4,658,836.18 |
| Supplies | 811,420.95 | 831,406.41 | 3,338,086.93 | 3,578,204.72 |
| Contract Services | 1,179,896.76 | 577,429.31 | 2,591,377.27 | 1,486,933.00 |
| Other Department Expenses | 113,028.51 | 98,807.70 | 406,630.13 | 330,035.28 |
| Hospital Insurance Expenses | (17,203.12) | 36,142.88 | 114,384.02 | 205,279.95 |
| Utilities | 123,127.85 | 141,102.76 | 558,604.84 | 576,740.37 |
| Depreciation and Amortization | 356,051.66 | 357,440.00 | 1,399,325.87 | 1,364,996.82 |
| Other Fees | (91,063.27) | 259,966.19 | 593,500.32 | 561,846.08 |
| Interest Expense - Operating | 233,132.91 | 232,614.05 | 929,381.58 | 945,167.80 |
| **Total Operating Expenses** | 7,763,529.40 | 7,597,322.83 | 29,862,959.49 | 30,881,438.32 |
| **Total Net Operating Profit (Loss)** | 724,122.14 | (500,344.82) | 1,375,676.20 | (653,428.82) |
| **Non-Operating Revenue** | | | | |
| Other Income | | | | |
| Tax Payer General Support | 48,743.07 | 48,743.07 | 194,972.28 | 194,972.28 |
| Bond/ Tax Payer Bond Support | 137,595.79 | 137,595.79 | 550,383.16 | 466,553.03 |
| Fin Chgs-Pt Ar - Int Incm-Payors | 1,048.64 | 9.14 | 1,981.38 | 8,386.69 |
| Interest Income | 41,483.63 | 95,089.15 | 202,174.27 | 215,421.29 |
| Interest on Patient Account | 5,034.68 | 94.41 | 6,494.94 | 0.00 |
| **Total Other Income** | 233,905.81 | 281,531.56 | 956,006.03 | 885,333.29 |
| Grant Revenue | 5,000.00 | 3,468.23 | 36,468.23 | 55,715.72 |
| Other Non-Operating Income | 1,596.00 | 1,596.00 | 4,788.00 | 10,304.00 |
| Net Medical Office Activity | (694,313.30) | (382,425.00) | (2,006,650.57) | (2,197,182.91) |
| 340b Net Activity | 67,721.48 | 29,848.79 | 199,048.55 | 66,594.47 |
| Donations | 0.00 | 0.00 | 44,060.00 | 3,300.00 |
| Rental Income | 7,032.82 | 4,881.41 | 19,525.64 | 11,691.88 |
| Gain - Investments - Other Income | 0.00 | 2,459.50 | 14,387.00 | 3,557.50 |
| Total Non-Operating Revenue | (379,057.19) | (58,639.51) | (732,367.12) | (1,160,686.05) |
| Non-Operating Expenses | 0.00 | 0.00 | 130,000.00 | 37.50 |
| Total Net Non-Operating Profit (Loss) | (379,057.19) | (58,639.51) | (862,367.12) | (1,160,723.55) |
| Total Net Income (Loss) | 345,064.95 | (558,984.33) | 513,309.08 | (1,814,152.37) |

# Northern Inyo Healthcare District
## Balance Sheet
## As of October 31, 2019

| | |
|---|---|
| **Assets** | |
| Current Assets | |
| Cash and Short Term Investments | 20,001,110.05 |
| PMA Partnership | 679,758.00 |
| Accounts Receivable, Net of Allowance | |
| Accounts Receivable | 54,565,492.83 |
| Allowances against Receivables | (33,361,040.49) |
| NIA Accrued Allowances | (717,295.17) |
| Total Accounts Receivable, Net of Allowance | 20,487,157.17 |
| Other Receivables | 6,135,654.37 |
| Inventory | 2,051,595.21 |
| Prepaid Expenses | 1,481,732.94 |
| **Total Current Assets** | 50,837,007.74 |
| Assets Limited as to Use | |
| Internally Designated for Capital Acquisitions | 1,193,798.87 |
| Short Term - Restricted | 150,576.55 |
| Limited Use Assets | |
| LAIF - DC Pension Board Restricted | 804,601.26 |
| DB Pension | 13,632,410.00 |
| PEPRA | 5,338.00 |
| Total Limited Use Assets | 14,442,349.26 |
| Revenue Bonds Held by a Trustee | 3,470,760.49 |
| **Total Assets Limited as to Use** | 19,257,485.17 |
| Long Term Assets | |
| Long Term Investment | 1,750,467.76 |
| Fixed Assets, Net of Depreciation | |
| Fixed Assets | 127,162,751.04 |
| Accumulated Depreciation | (51,388,670.69) |
| Construction in Progress | 837,569.90 |
| Total Fixed Assets, Net of Depreciation | 76,611,650.25 |
| **Total Long Term Assets** | 78,362,118.01 |
| **Total Assets** | 148,456,610.92 |
| **Liabilities** | |
| Current Liabilities | |
| Current Maturities of Long-Term Debt | 1,446,088.92 |
| Accounts Payable | 5,974,635.34 |
| Accrued Payroll and Related | 6,825,530.32 |
| Accrued Interest and Sales Tax | 309,877.96 |
| Due to 3rd Party Payors | 4,931,339.60 |
| Other Deferred Credits - Pension | 3,481,539.70 |
| **Total Current Liabilities** | 22,969,011.84 |
| Long Term Liabilities | |
| Long Term Debt | 39,253,947.15 |
| Bond Premium | 467,366.71 |
| Accreted Interest | 13,962,459.00 |
| Other Non-Current Liability - Pension | 32,705,323.00 |
| **Total Long Term Liabilities** | 86,389,095.86 |
| Suspense Liabilities | (67,740.84) |
| **Total Liabilities** | 109,290,366.86 |
| **Fund Balance** | |
| Fund Balance | 38,670,602.56 |
| Temporarily Restricted | 150,576.55 |
| Net Income | 345,064.95 |
| **Total Fund Balance** | 39,166,244.06 |
| **Liabilities + Fund Balance** | 148,456,610.92 |

## Northern Inyo Healthcare District - Summary of Key Ratios

| Unit of Measure | 10/31/2019 | 9/30/2019 | 8/31/2019 | 7/31/2019 | 6/30/2019 |
|---|---|---|---|---|---|
| Cash, CDs & LAIF Investments: | $ 21,751,578 | $ 24,551,976 | $ 24,237,671 | $ 26,353,608 | $ 27,264,480 |
| Days Cash on Hand | 93.02 | 105.00 | 103.65 | 112.70 | 116.60 |
| | | | | | |
| Athena Gross Accounts Receivable | $ 50,776,886 | $ 48,766,032 | $ 48,766,032 | $ 44,505,205 | $ 42,891,066 |
| Average Daily Revenue | $ 444,616 | $ 430,894 | $ 440,084 | $ 432,425 | $ 420,533 |
| Gross Days in AR | 114.20 | 113.17 | 110.81 | 102.92 | 101.99 |
| | | | | | |
| Acute Census Days | 203 | 211 | 191 | 240 | 2,803 |
| Swing Bed Census Days | 14 | 23 | 15 | 7 | 454 |
| Observation Days | 44 | 36 | 38 | 39 | 485 |
| Total Inpatient Utilzation | 261 | 270 | 244 | 286 | 3,742 |
| Average Daily Inpatient Census | 8.43 | 8.71 | 7.87 | 9.23 | 10.25 |
| Average Acute Daily Charge | $ 13,682.15 | $ 10,846.13 | $ 10,281.36 | $ 11,472.19 | $ 10,982.78 |
| Adjusted Daily Census (with OP) | 40.88 | 35.91 | 41.27 | 41.54 | 38.29 |
| | | | | | |
| Emergency Room Visits | 767 | 641 | 868 | 889 | 9,153 |
| Emergency Room Visits Per Day | 24.7 | 21.4 | 28.0 | 28.7 | 25.1 |
| Operating Room Inpatients | 23 | 20 | 19 | 23 | 230 |
| Operating Room Outpatient Cases | 118 | 104 | 90 | 93 | 1,240 |
| RHC Clinic Visits | 2,377 | 2,439 | 2,377 | 2,675 | 29,446 |
| NIA Clinic Visits | 2,030 | 1,864 | 2,027 | 1,924 | |
| | | | | | **Fiscal 2019** |
| Inpatient Revenue | $ 2,969,027 | $ 2,537,994 | $ 2,117,960 | $ 2,833,630 | $ 35,770,899 |
| Outpatient Revenue | 10,838,533 | 9,608,636 | 11,774,827 | 10,843,405 | 110,939,678 |
| Clinic Revenue | 541,363 | 458,568 | 593,322 | 465,433 | 6,784,060 |
| Total Revenue | $ 14,348,923 | $ 12,605,198 | $ 14,486,109 | $ 14,142,468 | $ 153,494,636 |
| Revenue Per Day | $ 462,868 | $ 420,173 | $ 467,294 | $ 456,209 | $ 420,533 |
| % Change | 10.2% | -10.1% | 2.4% | 1.8% | |
| | | | | | |
| Salaries | $ 2,536,958 | $ 2,422,139 | $ 2,528,362 | $ 2,476,554 | $ 25,697,886 |
| PTO Expenses | 266,736 | 254,834 | 254,720 | 269,335 | 3,255,428 |
| Total Salaries Expense | $ 2,803,694 | $ 2,676,974 | $ 2,783,082 | $ 2,745,889 | $ 28,953,314 |
| Expense Per Day | $ 90,442 | $ 89,232 | $ 89,777 | $ 88,577 | $ 79,324 |
| % Change | 1.4% | -0.6% | 1.4% | 2.8% | |
| | | | | | |
| Operating Expenses | $ 4,370,650 | $ 4,330,335 | $ 3,930,250 | $ 4,051,730 | $ 49,294,043 |
| Operating Expenses Per Day | $ 140,989 | $ 144,344 | $ 126,782 | $ 130,701 | $ 135,052 |
| | | | | | |
| Capital Expenses | $ 589,185 | $ 590,014 | $ 589,257 | $ 560,212 | $ 7,103,119 |
| Capital Expenses Per Day | $ 19,006 | $ 19,667 | $ 19,008 | $ 18,071 | $ 19,461 |
| | | | | | |
| Total Expenses | $ 7,763,529 | $ 7,597,323 | $ 7,302,590 | $ 7,357,830 | $ 85,350,476 |
| Total Expenses Per Day | $ 250,436 | $ 253,244 | $ 235,567 | $ 237,349 | $ 233,837 |
| | | | | | |
| Gross Margin | $ 724,122 | $ (522,456) | $ 435,083 | $ 522,819 | $ 1,772,471 |
| Gross Margin Per Adjusted Day | $ 571.43 | $ (484.97) | $ 340.09 | $ 406.01 | $ 126.82 |