### CALL TO ORDER

1. **Public Comments**

2. **Information Item(s)**

   1. * Approval: Board of Directors Community Relations Committee Meeting Minutes – June 1, 2016  
      (ADD A – Pp 6-28)

   2. Informational: Population Health (Continuum of Care) Initiative and Health Information Exchange Updates – Della K. Shaw, EVP Strategy, Alan Conrad, MD, EVP Physician Alignment, Prudence August, VP Information Systems  
      (ADD B – Pp 30-52)

   3. Informational: Governmental Update | Legislative and Community Leadership – Elly Garner, Director Government Affairs  
      (ADD C – Pp 54-61)

4. **Public Comments**

### ADJOURNMENT

**Board of Directors Community Relations Committee Members -- **Voting Member**

| **Dara Czerwonka, MSW, Committee Chair** | **Jerry Kaufman, PTMA** | **Linda Greer, RN, CCP** |
| **Robert Hemker, President & CEO** | **Michael Stelman, PHF Board Member** | **1st Alternate: Aeron. D. Wickes, MD**  
**2nd Alternate: Hans C. Sison, LVN** |
| Della Shaw, EVP Strategy | Jean Larsen, Philanthropy Officer | Fran Waller, Director Community Engagement & Volunteer Development |
| Debby Clark, Director Marketing | Maria Sudak, Interim CAO & CNO PMC | Jim Lyon, Patient Family Advisory Council |

**NOTE:** If you have a disability, please notify us by calling 442-281-3287 -- 72 hours prior to the event so that we may provide reasonable accommodations.

**Asterisks indicate anticipated action. Action is not limited to those designated items.**

1. **5 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details & policy, see Request for Public Comment notices available in meeting room.**
Minutes
Board of Directors Community Relations Committee
Wednesday, June 1, 2016

TO: Board of Directors Community Relations Committee

MEETING DATE: Wednesday, July 6, 2016

FROM: Laurie Thompson, Secretary

BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: The minutes of the Board of Directors Community Relations Committee meeting held on Wednesday, June 1, 2016, are respectfully submitted for approval (Addendum A).

BUDGET IMPACT: None

STAFF RECOMMENDATION: Staff recommends approval of the Wednesday, June 1, 2016, Board of Directors Community Relations Committee minutes.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
Population Health (Continuum of Care) Initiative and Health Information Exchange Update
Della K. Shaw, EVP Strategy, Alan Conrad, MD, EVP Physician Alignment, and
Prudence August, VP Information Systems

TO: Board of Directors Community Relations Committee
MEETING DATE: Wednesday, July 6, 2016
BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: In the Strategic Plan update in 2013, Palomar Health approved
Strategic Initiative #3 which was to ‘develop a delivery model that
supports care coordination and transitions across the continuum,
with emphasis on chronic disease management, illness prevention,
and patient involvement’. The Strategic Initiative #3 Steering
Committee also approved a roadmap for the first five years which
included creating an information technology platform that would
allow achievement of the initiative by connecting providers and
patients across the continuum.

The presentation will give the Board of Directors Community
Relations Committee an update of the Strategic Initiative #3
progress, including the Health Information Exchange.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
TO: Board of Directors Community Relations Committee

MEETING DATE: Wednesday, July 6, 2016

BY: Della K. Shaw, Executive Vice President - Strategy

BACKGROUND: The verbal report will update the Board on regional and community governmental issues of importance or impact to Palomar Health, as well as the Director’s outreach plan.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: Informational

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:
Individual Action:
Information:
Required Time:
ADDENDUM A
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<td>CHAIR, DARA CZERWONKA, MSW</td>
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<td>DIRECTOR JERRY KAUFMAN, PTMA</td>
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<td>DIRECTOR LINDA GREER, RN, CCP</td>
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<td>ROBERT HEMKER, PRESIDENT AND CEO</td>
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<td>MICHAEL STELMAN, PHF BOARD MEMBER</td>
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<td>1ST ALTERNATE - DIRECTOR AERON WICKES, MD</td>
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<td>2ND ALTERNATE - DIRECTOR HANS C. SISON, LVN</td>
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<th>STAFF ATTENDEES</th>
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<tr>
<td>DELLA K. SHAW, EXECUTIVE VICE PRESIDENT, STRATEGY</td>
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<tr>
<td>JEAN LARSEN, PRESIDENT &amp; CHIEF PHILANTHROPIC OFFICER, PALOMAR HEALTH FOUNDATION</td>
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<td>DEBBY CLARK, DIRECTOR, MARKETING &amp; THE HEALTHSOURCE</td>
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<td>FRAN WALLER, DIRECTOR, COMMUNITY ENGAGEMENT AND VOLUNTEER DEVELOPMENT</td>
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<tr>
<td>MARIA SUDAK, RN, CAO &amp; CNO PMC COMMITTEE RN REPRESENTATIVE</td>
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<td>ELLY GARNER, MANAGER, GOVERNMENT AFFAIRS</td>
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<td>JIM LYON, PATIENT AND FAMILY ADVISORY COUNCIL</td>
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<td>LAURIE THOMPSON – BOARD COMMITTEE ASSISTANT TAMMY CHUNG- BOARD COMMITTEE ASSISTANT</td>
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| INVITED GUESTS | SEE TEXT OF MINUTES FOR NAMES OF GUEST PRESENTERS |
**Board of Directors Community Relations Committee Meeting Minutes – Wednesday, June 1, 2016**

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION/ACTION</th>
<th>FOLLOW UP / RESPONSIBLE PARTY</th>
<th>FINAL?</th>
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**DISCUSSION**

**CALL TO ORDER**

The meeting – held in the Palomar Medical Center Raymond Family Conference Center, 2185 Citracado Parkway, Escondido, CA 92029 – was called to order at 6:00 p.m. by Director Jerry Kaufman.

**ESTABLISHMENT OF QUORUM**

- Quorum comprised of Director Jerry Kaufman; Michael Stelman, Palomar Health Foundation Board Member; and Robert Hemker, President & CEO
- Excused Absences: Directors Dara Czerwonka and Linda Greer

**NOTICE OF MEETING**

Notice of Meeting was posted at Palomar Health’s Administrative Office. The meeting notice was also posted with the full agenda packet on the Palomar Health website on Wednesday, May 25, 2016 which is consistent with legal requirements. Notice of that posting was also made via email to the Board of Directors and staff.

**PUBLIC COMMENTS**

There were no public comments.

**INFORMATION ITEMS**

1. **Minutes: Board of Directors Community Relations Committee Meeting – Wednesday, May 4, 2016**

   No Discussion  
   
   **MOTION:** by Director Jerry Kaufman, 1st by Michael Stelman, 2nd by Robert Hemker and carried to recommend approval of the May 4, 2016 Board of Directors Community Relations Committee meeting minutes as submitted. All in favor. None opposed  
   
   N/A  
   
   Y
## 2. Review: Naming Policy Revisions

<table>
<thead>
<tr>
<th>Current Policy #27932</th>
<th>Current Changes</th>
<th>Conclusion/Action</th>
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<tr>
<td>Follow up to the May 4, 2016 Committee request, Jean Larsen provided the following edits of the Naming Policy Lucidoc 27932.</td>
<td>MOTION: by Mr. Stelman, 2nd by Robert Hemker and carried to recommend approval and submit to the Board of Directors for approval. All in favor. None opposed.</td>
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### A. No Change

(A) Palomar Health (PH) shall adhere to the following standardized procedures for naming buildings, rooms, public spaces, programs, awards, and scholarships;

(B) Naming for new or unnamed buildings, building additions or for renaming existing buildings are subject to approval by the Palomar Health Board of Directors. (B & C) – Were eliminated in their entirety, reworded and combined as follows:

B. Naming for new or existing unnamed buildings, building additions, public spaces, programs, scholarships or awards shall be in accordance with Palomar Health Foundation’s (PHF) most current naming policy (11/29/2007). When changes to the policy are recommended by the Foundation’s governing board and/or one of its committees, it shall be presented to the PH District Hospital Board of Directors for renewed approval;

1. When philanthropic gifts are secured and a naming has been offered in recognition, and the naming meets all criteria outlined in both the PHF naming policy and PH District Naming Policy (#27932), naming signage/plaques will be installed. After installation, new naming signage/plaques will be reported in the PHF’s Board Chair Report at the next meeting of the PH District Board of Directors;

2. When philanthropic gifts are being considered with a naming that is offered outside one or both policy definitions, consent approval for the variant is to be presented to and approval obtained from the PH District Board of Directors.
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<td><strong>DISCUSSION</strong></td>
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</table>
| (D) The naming or renaming of a building, room, part of a building, public space, program, award or scholarship shall be considered in accordance with the following principle: | Edited and changed to (C)  
C. The naming shall be considered in accordance with the following principle:  
1. That a significant or substantial donation is made to the Palomar Health Foundation towards the cost of the naming opportunity as determined by PH Foundation. |                              |       |
| (E) Each proposal for naming in recognition of a gift shall be considered on its own merit; | Edited and changed to (D)  
D. Each proposal presented to potential donors for a naming shall adhere to the Foundation’s most current gift acceptance policy and specify the gift level associated with the naming to permanently recognize their gift; |                              |       |
| (F) No more than one building, room, part of a building or public space on each campus site shall hold a similar name with the exception of a single named opportunity towards the entire Health System; | (F) Removed in its entirety. |                              |       |
| (G) The naming of any entity with PH should not conflict with “way finding” | (G) Edited and changed to (E)  
E. The naming of any building, building addition, room or public space should not conflict with “way finding” signage; |                              |       |
| (H) Removing a name will be upon recommendation of the PH President and CEO, the decision of the District Board in consultation with the Foundation Board of Directors. That decision should also include a conversation with the donor or if the donor is deceased with a family member or Trustee; | (H) Edited and changed to (F)  
F. Removing a name will be upon recommendation of the PH President and CEO, and is a decision of the PH District Board in consultation with PHF Board of Directors. Prior to removal, the considerations leading to the decision should be conveyed to the donor or if the donor is deceased with his/her most immediate family member(s) or Trustee; |                              |       |
### DISCUSSION

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<tr>
<td>(I) Naming opportunities for components are applicable for the duration of the useful life of the component;</td>
<td>(I) Edited and changed to (G) G. Naming opportunities for equipment/components are considered on a case-by-case basis by the PHF and are applicable and sustainable only for the duration of the useful life of the component;</td>
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<td>(J) In considering potential named components, the PH District Board of Directors may consult the Foundation Board of Directors, PH constituents and community groups;</td>
<td>(J) Edited and changed to (H) H. In considering potential named equipment/components, the PH District Board of Directors may consult the PHF Board of Directors, PH constituents and community groups.</td>
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<td>(K) For buildings a) located on PH property and not owned by PH or b) built cooperatively in partnership with another entity, the selection of a name shall be done in consultation with the President and CEO of PH and the partner/lessor and with approval of the PH Board.</td>
<td>(K) Edited and changed to (I) I. For buildings a) located on PH property and not owned by PH or b) build cooperatively in partnership with another entity, the selection of a name shall be done in consultation with the President and CEO of PH, PHF President, and the partner/lessor and with approval of the PH District Board.</td>
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<td>(L) The PH District Board maintains the right to name as a tribute, buildings, rooms, public spaces, scholarship and awards in recognition of years of community service to PH without consideration of a philanthropic gift.</td>
<td>(L) Edited and changed to (J) J. The PH District Board maintains the right to name as a tribute, buildings, building additions, rooms, public spaces, scholarship and awards in recognition of years of community service to PH without consideration of a philanthropic gift.</td>
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<td>(M) The Palomar Health Facility Naming Policy applies to all PH facilities including but not limited to: buildings, rooms, specific interior or exterior locations, real property and signage on any portion of any PH facility. The Policy is also intended to provide named recognition for PH programs, scholarships and awards.</td>
<td>(M) Edited and changed to (K) K. The PH Naming Policy applies to all PH facilities including but not limited to: buildings, rooms, specific interior or exterior locations, real property and signage on any portion of any PH facility. The Policy is also intended to provide named recognition for PH programs, scholarships and awards.</td>
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**Board of Directors Community Relations Committee Meeting Minutes – Wednesday, June 1, 2016**

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**Discussion**

(N) This policy will be reviewed every three years or as necessary.

(N) No edits, changed to (L)

L. This policy will be reviewed every three years or as necessary.

3. Annual Community Action Council Update

Utilizing the presentation distributed with the Board packet, Fran Waller, Director of Community Engagement & Volunteer Development; John Van Cleef, Manager for Community Development & Spiritual Care; Nancy Roy, Community Outreach Liaison; and Jane Radatz, Community Advocate, provided a detailed annual update on the five Palomar Health Community Action Councils. No Action Required

Nancy Roy also distributed hard copies of flyers *5210 Every Day! Healthy Habits for Healthy Communities.*

**Public Comments**

There were no public comments.

**Final Adjournment**

Meeting adjourned by Director Kaufman at 6:40 p.m.

**Signatures:**

**Director**

____________________________

Jerry Kaufman

**Committee Secretary**

____________________________

Laurie Thompson
Community Outreach

Fran Waller | Director of Community Engagement & Volunteer Development
John Van Cleef | Manager for Community Development & Spiritual Care
Nancy Roy | Community Outreach Liaison
CAC Goals

Fulfill the Palomar Health mission by:

• Improving the health of Palomar Health communities
• Creating, implementing and evaluating programs that promote health
• Building relationships with key leaders
• Educating about health-related community resources

Palomar Health has 73 Community Partners
The Ramona TODAY Project

- 411 students screened
- 230 healthy weight (60%)
- 70 overweight (17%)
- 54 obese (18%)
- 7 underweight (5%)

34.80% at-risk based on Overweight/Obesity
San Marcos

Intergenerational Games

- Innovative approach to increase interaction between older adults and youth.

- Decreases isolation and increases mutual understanding and respect between generations.

- Promotes healthy, active, life-long behaviors.

- 120 Active older adults (age 50+) and children 6-12 years old paired up for educational and physical activities.
OASIS Catch Healthy Habits

- Combats childhood obesity by engaging adults as mentors to teach lifelong habits to children.
- Teams of adults go into after-school and summer programs, meeting for one hour, once a week, typically for 8 weeks.
- Each of the 8 classes includes a healthy snack, a fun physical activity, and a nutrition lesson.
- 20 students and 5 adult teachers.
The Backyard Produce Project

• Our volunteers continue to do great work!
• Results for April:
  ✓ 580 pounds from our donation sites
  ✓ 5050 pounds from our tree picking team
  ✓ 290 pounds from our gardens

Total this month: 5920 pounds of produce

Total since we began in 2009: 177,150 pounds
Running Clubs

• The CAC and 11 partners sponsor Running Clubs in 15 elementary schools – 11 years strong!

• 7,000 children a year participate

• Sponsorship dollars buy small incentives to motivate participation

• Multiplies the value of Palomar Health resources by recruiting community partners
Running Club Partners

Non-profits:
- Current Wisdom

Service Clubs:
- Kiwanis of Los Rancheros
- Poway/Scripps Rotary
- Rancho Bernardo Rotary
- Rancho Bernardo Lions

Individuals:
- Judy Bauer, Mimi Saunders
- Greg & Joan Cartwright
- Martie Lynch

Businesses:
- Sunshine Care
- Gymminy Kids
Soda is high in sugar and has no nutritional value. Just one can of soda has 140 empty calories. Many sodas also contain caffeine, which kids don’t need.

Make water your first choice!

Water.

Keep it handy.

• Keep a refillable water bottle on hand wherever you are.
• Add fresh lemon, lime, or orange wedges for natural flavor.
• Keep a pitcher of water in the fridge.
• Drink water when you’re thirsty.
• Replace soda with water, instead of other sugar-sweetened beverages, such as juice or sports drinks.

Milk.

A good choice.

• Breastfeed infants as long as possible. Cow’s milk, goat’s milk, and soy milk are not recommended for children under age 1.
• Ages 1-2: choose whole milk (2% low fat milk for children for whom obesity is a concern or who have a family history of obesity, high cholesterol or heart disease).
• Ages 2 and older: choose low fat (1%) or fat free (skim) milk.
• Flavored (chocolate) milk contains unnecessary sugar and calories and is not recommended.

Fuel.

Water is an essential fuel for your body.

• Water is the most important nutrient for active people.
• Between 70-80% of a child’s body is made up of water.
• When you exercise, you sweat, and when you sweat, you LOSE water and minerals—it is important to replace the water you lose when you sweat.
• Water is the #1 thirst quencher!
• Energy drinks are NOT sports drinks and should never replace water during exercise.

Juice vs. Water:

• Juice products labeled “-ade,” “drink,” or “punch” often contain only 5% juice or less. The only difference between these “juices” and soda is that they’re fortified with Vitamin C.
• Suggest a glass of water or low fat milk instead of juice.

www.5210SanDiego.org

Adapted from the Let’s Go! program in Maine.
Consuma cero bebidas azucaradas, y tome más agua y leche baja en grasa.

El refresco es alto en contenido de azúcar y no tiene valor nutritivo. Una lata de refresco tiene 140 calorías vacías. Muchas sodas también contienen cafeína, la cual los niños no necesitan.

¡Haga el agua su primera opción!

Agua.
Manténgala cerca.

- Mantenga una botella de agua a la mano en donde quiera que esté.
- Agregue rebanadas de limón, lima, o naranja frescas al agua para un sabor natural.
- Mantenga una jarra de agua en el refrigerador.
- Tome agua cuando tenga sed.
- En vez de remplazar la soda por otras bebidas azucaradas como el jugo o bebidas deportivas, replace la soda por el agua.

Leche.
Una buena opción.

- Dele pecho a los bebés el mayor tiempo posible. La leche de vaca, cabra o soya no son recomendadas para niños menores de 1 año de edad.
- Edades 1-2: elija la leche enterita (leche baja en grasa de 2% para niños que están en riesgo de obesidad, o que tienen historial familiar de obesidad, colesterol alto o problemas de corazón).
- Edades 2 en adelante: elija leche baja en grasa (1%) o sin grasa (descremada).
- Leche de sabor (chocolate) tiene azúcar innecesario y calorías y no es recomendada.

Energía.
El agua es esencial para darle energía a su cuerpo.

- El agua es el nutriente más importante para las personas activas
- Entera 70-80% del cuerpo de un niño está compuesto de agua.
- Cuando hace ejercicio y sudá, PIERDE agua y minerales—es importante remplazar el agua que pierde cuando sudá.
- ¡El agua es el producto #1 que quita la sed!
- Las bebidas energéticas NO son bebidas deportivas y no deben de ser remplazadas por agua durante el ejercicio.

Jugo vs. Agua:

- Los productos de jugos etiquetados "ada", "bebida" o "ponche" muchas veces contienen menos de 5% de jugo verdadero. La única diferencia entre estos "jugos" y la soda es que están fortificados con Vitamina C.
- Recomienda un vaso con agua o leche baja en grasa en vez de jugo.
EAT HEALTHY

Fruits and vegetables are packed with nutrients and fiber. To get the recommended daily servings, most of us need to increase the amount of fruits and veggies we currently eat.

HEALTHY TIPS:
- Try-a-bite rule—offer new fruits and veggies and encourage everyone in the family to try a few bites each time. It can take 7–10 tries to like a new food.
- Many of the health benefits of different fruits and vegetables are based on color—that's why it’s important to put a rainbow on your plate!
- Kids will choose healthy foods if they are available. Wash and chop fruits and veggies so that they are ready to grab and eat.

WATCH LESS

Limit recreational screen time—time spent watching or playing on computers, video games, TV and mobile devices for entertainment—to 2 hours or less each day. And NO screen time is recommended for children under the age of 2.

HEALTHY TIPS:
- Keep the TV and computer in a central location and out of your child’s bedroom.
- Set some rules, such as no TV or video games before chores and homework are done.
- Enjoy family time—turn off the TV during meals and talk about your day.

PLAY MORE

Activity that makes you breathe harder and your heart pump faster makes you stronger and helps you feel good and think clearly. Kids from active families are more likely to be active adults.

HEALTHY TIPS:
- If you can, walk or bike to your destination.
- Do short amounts of activity several times a day until they add up to 60 or more minutes each day.
- Physical activity should be fun—swimming, surfing, playing, jumping rope, walking, running, dancing, gardening, hiking and yes, even taking the stairs.

CUT DOWN

Sugary drinks such as soda, sports drinks, fruit punch and other fruit-flavored drinks have no health benefit. Sweetened beverages add empty calories.

HEALTHY TIPS:
- Encourage your family to love water. Serve it. Choose it. If it’s there, people will drink it. And remember, water has zero calories.
- Juice products labeled “ade”, “drink” or “punch” often contain mostly corn syrup sweetener and less than 5% real juice.
- For kids 2 years and older, choose non fat or low fat milk rather than whole milk.
Did you know?

- Four out of 10 school-age children in San Diego County are not at a healthy weight.
- Eating the recommended amount of fruits and vegetables as part of a low-fat, high-fiber diet may lower your risk for serious health problems such as obesity, type 2 diabetes, heart disease, stroke and certain types of cancer.
- American children and adolescents spend 22-28 hours per week watching television, more than any other activity except sleeping.
- From swimming and walking, to gardening and even taking the stairs instead of the elevator, physical activity comes in many forms. Physical activity should be fun and can be incorporated gradually into your daily routine.
- 41% of children ages 2-11 and 62% of adolescents ages 12-17 drink at least one soda or sugar-sweetened beverage every day—the equivalent of consuming 39 pounds of sugar each year.

For more information, visit [www.5210sandiego.org](http://www.5210sandiego.org)

In partnership with:

The San Diego County Childhood Obesity Initiative is a public/private partnership whose mission is to reduce and prevent childhood obesity in San Diego County by creating healthy environments for all children and families through advocacy, education, policy development, and environmental change.

Adapted from the Let's Go! program in Maine.

www.5210sandiego.org
I. PURPOSE:
To provide named recognition to various components within the Palomar Health District as a result of philanthropic contributions.

II. DEFINITIONS:
None.

III. TEXT / STANDARDS OF PRACTICE:
A. Palomar Health (PH) shall adhere to the following standardized procedures for naming buildings, rooms, public spaces, programs, awards, and scholarships;

B. Naming for new or unnamed buildings, building additions or for renaming existing buildings are subject to approval by the Palomar Health Board of Directors.

C. Naming or renaming of a room, part of a building, public space, program, scholarship or award must be approved by the President and CEO, Palomar Health Board of Directors and the PH Foundation Board.

D. Naming for new or existing unnamed buildings, building additions, public spaces, programs, scholarships or awards shall be in accordance with Palomar Health Foundation’s (PHF) most current naming policy (11/29/2007). When changes to the policy are recommended by the Foundation’s governing board and/or one of its committees, it shall be presented to the PH District Hospital Board of Directors for renewed approval;

1. When philanthropic gifts are secured and a naming has been offered in recognition, and the naming meets all criteria outlined in both the PHF naming policy and PH District Naming Policy (#27932), naming signage/plaques will be installed. After installation, new naming signage/plaques will be reported in the PHF’s Board Chair Report at the next meeting of the PH District Board of Directors;

2. When philanthropic gifts are being considered with a naming that is offered outside one or both policy definitions, consent approval for the variant is to be presented to and approval obtained from the PH District Board of Directors.

E. The naming or renaming of a building, room, part of a building, public space, program, award or scholarship shall be considered in accordance with the following principle:

1. That a significant or substantial donation is made to the Palomar Health Foundation towards the cost of the naming opportunity as determined by PH Foundation;

F. Each proposal presented to potential donors for a naming shall adhere to the Foundation’s most current gift acceptance policy and specify the gift level associated with the naming to permanently recognize their gift in recognition of a gift shall be considered on its own merit;

G. No more than one building, room, part of a building or public space on each campus site shall hold a similar name with the exception of a single named opportunity towards the entire Health System;

H. Removing a name will be upon recommendation of the PH President and CEO, and is a decision of the PH District Board in consultation with the PHF Foundation Board of Directors. Prior to removal, the considerations leading to the decision should be conveyed to the donor and any conversation with the donor or if the donor is deceased with his/her most immediate family member(s) or Trustee;

I. Naming opportunities for equipment/components are considered on a case-by-case basis by the PHF and are applicable and sustainable only for the duration of the useful life of the component;

J. In considering potential named equipment/components, the PH District Board of Directors may consult the PHF Board of Directors, PH constituents and community groups;
K. For buildings a) located on PH property and not owned by PH or b) built cooperatively in partnership with another entity, the selection of a name shall be done in consultation with the President and CEO of PH, PHF, and President, and with approval of the PH District Board.

L. The PH District Board maintains the right to name as a tribute, buildings, building additions, rooms, public spaces, scholarship and awards in recognition of years of community service to PH without consideration of a philanthropic gift.

M. The PH alomar Health Facility Naming Policy applies to all PH facilities including but not limited to: buildings, rooms, specific interior or exterior locations, real property and signage on any portion of any PH facility. The Policy is also intended to provide named recognition for PH programs scholarships and awards.

N. This policy will be reviewed every three years or as necessary.

IV. ADDENDUM:

Original Document Date: 12/07

Reviewed:

Revision Number: Four (4)

Document Owner: Hemker, Bob Michael Covert

Authorized Promulgating Officers: Marcelo R. Rivera, Chairman

V. PUBLICATION HISTORY:

<table>
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<th>Revision Number</th>
<th>Effective Date</th>
<th>Document Owner at Publication</th>
<th>Version Notes</th>
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<td>4</td>
<td>TBD</td>
<td>Hemker, Bob</td>
<td>Updating policy per review of Community Relations Committee to more accurately describe process and activities.</td>
</tr>
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<td>3</td>
<td>01/29/2015</td>
<td>Janine Sarti General Counsel</td>
<td>Updating policy to delete Pomerado from the PH alomar Health name, as approved at the January 12,2015 Board of Director's meeting. [Owner changed from Sarti, Janine to Hemker, Bob by Avila, Julie on 04-JAN-2016]</td>
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<td>2</td>
<td>01/10/2012</td>
<td>Janine Sarti General Counsel</td>
<td>Revisions from the 12.20.11 Governance committee were added to the policy.</td>
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<td>1</td>
<td>12/04/2008</td>
<td>Michele L. Gilmore Executive Assistant</td>
<td>viewed and updates/corrections made; paragraphs B, C, &amp; J. in section III. Michele Gilmore 11/20/08</td>
</tr>
<tr>
<td>0</td>
<td>12/30/2007</td>
<td>James Neal Director of Corporate Integrity</td>
<td>New Policy approved by Board 12/17/07</td>
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</table>

VI. Authorized Signer(s):

(01/27/2015 03:59PM PST ) Janine Sarti, General Counsel
(01/29/2015 02:29AM PST ) Linda Greer, Chairman, Board of Directors

VI. REFERENCES:

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<th>Title</th>
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https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:27932

27
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<tr>
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<th>Requestor</th>
<th>Amount Transferred</th>
<th>Reason/how Funds were used</th>
<th>Fund Name</th>
<th>Fund Description</th>
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<tr>
<td>01/05/16</td>
<td>Cathy Dykstra</td>
<td>$ 600.00</td>
<td>National Consortium of Breast Centers Facility Membership.</td>
<td>Jean McLaughlin Women's Center</td>
<td>Supports all needs of the Jean McLaughlin Women's Center.</td>
</tr>
<tr>
<td>01/11/16</td>
<td>Cindy Linde</td>
<td>$ 1,224.65</td>
<td>Expenses for the Women and Childrens Services Van.</td>
<td>Jean McLaughlin Women's Center</td>
<td>Supports all needs of the Jean McLaughlin Women's Center.</td>
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<tr>
<td>01/12/16</td>
<td>Cindy Linde</td>
<td>$ 2,768.12</td>
<td>Sensory Gym equipment at Health Development Services.</td>
<td>Health Development Services Sensory Gym</td>
<td>Support for the Healthy Development Services Sensory Gym.</td>
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<tr>
<td>01/12/16</td>
<td>Cindy Linde</td>
<td>$ 3,000.00</td>
<td>Office equipment for Health Development Services.</td>
<td>Health Development Services Sensory Gym</td>
<td>Support for the Healthy Development Services Sensory Gym.</td>
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<tr>
<td>01/12/16</td>
<td>John Van Cleef</td>
<td>$ 1,140.00</td>
<td>Professional development course for staff chaplains.</td>
<td>PH Chaplain Program</td>
<td>Supports all Pastoral/Chaplain service needs including training, education, materials, supplies, or renovations.</td>
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<tr>
<td>01/12/16</td>
<td>John Van Cleef</td>
<td>$ 160.00</td>
<td>One day Ethics Symposium for chaplains.</td>
<td>PH Chaplain Program</td>
<td>Supports all Pastoral/Chaplain service needs including training, education, materials, supplies, or renovations.</td>
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<tr>
<td>01/13/16</td>
<td>John Van Cleef</td>
<td>$ 1,410.75</td>
<td>CSUSM Institute of Palliative Care course for volunteer and staff chaplains.</td>
<td>PH Chaplain Program</td>
<td>Supports all Pastoral/Chaplain service needs including training, education, materials, supplies, or renovations.</td>
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<td>01/13/16</td>
<td>Maria Sudak</td>
<td>$ 7,808.00</td>
<td>Key FOBS for Physician Parking at PMC.</td>
<td>PMC General</td>
<td>For any/all Highest and Greatest Needs at Palomar Medical Center.</td>
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<td>01/15/16</td>
<td>Jane Radatz</td>
<td>$ 999.66</td>
<td>Supplies for the Palomar Health Garden Project.</td>
<td>Health Care Advisory Council</td>
<td>Health Care Advisory Council supports the Community Garden and other community projects.</td>
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<tr>
<td>01/18/16</td>
<td>Frances Waller</td>
<td>$ 1,980.00</td>
<td>California Hospital Volunteer Leadership Conference for four Volunteers.</td>
<td>Volunteer Services</td>
<td>Supports all Volunteer Services Program needs.</td>
</tr>
<tr>
<td>02/04/16</td>
<td>Frank Beirne</td>
<td>$ 1,100,000.00</td>
<td>PMC Campus Expansion.</td>
<td>PMC General</td>
<td>For any/all Highest and Greatest Needs at Palomar Medical Center.</td>
</tr>
<tr>
<td>02/04/16</td>
<td>Frank Beirne</td>
<td>$ 717,315.00</td>
<td>POM Campus Expansion.</td>
<td>POM Expansion</td>
<td>Supports the expansion of Pomerado Hospital.</td>
</tr>
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<td>02/11/16</td>
<td>Marcos Fierro</td>
<td>$ 3,196.00</td>
<td>Joint Commission Resources Seminar enrollment for 2 staff members.</td>
<td>PMC Facilities Operations Staff Education</td>
<td>For job-related educational opportunities of PMC Facilities Operations Staff Members.</td>
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<tr>
<td>02/11/16</td>
<td>Marcos Fierro</td>
<td>$ 371.92</td>
<td>Flight reservation for 2 staff members to attend Seminar.</td>
<td>PMC Facilities Operations Staff Education</td>
<td>For job-related educational opportunities of PMC Facilities Operations Staff Members.</td>
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<td>02/11/16</td>
<td>Marcos Fierro</td>
<td>$ 90.72</td>
<td>Hotel reservation for 2 staff members to attend Seminar.</td>
<td>PMC Facilities Operations Staff Education</td>
<td>For job-related educational opportunities of PMC Facilities Operations Staff Members.</td>
</tr>
<tr>
<td>02/11/16</td>
<td>Marcos Fierro</td>
<td>$ 844.00</td>
<td>Hotel reservation for 2 staff members to attend Seminar.</td>
<td>PMC Facilities Operations Staff Education</td>
<td>For job-related educational opportunities of PMC Facilities Operations Staff Members.</td>
</tr>
<tr>
<td>02/11/16</td>
<td>Marcos Fierro</td>
<td>$ 3,500.00</td>
<td>Executive Coaching for staff member.</td>
<td>Temporary/Earmarked</td>
<td>Coaching for Business Development Marketing Strategy staff.</td>
</tr>
<tr>
<td>03/23/16</td>
<td>Leslie Solomon</td>
<td>$ 2,665.64</td>
<td>Microforceps for Dr. Tornambe.</td>
<td>Tornambe Microscope</td>
<td>Fund to purchase and support optical surgery microscope at Pomerado Hospital.</td>
</tr>
<tr>
<td>03/28/16</td>
<td>Paul Tornambe</td>
<td>$ 100.00</td>
<td>Award amount for the first 'Excellence in Revenue Cycle Award'.</td>
<td>Temporary/Earmarked</td>
<td>Cash award to recognize excellence in revenue cycle staff.</td>
</tr>
</tbody>
</table>

$ 1,852,672.58 FY2016 Q3: Requested and Transferred
ADDENDUM B
Board of Directors
Community Relations Committee

Population Health Update: Continuum of Care (Population Health) Initiative Progress

Della K. Shaw, EVP Strategy
Alan Conrad, MD, EVP Physician Alignment
July 6, 2016
Palomar Health Continuum of Care
FY14 Network Components of Care

1. Prevention and Screening
   - Community Health
   - expresscare

2. Outpatient Ambulatory Care
   - Behavioral Health
   - Senior Education & Support
   - Outpatient Disease Management Programs

3. Tertiary Care
   - Outpatient Rehab
   - Long-Term Acute Care

4. Acute Inpatient Rehab
   - Skilled Nursing Facility
   - Outpatient Diagnostics

5. Palliative Care (inpatient)
   - OBGYN
   - Home Care
Palomar Health
Population Health Initiative Goals

Assemble a Strong Physician Network and Align with System-Wide Performance Goals

Create a Sustainable Value-Based Payment Strategy

Establish Ambitious Clinical Standards for Delivery System Redesign

Delivery System Redesign and Supporting Technology

Source: The Advisory Board Company
Palomar Health
Population Health Initiative Goals

Audit existing physician alignment models and their effectiveness

Assess how physicians’ current engagement levels and incentive affect quality, satisfaction, and cost improvement

Ensure the physician alignment model has the necessary structure and government to support population health management and accountable payment, with clinical integration and employment as front-runners.

Identify physician leaders who can champion the charges required for delivery system.

Engage physicians in data to improve quality and reduce cost and unwarranted practice variation

Create a culture of transparency and performance improvement

Source: The Advisory Board Company
Palomar Health
Population Health Initiative Goals

**Analyze** how much payers and employers benefit from various population health activities to estimate potential contracting opportunities

**Ensure** employed physicians’ compensation model is aligned with value-based payment contracts that incentivize quality and cost management

**Size** the impact of “demand destroying” care transformation initiatives on fee-for-service revenues.

**Establish** processes to monitor ongoing utilization, revenue, and cost performance

**Pursue** those risk-based payment models that are projected to maximize payment and bound financial downside

**Secure** selected commercial risk-based contracts to transition the health system from mostly volume-based to over 50% “value-based” and minimize demand destruction

Source: The Advisory Board Company
Palomar Health Population Health Initiative Goals

**Identity** ambulatory-sensitive, preventable medical admissions, readmissions, and ER visits by analyzing cross-continuum utilization data for all patients and all settings

**Pinpoint** employed physicians’ compensation model is aligned with value-based payment contracts that incentivize quality and cost management

**Transform** primary care to ensure prevention and improve care coordination; prioritize top-of-license practice from entire team; make providers accountable for encouraging self-directed patient care

**Optimize** hospitalizations by reducing preventable readmissions and complications, streamlining episode of care, and reducing per case costs

**Establish** care transition programs to home, post-acute care, and emergency room diversion through primary care and urgent care access, hospitalist triaging of potential ED admissions

**Design** chronic disease management and wellness care programs; employ care managers to fulfill patient needs and reduce preventative admissions

Source: The Advisory Board Company
Palomar Health Population Health Initiative

Delivery **System Redesign** and Supporting **Technology**

- Establish an interdisciplinary team to identify the care components and touch points across all transitions of care.
- Develop the vision of Palomar Health’s transitions of care across the continuum.
- Obtain input and approval for the vision from appropriate leadership and stakeholders.
- Develop value-based metrics to be used with the future implementation of the care continuum.
- Perform gap analysis of services needed to meet the vision and metrics.
- Develop framework which supports coordination of system care components, addresses deficiencies as identified in the gap analysis, and supports the agreed upon vision and value metrics.
- Develop plan for phased implementation of transitions of care model for agreed upon disease conditions for FY15 and beyond.

Source: Palomar Health Strategic Plan, Strategic Initiative #3
## Palomar Health Population Health Initiative

**Delivery System Redesign and Supporting Technology**

<table>
<thead>
<tr>
<th>FY15 Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define comprehensive set of metrics used to evaluate continuum of care redesign efforts.</td>
</tr>
<tr>
<td>Develop prioritized list of transition pathway needs across the continuum of care.</td>
</tr>
<tr>
<td>Complete Case Management (CM) model assessment; obtain Steering Committee approval of case management model.</td>
</tr>
<tr>
<td>Develop and implement data aggregation process for “10,000 lives”.</td>
</tr>
<tr>
<td>Implement new structure to engage post-acute providers.</td>
</tr>
<tr>
<td>Develop a communication plan to ensure comprehensive understanding and use of existing information technology tools that support the work of all users across the continuum (acute and post acute).</td>
</tr>
<tr>
<td>Steering Committee conducted comprehensive evaluation of Interoperability Platforms to support Population Health strategy and selected Cerner. Steering Committee approved 3-year Technology roadmap.</td>
</tr>
</tbody>
</table>

Source: Palomar Health Strategic Plan, Strategic Initiative #3
### Palomar Health Population Health Initiative

**Delivery System Redesign and Supporting Technology**

<table>
<thead>
<tr>
<th>FY16 Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete due diligence around required legal framework for a Clinically Integrated Network (CIN) that includes Palomar Health and community providers.</td>
</tr>
<tr>
<td>Select consultant and outside legal counsel to support Palomar Health’s development of the governance framework and legal structure of the Clinically Integrated Network.</td>
</tr>
<tr>
<td>Develop formal governance structure for Clinically Integrated Network legal.</td>
</tr>
<tr>
<td>Implement the San Diego Health Connect (SDHC) Health Information Exchange (HIE) IT platform.</td>
</tr>
<tr>
<td>Develop and execute Palomar Health’s HIE ‘Opt Out’ campaign</td>
</tr>
<tr>
<td>Build analytic capabilities to support Population Management across care settings by implementing the chosen Population Health IT solution.</td>
</tr>
</tbody>
</table>

*Source: Palomar Health Strategic Plan, Strategic Initiative #3*
<table>
<thead>
<tr>
<th>FY17 Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete due diligence around required legal framework for a Clinically</td>
</tr>
<tr>
<td>Integrated Network (CIN) that includes Palomar Health and community</td>
</tr>
<tr>
<td>providers.</td>
</tr>
<tr>
<td>Implement Crimson Continuum of Care quality and value reporting IT</td>
</tr>
<tr>
<td>platform.</td>
</tr>
<tr>
<td>Develop governance and legal structure for Palomar Health Clinically</td>
</tr>
<tr>
<td>Integrated Network (CIN).</td>
</tr>
<tr>
<td>Develop and implement legal agreements for participants in the CIN.</td>
</tr>
<tr>
<td>Develop Hospital Efficiency Improvement Program (HEIP) as part of the CIN.</td>
</tr>
<tr>
<td>Select year-one CIN participants based on Palomar Health strategic</td>
</tr>
<tr>
<td>priorities.</td>
</tr>
<tr>
<td>Finalize legal agreements for year one participants in the CIN and HEIP.</td>
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</table>

Source: Palomar Health Strategic Plan, Strategic Initiative #3
## Palomar Health Population Health Initiative

### Delivery System Redesign and Supporting Technology

<table>
<thead>
<tr>
<th>FY17 Tactics</th>
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</thead>
<tbody>
<tr>
<td>Implement and Operationalize Public Health Information Exchange (HIE) in conjunction with Strategic Partners.</td>
</tr>
<tr>
<td>Stand up the Population Health Technical Platform with Palomar Health/Foundational data sources.</td>
</tr>
<tr>
<td>Finalize additional Data Sources based on Clinically Integrated Network (CIN) requirements.</td>
</tr>
<tr>
<td>Implement Risk Stratification tools utilizing Palomar Health foundational data sources.</td>
</tr>
<tr>
<td>Select year-one high risk registries for target populations.</td>
</tr>
<tr>
<td>Implement e-MPI with strategic partners as precursor for longitudinal record.</td>
</tr>
<tr>
<td>Continue to evaluate and implement telehealth technology to improve patient access. (CSU, EMS pilot, next day ED follow up for high risk patients)</td>
</tr>
</tbody>
</table>

Source: Palomar Health Strategic Plan, Strategic Initiative #3
## Palomar Health Population Health Initiative Delivery System Redesign and Supporting Technology

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<td>Implement and Operationalize Public Health Information Exchange (HIE) in conjunction with Strategic Partners.</td>
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</tr>
</tbody>
</table>

Source: Palomar Health Strategic Plan, Strategic Initiative #3
Board of Directors
Community Relations Committee

Population Health Update: Health Information Exchange (HIE)

Prudence August, Vice President, Information Systems
July 6, 2016
How is Palomar Health Participating?

HIE Patient Consent

Palomar Health Clarity EMR

San Diego Health Connect

HIE

Cerner Clients

Cerner Resonance

HIE

CommonWell Community

External Vendors

Kaiser

Scripps

Sharp

UCSD

Rady’s

VA
How is Palomar Health Participating?

- **HIE Patient Consent**
- **San Diego Health Connect**
- **Cerner Resonance**
- **External Vendors**
- **CommonWell Community**

- **Phase I: ADT & Consent**
- **Phase I: ADT**

- **Cerner Clients**
- **San Diego Health Connect**
- **HIE**

- **External Vendors**

- **Scripps**
- **Sharp**
- **UCSD**
- **Rady’s**
- **VA**
How is Palomar Health Participating?

Cerner Clients

San Diego Health Connect

HIE

Cerner Resonance

CommonWell Community

External Vendors

Palomar Health Clarity EMR

HIE Patient Consent

Phase I: ADT & Consent

Phase II: CCDs (TOC Doc)

Phase I: ADT

Phase II: Query & Response Clinical Documents

Kaiser

Scripps

Sharp

UCSD

Rady’s

VA
PHASE 1

• ADT (demographics) and consent capture
• Palomar Health ‘Opt-Out’ consent policy
• Live: March 29, 2016
  – Registration staff capture personal health information sharing (HIE) consent district wide
• Send ADT (patient demographics) and patient consent to San Diego Health Connect HIE and Cerner Resonance
## Metrics: Unique Lives and Consent

### Patient Consent Metrics
Captured by San Diego Health Connect (SDHC) and Health Information Exchange (HIE)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Number of Unique Lives</td>
<td>39,567</td>
<td></td>
</tr>
<tr>
<td>Consent to Share</td>
<td>28,082</td>
<td>71%</td>
</tr>
<tr>
<td>‘Do Not Share’</td>
<td>11,485</td>
<td>29%</td>
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</table>
## Metrics: Patient Demographics

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>NUMER OF ADTS</th>
<th>ORGANIZATION</th>
<th>NUMBER OF ADTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrego Community Health Foundation</td>
<td>104,306</td>
<td>Palomar Health</td>
<td>139,895</td>
</tr>
<tr>
<td>Clinicas de Salud del Pueblo</td>
<td>87,339</td>
<td>Planned Parenthood of the Pacific SW</td>
<td>64,078</td>
</tr>
<tr>
<td>El Centro Regional Medical Center</td>
<td>134,137</td>
<td>Rady Children’s Hospital – San Diego</td>
<td>852,711</td>
</tr>
<tr>
<td>Imperial Beach Health Center</td>
<td>18,549</td>
<td>San Diego Family Center</td>
<td>72,523</td>
</tr>
<tr>
<td>La Maestra Community Health Centers</td>
<td>86,975</td>
<td>San Ysidro Health Center</td>
<td>544,034</td>
</tr>
<tr>
<td>Mountain Health &amp; Community Centers</td>
<td>13,270</td>
<td>Scripps Health</td>
<td>911,145</td>
</tr>
<tr>
<td>Neighborhood Healthcare</td>
<td>342,496</td>
<td>Sharp HealthCare</td>
<td>1,409,974</td>
</tr>
<tr>
<td>Pioneers Memorial Healthcare District</td>
<td>139,544</td>
<td>University of California – San Diego</td>
<td>582,685</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vista Community Clinic</td>
<td>84,645</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,619,179</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 The number of records received by SDHC from participants.

Reporting Period: May 2016 to June 2016
Phase 2: Query and Response

- **Testing |** April through July 2016
- **Go live |** August timeframe
- **Current status |**
  - Actively working with San Diego Health Connect (SDHC) Health Information Exchange (HIE) to troubleshoot shared content and data issues
  - Began sharing Palomar Health Transition of Care and Referral Summary (CCD)
  - Clarity ‘View-Only’ summary of outside records from external organizations (Scripps, Sharp, University of California San Diego, VA, Kaiser Permanente, Rady, etc.)
Phases 3 and 4

Phase 3

- Share discharge summary and progress notes with SDHC participants, especially Kaiser
- Go Live Date: To Be Determined
- Software available from Cerner late July 2016

Phase 4

- Outside Documents & Data Reconciliation
- Go live Date: To Be Determined
ADDENDUM C
To: Palomar Health Board of Directors, Community Relations Committee

From: Elly Garner, Director, Government Affairs

Subject: Community Relations Report, 2nd Quarter 2016

Date: June 30, 2016

Overview
While many legislative decisions impacting Palomar Health take place on the state and federal levels, interaction with local officials is just as important for public and community support of Palomar Health. Meetings with city council members, county supervisors, and staffers, as well as participating in local organizations helps generate grass root support for Palomar Health. During the second quarter of 2016, I attended/participated in more than 30 local and regional events/meetings representing Palomar Health.

Local Government Interaction
The Palomar Health District geographic area includes three incorporated cities – Escondido, Poway and San Marcos, San Diego City District 5 and a number of unincorporated communities represented by the County Board of Supervisors. As a representative of Palomar Health, I attend city council meetings and interact before the meetings with the Councilmembers and staff. I also attend – and occasionally testify – at San Diego County Board of Supervisor meetings, depending upon the board agenda.

Regular attendance at:
- Escondido City Council meetings
- Poway City Council meetings
- San Diego County Board of Supervisors meetings
- San Marcos City Council

Notable interactions/meetings with elected officials and staff include:
- PHDC Transition & Future of Site
  - From the dais, City Councilmembers have deferred questions/public comments regarding PHDC at Council meetings to me as the representative for Palomar Health.
  - City staff gets questions from the public and area businesses regarding the reuse of PHDC, the listing of the property and the timeline of transition.
  - City staff and I interact regularly to keep both entities up-to-date.
• Ambulance Offloading & Wait Times
  o Members of both the San Marcos and Poway City Councils have indicated concern about wait times in offloading patients from ambulances.
  o After meetings with Bob and the individual Councilmembers, I provided information about how Palomar Health is addressing the patient offloading issue and how it has impacted all hospitals within the San Diego region. The information provided and gave the Councilmembers perspective on the demand on the healthcare field overall.

• TIGER Grant & Citracado Parkway
  o The Transportation Investment Generating Economic Recovery (TIGER) Grant provides funding for road, rail transit and port projects that will assist in achieving national objectives. The City of Escondido applied for the fifth year for grant funding to extend Citracado Parkway to the south.
  o I worked with the City to develop the application, helped generate a dialogue between the City and SANDAG on applications and provided a letter of support.

Contact:
Elly Garner
Director, Government Affairs
elly.garner@palomarhealth.org
760.740.6364
To: Bob Hemker, President & CEO; Executive Vice President Cabinet  
From: Elly Garner, Director, Government Affairs  
Subject: June 2016 Primary Election Results  
Date: June 10, 2016

Executive Summary
The California primary elections took place on June 7, 2016, narrowing the field for November’s run-off elections. On the state and federal levels, all of the incumbents in the San Diego delegation easily moved on to the November election – most with significant leads. Three local races within the Palomar Health District were decided on Tuesday – County Supervisor Dianne Jacob (District 2), San Diego City Councilman Mark Kersey (District 5) and San Diego Mayor Kevin Faulconer all earned re-election. Also of note, Escondido Mayor Sam Abed was eliminated from the County Supervisor race for District 3 and will serve the remaining two years of his mayoral term. The tables beginning on page 4 provide the further details about the election results.

San Diego Congressional Delegation Elections
San Diego’s five congressional representatives faced primary challengers on Tuesday. Palomar Health’s District overlaps with three of Congressional Districts – 49, 50 and 52 – although we draw patients and employees from all five Districts.

Congressman Duncan Hunter-R of the 50th District will face Patrick Malloy-D in the November election. Hunter, currently serving his fourth term in office, earned 57% of the vote while Malloy took in 21%. The 50th District covers most of Palomar Health’s district bounds and includes Palomar Medical Center and Palomar Health Downtown Campus.

In the 52nd District, Congressman Scott Peters-D captured 58% of the vote and will face Denise Gitsham-R who outlasted three other Republicans to move on to the November ballot. The 52nd District includes Rancho Bernardo, Rancho Peñasquitos, Sabre Springs and Poway with Pomerado Hospital and Villa Pomerado inside the congressional district bounds.

Congressman Darrell Issa-R won 53% of the vote in the 49th and will face Douglas Applegate-D in November. Issa’s district is split evenly between San Diego and Orange Counties, and in San Diego Issa received only 48.8% while Applegate had 47.8%. The 49th District includes Rancho Bernardo and 4S Ranch.

Representatives Susan Davis-D (53rd District) and Juan Vargas-D (51st District) also led their opponents with more than 64% of the vote in their respective districts.
San Diego State Delegation Elections

State Assembly seats are two-year terms; each of the seven San Diego Assembly seats was on the primary ballot with the top two vote-getters advancing to the November election. Palomar Health’s District overlaps directly with three Assembly Districts – 71, 75 and 77. Incumbent Marie Waldron-R finished with 60% in the 75th District (Escondido, San Marcos, Valley Center), while Brian Maienschein-R claimed 58% in the 77th District (Rancho Bernardo, Rancho Peñasquitos, Poway). Assemblyman Brian Jones of the 71st District is termed out; Santee Mayor Randy Voepel-R earned nearly 61% and will face Leo Hamel-R, who took 27%, for the 71st District seat in the run-off in November.

The three other incumbent San Diego Assemblymembers – Rocky Chavez-R (76th District), Shirley Weber-D (79th District) and Lorena Gonzalez-D (80th District) all captured more than 66% and will advance to the November election. San Diego City Councilman Todd Gloria led the field to replace Toni Atkins in the 78th District, earning 72%/ He will face Kevin Melton-R, who took in 28%, in November.

Atkins-D, who is termed out, is running for the 39th District – San Diego’s only State Senate seat up for election this year. She captured just under 65% and will face John Renison-R in November. The 39th District includes the I-15 corridor through Rancho Bernardo, 4S Ranch, Rancho Peñasquitos and parts of eastern Escondido.

State Senators Joel Anderson-R (38th District), Pat Bates-R (36th District) and Ben Hueso-D (40th District) do not face reelection until 2018.

County Elections

County supervisorial seats for Districts 2 and 3 were also on the ballot. Candidates with 50% plus one vote would win the election outright, forgoing a run-off in November. District 3, which covers Palomar Health’s communities of Escondido, Rancho Bernardo, Rancho Peñasquitos, and Sabre Springs, featured a three-way race between incumbent Dave Roberts, Escondido Mayor Sam Abed and Encinitas Mayor Kristen Gaspar. Roberts won 39% of the vote, Gaspar claimed 33% and Abed had 27%. Roberts and Gaspar will move on to a run-off election in November and Abed will remain Escondido’s mayor for another two years.

In District 2, Dianne Jacob won her seventh term as Supervisor with 74% of the vote. District 2 includes the communities of Poway, Julian, and Ramona in the Palomar Health District.

City Elections

The cities of Escondido, San Marcos, and Poway did not hold elections during the primary; city council seats will be on the ballot in November only.

The City of San Diego’s odd numbered districts were part of the June primary and, as with the County elections, candidates with 50% plus one vote win the election outright, forgoing a run-off in November. Incumbent Mark Kersey of District 5 – which includes Rancho Bernardo, Rancho Rancho Peñasquitos,
Sabre Springs and 4S Ranch – won a second term with nearly 71% of the vote. San Diego Mayor Kevin Faulconer also won reelection with 58% of the vote.

**City Ballot Measures**
The ballot for the City of San Diego included a referendum on the minimum wage. The passage of the minimum wage proposition means the City of San Diego’s minimum wage will increase from $10 an hour to $10.50 upon certification of the election results and then up to $11.50 by Jan. 1, 2017. The ballot measure puts San Diego’s minimum wage above the state’s recently adopted minimum wage until 2019. It also guarantees five paid sick days for most employees.

*Percentages reflect the vote count as of June 10, 2016. The registrar of voters has 250,000 provisional ballots remaining to be counted which may change the percentages slightly, but should not impact the election outcomes.

**Congressional Districts**

**Assembly Districts**

**State Senate Districts**

**County Supervisor Districts**

*Districts labels reflect the name of the currently-serving elected official.
June 2016 Primary Elections & Ballot Measures
(Candidates highlighted in blue advancing to November general election runoff;
Candidates in yellow won the election outright and will not have to run in November)

### United States Congressional Representatives

<table>
<thead>
<tr>
<th>District</th>
<th>Candidate 1</th>
<th>Party</th>
<th>Percentage</th>
<th>Candidate 2</th>
<th>Party</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>49th</td>
<td>Darrell Issa – R</td>
<td>R</td>
<td>53.1%</td>
<td>Douglas Applegate – D</td>
<td>D</td>
<td>43.3%</td>
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<tr>
<td></td>
<td>(incumbent)</td>
<td></td>
<td></td>
<td>Ryan Wingo</td>
<td></td>
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<tr>
<td>50th</td>
<td>Duncan Hunter – R</td>
<td>R</td>
<td>57.5%</td>
<td>Patrick Malloy – D</td>
<td>D</td>
<td>21.5%</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>David Secor – D</td>
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<td></td>
<td></td>
<td></td>
<td>Scott Meisterlin – R</td>
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<td></td>
<td></td>
<td></td>
<td>M. Fuji</td>
<td></td>
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<tr>
<td>51st</td>
<td>Juan Vargas – D</td>
<td>D</td>
<td>64.7%</td>
<td>Juan Hidalgo Jr. – R</td>
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<td>16.4%</td>
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<td></td>
<td>Juan Mercado-Flores – D</td>
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<td></td>
<td></td>
<td>Carlos Sanchez</td>
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<tr>
<td>52nd</td>
<td>Scott Peters – D</td>
<td>D</td>
<td>58.6%</td>
<td>Denise Gitsham – R</td>
<td>R</td>
<td>16.1%</td>
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<td></td>
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<td></td>
<td></td>
<td>Jacquie Atkinson – R</td>
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<td></td>
<td>Mike Canada – R</td>
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<td></td>
<td></td>
<td>Terry Allvord – R</td>
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<tr>
<td>53rd</td>
<td>Susan Davis – D</td>
<td>D</td>
<td>64.9%</td>
<td>Jim Ash – R</td>
<td>R</td>
<td>15.5%</td>
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<td></td>
<td>James Veltmeyer – R</td>
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<td></td>
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<td>Nick Walpert – D</td>
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### State Senate

<table>
<thead>
<tr>
<th>District</th>
<th>Candidate 1</th>
<th>Party</th>
<th>Percentage</th>
<th>Candidate 2</th>
<th>Party</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>39th</td>
<td>Toni Atkins</td>
<td>D</td>
<td>65.8%</td>
<td>John Renison</td>
<td>R</td>
<td>18.4%</td>
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<tr>
<td></td>
<td>(incumbent)</td>
<td></td>
<td></td>
<td>J. Bribiesca</td>
<td>R</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Richard Fago</td>
<td>R</td>
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### State Assembly

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<th>Candidate 2</th>
<th>Party</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>71st</td>
<td>Randy Voepel – R</td>
<td>R</td>
<td>60.9%</td>
<td>Leo Hamel – R</td>
<td>R</td>
<td>27.4%</td>
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<tr>
<td></td>
<td>(incumbent)</td>
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<td></td>
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<tr>
<td>75th</td>
<td>Marie Waldron – R</td>
<td>R</td>
<td>59.9%</td>
<td>Andrew Masiel – D</td>
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<td>40.1%</td>
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<tr>
<td>76th</td>
<td>Rocky Chavez – R</td>
<td>R</td>
<td>100%</td>
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<td>(incumbent)</td>
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<tr>
<td>77th</td>
<td>Brian Maienschein – R</td>
<td>R</td>
<td>58.4%</td>
<td>Melinda Vasquez – D</td>
<td>R</td>
<td>41.6%</td>
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<tr>
<td>78th</td>
<td>Todd Gloria – D</td>
<td>R</td>
<td>71.6%</td>
<td>Kevin Melton – R</td>
<td>R</td>
<td>28.4%</td>
</tr>
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<td></td>
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<tr>
<td>79th</td>
<td>Shirley Weber – D</td>
<td>R</td>
<td>66.2%</td>
<td>John Moore – D</td>
<td>R</td>
<td>33.8%</td>
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<tr>
<td>80th</td>
<td>Lorena Gonzalez – D</td>
<td>R</td>
<td>72.6%</td>
<td>Lincoln Pickard – R</td>
<td>R</td>
<td>21.1%</td>
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<tr>
<td></td>
<td>Louis Marinelli</td>
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### County Board of Supervisors

<table>
<thead>
<tr>
<th>District</th>
<th>Candidate 1</th>
<th>Party</th>
<th>Percentage</th>
<th>Candidate 2</th>
<th>Party</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>*Dianne Jacob – R</td>
<td>R</td>
<td>74%</td>
<td>Rudy Reyes – D</td>
<td>R</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>(incumbent)</td>
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</tr>
<tr>
<td>3</td>
<td>Dave Roberts – D</td>
<td>R</td>
<td>39.1%</td>
<td>Kristin Gaspar – R</td>
<td>R</td>
<td>33.6%</td>
</tr>
<tr>
<td></td>
<td>(incumbent)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sam Abed – R</td>
<td>R</td>
<td>27.3%</td>
</tr>
</tbody>
</table>
### San Diego City

<table>
<thead>
<tr>
<th>Position</th>
<th>Candidate 1</th>
<th>Candidate 2</th>
<th>Candidate 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayor</td>
<td>*Kevin Faulconer – R</td>
<td>Lori Saldana – I</td>
<td>Ed Harris – D</td>
</tr>
<tr>
<td></td>
<td>(incumbent) 58.2%</td>
<td>22.5%</td>
<td>19.3%</td>
</tr>
<tr>
<td>District 5</td>
<td>*Mark Kersey – R</td>
<td>Frank Tsimboukakis – D</td>
<td>Keith Mikas – D</td>
</tr>
<tr>
<td></td>
<td>(incumbent) 71%</td>
<td>19.8%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

### Ballot Measures

- San Diego Minimum Wage/Sick Days Referendum (City of San Diego) – passed 63.1%