BOARD OF DIRECTORS

Linda Greer, RN, Chair
Jeffrey D. Griffith, EMT-P, Vice Chair
Laura Barry, Treasurer
Theresa Corrales, RN, Secretary
Richard Engel, MD, Director
John Clark, Director
Laurie Edwards-Tate, MS, Director
Diane Hansen, President and CEO

Regular meetings of the Board of Directors are usually held on the second Monday of each month at 6:30 p.m., unless indicated otherwise.

For an agenda, locations or further information call (760) 740-6375, or visit our website at www.palomarhealth.org

MISSION STATEMENT

The Mission of Palomar Health is to:
Heal, comfort, and promote health in the communities we serve

VISION STATEMENT

Palomar Health will be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

VALUES

Compassion - Providing comfort and care
Integrity - Doing the right thing for the right reason
Teamwork - Working together toward shared goals

Excellence - Aspiring to be the best
Service - Serving others and our community
Trust - Delivering on promises

Affiliated Entities

*Palomar Medical Center Escondido * Palomar Medical Center Downtown Escondido * Palomar Medical Center Poway
*Palomar Health Foundation * Palomar Home Care * Arch Health Partners
*Palomar Health Development, Inc.* North San Diego County Health Facilities Financing Authority*
*San Marcos Ambulatory Care Center * Villa Pomerado * Palomar Health Source*
I. CALL TO ORDER
II. ESTABLISHMENT OF QUORUM
III. OPENING CEREMONY
   A. Pledge of Allegiance to the Flag
IV. PUBLIC COMMENTS
V. * MINUTES (ADD A)
   A. Special Closed Session Board of Directors Meeting - Monday, April 12, 2021 (Pp18-19)
   B. Board of Directors Meeting - Monday, April 12, 2021 (Pp20-27)
   C. Special Board Education Session - Tuesday, April 13, 2021 (Pp28-45)
VI. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B)
   B. Executed, Budgeted, Routine Physician Agreements (Pp70-76)
   C. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments (Pp77-85)
   D. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments (Pp86-87)
   E. Modification to the Gastroenterology Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway (Redline version Pp88-93 Clean version Pp94-98)
   F. Modification to the Nurse Practitioner Acute Care Clinical Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway (Redline version Pp99-102 Clean version Pp103-106)
   G. Modification to the Physician Assistant Acute Care Clinical Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway (Redline version Pp107-110 Clean version Pp111-114)
   H. Modification to the Department of Medicine Rules and Regulations for Palomar Medical Center Escondido (Redline version Pp115-126 Clean version Pp127-138)
   I. Modification to the Department of Trauma Rules and Regulations for Palomar Medical Center Escondido (Redline version Pp139-148 Clean version Pp149-157)
   J. Modification to the Privileging Criteria for Metabolic and Bariatric Surgery Policy for Palomar Medical Center Poway (Redline version Pp158-160 Clean version Pp161)
   K. Modification to the Department of Surgery Rules and Regulations for Palomar Medical Center Poway (Redline version Pp162-167 Clean version Pp168-173)
VII. PRESENTATIONS
   A. Quality and Patient Safety
   B. Budget Process Update
VIII. REPORTS
   A. Medical Staffs
      1. Palomar Medical Center Escondido - Sabiha Pasha, M.D.
      2. Palomar Medical Center Poway - Edward Gurrola II, M.D.
   B. Administrative
      1. Chair of the Palomar Health Foundation - Kirk Effinger
      2. President and CEO - Diane Hansen
      3. Chair of the Board - Linda Greer, R.N.
IX. * APPROVAL OF BYLAWS, CHARTERS, POLICIES, RESOLUTIONS  
*(ADD C)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Board Committee</th>
<th>Action</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Resolution No. 05.10.21(01)-11 of the Board of Directors of</td>
<td>Finance</td>
<td>Review/Approve</td>
<td>13</td>
</tr>
<tr>
<td>Palomar Health Designating Subordinate Officer of the District <em>(P175)</em></td>
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</tr>
<tr>
<td>B. Designation of Applicant's Agent Resolution for Non-State</td>
<td>Finance</td>
<td>Review/Approve</td>
<td>14</td>
</tr>
<tr>
<td>Agencies, Resolution No. 05.10.21(02)-12 <em>(Pp176-177)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Board Governance Committee Information Request - Lucidoc</td>
<td>Governance</td>
<td>Review/Approve</td>
<td>15</td>
</tr>
<tr>
<td>Policy 63356 <em>(Redline version Pp178-179  Clean version Pp180-181)</em></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>D. Bylaws of Palomar Health <em>(Redline version Pp182-193  Clean version Pp194-205)</em></td>
<td>Governance</td>
<td>Review/Approve</td>
<td>16</td>
</tr>
</tbody>
</table>

X. COMMITTEE REPORTS *(ADD D)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Audit &amp; Compliance Committee - John Clark, Committee Chair <em>(P207)</em></td>
<td>8:05</td>
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</tr>
<tr>
<td>B. Community Relations Committee - Laurie Edwards-Tate, Committee Chair <em>(committee was dark in April )</em></td>
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<tr>
<td>C. Finance Committee - Laura Barry, Committee Chair <em>(P208)</em></td>
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</tr>
<tr>
<td>D. Governance Committee - Jeff Griffith, Committee Chair <em>(P209)</em></td>
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<tr>
<td>E. Human Resources Committee - Terry Corrales, Committee Chair <em>(committee was dark in April )</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Quality Review Committee - Linda Greer, Committee Chair <em>(P210-211)</em></td>
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</tr>
<tr>
<td>G. Strategic &amp; Facilities Planning Committee - Richard Engel, Committee Chair <em>(committee was dark in April )</em></td>
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</tr>
</tbody>
</table>

XI. PUBLIC COMMENTS

XII. BOARD MEMBER COMMENTS / AGENDA ITEMS FOR NEXT MONTH

XIII. FINAL ADJOURNMENT

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

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1 5 minutes allowed per speaker with a cumulative total of 15 minutes per group.

For further details, see Request for Public Comment Notice available by copying and pasting the URL below into your browser.

Minutes
Board of Directors Meetings
April 2021

TO: Board of Directors
MEETING DATE: Monday, May 10, 2021
FROM: Debbie Hollick, Assistant to the Board of Directors

Background: The minutes from the April 2021 Regular and Special Session Board of Directors meetings are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommendation to approve the April 2021 Regular and Special Session Board of Directors meeting minutes.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:
Individual Action:
Information:
Required Time:
**March 2021 and YTD FY2021 Financial Report**

**TO:** Board of Directors  
**MEETING DATE:** Monday, May 10, 2021  
**FROM:** Board Finance Committee  
**Wednesday, April 28, 2021**  
**BY:** Laura Barry, Chair, Board Finance Committee

**Background:** The Board Financial Report (unaudited) for March 2021 and YTD FY2021 is submitted for the Board’s approval.

**Budget Impact:** N/A

**Staff Recommendation:** Approval

**Committee Questions:**

**COMMITTEE RECOMMENDATION:** The Board Finance Committee recommended approval of the Board Financial Report (unaudited) for March 2021 and YTD FY2021. Approval recommended 5 to 0 by the Committee: Board members 3 to 0; Absent: 1

**Motion:** X

**Individual Action:**

**Information:**

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2
EXECUTED, BUDGETED, ROUTINE PHYSICIAN AGREEMENTS

TO: Board of Directors

MEETING DATE: Monday, May 10, 2021

FROM: Board Finance Committee

Wednesday, April 28, 2021

BY: Laura Barry, Chair, Board Finance Committee

Background: The following Executed, Budgeted, Routine Physician Agreements became effective as noted below:

<table>
<thead>
<tr>
<th>PHYSICIAN/GROUP</th>
<th>TYPE OF AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Nguyen, MD</td>
<td>Medical Director – Spine Service Line</td>
</tr>
<tr>
<td>John M. Steele, MD</td>
<td>Medical Director – Trauma Program – PMC Escondido</td>
</tr>
<tr>
<td><strong>See Addendum B</strong></td>
<td>Department Chairs at Palomar Medical Center Escondido – Bulk Stipend</td>
</tr>
</tbody>
</table>

The standard Form A and Abstract Table are included in the packet.

Staff Recommendation: Approval

COMMITTEE RECOMMENDATION: The Board Finance Committee recommended approval of the Executed, Budgeted, Routine Physician Agreements as presented. Approval recommended 4 to 0 by the Committee: Board members 2 to 0; Absent: 2

Motion: X

Individual Action:

Information:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff, Palomar Medical Center Escondido

Background: Credentialing Recommendations from the Medical Executive Committee of Palomar Medical Center Escondido.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
Palomar Medical Center Poway
Medical Staff Credentials Recommendations
April 2021

TO: Board of Directors

MEETING DATE: Monday, May 10, 2021

FROM: Edward Gurrola II, M.D., Chief of Staff, Palomar Medical Center Poway

Background: Monthly credentials recommendations from Palomar Medical Center Poway Medical Executive Committee for approval by the Board of Directors.

Budget Impact: None.

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff
       Palomar Medical Center Escondido
       Edward Gurrola, M.D., Chief of Staff
       Palomar Medical Center Poway

Background: The Gastroenterology Privilege checklist has been revised.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff
       Palomar Medical Center Escondido
       Edward Gurrola, M.D., Chief of Staff
       Palomar Medical Center Poway

Background: The Nurse Practitioner Clinical Privilege Acute Care checklist has been revised.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff
Palomar Medical Center Escondido
Edward Gurrola, M.D., Chief of Staff
Palomar Medical Center Poway

Background: The Physician Assistant Acute Care Privilege checklist has been revised.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff, Palomar Medical Center Escondido

Background: Update to the Department of Medicine Rules and Regulations to allow for monitoring to be done at Poway as well as Escondido.

Budget Impact: None

Staff Recommendation: 

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Sabiha Pasha, M.D., Chief of Staff, Palomar Medical Center Escondido

Background: Review of Department of Trauma Rules and Regulations with minor changes.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: May 10, 2021

FROM: Edward Gurrola II, M.D., Chief of Staff, Palomar Medical Center Poway

Background: The Palomar Medical Center Poway “Privileging Criteria for Metabolic and Bariatric Surgery” Policy was revised to include current processes and regulations. Includes redlined and final versions.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors
MEETING DATE: May 10, 2021
FROM: Edward Gurrola II, M.D., Chief of Staff, Palomar Medical Center Poway
Background: The Department of Surgery Rules and Regulations were revised to reflect current Medical Staff Bylaws and name change of hospital. Includes redlined and clean versions.
Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval
Motion: X
Individual Action:
Information:
Required Time:
DESIGNATION OF SUBORDINATE OFFICERS OF THE DISTRICT

TO: Board of Directors

MEETING DATE: Monday, May 10, 2021

FROM: Board Finance Committee
       Wednesday, April 28, 2021

BY: Laura Barry, Chair, Board Finance Committee

Background: Attached for the Board’s review and approval is a Resolution designating current officers of the District. This Resolution supersedes previous such Resolutions. The designation begins with the President and CEO and includes those Executives who have been granted signature authority for the District. In addition, for certain banking matters, a specified individual from the Finance Department also needs to be designated as an authorized non-officer signatory.

There are various requests for the production of this designation of officers of the District, including that for “corporate” officers, which are satisfied by the Certificate of Incumbency, which names the officers who have been so designated by title in the Resolution. The President & CEO is granted authority by District Bylaws to designate officers; the State of California requires approval by the Board.

Budget Impact: N/A

Staff Recommendation: The current Resolution [03.08.21(01)-01] was adopted in March 2021. Adoption of an updated Resolution [No. 05.10.21(01)-11] adding the Chief Administrative Officer as a designated subordinate was recommended.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommended approval of Resolution No. 05.10.21(01)-11 Designation of Subordinate Officers of the District as presented. Approval recommended 5 to 0 by the Committee: Board members 3 to 0; Absent: 1

Motion:

Individual Action: X

Information:

Required Time:
Designation of Applicant’s Agent Resolution for Non-State Agencies
Resolution No. 05.10.21(02)-12

TO: Board of Directors

MEETING DATE: Monday, May 10, 2021

FROM: Board Finance Committee
       Wednesday, April 28, 2021

BY: Laura Barry, Chair, Board Finance Committee

Background: The Finance Department is currently tracking FEMA grant funding for the Federal Medical Station at Palomar Medical Center Escondido, with the assistance of Cal OES. Similarly to the requirements of our banking partners, Cal OES requires a more narrowly defined resolution specific to that project.

Budget Impact: N/A

Staff Recommendation: Staff recommended approval of the Designation of Applicant’s Resolution for Non-State Agencies, Resolution No. 05.10.21(02)-12 of the Board of Directors of Palomar Health.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommended approval of the Designation of Applicant’s Resolution for Non-State Agencies, Resolution No. 05.10.21(02)-12 of the Board of Directors of Palomar Health. Approval recommended 5 to 0 by the Committee: Board members 3 to 0; Absent: 1

Motion:

Individual Action: X

Information:
TO: Board of Directors

MEETING DATE: Tuesday, April 6, 2021

FROM: Jeff Griffith, E.M.T.-P, Chair, Board Governance Committee

Background: Board Governance reviewed and consolidated overlapping policies. Access to Board District Records #20630 and Information Request # 63356 were reviewed.

Motion was made to retire Access to Board District Records #20630 and add §III. C., D., E., into Information Request #63356.

Presented is the Information Request Policy redline copy to show the addition of three (3) bullet points; #9, #10, #11.

Budget Impact: N/A

Staff Recommendation: Combine policies.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
Review of Committee Bylaws

TO: Board of Directors
MEETING DATE: Tuesday, April 6, 2021
FROM: Board Governance Committee, Tuesday, April 6, 2021
BY: Jeff Griffith EMT-P, Chair, Board Governance Committee

Background: Annually or as edits are needed, Board Governance Committee reviews Committee Sections within the Bylaws of Palomar Health for any necessary revisions.

At the Tuesday, April 6, 2021 meeting, the Governance committee reviewed changes submitted by:

- **Board Strategic & Facilities Planning Committee**
  - §§VIII.B.5.b.i & VIII.B.5.b.ii added alternates language and reformat ted to match the formatting utilized under §§VIII.B.1.c.i. & VIII.B.1.c.ii. related to the alternates for the Board Finance Committee
  - Title updates Based on December 2020 changes to the District’s organizational structure:
    - §VIII.B.5.c. Non-Voting Membership edited to add Chief Administrative Officer and update titles of Chief Legal Officer and Chief Human Resources Officer. Remove defunct titles of Vice President Strategy and Business Development, Vice President Supply Chain, Purchasing and Construction.

- **Board Quality Review Committee**
  - Title updates Based on December 2020 changes to the District’s organizational structure:
    - §VIII.B.6c Non-Voting Membership edited to update title to Chief Human Resources Officer, add Vice President Perioperative Services and remove Legal Counsel.

- **Board Human Resources Committee**
  - Title updates Based on December 2020 changes to the District’s organizational structure:
    - Addition to §VIII.B.4c Non-Voting Membership edited to add Vice President of Quality and Patient Safety

**Budget Impact:** None.

**Staff Recommendation:** Approval

**Committee Questions:** NA

**COMMITTEE RECOMMENDATION:** The Board Governance Committee recommends approval of formatting edits and the updates to the titles.

**Motion:** X

**Individual Action:**

**Information:**

**Required Time:**
**SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, APRIL 12, 2021**

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION / ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DISCUSSION</td>
<td></td>
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</table>

**I. CALL TO ORDER**

• Pursuant to California Governor Newsom’s Executive Order N-29-20 the meeting was held virtually and was called to order at 5:00 p.m. by Board Chair Linda Greer, who noted that Director Corrales would be the official timekeeper for board meetings going forward

**NOTICE OF MEETING**

Notice of Meeting was posted at Palomar Health’s Administrative office as well as on the Palomar Health website on Friday, April 2, 2021 which is consistent with legal requirements

**II. ESTABLISHMENT OF QUORUM**

Quorum comprised of Directors Greer, Griffith, Barry, Corrales, Clark, Edwards-Tate, Engel

Excused Absences: None

**III. PUBLIC COMMENTS**

There were no public comments

**IV. PALOMAR HEALTH DISTRICT DESIGNATED NEGOTIATION REPRESENTATIVES**

• Board Chair Greer asked for the Palomar Health District designated negotiation representatives to introduce themselves. Palomar Health Associate General Counsel Daniel Kanter stated that he would be serving as chief spokesperson, with Chief Human Resources Officer Geoffrey Washburn serving as one of the main lieutenants

**V. ADJOURNMENT TO CLOSED SESSION**
### Special Closed Session Board of Director’s Meeting Minutes – Monday, April 12, 2021

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion / Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion</strong></td>
<td></td>
</tr>
<tr>
<td>A. Pursuant to California Government Code §54956.9(d)(2) – Potential Litigation - Conference with Legal Counsel</td>
<td></td>
</tr>
<tr>
<td>C. Pursuant to California Government Code §54957.6 - Review Palomar Health’s position and instruct its designated representatives regarding the compensation, fringe benefits and working conditions for represented employees</td>
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</tr>
<tr>
<td><strong>VI. Re-adjournment to Open Session</strong></td>
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<tr>
<td><strong>VII. Action Resulting from Closed Session Discussion, If Any</strong></td>
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<tr>
<td>There was no action resulting from closed session</td>
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<tr>
<td><strong>VIII. Public Comments</strong></td>
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<tr>
<td>There were no public comments</td>
<td></td>
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<tr>
<td><strong>IX. Final Adjournment</strong></td>
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<tr>
<td>There being no further business, the meeting was adjourned at 6:27 p.m. by Board Chair Greer</td>
<td></td>
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</table>

**Signatures:**

<table>
<thead>
<tr>
<th>Board Secretary</th>
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<tbody>
<tr>
<td>Terry Corrales, R.N.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Assistant</th>
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</thead>
<tbody>
<tr>
<td>Debbie Hollick</td>
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</tbody>
</table>
**Board of Directors Meeting Minutes – Monday, April 12, 2021**

**Agenda Item**

- Discussion

**NOTICE OF MEETING**

Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Monday, April 5, 2021 which is consistent with legal requirements

**I. CALL TO ORDER**

The meeting, which was held virtually pursuant to California Governor Gavin Newsom’s Executive Order N-29-20, was called to order at 6:32 p.m. by Palomar Health Board Chair Linda Greer

**II. ESTABLISHMENT OF QUORUM**

Quorum comprised of Directors Barry, Clark, Corrales, Edwards-Tate, Greer, Griffith, Engel

Excused Absence: None

**III. OPENING CEREMONY – Pledge of Allegiance to the Flag**

The Pledge of Allegiance was recited in unison

**MISSION AND VISION STATEMENTS**

The Palomar Health mission and vision statements are as follows:

- The mission of Palomar Health is to heal, comfort and promote health in the communities we serve
- The vision of Palomar Health is to be the health system of choice for patients, physicians and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services

**IV. PUBLIC COMMENTS**

There were no public comments

**V. APPROVAL OF MINUTES**

20
### Board of Directors Meeting Minutes – Monday, April 12, 2021

#### Agenda Item

- **Discussion**

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<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>A. Special Session Board of Directors Meeting - Monday, March 8, 2021</td>
<td><strong>Conclusion/Action/Follow Up</strong> A. <strong>MOTION:</strong> motion and 2(^{nd}) by board members and carried to approve the Monday, March 8, 2021 Special Session Board of Directors Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Chair Engel – aye Director Greer – aye Director Edwards-Tate – aye Director Barry – aye Director Clark – aye Director Griffith – aye Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved</td>
</tr>
<tr>
<td>B. Board of Directors Meeting - Monday, March 8, 2021</td>
<td><strong>Conclusion/Action/Follow Up</strong> B. <strong>MOTION:</strong> motion and 2(^{nd}) by board members and carried to approve the Monday, March 8, 2021 Board of Directors Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Chair Engel – aye Director Greer – aye Director Edwards-Tate – aye Director Barry – aye Director Clark – aye Director Griffith – aye Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved</td>
</tr>
</tbody>
</table>

A. There was no discussion

B. There was no discussion

#### VI.* APPROVAL OF AGENDA to accept the Consent Items as listed

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A. Palomar Medical Center Escondido Medical Staff Credentialing &amp; Reappointments</td>
<td><strong>Conclusion/Action/Follow Up</strong> <strong>MOTION:</strong> By Director Barry, 2(^{nd}) by Director Corrales and carried to approve Consent Agenda Items A. – B. as presented. Roll call voting was utilized. Director Corrales – aye Chair Engel – aye Director Greer – aye Director Edwards-Tate – aye Director Barry – aye Director Clark – aye Director Griffith – aye Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved</td>
</tr>
<tr>
<td>B. Palomar Medical Center Poway Medical Staff Credentialing &amp; Reappointments</td>
<td></td>
</tr>
</tbody>
</table>
**Board of Directors Meeting Minutes – Monday, April 12, 2021**

**Agenda Item**

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. There was no discussion</td>
<td></td>
</tr>
<tr>
<td>B. There was no discussion</td>
<td></td>
</tr>
</tbody>
</table>

**VII. PRESENTATIONS**

**A. Quality and Patient Safety**

- Chief Operations Officer Sheila Brown introduced Deegee Mehew, an Escondido resident who shared her story of being a former patient of Orthopedic surgeon Dr. Arush Patel, who performed hand surgery on her at Palomar Health in February, when a manicure caused an infection that required surgery after finding that the infection had gone throughout her entire body. After her hospital stay, and receiving care at our outpatient rehab in San Marcos, she is now fully recovered and also the proud recipient of our 10,000th COVID-19 vaccine. She noted that she is left-handed and an artist, and that if it were not for Dr. Patel she may not have her left arm right now. She also shared her gratitude for everyone who took such great care of her.
  - Board Chair Greer thanked Ms. Mehew for sharing her story; she is happy to hear of Ms. Mehew’s successful outcome
  - Director Edwards-Tate noted that this story speaks to the quality of Palomar Health’s patient care as well as to Ms. Mehew’s resilience as a human being

**VIII. REPORTS**

**A. Medical Staffs**

1. Palomar Medical Center Escondido

   Palomar Medical Center Escondido Chief of Staff Sabiha Pasha, M.D. provided the following report:
   - Glad that the number of COVID-19 patients has greatly decreased
   - Noted a request has been made to extend the deadline re: the neurosurgery issue by one week
   - The medical staff bylaws and policies are currently undergoing review/updating. Goal for these projects is to complete them by year-end

2. Palomar Medical Center Poway

   Palomar Medical Center Poway Chief of Staff Edward Gurrola II, M.D. provided the following report:
   - Ms. Hansen shared a presentation with medical staff re: the past, present and future of the Poway campus
     - Committee discussed the general surgery coverage for the Poway emergency room, which is a work in progress and is coming together well. Also looking forward to the acute rehab unit, which is expected to open sometime in mid-May. Potential to add 15 rooms and open up more surgery space; all of which is welcome news as it will allow for additional healthcare opportunities for our constituents, and also help drive revenue for the district
## Board of Directors Meeting Minutes – Monday, April 12, 2021

### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Administrative</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1. President and CEO</th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. COVID-19 Update</td>
<td></td>
</tr>
<tr>
<td>b. CEO Assistant</td>
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</tbody>
</table>

Palomar Health President and CEO Diane Hansen provided the following report:

- As noted by Dr. Pasha, our COVID-19 patient numbers have been steadily decreasing. Currently hovering between 13 and 15 patients on average, from a high of 183; definitely a welcome reduction for everyone, including staff who are breathing a little bit easier now, which is very important as they deserve a reprieve after all of their hard work
- Awarded a plaque of appreciation to her assistant Nancy Wood, who is retiring after 45 years of service to the organization. Noted that it has been an absolute pleasure to work with her, and wished her the best in this new phase of her life. Ms. Wood stated that Palomar Health has been a wonderful place to work and to have the opportunity to grow
- Board Chair Greer and Director Engel thanked Ms. Wood for her service, noting they have both enjoyed working with her through the years

| 3. Chair of the Board | |

Palomar Health Board Chair Linda Greer provided the following report:

- In order to respect everyone’s time, and since a meeting had already been held immediately prior to this one, Chair Greer deferred her comments

### IX. Approval of Bylaws, Charters, Policies, Resolutions
## Board of Directors Meeting Minutes – Monday, April 12, 2021

### Agenda Item

- **Discussion**

  A. Resolution No. 04.12.21(02)-09 of the Board of Directors of Palomar Health Approving Operation of the Neurosurgery Call Panel on an Exclusive Basis

  B. Board Community Relations Section of the Palomar Health Bylaws

### Conclusion/Action/Follow Up

| A. **MOTION:** By Director Corrales, 2nd by Director Griffith and carried to approve Resolution No. 04.12.21(02)-09 of the Board of Directors of Palomar Health Approving Operation of the Neurosurgery Call Panel on an Exclusive Basis as presented. Pursuant to discussion below, motion by Director Edwards-Tate, 2nd by Director Clark and carried to defer voting on this agenda item to the May 10, 2021 Board of Directors meeting. Roll call voting was utilized.  
Director Corrales – no  Chair Engel – recuse  
Director Greer – no  Director Edwards-Tate – aye  
Director Barry – no  Director Clark – aye  
Director Griffith – no  

Board Chair Greer announced that two board members were in favor. Four opposed. One recusal. No abstentions. Motion was not approved  

A. Roll call voting was then utilized for the original motion.  
Director Corrales – aye  Chair Engel – recuse  
Director Greer – aye  Director Edwards-Tate – no  
Director Barry – aye  Director Clark – Abstain  
Director Griffith – aye  

Board Chair Greer announced that four board members were in favor. One opposed. One recusal. One abstention. Motion approved  

| B. **MOTION:** By Director Barry, 2nd by Director Griffith and carried to approve the Board Community Relations Section of the Palomar Health Bylaws as presented. Roll call voting was utilized.  
Director Corrales – aye  Chair Engel – aye  
Director Greer – aye  Director Edwards-Tate – aye  
Director Barry – aye  Director Clark – aye  
Director Griffith – aye  

Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved  

| **A.** Prior to the vote, Board Chair Greer requested that Chief Legal Officer Kevin DeBruin read aloud the Resolution No. 04.12.21(02)-09 of the Board of Directors of Palomar Health Approving Operation of the Neurosurgery Call Panel on an Exclusive Basis, which could be found on pages 41-42 of the meeting packet  
  
  - Director Edwards-Tate requested that the item be deferred to the next meeting  

  - **B.** There was no discussion
## Board of Directors Meeting Minutes – Monday, April 12, 2021

### Agenda Item

- **Discussion**

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<tr>
<td><strong>C. Resolution No. 04.12.21(01)-08 of the Board of Directors of Palomar Health Establishing Board Community Relations Committee Meetings for Calendar Year 2021</strong></td>
</tr>
<tr>
<td><strong>D. Resolution No. 04.12.21(03)-10 of the Board of Directors of Palomar Health Establishing Board Human Resources Committee Meetings for Calendar Year 2021</strong></td>
</tr>
</tbody>
</table>

### Conclusion/Action/Follow Up

**C. MOTION:** By Director Corrales, 2nd by Director Griffith and carried to approve Resolution No. 04.12.21(01)-08 of the Board of Directors of Palomar Health Establishing Board Community Relations Committee Meetings for Calendar Year 2021 as presented. Roll call voting was utilized.

- Director Corrales – aye
- Chair Engel – aye
- Director Greer – aye
- Director Edwards-Tate – aye
- Director Barry – aye
- Director Clark – aye
- Director Griffith - aye

Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved.

**D. MOTION:** By Director Edwards-Tate, 2nd by Director Corrales and carried to approve Resolution No. 04.12.21(03)-10 of the Board of Directors of Palomar Health Establishing Board Human Resources Committee Meetings for Calendar Year 2021 as presented. Roll call voting was utilized.

- Director Corrales – aye
- Chair Engel – aye
- Director Greer – aye
- Director Edwards-Tate – aye
- Director Barry – aye
- Director Clark – aye
- Director Griffith - aye

Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved.

C. There was no discussion

D. There was no discussion.

- Dr. Blake Berman asked to speak about agenda item IX. A. and was informed that he could do so during the second Public Comments session at the end of the meeting.

### X. COMMITTEE REPORTS (information only unless otherwise noted)

- **A. Audit and Compliance Committee**
  - Committee Chair Clark noted that the committee was dark in March

- **B. Community Relations Committee**
### Board of Directors Meeting Minutes – Monday, April 12, 2021

#### Agenda Item

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</thead>
<tbody>
<tr>
<td>- Committee Chair Edwards-Tate shared highlights from the meeting summary</td>
<td></td>
</tr>
<tr>
<td>- Thanked committee members Clark and Engel for their attendance and participation at the meeting</td>
<td></td>
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<tr>
<td>- Requested that the quarterly Patient Experience Focus Group updates be shared with the full board at these meetings</td>
<td></td>
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</tbody>
</table>

#### C. Finance Committee

- Committee Chair Barry noted that the committee was dark in March

#### D. Governance Committee

- Committee Chair Griffith noted that the committee was dark in March

#### E. Human Resources Committee

- Committee Chair Terry noted that the committee was dark in March

#### F. Quality Review Committee

- Committee Chair Greer noted that the committee was dark in March

#### G. Strategic & Facilities Planning Committee

- Committee Chair Engel shared highlights from the meeting summary and attached presentation

#### XI. PUBLIC COMMENTS

- Dr. Blake Berman spoke about the Neurosurgery Call Panel
- Peter Pimentel spoke about departmental restructuring and the meet and confer process
- Dr. Vrijesh Tantuwaya spoke about the Neurosurgery Call Panel
- Patricia Robertson spoke about departmental restructuring and the meet and confer process

#### XII. BOARD MEMBER COMMENTS / AGENDA ITEMS FOR NEXT MONTH

26
## Board of Directors Meeting Minutes – Monday, April 12, 2021

### Agenda Item

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<tr>
<th>Discussion</th>
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<tbody>
<tr>
<td>Director Edwards-Tate motioned to rescind the second vote the board had taken earlier on agenda item IX. A. Per input from legal, Board Chair Greer agreed to revisit the previous motion and taken a second vote. Director Clark seconded the motion. Roll call voting was utilized. Director Corrales – no Chair Engel – recuse Director Greer – no Director Edwards-Tate – aye Director Barry – no Director Clark – aye Director Griffith - no Board Chair Greer announced that two board members were in favor. Four opposed. One recusal. No abstentions. Motion was not approved</td>
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</tbody>
</table>

### XIII. FINAL ADJOURNMENT

There being no further business, motion by Director Corrales, 2nd by Director Griffith to adjourn the meeting. Chair Greer then adjourned the meeting at 7:39 p.m.

### Signatures:

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Board Secretary</th>
<th>Board Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Terry Corrales, R.N.</td>
<td>Debbie Hollick</td>
</tr>
</tbody>
</table>
**SPECIAL BOARD EDUCATION SESSION MINUTES – TUESDAY, APRIL 13, 2021**

**AGENDA ITEM**

| • DISCUSSION |
| Conclusion / Action |

**I. CALL TO ORDER**

- The meeting – held virtually pursuant to California Governor Newsom’s Executive Order N-29-20 - was called to order at 5:00 p.m. by Board Chair Linda Greer

**II. ESTABLISHMENT OF QUORUM**

- Quorum comprised of Directors Greer, Griffith, Clark, Corrales, Barry, Edwards-Tate, Engel
- Excused Absence: None

**NOTICE OF MEETING**

- Notice of Meeting was posted at the Palomar Health Administrative Office; also posted to the Palomar Health website on Friday, April 9, 2021 which is consistent with legal requirements

**III. PUBLIC COMMENTS**

- There were no public comments

**IV. EDUCATION SESSION**

| A. Effective Governance - Roles & Responsibilities of Boards | Information Only |
| Conclusion / Action |

- Utilizing the attached presentation, Huron Consulting Group Managing Director John Tiscornia provided the board with an education training session covering the topics of Effective Governance and Rules and Responsibilities of Boards

**V. PUBLIC COMMENTS**

- There were no public comments

**VI. FINAL AJOURNMENT**

28
**Agenda Item**

**Discussion**

There being no further business, the meeting was adjourned at 6:27 p.m. by Chair Greer.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Board Secretary</th>
<th>Board Assistant</th>
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<tbody>
<tr>
<td></td>
<td>Laura Barry</td>
<td>Debbie Hollick</td>
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</tbody>
</table>
Palomar Health Board Education

Effective Governance
Roles & Responsibilities of Boards

Presented by:
John F Tiscornia, MBA, CPA
Throughout his career, John has been involved in the challenges of the healthcare industry. His expertise covers governance issues and board development, management interface between CEOs and boards, performance assessments, and implementing improvement plans for healthcare providers. John also has experience in performance improvement, conversion to non-profit organizations, strategic planning, consolidations, mergers and collaborations, and issues as they relate to healthcare.

PROFESSIONAL EXPERIENCE
Prior to Huron Healthcare, John was a principal at Wellspring Partners, which was acquired by Huron Consulting Group in 2007. Previously, John was the national director of Arthur Andersen LLP’s healthcare industry program and regional director of healthcare for the Pacific region. He was also a member of Arthur Andersen’s national steering committee for healthcare, in charge of developing its national healthcare training program. John was with Arthur Andersen for over 30 years in the healthcare industry working with multi-hospital systems, integrated delivery systems, community hospitals, public district hospitals and related organizations.

RELEVANT EXPERIENCE
• John is a senior fellow at the Estes Park Institute and regularly speaks on governance at their conferences.
• John has worked with District hospitals in various states.
• John has served as client service executive on numerous Health Care organizations.

EDUCATION AND CERTIFICATIONS
• Master of Business Administration, University of Washington
• Bachelor of Arts, Accounting, Notre Dame University and University of Washington
• Certified Public Accountant; Washington, Oregon, and Alaska

PROFESSIONAL ASSOCIATIONS
• Faculty Member and Board Member, Estes Park Institute
• Clinical Professor, University of Washington School of Public Health, Department of Health Services
• Member, American College of Healthcare Executives
• Member, American Institute of Certified Public Accountants

PUBLICATIONS/SPEAKING ENGAGEMENTS
• John has authored several articles published in national healthcare magazines, co-authored a governance book on monitoring a hospital’s financial viability published by AHA Publishing Company, and co-authored a case study on hospital consolidation published by Health Administration Press/ACHE/MGMA.
Role of Boards

- Mission, Vision, Values
- Selection and Evaluation of CEO
- Strategy and Direction
- Organizational and Board Culture
- Board Policies
Role of Boards

- Oversight and Monitoring Key Indicators
- Succession Planning
- Assessing Board Performance and Setting Goals for Improvement
- Temptation to Micromanage
Fiduciary Responsibilities

• Duty of Care
• Duty of Loyalty
• Duty of Obedience
Duty of Care

• Board members use the same level of judgement that they use in their own personal activities
  ◦ Obtain necessary and adequate information before making any decisions
  ◦ Act in good faith
  ◦ Make decisions in the best interest of the healthcare organization
  ◦ Set aside personal interests in favor of those of the healthcare organization

Adopted from WSHA
Duty of Loyalty

• Board members do not use their board positions to serve themselves or their other interests. They place the interest of the healthcare organization before all else.
  ◦ Objective and unbiased in their thinking and decision making
  ◦ Free from external control and without ulterior motives
  ◦ Free of any conflict of interest when discussing issues and making decisions
  ◦ Able to observe total confidentiality when dealing with healthcare organization matters

Adopted from WSHA
Duty of Obedience

• Board members:
  ◦ Are faithful to the healthcare organization’s mission
  ◦ Follow all:
    – State and national laws
    – Corporate by-laws
    – Rules and regulations

Adopted from WSHA
Board Responsibilities

• Quality and Patient Safety
• Patient Experience; Environment of Care
• Grant Privileges to Medical Staff
• Overall Care of Human and Financial Resources
• Strategic Direction and Planning
Board’s Oversight Responsibilities

- System Strategy and Planning
- Patient Care Quality, Safety, and Service
- Finance and Investments
- Community Benefit
- Audit and Compliance

- Continuous Education and Development
- Monitoring of Key Indicators
- Board Needs to Review and Update the By-Laws
- Board Needs to Have Oversight of Itself
Board Delegation Policy

• An example policy may include:
  ◦ Board Responsibility and Accountability
  ◦ Board Delegation of Authority to the CEO and CEO Accountability
  ◦ CEO Performance Evaluation
  ◦ Compliance with Law and District Policy
  ◦ Conflicts of Interest
  ◦ Reports to the Board
  ◦ Policy Hierarchy
  ◦ Exercise of Delegated Authority
Board Orientation

• Orientation is essential to integrating new board members for maximizing their potential. This should include:
  ◦ Health care governance orientation
  ◦ Responsibility descriptions for the chair, officers, committee chairs, and board members
  ◦ Committee charters
  ◦ Understanding the board member’s commitment to the organization
  ◦ Organizational orientation
  ◦ Industry orientation

Source: Adapted from AHA Center for Healthcare Governance, National HC Governance Survey Report, 2019
Board Compact

• This is a document detailing the responsibilities, roles and board member’s commitment to undertaking his or her position on the board.

• In most instances, there is also a list of actions for which the board member pledges their fulfillment.

• The board member’s signature binds their commitment to their board position.

• Benefit arises from developing a unique document.

• The compact is specific to the organization.
Sample Board Compact – Summary

• Organization’s Responsibilities
  ◦ Foster Excellence
  ◦ Listen and Communicate
  ◦ Educate
  ◦ Lead

• Board Member’s Responsibilities
  ◦ Know the Organization
  ◦ Focus on the Future
  ◦ Listen and Communicate
  ◦ Promote Effective Change
Board Compact – Sample Commitments

- Attendance at meetings/retreats/workshops
- Preparation for discussions
- Maintain confidentiality
- Act with respect
- Act in good faith
- Represent the organization and the board in a positive/supportive manner
- Observe all procedures
- Refrain from intruding on management issues
- Avoid conflicts of interest
- Serve on committee
Opportunities Per 2020 Governance Self-Assessment

• The board’s roles and responsibilities are clearly defined in a written document
• Decision protocols and procedures have been established
• Board members consistently follow our decision protocols and procedures
• The board’s role and responsibilities are consistently adhered to
ADDENDUM B
Fiscal Year 2021
Financial Performance

*Supplemental Section includes Palomar Health Medical Group (PHMG) and Consolidating Schedule

March 2021
Income from operations for the month was $2.6M, favorable to budget by $1.2M. Year-to-date income from operations was $23.2M, favorable to budget by $13.3M. Net income for the month was $1.6M, favorable to budget by $745K. Year-to-date net income of $21.4M was favorable to budget by $14.4M.

EBIDA margin for the month of March was favorable to budget by 1.8% and EBIDA was favorable to budget by $858K. Additional comments and further analyses are presented in the following sections.

**Patient Utilization**

**Inpatient (IP) Services**

For the month of March, acute discharges for the District were (20.8%) unfavorable to budget. Average Daily Census was (17.4%) unfavorable to budget. Adjusted Discharges were 3,439, which was 746 (17.8%) unfavorable to budget. Adjusted Patient Days were 17,299, which was 2,629 (13.2%) unfavorable to budget. Case Mix Index for both campuses, excluding deliveries, was 1.69, which was 10.1% favorable to budget.

IP surgeries for PMC Escondido and PMC Poway for the month were 507 cases (includes CVS), which were 142 cases (21.9%) unfavorable to budget.

Deliveries for PMC Escondido and PMC Poway for the month were 303, which were 46 deliveries (13.2%) unfavorable to budget. For the month, Trauma admissions were 93, which was 8.1% favorable to budget.

**Outpatient (OP) and Ancillary Services**

OP surgeries for PMC Escondido and PMC Poway for the month were 514 cases 0.2% favorable to budget. Outpatient ER visits for the month were 8,079 visits (includes trauma), which were 1,455 visits (15.3%) unfavorable to budget. OP registrations for the month were 9,975, which were (9.2%) unfavorable to budget. ER admissions for the month were 1,509, which were (2.6%) unfavorable to budget.
Financial Performance

Operating Revenue
Net Patient Service Revenue for the month was $61.6M, which was $2.9M (4.5%) unfavorable to budget.

Other Operating Revenue
Other Operating Revenue for the month was $1.0M, which was $148K (17.0%) favorable to budget.

Operating Expenses
Total Operating Expenses for the month were $60.1M, which was $4.0M (6.2%) favorable to budget.

Salaries, Wages & Contract Labor for the month were $26.8M, which was $2.8M (9.3%) favorable to budget.

Benefits for the month were $7.0M, which was $759K (9.7%) favorable to budget.

Professional Fees and Purchased Services for the month were $11.2M, which was $690K (6.6%) unfavorable to budget.

Supplies for the month were $8.8M, which was $196K (2.2%) favorable to budget.

Depreciation for the month was $3.4M, which was $195K (5.9%) unfavorable to budget.

Other Direct Expenses for the month were $2.7M, which was $1.1M (30.5%) favorable to budget.
Net Non-Operating Income/Expense

Net Non-Operating Income for the month was ($989K), which was $505K unfavorable to budget due to low investment income.

Payor Mix, Net Days in Accounts Receivable (A/R) and Cash Collections

The percentages of Gross Patient Service Revenue from the Medicare, Managed Care Medicare, Managed Care, Medi-Cal and Managed Care Medi-Cal financial classes for the month were consistent with budget. Cash postings were $64.1M. Days in Net A/R were 63.3, a 1.6 day decrease from February.

Revenue Cycle - Key Performance Indicators (KPIs)

<table>
<thead>
<tr>
<th>Key Performance Indicators (KPI)</th>
<th>January 2019</th>
<th>January 2020</th>
<th>February</th>
<th>March</th>
<th>FY2021 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Net A/R ($)</td>
<td>$144,938,722</td>
<td>$146,147,387</td>
<td>$140,900,262</td>
<td>$133,726,328</td>
<td>$110M - $115M</td>
</tr>
<tr>
<td>Net Days in A/R (Days) (3-months)</td>
<td>73.6</td>
<td>63.7</td>
<td>64.9</td>
<td>63.3</td>
<td>54.0-58.0</td>
</tr>
<tr>
<td>DNFB (Days)</td>
<td>4.6</td>
<td>2.5</td>
<td>2.5</td>
<td>2.6</td>
<td>2.5</td>
</tr>
<tr>
<td>Urgent Insurance Verification (DDC) (%)</td>
<td>90.6%</td>
<td>97.9%</td>
<td>98.5%</td>
<td>97.0%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Elective IP Insurance Verification (Average Secure) (%)</td>
<td>56.1%</td>
<td>98.3%</td>
<td>93.1%</td>
<td>98.0%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Elective OP Insurance Verification (Average Secure) (%)</td>
<td>81.9%</td>
<td>99.0%</td>
<td>96.6%</td>
<td>97.1%</td>
<td>98.0%</td>
</tr>
<tr>
<td>True Cash Denial (%) ¹</td>
<td>n/a</td>
<td>n/a</td>
<td>5.0%</td>
<td>5.8%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

¹ Prior to Fiscal Year 2021, gross charges were reflected instead of the true cash/AR balance at risk

Please see Appendix A, which contains a glossary of the Key Performance Indicators presented above.

Balance Sheet

Cash, Cash Equivalents and Investments increased in March by $11.2 million from the previous month primarily due to the receipt of Hospital Quality Assurance Fee reimbursement, a Medi-Cal supplemental reimbursement program.

The Days Cash On Hand ratio, which includes Medicare Advance Payments, increased by 6.5 days from the prior month to 139.0 days. When the Medicare Advance Payments are excluded, Days Cash on Hand is 109.3 days.
Total Net A/R: This is the total amount of accounts receivable which management expects to collect from patients, insurance companies, Medicare and Medi-Cal, in future months, for services to patients through the end of the current accounting period. This number is computed by subtracting estimated contractual adjustments, bad debts and charity write-offs from gross accounts receivable.

Net Days in A/R (Days): The full name for this performance indicator is “Net Days of Revenue in Net Accounts Receivable.” This statistic is a measure of the effectiveness of the organization’s collections of revenue. For example, if the organization has average daily net revenues of $2 million and $140 million in Net A/R, then the organization has 70 days of net revenue/potential cash ($140M divided by $2M) tied up in its Accounts Receivable. If the organization can reduce its Net Days in A/R from 70 days to 50 days it will add $40 million in cash to its balance sheet (70 days less 50 days = 20 days multiplied by $2M per day = $40 million). A lower number of Net Days in A/R is better for the organization. A number of 46.3 days is considered the industry standard.

DNFB (Days): The full name for this performance indicator is Discharged Not Final Billed Revenue. Before a hospital bill can be completed and sent to an insurance company, patient, Medicare or Medi-Cal certain information must be completed and entered in the system and submitted as components of the bill. This information includes specific codes for the services performed using the Current Procedural Terminology codes (CPT-4) as defined by the American Medical Association or the Healthcare Common Procedure Coding System (HCPCS) as defined by the Medicare Program. Additionally, the International Classification of Disease codes (ICD-10) which define a patient’s various illnesses must be included in the billing information. This information is inserted in the patient billing information by employees certified in these coding methodologies based on information in the patient’s medical record. Certified coding specialists rely heavily on clinical information supplied by the patient and physicians including History and Physical Reports, Operative Reports and Discharge Summaries. This performance indicator measures the effectiveness of the billing process. Bills cannot be collected if they are not submitted and this indicator shows the average time required between the time a patient is discharged and the time the bill is submitted. The lower the number the better the performance. A number below 3.0 is considered best practice.

Urgent Insurance Verification (DDC) (%): In order to ensure the organization is properly paid for its services it needs to confirm the patient is insured and whether the patient’s insurance covers the services to be rendered. Additionally, some insurers and HMOs require a pre-authorization or pre-certification before they will authorize payment for the services. This verification must be performed very quickly for certain patients. Failure to verify insurance and obtain pre-authorizations, if necessary, significantly reduces the probability of collecting for the services rendered. This performance metric measures the percentage of time insurance verification is obtained for urgent cases prior to the service being rendered. A higher percentage is better. A percentage in excess of 98% is considered best practice.
Glossary of Terms: Revenue Cycle Key Performance Indicators (Cont’d)

**Elective IP Insurance Verification (Average Secure) (%)**: In order to ensure the organization is properly paid for its services it needs to confirm the patient is insured and whether the patient’s insurance covers the services to be rendered. Additionally, some insurers and HMOs require a pre-authorization or pre-certification before they will authorize payment for services. For inpatient elective procedures/cases, this verification process is critical for payment. Failure to verify insurance and obtain pre-authorizations, if necessary, significantly reduces the probability of collecting for the services rendered. This performance metric measures the percentage of time insurance verification is obtained for elective inpatient cases prior the service billing rendered. A higher percentage is better. A percentage of 95% is considered best practice.

**Elective OP Insurance Verification (Average Secure) (%)**: In order to ensure the organization is properly paid for its services it needs to confirm the patient is insured and whether the patient’s insurance covers the services to be rendered. Additionally, some insurers and HMOs require a pre-authorization or pre-certification before they will authorize payment for services. For outpatient elective procedures/cases, this verification process is critical for payment. Failure to verify insurance and obtain pre-authorizations, if necessary, significantly reduces the probability of collecting for the services rendered. This performance metric measures the percentage of time insurance verification is obtained for elective outpatient cases prior the service billing rendered. A higher percentage is better. A percentage of 95% is considered best practice.

**True Cash Denial Rate (%)**: Once claims (bills) are submitted, insurance companies, Medicare and Medi-Cal may deny those claims. Denials may occur for several reasons including:

- Insurance was not valid for the name patient
- The procedure performed was not covered by the patient’s insurance
- The provider did not obtain pre-authorization to perform the procedure
- The procedure was not medically necessary
- The bill was received outside the contractually agreed upon timetable

This performance indicator measures whether the organization’s processes for insurance verification, obtaining pre-authorization, medical necessity verification and timely billing are working effectively. The measurement is computed by dividing the dollar value of the denials for a twelve-month period by the total annual billings for that same period. A lower percentage indicates better performance with a percentage below 10% is considered best practice.

Prior to Fiscal Year 2021, gross charges were reflected instead of the true cash/AR balance at risk.
<table>
<thead>
<tr>
<th></th>
<th>Month to Date</th>
<th>Year to Date</th>
<th>Prior Year</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Prior Year</td>
</tr>
<tr>
<td><strong>Key Volumes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges - Total</td>
<td>2,073</td>
<td>2,189</td>
<td>(20.9%)</td>
<td>18,609</td>
</tr>
<tr>
<td>Acute - General</td>
<td>1,906</td>
<td>1,964</td>
<td>(21.2%)</td>
<td>17,134</td>
</tr>
<tr>
<td>Acute Behavioral Health</td>
<td>89</td>
<td>129</td>
<td>(16.1%)</td>
<td>821</td>
</tr>
<tr>
<td>Acute Rehabilitation</td>
<td>39</td>
<td>51</td>
<td>(9.3%)</td>
<td>335</td>
</tr>
<tr>
<td>Total Acute Discharges</td>
<td>2,034</td>
<td>2,144</td>
<td>(20.8%)</td>
<td>18,290</td>
</tr>
<tr>
<td>The Villas at Poway</td>
<td>39</td>
<td>45</td>
<td>(24.2%)</td>
<td>319</td>
</tr>
<tr>
<td><strong>Patient Days - Total</strong></td>
<td>11,674</td>
<td>12,009</td>
<td>(14.7%)</td>
<td>109,942</td>
</tr>
<tr>
<td>Acute - General</td>
<td>7,237</td>
<td>7,328</td>
<td>(18.9%)</td>
<td>73,065</td>
</tr>
<tr>
<td>Acute Behavioral Health</td>
<td>782</td>
<td>920</td>
<td>(2.3%)</td>
<td>6,822</td>
</tr>
<tr>
<td>Acute Rehabilitation</td>
<td>371</td>
<td>493</td>
<td>(14.5%)</td>
<td>3,468</td>
</tr>
<tr>
<td>Total Acute Patient Day</td>
<td>8,390</td>
<td>8,741</td>
<td>(17.4%)</td>
<td>83,355</td>
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<tr>
<td>The Villas at Poway</td>
<td>3,284</td>
<td>3,268</td>
<td>(7.1%)</td>
<td>26,587</td>
</tr>
<tr>
<td>Acute Adjusted Discharges</td>
<td>3,398</td>
<td>3,677</td>
<td>(17.8%)</td>
<td>28,784</td>
</tr>
<tr>
<td>Total Adjusted Discharges</td>
<td>3,439</td>
<td>3,471</td>
<td>(17.8%)</td>
<td>29,124</td>
</tr>
<tr>
<td>Acute Adjusted Patient Day</td>
<td>14,015</td>
<td>14,756</td>
<td>(14.5%)</td>
<td>130,466</td>
</tr>
<tr>
<td>Total Adjusted Patient Day</td>
<td>17,299</td>
<td>17,230</td>
<td>(13.2%)</td>
<td>157,053</td>
</tr>
<tr>
<td>Acute Average Daily Census</td>
<td>271</td>
<td>282</td>
<td>(17.4%)</td>
<td>304</td>
</tr>
<tr>
<td>Total Average Daily Census</td>
<td>377</td>
<td>387</td>
<td>(14.7%)</td>
<td>401</td>
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<tr>
<td><strong>Surgeries - Total</strong></td>
<td>1,021</td>
<td>859</td>
<td>(12.1%)</td>
<td>8,342</td>
</tr>
<tr>
<td>Inpatient</td>
<td>507</td>
<td>499</td>
<td>(21.9%)</td>
<td>4,330</td>
</tr>
<tr>
<td>Outpatient</td>
<td>514</td>
<td>360</td>
<td>0.2%</td>
<td>4,012</td>
</tr>
<tr>
<td>Deliveries</td>
<td>303</td>
<td>314</td>
<td>(13.2%)</td>
<td>2,593</td>
</tr>
<tr>
<td><strong>ER Visits (Includes Trauma) - Total</strong></td>
<td>9,588</td>
<td>9,996</td>
<td>(13.5%)</td>
<td>82,200</td>
</tr>
<tr>
<td>Inpatient</td>
<td>1,509</td>
<td>1,504</td>
<td>(2.6%)</td>
<td>13,171</td>
</tr>
<tr>
<td>Outpatient</td>
<td>8,079</td>
<td>8,492</td>
<td>(15.3%)</td>
<td>69,029</td>
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</table>

* Includes The Villas at Poway
## Executive Dashboard – March 2021

### Key Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Average LOS - Days</td>
<td>4.12</td>
<td>3.96</td>
<td>(4.3%)</td>
<td>4.08</td>
</tr>
<tr>
<td>Acute - General</td>
<td>3.80</td>
<td>3.69</td>
<td>(2.9%)</td>
<td>3.73</td>
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<tr>
<td>Acute Behavioral Health</td>
<td>8.79</td>
<td>7.54</td>
<td>(16.5%)</td>
<td>7.13</td>
</tr>
<tr>
<td>Acute Rehabilitation</td>
<td>9.51</td>
<td>10.09</td>
<td>5.7%</td>
<td>9.67</td>
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<tr>
<td>Average Observation Hours</td>
<td>21</td>
<td>19</td>
<td>(10.5%)</td>
<td>19</td>
</tr>
<tr>
<td>Acute Case Mix-Excludes Deliveries</td>
<td>1.69</td>
<td>1.54</td>
<td>(10.1%)</td>
<td>1.54</td>
</tr>
<tr>
<td>Acute Case Mix-Medicare Only</td>
<td>1.83</td>
<td>1.75</td>
<td>(4.6%)</td>
<td>1.75</td>
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<td>Labor Productivity by Hrs</td>
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<td></td>
<td></td>
<td>100.7%</td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>139.0</td>
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<td>87.7</td>
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### Financial Performance

<table>
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<tr>
<th>Category</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income</td>
<td>2,560,036</td>
<td>1,309,407</td>
<td>(5694,101)</td>
<td>23,163,955</td>
</tr>
<tr>
<td>Net Income</td>
<td>1,570,388</td>
<td>824,900</td>
<td>(7149,278)</td>
<td>21,367,438</td>
</tr>
<tr>
<td>Oper. Expenses/Adj. Patient Day</td>
<td>3,270</td>
<td>3,049</td>
<td>(7.3%)</td>
<td>3,377</td>
</tr>
<tr>
<td>EBIDA Margin-Excludes PHMG</td>
<td>11.9%</td>
<td>10.1%</td>
<td>(2.1%)</td>
<td>12.9%</td>
</tr>
<tr>
<td>EBIDA-Excludes PHMG</td>
<td>7,427,376</td>
<td>6,568,901</td>
<td>(1,147,894)</td>
<td>73,507,035</td>
</tr>
</tbody>
</table>

Note: Financial Performance excludes GO Bonds
# Income Statement: Month-to-Date

Excludes PHMG

<table>
<thead>
<tr>
<th></th>
<th>Actual Mar-21</th>
<th>Budget Mar-21</th>
<th>Variance Mar-21</th>
<th>Variance Volume</th>
<th>Rate/Eff</th>
<th>Dollars/Adjusted Patient Day Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Patient Day</td>
<td>17,299</td>
<td>19,928</td>
<td>(2,629)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Discharges</td>
<td>3,439</td>
<td>4,185</td>
<td>(746)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross revenue</td>
<td>365,543,885</td>
<td>390,980,865</td>
<td>(25,436,980)</td>
<td>(51,580,123)</td>
<td>26,143,143</td>
<td>21,131</td>
<td>19,620</td>
<td>1,511</td>
</tr>
<tr>
<td>Deductions from revenue</td>
<td>(303,935,649)</td>
<td>(326,482,905)</td>
<td>22,547,256</td>
<td>43,071,234</td>
<td>(20,523,978)</td>
<td>(17,570)</td>
<td>(16,383)</td>
<td>(1,186)</td>
</tr>
<tr>
<td>Net patient revenue</td>
<td>61,608,236</td>
<td>64,497,960</td>
<td>(2,889,724)</td>
<td>(8,508,889)</td>
<td>5,619,165</td>
<td>3,561</td>
<td>3,237</td>
<td>325</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>1,020,239</td>
<td>872,369</td>
<td>147,870</td>
<td>(115,087)</td>
<td>262,957</td>
<td>59</td>
<td>44</td>
<td>15</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages &amp; contract labor</td>
<td>26,805,512</td>
<td>29,559,828</td>
<td>2,754,316</td>
<td>3,899,678</td>
<td>(1,145,362)</td>
<td>1,550</td>
<td>1,483</td>
<td>(66)</td>
</tr>
<tr>
<td>Benefits</td>
<td>7,038,906</td>
<td>7,797,568</td>
<td>758,662</td>
<td>1,028,694</td>
<td>(270,032)</td>
<td>407</td>
<td>391</td>
<td>(16)</td>
</tr>
<tr>
<td>Supplies</td>
<td>8,871,804</td>
<td>9,067,552</td>
<td>195,748</td>
<td>1,196,236</td>
<td>(1,000,488)</td>
<td>513</td>
<td>455</td>
<td>(58)</td>
</tr>
<tr>
<td>Prof fees &amp; purch svc's</td>
<td>11,199,106</td>
<td>10,509,411</td>
<td>(689,695)</td>
<td>1,386,463</td>
<td>(2,076,148)</td>
<td>647</td>
<td>527</td>
<td>(120)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>3,493,282</td>
<td>3,298,395</td>
<td>(194,887)</td>
<td>435,141</td>
<td>(630,028)</td>
<td>202</td>
<td>166</td>
<td>(36)</td>
</tr>
<tr>
<td>Other</td>
<td>2,659,829</td>
<td>3,828,168</td>
<td>(1,168,339)</td>
<td>505,031</td>
<td>663,308</td>
<td>154</td>
<td>192</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>60,068,439</td>
<td>64,060,922</td>
<td>3,992,483</td>
<td>8,451,233</td>
<td>(4,458,750)</td>
<td>3,472</td>
<td>3,215</td>
<td>(258)</td>
</tr>
<tr>
<td>Income from operations</td>
<td>2,560,036</td>
<td>1,309,407</td>
<td>1,250,629</td>
<td>(172,743)</td>
<td>1,423,372</td>
<td>148</td>
<td>66</td>
<td>82</td>
</tr>
<tr>
<td><strong>Non-operating revenue (expense)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property tax revenues</td>
<td>1,529,708</td>
<td>1,520,274</td>
<td>9,434</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>(46,491)</td>
<td>377,541</td>
<td>(424,032)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Revenue bond interest expense</td>
<td>(2,363,706)</td>
<td>(2,445,606)</td>
<td>81,900</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-operating revenue (expense)</td>
<td>(109,159)</td>
<td>63,284</td>
<td>(172,443)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>1,570,388</td>
<td>824,900</td>
<td>745,488</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EBIDA Margin**

11.9%  
10.1%  
1.8%

---

1= Property Tax Revenue excludes G.O. Bonds Levy  
2= Excludes G.O. Bonds income / expense
Income Statement: Year-to-Date
Excludes PHMG

<table>
<thead>
<tr>
<th></th>
<th>Actual Mar-21</th>
<th>Budget Mar-21</th>
<th>Variance Mar-21</th>
<th>Variance Volume</th>
<th>Variance Rate/Eff</th>
<th>Dollars/Adjusted Patient Day Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Patient Day</td>
<td>157,053</td>
<td>162,520</td>
<td>(5,467)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Discharges</td>
<td>29,124</td>
<td>34,815</td>
<td>(5,691)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross revenue</td>
<td>3,237,195,377</td>
<td>3,343,571,494</td>
<td>(106,376,117)</td>
<td>(112,474,190)</td>
<td>6,098,073</td>
<td>20,612</td>
<td>20,573</td>
<td>39</td>
</tr>
<tr>
<td>Deductions from revenue</td>
<td>(2,674,986,234)</td>
<td>(2,784,737,913)</td>
<td>(109,751,679)</td>
<td>93,675,623</td>
<td>16,076,056</td>
<td>(17,032)</td>
<td>(17,135)</td>
<td>102</td>
</tr>
<tr>
<td>Net patient revenue</td>
<td>562,209,143</td>
<td>558,833,581</td>
<td>3,375,562</td>
<td>(18,798,567)</td>
<td>22,174,129</td>
<td>3,580</td>
<td>3,439</td>
<td>141</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>6,548,893</td>
<td>7,975,145</td>
<td>(1,426,252)</td>
<td>(268,275)</td>
<td>(1,157,977)</td>
<td>42</td>
<td>49</td>
<td>(7)</td>
</tr>
<tr>
<td><strong>Total net revenue</strong></td>
<td>568,758,036</td>
<td>566,808,726</td>
<td>1,949,310</td>
<td>(19,066,843)</td>
<td>21,016,153</td>
<td>3,621</td>
<td>3,488</td>
<td>134</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages &amp; contract labor</td>
<td>238,135,169</td>
<td>249,850,351</td>
<td>11,715,182</td>
<td>8,404,700</td>
<td>3,310,482</td>
<td>1,516</td>
<td>1,537</td>
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</tr>
<tr>
<td>Benefits</td>
<td>67,198,396</td>
<td>67,179,006</td>
<td>(19,390)</td>
<td>2,259,830</td>
<td>(2,279,220)</td>
<td>428</td>
<td>413</td>
<td>(15)</td>
</tr>
<tr>
<td>Supplies</td>
<td>79,103,735</td>
<td>79,227,311</td>
<td>123,576</td>
<td>2,665,123</td>
<td>(2,541,547)</td>
<td>504</td>
<td>487</td>
<td>(16)</td>
</tr>
<tr>
<td>Prof fees &amp; purch svc/s</td>
<td>98,586,051</td>
<td>97,001,929</td>
<td>(1,584,122)</td>
<td>3,263,042</td>
<td>(4,847,164)</td>
<td>628</td>
<td>597</td>
<td>(31)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>32,075,290</td>
<td>35,595,823</td>
<td>(1,479,547)</td>
<td>1,029,211</td>
<td>(2,508,678)</td>
<td>204</td>
<td>188</td>
<td>(16)</td>
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<td>Other</td>
<td>30,495,440</td>
<td>33,059,645</td>
<td>2,564,205</td>
<td>1,112,091</td>
<td>1,452,114</td>
<td>194</td>
<td>203</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>545,594,081</td>
<td>556,914,066</td>
<td>11,319,984</td>
<td>18,733,997</td>
<td>(7,414,013)</td>
<td>3,474</td>
<td>3,427</td>
<td>(47)</td>
</tr>
<tr>
<td>Income from operations</td>
<td>23,163,955</td>
<td>9,894,661</td>
<td>13,269,294</td>
<td>(332,846)</td>
<td>13,602,140</td>
<td>147</td>
<td>61</td>
<td>87</td>
</tr>
<tr>
<td><strong>Non-operating revenue(expense)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property tax revenues</td>
<td>13,729,331</td>
<td>13,437,260</td>
<td>292,071</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Investment income</td>
<td>(133,417)</td>
<td>3,398,001</td>
<td>(3,531,418)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue bond interest expense</td>
<td>(20,064,307)</td>
<td>(21,616,597)</td>
<td>1,552,290</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-operating revenue(expense)</td>
<td>4,671,876</td>
<td>1,874,763</td>
<td>2,797,113</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>21,367,438</td>
<td>6,988,088</td>
<td>14,379,350</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EBIDA Margin

12.9%  10.4%  2.5%

1= Property Tax Revenue excludes G.O. Bonds Levy
2= Excludes G.O. Bonds income / expense
## Current vs. Prior Year-to-Date
Excludes PHMG

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Prior Year</th>
<th>Change</th>
<th>Variance</th>
<th>Dollars/Adjusted Patient Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mar-21</td>
<td>Mar-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Patient Day</td>
<td>157,053</td>
<td>170,473</td>
<td>(13,420)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Discharges</td>
<td>29,124</td>
<td>35,974</td>
<td>(6,850)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross revenue</td>
<td>3,237,195,377</td>
<td>3,230,031,377</td>
<td>7,164,000</td>
<td>(254,274,994)</td>
<td>261,438,994</td>
</tr>
<tr>
<td>Deductions from revenue</td>
<td>(2,674,986,234)</td>
<td>(2,669,215,840)</td>
<td>(5,770,394)</td>
<td>(210,126,393)</td>
<td>(215,896,787)</td>
</tr>
<tr>
<td>Net patient revenue</td>
<td>562,209,143</td>
<td>560,815,537</td>
<td>1,393,606</td>
<td>(44,148,601)</td>
<td>45,542,207</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>6,548,893</td>
<td>8,151,539</td>
<td>(1,602,646)</td>
<td>(641,707)</td>
<td>(960,939)</td>
</tr>
<tr>
<td><strong>Total net revenue</strong></td>
<td>568,758,036</td>
<td>568,967,076</td>
<td>(209,040)</td>
<td>(44,790,308)</td>
<td>44,581,268</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages &amp; contract labor</td>
<td>238,135,169</td>
<td>250,065,711</td>
<td>11,930,542</td>
<td>19,685,709</td>
<td>(7,755,167)</td>
</tr>
<tr>
<td>Benefits</td>
<td>67,198,396</td>
<td>65,800,558</td>
<td>(1,397,838)</td>
<td>5,179,961</td>
<td>(6,577,799)</td>
</tr>
<tr>
<td>Supplies</td>
<td>79,103,735</td>
<td>80,550,225</td>
<td>1,446,490</td>
<td>6,341,086</td>
<td>(4,894,596)</td>
</tr>
<tr>
<td>Prof fees &amp; purch svcs</td>
<td>98,586,051</td>
<td>101,417,987</td>
<td>2,831,936</td>
<td>7,983,841</td>
<td>(5,151,905)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>32,075,290</td>
<td>31,012,541</td>
<td>(1,062,749)</td>
<td>2,441,374</td>
<td>(3,504,123)</td>
</tr>
<tr>
<td>Other</td>
<td>30,495,440</td>
<td>31,330,211</td>
<td>834,771</td>
<td>2,466,381</td>
<td>(1,631,610)</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>545,594,081</td>
<td>560,177,233</td>
<td>14,583,152</td>
<td>44,098,353</td>
<td>(29,515,201)</td>
</tr>
<tr>
<td>Income from operations</td>
<td>23,163,955</td>
<td>8,789,843</td>
<td>14,374,112</td>
<td>(691,955)</td>
<td>15,066,067</td>
</tr>
<tr>
<td><strong>Non-operating revenue (expense)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property tax revenues ¹</td>
<td>13,729,331</td>
<td>13,425,000</td>
<td>304,331</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>(133,417)</td>
<td>5,099,784</td>
<td>(5,233,201)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue bond interest expense</td>
<td>(20,064,307)</td>
<td>(20,341,253)</td>
<td>276,946</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-operating revenue (expense)</td>
<td>4,671,876</td>
<td>(1,026,501)</td>
<td>5,698,377</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Income ²</strong></td>
<td>21,367,438</td>
<td>5,946,873</td>
<td>15,420,565</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EBIDA Margin**

|        | 12.9% | 10.1% | 2.8% |

¹ Property Tax Revenue excludes G.O. Bonds Levy
² Excludes G.O. Bonds income / expense
Income Statement: Current Fiscal Year Monthly Trend
Excludes PHMG

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total net revenue</td>
<td>62,245,518</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>2021</td>
</tr>
<tr>
<td>Salaries, wages &amp; contract labor</td>
<td>26,310,337</td>
</tr>
<tr>
<td>Benefits</td>
<td>7,859,554</td>
</tr>
<tr>
<td>Supplies</td>
<td>8,519,851</td>
</tr>
<tr>
<td>Prof fees &amp; pktch svc</td>
<td>11,350,346</td>
</tr>
<tr>
<td>Other</td>
<td>3,555,907</td>
</tr>
<tr>
<td>Total expenses</td>
<td>61,203,259</td>
</tr>
<tr>
<td>Income from operations</td>
<td>1,042,259</td>
</tr>
<tr>
<td>Non-operating revenue</td>
<td>10,4%</td>
</tr>
</tbody>
</table>

Excludes PHMG
1x Property Tax Revenue excludes G.O. Bonds Levy
2x Excludes G.O. Bonds Income / expense

59
## Income Statement: 13 Month Trend

Excludes PHMG

<table>
<thead>
<tr>
<th>Month</th>
<th>Adjusted Patient Day</th>
<th>Adjusted Discharges</th>
<th>Operating Revenue</th>
<th>Gross Revenue</th>
<th>Deductions from revenue</th>
<th>Net patient revenue</th>
<th>Other operating revenue</th>
<th>Total net revenue</th>
<th>Operating Expenses</th>
<th>Non-operating revenue (expense)</th>
<th>Net income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar-20</td>
<td>17,230</td>
<td>3,474</td>
<td>394,469,522</td>
<td>(249,186,605)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Apr-20</td>
<td>17,660</td>
<td>2,614</td>
<td>394,469,522</td>
<td>(249,186,605)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>May-20</td>
<td>16,472</td>
<td>2,983</td>
<td>394,469,522</td>
<td>(249,186,605)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Jun-20</td>
<td>16,806</td>
<td>3,735</td>
<td>394,469,522</td>
<td>(249,186,605)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Jul-20</td>
<td>17,938</td>
<td>3,428</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Aug-20</td>
<td>17,154</td>
<td>3,343</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Sep-20</td>
<td>17,441</td>
<td>3,350</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Oct-20</td>
<td>17,779</td>
<td>3,432</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Nov-20</td>
<td>17,154</td>
<td>3,301</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Dec-20</td>
<td>17,154</td>
<td>3,233</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Jan-21</td>
<td>16,770</td>
<td>2,775</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Feb-21</td>
<td>16,472</td>
<td>2,823</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
<tr>
<td>Mar-21</td>
<td>17,230</td>
<td>3,474</td>
<td>394,469,022</td>
<td>(249,186,462)</td>
<td>(291,590,058)</td>
<td>55,282,917</td>
<td>727,801</td>
<td>56,010,718</td>
<td>27,281,990</td>
<td>7,346,046</td>
<td>67,045,191</td>
</tr>
</tbody>
</table>

1= Property Tax Revenue excludes G.O. Bonds Levy
2= Excludes G.O. Bonds income / expense
Payor Mix: Gross Revenue
### Statement of Net Position: Excludes G.O. Bonds

Excludes PHMG

<table>
<thead>
<tr>
<th>Assets</th>
<th>Mar-21</th>
<th>Feb-21</th>
<th>Jan-21</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>11,602,130</td>
<td>15,332,307</td>
<td>9,342,220</td>
<td>15,124,416</td>
</tr>
<tr>
<td>Investments</td>
<td>193,212,756</td>
<td>178,280,202</td>
<td>173,765,170</td>
<td>224,418,986</td>
</tr>
<tr>
<td>Board Designated</td>
<td>55,602,117</td>
<td>55,602,117</td>
<td>55,602,117</td>
<td>55,602,117</td>
</tr>
<tr>
<td>Total cash, cash equivalents &amp; investments</td>
<td>260,417,002</td>
<td>249,194,626</td>
<td>238,709,507</td>
<td>299,145,519</td>
</tr>
<tr>
<td><strong>Patient Accounts Receivable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowance on accounts</td>
<td>(202,220,753)</td>
<td>(228,135,716)</td>
<td>(232,925,104)</td>
<td>(193,468,717)</td>
</tr>
<tr>
<td>Net accounts receivable</td>
<td>133,726,329</td>
<td>140,900,263</td>
<td>137,851,805</td>
<td>111,055,689</td>
</tr>
<tr>
<td>Inventories</td>
<td>16,007,698</td>
<td>16,117,806</td>
<td>15,275,982</td>
<td>12,526,770</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>12,700,410</td>
<td>11,988,373</td>
<td>7,835,507</td>
<td>4,909,171</td>
</tr>
<tr>
<td>Est. third party settlements</td>
<td>46,652,882</td>
<td>59,106,907</td>
<td>65,453,388</td>
<td>40,963,042</td>
</tr>
<tr>
<td>Other</td>
<td>20,194,706</td>
<td>16,941,335</td>
<td>15,735,907</td>
<td>11,794,089</td>
</tr>
<tr>
<td>Total current assets</td>
<td>489,699,028</td>
<td>494,259,310</td>
<td>480,862,096</td>
<td>480,394,231</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted assets</td>
<td>89,701,076</td>
<td>89,536,661</td>
<td>90,961,759</td>
<td>63,805,564</td>
</tr>
<tr>
<td>Restricted other</td>
<td>351,858</td>
<td>351,639</td>
<td>351,639</td>
<td>351,230</td>
</tr>
<tr>
<td>Total restricted assets</td>
<td>90,052,934</td>
<td>89,888,300</td>
<td>91,313,398</td>
<td>64,156,794</td>
</tr>
<tr>
<td>Property, plant &amp; equipment</td>
<td>1,602,024,432</td>
<td>1,599,918,148</td>
<td>1,599,067,804</td>
<td>1,594,404,398</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(654,677,570)</td>
<td>(651,362,275)</td>
<td>(647,892,204)</td>
<td>(623,433,736)</td>
</tr>
<tr>
<td>Construction in process</td>
<td>42,064,884</td>
<td>43,539,904</td>
<td>42,022,049</td>
<td>33,041,831</td>
</tr>
<tr>
<td>Net property, plant &amp; equipment</td>
<td>989,411,745</td>
<td>992,095,776</td>
<td>993,197,648</td>
<td>1,004,012,493</td>
</tr>
<tr>
<td>Investment related companies</td>
<td>6,853,704</td>
<td>6,888,272</td>
<td>6,202,233</td>
<td>6,308,888</td>
</tr>
<tr>
<td>Prepaid debt insurance costs</td>
<td>6,192,478</td>
<td>6,383,307</td>
<td>6,574,136</td>
<td>6,762,653</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>4,228,178</td>
<td>4,228,179</td>
<td>728,179</td>
<td>111,400</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>1,096,739,039</td>
<td>1,099,483,835</td>
<td>1,098,015,594</td>
<td>1,081,352,228</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,586,438,066</td>
<td>1,593,743,144</td>
<td>1,578,877,690</td>
<td>1,561,746,459</td>
</tr>
<tr>
<td>Deferred outflow of resources-loss on refunding of debt</td>
<td>50,969,041</td>
<td>51,181,568</td>
<td>51,394,095</td>
<td>52,881,783</td>
</tr>
<tr>
<td><strong>Total assets and deferred outflow of resources</strong></td>
<td>1,637,407,107</td>
<td>1,644,924,712</td>
<td>1,630,271,785</td>
<td>1,614,628,242</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Mar-21</th>
<th>Feb-21</th>
<th>Jan-21</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>27,350,951</td>
<td>37,141,265</td>
<td>31,509,339</td>
<td>38,330,170</td>
</tr>
<tr>
<td>Accrued payroll</td>
<td>37,535,669</td>
<td>35,421,338</td>
<td>33,403,515</td>
<td>21,113,506</td>
</tr>
<tr>
<td>Accrued PTO</td>
<td>24,909,126</td>
<td>24,470,210</td>
<td>24,004,985</td>
<td>21,516,736</td>
</tr>
<tr>
<td>Accrued interest payable</td>
<td>9,387,058</td>
<td>7,484,802</td>
<td>5,560,445</td>
<td>3,915,171</td>
</tr>
<tr>
<td>Current portion of bonds</td>
<td>13,855,000</td>
<td>13,855,000</td>
<td>13,855,000</td>
<td>13,295,000</td>
</tr>
<tr>
<td>Est. third party settlements</td>
<td>58,090,018</td>
<td>58,090,018</td>
<td>58,090,018</td>
<td>64,753,905</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>34,606,503</td>
<td>36,527,479</td>
<td>37,285,966</td>
<td>37,029,817</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>205,734,326</td>
<td>212,950,113</td>
<td>203,709,268</td>
<td>199,954,305</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other LT liabilities</td>
<td>1,939,122</td>
<td>1,969,852</td>
<td>2,004,897</td>
<td>1,200,515</td>
</tr>
<tr>
<td>Bonds &amp; contracts payable</td>
<td>666,619,351</td>
<td>666,855,913</td>
<td>667,092,475</td>
<td>648,016,738</td>
</tr>
<tr>
<td>Total long term liabilities</td>
<td>668,558,473</td>
<td>668,825,765</td>
<td>669,097,372</td>
<td>649,217,253</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>874,292,799</td>
<td>881,815,878</td>
<td>872,806,640</td>
<td>849,171,558</td>
</tr>
<tr>
<td>Deferred inflow of resources-uneared revenue</td>
<td>7,586,616</td>
<td>7,623,800</td>
<td>7,653,484</td>
<td>7,695,552</td>
</tr>
<tr>
<td><strong>Total liabilities and deferred inflow of resources</strong></td>
<td>881,879,415</td>
<td>889,439,678</td>
<td>880,460,125</td>
<td>856,867,110</td>
</tr>
<tr>
<td><strong>Net Position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>755,175,835</td>
<td>755,133,395</td>
<td>749,460,021</td>
<td>757,409,902</td>
</tr>
<tr>
<td>Restricted for other purpose</td>
<td>351,858</td>
<td>351,639</td>
<td>351,639</td>
<td>351,230</td>
</tr>
<tr>
<td><strong>Total liabilities, deferred inflow of resources and net position</strong></td>
<td>1,637,407,107</td>
<td>1,644,924,712</td>
<td>1,630,271,785</td>
<td>1,614,628,242</td>
</tr>
</tbody>
</table>
## Statement of Net Position: Includes G.O. Bonds
Excludes PHMG

<table>
<thead>
<tr>
<th>Assets</th>
<th>Mar-21</th>
<th>Feb-21</th>
<th>Jan-21</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>11,602,130</td>
<td>15,332,307</td>
<td>9,342,220</td>
<td>19,124,416</td>
</tr>
<tr>
<td>Investments</td>
<td>193,212,756</td>
<td>176,260,202</td>
<td>173,765,170</td>
<td>224,418,986</td>
</tr>
<tr>
<td>Board Designated</td>
<td>55,602,117</td>
<td>55,602,117</td>
<td>55,602,117</td>
<td>55,602,117</td>
</tr>
<tr>
<td>Total cash, cash equivalents &amp; investments</td>
<td>260,417,022</td>
<td>249,194,626</td>
<td>238,709,507</td>
<td>299,145,519</td>
</tr>
<tr>
<td><strong>Patient Accounts Receivable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowance on accounts</td>
<td>335,947,081</td>
<td>369,035,978</td>
<td>370,776,909</td>
<td>304,524,356</td>
</tr>
<tr>
<td>Net accounts receivable</td>
<td>(202,220,753)</td>
<td>(228,135,716)</td>
<td>(222,925,104)</td>
<td>(193,468,717)</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>489,435,337</td>
<td>492,457,759</td>
<td>477,725,756</td>
<td>480,637,934</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted assets</td>
<td>118,026,801</td>
<td>116,728,948</td>
<td>128,701,112</td>
<td>98,870,412</td>
</tr>
<tr>
<td>Other</td>
<td>351,858</td>
<td>351,639</td>
<td>351,639</td>
<td>351,230</td>
</tr>
<tr>
<td>Total restricted assets</td>
<td>118,378,659</td>
<td>117,080,587</td>
<td>129,052,751</td>
<td>99,221,642</td>
</tr>
<tr>
<td>Property, plant &amp; equipment</td>
<td>1,602,024,432</td>
<td>1,599,918,148</td>
<td>1,599,067,804</td>
<td>1,594,404,398</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(654,677,750)</td>
<td>(651,362,275)</td>
<td>(647,882,204)</td>
<td>(623,433,736)</td>
</tr>
<tr>
<td>Construction in process</td>
<td>42,064,884</td>
<td>43,539,904</td>
<td>42,022,049</td>
<td>33,041,831</td>
</tr>
<tr>
<td>Net property, plant &amp; equipment</td>
<td>989,411,745</td>
<td>992,095,776</td>
<td>993,197,648</td>
<td>1,004,012,493</td>
</tr>
<tr>
<td>Investment related companies</td>
<td>6,853,704</td>
<td>6,888,272</td>
<td>6,202,233</td>
<td>6,308,888</td>
</tr>
<tr>
<td>Prepaid debt insurance and other costs</td>
<td>8,026,548</td>
<td>8,231,798</td>
<td>8,437,049</td>
<td>8,726,901</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>4,228,178</td>
<td>4,228,179</td>
<td>728,179</td>
<td>111,400</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>1,126,896,834</td>
<td>1,128,324,612</td>
<td>1,137,617,860</td>
<td>1,118,381,324</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,616,334,172</td>
<td>1,620,982,371</td>
<td>1,615,343,615</td>
<td>1,599,019,258</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Mar-21</th>
<th>Feb-21</th>
<th>Jan-21</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>27,351,451</td>
<td>37,141,265</td>
<td>31,509,339</td>
<td>38,330,170</td>
</tr>
<tr>
<td>Accrued payroll</td>
<td>37,535,669</td>
<td>35,421,338</td>
<td>33,403,515</td>
<td>21,113,506</td>
</tr>
<tr>
<td>Accrued PTO</td>
<td>24,909,126</td>
<td>24,470,210</td>
<td>24,004,985</td>
<td>21,516,736</td>
</tr>
<tr>
<td>Accrued interest payable</td>
<td>16,972,597</td>
<td>12,636,691</td>
<td>20,162,341</td>
<td>14,792,162</td>
</tr>
<tr>
<td>Current portion of bonds</td>
<td>21,153,520</td>
<td>21,153,520</td>
<td>21,153,520</td>
<td>19,792,417</td>
</tr>
<tr>
<td>Est. third party settlements</td>
<td>58,090,018</td>
<td>58,090,018</td>
<td>58,090,018</td>
<td>64,735,905</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>34,606,503</td>
<td>36,527,479</td>
<td>37,285,966</td>
<td>37,029,817</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>220,618,886</td>
<td>225,440,522</td>
<td>225,609,884</td>
<td>217,328,714</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other LT liabilities</td>
<td>1,939,122</td>
<td>1,969,852</td>
<td>2,004,897</td>
<td>1,200,515</td>
</tr>
<tr>
<td>Bonds &amp; contracts payable</td>
<td>1,319,664,294</td>
<td>1,319,321,565</td>
<td>1,318,978,835</td>
<td>1,303,023,969</td>
</tr>
<tr>
<td><strong>Total long term liabilities</strong></td>
<td>1,321,603,416</td>
<td>1,321,291,471</td>
<td>1,320,983,733</td>
<td>1,304,244,848</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>1,542,222,302</td>
<td>1,546,731,399</td>
<td>1,546,593,417</td>
<td>1,521,553,198</td>
</tr>
<tr>
<td>Deferred inflow of resources-earned revenue</td>
<td>7,586,616</td>
<td>7,623,800</td>
<td>7,653,484</td>
<td>7,695,552</td>
</tr>
<tr>
<td><strong>Total liabilities and deferred inflow of resources</strong></td>
<td>1,549,808,917</td>
<td>1,554,355,799</td>
<td>1,554,246,901</td>
<td>1,529,248,750</td>
</tr>
<tr>
<td><strong>Net Position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>120,428,761</td>
<td>120,760,745</td>
<td>115,461,215</td>
<td>125,748,128</td>
</tr>
<tr>
<td>Restricted for other purpose</td>
<td>351,858</td>
<td>351,639</td>
<td>351,639</td>
<td>351,230</td>
</tr>
<tr>
<td><strong>Total net position</strong></td>
<td>120,780,619</td>
<td>121,112,384</td>
<td>115,812,854</td>
<td>126,098,358</td>
</tr>
<tr>
<td><strong>Total liabilities, deferred inflow of resources and net position</strong></td>
<td>1,670,589,536</td>
<td>1,675,468,123</td>
<td>1,670,059,755</td>
<td>1,655,348,108</td>
</tr>
</tbody>
</table>

**Total assets and deferred outflow of resources** | 1,670,589,536 | 1,675,468,123 | 1,670,059,755 | 1,655,348,108
## Cash Flow Statement
Excludes PHMG

<table>
<thead>
<tr>
<th>Description</th>
<th>Mar-21</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH FLOWS FROM OPERATING ACTIVITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income (Loss) from operations</td>
<td>2,560,036</td>
<td>23,163,954</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided from operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>3,493,282</td>
<td>32,075,289</td>
</tr>
<tr>
<td>Provision for bad debts</td>
<td>3,459,370</td>
<td>71,158,417</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>3,714,564</td>
<td>(93,829,108)</td>
</tr>
<tr>
<td>Property Tax and other receivables</td>
<td>(2,649,024)</td>
<td>(6,221,136)</td>
</tr>
<tr>
<td>Inventories</td>
<td>110,108</td>
<td>(3,480,928)</td>
</tr>
<tr>
<td>Prepaid expenses and other current assets</td>
<td>(516,606)</td>
<td>(4,693,960)</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>(9,789,814)</td>
<td>(11,030,719)</td>
</tr>
<tr>
<td>Accrued compensation</td>
<td>2,553,245</td>
<td>19,805,566</td>
</tr>
<tr>
<td>Estimated settlement amounts due third-party payors</td>
<td>(12,454,025)</td>
<td>(12,353,727)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>(1,844,786)</td>
<td>(3,481,143)</td>
</tr>
<tr>
<td>Net cash provided from (used by) operating activities</td>
<td>13,544,398</td>
<td>11,112,506</td>
</tr>
<tr>
<td>CASH FLOWS FROM INVESTING ACTIVITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net (purchases) sales of investments</td>
<td>(16,250,626)</td>
<td>10,928,145</td>
</tr>
<tr>
<td>Income (Loss) on investments</td>
<td>(46,289)</td>
<td>(131,050)</td>
</tr>
<tr>
<td>Investment in affiliates</td>
<td>(1,621,670)</td>
<td>(26,486,237)</td>
</tr>
<tr>
<td>Net cash provided from (used by) investing activities</td>
<td>(17,918,585)</td>
<td>(15,689,142)</td>
</tr>
<tr>
<td>CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt of G.O. Bond Taxes</td>
<td>1,133,237</td>
<td>24,296,717</td>
</tr>
<tr>
<td>Receipt of District Taxes</td>
<td>621,758</td>
<td>12,367,316</td>
</tr>
<tr>
<td>Net cash provided from non-capital financing activities</td>
<td>1,754,995</td>
<td>36,664,033</td>
</tr>
<tr>
<td>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds on asset sale</td>
<td>0</td>
<td>37,291</td>
</tr>
<tr>
<td>Proceeds from the issuance of long-term debt</td>
<td>0</td>
<td>34,118,302</td>
</tr>
<tr>
<td>Cost of Issuance payments</td>
<td>(5,000)</td>
<td>(82,800)</td>
</tr>
<tr>
<td>Acquisition of property plant and equipment</td>
<td>(648,015)</td>
<td>(15,348,047)</td>
</tr>
<tr>
<td>Redevelopment Trust Fund Distributions</td>
<td>0</td>
<td>1,121,068</td>
</tr>
<tr>
<td>G.O. Bond Interest paid</td>
<td>0</td>
<td>(17,847,439)</td>
</tr>
<tr>
<td>Revenue Bond Interest paid</td>
<td>(439,145)</td>
<td>(14,873,758)</td>
</tr>
<tr>
<td>Payments of Long Term Debt</td>
<td>(18,825)</td>
<td>(26,734,299)</td>
</tr>
<tr>
<td>Net cash used in capital and related financing activities</td>
<td>(1,110,985)</td>
<td>(39,609,683)</td>
</tr>
<tr>
<td>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</td>
<td>(3,730,177)</td>
<td>(7,522,286)</td>
</tr>
<tr>
<td>CASH AND CASH EQUIVALENTS - Beginning of period</td>
<td>15,332,307</td>
<td>19,124,416</td>
</tr>
<tr>
<td>CASH AND CASH EQUIVALENTS - End of period</td>
<td>11,602,130</td>
<td>11,602,130</td>
</tr>
</tbody>
</table>

65
Investment Fund - Quarter Ended March 31, 2021 Yield Analysis

<table>
<thead>
<tr>
<th>Investment Account:</th>
<th>% of Portfolio at 3/31/2021</th>
<th>Maturity Date</th>
<th>Yield</th>
<th>Benchmark</th>
<th>Actual to Benchmark Variance</th>
<th>Total Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fidelity-Institutional Portfolio Treasury Fund</td>
<td>22.72%</td>
<td>Demand</td>
<td>0.01%</td>
<td>0.16%</td>
<td>(1) (0.15%)</td>
<td>0.00%</td>
</tr>
<tr>
<td>State Treasurer Local Agency Investment Fund</td>
<td>29.36%</td>
<td>Demand</td>
<td>0.44%</td>
<td>0.16%</td>
<td>(1), (2) 0.28%</td>
<td>0.13%</td>
</tr>
<tr>
<td>Morgan Stanley</td>
<td>27.99%</td>
<td>Various</td>
<td>(0.53%)</td>
<td>(1.86%)</td>
<td>(3) 6.17%</td>
<td>(4) 1.33% (0.15%)</td>
</tr>
<tr>
<td>Chandler Asset Management</td>
<td>19.94%</td>
<td>Various</td>
<td>(0.60%)</td>
<td>(1.86%)</td>
<td>(3) 6.17%</td>
<td>(4) 1.26% (0.12%)</td>
</tr>
<tr>
<td>Total:</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) Approximate average of 90 day T-Bills
(2) LAIF annual average return based upon monthly yields
(3) BC Intermediate Government Credits
(4) S&P 500
Supplemental Information
## CONDENSED COMBINING STATEMENT OF NET POSITION

**MARCH 31, 2021**

<table>
<thead>
<tr>
<th>Assets</th>
<th>PH</th>
<th>PHMG</th>
<th>PAM</th>
<th>PAM-SD</th>
<th>PAC</th>
<th>Eliminations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>518,720,292</td>
<td>18,570,632</td>
<td>392,014</td>
<td>1,894,849</td>
<td>68,133</td>
<td>(11,468,436)</td>
<td>528,177,484</td>
</tr>
<tr>
<td>Capital assets - net</td>
<td>989,411,746</td>
<td>18,967,083</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,008,378,829</td>
</tr>
<tr>
<td>Non-current assets</td>
<td>108,202,134</td>
<td>5,521,095</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(8,158,451)</td>
<td>105,564,778</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,616,334,172</td>
<td>43,058,810</td>
<td>392,014</td>
<td>1,894,849</td>
<td>68,133</td>
<td>(19,626,887)</td>
<td>1,642,121,090</td>
</tr>
<tr>
<td>Deferred outflow of resources</td>
<td>54,255,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>54,255,364</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS AND DEFERRED OUTFLOW OF RESOURCES**

|                             | 1,670,589,536 | 43,058,810 | 392,014 | 1,894,849 | 68,133  | (19,626,887) | 1,696,376,454 |

<table>
<thead>
<tr>
<th>Liabilities and Net Position</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>216,181,373</td>
<td>26,475,567</td>
<td>2,335,204</td>
<td>-</td>
<td>1,961,634</td>
<td>(11,871,986)</td>
<td>235,081,792</td>
</tr>
<tr>
<td>Long-term liabilities</td>
<td>1,326,040,928</td>
<td>14,440,316</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(3,500,000)</td>
<td>1,336,981,244</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>1,542,222,301</td>
<td>40,915,883</td>
<td>2,335,204</td>
<td>-</td>
<td>1,961,634</td>
<td>(15,371,986)</td>
<td>1,572,063,036</td>
</tr>
<tr>
<td>Deferred inflow of resources - deferred revenue</td>
<td>7,586,616</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7,586,616</td>
</tr>
<tr>
<td><strong>Total liabilities and deferred inflow of resources</strong></td>
<td>1,549,808,917</td>
<td>40,915,883</td>
<td>2,335,204</td>
<td>-</td>
<td>1,961,634</td>
<td>(15,371,986)</td>
<td>1,579,649,652</td>
</tr>
</tbody>
</table>

| Invested in capital assets - net of related debt | (176,496,682) | 18,942,147 | -       | -       | -       | -            | (157,554,535) |
| Restricted                           | 21,682,652 | -       | -       | -       | -       | -            | 21,682,652  |
| Unrestricted                         | 275,594,649 | (16,799,220) | (1,943,190) | 1,894,849 | (1,893,501) | (4,254,901) | 252,598,686  |
| **Total net position**              | 120,780,619 | 2,142,927 | (1,943,190) | 1,894,849 | (1,893,501) | (4,254,901) | 116,726,803  |

**TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION**

|                             | 1,670,589,536 | 43,058,810 | 392,014 | 1,894,849 | 68,133  | (19,626,887) | 1,696,376,455 |

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### Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position

For the Nine Months Ended March 31, 2021

<table>
<thead>
<tr>
<th></th>
<th>PH</th>
<th>PHMG</th>
<th>PAM</th>
<th>PAM-SD</th>
<th>PAC</th>
<th>Elimination</th>
<th>YTD Consolidated</th>
<th>Current Month 3/31/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>507,695,639</td>
<td>28,309,469</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(1,862,350)</td>
<td>536,005,108</td>
<td>61,345,262</td>
</tr>
<tr>
<td>Shared risk revenue</td>
<td>54,513,504</td>
<td>21,367,527</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>74,018,681</td>
<td>8,545,947</td>
</tr>
<tr>
<td>Other revenue</td>
<td>6,548,893</td>
<td>3,986,843</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>80,402</td>
<td>10,616,138</td>
<td>2,017,353</td>
</tr>
<tr>
<td>PH Program revenue</td>
<td>-</td>
<td>1,804,069</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(1,804,069)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>568,758,036</td>
<td>55,467,908</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(3,586,017)</td>
<td>620,639,927</td>
<td>71,908,562</td>
</tr>
<tr>
<td><strong>Operating Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>513,518,792</td>
<td>71,844,329</td>
<td>103,161</td>
<td>4,780</td>
<td>351,211</td>
<td>(3,573,476)</td>
<td>582,248,797</td>
<td>66,836,382</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>545,594,082</td>
<td>73,273,649</td>
<td>103,161</td>
<td>4,780</td>
<td>351,211</td>
<td>(3,573,476)</td>
<td>615,753,407</td>
<td>70,564,021</td>
</tr>
<tr>
<td><strong>Income (Loss) from Operations</strong></td>
<td>23,163,954</td>
<td>(17,805,741)</td>
<td>(103,161)</td>
<td>(4,780)</td>
<td>(351,211)</td>
<td>(12,542)</td>
<td>4,886,519</td>
<td>1,344,541</td>
</tr>
<tr>
<td><strong>Non-Operating Income (Expense):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>(131,052)</td>
<td>112</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(130,940)</td>
<td>(46,289)</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(46,940,795)</td>
<td>(46,939)</td>
<td>(8,564)</td>
<td>-</td>
<td>-</td>
<td>12,542</td>
<td>(46,983,756)</td>
<td>(5,412,325)</td>
</tr>
<tr>
<td>Property tax revenue</td>
<td>37,518,655</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td>37,518,655</td>
<td>4,200,805</td>
</tr>
<tr>
<td>Other - net</td>
<td>4,713,759</td>
<td>164</td>
<td>104,048</td>
<td>4,780</td>
<td>-</td>
<td></td>
<td>4,822,751</td>
<td>(67,856)</td>
</tr>
<tr>
<td>Total non-operating expense - net</td>
<td>(4,839,433)</td>
<td>(46,663)</td>
<td>95,484</td>
<td>4,780</td>
<td>-</td>
<td>12,542</td>
<td>(4,773,290)</td>
<td>(1,325,665)</td>
</tr>
<tr>
<td><strong>Change in Net Position</strong></td>
<td>18,324,521</td>
<td>(17,852,404)</td>
<td>(7,677)</td>
<td>-</td>
<td>(351,211)</td>
<td>-</td>
<td>113,229</td>
<td>18,876</td>
</tr>
<tr>
<td>Interfund Capital Support - PHMG</td>
<td>(723,841)</td>
<td>425,665</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(298,177)</td>
<td>16,588</td>
<td></td>
</tr>
<tr>
<td>Interfund Operating Support - PHMG</td>
<td>(14,850,000)</td>
<td>(14,850,000)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interfund Support - Graybill</td>
<td>(10,100,211)</td>
<td>8,100,211</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interfund - PHMG</td>
<td>(23,674,052)</td>
<td>23,375,876</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(298,177)</td>
<td>16,588</td>
<td></td>
</tr>
<tr>
<td><strong>Net Position - Beginning of Year</strong></td>
<td>126,130,150</td>
<td>(3,380,545)</td>
<td>(1,935,513)</td>
<td>1,894,849</td>
<td>(1,542,290)</td>
<td>(4,254,901)</td>
<td>(4,254,901)</td>
<td>116,911,751</td>
</tr>
<tr>
<td><strong>Net Position - Year to Date</strong></td>
<td>120,780,619</td>
<td>2,142,927</td>
<td>(1,943,190)</td>
<td>1,894,849</td>
<td>(1,893,501)</td>
<td>(4,254,901)</td>
<td>116,726,803</td>
<td>35,465</td>
</tr>
</tbody>
</table>
TO: Board Finance Committee

MEETING DATE: Wednesday, April 28, 2021

FROM: Omar Khawaja, MD, MBA, Chief Medical Officer

Background: This contract represents the Medical Director Agreement for the Spine Service Line at Palomar Medical Center (Escondido and Poway) in accordance with the Medical Staff by-laws, rules and regulations, policies, and procedures of Palomar Health. The Medical Director will manage, generally supervise, and direct the medical administrative operations of the Program.

Budget Impact: Budgeted

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
### PALOMAR HEALTH – AGREEMENT ABSTRACT

<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
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</thead>
<tbody>
<tr>
<td><strong>TITLE</strong></td>
<td>Medical Director Agreement</td>
<td></td>
</tr>
<tr>
<td><strong>AGREEMENT DATE</strong></td>
<td>January 5, 2021</td>
<td></td>
</tr>
<tr>
<td><strong>PARTIES</strong></td>
<td>Palomar Health, a California healthcare district, and Andrew Do Nguyen, M.D.</td>
<td></td>
</tr>
<tr>
<td><strong>Recitals A</strong></td>
<td><strong>PURPOSE</strong></td>
<td>Hospital owns and operates several acute hospitals and other facilities which require physician leadership and support of the Spine Service Line at Palomar Medical Center, Escondido and Poway.</td>
</tr>
<tr>
<td><strong>Recital C</strong></td>
<td><strong>SCOPE OF SERVICES</strong></td>
<td>Hospital and physician have agreed that Physician will manage, generally supervise, and direct the medical administrative operations of the Spine Service Line in accordance with this Agreement.</td>
</tr>
<tr>
<td><strong>PROCUREMENT METHOD</strong></td>
<td>☑ Request For Proposal</td>
<td>☑ Discretionary</td>
</tr>
<tr>
<td><strong>TERM</strong></td>
<td>January 5, 2021 – January 4, 2023</td>
<td></td>
</tr>
<tr>
<td><strong>RENEWAL</strong></td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td><strong>13.a) – c)</strong></td>
<td><strong>TERMINATION</strong></td>
<td>Either party may terminate this Agreement without cause upon thirty (30) days’ prior written notice.</td>
</tr>
<tr>
<td><strong>FAIR MARKET VALUATION</strong></td>
<td>X YES ☑ NO – DATE COMPLETED: 11/30/2020</td>
<td></td>
</tr>
<tr>
<td><strong>2.2</strong></td>
<td><strong>COMPENSATION METHODOLOGY</strong></td>
<td>Fair Market Value. The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of a federal health care program or any other business generated by and among the Parties.</td>
</tr>
<tr>
<td><strong>BUDGETED</strong></td>
<td>X YES ☑ NO – IMPACT:</td>
<td></td>
</tr>
<tr>
<td><strong>EXCLUSIVITY</strong></td>
<td>X NO ☑ YES – EXPLAIN:</td>
<td></td>
</tr>
<tr>
<td><strong>JUSTIFICATION</strong></td>
<td>Need for medical directorship of the Spine Service Line at Palomar Medical Center, Escondido and Poway.</td>
<td></td>
</tr>
<tr>
<td><strong>AGREEMENT NOTICED</strong></td>
<td>☑ YES X NO Methodology &amp; Response:</td>
<td></td>
</tr>
<tr>
<td><strong>ALTERNATIVES/IMPACT</strong></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Duties</strong></td>
<td>☑ Provision for Staff Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Provision for Medical Staff Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Provision for participation in Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Provision for participation in budget process development</td>
<td></td>
</tr>
<tr>
<td><strong>COMMENTS</strong></td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td><strong>APPROVALS REQUIRED</strong></td>
<td>X VP X-CFO ☑ CEO X-BOD-Committee – Finance; X-BOD</td>
<td></td>
</tr>
</tbody>
</table>
TO: Board Finance Committee

MEETING DATE: ______________________

FROM: Omar Khawaja, MD, MBA, Chief Medical Officer

Background: The contract represents the duties of the Medical Director of the Trauma program and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services as outlined to the reasonable satisfaction of the Hospital.

Budget Impact: Budgeted

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
# Title

**Medical Director of Trauma Program Agreement**

## Agreement Date

February 1, 2021

## Parties

Palomar Health and John Steele, M.D.

## Purpose

Physician shall serve as medical director of the Trauma Program and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services set forth in this Section, including all of the duties customarily associated therewith, to the reasonable satisfaction of Hospital.

## Scope of Services

Hospital and Physician will manage, generally supervise, and direct the medical administrative operations of the Trauma Program in accordance with this Agreement.

## Procurement Method

- [ ] Request For Proposal
- [x] Discretionary

## Term

February 1, 2021 – January 31, 2023

## Termination

Either party may terminate this Agreement without cause upon one hundred eighty (180) days’ prior written notice.

## Fair Market Valuation

- [x] Yes
- [ ] No

- **Date Completed:** 12/23/2020

## Compensation Methodology

The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of the federal health care program or any other business generated by and among the Parties.

## Budgeted

- [x] Yes
- [ ] No

## Exclusivity

- [x] Yes

## Agreement Noticed

- [ ] Yes
- [x] No

## Alternatives/Impact

N/A

## Duties

- [ ] Provision for Staff Education
- [x] Provision for Medical Staff Education
- [x] Provision for participation in Quality Improvement
- [x] Provision for participation in budget process development

## Comments

None.

## Approvals Required

- [ ] VP
- [ ] CFO
- [x] CEO
- [x] X-BOD-Committee – Finance; X-BOD
TO: Board Finance Committee

MEETING DATE: Wednesday, April 28, 2021

FROM: Omar Khawaja, M.D., Chief Medical Officer

Background: Palomar Medical Center Escondido Medical Staff Department and Committee Chairs are provided a stipend for services performed as required by the Medical Staff Bylaws. This agreement serves to document the relationship of the Medical Staff Department and Committee Chairs to Palomar Health, and the duties to be performed as consideration for the stipend to assure compliance with Federal regulations.

Presented is the Contract for all of the Palomar Medical Center Escondido Medical Staff Leadership.

| Sabiha Pasha, M.D. – Chief of Staff | Bradley Harward, M.D. – Education Library Committee Chair |
| P. Eva Fadul, M.D. – Dept. Anesthesia Chair | Kanchan Koirala, M.D. – Chief of Staff Elect/QMC Chair |
| Alejandro Paz, M.D. – Dept. Family Medicine Chair | Allan Hansen, M.D. – Dept. Emergency Medicine Chair |
| Paul Hinshaw, D.O. – Dept. Ob/Gyn Chair | George Moore, M.D. – Dept. Medicine Chair |
| Lachlan Macleay, M.D. – Pathology Chair & Sec/Treasurer | Patrick O’Meara, M.D. – Dept. Ortho Chair |
| Denise Suttner, M.D. – Dept. Pediatrics Chair | Badalin Helvink, M.D. – Dept. Psychiatry Chair |
| Bruce Biederman, M.D. – Dept. Radiology Chair | Andrew Nguyen, M.D. – Dept. Surgery Chair |
| John Steele, M.D. – Dept. Trauma Chair | Paul Polishuk, M.D. – Dept. Urology Chair |
| Sandra Freiwald, M.D. – MSPRC Chair | Gregory Campbell, M.D. – Operating Room Committee Chair |

Budget Impact: Budgeted

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Department Chairs Agreement</td>
<td></td>
</tr>
<tr>
<td>AGREEMENT DATE</td>
<td>03/01/2021</td>
<td></td>
</tr>
</tbody>
</table>
| PARTIES           | Sabiha Pasha, M.D. – Chief of Staff  
|                   | Kanchan Koirala, M.D. – Chief of Staff Elect/QMC Chair  
|                   | P. Eva Fadul, M.D. – Dept. Anesthesia Chair  
|                   | Allan Hansen, M.D. – Dept. Emergency Medicine Chair  
|                   | Alejandro Paz, M.D. – Dept. Family Medicine Chair  
|                   | George Moore, M.D. – Dept. Medicine Chair  
|                   | Paul Hinshaw, D.O. – Dept. Ob/Gyn Chair  
|                   | Patrick O’Meara, M.D. – Dept. Ortho Chair  
|                   | Lachlan Macleay, M.D. – Pathology Chair & Sec/Treasurer  
|                   | Charles Sauer, D.O. – Dept. Pediatrics Chair  
|                   | Badalin Helvink, M.D. – Dept. Psychiatry Chair  
|                   | Bruce Biederman, M.D. – Dept. Radiology Chair  
|                   | Andrew Nguyen, M.D. – Dept. Surgery Chair  
|                   | John Steele, M.D. – Dept. Trauma Chair  
|                   | Paul Polishuk, M.D. – Dept. Urology Chair  
|                   | Sandra Freiwald, M.D. – MSPRC Chair  
|                   | Gregory Campbell, M.D. – Operating Room Committee Chair  
|                   | Bradley Harward, M.D. – Education Library Committee Chair  |
| PURPOSE           | To provide administrative services on behalf of the Palomar Medical Center Escondido Medical Staff in accordance with Medical Staff Bylaws, Plans and Policies. | |
| SCOPE OF SERVICES | As per duties defined in the Palomar Medical Center Escondido Medical Staff Bylaws and Policies. | |
| PROCUREMENT METHOD| □ Request For Proposal  
|                    | ■ Discretionary | |
| TERM              | March 1, 2021– December 31, 2022 | |
| RENEWAL           | None. | |
| TERMINATION       | As described under §10 | |
| COMPENSATION METHODOLOGY | Monthly | |
| FAIR MARKET VALUATION | ■ Yes  
| | □ No – Date Completed: 12/15/2019 | |
| BUDGETED          | ■ Yes  
| | □ No – IMPACT: | |
| EXCLUSIVITY       | ■ No  
| | □ Yes – EXPLAIN: | |
| JUSTIFICATION     | Positions elected by the Medical Staff in accordance with Medical Staff Bylaws. | |
| AGREEMENT NOTICED | □ Yes  
| | ■ No – Methodology & Response:  
<p>| | Elected by the Palomar Medical Center Escondido Medical Staff | |
| ALTERNATIVES/IMPACT | N/A | |</p>
<table>
<thead>
<tr>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
</tr>
</thead>
</table>
| Duties        | ☐ Provision for Staff Education  
|               | ☐ Provision for Medical Staff Education  
|               | ☐ Provision for participation in Quality Improvement  
|               | ☐ Provision for participation in budget process development  
|               | ■ Defined in the Palomar Medical Center Escondido Medical Staff Bylaws |

| COMMENTS      | |
|---------------| |

| APPROVALS REQUIRED | ☐ VP ☐ CFO ☐ CEO ☐ BOD Committee ____________ ☐ BOD |
To: Palomar Health Board of Directors  
From: Sabiha Pasha, M.D., Chief of Staff  
Palomar Medical Center Escondido Medical Executive Committee  

Board Meeting Date: May 10, 2021  
Subject: Palomar Medical Center Escondido Credentialing Recommendations

I. Provisional Appointment (05/10/2021 – 04/30/2023)  
- Bair, Ryan J., M.D. – Radiation Oncology  
- Fisher, Ricky L., D.O. – Anesthesia  
- O’Neil, James E. III, M.D. – Anesthesia  
- Ritchie, Paul H., M.D. – Anesthesia  
- Ross, Mark A., M.D. – Neurology

II. Advance from Provisional to Courtesy Category  
- Dockweiler, Caitlin M., M.D., Hospice & Palliative Medicine (06/01/2021 – 07/31/2022)  
- Middleton, George W. Jr., M.D., Urology (06/01/2021 – 09/30/2022)

III. Reinstatement to Courtesy Category:  
- Singh, Anshuman, M.D., Orthopaedic Surgery (effective 05/10/2021 – 04/30/2023)

IV. Leave of Absence  
- Omens, Erwin M., M.D. – 2 year (04/07/2021 – 03/31/2023)

V. Voluntary Resignations  
- Anhus, John S., M.D., Emergency Medicine (effective 04/30/2021)  
- Clar, Michael, M.D., General Surgery (effective 03/29/2021)  
- Kelly, Jon P., M.D., Orthopedic Surgery (effective 04/30/2021)  
- Laubach, Justin E., M.D., Anesthesia (effective 10/30/2020)  
- Lawrence, Shelley M., M.D., Neonatal-Perinatal Medicine (effective 04/05/2021)  
- Moore, Patrick M., M.D., General Surgery (effective 04/15/2021)  
- Tasher, Dean C., M.D., Internal Medicine (effective 04/30/2021, retired. Change to retired category)

VI. Allied Health Professional Voluntary Resignations  
- Guillen, Kathleen R., PA-C – Physician Assistant (effective 02/19/2021)  
- Montague, Marsha M., PA-C, Physician Assistant (effective 10/30/20)  
- Thompson, Christopher L., PA-C, Physician Assistant (effective 04/30/2021)
# VII. PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

## Reappointments Effective 06/01/2021 – 05/31/2023

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alvergue, Juan C.</td>
<td>Cardiovascular Disease</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Bower, Bradley B.</td>
<td>Internal Medicine</td>
<td>Dept of Medicine</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Cotten, Paul J.</td>
<td>Anesthesiology</td>
<td>Dept of Anesthesia</td>
<td>Active</td>
</tr>
<tr>
<td>Dewitt, Kelly D.</td>
<td>Radiation Oncology</td>
<td>Dept of Medicine</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Gara, Naveen, M.D.</td>
<td>Gastroenterology</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Ghazi, Hamid, M.D.</td>
<td>Internal Medicine</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Kelly, Thomas F.</td>
<td>Maternal-Fetal Medicine</td>
<td>Dept of OB/Gyn</td>
<td>Active</td>
</tr>
<tr>
<td>Kim, Philip H.</td>
<td>Urology</td>
<td>Dept of Urology</td>
<td>Active</td>
</tr>
<tr>
<td>Macleay, Lachlan, Jr.</td>
<td>Pathology</td>
<td>Dept of Pathology</td>
<td>Active</td>
</tr>
<tr>
<td>Nguyen, Brian M.</td>
<td>General Surgery</td>
<td>Dept of Surgery</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Orr, Robert W.</td>
<td>Cardiovascular Disease</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Reddy, Nithin C.</td>
<td>Orthopaedic Surgery</td>
<td>Dept of Ortho/Rehab</td>
<td>Active</td>
</tr>
<tr>
<td>Rivera, Marcelo R.</td>
<td>Internal Medicine</td>
<td>Dept of Medicine</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Rivera, Tania L.</td>
<td>Rheumatology</td>
<td>Dept of Medicine</td>
<td>Consulting</td>
</tr>
<tr>
<td>Rummani, Benny, D.O.</td>
<td>Internal Medicine</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Sahagian, Gregory A.</td>
<td>Neurology</td>
<td>Dept of Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Stupin, Jeremy S.</td>
<td>Diagnostic Radiology</td>
<td>Dept of Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>Tarzy, Neil T.</td>
<td>Family Practice</td>
<td>Dept of Family Medicine</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Wolf, Richard B.</td>
<td>Obstetrics &amp; Gynecology</td>
<td>Dept of Ob/Gyn</td>
<td>Active</td>
</tr>
<tr>
<td>Young, Edmond P.</td>
<td>Orthopaedic Surgery</td>
<td>Dept of Ortho/Rehab</td>
<td>Courtesy</td>
</tr>
</tbody>
</table>

## Allied Health Professional Reappointments Effective 06/01/2021 – 05/31/2023

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dickinson, Natasha A.</td>
<td>Neonatal Nurse Practitioner</td>
<td>Dept of Pediatrics</td>
<td>AHP</td>
</tr>
<tr>
<td>Egge, Marie C.</td>
<td>Physician Assistant</td>
<td>Dept of Emergency Med</td>
<td>AHP</td>
</tr>
<tr>
<td>Figueroa, John A.</td>
<td>Physician Assistant</td>
<td>Dept of Ortho/Rehab</td>
<td>AHP</td>
</tr>
<tr>
<td>Hermanson, Kathleen H.</td>
<td>Physician Assistant</td>
<td>Dept of Medicine</td>
<td>AHP</td>
</tr>
<tr>
<td>Kalscheur, Jacob J.</td>
<td>Physician Assistant</td>
<td>Dept of Ortho/Rehab</td>
<td>AHP</td>
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<tr>
<td>Lehmann, Patrick J.</td>
<td>Physician Assistant</td>
<td>Dept of Ortho/Rehab</td>
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</tr>
<tr>
<td>Murphy, Gary B.</td>
<td>Physician Assistant</td>
<td>Dept of Ortho/Rehab</td>
<td>AHP</td>
</tr>
<tr>
<td>Pickett, Douglas R.</td>
<td>Physician Assistant</td>
<td>Dept of Ortho/Rehab</td>
<td>AHP</td>
</tr>
</tbody>
</table>

*Certification by and Recommendation of Chief of Staff*

As Chief of Staff of Palomar Medical Center Escondido, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment or alteration of staff membership or the granting of privileges and that the policy of Palomar Health’s Board of Directors regarding such practices have been properly followed. I recommend that the action requested in each case be taken by the Board of Directors.
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Ryan J. Bair, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Radiation Oncology - Certified 2016 |

## ORGANIZATIONAL NAME

| Name                         | X-Ray Medical Group Radiation Oncology |

## EDUCATION/AFFILIATION INFORMATION

### Medical Education Information

- University of Utah, MD
- From: 09/01/2006 To: 05/01/2010
- Doctor of Medicine Degree

### Internship Information

- Stanford University Medical Center
- Internal Medicine
- From: 06/25/2010 To: 06/24/2011

### Residency Information

- University of Chicago
- Radiation Oncology
- From: 07/01/2011 To: 06/30/2015

### Fellowship Information

- Brigham and Women’s Hospital
- Magnetic Resonance Imaging
- From: 07/01/2013 To: 06/30/2014

### Current Affiliation Information

- Jordan Valley Medical Center
- Eastern Idaho Regional Medical Center
**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th><strong>Provider Name &amp; Title</strong></th>
<th>Ricky L. Fisher, D.O.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido</td>
</tr>
<tr>
<td></td>
<td>Palomar Medical Center Poway</td>
</tr>
</tbody>
</table>

**SPECIALTIES/BOARD CERTIFICATION**

| **Specialties**                        | Anesthesiology - Certified 2010 |

**ORGANIZATIONAL NAME**

| **Name**                               | Anesthesia Consultants of California Medical Group |

**EDUCATION/AFFILIATION INFORMATION**

<table>
<thead>
<tr>
<th><strong>Medical Education Information</strong></th>
<th>Arizona College of Osteopathic Medicine</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>From: 06/01/1998 To: 05/26/2002</td>
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<table>
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<tr>
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<tr>
<td></td>
<td>General Surgery</td>
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<tr>
<th><strong>Residency Information</strong></th>
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<tr>
<td></td>
<td>Anesthesia</td>
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<table>
<thead>
<tr>
<th><strong>Fellowship Information</strong></th>
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<tr>
<td></td>
<td>Pain Medicine</td>
</tr>
<tr>
<td></td>
<td>From: 07/01/2009 To: 06/30/2010</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Current Affiliation Information</strong></th>
<th>Camp Pendleton Naval Hospital</th>
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<tbody>
<tr>
<td></td>
<td>Pioneers Memorial Hospital</td>
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<td></td>
<td>Naval Medical Center, San Diego</td>
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### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Richard M. Liu, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Poway</td>
</tr>
</tbody>
</table>

### SPECIALTIES/BOARD CERTIFICATION

| Specialties | Otolaryngology - Certified 2000 |

### ORGANIZATIONAL NAME

| Name                      | ENT Associates Medical Group, Inc. |

### EDUCATION/AFFILIATION INFORMATION

#### Medical Education Information

<table>
<thead>
<tr>
<th>University of Toronto</th>
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<tbody>
<tr>
<td>From: 08/27/1990 To: 06/16/1994</td>
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#### Internship Information

| N/A |

#### Residency Information

<table>
<thead>
<tr>
<th>University of Toronto</th>
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<tbody>
<tr>
<td>Otolaryngology</td>
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<td>From: 07/01/1994 To: 06/30/1999</td>
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#### Fellowship Information

| N/A |

#### Current Affiliation Information

<table>
<thead>
<tr>
<th>Scripps Memorial Hospital, La Jolla</th>
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<tbody>
<tr>
<td>Sharp Memorial Hospital</td>
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<tr>
<td>SCA University Ambulatory Surgery Center</td>
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<td>Alvarado Hospital and Medical Center</td>
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**PERSONAL INFORMATION**

<table>
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<tr>
<th>Provider Name &amp; Title</th>
<th>Lucila K. Moreira, D.O.</th>
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</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Poway</td>
</tr>
</tbody>
</table>

**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                  | Pediatrics - Certified 2006 |

**ORGANIZATIONAL NAME**

| Name                               | Children’s Primary Care Med. Grp., Inc. |

**EDUCATION/AFFILIATION INFORMATION**

| Medical Education Information | Philadelphia College of Osteopathic Medicine  
From: 08/01/1999 To: 06/01/2003  
Doctor of Osteopathic Medicine |
|---------------------------------|-----------------------------------------|
| Internship Information          | Maimonides Medical Center  
Pediatrics  
From: 07/01/2003 To: 06/30/2004 |
| Residency Information           | Maimonides Medical Center  
Pediatrics  
From: 07/01/2004 To: 06/30/2006 |
| Fellowship Information          | N/A |
| Current Affiliation Information  | Tri-City Medical Center  
Scripps Memorial Hospital, Encinitas  
Rady Children’s Hospital, San Diego |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>James E. O’Neil, III, M.D.</th>
</tr>
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<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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<tr>
<td></td>
<td>Palomar Medical Center Poway</td>
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</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties | Anesthesiology – Not Board Certified – Board Eligible |

## ORGANIZATIONAL NAME

| Name                                      | Anesthesia Consultants of California Medical Group |

## EDUCATION/AFFILIATION INFORMATION

<table>
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<tr>
<th>Medical Education Information</th>
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<td>Internship Information</td>
<td>Virginia Commonwealth University</td>
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<td></td>
<td>Anesthesia</td>
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<tr>
<td></td>
<td>From: 07/01/2016 To: 06/30/2017</td>
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<tr>
<td>Residency Information</td>
<td>Virginia Commonwealth University</td>
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<td>Anesthesia</td>
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<td>From: 07/01/2017 To: 06/30/2020</td>
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<tr>
<td>Current Affiliation Information</td>
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</tbody>
</table>
# PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Paul H. Ritchie, M.D.</th>
</tr>
</thead>
</table>
| Palomar Health Facilities| Palomar Medical Center Escondido  
                          | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Anesthesiology - Certified 2008</th>
</tr>
</thead>
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## ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>Anesthesia Consultants of California Medical Group</th>
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</thead>
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## EDUCATION/AFFILIATION INFORMATION

### Medical Education Information

| St. George’s University School of Medicine  
| Doctor of Medicine Degree |

### Internship Information

| Memorial Sloan-Kettering Cancer Center  
| Anesthesia  
| From: 07/01/1999  To: 06/30/2000 |

### Residency Information

| NYP Cornell Medical Center  
| Anesthesia  
| From: 07/01/2000  To: 06/30/2003 |

### Fellowship Information

| Hospital for Special Surgery  
| Anesthesia  
| From: 07/01/2003  To: 06/30/2004  
| Regional Anesthesia |

### Current Affiliation Information

<table>
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<tr>
<th>HMH Bayshore Medical Center</th>
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## PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Mark A. Ross, M.D.</th>
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</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties | Neurology - Certified 1988  
Clinical Neurophysiology – Certified 1992  
Neuromuscular Medicine – Certified 2011 |

## ORGANIZATIONAL NAME

| Name | Specialty Care |

## EDUCATION/AFFILIATION INFORMATION

### Medical Education Information

Northwestern University Medical School, MD  
From: 07/01/1978  To: 06/19/1982  
Doctor of Medicine Northwestern University- Feinberg School of Medicine

### Internship Information

Evanston Northwestern Healthcare  
Internal Medicine  
From: 07/01/1982  To: 06/30/1983

### Residency Information

University of Iowa Hospitals and Clinics  
Neurology  
From: 07/01/1983  To: 07/01/1986

### Fellowship Information

University of Iowa Hospitals and Clinics  
Neurophysiology, Clinical  
From: 07/01/1986  To: 07/01/1987

### Current Affiliation Information

Mammoth Hospital  
Henry Mayo Newhall Memorial Hospital  
Good Samaritan Hospital of Santa Clara Valley  
Midtown Surgical Center  
Sunrise Hospital & Medical Center  
Sky Ridge Medical Center  
Aurora Regional Medical Center  
Banner Estrella Medical Center  
Banner Boswell Medical Center
Date: April 29, 2021
To: Palomar Health Board of Directors – May 10, 2021 Meeting
From: Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credential Recommendations – April, 2021

**Provisional Appointments:** (05/10/2021 – 04/30/2023)
- Ricky Fisher, D.O., Anesthesiology
- Richard Liu, M.D., Otolaryngology
- Lucila Moreira, D.O., Pediatrics
- James O’Neil, III, M.D., Anesthesiology
- Paul Ritchie, M.D., Anesthesiology

**Biennial Reappointments:** (06/01/2021 - 05/31/2023)
- Philip Balikian, M.D., Orthopedic Surgery, Active (Includes The Villas at Poway)
- Bradley Bower, M.D., Internal Medicine, Affiliate, Refer and Follow
- Paul Cotten, M.D., Anesthesiology, Active
- Casey Fisher, M.D., Pain Medicine, Courtesy
- Naveen Gara, M.D., Gastroenterology, Courtesy (Includes The Villas at Poway)
- Gilbert Ho, M.D., Neurology, Affiliate, No Clinical Privileges
- Philip Kim, M.D., Urology, Courtesy
- Lachlan Macleay, Jr., M.D., Pathology, Active
- Robert Orr, M.D., Cardiovascular Disease, Courtesy
- Aileen Ramgren, D.O., Pediatrics, Active
- Marcelo Rivera, M.D., Internal Medicine, Active (Includes The Villas at Poway)
- Benny Rummani, D.O., Internal Medicine, Active
- Gregory Sahagian, M.D., Neurology, Courtesy
- Cheryl Shanmugam, M.D., Pediatrics, Active
- Jeremy Stupin, M.D., Radiology, Active

**Reappointment Effective 06/01/2021 – 05/31/2022:**
- Ednan Ahmed, M.D., Ophthalmology, Active

Continues
Advancements to Courtesy Category:
Caitlin Dockweiler, M.D., Palliative Medicine, effective 5/10/21 – 7/31/2022
George Middleton, M.D., Urology, effective 5/10/21 – 9/30/2022

Request for 2 Year Leave of Absence:
Erwin Omens, M.D., Ophthalmology, effective 4/7/2021 – 4/6/2023

Voluntary Resignations:
John Anshus, M.D., Emergency Medicine, effective 4/30/2021
Ryan Barnes, D.O., General Surgery, effective 4/2/2021
Kathy Clewell, M.D., Internal Medicine, effective 5/31/2021
Shelley Lawrence, M.D., Neonatology, effective 4/5/2021

Allied Health Professional Reappointments: (06/01/2021 – 05/31/2023)
Natasha Dickinson, NNP, Sponsor Dr. Golembeski
Marie Egge, PA, Sponsor Dr. Hansen
Kathleen Hermanson, PA, Sponsor Dr. Paduga

Allied Health Voluntary Resignations:
Marsha Montague, PA, effective 10/30/2020

PALOMAR MEDICAL CENTER POWAY: Certification by and Recommendation of Chief of Staff:
As Chief of Staff of Palomar Medical Center Poway, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment, or alternation of staff membership or the granting of privileges and the policy of the Palomar Health’s Board of Directors regarding such practices have been properly followed. I recommend that the Board of Directors take the action requested in each case.
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ______________________________________________________________________

Effective From ___/___/______ To ___/___/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Medical Staff for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

• Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
• This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR GASTROENTEROLOGY

To be eligible to apply for core privileges in gastroenterology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by a fellowship in gastroenterology.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in gastroenterology by the American Board of Internal Medicine or a Certificate of Special Qualifications in gastroenterology by the American Osteopathic Board of Internal Medicine, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate inpatient or consultative services, reflective of the scope of privileges requested, for at least 100 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes concurrent monitoring for three (3) procedures and retrospective monitoring of all phases of a patient’s hospitalization (admission, management, discharge, etc.) for six (6) inpatient admissions or consults performed in hospital or post discharge.

Approved by PMCP Dept. Medicine: 04/21/2021
Approved by PMCE Dept. Medicine: 12/1/2020
Draft: 11/16/2020
**Reappointment Requirements**: To be eligible to renew core privileges in gastroenterology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (200 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES**

**GASTROENTEROLOGY CORE PRIVILEGES**

- **Requested**: Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with diseases and disorders of the digestive organs including the esophagus, stomach, small intestine, liver, gallbladder, common bile duct and pancreas. Therapeutic procedures related to luminal stenting, common bile duct, gallbladder, and pancreas are limited to those with Advanced Gastroenterology Procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.**

- **Requested**: Villa Pomerado – The Villas at Poway
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ________________________________

Effective From ____/____/______ To ____/____/______

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHIES (ERCP) INCLUDING EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) AND LASER LITHOTRIPSY

Criteria: Successful completion of a 4th year advanced endoscopy fellowship or a 3rd year dedicated to therapeutics in gastroenterology that included training in ERCP of a minimum 300 procedures (including 50 sphincterotomies and pancreatic and biliary stent placement). If the applicant currently maintains ERCP privileges at another facility consideration will be given on a case by case basis based on training and experience as well as outcomes. Requires maintenance of a valid x-ray supervisor and operator’s license. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 50 ERCP procedures in the past 12 months. FPPE: Concurrent monitoring of first three (3) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 100 ERCP procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy should be required. If at least 100 cases are not performed, the Chairman of the Department may require review of case log by a qualified gastroenterologist.

☐ Requested

ENDOSCOPIC ULTRASOUND TO INCLUDE ESOPHAGUS, STOMACH, PANCREATICOBILIARY SYSTEM AND RECTUM WITH OR WITHOUT FINE NEEDLE ASPIRATION OR INJECTION

Criteria: Successful completion of a 4th year fellowship in gastroenterology or a 3rd year dedicated to therapeutics that included training in ultrasound procedures and fine needle aspiration. The required number of procedures completed under supervision are 190 ultrasound procedures, 85 of which should be pancreatic ultrasound procedures. If the applicant currently maintains EUS privileges at another facility consideration will be given on a case by case basis based on training and experience as well as outcomes. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 75 ultrasound procedures (50 of which should be pancreatic ultrasound procedures) in the past 12 months. FPPE: Concurrent monitoring of three (3) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 100 ultrasound procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____________________________________________

Effective From ___/___/______ To ___/___/______

ADVANCED GASTROENTEROLOGY PROCEDURES, ESOPHAGOGASTRODUODENOSCOPY (EGD) OR COLONOSCOPY WITH LUMINAL STENTING

Criteria: Must meet criteria for ERCP privileges or provide documentation of certification in stenting by training program director. If the applicant currently maintains these privileges at another facility consideration will be given on a case by case basis based on training and experience as well as outcomes. **FPPE:** Concurrent monitoring of first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

☐ Requested See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

USE OF FLUOROSCOPY

☐ Requested Requires maintenance of a valid x-ray supervisor and operator’s license.

LASER LITHOTRTIPSY BY CHOLANGIOSCOPY

☐ Requested Requires Laser Certification from training program director or manufacturer

VIDEO CAPSULE ENDOSCOPY

☐ Requested Requires evidence of completion of a course by the manufacturer or recognized training program in video capsule interpretation.

CORE PROCEDURE LIST

*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*  

*To the applicant:* If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Argon plasma coagulation (APC)
- Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
- Colonoscopy with or without polypectomy
- Diagnostic and therapeutic EGD
- Endoscopic clip placement
- Endoscopic mucosal resection
- Esophageal dilation
- Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ________________________________

Effective From _____/____/______ To _____/____/______

- Flexible sigmoidoscopy
- Nonvariceal hemostasis (upper and lower)
- Percutaneous endoscopic gastrostomy
- Perform history and physical exam
- Snare polypectomy
- Variceal hemostasis (upper and lower), including rubber banding
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ________________________________

Effective From ___/___/______ To ___/___/______

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed ________________________________ Date ____________
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ____________________________

Effective From ____/____/______ To ____/____/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Medical Staff for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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AND

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Required Previous Experience: Applicants for initial appointment must be able to demonstrate inpatient or consultative services, reflective of the scope of privileges requested, for at least 100 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring includes concurrent monitoring for three (3) procedures and retrospective monitoring of all phases of a patient’s hospitalization (admission, management, discharge, etc.) for six (6) inpatient admissions or consults performed in hospital or post discharge.
Reappointment Requirements: To be eligible to renew core privileges in gastroenterology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (200 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

GASTROENTEROLOGY CORE PRIVILEGES

☐ Requested Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with diseases and disorders of the digestive organs including the esophagus, stomach, small intestine, liver, gallbladder, common bile duct and pancreas. Therapeutic procedures related to luminal stenting, common bile duct, gallbladder, and pancreas are limited to those with Advanced Gastroenterology Procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ___________________________ Effective From ____/____/______ To ____/____/______

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHIES (ERCP) INCLUDING EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) AND LASER LITHOTRIPSY

**Criteria:** Successful completion of a 4th year advanced endoscopy fellowship or a 3rd year dedicated to therapeutics in gastroenterology that included training in ERCP of a minimum 200 procedures (including 50 sphincterotomies and pancreatic and biliary stent placement). If the applicant currently maintains ERCP privileges at another facility consideration will be given on a case by case basis based on training and experience as well as outcomes. Requires maintenance of a valid x-ray supervisor and operator’s license.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 15 ERCP procedures in the past 12 months. **FPPE:** Concurrent monitoring of first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 30 ERCP procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ENDOSCOPIC ULTRASOUND TO INCLUDE ESOPHAGUS, STOMACH, PANCREATICOBILIARY SYSTEM AND RECTUM WITH OR WITHOUT FINE NEEDLE ASPIRATION OR INJECTION

**Criteria:** Successful completion of a 4th year fellowship in gastroenterology or a 3rd year dedicated to therapeutics that included training in ultrasound procedures and fine needle aspiration. The required number of procedures completed under supervision are 190 ultrasound procedures, 85 of which should be pancreatic ultrasound procedures. If the applicant currently maintains EUS privileges at another facility consideration will be given on a case by case basis based on training and experience as well as outcomes. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 75 ultrasound procedures (50 of which should be pancreatic ultrasound procedures) in the past 12 months. **FPPE:** Concurrent monitoring of three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 100 ultrasound procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ADVANCED GASTROENTEROLOGY PROCEDURES, ESOPHAGOGASTRODUODENOSCOPY (EGD) OR COLONOSCOPY WITH LUMINAL STENTING

**Criteria:** Must meet criteria for ERCP privileges or provide documentation of certification in stenting by training program director. If the applicant currently maintains these privileges at another facility consideration will be given on a case by case basis based on training and experience as well as outcomes. **FPPE:** Concurrent monitoring of first three (3) procedures. **Maintenance of Privilege:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

Approved by Board of Directors: 05/10/2021
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ________________________________

Effective From __/__/____ To __/__/____

ADMINISTRATION OF SEDATION AND ANALGESIA

☐ Requested See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

USE OF FLUOROSCOPY

☐ Requested Requires maintenance of a valid x-ray supervisor and operator’s license.

LASER LITHOTRIPSY BY CHOLANGIOSCOPY

☐ Requested Requires Laser Certification from training program director or manufacturer

VIDEO CAPSULE ENDOSCOPY

☐ Requested Requires evidence of completion of a course by the manufacturer or recognized training program in video capsule interpretation.

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Argon plasma coagulation (APC)
- Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
- Colonoscopy with or without polypectomy
- Diagnostic and therapeutic EGD
- Endoscopic clip placement
- Endoscopic mucosal resection
- Esophageal dilation
- Esophagogastroduodenoscopy to include foreign body removal, stent placement, or polypectomy
- Flexible sigmoidoscopy
- Nonvariceal hemostasis (upper and lower)
- Percutaneous endoscopic gastrostomy
- Perform history and physical exam
- Snare polypectomy
- Variceal hemostasis (upper and lower), including rubber banding

Approved by Board of Directors: 05/10/2021
GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: ________________________________

Effective From ____/____/______ To ____/____/______

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed ________________________________  Date __________
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ___________________________________________ Page 1

Effective From ____/____/______ To ____/____/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions, or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

• Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

• This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — ACUTE CARE

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in acute care, the applicant must meet the following criteria:

• Possession of a valid California license as a Registered Nurse
• Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
• Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
• Certification as a Nurse Practitioner, or active participation in the examination process with achievement of board certification by ANCC, AANP, or AACN within twelve (12) months of appointment.
• ALS, BLS Certification
• Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as an acute care nurse practitioner for at least 24 inpatients in the past 12 months, or completion of master's /post master’s degree program in the past 12 months. If the Nurse Practitioner does not have experience as an acute care Nurse Practitioner, they may be granted privileges based on their non-acute care experience, but they must work under the direct supervision of the sponsoring/supervising physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________  Page 2

Effective From ____/____/______ To ____/____/______

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six inpatients.

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in acute care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 inpatients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of ALS BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring/supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring/supervising physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — ACUTE CARE

- Requested

Manages the health care of acutely ill, chronically ill patients within age group of sponsoring/supervising physician. Nurse practitioners may not admit patients to the hospital; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with hospital supervision and co-signature requirements; may provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ________________________________

Effective From ____/____/______ To ____/____/______

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

PHARMACOLOGIC/CHEMICAL AND NON-PHARMACOLOGIC STRESS TESTS

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience and ALS Certification. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 12 months. If there is no evidence, direct supervision is required for the first five (5) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If there is insufficient activity, direct supervision is required of the first five (5) procedures. ALS Certification is required.

☐ Requested

TILT TABLE TESTS

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience and ALS Certification. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 12 months. If there is no evidence, direct supervision is required for the first five (5) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If there is insufficient activity, direct supervision is required of the first five (5) procedures. ALS Certification is required.

☐ Requested

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

☐ Requested The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________________________  Page 4
Effective From ___/___/_______ To ___/___/_______

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debridement, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols (e.g. Nurse Practitioner Standardized Procedures)
- Discharge summary (must be co-signed by a sponsoring/supervising physician in accordance with Medical Records guidelines and hospital policy)
- History and Physical on behalf of sponsoring/supervising physician in accordance with hospital policy (physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Insert and remove nasogastric tube
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring/supervising physician
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed_________________________ Date____________________

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed_________________________ Date____________________

Signed_________________________ Date____________________
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ________________________________  Page 1

Effective From ____/____/______ To ____/____/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions, or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

• Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

• This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — ACUTE CARE

To be eligible to apply for clinical privileges as a Nurse Practitioner (NP) in acute care, the applicant must meet the following criteria:

• Possession of a valid California license as a Registered Nurse
• Certification by the state of California, Board of Registered Nursing, as a Nurse Practitioner
• Possession of a valid Furnishing Number from the State of California (Note: if the nurse practitioner is newly certified and not yet eligible to apply for a Furnishing Number, they must successfully obtain same as soon as they are eligible.)
• Certification as a Nurse Practitioner, or active participation in the examination process with achievement of board certification by ANCC, AANP, or AACN within twelve (12) months of appointment.
• BLS Certification
• Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body (1 million / 3 million)

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as an acute care nurse practitioner for at least 24 inpatients in the past 12 months, or completion of master's/post master’s degree program in the past 12 months. If the Nurse Practitioner does not have experience as an acute care Nurse Practitioner, they may be granted privileges based on their non-acute care experience, but they must work under the direct supervision of the sponsoring/supervising physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________

Effective From ___/___/______ To ___/___/______

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six inpatients.

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in acute care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 inpatients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a sponsoring/supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. supervising agreement);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the NP must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring/supervising physician in accordance with hospital policy.

Nurse Practitioner (NP) Core Privileges — Acute Care

- Requested Manages the health care of acutely ill, chronically ill patients within age group of sponsoring/supervising physician. Nurse practitioners may not admit patients to the hospital; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with hospital supervision and co-signature requirements; may provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________________________

Effective From _____/_____/______ To _____/_____/______

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

PHARMACOLOGIC/CHEMICAL AND NON-PHARMACOLOGIC STRESS TESTS

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience and ALS Certification. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 12 months. If there is no evidence, direct supervision is required for the first five (5) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If there is insufficient activity, direct supervision is required of the first five (5) procedures. ALS Certification is required.

☐ Requested

TILT TABLE TESTS

Criteria: Those technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience and ALS Certification. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 12 months. If there is no evidence, direct supervision is required for the first five (5) procedures. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If there is insufficient activity, direct supervision is required of the first five (5) procedures. ALS Certification is required.

☐ Requested

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

☐ Requested The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ___________________________________________ Page 4
Effective From ___/___/______ To ___/___/______

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

• Apply, remove and change dressings and bandages
• Counsel and instruct patients and significant others as appropriate
• Debridement, and general care for superficial wounds and minor superficial surgical procedures
• Direct care as specified by medical staff approved protocols (e.g. Nurse Practitioner Standardized Procedures)
• Discharge summary (must be co-signed by a sponsoring/supervising physician in accordance with Medical Records guidelines and hospital policy)
• History and Physical on behalf of sponsoring/supervising physician in accordance with hospital policy (physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
• Insert and remove nasogastric tube
• Make daily rounds on hospitalized patients with or at the direction of the sponsoring/supervising physician
• Monitor and manage stable acute and chronic illnesses of population served
• Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
• Perform incision and drainage of superficial abscesses
• Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
• Perform venous punctures for blood sampling, cultures and IV catheterization
• Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed_________________________________________ Date________________

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed_________________________________________ Date________________
Signed_________________________________________ Date________________

Approved Board of Directors 05/10/2021
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________

Effective From ____/____/______ To ____/____/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements
- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PHYSICIAN ASSISTANT — ACUTE CARE

To be eligible to apply for clinical privileges as a Physician Assistant in acute care, the applicant must meet the following criteria:

- Current licensure to practice as a physician assistant issued by the Physician Assistant Board of California.
- Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs),
- Current certification, or active participation in the examination process with achievement of board certification by the National Commission on Certification of Physician Assistants (NCCPA) within 9 months of appointment,
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million / 3 million)
- BLS Certification

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 24 inpatients in the past 12 months or completion of ARC-PA approved program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring Guidelines: Monitoring shall be performed for at least six (6) cases. Monitoring shall include an ongoing review of the PA’s charting and concurrent review of procedures performed, when deemed necessary.
Reappointment Requirements: To be eligible to renew core privileges as a physician assistant — acute care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 inpatients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegated Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. DSA);
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the PA must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by the sponsoring physician in accordance with hospital policy.

Physician Assistant Core Privileges — Acute Care

Requested Manages the health care of acutely ill, chronically ill patients within age group of sponsoring physician. Physician Assistants may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________

Effective From ____/____/______ To ____/____/______

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A SPONSORING PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

☐ Requested A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a sponsoring physician unless he/she has passed an approved controlled substance education course. (Counter-signed within 24 hours) Requires current DEA license.

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debride and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- History and Physical on behalf of sponsoring physician in accordance with hospital policy (sponsoring physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Initiate referral to appropriate physician or other health care professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tube
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes - must be co-signed the same day by the physician or physician will write his/her progress notes.
- Dictate / write discharge summaries - must be co-signed by the physician in accordance with Medical Record guidelines/hospital policy (within 14 days).
ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed ____________________________ Date ________________

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Printed Name ____________________________ Date ________________

Signature ____________________________ Date ________________
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — ACUTE CARE

Name: _______________________________ Page 1

Effective From __/__/______ To __/__/______

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

• Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

• This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PHYSICIAN ASSISTANT — ACUTE CARE

To be eligible to apply for clinical privileges as a Physician Assistant in acute care, the applicant must meet the following criteria:

• Current licensure to practice as a physician assistant issued by the Physician Assistant Board of California.

• Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs),

• Current certification, or active participation in the examination process with achievement of board certification by the National Commission on Certification of Physician Assistants (NCCPA) within 9 months of appointment,

• Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body, (1 million / 3 million)

• BLS Certification

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 24 inpatients in the past 12 months or completion of ARC-PA approved program in the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring Guidelines: Monitoring shall be performed for at least six (6) cases. Monitoring shall include an ongoing review of the PA’s charting and concurrent review of procedures performed, when deemed necessary.

Approved by Board of Directors: 05/10/2021
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________

Effective From ____/____/______ To ____/____/______

Reappointment Requirements: To be eligible to renew core privileges as a physician assistant — acute care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (48 inpatients) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Maintenance of BLS certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegated Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

• Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);

• Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;

• Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;

• Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law (within his/her licensing agreement — i.e. DSA);

• Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion, the PA must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by the sponsoring physician in accordance with hospital policy.

PHYSICIAN ASSISTANT CORE PRIVILEGES — ACUTE CARE

□ Requested Manages the health care of acutely ill, chronically ill patients within age group of sponsoring physician. Physician Assistants may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________________________ Page 3

Effective From ___/___/______ To ___/___/______

of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A SPONSORING PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

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CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Apply, remove and change dressings and bandages
- Counsel and instruct patients and significant others as appropriate
- Debridement, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- History and Physical on behalf of sponsoring physician in accordance with hospital policy (sponsoring physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Initiate referral to appropriate physician or other health care professional of problems that exceed the PA’s scope of practice
- Insert and remove nasogastric tube
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes - must be co-signed the same day by the physician or physician will write his/her progress notes.
- Dictate / write discharge summaries - must be co-signed by the physician in accordance with Medical Record guidelines/hospital policy (within 14 days).

Approved by Board of Directors: 05/10/2021
ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Palomar Health, and I understand that:

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed_________________________________________ Date________________

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Printed Name____________________________________ Date________________

Signature________________________________________ Date________________
PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF MEDICINE
RULES AND REGULATIONS

Adopted by the Active members of the Department of Medicine on
February 4, 2020 April 6, 2021

Adopted by the Executive Committee on
March 2, 2020 April 26, 2021

Adopted by the Palomar Health Board of Directors on
March 16, 2020
ARTICLE I
PURPOSE

The purpose of the Department of Medicine shall be to oversee the professional, medical and administrative activities within those specialties and subspecialties outlined in the policy entitled “Department of Medicine Components”.

ARTICLE II
MEMBERSHIP

2.1 Qualifications
Qualifications for membership within the Department of Medicine shall include those requirements specified in the Medical Staff bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or at least one of the components of internal medicine the American Board of Preventive Medicine, The American Board of Psychiatry and Neurology, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

2.2 Responsibilities
The responsibilities of membership shall constitute:

2.2.1 participation in department business, committees and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

2.2.2 attendance at a minimum of twenty-five percent (25%) of the Department meetings as specified in Medical Staff Bylaws Section 15.7.1. Failure to comply with these requirements shall subject the member to the sanctions specified therein.

2.2.3 performance of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled “Department of Medicine Emergency Department Consultation”.

2.2.4 compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.

2.2.5 compliance with the Medical Staff bylaws, rules and regulations, Department of Medicine rules and regulations, Department of Medicine policies, and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1 Application

3.1.1 Each applicant, member or non-member, must complete forms designating the medical conditions he desires to treat and the medical procedures he desires to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department Chairman will review same and may meet with the applicant.
A non-member with privileges must abide by the Department rules and regulations and policies. He shall have no vote in Department proceedings and no obligation to participate in Department affairs, except that the Chairman may require attendance at a specific meeting if a non-member’s privileges or cases are under review, or for the purpose of continuing medical education.

3.1.2 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws.

3.1.3 Additional privileges may be requested at any time by submitting a written request accompanied by qualification documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 Criteria
The principles governing all medical privileges will be documented and demonstrable skill, experience and education relative to the evaluation and care inherent in the privileges requested.

3.3 Monitoring
Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those required within the Department of Medicine. The Department’s monitoring requirements are set forth in a policy entitled “Department of Medicine Monitoring Requirements”.

ARTICLE IV
OFFICERS

4.1 Officers
Officers of the Department of Medicine will be the Chairman and Chairman-Elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be a board certified or board eligible internist (as in accordance with the State of California Code of Regulations Title 22). The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman’s absence. The Chairman-elect will serve as a member of the Quality Management Committee of the Medical Staff. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

ARTICLE V
ORGANIZATION

5.1 Medical Advisory Committee
5.1.1 Members of the Medical Advisory Committee shall include the Department Chairman, Chairman-Elect and representatives from the medical subspecialties to include Pulmonary, Cardiology, Gastroenterology, Infectious Disease, Neurology, Nephrology, Oncology, Intensivist and Hospitalist to include one from each of the large groups represented at Palomar Medical Center Escondido. The Chairman shall chair the Medical Advisory Committee.

5.1.2 The duties of the Medical Advisory Committee may include

a) assisting the Chairman in fulfilling his duties in accordance with the Medical Staff bylaws, rules and regulations.

b) receiving reports from the Department’s committees in order to evaluate, recommend and/or take action as needed.

c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.
d) formulating operational concepts for presentation to members of the department and dissemination of same to Members with medical privileges.

e) making nominations for the Chairman-Elect.

f) proposing rules and regulations and policy amendments to the Department.

5.1.3 The Medical Advisory Committee shall meet every other month in the even numbered months. It shall maintain a record of its proceedings and shall report its activity and recommendations either to the Department of Medicine or to the Executive Committee, whichever is applicable.

5.2 Subspecialties (Components)

5.2.1 The members of each subspecialty (component) of internal medicine (see Department of Medicine Internal Medicine Components) may meet in a committee structure to be composed of all the Active and Provisional Members of the subspecialty. The Committee may also include two (2) other Department members appointed by the Chairman if it is so desired by the Chairman. Non-voting administrative representatives may be invited to attend.

5.2.2 The duties of any subspecialty (component) committee are to provide input regarding quality assessment and other matters related to administration of the Department and may include:

a) overseeing professional interpretation, on a rotation basis, of procedures performed in service areas.

b) advising or developing policies and procedures for service areas.

c) assisting or participating in the peer review and quality assessment mechanism.

d) assisting and advising the Medical Director of the service area, if applicable.

5.3.3 A subspecialty (component) committee may meet as often as deemed appropriate. They shall maintain a record of proceedings and shall report activity and recommendations to the Medical Advisory Committee.

ARTICLE VI
AMENDMENTS

A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Medicine meetings.

Adoption of rules and regulations and policy amendments to Department of Medicine policies or rules and regulations shall require a simple majority of Active Members present at a Department meeting. Amendments to Department of Medicine rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors. Amendments to departmental policies shall become effective after approval by the Department and Executive Committee. The Board may review any such policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.
MONITORING POLICY

Provisional (Category) Member’s Responsibility
It is the responsibility of the Provisional Member

a. to not admit a patient, provide consultation or perform a procedure without a monitor until satisfactory completion of monitoring.

b. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) or a Provisional (category) Member (with privileges equal to or greater than the privileges held by the physician needing to be monitored and who has completed his/her monitoring) to monitor his cases, be they admissions, consultations or procedures.

The monitors must be members of the Department of Medicine except in the case of procedures where monitoring may be performed by a member of another department, who has privileges in his department or in the Department of Medicine to do the procedure in question.

c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Time of Monitoring
Monitoring is to start within twenty-four (24) hours of admission and be conducted daily.

Scope of Monitoring
Monitoring is to include concurrent monitoring of all phases of a patient’s hospitalization (admission, management, discharge, etc.).

Restrictions
Not more than one-half of the cases done by the Provisional Member shall be monitored by any one individual, and the remainder shall be monitored by at least two other individuals. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department of Medicine may permit an exception. In those cases where a monitor is not available, the physician should contact the Chairman of the Department for assistance. If the Chairman permits the case to proceed without a monitor, the case will be monitored retrospectively. Only half of the required monitoring will be permitted to be completed in a retrospective manner. Monitoring may be accepted from another facility where the applicant is an active member.

Number of Cases to be Monitored
At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring
Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway as long as the monitor holds privileges and is in good standing on the Medical Staff at Palomar Medical Center Escondido.

Advancement
Admission monitoring must be submitted and reviewed by the Department Chairman on at least the first six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy. Monitoring performed at Pomerado Hospital or Escondido Surgery Center shall be considered.
Responsibility of the Monitor
It is the responsibility of the monitor

a. to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.

b. to be physically present when a procedure is performed as well as reviewing the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of orders.

c. to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.

d. except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient’s chart.

e. to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

Monitoring Forms
Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Form by the Department Chairman
Once the Provisional Member’s file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will forward the Provisional Member’s file to the Department Chairman for review.

Additional Monitoring
It is the prerogative of the Department Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the Department Chairman’s decision.

Access to Monitoring Forms
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Additional Privileges
Requests for additional privileges may result in a monitoring requirement following procedural steps of this policy.

Emergency Department Consultation Rotation
Completion of admission and/or monitoring is not required to participate on the Primary Care emergency consultation rotation.

Temporary Privileges (after successful completion of the application process)
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.
EMERGENCY DEPARTMENT CONSULTATION POLICY

Requirement
The Department of Medicine is required to provide an Emergency Department Consultation Panel for Primary Care in conjunction with the Department of Family Practice. The Department of Medicine members will abide by the evaluation and clinical assessment of the Emergency medicine physician with regard to requesting evaluation and management assistance for an Emergency Department patient requiring hospitalization or medical treatment. The Emergency Medicine physician shall select a physician from the Primary Care call panel. When the Emergency Medicine physician determines that a patient requires evaluation and/or treatment by a particular subspecialist, the Emergency Medicine physician may select a physician from the appropriate subspecialist call panel without having to first involve the on call Primary Care Physician.

Primary Care
Palomar Health may provide primary care call by utilizing a particular physician group pursuant to the terms of a contract, subject to review and comment by the Executive Committee and approval by the Board of Directors. To the extent that the contracted panel assumes the responsibility for primary care call, and so long as it is able to fully cover the call schedule, physicians will not be required to serve a separate general internal medicine rotational call. Otherwise, all members of the Department of Medicine (except Dermatologists) will be subject to serving rotationally on the Primary Care Emergency Department Call Panel, along with members of the Department of Family Practice. Internal Medicine subspecialists may be assigned to the Primary Care panel if the appropriate subspecialty call panel does not exist.

Cardiology
Members of this panel are to be board certified in cardiology (or have equivalent training). (Cardiologists may serve on both the Primary Care panel and Cardiology panel at their discretion.

Subspecialty Consultation
The Department of Medicine will create subspecialty call panels including but not necessarily limited to Cardiology, Pulmonology, and Neurology. The physicians on these panels will respond to the Emergency Medicine physician’s request to assume evaluation and management services for a patient, to include hospitalization, if indicated.

Provisional
A Provisional (category) Member is required to provide emergency department consultation. Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.

Active
An Active (category) Member is required to provide emergency department consultation.

Courtesy
A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve if the Courtesy member has met the monitoring requirements outlined above. A Courtesy Member may volunteer to serve.
Consulting
A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate
An Affiliate (category) Member is not required to provide emergency department consultation.

Age 60
Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma
Involvement in the provision of care for the trauma program is voluntary.

Coverage
It is permissible for a person on the emergency department consultation rotation to give his call to another member of the panel on a voluntary basis. The person giving up call will be responsible for making arrangements and for notifying the Emergency Department and the Medical Staff Services office of this arrangement. If a physician is unable to provide coverage on the day designated, it is his responsibility to arrange coverage via another physician and so notify the Emergency Department and the Medical Staff Services office.

Rotation
Those physicians who are simultaneously on call for primary medicine at another hospital will not be scheduled for primary medicine call on the same day at Palomar.

Sanctions/Exemptions
At the discretion of the Department Chairman, or upon a request by the Department as a whole, a Sanction/Exemptions Committee may be formed. The Sanctions/Exemptions Committee will review and recommend action (on requests from those Members who wish to be excused from providing emergency department consultation) to the Medical Advisory Committee. The Sanctions/Exemptions Committee will also review and recommend action if a Member of the Department of Medicine refuses to serve on the call panel. The refusal could result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Refusal to Provide Emergency Department Consultation
Refusal to provide emergency department consultation may result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Response Time
Response to the Emergency Department for on-call physicians shall be in accordance with the Medical Staff bylaws, rules and regulations.
GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff
To interview the applicant and to determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center

Responsibility of the Department
To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested. The Department Chairman is to review all privileging criteria prior to submission of same to the Medical Advisory Committee.

Resources

a. Education/Training
   Application process includes submission of a questionnaire to the director of the internship and residency. This questionnaire includes the question, “did the applicant’s training include those procedures being requested”. A copy of the applicant’s checklist is included.

b. Reference Letters

c. Malpractice Coverage Limitations

d. Criteria
   (as developed for specific procedures: e.g. pacemakers in cath lab; electrophysiology; cardiac caths; PTCAs)

e. Department of Medicine policy entitled “Department of Medicine Monitoring Policy”.

f. Department of Medicine policy entitled “Department of Medicine Attendance Policy”.
ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December). Attendance at subspecialty committees is strongly encouraged but is not subject to sanctions with the exception of the Cardiac Cath Conference which has a fifty-percent (50%) meeting attendance requirement.

Sanctions
Non-compliance with the 25% attendance requirement of the Department of Medicine and the 50% attendance requirement of the Cardiac Cath Conference is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Medicine
Department of Medicine meetings are typically held on the first Tuesday of the odd numbered months (January, March, May, July, September, and November).

Medical Advisory Committee
The Medical Advisory Committee meetings are typically held on the third Monday of every other month (in the even numbered months).

Subspecialty Committee meetings may be held:
Cardiology Committee
Gastroenterology Committee
Pulmonary Committee
Neurology Committee
Other subspecialty (components) may meeting in a committee format as necessary

Advancement to Active
Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

Advancement to Courtesy
Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.
DEPARTMENT OF MEDICINE COMPONENTS

The components of the Department of Medicine as referenced in the Department rules and regulations under membership are:

Allergy
Cardiology
Dermatology
Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Neurology
Palliative Care
Pulmonology
Rheumatology

Meetings
Components (or subspecialties) may meet in a committee structure as outlined in the Department of Medicine rules and regulations.
ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Medicine is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privilege checklists.

PERFORMANCE IMPROVEMENT REVIEW POLICY

Performance Improvement review will be performed primarily by the Department of Medicine in conjunction with the Medical Staff Peer Review Committee as defined in the Palomar Health Peer Review Policy.
PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF MEDICINE
RULES AND REGULATIONS

Adopted by the Active members of the Department of Medicine on
April 6, 2021

Adopted by the Executive Committee on
April 26, 2021

Adopted by the Palomar Health Board of Directors on
May 10, 2021
ARTICLE I
PURPOSE

The purpose of the Department of Medicine shall be to oversee the professional, medical and administrative activities within those specialties and subspecialties outlined in the policy entitled “Department of Medicine Components”.

ARTICLE II
MEMBERSHIP

2.1 Qualifications
Qualifications for membership within the Department of Medicine shall include those requirements specified in the Medical Staff bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Internal Medicine, the American Osteopathic Board of Internal Medicine or at least one of the components of internal medicine the American Board of Preventive Medicine, The American Board of Psychiatry and Neurology, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

2.2 Responsibilities
The responsibilities of membership shall constitute:

2.2.1 participation in department business, committees and duties assigned by the Chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

2.2.2 attendance at a minimum of twenty-five percent (25%) of the Department meetings as specified in Medical Staff Bylaws Section 15.7.1. Failure to comply with these requirements shall subject the member to the sanctions specified therein.

2.2.3 performance of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled “Department of Medicine Emergency Department Consultation”.

2.2.4 compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.

2.2.5 compliance with the Medical Staff bylaws, rules and regulations, Department of Medicine rules and regulations, Department of Medicine policies, and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1 Application

3.1.1 Each applicant, member or non-member, must complete forms designating the medical conditions he desires to treat and the medical procedures he desires to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department Chairman will review same and may meet with the applicant.
A non-member with privileges must abide by the Department rules and regulations and policies. He shall have no vote in Department proceedings and no obligation to participate in Department affairs, except that the Chairman may require attendance at a specific meeting if a non-member’s privileges or cases are under review, or for the purpose of continuing medical education.

3.1.2 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws.

3.1.3 Additional privileges may be requested at any time by submitting a written request accompanied by qualification documentation. Any additional privileges recommended for approval may be subject to monitoring.

3.2 Criteria
The principles governing all medical privileges will be documented and demonstrable skill, experience and education relative to the evaluation and care inherent in the privileges requested.

3.3 Monitoring
Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those required within the Department of Medicine. The Department’s monitoring requirements are set forth in a policy entitled “Department of Medicine Monitoring Requirements”.

ARTICLE IV
OFFICERS

4.1 Officers
Officers of the Department of Medicine will be the Chairman and Chairman-Elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be a board certified or board eligible internist (as in accordance with the State of California Code of Regulations Title 22). The Chairman-Elect will assume the duties and have the authority of the Chairman in the Chairman’s absence. The Chairman-elect will serve as a member of the Quality Management Committee of the Medical Staff. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

ARTICLE V
ORGANIZATION

5.1 Medical Advisory Committee
5.1.1 Members of the Medical Advisory Committee shall include the Department Chairman, Chairman-Elect and representatives from the medical subspecialties to include Pulmonary, Cardiology, Gastroenterology, Infectious Disease, Neurology, Nephrology, Oncology, Intensivist and Hospitalist to include one from each of the large groups represented at Palomar Medical Center Escondido. The Chairman shall chair the Medical Advisory Committee.

5.1.2 The duties of the Medical Advisory Committee may include

a) assisting the Chairman in fulfilling his duties in accordance with the Medical Staff bylaws, rules and regulations.

b) receiving reports from the Department’s committees in order to evaluate, recommend and/or take action as needed.
c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.

d) formulating operational concepts for presentation to members of the department and dissemination of same to Members with medical privileges.

e) making nominations for the Chairman-Elect.

f) proposing rules and regulations and policy amendments to the Department.

5.1.3 The Medical Advisory Committee shall meet every other month in the even numbered months. It shall maintain a record of its proceedings and shall report its activity and recommendations either to the Department of Medicine or to the Executive Committee, whichever is applicable.

5.2 Subspecialties (Components)

5.2.1 The members of each subspecialty (component) of internal medicine (see Department of Medicine Internal Medicine Components) may meet in a committee structure to be composed of all the Active and Provisional Members of the subspecialty. The Committee may also include two (2) other Department members appointed by the Chairman if it is so desired by the Chairman. Non-voting administrative representatives may be invited to attend.

5.2.2 The duties of any subspecialty (component) committee are to provide input regarding quality assessment and other matters related to administration of the Department and may include:

a) overseeing professional interpretation, on a rotation basis, of procedures performed in service areas.

b) advising or developing policies and procedures for service areas.

c) assisting or participating in the peer review and quality assessment mechanism.

d) assisting and advising the Medical Director of the service area, if applicable.

5.3.3 A subspecialty (component) committee may meet as often as deemed appropriate. They shall maintain a record of proceedings and shall report activity and recommendations to the Medical Advisory Committee.

ARTICLE VI
AMENDMENTS

A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Medicine meetings.

Adoption of rules and regulations and policy amendments to Department of Medicine policies or rules and regulations shall require a simple majority of Active Members present at a Department meeting.

Amendments to Department of Medicine rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors. Amendments to departmental policies shall become effective after approval by the Department and Executive Committee. The Board may review any such policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a departmental rule and regulation.
MONITORING POLICY

Provisional (Category) Member’s Responsibility
It is the responsibility of the Provisional Member

a. to not admit a patient, provide consultation or perform a procedure without a monitor until satisfactory completion of monitoring.

b. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) or a Provisional (category) Member (with privileges equal to or greater than the privileges held by the physician needing to be monitored and who has completed his/her monitoring) to monitor his cases, be they admissions, consultations or procedures.

The monitors must be members of the Department of Medicine except in the case of procedures where monitoring may be performed by a member of another department, who has privileges in his department or in the Department of Medicine to do the procedure in question.

c. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.

Time of Monitoring
Monitoring is to start within twenty-four (24) hours of admission and be conducted daily.

Scope of Monitoring
Monitoring is to include concurrent monitoring of all phases of a patient’s hospitalization (admission, management, discharge, etc.).

Restrictions
Not more than one-half of the cases done by the Provisional Member shall be monitored by any one individual, and the remainder shall be monitored by at least two other individuals. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department of Medicine may permit an exception. In those cases where a monitor is not available, the physician should contact the Chairman of the Department for assistance. If the Chairman permits the case to proceed without a monitor, the case will be monitored retrospectively. Only half of the required monitoring will be permitted to be completed in a retrospective manner. Monitoring may be accepted from another facility where the applicant is an active member.

Number of Cases to be Monitored
At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring
Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway as long as the monitor holds privileges and is in good standing on the Medical Staff at Palomar Medical Center Escondido.

Advancement
Admission monitoring must be submitted and reviewed by the Department Chairman on at least the first six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy. Monitoring performed at Pomerado Hospital or Escondido Surgery Center shall be considered.
Responsibility of the Monitor
It is the responsibility of the monitor

a. to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.

b. to be physically present when a procedure is performed as well as reviewing the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of orders.

c. to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.

d. except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient’s chart.

e. to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

Monitoring Forms
Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Form by the Department Chairman
Once the Provisional Member’s file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will forward the Provisional Member’s file to the Department Chairman for review.

Additional Monitoring
It is the prerogative of the Department Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the Department Chairman’s decision.

Access to Monitoring Forms
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

Additional Privileges
Requests for additional privileges may result in a monitoring requirement following procedural steps of this policy.

Emergency Department Consultation Rotation
Completion of admission and/or monitoring is not required to participate on the Primary Care emergency consultation rotation.

Temporary Privileges (after successful completion of the application process)
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.
EMERGENCY DEPARTMENT CONSULTATION POLICY

Requirement
The Department of Medicine is required to provide an Emergency Department Consultation Panel for Primary Care in conjunction with the Department of Family Practice. The Department of Medicine members will abide by the evaluation and clinical assessment of the Emergency medicine physician with regard to requesting evaluation and management assistance for an Emergency Department patient requiring hospitalization or medical treatment. The Emergency Medicine physician shall select a physician from the Primary Care call panel. When the Emergency Medicine physician determines that a patient requires evaluation and/or treatment by a particular subspecialist, the Emergency Medicine physician may select a physician from the appropriate subspecialist call panel without having to first involve the on call Primary Care Physician.

Primary Care
Palomar Health may provide primary care call by utilizing a particular physician group pursuant to the terms of a contract, subject to review and comment by the Executive Committee and approval by the Board of Directors. To the extent that the contracted panel assumes the responsibility for primary care call, and so long as it is able to fully cover the call schedule, physicians will not be required to serve a separate general internal medicine rotational call. Otherwise, all members of the Department of Medicine (except Dermatologists) will be subject to serving rotationally on the Primary Care Emergency Department Call Panel, along with members of the Department of Family Practice. Internal Medicine subspecialists may be assigned to the Primary Care panel if the appropriate subspecialty call panel does not exist.

Cardiology
Members of this panel are to be board certified in cardiology (or have equivalent training). (Cardiologists may serve on both the Primary Care panel and Cardiology panel at their discretion.

Subspecialty Consultation
The Department of Medicine will create subspecialty call panels including but not necessarily limited to Cardiology, Pulmonology, and Neurology. The physicians on these panels will respond to the Emergency Medicine physician’s request to assume evaluation and management services for a patient, to include hospitalization, if indicated.

Provisional
A Provisional (category) Member is required to provide emergency department consultation. Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made. An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.

Active
An Active (category) Member is required to provide emergency department consultation.

Courtesy
A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve if the Courtesy member has met the monitoring requirements outlined above. A Courtesy Member may volunteer to serve.

Consulting
A Consulting (category) Member is not required to provide emergency department consultation.

Affiliate
An Affiliate (category) Member is not required to provide emergency department consultation.
Age 60
Any Member age 60 or older is not required to provide emergency department consultation. The Member may continue to volunteer.

Trauma
Involvement in the provision of care for the trauma program is voluntary.

Coverage
It is permissible for a person on the emergency department consultation rotation to give his call to another member of the panel on a voluntary basis. The person giving up call will be responsible for making arrangements and for notifying the Emergency Department and the Medical Staff Services office of this arrangement. If a physician is unable to provide coverage on the day designated, it is his responsibility to arrange coverage via another physician and so notify the Emergency Department and the Medical Staff Services office.

Rotation
Those physicians who are simultaneously on call for primary medicine at another hospital will not be scheduled for primary medicine call on the same day at Palomar.

Sanctions/Exemptions
At the discretion of the Department Chairman, or upon a request by the Department as a whole, a Sanction/Exemptions Committee may be formed. The Sanctions/Exemptions Committee will review and recommend action (on requests from those Members who wish to be excused from providing emergency department consultation) to the Medical Advisory Committee. The Sanctions/Exemptions Committee will also review and recommend action if a Member of the Department of Medicine refuses to serve on the call panel. The refusal could result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Refusal to Provide Emergency Department Consultation
Refusal to provide emergency department consultation may result in the loss of privileges as allowed by the Medical Staff bylaws, rules and regulations.

Response Time
Response to the Emergency Department for on-call physicians shall be in accordance with the Medical Staff bylaws, rules and regulations.
GUIDELINES FOR PRIVILEGES

Responsibility of the Credentials Committee of the Medical Staff
To interview the applicant and to determine if the application is complete and that there are no reasons why this individual should not be considered for membership and privileges at Palomar Medical Center.

Responsibility of the Department
To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested. The Department Chairman is to review all privileging criteria prior to submission of same to the Medical Advisory Committee.

Resources

a. Education/Training
   Application process includes submission of a questionnaire to the director of the internship and residency. This questionnaire includes the question, “did the applicant’s training include those procedures being requested”. A copy of the applicant’s checklist is included.

b. Reference Letters

c. Malpractice Coverage Limitations

d. Criteria
   (as developed for specific procedures: e.g. pacemakers in cath lab; electrophysiology; cardiac caths; PTCAs)

e. Department of Medicine policy entitled “Department of Medicine Monitoring Policy”.

f. Department of Medicine policy entitled “Department of Medicine Attendance Policy”.
ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December). Attendance at subspecialty committees is strongly encouraged but is not subject to sanctions with the exception of the Cardiac Cath Conference which has a fifty-percent (50%) meeting attendance requirement.

Sanctions
Non-compliance with the 25% attendance requirement of the Department of Medicine and the 50% attendance requirement of the Cardiac Cath Conference is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Medicine
Department of Medicine meetings are typically held on the first Tuesday of the odd numbered months (January, March, May, July, September, and November).

Medical Advisory Committee
The Medical Advisory Committee meetings are typically held on the third Monday of every other month (in the even numbered months).

Subspecialty Committee meetings may be held:
Cardiology Committee
Gastroenterology Committee
Pulmonary Committee
Neurology Committee
Other subspecialty (components) may meeting in a committee format as necessary

Advancement to Active
Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

Advancement to Courtesy
Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.
DEPARTMENT OF MEDICINE COMPONENTS

The components of the Department of Medicine as referenced in the Department rules and regulations under membership are:

Allergy
Cardiology
Dermatology
Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Neurology
Palliative Care
Pulmonology
Rheumatology

Meetings
Components (or subspecialties) may meet in a committee structure as outlined in the Department of Medicine rules and regulations.
ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Medicine is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privilege checklists.

PERFORMANCE IMPROVEMENT REVIEW POLICY

Performance Improvement review will be performed primarily by the Department of Medicine in conjunction with the Medical Staff Peer Review Committee as defined in the Palomar Health Peer Review Policy.
PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF TRAUMA
RULES AND REGULATIONS

Adopted by the Active Members of the Department of Trauma on March 20, 2018 April 20, 2021.

Adopted by the Executive Committee on March 26, 2018 April 26, 2021.

Adopted by the Board of Directors on April 9, 2018 May 10, 2021.
ARTICLE I
PURPOSE

1.1 The purpose of these rules and regulations is to establish the operating procedure and structure of the Department of Trauma at Palomar Medical Center Escondido.

ARTICLE II
FUNCTION

2.1 The function of the Department of Trauma shall be as follows:
2.2.1 The department shall establish and implement procedures to optimize care of the seriously injured patient. These procedures shall comply with the American College of Surgeons (ACS) criteria for trauma center certification and San Diego County criteria for designation.
2.2.2 The effectiveness of the department shall be evaluated by internal outcome and category audits and by established Medical Staff procedures for peer review.

ARTICLE III
COMPOSITION

3.1 Membership of the Department of Trauma shall consist of Members of the Medical Staff and Trauma Department members who provide services to trauma patients. The following is the initial list of members of the Department:
3.1.1 All Trauma Surgeons and Trauma Neurosurgeons.
3.1.2 Voting members shall consist of the above physicians together with one physician representative from the following specialties: Anesthesia, Emergency Medicine, Orthopaedics, and Medicine (Medical Director of the Respiratory Therapy Department).
3.1.3 Non-voting representatives shall include the Trauma Clinicians and other Trauma Department administrative staff.
3.1.4 Ad hoc members include representatives from Radiology, Obstetrics/Gynecology, Ophthalmology, Oral or Maxillofacial Surgery, ENT, Plastic Surgery and Urology. No OB/GYN representative unless invited—should remove.
3.1.5 Additional physicians participating on the trauma panel may apply for membership in the Trauma Department.

ARTICLE IV
OFFICERS

4.1 The officers of the Department of Trauma will consist of the Trauma Program Medical Director/Chairperson and Associate Chairperson. The Director/Chairperson shall be Board Certified in General Surgery with Active staff privileges and participating on the trauma panel. The Director/Chairperson shall be nominated by the Board and confirmed by Department election on a biannual basis. Should the Board nominee not be confirmed a slate of alternate individuals shall be recommended to the Board by Departmental election for Board approval.
ARTICLE V
DUTIES

5.1 Trauma Program Medical Director/Chairperson

5.1.1 Requirements (In compliance with local EMS guidelines and contract):
- Board Certification in General Surgery with special interest in trauma care
- ATLS certification
- 25 hours of Continuing Education per San Diego County fiscal year in Trauma (Medical Audit Committee hours to ½ of total)
- Active involvement as an educator in the field of trauma
- Maintain qualifications of Medical Staff privileges
- Maintains requirements of Trauma Department Rules and Regulations
- Maintains membership in an organization relating to trauma medicine
- To positively affect all aspects of trauma program activity.

5.1.2 Responsibility:
- Assure Trauma Program compliance with the State of California Title 22, County of San Diego trauma contract, American College of Surgeons Committee recommendations, Medical Staff Bylaws, Rules and Regulations and Trauma Department Rules and Regulations
- Collaborating with medical staff, administration, nursing, and support services to assure the mission, vision and values and quality commitment of Palomar Health are maintained within the Trauma Program services
- Representative to the County of San Diego Emergency Medical Services Agency of Palomar Medical Center Escondido Trauma Services
- Maintain a leadership role in all aspects of trauma care
- Assisting with the budgetary process for the Trauma Program by assisting the trauma centers administrative staff in the annual budgetary process including but not limited to, composing the capital equipment budget

5.1.3 Authority:
- To positively affect all aspects of Trauma Program activities
- To act as designated Medical Director for all trauma patients in the Critical Care Unit
- To maintain quality improvement process completion
- To call special meetings of the Department
- To correct deficiencies in trauma care processes and services
- Recommend temporary exclusion from trauma privileges pending further investigation, in accordance with Medical Staff Bylaws.
- To mediate and make final decisions arising from any disagreement among physicians providing services at the trauma center with respect to responsibility for patient care or other issues, subject to
following the process and procedures described in the Medical Staff Bylaws and/or Departmental rule.

- To initiate appropriate corrective action consistent with the process set forth in the Medical Staff Bylaws if QI process reveals deviations from expected standards
- Execute and enforce the Medical Staff Bylaws and Trauma Department Rules and Regulations
- To ensure case dictation and review preparation for M&M

5.1.4 Duties include but not limited to:

- Recommend to the Trauma Department trauma team physician privileges for all specialty trauma panels.
- Assist in making bypass decisions
- Serve as hospital liaison to the Trauma Research Education Foundation
- Available for trauma patient consultations
- Develop and conduct educational presentations for Medical Staff to correct any trends contrary to established criteria
- Collaborate with Trauma Program Manager and trauma staff to assist in the review and implementation of trauma procedures, processes, protocols and guidelines, communicate discussions, issues, and outcomes of MAC and Ad-Hoc Trauma Medical Director meetings to the hospital and Trauma Program leadership in writing following each meeting
- Pre-MAC and M&M preparation in a timely manner
- Retrospective review of the quality, appropriateness and cost-effectiveness of services provided in the trauma center
- Ensure the development of policies and procedures to manage domestic violence, elder and child abuse and neglect. Identify representative from Neurosurgery, Orthopedic Surgery, Emergency Medicine, Pediatrics, and other appropriate discipline in identifying physicians who are qualified to be members of the Trauma Department(Title 22, ACS)
- Member of the Executive Committee
- Designates representatives for Critical Care and Operating Room Committees
- Participation in weekly case review, Steering Committee activities.
- Assist in reviewing and appealing payor denials and in establishing a medical necessity of services in order to increase reimbursement
- Proactive interaction with Administration and Medical Staff to ensure sufficient, quality coverage for program by Trauma Surgeons and specialists
- Coordinate trauma care with other hospitals and professional services
- To appoint trauma specific subcommittee chairpersons
- Actively participate in trauma education presentations for hospital staff
- Prompt response to communication requests
- Peer review of individual members holding privileges in the Department including an ongoing program of non-disciplinary practitioner observation
5.2 Associate Chairperson, Department of Trauma

5.2.1 The Associate Chairperson shall fulfill the Chair-Elect duties outlined in the Bylaws of the Medical Staff. As a part of these duties, the Associate Chairperson shall provide for the efficient execution of trauma services procedures adopted by the Department in accordance with the rules and policies of the County of San Diego through the coordination with the Trauma Program Medical Director, Department of Surgery, Critical Care Committee and the Operating Room Committee.

5.2.2 Requirements:
- Board Certification in General Surgery with special interest in trauma care
- ATLS certification
- 16 hours of Continuing Education per San Diego County fiscal year in Trauma
- Maintain qualifications of Medical Staff privileges

5.2.3 Responsibilities:
- Collaborate with Medical Staff, Administration, nursing, and support services to assure the mission, vision and values and quality commitment of Palomar Health are maintained within the Trauma Program services

5.2.4 Authority
- As described in Medical Staff Bylaws for Chair-Elect
- As described in Trauma Department Rules and Regulations

5.2.5 Duties include but not limited to:
- Provide efficient execution of trauma services in collaboration with the Trauma Department Director/Chairperson, hospital, medical and nursing leadership and to ensure that the standards of trauma care are maintained
- Co-chairs M&M
- Member of the Quality Management Committee
- Assist with preparation, dictation, presentation and quality improvement process of MAC and M&M as requested by Trauma Program Medical Director/Chairperson
- Supervise the professional, medical and administrative activities within the clinical areas of the Department such as participating in the development of procedures, practices and planning of the Medical Staff and hospital
- Act as presiding officer at Department of Trauma meetings in the absence of the Trauma Director/Chairperson

5.4 The Associate Chairperson shall function as the acting Director/Chairperson in his absence.

ARTICLE VI
MEETINGS
6.1 Department meetings will be held on a monthly basis at preannounced times. Special meetings may be called at the discretion of the Department of Trauma Officers.

6.2 Department meetings will be open to all members of the Department of Trauma, as well as representatives of other departments, as needs dictate.

6.3 Business at departmental meetings can be carried on by a simple majority of a quorum, if a quorum is present, or by a two-thirds (2/3) vote of the Members present if a quorum is not obtained.

ARTICLE VII
COMMITTEES

7.1 Trauma Steering Service PI Committee Team

7.1.1 Members shall include the Trauma Program Medical Director/Chairperson, the Trauma Program Manager, Trauma RN PI RN Coordinator, As needed: Trauma Resuscitation RNs, Clinicians, Trauma Department Associate Chairperson, ED Nursing Director, and Clinical Trauma Registrar.

7.1.2 A quorum is to consist of a simple majority of voting members.

7.1.3 Meetings shall be held at least twice a month or more often at the discretion of the Trauma Program Medical Director and the Trauma Program Manager.

7.1.4 Trauma Research – Trauma Steering Committee shall comprise the Trauma Research Committee and oversee all research activities related to trauma.

7.1.5 Duties shall include facilitating and making recommendations to the Department to:

a) Evaluate and discuss any matters for Quality Improvement.

b) Ensure that Trauma Services procedures required by the County of San Diego are implemented.

c) Ensure that Palomar Medical Center Escondido procedures or rules do not conflict with the San Diego County Policy Trauma Contract.

d) Ensure San Diego County trauma triage criteria utilization in evaluating patients for admission to the Palomar Medical Center Escondido Trauma Services.

e) Ensure that all support services, including Radiology, Pathology, and the Intensive Care Unit, establish protocols in collaboration with the Department of Trauma to assure rapid and efficient management of the seriously injured patient.

f) Review and revise procedures.

g) Review and recommend revisions of the Rules and Regulations of the Department of Trauma on an as needed basis.

7.2 Trauma Outcomes Performance Improvement Committee (TOPIC)

7.2.1 Members shall be appointed by the Trauma Steering Committee. Nursing representatives include E.D., O.R., Critical Care, Medical...
7.2 The Committee Team is responsible for discussing Quality Improvement Reports, formulating plans of action and promoting collaborative, multidisciplinary communication and implementation of Department of Trauma and maintaining contractual standards.

7.3 Morbidity and Mortality Committee (M&M)

7.3.1 Members include the Trauma Program Medical Director, Trauma and ED Director, Chairman of the Department of Trauma, Trauma Program Manager, Trauma Clinician, Trauma Surgeons, Orthopaedics Representative, Neurosurgeons, Trauma Surgeons, PI RN, Trauma Registrar(s), and Administrative Assistant. Other trauma service staff as needed.

7.3.2 The Committee is responsible for chart review and Trauma QI/PI including morbidity and mortality. M&M cases affecting other Departments will be referred for their review and response back to the Committee.

ARTICLE VIII
PRIVILEGES

8.1 Newly applying Qualified Specialist Applicants (Trauma Surgeons and Neurosurgeons and all specialty surgeons engaged in the trauma panel) to the trauma panel must be Board Certified or have successfully completed applicable residency training. If not Board Certified, the applicant must satisfy the training and experience requirements mandated for qualified specialists by the American College of Surgeons alternative pathway criteria. In addition, Trauma surgeon applicants must be trauma fellowship trained, or have current experience in combat casualty care or at an ACS verified Level 1 or 2 Trauma Center taking call. Trauma surgeon applicants that wish to participate on a less than full time basis will be considered on a case by case basis.

8.2 Applicants must provide an opportunity for patient follow up visitation within a 10-mile radius of Palomar Medical Center Escondido.

8.3 Addition of a new Trauma Surgeon to the active panel of Trauma Surgeons will be based upon chronological receipt of completed applications submitted to the Chairperson of the Department of Trauma (minimum of five (5), maximum to be determined by the fifty (50) cases to one (1) active physician ratio per year, as specified in the County Trauma Standards with cases to be determined on an ISS score of fifteen (15) or greater.)

8.4 Trauma Surgeon Panel applicants and re-applicants must demonstrate an interest and experience in treating the multiple injured patient, must complete forms designating procedures desired, and must submit a letter of intent to participate in and have a commitment to the Trauma Program with a response time of five (5) minutes by phone and fifteen (15) minutes by
8.5 Except as otherwise specified in Section 8.4 for trauma surgeons, trauma panel applicants in all surgical and non-surgical specialties providing trauma care must demonstrate an interest and experience in treating the multiply injured patient, must complete forms designating procedures desired, and must submit a letter of intent to participate in and have a commitment to the Trauma Program with a response time of five (5) minutes by phone and physical presence within thirty (30) minutes from time of initiation of contact. For existing inpatients there must be a response time of five (5) minutes by phone, with physical presence within a medically prudent time if so requested. Neurosurgery consultants will be expected to make daily rounds on neurosurgery trauma patients and these daily visits may not be delegated to a Physician Assistant or Nurse Practitioner.

8.6 Applicants (Trauma Surgeons and Neurosurgeons) with current unrestricted surgical privileges at a San Diego County Trauma Center may complete surgical case monitoring concurrently. All other applicants must have monitoring lifted in their own Department. In cases of urgent defined coverage needs, physicians with Temporary Privileges may undergo concurrent monitoring with prior approval by the Trauma Medical Director/Chairperson and Chair of the Department of Surgery. Monitoring whether done concurrently or prior to exercising privileges, shall be based on at least six (6) trauma cases with an ISS score of ten (10) or greater after inclusion in the trauma panel. These six (6) cases must be monitored by a minimum of three (3) different Trauma Surgeons (and/or neurosurgeons in the case of neurosurgical applicants) with active privileges and be subsequently reviewed by the Trauma Steering Committee. The monitor shall be physically present.

8.7 Trauma Surgeon Applicants must have current Advanced Trauma Life Support (ATLS) certification. Trauma Neurosurgeons will have taken ATLS at least one time.

8.8 Attendance of twenty-five percent (25%) of the department meetings will be required prior to and after inclusion in the trauma rotation. Attendance at seventy-five percent (75%) of M&M meetings is expected, with a minimum of fifty percent (50%) attendance mandatory.

8.9 The Trauma Surgeon and/or Neurosurgeon and/or shall be designated attending physician for trauma patients throughout CCU course, unless patient no longer requires the involvement of the trauma surgeon specialty.

8.10 A physician in noncompliance with the County/ACS minimum requirement for CME hours within a twelve (12) month period shall be suspended of trauma privileges until such time as the hours are submitted ongoing, continued education in trauma-related topics may be subject to suspended trauma
privileges. Members will be notified of their accumulated hours three (3) months prior to the end of the twelve (12) month period.

8.10 Failure to fulfill responsibilities as defined by the Trauma Rules and Regulations will result in review of privileges by the Trauma Medical Director. Recommendation for any corrective action relating to trauma privileges, including automatic suspension, may be made by the Trauma Program Medical Director, in accordance with the Medical Staff Bylaws. This may be performed on a case-by-case basis, as needed, and suspension may result from a single event. The Surgery Advisory Committee and Quality Management Committee will be notified of these actions.

ARTICLE IX
PERFORMANCE IMPROVEMENT PLAN

9.1 Performance Improvement within the Department of Trauma will be carried out at several different levels. [see Trauma PI Plan]

a) Concurrent review of all trauma patients will be ongoing utilizing case management for daily identification and tracking of any potential complications. Weekly case management review conferences will be held by the Trauma Director/Chairperson, Associate Chairperson, Trauma Program RN Manager, and Trauma RN Clinicians for discussion and identification of needs.

b) System problems which are not patient specific identified during case management will be routed via Trauma Steering Committee to M&M, MQIC, Quality Management, Executive Committee, or other appropriate committees.

c) Chart abstraction will be performed to County standards, with identification of complications in the trauma data registry QA notes Trauma Program section for Medical Director/ review. The registry will be presented to each Trauma Surgeon or Trauma Neurosurgeon for their review and discussion as appropriate at Trauma M&M, prior to dictation by the Trauma Program Medical Director for review by the San Diego County Medical Audit Committee (MAC). MAC reviewed cases are discussed per county protocols and findings returned to the Trauma Department M&M meeting.

d) All Quality Improvement referrals to other Medical Staff or nursing departments will have status tracked with response to closure.

e) The initial resuscitation evaluation may be done by the Trauma Surgeon and concurrently reviewed with involved personnel as needed.

f) Medical chart review is performed by the Trauma Department Medical Director and forwarded to M&M/ TOPIC.

Overall trauma performance improvement results are reported to the QIC/QMC/QIC.
ARTICLE X
AMENDMENTS

10.1 A motion for amendment of these rules and regulations may be introduced during monthly department meetings.

10.2 Adoption of amendments shall require a two-thirds (2/3) vote of the Members present. A mail ballot may be conducted at the discretion of the chairman of the department in which a two-thirds (2/3) vote of all members is required for adoption. Amendments shall become effective after approval by the Executive Committee and the Board of Directors.

ARTICLE XI

11.1 Education:
A formal and informal trauma education is provided to the trauma medical staff and nursing staffs through Trauma Grand Rounds, case reviews, and multi-disciplinary daily trauma patient rounding. Specific Trauma educational requirements are mandated by the San Diego County Emergency Services Trauma Contract.

ARTICLE XII

12.1 Outreach:
Community outreach goals and activities are reviewed on an annual basis. Goals and activities including injury prevention initiatives are developed and implemented through the Trauma Services. Programs include “Every 15 Minutes”, Stop the Bleed, a Matter of Balance, “Bike to Work Day”, and various injury programs in collaboration with the Trauma Research & Education Foundation (TREF) and Safekids Coalition of San Diego County.
ARTICLE I
PURPOSE

1.1 The purpose of these rules and regulations is to establish the operating procedure and structure of the Department of Trauma at Palomar Medical Center Escondido.

ARTICLE II
FUNCTION

2.1 The function of the Department of Trauma shall be as follows:

2.2.1 The department shall establish and implement procedures to optimize care of the seriously injured patient. These procedures shall comply with the American College of Surgeons (ACS) criteria for trauma center certification and San Diego County criteria for designation.

2.2.2 The effectiveness of the department shall be evaluated by internal outcome and category audits and by established Medical Staff procedures for peer review.

ARTICLE III
COMPOSITION

3.1 Membership of the Department of Trauma shall consist of Members of the Medical Staff and Trauma Department members who provide services to trauma patients. The following is the initial list of members of the Department:

3.1.1 All Trauma Surgeons and Trauma Neurosurgeons.

3.1.2 Voting members shall consist of the above physicians together with one physician representative from the following specialties: Anesthesia, Emergency Medicine, Orthopaedics, and can this be updated or removed? Per ACS, we need Intensivist/Hospitalist representation.

3.1.3 Non-voting representatives shall include the Trauma Clinicians and other Trauma Department administrative staff.

3.1.4 Ad hoc members include representatives from Radiology, Obstetrics/Gynecology, Ophthalmology, Oral or Maxillofacial Surgery, ENT, Plastic Surgery and Urology. No OB/GYN representative unless invited-should remove.

3.1.5 Additional physicians participating on the trauma panel may apply for membership in the Trauma Department.

ARTICLE IV
OFFICERS

4.1 The officers of the Department of Trauma will consist of the Trauma Program Medical Director/Chairperson and Associate Chairperson. The Director/Chairperson shall be Board Certified in General Surgery with Active staff privileges and participating on the trauma panel. The Director/Chairperson shall be nominated by the Board and confirmed by Department election on a biannual basis. Should the Board nominee not be confirmed a slate of alternate individuals shall be recommended to the Board by Departmental election for Board approval.
ARTICLE V
DUTIES

5.1 Trauma Program Medical Director/Chairperson

5.1.1 Requirements (In compliance with local EMS guidelines and contract):
- Board Certification in General Surgery with special interest in trauma care
- ATLS certification
- 25 hours of Continuing Education per San Diego County fiscal year in Trauma (Medical Audit Committee hours to ½ of total)
- Active involvement as an educator in the field of trauma
- Maintain qualifications of Medical Staff privileges
- Maintains requirements of Trauma Department Rules and Regulations
- Maintains membership in an organization relating to trauma medicine
- To positively affect all aspects of trauma program activity.

5.1.2 Responsibility:
- Assure Trauma Program compliance with the State of California Title 22, County of San Diego trauma contract, American College of Surgeons Committee recommendations, Medical Staff Bylaws, Rules and Regulations and Trauma Department Rules and Regulations
- Collaborating with medical staff, administration, nursing, and support services to assure the mission, vision and values and quality commitment of Palomar Health are maintained within the Trauma Program services
- Representative to the County of San Diego Emergency Medical Services Agency of Palomar Medical Center Escondido Trauma Services
- Maintain a leadership role in all aspects of trauma care
- Assisting with the budgetary process for the Trauma Program by assisting the trauma centers administrative staff in the annual budgetary process including but not limited to, composing the capital equipment budget

5.1.3 Authority:
- To positively affect all aspects of Trauma Program activities
- To act as designated Medical Director for all trauma patients in the Critical Care Unit
- To maintain quality improvement process completion
- To call special meetings of the Department
- To correct deficiencies in trauma care processes and services
- Recommend temporary exclusion from trauma privileges pending further investigation, in accordance with Medical Staff Bylaws.
- To mediate and make final decisions arising from any disagreement among physicians providing services at the trauma center with respect to responsibility for patient care or other issues, subject to
following the process and procedures described in the Medical Staff Bylaws and/or Departmental rule.

- To initiate appropriate corrective action consistent with the process set forth in the Medical Staff Bylaws if QI process reveals deviations from expected standards
- Execute and enforce the Medical Staff Bylaws and Trauma Department Rules and Regulations
- To ensure case dictation and review preparation for M&M

5.1.4 Duties include but not limited to:

- Recommend to the Trauma Department trauma team physician privileges for all specialty trauma panels.
- Assist in making bypass decisions
- Serve as hospital liaison to the Trauma Research Education Foundation
- Available for trauma patient consultations
- Develop and conduct educational presentations for Medical Staff to correct any trends contrary to established criteria
- Collaborate with Trauma Program Manager and trauma staff to assist in the review and implementation of trauma procedures, processes, protocols and guidelines, communicate discussions, issues, and outcomes of MAC and Ad-Hoc Trauma Medical Director meetings to the hospital and Trauma Program leadership in writing following each meeting
- Pre-MAC and M&M preparation in a timely manner
- Retrospective review of the quality, appropriateness and cost-effectiveness of services provided in the trauma center
- Ensure the development of policies and procedures to manage domestic violence, elder and child abuse and neglect. Identify representative from Neurosurgery, Orthopedic Surgery, Emergency Medicine, Pediatrics, and other appropriate discipline in identifying physicians who are qualified to be members of the Trauma Department (Title 22, ACS)
- Member of the Executive Committee
- Designates representatives for Critical Care and Operating Room Committees
- Participation in weekly case review, Steering Committee activities.
- Assist in reviewing and appealing payor denials and in establishing a medical necessity of services in order to increase reimbursement
- Proactive interaction with Administration and Medical Staff to ensure sufficient, quality coverage for program by Trauma Surgeons and specialists
- Coordinate trauma care with other hospitals and professional services
- To appoint trauma specific subcommittee chairpersons
- Actively participate in trauma education presentations for hospital staff
- Prompt response to communication requests
- Peer review of individual members holding privileges in the Department including an ongoing program of non-disciplinary practitioner observation
5.2 Associate Chairperson, Department of Trauma

5.2.1 The Associate Chairperson shall fulfill the Chair-Elect duties outlined in the Bylaws of the Medical Staff. As a part of these duties, the Associate Chairperson shall provide for the efficient execution of trauma services procedures adopted by the Department in accordance with the rules and policies of the County of San Diego through the coordination with the Trauma Program Medical Director, Department of Surgery, Critical Care Committee and the Operating Room Committee.

5.2.2 Requirements:
- Board Certification in General Surgery with special interest in trauma care
- ATLS certification
- 16 hours of Continuing Education per San Diego County fiscal year in Trauma
- Maintain qualifications of Medical Staff privileges

5.2.3 Responsibilities:
- Collaborate with Medical Staff, Administration, nursing, and support services to assure the mission, vision and values and quality commitment of Palomar Health are maintained within the Trauma Program services

5.2.4 Authority
- As described in Medical Staff Bylaws for Chair-Elect
- As described in Trauma Department Rules and Regulations

5.2.5 Duties include but not limited to:
- Provide efficient execution of trauma services in collaboration with the Trauma Department Director/Chairperson, hospital, medical and nursing leadership and to ensure that the standards of trauma care are maintained
- Co-chairs M&M
- Member of the Quality Management Committee
- Assist with preparation, dictation, presentation and quality improvement process of MAC and M&M as requested by Trauma Program Medical Director/Chairperson
- Supervise the professional, medical and administrative activities within the clinical areas of the Department such as participating in the development of procedures, practices and planning of the Medical Staff and hospital
- Act as presiding officer at Department of Trauma meetings in the absence of the Trauma Director/Chairperson

5.4 The Associate Chairperson shall function as the acting Director/Chairperson in his absence.

ARTICLE VI
MEETINGS
6.1 Department meetings will be held on a monthly basis at preannounced times. Special meetings may be called at the discretion of the Department of Trauma Officers.

6.2 Department meetings will be open to all members of the Department of Trauma, as well as representatives of other departments, as needs dictate.

6.3 Business at departmental meetings can be carried on by a simple majority of a quorum, if a quorum is present, or by a two-thirds (2/3) vote of the Members present if a quorum is not obtained.

ARTICLE VII
COMMITTEES

7.1 Trauma Service PI Team
7.1.1 Members shall include the Trauma Program Medical Director/Chairperson, the Trauma Program Manager, Trauma RN PI Coordinator. As needed: Trauma Resuscitation RNs,, Trauma Department Associate Chairperson, , and Trauma Registrar.

7.1.2 Meetings shall be held at least twice a month or more often at the discretion of the Trauma Program Medical Director and the Trauma Program Manager

Duties shall include facilitating and making recommendations to the Department to:

a) Evaluate and discuss any matters for Quality Improvement.

b) Ensure that Trauma Services procedures required by the County of San Diego are implemented.

c) Ensure that Palomar Medical Center Escondido procedures or rules do not conflict with the San Diego County Policy Trauma Contract.

d) Ensure San Diego County trauma triage criteria utilization in evaluating patients for admission to the Palomar Medical Center Escondido Trauma Services.

e) Ensure that all support services, including Radiology, Pathology, and the Intensive Care Unit, establish protocols in collaboration with the Department of Trauma to assure rapid and efficient management of the seriously injured patient.

f) Review and revise procedures.

g) Review and recommend revisions of the Rules and Regulations of the Department of Trauma on an as needed basis.

7.2 The Team is responsible for discussing Quality Improvement Reports, formulating plans of action and promoting collaborative, multidisciplinary communication and implementation of Department of Trauma and maintaining contractual standards.

7.3 Morbidity and Mortality Committee (M&M)
7.3.1 Members include the Trauma Program Medical Director, Trauma and ED Director, Chairman of the Department of Trauma, Trauma Program Manager, Trauma Surgeons, Orthopaedics Representative,
Neurosurgeons, Trauma PI RN, , Trauma Registrar(s), Trauma Advanced Practice RN(s), and other trauma service staff as needed.

7.3.2 The Committee is responsible for chart review and Trauma PI including morbidity and mortality. M&M cases affecting other Departments will be referred for their review, and response back to the Committee.

ARTICLE VIII
PRIVILEGES

8.1 Newly applying Qualified Specialist Applicants (Trauma Surgeons and all specialty surgeons engaged on the trauma panel must be Board Certified or have successfully completed applicable residency training. If not Board Certified, applicant must satisfy the training and experience requirements mandated for qualified specialists by the American College of Surgeons alternative pathway criteria. In addition, Trauma surgeon applicants must be trauma fellowship trained, or have current experience in combat casualty care or at an ACS verified Level 1 or 2 Trauma Center taking call. Trauma surgeon applicants that wish to participate on a less than full time basis will be considered on a case by case basis.

8.2 Applicants must provide an opportunity for patient follow up visitation within a 10-mile radius of Palomar Medical Center Escondido.

8.3 Addition of a new Trauma Surgeon to the active panel of Trauma Surgeons will be based upon chronological receipt of completed applications submitted to the Chairperson of the Department of Trauma (minimum of five (5), maximum to be determined by the fifty (50) cases to one (1) active physician ratio per year, as specified in the County Trauma Standards with cases to be determined on an ISS score of fifteen (15) or greater.)

8.4 Trauma Surgeon Panel applicants and re-applicants must demonstrate an interest and experience in treating the multiple injured patient, must complete forms designating procedures desired, and must submit a letter of intent to participate in and have a commitment to the Trauma Program with a response time of five (5) minutes by phone and fifteen (15) minutes by physical presence if so requested and be available for an equal share of call responsibility if necessary. Trauma surgeon panel applicants and re-applicants must designate another Trauma Surgeon with membership and privileges in the Trauma Department, who are actively participating on the trauma panel to provide cross coverage and backup.

8.5 Except as otherwise specified in Section 8.4 for trauma surgeons, trauma panel applicants in all surgical and non-surgical specialties providing trauma care must demonstrate an interest and experience in treating the multiply injured patient, must complete forms designating procedures desired, and must submit a letter of intent to participate in and have a commitment to the Trauma Program with a response time of five (5) minutes by phone and physical presence within thirty (30) minutes from time of initiation of contact. For existing inpatients there must be a response time of five (5) minutes by phone, with physical presence within a medically prudent time if so requested. Neurosurgery consultants will be expected to make daily rounds.
on neurosurgery trauma patients and these daily visits may not be delegated to a Physician Assistant or Nurse Practitioner.

8.6 Applicants (Trauma Surgeons and Trauma Surgery Specialty Surgeons with current unrestricted surgical privileges at a San Diego County Trauma Center may complete surgical case monitoring concurrently. All other applicants must have monitoring lifted in their own Department. In cases of urgent defined coverage needs, physicians with Temporary Privileges may undergo concurrent monitoring with prior approval by the Trauma Medical Director/Chairperson and Chair of the Department of Surgery. Monitoring whether done concurrently or prior to exercising privileges, shall be based on at least six (6) trauma cases with an ISS score of ten (10) or greater after inclusion in the trauma panel. These six (6) cases must be monitored by a minimum of three (3) different Trauma Surgeons (and/or neurosurgeons in the case of neurosurgical applicants) with active privileges and be subsequently reviewed by the Trauma Steering Committee. The monitor shall be physically present.

8.7 Trauma Surgeon Applicants must have current Advanced Trauma Life Support (ATLS) certification. Trauma Neurosurgeons will have taken ATLS at least one time.

8.8 Attendance of twenty-five percent (25%) of the department meetings will be required prior to and after inclusion in the trauma rotation. Attendance at seventy-five percent (75%) of M&M meetings is expected, with a minimum of fifty percent (50%) attendance mandatory.

8.9 The Trauma Surgeon and/or shall be designated attending physician for trauma patients throughout CCU course, unless patient no longer requires the involvement of the trauma surgeon specialty

8.10 A physician in noncompliance with the County/ACS minimum requirement for ongoing, continued education in trauma-related topics may be subject to suspended trauma privileges

8.11 Failure to fulfill responsibilities as defined by the Trauma Rules and Regulations will result in review of privileges by the Trauma Medical Director. Recommendation for any corrective action relating to trauma privileges, including automatic suspension, may be made by the Trauma Program Medical Director, in accordance with the Medical Staff Bylaws. This may be performed on a case-by-case basis, as needed, and suspension may result from a single event. The Surgery Advisory Committee and Quality Management Committee will be notified of these actions.

ARTICLE IX
PERFORMANCE IMPROVEMENT PLAN

9.1 Performance Improvement within the Department of Trauma will be carried out at several different levels. (see Trauma PI Plan) Palomar Health has adopted the continuous performance improvement methodology of Plan, Do, Study, Act. This is a team approach with shared decision-making, communication and evaluation of ongoing trauma process improvement data.
ARTICLE X
AMENDMENTS

10.1 A motion for amendment of these rules and regulations may be introduced during monthly department meetings.

10.2 Adoption of amendments shall require a two-thirds (2/3) vote of the Members present. A mail ballot may be conducted at the discretion of the chairman of the department in which a two-thirds (2/3) vote of all members is required for adoption. Amendments shall become effective after approval by the Executive Committee and the Board of Directors.

ARTICLE XI

11.1 Education:

A formal and informal trauma education is provided to the trauma medical staff and nursing staffs through Trauma Grand Rounds, case reviews, and multi-disciplinary daily trauma patient rounding. Specific Trauma educational requirements are mandated by the San Diego County Emergency Services Trauma Contract.

ARTICLE XII

12.1 Outreach:

Community outreach goals and activities are reviewed on an annual basis. Goals and activities; including injury prevention initiatives are developed and implemented through the Trauma Services. Programs include “Every 15 Minutes”, Stop the Bleed, a Matter of Balance, “Bike to Work Day”, and various injury programs in collaboration with the Trauma Research & Education Foundation (TREF) and Safekids Coalition of San Diego County.
The following guidelines are based on recommended credentialing criteria for Bariatric surgeons outlined by the ASBS (American Society of Bariatric Surgeons).

Global Credentialing Criteria:

1. Have privileges in General Surgery
2. Have privileges in Advanced Laparoscopic Procedures
3. Have state Medical Licensure in good standing
   2. Document that he/she is working within an integrated program for the care of morbidly obese patients. This should provide services such as specialized nursing care, dietary instruction, counseling, support groups and access to psychological support.
   3. Document that there is a program in place to try to prevent, document, monitor and manage complications for at least one year.
   4. Document that there is a system in place to provide follow-up for all patients for the first year and at least 50% of the patients will have yearly follow-up for a total of five years.
4. Will agree to comply fully with the MBSAQIP (ASMB/ACS) Metabolic and Bariatric surgery accreditation requirements including but not limited to:
   a. Documentation of an integral program for patient selection, preoperative evaluation and education, postoperative follow-up and support AMBSAQIP
   b. The use of bariatric surgery clinical pathways.
   c. Active participation in the MBSAQIP and adhere to its Standards by implementing changes in practice in accordance with feedback from the MBSAQIP.
   d. The agreement to make every attempt to attend the Metabolic and Bariatric Surgery Committee meetings. The Annual Comprehensive Review Meeting is mandatory unless a written excuse is submitted to the MBS DirectorCenter of Excellence requirements.

Provisional Bariatric Privileges:

These privileges are conferred to facilitate the pursuit of full bariatric surgery privileges. A surgeon may schedule bariatric cases if the global and provisional criteria are met. Categories of surgeons able to apply for provisional privileges include those that fulfill global criteria and the followings:

For surgeons
Palomar Medical Center Poway

Privileging Criteria for Metabolic and Bariatric Surgery

1. Those with established credentials to perform open and/or laparoscopic bariatric surgery cases from another facility or Documentation of 15 cases as primary surgeon including surgical report and follow-up outcome data for 6 months.

2. Those who have completed an approved bariatric fellowship or under an experienced bariatric surgeon. Documentation of 15 cases as primary surgeon including surgical report and follow-up outcome data for 6 months.

3. Those who have completed a preceptorship under an experienced bariatric surgeon — documentation of 15 bariatric cases in the last 2 years. Documentation of 15 cases as primary surgeon including surgical report and follow-up outcome data for 6 months.

4. For surgeons Those who have performed 15 bariatric cases as primary surgeon in residency under an experienced bariatric surgeon — documentation of 15 bariatric, and can document those cases in within the last 3 three years.

5. For none of the above — for those surgeons they must complete:
   a. 25 hours of CME in an accredited two-day bariatric surgery
   b. A course including didactic course and hands-on lab work with a bariatric surgeon with documentation of standard patient selection criteria, preoperative preparation/instruction, postoperative care and identifying and managing bariatric complications and adverse events.
   c. First Assist to a bariatric surgeon for 15 cases within a 1-year time frame
   d. Documentation of 3 Document three proctored cases with bariatric surgeon as in which the first assistant is a bariatric surgeon

6. Maintain 25 hours CME in bariatric surgery every 2 years

Full Privileges:

Once global and provisional criteria are met, full privileges can be obtained for bariatric surgery open and laparoscopic cases once the following are completed:

Open Cases

1. Perform three proctored cases. The proctor or assistant needs to be a bariatric surgeon. (If proctored for provisional privileges this can apply.)

Approval History:

2. Metabolic and Document the successful outcomes, with acceptable nationwide standard complication rates for all open bariatric cases performed over the next six months.

Laparoscopic Cases

1. Have advanced laparoscopic privileges

2. Perform three proctored cases. The proctor or assistant needs to be a bariatric surgeon. (If proctored for provisional privileges this can apply.)
3. Document the successful outcomes, with acceptable (nationwide standard) complication rates for all laparoscopic cases performed over the next six months.

Approved: Bariatric Surgery (MBS) Committee on 02/26/2021
Department of Surgery, PMC Poway on 04/09/2021
Medical Executive Cttee, PMC Poway on Committee 7/10/2013
——— Board of Directors on 8/12/2012
Global Credentialing Criteria:
1. Have privileges in General Surgery
2. Have privileges in Advanced Laparoscopic Procedures
3. Have state Medical Licensure in good standing
4. Will agree to comply fully with the MBSAQIP (ASMBS/ACS) Metabolic and Bariatric surgery accreditation requirements including but not limited to:
   a. Documentation of an integral program for patient selection, preoperative evaluation and education, postoperative follow up and support.
   b. The use of bariatric surgery clinical pathways.
   c. Active participation in the MBSAQIP and adhere to its Standards by implementing changes in practice in accordance with feedback from the MBSAQIP.
   d. The agreement to make every attempt to attend the Metabolic and Bariatric Surgery Committee meetings. The Annual Comprehensive Review Meeting is mandatory unless a written excuse is submitted to the MBS Director.

Provisional Bariatric Privileges:
These privileges are conferred to facilitate the pursuit of full bariatric surgery privileges. A surgeon may schedule bariatric cases if the global and provisional criteria are met. Categories of surgeons able to apply for provisional privileges include those that fulfill global criteria and the followings:
1. For surgeons with established credentials to perform bariatric surgery cases from another facility or have completed an approved bariatric fellowship or a preceptorship under an experienced bariatric surgeon — documentation of 15 bariatric cases in the last 2 years.
2. For surgeons who have performed 15 bariatric cases in residency under an experienced bariatric surgeon — documentation of 15 bariatric cases in the last 3 years.
3. For none of the above — for those surgeons they must complete:
   a. 25 hours of CME in bariatric surgery
   b. A didactic course with a bariatric surgeon with documentation of standard patient selection criteria, preoperative preparation/instruction, postoperative care and identifying and managing bariatric complications
   c. First Assist to a bariatric surgeon for 15 cases within a 1-year time frame
   d. Documentation of 3 proctored cases with bariatric surgeon as first assist
4. Maintain 25 hours CME in bariatric surgery every 3 years

Full Privileges:
Once global and provisional criteria are met, full privileges can be obtained for bariatric surgery cases once the following are completed:
1. Perform three proctored cases. The proctor or assistant needs to be a bariatric surgeon (if proctored for provisional privileges this can apply).

Approval History:
Metabolic and Bariatric Surgery (MBS) Committee on 02/26/2021
Department of Surgery, PMC Poway on 04/09/2021
Medical Executive Cttee, PMC Poway on
Board of Directors on 04/27/2021
I. Organization

A. By action of the Board of Directors of Palomar Health, a Department of Surgery is established under Article IX of the Palomar Medical Center Poway Pomerado Medical Staff Bylaws, Section 9.2.

B. The Department is composed of those practitioners who specialize primarily in the practice of surgery and its sub-specialties (recognized by the ACS), including: General Surgery; Neurosurgery; Ophthalmology; Orthopedics; Otolaryngology; Plastic Surgery; Proctology; Thoracic and Cardiovascular Surgery; Vascular Surgery; Urology; Dentistry; Oral Surgery; and Podiatry.

C. The Department of Surgery shall consist of a Department Chairperson and Chairperson-Elect and Members who are categorized according to the Palomar Medical Center Poway Pomerado Medical Staff Bylaws, Article IV.

II. Functions

In addition to assisting in the functions outlined in Article IX, Section 9.5 of the Palomar Medical Center Poway Pomerado Medical Staff Bylaws, the purposes of the Department are:

A. To enhance the provision of quality care for patients admitted under its jurisdiction.

B. To promulgate recommendations to the Executive Committee based on an evaluation of all new applications, reappointments, changes in medical staff category, and requests for additional privileges as outlined in the Palomar Medical Center Poway Pomerado Medical Staff Bylaws and Credentials Policy Manual.

C. To provide ongoing review of professional performance.

D. To provide educational activities and continually advance the Members’ professional knowledge and skills.

E. To initiate corrective action as deemed necessary by the Department in accordance with the Medical Staff Bylaws.

F. To coordinate Department responsibilities with other Departments and Committees of the Medical Staff and Administration.

G. To establish rules and regulations that will implement more specifically the general principles found within the Medical Staff Bylaws.

H. To participate in the Hospital’s Performance Improvement Program.

III. Membership

A. Qualifications

Surgical care shall be provided by practitioners who have completed an approved residency program in one of the recognized surgical specialties, accredited by the Accreditation Council for Graduate Medical Education, or equivalent accreditation as determined by the Department of Surgery, and who are Board Certified in surgery or one of its recognized specialties. If not Board Certified in surgery, the applicant shall sign an affidavit as described in the Palomar Medical Center Poway Pomerado Medical Staff Bylaws, Section 3.2.2, attesting to their ability achieve Board certification within a period not to exceed 48 months from the date of appointment to the Department.

B. Responsibilities

1. Participation in Department business by serving on committees and as monitors, as required.
2. Participation on the Emergency Department call panel as outlined in the Palomar Medical Center Poway Pomerado Medical Staff Rules and Regulations, Section 12.

3. Compliance with the Department of Surgery rules and regulations.

IV. Performance Improvement Review Policy

The Department Chairperson-Elect or his/her designee shall serve on the Medical Staff Peer Review Committee.

V. Officers

The Department Chairperson and Chairperson-Elect shall be elected and shall serve as outlined in the Palomar Medical Center Poway Pomerado Medical Staff Bylaws, Article IX, Section 9.4.

VI. Meetings

The Department of Surgery may hold meetings as required. As outlined in the Palomar Medical Center Poway Pomerado Medical Staff Bylaws, Article XII, Section 12.6, the Department Chairperson shall sign the minutes of the meeting and transmit any recommendation to the Chief of Staff/Medical Executive Committee. Per Palomar Medical Center Poway Pomerado Medical Staff Bylaws, only active category members may vote.

VII. Emergency Department Room

Patients who require surgical care and who do not have a doctor on the staff of Palomar Medical Center Poway Pomerado Hospital shall be provided care by the surgery specialties of the Department who are eligible to serve on ER Call. The individual practitioner will be determined by reference to a monthly, published schedule maintained in the Emergency Department.

Practitioners serving on this schedule will have a response time of thirty (30) minutes or less. Service on the panel shall be in accordance with Medical Staff Rules and Regulations, Section 12.

VIII. Professionalism

A. Members of the Department of Surgery are expected to behave in an ethical, professional, and collegial manner at all times. Members will adhere to the Palomar Health Code of Conduct. A surgeon is expected to be present in the operating room except when it is necessary for the surgeon to be absent for short periods of time for a bio-break, to speak with the family, or speak with the pathologist, radiologist, or other consultant, or if there is a life threatening emergency that requires the surgeon’s expertise in an adjacent operating room within the hospital.

B. It is expected that each surgeon participate in monitoring new surgical staff members and participate in a Focused Professional Practice Evaluation as requested by the Medical Executive Committee.

C. It is expected that a surgeon respond to a request for truly emergent assistance in the OR from one of his colleagues even if he or she is not on call at that time.

IX. Discipline (Changed to IX)

Situations in which corrective action may be necessary shall be brought to the attention of the Department Chairperson, and shall be handled in accordance with the Medical Staff Rights Manual. In the event a member’s conduct appears to require that immediate action be taken for the reasons specified in Section 3.1 of the Medical Staff Rights Manual, a summary suspension may be initiated as specified therein. Any member who is subject to corrective action shall be entitled to the rights specified in the Medical Staff Rights Manual.
IX.X. Department-Specific Monitoring Requirements (Changed to X)

A. All practitioners who apply for surgical privileges will be required to successfully complete monitoring requirements, in accordance with the Medical Staff Bylaws/Rules and Regulations. Such monitoring shall consist of pre-operative, intra-operative, and postoperative evaluation of the practitioner’s abilities. The Department of Surgery may waive or modify monitoring requirements at its discretion.

B. Guidelines for assigning required monitoring:
   1. Board Certified applicants shall be monitored for a minimum of three major procedures.
   2. Board Eligible Admissible applicants shall be monitored for a minimum of six major procedures.
   3. As per the Core Privilege checklists.

C. The Department of Surgery will specify the number of cases for which the applicant must be monitored. The first consecutive three (3) or six (6) major procedures performed by the applicant are subject to monitoring.

D. In unusual cases, the Executive Committee acting as the Credentials Committee of the Medical Staff, in consultation with the Department of Surgery, may also recommend the number of cases for which a practitioner may need to monitored.

E. The monitor must be a Member of the Department of Surgery and must have full privileges for the procedure to be monitored. Monitoring reports are to be treated in a confidential manner. The practitioner who was monitored will not have access to these reports except under certain, legally specific circumstances, and in accordance with the Medical Staff Bylaws/Rules and Regulations. It is the responsibility of the monitored practitioner for seeing that the monitoring reports are completed within two weeks. The monitor is responsible for completing the required report within two weeks of the date monitoring was performed. Reports shall be forwarded directly to Medical Staff Services. Medical Staff Services shall notify the Department Chairperson of Surgery when the required number of cases has been monitored. Monitoring reports will become a permanent part of the physician’s credentials’ file.

F. The Department Chairperson of Surgery will review monitoring reports and recommend whether or not full privileges should be granted, or whether additional monitoring shall be required.

G. The practitioner shall be notified, in writing, of the recommendation.

H. Any practitioner who has completed the monitoring requirements and who is not deemed qualified by the Department of Surgery may appeal in person to the, the Department of Surgery. Thereafter, the practitioner shall be entitled to such rights as may be specified in the Medical Staff Rights Manual. Failure to complete the required number of monitored cases shall not entitle a physician to the hearing rights set forth in the Bylaws.

I. Pre-operative monitoring will include a review of the patient’s chart before surgery, with specific emphasis on the completeness and appropriateness of the pre-operative work-up and indications for the specific procedure. The monitor has the option of talking to the patient and examining the patient pre and postoperatively, but he/she is expected to inform the practitioner in advance as a courtesy.

J. Intra-operative monitoring shall be performed with the monitor available in the room during the entire case.

K. Postoperative monitoring will include a review of the chart, the frequency to be at the discretion of the monitor.

L. No more than half of the monitored procedures shall be evaluated by any one monitor. The remainder shall be evaluated by at least two other monitors. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Department Chairperson may permit an exception.

M. If the applicant has difficulty with the monitoring physician turning in the required monitoring reports, the applicant would then pursue the issue with the Department Chairperson, and if need be, the Chief of Staff.
In the event that a monitor determines that the commencement or a continuance of a procedure poses a significant threat to the health or safety of the patient, the monitor is authorized to delay, postpone or terminate the procedure, and is authorized and requested to take such action as good medical practice warrants under the circumstances. The monitor shall thereafter notify the Department Chairperson, and/or Chief of Staff, or, in their absence, any member of the Executive Committee of the circumstances and the Executive Committee shall thereupon take appropriate action.

A surgeon who has previously completed monitoring may be asked to have additional cases monitored at the discretion of the Medical Executive Committee as part of a Focused Professional Practice Evaluation.

Consultation (Changed to XI)

It is the Member’s responsibility to obtain consultation whenever the need arises or whenever the Member is faced with a situation that his/her privileges do not permit him/her to treat alone. If the patient’s physician disagrees with the consultant’s recommendation, he/she may call a second consultant, and if there is still disagreement, the Department Chairperson will be called. When a practitioner with privileges in other Departments has been accorded special privileges in the Department of Surgery, that practitioner’s requirements for consultation when exercising the surgical privileges will be the same as for Members of the Department of Surgery.

Rules Regarding Surgery (Changed to XII)

A. Surgery may be done only by Members of the Palomar Medical Center Poway Pomerado Hospital Medical Staff who have appropriate surgical privileges.

B. All admissions, both in-patient and outpatient, shall be in accordance with current hospital policy.

C. Labs, orders, and H&P will be on the patient’s chart by the start of the case. If not, the surgeon and OR RN will be notified.

D. It is recommended that in all cases of major surgery, the surgeon have an anesthesiologist. The surgeon may have an assistant of his choice.

E. Contaminated cases shall always be scheduled following the regularly scheduled cases for that day. This would include Staph infections, active tuberculosis, or any known infected potential. Cultures of any infected or abscessed cases are advisable. The only exception to this scheduling policy would be life-threatening emergencies.

F. All surgical cases must have a history and physical on the chart before surgery. An eligible Member of the Palomar Medical Center Poway Pomerado Hospital medical staff must perform the history and physical. When the history and physical examination is not recorded before an operation, or any potentially hazardous diagnostic procedure, the procedure shall be cancelled unless the attending practitioner states, in writing, that such a delay would be detrimental to the patient’s health. In such cases the physician will dictate a history and physical and write an appropriate pre-operative and admitting note as soon as possible after surgery. Operative reports shall include a detailed account of the findings at surgery, as well as the details of the surgical technique. Operative reports shall be performed immediately upon completion of the operative or other high risk procedure for outpatients, as well as for inpatients. An operative report (brief) with all the required elements as outlined in the electronic health record (EHR) template must be entered directly into the electronic medical record within 30 minutes after the patient reaches the Recovery Room when the full operative report is dictated via transcriptionist. If the full operative report is generated electronically and immediately available, no brief operative report is required.

G. On all cases an immediate postoperative note indicating the diagnosis and reason for surgery shall be made before the patient leaves the recovery room. All operations shall be promptly recorded on the progress sheet by the operating surgeon, and the operative note...
should be dictated immediately following surgery for outpatients, as well as for inpatients,
per Medical Staff Bylaws/Rules and Regulations, Section 4.8.
1. History and physical exams must be submitted in accordance with the Medical Staff
Bylaws Section XIX, History and Physicals Policy/Rules and Regulations, Section 4.5.4.
For Inpatient Surgical Procedures:— If surgery is to be performed within the first 24 hours
of admission, an H&P was performed prior to admission, then an update note must
be entered into the record on the day of surgery prior to the start of surgery. — For
Outpatient Surgical Procedures:— If the H&P was performed within 30 days prior to
surgery, an update note must be entered into the record on the day of surgery prior to
the start of the procedure. — Prior to commencing surgery, an interval history and physical
exam shall be performed and documented within twenty-four (24) hours of admission.
2. The person responsible for administering anesthesia, or the surgeon if a general
anesthetic is not to be administered, shall verify the patient's identity, the site and side of
the body to be operated on, and ascertain that the foregoing medical history and tests, as
described below, appear in the patient's medical record.

G.H. Appropriate screening tests based on the needs of the patient shall be accomplished and
recorded within seventy-two (72) hours prior to surgery. In ASA Class I and II patients:
a) Appropriate screening tests based on the needs of the individual patient will be considered to
be acceptable if done within seven fourteenseven (714) days prior to surgery. All routine
laboratory work, including hematocrit and urinalysis, whether performed by the hospital or
by an outside laboratory, and signed by a certified laboratory technologist, will be performed
within a seven (7) seven fourteen (714) day period preceding surgery on all surgical patients.
Patients for minor surgery, which who are admitted the morning of surgery, should, if
possible, obtain this laboratory work before admission. Surgery may be cancelled or moved
back to the end of the operating schedule if pertinent laboratory results are not on the chart
before surgery.

H.I. Informed consent shall be documented in accordance with the Medical Staff Bylaws/Rules
and Regulations, Section 7.

I.J. The written consent of the patient or legal guardian, except in an emergency, must be
obtained before surgery and before pre-operative narcotic medication has been administered,
and must be specific to include the patient's name and the proposed surgical procedure, as
well as the name of the surgeon. In the case of an emergency, and when written consent of
the patient or legal guardian cannot be obtained, one physician may sign the operative permit
and should include in their pre-operative note the indications for the emergency procedure.

J.K. All tissues and other materials removed during an operation will be forwarded to the
pathology laboratory except for limited categories approved under program flexibility,
Section 70129, California Code of Regulations. (Exceptions are as noted in Lucidoc
Procedure #15109, “Specimens, Standards and Care of,” as appended to these Rules and
Regulations.)

K.L. For frozen specimens and breast tissue, see Lucidoc Procedure #15109,
“Specimens, Standards and Care of.” Unless the surgeon has unrestricted surgical privileges
for doing radical breast surgery, they must have pre-operative consultation by a surgeon with
such privileges on any diagnostic breast biopsy requiring frozen section if immediate further
surgery may be contemplated.

M. When planned surgery is based on a pathological diagnosis made through a laboratory
outside the hospital, the operating surgeon will include in the medical record a photostatic
copy of the original pathology report.

XIII. Rules Regarding Records (Changed to XIII)

The Department will comply with the requirements outlined in the Medical Staff Bylaws, Rules
and Regulations, and Medical Staff Rights Manual.
XIII.XIV. **Specified Professional Personnel Staff—** (Changed to XIV)

Utilization of Allied Health Professional Staff shall be in accordance with Medical Staff Bylaws, Article VI.

XIV.XV. **Amendments—** (Changed to XV)

Proposed amendments to these Rules and Regulations shall be distributed by mail to the active category members of the Department thirty (30) days prior to voting on said amendments. Voting may occur at either a special meeting of the Department or by mail ballot. Adoption of amendments shall require a two-thirds majority vote of the active category members of the Department. Amendments shall be submitted to the Executive Committee and shall become effective after approval by the Board of Directors.

Approved by the Palomar Health Board of Directors –
Approved by the Palomar Medical Center Poway Executive Committee –
Approved by the Palomar Medical Center Poway Department of Surgery – 04/09/2021

Approved by the Palomar Health Board of Directors – 05/11/2015
Approved by the Pomerado Hospital Executive Committee – 04/28/2015
Approved by the Pomerado Hospital Department of Surgery – 04/17/2015
I. Organization

A. By action of the Board of Directors of Palomar Health, a Department of Surgery is established under Article IX of the Palomar Medical Center Poway Medical Staff Bylaws, Section 9.2.

B. The Department is composed of those practitioners who specialize primarily in the practice of surgery and its sub-specialties (recognized by the ACS), including: General Surgery; Neurosurgery; Ophthalmology; Orthopedics; Otolaryngology; Plastic Surgery; Proctology; Thoracic and Cardiovascular Surgery; Vascular Surgery; Urology; Dentistry; Oral Surgery; and Podiatry.

C. The Department of Surgery shall consist of a Department Chairperson and Chairperson-Elect and Members who are categorized according to the Palomar Medical Center Poway Medical Staff Bylaws, Article IV.

II. Functions

In addition to assisting in the functions outlined in Article IX, Section 9.5 of the Palomar Medical Center Poway Medical Staff Bylaws, the purposes of the Department are:

A. To enhance the provision of quality care for patients admitted under its jurisdiction.

B. To promulgate recommendations to the Executive Committee based on an evaluation of all new applications, reappointments, changes in medical staff category, and requests for additional privileges as outlined in the Palomar Medical Center Poway Medical Staff Bylaws and Credentials Policy Manual.

C. To provide ongoing review of professional performance.

D. To provide educational activities and continually advance the Members’ professional knowledge and skills.

E. To initiate corrective action as deemed necessary by the Department in accordance with the Medical Staff Bylaws.

F. To coordinate Department responsibilities with other Departments and Committees of the Medical Staff and Administration.

G. To establish rules and regulations that will implement more specifically the general principles found within the Medical Staff Bylaws.

H. To participate in the Hospital’s Performance Improvement Program.

III. Membership

A. Qualifications

Surgical care shall be provided by practitioners who have completed an approved residency program in one of the recognized surgical specialties, accredited by the Accreditation Council for Graduate Medical Education, or equivalent accreditation as determined by the Department of Surgery, and who are Board Certified in surgery or one of its recognized specialties. If not Board Certified in surgery, the applicant shall sign an affidavit as described in the Palomar Medical Center Poway Medical Staff Bylaws, Section 3.2.2, attesting to their ability achieve Board certification within a period not to exceed 48 months from the date of appointment to the Department.

B. Responsibilities

1. Participation in Department business by serving on committees and as monitors, as required.
2. Participation on the Emergency Department call panel as outlined in the Palomar Medical Center Poway Medical Staff Rules and Regulations, Section 12.

3. Compliance with the Department of Surgery rules and regulations.

IV. Performance Improvement Review Policy

The Department Chairperson-Elect or his/her designee shall serve on the Medical Staff Peer Review Committee.

V. Officers

The Department Chairperson and Chairperson-Elect shall be elected and shall serve as outlined in the Palomar Medical Center Poway Medical Staff Bylaws, Article IX, Section 9.4.

VI. Meetings

The Department of Surgery may hold meetings as required. As outlined in the Palomar Medical Center Poway Medical Staff Bylaws, Article XII, Section 12.6, the Department Chairperson shall sign the minutes of the meeting and transmit any recommendation to the Chief of Staff/Medical Executive Committee. Per Palomar Medical Center Poway Medical Staff Bylaws, only active category members may vote.

VII. Emergency Department

Patients who require surgical care and who do not have a doctor on the staff of Palomar Medical Center Poway shall be provided care by the surgery specialties of the Department who are eligible to serve on ER Call. The individual practitioner will be determined by reference to a monthly, published schedule maintained in the Emergency Department. Practitioners serving on this schedule will have a response time of thirty (30) minutes or less. Service on the panel shall be in accordance with Medical Staff Rules and Regulations, Section 12.

VIII. Professionalism

A. Members of the Department of Surgery are expected to behave in an ethical, professional, and collegial manner at all times. Members will adhere to the Palomar Health Code of Conduct. A surgeon is expected to be present in the operating room except when it is necessary for the surgeon to be absent for short periods of time for a bio-break, to speak with the family, or speak with the pathologist, radiologist, or other consultant, or if there is a life threatening emergency that requires the surgeon’s expertise within the hospital.

B. It is expected that each surgeon participate in monitoring new surgical staff members and participate in a Focused Professional Practice Evaluation as requested by the Medical Executive Committee.

IX. Discipline

Situations in which corrective action may be necessary shall be brought to the attention of the Department Chairperson, and shall be handled in accordance with the Medical Staff Rights Manual. In the event a member’s conduct appears to require that immediate action be taken for the reasons specified in Section 3.1 of the Medical Staff Rights Manual, a summary suspension may be initiated as specified therein. Any member who is subject to corrective action shall be entitled to the rights specified in the Medical Staff Rights Manual.
X. Department-Specific Monitoring Requirements

A. All practitioners who apply for surgical privileges will be required to successfully complete monitoring requirements, in accordance with the Medical Staff Bylaws/Rules and Regulations. Such monitoring shall consist of pre-operative, intra-operative, and postoperative evaluation of the practitioner’s abilities. The Department of Surgery may waive or modify monitoring requirements at its discretion.

B. Guidelines for assigning required monitoring:
   1. Board Certified applicants shall be monitored for a minimum of three major procedures.
   2. Board Eligible applicants shall be monitored for a minimum of six major procedures.
   3. As per the Core Privilege checklists.

C. The Department of Surgery will specify the number of cases for which the applicant must be monitored. The first consecutive three (3) or six (6) major procedures performed by the applicant are subject to monitoring.

D. In unusual cases, the Executive Committee acting as the Credentials Committee of the Medical Staff, in consultation with the Department of Surgery, may also recommend the number of cases for which a practitioner may need to monitored.

E. The monitor must be a Member of the Department of Surgery and must have full privileges for the procedure to be monitored. Monitoring reports are to be treated in a confidential manner. The practitioner who was monitored will not have access to these reports except under certain, legally specific circumstances, and in accordance with the Medical Staff Bylaws/Rules and Regulations. It is the responsibility of the monitored practitioner for seeing that the monitoring reports are completed within two weeks. The monitor is responsible for completing the required report within two weeks of the date monitoring was performed. Reports shall be forwarded directly to Medical Staff Services. Medical Staff Services shall notify the Department Chairperson of Surgery when the required number of cases has been monitored. Monitoring reports will become a permanent part of the physician’s credentials’ file.

F. The Department Chairperson of Surgery will review monitoring reports and recommend whether or not full privileges should be granted, or whether additional monitoring shall be required.

G. The practitioner shall be notified, in writing, of the recommendation.

H. Any practitioner who has completed the monitoring requirements and who is not deemed qualified by the Department of Surgery may appeal in person to the, the Department of Surgery. Thereafter, the practitioner shall be entitled to such rights as may be specified in the Medical Staff Rights Manual. Failure to complete the required number of monitored cases shall not entitle a physician to the hearing rights set forth in the Bylaws.

I. Pre-operative monitoring will include a review of the patient’s chart before surgery, with specific emphasis on the completeness and appropriateness of the pre-operative work-up and indications for the specific procedure. The monitor has the option of talking to the patient and examining the patient pre and postoperatively, but he/she is expected to inform the practitioner in advance as a courtesy.

J. Intra-operative monitoring shall be performed with the monitor available in the room during the entire case.

K. Postoperative monitoring will include a review of the chart, the frequency to be at the discretion of the monitor.

L. No more than half of the monitored procedures shall be evaluated by any one monitor. The remainder shall be evaluated by at least two other monitors. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the Department Chairperson may permit an exception.

M. If the applicant has difficulty with the monitoring physician turning in the required monitoring reports, the applicant would then pursue the issue with the Department Chairperson, and if need be, the Chief of Staff.
N. In the event that a monitor determines that the commencement or a continuance of a procedure poses a significant threat to the health or safety of the patient, the monitor is authorized to delay, postpone or terminate the procedure, and is authorized and requested to take such action as good medical practice warrants under the circumstances. The monitor shall thereafter notify the Department Chairperson, and/or Chief of Staff, or, in their absence, any member of the Executive Committee of the circumstances and the Executive Committee shall thereupon take appropriate action.

O. A surgeon who has previously completed monitoring may be asked to have additional cases monitored at the discretion of the Medical Executive Committee as part of a Focused Professional Practice Evaluation.

XI. Consultation

It is the Member's responsibility to obtain consultation whenever the need arises or whenever the Member is faced with a situation that his/her privileges do not permit him/her to treat alone. If the patient's physician disagrees with the consultant's recommendation, he/she may call a second consultant, and if there is still disagreement, the Department Chairperson will be called. When a practitioner with privileges in other Departments has been accorded special privileges in the Department of Surgery, that practitioner's requirements for consultation when exercising the surgical privileges will be the same as for Members of the Department of Surgery.

XII. Rules Regarding Surgery

A. Surgery may be done only by Members of the Palomar Medical Center Poway Medical Staff who have appropriate surgical privileges.

B. All admissions, both and in-patient and outpatient, shall be in accordance with current hospital policy.

C. Labs, orders, and H&P will be on the patient's chart by the start of the case. If not, the surgeon and OR RN will be notified.

D. It is recommended that in all cases of major surgery, the surgeon have an anesthesiologist. The surgeon may have an assistant of his choice.

E. Contaminated cases shall always be scheduled following the regularly scheduled cases for that day. This would include Staph infections, active tuberculosis, or any known infected potential. Cultures of any infected or abscessed cases are advisable. The only exception to this scheduling policy would be life-threatening emergencies.

F. All surgical cases must have a history and physical on the chart before surgery. An eligible Member of the Palomar Medical Center Poway medical staff must perform the history and physical. When the history and physical examination is not recorded before an operation, or any potentially hazardous diagnostic procedure, the procedure will be cancelled unless the attending practitioner states, in writing, that such a delay would be detrimental to the patient's health. In such cases the physician will dictate a history and physical and write an appropriate pre-operative and admitting note as soon as possible after surgery. Operative reports shall include a detailed account of the findings at surgery, as well as the details of the surgical technique. Operative reports shall be performed immediately upon completion of the operative or other high risk procedure for outpatients, as well as for inpatients. An operative report (brief) with all the required elements as outlined in the electronic health record (EHR) template must be entered directly into the electronic medical record within 30 minutes after the patient reaches the Recovery Room when the full operative report is dictated via transcriptionist. If the full operative report is generated electronically and immediately available, no brief operative report is required.

G. per Medical Staff Bylaws/Rules and Regulations, Section 4.8.

1. History and physical exams must be submitted in accordance with the Medical Staff Bylaws Section XIX, History and Physicals Policy. For Inpatient Surgical Procedures: If
surgery is to be performed within the first 24 hours of admission, and an H&P was performed prior to admission, then an update note must be entered into the record on the day of surgery prior to the start of surgery. For Outpatient Surgical Procedures: If the H&P was performed within 30 days prior to surgery, an update note must be entered into the record on the day of surgery prior to the start of the procedure.

2. The person responsible for administering anesthesia, or the surgeon if a general anesthetic is not to be administered, shall verify the patient's identity, the site and side of the body to be operated on, and ascertain that the foregoing medical history and tests, as described below, appear in the patient's medical record.

H. Appropriate screening tests based on the needs of the patient shall be accomplished and recorded within seventy-two (72) hours prior to surgery. Appropriate screening tests based on the needs of the individual patient will be considered to be acceptable if done within seven (7) days prior to surgery. All routine laboratory work, including hematoctrit and urinalysis, whether performed by the hospital or by an outside laboratory, and signed by a certified laboratory technologist, will be performed within a seven (7) day period preceding surgery on all surgical patients. Patients for minor surgery, which who are admitted the morning of surgery, should, if possible, obtain this laboratory work before admission. Surgery may be cancelled or moved back to the end of the operating schedule if pertinent laboratory results are not on the chart before surgery.

I. Informed consent shall be documented in accordance with the Medical Staff Bylaws/Rules and Regulations, Section 7.

J. The written consent of the patient or legal guardian, except in an emergency, must be obtained before surgery and before pre-operative narcotic medication has been administered, and must be specific to include the patient's name and the proposed surgical procedure, as well as the name of the surgeon. In the case of an emergency, and when written consent of the patient or legal guardian cannot be obtained, one physician may sign the operative permit and should include in their pre-operative note the indications for the emergency procedure.

K. All tissues and other materials removed during an operation will be forwarded to the pathology laboratory except for limited categories approved under program flexibility. (Exceptions are as noted in Lucidoc Procedure #15109, “Specimens, Standards and Care of,” as appended to these Rules and Regulations.)

L. For frozen specimens and breast tissue, see Lucidoc Procedure #15109, “Specimens, Standards and Care of.” Unless the surgeon has unrestricted surgical privileges for doing radical breast surgery, they must have pre-operative consultation by a surgeon with such privileges on any diagnostic breast biopsy requiring frozen section if immediate further surgery may be contemplated.

M. When planned surgery is based on a pathological diagnosis made through a laboratory outside the hospital, the operating surgeon will include in the medical record a copy of the original pathology report.

XIII. Rules Regarding Records

The Department will comply with the requirements outlined in the Medical Staff Bylaws, Rules and Regulations, and Medical Staff Rights Manual.

XIV. Specified Professional Personnel Staff

Utilization of Allied Health Professional Staff shall be in accordance with Medical Staff Bylaws, Article VI.
XV. Amendments

Proposed amendments to these Rules and Regulations shall be distributed to the active category members of the Department thirty (30) days prior to voting on said amendments. Voting may occur at either a special meeting of the Department or by ballot. Adoption of amendments shall require a two-thirds majority vote of the active category members of the Department. Amendments shall be submitted to the Executive Committee and shall become effective after approval by the Board of Directors.

Approved by the Palomar Health Board of Directors –
Approved by the Palomar Medical Center Poway Executive Committee – 04/27/2021
Approved by the Palomar Medical Center Poway Department of Surgery – 04/09/2021

Previous:
Approved by the Palomar Health Board of Directors – 05/11/2015
Approved by the Pomerado Hospital Executive Committee – 04/28/2015
Approved by the Pomerado Hospital Department of Surgery – 04/17/2015
ADDENDUM C
RESOLUTION NO. 05.10.21(01)-11

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
DESIGNATING SUBORDINATE OFFICERS OF THE DISTRICT

WHEREAS, Palomar Health (the "District") is a local health care district duly organized and existing under The Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "District Act"); and,

WHEREAS, the Board of Directors (the "Board") has the authority to designate subordinate officers under Section 7.9 of the District Bylaws; and,

WHEREAS, for purposes of conducting District business and to meet certain operational requirements, the Board desires to designate the subordinate officers described herein; and further designates other non-officers described herein;

NOW, THEREFORE, BE IT RESOLVED, that the following subordinate officers and non-officer subordinates of the District are hereby designated, which designation supersedes previous such resolutions:

President and CEO
Chief Financial Officer
Chief Operations Officer
Chief Medical Officer
Chief Administrative Officer
Vice President of Finance

PASSED AND ADOPTED at a meeting of the Board of Directors of Palomar Health held on May 10, 2021, by the following vote:

AYES: 
NOES: 
ABSTAINING: 
ABSENT: 

Dated: May 10, 2021

BY: ____________________________
Linda Greer, RN
Chair, Board of Directors

ATTESTED:

_______
Terry Corrales, RN
Secretary, Board of Directors
BE IT RESOLVED BY THE ____________ OF ____________

THAT _____________________________, OR

_______________________________, OR

_______________________________, OR

_______________________________

is hereby authorized to execute for and on behalf of ________________________, a public entity established under the laws of the State of California, this application and to file it with the California Governor’s Office of Emergency Services for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT ________________________________________________, a public entity established under the laws of the State of California, hereby authorizes its agent(s) to provide to the Governor’s Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Please check the appropriate box below:

☐ This is a universal resolution and is effective for all open and future disasters up to three (3) years following the date of approval below.
☒ This is a disaster specific resolution and is effective for only disaster number(s) ________________________

Passed and approved this ___10____ day of ___May____, 20___

_______________________________, RN, Chair
(Name and Title of Governing Body Representative)

_______________________________, EMT-P, Vice-Chair
(Name and Title of Governing Body Representative)

_______________________________, Secretary
(Name and Title of Governing Body Representative)

_______________________________, Treasurer
(Name and Title of Governing Body Representative)

_______________________________, Director
(Name and Title of Governing Body Representative)

_______________________________, Director
(Name and Title of Governing Body Representative)

_______________________________, Director
(Name and Title of Governing Body Representative)

_______________________________, Secretary
(Name and Title of Governing Body Representative)

CERTIFICATION

I, _____________________________, duly appointed and _____________________________ of ____________

the Board of Directors of ________________, do hereby certify that the above is a true and correct copy of a

Resolution passed and approved by the _____________________________ of the ________________ on the ___10___ day of ___May____, 20___

_______________________________
(Signature)

_______________________________
(Title)
A Designation of Applicant’s Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

**Resolution Section:**

**Governing Body:** This is the group responsible for appointing and approving the Authorized Agents. Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

**Name of Applicant:** The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego,Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

**Authorized Agent:** These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor’s Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If “Titles Only” is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body’s signature.

2. **Names and Titles:** If the Governing Body so chooses, the names and titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

**Governing Body Representative:** These are the names and titles of the approving Board Members. Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles cannot be one of the designated Authorized Agents, and a minimum of two or more approving board members need to be listed.

**Certification Section:**

**Name and Title:** This is the individual that was in attendance and recorded the Resolution creation and approval. Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person cannot be one of the designated Authorized Agents or Approving Board Member (if a person holds two positions such as City Manager and Secretary to the Board and the City Manager is to be listed as an Authorized Agent, then the same person holding the Secretary position would sign the document as Secretary to the Board (not City Manager) to eliminate “Self Certification.”
Policy: Information Request

Differences between version 0 and 1.

I. PURPOSE:
To enable the Board to effectively function as a collective unit to facilitate efficient utilization of administrative resources, to refine information requests to focus on Board and Board Committee oversight and Governance Activities to document Board Member information requests either fulfilled or not accommodated, and to establish a process for the Board and its Committees to obtain any and all information it needs, from the perspective of the Board, for the Board and its Committees to provide proper Oversight and Governance to the District.

1. All requests for information from Administration at the level of Board Committee activities will be communicated by individual Board Committee Members to the Committee Chair and copied to the Board Chair (for informational purposes). The Committee Chair will determine if the information request is properly relevant to the function of the Committee and, if so, obtain the information from Administration to be presented to the Board Committee at the soonest available opportunity. If the Committee Chair determines that the information request is not relevant to the business of the Committee, the Committee Chair will place the information request on the Agenda of the next Committee Meeting on a list of information requests not accommodated and such list will formally appear in Committee Meeting Minutes.

2. All requests for information from Administration at the level of Board activities including requests for information denied at the Committee Level may be communicated by individual Board Members to the Board Chair. The Board Chair will determine if the information request is properly relevant to the function of the Board and, if so, obtain the information from the Administration to be presented to the Board at the soonest available opportunity. If the Board Chair determines that the information request is not relevant to the business of the Board, the Board Chair will place the information request on the agenda as a potential action item of the next Board Meeting on a list of information requests not accommodated and such list will formally appear in Board Meeting Minutes. The Board may determine by vote on an item or items on the list if requested by any Board Member whether or not the Board wishes Administration to furnish the information requested. If the Board votes in favor of any information request from the list the Board Chair will obtain that the information from Administration on behalf of the Board acting with the authority of the Board. The information will be presented to the Board at the soonest available opportunity.

3. All requests for information from Administration at the Board Committee level will be made by the Board Committee Chair. Individual Board Committee Members will not directly request information of Administration.

4. All requests for information from Administration at the Board level will be made by the Board Chair. Individual Members of the Board will not directly request information of Administration.

5. Board Committee Chairs will, in all instances, endeavor to facilitate individual Committee Members access to information deemed necessary by those individual Committee Members. Committee’s Chair will exercise their judgment in the determination of the relevancy of information requests to reflect what is needed by the Committee as a whole in order for the Committee to provide proper Governance and Oversight, not limiting considerations to the individual perspective of the Committee Chair.

6. The Board Chair, will, in all instances, endeavor to facilitate individual Board Members access to information deemed necessary by those Board Members. Board Chair will exercise their judgment in the determination of the relevancy of information requests to reflect what is needed by the Board as a whole in order for the Board to provide proper Governance and Oversight, not limiting considerations to the individual perspective of the Board Chair.

7. Administration will provide all information to the Board that is properly requested consistent with this policy by the Chair of the Board on behalf of the Board when acting as directed by the Board with the exception of requests that violate relevant public law or statute.

8. This policy is not intended to preclude a Board Member from filing a Public Records Request.

9. No Board member shall use District Records in violation of Government Code Section 1098. This section prohibits any current public officer or employee from willfully and knowingly disclosing for pecuniary gain, to any other person, confidential information acquired by him or her in the course of his or her official duties, or uses any such information for the purpose of pecuniary gain, is guilty of a misdemeanor.
10. All Board members shall execute a Confidentiality Statement.

11. In the event of a violation of these Guidelines or the Confidentiality Statement by any Board member, he/she may be subject to public censure following a hearing before the Board.

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Document Owner: DeBruin, Kevin

Approvals
  - Committees:

Original Effective Date: 08/19/2020
Revision Date: [08/19/2020 Rev. 0]

Attachments: (REFERENCED BY THIS DOCUMENT)

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Policy : Information Request

1. PURPOSE:
To enable the Board to effectively function as a collective unit to facilitate efficient utilization of administrative resources, to refine information requests to focus on Board and Board Committee oversight and Governance Activities to document Board Member information requests either fulfilled or not accommodated, and to establish a process for the Board and it’s Committees to obtain any and all information it needs, from the perspective of the Board, for the Board and it's Committees to provide proper Oversight and Governance to the District.

1. All requests for information from Administration at the level of Board Committee activities will be communicated by individual Board Committee Members to the Committee Chair and copied to the Board Chair (for informational purposes). The Committee Chair will determine if the information request is properly relevant to the function of the Committee and, if so, obtain the information from Administration to be presented to the Board Committee at the soonest available opportunity. If the Committee Chair determines that the information request is not relevant to the business of the Committee, the Committee Chair will place the information request on the Agenda of the next Committee Meeting on a list of information requests not accommodated and such list will formally appear in Committee Meeting Minutes.

2. All requests for information from Administration at the level of Board activities including requests for information denied at the Committee Level may be communicated by individual Board Members to the Board Chair. The Board Chair will determine if the information request is properly relevant to the function of the Board and, if so, obtain the information from the Administration to be presented to the Board at the soonest available opportunity. If the Board Chair determines that the information request is not relevant to the business of the Board, the Board Chair will place the information request on the agenda as a potential action item of the next Board Meeting on a list of information requests not accommodated and such list will formally appear in Board Meeting Minutes. The Board may determine by vote on an item or items on the list if requested by any Board Member whether or not the Board wishes Administration to furnish the information requested. If the Board votes in favor of any information request from the list the Board Chair will obtain that the information from Administration on behalf of the Board acting with the authority of the Board. The information will be presented to the Board at the soonest available opportunity.

3. All requests for information from Administration at the Board Committee level will be made by the Board Committee Chair. Individual Board Committee Members will not directly request information of Administration.

4. All requests for information from Administration at the Board level will be made by the Board Chair. Individual Members of the Board will not directly request information of Administration.

5. Board Committee Chairs will, in all instances, endeavor to facilitate individual Committee Members access to information deemed necessary by those individual Committee Members. Committee’s Chair will exercise their judgement in the determination of the relevancy of information requests to reflect what is needed by the Committee as a whole in order for the Committee to provide proper Governance and Oversight, not limiting considerations to the individual perspective of the Committee Chair.

6. The Board Chair, will, in all instances, endeavor to facilitate individual Board Members access to information deemed necessary by those Board Members. Board Chair will exercise their judgement in the determination of the relevancy of information requests to reflect what is needed by the Board as a whole in order for the Board to provide proper Governance and Oversight, not limiting considerations to the individual perspective of the Board Chair.

7. Administration will provide all information to the Board that is properly requested consistent with this policy by the Chair of the Board on behalf of the Board when acting as directed by the Board with the exception of requests that violate relevant public law or statute.

8. This policy is not intended to preclude a Board Member from filing a Public Records Request.
Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:63356$0.
Differences between version 7 and 8.

Purpose: To establish such rules and regulations not inconsistent with governing laws and regulations, that in the opinion of the Board of Directors are appropriate to provide for the exercise of its authority, duties and responsibilities to the institution, for the protection of assets and the quality of services the District provides to its patients and constituents.

I. Article I: Definitions
   A. “Hospital(s)” means Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, California, Palomar Medical Center Downtown Escondido, 555 East Valley Parkway, Escondido, California, and Palomar Medical Center Poway, 15615 Pomerado Road, Poway, California.
   B. “Board” means the Board of Directors of the District.
   D. “District” means Palomar Health.
   E. “Medical Staff(s) or “Staff(s)” means the organized medical staff of Palomar Medical Centers Escondido, Downtown Escondido and Poway and/or the organized medical staff of other District facilities, as indicated.
   F. “Facility” or “Facilities” means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.
   G. “Practitioner” includes, but not limited to a physician (i.e., M.D. or D.O.), dentist (D.D.S. or D.M.D.), Advanced Practice Provider (N.P. or P.A.), psychologist, or podiatrist (D.P.M.) who is duly licensed in the State of California to practice within the scope of said license.

II. Article II: Organization, Powers and Purposes
   A. Organization. The District is a political subdivision of the State of California organized under the Division 23 of the Health and Safety Code (“Local Health Care District Law”).
   B. Purposes and Powers. The District is organized for the purposes described in the Local Health Care District Law and shall have and may exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Health Care District Law and any other applicable statutes, rules or regulations of the State of California.
   C. Bylaws, Policies and Procedures
      1. The Board has the power to adopt, amend, and promulgate District Bylaws, Policies, and Procedures as appropriate. The Board Governance Committee shall review the District Bylaws at least annually and as necessary and following each review shall provide to the Board a report of its activities.
   D. Dissolution. Any proposal to dissolve the district shall be subject to confirmation by the voters of the district in accordance with Government Code section 56654.

III. Article III: Offices
   A. Principal Office. The principal office of the District is currently located at 456 East Grand Avenue 2125 Citracado Parkway, Suite 300, Escondido, California, 92025 CA 92029.
   B. Other Offices. Branch or subordinate offices may be established at any time by the Board at any place or places within the boundaries of the District.

IV. Article IV: Board
   A. General Powers. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable to organization to fulfill its mission and vision in an effective and ethical manner. The Board will collaborate with the CEO in the creation of these policies, processes and procedures and oversee their implementation.
1. **Board Member Position Description**: Each individual Member is accountable to the Board and to the institution and acts only as a part of the Board. Each individual Member works within the structure of the Board towards the establishment and oversight of the implementation of policies and monitoring of the organization's performance with respect to strategic direction, financial stewardship, quality outcomes and leadership of the Healthcare District.

2. **Members of the Board of Directors** will exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and only during Board of Directors meetings or meetings of authorized committees of the Board of Directors. An exception is the Chair of the Board of Directors who will collaborate and meet with the District's Chief Executive Officer regularly and as needed regarding issues regarding the Business of the District, including but not limited to, future Board meetings and their agendas. Members of the Board of Directors are not authorized to independently exercise management authority with respect to the District or its affairs except as expressly delegated by the Board.

3. **Individual Board Member requests for records and institutional information** shall be made in accordance with the Board Policy regarding record and information requests.

B. **Specific Responsibilities**:

1. Regularly review and where appropriate, update, the mission and vision statements that guide the District and its system affiliates ("system"), and enable it to meet the needs of its citizens in accordance with its Charter.

2. On an at least annual basis, the **Board Quality Review Committee** will prepare and the Board will review and approve a system-wide quality assurance plan. The Quality Assurance Plan will enable the Board to oversee the effectiveness of the organization in meeting targets of performance that address the Health, well-being and safety of those served.

3. Direct the Medical Staff(s) to independently and regularly report to the Board regarding the Quality and Safety of clinical care provided with the system's facilities and programs.

4. Direct the Medical Staff(s) in conjunction with the Administrative Leadership to establish policies and processes that provide for and facilitate the Board's ability to oversee the delivery of safe and effective care in the system's facilities and programs.

5. Direct the Medical Staff(s) to establish and implement policies processes that enable the Board to oversee and review the competency of Medical and Allied Health staff are assured on behalf of the citizens of the District.

6. Review and approve all financial policies, plans and programs for the system and enhance the preservation of the organization's assets and resources on behalf of the District.

7. Review and approve on an as needed basis a comprehensive strategic plan, consistent with the organization's mission and vision that aligns the system's financial, human resources, facilities, technology and quality plans.

8. Advocate on behalf of the Healthcare District's policies, programs and plans within the community served and with other constituency groups.

9. Recruit, employ and evaluate the performance of the Chief Executive Officer in accordance with goals and objectives established for the CEO by the Board with both short and long term considerations.

10. Establish and implement ethical policies that minimize conflicts of interest and ensure compliance with governmental, regulatory and other agency standards, laws and principles relative to excellent stewardship of the Public Healthcare District.

11. Annually evaluate the Board's performance and the individual performance of each Board member to continually enhance the effective stewardship of the system.

12. Perform other duties as may be assigned an directed by the Board.

C. **Board Duties**. Members of the Board of Directors shall have the following duties:

1. **Duty of Care**. Directors shall exercise proper diligence in their decision making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstance.

2. **Duty of Loyalty**. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.

3. **Duty of Obedience**. Directors shall be faithful to the underlying purposes and mission of the District.

4. If it is determined, by a majority vote of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such Director is subject to sanctions according to the procedures set forth in Article V thereof.

D. **Number and Qualification**.

1. The **Board shall consist of seven (7) members** who are elected or appointed in accordance with the Local Healthcare District Law of the State of California, and other applicable law, each of whom shall be a registered voter residing within the District. The member of the Board of Directors elected to represent a District zone must be a resident of the zone from which he or she is elected for thirty (30) days preceding
the date of the election and must be a registered voter in that zone. Termination of residency in a zone by a  
member of the Board of Directors shall create an immediate vacancy for that zone unless a substitute  
residence within the zone is established within thirty (30) days after the termination of residency

E. Conflicts of Interests . The Board shall endeavor to eliminate from its decision-making processes financial or  
other interests possessed by its members that conflict with the District’s interests. Board members and other  
persons who are “Designated Employees,” as defined in the District’s current Conflict of Interest Code as it may  
be amended from time to time, shall, to the best of their ability, adhere to the provisions of said Code and any  
and all laws and regulations relating to conflicts of interests, including but not limited to the Government Code and  
Health and Safety Code.

F. Election and Term of Office. Palomar Health District Board members are elected by Zones within the District. At  
the November 2020 General Election, three members of the Palomar Health District Board of Directors shall be  
elected on a by-zone basis from the three Even numbered, single-member zones (specifically, Zones 2, 4, and 6,  
as such zones may be amended), and every four years thereafter. At the General Election in November 2022,  
four members of the Palomar Health District Board of Directors shall be elected from the four odd-numbered, single-  
member zones (specifically, Zones 1, 3, 5, and 7, as such zones may be amended), and every four years  
thereafter.

G. Orientation and Training. An orientation consisting of materials and programs shall be provided to each newly  
seated Board Member which familiarizes them with his or her duties and responsibilities, including good  
governance practices, mandatory Sexual Harassment Prevention and Civility training, the Brown Act, Ethics  
training (AB 1234 training), and the Palomar Health Code of Conduct.

1. Board members are required to complete all applicable training that is mandated by Federal, State and  
local law.

2. Board members are expected to participate in the entire Board orientation process and additional ongoing  
training. Individual Board members who do not fulfill this participation expectation will be subject to the  
provisions of the Board Sanction Policy and may be censured and/pr subject to sanctions in accordance  
with such Policy.

H. Self-Evaluation of Board. The Board shall evaluate its own collective performance, the performance of its  
individual Board members and the performance of its officers on an annual or other periodic basis.

1. The Board Performance Internal Review shall be conducted in accordance with Board Performance Internal  
Review Policy.

2. Individual Board members are expected to participate in the Board assessment or self-assessment process.  
Members who fail to do so will be subject to provisions of the Board Sanction Policy and may be subject to  
censure or sanctions in accordance to such Policy.

I. Evaluation of CEO. Individual Board Members shall participate in evaluation of CEO performed by the Board on  
an annual basis. This evaluation will be performed in accordance with Board CEO Review Policy.

J. Vacancies. Vacancies on the Board shall be filled in accordance with the applicable provisions of the  
Government Code.

K. Resignation or Removal. Any Board member may resign effective upon giving written notice to the Chairperson  
or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation.  
Pursuant to California Health and Safety Code 32100.2, the term of any member of the Board shall expire if the  
member is absent from three consecutive regular Board meetings or from three of any five consecutive regular  
meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of  
the members of the Board may be recalled at any time by the voters following the recall procedure set forth in  
Division 16 of the Election Code.

L. Liability Insurance. The District shall procure and maintain appropriate policies of insurance (which may include  
self-insurance) to the extent permitted by law.

M. Indemnification of Directors and Officers. Members of the Board and officers shall be indemnified to the full  
extent permitted by law against all claims, liabilities and expenses incurred as a result of an action by the Board,  
except in the instance of willful misconduct in performance of duties as a director or officer.

N. Compensation. Board compensation will conform to current legal limitations and District Policy. Board members  
must participate in required Ethics training prescribed by Government Code section 53232 et seq. in order to be  
eligible for compensation.

O. Health and Welfare Benefits. Notwithstanding Section IV, L, “Compensation” above, the Board may provide  
health and welfare benefits, pursuant to Government Code §53200 et seq., for the benefit of its elected and  
former members and their dependents, or permit its elected and former members and their dependents to  
participate in District programs for such benefits, in accordance with all applicable laws and regulations and  
current District policy.

P. Travel and Incidental Expenses Reimbursement. Each member of the Board shall be reimbursed for his or  
her actual necessary traveling and incidental expenses incurred in the performance of official business of the  
District as approved by the Board and in accordance with District Policy pursuant to Government Code sections  
53232.2 and 53232.3 and Health and Safety Code 32103. Such reimbursement, if approved by the Board, shall  
not constitute “compensation” for purposes of Section IV, L, “Compensation” above.
V. Article V: Determination of and Sanctions for Misconduct in Office

A. The Board shall establish a Board Sanction Policy to address individual Board member misconduct or malfeasance in office. Such Policy will be reviewed annually. The Policy will describe the process to be utilized by the Board in circumstances where an Individual Board Member has been determined by a super majority of the Board to have violated their duties to the detriment of the District, violated the provisions of the Bylaws or any Board Policy. The Board Sanction Policy will be consistent with the meaning of Government Code section 3060.

VI. Article VI: Board Officers

A. Chairperson. The Board shall elect one of its members as Chairperson at an organizational regular meeting. In the event of a vacancy in the office of Chairperson, the Board may elect a new Chairperson. The Chairperson shall be the Principal Officer of the Board and shall preside at all meetings of the Board. The Chairperson shall appoint all Board committee members and committee chairpersons, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time, to include:
   1. Presiding over all meetings of the Board
   2. Recognizing members entitled to the floor.
   3. Stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote.
   4. Protecting the assembly from annoyance from irrelevant or improper motions through appropriate rules of order.
   5. Assisting in the expediting of business in all ways compatible with the rights of the collective Board and its individual members, and deciding all questions of order.
   6. Informing the assembly, when necessary, or when referred to for the purpose, on a point of order or practice pertinent to pending business.
   7. Authenticating all the acts, orders, and proceedings of the assembly declaring its will and in all things obeying its commands.
   8. Coordinating with the District's CEO and Management for the implementation of Board direction and policies.
   9. Coordinating with District's CEO and Administrative Management for the implementation of Board direction and policies.
   10. Designating and directing members of the Board to undertake special responsibilities and to report to the Chair on those activities as directed.
   11. Appointing members of standing authorized ad-hoc committees with formal notification to the Board in a timely fashion and no later than the next meeting of the Board.
   12. Representing the Board at official functions when necessary.
   13. Serving as spokesperson for the Board regarding Board actions.

B. Vice Chairperson. The Board shall elect one of its members as Vice Chairperson at an organizational meeting. In the absence of the Chairperson, the Vice Chairperson shall perform the duties of the Chairperson.

C. Secretary. The Board shall elect one of its members Secretary at an organizational meeting. The Secretary shall provide for review and approval of minutes of all meetings of the Board. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws or as required by law and shall act as custodian of District records and reports and of the District's seal.

D. Treasurer. The Board shall elect one of its members Treasurer at an organizational meeting. The Treasurer shall oversee the safekeeping and disbursal of the funds in the treasury of the District. The Treasurer shall be the chairperson of the Finance Committee. The Treasurer shall have express authority to delegate his or her duties to the Chief Financial Officer of the District.

E. Tenure. Each officer described above shall serve a one-year term, commencing on the first day of January after the organizational meeting at which he or she is elected to the position. Each officer shall hold office until the end of the one-year term, or until a successor is elected, unless he or she shall sooner, resign or be removed from office.

F. Removal. An officer described above may be removed from office by the affirmative vote of four members of the Board not counting the affected Board member. In addition, an officer described above will automatically be removed from office when his or her successor is elected and is sworn in as a Board member.

G. President and Chief Executive Officer. The Board shall select and employ a President and Chief Executive Officer who shall report to the Board. The President and Chief Executive Officer shall have sufficient education,
training, and experience to fulfill his or her responsibilities, which shall include but not be limited to overseeing and managing the day-to-day operations of the District, the District facilities, and implementing the strategic mission and vision of the District as directed by the Board. The Board shall be responsible for developing, maintaining and periodically updating a detailed job description for the President and CEO, which job description shall set forth the specific duties and requirements of the position in compliance with California Code of Regulation Section 79777. All other District employees shall be direct reports of the CEO or his/her subordinates with the exception of the Compliance Officer who shall have the ability to report independently and directly to the Board at their discretion or at the request of the Board Chair.

H. Subordinate Officers . The President and Chief Executive Officer may select and employ such other officers as the District may require, each of whom shall hold office for such period, have such authority, and perform such duties as the President and Chief Executive Officer, in consultation with the Board may from time to time determine.

VII. Article VII: Board Meetings

A. Board Meeting . A meeting of the Board is any congregation of a majority of the members of the Board at the same time and place to hear, discuss or deliberate upon any item that is within the subject matter jurisdiction of the Board. A meeting is also the use of direct communication, personal intermediaries or technological devices that is employed by a majority of the members of the Board to develop a collective concurrence as to action to be made on an item by the members of the Board. Notwithstanding, a majority (four or more members) of the Board may communicate directly or through technological devices for the purpose of calling a special meeting. If such a meeting is properly called for by a majority of the Board, the Board Chair, in conjunction with administrative support shall facilitate the process of scheduling and properly noticing the special meeting in a timely manner, without undue delay and in such a way so as to allow for the attendance of as many Board members as is practically possible.

B. Open to The Public . Meetings of the Board shall be open to the public, except as otherwise provided in applicable laws or regulations, including but not limited to the Brown Act and the Local Health Care District Law.

1. Members of the public shall be afforded an opportunity to provide input to District processes and Board meetings to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law.

C. Quorum . A majority of the voting members of the Board shall constitute a quorum for the transaction of business at any Board Meeting except as otherwise required by law.

D. Manner of Acting . The act of a majority of the members of the Board present at a meeting at which a quorum is present shall be the act of the Board. No act taken at a meeting at which less than a quorum was present shall be valid. The Board may follow Robert's Rules of Order as guidance when taking action and obtaining information.

E. Disrupted Meetings . In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who were willfully interrupting the meeting, the Board Chair may order the meeting room closed and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. The Board Chair may establish a procedure for readmitting an individual or individuals not responsible for willfully disrupting the orderly conduct of the meeting.

F. Medical Staff Representation . With the exception of closed sessions at which such representation is not requested by the Board, the Medical Staff of each Facility shall have the right of representation at all meetings of the Board, by and through the Chief of Staff, or designee, of each Medical Staff, who shall have the right of attendance, the right to participate in Board discussions and deliberations, but who shall not have the right to vote.

G. Regular Meetings .

1. The Board shall hold an annual organizational meeting on or around December, during which the Board shall elect its officers for the next calendar year. One member shall be elected as Chairperson, one as Vice Chairperson, one as Secretary, and one as Treasurer.

2. At the annual organizational meeting, the Board shall pass a resolution stating the dates, times and places of the Board’s regular monthly meetings for the following calendar year. The Board may later change the date, time, or location of a meeting upon resolution made at a regular Board meeting.

3. Notice, including the meeting’s agenda, shall be provided in accordance with Government Code §54954.2(a)(1) at least 72 hours prior to the beginning of regular meetings.

4. The 72-hour requirement can be waived, and items can be added to regular meetings if any of the following criteria are met:

   a. During the meeting, a majority of the Board determines that there is an emergency as defined by Government Code § 54956.5 which would give rise to the ability to call an emergency meeting as described in Section V, I, “Emergency Meetings” or

   b. If at least two thirds of the Board members are present, and by a vote of at least two thirds of those Board members present, the Board determines there is a need to take immediate action, and the need
for action came to the attention of the District after the agenda was posted.
c. If less than two thirds of the Board members are present, and by a unanimous vote of those Board
members present, the Board determines there is a need to take immediate action, and the need for
action came to the attention of the District after the agenda was posted.
d. The item was posted for a prior meeting occurring not more than five calendar days prior to the date
action is taken on the item and at the prior meeting the item was continued to the meeting at which
action is being taken, as allowed by Government Code §54954.2.

H. Special Meetings. A special meeting may be called at any time by the Chairperson, or by a majority of Board
members, by delivering at least 24 hours’ written notice as required by Government Code §54956. Written notice
may be dispensed with as to any Board member who at or prior to the time the meeting convenes files with the
Secretary a written waiver of notice. Such written notice may also be dispensed with as to any member who is
actually present at the meeting at the time it convenes.

I. Emergency Meetings.
1. In the case of an emergency situation involving matters upon which prompt action is necessary due to the
disruption or threatened disruption of public facilities, such as a work stoppage, crippling activity, or another
activity that severely impairs public health, safety, or both, as determined by a majority of the Board
members, the Board may hold an emergency meeting without complying with either or both the 24-hour
notice or posting requirements, provided it complies with the requirements defined in Government Code
§54956.5.
2. The minutes of an emergency meeting, a list of persons who the Chairperson, or his or her designee notified
or attempted to notify, a copy of the roll call vote and any actions taken at the meeting shall be publicly
posted for a minimum of ten days as soon possible after the meeting.

VIII. Article VIII: Board Committees

A. Appointment. Standing committees are established by the Board and shall be advisory in nature unless
otherwise specifically authorized to act by the Board. Members of all committees, whether standing or special (ad
hoc) shall be appointed by the Chairperson of the Board.
1. A standing committee of the Board is any commission, committee, board or other body, whether permanent
or temporary, which is created by formal action of the Board and has continuing subject matter jurisdiction
and/or a meeting schedule fixed by charter, ordinance, resolution, or formal action of the Board. Actions of
committees shall be advisory in nature with recommendations being made to the Board.
2. Special or ad hoc committees are appointed by the Chair of the Board and shall exist for a single, limited
purpose with no continuing subject matter or jurisdiction. Special or advisory committees shall be advisory in
nature and shall make recommendation to the Board. The committee shall be considered disbanded upon
conclusion of the purpose for which it was appointed.

B. Standing Committees. There shall be the following standing committees of the Board: Finance; Governance;
Audit and Compliance; Human Resources; Strategic and Facilities; Community Relations; and Quality Review.
Standing committees will be treated as the Board with respect to Article V of these bylaws. All provisions in Article
V that apply to Board members shall apply to members of any standing committee.
1. Finance Committee.
a. Chairperson. The Board Treasurer may serve as the Chairperson of the Board Finance Committee.
b. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
c. The Finance Committee shall consist of six voting members, three members of the Board, the
President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall be three
alternate Committee members:
   i. One alternate shall be a member of the Board, also appointed by the Chairperson of the Board,
      who shall attend Committee meetings and enjoy voting rights on the Committee only when
      serving as an alternate for a voting Board Committee member: if the Board Member First
      Alternate is also not available another Board Member may attend as a voting member with Board
      Chair approval.
   ii. The second and third alternate Committee members shall be the Chiefs of Staff Elect from each
       hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only
       when serving as an alternate for their respective Chief of Staff.
d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical
   Officer, the Controller, the Chief Nursing Officer Palomar Medical Centers Escondido and Downtown
   Escondido, and the Chief Nursing Officer Palomar Medical Center Poway.
e. Duties. Provide oversight to determine and facilitate the financial viability of the organization through
   the effective establishment of sound policies and development of a system of controls to safeguard the
   preservation and use of assets and resources. The duties of the Committee shall include but are not
   limited to:
   i. Review and approve annual and long-range operating cash, operational and capital budgets for
      the District and its system affiliates (“System”).
ii. Develop and maintain sound understanding of the services of the District's revenues and expenses and its economic environment.

iii. Approve methods of financing major capital asset renovations, replacements and additions.

iv. Review financial reports and operating statistics on a regular basis to provide organizational oversight regarding the appropriateness of actions in response to operating trends in achievement of financial goals.

v. Evaluate and approve financial plans for new business ventures, programs, and services and establish criteria to measure their ongoing viability.

vi. Develop communications in order to enhance the understanding of other members in regard to financial matters of the system.

vii. Review the preliminary, annual operating budgets for the District and Facilities and other entities.

viii. Review and recommend to the Board the final, annual, operating budgets.

ix. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies and procedures; and

tax. Perform such other duties as may be assigned by the Board.

2. Audit and Compliance Committee.

1. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

2. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board alternates is also not available another Board Member may attend as a voting member with Board Chair approval.

3. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Compliance Manager, and a physician appointee. Any District executive, representative or director will attend as an invited guest.

a. Duties. Determine and establish that appropriate review mechanisms and management of the District's assets and resources are in place and that the organization complies with all applicable state and federal regulations relative to the audit and financial stewardship of the District. The duties of the Committee shall include but are not limited to:

i. Routinely review the system of internal controls for the organization.

ii. Recommend a qualified audit firm to complete independent financial audits of the system and review reports, management letters and recommendations from the firm to assure compliance with recognized audit principles and standards.

iii. Keep up with trends in the field of health care audit and compliance to help educate other Board members on the latest trends in the industry.

iv. Approve and review the effectiveness and overall audit scope including but not limited to financial statements, external/internal audits, compliance, internal controls and reporting responsibilities.

v. Recommend to the Board the approval of the organization's annual audit reports.

vi. Review annually those policies within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies.

vii. Assess and monitor the independent status of the outside independent auditors.

viii. Direct special investigations for the Board.

3. Governance Committee.

a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

b. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.

c. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer and the Director of Clinical Operations Improvement.

d. Duties. Oversee, establish and monitor the effective and efficient management of the governmental processes of the Board. The duties of the Committee shall include but are not limited to:

i. Make an annual, comprehensive review of the District bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management; and the Board.

ii. Provide guidance to the CEO in the development of education and orientation programs that enhance member understanding of Board stewardships, health care, issues and management of
the system.

iii. Assist in development and completion of an annual Board self-assessment and where appropriate make recommendations to enhance governance of the organization by its members.

iv. Review and where appropriate make recommendations to the Board on pending or existing state and federal legislation that could affect the direction of the District and Board member responsibilities.

v. Annually review the boundaries of the District to ensure compliance with its charter in the completion of health care stewardship responsibilities.

vi. Review such other issues associated with Palomar Health and/or Board governance and its effectiveness, including but not limited to Board member orientation and continuing education.

vii. Advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications.

viii. Monitor developments, trends and best practices in corporate governance, and propose such actions to the Board.

ix. Perform such other duties as may be assigned by the Board.

4. Human Resources Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.

c. Non-Voting Membership. The President and Chief Executive Officer; the Vice President: Chief Human Resources Officer; the Chief Nursing Officers Palomar Medical Centers Escondido, Escondido Downtown and Poway; Vice President Continuum Care; Legal Counsel Vice President Perioperative Services.

d. Duties. Help develop a workforce environment that effectively translates the District's mission and vision into reality on a daily basis. The duties of the Committee shall include but are not limited to:

i. Review and assess regular reports from administration on the education and development of staff, turnover, completion of performance appraisals, staffing plans, etc. to identify trends and needs and to ensure that governmental agency requirements are met.

ii. Review, understand and recommend Human Resource policies and compensation programs in order to provide an excellent work environment and stewardship of the workforce.

iii. Monitor labor relations program as established by the District and review/recommend changes (in conjunction with the District's Labor Attorney and Administration) to the Board when appropriate.

iv. Keep abreast of changes in Healthcare workforce issues and develop educational programs and communications for the Board to keep them up-to-date on challenges faced by the District.

v. Make recommendations to the President and Chief Executive Officer and the Board to improve communications among the Board, Medical Staffs, District employees and auxiliaries.

vi. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations to the Board regarding modification of existing or creation of new policies and procedures; and

vii. Review and make recommendations to the President and Chief Executive Officer and the Board regarding compensation, incentive, and benefit plans offered to District Officers and other employees.

viii. Perform such other duties as may be assigned by the Board.

5. Strategic and Facilities Planning Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. The Committee shall consist of six voting members: Three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall be three alternate Committee members: The alternate Committee members for Chief of Staff shall be the Chiefs of Staff elect from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.

i. The One alternate (s) shall be a member of the Board, also appointed by the Chairperson of the Board, who shall attend Committee meetings and enjoy voting rights on the Committee only in the absence of when serving as an alternate for a voting Board Committee member; however, if the Board Member First Alternate is also not available, another member of the Board may attend with Board Chair approval.

ii. The second and third alternate Committee members shall be the Chiefs of Staff elect from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff.
c. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Chief Nursing Officer Palomar Medical Centers Escondido and Downtown Center Escondido, the Chief Nursing Officer Palomar Medical Center Poway, the Vice President Strategy and Business Development Chief Administrative Officer, the Vice President Supply Chain, Purchasing and Construction Chief Counsel Officer, the Vice President Chief Human Resources Officer, the Vice President Philanthropy, and a board member of the Palomar Health Foundation, recommended by the Foundation and approved by the Committee Chairperson. As needed, other appropriate relevant staff in facilities, planning and compliance may be requested to attend to facilitate the work of the Committee.

d. Duties. The duties of the Committee shall include but are not limited to:

i. Regarding the Strategic Function: Review, assess and establish that the mission and vision of the Board are implemented in an effective and meaningful manner through the establishment and implementation of plans and programs that enhance the well-being of the citizens of the District.

   I. Review and make recommendations to the Board regarding the District’s short and long range strategic plans, master and facility plans, physician development plans and strategic collaborative relationships.

   II. Review the development of new programs and system initiatives to ensure their direction is in accordance with the mission and vision of the organization and support the strategic plans of the District.

   III. Monitor completion of annual goals in order to ensure their effective completion on behalf of the system.

   IV. Recommend educational programs and enhance Board members understanding of trends in the local, State and National health care arena and issues affecting the system.

   V. Review annually those policies within the Committee’s purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new policies.

   VI. Perform such other duties as may be assigned by the Board.

   ii. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization and replacement of the Health System facilities and grounds in order to promote the physical life of the assets belonging to the District; and to ensure the safety and well-being of those working in and being served in the facilities and on the grounds.

   I. Approve the annual Facilities Development Plan and regularly review updates on implementation of plan;

   II. Receive a biannual Environment of Care report;

   III. Perform such other duties as may be assigned by the Board

   IV. Advise the Finance Committee with respect to the need of adequate projects funding.

   V. Ensure that the District is in compliance with governmental agency and accreditation requirements with respect to earthquake and disaster preparedness, fire and safety codes, environmental standards and physical security needs, etc.

   VI. Provide oversight regarding the maintenance of facilities and grounds and implementation of improvement projects.

   VII. Ensure that a long-term facility plan is developed and updated regularly.

   VIII. Perform such other duties as may be assigned by the Board.

6. Quality Review Committee.

   a. Voting Membership. The Committee shall consist of five voting members, including three members of the Board and the Chairs of Medical Staff Quality Management Committees of Palomar Medical Center Escondido and Palomar Medical Center Poway.

   b. Non-Voting Membership. The President and Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, Chief Legal Officer, Chief Medical Officer, and the Chief Nursing Officers of Palomar Medical Center Escondido and Palomar Medical Center Poway, the Medical Quality Officer, Vice President of Quality and Patient Safety, and the Sr. Director of Quality and Patient Safety.

   c. Duties. The duties of the Committee shall include but are not limited to:

      i. Oversight of performance improvement and patient safety. All referrals and/or recommendations will be sent to the Board of Directors for final approval.

      ii. Annual review of credentialing and privileging process of the medical staff

      iii. Periodic review of caregiver performance using objective data to recognize success and identify opportunities for improvement.

7. Community Relations Committee.

   a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

   b. Non-Voting Membership. The President and Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, Chief Legal Officer, Chief Medical Officer, and the Chief Nursing Officers of Palomar Medical Center Escondido and Palomar Medical Center Poway, the Medical Quality Officer, Vice President of Quality and Patient Safety, and the Sr. Director of Quality and Patient Safety.

   c. Duties. The duties of the Committee shall include but are not limited to:

      i. Oversight of performance improvement and patient safety. All referrals and/or recommendations will be sent to the Board of Directors for final approval.

      ii. Annual review of credentialing and privileging process of the medical staff

      iii. Periodic review of caregiver performance using objective data to recognize success and identify opportunities for improvement.

   d. Duties. The duties of the Committee shall include but are not limited to:

      i. Review and make recommendations to the Board regarding the District’s short and long range strategic plans, master and facility plans, physician development plans and strategic collaborative relationships.

      II. Review the development of new programs and system initiatives to ensure their direction is in accordance with the mission and vision of the organization and support the strategic plans of the District.

      III. Monitor completion of annual goals in order to ensure their effective completion on behalf of the system.

      IV. Recommend educational programs and enhance Board members understanding of trends in the local, State and National health care arena and issues affecting the system.

      V. Review annually those policies within the Committee’s purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new policies.

      VI. Perform such other duties as may be assigned by the Board.

   ii. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization and replacement of the Health System facilities and grounds in order to promote the physical life of the assets belonging to the District; and to ensure the safety and well-being of those working in and being served in the facilities and on the grounds.

      I. Approve the annual Facilities Development Plan and regularly review updates on implementation of plan;

      II. Receive a biannual Environment of Care report;

      III. Perform such other duties as may be assigned by the Board

      IV. Advise the Finance Committee with respect to the need of adequate projects funding.

      V. Ensure that the District is in compliance with governmental agency and accreditation requirements with respect to earthquake and disaster preparedness, fire and safety codes, environmental standards and physical security needs, etc.

      VI. Provide oversight regarding the maintenance of facilities and grounds and implementation of improvement projects.

      VII. Ensure that a long-term facility plan is developed and updated regularly.

      VIII. Perform such other duties as may be assigned by the Board.

   VI. Perform such other duties as may be assigned by the Board.

   ii. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization and replacement of the Health System facilities and grounds in order to promote the physical life of the assets belonging to the District; and to ensure the safety and well-being of those working in and being served in the facilities and on the grounds.
IX. Article IX: Medical Staffs

A. Organization

1. There shall be separate Medical Staff organizations for both Palomar Medical Center Escondido/Palomar Health Downtown Campus and for Palomar Medical Center Poway with appropriate officers and bylaws. The Medical Staff of each Hospital shall be self-governing with respect to the professional work performed in that Hospital. Membership in the respective Medical Staff organization shall be a prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in each Hospital’s Medical Staff bylaws.

2. District Facilities other than the Hospitals may also have professional personnel organized as a medical or professional staff, when deemed appropriate by the Board pursuant to applicable law and Joint Commission and/or other appropriate accreditation standards. The Board shall establish the rules and regulations.
applicable to any such staff and shall delegate such responsibilities, and perform such functions, as may be
required by applicable law and Joint Commission and/or other appropriate accreditation standards. To the
extent provided by such rules, regulations, laws and standards, the medical or professional staffs of such
Facilities shall perform those functions specified in this Article VIII.

B. Medical Staff Bylaws . Each Medical Staff organization shall propose and adopt by vote bylaws, rules and
regulations for its internal governance which shall be subject to, and effective upon, Board approval, which shall
not be unreasonably withheld. The bylaws, rules and regulations shall be periodically reviewed for consistency
with Hospital policy and applicable legal and other requirements. The bylaws shall create an effective
administrative unit to discharge the functions and responsibilities assigned to the Medical Staffs by the Board.
The bylaws, rules and regulations shall state the purpose, functions and organization of the Medical Staffs and
shall set forth the policies by which the Medical Staffs exercise and account for their delegated authority and
responsibilities. The bylaws, rules and regulations shall also establish mechanisms for the selection by the
Medical Staff of its officers, departmental chairpersons and committees.

C. Medical Staff Membership and Clinical Privileges .
1. Membership on the Medical Staffs shall be restricted to Practitioners who are competent in their respective
fields, worthy in character and in professional ethics, and who are currently licensed by the State of
California. The bylaws of the Medical Staffs may provide for additional qualifications for membership and
privileges, as appropriate.

2. While retaining its ultimate authority to independently investigate and/or evaluate Medical Staff matters, the
Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out Medical Staff
activities, including the investigation and evaluation of all matters relating to Medical Staff membership,
clinical privileges and corrective action. The Medical Staffs shall forward to the Board specific written
recommendations, with appropriate supporting documentation that will allow the Board to take informed
action, related to at least the following:
   a. Medical Staff structure and organization;
   b. The process used to review credentials and to delineate individual clinical privileges;
   c. Appointing and reappointing Medical Staff members, and restricting, reducing, suspending, terminating
      and revoking Medical Staff membership;
   d. Granting, modifying, restricting, reducing, suspending, terminating and revoking clinical privileges;
   e. Matters relating to professional competency;
   f. The process by which Medical Staff membership may be terminated; and
   g. The process for fair hearing procedures.

3. Final action on all matters relating to Medical Staff membership, clinical privileges and corrective action shall
be taken by the Board after considering the Medical Staff recommendations. The Board shall utilize the
advice of the Medical Staff in granting and defining the scope of clinical privileges to individuals,
commensurate with their qualifications, experience, and present capabilities. If the Board does not concur
with the Medical Staff recommendation relative to Medical Staff appointment, reappointment or termination
of appointment and granting or curtailment of clinical privileges, there shall be a review of the
recommendation by a conference of two Board members and two members of the relevant Medical Staff,
before the Board renders a final decision.

4. No applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race,
creed, color, or national origin, or on the basis of any other criterion lacking professional justification. The
Hospitals shall not discriminate with respect to employment, staff privileges or the provision of professional
services against a licensed clinical psychologist within the scope of his or her licensure, or against a
physician, dentist or podiatrist on the basis of whether the physician or podiatrist holds an M.D., D.O.,
D.D.S., D.M.D. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician
responsible for the service be certified or eligible for certification by an appropriate American medical board,
such position may be filled by an osteopathic physician who is certified or eligible for certification by the
equivalent appropriate American Osteopathic Board.

D. Performance Improvement .
1. The Medical Staffs shall meet at regular intervals to review and analyze their clinical experience, in order to
assess, preserve and improve the overall quality and efficiency of patient care in the Hospitals and other
District Facilities, as applicable. The medical records of patients shall be the basis for such review and
analysis. The Medical Staffs shall identify and implement an appropriate response to findings. The Board
shall further require mechanisms to assure that patients with the same health problems are receiving a
consistent level of care. Such performance improvement activities shall be regularly reported to the Board.

2. The Medical Staffs shall provide recommendations to the Board as necessary regarding the organization of
the Medical Staffs’ performance improvement activities as well as the processes designed for conducting,
evaluating and revising such activities. The Board shall take appropriate action based on such
recommendations.

3. The Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out these
performance improvement activities. The Board, through the President and Chief Executive Officer, shall
provide whatever administrative assistance is reasonably necessary to support and facilitate such performance improvement activities.

E. Medical Records. A complete and accurate medical record shall be prepared and maintained for each patient.

F. Terms and Conditions. The terms and conditions of Medical Staff membership, and of the exercise of clinical privileges, shall be as specified in the Hospitals’ Medical Staff bylaws.

G. Procedure. The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action, shall be specified in the applicable Medical Staff bylaws.

H. Appellate Review. Any adverse action taken by the Board with respect to a Practitioner’s Staff status or clinical privileges, shall, except under circumstances for which specific provision is made in the Medical Staff bylaws, be subject to the practitioner’s right to an appellate review in accordance with procedures set forth in the bylaws of the Medical Staffs.

X. Article X: Claims and Judicial Remedies

A. Claims. The District is subject to Division 3.6 of Title 1 of the California Government Code, pertaining to claims against public entities. The Chief Executive Officer, or his or her designee, is authorized to perform those functions of the Board specified in Part 3 of that Division, including the allowance, compromise or settlement of any claims where the amount to be paid from the District’s treasury does not exceed $50,000.

XI. Article XI: Amendment

A. These bylaws may be amended or repealed by vote of at least four members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise indicated by the Board.
Bylaws : Bylaws of Palomar Health

Purpose: To establish such rules and regulations not inconsistent with governing laws and regulations, that in the opinion of the Board of Directors are appropriate to provide for the exercise of its authority, duties and responsibilities to the institution, for the protection of assets and the quality of services the District provides to its patients and constituents.

I. Article I: Definitions

A. "Hospital(s)" means Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, California, Palomar Medical Center Downtown Escondido, 555 East Valley Parkway, Escondido, California, and Palomar Medical Center Poway, 15615 Pomerado Road, Poway, California.

B. "Board" means the Board of Directors of the District.


D. "District" means Palomar Health.

E. "Medical Staff(s)" or "Staff(s)" means the organized medical staff of Palomar Medical Centers Escondido, Downtown Escondido and Poway and/or the organized medical staff of other District facilities, as indicated.

F. "Facility" or "Facilities" means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.

G. "Practitioner" includes, but not limited to a physician (i.e., M.D. or D.O.), dentist (D.D.S. or D.M.D.), Advanced Practice Provider (N.P. or P.A.), psychologist, or podiatrist (D.P.M.) who is duly licensed in the State of California to practice within the scope of said license.

II. Article II: Organization, Powers and Purposes

A. Organization. The District is a political subdivision of the State of California organized under the Division 23 of the Health and Safety Code ("Local Health Care District Law").

B. Purposes and Powers. The District is organized for the purposes described in the Local Health Care District Law and shall have and may exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Health Care District Law and any other applicable statutes, rules or regulations of the State of California.

C. Bylaws, Policies and Procedures

1. The Board has the power to adopt, amend, and promulgate District Bylaws, Policies, and Procedures as appropriate. The Board Governance Committee shall review the District Bylaws at least annually and as necessary and following each review shall provide to the Board a report of its activities.

D. Dissolution. Any proposal to dissolve the district shall be subject to confirmation by the voters of the district in accordance with Government Code section 56654.

III. Article III: Offices

A. Principal Office. The principal office of the District is currently located at 456 East Grand Avenue, Escondido, California, 92025.

B. Other Offices. Branch or subordinate offices may be established at any time by the Board at any place or places within the boundaries of the District.

IV. Article IV: Board

A. General Powers. The Board is the governing body of the District. All District powers shall be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable organization to fulfill its mission and vision in an effective and ethical manner. The Board will collaborate with the CEO in the creation of these policies, processes and procedures and oversee their implementation.

1. Board Member Position Description: Each individual Member is accountable to the Board and to the institution and acts only as a part of the Board. Each individual Member works within the structure of the
Board towards the establishment and oversight of the implementation of policies and monitoring of the organization's performance with respect to strategic direction, financial stewardship, quality outcomes and leadership of the Healthcare District.

2. Members of the Board of Directors will exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and only during Board of Directors meetings or meetings of authorized committees of the Board of Directors. An exception is the Chair of the Board of Directors who will collaborate and meet with the District's Chief Executive Officer regularly and as needed regarding issues regarding the Business of the District, including but not limited to, future Board meetings and their agendas. Members of the Board of Directors are not authorized to independently exercise management authority with respect to the District or its affairs except as expressly delegated by the Board.

3. Individual Board Member requests for records and institutional information shall be made in accordance with the Board Policy regarding record and information requests.

B. Specific Responsibilities:

1. Regularly review and where appropriate, update, the mission and vision statements that guide the District and its system affiliates ("system"), and enable it to meet the needs of its citizens in accordance with its Charter.

2. On an at least annual basis, the Board Quality Review Committee will prepare and the Board will review and approve a system-wide quality assurance plan. The Quality Assurance Plan will enable to Board to oversee the effectiveness of the organization in meeting targets of performance that address the Health, well-being and safety of those served.

3. Direct the Medical Staff(s) to independently and regularly report to the Board regarding the Quality and Safety of clinical care provided with the system's facilities and programs.

4. Direct the Medical Staff(s) in conjunction with the Administrative Leadership to establish policies and processes that provide for and facilitate the Board's ability to oversee the delivery of safe and effective care in the system's facilities and programs.

5. Direct the Medical Staff(s) to establish and implement policies processes that enable the Board to oversee and review the competency of Medical and Allied Health staff are assured on behalf of the citizens of the District.

6. Review and approve all financial policies, plans and programs for the system and enhance the preservation of the organization's assets and resources on behalf of the District.

7. Review and approve and update as needed a comprehensive strategic plan, consistent with the organization's mission and vision that aligns the system's financial, human resources, facilities, technology and quality plans.

8. Advocate on behalf of the Healthcare District's policies, programs and plans within the community served and with other constituency groups.

9. Recruit, employ and evaluate the performance of the Chief Executive Officer in accordance with goals and objectives established for the CEO by the Board with both short and long term considerations.

10. Establish and implement ethical policies that minimize conflicts of interest and ensure compliance with governmental, regulatory and other agency standards, laws and principles relative to excellent stewardship of the Public Healthcare District.

11. Annually evaluate the Board's performance and the individual performance of each Board member to continually enhance the effective stewardship of the system.

12. Perform other duties as may be assigned an directed by the Board.

C. Board Duties. Members of the Board of Directors shall have the following duties:

1. Duty of Care. Directors shall exercise proper diligence in their decision making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise in like circumstance.

2. Duty of Loyalty. Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.

3. Duty of Obedience. Directors shall be faithful to the underlying purposes and mission of the District.

4. If it is determined, by a majority vote of the Board of Directors in office at that time, that a Director has violated any of his or her duties to the detriment of the District, such Director is subject to sanctions according to the procedures set forth in Article V herein.

D. Number and Qualification.

1. The Board shall consist of seven (7) members who are elected or appointed in accordance with the Local Healthcare District Law of the State of California, and other applicable law, each of whom shall be a registered voter residing within the District. The member of the Board of Directors elected to represent a District zone must be a resident of the zone from which he or she is elected for thirty (30) days preceding the date of the election and must be a registered voter in that zone. Termination of residency in a zone by a
member of the Board of Directors shall create an immediate vacancy for that zone unless a substitute residence within the zone is established within thirty (30) days after the termination of residency.

E. Conflicts of Interests. The Board shall endeavor to eliminate from its decision-making processes financial or other interests possessed by its members that conflict with the District’s interests. Board members and other persons who are “Designated Employees,” as defined in the District’s current Conflict of Interest Code as it may be amended from time to time, shall, to the best of their ability, adhere to the provisions of said Code and any and all laws and regulations relating to conflicts of interests, including but not limited to the Government Code and Health and Safety Code.

F. Election and Term of Office. Palomar Health District Board members are elected by Zones within the District. At the November 2020 General Election, three members of the Palomar Health District Board of Directors shall be elected on a by-zone basis from the three Even numbered, single-member zones (specifically, Zones 2, 4, and 6, as such zones may be amended), and every four years thereafter. At the General Election in November 2022, four members of the Palomar Health Board of Directors shall be elected from the four odd-numbered, single-member zones (specifically, Zones 1, 3, 5, and 7, as such zones may be amended), and every four years thereafter.

G. Orientation and Training. An orientation consisting of materials and programs shall be provided to each newly seated Board Member which familiarizes them with his or her duties and responsibilities, including good governance practices, mandatory Sexual Harassment Prevention and Civility training, the Brown Act, Ethics training (AB 1234 training), and the Palomar Health Code of Conduct.

1. Board members are required to complete all applicable training that is mandated by Federal, State and local law.

2. Board members are expected to participate in the entire Board orientation process and additional ongoing training. Individual Board members who do not fulfill this participation expectation will be subject to the provisions of the Board Sanction Policy and may be censured and/or subject to sanctions in accordance with such Policy.

H. Self-Evaluation of Board. The Board shall evaluate its own collective performance, the performance of its individual Board members and the performance of its officers on an annual or other periodic basis.

1. The Board Performance Internal Review shall be conducted in accordance with Board Performance Internal Review Policy.

2. Individual Board members are expected to participate in the Board assessment or self-assessment process. Members who fail to do so will be subject to provisions of the Board Sanction Policy and may be subject to censure or sanctions in accordance with such Policy.

I. Evaluation of CEO. Individual Board Members shall participate in evaluation of CEO performed by the Board on an annual basis. This evaluation will be performed in accordance with Board CEO Review Policy.

J. Vacancies. Vacancies on the Board shall be filled in accordance with the applicable provisions of the Government Code.

K. Resignation or Removal. Any Board member may resign effective upon giving written notice to the Chairperson or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. Pursuant to California Health and Safety Code 32100.2, the term of any member of the Board shall expire if the member is absent from three consecutive regular Board meetings or from three of any five consecutive regular meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members of the Board may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Election Code.

L. Liability Insurance. The District shall procure and maintain appropriate policies of insurance (which may include self-insurance) to the extent permitted by law.

M. Indemnification of Directors and Officers. Members of the Board and officers shall be indemnified to the full extent permitted by law against all claims, liabilities and expenses incurred as a result of an action by the Board, except in the instance of willful misconduct in performance of duties as a director or officer.

N. Compensation. Board compensation will conform to current legal limitations and District Policy. Board members must participate in required Ethics training prescribed by Government Code section 53232 et seq. in order to be eligible for compensation.

O. Health and Welfare Benefits. Notwithstanding Section IV, L, “Compensation” above, the Board may provide health and welfare benefits, pursuant to Government Code §53200 et seq., for the benefit of its elected and former members and their dependents, or permit its elected and former members and their dependents to participate in District programs for such benefits, in accordance with all applicable laws and regulations and current District policy.

P. Travel and Incidental Expenses Reimbursement. Each member of the Board shall be reimbursed for his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board and in accordance with District Policy pursuant to Government Code sections 53232.2 and 53232.3 and Health and Safety Code 32103. Such reimbursement, if approved by the Board, shall not constitute “compensation” for purposes of Section IV, L, “Compensation” above.
V. Article V: Determination of and Sanctions for Misconduct in Office

A. The Board shall establish a Board Sanction Policy to address individual Board member misconduct or malfeasance in office. Such Policy will be reviewed annually. The Policy will describe the process to be utilized by the Board in circumstances where an Individual Board Member has been determined by a super majority of the Board to have violated their duties to the detriment of the District, violated the provisions of the Bylaws or any Board Policy. The Board Sanction Policy will be consistent with the meaning of Government Code section 3060.

VI. Article VI: Board Officers

A. Chairperson. The Board shall elect one of its members as Chairperson at an organizational regular meeting. In the event of a vacancy in the office of Chairperson, the Board may elect a new Chairperson. The Chairperson shall be the Principal Officer of the Board and shall preside at all meetings of the Board. The Chairperson shall appoint all Board committee members and committee chairpersons, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time, to include:
   1. Presiding over all meetings of the Board
   2. Recognizing members entitled to the floor.
   3. Stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote.
   4. Protecting the assembly from annoyance from irrelevant or improper motions through appropriate rules of order.
   5. Assisting in the expediting of business in all ways compatible with the rights of the collective Board and its individual members, and deciding all questions of order.
   6. Informing the assembly, when necessary, or when referred to for the purpose, on a point of order or practice pertinent to pending business.
   7. Authenticating all the acts, orders, and proceedings of the assembly declaring its will and in all things obeying its commands.
   8. Coordinating with the District's CEO and Management for the implementation of Board direction and policies.
   9. Coordinating with District's CEO and Administrative Management for the implementation of Board direction and policies.
   10. Designating and directing members of the Board to undertake special responsibilities and to report to the Chair on those activities as directed.
   11. Appointing members of standing authorized ad-hoc committees with formal notification to the Board in a timely fashion and no later than the next meeting of the Board.
   12. Representing the Board at official functions when necessary.
   13. Serving as spokesperson for the Board regarding Board actions.
   14. Provide regular updates to the Board regarding major activities within the District, utilizing administrative support and in conjunction with the CEO as appropriate.
   15. Counseling individual Board members in conjunction with other Board Members and/or the Chair of the Governance committee at the discretion of the Chair.
   16. Implement processes designed to facilitate the collective awareness of the Board regarding major activities within the district so that all individual Board Members are provided the opportunity to be equally informed.

B. Vice Chairperson. The Board shall elect one of its members as Vice Chairperson at an organizational meeting. In the absence of the Chairperson, the Vice Chairperson shall perform the duties of the Chairperson.

C. Secretary. The Board shall elect one of its members Secretary at an organizational meeting. The Secretary shall provide for review and approval of minutes of all meetings of the Board. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws or as required by law and shall act as custodian of District records and reports and of the District's seal.

D. Treasurer. The Board shall elect one of its members Treasurer at an organizational meeting. The Treasurer shall oversee the safekeeping and disbursal of the funds in the treasury of the District. The Treasurer shall be the chairperson of the Finance Committee. The Treasurer shall have express authority to delegate his or her duties to the Chief Financial Officer of the District.

E. Tenure. Each officer described above shall serve a one-year term, commencing on the first day of January after the organizational meeting at which he or she is elected to the position. Each officer shall hold office until the end of the one-year term, or until a successor is elected, unless he or she shall sooner, resign or be removed from office.

F. Removal. An officer described above may be removed from office by the affirmative vote of four members of the Board not counting the affected Board member. In addition, an officer described above will automatically be removed from office when his or her successor is elected and is sworn in as a Board member.

G. President and Chief Executive Officer. The Board shall select and employ a President and Chief Executive Officer who shall report to the Board. The President and Chief Executive Officer shall have sufficient education,
training, and experience to fulfill his or her responsibilities, which shall include but not be limited to overseeing and managing the day-to-day operations of the District, the District facilities, and implementing the strategic mission and vision of the District as directed by the Board. The Board shall be responsible for developing, maintaining and periodically updating a detailed job description for the President and CEO, which job description shall set forth the specific duties and requirements of the position in compliance with California Code of Regulation Section 79777. All other District employees shall be direct reports of the CEO or his/her subordinates with the exception of the Compliance Officer who shall have the ability to report independently and directly to the Board at their discretion or at the request of the Board Chair.

H. Subordinate Officers. The President and Chief Executive Officer may select and employ such other officers as the District may require, each of whom shall hold office for such period, have such authority, and perform such duties as the President and Chief Executive Officer, in consultation with the Board may from time to time determine.

VII. Article VII: Board Meetings

A. Board Meeting. A meeting of the Board is any congregation of a majority of the members of the Board at the same time and place to hear, discuss or deliberate upon any item that is within the subject matter jurisdiction of the Board. A meeting is also the use of direct communication, personal intermediaries or technological devices that is employed by a majority of the members of the Board to develop a collective concurrence as to action to be made on an item by the members of the Board. Notwithstanding, a majority (four or more members) of the Board may communicate directly or through technological devices for the purpose of calling a special meeting. If such a meeting is properly called for by a majority of the Board, the Board Chair, in conjunction with administrative support shall facilitate the process of scheduling and properly noticing the special meeting in a timely manner, without undue delay and in such a way so as to allow for the attendance of as many Board members as is practically possible.

B. Open to The Public. Meetings of the Board shall be open to the public, except as otherwise provided in applicable laws or regulations, including but not limited to the Brown Act and the Local Health Care District Law.

1. Members of the public shall be afforded an opportunity to provide input to District processes and Board meetings to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law.

C. Quorum. A majority of the voting members of the Board shall constitute a quorum for the transaction of business at any Board Meeting except as otherwise required by law.

D. Manner of Acting. The act of a majority of the members of the Board present at a meeting at which a quorum is present shall be the act of the Board. No act taken at a meeting at which less than a quorum was present shall be valid. The Board may follow Robert’s Rules of Order as guidance when taking action and obtaining information.

E. Disrupted Meetings. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who were willfully interrupting the meeting, the Board Chair may order the meeting room closed and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. The Board Chair may establish a procedure for readmitting an individual or individuals not responsible for willfully disrupting the orderly conduct of the meeting.

F. Medical Staff Representation. With the exception of closed sessions at which such representation is not requested by the Board, the Medical Staff of each Facility shall have the right of representation at all meetings of the Board, by and through the Chief of Staff, or designee, of each Medical Staff, who shall have the right of attendance, the right to participate in Board discussions and deliberations, but who shall not have the right to vote.

G. Regular Meetings.

1. The Board shall hold an annual organizational meeting on or around December, during which the Board shall elect its officers for the next calendar year. One member shall be elected as Chairperson, one as Vice Chairperson, one as Secretary, and one as Treasurer.

2. At the annual organizational meeting, the Board shall pass a resolution stating the dates, times and places of the Board’s regular monthly meetings for the following calendar year. The Board may later change the date, time, or location of a meeting upon resolution made at a regular Board meeting.

3. Notice, including the meeting’s agenda, shall be provided in accordance with Government Code §54954.2(a)(1) at least 72 hours prior to the beginning of regular meetings.

4. The 72-hour requirement can be waived, and items can be added to regular meetings if any of the following criteria are met:

   a. During the meeting, a majority of the Board determines that there is an emergency as defined by Government Code § 54956.5 which would give rise to the ability to call an emergency meeting as described in Section V, I, “Emergency Meetings” or

   b. If at least two thirds of the Board members are present, and by a vote of at least two thirds of those Board members present, the Board determines there is a need to take immediate action, and the need
VIII. Article VIII: Board Committees

A. Appointment. Standing committees are established by the Board and shall be advisory in nature unless otherwise specifically authorized to act by the Board. Members of all committees, whether standing or special (ad hoc) shall be appointed by the Chairperson of the Board.

1. A standing committee of the Board is any commission, committee, board or other body, whether permanent or temporary, which is created by formal action of the Board and has continuing subject matter jurisdiction and/or a meeting schedule fixed by charter, ordinance, resolution, or formal action of the Board. Actions of committees shall be advisory in nature with recommendations being made to the Board.

2. Special or ad hoc committees are appointed by the Chair of the Board and shall exist for a single, limited purpose with no continuing subject matter or jurisdiction. Special or advisory committees shall be advisory in nature and shall make recommendation to the Board. The committee shall be considered disbanded upon conclusion of the purpose for which it was appointed.

B. Standing Committees. There shall be the following standing committees of the Board: Finance; Governance; Audit and Compliance; Human Resources; Strategic and Facilities; Community Relations; and Quality Review. Standing committees will be treated as the Board with respect to Article V of these bylaws. All provisions in Article V that apply to Board members shall apply to members of any standing committee.

1. Finance Committee.
   a. Chairperson. The Board Treasurer may serve as the Chairperson of the Board Finance Committee.
   b. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
   c. The Finance Committee shall consist of six voting members, three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall be three alternate Committee members:
      i. One alternate shall be a member of the Board, also appointed by the Chairperson of the Board, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member: if the Board Member First Alternate is also not available another Board Member may attend as a voting member with Board Chair approval.
      ii. The second and third alternate Committee members shall be the Chiefs of Staff Elect from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff.
   d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Controller, the Chief Nursing Officer Palomar Medical Centers Escondido and Downtown Escondido, and the Chief Nursing Officer Palomar Medical Center Poway.
   e. Duties. Provide oversight to determine and facilitate the financial viability of the organization through the effective establishment of sound policies and development of a system of controls to safeguard the preservation and use of assets and resources. The duties of the Committee shall include but are not limited to:
      i. Review and approve annual and long-range operating cash, operational and capital budgets for the District and its system affiliates (“System”).
ii. Develop and maintain sound understanding of the services of the District's revenues and expenses and its economic environment.

iii. Approve methods of financing major capital asset renovations, replacements and additions.

iv. Review financial reports and operating statistics on a regular basis to provide organizational oversight regarding the appropriateness of actions in response to operating trends in achievement of financial goals.

v. Evaluate and approve financial plans for new business ventures, programs, and services and establish criteria to measure their ongoing viability.

vi. Develop communications in order to enhance the understanding of other members in regard to financial matters of the system.

vii. Review the preliminary, annual operating budgets for the District and Facilities and other entities;

viii. Review and recommend to the Board the final, annual, operating budgets;

ix. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies and procedures; and

x. Perform such other duties as may be assigned by the Board.

2. Audit and Compliance Committee.

1. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

2. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board alternate is also not available another Board Member may attend as a voting member with Board Chair approval.

3. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Compliance Manager, and a physician appointee. Any District executive, representative or director will attend as an invited guest.

a. Duties. Determine and establish that appropriate review mechanisms and management of the District's assets and resources are in place and that the organization complies with all applicable state and federal regulations relative to the audit and financial stewardship of the District. The duties of the Committee shall include but are not limited to:

   i. Routinely review the system of internal controls for the organization.

   ii. Recommend a qualified audit firm to complete independent financial audits of the system and review reports, management letters and recommendations from the firm to assure compliance with recognized audit principles and standards.

   iii. Keep up with trends in the field of health care audit and compliance to help educate other Board members on the latest trends in the industry.

   iv. Approve and review the effectiveness and overall audit scope including but not limited to financial statements, external/internal audits, compliance, internal controls and reporting responsibilities.

   v. Recommend to the Board the approval of the organization's annual audit reports.

   vi. Review annually those policies within its purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing or creation of new policies.

   vii. Assess and monitor the independent status of the outside independent auditors.

   viii. Direct special investigations for the Board.

3. Governance Committee.

a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.

b. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.

c. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer and the Director of Clinical Operations Improvement.

d. Duties. Oversee, establish and monitor the effective and efficient management of the governmental processes of the Board. The duties of the Committee shall include but are not limited to:

   i. Make an annual, comprehensive review of the District bylaws, policies and procedures and receive reports regarding same, and elicit recommendations on such issues from management; and the Board.

   ii. Provide guidance to the CEO in the development of education and orientation programs that enhance member understanding of Board stewardships, health care, issues and management of
the system.

iii. Assist in development and completion of an annual Board self-assessment and where appropriate make recommendations to enhance governance of the organization by its members.

iv. Review and where appropriate make recommendations to the Board on pending or existing state and federal legislation that could affect the direction of the District and Board member responsibilities.

v. Annually review the boundaries of the District to ensure compliance with its charter in the completion of health care stewardship responsibilities.

vi. Review such other issues associated with Palomar Health and/or Board governance and its effectiveness, including but not limited to Board member orientation and continuing education.

vii. Advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications.

viii. Monitor developments, trends and best practices in corporate governance, and propose such actions to the Board.

ix. Perform such other duties as may be assigned by the Board.

4. Human Resources Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. Membership shall consist of no more than three members of the Board and one alternate. The alternate shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.

c. Non-Voting Membership. The President and Chief Executive Officer; the Vice President Human Resources; the Chief Nursing Officers Palomar Medical Centers Escondido, Escondido Downtown and Poway; Vice President Continuum Care; Legal Counsel.

d. Duties. Help develop a workforce environment that effectively translates the District's mission and vision into reality on a daily basis. The duties of the Committee shall include but are not limited to:

i. Review and assess regular reports from administration on the education and development of staff, turnover, completion of performance appraisals, staffing plans, etc. to identify trends and needs and to ensure that governmental agency requirements are met.

ii. Review, understand and recommend Human Resource policies and compensation programs in order to provide an excellent work environment and stewardship of the workforce.

iii. Monitor labor relations program as established by the District and review/recommend changes (in conjunction with the District's Labor Attorney and Administration) to the Board when appropriate.

iv. Keep abreast of changes in Healthcare workforce issues and develop educational programs and communications for the Board to keep them up-to-date on challenges faced by the District.

v. Make recommendations to the President and Chief Executive Officer and the Board to improve communications among the Board, Medical Staffs, District employees and auxiliaries.

vi. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall include recommendations to the Board regarding modification of existing or creation of new policies and procedures; and

vii. Review and make recommendations to the President and Chief Executive Officer and the Board regarding compensation, incentive, and benefit plans offered to District Officers and other employees

viii. Perform such other duties as may be assigned by the Board.

5. Strategic and Facilities Planning Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. The Committee shall consist of six voting members: Three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall be three alternate Committee members: The alternate Committee members for Chief of Staff shall be the Chiefs of Staff elect from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.

i. The alternate(s) shall attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.

c. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Chief Nursing Officer Palomar Medical Centers Escondido and Downtown Escondido, the Chief Nursing Officer Palomar Medical Center Poway, the Vice President Strategy and Business Development, the Vice President Supply Chain, Purchasing and Construction, Legal Counsel, the Vice President Human Resources, the Vice President Philanthropy, and a board member of the Palomar Health Foundation, recommended by the Foundation and approved by the Committee Chairperson. As
needed, other appropriate relevant staff in facilities, planning and compliance may be requested to attend to facilitate the work of the Committee.

d. Duties. The duties of the Committee shall include but are not limited to:
   i. Regarding the Strategic Function: Review, assess and establish that the mission and vision of the Board are implemented in an effective and meaningful manner through the establishment and implementation of plans and programs that enhance the well-being of the citizens of the District.
      I. Review and make recommendations to the Board regarding the District’s short and long range strategic plans, master and facility plans, physician development plans and strategic collaborative relationships.
      II. Review the development of new programs and system initiatives to ensure their direction is in accordance with the mission and vision of the organization and support the strategic plans of the District.
      III. Monitor completion of annual goals in order to ensure their effective completion on behalf of the system.
      IV. Recommend educational programs and enhance Board members understanding of trends in the local, State and National health care arena and issues affecting the system.
      V. Review annually those policies within the Committee’s purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new policies.
      VI. Perform such other duties as may be assigned by the Board.
   ii. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization and replacement of the Health System facilities and grounds in order to promote the physical life of the assets belonging to the District; and to ensure the safety and well-being of those working in and being served in the facilities and on the grounds.
      I. Approve the annual Facilities Development Plan and regularly review updates on implementation of plan;
      II. Receive a biannual Environment of Care report;
      III. Perform such other duties as may be assigned by the Board
      IV. Advise the Finance Committee with respect to the need of adequate projects funding.
      V. Ensure that the District is in compliance with governmental agency and accreditation requirements with respect to earthquake and disaster preparedness, fire and safety codes, environmental standards and physical security needs, etc.
      VI. Provide oversight regarding the maintenance of facilities and grounds and implementation of improvement projects.
      VII. Ensure that a long-term facility plan is developed and updated regularly.
      VIII. Perform such other duties as may be assigned by the Board.

6. Quality Review Committee.
   a. Voting Membership. The Committee shall consist of five voting members, including three members of the Board and the Chairs of Medical Staff Quality Management Committees of Palomar Medical Center Escondido and Palomar Medical Center Poway. T
   b. Non-Voting Membership. The President and Chief Executive Officer, Chief Operations Officer, Chief Financial Officer, Chief Legal Officer, Chief Medical Officer, and the Chief Nursing Officers of Palomar Medical Center Escondido and Palomar Medical Center Poway, the Medical Quality Officer, and the Sr. Director of Quality and Patient Safety.
   c. Duties. The duties of the Committee shall include but are not limited to:
      i. Oversight of performance improvement and patient safety. All referrals and /or recommendations will be sent to the Board of Directors for final approval.
      ii. Annual review of credentialing and privileging process of the medical staff
      iii. Periodic review of caregiver performance using objective data to recognize success and identify opportunities for improvement.

7. Community Relations Committee.
   a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
   b. The Committee shall consist of five voting members, including three members of the Board and one alternate who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Committee member; the President and Chief Executive Officer, and a Board member of the Palomar Health Foundation recommended by the Foundation and approved by the Committee Chairperson. If the Board Member First Alternate is also not available another board Member may attend as a voting member with Board Chair approval.
   c. Non-Voting Membership. The Chief Operations Officer, the Vice President of Continuum Care, the Foundation Philanthropy Officer, the Director of Marketing, an RN representative, and two
representatives of the Palomar Health Patient and Family Advisory Committee
d. Duties. Develop plans and programs that help to communicate the District's mission and vision to
various constituents and related groups and to educate the public on Healthcare and wellness issues
facing the citizens of the District. The duties of the Committee shall include but are not limited to:
   i. Review and make recommendations to the Board regarding the District's community relations and
      outreach activities, including marketing, community education and wellness activities.
   ii. Review marketing procedures to ensure that they support the District's mission and goals. Such
      policies shall include market research, specific and marketing program planning and
development, and internal and external communications. The Committee shall report its review of
      such policies to the Board on a regular basis.
   iii. Serve as Board liaison to the Foundation and quarterly review, recommend and prioritize capital
      projects and contemplated funding requests to the Foundation's Board of Directors, and review
      annual reports from the Foundation regarding donations and projects funded during the previous
      year.
   iv. Review annually those policies within the Committee's purview and report the results of such
      review to the Board. Such reports shall include recommendations regarding the modification of
      existing, or creation of new, policies.
   v. Advise the Board on issues relating to health care advisory councils and District grant
      procurements.
   vi. Undertake planning regarding the District's community relations and outreach activities, including
      marketing, community education and wellness activities.
   vii. Perform such other duties as may be assigned by the Board.

C. Special Committees. Special or ad hoc committees may be appointed by the Chairperson who will then notify
the Board for special tasks as circumstances warrant and upon completion of the task for which appointed, such
special committee shall stand discharged. All recommendations must be ratified by the Board prior to any action
taken.

D. Advisors. A committee chairperson may invite individuals with expertise in a pertinent area to voluntarily work
with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a
quorum and may be excluded from any committee session at the discretion of the committee chairperson.

E. Meetings and Notice. Meetings of a committee may be called by the Chair of the Board, the chairperson of the
committee, or a majority of the committee’s voting members. The chairperson of the committee shall be
responsible for contacting alternate committee members in the event their participation is needed for any given
committee meeting.

F. Quorum. A majority of the voting members of a committee shall constitute a quorum for the transaction of
business at any meeting of such committee.

G. Manner of Acting. The act of a majority of the members of a committee present at a meeting at which a quorum
is present shall be the act of the committee so meeting. Each committee shall keep minutes of its proceedings
and shall report to the Board. No act taken at a meeting at which less than a quorum was present shall be valid.

H. Tenure. Each member of a committee described above shall serve a one-year term, commencing on the first day
of January after the annual organizational meeting at which he or she is elected or appointed. Each committee
member shall hold office until a successor is elected, unless he or she sooner resigns or is removed from office
by the Board.

IX. Article IX: Medical Staffs

A. Organization.
   1. There shall be separate Medical Staff organizations for both Palomar Medical Center Escondido/Palomar
      Health Downtown Campus and for Palomar Medical Center Poway with appropriate officers and bylaws.
      The Medical Staff of each Hospital shall be self-governing with respect to the professional work performed in
      that Hospital. Membership in the respective Medical Staff organization shall be a prerequisite to the exercise
      of clinical privileges in each Hospital, except as otherwise specifically provided in each Hospital's Medical
      Staff bylaws.
   2. District Facilities other than the Hospitals may also have professional personnel organized as a medical or
      professional staff, when deemed appropriate by the Board pursuant to applicable law and Joint Commission
      and/or other appropriate accreditation standards. The Board shall establish the rules and regulations
      applicable to any such staff and shall delegate such responsibilities, and perform such functions, as may be
      required by applicable law and Joint Commission and/or other appropriate accreditation standards. To the
      extent provided by such rules, regulations, laws and standards, the medical or professional staffs of such
      Facilities shall perform those functions specified in this Article VIII.

B. Medical Staff Bylaws. Each Medical Staff organization shall propose and adopt by vote bylaws, rules and
regulations for its internal governance which shall be subject to, and effective upon, Board approval, which shall
not be unreasonably withheld. The bylaws, rules and regulations shall be periodically reviewed for consistency
with Hospital policy and applicable legal and other requirements. The bylaws shall create an effective
administrative unit to discharge the functions and responsibilities assigned to the Medical Staffs by the Board. The bylaws, rules and regulations shall state the purpose, functions and organization of the Medical Staffs and shall set forth the policies by which the Medical Staffs exercise and account for their delegated authority and responsibilities. The bylaws, rules and regulations shall also establish mechanisms for the selection by the Medical Staff of its officers, departmental chairpersons and committees.

C. Medical Staff Membership and Clinical Privileges.

1. Membership on the Medical Staffs shall be restricted to Practitioners who are competent in their respective fields, worthy in character and in professional ethics, and who are currently licensed by the State of California. The bylaws of the Medical Staffs may provide for additional qualifications for membership and privileges, as appropriate.

2. While retaining its ultimate authority to independently investigate and/or evaluate Medical Staff matters, the Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out Medical Staff activities, including the investigation and evaluation of all matters relating to Medical Staff membership, clinical privileges and corrective action. The Medical Staffs shall forward to the Board specific written recommendations, with appropriate supporting documentation that will allow the Board to take informed action, related to at least the following:
   a. Medical Staff structure and organization;
   b. The process used to review credentials and to delineate individual clinical privileges;
   c. Appointing and reappointing Medical Staff members, and restricting, reducing, suspending, terminating and revoking Medical Staff membership;
   d. Granting, modifying, restricting, reducing, suspending, terminating and revoking clinical privileges;
   e. Matters relating to professional competency;
   f. The process by which Medical Staff membership may be terminated; and
   g. The process for fair hearing procedures.

3. Final action on all matters relating to Medical Staff membership, clinical privileges and corrective action shall be taken by the Board after considering the Medical Staff recommendations. The Board shall utilize the advice of the Medical Staff in granting and defining the scope of clinical privileges to individuals, commensurate with their qualifications, experience, and present capabilities. If the Board does not concur with the Medical Staff recommendation relative to Medical Staff appointment, reappointment or termination of appointment and granting or curtailment of clinical privileges, there shall be a review of the recommendation by a conference of two Board members and two members of the relevant Medical Staff, before the Board renders a final decision.

4. No applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, color, or national origin, or on the basis of any other criterion lacking professional justification. The Hospitals shall not discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his or her licensure, or against a physician, dentist or podiatrist on the basis of whether the physician or podiatrist holds an M.D., D.O., D.D.S., D.M.D. or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

D. Performance Improvement.

1. The Medical Staffs shall meet at regular intervals to review and analyze their clinical experience, in order to assess, preserve and improve the overall quality and efficiency of patient care in the Hospitals and other District Facilities, as applicable. The medical records of patients shall be the basis for such review and analysis. The Medical Staffs shall identify and implement an appropriate response to findings. The Board shall further require mechanisms to assure that patients with the same health problems are receiving a consistent level of care. Such performance improvement activities shall be regularly reported to the Board.

2. The Medical Staffs shall provide recommendations to the Board as necessary regarding the organization of the Medical Staffs’ performance improvement activities as well as the processes designed for conducting, evaluating and revising such activities. The Board shall take appropriate action based on such recommendations.

3. The Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out these performance improvement activities. The Board, through the President and Chief Executive Officer, shall provide whatever administrative assistance is reasonably necessary to support and facilitate such performance improvement activities.

E. Medical Records. A complete and accurate medical record shall be prepared and maintained for each patient.

F. Terms and Conditions. The terms and conditions of Medical Staff membership, and of the exercise of clinical privileges, shall be as specified in the Hospitals’ Medical Staff bylaws.

G. Procedure. The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action, shall be specified in the applicable Medical Staff bylaws.
H. Appellate Review. Any adverse action taken by the Board with respect to a Practitioner’s Staff status or clinical privileges, shall, except under circumstances for which specific provision is made in the Medical Staff bylaws, be subject to the practitioner’s right to an appellate review in accordance with procedures set forth in the bylaws of the Medical Staffs.

X. Article X: Claims and Judicial Remedies
A. Claims. The District is subject to Division 3.6 of Title 1 of the California Government Code, pertaining to claims against public entities. The Chief Executive Officer, or his or her designee, is authorized to perform those functions of the Board specified in Part 3 of that Division, including the allowance, compromise or settlement of any claims where the amount to be paid from the District’s treasury does not exceed $50,000.

XI. Article XI: Amendment
A. These bylaws may be amended or repealed by vote of at least four members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise indicated by the Board.

Document Owner: DeBruin, Kevin
Approvals
- Committees:
Original Effective Date: 06/07/2018
Revision Date: [12/22/2020 Rev. 7]
Attachments: Conflict of Interest Code
(REFERENCED BY THIS DOCUMENT)

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ADDENDUM D
TO: Board of Directors  
FROM: John Clark - Chair Board Audit & Compliance Committee  
DATE: Wednesday, April 21, 2021  
RE: Board Audit & Compliance Committee – Tuesday, April 20, 2021 Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Clark & Edwards- Tate  
Absences: Director Griffith  

Public Comment: There were no public comments.

FOLLOW UP ITEMS:

- **Moss Adams Audit Update**: Noted as a follow up item because the last Board Audit & Compliance meeting occurred in June, before the finalization of the 2019/2020 fiscal audit. The update is that the Audit results were presented to the Full Board in which the Directors in this meeting were present.

ACTION ITEMS:

1. **Minutes** – The minutes from Wednesday, February 24, 2021 Board Audit & Compliance Committee meeting were approved as written. Motion approved. All in favor, none opposed.

2. **Review Audit & Compliance Committee Section in Bylaws** - Committee members reviewed the Audit & Compliance Committee Section within the Bylaws. No revisions noted. No changes made. Motion approved. All in favor, none opposed.

3. **Moss Adams Audit Plan** - Verbal Update from Michael Bogert, Chief Financial Officer. Preliminary plan for Moss Adams Audit to start their interim work mid-May through June. Typically Start in August spending 3-4 weeks on the audit. More information will be shared at the next meeting.

4. **Physician Contracting Audit** - Ben Durie, Partner with Hooper Lunder & Bookman, presented the Palomar Health Physician Contract Review with the purpose to evaluate for compliance with Stark Law and Anti-kickback statues. Review included samples of medical directorships, call coverage, general professional agreements, physician recruitment agreements and real property leases. Did not include all contract, tax information or sufficiency of documentation. Recommendations: Review overlap between services of physicians with multiple agreements, Review all professional service agreements, and conduct payment audits.

5. **Audit of Compliance Department** - Gregory King, Compliance Manager shared that the DOJ and OIG ask that an audit of the Compliance department is done every 3 years. The last assessment was completed in 2018

AGENDA ITEMS FOR NEXT MEETING:

Moss Adams Audit Update
Memorandum

To: Board of Directors
From: Laura Barry, Chair, Board Finance Committee
Date: May 10, 2021
Re: Board Finance Committee, April 28, 2021, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Barry, Greer & Edwards-Tate

ACTION ITEMS

- **Minutes, Wednesday, February 24, 2021, Board Finance Committee Meeting**: Reviewed and approved the draft minutes from the Wednesday, February 24, 2021, Board Finance Committee meeting

- **Executed, Budgeted, Routine Physician Agreements¹**: Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreements that had been administratively approved, signed and became effective in January 2021

- **Resolution No. 05.10.21(01)-11 of the Board of Directors of Palomar Health Designating Subordinate Officers of the District**: Reviewed and recommended approval of the Resolution, which supersedes the previous Resolution by adding the Chief Administrative Officer as a designated subordinate officer

- **Designation of Applicant’s Agent Resolution for Non-State Agencies – Resolution No. 05.10.21(02)-12**: Reviewed and recommended approval of the Resolution, which more narrowly defines the officials authorized to work with Cal OES regarding grant funding from FEMA for the Federal Medical Station at Palomar Medical Center Escondido

- **March 2021 and YTD FY2021 Financial Report**: Reviewed the Financial Reporting Packet and recommended approval of the March 2021 and YTD FY2021 financial performance, which reflected operating income of $2.6M, favorable to budget by $1.3M, and net income of $1.6M, favorable to budget by $825K

¹ Backup documentation may be reviewed elsewhere in the agenda packet
Memorandum

TO: Board of Directors

FROM: Jeff Griffith, EMT-P, Chair, Board Governance Committee

DATE: Tuesday, April 6, 2021

RE: Board Governance Committee Meeting Summary

BOARD MEMBER ATTENDANCE: Chairman Jeff Griffith, Directors Laura Barry and Terry Corrales.

Public Comment: There were no public comments.

FOLLOW-UP ITEMS FROM February 4, 2021

• NA

ACTION ITEMS:

1. Meeting Minutes: The committee reviewed the Thursday, February 4, 2021 Board Governance Committee meeting minutes. Motion by Director Barry 2nd by Director Griffith and carried to approve the Thursday, February 4, 2021 meeting minutes as written

Review Policies:

2. Information Request #63356 &

3. Access to Board District Records #20630:

Motion approved to retire the redundant policy, Access to Board District Records #20630 and incorporate confidentiality statement into the more robust Information Request policy #63356. Motion approved to update title to Information Request by Board Members

4. Committee Updates to Bylaws: Annual review of Committee Sections in Bylaws, general housekeeping items. Motion approved to update the Board Strategic & Facilities Planning changes as presented; reformatted alternates language and title updates to align with the updated PH Organizational structure. Motion approved to update Board Quality Review Committee changes as presented; title updates to align with the updated PH Organizational structure. Motion approved to update the Board Human Resources Committee changes as presented; title updates to align with the updated PH Organizational structure.

5. Review of Bylaws #59212: Shared for general information. Motion approved to update principle office address of the district to new location of 2125 Citracado, Suite 300, Escondido, Ca 92029

STANDING ITEMS:

• Legislative Update: The Hurst, Brooks, Espinosa legislative update, dated March 29, 2021 was reviewed per the attached

• Lucidoc Policy Listing: The Lucidoc List of Board Policies was reviewed per the attached.

ROUNDABLE: NA
To:       Board of Directors
From:    Linda Greer, RN, and Chair, Board Quality Review Committee
Date:    May 5, 2021
Re:       Wednesday, April 28, 2021, Board Quality Review Committee – Meeting Summary

BOARD MEMBER ATTENDANCE:  Directors, Linda Greer, RN; Laura Barry, and Terry Corrales, RN

Excused Absence:  N/A

Medical Executive Committee / Quality Management Committee Updates – Dr. Kanchan Koirala, MD, provided a report for the Medical Executive Committee and Quality Management Committee of PMC Escondido and PMC Poway.

- QMC approved a plan for the Quality Team to provide training and educational packages for providers in regards to patient care handling and handoffs, as a result of this year’s failure modes and effects analysis.

ACTION ITEM:

- Minutes from Wednesday, February 24, 2021 Board Quality Review Committee Open/Closed Session: Minutes for this meeting were approved as submitted. All in favor. None were opposed.

- Adopt 2021 Board Quality Review Committee Reporting Calendar – Approved as submitted. All in favor. None were opposed.

- Annual Review of Quality Assessment Performance Improvement Plan, 11234 (QAPI) – Approved as submitted. All in favor. None were opposed.

- Infection Prevention and Control Risk Assessment and Surveillance Plan, 15412 – Approved as submitted. All in favor. None were opposed.

- 2021 Home Health (HH) Infection Control Surveillance Plan – Approved as submitted. All in favor. None were opposed.

- 2021 The Villas at Poway (VillaPom) Infection Control Surveillance Plan – Approved as submitted. All in favor. None were opposed.
NEW BUSINESS:

- **Annual Report: Trauma Program** – Doctor John Steele presented the Trauma Program Annual Report to the committee.


- **Annual Report: Infection Control and Prevention** - Doctor Sandeep Soni and Valerie Martinez presented the Infection Control and Prevention Annual Report to the committee.

- **Biennial Report: Regulatory Update** – Jami Plearson and Tricia Kassab presented the biennial regulatory report to the committee.