BOARD OF DIRECTORS

Linda Greer, RN, Chair
Jeffrey D. Griffith, EMT-P, Vice Chair
Laura Barry, Treasurer
Theresa Corrales, RN, Secretary
John Clark, Director
Laurie Edwards-Tate, MS, Director
Michael Pacheco, 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*
Monday, April 11, 2022
To begin immediately following the 5:30 p.m. Special Closed Session Board Meeting

Meeting participation to be virtual pursuant to Palomar Health Board Resolution No. 01.10.22(03)-03
- Please see meeting login information below -

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, March 14, 2022 (Pp7-8)
B. Board of Directors Meeting - Monday, March 14, 2022 (Pp9-18)
C. Special Board Strategic Planning Retreat, Saturday, March 19, 2022 (Pp19-22)
D. Special Closed Session Board of Directors Meeting - Monday, March 28, 2022 (Pp23-42)

VI. PRESENTATIONS (ADD B)
*A. Public Hearing on Redistricting - Proposal to adjust the boundaries of the District's Election Zones and to adopt a new District map with adjusted boundaries (Pp44-55)
B. Benchmark Physician Group Update

VII. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD C)
A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments (Pp57-86)
B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments (Pp87-88)
C. Modification to the Family Medicine Clinical Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway (redline version Pp89-99 clean version Pp100-110)

VIII. REPORTS
A. Medical Staffs
   1. Palomar Medical Center Escondido - Sabiha Pasha, M.D.
   2. Palomar Medical Center Poway - Edward Gurrola II, M.D.
B. Administrative
   1. Chair of the Palomar Health Foundation - Kirk Effinger
   2. President and CEO - Diane Hansen
   3. Chair of the Board - Linda Greer, R.N.

IX. * APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS (ADD D)
A. Resolution No. 04.11.22(01)-08 of the Board of Directors of Palomar Health Designating Subordinate Officers of the District (P112)
B. Resolution No. 04.11.22(03)-10 of the Board of Directors of Palomar Health Amending Bylaws (P113) Bylaws - Redline version (Pp114-129) Bylaws - Clean version (Pp130-140)
C. Resolution No. 04.11.22(02)-09 of the Board of Directors of Palomar Health Adjusting Its Election Zone Boundaries Pursuant to California Elections Code Section 22000 (Pp141-143)
X. COMMITTEE REPORTS *(ADD E)*
A. Audit & Compliance Committee - Linda Greer, Committee Chair *(no meeting in March)*
B. Community Relations Committee - Terry Corrales, Committee Chair *(no meeting in March)*
C. Finance Committee - Laura Barry, Committee Chair *(no meeting in March)*
D. Governance Committee - Jeff Griffith, Committee Chair *(no meeting in March)*
E. Human Resources Committee - Terry Corrales, Committee Chair *(no meeting in March)*
F. Quality Review Committee - Linda Greer, Committee Chair *(Pp145-146)*
G. Strategic & Facilities Planning Committee - Laura Barry, Committee Chair *(Pp147-181)*

XI. FINAL ADJOURNMENT

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

1 3 minutes allowed per speaker with a cumulative total of 9 minutes per group.
For further details, see Request for Public Comment Process and Policy available by clicking on or copying the URL below into your browser.

https://www.palomarhealth.org/board-of-directors/meetings

Please join my WEBEX meeting from your computer, tablet or smartphone by copying/pasting the URL below into your browser.

https://palomarhealth.webex.com/palomarhealth/j.php?MTID=m6f0e2c958fbb8b5893571ef28fbb60e1

You can also dial in using your phone.
United States: +1-415-655-0001
Access Code: 2597 211 7841

New to WEBEX? Get the app now and be ready when your first meeting starts:  https://www.webex.com/downloads.html
Board of Directors Meeting

Meeting will begin at 6:30 p.m.

Request for Public Comments

If you would like to make a public comment, please submit a request by doing **ONE** of the following:

- Email PublicComments@palomarhealth.org
- Enter your name and “Public Comment” in the chat function once the meeting opens

Those who submit a request will be called on during the Public Comments section and given 3 minutes to speak.

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 is a 30 minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.
TO: Board of Directors

MEETING DATE: Monday, April 11, 2022

FROM: Debbie Hollick, Assistant to the Board of Directors

Background: The minutes from the March, 2022 Regular and Special Session Board of Directors meetings are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommendation to approve the March, 2022 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: April 11, 2022

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, April 11, 2022

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: April 11, 2022

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

Background: The Family Medicine Privilege checklist has been reviewed. Clerical recommendations only.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
DESIGNATION OF SUBORDINATE OFFICERS OF THE DISTRICT

TO: Board of Directors

MEETING DATE: Monday, April 11, 2022

FROM: Diane L. Hansen, President & CEO

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

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

Budget Impact: N/A

Staff Recommendation: The current Resolution [No. 11.08.21(01)-21] was adopted in November 2021. Adoption of an updated Resolution [No. 11.08.21(01)-21]—adding the position Chief Administrative Officer as a designated subordinate—is recommended.

Committee Questions:

COMMITTEE RECOMMENDATION: Due to the time-sensitive nature of this request, the matter is being recommended to the Board without having been reviewed by the Finance Committee.

Motion:

Individual Action: X

Information:
ADDENDUM A
SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, MARCH 14, 2022

AGENDA ITEM

- DISCUSSION

I. CALL TO ORDER

Pursuant to Health Board Resolution No. 01.10.22(03)-03 the meeting was held virtually and called to order at 5:00 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 Thursday, March 10, 2022 which is consistent with legal requirements.

II. ESTABLISHMENT OF QUORUM

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

Excused Absences: None

III. PUBLIC COMMENTS

There were no public comments.

IV. ADJOURNMENT TO CLOSED SESSION

A. Pursuant to California Health & Safety Code §32106—REPORT INVOLVING TRADE SECRET—Discussion will concern proposed new service—Estimated Date of Public Disclosure: January 2023

B. Pursuant to California Government Code §54956.9(a) and (e); §54954.5—CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION—Case name(s) unspecified, disclosure would jeopardize service of process, existing negotiations, or result in other prejudice to the position of the District — Quarterly Claims/Risk Management Report
# SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, MARCH 14, 2022

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION / ACTION</th>
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</thead>
<tbody>
<tr>
<td><strong>DISCUSSION</strong></td>
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<tr>
<td>C. Pursuant to California Government Code §54956.9(d)(1) or (d)(2), (e); §54954.5—CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION—Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9—Case name(s) unspecified, disclosure of communications that are privileged and not subject to disclosure</td>
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<tr>
<td>D. CONFERENCE WITH LABOR NEGOTIATORS - Palomar Health designated representative: Daniel Kanter. Employee organization: California Nurses Association (CNA) and the Caregivers and Healthcare Employees Union (CHEU)</td>
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<td><strong>V. RE-ADJOURNMENT TO OPEN SESSION</strong></td>
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<tr>
<td><strong>VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY</strong></td>
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<tr>
<td>• Chair Greer reported that the board approved a motion to allow San Diego Vascular Surgery Group to join Palomar Health Medical Group and provide start-up costs.</td>
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<tr>
<td><strong>VII. FINAL ADJOURNMENT</strong></td>
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<tr>
<td>There being no further business, Chair Greer adjourned the meeting at 6:29 p.m.</td>
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**SIGNATURES:**

<table>
<thead>
<tr>
<th>BOARD SECRETARY</th>
<th>Terry Corrales, R.N.</th>
</tr>
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<tbody>
<tr>
<td>BOARD ASSISTANT</td>
<td>Debbie Hollick</td>
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</table>
## 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 Thursday, March 11, 2022, which is consistent with legal requirements.

## I. CALL TO ORDER

Pursuant to Palomar Health Board Resolution No. 01.10.22(03)-03, the meeting was held virtually and called to order at 6:40 p.m. by Board Chair Linda Greer.

## II. ESTABLISHMENT OF QUORUM

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

Excused Absence: none

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

The Pledge of Allegiance to the Flag 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
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discussion</td>
<td>A. <strong>MOTION:</strong> By Director Edwards-Tate, 2nd by Director Corrales and carried to approve the Monday, February 14, 2022 Special Session Board of Directors Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye 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, February 14, 2022</td>
<td>B. <strong>MOTION:</strong> By Director Barry, 2nd by Director Edwards-Tate and carried to approve the Monday, February 14, 2022 Board of Directors Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that seven board members were in favor. None opposed. No abstentions. Motion approved.</td>
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</table>

There was no discussion.

VI. PRESENTATIONS

A. Emergent Medical Associates (EMA) Update
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td><strong>Discussion</strong></td>
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<tr>
<td>Emergent Medical Associates Chief Medical Officer Dr. Scott Brewster thanked the board for this opportunity and introduced the following physicians who were in attendance:</td>
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<tr>
<td>Bruce Friedberg, MD – ED Department Chair, Medical Director ED PMC Poway &amp; Assoc. Med. Dir. of ED, PMCE &amp; Director of Trauma &amp; Disaster</td>
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<td>Jordan Cohen, MD – Medical Director of ED PMCE &amp; Over Peer Review, EMS, &amp; Patient Experience</td>
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<tr>
<td>Nicolle Bromley, MD – ED Physician &amp; Director of Scribe Program</td>
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<td>James Lee Puckett, MD – ED Physician and Director of Transitions of Care</td>
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<tr>
<td>Utilizing the presentation distributed in the meeting packet, Dr. Friedberg presented an update on the Palomar 2022 Emergency department state of the state analysis and performance improvement plan.</td>
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<tr>
<td>Director Greer thanked everyone for the presentation, noting that the improvements already being seen are truly amazing.</td>
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<tr>
<td>Director Corrales acknowledged all the work that has been done, noting that the organization is moving in the right direction by leaps and bounds.</td>
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<td><strong>B. Redistricting Introduction</strong></td>
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<td>Board Governance Chair Jeff Griffith reported that the ad hoc redistricting committee consisting of Directors Barry, Pacheco and himself have been working on the redistricting issue for the past several months. The 2020 census data reflected that the district is currently out of compliance with percentage differences in populations, and require realignment. With assistance from the National Demographic Corporation, draft maps have been created and will be shared with the community for transparency purposes and to garner their input.</td>
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<td>The board discussed the zone changes and accompanying data, and shared their input for potential revisions.</td>
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<td>Based on board discussion, legal counsel advised that board ad hoc committee meetings may be held with members of the public in attendance.</td>
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<td>Director Griffith noted that tonight’s presentation was the introduction to the mapping process; all board members are requested to share their input with the Legal department so a consensus can be reached by end of the various meetings being scheduled in this regard so the map can be submitted by the preset deadline.</td>
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<tr>
<td>Upon further discussion, Chair Greer stated that this topic will be taken offline for further consideration and research, and to consider if the meeting on March 28th should be called as an ad hoc committee or full board meeting. Director Corrales concurred.</td>
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<tr>
<td>Legal counsel made multiple points of order stating that board members are required to request permission from the board chair to speak, then speak in that order.</td>
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<tr>
<td>Mr. DeBruin thanked the individuals from the National Demographics Corporation and ad hoc committee for all of their time and effort in this regard.</td>
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**VII. APPROVAL OF AGENDA to accept the Consent Items as listed**
### Board of Directors Meeting Minutes – Monday, March 14, 2022

#### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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</thead>
<tbody>
<tr>
<td>A. Palomar Medical Center Escondido Medical Staff Credentialing &amp; Reappointments</td>
<td><strong>MOTION:</strong> By Director Corrales, 2nd by Director Edwards-Tate and carried to approve Consent Agenda items VII.A. – VII.C. as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – abstain Chair Greer announced that six board members were in favor. None opposed. One abstention. Motion approved.</td>
</tr>
<tr>
<td>B. Palomar Medical Center Poway Medical Staff Credentialing &amp; Reappointments</td>
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<tr>
<td>C. Modification to the Continuing Care Core Privilege Checklist for Palomar Medical Center Poway</td>
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There was no discussion.

### 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:
   - There are currently two COVID-positive patients in-house; neither on ventilators
   - The Crimson process re: ongoing professional practice evaluations for physicians has been approved by the Medical Executive Committee and is now ready for use.
   - Good strides are being made on improving physician/administration communication. Will convene standing meetings with new Chief Administrative Officer Stephanie Baker; will also pilot the process of using the QMC meetings as a forum to bring process quality issues for discussion and resolution.
   - Chair Greer thanked Dr. Pasha for her report.

2. Palomar Medical Center Poway
### 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.</td>
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<td>provided the following report:</td>
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<tr>
<td>• There is minimal if any COVID impact on the Poway campus at this time. Emergency department visits have decreased from approximately 120 per day to about 80 per day.</td>
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<td>• Still experiencing issues in the operating room due to ongoing staffing shortages; three out of four rooms are operational, however at times there are only enough staff to run two rooms. Starting next month, there will be a reduction in physicians responding to the emergency room; from four down to three; then down to two a few months thereafter. Administration is working to obtain coverage.</td>
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<tr>
<td>• Director Greer thanked Dr. Gurrola for the information, adding that follow up on this matter would be conducted by the board and administration.</td>
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<td>3. Emergency Physician Report (presented during agenda item VI.A.)</td>
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<tr>
<td>• Dr. Bromley noted that she has been with Palomar Health for almost ten years, and is very excited about the progress that has occurred in the last six months working with EMA Benchmark in the Emergency department. There are still opportunities for improvement, but everyone is working together collaboratively as never before; all on the same page to provide outstanding care for our patients. She added that she has not been this excited in quite some time, and truly believes we can achieve these goals together as a team.</td>
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<tr>
<td>• Dr. James Lee Puckett shared that this new collaboration has fostered some great changes in the Emergency department, concurring with Dr. Bromley that it is an exciting time to be at Palomar Health. He is confident that the changes being made will allow for great improvements to be made in both patient care and provider conditions.</td>
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<tr>
<td>• Chair Greer thanked Drs. Bromley and Puckett for their input and positive attitudes, adding that she appreciates hearing frontline physicians and staff share their experiences. The board and administration are totally behind them and their efforts, and are grateful for all the great work they are doing.</td>
<td></td>
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### B. Administrative

1. President and CEO

| Palomar Health President and CEO Diane Hansen provided the following report: |
| NICU construction expansion completed this month. Currently working on advertising campaign and awaiting licensure. This is a huge milestone for the organization. |
| Thanked Palomar Health Medical Group for the fantastic physician mixer that was held earlier this week, which was very well received by the physicians in attendance. |
| Newsweek has named Palomar Health one of the world’s best hospitals for the third year in a row. A big thank you to the team for all of their impressive efforts in this regard. |

2. Chair of the Board

   i. Ad Hoc Committees Update

   • Chair Greer reported that the only change made to the CEO employment agreement (Agenda item IX.C.) was with the distribution.
Board Chair Linda Greer provided the following report:

- Thanked the board members for submitting their CEO evaluations. Once the data report has been generated by ACHD, it will be made available to the public at a future Board of Directors meeting in order to comply with the board’s obligation of due diligence and transparency to the district.

- The Board Strategic Planning Retreat is being held on Saturday, March 19, and is an opportunity for the board and administration to provide their input into the 5-year organizational strategic plan. A new board group photo will be taken at that time; to be posted at the various facilities.

### IX. APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS

**A. Resolution 03.14.22(02)-05 of the Board of Directors of Palomar Health Amending Bylaws**

<table>
<thead>
<tr>
<th>A. MOTION:</th>
<th>By Director Edwards-Tate, 2nd by Director Barry and carried to approve the revised Bylaws of Palomar Health and accompanying resolution 03.14.22(02)-05 as presented. Roll call voting was utilized.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director Corrales – aye</td>
<td>Director Griffith – nay</td>
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<tr>
<td>Director Greer – aye</td>
<td>Director Barry – aye</td>
</tr>
<tr>
<td>Director Clark – nay</td>
<td>Director Pacheco – nay</td>
</tr>
<tr>
<td>Director Edwards-Tate – nay</td>
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</tr>
</tbody>
</table>

Chair Greer announced that three board members were in favor. Four opposed. No abstentions. Motion was not approved.

Pursuant to the discussion below, motion by Director Griffith, 2nd by Director Clark and carried to table discussion of this agenda item and defer it to the next Board of Directors meeting. Legal counsel advised that a vote was not needed in this regard as the chair may table agenda items, which she then did.
Board of Directors Meeting Minutes – Monday, March 14, 2022

Agenda Item

• Discussion

  Mr. DeBruin read aloud the resolution in full.

  Chair Greer thanked the Board Governance Committee for all of their hard work in updating the bylaws, noting it had not been done for the past 2 – 3 years. She then requested a motion to approve.

  Director Edwards-Tate stated she wanted more time for the board to discuss the changes to the bylaws and requested a special meeting to do so. Directors Pacheco and Clark concurred.

  Director Griffith noted that there was a vast amount of input from the Legal department and other respected resources to create the best product possible for the organization.

  Director Pacheco concurred with Director Edwards-Tate but still had questions re: the role of the alternate on board committees. Discussion ensued. Legal counsel advised that, per the Brown Act, a board alternate is prohibited from participating in a board committee meeting unless quorum has not been met. Director Pacheco stated he had additional questions re: the alternate’s attendance and wanted to discuss with the board as a group. Further clarification was provided.

  Legal counsel made multiple points of order stating that board members are required to request permission from the board chair to speak, then speak in that order. It was also clarified that it is incorrect to be under the assumption that the two choices on this agenda item are to rush to a vote or table it to another meeting, which is not the case. The bylaws were agendized at this meeting so the board could have robust discussion on the revisions that were made and provide input.

  Director Corrales reminded everyone that, per the Brown Act, any time there are four board members in attendance at a board committee meeting it automatically becomes a full board meeting since there is a majority of board members present, and would need to be agendized as such.

  A point of order was made by Director Corrales to vote on the motion to approve the agenda item at this time.

  Chair Greer deferred the agenda item to the next Board of Directors meeting.

B. Resolution 03.14.22(01)-04 of the Board of Directors of Palomar Health Finding the Need for Up to Six Compensable Meetings per Month for The Effective Operation of the District

  B. MOTION: By Director Clark, 2nd by Director Barry and carried to approve Resolution 03.14.22(01)-04 of the Board of Directors of Palomar Health Finding the Need for Up to Six Compensable Meetings per Month for The Effective Operation of the District as presented. Roll call voting was utilized.

  Director Corrales – aye  Director Griffith – aye
  Director Greer – aye  Director Barry – aye
  Director Clark – aye  Director Pacheco – aye
  Director Edwards-Tate – aye
  Chair Greer announced that six board members were in favor. One opposed. No abstentions. Motion approved.
Board of Directors Meeting Minutes – Monday, March 14, 2022

Agenda Item

- Discussion
  - Mr. DeBruin read aloud the resolution in full.
  - Director Edwards-Tate motioned to defer the agenda item to the April Board of Directors meeting; there was no second.
  - Director Griffith stated that the reason he brought this issue to the board is that their responsibilities to the district are intensive, and compensation for up to six meetings per month for these duties seems pretty reasonable. Director Edwards-Tate concurred.
  - Director Greer added that the addition of a sixth meeting’s compensation is appreciated by the board members.

C. Resolution 03.14.22(03)-06 of the Board of Directors of Palomar Health Proposing and Consenting to Amendment to CEO Employment Agreement

C. MOTION: By Director Corrales, 2nd by Director Barry and carried to approve Resolution 03.14.22(03)-06 of the Board of Directors of Palomar Health Proposing and Consenting to Amendment to CEO Employment Agreement as presented. Roll call voting was utilized.

Director Corrales – aye  Director Griffith – aye
Director Greer – aye  Director Barry – aye
Director Clark – nay  Director Pacheco – aye
Director Edwards-Tate – nay
Chair Greer announced that five board members were in favor. Two opposed. No abstentions. Motion approved.

- Mr. DeBruin read aloud the resolution in full.
  - Director Griffith noted this revised contract was brought forth by the Board CEO Contract Ad Hoc Committee. He respects both the work of this committee and CEO Diane Hansen, however added that the document is so complicated that he recommends deferring review to another meeting to allow more time for discussion. Directors Clark and Edwards-Tate concurred.
    - Legal counsel responded that there are three relatively simple revisions to the contract, which include elimination of the deferred compensation portion of the contract, eliminating the need for the board to set the performance range annually, and replacing the prior evaluation form (which had expired) with the general annual performance review used for the other executives within the organization. No changes were made to the contract itself.
**Supplemental Agenda item I.A. - Resolution of the Board of Directors of Palomar Health Authorizing the Execution and Delivery Of A Loan And Security Agreement, Promissory Note, And Certain Actions In Connection Therewith, For The California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program**

**MOTION:** By Director Corrales, 2\textsuperscript{nd} by Director Barry and carried to approve Supplemental Agenda item I.A. - Resolution of the Board of Directors of Palomar Health Authorizing the Execution and Delivery Of A Loan And Security Agreement, Promissory Note, And Certain Actions In Connection Therewith, For The California Health Facilities Financing Authority Nondesignated Public Hospital Bridge Loan Program as presented. Roll call voting was utilized.

- Director Corrales – aye
- Director Griffith – aye
- Director Greer – aye
- Director Barry – aye
- Director Clark – aye
- Director Pacheco – aye
- Director Edwards-Tate – aye

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

- Mr. DeBruin read aloud the resolution in full.
- Director Clark questioned the original publishing date of the supplemental board agenda, asking if it had originally been done within 72 hours of this meeting as per the Brown Act. The board secretary noted that the agenda was first published on Friday, March 11, 2022, which was within the compliance timeframe window.
  - Legal counsel stated that as long as the topic of discussion, date, time and location of the meeting itself were not changed, a revision could be made to the agenda. It was noted that none of those elements had been revised.
- Director Griffith stated that he was excited to be able to vote on this agenda item.
- Vice President Finance Jim Smith provided information on the agenda item, noted that the difference between the old and new programs is in the timing of when the nondesignated public hospitals receive their funds. Due to the inherent delays of approximately one year in delivery of funds with the QIP program, the state has agreed to provide the bridge loans to allow funding to occur at an earlier date.

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

**A. Audit and Compliance Committee**

- Committee Chair Greer noted that the committee meeting summary was included in the board meeting packet.

**B. Community Relations Committee**

- Committee Chair Corrales noted that the committee meeting was included the meeting packet.
Board of Directors Meeting Minutes – Monday, March 14, 2022

Agenda Item

- Discussion
  - Committee Chair Barry noted that the committee was dark in February.

D. Governance Committee

- Committee Chair Griffith noted that the two agenda items from this committee that the board voted on tonight were a big part of the good work being done. Looking forward to bringing the bylaws back to the committee, making any necessary changes, and returning them to the full board for final approval.

E. Human Resources Committee

- Committee Chair Corrales reported that the committee meeting summary was included in the board meeting packet.

F. Quality Review Committee

- Committee Chair Greer reported that the committee was dark in February, however the EMA report presented earlier in the evening was brought forth by the committee for the full board’s awareness.

G. Strategic & Facilities Planning Committee

- Committee Chair Barry noted that the committee was dark in February.

XI. ADJOURNMENT TO CLOSED SESSION

A. Pursuant to California Government Code §54956.9(a)—CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION—Case name(s) unspecified because disclosure would jeopardize service of process, existing negotiations, or result in other prejudice to the position of the District.

XII. RE-ADJOURNMENT TO OPEN SESSION

XIII. ACTION RESULTING FROM CLOSED SESSION - IF ANY

- Chair Greer reported that Agenda item XI.A. was deferred to a future Board of Directors meeting.

XIV. FINAL ADJOURNMENT

- There being no further business, Chair Greer adjourned the meeting at 8:58 pm.

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>
SPECIAL FULL BOARD STRATEGIC RETREAT MINUTES – SATURDAY, MARCH 19, 2022

**AGENDA ITEM** | **CONCLUSION / ACTION**
--- | ---
• DISCUSSION

I. BOARD GROUP PHOTO

A group portrait was taken of the current board members in attendance, which will be posted at the district facilities.

II. CALL TO ORDER

The meeting – held in the Linda Greer Boardroom at the Palomar Health Administration Office, 2125 Citracado Parkway, Suite 300, Escondido, CA was called to order at 9:00 a.m. by Board Chair Linda Greer.

**ESTABLISHMENT OF QUORUM**

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

Absence(s): Director Clark

**NOTICE OF MEETING**

Notice of Meeting was posted at Palomar Health’s Administrative office as well as to the Palomar Health website on Wednesday, March 16, 2022, which is consistent with legal requirements.

III. PUBLIC COMMENTS

There were no public comments

IV. WELCOME / INTRODUCTIONS / OBJECTIVES OF THE DAY

- Palomar Health CEO Diane Hansen welcomed everyone to the retreat, thanking them for taking time during their weekend to come together and share their input re: the strategic direction for the organization.
- Attendees introduced themselves.
### Special Full Board Strategic Retreat Minutes – Saturday, March 19, 2022

**AGENDA ITEM** | **CONCLUSION / ACTION**
--- | ---

- **DISCUSSION**

#### V. STRATEGIC PLANNING SESSION

- Casey Nolan, Ryan Huebbers and Shan Venkatsammy from Guidehouse Consulting reviewed the attached agenda, highlighted the objectives of the day, and led the group through discussion and tabletop exercises focused on laying the foundation for the organization’s strategic direction.

#### VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 1:52 p.m. by Chair Greer.

<table>
<thead>
<tr>
<th>SIGNATURES:</th>
<th>BOARD SECRETARY</th>
<th>BOARD ASSISTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Terry Corrales, R.N.</td>
<td>Debbie Hollick</td>
</tr>
</tbody>
</table>
### Palomar Health

**Board Strategic Planning Retreat / March 19, 2022**

### Agenda

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>FACILITATOR</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Arrival / Board Group Photo</td>
<td>All</td>
<td>Meet in LG Board Conference Room</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Breakfast</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>9:30 am</td>
<td>Welcome/Introductions/Objectives of the Day</td>
<td>Diane Hansen/Linda Greer</td>
<td>Introduction of participants and goals for the day</td>
</tr>
<tr>
<td>9:45 am</td>
<td>Building the Best</td>
<td>Casey Nolan</td>
<td>Group exercise</td>
</tr>
<tr>
<td>10:15 am</td>
<td>Healthcare in Transition</td>
<td>Casey Nolan</td>
<td>Overview of industry trends and large group discussion re impact on/implications for Palomar</td>
</tr>
<tr>
<td>10:45 am</td>
<td>BREAK</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>11:00 am</td>
<td>Overview of Palomar Strategic Planning Process</td>
<td>Ryan Huebbers/Diane Hansen</td>
<td>Review of process, timing, milestones, Board role</td>
</tr>
<tr>
<td>11:15 am</td>
<td>Palomar Strategic Assessment</td>
<td>Ryan Huebbers/Shan Venkatsammy</td>
<td>Overview of key data and interview findings</td>
</tr>
<tr>
<td>11:45 am</td>
<td>Break-Out Group Discussions</td>
<td>Guidehouse</td>
<td>Small table discussions re: surprises and additional data requests</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Report Outs</td>
<td>Guidehouse</td>
<td>3-5 minute summaries from each table</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>LUNCH</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Strategic Imperative Identification</td>
<td>Guidehouse</td>
<td>Large group discussion re key imperatives for Palomar</td>
</tr>
<tr>
<td>1:20 pm</td>
<td>Strategic Imperative Ideation</td>
<td>Guidehouse</td>
<td>Carousel group discussion re key initiatives in each</td>
</tr>
<tr>
<td>TIME</td>
<td>TOPIC</td>
<td>FACILITATOR</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------</td>
<td>--------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>imperative (each table will rotate around to visit each imperative and brainstorm potential initiatives and build on previous groups’ work)</td>
</tr>
<tr>
<td>1:40 pm</td>
<td>Report Outs</td>
<td>Guidehouse/Palomar exec team</td>
<td>Brief 3-5 minute summary of key take aways from each imperative</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>Nest steps/adjournment</td>
<td>Casey Nolan/Diane Hansen/Linda</td>
<td></td>
</tr>
</tbody>
</table>
**Special Session Board of Director’s Meeting Minutes – Monday, March 28, 2022**

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

**I. Call To Order**

Pursuant to Health Board Resolution No. 01.10.22(03)-03 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, March 23, 2022 which is consistent with legal requirements.

**II. Establishment Of Quorum**

Quorum comprised of Directors Barry, Clark, Corrales, Greer, Griffith, Pacheco

Excused Absences: Director Edwards-Tate

**III. Public Comments**

There were no public comments.

**IV. Adjournment to Closed Session**

A. **Conference with Labor Negotiators** - Palomar Health designated representative: Daniel Kanter. Employee organization: California Nurses Association (CNA) and the Caregivers and Healthcare Employees Union (CHEU)

B. Pursuant to California Government Code § 54956.9 — **Conference with Legal Counsel — Existing Litigation** — Case name(s) unspecified because disclosure would jeopardize existing negotiations or result in other prejudice to the position of the District

**V. Re-adjournment to Open Session**
**SPECIAL SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, MARCH 28, 2022**

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION / ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VI. DISCUSSION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY</strong></td>
<td></td>
</tr>
<tr>
<td>• Chair Greer reported that there was no action resulting from the closed session.</td>
<td>VII. <strong>MOTION:</strong> By Director Corrales to move that Palomar Health may implement its last, best and final offer to the California Nurses Association (CNA) and Caregiver and Healthcare Employees Union (CHEU); 2nd by Director Griffith. Roll call voting was utilized. Director Corrales – aye Director Griffith – aye Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – abstain Chair Greer announced that six board members were in favor. None opposed. One abstention. No absences. Motion approved.</td>
</tr>
<tr>
<td><strong>VII. CONSIDERATION OF IMPLEMENTATION OF LAST, BEST &amp; FINAL OFFER FOLLOWING IMPASSE – California Nurses Association (CNA) and Caregivers and Healthcare Employees Union (CHEU)</strong></td>
<td>There was no discussion.</td>
</tr>
<tr>
<td><strong>VIII. PUBLIC HEARING ON REDISTRICTING – Proposal to adjust the boundaries of the District’s Election Zones</strong></td>
<td></td>
</tr>
<tr>
<td>• Utilizing the attached presentation, National Demographics Corporation representative Kay Vinson reviewed the Palomar Health District maps and demographic data, noting that the final map must be submitted to the County Registrar of Voters by no later than April 17, 2022.</td>
<td></td>
</tr>
<tr>
<td>• The board reviewed the various maps and requested revisions be made within several of the zones. Ms. Vinson to incorporate the edits offline; then bring the revised map back to the board at a future meeting for final review and approval. A meeting will be scheduled for the week of April 5, 2022 for this purpose.</td>
<td></td>
</tr>
<tr>
<td><strong>IX. FINAL ADJOURNMENT</strong></td>
<td>There being no further business, Chair Greer adjournd the meeting at 5:55 p.m.</td>
</tr>
</tbody>
</table>
### SPECIAL SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, MARCH 28, 2022

**AGENDA ITEM**  |  **CONCLUSION / ACTION**
--- | ---
**• DISCUSSION** |  

**SIGNATURES:**

| **BOARD SECRETARY** |  
|  |  
|  |  
|  |  

| **BOARD ASSISTANT** |  
|  |  
|  |  
|  |  

---

Terry Corrales, R.N.

Debbie Hollick
Redistricting
Public Hearing #2

March 28, 2022
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 28, 2018</td>
<td>Shenkman Demand Letter Received</td>
</tr>
<tr>
<td>November 12, 2018</td>
<td>Resolution 11.12.18(23)-01 Intent to Transition from At-Large to District-Based Elections</td>
</tr>
<tr>
<td>December 5, 2018</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Public Hearing Introduction to Districting</td>
</tr>
<tr>
<td>December 10, 2018</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Public Hearing</td>
</tr>
<tr>
<td>January 14, 2019</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Public Hearing Maps 101 and 102</td>
</tr>
<tr>
<td>February 11, 2019</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; Public Hearing</td>
</tr>
<tr>
<td>March 11, 2019</td>
<td>Approved Map 101 (6 ayes, 1 no)</td>
</tr>
<tr>
<td>April 8, 2019</td>
<td>Adopted Resolution 04.08.19(08)-03 Establishing and Implementing Zone-Based Elections (7 ayes)</td>
</tr>
</tbody>
</table>
Census – Challenges
Board Role

- The adopted District Map was based on 2010 Census, as required.

- The first by-zone elections were held in 2020 in Zones 2, 4, 6. Zones 1, 3, 5, 7 will be up in 2022.

- Every 10 years the federal government conducts the Census. Review of zones to ensure balanced population is legally required.

- Challenges in Engaging Public
  - Low Priority for Residents
  - Competition from Other Redistricting Efforts

- Role of Board
  - Ensure compliance with procedural requirements
  - Provide direction to staff and NDC
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| March 7, 2022      | First meeting of Ad Hoc Committee  
NDC presented current demographics, project process, and two draft maps. |
| March 14, 2022     | NDC presented current demographics, project process and two draft maps to Board.  
First public hearing to obtain input |
| March 28, 2022     | Second Board public hearing and meeting  
Review draft maps and obtain input |
| Week of April 4, 2022 | Third Board public hearing and meeting  
Potential Board action to adopt map |
| April 17, 2022     | Goal to submit new map to County Registrar of Voters |
### Redistricting Rules and Goals

<table>
<thead>
<tr>
<th>Federal Laws</th>
<th>Traditional Redistricting Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal Population</td>
<td>Topography / Geography</td>
</tr>
<tr>
<td>Federal Voting Rights Act</td>
<td>Visible/Identifiable Boundaries (Natural &amp; man-made)</td>
</tr>
<tr>
<td>No Racial Gerrymandering</td>
<td>Contiguous</td>
</tr>
<tr>
<td></td>
<td>Compact</td>
</tr>
<tr>
<td></td>
<td>Communities of Interest/Neighborhoods</td>
</tr>
<tr>
<td></td>
<td>Planned future growth</td>
</tr>
<tr>
<td></td>
<td>Respect voters’ choice / continuity in office / avoid pairing</td>
</tr>
<tr>
<td></td>
<td>Minimize number of election-year delays</td>
</tr>
</tbody>
</table>
Existing Zones

Deviation = 19.46%
## Existing Demographic Summary

### Existing Zones

<table>
<thead>
<tr>
<th>Category</th>
<th>Field</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Census</strong></td>
<td>Total Population</td>
<td>77,434</td>
<td>74,763</td>
<td>81,888</td>
<td>69,847</td>
<td>70,079</td>
<td>75,503</td>
<td>84,696</td>
<td>534,210</td>
</tr>
<tr>
<td></td>
<td>Population Deviation</td>
<td>1,118</td>
<td>-1,553</td>
<td>5,572</td>
<td>-6,469</td>
<td>-6,237</td>
<td>-813</td>
<td>8,380</td>
<td>14,849</td>
</tr>
<tr>
<td></td>
<td>Pet. Deviation</td>
<td>1.47%</td>
<td>-2.04%</td>
<td>7.30%</td>
<td>-8.48%</td>
<td>-8.17%</td>
<td>-1.07%</td>
<td>10.98%</td>
<td>19.46%</td>
</tr>
<tr>
<td><strong>Total Pop.</strong></td>
<td>Hispanic/Latino</td>
<td>28%</td>
<td>44%</td>
<td>25%</td>
<td>71%</td>
<td>13%</td>
<td>27%</td>
<td>13%</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>NH White</td>
<td>59%</td>
<td>39%</td>
<td>55%</td>
<td>19%</td>
<td>59%</td>
<td>49%</td>
<td>43%</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>NH Black</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>NH Asian/Pac.Isl.</td>
<td>5%</td>
<td>12%</td>
<td>15%</td>
<td>6%</td>
<td>24%</td>
<td>19%</td>
<td>39%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>NH Native Amer.</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Citizen Voting Age Pop</strong></td>
<td>Total</td>
<td>54,086</td>
<td>48,139</td>
<td>55,460</td>
<td>35,953</td>
<td>52,729</td>
<td>52,307</td>
<td>52,619</td>
<td>350,990</td>
</tr>
<tr>
<td></td>
<td>Hisp</td>
<td>20%</td>
<td>32%</td>
<td>18%</td>
<td>51%</td>
<td>9%</td>
<td>20%</td>
<td>11%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>NH White</td>
<td>70%</td>
<td>52%</td>
<td>67%</td>
<td>33%</td>
<td>71%</td>
<td>62%</td>
<td>53%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>NH Black</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Asian/Pac.Isl.</td>
<td>4%</td>
<td>11%</td>
<td>11%</td>
<td>7%</td>
<td>15%</td>
<td>13%</td>
<td>30%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Native Amer.</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Voter Registration (Nov 2020)</strong></td>
<td>Total</td>
<td>51,014</td>
<td>40,811</td>
<td>51,682</td>
<td>26,463</td>
<td>49,209</td>
<td>48,079</td>
<td>49,106</td>
<td>316,364</td>
</tr>
<tr>
<td></td>
<td>Latino est.</td>
<td>18%</td>
<td>31%</td>
<td>16%</td>
<td>55%</td>
<td>10%</td>
<td>20%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Spanish-Surnamed</td>
<td>16%</td>
<td>28%</td>
<td>15%</td>
<td>50%</td>
<td>9%</td>
<td>18%</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Asian-Surnamed</td>
<td>1%</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>8%</td>
<td>6%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Filipino-Surnamed</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>NH White est.</td>
<td>79%</td>
<td>61%</td>
<td>75%</td>
<td>41%</td>
<td>78%</td>
<td>71%</td>
<td>66%</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>NH Black</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
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### Ideal Zone Size:
Each of the 7 zones must contain about **76,315** people
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Total population data from California’s adjusted 2020 Census data. Citizen Young Age Populations, Age, Immigration, and other demographics from the 2013-2019 American Community Survey and Special Tabulation 3-year data. Voter Turnout and Registration data from California Nationwide District ("Latio") figures calculated by NDC using Census Bureau's Latino undercount by surname estimate.
Minimal Change 1

Deviation = 7.84%
### Demographic Summary

#### Minimal Change Map 1

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</table>
Deviation = 4.62%

More Compact 1

Map layers:
- More Compact 1
- Water Area
- Pipeline Power Line
- Railroad
- Streets
- Currents
- City / Place

©2021 CALIPER
## More Compact Map 1

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<tr>
<td>Total</td>
<td>54,221</td>
<td>48,387</td>
<td>52,743</td>
<td>38,107</td>
<td>57,644</td>
<td>50,236</td>
<td>49,653</td>
<td>350,990</td>
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Map Comparison

Existing Zones

Min. Change 1

More Compact 1
- No Changes to Zones 1 or 2
- In the far south, Zone 5 picks up area west side of I-15 from Zone 7
- In the middle, Zone 4 picks up areas from Zone 3 and from Zone 6. Zone 6 picks up area from the south side of Zone 4.
- Population balances Zone 4 and the surrounding zones, Zone 4 more compact, and Zone 4 majority-Latino by CVAP.
1) Similar changes to Zone 4 (except Zone 6 does not pick up the triangle-shaped area on the south side)
2) Zone 2 loses City of Vista population on the west end, shifts south to follow freeway and St. Rt. 78 in the Zone's SE corner, some adjustments to the west for more compact boundary
3) Zone 3 picks up the Vista part of Zone 2, shifts south into Zone 7 down to San Diego City border, while losing area east of Del Dios Highway north of Lake Hodges
4) Zone 7 loses the unincorporated area north of San Diego to Zone 3, and gains the San Diego neighborhood on west side of I-15 on both sides of Camino del Norte. Zone 7 picks up small areas expanding the already-existing Zone 7 "bump" north into Poway at the south end of the District
5) Zone 5 loses those small areas around the Zone 7 "bump" in the south; loses its small unincorporated area on the east end of the Zone; and adds the neighborhood on the east side of I-15 and the south side of Lake Hodges
6) Zone 1 has a tiny change along the north side of Zone 6 where Zone 1 picks up one census block on the south side on Rincon Ave.
7) Zone 6 in the north loses one census block to Zone 1 to make the border follow the Escondido City border; shifts in the north to follow I-15; gives up all of its territory south of Lake; and shifts west to pick up everything north of Lake west to Del Dios Hwy.
Public Hearing

Discussion

• Public Hearing
• Discussion & Questions
  • Demographics
  • Maps
• Receive Feedback
• Next Steps:
  • Week of April 4, 2022
    • 3rd Board Public Hearing and Meeting
    • Potential Map Adoption
ADDENDUM B
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### Total Pop

- % Hispanic: 27.9%
- % Non-Hispanic White: 59%
- % Non-Hispanic Black: 4%
- % Asian-American: 4%

### Citizen Voting Age Pop

- % Hispanic: 20%
- % Non-Hispanic White: 70%
- % Non-Hispanic Black: 1%
- % Asian/Pacific Islander: 4%

### Voter Registration (Nov 2020)

- % Latino estimate: 18%
- % Hispanic-Surname: 16%
- % Asian/Surname: 1%
- % Filipino-Surname: 1%
- % Non-Hispanic White: 79%
- % Non-Hispanic Black: 1%

### Voter Turnout (Nov 2020)

- % Latino estimate: 16%
- % Hispanic-Surname: 15%
- % Asian-Surname: 1%
- % Filipino-Surname: 1%
- % Non-Hispanic White: 81%
- % Non-Hispanic Black: 1%

### Voter Turnout (Nov 2018)

- % Latino estimate: 12%
- % Hispanic-Surname: 11%
- % Asian-Surname: 1%
- % Filipino-Surname: 1%
- % Non-Hispanic White: 84%
- % Non-Hispanic Black: 1%

### ACS Pop. Est.

- Total: 73,476

### Age

- Age 0-19: 25%
- Age 20-64: 51%
- Age 65+ : 23%

### Immigration

- Immigrants: 12%
- Naturalized: 66%

### Language Spoken at Home

- English: 82%
- Spanish: 14%
- Asian language: 2%
- Other languages: 2%

### Language Fluency

- Speaks Eng. "Less than Very Well": 5%

### Education (among those age 25+)

- High school grad: 51%
- Bachelor's: 20%
- Graduate degree: 11%

### Child in Household

- Child under 18: 32%
- Employed: 82%

### Household Income

- Income 62-99k: 10%
- Income 100-124K: 13%
- Income 125-149K: 15%
- Income 150-174K: 49%
- Income 175-200K: 13%

### Housing Stats

- Single family: 93%
- Multi-family: 7%
- Rented: 22%
- Owned: 78%
Total population data from California's adjusted 2020 Census data. Citizen Voting Age Population, Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data. Turnout and Registration data from California Statewide Database ("Latino" figures calculated by NDC using Census Bureau's Latino undercount by surname estimate).
Minimal Change 1
Total Population data from California's adjusted 2020 Census data. Citizen Voting Age Population, Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data. Turnout and Registration data from California Statewide Database. (Latino figures calculated by NDC using Census Bureau's Latino undercount by surname estimate).
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<td>Total Pop.</td>
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<td>50,236</td>
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<td>350,990</td>
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<td>74,765</td>
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<td>-2.03%</td>
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<td>0.14%</td>
<td>-0.86%</td>
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<td>38,244</td>
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<td>Speaks Eng. &quot;Less than Very Well&quot;</td>
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<td>8%</td>
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<td>Education (among those age 25+)</td>
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<td>child-under18</td>
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<td>Pct of Pop. Age 16+</td>
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<td>Household Income</td>
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<td>income 200k-plus</td>
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<td>Housing Stats</td>
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<td>22%</td>
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<td>41%</td>
<td>33%</td>
<td>63%</td>
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<td>31%</td>
<td>40%</td>
<td>36%</td>
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<tr>
<td>owned</td>
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<td>67%</td>
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<td>71%</td>
<td>69%</td>
<td>60%</td>
<td>64%</td>
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</table>

Total population data from the 2020 Decennial Census.
Surname-based Voter Registration and Turnout data from the California Statewide Database.
Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC: Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2015-2019 American Community Survey and Special Tabulation 5-year data.
ADDENDUM C
March 28, 2022

To: Palomar Health Board of Directors

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

Board Meeting Date: April 11, 2022

Subject: Palomar Medical Center Escondido Credentialing Recommendations

I. Provisional Appointment (04/11/2022 – 03/31/2024)
Abboud, Jean-Paul, M.D., Ophthalmology
Alsabbak, Hassan A., M.D., Internal Medicine
Bell, Mark, M.D., Emergency Medicine
Edwards, Irv, M.D., Emergency Medicine
Elliott, Robert T., D.O., Internal Medicine
Farnsworth, William B., M.D., Neurology
Giacomazzi, Christina M., D.O., Physical Medicine & Rehab
Khayyat, Omar, M.D., Internal Medicine
Latham, Emi M., M.D., Wound Care
Prasad, Rupa S., M.D., Pain Medicine
Redkar, Avanti, D.P.M., Podiatry
Shah, Rishi S., M.D., Physical Medicine & Rehab
Tintner, Ron, M.D., Clinical Neurophysiology
Yasin, Rabia, M.D., Neurology

II. Advance from Provisional to Active Category
Martin, Andrew J., M.D., Interventional & Diagnostic Radiology (effective 05/01/2022 – 03/31/2023)

III. Advance from Provisional to Affiliate Category
McClellan, Brandon M., M.D., Physical Medicine & Rehab (effective 05/01/2022 – 03/31/2024)

IV. Category Change
Sorensen, Eva L., M.D., Neurology (Change from Affiliate to Active, effective 04/11/2022)

V. Reinstatement
Greer, Danielle M., D.O., Internal Medicine (Reinstate to Active Category, effective 04/11/2022)

VI. Additional Privileges (Effective 04/11/2022)
Leon, Josue D., M.D., Ob/Gyn
   • Basic – Use of Robotic Assisted System for Basic Gynecologic Procedures
Sawhney, Navinder S., M.D., Clinical Cardiac Electrophysiology
   • Moderate and Deep Sedation Privileges
Additional Privileges (Effective 04/11/2022) (Continued)
Sorensen, Eva L., M.D., Neurology
  - Neurology Core Privileges
  - Video EEG Privileges
Sorkhi, Ramin, M.D.
  - Endoscopy, Esophagastroduodenoscopy, Colonoscopy Bundle

VII. Leave of Absence
Forbes, Angela S., D.O., Anesthesia (effective 03/11/2022 – 02/29/2024)
Reddy, Samathha R., M.D., Internal Medicine (effective 12/01/2021 – 11/31/2023)
Vanstone, Kyle R., M.D., Internal Medicine (effective 08/01/2021 – 07/31/2023)

VIII. Voluntary Resignations
Babaki, Arash S., M.D., Internal Medicine (effective 03/15/2022)
Esmaeili, Keyvan, M.D., Physical Medicine & Rehab (effective 03/31/2022)
Faierman, Michelle L., M.D., Internal Medicine (effective 08/09/2021)
Ghazi, Hamid, M.D., Internal Medicine (effective 03/07/2022, retired)
Gentile, Jason K., M.D., Emergency Medicine (effective 05/01/2022)
Keefer, Brian P., M.D., Anesthesia (effective 11/01/2021)
Love, Bryan E., M.D., Critical Care Surgery (effective 07/16/2021)
Nelson, Cole L., M.D., Emergency Medicine (effective 10/06/2021)
Phung, Anthony V., M.D., Anesthesia (effective 11/01/2021)
Riley-Hagan, Margaret, M.D., Pediatrics (effective 03/31/2022)
Yam, Ving, D.O., Family Medicine (effective 04/30/2022)

IX. Allied Health Professional Appointment (04/11/2022 – 03/31/2024)
Lyon, Stephen A., PA-C, Physician Assistant, Orthopaedic Surgery (Sponsor: Dr. Andrew Ghatan on behalf of Kaiser Orthopaedics)
Wallace, Stephanie C., PA-C, Physician Assistant, Ob/Gyn (Sponsor: Dr. Josue Leon, on behalf of Vista Community Clinic)

X. Allied Health Professional Additional Privileges (Effective 04/11/2022)
Frost, Robert D., PA-C, Physician Assistant
  - Physician Assistant Clinical Privileges – Ob/Gyn

XI. Allied Health Professional Reinstatement
Allerton, Eve S., PA-C, Physician Assistant (effective 04/11/2022)

XII. Allied Health Professional Resignations
Apostle, Jodie L., PA-C, Physician Assistant (effective 08/23/2021)
Ellingson, Sandra, NNP, Neonatal Nurse Practitioner (effective 04/30/2022)
Schneider-Biehl, Terri A., NNP, Neonatal Nurse Practitioner (effective 04/30/2022)

XIII. PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Time Limited Reappointment Due to 66 Days Medical Record Suspension Effective 05/01/2022 – 10/31/2022
Lin, Yuan H., M.D.    Cardiothoracic Surgery    Dept of Surgery    Active
Reappointments Effective 05/01/2022 – 04/30/2024
Aranha, Neil A., M.D.    Anesthesia    Dept of Anesthesia    Active
Brummel, Jared A., D.O.    Orthopaedic Surgery    Dept of Ortho    Active
Chang, Alexander T., M.D.    General Vascular Surgery    Dept of Surgery    Active
Dutton, Pascual H., M.D.    Orthopaedic Surgery    Dept of Ortho    Active
Ferrante, Kimberly L., M.D.    Female Pelvic/Reconst. Surgery    Dept of Ob/Gyn    Courtesy
Flinn, Anna M., D.O.    Obstetrics & Gynecology    Dept of Ob/Gyn    Active
Ha, Chi D., M.D.    Head and Neck Surgery    Dept of Surgery    Active
### Reappointments Effective 05/01/2022 – 04/30/2024 (Continued)

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<tr>
<th>Name</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
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<tbody>
<tr>
<td>Laurent, Louise C., M.D.</td>
<td>Maternal-Fetal Medicine</td>
<td>Dept of Ob/Gyn</td>
<td>Courtesy</td>
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<tr>
<td>Mashayekhi, Pegah M., D.O.</td>
<td>Sleep Medicine</td>
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<td>Affiliate</td>
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<tr>
<td>Morelock, Michael D., M.D.</td>
<td>Otolaryngology</td>
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<td>Affiliate</td>
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<tr>
<td>Newman, Michael S., D.O.</td>
<td>Critical Care Medicine</td>
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<td>Nielsen, Amy C., D.O.</td>
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<td>Courtesy</td>
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<td>Ohara, William M., M.D.</td>
<td>Orthopaedic Surgery</td>
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<td>Courtesy</td>
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<tr>
<td>Patil, Amol A., M.D.</td>
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<td>Paz, Alejandro, M.D.</td>
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<td>Active</td>
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<tr>
<td>Quenelle, Nicole B., M.D.</td>
<td>Hematology/Oncology</td>
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<td>Active</td>
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<td>Seruelo, Rhyl Ann F., M.D.</td>
<td>Family Practice</td>
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<td>Affiliate</td>
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*Category change from Active to Affiliate with Refer and Follow privileges*

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<td>Tolon, Jennifer A., M.D.</td>
<td>Obstetrics &amp; Gynecology</td>
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*Category change from Courtesy to Active*

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<td>Courtesy</td>
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<tr>
<td>Wilder, Michael L., M.D.</td>
<td>Hospice &amp; Palliative Medicine</td>
<td>Dept of Medicine</td>
<td>Active</td>
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<tr>
<td>Wilke, Lindsey W., D.P.M.</td>
<td>Podiatry</td>
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### Allied Health Professional Reappointments Effective 5/01/2022 – 04/30/2024

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<td>Physician Assistant</td>
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<td>(Sponsors: Dr. Charles McGraw for San Diego Imaging)</td>
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<tr>
<td>Gessin, Leah G., PA-C</td>
<td>Physician Assistant</td>
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<tr>
<td>(Sponsors: Dr. Andrew Ghatan for Kaiser Orthopaedics)</td>
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### Certification by and Recommendation of Chief of Staff

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

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

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                   | Ophthalmology - Certified 2017 |

## ORGANIZATIONAL NAME

| Name                          | North County Eye Center, Inc. |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Robert Wood Johnson Medical School  
|                               | From: 08/03/2005 To: 05/25/2011  
|                               | Doctor of Medicine Degree |
| Internship Information        | N/A |
| Residency Information        | Robert Wood Johnson University Hospital  
|                               | General Surgery  
|                               | From: 07/01/2011 To: 06/30/2012 |
|                               | Shiley Eye Center, UCSD  
|                               | Ophthalmology  
|                               | From: 07/01/2012 To: 06/30/2015 |
| Fellowship Information       | West Virginia University Hospitals  
|                               | Ophthalmology  
|                               | From: 07/01/2015 To: 07/30/2017  
|                               | Oculofacial Plastic Surgery |
| Current Affiliation Information | Rady Children’s Hospital, San Diego  
|                               | SCA Outpatient Surgery Center of La Jolla  
|                               | Tri-City Medical Center  
|                               | The Oaks Surgery Center  
|                               | SCA Rancho Bernardo Surgery Center  
|                               | Scripps Memorial Hospital, La Jolla  
|                               | Scripps Memorial Hospital, Encinitas |

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## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

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<tr>
<th>Specialties</th>
<th>Internal Medicine - Certified 2017</th>
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## ORGANIZATIONAL NAME

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<th>Name</th>
<th>Palomar Hospitalist Medical Group</th>
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## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | University of Baghdad College of Medicine  
From: 09/01/2002 To: 07/15/2008  
Al-Kindy College of Medicine  
Doctor of Medicine Degree |
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<tbody>
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<td>Internship Information</td>
<td>Combined with Residency</td>
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</table>
| Residency Information       | Beaumont Health formerly Oakwood Hospital  
Internal Medicine  
From: 07/01/2014 To: 06/30/2017 |
| Fellowship Information      | N/A                                            |
| Current Affiliation Information | Scripps Green Hospital  
Yuma Regional Medical Center  
Scripps Mercy Hospital, San Diego  
Scripps Mercy Hospital, Chula Vista |
## PERSONAL INFORMATION

<table>
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<th>Provider Name &amp; Title</th>
<th>Mark Bell, M.D.</th>
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| Palomar Health Facilities | Palomar Medical Center Escondido  
|                        | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

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<tr>
<th>Specialties</th>
<th>Emergency Medicine - Certified 1997  2018</th>
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## ORGANIZATIONAL NAME

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<thead>
<tr>
<th>Name</th>
<th>Palomar Emergency Physicians</th>
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## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Chicago Medical School at Rosalind Franklin University  
| From: 08/31/1989  To: 08/31/1993  
| Doctor of Medicine Degree |
| Internship Information | N/A |
| Residency Information | University of California, Irvine  
| Emergency Medicine  
| From: 06/23/1993  To: 06/30/1996  
| UC Irvine Medical Center |
| Fellowship Information | N/A |
| Current Affiliation Information | Corona Regional Medical Center  
| Coast Plaza Hospital  
| Community Hospital of Huntington Park  
| Hollywood Presbyterian Medical Center  
| West Hills Hospital and Medical Center  
| Memorial Hospital of Gardena  
| Alvarado Hospital and Medical Center  
| Barlow Respiratory Hospital  
| Valley Presbyterian Hospital, Van Nuys  
| Huntington Beach Hospital  
| La Palma Intercommunity Hospital  
| Montclair Hospital Medical Center  
| Sherman Oaks Community Hospital  
| Chino Valley Medical Center  
| Encino Hospital Medical Center |
## Personal Information

<table>
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<th>Provider Name &amp; Title</th>
<th>Irv Edwards, M.D.</th>
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| Palomar Health Facilities | Palomar Medical Center Escondido  
|                       | Palomar Medical Center Poway |

## Specialties/Board Certification

| Specialties | Emergency Medicine - Certified 1982 |

## Organizational Name

| Name | Palomar Emergency Physicians |

## Education/Affiliation Information

| Medical Education Information | University of Calgary Faculty of Medicine  
|                               | From: 09/03/1974 To: 06/10/1977  
|                               | Doctor of Medicine |
| Internship Information | LAC/University of Southern Calif. Medical Center  
|                       | Flexible  
|                       | From: 06/24/1977 To: 06/24/1978  
|                       | PGY1-Flex Program (emphasis on surgery) |
| Residency Information | Harbor/UCLA Medical Center  
|                       | Emergency Medicine  
|                       | From: 07/01/1978 To: 06/30/1980 |
| Current Affiliation Information | Lanai Comm. Hosp/Maui Health (Kaiser Fndtn Hosp)  
|                               | Maui Health System (Kaiser Foundation Hospitals)  
|                               | Seton Medical Center  
|                               | Shasta Regional Medical Center  
|                               | Temecula Valley Hospital  
|                               | Coast Plaza Hospital  
|                               | Hollywood Presbyterian Medical Center  
|                               | San Dimas Community Hospital  
|                               | Memorial Hospital of Gardena  
|                               | Centinela Hospital Medical Center  
|                               | Montclair Hospital Medical Center  
|                               | Chino Valley Medical Center  
<p>|                               | Providence Tarzana Regional Medical Center |</p>
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<td>Palomar Medical Center Poway</td>
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SPECIALTIES/BOARD CERTIFICATION

| Specialties                      | Internal Medicine - Certified 2021                        |

ORGANIZATIONAL NAME

| Name                          | Palomar Hospitalist Medical Group                        |

EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
<th>Midwestern University</th>
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<tbody>
<tr>
<td></td>
<td>From: 06/01/2014 To: 06/01/2018</td>
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<tr>
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<td>Doctor of Osteopathic Medicine</td>
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<td>Residency Information</td>
<td>Desert Regional Medical Center</td>
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<td>Internal Medicine</td>
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<td>From: 07/01/2018 To: 06/30/2021</td>
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<td>Current Affiliation Information</td>
<td>Eisenhower Medical Center</td>
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<th>William B. Farnsworth, M.D.</th>
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| Palomar Health Facilities | Palomar Medical Center Escondido  
|                        | Palomar Medical Center Poway |

# Specialties/Board Certification

| Specialties | Neurology - Certified 2020 |

# Organizational Name

| Name | The Neurology Center |

# Education/Affiliation Information

| Medical Education Information | St. George’s University  
|                               | Doctor of Medicine Degree |
| Internship Information | Virginia Commonwealth University  
|                          | Internal Medicine  
|                          | From: 07/01/2016  
|                          | To: 06/30/2017 |
| Residency Information | Virginia Commonwealth University  
|                          | Neurology  
|                          | From: 07/01/2017  
|                          | To: 06/30/2020 |
| Fellowship Information | University of Michigan Hospitals and Health Ctrs  
|                          | Sports Medicine  
|                          | From: 07/01/2020  
|                          | To: 06/30/2021  
|                          | Sports Neurology Fellowship |
| Current Affiliation Information | Tri-City Medical Center  
|                                   | Scripps Memorial Hospital, Encinitas |
# PERSONAL INFORMATION

<table>
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<th>Provider Name &amp; Title</th>
<th>Christina M. Giacomazzi, D.O.</th>
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<td>Palomar Medical Center Escondido</td>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                    | Physical Medicine & Rehab - Certified 2021          |

## ORGANIZATIONAL NAME

| Name                          | Kaiser Permanente                                   |

## EDUCATION/AFFILIATION INFORMATION

<table>
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<tr>
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<tbody>
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<td>Wake Forest Baptist Medical Center</td>
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<td>Stanford University Medical Center</td>
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<td>University of Washington Medical Center</td>
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<td>Sports Medicine</td>
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<td>From: 07/15/2020 To: 07/14/2021</td>
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<td>Current Affiliation Information</td>
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## PERSONAL INFORMATION

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<th>Provider Name &amp; Title</th>
<th>Omar Khayyat, M.D.</th>
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| Palomar Health Facilities | Palomar Medical Center Escondido  
 Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

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<th>Specialties</th>
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## ORGANIZATIONAL NAME

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## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | University of Baghdad College of Medicine, Iraq  
 From: 01/11/2000  To: 07/15/2006  
 Doctor of Medicine Degree |
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</table>
| Residency Information       | Scripps Mercy Hospital, San Diego  
 Internal Medicine  
 From: 06/24/2017  To: 06/30/2020 |
| Fellowship Information      | N/A |
| Current Affiliation Information | Scripps Mercy Hospital, Chula Vista |
# PALOMAR HEALTH
## PROVISIONAL APPOINTMENT
### April 2022

### PERSONAL INFORMATION

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

### SPECIALTIES/BOARD CERTIFICATION

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<th>Specialties</th>
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<td>Undersea and Hyperbaric Medicine – Certified 2005</td>
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### ORGANIZATIONAL NAME

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<th>Name</th>
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<td>Restorative Healing Group</td>
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### EDUCATION/AFFILIATION INFORMATION

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<tr>
<td>Medical College of Ohio at Toledo</td>
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<td>From: 09/01/1996 To: 06/02/2000</td>
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<tr>
<td>Akron General Medical Center</td>
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<td>Emergency Medicine</td>
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<td>From: 07/01/2000 To: 06/30/2003</td>
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<tr>
<td>San Diego School of Medicine</td>
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<td>Hyperbaric/Dive Medicine</td>
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<td>From: 07/01/2004 To: 06/30/2005</td>
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<td>Palomar Health Rehabilitation Institute</td>
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PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2022
### PERSONAL INFORMATION

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

### SPECIALTIES/BOARD CERTIFICATION

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<thead>
<tr>
<th>Specialties</th>
<th>Pain Medicine - Certified 2021</th>
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### ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>The Neurology Center</th>
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### EDUCATION/AFFILIATION INFORMATION

**Medical Education Information**

| University of Miami Leonard Miller School Of Medicine  
From: 08/15/2012  To: 05/07/2016  
Doctor of Medicine Degree |

**Internship Information**

| Scripps Mercy Hospital, San Diego  
Transitional  
From: 06/24/2016  To: 06/24/2017 |

**Residency Information**

| University of California, San Diego  
Anesthesia  
From: 07/01/2017  To: 06/30/2020 |

**Fellowship Information**

| University of California, San Diego  
Pain Medicine  
From: 08/01/2020  To: 07/31/2021 |

**Current Affiliation Information**

| Tri-City Medical Center  
Poway Surgery Center, LP  
SCA Rancho Bernardo Surgery Center  
Scripps Encinitas Surgery Center  
Scripps Green Hospital  
Scripps Memorial Hospital, Encinitas  
Scripps Memorial Hospital, La Jolla |
### PERSONAL INFORMATION

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

### SPECIALTIES/BOARD CERTIFICATION

| Specialties               | Podiatry - Certified 2015 |

### ORGANIZATIONAL NAME

| Name                      | North County Foot and Ankle Specialists |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | New York College of Podiatric Medicine  
                                From: 08/25/2008 To: 05/22/2012  
                                Doctor of Podiatric Medicine |

| Internship Information      | Good Samaritan Hospital and Medical Center  
                                Podiatry  
                                From: 07/01/2012 To: 06/30/2013 |

| Residency Information      | Good Samaritan Hospital and Medical Center  
                                Podiatry  
                                From: 07/01/2013 To: 06/30/2015 |

| Fellowship Information     | University Foot and Ankle Institute  
                                Foot and Ankle Reconstructive Surgery / Sports Medicine  
                                From: 07/07/2015 To: 06/30/2016 |

| Current Affiliation Information | Center for Surgery of Encinitas  
                                Advanced Surgery Center North County  
                                Sovereign Surgery Center of the Pacific |
# PALOMAR HEALTH
## PROVISIONAL APPOINTMENT
### April 2022

### PERSONAL INFORMATION

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

### SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Physical Medicine & Rehab - Certified 2018 |

### ORGANIZATIONAL NAME

| Name                | Palomar Health Acute Rehab |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | American University of Antigua  
From: 01/03/2010 To: 03/29/2013  
Doctor of Medicine Degree |
|-------------------------------|-------------------------------|
| Internship Information        | Brookdale Hospital Medical Center  
General Surgery  
From: 07/01/2013 To: 06/30/2014 |
| Residency Information         | Marianjoy Rehabilitation Center  
Physical Medicine/Rehab  
From: 07/01/2014 To: 06/30/2017 |
| Fellowship Information        | Baylor College of Medicine  
Spine Rehabilitation  
From: 07/01/2019 To: 06/30/2020 |
| Current Affiliation Information | Palomar Health Rehabilitation Institute  
Encompass Health Rehabilitation Hospital |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2022
# Personal Information

<table>
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<tr>
<th>Provider Name &amp; Title</th>
<th>Ron Tintner, M.D.</th>
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<td>Palomar Medical Center Escondido</td>
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## Specialties/Board Certification

<table>
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<td>Clinical Neurophysiology – Certified 1996</td>
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## Organizational Name

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<tr>
<td>Specialty Care/Remote Neuromonitoring Physicians</td>
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## Education/Affiliation Information

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<tr>
<td>University of Florida</td>
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<td>From: 09/01/1975 To: 06/04/1980</td>
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<td>Texas Health Presbyterian Hospital of Dallas</td>
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<td>Internal Medicine</td>
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<tr>
<td>University of Texas</td>
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<td>Neurology</td>
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<td>From: 07/01/1981 To: 06/01/1984</td>
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<tbody>
<tr>
<td>Methodist Hospital, Houston</td>
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PALOMAR HEALTH
PROVISIONAL APPOINTMENT
April 2022
### PERSONAL INFORMATION

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<td>Palomar Medical Center Poway</td>
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### SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Neurology - Certified 2020 |

### ORGANIZATIONAL NAME

| Name                        | Neurology First |

### EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Medical Education Information</th>
<th>CMH Lahore Medical College, Lahore Pakistan</th>
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<td>Internship Information</td>
<td>Carle Foundation Hospital</td>
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<td>From: 07/01/2016</td>
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<td>From: 07/01/2017</td>
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<td>University of California, Davis Medical Center</td>
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<td>From: 07/01/2020</td>
<td>To: 06/30/2021</td>
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<tr>
<th>Provider Name &amp; Title</th>
<th>Stephen A. Lyon, PA-C</th>
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<td>Palomar Medical Center Escondido</td>
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## Specialties/Board Certification

| Specialties                  | Physician Assistant - Certified 2016                      |

## Organizational Name

| Name                          | Kaiser Permanente Orthopaedic Division                   |

## Education/Affiliation Information

### Education Information

<table>
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<th>Western University of Health Sciences</th>
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<tbody>
<tr>
<td>309 E. Second Street</td>
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<tr>
<td>Pomona, CA 91766</td>
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<tr>
<td>Master of Science / Physician Assistant Studies</td>
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### Employment

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<th>Current Employment</th>
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<tbody>
<tr>
<td>Kaiser Permanente San Diego</td>
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<tr>
<td>Orthopaedic Surgery</td>
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<td>From: 03/26/2018 To: Present</td>
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### Current Affiliation Information

| Kaiser Permanente, San Diego        |
# PALOMAR HEALTH
## ALLIED HEALTH PROFESSIONAL APPOINTMENT
### April 2022

## PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Stephanie C. Wallace, PA-C</th>
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<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Physician Assistant - Certified 2008 |

## ORGANIZATIONAL NAME

| Name                        | Vista Community Clinic           |

## EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
<th>Education Information</th>
<th>Touro University Nevada, From: 08/01/2005 To: 01/07/2008 Master of Physician Assistant Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Vista Community Clinic Physician Assistant From: 02/23/2009 To: Present</td>
</tr>
<tr>
<td>Current Affiliation Information</td>
<td>Tri-City Medical Center</td>
</tr>
</tbody>
</table>
Date: March 31, 2022
To: Palomar Health Board of Directors – April 11, 2022 Meeting
From: Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credential Recommendations – March, 2022

Provisional Appointments: (04/11/2022 – 03/31/2024)
Jean-Paul Abboud, M.D., Ophthalmology
Hassan Alsabbak, M.D., Internal Medicine (Includes The Villas at Poway)
Mark Bell, M.D., Emergency Medicine
Irv Edwards, M.D., Emergency Medicine
Robert Troy Elliott, D.O., Internal Medicine
William Farnsworth, M.D., Neurology
Omar Khayyat, M.D., Internal Medicine
Emi Latham, M.D., Wound Care/Hyperbaric Medicine (Includes The Villas at Poway)
Rupa Prasad, M.D., Pain Medicine
Avanti Redkar, D.P.M., Podiatry
Rishi Shah, M.D., Physical Medicine & Rehab
Rabia Yasin, M.D., Neurology

Biennial Reappointments: (05/01/2022 - 04/30/2024)
Neil Aranha, M.D., Anesthesiology, Active
Jared Brummel, D.O., Orthopedic Surgery, Active
Alexander Chang, M.D., General Vascular Surgery, Courtesy
Pascual Dutton, M.D., Orthopedic Surgery, Active
Jaime Friedman, M.D., Pediatrics, Active
Chi Ha, M.D., Head and Neck Surgery, Active
Amy Nielsen, D.O., Neurology, Active
Amol Patil, M.D., Diagnostic Radiology, Active
Richard Snyder, M.D., Gastroenterology, Active
Mohinderpal Thaper, M.D., Internal Medicine, Affiliate (Includes The Villas at Poway)
Lindsey Wilke, D.P.M., Podiatry, Affiliate (The Villas at Poway only)

Advancement to Active Category:
Andrew Martin, M.D., Teleradiology, effective 4/11/2022 – 3/31/2023
Requests for Additional Privileges:
Navinder Sawhney, M.D., Cardiology – Moderate and Deep Sedation, effective 4/11/2022 – 3/31/2024
Steven Zgliniec, M.D., Critical Care – The Villas at Poway, effective 4/11/2022 – 11/30/2022

Requests for Leave of Absence:
Angela Forbes, D.O., Anesthesiology, effective 03/22/2022 – 03/21/2024
Waseem Khader, D.O., Family Practice, effective 3/17/2022 – 03/16/2024

Voluntary Resignations:
Arash Babaki, M.D., Internal Medicine, effective 3/1/2022
Jason Gentile, M.D., Emergency Medicine, effective 01/01/2022
Gregory Stearns, M.D., ENT, effective 3/2/2022
Robert Trifunovic, M.D., Administrative Medicine, effective 3/16/2022
Frank Kevin Yoo, M.D., Neurosurgery, effective 4/1/2022

Allied Health Professional Reappointments:  (05/01/2022 – 04/30/2024)
Richard Brownsberger, PA, Radiology, Sponsor Dr. McGraw

Request for Leave of Absence:
Kathleen Mackessy, FNP, effective 1/1/2022 – 12/31/2023

Allied Health Professional Voluntary Resignations:
Sandra Ellingson, NNP, effective 4/30/2022
Terri Schneider-Biehl, NNP, effective 4/30/2022

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.
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ________________________________

Effective From ___/___/____ To ___/___/____

☐ Palomar Medical Center Escondido
☐ Pomerado Hospital 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/Clinical Service Division Director: 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 FAMILY MEDICINE

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment\(^1\) in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

\(^1\) Palomar - allowance of up to 48 months in Medical Staff Bylaws
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: __________________________

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

Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring (retrospective or concurrent) is to include all phases of a patient’s hospitalization (admission, management, discharge, etc.) for six inpatient admissions. For initial applicants with obstetrical privileges, five deliveries will be concurrently monitored.

Reappointment Requirements: To be eligible to renew core privileges in family medicine, 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.

CORE PRIVILEGES (CHECK EITHER FAMILY MEDICINE CORE PRIVILEGES OR REFER AND FOLLOW PRIVILEGES)

FAMILY MEDICINE CORE PRIVILEGES

☐ Requested Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REFER AND FOLLOW PRIVILEGES

Criteria: Education and training as for family medicine core privileges. Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

☐ Requested Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested Villa Pomerado The Villas at Poway

☐ Requested Palomar Continuing Care Center
PEDIATRIC CORE PRIVILEGES

Criteria: As for family medicine core plus: Required previous experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 pediatric inpatients in the past 12 months. Maintenance of privilege: Demonstrated current competence and evidence of the provision of care to at least 10 pediatric inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑️ Requested Admit, evaluate, diagnose and treat pediatric patients up to the age of 18, with common illnesses, injuries or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. 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.

NEWBORN CORE PRIVILEGES (THESE PRIVILEGES ARE ALSO INCLUDED IN PEDIATRIC CORE. THIS CORE WOULD BE FOR THOSE FAMILY MEDICINE PHYSICIANS WANTING CARE OF NEWBORNS ONLY)

Criteria: As for family medicine core plus: Required previous experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 newborns in the past 12 months. Maintenance of privilege: Demonstrated current competence and evidence of the provision of care to at least 10 newborns in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑️ Requested Admit, evaluate, diagnose and treat and care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POMERADO HOSPITAL POWAY)

Criteria: Must qualify for and be granted core privileges in family medicine. Plus, applicant must provide documentation of 3-4 months obstetrical rotation during family medicine residency with 10 patients delivered. Current Neonatal Resuscitation Provider (NRP) certification required. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 12 months. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

☑️ Requested Admit, evaluate and manage female patients with normal term pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery including medical diseases that are complicating factors in pregnancy (with consultation). May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ____________________________

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

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POMERADO HOSPITAL POWAY) (CONTINUED)

NOTE: The following conditions must be evaluated by and transferred to the direct care of an OB/GYN with whom a previous, documented arrangement has been made. This will require that the Family Practitioner have an arrangement with an Obstetrician with full OB privileges at PMCE to be available to assume care of the patient:

- Any situation requiring operative delivery
- Cardiac disease
- Fetal demise <20 weeks
- Gestation under 35 weeks
- History renal disease
- Insulin dependent diabetic
- Major obstetrical lacerations
- Multiple gestations
- Multiple medical problems
- Non reactive NST
- Persistent drug use
- Persistent late decelerations
- Placenta previa
- Severe asthma
- Severe pregnancy induced hypertension (PIH) and/or patients requiring magnesium sulfate (MGS04)
- Suspected uterine rupture

*Reference should be made to the following documents from the American College of Obstetrics and Gynecology:
2) Quality Improvement in Women’s Health Care
3) Ethics in Obstetrics and Gynecology

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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</tbody>
</table>

Chair, Department of OB/GYN

Approved: PMCP Dept of Med: 2/22/22
PMCE Dept of FM: 2/24/22
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ________________________________

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

EXERCISE TESTING - TREADMILL

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine that included a minimum of 4 weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures.

Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 5 exercise tests in the past 12 months. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

CIRCUMCISION – NEWBORNS (< 30 DAYS)

Criteria: Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 5 proctored procedures during training. Practitioner agrees to limit practice to only the specific techniques for which they have provided documentation of training and experience utilizing equipment available at PPH. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. FPPE: No less than 3 procedures will be concurrently monitored. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

☐ Requested

LUMBAR PUNCTURE

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in lumbar puncture, or evidence of active clinical practice in the procedure. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 3 lumbar punctures in the past 12 months. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 6 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested
FLEXIBLE NASAL PHARYNGOSCOPY

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in flexible nasal pharyngoscopy, OR completion of a hands on CME OR documentation of a successful preceptorship by a physician with privileges in flexible nasal pharyngoscopy. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑ Requested

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in insertion and management of central venous catheters and arterial lines OR completion of a hands on CME. Required Previous Experience: Demonstrated current competence and evidence of the insertion and management of at least 5 central venous catheters or arterial lines in the past 12 months. FPPE: No less than 3 procedures will be concurrently monitored. Maintenance of Privilege: Demonstrated current competence and evidence of the insertion and management of at least 10 central venous catheters or arterial lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑ Requested
## INSERTION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program; and performance of at least 50 PACs during this formal training, as the primary operator; or successful completion of an accredited residency in another field; participation in a significant Category 1 accredited continuing medical education training program in pulmonary artery catheter insertion and management.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance (as primary operator) or at least 3 PACs during the past 12 months.  
**FPPE:** No less than 3 procedures will be concurrently monitored.  
**Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 6 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes, as the primary operator.

- [ ] Requested

## THORACENTESIS

**Criteria:** Successful completion of an ACGME or AOA accredited residency in family medicine which included training in thoracentesis OR completion of a hands on CME.  
**Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 3 thoracentesis in the past 12 months.  
**FPPE:** No less than 3 procedures will be concurrently monitored.  
**Maintenance of Privilege:** Demonstrated current competence and evidence of the insertion and management of at least 6 thoracentesis in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- [ ] Requested

## SURGICAL ASSIST

**Criteria:** Successful completion of an ACGME or AOA accredited residency in family medicine which included training as a surgical assist.  
**Required Previous Experience:** Demonstrated current competence and evidence of assisting for at least five (5) surgical procedures in the past 12 months.  
**Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for at least 10 surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- [ ] Requested

## ENDOTRACHEAL INTUBATION

**Criteria:** Demonstrated current competence. In addition applicants at the time of initial and renewal of privileges must meet one of the following criteria: 1) Evidence of at least five (5) intubations per year, 2) current ACLS certification, or 3) attendance at an approved Airway Management Class within the past two (2) years.

- [ ] Requested

## VENTILATOR MANAGEMENT

**Criteria:** For ventilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME or AOA accredited post graduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex.
VENTILATOR MANAGEMENT (CONTINUED):

For complex ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for complex ventilator management. **Required Previous Experience:** Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- [ ] Requested Ventilator Management (not complex including CPAP – up to 36 hours)
- [ ] Requested Complex including BiPAP *More than 36-48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: PEEP requirement ≥ 10 cm of water; FIO₂ requirement ≥ 0.6; static plateau pressure ≥ 30 cm of water; presence of significant pre-existing pulmonary disease; multi-system organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.

ADMINISTRATION OF SEDATION AND ANALGESIA

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

USE OF FLUOROSCOPY

- [ ] Requested Requires maintenance of a valid x-ray supervisor and operator’s permit for fluoroscopy
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.

**General**

- Arterial blood gases
- Arthrocentesis and joint injection
- Breast cyst aspiration
- Burns, superficial and partial thickness
- Digital nerve blocks
- Incision and drainage of abscess
- Incision and drainage of Bartholin Duct cyst or marsupialization
- Insertion of NG tube
- Insertion of urinary catheter
- Interpretation of EKG (own patients)
- Local anesthetic techniques
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Paracentesis
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Placement of anterior nasal hemostatic packing
- Punch shave and excisional skin biopsy
- Removal of ingrown toenail – partial/complete
- Remove non-penetrating foreign body from the eye, nose, or ear
- Suture uncomplicated lacerations

**Pediatrics**

- Incision and drainage abscess
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Punch shave and excisional skin biopsy
- Remove non-penetrating corneal foreign body
- Suture uncomplicated lacerations
FAMILY MEDICINE CLINICAL PRIVILEGES

CORE PROCEDURE LIST (CONTINUED)

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.

Obstetrics

- Admit and discharge patients from hospital
- Apply internal and external fetal and pressure monitors
- Assess, document and manage outpatients with obstetrical related conditions
- Assess, document and manage patients in uncomplicated labor.
- Do discharge teaching and exams, write discharge orders
- Document all exams and delivery notes
- Document and evaluate the status of membranes.
- Initiate non-stress tests and interpret fetal monitoring strips
- Manage single spontaneous vertex vaginal deliveries
- Manage third stage of labor (not including manual extraction)
- Perform amniotomy
- Perform and repair episiotomies
- Perform cervical and vaginal inspection
- Perform local anesthesia infiltration
- Provide pain management
- Repair first, second, and third degree obstetrical lacerations
- Sign birth certificate
- Stabilize and initiate fetal or maternal resuscitation and call for back up and resuscitation team as needed
- Write postpartum orders
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ________________________________

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ________________________________ Date ___________
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ____________________________________________

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the 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/Clinical Service Division Director: 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 FAMILY MEDICINE

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine.

AND

Current certification or active participation in the examination process, with achievement of certification within 3 years of appointment¹ in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, or another board with equivalent requirements.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

¹ Palomar - allowance of up to 48 months in Medical Staff Bylaws

Approved by Board of Directors: 04/11/2022
Focused Professional Practice Evaluation (FPPE)/ Monitoring guidelines: Monitoring (retrospective or concurrent) is to include all phases of a patient’s hospitalization (admission, management, discharge, etc.) for six inpatient admissions. For initial applicants with obstetrical privileges, five deliveries will be concurrently monitored.

Reappointment Requirements: To be eligible to renew core privileges in family medicine, 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.

Core Privileges (Check Either Family Medicine Core Privileges or Refer and Follow Privileges)

Family Medicine Core Privileges

☐ Requested Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Refer and Follow Privileges

Criteria: Education and training as for family medicine core privileges. Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

☐ Requested Perform outpatient pre-admission, history and physical, order non-invasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested: The Villas at Poway
PEDIATRIC CORE PRIVILEGES

Criteria: As for family medicine core plus: Required previous experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 pediatric inpatients in the past 12 months. Maintenance of privilege: Demonstrated current competence and evidence of the provision of care to at least 10 pediatric inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑ Requested Admit, evaluate, diagnose and treat pediatric patients up to the age of 18, with common illnesses, injuries or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. 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.

NEWBORN CORE PRIVILEGES (THESE PRIVILEGES ARE ALSO INCLUDED IN PEDIATRIC Core. THIS CORE WOULD BE FOR THOSE FAMILY MEDICINE PHYSICIANS WANTING CARE OF NEWBORNS ONLY)

Criteria: As for family medicine core plus: Required previous experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 10 newborns in the past 12 months.

☑ Requested Admit, evaluate, diagnose and treat and care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

OBSTETRICAL CORE PRIVILEGES (NOT OFFERED AT POWAY)

Criteria: Must qualify for and be granted core privileges in family medicine. Plus, applicant must provide documentation of 3-4 months obstetrical rotation during family medicine residency with 10 patients delivered. Current Neonatal Resuscitation Provider (NRP) certification required. Required previous experience: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 12 months. Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

☑ Requested Admit, evaluate and manage female patients with normal term pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery including medical diseases that are complicating factors in pregnancy (with consultation). May provide care to patients in the intensive care setting as well as other hospital settings in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
NOTE: The following conditions must be evaluated by and transferred to the direct care of an OB/GYN with whom a previous, documented arrangement has been made. This will require that the Family Practitioner have an arrangement with an Obstetrician with full OB privileges at PMCE to be available to assume care of the patient*:

- Any situation requiring operative delivery
- Cardiac disease
- Fetal demise <20 weeks
- Gestation under 35 weeks
- History renal disease
- Insulin dependent diabetic
- Major obstetrical lacerations
- Multiple gestations
- Multiple medical problems
- Non reactive NST
- Persistent drug use
- Persistent late decelerations
- Placenta previa
- Severe asthma
- Severe pregnancy induced hypertension (PIH) and/or patients requiring magnesium sulfate(MGSO4)
- Suspected uterine rupture

*Reference should be made to the following documents from the American College of Obstetrics and Gynecology:
2) Quality Improvement in Women’s Health Care
3) Ethics in Obstetrics and Gynecology

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

<table>
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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Chair, Department of OB/GYN

Approved by Board of Directors: 04/11/2022
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.

EXERCISE TESTING - TREADMILL

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine that included a minimum of 4 weeks or the equivalent of training in the supervision and interpretation of exercise testing and evidence that the training included participation in at least 50 exercise procedures. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 5 exercise tests in the past 12 months. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

CIRCUMCISION – NEWBORNS (< 30 DAYS)

Criteria: Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed 5 proctored procedures during training. Practitioner agrees to limit practice to only the specific techniques for which they have provided documentation of training and experience utilizing equipment available at PPH. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. FPPE: No less than 3 procedures will be concurrently monitored. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 10 procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

☐ Requested

LUMBAR PUNCTURE

Criteria: Successful completion of an ACGME or AOA accredited residency in family medicine which included training in lumbar puncture, or evidence of active clinical practice in the procedure. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least 3 lumbar punctures in the past 12 months. FPPE: No less than 3 procedures will be concurrently monitored. Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least 6 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ________________________________

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

FLEXIBLE NASAL PHARYNGOSCOPY

**Criteria:** Successful completion of an ACGME or AOA accredited residency in family medicine which included training in flexible nasal pharyngoscopy, OR completion of a hands on CME OR documentation of a successful preceptorship by a physician with privileges in flexible nasal pharyngoscopy. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

INSERTION AND MANAGEMENT OF CENTRAL VENOUS CATHETERS AND ARTERIAL LINES

**Criteria:** Successful completion of an ACGME or AOA accredited residency in family medicine which included training in insertion and management of central venous catheters and arterial lines OR completion of a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of the insertion and management of at least 5 central venous catheters or arterial lines in the past 12 months. **FPPE:** No less than 3 procedures will be concurrently monitored. **Maintenance of Privilege:** Demonstrated current competence and evidence of the insertion and management of at least 10 central venous catheters or arterial lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

Approved by Board of Directors: 04/11/2022
INFORMATION AND MANAGEMENT OF PULMONARY ARTERY CATHETERS

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training program; and performance of at least 50 PACs during this formal training, as the primary operator; or successful completion of an accredited residency in another field; participation in a significant Category 1 accredited continuing medical education training program in pulmonary artery catheter insertion and management.

**Required Previous Experience:** Demonstrated current competence and evidence of the performance (as primary operator) or at least 3 PACs during the past 12 months. **FPPE:** No less than 3 procedures will be concurrently monitored. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of at least 6 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes, as the primary operator.

☐ Requested

THORACENTESIS

**Criteria:** Successful completion of an ACGME or AOA accredited residency in family medicine which included training in thoracentesis OR completion of a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least 3 thoracentesis in the past 12 months. **FPPE:** No less than 3 procedures will be concurrently monitored. **Maintenance of Privilege:** Demonstrated current competence and evidence of the insertion and management of at least 6 thoracentesis in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

SURGICAL ASSIST

**Criteria:** Successful completion of an ACGME or AOA accredited residency in family medicine which included training as a surgical assist. **Required Previous Experience:** Demonstrated current competence and evidence of assisting for at least five (5) surgical procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of assisting for at least 10 surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ENDOTRACHEAL INTUBATION

**Criteria:** Demonstrated current competence. In addition applicants at the time of initial and renewal of privileges must meet one of the following criteria: 1) Evidence of at least five (5) intubations per year, 2) current ACLS certification, or 3) attendance at an approved Airway Management Class within the past two (2) years.

☐ Requested

VENTILATOR MANAGEMENT

**Criteria:** For ventilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME or AOA accredited post graduate training program that provided the necessary cognitive and technical skills for ventilator management not categorized as complex.

Approved by Board of Directors: 04/11/2022
VENTILATOR MANAGEMENT (CONTINUED):
For complex ventilation cases, the applicant must demonstrate successful completion of an accredited fellowship that provided the necessary cognitive and technical skills for complex ventilator management. **Required Previous Experience:** Demonstrated current competence and evidence of the management of at least 12 mechanical ventilator cases in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the management of at least 24 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- **Request**   Ventilator Management (not complex including CPAP – up to 36 hours)
- **Request**   Complex including BiPAP *More than 36-48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of a like or similar complexity: PEEP requirement ≥ 10 cm of water; FiO₂ requirement ≥ 0.6; static plateau pressure ≥ 30 cm of water; presence of significant pre-existing pulmonary disease; multi-system organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.

ADMINISTRATION OF SEDATION AND ANALGESIA

- **Request**   See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

USE OF FLUOROSCOPY

- **Request**   Requires maintenance of a valid x-ray supervisor and operator’s permit for fluoroscopy
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ___________________________  Page 9
Effective From ____/____/______ To ____/____/______

CORE PROCEDURE LIST

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

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

General
- Arterial blood gases
- Arthrocentesis and joint injection
- Breast cyst aspiration
- Burns, superficial and partial thickness
- Digital nerve blocks
- Incision and drainage of abscess
- Incision and drainage of Bartholin Duct cyst or marsupialization
- Insertion of NG tube
- Insertion of urinary catheter
- Interpretation of EKG (own patients)
- Local anesthetic techniques
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Paracentesis
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Placement of anterior nasal hemostatic packing
- Punch shave and excisional skin biopsy
- Removal of ingrown toenail – partial/complete
- Remove non-penetrating foreign body from the eye, nose, or ear
- Suture uncomplicated lacerations

Pediatrics
- Incision and drainage abscess
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- Perform history and physical exam
- Perform simple skin biopsy or excision
- Punch shave and excisional skin biopsy
- Remove non-penetrating corneal foreign body
- Suture uncomplicated lacerations
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ________________________________

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

CORE PROCEDURE LIST (CONTINUED)

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.

Obstetrics

- Admit and discharge patients from hospital
- Apply internal and external fetal and pressure monitors
- Assess, document and manage outpatients with obstetrical related conditions
- Assess, document and manage patients in uncomplicated labor.
- Do discharge teaching and exams, write discharge orders
- Document all exams and delivery notes
- Document and evaluate the status of membranes.
- Initiate non-stress tests and interpret fetal monitoring strips
- Manage single spontaneous vertex vaginal deliveries
- Manage third stage of labor (not including manual extraction)
- Perform amniotomy
- Perform and repair episiotomies
- Perform cervical and vaginal inspection
- Perform local anesthesia infiltration
- Provide pain management
- Repair first, second, and third degree obstetrical lacerations
- Sign birth certificate
- Stabilize and initiate fetal or maternal resuscitation and call for back up and resuscitation team as needed
- Write postpartum orders
FAMILY MEDICINE CLINICAL PRIVILEGES

Name: ________________________________

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ________________________________ Date ________________
ADDENDUM D
RESOLUTION NO. 04.11.22(01)-08

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
DESIGNATING SUBORDINATE OFFICERS OF THE DISTRICT

WHEREAS, Palomar Health (the "District") is a local healthcare district duly organized and existing under The Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California (the "District Act"); and,

WHEREAS, the Board of Directors (the "Board") has the authority to designate subordinate officers under Section 7.9 of the District Bylaws; and,

WHEREAS, for purposes of conducting District business and to meet certain operational requirements, the Board desires to designate the subordinate officers described herein; and further designates other non-officers described herein;

NOW, THEREFORE, BE IT RESOLVED, that the following subordinate officers and non-officer subordinates of the District are hereby designated, which designation supersedes previous such resolutions:

President and CEO
Chief Financial Officer
Chief Operations Officer
Chief Medical Officer
Chief Administrative Officer
Vice President of Finance

PASSED AND ADOPTED at a meeting of the Board of Directors of Palomar Health held on April 11, 2022, by the following vote:

AYES: ____________________
NOES: ____________________
ABSTAINING: ____________________
ABSENT: ____________________

Dated: April 11, 2022

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

ATTESTED: ____________________
   Terry Corrales, RN
   Secretary, Board of Directors
RESOLUTION NO. 04.11.22(03)-10

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
AMENDING BYLAWS

WHEREAS, the Palomar Health Board of Directors (the “Board”) Governance Committee met on April 7, 2022, to consider amendments to the existing Bylaws of Palomar Health;

WHEREAS, the Governance Committee approved certain amendments to the Bylaws of Palomar Health, reflected in Exhibit A, the redlined Bylaws attached hereto;

WHEREAS, the Governance Committee now recommends the Board approve the certain amendments to the Bylaws of Palomar Health, reflected in Exhibit A; and

WHEREAS, the Board, having deliberated and considered the Governance Committee’s recommendations, desires to undertake the recommended action;

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board hereby:

(1) Amends the Bylaws of Palomar Health, as reflected in Exhibit A, the final form reflected in Exhibit B, the clean Bylaws attached hereto.

PASSED AND ADOPTED by the Board of Directors of Palomar Health held on April 11, 2022, by the following vote:

AYES:

NAYS:

ABSENT:

ABSTAINING:

DATED: April 11, 2022

APPROVED:

Linda Greer, RN, Chairperson
Board of Directors
Palomar Health.

ATTESTED:

Terry Corrales, RN, Secretary
Board of Directors
Palomar Health
Bylaws : Bylaws of Palomar Health

Purpose: To establish such rules and regulations not inconsistent with applicable governing laws and regulations, that in the opinion of the Board of Directors are appropriate to provide for the exercise of its authority, duties and responsibilities to the institution, for the protection of assets, and the quality of services the District provides to its patients and constituents.

I. Article I: Definitions

A. "Hospital(s)" means Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, California; Palomar Medical Center Downtown Escondido, 555 East Valley Parkway, Escondido, California; and Palomar Medical Center Poway, 15615 Pomerado Road, Poway, California.

B. "Board Member" means Board Director.


D. "District" means Palomar Health.

E. "Facility" or "Facilities" means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.

F. "Foundation" means the Palomar Health Foundation.

G. "Hospital(s)" means Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, California; and Palomar Medical Center Poway, 15615 Pomerado Road, Poway, California.

H. "Medical Staff(s)" or "Staff(s)" means the organized medical staff of Palomar Medical Centers Escondido, Downtown Escondido and Poway and/or the organized medical staff of other District facilities, as indicated.

I. "Member" means each individual Director of the Board.

J. "Facility" or "Facilities" means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.

K. "Practitioner" includes, but is not limited to a physician (i.e., M.D. or D.O.), dentist (D.D.S. or D.M.D.), Advanced Practice Provider (N.P. or P.A.), psychologist, or podiatrist (D.P.M.), who is duly licensed in the State of California to practice within the scope of said license.

II. Article II: Organization, Powers and Purposes

A. Organization. The District is a political subdivision of the State of California organized under the Division 23 of the Health and Safety Code ("Local Health Care District Law").

B. Purposes and Powers. The District is organized for the purposes described in the Local Health Care District Law and shall have and may exercise such powers in the furtherance of its purposes as are now or may hereafter be set forth in the Local Health Care District Law and any other applicable statutes, rules, or regulations of the State of California or the United States, as applicable.

C. Bylaws, Policies and Procedures. The Board has the power to adopt, amend, and promulgate District Bylaws, Policies and Procedures as appropriate. The Board Governance Committee shall review the District Bylaws at least annually and as necessary and following each review shall provide to the Board a report of its activities.

D. Dissolution. Any proposal to dissolve the District shall be subject to confirmation by the voters of the District in accordance with Government Code section 56545,6650 et seq.

III. Article III: Offices

A. Principal Office. The principal office of the District is currently located at 456 East Grand Avenue, Escondido, California, 92025.

B. Other Offices. Branch or subordinate offices may be established at any time by the Board at any place or places within the boundaries of the District.

IV. Article IV: Board

A. Board General Powers. The Board is the governing body of the District. All District powers shall may be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable to the organization District to fulfill its mission and vision in an effective and ethical manner. The Board will collaborate with the CEO in the creation of these policies, processes and procedures and oversee their implementation.
1. **Board Member Position Description:** Each individual Member is accountable to the Board and to the institution and acts only as a part of the Board. Each individual Member works within the structure of the board towards the establishment and oversight of the implementation of policies and monitoring of the organization's District's performance with respect to strategic direction, financial stewardship, quality outcomes and leadership of the Healthcare District.

2. Members of the Board of Directors will exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and only during Board of Directors meetings or meetings of authorized committees of the Board of Directors ("Board Committee(s)"). An exception is the Chair of the Board of Directors who will collaborate and meet with the District’s Chief Executive Officer ("CEO") regularly and as needed regarding issues regarding the Business of the District, including but not limited to, future Board meetings and their agendas. Members of the Board of Directors are not authorized to independently exercise management authority with respect to the District or its affairs except as expressly delegated by the Board.

3. Individual Board Member requests for records and institutional information shall be made in accordance with the Board Policy regarding record and information requests.

B. **Board Specific Responsibilities:**

1. Regularly review and where appropriate, update, the mission and vision statements that guide the District and its system affiliates ("system"), and enable it to meet the needs of its citizens in accordance with its Charter.

2. Direct and oversee the establishment of advisory Board Committees, whether standing or special ("ad-hoc").

3. On an at least annual basis, the Board Quality Review Committee will prepare and the Board will review and approve a system-wide quality assurance plan. The Quality Assurance Plan will enable the Board to oversee the effectiveness of the organization in meeting targets of performance that address the Health, well-being and safety of those served.

4. Direct the Medical Staff(s) in conjunction with any administrative leadership:

(a) to independently and regularly report to the Board regarding the Quality and Safety of clinical care provided with the District’s facilities and programs;

(b) Direct the Medical Staff(s) in conjunction with any administrative leadership to establish policies and processes that provide for and facilitate the Board’s ability to oversee the delivery of safe and effective care in the District’s facilities and programs;

5. Direct the Medical Staff(s) to establish and implement policies and processes that enable the Board to oversee and review the competency of Medical and Allied Health staff are served on behalf of the citizens of the District.

(a) Regularly review and, where appropriate, update. Review and approve all financial policies, plans, and programs for the District and enhance the preservation of the organization's District's assets and resources on behalf of the District. This includes, but is not limited to, undertaking, approving, and publishing an annual audit, engaging the services of a qualified accountant of accepted reputation to conduct it the audit and to prepare a report, which shall be made available online.

(b) Regularly review and where appropriate, update. Review and approve and update as needed a comprehensive strategic plan, consistent with the organization's District's mission and vision that aligns with the District's system's financial, human resources, facilities, technology and quality plans.

(c) Advocate on behalf of the Healthcare District's policies, programs, and plans within the community served and with other constituency groups.

(d) Recruit, employ, and evaluate the performance of the Chief Executive Officer ("CEO") in accordance with goals and objectives established for the CEO by the Board, with both short- and long-term considerations.

(e) Establish and implement ethical policies that minimize conflicts of interest and ensure compliance with governmental, regulatory, and other agency standards, laws, and principles relative to excellent stewardship of the Healthcare District.

(f) Periodically evaluate the Board’s performance and the individual performance of each Board member to continually enhance the effective stewardship of the District.

(g) Perform other duties as may be assigned or directed by the Board.

C. **Board Duties.** Members of the Board of Directors shall have the following duties:

1. **Duty of Care.** Directors shall exercise, in their decision making process by acting in good faith in a manner that they reasonably believe is in the best interest of the District, and with the level of care that an ordinarily prudent person would exercise under like circumstances.

2. **Duty of Loyalty.** Directors shall discharge their duties unselfishly, in a manner designed to benefit only the District and not the Directors personally or politically, and shall disclose to the full Board of Directors situations that they believe may present a potential for conflict with the purposes of the District.

3. **Duty of Obedience.** Directors shall be faithful to the underlying purposes and mission of the District.

4. **C.** If it is determined, by a majority vote of the Board of Directors in office at that time, that a Director has violated...
any of his or her duties to the detriment of the District, such Director is subject to sanctions according to the procedures set forth in Article V herein. Have duties as provided by applicable law, any Board-approved policy of the District, and the Palomar Board of Directors Code of Conduct (“Code of Conduct”).

D. Board Number and Qualification.

1. The Board shall consist of seven (7) members who are elected or appointed in accordance with the provisions of the Government Code and the Palomar Health Foundation Board of Directors Code of Conduct ("Code of Conduct").

2. The member of the Board of Directors elected to represent a District zone must be a resident of the zone from which he or she is elected for thirty (30) days preceding the date of the election and must be a registered voter in that zone. Termination of residency in a zone by a member of the Board of Directors shall create an immediate vacancy for that zone unless a substitute resides within the zone is established within thirty (30) days after the termination of residency.

E. Conflicts of Interests. The Board shall endeavor to eliminate from its decision-making processes financial or other interests possessed by its members that conflict with the District’s interests. Board members and other persons who are "Designated Employees," as defined in the District’s current Conflict of Interest Code as it may be amended, shall, to the best of their ability, adhere to the provisions of said Code and the Code of Conduct any and all laws and regulations relating to conflicts of interests, including but not limited to the Government Code and Health and Safety Code.

F. Election and Term of Office. Palomar Health District Board members are elected by Zones zones within the District pursuant to maps as time to time passed by resolution. At the November 2020 General Election, three members of the Palomar Health District Board of Directors shall be elected on a by-zone basis from the three even-numbered, single-member zones (specifically, Zones 2, 4, and 6, as such zones may be amended), and every four years thereafter. At the General Election in November 2022, four members of the Palomar Health Board of Directors shall be elected from the four odd-numbered, single-member zones (specifically, Zones 1, 3, 5, and 7, as such zones may be amended), and every four years thereafter. Any person appointed to fill a vacancy holds office for the remainder of the unexpired term.

G. Oath of Office. In compliance with the requirements of Section 3, Article XX of Constitution of the State of California, California Government Code Section 1360, and District Resolution 9.14.87(02), all Board members, as publicly elected officials of the State of California, are required to take an oath of office.

1. Except where prohibited by law, the oath of office shall be administered before the Board member assumes office and may be accomplished by simply obtaining the Member’s signature on a written copy of the oath. Should an official ceremony be preferred (such as oral recitation of the oath), the one administering the oath must be an officer who is authorized to administer oaths, such as a notary public, a judicial officer, or other authorized individual.

2. All signed oath documents shall be retained on file in the office of the Secretary of the District.

3. Consistent with California law, the District will not penalize an individual who fails to take the oath for bona fide, legally cognizable reasons. The absence of the oath of a Board member does not undermine the acts of the Board as a whole. Actions of a Board member taken with an unworn Board member are valid if the vote is such as would be valid in the absence of the unworn Member, and in any event may be validated by adoption of a resolution which ratifies all the past acts of the Board.

H. Board Member Remuneration.

1. Each member of the Board shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board. The determination of whether a Board member’s activities on any specific day are compensable shall be made in a manner inconsistent with Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the California Government Code. Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the California Government Code.

2. Each Board member shall receive per diem remuneration of $100.00 per meeting, not to exceed five (5) meetings per month, unless the Board determines, based on findings supported by substantial evidence as adopted in a written policy updated at least annually, that more than five (5) meetings per calendar month—but no more than six (6)—is necessary for the effective operation of the District. See Health & Safety Code section 32103. The following is a list of those meetings that constitute the performance of official duties for which a member may receive payment:

(a) Board meetings, whether regular, special, or emergency;
(b) Educational sessions sponsored by the District;
(c) Board Committee meetings, including meetings of ad-hoc Committees;
(d) Palomar Health Pension Committee;
(e) Palomar Health Foundation Board Meeting;
(f) North County Health Development Board Meeting;
(g) Meetings by the Chair of the Board or a Committee with District employees in preparation for Board or Committee meetings; and,
(h) Such other meetings as the Board of Directors may determine.

3. Board members must participate in required Ethics training prescribed by Government Code section 532 et seq.
Orientation and Training. An orientation consisting of materials and programs shall will be provided to each newly seated Board Member which familiarizes them with his or her duties and responsibilities, including but not necessarily limited to, good governance practices, mandatory Sexual Harassment Prevention and Civility training, the Brown Act, Ethics training (AB 1234 training), and the Palomar Health Code of Conduct.

1. Majority Board members are required to must complete all applicable training that is mandated by Federal, State, and local law.

2. Board members are expected to must participate in the entire Board orientation process and additional ongoing training. Individual Board members who do not fulfill this participation expectation will be required subject to the provisions of the Board Sanction Policy Code of Conduct and may be censured and/or subject to sanctions in accordance with such policy.

Self-Evaluation of Board. The Board shall must evaluate its own collective performance, the performance of its individual Board members and the performance of its officers on an annual or other periodic basis.

1. This self-evaluation Board Performance Internal Review shall must be conducted in accordance with Board Performance Internal Review Policy the Code of Conduct.

Individual Board Members are expected to must participate in the Board assessment or self-assessment process. Members who fail to do so will be required subject to provisions of the Board Sanction Policy Code of Conduct and may be subject to censure or sanctions in accordance with such policy.

Evaluation of CEO. Individual Board Members shall participate in evaluation of CEO performed by the Board on an annual basis. This evaluation will be performed in accordance with Board CEO Review Policy.

Vacancies. Vacancies on the Board shall must be filled in accordance with the applicable provisions of the Government Code and Health & Safety Code.

Resignation or Removal. Any Board member may resign effective upon giving written notice to the Chairperson or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. Pursuant to California Health and Safety Code section 32100.2, the term of any member of the Board shall expire if the member is absent from three consecutive regular Board meetings or from three of any five consecutive regular meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of the members of the Board may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Election Code.

Liability Insurance. The District shall must procure and maintain appropriate policies of insurance (which may include self-insurance) to the extent permitted or required by law.

Indemnification of Directors and Officers. The District may indemnify Members of the Board and officers shall be indemnified to the full extent permitted and as required by law and as authorized by the Board, and the applicable policy determination of the District insurer, acting in its discretion, against all claims, liabilities and expenses incurred as a result of an action by the Board, except in the instance of willful misconduct in performance of duties, as a director or officer.

Compensation. Board compensation will conform to current legal limitations and District Policy. Board members must participate in required Ethics training prescribed by Government Code section 53232 et seq., in order to be eligible for compensation.

Health and Welfare Benefits. Notwithstanding Section IV, L, “Compensation” above, the Board may provide health and welfare benefits, pursuant to Government Code §§ 53200 et seq., for the benefit of its elected and former members and their dependents, or permit its elected and former members and their dependents to participate in District programs for such benefits, in accordance with all applicable laws and regulations and current District policy.

Travel and Incidental Expenses Reimbursement. Each member of the Board shall be reimbursed for his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board and in accordance with District Policy pursuant to Government Code sections 53232.2 and 53232.3 and Health and Safety Code 32103. Such reimbursement, if approved by the Board, shall not constitute “Compensation” for purposes of Section IV, L, “Compensation” above.
V. Article V: Determination of and Sanctions for Misconduct in Office

A. The Board shall establish a Board Sanction Policy to address individual Board member misconduct or malfeasance in office. Such Policy will be reviewed annually. The Policy will describe the process to be utilized by the Board in circumstances where an Individual Board Member has been determined by a super majority of the Board to have violated their duties to the detriment of the District, violated the provisions of the Bylaws or any Board Policy. The Board Sanction Policy will be consistent with the meaning of Government Code section 3060.

VI. Article VI: Board Officers

A. Chairperson. The Board shall elect one of its members as Chairperson at an organizational regular meeting. In the event of a vacancy in the office of Chairperson, the Board may elect a new Chairperson. The Chairperson shall be the Principal Officer of the Board and shall preside at all meetings of the Board. The Chairperson shall appoint all Board committee members and committee chairperson chairs, and shall perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time, to include:

1. Presiding over all meetings of the Board; this includes, but is not limited to, setting the content of the Board agenda, working with the Secretary, as well Board or Corporate Counsel, as appropriate, to effectuate any notices as required by law.
2. Recognizing members entitled to the floor.
3. Stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote.
4. Protecting the Board from annoyance from irrelevant or improper motions through appropriate rules of order.
5. Assisting in the expediting of business in all ways compatible with the rights of the collective Board and its members.
6. Informing the Board when necessary, or when referred to for the purpose, on a point of order or practice pertinent to pending business.
7. Authenticating all the acts, orders, and proceedings of the Board, and declaring its will and in all things obeying its commands.
8. Coordinating with the District’s CEO and Management for the implementation of Board direction and policies.
9. Coordinating with District’s CEO and Administrative Management for the implementation of Board direction and policies.

10. Designating and directing members of the Board to undertake special responsibilities and to report to the Chairperson on those activities as directed.
11. Appointing members of standing or authorized ad-hoc committees with formal notification to the Board in a timely fashion and no later than the next meeting of the Board.
12. Representing the Board at official functions when necessary.
13. Serving as spokesperson for the Board regarding Board actions.
14. Providing regular updates to the Board regarding major activities within the District, utilizing administrative support and in conjunction with the CEO, as appropriate.
15. Counseling individual Board members in conjunction with other Board Members and/or the Chair of the Governance committee at the discretion of the Chair.
16. Implementing processes designed to facilitate the collective awareness of the Board regarding major activities within the District so that all individual Board Members are provided the opportunity to be equally informed.

B. Vice Chairperson. The Board shall elect one of its members as Vice Chairperson at an organizational meeting. In the absence of the Chairperson, the Vice Chairperson shall perform the duties of the Chairperson.

C. Secretary. The Board shall elect one of its members Secretary at an organizational meeting. The Secretary shall provide for review and approval of minutes of all open meetings of the Board. The Secretary shall give or cause to be given appropriate notices in accordance with these bylaws or as required by law and shall act as custodian of District records and reports and of the District’s seal.

D. Treasurer. The Board shall elect one of its members Treasurer at an organizational meeting. The Treasurer shall oversee the safekeeping and disbursal of the funds in the treasury of the District. The Treasurer shall be the chairperson of the Finance Committee. The Treasurer shall have express authority to delegate his or her duties to the Chief Financial Officer of the District.

E. Tenure. Each Board officer described above may serve a one-year term, commencing on the first day of January after the organizational meeting at which he or she is elected to the position. Each officer shall continue to hold office until the end of the one-year term, or until a successor is elected, unless he or she resigns or is removed from office.

F. Removal. A Board officer described above may be removed from office by the affirmative vote of four members.
of the Board not counting the affected Board member. In addition, an officer described above will automatically be removed from office when his or her successor is elected and is sworn in as a Board member.

VI. Article VI: President and CEO, Inferior Officers

A. President and CEO. The Board shall select and employ a President and CEO who shall report to the Board. The President and CEO shall have sufficient education, training, and experience to fulfill his or her responsibilities, which shall include, but not be limited to, overseeing and managing the day-to-day operations of the District, the District facilities, and implementing the strategic mission and vision of the District as directed by the Board. The Board shall be responsible for developing, maintaining and periodically updating a detailed job description for the President and CEO, which job description shall set forth the specific duties and requirements of the position in compliance with Title 22 of the California Code of Regulation, section 70701(a)(G)(2). All other District employees shall be report directly reports of to the CEO or his/her subordinates, with the exception of the Compliance Officer who shall have the ability to report independently and directly to the Board at their discretion or at the request of the Board Chair.

B. Subordinate Officers. The President and CEO may select and employ such other officers as the District may, in the CEO's discretion, require, each of whom shall hold office for such period, have such authority, and perform such duties as the President and Chief Executive Officer may determine, in consultation with the Board, may from time to time determine.

C. Evaluation of CEO. Individual Board members shall may participate in evaluation of the CEO performed by the Board on at least an annual basis, as determined by the Board. This evaluation will be performed in accordance with the Board CEO Evaluation and Compensation Policy.

A. President and Chief Executive Officer. The Board shall select and employ a President and Chief Executive Officer who shall report to the Board. The President and Chief Executive Officer shall have sufficient education, training, and experience to fulfill his or her responsibilities, which shall include but not be limited to overseeing and managing the day to day operations of the District, the District facilities, and implementing the strategic mission and vision of the District as directed by the Board. The Board shall be responsible for developing, maintaining and periodically updating a detailed job description for the President and CEO, which job description shall set forth the specific duties and requirements of the position in compliance with California Code of Regulation Section 79777. All other District employees shall be direct reports of the CEO or his/her subordinates with the exception of the Compliance Officer who shall have the ability to report independently and directly to the Board at their discretion or at the request of the Board Chair.

G. Subordinate Officers. The President and Chief Executive Officer may select and employ such other officers as the District may require, each of whom shall hold office for such period, have such authority, and perform such duties as the President and Chief Executive Officer, in consultation with the Board, may from time to time determine.

VII. Article VII: Board Meetings

A. Board Meeting. A meeting of the Board is any congregation of a majority of the members of the Board at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the Board. A meeting is also the use of direct or indirect communications, personal intermediaries or technological devices that is employed by a majority of the members of the Board to develop a collective concurrence as to action to be taken on an item by the members of the Board. Notwithstanding, a majority (four or more members) of the Board may communicate directly or through technological devices solely for the purpose of calling a special meeting, but not to discuss the substance of any such special meeting. If such a meeting is properly called for by a majority of the Board, the Board Chair, in conjunction with administrative support, shall facilitate the process of scheduling and properly noticing the special meeting in a timely manner, without undue delay and in such a way as to allow for the attendance of as many Board members as is practically possible.

B. Open to The Public. Meetings of the Board shall be open to the public, except as otherwise provided in applicable laws or regulations, including but not limited to the Brown Act and the Local Health Care District Law.

1. Members of the public shall be afforded an opportunity to provide input to District processes and Board meetings to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law, as well as any applicable District policies.

2. In conformation with applicable law, the District does not require public comments to be submitted in advance of the meeting and provides an opportunity for the public to address the Board for a set, timed, public comment period, and will not close public comment until the assigned comment period has elapsed. Notwithstanding the foregoing, in the event that the time allotted to public comment has not elapsed, but there are no other registered public comments, the Board may proceed to other business, provided that the registration period for public comment remains open for the fully allotted time. Should a person register a comment after the Board has proceeded to other business but before the expiration of the time for public comment, the Board must immediately permit the public comment, only after which it may continue with the business to which it proceeded. A registered comment received after the fully allotted time for public comment has elapsed is untimely, and may be submitted at the next scheduled session at the election of the person submitting the registration for public comment, such election to be noted in the submitted registration for public comment.
C. Opening Ceremony for Board Meetings. To promote an atmosphere of patriotism, civility and solemnity at public Board meetings, the meetings may be opened with the Pledge of Allegiance and/or an invocation, based on the nature of the meeting. The purpose of any invocation will be secular in nature. The Pledge of Allegiance and any recitation are to precede a Regular Board Meeting except as otherwise required by law.

D. Quorum. A majority of the voting members of the Board shall constitute a quorum for the transaction of business at any Board Meeting except as otherwise required by law.

E. Manner of Acting. The act of a majority of the members of the Board present at a meeting at which a quorum is present shall be the act of the Board. No act taken at a meeting at which less than a quorum was present shall be valid. The Board may follow Robert’s Rules of Order as guidance when taking action and obtaining information. Notwithstanding Robert’s Rules of Order, the Board may take action on an item of new business provided the Board complies with all applicable law, including but not limited to the Brown Act.

F. Disrupted Meetings. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who were willfully interrupting the meeting, the Board Chair may order the meeting room closed and continue in closed session for the remainder of the session, or until the Board Chair determines, in their reasonable discretion, that the session may return to open without disruption. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. The Board Chair may establish a procedure for readmitting an individual or individuals not responsible for willfully disrupting the orderly conduct of the meeting.

G. Medical Staff Representation. With the exception of closed sessions at which such representation is not requested by the Board, the Medical Staff of each Facility shall have the right of representation at all meetings of the Board, by and through the Chief of Staff, or designee, of each Medical Staff, who shall have the right of attendance, the right to participate in Board discussions and deliberations, but who shall not have the right to vote.

H. Regular Meetings.

1. The Board shall hold an annual organizational meeting on or around December, during which the Board shall elect its officers for the next calendar year. One member shall be elected as Chairperson, one as Vice Chairperson, one as Secretary, and one as Treasurer.

2. At the annual organizational meeting, the Board shall pass a resolution stating the dates, times, and places of the Board’s regular monthly meetings for the following calendar year. The Board may later change the date, time, or location of a meeting upon resolution made at a regular Board meeting. Prior to the annual organizational meeting, a Board Calendar is to be distributed to the Board for review and input. The Calendar shall contain all events of significance that are known at that time, such significance to be determined by the Board, as well as proposed dates of Board meetings. Subsequently, a resolution will be prepared based on input received and will be presented for approval in December of each calendar year.

3. Notice, including the meeting’s agenda, shall be provided in accordance with Government Code §54954.2(a)(1) at least 72 hours prior to the beginning of regular meetings.

4. The 72-hour requirement can be waived, and items can be added to regular meetings if any of the following criteria are met:
   a. During the meeting, a majority of the Board determines that there is an emergency as defined by Government Code §54956.5 which would give rise to the ability to call an emergency meeting described in Section V, I, “Emergency Meetings” below, or
   b. If at least two thirds of the Board members are present, and by a vote of at least two thirds of those Board members present, the Board determines there is a need to take immediate action, and the need for action came to the attention of the District after the agenda was posted.
   c. If less than two thirds of the Board members are present, and by a unanimous vote of those Board members present, the Board determines there is a need to take immediate action, and the need for action came to the attention of the District after the agenda was posted.
   d. The item was posted for a prior meeting occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which action is being taken, as allowed by Government Code §54954.2.

I. Special Meetings. A special meeting may be called at any time by the Chairperson, or by a majority of Board members, by delivering at least 24 hours' written notice as required by Government Code §54956. Written notice may be dispensed with as to any Board member who, at or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such written notice may also be dispensed with as to any Member who is actually present at the meeting at the time it convenes.

J. Emergency Meetings.

1. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, such as a work stoppage, crippling activity, or another
activity that severely impairs public health, safety, or both, as determined by a majority of the Board members, the Board may hold an emergency meeting without complying with either or both the 24-hour notice or posting requirements, provided it complies with the requirements defined in Government Code §54956.5.

2. The minutes of an emergency meeting, a list of persons who the ChairpersonChair, or his or her designee notified attempted to notify, a copy of the roll call vote and any actions taken at the meeting shall must be publicly posted for a minimum of ten days as soon possible after the meeting.

VIII. Article VIII: Board Committees

A. Appointment. Standing committees are established by the Board and shall must be advisory in nature unless otherwise specifically authorized to act by the Board. Members of all committees, whether standing or special (ad hoc) shall will be appointed by the ChairpersonChair of the Board.

1. A standing committee of the Board is any commission, committee, board, or other body, whether permanent or temporary, which is created by formal action of the Board and has continuing subject matter jurisdiction and/or a meeting schedule fixed by charter, ordinance, resolution, or formal action of the Board. Actions of committees shall must be advisory in nature with recommendations being made to the Board.

2. Special or ad hoc committees are appointed by the Chair of the Board and shall may exist for a single, limited purpose with no continuing subject matter or jurisdiction. Special or advisory committees shall must be advisory in nature and shall may make recommendation to the Board. The committee shall be considered disbanded immediately upon conclusion of the purpose for which it was appointed.

2.3. All meetings of standing committees are subject to the Brown Act, as applicable, including but not limited to all and are subject to applicable notice requirements.

B. Standing Committees. There shall will be the following standing committees of the Board: Finance; Governance; Audit and Compliance; Human Resources; Strategic and Facilities; Community Relations; and Quality Review. All recommendations must be ratified by the Board prior to any action taken. Standing committees will be treated as the Board with respect to Article V of these bylaws. All provisions in Article V that apply to Board members shall apply to members of any standing committee.

1. Finance Committee.
   a. ChairpersonChair. The Board Treasurer may serve as the ChairpersonChair of the Board Finance Committee.
   
   b. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
   
   c. The Finance Committee shall will consist of six voting members: three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There shall will be three alternate Committee members:

   i. Role of Alternate(s).

      i. One alternate shall will be a member of the Board, also appointed by the ChairpersonChair of the Board, who shall may will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for an absent voting Board Committee member; however, if the Board Member is First Alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they must may attend the meeting only as an observer.

      ii. The second and third alternate Committee members shall will be the Chiefs of Staff Elect from each hospital, who shall will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff.

   d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Controller/Vice President of Finance, and the Chief Nurse Executive are non-voting members. The Chief Nursing Officer Palomar Medical Centers Escondido and Downtown, Escondido, and the Chief Nursing Officer Palomar Medical Center Poway.

   e. Duties. Provide oversight to determine and facilitate the financial viability of the organization through the effective establishment of sound policies and development of a system of controls to safeguard the preservation and use of assets and resources. The specific duties of the Committee shall will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board, include but are not limited to:

      i. Review and approve annual and long-range operating cash, operational and capital budgets for the District and its system affiliates ("System").
2. Audit and Compliance Committee.

1. Voting Membership. All recommendations must be ratified by the Board prior to any action taken. Membership shall may consist of no more than three Members of the Board and one alternate.

2. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. One alternate will be a member of the Board, also appointed by the Chair of the Board, who will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. Unless a Board member alternate enjoys voting rights, they must attend the meeting only as an observer. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board alternate is also not available another Board Member may attend as a voting member with Board Chair approval.

3. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Compliance Manager, and a physician appointee are non-voting members. Any District executive, representative, or director will attend as an invited guest.

4. a. Duties. Determine and establish that appropriate review mechanisms and management of the District’s assets and resources are in place and that the organization complies with all applicable state and federal regulations relative to the audit and financial stewardship of the District. The specific duties of the Committee shall will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board. The duties of the Committee shall include but are not limited to:

i. Routinely review the system of internal controls for the organization.

ii. Recommend a qualified audit firm to complete independent financial audits of the system and review reports, management letters and recommendations from the firm to assure compliance with recognized audit principles and standards.

iii. Keep up with trends in the field of health care audit and compliance to help educate other Board members on the latest trends in the industry.

iv. Approve and review the effectiveness and overall audit scope including but not limited to financial statements, external/internal audits, compliance, internal controls and reporting responsibilities.

v. Recommend to the Board the approval of the organization’s annual audit reports.

vi. Review annually those policies within its purview and report the results of such review to the Board. Such reports shall may include recommendations regarding the modification of existing or creation of new policies and procedures.

vii. Assess and monitor the independent status of the outside independent auditors.

viii. Direct special investigations for the Board.

3. Governance Committee.

a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken. Membership shall may consist of no more than three members of the Board and one alternate.

b. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for a voting Board Member. However, unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. One alternate will be a member of the Board, also appointed by the Chair of the Board, who will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. Unless a Board member alternate enjoys voting rights, they must attend the meeting only as an observer. The alternate shall attend and enjoy voting rights only in the absence of a voting Committee member. If the Board alternate is also not available another Board Member may attend as a voting member with Board Chair approval.
Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. If the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. The alternate shall may attend and enjoy voting rights only in the absence of a voting Committee member. If the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval.

c.b. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, and the Director of Clinical Operations Improvement are non-voting members.

c.c. Duties. Oversee, establish, and monitor the effective and efficient management of the governmental processes of the Board. The specific duties of the Committee shall be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board. The duties of the Committee shall include but are not limited to:

i. Make an annual, comprehensive review of the District bylaws, policies, and procedures and receive reports regarding same, and elicit recommendations on such issues from management, and the Board.

ii. Provide guidance to the CEO in the development of education and orientation programs that enhance member understanding of Board stewardships, health care, issues and management of the system.

iii. Assist in development and completion of an annual Board self-assessment and where appropriate make recommendations to enhance governance of the organization District by its members.

iv. Review and where appropriate make recommendations to the Board on pending or existing state and federal legislation that could affect the direction of the District and Board Member responsibilities.

v. Annually review the boundaries of the District to ensure compliance with its charter in the completion of health care stewardship responsibilities.

vi. Review such other issues associated with Palomar Health and/or Board governance and its effectiveness, including but not limited to Board Member orientation and continuing education.

vii. Advise the Board on the appropriate structure and operations of all committees of the Board, including committee member qualifications.

viii. Monitor developments, trends and best practices in corporate governance, and propose such actions to the Board.

ix. Perform such other duties as may be assigned by the Board.

4. Human Resources Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. Membership shall consist of no more than three members of the Board and one alternate.

c. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. If the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. The alternate shall may attend and enjoy voting rights only in the absence of a voting Committee member. If the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. The alternate shall may attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. The alternate shall may attend and enjoy voting rights only in the absence of a voting Committee member. If the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval.

d. Non-Voting Membership. The President and Chief Executive Officer; the Chief Human Resources Officer, the Chief Nurse Executive, the Vice President Human Resources; the Chief Nursing Officers; Palomar Medical Centers Escondido, Escondido Downtown and Poway; Vice President Continuum Care, and; Legal Counsel the Vice President Perioperative Services are non-voting members.

e. Duties. Help develop a workforce environment that effectively translates the District’s mission and vision into reality on a daily basis. The specific duties of the Committee shall be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board.
The duties of the Committee shall include but are not limited to:

i. Review and assess regular reports from administration on the education and development of staff, turnover, completion of performance appraisals, staffing plans, etc. to identify trends and needs and to ensure that governmental agency requirements are met.

ii. Review, understand and recommend Human Resource policies and compensation programs in order to provide an excellent work environment and stewardship of the workforce.

iii. Monitor labor relations program as established by the District and review/recommend changes (in conjunction with the District’s Labor Attorney and Administration) to the Board when appropriate.

iv. Keep abreast of changes in Healthcare workforce issues and develop educational programs and communications for the Board to keep them up to date on challenges faced by the District.

v. Make recommendations to the President and Chief Executive Officer and the Board to improve communications among the Board, Medical Staffs, District employees, and auxiliaries.

vi. Review annually those policies and procedures within its purview and report the results of such review to the Board. Such reports shall may include recommendations to the Board regarding modification of existing or creation of new policies and procedures.

vii. Review and make recommendations to the President and Chief Executive Officer and the Board regarding compensation, incentive, and benefit plans offered to District Officers and other employees.

viii. Perform such other duties as may be assigned by the Board.

5. Strategic and Facilities Planning Committee.

a. Voting Membership. All recommendations must be ratified by the full Board prior to any action taken.

b. The Committee shall consist of six voting members: Three members of the Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital.

c. Role of Alternate(s):

i. There shall be three alternate Committee members:

ii. One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. One alternate will be a Member of the Board, also appointed by the Chair, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee Member; however, if the Board Member first alternate is also not available another Member of the Board may attend with Board Chair approval. Unless a Board member alternate enjoys voting rights, they must attend the meeting only as an observer.

iii. The second and third alternate Committee Members will be Chiefs of Staff elected from each hospital, who will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff.

b. The alternate Committee members for Chief of Staff shall be the Chiefs of Staff elected from each hospital, who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff. If the Board Member First Alternate is also not available another may attend as a voting member with Board Chair approval.

i. The alternate(s) shall may attend Committee meetings and enjoy voting rights only in the absence of a voting Committee member.

c.d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Chief Nursing Officer, Palomar Medical Centers Escondido and Downtown Escondido Executive, the Chief Administrative Officer, the Chief Legal Officer, the Chief Human Resources Officer, the Chief Nursing Officer, Palomar Medical Center Poway, the Vice President Strategy and Business Development, the Vice President Supply Chain, Purchasing and Construction, Legal Counsel, the Vice President Human Resources, the Vice President Philanthropy, the Senior Director of Managed Care and Business Development, and a board member of the Palomar Health Foundation, recommended by the Foundation and approved by the Committee Chairperson, are non-voting members. As needed, other appropriate relevant staff in facilities, planning, and compliance may be requested to attend to facilitate the work of the Committee.

d.e. Duties. The duties of the Committee shall include but are not limited to:

i. Regarding the Strategic Function: Review, assess and establish that the mission and vision of the Board are implemented in an effective and meaningful manner through the establishment and implementation of plans and programs that enhance the well-being of the citizens of the District.
collaborative relationships.
I. Review the development of new programs and system initiatives to ensure their direction is in accordance with the mission and vision of the organization and support the strategic plans of the District.
II. Monitor completion of annual goals in order to ensure their effective completion on behalf of the system District.
IV. Recommend educational programs and enhance Board Members' understanding of trends in the local, state and national health care arena and issues affecting the system District.
V. Review annually those policies within the Committee's purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new, policies.
VI. Perform such other duties as may be assigned by the Board.

ii. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization and replacement of the Health System District's facilities and grounds in order to promote the physical life of the assets belonging to the District; and to ensure the safety and well-being of those working in and being served in the facilities and on the grounds.

iii. The specific duties of the Committee shall will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board.

i. Approve the annual Facilities Development Plan and regularly review updates on implementation of plan;
ii. Receive a biannual Environment of Care report;
iii. Perform such other duties as may be assigned by the Board

IV. Advise the Finance Committee with respect to the need of adequate projects funding.

V. Ensure that the District is in compliance with governmental agency and accreditation requirements with respect to earthquake and disaster preparedness, fire and safety codes, environmental standards and physical security needs, etc.

VI. Provide oversight regarding the maintenance of facilities and grounds and implementation of improvement projects.

VII. Ensure that a long-term facility plan is developed and updated regularly.

VIII. Perform such other duties as may be assigned by the Board.

6. Quality Review Committee.

a. Voting Membership. The Committee shall will consist of five voting members, including three Members of the Board and the Chairs of Medical Staff Quality Management Committees of Palomar Medical Center Escondido and Palomar Medical Center Poway, and one alternate.

b. Non-Voting Membership. The President and Chief Executive Officer, the Chief Operations Officer, the Chief Financial Officer, the Chief Legal Officer, the Chief Medical Officer, and the Chief Nursing Executive, the Officers of Palomar Medical Center Escondido and Palomar Medical Center Poway, the Medical Quality Officer, and the Vice President of Quality and Patient Safety and the Sr. Director of Quality and Patient Safety are non-voting members.

c. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. One alternate will be a member of the Board, also appointed by the Chair of the Board, who will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. Unless a Board member alternate enjoys voting rights, they must attend the meeting only as an observer.

d. Duties. The duties of the Committee shall will include but are not limited to oversight of performance improvement and patient safety. The specific duties of the Committee shall will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board, include but are not limited to:

i. Oversight of performance improvement and patient safety. All referrals and/or recommendations will be sent to the Board of Directors for final approval.
ii. Annual review of credentialing and privileging process of the medical staff
iii. Periodic review of caregiver performance using objective data to recognize success and identify opportunities for improvement.

7. Community Relations Committee.

a. Voting Membership. All recommendations must be ratified by the Board prior to any action taken.
b. The Committee shall consist of five voting members, including three members of the Board and one alternate.

c. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer. One alternate will be a member of the Board, also appointed by the Chair of the Board, who will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. Unless a Board member alternate enjoys voting rights, they must attend the meeting only as an observer. The alternate who shall attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for a voting Committee member, the President and Chief Executive Officer, and a Board member of the Palomar Health Foundation recommended by the Foundation and approved by the Committee ChairpersonChair. If the Board Member First first Alternate alternate is also not available another Board Member may attend as a voting member with Board Chair approval.

Non-Voting Membership. The Chief Operations Officer, the Vice President of Continuum Care, the Foundation Philanthropy Officer, a Marketing Representative, the Director of Marketing, an RN representative, a representative of the Patient Experience Focus Group are non-voting members, and two representatives of the Palomar Health Patient and Family Advisory Committee are non-voting members.

c. Duties. Develop plans and programs that help to communicate the District’s mission and vision to various constituents and related groups and to educate the public on Healthcare and wellness issues facing the citizens of the District. The specific duties of the Committee shall be established by separate Committee Charter as recommended by the Committee from time-to-time and as approved by the Board. The duties of the Committee shall include but are not limited to:

i. Review and make recommendations to the Board regarding the District’s community relations and outreach activities, including marketing, community education, and wellness activities.

ii. Review marketing procedures to ensure that they support the District’s mission and goals. Such policies shall include market research, specific and marketing program planning and development, and internal and external communications. The Committee shall monitor the review of such policies to the Board on a regular basis.

iii. Serve as Board liaison to the Foundation and quarterly review, recommend, and prioritize capital projects and contemplated funding requests to the Foundation’s Board of Directors, and review annual reports from the Foundation regarding donations and projects funded during the previous year.

iv. Review annually those policies within the Committee’s purview and report the results of such review to the Board. Such reports shall include recommendations regarding the modification of existing, or creation of new, policies.

v. Advise the Board on issues relating to health care advisory councils and District grant procurements.

vi. Undertake planning regarding the District’s community relations and outreach activities, including marketing, community education, and wellness activities.

vii. Perform such other duties as may be assigned by the Board.

C. Special Committees. Special or ad-hoc committees may be appointed by the ChairpersonChair, who will then notify the Board for special tasks as circumstances warrant, and shall be immediately discharged. All recommendations must be ratified by the Board prior to any action taken.

D. Advisors. A committee chairpersonChair may invite individuals with expertise in a pertinent area to voluntarily work with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a quorum and may be excluded from any committee session at the discretion of the committee chairpersonChair.

E. Meetings and Notice. Meetings of a committee may be called by the Chair of the Board, the chairpersonChair of the committee, or a majority of the committee’s voting members. The chairpersonChair of the committee shall be responsible for contacting alternate committee members in the event their participation is needed for any given committee meeting. All committee meetings will follow proper notice procedures as provided in applicable law, including but not limited to the Brown Act.

F. Quorum. A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of such committee.
G. Manner of Acting. The act of a majority of the members of a committee present at a meeting at which a quorum is present shall be the act of the committee so meeting, such actions limited to the making of recommendations to the Board. Each committee shall must keep minutes of its proceedings and shall must report to the Board. No act taken at a meeting at which less than a quorum was present shall be is valid.

H. Tenure. Each member of a committee described above shall serves a one-year term, commencing on the first day of January after the annual organizational meeting at which he or she is elected or appointed. Each committee member shall holds office until a successor is elected, unless he or she sooner resigns or is removed from office by the Board.

IX. Article IX: Medical Staffs

A Organization.

1. There shall will be separate Medical Staff organizations for both Palomar Medical Center Escondido/Palomar Health Downtown Campus and for Palomar Medical Center Poway with appropriate officers and bylaws. The Medical Staff of each Hospital shall be is self-governing with respect to the professional work performed in that Hospital. Membership in the respective Medical Staff organization shall be is a prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in each Hospital’s Medical Staff bylaws.

2. District Facilities other than the Hospitals may also have professional personnel organized as a medical or professional staff, when deemed appropriate by the Board pursuant to applicable law and The Joint Commission Joint Commission and/or other appropriate accreditation standards. The Board shall will establish the rules and regulations applicable to any such staff and shall may delegate such responsibilities, and perform such functions, as may be required by applicable law and Joint Commission The Joint Commission and/or other appropriate accreditation standards. To the extent provided by such rules, regulations, laws and standards, the medical or professional staffs of such Facilities shall must perform those functions specified in this Article VIII these Bylaws.

B. Medical Staff Bylaws. Each Medical Staff organization shall must propose and adopt by vote bylaws, rules, and regulations for its internal governance which shall be are subject to, and effective upon, Board approval, which may shall not be unreasonably withheld. The bylaws, rules, and regulations shall will be periodically reviewed for consistency with Hospital policy and applicable legal and other requirements. The bylaws shall must create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staffs by the Board. The bylaws, rules, and regulations shall must state the purpose, functions, and organization of the Medical Staffs and shall must set forth the policies by which the Medical Staffs exercise and account for their delegated authority and responsibilities. The bylaws, rules, and regulations shall must also establish mechanisms for the selection by the Medical Staff of its officers, departmental chairperson chairs, and committees.

C. Medical Staff Membership and Clinical Privileges.

1. Membership on the Medical Staffs shall be is restricted to Practitioners who are competent in their respective fields, worthy in character and in professional ethics, and who are currently licensed by the State of California. The bylaws of the Medical Staffs may provide for additional qualifications for membership and privileges, as appropriate.

2. While retaining its ultimate authority to independently investigate and/or evaluate Medical Staff matters, the Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out Medical Staff activities, including the investigation and evaluation of all matters relating to Medical Staff membership, clinical privileges and corrective action. The Medical Staffs shall must forward to the Board specific written recommendations, with appropriate supporting documentation that will allow the Board to take informed action, related to at least the following:
   a. Medical Staff structure and organization;
   b. The process used to review credentials and to delineate individual clinical privileges;
   c. Appointing and reappointing Medical Staff members, and restricting, reducing, suspending, terminating and revoking Medical Staff membership;
   d. Granting, modifying, restricting, reducing, suspending, terminating, and revoking clinical privileges;
   e. Matters relating to professional competency;
   f. The process by which Medical Staff membership may be terminated; and
   g. The process for fair hearing procedures.

3. Final action on all matters relating to Medical Staff membership, clinical privileges and corrective action shall will be taken by the Board after considering the Medical Staff recommendations. The Board shall may use utilize the advice of the Medical Staff in granting and defining the scope of clinical privileges to individuals, commensurate with their qualifications, experience, and present capabilities. If the Board does not concur with the Medical Staff recommendation relative to Medical Staff appointment, reappointment, or termination of appointment and granting or curtailment of clinical privileges, there shall will be a review of the recommendation by a conference of two Board members and two members of the relevant Medical Staff, before the Board renders a final decision.

4. No applicant shall may be denied Medical Staff membership and/or clinical privileges on the basis of sex,
race, creed, color, or national origin, or on the basis of any other criterion lacking professional justification or not in accordance with all applicable laws. The Hospitals shall may not discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his or her licensure, or against a physician, dentist, or podiatrist on the basis of whether the physician or podiatrist holds an M.D., D.O., D.D.S., D.M.D., or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

D. Performance Improvement.

1. The Medical Staffs shall must meet at regular intervals to review and analyze their clinical experience, in order to assess, preserve, and improve the overall quality and efficiency of patient care in the Hospitals and other District Facilities, as applicable. The medical records of patients shall will be the basis for such review and analysis. The Medical Staffs shall will identify and implement an appropriate response to findings. The Board shall may further require mechanisms to assure that patients with the same health problems are receiving a consistent level of care. Such performance improvement activities shall must be regularly reported to the Board.

2. The Medical Staffs shall must provide recommendations to the Board as necessary regarding the organization of the Medical Staffs'; performance improvement activities as well as the processes designed for conducting, evaluating, and revising such activities. The Board shall may take appropriate action based on such recommendations.

3. The Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out these performance improvement activities. The Board, through the President and Chief Executive Officer CEO, shall will provide whatever administrative assistance is reasonably necessary to support and facilitate such performance improvement activities.

E. Medical Records. A complete and accurate medical record shall must be prepared and maintained for each patient.

F. Terms and Conditions. The terms and conditions of Medical Staff membership, and of the exercise of clinical privileges, shall will be as specified in the Hospitals' Medical Staff bylaws.

G. Procedure. The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action, shall must be specified in the applicable Medical Staff bylaws.
H. Appellate Review. Any adverse action taken by the Board with respect to a Practitioner’s Staff status or clinical privileges, shall, except under circumstances for which specific provision is made in the Medical Staff bylaws, be subject to the practitioner’s right to an appellate review in accordance with procedures set forth in the bylaws of the Medical Staffs.

X.V. Article X: Claims and Judicial Remedies

A. Claims. The District is subject to Division 3.6 of Title 1 of the California Government Code, pertaining to claims against public entities. The Chief Executive Officer CEO, or his or her designee, is authorized to perform those functions of the Board specified in Part 3 of that Division, including the allowance, compromise or settlement of any claims where the amount to be paid from the District’s treasury does not exceed $50,000.

XI.VI. Article XI: Amendment

A. These bylaws may be amended or repealed by vote of at least four members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise indicated by the Board.
I. Article I: Definitions
   A. "Board" means the Board of Directors of the District.
   B. "Board Member" means Member.
   D. "District" means Palomar Health.
   E. "Facility" or "Facilities" means a Hospital or the Hospitals, Home Health, Skilled Nursing Facilities, or any other health care facility or facilities operated by the District.
   F. "Foundation" means the Palomar Health Foundation.
   G. "Hospital(s)" means Palomar Medical Center Escondido, 2185 Citracado Parkway, Escondido, California; and Palomar Medical Center Poway, 15615 Pomerado Road, Poway, California.
   H. "Medical Staff(s)" or "Staff(s)" means the organized medical staff of Palomar Medical Centers Escondido and Poway and/or the organized medical staff of other District facilities, as indicated.
   I. "Member" means each individual Director of the Board.
   J. "Practitioner" includes, but is not limited to a physician (i.e., M.D. or D.O.), dentist (D.D.S. or D.M.D.), Advanced Practice Provider (N.P. or P.A.), psychologist, or podiatrist (D.P.M.), who is duly licensed in the State of California to practice within the scope of said license.

II. Article II: Organization, Powers and Purposes
   A. Organization. The District is a political subdivision of the State of California organized under the Division 23 of the Health and Safety Code ("Local Health Care District Law").
   B. Purposes and Powers. The District is organized for the purposes described in the Local Health Care District Law and has and may exercise such powers in furtherance of its purposes as are now or may hereafter be set forth in the Local Health Care District Law and any other applicable statutes, rules, or regulations of the State of California or the United States, as applicable.
   C. Bylaws, Policies and Procedures. The Board has the power to adopt, amend, and promulgate District Bylaws, policies, and procedures as appropriate.
   D. Dissolution. Any proposal to dissolve the District is subject to confirmation by the voters of the District in accordance with Government Code section 56650 et seq.

III. Article III: Offices
   A. Principal Office. The principal office of the District is currently located at 2125 Citracado Parkway, Suite 300, Escondido, California 92029.
   B. Other Offices. Branch or subordinate offices may be established at any time by the Board at any place or places within the boundaries of the District.

IV. Article IV: Board
   A. Board General Powers. The Board is the governing body of the District. All District powers may be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable the District to fulfill its mission and vision in an effective and ethical manner.
      1. Each individual Member is accountable to the Board and to the institution and acts only as a part of the Board. Each individual Member works within the structure of the board towards the establishment and oversight of the implementation of policies and monitoring of the District’s performance with respect to strategic direction, financial stewardship, quality outcomes and leadership of the District.
      2. Members of the Board of Directors will exercise authority with respect to the District and its affairs only when acting as part of the Board of Directors and only during Board of Directors meetings or meetings of authorized committees of the Board of Directors ("Board Committee(s)"). An exception is the Chair of the Board of Directors who will collaborate and meet with the District’s Chief Executive Officer ("CEO") regularly and as needed regarding issues regarding the Business of the District, including but not limited to, future Board meetings and their agendas. Members of the Board of Directors are not authorized to independently exercise management authority with respect to the District or its affairs except as expressly delegated by the Board.
B. Board Specific Responsibilities:

1. Regularly review and where appropriate, update, the mission and vision statements that guide the District and its system affiliates ("system"), and enable it to meet the needs of its citizens in accordance with its Charter.

2. Direct and oversee the establishment of advisory Board Committees, whether standing or special ("ad-hoc").

3. Direct the Medical Staff(s), in conjunction with any administrative leadership:
   (a) to independently and regularly report to the Board regarding the quality and safety of clinical care provided with the District's facilities and programs;
   (b) to establish policies and processes that provide for and facilitate the Board’s ability to oversee the delivery of safe and effective care in the District’s facilities and programs;
   (c) to establish and implement policies and processes that enable the Board to oversee and review the competency of medical staff.

4. Regularly review and, where appropriate, update, all financial policies, plans, and programs for the District and enhance the preservation of the District's assets and resources on behalf of the District. This includes, but is not limited to, undertaking, approving, and publishing an annual audit, engaging the services of a qualified accountant of accepted reputation to conduct the audit and to prepare a report, which must be made available online.

5. Regularly review and where appropriate, update, a comprehensive strategic plan, consistent with the District's mission and vision that aligns with the District's financial, human resources, facilities, technology and quality plans.

6. Advocate on behalf of the District's policies, programs, and plans within the community served and with other constituent groups.

7. Recruit, employ, and evaluate the performance of the CEO in accordance with goals and objectives established for the CEO by the Board, with both short- and long-term considerations.

8. Establish and implement ethical policies that minimize conflicts of interest and ensure compliance with governmental, regulatory, and other agency standards, laws, and principles relative to excellent stewardship of the District.

9. Periodically evaluate the Board’s performance to continually enhance the effective stewardship of the District.

10. Perform other duties as may be assigned or directed by the Board.

C. Board Duties. Members of the Board of Directors have duties as provided by applicable law, any Board-approved policy of the District, and the Palomar Board of Directors Code of Conduct ("Code of Conduct").

D. Board Number and Qualification.

1. The Board will consist of seven (7) Members who are elected or appointed in accordance with the Local Health Care District Law of the State of California, and other applicable law, each of whom must be a registered voter residing within the District.

2. The Member of the Board of Directors elected to represent a District zone must be a resident of the zone from which he or she is elected for thirty (30) days preceding the date of the election and must be a registered voter in that zone. Termination of residency in a zone by a Member of the Board of Directors will create an immediate vacancy for that zone unless a substitute resides within the zone established within thirty (30) days after the termination of residency.

E. Conflicts of Interests. The Board will endeavor to eliminate from its decision-making processes financial or other interests possessed by its members that conflict with the District’s interests. Members shall, to the best of their ability, adhere to the provisions of the Code of Conduct any and all laws and regulations relating to conflicts of interests, including but not limited to the Government Code and Health and Safety Code.

F. Election and Term of Office. Members are elected by zones within the District pursuant to maps as time to time passed by resolution. At the November 2020 General Election, three members of the Palomar Health District Board of Directors will be elected on a by-zone basis from the three even numbered, single-member zones (specifically, Zones 2, 4, and 6, as such zones may be amended), and every four years thereafter. At the General Election in November 2022, four members of the Palomar Health Board of Directors will be elected from the four odd-numbered, single-member zones (specifically, Zones 1, 3, 5, and 7, as such zones may be amended), and every four years thereafter. Any person appointed to fill a vacancy holds office for the remainder of the unexpired term.

G. Oath of Office. In compliance with the requirements of Section 3, Article XX of Constitution of the State of California, California Government Code Section 1360, and District Resolution 9.14.87(02), all Members, as publicly elected officials of the State of California, must take an oath of office.

1. Except where prohibited by law, the oath of office will be administered before the Member assumes office and may be accomplished by obtaining the Member’s signature on a written copy of the oath. Should an official ceremony be preferred (such as oral recitation of the oath), the one administering the oath must be authorized to administer oaths, such as a notary public, a judicial officer, or other authorized individual.
2. All signed oath documents must be retained on file in the office of the Secretary of the District.
3. Consistent with California law, the District will not penalize an individual who fails to take the oath for bona fide, legally cognizable reasons. The absence of the oath of a Member does not undermine the acts of the Board as a whole. Actions of a Board taken with an unsworn Member are valid if the vote is such as would be valid in the absence of the unsworn Member, and in any event may be validated by adoption of a resolution which ratifies the past act of the Board.

H. **Board Member Remuneration.**

1. Each Member of the Board shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of the District as approved by the Board. The determination of whether a Member’s activities on any specific day are compensable must be made in a manner consistent with Article 2.3 (commencing with Section 53232) of Chapter 2 of Part 1 of Division 2 of Title 5 of the California Government Code. Reimbursement for these expenses is subject to Sections 53232.2 and 53232.3 of the California Government Code.

2. Members will receive per diem remuneration of $100.00 per meeting, not to exceed five (5) meetings per month, unless the Board determines, based on findings supported by substantial evidence as adopted in a written policy updated at least annually, that more than five (5) meetings per calendar month—but no more than six (6)—is necessary for the effective operation of the District. See Health & Safety Code section 32103. The following is a list of those meetings that constitute the performance of official duties for which a Member may receive payment:
   (a) Board meetings, whether regular, special, or emergency;
   (b) Educational sessions sponsored by the District;
   (c) Board Committee meetings, including meetings of ad-hoc Committees;
   (d) Palomar Health Pension Committee;
   (e) Palomar Health Foundation Board Meeting;
   (f) North County Health Development Board Meeting
   (g) Meetings by the Chair of the Board or a Committee with District employees in preparation for Board or Committee meetings; and
   (h) Such other meetings as the Board of Directors may determine.

3. Members must participate in required ethics training prescribed by Government Code section 53232 et seq., as well as mandatory Sexual Harassment Prevention and Civility training, to be eligible for per diem remuneration.

I. **Orientation and Training.** An orientation consisting of materials and programs will be provided to each newly seated Board Member which familiarizes them with his or her duties and responsibilities, including but not necessarily limited to, good governance practices, mandatory Sexual Harassment Prevention and Civility training, the Brown Act, Ethics training (AB 1234 training), and the Code of Conduct.

1. Members must complete all applicable training mandated by Federal, State, and local law.

2. Members are expected to participate in the entire Board orientation process and additional ongoing training. Members who do not fulfill this participation expectation are subject to the provisions of the Code of Conduct and may be subject to sanctions in accordance with such policy.

J. **Self-Evaluation of Board.** The Board must evaluate its performance and the performance of its officers on an annual or other periodic basis.

1. This self-evaluation must be conducted in accordance with the Code of Conduct.

2. Members must participate in the Board assessment or self-assessment process. Members who fail to do so are subject to provisions of the Code of Conduct and may be subject to sanctions in accordance with such policy.

K. **Vacancies.** Vacancies on the Board must be filled in accordance with the applicable provisions of the Government Code and Health & Safety Code.

L. **Resignation or Removal.** Any Board member may resign effective upon giving written notice to the Chair or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. Pursuant to California Health and Safety Code section 32100.2, the term of any member of the Board expires if the member is absent from three consecutive regular Board meetings or from three of any five consecutive regular meetings of the Board and if the Board by resolution declares that a vacancy exists on the Board. All or any of the Members of the Board may be recalled at any time by the voters following the recall procedure set forth in Division 16 of the Election Code.

M. **Liability Insurance.** The District must procure and maintain appropriate policies of insurance (which may include self-insurance) to the extent permitted or required by law.

N. **Indemnification of Directors and Officers.** The District may indemnify Members of the Board and officers to the full extent permitted and as required by law and as authorized by the Board, against all claims, liabilities and expenses incurred as a result of an action by the Board, except in the instance of willful misconduct in performance of duties..

O. **Health and Welfare Benefits.** The Board may provide health and welfare benefits, pursuant to Government Code section 53200 et seq., for the benefit of its elected and former members and their dependents, or permit its elected and former members and their dependents to participate in District programs for such benefits, in accordance with all applicable laws and regulations and current District policy.
V. Article V: Board Officers

A. Chair. The Board must elect one of its members as Chair at an organizational regular meeting. In the event of a vacancy in the office of Chair, the Board may elect a new Chair. The Chair will be the principal officer of the Board and will preside at all meetings of the Board. The Chair must appoint all Board committee members and committee Chairs, and must perform all duties incident to the office and such other duties as may be prescribed by the Board from time to time, to include:

1. Presiding over all meetings of the Board; this includes, but is not limited to, setting the content of the Board agenda, working with the Secretary, as well Board or Corporate Counsel, as appropriate, to effectuate any notices as required by law.
2. Recognizing Members entitled to the floor.
3. Stating and putting to vote all questions which are regularly moved, or necessarily arise in the course of the proceedings, and to announce the result of the vote.
4. Protecting the Board from annoyance from irrelevant or improper motions through appropriate rules of order.
5. Assisting in the expediting of business in all ways compatible with the rights of the collective Board and its individual Members, and deciding all questions of order.
6. Informing the Board, when necessary, or when referred to for the purpose, on a point of order or practice pertinent to pending business.
7. Authenticating all the acts, orders, and proceedings of the Board, and declaring its will.
8. Coordinating with the District’s CEO and administrative management for the implementation of Board direction and policies.
9. Designating and directing Members of the Board to undertake special responsibilities and to report to the Chair on those activities as directed.
10. Appointing Members of standing or ad-hoc committees with formal notification to the Board in a timely fashion and no later than the next meeting of the Board.
11. Representing the Board at official functions when necessary.
12. Serving as spokesperson for the Board regarding Board actions.
13. Providing regular updates to the Board regarding major activities within the District, using administrative support and in conjunction with the CEO, as appropriate.
14. Implementing processes designed to facilitate the collective awareness of the Board regarding major activities within the District so that all individual board members are provided the opportunity to be equally informed.

B. Vice Chair. The Board must elect one of its members as Vice Chair at an organizational meeting. In the absence of the Chair, the Vice Chair must perform the duties of the Chair.

C. Secretary. The Board must elect one of its members Secretary at an organizational meeting. The Secretary must provide for review and approval of minutes of all open meetings of the Board. The Secretary must give or cause to be given appropriate notices in accordance with these Bylaws or as required by law and acts as custodian of District records and reports and of the District’s seal.

D. Treasurer. The Board must elect one of its members Treasurer at an organizational meeting. The Treasurer will oversee the safekeeping and disbursal of the funds in the treasury of the District.

E. Tenure. Each Board officer described above may serve a one-year term, commencing on the first day of January after the organizational meeting at which he or she is elected to the position. Each officer holds office until the end of the one-year term, or until a successor is elected, unless he or she sooner resigns or is removed from office.

F. Removal. A Board officer described above may be removed from office by the affirmative vote of four members of the Board not counting the affected Board member. In addition, an officer described above will automatically be removed from office when his or her successor is elected and is sworn in as a Board member.

VI. Article VI: President and CEO, Inferior Officers.

A. President and CEO. The Board must select and employ a President and CEO who will report to the Board. The President and CEO must have sufficient education, training, and experience to fulfill his or her responsibilities, which include, but are not limited to, overseeing and managing the day-to-day operations of the District, the District facilities, and implementing the strategic mission and vision of the District as directed by the Board. The Board is responsible for developing, maintaining and periodically updating a detailed job description for the President and CEO, which job description must set forth the specific duties and requirements of the position in compliance with Title 22 of the California Code of Regulation, section 70701(a)(G)(2). All other District employees report directly to the CEO or his/her subordinates, with the exception of the Compliance Officer who may report independently and directly to the Board at their discretion or at the request of the Board Chair.

B. Subordinate Officers. The President and CEO may select and employ such other officers as the District may, in the CEO’s discretion, require, each of whom shall hold office for such period, have such authority, and perform such duties as the President and Chief Executive Officer may determine in consultation with the Board.

C. Evaluation of CEO. Members may participate in evaluation of the CEO performed by the Board on at least an
weekly or as otherwise required by law.

Notwithstanding Robert’s Rules of Order, the Board may take action on an item of new business provided the Board meets to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law.

1. Members of the public must be afforded an opportunity to provide input to District processes and Board meetings to the extent permitted under applicable laws, including but not limited to the Brown Act and the Local Health Care District Law, as well as any applicable District policies.

2. In conformity with applicable law, the District does not require public comments to be submitted in advance of the meeting and provides an opportunity for the public to address the Board for a set, timed, public comment period, and will not close public comment until the assigned comment period has elapsed. Notwithstanding the foregoing, in the event that the time allotted to public comment has not elapsed, but there are no other registered public comments, the Board may proceed to other business, provided that the registration period for public comment remains open for the fully allotted time. Should a person register a comment after the Board has proceeded to other business but before the expiration of the time for public comment, the Board must immediately permit the public comment, only after which it may continue with the business to which it proceeded. A registered comment received after the fully allotted time for public comment has elapsed is untimely, and may be submitted at the next scheduled session at the election of the person submitting the registration for public comment, such election to be noted in the submitted registration for public comment.

C. Opening Ceremony for Board Meetings. To promote an atmosphere of patriotism, civility and solemnity at public Board meetings, the meetings may be opened with the Pledge of Allegiance and/or an invocation, based on the nature of the meeting. The purpose of any invocation will be secular in nature. The Pledge of Allegiance and any recitation are to precede a Board meeting agenda action items. The title on the appropriate section of the agenda is to read “Pledge of Allegiance to the Flag” and, if applicable, “Recitation.” The Chair of the Board, or other Board member as designated by the Chair, will lead the Pledge of Allegiance.

D. Quorum. A majority of the voting members of the Board constitutes a quorum for the transaction of business at any Board meeting except as otherwise required by law.

E. Manner of Acting. The act of a majority of the members of the Board present at a meeting at which a quorum is present is the act of the Board. No act taken at a meeting at which less than a quorum was present is valid. The Board may follow Robert’s Rules of Order as guidance when taking action and obtaining information. Notwithstanding Robert’s Rules of Order, the Board may take action on an item of new business provided the Board complies with all applicable law, including but not limited to the Brown Act.

F. Disrupted Meetings. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who were willfully interrupting the meeting, the Board Chair may order the meeting room closed and continue in closed session for the remainder of the session, or until the Board Chair determines, in their reasonable discretion, that the session may return to open without disruption. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, must be allowed to attend any session held pursuant to this section. The Board Chair may establish a procedure for readmitting an individual or individuals not responsible for willfully disrupting the orderly conduct of the meeting.

G. Medical Staff Representation. With the exception of closed sessions at which such representation is not requested by the Board, the Medical Staff of each Facility has the right of representation at all meetings of the Board, by and through the Chief of Staff, or designee, of each Medical Staff, who has the right of attendance, the right to participate in Board discussions and deliberations, but who does not have the right to vote.

H. Regular Meetings.

1. The Board must hold an annual organizational meeting on or around December, during which the Board must elect its officers for the next calendar year. One member must be elected as Chair, one as ViceChair, one as Secretary, and one as Treasurer.

2. At the annual organizational meeting, the Board must pass a resolution stating the dates, times, and places of the Board’s regular monthly meetings for the following calendar year. The Board may later change the date, time, or location of a meeting upon resolution made at a regular Board meeting. Prior to the annual organizational meeting, a Board Calendar must be distributed to the Board by the Chief and input.
The Calendar must contain all events of significance that are known at that time, such significance to be
determined by the Board, as well as proposed dates of Board meetings. Subsequently, a resolution will be
prepared based on input received and will be presented for approval in December of each calendar year.

3. Notice, including the meeting’s agenda, must be provided in accordance with Government Code
section 54954.2(a)(1) at least 72 hours prior to the beginning of regular meetings.

4. The 72-hour requirement can be waived, and items can be added to regular meetings if any of the following
criteria are met:
   a. During the meeting, a majority of the Board determines that there is an emergency as defined by
      Government Code section 54956.5 which would give rise to the ability to call an emergency
      meeting as described below; or
   b. If at least two thirds of the Board members are present, and by a vote of at least two thirds of those
      Board members present, the Board determines there is a need to take immediate action, and the need
      for action came to the attention of the District after the agenda was posted.
   c. If less than two thirds of the Board members are present, and by a unanimous vote of those Board
      members present, the Board determines there is a need to take immediate action, and the need for
      action came to the attention of the District after the agenda was posted.
   d. The item was posted for a prior meeting occurring not more than five calendar days prior to the date
      action is taken on the item, and at the prior meeting the item was continued to the meeting at which
      action is being taken, as allowed by Government Code section 54954.2.

I. Special Meetings. A special meeting may be called at any time by the Chair, or by a majority of Board
members, by delivering at least 24 hours’ written notice as required by Government Code section 54956. Written
notice may be dispensed with as to any Board member who, at or prior to the time the meeting convenes, files
with the Secretary a written waiver of notice. Such written notice may also be dispensed with as to any Member
who is actually present at the meeting at the time it convenes.

J. Emergency Meetings.
1. In the case of an emergency situation involving matters upon which prompt action is necessary due to the
   disruption or threatened disruption of public facilities, such as a work stoppage, crippling activity, or another
   activity that severely impairs public health, safety, or both, as determined by a majority of the Board
   members, the Board may hold an emergency meeting without complying with either or both the 24-hour
   notice or posting requirements, provided it complies with the requirements defined in Government Code
   section 54956.5.

2. The minutes of an emergency meeting, a list of persons who the Chair, or his or her designee notified
   attempted to notify, a copy of the roll call vote and any actions taken at the meeting must be publicly posted
   for a minimum of ten days as soon possible after the meeting.

VIII. Article VIII: Board Committees
A Appointment. Standing committees are established by the Board and must be advisory in nature unless
otherwise specifically authorized to act by the Board. Members of all committees, whether standing or special
(ad-hoc) will be appointed by the Chair of the Board.
1. A standing committee of the Board is any commission, committee, board, or other body, whether
   permanent or temporary, which is created by formal action of the Board and has continuing subject matter
   jurisdiction and/or a meeting schedule fixed by charter, ordinance, resolution, or formal action of the Board.
   Actions of committees must be advisory in nature with recommendations being made to the Board.
2. Special or ad-hoc committees are appointed by the Chair of the Board and may exist for a single, limited
   purpose with no continuing subject matter or jurisdiction. Special or advisory committees must be advisory in
   nature and may make recommendation to the Board. The committee disbands immediately upon
   conclusion of the purpose for which it was appointed.
3. All meetings of standing committees are subject to the Brown Act, as applicable, including but not limited to all
   applicable notice requirements.

B. Standing Committees. There will be the following standing committees of the Board: Finance; Governance; Audit
and Compliance; Human Resources; Strategic and Facilities; Community Relations; and Quality Review. All
recommendations must be ratified by the Board prior to any action taken.
1. Finance Committee.
   a. Chair. The Board Treasurer may serve as the Chair of the Board Finance Committee.
   b. Voting Membership. The Finance Committee will consist of six voting members: three members of the
      Board, the President and Chief Executive Officer, and the Chief of Staff from each hospital. There will be three
      alternate Committee members:
   c. Role of Alternate(s).
      i. One alternate will be a member of the Board, also appointed by the Chair of the Board, who must
         attend Committee meetings when serving as an alternate for an absent voting Board Committee
         member; however, if the Board Member first alternate is also not available another Board
         Member may attend as a voting member with Board Chair approval. An alternate enjoys voting
rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer.

ii. The second and third alternate Committee members will be the Chiefs of Staff Elect from each hospital, who will attend Committee meetings and enjoy voting rights on the Committee only when serving as an alternate for their respective Chief of Staff.

d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, the Vice President of Finance, and the Chief Nurse Executive are non-voting members.

e. Duties. Provide oversight to determine and facilitate the financial viability of the organization through the effective establishment of sound policies and development of a system of controls to safeguard the preservation and use of assets and resources. The specific duties of the Committee will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board.

2. Audit and Compliance Committee.

a. Voting Membership. Membership may consist of no more than three Members of the Board and one alternate.

b. Role of Alternate(s) One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer.

c. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Compliance Manager, and a physician appointee are non-voting members. Any District executive, representative, or director will attend as an invited guest.

d. Duties. Determine and establish that appropriate review mechanisms and management of the District’s assets and resources are in place and that the organization complies with all applicable state and federal regulations relative to the audit and financial stewardship of the District. The specific duties of the Committee will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board.

3. Governance Committee.

a. Voting Membership. Membership may consist of no more than three members of the Board and one alternate.

b. Role of Alternate(s) One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer.

c. Non-Voting Membership. The President and Chief Executive Officer, the Chief Legal Officer, the Chief Financial Officer, the Chief Operations Officer, the Chief Medical Officer, and the Director of Clinical Operations Improvement are non-voting members.

d. Duties. Oversee, establish, and monitor the effective and efficient management of the governmental processes of the Board. The specific duties of the Committee will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board.

4. Human Resources Committee.

a. Voting Membership.

b. Membership may consist of no more than three members of the Board and one alternate.

c. Role of Alternate(s) One alternate will be a member of the Board, also appointed by the Chair of the Board, who must attend Committee meetings when serving as an alternate for an absent voting Board Committee member; however, if the Board Member first alternate is also not available another Board Member may attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may attend the meeting only as an observer.

d. Non-Voting Membership. The President and Chief Executive Officer, the Chief Human Resources Officer, the Chief Nurse Executive, the Vice President Continuum Care, and the Vice President Perioperative Services are non-voting members.

e. Duties. Help develop a workforce environment that effectively translates the District’s mission and vision into reality on a daily basis. The specific duties of the Committee will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board.

5. Strategic and Facilities Planning Committee.

a. Voting Membership.

b. The Committee will consist of six voting members: Three Members of the Board, the President and
Chief Executive Officer, and the Chief of Staff from each hospital.

c. Role of Alternate(s).
   i. There will be three alternate Committee members:
      ii. One alternate will be a member of the Board, also appointed by the Chair of the Board, who must
      attend Committee meetings when serving as an alternate for an absent voting Board Committee
      member; however, if the Board Member first alternate is also not available another Board
      Member may attend as a voting member with Board Chair approval. An alternate enjoys voting
      rights only in the absence of a voting Board Committee member. Unless a Board member
      alternate enjoys voting rights, they may attend the meeting only as an observer.
      iii. The second and third alternate Committee Members will be Chiefs of Staff elected from
      each hospital, who will attend Committee meetings and enjoy voting rights on the Committee only
      when serving as an alternate for their respective Chief of Staff.

d. Non-Voting Membership. The Chief Financial Officer, the Chief Operations Officer, the Chief Medical
   Officer, the Chief Nursing Executive, the Chief Administrative Officer, the Chief Legal Officer, the Chief
   Human Resources Officer, the Vice President Philanthropy, the Senior Director of Managed Care and
   Business Development, and a board member of the Palomar Health Foundation, recommended by the
   Foundation and approved by the Committee Chair, are non-voting members. As needed, other
   appropriate relevant staff in facilities, planning, and compliance may be requested to attend to facilitate
   the work of the Committee.

e. Duties. The duties of the Committee include but are not limited to:
   i. Regarding the Strategic Function: Review, assess and establish that the mission and vision of the
      Board are implemented in an effective and meaningful manner through the establishment and
      implementation of plans and programs that enhance the well-being of the citizens of the District.
   ii. Regarding the Facilities Function: Provide oversight for the development, expansion, modernization
      and replacement of the District’s facilities and grounds to promote the physical life of the
      assets belonging to the District and to ensure the safety and well-being of those working in
      and being served in the facilities and on the grounds.
   iii. The specific duties of the Committee will be established by separate Committee Charter, as
      recommended by the Committee from time-to-time and as approved by the Board.

6. Quality Review Committee
   a. Voting Membership. The Committee will consist of five voting members, including three Members of the
      Board and the Chairs of Medical Staff Quality Management Committees of Palomar Medical Center
      Escondido and Palomar Medical Center Poway, and one alternate.
   b. Non-Voting Membership. The President and Chief Executive Officer, the Chief Operations Officer, the
      Chief Financial Officer, the Chief Legal Officer, the Chief Medical Officer, the Chief Nursing Executive,
      the Medical Quality Officer, and the Vice President of Quality and Patient Safety are non-voting
      members.
   c. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board,
      who must attend Committee meetings when serving as an alternate for an absent voting Board Committee
      member; however, if the Board Member first alternate is also not available another Board Member may
      attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence
      of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may
      attend the meeting only as an observer.
   d. Duties. The duties of the Committee include but are not limited to oversight of performance improvement
      and patient safety. The specific duties of the Committee will be established by separate Committee
      Charter, as recommended by the Committee from time-to-time and as approved by the Board.

7. Community Relations Committee
   a. Voting Membership.
   b. The Committee will consist of five voting members, including three members of the Board and one
      alternate.
   c. Role of Alternate(s). One alternate will be a member of the Board, also appointed by the Chair of the Board,
      who must attend Committee meetings when serving as an alternate for an absent voting Board Committee
      member; however, if the Board Member first alternate is also not available another Board Member may
      attend as a voting member with Board Chair approval. An alternate enjoys voting rights only in the absence
      of a voting Board Committee member. Unless a Board member alternate enjoys voting rights, they may
      attend the meeting only as an observer.
   d. Non-Voting Membership. The Chief Operations Officer, the Vice President of Continuum Care, the
      Foundation Philanthropy Officer, a Marketing Representative, an RN representative, a representative
      of the Patient Experience Focus Group are non-voting members.
   e. Duties. Develop plans and programs that help to communicate the District’s mission and vision to
      various constituents and related groups and to educate the public on Healthcare and wellness issues
facing the citizens of the District. The specific duties of the Committee will be established by separate Committee Charter, as recommended by the Committee from time-to-time and as approved by the Board. Special Committees. Special or ad-hoc committees may be appointed by the Chair, who will then notify the Board, for special tasks as circumstances warrant. Upon completion of the task for which appointed, such special committee is immediately discharged. All recommendations must be ratified by the Board prior to any action taken.

C. Advisors. A committee Chair may invite individuals with expertise in a pertinent area to voluntarily work with and assist the committee. Such advisors may not vote or be counted in determining the existence of a quorum and may be excluded from any committee session at the discretion of the committee Chair.

D. Meetings and Notice. Meetings of a committee may be called by the Chair of the Board, the Chair of the committee, or a majority of the committee’s voting members. The Chair of the committee is responsible for contacting alternate committee members in the event their participation is needed for any given committee meeting. All committee meetings will follow proper notice procedures as provided in applicable law, including but not limited to the Brown Act.

E. Quorum. A majority of the voting members of a committee constitutes a quorum for the transaction of business at any meeting of such committee.

F. Manner of Acting. The act of a majority of the members of a committee present at a meeting at which a quorum is present is the act of the committee so meeting, such actions limited to the making of recommendations to the Board. Each committee must keep minutes of its proceedings and must report to the Board. No act taken at a meeting at which less than a quorum was present is valid.

G. Tenure. Each member of a committee described above serves a one-year term, commencing on the first day of January after the annual organizational meeting at which he or she is elected or appointed. Each committee member holds office until a successor is elected, unless he or she sooner resigns or is removed from office by the Board.

IX. Article IX: Medical Staffs

A. Organization.

1. There will be separate Medical Staff organizations for both Palomar Medical Center Escondido and for Palomar Medical Center Poway with appropriate officers and bylaws. The Medical Staff of each Hospital is self-governing with respect to the professional work performed in that Hospital. Membership in the respective Medical Staff organization is a prerequisite to the exercise of clinical privileges in each Hospital, except as otherwise specifically provided in each Hospital’s Medical Staff bylaws.

2. District Facilities other than the Hospitals may also have professional personnel organized as a medical or professional staff, when deemed appropriate by the Board pursuant to applicable law and The Joint Commission and/or other appropriate accreditation standards. The Board will establish the rules and regulations applicable to any such staff and may delegate such responsibilities, and perform such functions, as may be required by applicable law and The Joint Commission and/or other appropriate accreditation standards. To the extent provided by such rules, regulations, laws and standards, the medical or professional staffs of such Facilities must perform those functions specified in these Bylaws.

B. Medical Staff Bylaws. Each Medical Staff organization must propose and adopt by vote bylaws, rules, and regulations for its internal governance which are subject to, and effective upon, Board approval, which may not be unreasonably withheld. The bylaws, rules, and regulations will be periodically reviewed for consistency with Hospital policy and applicable legal and other requirements. The bylaws must create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staffs by the Board. The bylaws, rules, and regulations must state the purpose, functions, and organization of the Medical Staffs and must set forth the policies by which the Medical Staffs exercise and account for their delegated authority and responsibilities. The bylaws, rules, and regulations must also establish mechanisms for the selection by the Medical Staff of its officers, departmental chairs, and committees.

C. Medical Staff Membership and Clinical Privileges.

1. Membership on the Medical Staffs is restricted to Practitioners who are competent in their respective fields, worthy in character and in professional ethics, and who are currently licensed by the State of California. The bylaws of the Medical Staffs may provide for additional qualifications for membership and privileges, as appropriate.

2. While retaining its ultimate authority to independently investigate and/or evaluate Medical Staff matters, the Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out Medical Staff activities, including the investigation and evaluation of all matters relating to Medical Staff membership, clinical privileges and corrective action. The Medical Staffs must forward to the Board specific written recommendations, with appropriate supporting documentation that will allow the Board to take informed action, related to at least the following:
   a. Medical Staff structure and organization;
   b. The process used to review credentials and to delineate individual clinical privileges;
   c. Appointing and reappointing Medical Staff members, and restricting, reducing, suspending, terminating and revoking Medical Staff membership;
d. Granting, modifying, restricting, reducing, suspending, terminating, and revoking clinical privileges;
e. Matters relating to professional competency;
f. The process by which Medical Staff membership may be terminated; and
g. The process for fair hearing procedures.

3. Final action on all matters relating to Medical Staff membership, clinical privileges and corrective action will be taken by the Board after considering the Medical Staff recommendations. The Board may use the advice of the Medical Staff in granting and defining the scope of clinical privileges to individuals, commensurate with their qualifications, experience, and present capabilities. If the Board does not concur with the Medical Staff recommendation relative to Medical Staff appointment, reappointment, or termination of appointment and granting or curtailment of clinical privileges, there will be a review of the recommendation by a conference of two Board members and two members of the relevant Medical Staff, before the Board renders a final decision.

4. No applicant may be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, color, or national origin, or on the basis of any other criterion lacking professional justification or not in accordance with all applicable laws. The Hospitals may not discriminate with respect to employment, staff privileges or the provision of professional services against a licensed clinical psychologist within the scope of his or her licensure, or against a physician, dentist, or podiatrist on the basis of whether the physician or podiatrist holds an M.D., D.O., D.D.S., D.M.D., or D.P.M. degree. Wherever staffing requirements for a service mandate that the physician responsible for the service be certified or eligible for certification by an appropriate American medical board, such position may be filled by an osteopathic physician who is certified or eligible for certification by the equivalent appropriate American Osteopathic Board.

D. Performance Improvement.
1. The Medical Staffs must meet at regular intervals to review and analyze their clinical experience, to assess, preserve, and improve the overall quality and efficiency of patient care in the Hospitals and other District Facilities, as applicable. The medical records of patients will be the basis for such review and analysis. The Medical Staffs will identify and implement an appropriate response to findings. The Board may further require mechanisms to assure that patients with the same health problems are receiving a consistent level of care. Such performance improvement activities must be regularly reported to the Board.

2. The Medical Staffs must provide recommendations to the Board as necessary regarding the organization of the Medical Staffs’ performance improvement activities as well as the processes designed for conducting, evaluating, and revising such activities. The Board may take appropriate action based on such recommendations.

3. The Board hereby recognizes the duty and responsibility of the Medical Staffs to carry out these performance improvement activities. The Board, through the President and CEO, will provide whatever administrative assistance is reasonably necessary to support and facilitate such performance improvement activities.

E. Medical Records. A complete and accurate medical record must be prepared and maintained for each patient.

F. Terms and Conditions. The terms and conditions of Medical Staff membership, and of the exercise of clinical privileges, will be as specified in the Hospitals’ Medical Staff bylaws.

G. Procedure. The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action, must be specified in the applicable Medical Staff bylaws.

H. Appellate Review. Any adverse action taken by the Board with respect to a Practitioner’s Staff status or clinical privileges, is, except under circumstances for which specific provision is made in the Medical Staff bylaws, subject to the practitioner’s right to appeal in accordance with procedures set forth in the bylaws of the Medical Staffs.

X. Article X: Claims and Judicial Remedies

A. Claims. The District is subject to Division 3.6 of Title 1 of the California Government Code, pertaining to claims against public entities. The CEO, or his or her designee, is authorized to perform those functions of the Board specified in Part 3 of that Division, including the allowance, compromise or settlement of any claims where the amount to be paid from the District’s treasury does not exceed $50,000.
XI. **Article XI: Amendment**

A. These Bylaws may be amended or repealed by vote of at least four members of the Board at any Board meeting. Such amendments or repeal shall be effective immediately, except as otherwise indicated by the Board.

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**Document Owner:** DeBruin, Kevin

**Approvals**

- **Committees:**

  **Original Effective Date:** 06/07/2018
  **Revision Date:** [12/22/2020 Rev. 7]
  **Attachments:** Conflict of Interest Code

(REFERENCED BY THIS DOCUMENT)

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_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:59212._
RESOLUTION NO. 04.11.22(02)-09

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
ADJUSTING ITS ELECTION ZONE BOUNDARIES
PURSUANT TO CALIFORNIA ELECTIONS CODE SECTION 22000

WHEREAS, PALOMAR HEALTH ("Palomar Health") is a California local health care district duly organized and existing under the laws of the State of California, particularly the Local Health Care District Law, constituting Division 23 of the Health and Safety Code of the State of California, and more particularly, Health and Safety Code §§ 32000 et seq.; and

WHEREAS, on April 8, 2019, the Board of Directors of Palomar Health (the “Board”) approved Resolution No. 04.08.19(08)-03, Resolution of the Board of Directors of Palomar Establishing and Implementing Zone-based Elections Pursuant to Elections Code 10010(e)(3)(A) and Health and Safety Code 32100.1; and

WHEREAS, pursuant to Board Resolution No. 04.08.19(08)-03, the Board is currently composed of seven (7) directors who are voted into office by a “by-zone” or “district-based” election method, meaning a method of electing members to the governing body of Palomar Health in which the candidate must reside within an election district that is a divisible part of Palomar Health's jurisdiction and is elected only by voters residing within that election district; and

WHEREAS, pursuant to Elections Code §§ 22000 et seq., the Board, by resolution, must adjust Palomar Health’s division boundaries after each federal decennial census, as far as practicable, equal in population and in compliance with Section 10301 of Title 53 of the United States Code, as amended, to the extent those provisions apply; and

WHEREAS, on March 14, 2022, at a regular meeting of the Board of Directors, the District held a first public hearing in accordance with Elections Code § 22001 at which the public was invited to provide input regarding composition of the election zones and of any map or maps of proposed adjusted boundaries, and the Board of Directors considered and discussed the same; and

WHEREAS, on March 28, 2022, at a special meeting of the Board of Directors, the District held a second public hearing in accordance with Elections Code § 22001 at which the public was again invited to provide input regarding composition of the election zones and of any map or maps of proposed adjusted boundaries, and the Board of Directors considered and discussed the same; and

WHEREAS, on April 5, 2022, at a special meeting of the Board of Directors, the District held a third public hearing in accordance with Elections Code § 22001 at which the public was again invited to provide input regarding composition of the election zones and of any map or maps of proposed adjusted boundaries, and the Board of Directors considered and discussed the same; and

WHEREAS, after the public hearing and public input, at a regular meeting on April 11, 2022, the members of the Board of Directors were each permitted to present his or her views and plans in relation to the proposed adjusted boundaries and, also at that meeting, the Board of
Directors selected Map ____ of the proposed draft maps previously published and made available for public comment for the adjusted election zone jurisdictional boundaries of the District; and

WHEREAS, the purpose of this Resolution is to enact, pursuant to Health and Safety Code § 32100.1 and Elections Code § 22000, a resolution providing for the adjusted election zone jurisdictional boundaries of the District as reflected in Exhibit A to this Resolution; and

NOW, THEREFORE, the Board of Directors of Palomar Health does hereby resolve:

Section 1: The foregoing recitals are true and correct.

Section 2: Palomar Health hereby adjusts its seven (7) election zones and the adjusted boundaries of the election zones as more particularly described in Exhibit A attached hereto and incorporated by this reference.

Section 3. The Palomar Health Board of Directors Board Secretary or designee shall maintain a map of the District showing the boundaries of the District’s election zones adjusted by this Resolution or as amended from time to time by resolution of the Board of Directors.

Section 4. If necessary to facilitate the implementation of this Resolution, the Chief Executive Officer is authorized to make technical adjustments to the District boundaries that do not substantively affect the populations in the zones, the demographics in the zones, eligibility of candidates, the residence of elected officials within any zone, and that do not contradict the intent or terms of the California Voting Rights Act of 2001. The Chief Executive Officer shall consult with the Board Chair and the District’s General Counsel concerning any technical adjustments deemed necessary and shall advise the Board of Directors of any such adjustments required in the implementation of the zones.

Section 5. To the extent the terms and provisions of this Resolution may be inconsistent or in conflict with the terms or conditions of any prior District resolution, motion, rule, regulation, or bylaw governing the same subject, the terms of this Resolution shall prevail with respect to the subject matter thereof.

Section 6. In interpreting this Resolution or resolving any ambiguity, this Resolution shall be interpreted in a manner that effectively accomplishes its stated purpose.

PASSED, APPROVED, AND ADOPTED by the Board of Directors of Palomar Health District at a Regular meeting held this 11th day of April 2022, by the following roll call vote:

AYES: 

NOES: 

ABSTAIN: 

ABSENT: 

___________________________
Linda Greer, RN, Board Chair
Board of Directors
Palomar Health

ATTEST:

___________________________
Terry Corrales, RN, Secretary
ADDENDUM E
To: Board of Directors
From: Linda Greer, R.N. Chair Board Quality Review Committee
Date: April 5, 2022
Re: Wednesday, March 23, 2022 Board Quality Review Committee – Meeting Summary

BOARDS MEMBER ATTENDANCE: Directors; Linda Greer, Laura Barry, and Terry Corrales, RN

Medical Executive Committee / Quality Management Committee Updates:

Dr. Sam Filiciotto, MD, provided the monthly report for the Medical Executive Committee (MEC) and Quality Management Committee (QMC) from PMC Escondido and PMC Poway. Various quality updates and quality achievements throughout the district were highlighted;
- Organizational changes have been put in place to improve areas of opportunities identified at QMC. Dr. Khawaja will oversee and be more involved in Quality, and all perioperative services and surgery services are under Mel Russel, Chief Nurse Executive
- Trauma services have an American College site review May 4th, 5th virtually
- Mel Russel is addressing Nursing Sensitive indicators during the daily huddles, looking at moderate level indicators and those that are already doing well
- Stroke program from 2008 continues to excel and is making improvement in transport times and the program is starting to branch out to provide more interventional opportunities
- Anesthesia Department is integrating their electronic medical record starting July 1, and will start to bring back follow up reports to QMC
- Department of Surgery report will come to MEC and QMC

ACTION ITEMS:

- Minutes from Wednesday, January 26, 2022 Board Quality Review Committee Open/Closed Session: Reviewed prior meeting minutes. Motion approved to accept meeting minutes as written by a vote of 5 to 0.
- Approval of Workplace Violence Plan #59592: Motion approved as written by a vote of 5 to 0.
- Approval of Patient Compliances and Grievance- Home Health #11163: Motion approved to accept redline edits as written by a vote of 5 to 0.
- Approval of Patient Complaint/Grievance #35072: Motion approved to accept redline edits as written by a vote of 5 to 0.
ACTION ITEMS CONTINUED:

- **Approval of Contracted Services**: Motion approved to accept contracted service reviews of Corticare Monitoring and Olympus Equipment by a vote of 5 to 0.

- **Committee edits to the Bylaws**: Tabled approval of edits pending discussion with legal

NEW BUSINESS:

- **Emergency Department Services Annual Report**: Tom Siminski, District Director of Emergency Services and Dr. Bruce Friedberg, MC, ED Medical Directory PMC Poway presented the annual Emergency Department Services report.

- **Trauma Services Annual Report**: Dr. John Steele, MD, Trauma Medical Director and Melinda Case, Trauma Services Manager presented the annual Trauma Services report to the committee.

- **Regulatory Biannual Report**: Jami Piearson, Regulatory Director presented the Biannual Regulatory report to the committee.

- **Stroke Program Annual Report**: Lourdes Januszewicz, Stroke Program Coordinator, and Remia Paduga, MD, Medical Director presented the annual Stroke Program report to the committee.

- **COVID Update**: Valerie Martinez, Sr. Director of Quality and Patient Safety, and Sandeep Soni, MD, Medical Director of Infection Control presented a COVID update to the committee.
To: Board of Directors
From: Laura Barry, Chair, Board Strategic and Facilities Planning Committee
Date: April 11, 2022
Board Strategic and Facilities Planning Committee
Re: March 29, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Barry, Griffith & Pacheco

INFORMATION ITEM

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

ACTION ITEMS

- **Minutes, January 25, 2022, Meeting**: Reviewed and approved the draft minutes from the Tuesday, January 25, 2022, Board Strategic & Facilities Planning Committee meeting

- **Minutes, February 28, 2022, Special Meeting**: Reviewed and approved the draft minutes from the Monday, February 28, 2022, Special Board Strategic & Facilities Planning Committee meeting

1 Attached
Strategic & Facilities Planning Committee

March 29, 2022

Diane Hansen
Chief Executive Officer

Michael Mills
VP Facilities and Construction Mgt.
Poway – Projects Completed in FY2022
Poway – Projects Completed

• **System Signage Project** – Replace signage on POP Tower
Poway – Projects Completed

• The Villas Staff Breakroom – Facilities Renovation Team

Before

After
Poway – Projects Completed

- CT Renovation – Fully licensed March 10, 2022
Poway – Projects In Progress

- **OR/HVAC Replacement** – OSHPD Approved – Out to Bid March 2022

- **Palomar Outpatient Pavilion – Outpatient Imaging Center**
  - Schematic Design – Due 4/1/2022
  - Contractor secured to work with design team
Poway – Projects In Progress

- Palomar Outpatient Pavilion – Ambulatory Surgery Center
  - Construction in progress – Completion Date 6/30/2022
Poway – Projects In Progress

- **OB Renovation 5th floor** (rendering) – Currently in OSHPD
Poway – Projects In Progress

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Poway – Projects In Progress

- **ED Lobby Expansion**
  General Contractor mobilized – will be completed in four phases
Poway – Projects In Progress

- **POP Elevator Expansion**
  Currently in review with the City – to support new Outpatient Imaging Center and Ambulatory Surgery Center
• **UPS Building**
  Future site to support power for CT installation and new imaging equipment
  - In Construction – Completion December 2022 – Projected at $3.2M
Poway – Projects In Progress

- Poway Lobby expansion (rendering) – in OSHPD review
Escondido – Projects Completed in FY2022
Escondido – Projects Completed in FY2022

• **2140 Enterprise Warehouse** 
  Skills Lab pictured
  - Human Resources
  - Medical Records
  - Quality
  - Education

• **Cath Lab Upgrade** 
  Expanded services to:
  - Interventional Radiology
  - Vascular
  - Neuro
  - Oncology

Cath Lab Feedback - has already paid significant dividends from a scheduling standpoint, downtime mitigation when other rooms need repairs and increased flexibility to accommodate emergencies in a more timely manner. We have been able to use this room for multiple trauma and stroke procedures, which was not possible before with the older system. We love this new room and thanks again to you, Robert, the facilities team and everyone else that helped make this happen.
Escondido – Projects Completed in FY2022

- **Emergency CT Replacement**
  (Philips – no cost replacement) 128 slice
  - Ultra-high resolution
  - Patient focus – high image quality – low dose
  - Personalized dose across a wide patient population
Escondido – Projects Completed in FY2022

SMACC Renovation

• Homecare move from Valley Parkway

• Finance & Payroll move from Valley Parkway (old Marketing reception area)
Escondido – Projects Completed in FY2022

- Exterior Signage – Palomar Health Outpatient Center II

- Exterior Signage – Palomar Health Outpatient Center II Trellis
Escondido – Projects Completed in FY2022

- Exterior Signage – Escondido Tower
Escondido – Projects in Progress

Palomar Health Outpatient Center II

- Currently in Construction
  - 1st floor – Ambulatory Surgery Center, Wound Care, Cardiac Rehab
  - 2nd floor – Orthopedics, Cardiology
  - 3rd floor – SD Vascular, Outpatient Rehab & Physician offices
Escondido – Projects in Progress

Palomar Health Physicians On Call and Conference Center

- Currently in Construction
Escondido – Projects in Progress

PMCE NICU Expansion 8th flr
- Expansion from 4 to 11 bassinets
- Construction is complete
- Currently in CDPH for licensing

OB Emergency Department
- Will occupy the current NICU space
- In design to accommodate 6 OB ED rooms when NICU relocates
• **Escondido Shelled CT Replacement** (Siemens illustration)
  - 3<sup>rd</sup> CT will improve patient throughput
  - Equipment delivery 5/25/22
Escondido Campus – Lab Automated Line (Siemens) – in OSHPD

- Increase capacity needed during peak volumes, standardize processes, reduce errors
- Reagent cost savings with the new agreement from cost per test to cost per patient reportable by eliminating reagent spend on repeats, quality control
Escondido Campus – Conference Center

- Conference Center/Physician Sleep Space – Completion 9/1/2022
- In Construction (Swinerton Builders – $2.6M)
PMCE 9th floor Peds buildout

- Received OSHPD approval December 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
- Currently out to bid
Escondido – Projects in Progress

Exterior Lighting

• Currently exploring lighting options
Green Roof Landscape Renovation

- Currently in Construction – Completion mid-March 2022
Parking Structure

- In Construction – Completion October 2022
Parking Structure

- In Construction – Completion October 2022
Parking Structure

- In Construction – Completion October 2022
Next Steps/Future Updates

- Key project updates will be provided to the Board of Directors quarterly, with other updates more frequently as situations change.