BOARD OF DIRECTOR’S MEETING
AGENDA PACKET

June 14, 2021
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*
Board of Directors Meeting
June 14, 2021 | Meeting will begin at 6:30 p.m.

Request for Public Comments

Palomar Health values your comments! If you would like to make a public comment, **please enter your name and words “Public Comment” in the chat function once the meeting opens.** Those who submit a request will be called on during the Public Comments section.

Public Comments Process

Pursuant to the Brown Act, the Board of Directors can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there are two public comment periods at the beginning and end of the meeting for 15 minutes each. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment periods are an opportunity to address the Board of Directors on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.
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, May 10, 2021 (Pp12-13)
   B. Board of Directors Meeting - Monday, May 10, 2021 (Pp14-39)
   C. Special Closed Session Board of Directors Meeting - Thursday, May 27, 2021 (Pp40-41)

VI. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD B)
   A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments (Pp43-68)
   B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments (Pp69-70)
   C. Modification to the Department of Surgery Rules and Regulations for Palomar Medical Center
      Escondido (Redline version Pp71-85 Clean version Pp86-98)
   D. Modification to the Department of Pediatrics Rules and Regulations for Palomar Medical Center
      Escondido (Redline version Pp99-109 Clean version Pp110-120)
   E. New Pediatric Nurse Practitioner Clinical Privileges Checklist for Palomar Medical Center Escondido
      and Palomar Medical Center Poway (Pp121-125)
   F. New Medical Staff Care Concern Line Policy for Palomar Medical Center Escondido (P126)
   G. Modification to the Allied Health Practitioner Admission and Co-Signature Policy for Palomar Medical
      Center Escondido and Palomart Medical Center Poway (Redline version Pp127-128 Clean version
      Pp129-130)

VII. PRESENTATIONS
   A. Quality and Patient Safety

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. President and CEO - Diane Hansen
         a. COVID-19 Update
      2. Chair of the Board - Linda Greer, R.N.

Please join my WEBEX meeting from your computer, tablet or smartphone.
https://palomarhealth.webex.com/palomarhealth/j.php?MTID=m87ff5c5c72e6b5dfda3bf1fa51a57c20

You can also dial in using your phone.
United States: +1-415-655-0001
Access code: 145 578 2396
+1-415-655-0001,,1455782396##

New to WEBEX? Get the app now and be ready when your first meeting starts: https://www.webex.com/downloads.html
IX. * APPROVAL OF BYLAWS, CHARTERS, POLICIES, RESOLUTIONS

(ADD C)

<table>
<thead>
<tr>
<th>Item</th>
<th>Board Committee</th>
<th>Action</th>
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<tbody>
<tr>
<td>A. Resolution No. 06.14.21(01)-14 of the Board of Directors of</td>
<td>Strategic and</td>
<td>Review/Approve</td>
</tr>
<tr>
<td>Palomar Health Establishing a Revision to the Date, Time and</td>
<td>Facilities</td>
<td>9</td>
</tr>
<tr>
<td>Location for the Regular Meetings of the Board Strategic &amp; Facilities</td>
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<tr>
<td>Planning Committee for the Remainder of Calendar Year 2021 and</td>
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<tr>
<td>January 2022 (P132)</td>
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<tr>
<td>B. Extraordinary Event Management - Lucidoc Policy #58873</td>
<td>Governance</td>
<td>Review/Approve</td>
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<td>(Pp133-134)</td>
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<td>10</td>
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</table>

X. COMMITTEE REPORTS (ADD D)

A. Audit & Compliance Committee - John Clark, Committee Chair *(committee was dark in May)*
B. Community Relations Committee - Laurie Edwards-Tate, Committee Chair *(P136)*
C. Finance Committee - Laura Barry, Committee Chair *(committee was dark in May)*
D. Governance Committee - Jeff Griffith, Committee Chair *(Pp137-138)*
E. Human Resources Committee - Terry Corrales, Committee Chair *(committee was dark in May)*
F. Quality Review Committee - Linda Greer, Committee Chair *(committee was dark in May)*
G. Strategic & Facilities Planning Committee - Richard Engel, Committee Chair *(Pp139-162)*

XI. BOARD MEMBER COMMENTS / AGENDA ITEMS FOR NEXT MONTH 10 7:50

XII. PUBLIC COMMENTS¹ 15 8:05

XIII. FINAL ADJOURNMENT 1 8:06

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

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

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

Minutes
Board of Directors Meetings
May 2021

TO: Board of Directors

MEETING DATE: Monday, June 14, 2021

FROM: Debbie Hollick, Assistant to the Board of Directors

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

Budget Impact: N/A

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

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: June 14, 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:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: Monday, June 14, 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: June 14, 2021

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

Background: Update to the Department of Surgery 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: June 14, 2021

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

Background: Update to the Department of Pediatrics 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: June 14, 2021

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

Background: New – Pediatric Nurse Practitioner Privilege Checklist

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: June 14, 2021

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

Background: Medical Staff Care Concern Line Policy created for candid reporting of care concerns or frustrations

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

<table>
<thead>
<tr>
<th>COMMITTEE RECOMMENDATION: Approval</th>
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<tbody>
<tr>
<td>Motion: X</td>
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<tr>
<td>Individual Action:</td>
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<td>Information:</td>
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<tr>
<td>Required Time:</td>
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Form A
TO: Board of Directors

MEETING DATE: June 14, 2021

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

Background: Allied Health Professional Admission and Co-Signature Policy – updated to reflect standard used language and Corporate Health/ExpressCare removed.

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: Monday, June 14, 2021
FROM: Board Strategic & Facilities Planning Committee
      Tuesday, May 25, 2021
BY: Richard C. Engel, Chair, Board Strategic & Facilities Planning Committee

Background: As has been adopted by several of the other Board Committees for Calendar Year 2021, it was
recommended that the schedule for the regular meetings for the remainder of calendar year 2021 and for the
January 2022 meeting be amended as noted below:

- A change in the meeting rotation, from monthly to bi-monthly, with meetings to be held in odd months

It was further recommended that meetings be held virtually until further guidance regarding the ability to again
meet in person had been received from the appropriate authorities. The Board Conference Room in Suite 300 of
Palomar Health Outpatient Center I, located at 2125 Citracado Parkway in Escondido, has been reserved for when
in-person meetings can again occur.

As a procedural matter, the first meeting of the following calendar year has historically been held following the
same schedule as the prior calendar year. Therefore, it was further recommended that the first meeting in
calendar year 2022 remain as previously scheduled, on Tuesday, January 25, 2022, at 5:30 p.m., with the location
to be determined.

The resulting scheduled dates would be:

<table>
<thead>
<tr>
<th>Tuesday</th>
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Resolution No. 06.14.21(01)-13 has been drafted to present the recommended schedule and is attached for the
Board’s review and approval.

Budget Impact: N/A

Staff Recommendation: Meeting schedule as per discussion at meeting and resulting Board Strategic & Facilities
Planning Committee approval.

Committee Questions: Chair Engel asked if the passage of the Resolution would preclude the Chair of the
Committee from scheduling special meetings of the Committee if needed, and he was informed that it would not.

COMMITTEE RECOMMENDATION: The Board Strategic & Facilities Planning Committee recommends approval of
Resolution No. 06.14.21(01)-13 of the Board of Directors of Palomar Health Establishing a Revision to the Date,
Time and Location for the Regular Meetings of the Board Strategic & Facilities Planning Committee for the
Remainder of Calendar Year 2021 and January 2022. Approval recommended 4 to 0 by the Committee: Board
Members 3 to 0; Absent: 0.

Motion:
Individual Action: X
Information:
Required Time:
TO: Board Governance Committee

MEETING DATE: Tuesday, June 1, 2021

FROM: Thea McKenzie – Committee Secretary

Background:

Budget Impact: N/A

Staff Recommendation: Review/ Approve

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
ADDENDUM A
**SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, MAY 10, 2021**

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION / ACTION</th>
</tr>
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<tbody>
<tr>
<td><strong>DISCUSSION</strong></td>
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<tr>
<td><strong>I. CALL TO ORDER</strong></td>
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Pursuant to California Governor Newsom’s Executive Order N-29-20 the meeting was held virtually and called to order at 6:00 p.m. by Board Chair Linda Greer who noted that, in an effort to streamline the meetings, Board Secretary Corrales would be the designated timekeeper, Director Marketing & Communications Bobette Brown would handle the public comments and meeting presentations and Vice President Information Technology David Pape would coordinate the meeting technology.

**NOTICE OF MEETING**

Notice of Meeting was posted at Palomar Health’s Administrative office as well as on the Palomar Health website on Tuesday, May 4, 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. ADJOURNMENT TO CLOSED SESSION**

A. Conference with Legal Counsel—Existing Litigation (Govt. Code §54956(a)): Case Name Unspecified due to Existing Settlement Negotiations

**V. RE-ADJOURNMENT TO OPEN SESSION**

**VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY**
## SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, MAY 10, 2021

### AGENDA ITEM | CONCLUSION / ACTION
--- | ---
### • DISCUSSION
- There was no action resulting from closed session

### VII. PUBLIC COMMENTS
- There were no public comments

### VIII. FINAL ADJOURNMENT
- There being no further business, the meeting was adjourned at 6:29 p.m. by Board Chair Greer

### SIGNATURES:

<table>
<thead>
<tr>
<th>BOARD SECRETARY</th>
<th>Terry Corrales, R.N.</th>
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<tbody>
<tr>
<td>BOARD ASSISTANT</td>
<td>Debbie Hollick</td>
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</table>
**Board of Directors Meeting Minutes – Monday, May 10, 2021**

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discussion</td>
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**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 Wednesday, May 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 6:36 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***
## Board of Directors Meeting Minutes – Monday, May 10, 2021

### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Special Closed Session Board of Directors Meeting - Monday, April 12, 2021</td>
<td>A. <strong>MOTION</strong>: By Director Edwards-Tate, 2nd by Director Clark and carried to approve the Monday, April 12, 2021 Special Closed 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, April 12, 2021</td>
<td>B. <strong>MOTION</strong>: By Director Edwards-Tate, 2nd by Director Clark and carried to approve the Monday, April 12, 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>
| C. Special Board Education Session - Tuesday, April 13, 2021 | A. There was no discussion  
B. There was no discussion  
C. Chief Legal Officer Kevin DeBruin advised that minutes do not need to be taken at board education sessions, and therefore would not require approval  

### VI.* APPROVAL OF AGENDA to accept the Consent Items as listed
Board of Directors Meeting Minutes – Monday, May 10, 2021

Agenda Item

- Discussion

A. March 2021 & YTD FY2021 Financial Report
B. Executed, Budgeted, Routine Physician Agreements
C. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments
D. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments
E. Modification to the Gastroenterology Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
F. Modification to the Nurse Practitioner Acute Care Clinical Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
G. Modification to the Physician Assistant Acute Care Clinical Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
H. Modification to the Department of Medicine Rules and Regulations for Palomar Medical Center Escondido
I. Modification to the Department of Trauma Rules and Regulations for Palomar Medical Center Escondido
J. Modification to the Privileging Criteria for Metabolic and Bariatric Surgery Policy for Palomar Medical Center Poway
K. Modification to the Department of Surgery Rules and Regulations for Palomar Medical Center Poway

<table>
<thead>
<tr>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td>A. MOTION: By Director Barry, 2\textsuperscript{nd} by Director Edwards-Tate and carried to approve Consent Agenda items A. – K. 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>

There was no discussion of Consent Agenda Items A. – K.

VII. PRESENTATIONS

A. Quality and Patient Safety
Board of Directors Meeting Minutes – Monday, May 10, 2021

Agenda Item

- **Discussion**
  - Chief Operations Officer Sheila Brown introduced Karin Giron-DeCrane, who shared her appreciation for the outstanding care her brother is receiving as a patient at the Villas in Poway, especially during the COVID-19 pandemic. Villas staff scheduled weekly virtual meetings with her brother and the family; they even held parades where family members could drive by to see their loved ones. A drive-through birthday party was set up for him during his October birthday so the family could spend the day with him and remind him that he is loved very much and not forgotten. Ms. Giron-DeCrane also noted that the staff at Palomar Medical Center Escondido did everything they could to save his life when he was admitted there due to an opioid overdose. She will be forever grateful for the empathy, love and dignified care that has been shown to her brother and the entire family. Noting that the staff deserves all the glory as they do an exceptional job. She wished to extend special thanks to staff members Alicia Lockett and Shawn Laird, who went over and above in their service to her brother

  - Board Chair Greer noted that the board is very proud of all staff, physicians and providers, and can see the passion Ms. Giron-DeCrane has for her brother’s care. She thanked her for sharing her important story with the board

- **Conclusion/Action/Follow Up**

B. Budget Process Update

- Chief Financial Officer Michael Bogert provided a verbal update of the budget process, noting that performing any of the usual forecasting functions have been extremely difficult during the pandemic. Has been working with the department heads and V.P.’s vis-à-vis planning and structuring in this new normal. On schedule to have the budget produced at the end of this month, and present to the board for approval in June

- Board Chair Greer shared her appreciation with the board members for scheduling their individual meetings with Mr. Bogert and his team to review the budget, noting that the binders will be forwarded to the board prior to the meetings in order that they may review and have their questions ready at that time

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:

   - Currently reviewing a process that will enable the pulling together of all physician complaints / concerns into one repository to facilitate the ease and consistency of reporting and oversight

   - Created a Care/Concern phone line for physicians, providers and practitioners to share their frustrations, processes, etc. with Dr. Pasha, who in turn forwards the issues to the appropriate parties for timely review and follow up.
### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td>Palomar Medical Center Poway Chief of Staff Edward Gurrola II, M.D. provided the following report:</td>
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<td>• Clarifying general surgery coverage due to the June departure of one of the long practicing physicians, who is based in Temecula. Exploring physician recruitment opportunities for permanent position coverage, however currently have coverage through the month of August</td>
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<td>• Working with IT to access the medical records of Arch and Graybill patients throughout current system</td>
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<td>• Administration has graciously agreed to pursue an accelerated software that will greatly speed up the ability to analyze MRI’s and CT’s for stroke code patients</td>
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<td>• When the downtown campus closed, the acute rehab unit was transferred to Poway; it is now moving to its new permanent home near the Escondido campus. The move will facilitate PMC Poway’s reopening of its 15 med surg beds. Expressed his appreciation to administration for delivering on the promise that this process would be completed on time</td>
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<tr>
<td>• Board Chair Greer also thanked Ms. Hansen and the administration team for their great work in this regard</td>
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### B. Administrative

1. Foundation Chair

   • In Foundation Board Chair Kirk Effinger’s absence, Palomar Health President & CEO Diane Hansen introduced the board to the new Interim Vice President Philanthropy Kristin Gaspar, who noted she is looking forward to working with the board and administration
   • Utilizing the attached report, Ms. Gaspar provided an update on Foundation activities and fundraising, including a video from former board member Dr. Doug Moir highlighting the new physician quarters and conference center to be developed at the PMC Escondido campus
   • Expressed appreciation to Mr. Arie de John for underwriting the mechanical restoration of the WWII ambulance; also thanked the board for their support in this regard. Goal is to complete the project in time for the October fundraising gala. Will provide a positive physical presence for use out in the community. Currently there are six different design options for the color scheme of the ambulance. Potential for community involvement with selection of the final ambulance colors
     • Board Chair Greer requested Director Griffith bring the matter to the next board meeting for their review and input in this regard

2. President and CEO
### Board of Directors Meeting Minutes – Monday, May 10, 2021

**Agenda Item**

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td>Palomar Health President and CEO Diane Hansen provided the following report:</td>
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<tr>
<td>Thanked Bobette and David for spinning up this new virtual meeting platform, noting that she believes it will provide a smoother meeting experience</td>
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<td>Nurses and Hospital Week – many celebrations and events on tap; activities for each day this week. This is a great way to recognize the Palomar Health team and the incredible work they do, especially during this last year with the pandemic</td>
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<tr>
<td>Shared the appreciation video linked below, which was created to honor the Palomar Health team for their amazing work during COVID-19. Noted that heroes work here every day; they make us so proud of the work we do and the patients we care for. They truly make a difference in the lives of our community members. Ms. Hansen added that this is why she gets up every day - to come to work with this outstanding team <a href="https://vimeo.com/524018616/ee6952321d">https://vimeo.com/524018616/ee6952321d</a></td>
<td></td>
</tr>
<tr>
<td>Update on Ransomware attack at Scripps: as the attack was very comprehensive, their systems are still down at this time. Reported that Palomar is safeguarding our systems by shutting down any communications with Scripps as well as shutting down physician communication to any personal devices. The entire system has been thoroughly scanned; next steps will be to bring in a 3rd party vendor to perform a second thorough scan to ensure everything is properly safeguarded. Appreciates everyone’s patience during this time as we perform our due diligence to safeguard all of our electronic information. Arch and Graybill will be implementing these same processes</td>
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<tr>
<td>The Downtown campus escrow is set to close by end of June. The COVID-19 vaccination clinic, which had been located there, closed on April 30; will be wrapping it into the CSUSM vaccination location. Also looking to find another venue for the monoclonal antibody clinic in order to keep working with the county and state to continue providing that valuable treatment to our communities</td>
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<td>Thanked Directors Greer, Corrales, and Barry for attending the PH Rehabilitation Institute ribbon cutting; appreciates their continued support. Invited rest of board to reach out to her should they wish to set up a tour. Noted that it is an impressive facility; incredible work and recoveries will occur there</td>
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<tr>
<td>Shared a grateful patient letter in honor of Hospital Week – the patient noted that he was in good hands during his whole stay, and that the hospital environs are stunning. He added that most importantly, the attitude and caring spirit of everyone he came into contact with was first rate, and that the total experience is what makes Palomar Health the star facility it has become. Ms. Hansen again reiterated that she is so proud of the work everyone is doing every day</td>
<td></td>
</tr>
</tbody>
</table>

3. Chair of the Board
### Agenda Item

**Board of Directors Meeting Minutes – Monday, May 10, 2021**

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion</td>
<td></td>
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</table>

Palomar Health Board Chair Linda Greer provided the following report:

- Attended the recent Home Health Professional Advisory Committee meeting. The committee helps to advise the Home Health Agency on its strategic direction including operations, financial management, services and quality. The agency annual review is conducted by members of the committee, which includes individuals from departments within Palomar Health, citizens from the community, medical staff representatives and the Board of Directors to ensure direct links with the Governing Body. The most recent agency review was conducted at the end of 2020 and showed a total score of 244 out of a possible 260 points. The achievement is noteworthy, because the score demonstrates that the agency is delivering services to our patients while ensuring quality care at an affordable price, resulting in an overall positive patient experience. Medicare conditions of participation requirements eliminated the fact that the organization needed to continue this committee, how it was decided to continue with it in order to keep everyone well informed of the great work being done in this regard.
  - Director Corrales noted that it was a privilege for her to attend this meeting as well, adding that she has been in home care and hospice for a long time. Everyone she encountered at the meeting was very professional in how they present themselves; they are a wonderful group.
- Board Chair Greer is convening and ad hoc committee to explore, review and make recommendations to extend the CEO contract for another two years. Committee members are Directors Griffith (as committee chair), Barry and Corrales. Once the ad hoc has garnered all the needed information, they will bring it all back to the full board for discussion and possible vote on the contract renewal.
  - Directors Edwards-Tate, Clark and Engel shared their concerns that previous metrics that were created may have been discarded, and that evaluations will not be performed in 2021, but rather in 2022. Board Chair Greer noted that none of this is correct; the ad hoc committee will take every format and resource into account when performing their review. Director Corrales added that the ad hoc committee would review all available options, then bring their recommendations for the best systems to the full board so everyone can make an educated decision together.

### IX. APPROVAL OF BYLAWS, ChARTERS, POLICIES, RESOLUTIONS
### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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</table>
| A. Resolution No. 05.10.21(01)-11 of the Board of Directors of Palomar Health Designating Subordinate Officers of the District | **A. MOTION:** By Director Barry, 2nd by Director Griffith and carried to approve Resolution No. 05.10.21(01)-11 of the Board of Directors of Palomar Health Designating Subordinate Officers of the District 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 |
| B. Designation of Applicant’s Agent Resolution for Non-State Agencies, Resolution No. 05.10.21(02)-12 | **B. MOTION:** By Director Barry, 2nd by Director Edwards-Tate and carried to approve Designation of Applicant’s Agent Resolution for Non-State Agencies, Resolution No. 05.10.21(02)-12 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. There was no discussion

B. There was no discussion
## Board of Directors Meeting Minutes – Monday, May 10, 2021

### Agenda Item

- **Discussion**
- **Conclusion/Action/Follow Up**

#### C. Information Request - Lucidoc Policy 63356

- **D. Bylaws of Palomar Health**

<table>
<thead>
<tr>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
</table>
| **C. MOTION:** By Director Griffith, 2nd by Director Corrales and carried to approve the revisions to the Information Request - Lucidoc Policy 63356 as presented. Roll call voting was utilized.  
Director Corrales – aye  
Director Greer – aye  
Director Barry – aye  
Director Griffith – aye  
Chair Engel – aye  
Director Edwards-Tate – aye  
Director Clark – aye  
Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved |

<table>
<thead>
<tr>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
</table>
| **D. MOTION:** By Director Griffith, 2nd by Director Corrales and carried to approve the revisions to the Bylaws of Palomar Health as presented. Roll call voting was utilized.  
Director Corrales – aye  
Director Greer – aye  
Director Barry – aye  
Director Griffith – aye  
Chair Engel – aye  
Director Edwards-Tate – aye  
Director Clark – aye  
Board Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved with revisions as discussed |

#### C.

- Director Engel requested clarification as to whether the only changes being made to the policy are those in the redline version posted in the meeting packet, to which Director Griffith replied in the affirmative. He noted that they are mostly housekeeping edits. Mr. DeBruin added that this version is a combination of two such policies, which is why sections 9 – 11 were added in addition to the verbiage clean up Director Engel referenced

#### D.

- Director Clark questioned the approval dates of the bylaws versions and if they had been board approved. Director Griffith responded in the affirmative, noting that the edits are mostly housekeeping in nature, to which Mr. DeBruin concurred
- Director Edwards-Tate made a point of clarification re: concerns in Article V - felt uncomfortable that there was a somewhat punitive and condescending tone when dealing with the governing body that seemed too severe insofar as sanctions, etc. Director Griffith noted that this verbiage has always been in the bylaws and is considered standard. The only changes that have been made are those in the redline version
- Point of clarification by Director Engel re: the Community Relations Committee section of the bylaws. Is concerned that verbiage re: voting and non-voting membership is not standardized across the committees. Requested Board Governance Committee review composition and voting members to align them for consistency. Also requested clarification as to the dates listed in the bylaws, asking for the date the bylaws were originally created. Mr. DeBruin to follow up
- Board Chair Greer recommended that any additional questions be forwarded to Director Griffith

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

<table>
<thead>
<tr>
<th></th>
<th>Discussion</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Audit and Compliance Committee</strong></td>
</tr>
<tr>
<td></td>
<td>Committee Chair Clark shared highlights from the meeting summary</td>
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<tr>
<td></td>
<td><strong>Community Relations Committee</strong></td>
</tr>
<tr>
<td></td>
<td>Committee Chair Edwards-Tate noted that the committee was dark in April</td>
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<tr>
<td></td>
<td>Expressed her appreciation to Ms. Brown, Vice President Continuum Care</td>
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<td></td>
<td>Virginia Barragan and Executive Assistant to the Vice President Continuum</td>
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<tr>
<td></td>
<td>Care Tina Bassett for their collaborative efforts to make a great team</td>
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<td></td>
<td>meeting</td>
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<td></td>
<td><strong>Finance Committee</strong></td>
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<td></td>
<td>Committee Chair Barry shared highlights from the meeting summary</td>
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<td></td>
<td><strong>Governance Committee</strong></td>
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<tr>
<td></td>
<td>Committee Chair Griffith shared highlights from the meeting summary</td>
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<td>Provided an explanation of how bylaws updates occur, noting that they are</td>
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<td>first reviewed at the committee level, then forwarded to the Board</td>
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<tr>
<td></td>
<td>Governance Committee.</td>
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<tr>
<td></td>
<td>Once received from each committee, all edits are then incorporated into</td>
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<tr>
<td></td>
<td>a bylaws update and sent to the board for full approval. Requested board</td>
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<tr>
<td></td>
<td>members reach out to him with any concerns or confusion in this regard.</td>
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<td></td>
<td>The bylaws of Palomar Health are a living document that is constantly</td>
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<td>evolving. It adapts to reflect the changes that occur within the district</td>
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<td></td>
<td><strong>Human Resources Committee</strong></td>
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<td></td>
<td>Committee Chair Terry noted that the committee was dark in April</td>
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<td></td>
<td><strong>Quality Review Committee</strong></td>
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<td></td>
<td>Committee Chair Greer shared highlights from the meeting summary, noting</td>
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<td>that one of the most important parts of medicine and nursing is the</td>
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<td>communication provided during the patient hand off. To that end, it will</td>
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<td>be a focus project for the Quality Team</td>
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<td>If any board members wish to review the annual reports presented at this</td>
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<td>meeting, please reach out to Board Chair Greer</td>
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<td></td>
<td><strong>Strategic &amp; Facilities Planning Committee</strong></td>
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<td></td>
<td>Committee Chair Engel noted that the committee was dark in April</td>
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</table>

### XI. PUBLIC COMMENTS
**Board of Directors Meeting Minutes – Monday, May 10, 2021**

**Agenda Item**

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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</thead>
<tbody>
<tr>
<td>There were no public comments</td>
<td></td>
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</tbody>
</table>

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

- Director Engel felt that it would be good practice to give a more in depth explanation when announcing that an ad hoc committee has been informed. Questioned whether the current CEO assessment metrics are being perceived as not good enough. Requested sufficient discussion in this regard. Director Edwards-Tate added that the current CEO contract was created in the most fair and balanced way. Was shocked to hear that current metrics would not be used. Feels this is not proper. Board Chair Greer clarified again that the only thing occurring at this time was the convening of an ad hoc committee to explore and recommend an extension of the existing CEO contract.

- Director Clark asked for clarification as to the role of legal counsel Lenard Pick: specifically whether or not he is the official board counsel and, if so, whether the board had approved him as such. Ms. Hansen noted that the change occurred in August 2020, and that clarification of his role was made at that time. Director Engel added that Mr. Pick was brought in for various reasons and advises the board and the organization on myriad topics, but is not specifically board counsel. Former board counsel Craig Cannizzo had retired. This new board voted to eliminate the position of a separate board counsel as a cost savings measure. Board Chair Greer stated that board members may go to Mr. DeBruin or Mr. Pick with any legal questions or concerns they may have. Director Edwards-Tate noted that, if Mr. Pick were the board counsel, it would be legally required that the full board approve him as such.

**XIII. FINAL ADJOURNMENT**

There being no further business, motion by Director Edwards-Tate, 2nd by Director Barry to adjourn the meeting. Board Chair Greer then adjourned the meeting at 8:14 p.m.

**Signatures:**

<table>
<thead>
<tr>
<th>Board Secretary</th>
<th>Terry Corrales, R.N.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Assistant</td>
<td>Debbie Hollick</td>
</tr>
</tbody>
</table>
District Board Community Relations Committee Meeting

Foundation Update
May 2021
Funding Priority:
Physician Quarters and Conference Center of the Future
Physician Quarters and Conference Center of the Future

Video Underwritten by Foundation Director David Wilson

https://vimeo.com/540356166
Physician Quarters and Conference Center of the Future

$2.5M Expected Project Cost
• $1.89M raised to date
• Naming Opportunities Available:
  4 Rooms (26 Sold or Pending)
Commemorative Brick Campaign

- Offering personalized bricks to be installed at Jacobs and McCann Courtyard
  - $500 (8” X 8”)
  - $250 (8” X 4”)
- 143 Bricks Sold
- $58,000 Raised
Physician Quarters and Conference Center of the Future

14 Physician On-Call Rooms to be furnished with mattresses and bed frames donated by Jerome’s.
COVID-19 Resource Clinic

Partnering with donors to provide lunches to volunteers
COVID-19 Resource Clinic

• 30+ Restaurants/Donors Participating
• 2,500+ Lunches & Drinks Provided
Don Belcher Golf Invitational – May 3

• 140 players + 16 corporate sponsors
• $85,000+ Raised for Physician Quarters & Conference Center
Don Belcher Golf Invitational
WWII Ambulance Restoration Project
*Keeping Healthcare History Alive*

With thanks to
*Arie de Jong* for underwriting
the mechanical restoration

Vehicle is now running and
awaiting exterior restoration
We’ve moved!

Hope to see you at our late spring Open House!  
(Date TBD)

2125 Citracado Parkway,  
Suite 340  
Escondido, CA 92029
New Interim VP of Philanthropy

Welcome Kristin Gaspar

- Boardmember, San Diego County Board of Supervisors
- Mayor, City of Encinitas
- Councilmember, City of Encinitas
Palomar Health Foundation’s

Strategic Plan Development

Shape the decisions made each day about how to invest our time and resources which help us to become the health system of choice for patients, physicians, and employees.

We are seeking active engagement and dialogue on the draft plan with Foundation Board Members and look forward to presenting to the Foundation Board in June.
Thank You!
SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – THURSDAY, MAY 27, 2021

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

**I. CALL TO ORDER**

Pursuant to California Governor Newsom’s Executive Order N-29-20 the meeting was held virtually and called to order at 4:00 p.m. by Board Chair Linda Greer

**NOTICE OF MEETING**

Notice of Meeting was posted at Palomar Health’s Administrative office as well as on the Palomar Health website on Wednesday, May 26, 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. ADJOURNMENT TO CLOSED SESSION**

A. Conference with Legal Counsel—Existing Litigation pursuant to California Government Code Section 54956.9. Case name unspecified because disclosure would jeopardize existing settlement negotiations

**V. RE-ADJOURNMENT TO OPEN SESSION**

**VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY**
**AGENDA ITEM** | **CONCLUSION / ACTION**
--- | ---

**• DISCUSSION**

There was no action resulting from closed session

**VII. PUBLIC COMMENTS**

There were no public comments

**VIII. FINAL ADJOURNMENT**

There being no further business, the meeting was adjourned at 4:55 p.m. by Board Chair Greer

**SIGNATURES:**

**BOARD SECRETARY**
Terry Corrales, R.N.

**BOARD ASSISTANT**
Lynda Ruiz for Debbie Hollick
ADDENDUM B
May 24, 2021

To: Palomar Health Board of Directors

From: Sabiha Pasha, M.D., Chief of Staff
Palomar Medical Center Escondido Medical Executive Committee

Board Meeting Date: June 14, 2021

Subject: Palomar Medical Center Escondido Credentialing Recommendations

I. Provisional Appointment (06/14/2021 – 05/31/2023)
   Brummel, Kirsta L., D.O., Pediatric Ophthalmology
   Campbell, Leticia J., M.D., Ob/Gyn
   Chan, Philip T., M.D., Ob/Gyn
   Coelho, Isaias C., M.D., Ob/Gyn
   DeLong, Lisa M., M.D., Ob/Gyn
   Dombo, Kudzai R., M.D., Ob/Gyn
   Ellis, Kimmy S., D.O., Ob/Gyn
   Gaufin, Thaidra A., M.D., Infectious Disease
   Jennings-Nunez, Chastity D., M.D., Ob/Gyn
   Kohatsu, Karen E., M.D., Ob/Gyn
   Masifi, Sheela L., M.D., Psychiatry
   Pevoto, Patrick S., M.D., Ob/Gyn
   Quan, Michele G., M.D., Pulmonary Disease/Critical Care
   Singh, Ajay K., M.D., Radiology
   Sohal, Ravinder S., M.D., Radiology
   Steiger, Louisa R., M.D., Psychiatry
   Uribe-Bruce, Liliana, M.D., Endocrinology
   Valdivia, Leopoldo E., D.O., Ob/Gyn
   Vanstone, Kyle R., M.D., Internal Medicine

II. Advance from Provisional to Active Category
   Ayson, Nicole M., M.D., Pediatrics (07/01/2021 – 04/30/2023)
   Chidi, Obiora O., M.D., Emergency Medicine (07/01/2021 – 05/31/2022)
   Hoffman, David C., D.O., Emergency Medicine (07/01/2021 – 06/30/2022)
   Sharp, Lorra M., M.D., Orthopaedic Surgery (07/01/2021 – 01/31/2023)

III. Reinstatement to Active Category:
   Promer, Katherine E., M.D., Infectious Disease (effective 06/14/2021 – 07/31/2022)

IV. Reinstatement to Affiliate Category:
   Sorensen, Eva L., M.D., Neurology (effective 06/14/2021 – 05/31/2023)
V. Additional Privileges:
Penry, Jackson W., M.D., Diagnostic Radiology/Neuroradiology
- Cardiac Computed Tomography (CT) and Computed Tomography Angiogram (CTA) (effective 06/14/2021)

VI. Voluntary Resignations:
Al-Tariq, Quazi A., M.D., Diagnostic Radiology (effective 05/07/2021)
Brace, Elion, M.D., Internal Medicine (effective 05/31/2021)
Groke, Steven F., M.D., Emergency Medicine (effective 01/29/2021)
Kringel, James C., M.D., Internal Medicine (effective 05/19/2021)
Richley, Sunny R., M.D., Internal Medicine (effective 05/31/2021)
Sorensen, Eva L., M.D., Neurology (effective 05/31/2021)

VII. Allied Health Professional Appointments (06/14/2021 – 05/31/2023):
Burney, Melissa A., PA-C (Sponsor: Irene Oh, M.D., on behalf of The Neurology Center)
Pellecchia, Kristyn G., PMHNP (Sponsor: Jason Keri, on behalf of Senior Medical Associates)

VIII. Additional Allied Health Professional Privileges:
Gilbert, Jenna E., PA-C (Sponsor: Navinder Sawhney, M.D. for Arch Health Partners)
- Physician Assistant Acute Care Clinical Privileges (effective 6/14/2021)

IX. Allied Health Professional Reinstatement (06/14/2021 – 05/31/2023)
Lazo, Roderick, PA-C (Sponsor: Dr. Young for Kaiser Orthopaedic Surgeons)

X. Allied Health Professional Voluntary Resignations:
Hatman, Sandra E., NNP– Neonatal Nurse Practitioner (effective 05/10/2021)
Kimber, James H., PA-C, Physician Assistant (effective 06/01/2021)
Lazo, Roderick, PA-C, Physician Assistant (effective 05/31/2021)
Liggins, Melissa L., NNP – Neonatal Nurse Practitioner (effective 05/31/2021)
Spencer, Darius T., PA-C – Physician Assistant (effective 02/24/2021)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT
Reappointments Effective 07/01/2021 – 06/30/2023
Bahmanpour, Kaveh, M.D.  Geriatric Medicine   Dept of Family Medicine  Affiliate
(*Change in category from Active to Affiliate with Refer and Follow privileges only)
Chang, Angel, M.D.  Physical Med & Rehab  Dept of Ortho/Rehab  Active
Cohen, Brad S., M.D.  Orthopaedic Surgery  Dept of Ortho/Rehab  Active
Delgado, George, M.D.  Family Practice  Dept of Family Medicine  Affiliate
Edward, Montessa L., M.D.  Emergency Medicine  Dept of Emergency Med  Active
Harrison, Terry A. M.D.  Gynecologic Oncology  Dept of Ob/Gyn  Courtesy
Harvey, Norah M., M.D.  Orthopaedic Surgery  Dept of Ortho/Rehab  Active
How, John D., M.D.  Family Medicine  Dept of Emergency Med  Active
Jenson, Peter M., M.D.  Gastroenterology  Dept of Medicine  Active
Kadden, Mark L., M.D.  Plastic Surgery  Dept of Surgery  Active
Karippot, Anoop, M.D.  Psychiatry  Dept of Psychiatry  Courtesy
Kayal, Anas, M.D.  Nephrology  Dept of Medicine  Affiliate
(*Change in category from Active to Affiliate with no clinical privileges)
Khoe, Jennifer L., M.D.  General Surgery  Dept of Surgery  Active
Le, Brian B., M.D.  Ophthalmology  Dept of Ophthalmology  Active
Lee, Andy Y., M.D.  Internal Medicine  Dept of Medicine  Courtesy
Mofid, Mark M., M.D.  Plastic Surgery  Dept of Surgery  Active
Mulvihill, Daniel F. II, M.D.  Cardiovascular Disease  Dept of Medicine  Active
Patel, Rachit H., M.D.  Psychiatry  Dept of Psychiatry  Active
Schoellerman, Manal M., M.D.  Diagnostic Radiology  Dept of Radiology  Active
Reappointments continued...

Schultz, James H., Jr., M.D.  Family Practice  Dept of Family Medicine  Active
Stein, Robert M., M.D.  Cardiovascular Disease  Dept of Medicine  Active
Suttner, Denise M., M.D.  Neonatal-Perinatal Medicine  Dept of Pediatrics  Active
Taller, Janos, M.D.  General Surgery  Dept of Surgery  Courtesy
Uppal, Harmeeth S., M.D.  Orthopaedic Surgery  Dept of Ortho/Rehab  Active
Yashar, Arnold A., M.D.  Orthopaedic Surgery  Dept of Ortho/Rehab  Active

Allied Health Professional Reappointments Effective 07/01/2021 – 06/30/2023

Cobbler, Donald R., PA-C  Physician Assistant  Dept of Ortho/Rehab  AHP
(Sponsor: Dr. Young for Kaiser Orthopaedic Surgeons)

Fausett, Kisha A., DNP  Neonatal Nurse Practitioner  Dept of Pediatrics  AHP
(Sponsor: Dr. Golembeski for Children’s Specialists)

Hustosky, David A., PA-C  Physician Assistant  Dept of Ortho/Rehab  AHP
(Sponsors: Drs. Cohen, Owsley, Knutson, Patel)

Inocelda, Andrew G., PA-C  Physician Assistant  Dept of Medicine  AHP
(Sponsor: Dr. Sahagian for The Neurology Center)

Kimmel, Jennifer M., NNP  Neonatal Nurse Practitioner  Dept of Pediatrics  AHP
(Sponsor: Dr. Golembeski for Children’s Specialists)

Pregerson, Heather A., PA-C  Physician Assistant  Dept of Radiology  AHP
(Sponsor: Dr. Noud for San Diego Imaging)

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.
# PALOMAR HEALTH
## PROVISIONAL APPOINTMENT
### June 2021

## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Ophthalmology - Certified 2017 |

## ORGANIZATIONAL NAME

| Name                        | North County Eye Center, Inc. |

## EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
<th>Lake Erie College of Osteopathic Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: 06/01/2002 To: 06/10/2007</td>
<td>Doctor of Osteopathic Medicine</td>
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<tr>
<th>Internship Information</th>
<th>Valley Hospital Medical Center</th>
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</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>From: 07/01/2007 To: 06/30/2011</td>
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<tr>
<th>Residency Information</th>
<th>Valley Hospital Medical Center</th>
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</thead>
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<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
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<td>From: 07/01/2007 To: 06/30/2011</td>
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<td>Pediatric, Ophthalmology</td>
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<tr>
<td>From: 07/07/2011 To: 07/06/2012</td>
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<thead>
<tr>
<th>Fellowship Information</th>
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<tr>
<td>From: 07/01/2019 To: 06/30/2020</td>
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</tbody>
</table>

| Current Affiliation Information| University of California, San Diego      |
# PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Melissa A. Burney, PA-C</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

# SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Physician Assistant - Certified 2020 |

# ORGANIZATIONAL NAME

| Name                        | The Neurology Center |

# EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Education Information</th>
<th>Duke University</th>
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<tbody>
<tr>
<td></td>
<td>From: 08/13/2018 To: 09/01/2020</td>
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<tr>
<td></td>
<td>Master of Science in Physician Assistant Studies</td>
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<tr>
<th>Employment</th>
<th>The Neurology Center</th>
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<tbody>
<tr>
<td></td>
<td>Physician Assistant</td>
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<td>From: 01/04/2021 To: Present</td>
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<tr>
<th>Current Affiliation Information</th>
<th>Scripps Memorial Hospital, Encinitas</th>
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<td></td>
<td>Tri-City Medical Center</td>
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# PERSONAL INFORMATION

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

# SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Obstetrics and Gynecology - Certified 2021 |

# ORGANIZATIONAL NAME

| Name                        | OB Hospitalist Group |

# EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
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<tbody>
<tr>
<td>David Geffen School of Medicine at UCLA</td>
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<tr>
<td>From: 08/01/2007 To: 06/30/2011 Doctor of Medicine Degree</td>
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<td>Internship Information</td>
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<td>Residency Information</td>
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<tr>
<td>Loma Linda University Medical Center</td>
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<tr>
<td>Obstetrics/Gynecology</td>
</tr>
<tr>
<td>From: 06/01/2012 To: 09/30/2016</td>
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<td>Fellowship Information</td>
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**PERSONAL INFORMATION**

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**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                  | Obstetrics and Gynecology - Certified 1984               |

**ORGANIZATIONAL NAME**

| Name                        | OB Hospitalist Group                                   |

**EDUCATION/AFFILIATION INFORMATION**

| Medical Education Information       | David Geffen School of Medicine at UCLA  
|-------------------------------------|------------------------------------------|
|                                     | From: 07/01/1974 To: 06/16/1978  
|                                     | Doctor of Medicine degree                |

| Internship Information            | San Bernardino County Medical Center  
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| Residency Information             | San Bernardino County Medical Center  
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<tr>
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<td>From: 07/01/1978 To: 06/30/1982</td>
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| Fellowship Information            | N/A                                    |

| Current Affiliation Information   | Huntington Memorial Hospital, Pasadena  
|                                   | San Gabriel Valley Medical Center      |
|                                   | Garfield Medical Center                |
### Personal Information

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<th>Provider Name &amp; Title</th>
<th>Isaias C. Coelho, M.D.</th>
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<td>Palomar Medical Center Escondido</td>
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</table>

### Specialties/Board Certification

| Specialties | Obstetrics and Gynecology - Certified 2009 |

### Organizational Name

| Name | OB Hospitalist Group |

### Education/Affiliation Information

| **Medical Education Information** | Loma Linda University  
From: 08/01/1988 To: 05/26/2002  
Doctor of Medicine Degree |
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<td>Internship Information</td>
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| **Residency Information** | Baystate Medical Center  
Obstetrics and Gynecology  
From: 07/01/2002 To: 06/30/2006 |
| Fellowship Information | N/A |
| **Current Affiliation Information** | Rancho Springs Medical Center  
Loma Linda University Medical Center - Murrieta  
Guam Memorial Hospital |
# PERSONAL INFORMATION

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<th>Provider Name &amp; Title</th>
<th>Lisa M. DeLong, M.D.</th>
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## SPECIALTIES/BOARD CERTIFICATION

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<tr>
<th>Specialties</th>
<th>Obstetrics and Gynecology - Certified 1997</th>
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## ORGANIZATIONAL NAME

<table>
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<tr>
<th>Name</th>
<th>OB Hospitalist Group</th>
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## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | The University of Toledo  
From: 06/01/1987 To: 06/01/1991  
Doctor of Medicine Degree |
|-------------------------------|--------------------------------------------------|
| Internship Information        | Miami Valley Hospital  
Obstetrics/Gynecology  
From: 07/01/1991 To: 06/30/1992 |
| Residency Information         | Miami Valley Hospital  
Obstetrics/Gynecology  
From: 06/21/1991 To: 07/01/1995 |
| Fellowship Information        | N/A |
| Current Affiliation Information | Long Beach Memorial Medical Center  
Los Robles Regional Medical Center  
Mercy Health-Springfield Regional Medical Center |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Kudzai R. Dombo, M.D.</th>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Obstetrics and Gynecology - Certified 2008 |

## ORGANIZATIONAL NAME

| Name                         | OB Hospitalist Group                      |

## EDUCATION/AFFILIATION INFORMATION

<table>
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<tr>
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<td>Albert Einstein Medical Center</td>
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<td>Providence St. Joseph Medical Center</td>
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# PERSONAL INFORMATION

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<th>Jimmy S. Ellis, D.O.</th>
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# SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Obstetrics and Gynecology - Certified 2002 |

# ORGANIZATIONAL NAME

| Name                        | OB Hospitalist Group |

# EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Kirksville College of Osteopathic Medicine  
| From: 07/01/1991 To: 06/04/1995  
| Doctor of Osteopathic Medicine |

| Internship Information | Madigan Army Medical Center  
| Obstetrics and Gynecology  
| From: 07/01/1995 To: 06/30/1996 |

| Residency Information | Madigan Army Medical Center  
| Obstetrics and Gynecology  
| From: 07/01/1996 To: 06/30/1999 |

| Fellowship Information | N/A |

| Current Affiliation Information | Bakersfield Memorial Hospital  
| Christus Mother Frances Hospital  
| Mercy Southwest Hospital - Bakersfield  
| St. Rose Dominican Hospital - Siena Campus  
| St. Rose Dominican Hospital - Rose de Lima  
| Yakima Valley Memorial Hospital  
| Los Robles Regional Medical Center |
## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

<table>
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<tr>
<th>Specialties</th>
<th>Infectious Disease - Certified 2020</th>
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## ORGANIZATIONAL NAME

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<tr>
<th>Name</th>
<th>Mission Infectious Disease &amp; Infusion Consultants</th>
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## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Georgetown University School of Medicine  
| From: 08/04/2008 To: 05/19/2013  
| Doctor of Medicine Degree |
|---------------------------|-------------------------------------------------|
| Internship Information | Olive View-UCLA Medical Center  
| Internal Medicine  
| From: 06/24/2013 To: 06/30/2014 |
| Residency Information | Olive View-UCLA Medical Center  
| Internal Medicine  
| From: 07/01/2014 To: 06/30/2016 |
| Fellowship Information | University of North Carolina Hospitals  
| Infectious Diseases  
| From: 07/01/2016 To: 09/05/2016  
| Left fellowship for family emergency  
| University of California, San Diego  
| Infectious Diseases  
| From: 07/01/2018 To: 06/30/2021 |
| Current Affiliation Information | Veterans Administration, San Diego |
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Chasity D. Jennings-Nunez, M.D.</th>
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<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                           | Obstetrics and Gynecology - Certified 2002 |

## ORGANIZATIONAL NAME

| Name                          | OB Hospitalist Group |

## EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
<th>Harvard Medical School</th>
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<tbody>
<tr>
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| Internship Information        | N/A                    |

<table>
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<tr>
<th>Residency Information</th>
<th>White Memorial Medical Center</th>
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<tbody>
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<td>Obstetrics/Gynecology</td>
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<td>From: 07/01/1995 To: 06/30/1999</td>
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| Fellowship Information        | N/A                      |

| Current Affiliation Information| Adventist Health Glendale  |
# Personal Information

<table>
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<th><strong>Provider Name &amp; Title</strong></th>
<th>Karen E. Kohatsu, M.D.</th>
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| **Palomar Health Facilities** | Palomar Medical Center Escondido  
Palomar Medical Center Poway |

## Specialties/Board Certification

<table>
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<tr>
<th><strong>Specialties</strong></th>
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## Organizational Name

<table>
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<tr>
<th><strong>Name</strong></th>
<th>Poway Women’s Care</th>
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## Education/Affiliation Information

| **Medical Education Information** | University of California, Los Angeles  
From: 09/01/1985 To: 05/21/1989  
Doctor of Medicine Degree |
|----------------------------------|-----------------------------|
| **Internship Information** | White Memorial Medical Center  
Obstetrics/Gynecology  
From: 07/01/1989 To: 06/30/1990 |
| **Residency Information** | White Memorial Medical Center  
Obstetrics/Gynecology  
From: 07/01/1990 To: 06/30/1993 |
| **Fellowship Information** | N/A |
| **Current Affiliation Information** | Palomar Medical Center Poway |
**PERSONAL INFORMATION**

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<tr>
<th>Provider Name &amp; Title</th>
<th>Sheela L. Masifi, M.D.</th>
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<tbody>
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<td>Palomar Medical Center Escondido</td>
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<tr>
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<td>Palomar Medical Center Poway</td>
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</tbody>
</table>

**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                  | Psychiatry - Certified 2020         |

**ORGANIZATIONAL NAME**

| Name                        | Senior Medical Associates, Inc.    |

**EDUCATION/AFFILIATION INFORMATION**

| Medical Education Information | University of Cincinnati          |
|                               | From: 08/02/2012 To: 06/03/2016    |
|                               | Doctor of Medicine Degree         |
| Internship Information        | N/A                                |
| Residency Information        | University of California, Irvine  |
|                             | Psychiatry                         |
|                             | From: 07/01/2016 To: 06/30/2020    |
| Fellowship Information       | N/A                                |
| Current Affiliation Information | N/A                             |
# PALOMAR HEALTH
**PROVISIONAL APPOINTMENT**
**June 2021**

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Michael D. Morelock, M.D.</th>
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<tr>
<td>Palomar Medical Center Poway</td>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                       | Otolaryngology - Certified 1984 |

## ORGANIZATIONAL NAME

| Name                  | Graybill Medical Group |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Creighton University  
From: 09/01/1975  To: 05/19/1979  
Doctor of Medicine Degree |
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<tbody>
<tr>
<td>Internship Information</td>
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| Residency Information         | Medical College of Ohio Hospitals  
Rotating  
From: 07/01/1979  To: 06/30/1980  
Flexible Internship  
National Naval Medical Center  
Otolaryngology  
From: 07/15/1980  To: 07/14/1984  
Otolaryngology-Head & Neck Surgery |
| Fellowship Information        | N/A                    |
| Current Affiliation Information | Palomar Medical Center Escondido |
# PALOMAR HEALTH
## ALLIED HEALTH PROFESSIONAL APPOINTMENT
### June 2021

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Kristyn G. Pellecchia, PMHNP</th>
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</thead>
</table>
| Palomar Health Facilities    | Palomar Medical Center Escondido  
|                              | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Psychiatric Nurse Practitioner - Certified 2013 |

## ORGANIZATIONAL NAME

| Name                      | Senior Medical Associates, Inc. |

## EDUCATION/AFFILIATION INFORMATION

| Education Information      | Loyola University of Chicago, BS  
|                            | From: 08/29/1994 To: 05/16/1997  
|                            | BS Biology Degree |
|                            | University of Washington, MA  
|                            | From: 09/01/1997 To: 06/11/1999  
|                            | Master of Marine Affairs - Does not need verification |
|                            | University of San Diego  
|                            | From: 06/06/2005 To: 05/23/2006  
|                            | Family Nurse Practitioner |
|                            | California State University Long Beach  
|                            | From: 01/24/2011 To: 05/27/11  
|                            | Master of Science in Nursing |

| Employment                 | Current Employment  
|                            | Senior Medical Associates Inc  
|                            | Psychiatric Nurse Practitioner  
|                            | From: 04/01/2016 To: Present |

| Current Affiliation Information | N/A |
# PALOMAR HEALTH
## PROVISIONAL APPOINTMENT
### June 2021

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Patrick S. Pevoto, M.D.</th>
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<td>Palomar Medical Center Escondido</td>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties | Obstetrics and Gynecology - Certified 1989 |

## ORGANIZATIONAL NAME

| Name | OB Hospitalist Group |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | University of Texas Galveston  
From: 08/01/1979 To: 05/30/1983  
Doctor of Medicine Degree |
|-------------------------------|-------------------------------------------------------------------|
| Internship Information        | University of Texas  
Obstetrics/Gynecology  
From: 06/01/1983 To: 05/31/1984 |
| Residency Information         | University of Texas  
Obstetrics/Gynecology  
From: 06/01/1984 To: 05/31/1987 |
| Fellowship Information        | N/A |
| Current Affiliation Information | Bakersfield Memorial Hospital  
Mercy Southwest Hospital - Bakersfield  
St. Rose Dominican Hospital - Siena Campus  
Community Hospital of the Monterey Peninsula  
Asante Rogue Regional Medical Center  
Los Robles Regional Medical Center  
Adventist Health Glendale  
Methodist Hospital  
University of Colorado Hospital |
## PERSONAL INFORMATION

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<th>Provider Name &amp; Title</th>
<th>Michele G. Quan, MD, MPH</th>
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| Palomar Health Facilities | Palomar Medical Center Escondido  
                           | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

| Specialties | Pulmonary Dis/Critical Care – Certified 2020  
             | Internal Medicine – Certified 2018 |

## ORGANIZATIONAL NAME

| Name | Escondido Pulmonary & Sleep Specialists |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | St. George’s University School of Medicine  
                              | From: 01/01/2011 To: 05/08/2015  
                              | Doctor of Medicine Degree |
| Internship Information      | N/A |
| Residency Information      | Arrowhead Regional Medical Center  
                              | Internal Medicine  
                              | From: 06/22/2015 To: 06/30/2018 |
| Fellowship Information     | Loma Linda University Medical Center  
                              | Pulmonary/Critical Care  
                              | From: 07/01/2018 To: 06/30/2021 |
| Current Affiliation Information | N/A |
**PERSONAL INFORMATION**

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<th>Ajay K. Singh, M.D.</th>
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**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                               | Radiology - Certified 2003             |

**ORGANIZATIONAL NAME**

| Name                                       | Stat Radiology Medical Corp            |

**EDUCATION/AFFILIATION INFORMATION**

| Medical Education Information              | Maulana Azad Medical College           |
|                                          | From: 10/01/1988 To: 04/29/1994        |
|                                          | Doctor of Medicine Degree              |

| Internship Information                     | William Beaumont Hospital - Michigan   |
|                                          | Transitional                           |
|                                          | From: 07/07/1998 To: 06/30/1999        |

| Residency Information                      | William Beaumont Hospital - Michigan   |
|                                          | Radiology, Diagnostic Imaging          |
|                                          | From: 07/01/1999 To: 06/30/2003        |

| Fellowship Information                     | Massachusetts General Hospital         |
|                                          | Abdominal Radiology                   |
|                                          | From: 07/01/2003 To: 06/30/2004        |

| Current Affiliation Information            | Massachusetts General Hospital         |
### PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Ravinder S. Sohal, M.D.</th>
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</table>
| Palomar Health Facilities | Palomar Medical Center Escondido  
|                        | Palomar Medical Center Poway |

### SPECIALTIES/BOARD CERTIFICATION

| Specialties | Radiology - Certified 2002 |

### ORGANIZATIONAL NAME

| Name | Stat Radiology Medical Corp |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Tufts University School of Medicine  
| From: 08/01/1990 To: 06/01/1994  
| Doctor of Medicine Degree |

| Internship Information | Alameda County Medical Center, Highland Campus  
| Transitional  
| From: 06/25/1997 To: 06/24/1998 |

| Residency Information | Santa Clara Valley Medical Center  
| Radiology  
| From: 07/01/1998 To: 06/30/2002 |

| Fellowship Information | Stanford University Medical Center  
| Neuroradiology  
| From: 07/01/2002 To: 06/30/2003 |

| Current Affiliation Information | Good Shepherd Hospital (EHS)  
| Legacy Meridian Park Hospital  
| French Hospital Medical Center  
| Legacy Good Samaritan Medical Center  
| Kaiser Sunnyside Medical Center  
| Fairbanks Memorial Hospital  
| Henry Mayo Newhall Memorial Hospital  
| Dominican Hospital Santa Cruz |
## PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>John T. Steele, M.D.</th>
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| Palomar Health Facilities  | Palomar Medical Center Escondido  
|                             | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Critical Care Surgery – Certified 1995  
|                             | General Surgery – Certified 1993 |

## ORGANIZATIONAL NAME

| Name                        | North County Trauma Associates |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical University of South Carolina  
|                               | From: 08/25/1983  To: 05/15/1987  
|                               | Doctor of Medicine Degree |
| Internship Information        | N/A |
| Residency Information        | Medical College of Ohio Hospitals  
|                               | General Surgery  
|                               | From: 07/01/1987  To: 06/30/1992 |
| Fellowship Information       | University of California, San Diego  
|                               | Trauma & Critical Care  
|                               | From: 07/01/1994  To: 06/30/1996 |
| Current Affiliation Information | Palomar Medical Center Escondido |
### PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Louisa R. Steiger, MD, MPH</th>
</tr>
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</table>
| Palomar Health Facilities | Palomar Medical Center Escondido  
                           | Palomar Medical Center Poway |

### SPECIALTIES/BOARD CERTIFICATION

| Specialties | Psychiatry - Certified 2012 |

### ORGANIZATIONAL NAME

| Name | Senior Medical Associates, Inc. |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | The University of Toledo  
                               | From: 08/02/2004 To: 06/06/2008  
                               | Doctor of Medicine Degree |
| Internship Information | UC San Diego School of Medicine  
                          | Psychiatry  
                          | From: 06/23/2008 To: 06/30/2009 |
| Residency Information | UC San Diego School of Medicine  
                          | Psychiatry  
                          | From: 06/24/2008 To: 06/30/2012 |
| Fellowship Information | N/A |
| Current Affiliation Information | N/A |
## PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Liliana Uribe-Bruce, 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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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Endocrinology - Certified 2000 |

## ORGANIZATIONAL NAME

| Name                        | Advanced Metabolic Care & Research |

## EDUCATION/AFFILIATION INFORMATION

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<tr>
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<th>Pontifical Xavierian University/La Pontificia Universidad Javeriana (Bogota, Columbia)</th>
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<td></td>
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<td>From: 07/01/1997 To: 06/30/2000</td>
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<td>Endocrinology and Metabolism</td>
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# PALOMAR HEALTH
## PROVISIONAL APPOINTMENT
### June 2021

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Leopoldo E. Valdivia, D.O.</th>
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<td>Palomar Medical Center Escondido</td>
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## SPECIALTIES/BOARD CERTIFICATION

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## ORGANIZATIONAL NAME

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<td>OB Hospitalist Group</td>
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<tr>
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<td>Michigan Osteopathic Medical Center</td>
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<td>Obstetrics/Gynecology</td>
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<td>Obstetrics/Gynecology</td>
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| Fellowship Information                         | N/A                                      |

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<td>Loma Linda University Medical Center - Murrieta</td>
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<tr>
<td>Rancho Springs Medical Center</td>
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### PERSONAL INFORMATION

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

### SPECIALTIES/BOARD CERTIFICATION

| Specialties | Emergency Medicine - Certified 2011  
Internal Medicine – Certified 2010 |

### ORGANIZATIONAL NAME

| Name | Vituity Hospitalists |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | University of Vermont - College of Medicine  
From: 08/20/2001  To: 06/01/2005  
Doctor of Medicine Degree |
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| Residency Information | Long Island Jewish Medical Center  
Internal Medicine  
From: 07/01/2005  To: 06/30/2010  
Long Island Jewish Medical Center  
Emergency Medicine  
From: 07/01/2005  To: 06/30/2010 |
| Fellowship Information | N/A |
| Current Affiliation Information | St. Anthony’s Memorial Hospital  
St. Joseph Primecare  
HSHS Holy Family Hospital  
St. Elizabeth’s Hospital  
St. Joseph’s Hospital  
DePaul Hospital - St. Louis  
Adventist Health Hanford Community Medical Center  
Adventist Health Tulare Regional Medical Center  
Kaiser Permanente, San Diego  
Watsonville Community Hospital |
Date: May 26, 2021
To: Palomar Health Board of Directors – June 14, 2021 Meeting
From: Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credential Recommendations – May, 2021

Provisional Appointments: (06/14/2021 – 05/31/2023)
- Kirsta Brummel, D.O., Ophthalmology
- Thaidra Gaufin, M.D., Infectious Disease
- Sheela Masifi, M.D., Psychiatry
- Michael Morelock, M.D., Otorhinolaryngology (Assisting Only)
- Michele Quan, M.D., Pulmonology
- Ajay Singh, M.D., Teleradiology
- Ravinder Sohal, M.D., Teleradiology
- John Steele, M.D., General Surgery
- Louisa Steiger, M.D., Psychiatry (Includes The Villas at Poway)
- Kyle Vanstone, M.D., Internal Medicine

Biennial Reappointments: (07/01/2021 - 06/30/2023)
- Brad Cohen, M.D., Orthopedic Surgery, Active (Includes The Villas at Poway)
- George Delgado, M.D., Family Practice, Affiliate
- Montessa Edwards, M.D., Emergency Medicine, Active
- John How, M.D., Emergency Medicine, Active
- Yale Kadesky, M.D., Plastic Surgery, Active
- Anas Kayal, M.D., Nephrology, Affiliate
- Brian Le, M.D., Ophthalmology, Courtesy
- Lillian Lee, M.D., Ophthalmology, Active
- Daniel Mulvihill, M.D., Cardiology, Active
- Rachit Patel, M.D., Psychiatry, Courtesy
- Grigoriy Patish, DPM, Podiatry, Affiliate
- Manal Schoellerman, M.D., Teleradiology, Active
- Robert Stein, M.D., Cardiology, Courtesy
- Denise Suttner, M.D., Neonatology, Courtesy

Reappointment Effective 07/1/2021 – 12/31/2022:
- Blake Berman, D.O, Neurosurgery, Courtesy

Reappointment Effective 07/01/2021 – 09/30/2021:
- Sirius Yoo, M.D., Plastic Surgery, Courtesy

Continues
Advancements to Active Category:
Nicole Ayyon, M.D., Pediatrics, effective 06/14/2021 – 04/30/2023
Obiora Chidi, M.D., Emergency Medicine, effective 06/14/2021 – 05/31/2022
David Hoffman, D.O., Emergency Medicine, effective 06/14/2021 – 06/30/2022
M. Mark Mofid, M.D., Plastic Surgery, effective 07/01/2021 – 06/30/2023
Laura Sharp, M.D., Orthopedic Surgery, effective 06/14/2021 – 01/31/2023

Requests for Reinstatement:
Katherine Promer, M.D., Infectious Disease, Active (effective 06/14/2021 – 07/31/2022)
Stjepan S. Podstreleny, DDS, Oral and Maxillofacial Surgery, Affiliate (effective 06/14/2021 – 10/31/2022)

Request for 2 Year Leave of Absence:
Bindu Singhal, M.D., Internal Medicine, effective 08/01/2021 – 07/31/2023

Voluntary Resignations:
Quazi Al-Tariq, M.D., Teleradiology, effective 05/07/2021
Elion Brance, M.D., Internal Medicine, effective 06/03/2021
Angel Chang, M.D., Physical Medicine/Rehab, effective 05/15/2021
Steven Groke, M.D., Emergency Medicine, effective 01/29/2021
Sunny Richley, M.D., Internal Medicine, effective 06/08/2021

Allied Health Professional Appointments: (06/14/2021 – 05/31/2023)
Melissa Burney, PA-C, Sponsor Dr. Oh for The Neurology Center
Kristyn Pellecchia, PMHNP, Sponsor Dr. Keri for Senior Medical Associates (Includes The Villas at Poway)

Allied Health Professional Reappointments: (07/01/2021 – 06/30/2023)
Kisha Fausett, NNP, Sponsor Dr. Golembeski
David Hustosky, PA-C, Sponsors Drs. Balikian, Barba, Bried, B. Cohen, Owsley, Patel
Andrew Inocelda, PA-C, Sponsor Dr. Sahagian for The Neurology Center
Jennifer Kimmel, NNP, Sponsor Dr. Golembeski
Heather Pregerson, PA-C, Sponsor Dr. Noud for San Diego Imaging

Allied Health Professional Voluntary Resignations:
Kathleen Guillen, PA, effective 02/19/2021
Sandra Hatman, NNP, effective 05/10/2021
Darius Spencer, PA, effective 02/24/2021

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.
PALOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF SURGERY

RULES AND REGULATIONS

Adopted by the Active members of the Department of Surgery on
October 9, 2018 April 13, 2021

Adopted by the Executive Committee on
October 29, 2018

Adopted by the Board of Directors on
November 12, 2018
ARTICLE I
PURPOSE

The purpose of the Department of Surgery shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the outpatient department receive the best possible surgical services.

2. to provide a Chairman who will be responsible to the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.

3. to initiate and maintain rules and regulations for proper and efficient functioning of the Department of Surgery.

4. to promote and maintain an educational standard through a representative selected by the Chairman to serve on the Education/Library Committee.

5. to provide a representative to the Operating Room Committee who will be selected by the Chairman.

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Surgery (as a practitioner's primary department) include those requirements specified in the Medical Staff bylaws, Rules and Regulations. All practitioners who apply for membership shall be board certified or shall be actively engaged in the board application and certification process as outlined in the Medical Staff bylaws, and shall also be subject to approval by the Executive Committee and Board of Directors.

Board certification or equivalent shall be required for most primary surgical privileges. Physicians who wish to practice Wound Care or Hyperbaric Oxygen Therapy at the San Marcos Wound Care Center must be Board Certified in a recognized Medical or Surgical specialty or actively engaged in the certification process as outlined in the Medical Staff bylaws.

2.2 Responsibilities

The responsibilities of membership shall constitute:

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

2. attendance at a minimum of fifty percent (50%) of the Department meetings and twenty-five percent (25%) of the subsection meetings (with the exception of the General Surgery Subsection which has a fifty percent (50%) requirement). Non-compliance with the attendance requirement for both the Department and
subsection meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.
2.2 Responsibilities - continued

3. provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Surgery Emergency Department Consultation".


5. compliance with the Medical Staff bylaws, rules and regulations, Department of Surgery rules and regulations, Department of Surgery policies, the Operating Room protocol, and applicable Hospital policies and procedures.

6. participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the Palomar Health Patient Safety Plan, Performance Improvement (Lucidoc 11234).

ARTICLE III
PRIVILEGES

3.1 Application

3.1.1 Each applicant, member or non-member, must complete forms designating the procedures he desires to perform. Upon receipt of these 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.

3.1.2 A non-member with privileges must abide by the Department rules and regulations and policies. They 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.

3.1.3 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.

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

3.2 Criteria

a. The requirements for all surgical privileges will be documented and demonstrable skill, experience and education relative to the pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested.

b. Surgical privileges will include diagnosis and non-surgical treatment of disease, symptoms and organ systems usually encompassed by the physician's particular
c. Applicants may be required to submit in addition to 3.1.1, records, transcripts and operative reports of procedures performed during the previous two years.

d. If a vendor requires training specific to a new device or technique, physicians holding privileges which might utilize the new device or technique should submit documentation of completion of recommended training prior to utilization of the device or technique.

3.3 Monitoring

Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those requested within the Department of Surgery. The Department's monitoring requirements are set forth in a policy entitled "Department of Surgery Monitoring Requirements".

ARTICLE IV
ORGANIZATION

4.1 Officers

Officers of the Department of Surgery will be the Chairman and the Chairman-elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be board certified either by the American Board of Surgery or a recognized subspecialty board. 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 Medical Staff Quality Management Committee. Both the Chairman and the Chairman-elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

4.2 Subsections

4.2.1 Subsections (subspecialties) will meet as often as necessary to address specialty specific issues.

4.2.2 The subsections are charged with:

a. selecting an individual who shall function as the Subsection Representative. The Subsection representative shall assist the Department Chairman by reviewing and providing input into matters involving members of the subsection, including but not limited to recommendations regarding privilege requests and monitoring requirements.

b. providing input of a medical/administrative nature involving the Medical Staff and the Hospital administration.

c. addressing and referring specialty specific issues and recommendations to the Surgery Advisory Committee.

4.2.3 The selection process for Subsection Representative shall be as
follows:

a. Selection shall be made through a vote by all active members of the Subsection. Proxy votes will be accepted from qualified members.

b. The Representative with a majority of returned votes shall be selected.

c. The Representative selected shall serve a two-year term to run staggered from the term of the Department Chairman. The term will begin on January 1 and end on December 31 of the following year.

d. For Subsections with fewer than six (6) members or if a Subsection is unable to select a Representative through the defined election process, the Department Chairman shall have the authority to select a Representative to serve for a two-year term.

4.3 Surgery Advisory Committee

4.3.1 Composition

The Surgery Advisory committee will be composed of the Chairman, the Chairman-Elect, Immediate past Chairman, each of the subsection Representatives, the Department of Surgery O.R. Committee representative and a representative from the Department of Trauma. A member-at-large will also serve on the Committee. This member shall represent the interests of Kaiser physicians. The Chairman of the Department shall be the Chairman of the Surgery Advisory Committee.

4.3.2 Duties shall include but not be limited to:

a. receiving reports from the subsections in order to evaluate, recommend or take action as needed.

b. receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with surgical privileges; and

c. formulating operational concepts for presentation to members of the Department and dissemination of same to non-members.

4.3.3 Meetings

The Surgery Advisory Committee will usually meet monthly. Resulting recommendations will either be forwarded to the Department of Surgery or to
4.4 Surgery Privileges

The Department Chairman is responsible for:

a. reviewing, investigating and making recommendations concerning the qualifications of applicants for surgical privileges to include examination of evidence of character, professional competence, qualifications, and ethical standing of the applicant;

b. performing provisional reviews and a biennial review in accordance with the Medical Staff bylaws, rules and regulations of the surgical privileges of each member and Allied Health professional non-member with respect to his physical, intellectual and professional performance. Biennial review will include consideration of the member's activity in relation to an established minimum number of cases for maintaining privileges. Consequences for failure to meet this minimum number will be addressed by the Department Chairman in accordance with the Medical Staff Bylaws, rules and regulations.

c. evaluating a physician's ability to resume surgical privileges following major illness;

d. overseeing monitoring; and

e. discussing quality assessment mechanisms to ensure that consistency occurs within the Department.

Any of the above may be discussed by the Surgery Advisory Committee at the discretion of the Department Chairman.

ARTICLE VI

AMENDMENTS

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

Adoption of rules and regulations shall require a two-third (2/3) vote of the Active members present. Amendments to the rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors.

Adoption of policy amendments to Department of Surgery policies shall require a simple majority of Active Members present at a Department meeting at which a Quorum (as defined in the Medical Staff Bylaws) is present. Amendments to Department of Surgery policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review a policy 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 arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases.
b. to arrange such monitoring in advance as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.
c. to inform the scheduling operating room personnel of monitoring arrangements.
d. to discuss in advance with the monitor the proposed procedure and its indications.
e. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.
f. to ensure monitoring has been lifted prior to scheduling cases without a monitor.

Restrictions and Considerations:
A Provisional Member’s associate(s) may only monitor 75% of the cases unless an exception has been made by the Surgery Advisory Committee and so documented. When applicants are monitored, not more than one-half of the operative work done by the applicant shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In the event of insufficient (less than two (2)) Active staff members to fulfill monitoring requirements in any particular specialty, Courtesy staff members who have completed their monitoring may monitor Provisional staff members. The Chairman of the Department may permit an exception on a case-by-case basis. Consideration shall be given to allowing Provisional staff members whose monitoring has been lifted to monitor cases. These requests shall be reviewed and granted on a case-by-case basis at the discretion of the Department Chairman.

Monitoring Concurrent with Emergency Room Call
Surgeons who have completed the application process and have been granted Provisional status will be permitted to undergo monitoring concurrent with the provision of Emergency Room call if they are currently privileged at another hospital. Monitoring will be provided by active members of the Department with the expectation that the member needing monitoring will provide the monitor with appropriate notice whenever possible and will not unreasonably impact the monitor’s office and surgery schedule. 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. The retrospective monitoring will be assigned to an active member of the specialty in alphabetical rotation order. No more than four (4) cases may be monitored retrospectively.

Number of Cases to be Monitored
No less than eight (8) operating room cases of varying complexity and representative of scope of practice (with the exception of Otolaryngology and Urology). Specific monitoring requirements are defined on the applicable specialty-specific clinical privilege checklist(s).

Location of Monitoring
For cases other than ophthalmology cases, a maximum of four (4) of the cases may be monitored at Pomerado Hospital. Monitoring done at Pomerado Hospital Palomar Medical Center Poway will be considered if the monitor is in good standing at Pomerado Hospital Palomar Medical Center Poway Pomerado Hospital and holds privileges equal to or greater than the member being monitored. The monitoring conducted at Pomerado Hospital Palomar Medical Center Poway Pomerado Hospital must be performed by a physician within the same specialty, except under exceptional circumstances, which shall be determined by the Department Chairman. A maximum of 25% of the required cases will be accepted from Pomerado Hospital. The monitor must also be on staff at Palomar Medical Center Escondido and have his/her monitoring requirements lifted at Escondido.
MONITORING POLICY
(continued)

Cardio-thoracic Surgery
Six (6) of the eight (8) required cases must be open heart cases for those physicians performing primary open heart cases.

General Surgery
If laparoscopic privileges are sought, one (1) of the eight (8) monitored cases must be a therapeutic laparoscopy.

Ophthalmology
All eight (8) cases for ophthalmology may be monitored at Pomerado Hospital Palomar Medical Center Poway if the monitor is a member of the medical staff at Palomar Medical Center Escondido and holds either Active or Courtesy privileges and has completed his/her monitoring.

Otorhinolaryngology Surgery
The Otorhinolaryngology Surgery Subsection will require no less than four (4) operating room cases of varying complexity and representative of scope of practice.

Wound Care/Hyperbaric Oxygen Therapy
Monitoring requirements for physicians practicing in the specialty of Chronic Wound Care or Hyperbaric Oxygen Therapy are specified in the privileging criteria for Chronic Wound Care and Hyperbaric Oxygen Therapy.

Advancement to Active
Monitoring must be completed prior to advancement from Provisional to Active. Exceptions may be made on an individual basis if monitoring is not completed within a two (2) year period (example: a Dentist with very few admissions who is not an active category member of another hospital).

Monitoring as defined on the privileging criteria must be completed for all physicians practicing in the specialty of Chronic Wound Care or Hyperbaric Oxygen Therapy.

Advancement to Courtesy
Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement. Advancement to a Courtesy category does not negate the need to complete monitoring. If advancement occurs prior to the lifting of monitoring, the member should continue to arrange for a monitor prior to scheduling any cases until such time as monitoring is complete.
MONITORING POLICY  
(continued)

Responsibility of the Monitor  
It is the responsibility of the monitor:

a. to discuss in advance with the Provisional Member the evaluation and pre-operative workup which led the Provisional Member to the diagnosis and planned therapy.  
   The monitor may, at his discretion and with prior consultation with the Provisional Member and permission of the patient, examine the patient. The monitor shall not write in the patient’s chart.

b. to be present in the operating room for the major portion of the surgical procedure.  
   The monitor may act as an assistant surgeon at the Provisional Member’s request, understanding that medicolegal ramifications could result from such an arrangement.

c. to follow the post-operative evaluation to include post-operative chart review.

d. to provide his service gratis unless he acts as an assistant.

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

In the event that a monitor determines that the commencement or continuance of surgery poses a significant threat to the health or safety of the patient, the monitor is authorized to delay, postpone or terminate surgery, and is authorized and requested to take such action as good medical practice warrants in these circumstances. The monitor shall thereafter notify the Department Chairman and/or chief of staff, or, in their absence, any member of the Executive Committee of these circumstances, and the Executive Committee shall thereupon take appropriate action.

Responsibility of the Scheduling Operating Room Personnel  
The scheduling operating room personnel have the authority to postpone scheduling of a case if the Provisional Member does not advise them of monitoring arrangements. (Exception: emergency cases which should be cleared with the Department Chairman if possible)

Monitoring Form  
Monitoring forms may be obtained either from the Medical Staff Services office or within the operating room itself. Once the form is completed, it should be submitted to the Medical Staff Services office.
Review of Monitoring Forms

Once the Provisional member's file contains all required forms, the Medical Staff Services personnel will forward the Provisional member's file to the Department Chairman for review. Monitoring is not considered complete until it has been reviewed and lifted by the Department Chairman.

MONITORING POLICY
(continued)

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 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.

Surgery Assist

Those individuals who are granted "assist only" privileges do not have a monitoring requirement.

Additional Privileges

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

Emergency Department Consultation Rotation

Surgeons who have completed the application process and have been granted Provisional status or Temporary Privileges pending Board approval will be permitted to undergo monitoring concurrent with the provision of Emergency Room call if they are currently privileged at another hospital. Monitoring will be provided by active members of the Department with the expectation that the member needing monitoring will provide the monitor with appropriate notice whenever possible and will not unreasonably impact the monitor’s office and surgery schedule. 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. The retrospective monitoring will be assigned to an active member of the specialty in alphabetical rotation order. No more than four (4) cases may be monitored retrospectively.

Temporary Privileges

An applicant practicing under temporary privileges while awaiting provisional appointment is subject to this policy.
EMERGENCY DEPARTMENT CONSULTATION POLICY

Provisional
A Provisional (category) Member is required to provide emergency department consultation.

Active
An Active (category) Member is required to provide emergency department consultation unless he has arranged for appropriate coverage and obtained the approval of his subsection. The remaining members of the Member's subsection must be willing to increase their emergency department consultation responsibility. Exceptions need to be documented, submitted to and approved by the Surgery Advisory Committee. The Department Chairman may approve an exception pending Committee approval.

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. 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.
DEPARTMENT MEETINGS

In accordance with the rules and regulations of the Department of Surgery, members must attend a minimum of 50% of the Department meetings and 25% of the subsection meetings (with the exception of General Surgery Subsection which has a 50% requirement) must be attended during a Medical Staff Year (January through December). In lieu of attendance at 50% of the Department meetings, members may attend three (3) meetings and review the minutes in the Medical Staff Services office of an additional two (2) meetings. Subsections (subspecialties) will meet as often as necessary to address specialty specific issues.

Sanctions

Non-compliance with the 50% attendance requirement of the Department of Surgery as well non-compliance with the 25% attendance requirement for subsection meetings (with the exception of the General Surgery Subsection which has a 50% attendance requirement) is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Surgery

Department of Surgery meetings are typically held during the months of January, February, March, April, May, June, August, September, October, and November.

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.

Subsections

The Department of Surgery opted to create subsections in order to facilitate privileging and to address and refer specialty specific issues and recommendations to the Surgery Advisory Committee. The subsections are:

- General Surgery
- Ophthalmology
- Neurosurgery
- Cardiac-thoracic Surgery
- Plastic Surgery
- Dental/Oral Surgery
- Otorhinolaryngology
- Wound Care/Hyperbaric Oxygen Therapy
Meetings
Subsections will meet as often as necessary to address specialty specific issues.

Responsibilities
To select an individual who shall function as the Subsection Representative, to address specialty specific issues and to make recommendations and provide input to the Surgery Advisory Committee.

Reporting Structure
Minutes will be maintained with identified action items being forwarded to the Surgery Advisory Committee, who may or may not forward same to the entire Department.
PERFORMANCE IMPROVEMENT REVIEW POLICY

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

ALLIED HEALTH PROFESSIONALS

The role of Allied Health Professionals in the Department of Surgery is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privileging checklists.
The purpose of the Department of Surgery shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the outpatient department receive the best possible surgical services.

2. to provide a Chairman who will be responsible to the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.

3. to initiate and maintain rules and regulations for proper and efficient functioning of the Department of Surgery.

4. to promote and maintain an educational standard through a representative selected by the Chairman to serve on the Education/Library Committee.

5. to provide a representative to the Operating Room Committee who will be selected by the Chairman.

ARTICLE II
MEMBERSHIP

2.1 Qualifications
Qualifications for membership within the Department of Surgery (as a practitioner's primary department) include those requirements specified in the Medical Staff bylaws, Rules and Regulations. All practitioners who apply for membership shall be board certified or shall be actively engaged in the board application and certification process as outlined in the Medical Staff bylaws, and shall also be subject to approval by the Executive Committee and Board of Directors.

Board certification or equivalent shall be required for most primary surgical privileges. Physicians who wish to practice Wound Care or Hyperbaric Oxygen Therapy at the San Marcos Wound Care Center must be Board Certified in a recognized Medical or Surgical specialty or actively engaged in the certification process as outlined in the Medical Staff bylaws.

2.2 Responsibilities
The responsibilities of membership shall constitute:

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

2. attendance at a minimum of fifty percent (50%) of the Department meetings and twenty-five percent (25%) of the subsection meetings (with the exception of the General Surgery Subsection which has a fifty percent (50%) requirement). Non-compliance with the attendance requirement for both the Department and subsection meetings is subject to the sanctions outlined in the Medical Staff bylaws.
2.2 **Responsibilities** - continued

3. provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Surgery Emergency Department Consultation".


5. compliance with the Medical Staff bylaws, rules and regulations, Department of Surgery rules and regulations, Department of Surgery policies, the Operating Room protocol, and applicable Hospital policies and procedures.

6. participation in performance improvement activities as defined by the Medical Staff Peer Review Policy and the Palomar Health Patient Safety Plan, Performance Improvement (Lucidoc 11234).

**ARTICLE III**

**PRIVILEGES**

3.1 **Application**

3.1.1 Each applicant, member or non-member, must complete forms designating the procedures he desires to perform. Upon receipt of these 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.

3.1.2 A non-member with privileges must abide by the Department rules and regulations and policies. They 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.

3.1.3 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.

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

3.2 **Criteria**

a. The requirements for all surgical privileges will be documented and demonstrable skill, experience and education relative to the pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested.

b. Surgical privileges will include diagnosis and non-surgical treatment of disease, symptoms and organ systems usually encompassed by the physician's particular
c. Applicants may be required to submit in addition to 3.1.1, records, transcripts and operative reports of procedures performed during the previous two years.

d. If a vendor requires training specific to a new device or technique, physicians holding privileges which might utilize the new device or technique should submit documentation of completion of recommended training prior to utilization of the device or technique.

3.3 Monitoring

Each applicant shall undergo a uniform monitoring process conducted by active members holding privileges equal to or greater than those requested within the Department of Surgery. The Department's monitoring requirements are set forth in a policy entitled "Department of Surgery Monitoring Requirements".

ARTICLE IV
ORGANIZATION

4.1 Officers

Officers of the Department of Surgery will be the Chairman and the Chairman-elect who shall serve in their capacities for a two (2) year period. The Chairman and Chairman-Elect shall be board certified either by the American Board of Surgery or a recognized subspecialty board. 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 Medical Staff Quality Management Committee. Both the Chairman and the Chairman-elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

4.2 Subsections

4.2.1 Subsections (subspecialties) will meet as often as necessary to address specialty specific issues.

4.2.2 The subsections are charged with:

a. selecting an individual who shall function as the Subsection Representative. The Subsection representative shall assist the Department Chairman by reviewing and providing input into matters involving members of the subsection, including but not limited to recommendations regarding privilege requests and monitoring requirements.

b. providing input of a medical/administrative nature involving the Medical Staff and the Hospital administration.

c. addressing and referring specialty specific issues and recommendations to the Surgery Advisory Committee.

4.2.3 The selection process for Subsection Representative shall be as
follows:

a. Selection shall be made through a vote by all active members of the Subsection. Proxy votes will be accepted from qualified members.

b. The Representative with a majority of returned votes shall be selected.

c. The Representative selected shall serve a two-year term to run staggered from the term of the Department Chairman. The term will begin on January 1 and end on December 31 of the following year.

d. For Subsections with fewer than six (6) members or if a Subsection is unable to select a Representative through the defined election process, the Department Chairman shall have the authority to select a Representative to serve for a two-year term.

4.3 Surgery Advisory Committee

4.3.1 Composition

The Surgery Advisory committee will be composed of the Chairman, the Chairman-Elect, Immediate past Chairman, each of the subsection Representatives, the Department of Surgery O.R. Committee representative and a representative from the Department of Trauma. A member-at-large will also serve on the Committee. This member shall represent the interests of Kaiser physicians. The Chairman of the Department shall be the Chairman of the Surgery Advisory Committee.

4.3.2 Duties shall include but not be limited to:

a. receiving reports from the subsections in order to evaluate, recommend or take action as needed.

b. receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with surgical privileges; and

c. formulating operational concepts for presentation to members of the Department and dissemination of same to non-members.

4.3.3 Meetings

The Surgery Advisory Committee will usually meet monthly. Resulting recommendations will either be forwarded to the Department of Surgery or to
4.4 Surgery Privileges

The Department Chairman is responsible for:

a. reviewing, investigating and making recommendations concerning the qualifications of applicants for surgical privileges to include examination of evidence of character, professional competence, qualifications, and ethical standing of the applicant;

b. performing provisional reviews and a biennial review in accordance with the Medical Staff bylaws, rules and regulations of the surgical privileges of each member and Allied Health professional with respect to his physical, intellectual and professional performance. Biennial review will include consideration of the member's activity in relation to an established minimum number of cases for maintaining privileges. Consequences for failure to meet this minimum number will be addressed by the Department Chairman in accordance with the Medical Staff Bylaws, rules and regulations.

c. evaluating a physician's ability to resume surgical privileges following major illness;

d. overseeing monitoring; and

e. discussing quality assessment mechanisms to ensure that consistency occurs within the Department.

Any of the above may be discussed by the Surgery Advisory Committee at the discretion of the Department Chairman.

ARTICLE VI
AMENDMENTS

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

Adoption of rules and regulations shall require a two-thirds (2/3) vote of the Active members present. Amendments to the rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors.

Adoption of policy amendments to Department of Surgery policies shall require a simple majority of Active Members present at a Department meeting at which a Quorum (as defined in the Medical Staff Bylaws is present. Amendments to Department of Surgery policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review a policy 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 arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases.
b. to arrange such monitoring in advance as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.
c. to inform the scheduling operating room personnel of monitoring arrangements.
d. to discuss in advance with the monitor the proposed procedure and its indications.
e. to ensure monitoring reports are submitted to the Medical Staff Services office by the monitor.
f. to ensure monitoring has been lifted prior to scheduling cases without a monitor.

Restrictions and Considerations:
A Provisional Member's associate(s) may only monitor 75% of the cases unless an exception has been made by the Surgery Advisory Committee and so documented. When applicants are monitored, not more than one-half of the operative work done by the applicant shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In the event of insufficient (less than two (2)) Active staff members to fulfill monitoring requirements in any particular specialty, Courtesy staff members who have completed their monitoring may monitor Provisional staff members. The Chairman of the Department may permit an exception on a case-by-case basis. Consideration shall be given to allowing Provisional staff members whose monitoring has been lifted to monitor cases. These requests shall be reviewed and granted on a case-by-case basis at the discretion of the Department Chairman.

Monitoring Concurrent with Emergency Room Call
Surgeons who have completed the application process and have been granted Provisional status will be permitted to undergo monitoring concurrent with the provision of Emergency Room call if they are currently privileged at another hospital. Monitoring will be provided by active members of the Department with the expectation that the member needing monitoring will provide the monitor with appropriate notice whenever possible and will not unreasonably impact the monitor’s office and surgery schedule. 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. The retrospective monitoring will be assigned to an active member of the specialty in alphabetical rotation order. No more than four (4) cases may be monitored retrospectively.

Number of Cases to be Monitored
No less than eight (8) operating room cases of varying complexity and representative of scope of practice (with the exception of Otolaryngology). Specific monitoring requirements are defined on the applicable specialty-specific clinical privilege checklist(s).

Location of Monitoring
Monitoring done at Palomar Medical Center Poway will be considered if the monitor is in good standing at Palomar Medical Center Poway and holds privileges equal to or greater than the member being monitored. The monitoring conducted at Palomar Medical Center Poway must be performed by a physician within the same specialty, except under exceptional circumstances, which shall be determined by the Department Chairman. The monitor must also be on staff at Palomar Medical Center Escondido and have his/her monitoring requirements lifted at Escondido.
MONITORING POLICY
(continued)

Cardio-thoracic Surgery

Six (6) of the eight (8) required cases must be open heart cases for those physicians performing primary open heart cases.

General Surgery

If laparoscopic privileges are sought, one (1) of the eight (8) monitored cases must be a therapeutic laparoscopy.

Ophthalmology

All eight (8) cases for ophthalmology may be monitored at Palomar Medical Center Poway if the monitor is an member of the medical staff at Palomar Medical Center Escondido and holds either Active or Courtesy privileges and has completed his/her monitoring.

Otorhinolaryngology Surgery

The Otorhinolaryngology Surgery Subsection will require no less than four (4) operating room cases of varying complexity and representative of scope of practice.

Wound Care/Hyperbaric Oxygen Therapy

Monitoring requirements for physicians practicing in the specialty of Chronic Wound Care or Hyperbaric Oxygen Therapy are specified in the privileging criteria for Chronic Wound Care and Hyperbaric Oxygen Therapy.

Advancement to Active

Monitoring must be completed prior to advancement from Provisional to Active. Exceptions may be made on an individual basis if monitoring is not completed within a two (2) year period (example: a Dentist with very few admissions who is not an active category member of another hospital).

Monitoring as defined on the privileging criteria must be completed for all physicians practicing in the specialty of Chronic Wound Care or Hyperbaric Oxygen Therapy.

Advancement to Courtesy

Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement. Advancement to a Courtesy category does not negate the need to complete monitoring. If advancement occurs prior to the lifting of monitoring, the member should continue to arrange for a monitor prior to scheduling any cases until such time as monitoring is complete.
Responsibility of the Monitor

It is the responsibility of the monitor

a. to discuss in advance with the Provisional Member the evaluation and pre-operative workup which led the Provisional Member to the diagnosis and planned therapy.

   The monitor may, at his discretion and with prior consultation with the provisional Member and permission of the patient, examine the patient. The monitor shall not write in the patient's chart.

b. to be present in the operating room for the major portion of the surgical procedure.

   The monitor may act as an assistant surgeon at the Provisional Member's request, understanding that medicolegal ramifications could result from such an arrangement.

c. to follow the post-operative evaluation to include post-operative chart review.

d. to provide his service gratis unless he acts as an assistant.

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

In the event that a monitor determines that the commencement or continuance of surgery poses a significant threat to the health or safety of the patient, the monitor is authorized to delay, postpone or terminate surgery, and is authorized and requested to take such action as good medical practice warrants in these circumstances. The monitor shall thereafter notify the Department Chairman and/or chief of staff, or, in their absence, any member of the Executive Committee of these circumstances, and the Executive Committee shall thereupon take appropriate action.

Responsibility of the Scheduling Operating Room Personnel

The scheduling operating room personnel have the authority to postpone scheduling of a case if the Provisional Member does not advise them of monitoring arrangements. (Exception: emergency cases which should be cleared with the Department Chairman if possible)

Monitoring Form

Monitoring forms may be obtained either from the Medical Staff Services office or within the operating room itself. Once the form is completed, it should be submitted to the Medical Staff Services office.

Review of Monitoring Forms

Once the Provisional member's file contains all required forms, the Medical Staff Services personnel will forward the Provisional member's file to the Department Chairman for review. Monitoring is not considered complete until
it has been reviewed and lifted by the Department Chairman.

MONITORING POLICY
(continued)

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 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.

Surgery Assist

Those individuals who are granted "assist only" privileges do not have a monitoring requirement.

Additional Privileges

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

Emergency Department Consultation Rotation

Surgeons who have completed the application process and have been granted Provisional status or Temporary Privileges pending Board approval will be permitted to undergo monitoring concurrent with the provision of Emergency Room call if they are currently privileged at another hospital. Monitoring will be provided by active members of the Department with the expectation that the member needing monitoring will provide the monitor with appropriate notice whenever possible and will not unreasonably impact the monitor’s office and surgery schedule. 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. The retrospective monitoring will be assigned to an active member of the specialty in alphabetical rotation order. No more than four (4) cases may be monitored retrospectively.

Temporary Privileges

An applicant practicing under temporary privileges while awaiting provisional appointment is subject to this policy.


EMERGENCY DEPARTMENT CONSULTATION POLICY

Provisional

A Provisional (category) Member is required to provide emergency department consultation.

Active

An Active (category) Member is required to provide emergency department consultation unless he has arranged for appropriate coverage and obtained the approval of his subsection. The remaining members of the Member's subsection must be willing to increase their emergency department consultation responsibility. Exceptions need to be documented, submitted to and approved by the Surgery Advisory Committee. The Department Chairman may approve an exception pending Committee approval.

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. 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.
DEPARTMENT MEETINGS

In accordance with the rules and regulations of the Department of Surgery, members must attend a minimum of 50% of the Department meetings and 25% of the subsection meetings (with the exception of General Surgery Subsection which has a 50% requirement) must be attended during a Medical Staff Year (January through December). In lieu of attendance at 50% of the Department meetings, members may attend three (3) meetings and review the minutes in the Medical Staff Services office of an additional two (2) meetings. Subsections (subspecialties) will meet as often as necessary to address specialty specific issues.

Sanctions

Non-compliance with the 50% attendance requirement of the Department of Surgery as well non-compliance with the 25% attendance requirement for subsection meetings (with the exception of the General Surgery Subsection which has a 50% attendance requirement) is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

Department of Surgery

Department of Surgery meetings are typically held during the months of January, February, March, April, May, June, August, September, October, and November.

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.

Subsections

The Department of Surgery opted to create subsections in order to facilitate privileging and to address and refer specialty specific issues and recommendations to the Surgery Advisory Committee. The subsections are:
- General Surgery
- Ophthalmology
- Neurosurgery
- Cardio-thoracic Surgery
- Plastic Surgery
- Dental/Oral Surgery
- Otorhinolaryngology
- Wound Care/Hyperbaric Oxygen Therapy

Meetings

Subsections will meet as often as necessary to address specialty specific issues.

Responsibilities

To select an individual who shall function as the Subsection Representative, to address specialty specific issues and to make recommendations and provide input to the Surgery Advisory Committee.

Reporting Structure

Minutes will be maintained with identified action items being forwarded to the Surgery Advisory Committee, who
may or may not forward same to the entire Department.

**PERFORMANCE IMPROVEMENT REVIEW POLICY**

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

**ALLIED HEALTH PROFESSIONALS**

The role of Allied Health Professionals in the Department of Surgery is outlined in the Medical Staff Allied Health Professional Authorization Procedure and the specialty specific privileging checklists.
ARTICLE I
PURPOSE

The purpose of the Department of Pediatrics shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the Pediatric Unit or Neonatal Intensive Care Unit receive the best possible pediatric services.

2. to provide a Chairman who will be responsible to the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.

3. to initiate and maintain rules and regulations for proper and efficient function of the Department of Pediatrics.

4. to promote and maintain an educational standard through a representative selected by the Chairman to serve on the Education/Library Committee.

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Pediatrics 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 Pediatrics, the American Osteopathic Board of Pediatrics or other pediatric specialty board recognized by these Boards, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

Family/general physicians, who by history selected the Department of Pediatrics as their primary department, may remain members, if it is their desire. Otherwise, family/general physicians may obtain privileges in the Department of Pediatrics but shall not be eligible for membership.

2.2 Responsibilities

The responsibilities of membership shall constitute:

2.2.1 Participation in Department business and 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.

Non-compliance with the twenty-five percent (25%) requirement for the Department meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.
2.2.3 Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Pediatrics 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 Pediatrics rules and regulations, Department of Pediatrics 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 pediatric privileges desired. Upon receipt of these forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department of Pediatrics, or designees, will review same and may meet with the applicant.

3.1.2 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. The Chairman may require attendance at a specific meeting if a non-member's privileges are under review or for the purposes of continuing medical education.

3.1.3 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.

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

3.2 Criteria

3.2.1 The principles governing all pediatric privileges will be documented and will include demonstrable skill, experience and education relative to the pre-procedure evaluation, technical performance, and post-procedure care inherent in the procedures requested.

3.2.2 Pediatric privileges will include diagnosis and non-surgical treatment of diseases, symptoms and organ systems usually encompassed by pediatrics.
3.2.3 The Department shall consider any limitations in an applicant's professional liability coverage in granting privileges, and shall not grant privileges for a procedure if the applicant lacks coverage for that procedure. Denial of privileges of this basis does not constitute denial for a "medical disciplinary cause or reason" as specified in the Medical Staff Bylaws.

3.3 Monitoring
Each practitioner shall undergo a uniform monitoring process conducted by an Active Member holding privileges equal to or greater than those requested within the Department of Pediatrics. The Department's monitoring requirements are set forth in a policy entitled "Department of Pediatrics Monitoring Requirements."

ARTICLE IV
ORGANIZATION

4.1 Officers
The officers of the Department of Pediatrics will be the Chairman and the Chairman-Elect who shall serve in their capacities for a two (2) year period. They shall be board certified. The Chairman-Elect will assume the duties and have authority of the Chairman in the Chairman's absence. The Chairman-Elect will serve as a member of the Medical Staff Quality Assessment and Improvement Committee. Both the Chairman and Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

4.2 Pediatric Peer Review Committee
At least four (4) members of the Department of Pediatrics will be appointed by the Chairman to perform quality assessment review on an ongoing basis according to the Department policy entitled "Department of Pediatric Quality Assessment Review". The Chairman will designate a Chairman of the Pediatric Peer Review Committee who will report, at least on a quarterly basis, to the Department as a whole a summary of the activity of the Pediatric Peer Review Committee.

ARTICLE V
AMENDMENTS

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

Adoption of rules and regulations amendments shall require a two-third (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting. Amendments to the rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors.

Adoption of policy amendments to Department of Pediatrics policies shall require a simple majority of Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present. Amendments to Department of Pediatrics policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion an may exercise its right to approve or disapprove any policy in the same manner as a department rules and regulation.
In accordance with the rules and regulations of the Department of Pediatrics, twenty-five percent (25%) of the Department meetings must be attended during a Medical Staff Year (January through December).

**Sanctions**
Non-compliance with the twenty-five percent (25%) attendance requirement of the Department of Pediatrics is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations: Failure to satisfy meeting attendance requirements for one (1) year shall, at a minimum, double the amount of dues required from the member of the next medical staff year. If the member fails to satisfy attendance requirements a second time within three (3) years of the first violation, the Member's dues shall be tripled; if he fails to satisfy attendance requirements a third time within the following three (3) years the Member's dues shall quadruple; and each subsequent violation within a three (3) year period of the most recent violation shall result in a similar increase in the amount charged following such violation.

**Department of Pediatrics**
Department of Pediatrics meetings are usually held monthly on the third Thursday (12:30 p.m. in the OB Classroom). The Department does not meet in December.

**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.
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. (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

Active
An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Pediatrics or unless the hospital has entered into a contractual arrangement for provision of this service. (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

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. A Courtesy Member may volunteer to serve.

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

Associate
An Associate (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.
Provisional (Category) Member's Responsibility

It is the responsibility of the Provisional Member

a. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. All monitors shall be deemed members of the department's peer review committee for purposes of performing their duties as monitors. Further, in the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.

b. to arrange such monitoring in advance so as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.

c. to insure monitoring reports are submitted to the Medical Staff Services Office by the monitor.

Restrictions

When applicants are monitored, not more than one-half of the cases shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In case where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department may permit an exception.

Number of Cases to be Monitored

Monitoring of each applicant shall be required on at least six (6) hospital admissions, two (2) of which shall be for newborns. If a family practitioner does not care for newborns, monitoring shall be for six (6) general pediatric admissions.

Location of Monitoring

Cases may be monitored at either Palomar Medical Center Escondido or Pomerado Hospital Palomar Medical Center Poway if the monitor is an Active category member of the Palomar Medical Center Escondido Medical Staff and has had his/her monitoring requirements lifted.

Advancement to Active

Monitoring forms must be submitted and reviewed by the Department of Pediatrics for at least six (6) hospital admissions, two (2) of which shall be for newborns, prior to advancement from Provisional to Active.

Advancement to Courtesy

Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement for at least six (6) admissions. Advancement to a Courtesy category does not negate the need to complete monitoring.

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 review 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 Forms by the Department of Pediatrics
Once the Provisional Member's file contains all six (6) monitoring forms, the Medical Staff Services personnel will
forward the Provisional Member's file to the Chairman of the Department of Pediatrics for review.

Additional Monitoring
It is the prerogative of the Department of Pediatrics 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 decision of the
Department Chair.

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 the procedural steps of this policy.

Emergency Department Consultation Rotation
Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the
Department makes an exception. An exception requires that an Active Member remain available to supervise and/or
assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and
submitted to the Department of Pediatrics.)

Temporary Privileges
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.
Performance Improvement review will be performed primarily by the Department of Pediatrics Peer Review Committee. This does not negate review by the Department as a whole.

**Purpose**
To fulfill the Department of Pediatrics's responsibility to participate in medical peer review and performance improvement.

**Identification**
Charts needing review are identified via the Quality Resource Management and Clinical Information Services. The method of selection is based on CIS required functions, approved indicators, (i.e. transfusions), and referrals from other departments/committees/subsections.

Another method of identification is through quality referrals (notification of specific incidents) relating to management of patient care, physician behavior or perhaps risk management concerns. As appropriate a physician participates in a sentinel event or case specific multidisciplinary review.

**Review**

a. The Quality Resource Management Department generates a Performance Improvement worksheet and places same on the chart to be reviewed. This form reflects the reason for the review and allows space for physician reviewer's comments and Performance Improvement worksheet.

   The adverse patient outcome summary and medical records clinical pertinence forms do not become part of the patient's medical record, but are used for quality assessment purposes only.

b. Charts are reviewed at the monthly meetings of the Department of Pediatrics Peer Review Committee. Any issues which are felt to warrant discussion by the Department will be referred to the Department of Pediatrics meeting.

c. A summary of the review is then generated from which individual physician performance is monitored/tracked. Individual performance is reviewed at the end of a provisional period, at reassessment/reappointment, or upon request by the Department Chairman.

**Guidelines**

a. A physician reviewer cannot review his own chart.

b. The attributed physician will be written if care is found to be substandard as determined by the reviewer. Failure to respond will result in the score remaining as originally determined.

c. Trends and behavioral issues are to be referred to the Chairman of the Department of Pediatrics for review, action and possible referral to the Medical Staff.
Reporting Mechanism

Departmental performance improvement reports including case review, focus studies and required functions, are submitted to the Quality Management Committee quarterly and summarized annually per the attached scheduled agenda.

The Department of Pediatrics encourages resolution of interpersonal conflicts, differences of opinion, etc. at the time of occurrence. If a situation cannot be resolved in accordance with policies governing conflict situations, then any physician or Hospital employee may direct a request for review.

**Palomar Medical Center Escondido**
**Medical Staff Policy**
**Conflict Resolution**

**PURPOSE**
To allow employee/physician (interpersonal/behavior) conflicts to be resolved with understanding and tact and without inappropriate utilization of the quality assessment system.

1. If an employee or physician is in disagreement or has a question/concern with a physician or employee and the patient is in no immediate crisis, the employee or physician should approach the physician/employee to discuss the situation. (The discussion is best accomplished away from the bedside and out of hearing distance of visitors and colleagues.)
2. If the situation is resolved at this point, and there is no untoward incident with the patient, the situation is considered closed.
3. If the patient's care is still in question, the employee/physician will discuss the issue with the immediate supervisor.
4. The supervisor will review the situation, indicate it closed, or will discuss it with the employee/physician.
5. If the supervisor is unable to resolve the conflict with the employee/physician, the supervisor should contact the Chairman of the member's department and/or the Chief of Staff. The Vice President for Medical Affairs or appropriate Medical Director will be contacted to assist in facilitating a resolution if resolution is not prompt.
6. Formal documentation and trending of employee incidents and their resolutions shall be initiated by the employee's supervisor and/or appropriate Assistant Administrator. Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.

Formal documentation and trending of physician incidents and their resolutions shall be initiated by the Chairman of the member’s department or the Chief of Staff. The quality assessment system of the Medical Staff, including the peer review process, may be utilized as appropriate. Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.
Change in Patient Condition and Physician Not Available

PURPOSE: To establish a chain of command to be followed if a physician is not available and the patient's medical care necessitates physician intervention in a timely manner.

1. If a patient's condition changes or is changing so as to be evident that physician intervention is a necessity, the employee will make a concerted, timely effort to reach the physician.

2. If the physician is not available and does not respond in a "reasonable" time, the employee will notify his/her immediate supervisor. (Reasonable time will be defined by the circumstances.)

3. The supervisor will attempt to notify the physician. If not successful, the following chain of command will be implemented:
   - Chairman of the Department in which the physician is a member.
   - Chief of Staff if the Chairman is not available.

4. A written quality assessment report will be initiated.

5. If patient's condition warrants, the Emergency Medicine physician may be contacted.

Revised Department of Pediatrics 01/15/09; Executive Committee 01/26/09; Board of Directors 02/09/09
PAOMAR MEDICAL CENTER ESCONDIDO

DEPARTMENT OF PEDIATRICS
RULES AND REGULATIONS

Adopted by the Department of Pediatrics on
May 13, 2021

Adopted by the Executive Committee on
May 24, 2021

Approved by the Board of Directors on
June 14, 2021
ARTICLE I
PURPOSE

The purpose of the Department of Pediatrics shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the Pediatric Unit or Neonatal Intensive Care Unit receive the best possible pediatric services.

2. to provide a Chairman who will be responsible to the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.

3. to initiate and maintain rules and regulations for proper and efficient function of the Department of Pediatrics.

4. to promote and maintain an educational standard through a representative selected by the Chairman to serve on the Education/Library Committee.

ARTICLE II
MEMBERSHIP

2.1 Qualifications

Qualifications for membership within the Department of Pediatrics 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 Pediatrics, the American Osteopathic Board of Pediatrics or other pediatric specialty board recognized by these Boards, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

Family/general physicians, who by history selected the Department of Pediatrics as their primary department, may remain members, if it is their desire. Otherwise, family/general physicians may obtain privileges in the Department of Pediatrics but shall not be eligible for membership.

2.2 Responsibilities

The responsibilities of membership shall constitute:

2.2.1 Participation in Department business and 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.

Non-compliance with the twenty-five percent (25%) requirement for the Department meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.
2.2.3 Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Pediatrics 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 Pediatrics rules and regulations, Department of Pediatrics 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 pediatric privileges desired. Upon receipt of these forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department of Pediatrics, or designees, will review same and may meet with the applicant.

3.1.2 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. The Chairman may require attendance at a specific meeting if a non-member's privileges are under review or for the purposes of continuing medical education.

3.1.3 Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.

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

3.2 Criteria

3.2.1 The principles governing all pediatric privileges will be documented and will include demonstrable skill, experience and education relative to the pre-procedure evaluation, technical performance, and post-procedure care inherent in the procedures requested.

3.2.2 Pediatric privileges will include diagnosis and non-surgical treatment of diseases, symptoms and organ systems usually encompassed by pediatrics.
3.2.3 The Department shall consider any limitations in an applicant's professional liability coverage in granting privileges, and shall not grant privileges for a procedure if the applicant lacks coverage for that procedure. Denial of privileges of this basis does not constitute denial for a "medical disciplinary cause or reason" as specified in the Medical Staff Bylaws.

3.3 Monitoring
Each practitioner shall undergo a uniform monitoring process conducted by an Active Member holding privileges equal to or greater than those requested within the Department of Pediatrics. The Department's monitoring requirements are set forth in a policy entitled "Department of Pediatrics Monitoring Requirements."

ARTICLE IV
ORGANIZATION

4.1 Officers
The officers of the Department of Pediatrics will be the Chairman and the Chairman-Elect who shall serve in their capacities for a two (2) year period. They shall be board certified. The Chairman-Elect will assume the duties and have authority of the Chairman in the Chairman's absence. The Chairman-Elect will serve as a member of the Medical Staff Quality Assessment and Improvement Committee. Both the Chairman and Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

4.2 Pediatric Peer Review Committee
At least four (4) members of the Department of Pediatrics will be appointed by the Chairman to perform quality assessment review on an ongoing basis according to the Department policy entitled "Department of Pediatric Quality Assessment Review". The Chairman will designate a Chairman of the Pediatric Peer Review Committee who will report, at least on a quarterly basis, to the Department as a whole a summary of the activity of the Pediatric Peer Review Committee.

ARTICLE V
AMENDMENTS

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

Adoption of rules and regulations amendments shall require a two-third (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting. Amendments to the rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors.

Adoption of policy amendments to Department of Pediatrics policies shall require a simple majority of Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present. Amendments to Department of Pediatrics policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion an may exercise its right to approve or disapprove any policy in the same manner as a department rules and regulation.
In accordance with the rules and regulations of the Department of Pediatrics, twenty-five percent (25%) of the Department meetings must be attended during a Medical Staff Year (January through December).

**Sanctions**
Non-compliance with the twenty-five percent (25%) attendance requirement of the Department of Pediatrics is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations: Failure to satisfy meeting attendance requirements for one (1) year shall, at a minimum, double the amount of dues required from the member of the next medical staff year. If the member fails to satisfy attendance requirements a second time within three (3) years of the first violation, the Member's dues shall be tripled; if he fails to satisfy attendance requirements a third time within the following three (3) years the Member's dues shall quadruple; and each subsequent violation within a three (3) year period of the most recent violation shall result in a similar increase in the amount charged following such violation.

**Department of Pediatrics**
Department of Pediatrics meetings are usually held monthly on the third Thursday (12:30 p.m. in the OB Classroom). The Department does not meet in December.

**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.
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. (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

Active
An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Pediatrics or unless the hospital has entered into a contractual arrangement for provision of this service. (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

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. A Courtesy Member may volunteer to serve.

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

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

a. to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. All monitors shall be deemed members of the department's peer review committee for purposes of performing their duties as monitors. Further, in the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.

b. to arrange such monitoring in advance so as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.

c. to insure monitoring reports are submitted to the Medical Staff Services Office by the monitor.

Restrictions
When applicants are monitored, not more than one-half of the cases shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In case where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department may permit an exception.

Number of Cases to be Monitored
Monitoring of each applicant shall be required on at least six (6) hospital admissions, two (2) of which shall be for newborns. If a family practitioner does not care for newborns, monitoring shall be for six (6) general pediatric admissions.

Location of Monitoring
Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway if the monitor is an Active category member of the Palomar Medical Center Escondido Medical Staff and has had his/her monitoring requirements lifted.

Advancement to Active
Monitoring forms must be submitted and reviewed by the Department of Pediatrics for at least six (6) hospital admissions, two (2) of which shall be for newborns, prior to advancement from Provisional to Active.

Advancement to Courtesy
Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement for at least six (6) admissions. Advancement to a Courtesy category does not negate the need to complete monitoring.

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 review 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 Forms by the Department of Pediatrics
Once the Provisional Member's file contains all six (6) monitoring forms, the Medical Staff Services personnel will
forward the Provisional Member's file to the Chairman of the Department of Pediatrics for review.

Additional Monitoring
It is the prerogative of the Department of Pediatrics 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 decision of the
Department Chair.

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 the procedural steps of this policy.

Emergency Department Consultation Rotation
Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the
Department makes an exception. An exception requires that an Active Member remain available to supervise and/or
assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and
submitted to the Department of Pediatrics.)

Temporary Privileges
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.
Performance Improvement review will be performed primarily by the Department of Pediatrics Peer Review Committee. This does not negate review by the Department as a whole.

**Purpose**

To fulfill the Department of Pediatrics's responsibility to participate in medical peer review and performance improvement.

**Identification**

Charts needing review are identified via the Quality Resource Management and Clinical Information Services. The method of selection is based on CIS required functions, approved indicators, (i.e. transfusions), and referrals from other departments/committees/subsections.

Another method of identification is through quality referrals (notification of specific incidents) relating to management of patient care, physician behavior or perhaps risk management concerns. As appropriate a physician participates in a sentinel event or case specific multidisciplinary review.

**Review**

a. The Quality Resource Management Department generates a Performance Improvement worksheet and places the same on the chart to be reviewed. This form reflects the reason for the review and allows space for physician reviewer's comments and Performance Improvement worksheet.

The adverse patient outcome summary and medical records clinical pertinence forms do not become part of the patient's medical record, but are used for quality assessment purposes only.

b. Charts are reviewed at the monthly meetings of the Department of Pediatrics Peer Review Committee. Any issues which are felt to warrant discussion by the Department will be referred to the Department of Pediatrics meeting.

c. A summary of the review is then generated from which individual physician performance is monitored/tracked. Individual performance is reviewed at the end of a provisional period, at reassessment/reappointment, or upon request by the Department Chairman.

**Guidelines**

a. A physician reviewer cannot review his own chart.

b. The attributed physician will be written if care is found to be substandard as determined by the reviewer. Failure to respond will result in the score remaining as originally determined.

c. Trends and behavioral issues are to be referred to the Chairman of the Department of Pediatrics for review, action and possible referral to the Medical Staff.
Reporting Mechanism

Departmental performance improvement reports including case review, focus studies and required functions, are submitted to the Quality Management Committee quarterly and summarized annually per the attached scheduled agenda.

The Department of Pediatrics encourages resolution of interpersonal conflicts, differences of opinion, etc. at the time of occurrence. If a situation cannot be resolved in accordance with policies governing conflict situations, then any physician or Hospital employee may direct a request for review.

**Palomar Medical Center Escondido**

**Medical Staff Policy**

**Conflict Resolution**

**PURPOSE**

To allow employee/physician (interpersonal/behavior) conflicts to be resolved with understanding and tact and without inappropriate utilization of the quality assessment system.

1. If an employee or physician is in disagreement or has a question/concern with a physician or employee and the patient is in no immediate crisis, the employee or physician should approach the physician/employee to discuss the situation. (The discussion is best accomplished away from the bedside and out of hearing distance of visitors and colleagues.)

2. If the situation is resolved at this point, and there is no untoward incident with the patient, the situation is considered closed.

3. If the patient's care is still in question, the employee/physician will discuss the issue with the immediate supervisor.

4. The supervisor will review the situation, indicate it closed, or will discuss it with the employee/physician.

5. If the supervisor is unable to resolve the conflict with the employee/physician, the supervisor should contact the Chairman of the member's department and/or the Chief of Staff. The Vice President for Medical Affairs or appropriate Medical Director will be contacted to assist in facilitating a resolution if resolution is not prompt.

6. Formal documentation and trending of employee incidents and their resolutions shall be initiated by the employee's supervisor and/or appropriate Assistant Administrator. Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.

Formal documentation and trending of physician incidents and their resolutions shall be initiated by the Chairman of the member’s department or the Chief of Staff. The quality assessment system of the Medical Staff, including the peer review process, may be utilized as appropriate. Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.
Change in Patient Condition and Physician Not Available

PURPOSE To establish a chain of command to be followed if a physician is not available and the patient's medical care necessitates physician intervention in a timely manner.

1. If a patient's condition changes or is changing so as to be evident that physician intervention is a necessity, the employee will make a concerted, timely effort to reach the physician.

2. If the physician is not available and does not respond in a "reasonable" time, the employee will notify his/her immediate supervisor. (Reasonable time will be defined by the circumstances.)

3. The supervisor will attempt to notify the physician. If not successful, the following chain of command will be implemented:
   Chairman of the Department in which the physician is a member.
   Chief of Staff if the Chairman is not available.

4. A written quality assessment report will be initiated.

5. If patient's condition warrants, the Emergency Medicine physician may be contacted.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRIC

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 Pediatric Nurse Practitioner (PNP)

To be eligible to apply for clinical privileges as a Pediatric Nurse Practitioner (PNP), the applicant must meet the following criteria:

• Possession of a valid California license as a Registered Nurse
• Possession of a Nurse Practitioner Certificate by the State of California, Board of Registered Nursing
• 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.)
• Board Certification as a Nurse Practitioner. If certification is held by AANP or ANCC, then applicant must also be in the examination process with achievement of board certification by the PNCB (Pediatric Nursing Certification Board) within twelve (12) months of appointment.
• NRP 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, reflective of the scope of privileges requested 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.

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.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRIC

Name: ___________________________________________  Page 2
Effective From ___/___/______ To ___/___/______

Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner, 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 NRP certification is required.

Affiliation with Medical Staff Appointee / Supervision

The exercise of these clinical privileges requires a 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.

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 physician in accordance with hospital policy.

NURSE PRACTITIONER (NP) CORE PRIVILEGES — PEDIATRICS

☐ Requested  Evaluate, diagnose, treat and provide consultation to well newborns as well as infants presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities and sepsis and provide consultation to mothers with high risk pregnancies. Nurse Practitioners may not admit patients to the hospital. 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.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRIC

Name: _______________________________                                Page 3

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.

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

NEONATOLOGY 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
• Arrange appropriate outpatient follow-up with community resources subsequent to conference with the Neonatologist/Pediatrician
• Attend C-Section and high risk deliveries
• Contact the mother of each infant and inform her of any problems and plans
• Correlate clinical information and fetal data to determine gestational age
• Debridement and general care for superficial wounds and minor superficial surgical procedures
• Develop and implement an initial plan for patients in collaboration with the Neonatologist/Pediatrician
• Elicit record and interpret the obstetrical, past medical, family and psychosocial history of the neonate's parents, noting risk factors and the implications for problems in the immediate newborn period
• Examine infants prior to discharge and document all findings in chart. Confer with Neonatologist/Pediatrician when abnormal findings are observed
• Initiate referral to appropriate physician or other health care professional of problems that exceed the NP’s scope of practice
• Insert and manage urethral catheter
• Insert and remove nasogastric tube
• Institute discharge planning guidelines
• Institute emergency measures and notify Neonatologist/Pediatrician immediately
• Make daily rounds with or without Neonatologist/Pediatrician, and present patient history to Neonatologist/Pediatrician
• Order and obtain samples for appropriate studies, and discuss results with Neonatologist/Pediatrician, institute appropriate action subsequent to conference with the Neonatologist/Pediatrician
• Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRIC

Name: ____________________________________________

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

- Order the use and discontinuation of phototherapy subsequent to conference with the Neonatologist/Pediatrician
- Perform admission H&P
- Perform incision and drainage of superficial abscesses
- Perform newborn physical examination using the techniques of observation, inspection, auscultation, palpation, and percussion
- Perform screenings of Auditory Brainstem Responses (ABRs)
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Provide immediate supportive care of the newborn in the delivery room
- Record progress notes (co signature in a timely manner – Source: Palomar Medical Center Escondido and Poway, Allied Health Professionals Authorization)
- Review of maternal health, labor, and delivery records of all infants admitted to newborn nursery under the service of the Neonatology/Pediatric group
- Write and effectively communicate orders in accordance with management protocols
- Write discharge summaries (co signature in a timely manner – Source: Palomar Medical Center Escondido and Poway, Allied Health Professionals Authorization)
- Diagnostic and therapeutic procedures including, but are not limited to:
  - Perform arterial puncture
  - Perform emergency needle thoracentesis
  - Perform endotracheal intubation
  - Perform lumbar puncture
  - Initiate cardiopulmonary resuscitation
  - Insert chest tube
  - Insert intraosseous needle
  - Insert and manage percutaneous arterial catheter
  - Insert and manage percutaneous central venous catheter
  - Insert and manage umbilical artery catheter
  - Insert and manage umbilical venous catheter
  - Perform laryngoscopy and suction
  - Perform venipuncture

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 ____________________
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — PEDIATRIC

Name: ___________________________                                    Page 5
Effective From ___/___/______ To ___/___/______

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed _______________________________                          Date ____________

PMCP MEC: 5/25/2021
PMCE MEC: 5/24/2021
PMCP Peds: 4/28/2021
IPC review 04/12/2021
PMCE Peds: 2/11/2021

125
Objective
To facilitate the candid and timely communication of patient care concerns from physicians and Allied Health Practitioners.

Policy
The Medical Staff is accountable to the Board of Directors for effective oversight and management of quality assurance activities integral to the health and welfare of the public. In order to augment the timeliness of this activity, the Medical Staff has set up a care concern line. Physicians and Allied Health Practitioners are encouraged to call this line to report care concerns or frustrations as they encounter them in their daily work in the hospital.

The Medical Staff designates all such reports as peer protected under California Evidence Code Section 1157 which creates an exemption from discovery for all Medical Staff activity that involves evaluation and improvement of quality of care provided to our patients.

Procedure
When a physician or AHP experiences a concern during their work they are encouraged to call the care concern line to report that concern. Any and every concern or frustration may be reported on this line that pertains to effective, timely and safe delivery of care to a patient.

The number to call is: 881-3365 (in house) or 442-281-3365 (outside Palomar Health)

A physician will call the above number which will be answered by a recorded greeting. The caller may then leave a voice message directed to the Chief of Staff. The Chief of Staff will receive an email notification of the message with attached audio file to play back/review. An electronically transcribed version will also be provided.

Based on the nature of the concern, the Chief of Staff will notify the Department Chair, nursing, administration or any other party responsible for rectifying the problem.

The Chief of Staff will meet regularly with the CMO, CNO and VP Quality and Patient Safety to review the status of the concern remediation and report that in the confidential session of the MEC.
The prerogatives and scope of services authorized for each Allied Health Professional shall be approved on an individual basis. Each Allied Health Professional (with the exception of Clinical Psychologists) must be sponsored by a physician who is a member of the Department under which the practitioner is requesting privileges.

**Education and Training**
Minimum requirements for education and training are noted in the Hospital Bylaws, Rules and Regulations as well as the applicable privilege checklist.

**Requirements**

1. The authorized scope of services for each Allied Health Professional shall be determined by the Chairman of the Department and in any event shall not exceed the Allied Health Professional's training, experience, scope of licensure and demonstrated competence.

2. The decision to admit, discharge or transfer patients may only be made by a physician member of the Medical Staff. Allied Health Professionals shall not be eligible for appointment to the Medical Staff. The authorization of Allied Health Professionals to render care at Palomar Medical Center Escondido and Poway may, at any time and with reasonable cause, be terminated by the Chairman of the Department, the Chief of Staff, or the Board of Directors.

3. Allied Health Professionals shall carry out their services under the supervision of the sponsoring member(s) of the applicable Department and are subject to departmental policies and procedures. Psychologists are the only Allied Health Professionals who are not required to have a sponsoring physician.

4. Allied Health Professionals must maintain all applicable licenses, certificates, or such other legal credentials, if any, as from time to time may be required by authority of the State of California or another appropriate body.

5. Allied Health Professionals must maintain the same liability coverage, as required for Medical Staff membership, and shall be responsible for participating in continuing education programs as are required by their respective licensing authorities or the societies with which they are affiliated.

6. Allied Health Professionals shall undergo a biennial reappointment process.

7. Nurse Practitioners and Physician Assistants may only admit a patient to the hospital on behalf of a physician i.e., must obtain either a written or phone order or via standing order (for newborn admissions) from the sponsoring/on call physician. The physician must always be available by phone or in-person for immediate supervision.

8. Consultations can only be requested by a physician, to a physician and only performed by a physician. Allied Health Professionals may evaluate a patient under the direction of the supervising physician but the consultation must be performed by a sponsoring physician. If an evaluation is performed by the Allied Health Professional, and the patient is either an inpatient or subsequently admitted, a sponsoring physician must see the patient, perform the consult, and write a brief summary in the chart within the timeframes specified by existing policy but not to exceed 24 hours. Patients that are evaluated in the Emergency Department by specialty Allied Health Professionals and subsequently discharged will have their records reviewed by a sponsoring physician within 24 hours.

9. Allied Health Professionals who have been granted the privileges to do so, may perform and dictate the following:
   a) admitting History and Physical on behalf of a sponsoring physician, but a sponsoring physician must see the patient and co-sign the H&P the same day. (Note: this does not apply to newborn notes.)
   b) pre-surgical History and Physical on behalf of a sponsoring physician but a sponsoring physician must see the patient and co-sign the H&P prior to surgery.
   c) Discharge Summary which must be co-signed by a sponsoring physician within 24 hours.
d) transfer orders, admission orders and discharge orders under the supervision (in person or by phone) of a sponsoring physician(s).

e) Progress notes written by the Allied Health Professional must be discussed with the sponsoring physician before being signed off by the AHP and then co-signed by the sponsoring physician the same day with the following exception:
   i. For newborns, progress notes written by the Neonatal Nurse Practitioner or Pediatric Nurse Practitioner must be co-signed within two weeks.

f) Co-Signature requirements for Corporate Health and ExpressCare Nurse Practitioners are in accordance with their department policies and procedures and are reflected on the applicable privilege checklist(s).

10. Allied Health Professionals will not dictate operative reports on behalf of the sponsoring physician.

11. The authorized Scope of Practice of the Allied Health Professional clinical privilege checklist(s) must be approved annually by the Interdisciplinary Practice Committee.

12. Allied Health Professionals will not independently practice at Palomar Medical Center Escondido or Poway.

13. Allied Health Professionals must be supervised by the sponsoring physician at the level determined by the Chairman of the Department during the credentialing process.

14. Allied Health Professionals shall not independently diagnose, treat, or manage diseases encountered, but rather utilize their advanced physical assessment and disease management knowledge and skills in conjunction with approved practice guidelines and their sponsoring physician.

Includes requirements defined on the approved procedure entitled: Allied Health Professional Admission and Co-Signature Requirements.
The prerogatives and scope of services authorized for each Allied Health Professional shall be approved on an individual basis. Each Allied Health Professional (with the exception of Clinical Psychologists) must be sponsored by a physician who is a member of the Department under which the practitioner is requesting privileges.

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14. Allied Health Professionals shall not independently diagnose, treat, or manage diseases encountered, but rather utilize their advanced physical assessment and disease management knowledge and skills in conjunction with approved practice guidelines and their sponsoring physician.

Includes requirements defined on the approved procedure entitled: Allied Health Professional Admission and Co-Signature Requirements.
ADDENDUM C
RESOLUTION NO. 06.14.21(01)-14
RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
ESTABLISHING A REVISION TO THE DATE, TIME AND LOCATION
FOR THE REGULAR MEETINGS OF THE BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE
FOR THE REMAINDER CALENDAR YEAR 2021 AND JANUARY 2022

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") is required, pursuant to Section 54954 of the California Government Code and Section 5.7.2 of the Palomar Health Bylaws, to pass a resolution adopting the time, place and location of the regular Board meetings; and,

WHEREAS, the Board Strategic & Facilities Planning Committee (the “Committee”) has been counseled by the Board to comply with Section 5.7.2 of the Palomar Health Bylaws when adopting the time, place and location of the regular Committee meetings for the remainder of Calendar Year 2021 and for February 2022;

WHEREAS, the Committee is required, pursuant to Lucidoc Policy 21793: Establishing Board Meeting Dates, to establish by Resolution the regular meetings of the Committee;

NOW, THEREFORE, BE IT RESOLVED by the Committee that the following schedule of regular meetings will apply for the remainder of Calendar Year 2021:

<table>
<thead>
<tr>
<th>2021 BOARD STRATEGIC &amp; FACILITIES PLANNING COMMITTEE MEETING SCHEDULE</th>
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<tbody>
<tr>
<td>Tuesday</td>
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</table>

NOW, THEREFORE, BE IT FURTHER RESOLVED by the Committee that each meeting will begin at 5:30 p.m. and will be held Virtually until in-person meetings are again authorized; after which the meetings will be held in the Board Conference Room located at 2125 Citracado Parkway, Suite 300, Escondido, California 92029.

NOW, THEREFORE, BE IT FURTHER RESOLVED by the Board of Directors of Palomar Health that the January 2022 meeting of the Board Strategic & Facilities Planning Committee shall be held following the same rotation as the meetings for calendar year 2021:

Tuesday, January 25, 2022, at 5:30 p.m., either virtually or in the Board Conference Room located at 2125 Citracado Parkway, Suite 300, Escondido, California 92029.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Palomar Health held on June 14, 2021, by the following vote:

AYES:  
NOES:  
ABSTAINING:  
ABSENT:  

Dated: June 14, 2021

BY: _______________________________
Linda Greer, RN  
Chair, Board of Directors

ATTESTED:

______________________________
Terry Corrales, RN  
Secretary, Board of Directors
I. PURPOSE:
To establish a set of guidelines for notifying the Board of Directors when key events occur that pose a significant risk to Palomar Health.

II. DEFINITIONS:
Extraordinary Events: Events that may pose a significant risk to Palomar Health.

III. TEXT / STANDARDS OF PRACTICE:
“Extraordinary Events” as outlined below must be reported to the Chair of the Board and the appropriate Board Committee Chair(s) by the Chief Executive Officer (CEO) or designated leadership team member in a timely manner as outlined in the applicable procedures. To the extent that an Extraordinary Event requires confidential treatment, communications should be initiated by an attorney representing Palomar Health in order to be protected by legal privileges.

List of “Extraordinary Events”

1. Publicity. All non-routine matters that are likely to be the subject of media coverage.
2. Employee Terminations and Discipline
   a. Pending termination of any key personnel for any reason.
   b. Pending termination of any non-consultant employee related to fraud, theft, breach of patient confidentiality, or any circumstances that are likely to be the subject of publicity.
   c. A recommendation to forego suspension or termination of an employee that materially departs from standard guidelines/practices regarding employee discipline or termination.
   d. Any deviation from standard limitations on an employee’s physical and electronic access during an administrative leave pending completion of an investigation that lasts longer than five (5) days.
3. Major System Failures and Other Threats to Physical Safety or Security of Employees, Patients, or Visitors. Events not involving direct patient care that create a risk of significant physical harm, violence or other harm to employees, patients or visitors. Examples include, but are not limited to, threats of physical violence, significant life/safety threats, and significant failures involving primary electronic systems or physical infrastructure.
4. Significant Patient Privacy or Confidential Data Breach. Any suspected breach of protected health information or confidential Palomar Health data which is of a significant volume or is assessed as likely to result in any public disclosure.
5. Any Suspected Drug Diversion. Any suspected theft or other diversion of drugs which is likely to result in discipline of an employee or has any potential to adversely affect patient care.
6. Patient Care Matters. Any patient care matter involving extraordinary circumstances, such as one or more of the following:
   a. Probable liability exposure of $1 million or greater;
   b. Probable media coverage (negative or positive);
   c. Involves a “systems issue” that exposes multiple patients to risk of serious injury;
   d. Involves significant detrimental impact on involved care providers;
   e. Involves a “never event” or sentinel event
7. Matters Covered by Legal, Risk, Compliance or Departments of Related Functions.
   a. Any pending, threatened, or reasonably likely litigation, claim or assessment, including those arising from noncompliance with laws and regulations regarding the administration of federal or state programs (such as Medicare, Fraud & Abuse, Stark, EMTALA, Securities Laws, etc.) that meets one or more of the following:
      i. Likely to exceed the designated threshold amount of $50,000 in alignment with current health district law; or
ii. Involves currently unassessed risks that appear to potentially involve extraordinary penalties (such as termination of licensure, accreditation or qualification for payment for substantial services/activities).

b. Any act of fraud, suspected fraud, or breach of ethical standards on the part of any Palomar Health employee in the following categories:
   i. Someone in a significant position of leadership;
   ii. A person who is directly involved in or is in a position to impact the internal financial accounting/reporting process; or
   iii. An event of theft that does or could involve a material financial loss to the company.

c. All investigations by governmental entities involving a reasonable likelihood that the government contact could result in a finding of illegality, required correction of process, or other noncompliance with any law or regulation.

d. All internal investigations under “Attorney Client Privilege” involving a reasonable likelihood that the investigation could result in a finding of illegality, required correction of process, or other noncompliance with any law or regulation.

8. Regulatory-Related. Any matter that must be reported to a regulatory body within 24 hours and any instance in which a regulatory body makes an unscheduled visit for the purposes of an investigation.

9. Policy to be reviewed every 3 years.

IV. ADDENDUM:

<table>
<thead>
<tr>
<th>Document Owner:</th>
<th>DeBruin, Kevin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approvals</td>
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<tr>
<td>- Committees:</td>
<td></td>
</tr>
<tr>
<td>Original Effective Date:</td>
<td>01/04/2018</td>
</tr>
<tr>
<td>Revision Date:</td>
<td>[08/19/2019 Rev. 1]</td>
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<tr>
<td>Attachments:</td>
<td>Patient Safety Event Response, Investigation and Follow-Up</td>
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*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:58873$1.*
ADDENDUM D
Memorandum

To: Palomar Health Board of Directors

From: Laurie Edwards-Tate, Chair
Palomar Health Board of Directors Community Relations Committee

Date: May 5, 2021

Subject: Committee Meeting Summary – May 5, 2021

BOARD MEMBER ATTENDANCE: Directors Edwards-Tate, Clark, Engel

INFORMATIONAL ITEMS:

Community Initiative
Board Community Relations Committee recognized Palomar Health Departments for their involvement with the Community COVID Vaccine Clinic. Honorees spoke briefly of their individual contributions and efforts.

Partner Spotlight
This meeting Partner Spotlight honored was Operation Collaboration Leadership Award presented to local Fire Department City Officials for their involvement in collaboration with Palomar Health during the COVID Vaccine Clinic. Honorees provided spoke briefly of their contribution and efforts. Each Department presented an award by CEO Hansen.

Patient Experience Focus Group Update
Kimberly Nailon, Quality and Patient Experience Specialist provided an update on Patient Experience Focus Group. The group met for the first time in April to provide an organizational update and establish vision and expectations of the group moving forward. Tricia Kassab, Vice President Quality and Safety introduced. A new agenda was introduced for consistency and focus.

Foundation Update
Physicians Quarters and Conference Center of the Future campaign efforts continue. A video presentation underwritten by Board Member Wilson provided. This tool will be utilized for donor enlightenment of current efforts. Jerome’s Furniture has graciously donated mattresses and bed frames for the physician quarters. Don Belcher Swing Fore Health Golf Invitation took place May 3, 2021 and was a success raising $85K. Efforts underway in the development of the Palomar Health Foundation’s Strategic Plan. Draft plan expected to be presented to the Foundation Board in June.

Marketing Update
Community Education Classes continue to increase in attendance despite being virtual. Plan is to continue this offering beyond requirement to do so. Media coverage reviewed. Majority of coverage continues to be COVID vaccine related. PMC Escondido received award for inclusion in America’s 250 Best Hospitals with both radio and news report coverage.

ACTION ITEMS:

- Board Community Relations Committee Minutes – Wednesday, March 3, 2021: The minutes were approved as presented
- Board Community Relations Committee Minutes – Wednesday, October 7, 2020: The minutes were approved as presented
Memorandum

TO: Board of Directors

FROM: Jeff Griffith, EMT-P, Chair, Board Governance Committee

DATE: Tuesday, June 1, 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 April 6, 2021

- NA

ACTION ITEMS:

1. **Meeting Minutes**: The committee reviewed the Tuesday, April 6, 2021 Board Governance Committee meeting minutes. Motion by Director Barry, 2nd by Director Griffith and carried to approve the Tuesday, April 6, 2021 meeting minutes as written. The policy was approved by a vote of 3 to 0.

   Review Policies:

2. **Board Policies; Clarification of Dates Listed on the Bottom of Official Policies**: Motion approved to suggest to the committee secretaries that they utilize the Lucidoc All Tab when producing official policies to provide a more informative policy for Full Board meetings.

3. **Bylaws Policy #59212; Committee Charter Standardization**: Motion approved to update the Bylaws voting and non-voting membership descriptions for normalization as suggested by Dr. Engel.

4. **Committee Updates to Bylaws**: Motion approved to update Board Community Relations suggestions as presented for §VIII.7.c. Motion approved to update the Board Finance suggestions as presented for §VI.D and §VIII.B.1.

5. **Policy Review; Extraordinary Event Management #58873**: Motion approved to accept the unrevised renewal of the Extraordinary Event Management Policy as presented, and send to the full board for vote and ratification.

6. **Policy Review; Public Comments and Attendance at Public Board Meetings #21790**: Motion approved to update the policy using Dr. Engel’s suggestions. Revise §III.A to: “Per the Brown Act, there will be a one time period allotted for public comment at the start of the meeting. Should the chair determine that further public comment is required during a public meeting, the chair can call for such additional public comment immediately prior to the adjournment of the public meeting.” Motion approved to revise of §III.D to “… a cumulative total of thirty minutes”. Motion approved to revise §H.6 language.
STANDING ITEMS:
- **Legislative Update:** The Hurst, Brooks, Espinosa legislative update, dated March 26, 2021 was reviewed per the attachment in the committee meeting packet.
- **Lucidoc Policy Listing:** The Lucidoc list of Board Policies was reviewed per the attachment in the committee meeting packet.

ROUNDTABLE: NA
To: Board of Directors
From: Richard C. Engel, MD, Chair, Board Strategic and Facilities Planning Committee
Date: June 14, 2021
Re: May 25, 2021, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Engel, Greer and Griffith

INFORMATION ITEMS

- **Construction Projects Update**: Reviewed a presentation providing updates on the status of projects across the District

ACTION ITEMS

- **Minutes, March 23, 2021**: Reviewed and approved the draft minutes from the Tuesday, March 23, 2021, Board Strategic & Facilities Planning Committee meeting

- **Resolution No. 06.14.21(01)-13 of the Board of Directors of Palomar Health Establishing a Revision to the Date, Time and Location for the Regular Meetings of the Board Strategic & Facilities Planning Committee for the Remainder of Calendar Year 2021 and January 2022**: Reviewed and recommended approval of the Resolution, revising the schedule for the remaining meetings for Calendar Year 2021 and the initial meeting for Calendar Year 2022 by changing the rotation from monthly to bi-monthly, with meetings to be held in odd months

---

1 Attached
2 Backup documentation may be reviewed elsewhere in the agenda packet
Strategic & Facilities Planning Committee

May 25, 2021

Diane Hansen
Chief Executive Officer

Paul Sas
Chief Administrative Officer
Poway – Projects Completed in FY2021
Poway Infrastructure Upgrades

• Food & Nutrition HVAC repair – 3rd floor (March 2021)
• Birth Center HVAC repair – 3rd floor (March 2021)
Poway – Projects in Progress
Poway – Projects In Progress

- DAS internet service upgrade (June 2021)
- CT Replacement (contingent on UPS building – 2/1/2022)
- OR/HVAC Replacement – OSHPD extension to 12/1/2021
- Palomar Outpatient Pavilion – Outpatient Imaging Center
  - MRI
  - CT
  - Ultrasound (2 ea)
  - R&F room
  - C-Arm
- Palomar Outpatient Pavilion – Ambulatory Surgery Center
  - 5 OR suites with a projected cost of $6M
  - Projected revenue – $11M
  - Total Expenses – $7.6M
  - Estimated Net Earnings – $3.9M
• ED Lobby Expansion – $425K in Foundation funds and $300K additional needed to add HVAC for air exchange on the roof – 12/1/2021
Poway – Projects In Progress

- POP Elevator Expansion – currently in design – will support new Outpatient Imaging Center and Ambulatory Surgery Center which are also in design
• System Signage Project – replace signage on Poway and POP towers – currently in design
Poway – Projects In Progress

- UPS Building – future site to support CT installation and other new imaging equipment
  - Only one bidder, project was rebid (end of May results)
Poway – Projects In Progress

• Poway Lobby expansion – potential donor opportunity for FY 2022
Escondido – Projects Completed in FY2021

PH Outpatient Center 1
- Exterior signage
- Time Share
- Urgent Care
- Foundation
- Administration
- Infusion
- Perinatology
- ARCH Pulmonary
- ARCH Internal Medicine
- Lab Blood Draw Station

Escondido
- Palomar Health Rehab Institute
- SmartMarket Escondido Café
- ED CT (CDPH approval 5/14)
- SMACC Renovation
Escondido – Projects in Progress
Escondido – Projects in Progress

Palomar Health Outpatient Center II

• Currently in Design
  • 1st floor – Ambulatory Surgery Center, Wound Care, Cardiac Rehab
  • 2nd floor – Orthopedics, Cardiology
  • 3rd floor – SD Vascular, Outpatient Rehab & Physician offices
PMCE – Cath Lab Upgrade

- OSHPD approved – completion delayed until June 2021 due to manufacturer delivery issues with Philips
- Escondido campus will have the ability to expand service to Interventional Radiology, Vascular, Neuro and Oncology

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
<th>EXISTING WEIGHT</th>
<th>NEW WEIGHT</th>
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</thead>
<tbody>
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<td>C-ARM (SP)</td>
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<td>2557LBS (TRACK AND SUPPORT TO REMAIN)</td>
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<td>TABLE (MSA)</td>
<td>1693LBS</td>
<td>1693LBS (REUSE EXISTING ANCHOR BOLTS)</td>
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<tr>
<td>TV</td>
<td>603LBS</td>
<td>563LBS (TRACK &amp; SUPPORTS TO BE REUSED)</td>
</tr>
</tbody>
</table>

All other power, lighting, fire alarm, nurse call system will remain.
PMCE NICUExpansion 8th floor
- Expansion from 4 bassinets to 11 bassinets
- OSHPD approved
- Construction begins in June (BSD Builders - $950K)

OB Emergency Department
- Will occupy the current NICU space
- In Design to accommodate 2 ED rooms when NICU relocates
- Start operations 7/1/2021 in Escondido ED
Escondido Campus – Conference Center

- Conference center/physician sleep space is OSHPD approved
- Construction to start in June (Swinerton builders - $2.6M)
PMCE 9th floor Peds buildout

- Expecting OSHPD response June 2021
- Project scope was reduced from 24 beds to 12 pediatric beds
- Grey area will be shelled space for future use
- Design ensures the least amount of disruption when we’re ready to complete the buildout of the entire unit
2140 Enterprise Warehouse Project

- General contractor bids were received 10/23/2020
- Construction start – 12/1/2020
- Construction completion – 5/31/2021
- Future home for HR, Quality, Marketing, Education
Parking Structure

- Design, soil testing and update of construction cost estimates complete; design complete December 2020
- Bond funding secured January 2021 – construction begins June 2021
Escondido Tower Signage

- Scheduled completion in July 2021
Downtown Closure

• All clinical services are out of Downtown location
• Campus is currently being utilized for Infusion services
• Campus is being prepped for sale 6/23/2021
• Key project updates will be provided to the Board of Directors quarterly, with other updates more frequently as situations change.