BOARD OF DIRECTOR’S MEETING
AGENDA PACKET

June 13, 2022
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*
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.
I. CALL TO ORDER

II. ESTABLISHMENT OF QUORUM

III. OPENING CEREMONY
   A. Pledge of Allegiance to the Flag

IV. PUBLIC COMMENTS

V. * MINUTES (ADD A)
   A. Special Closed Session Board of Directors Meeting - Monday, May 9, 2022
   B. Board of Directors Meeting - Monday, May 9, 2022

VI. PRESENTATIONS (ADD B)
   A. Patient Experience Moment
   B. Physician Updates Presentation

VII. * APPROVAL OF AGENDA to accept the Consent Items as listed (ADD C)
   A. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments
   B. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments
   C. Modification to the Department of Medicine Rules and Regulations for Palomar Medical Center Escondido
   D. Modification to the Department of Family Medicine Rules and Regulations for Palomar Medical Center Escondido
   E. Acute Hospital at Home Telemedicine Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
   F. Nurse Practitioner Acute Hospital at Home Telemedicine Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway
   G. Modification to the Medical Records Quality of Care Violations Policy for Palomar Medical Center Escondido and Palomar Medical Center Poway
   H. Modification to the Credentialing Process for Palomar Medical Center Escondido and Palomar Medical Center Poway

VIII. REPORTS
   A. Medical Staffs
      1. Palomar Medical Center Escondido - Sabiha Pasha, M.D.
      2. Palomar Medical Center Poway - Edward Gurrola II, M.D.
   B. Administrative
      1. President and CEO - Diane Hansen
      2. Chair of the Board - Linda Greer, R.N.
IX. * APPROVAL OF BYLAWS, CHARTERS, RESOLUTIONS (ADD D)

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Modification to the Succession Policy - Lucidoc #21780</td>
<td>Review</td>
<td>Governance</td>
</tr>
<tr>
<td>B. Resolution No. 06.13.22(01)-13 Bank of America Deposit Account &amp;</td>
<td>Review</td>
<td>Governance</td>
</tr>
<tr>
<td>Treasury Management Services Banking Resolution and Certificate of</td>
<td>Approve</td>
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<tr>
<td>Incumbency</td>
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<tr>
<td>C. Resolution No. 06.13.22(02)-14 of the Board of Directors of Palomar Health Authorizing the Investment of Monies in the Local Agency Investment Fund</td>
<td>Review</td>
<td>Governance</td>
</tr>
<tr>
<td></td>
<td>Approve</td>
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</table>

X. COMMITTEE REPORTS (ADD E)

A. Audit & Compliance Committee - Linda Greer, Committee Chair (no meeting in May)
B. Community Relations Committee - Terry Corrales, Committee Chair (no meeting in May)
C. Finance Committee - Laura Barry, Committee Chair (no meeting in May)
D. Governance Committee - Jeff Griffith, Committee Chair (no meeting in May)
E. Human Resources Committee - Terry Corrales, Committee Chair (no meeting in May)
F. Quality Review Committee - Linda Greer, Committee Chair (no meeting in May)
G. Strategic & Facilities Planning Committee - Mike Pacheco, Committee Chair (no meeting in May)

XI. FINAL ADJOURNMENT

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=m6f0e2c958fb8b5893571ef28fb60e1

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

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

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
Minutes
Board of Directors Meetings
May, 2022

TO: Board of Directors

MEETING DATE: Monday, June 13, 2022

FROM: Debbie Hollick, Assistant to the Board of Directors

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

Budget Impact: N/A

Staff Recommendation: Recommendation to approve the May, 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: June 13, 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, June 13, 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: June 13, 2022

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

Background: Department of Medicine Rules and Regulations – updated to add the Hospital at Home program.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: June 13, 2022

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

Background: Department of Family Medicine Rules and Regulations – updated to add the Hospital at Home program.

Budget Impact: None

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
TO:          Board of Directors

MEETING DATE:  June 13, 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:     New – Acute Hospital at Home Telemedicine Privilege Checklist

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: June 13, 2022

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

Background: New – Nurse Practitioner Acute Hospital at Home Telemedicine Privilege Checklist

Budget Impact: None

Staff Recommendation:

Committee Questions:

<table>
<thead>
<tr>
<th>COMMITTEE RECOMMENDATION: Approval</th>
</tr>
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<tbody>
<tr>
<td>Motion: X</td>
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</tbody>
</table>

Individual Action:

Information:

Required Time:
TO: Board of Directors

MEETING DATE: June 13, 2022

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

Background: Medical Records / Quality of Care Violations Policy - Updated

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: June 13, 2022

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

Background: Credentialing Process - Updated

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
Policy Review:
Succession Policy #21780

TO: Board of Directors
MEETING DATE: Monday, June 13, 2022
FROM: Jeff Griffith, EMT-P, Chair, Board Governance Committee

Background: The policy has been updated by the Board Governance Committee and the Human Resources department, and is presented to the full board for review and approval.

Budget Impact: N/A
Staff Recommendation: Review/Approval
Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
Resolution 06.13.22(01)-13 of the Board of Directors of Palomar Health: Bank of America Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency

TO: Board of Directors

MEETING DATE: Monday, June 13, 2022

FROM: Hugh King, Chief Financial Officer

Background: The Finance Department currently maintains banking accounts with Bank of America (BofA). Due to recent organizational changes, BofA has requested that the District adopt their standard Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency (Attached). The BofA document more narrowly defines the District officers/staff who would have control over the BofA accounts and has been updated in accordance with the Resolution Designating Subordinate Officers of the District approved at the April 11, 2022, Board meeting. The position of Vice President of Finance has now been filled, so Amanda B. Pape is being added as an authorized staff member.

Budget Impact: N/A

Staff Recommendation: Staff recommends approval of Resolution No. 06.13.22(01)-13 of the Board of Directors of Palomar Health: Bank of America Deposit Account & Treasury Management Services Banking Resolution & Certificate of Incumbency.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee was dark in the month of May, when Ms. Pape’s appointment occurred. In the interests of time, Management is requesting that the Board act without prior review by that Committee.

Motion:

Individual Action: X

Information:
Resolution No. 06.13.22(02)-14
Authorizing the Investment of Monies in the
Local Agency Investment Fund

TO: Board of Directors

MEETING DATE: Monday, June 13, 2022

FROM: Hugh King, Chief Financial Officer

Background: Due to the recent organizational changes, the Local Agency Investment Fund (LAIF), an investment alternative created by the State of California that allows special districts the opportunity to participate in a major portfolio, has requested that we update the information that the agency has on file regarding subordinate officers of the district. They have requested that the Board pass a new resolution designating subordinate officers with specific authority to order the deposit or withdrawal of monies in the LAIF.

Resolution No. 06.13.22(02)-14 designates the same officers as Board Resolution No. 04.11.22(01)-08 Designating Subordinate Officers of the District, utilizing the format required by LAIF to make it specific to their fund.

Budget Impact: N/A

Staff Recommendation: Staff recommends approval of Resolution No. 06.13.22(02)-14 Authorizing Investment of Monies in the Local Agency Investment Fund.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee was dark in the month of May. In the interests of time, Management is requesting that the Board act without prior review by that Committee.

Motion:

Individual Action: X

Information:

Required Time:
ADDENDUM A
Special Closed Session Board of Director’s Meeting Minutes – Monday, May 9, 2022

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion / Action</th>
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<tbody>
<tr>
<td>• Discussion</td>
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</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 6:00 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 Friday, May 6, 2022 which is consistent with legal requirements.

II. ESTABLISHMENT OF QUORUM

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

Excused Absences: None

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)

V. RE-ADJOURNMENT TO OPEN SESSION

VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY

• Chair Greer reported that there was no action resulting from the closed session.
IX. **Final Adjournment**

There being no further business, Chair Greer adjourned the meeting at 6:30 p.m.

<table>
<thead>
<tr>
<th>SIGNATURES:</th>
<th>BOARD SECRETARY</th>
<th>BOARD ASSISTANT</th>
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<tr>
<td></td>
<td>Terry Corrales, R.N.</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 Friday, May 6, 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 6:30 p.m. by Board Chair Linda Greer, who reported that no action was taken during the previous closed session board meeting.

II. ESTABLISHMENT OF QUORUM

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

Excluded 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.
Agenda Item

V. APPROVAL OF MINUTES

A. Special Session Board of Directors Meeting - Tuesday, April 5, 2022

B. Special Closed Session Board of Directors Meeting - Monday, April 11, 2022

C. Board of Directors Meeting - Monday, April 11, 2022

A. MOTION: By Director Edwards-Tate, 2nd by Director Clark and carried to approve the Tuesday, April 5, 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.

B. MOTION: By Director Barry, 2nd by Director Corrales and carried to approve the Monday, April 11, 2022 Special Closed 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.

C. MOTION: By Director Corrales, 2nd by Director Pacheco and carried to approve the Monday, April 11, 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.
**Board of Directors Meeting Minutes – Monday, May 9, 2022**

**Agenda Item**

<table>
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<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
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<tr>
<td>There was no discussion of agenda items V.A. – V.C.</td>
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**VI. PRESENTATIONS**

**A. Patient Experience Moment**

- Ms. Lily Perez shared her father’s recent experience as a stroke patient, noting that the stroke occurred after he had been discharged from another hospital. Felt that the care at Palomar was far superior than what her father had received previously. She noted that extra care was taken to obtain and document everything that had occurred at the previous facility, and what would occur here as well. It was clear to her that all of the protocols for safe patient care were being strictly followed to ensure this; she believes that Palomar Health saved her father’s life. Gave special thanks to the imaging staff.

- Chair Greer expressed her gratitude to Director of Imaging and Biomedical Services Tim Stevens and his team for the outstanding care they gave Ms. Perez’ father.

- Chair Greer and Chief Operations Officer Sheila Brown thanked Ms. Perez for sharing her story, adding that everyone is very happy to hear that her father is doing so well.

**B. Jay Grove, M.D., and Ariel Palanca, M.D.**

- Chief Quality Officer Dr. Omar Khawaja noted that Dr. Grove was on call tonight attending patients, but that he will be invited back to a future board meeting. Introduced foot and ankle orthopedic specialist Dr. Ariel Palanca, noting that she also specializes in full body trauma. A physician with these skill sets is extremely hard to find; Palomar is very fortunate to have her with us and to be able to offer these services to our patients.

  - Dr. Palanca shared her background and training, noting that the quality of care she saw when she visited Palomar was one of the deciding factors in her decision to join the organization. She feels very happy and supported here; appreciates all of the collaboration. There is significant need for these services in the county, and she is excited about the completion of the new surgery center, anticipating that this will help increase surgery volumes significantly.

  - Chair Greer thanked Dr. Palanca for joining the organization and sharing her story with the board. She also shared her appreciation with Poway Chief of Staff Elect Dr. Sam Filiciotto for helping to arrange this visit so the board and community can meet and hear from our staff physicians.

  - Director Corrales added that we are very pleased and grateful to have Dr. Palanca here in north county San Diego so that she can help the organization move forward with taking care of our patients so they do not have to travel miles and miles to get this specialized care. She stated that we want Palomar Health to be the medical home for all of the services our patients may need.

**VII.* APPROVAL OF AGENDA to accept the Consent Items as listed**
Board of Directors Meeting Minutes – Monday, May 9, 2022

Agenda Item

• Discussion

A. March 2022 & YTD FY2022 Financial Report
B. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments
C. Certified Nurse Midwife Clinical Privilege Checklist for Palomar Medical Center Escondido
D. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments
E. Modification to the Department of Medicine Rules and Regulations for Palomar Medical Center Poway

MOTION: By Director Barry, 2nd by Director Corrales and carried to approve Consent Agenda items VII.A. – VIII.E. 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.

• A. Utilizing that materials distributed in the meeting packet, Chief Financial Officer Hugh King provided a high level overview of the March 2022 & YTD FY2022 Financial Report.

There was no discussion of Consent Agenda items B. – E.

VIII. REPORTS

A. Medical Staffs

1. Palomar Medical Center Escondido

Palomar Medical Center Escondido Chief of Staff Dr. Sabiha Pasha provided the following report:

• COVID-19 status update: nine patients in-house as of today with two on ventilators.

• Due to a supply chain issue with China that is expected to last through June, we are experiencing a shortage in IV contrast for CT’s and cardiovascular images. This necessitates that certain elective procedures be rescheduled to a later date in order to ensure supplies are available for emergent cases.
  o Director Clark asked what the contrast is used for and how many procedures have been canceled due to the shortage; Drs. Sharma and Khawaja provided him with that information.

• As a result of the recent mock survey findings, an electronic process has been created to assign training modules to physicians so that completion can be monitored and tracked.

• The Medical Executive Committee Physician Satisfaction survey has been completed. Data to be forwarded to the board for their review.

• Chair Greer thanked Dr. Pasha for her report.

2. Palomar Medical Center Poway
### Board of Directors Meeting Minutes – Monday, May 9, 2022

#### Agenda Item

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<tr>
<td>Palomar Medical Center Poway Chief of Staff Dr. Edward Gurrola II provided the following report:</td>
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<tr>
<td>- The temporary CT scanner has now been replaced with a new, permanent CT machine. Many thanks to the administration for their efforts to obtain this for the Poway campus.</td>
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<td>- Still running three full operating rooms, with ongoing staffing shortages precluding the use of the fourth operating room.</td>
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<td>- Behavioral Health still occupying the whole of the third floor.</td>
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<td>- Everything is currently stable; no COVID impact to speak of at this time.</td>
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<tr>
<td>- Chair Greer thanked Dr. Gurrola for his report.</td>
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#### B. Administrative

1. **Chair of the Palomar Health Foundation**

   Utilizing the attached document, Palomar Health Foundation Board Chair Kirk Effinger presented the May 2022 Foundation Update.

   - Chair Greer thanked Mr. Effinger for his report, adding that she is looking forward to attending the May 14th Wild West Family Fest

1. **President and CEO**
**Board of Directors Meeting Minutes – Monday, May 9, 2022**

**Agenda Item**

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<tr>
<th>Discussion</th>
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<tr>
<td>Palomar Health President and CEO Diane Hansen provided the following report:</td>
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<tr>
<td>• Shared her appreciation for Dr. Polanco’s visit, noting that up until now Palomar Health has been the best keep secret, however our new marketing efforts are already providing positive returns in that regard.</td>
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<tr>
<td>• Thanked Mr. Effinger for his incredible leadership of the Foundation and all of the grants his team has obtained for the organization. It takes a village, and to know that we have those kinds of partners in our Foundation is very important.</td>
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<tr>
<td>• Gave a big thank you to Directors Greer and Griffith for attending last week’s Escondido Rotary Club meeting where Ms. Hansen was a presenter. She is grateful to the board for being out there and putting their best foot forward for Palomar and engaging with the community.</td>
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<td>• This week is National Nurses and Spirit Week at Palomar Health! We love and celebrate and nurses and the entire PH family; is happy to announce that there will be fun activities and treats all week long. We celebrate all of you!</td>
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<tr>
<td>• Announced that additional employee activities are being planned for throughout this summer and fall, including a big three day free-to-staff event at Sea World. This is an opportunity for our employees to get refreshed, and to keep them engaged in the organization while giving back to them for all they do for us – details to follow shortly.</td>
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<td>• The Escondido parking structure topping off ceremony was held last week to thank McCarthy Construction for the outstanding job they have done keeping the project on track for the October completion. An upcoming ribbon cutting ceremony will be schedule that will include board member and administration participation.</td>
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<td>• Thanked Trauma Director Dr. John Steele, Senior Director of Quality/Patient Safety/Infection Prevention Stroke Program Valerie Martinez and the entire trauma team for the outstanding results of our recent trauma survey.</td>
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<tr>
<td>• Shared a grateful patient letter wherein the patient gives thanks to the amazing 7th floor staff, ICU teams and all of the physical therapists for the amazing care and compassion she received in her time of need. Such letters illustrate the high quality continuity of care the organization provides from the hospital through home care; we have an amazing team!</td>
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2. Chair of the Board
**Board of Directors Meeting Minutes – Monday, May 9, 2022**

**Agenda Item**

<table>
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<th>Discussion</th>
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<tbody>
<tr>
<td>Board Chair Linda Greer provided the following report:</td>
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<tr>
<td>• In the effort to publish monthly board meeting packets in a more timely manner, Chair Greer requested that board members approve their committee meeting summaries as soon as possible so they may be added to the packets.</td>
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<tr>
<td>• Consultant Rich Roodman will be meeting one on one with the board members to gather information about their recent self-evaluations; what is working well for the board and what needs improvement. He will then attend a Board of Directors meeting in June or July to facilitate a discussion with the board about their input on performance areas for improvement.</td>
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<tr>
<td>• As a matter of IT security, a reminder for all board members to please refrain from forwarding Palomar Health emails to private email addresses.</td>
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<td>• Director Mike Pacheco has been selected to chair the Board Strategic and Facilities Planning Committee for the remainder of the year.</td>
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<td>• Wished Directors Clark and Barry Happy May Birthdays</td>
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</tr>
<tr>
<td>• Distributed newly designed board members lapel pins to those present – others to be mailed to those attending remotely. Thanked the board members for their dedication and service to the organization.</td>
<td></td>
</tr>
</tbody>
</table>

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

A. Modification to the Succession Policy - Lucidoc #21780

| A. MOTION: By Director Barry, 2nd by Director Griffith and carried to approve the Modification to the Succession Policy - Lucidoc #21780 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. |

After the meeting it was noted that additional edits needed to be made to some of the job titles and facility locations listed in the policy, which was then returned for revision. Policy to be brought back to the next Board of Directors meeting for final review and approval.
B. Gifts and Donations Policy - Lucidoc #21776

**B. MOTION:** By Director Griffith, 2nd by Director Clark and carried to retire the policy and transfer ownership to the Foundation. 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.

There was no discussion.

C. Resolution No. 05.09.22(02)-12 Bank of America Deposit Account & Treasury Management Services Banking Resolution and Certificate of Incumbency

**C. MOTION:** By Director Edwards-Tate, 2nd by Director Clark and carried to approve Resolution No. 05.09.22(02)-12 Bank of America Deposit Account & Treasury Management Services Banking Resolution and Certificate of Incumbency 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.

There was no discussion.

**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.

C. Finance Committee
## Board of Directors Meeting Minutes – Monday, May 9, 2022

### Agenda Item

<table>
<thead>
<tr>
<th>Discussion</th>
<th>Conclusion/Action/Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Committee Chair Barry noted that the committee meeting was included the meeting packet.</td>
<td></td>
</tr>
<tr>
<td>D. Governance Committee</td>
<td></td>
</tr>
<tr>
<td>• Committee Chair Griffith noted that the committee meeting was included the meeting packet.</td>
<td></td>
</tr>
<tr>
<td>E. Human Resources Committee</td>
<td></td>
</tr>
<tr>
<td>• Committee Chair Corrales reported that the committee was dark in April.</td>
<td></td>
</tr>
<tr>
<td>F. Quality Review Committee</td>
<td></td>
</tr>
<tr>
<td>• Committee Chair Greer reported that the committee was dark in April.</td>
<td></td>
</tr>
<tr>
<td>G. Strategic &amp; Facilities Planning Committee</td>
<td></td>
</tr>
<tr>
<td>• Committee Chair Barry reported that the committee was dark in April.</td>
<td></td>
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</tbody>
</table>

### XI. FINAL ADJOURNMENT

• There being no further business, Chair Greer adjourned the meeting at 7:34 p.m.

<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>
Congratulations to our $5,000 winner—MaryAnn Snoke!
Get your tickets today ...

SADDLE UP AND PUT YOUR BOOTS ON!
PALOMAR HEALTH FOUNDATION'S

WILD WEST FAMILY FEST!

SATURDAY
MAY 14TH
11:00-5:00

The Ranch at Bandy Canyon
16251 Bandy Canyon Rd.
Escondido, CA 92025

IT'S ALWAYS A GRAND ADVENTURE WITH YOU
Thank you District Board Members Terry Corrales and Michael Pacheco Our celebrity Cowboy Caviar servers!
TAKE A MOMENT TO SAY

Thank You!

NATIONAL NURSES WEEK

May 6-12, 2022
Patient transportation golf carts have arrived to PMCE!
• $88,000 State of CA Technology Grant Awarded to The Villas at Poway!

• $50,000 + $75,000 National Child Alliance Grants Awarded to support Forensic Health Services

• $5,000 Grant Awarded to implement a Pet Therapy Program at One Safe Place

• $15,000 Health Careers Exploration Grant Awarded to support Middle School MD launch

• $12,000 Health Careers Exploration Grant Awarded to expand Pathmakers Internship program

• $50,000 Grant Awarded from the District Attorney’s Office to provide 24 hour child advocates at One Safe Place
$100,724.48 raised in 3 weeks to support PH employee Greg Martinez who was recently diagnosed with ALS.

Thank you PH team for looking out for one another in challenging times!
ADDENDUM B
Nicolette, daughter of Nada Ghobrial (District Clinical Manager of Pharmacy Services, and oversees Oncology Infusion Services) wanted to make “care” baskets for the patients in Oncology Infusion Services to lift their spirits.
Unprompted, Nicolette made 30 baskets to share with these patients. The patients were deeply touched, and response from them has been wonderful.
Palomar Medical Center — 5/16/2022

Early on Monday May 16th at Palomar Medical Center Escondido a 42 year-old man was able to give the gift of life to save 4 others.

He was brought to PMC ED after a cardiac arrest. Despite life-saving efforts he unfortunately deteriorated to death by neurological criteria. He was a registered donor and his family felt comfort in his decision to help save others if he could through the opportunity of donation.

Thanks to this decision 4 people are now gifted with new life!

The Gift of Life:

- His heart now beats new life in a 26 year-old man in Southern CA
- His liver saved the life of a 60 year-old man here in San Diego
- His left kidney saved a 48 year-old Southern CA woman
- His right kidney saved a 32 year-old woman here in San Diego who had waited over 8 years for this life-saving gift!

Special Thank You:

A huge ‘Thank You’ to the entire 5W CCU as well a the fantastic OR teams, and everyone who had a hand in making this incredible outcome a possibility!

Your opinion is important to us and we appreciate your feedback!

www.lifesharing.org/feedback

Please reference case #: AJEM280

Also follow us @LIFESHARINGSD

donateLIFEcalifornia.org | info@lifesharing.org | www.lifesharing.org
ADDENDUM C
I. Provisional Appointment (06/13/2022 – 05/31/2024)
   Anand, Neil, M.D., Radiology
   Brown, Nathaniel A., M.D., Psychiatry
   Patel, Amit J., M.D., Emergency Medicine

II. Advance from Provisional to Active Category
   Hyler, Bryan R., M.D., Psychiatry (effective 07/01/2022 – 09/30/2023)
   Patel, Cecil A., M.D., Diagnostic Radiology (effective 07/01/2022 – 01/31/2023)
   Santiago-Dieppa, David R., M.D., Neurosurgery (effective 07/01/2022 – 08/31/2022)

III. Advance from Provisional to Courtesy Category
    Nagaraddi, Venkatesh N., M.D., Neurology (effective 07/01/2022 – 07/31/2023)

IV. Category Change to Consulting
    Coleman, Lori A., M.D., Radiation Oncology (Category change from Courtesy to Consulting, effective 6/13/2022)

V. Additional Privileges
   Bakshi, Ankur, M.D., Cardiothoracic Surgery
     • Transcatheter Aortic Valve Replacement (TAVR)
   Drohan, Juliette D.O., Emergency Medicine
     • Emergency Ultrasound for Emergent Conditions

VI. 2 Year Leave of Absence
    Jaffer, Jihad, M.D., Physical Medicine & Rehab (effective 05/15/2022 – 04/30/2024)
    Ottino, Jennifer, D.O., General Surgery (effective 05/03/2022 – 04/30/2024)

VII. Reinstatement to Affiliate Category
     Yam, Ving, D.O., Family Practice (effective 06/13/2022 – 04/30/2024)
     *Category changed from Active to Affiliate with Refer and Follow privileges
VIII. Voluntary Resignations
Dinerman, Charles J., M.D., General Surgery (effective 05/31/2022)
Gatlin, Megan R., M.D., Anesthesiology (effective 05/31/2022)
Ma, Ruhong, D.O., Internal Medicine (effective 04/19/2022)
Ngann, Kuong, D.O., General Surgery / Critical Care (effective 05/05/2022)
Ostrup, Richard C., M.D., Neurosurgery (effective 03/25/2022)
Thomas, Gigi P., M.D., Physical Medicine & Rehab (effective 05/31/2022)

IX. Allied Health Professional Appointments (06/13/2022 – 05/31/2024)
Kimpson, Beth NNP, Neonatal Nurse Practitioner, Pediatrics (Sponsor: Dr. Golembeski on behalf of Children’s Specialists of San Diego)
Lane, Linda K., NNP, Neonatal Nurse Practitioner, Pediatrics (Sponsor: Dr. Golembeski on behalf of Children’s Specialists of San Diego)

X. Allied Health Professional Appointment (06/13/2022 – 05/31/2023)
Quach, Linda L., PNP, Pediatric Nurse Practitioner, Pediatrics (Sponsor: Dr. Golembeski on behalf of Children’s Specialists of San Diego)

XI. Allied Health Professional Reinstatement (Effective 06/13/2022 – 05/31/2024)
Durfee, Anthony J., PA-C, Physician Assistant, Ortho (Sponsor: Dr. Ghatan for Kaiser Orthopaedics)

XII. Allied Health Professional Resignations
Durfee, Anthony J., PA-C, Physician Assistant (effective 05/31/2022)
Burney, Melissa, PA-C, Physician Assistant (effective 03/31/2022)
Soriano, Deomel M., NP, Psychiatric Nurse Practitioner (effective 06/30/2022)

PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT

Time Limited Reappointment – 6 months Effective 07/01/2022 – 12/31/2022
Repishti, Maltin, M.D. Internal Medicine Dept of Medicine Active

Reappointments Effective 07/01/2022 – 06/30/2024
Bayat, Hamed, M.D. Cardiovascular Disease Dept of Medicine Active
Ben-Haim, Sharaona, M.D. Neurosurgery Dept of Surgery Courtesy
Caparso, Amanda M., D.O. Internal Medicine Dept of Medicine Active
Chavez, Silverio T., M.D. Obstetrics & Gynecology Dept of Ob/Gyn Active
Do, Lynne D., M.D. Gastroenterology Dept of Medicine Active
Gooding, Justin M., M.D. Vasc/Interventional Radiology Dept of Radiology Active
Gossain, Amit K., M.D. Internal Medicine Dept of Medicine Active
Grove, Jay R., M.D. General Surgery Dept of Surgery Courtesy
Liang, Li, M.D. Psychiatry Dept of Psychiatry Active
Malek, Mikhail R., M.D. Cardiovascular Disease Dept of Medicine Active
McMullen, Meredith E., M.D. Obstetrics & Gynecology Dept of Ob/Gyn Active
McTigue, Michael P., M.D. Gastroenterology Dept of Medicine Active
Padilla, Benjamin, M.D. Obstetrics & Gynecology Dept of Ob/Gyn Active
Patel, Arush A., M.D. Orthopaedic Surgery Dept of Ortho Active
Ponec, Donald J., M.D. Vasc/Interventional Radiology Dept of Radiology Active
### Reappointments Effective 07/01/2022 – 06/30/2024 (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
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<tbody>
<tr>
<td>Quesnell, Tara A., D.O.</td>
<td>Neurology</td>
<td>Dept of Medicine</td>
<td>Active</td>
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<tr>
<td>Rafii, Rokhsara, M.D.</td>
<td>Critical Care Medicine</td>
<td>Dept of Medicine</td>
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<tr>
<td>Slavin, Leonid, M.D.</td>
<td>Cardiovascular Disease</td>
<td>Dept of Medicine</td>
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<tr>
<td>Sorrell, Cynthia E., M.D.</td>
<td>Internal Medicine</td>
<td>Dept of Medicine</td>
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<tr>
<td>Tantuwaya, Vrijesh S., M.D.</td>
<td>Neurosurgery</td>
<td>Dept of Surgery</td>
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<tr>
<td>Weber, John J., M.D.</td>
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### Allied Health Professional Reappointments Effective 07/01/2022 – 06/30/2024

<table>
<thead>
<tr>
<th>Name</th>
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<th>Department</th>
<th>Status</th>
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<tbody>
<tr>
<td>D’Elia-Verrocchi, Aurora, PA-C</td>
<td>Physician Assistant</td>
<td>Dept of Medicine</td>
<td>AHP</td>
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<tr>
<td>(Sponsor: Dr. Fadhil for Palomar Health Hospitalist Group)</td>
<td></td>
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<tr>
<td>Frost, Robert D., PA-C</td>
<td>Physician Assistant</td>
<td>Dept of Surgery</td>
<td>AHP</td>
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<tr>
<td>(Sponsors: Drs. Lin, Anthony, Sorkhi, Leon, Kadesky)</td>
<td></td>
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<tr>
<td>Lam, Vincent H., PA-C</td>
<td>Physician Assistant</td>
<td>Dept of Emergency Med</td>
<td>AHP</td>
</tr>
<tr>
<td>(Sponsor: Dr. Friedberg for Palomar Emergency Physicians)</td>
<td></td>
<td></td>
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<tr>
<td>Nelson, Brandon J., PA-C</td>
<td>Physician Assistant</td>
<td>Dept of Ortho</td>
<td>AHP</td>
</tr>
<tr>
<td>(Sponsor: Dr. 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>Neil Anand, M.D.</th>
</tr>
</thead>
</table>
| Palomar Health Facilities | Palomar Medical Center Escondido  
                 Palomar Medical Center Poway |

## Specialties/Board Certification

<table>
<thead>
<tr>
<th>Specialties</th>
<th>American Board of Radiology - Certified 2021</th>
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## Organizational Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Stat Radiology</th>
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## Education/Affiliation Information

| Medical Education Information | Medical School  
St. George’s University School of Medicine  
From: 08/01/2009 To: 05/10/2013  
Doctor of Medicine Degree |
|-----------------------------|------------------|
| Internship Information | Internship  
University Medical Center, Tucson  
Internal Medicine  
From: 07/01/2014 To: 06/30/2015 |
| Residency Information | Residency  
Morristown Medical Center  
Radiology, Diagnostic Imaging  
From: 07/01/2015 To: 06/30/2019 |
| Fellowship Information | Fellowship  
Rad Net, Inc.  
Musculoskeletal Radiology  
From: 07/01/2019 To: 06/30/2020 |
| Current Affiliation Information | Foothill Presbyterian Hospital  
East Los Angeles Doctors Hospital  
Doctors Medical Center, Modesto  
Bakersfield Heart Hospital  
Beverly Hospital (Montebello)  
Children’s Hospital at Mission  
Los Robles Regional Medical Center  
Centinela Hospital Medical Center  
Good Samaritan Hospital, San Jose |
## Personal Information

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

## Specialties/Board Certification

| Specialties                    | Psychiatry - Certified 2017 |

## Organizational Name

| Name                           | Senior Medical Associates, Inc. |

## Education/Affiliation Information

| Medical Education Information  | Medical School  
                               | Albert Einstein College of Medicine  
                               | From: 08/24/2009 To: 05/29/2013  
                               | Doctor of Medicine Degree |
| Internship Information         | Internship  
                               | Naval Medical Center, San Diego  
                               | Resident Physician  
                               | From: 07/01/2013 To: 06/30/2014 |
| Residency Information          | Residency  
                               | Naval Medical Center, San Diego GME  
                               | Psychiatry  
                               | From: 07/01/2014 To: 06/30/2017 |
| Fellowship Information         | N/A |
| Current Affiliation Information | Naval Medical Center, San Diego |
### Personal Information

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Amit J. Patel, M.D.</th>
</tr>
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<tbody>
<tr>
<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido</td>
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### Specialties/Board Certification

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<tr>
<td>Emergency Medicine - Certified 2015</td>
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### Organizational Name

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<tr>
<th>Name</th>
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<tr>
<td>Palomar Emergency Physicians</td>
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### Education/Affiliation Information

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<td>Medical School</td>
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<tr>
<td>St. George’s University</td>
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<tr>
<td>From: 01/15/2007 To: 05/06/2011</td>
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<td>Doctor of Medicine Degree</td>
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<td>Wayne State University</td>
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<td>Emergency Medicine</td>
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<td>From: 07/01/2011 To: 06/30/2014</td>
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<th>Fellowship Information</th>
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<tbody>
<tr>
<td>San Mateo Medical Center</td>
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<tr>
<td>Emanuel Medical Center</td>
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# PALOMAR HEALTH
## ALLIED HEALTH PROFESSIONAL APPOINTMENT
### June 2022

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Beth Kimpson, NNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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</tbody>
</table>

### SPECIALTIES/BOARD CERTIFICATION

| Specialties               | Neonatal Nurse Practitioner - Certified 2006 |

### ORGANIZATIONAL NAME

| Name                       | Rady Children’s Specialists of San Diego |

### EDUCATION/AFFILIATION INFORMATION

**Education Information**

<table>
<thead>
<tr>
<th>University</th>
<th>Creighton University, BSN</th>
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<tbody>
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<td>From: 01/21/1980 To: 05/14/1983</td>
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**Graduate Program**

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<th>University of Nebraska Medical Center</th>
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<td>From: 08/21/2000 To: 05/13/2005</td>
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<tr>
<td>Master of Science in Nursing</td>
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<tr>
<td>Neonatal Nurse Practitioner</td>
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**Current Employment**

<table>
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<tr>
<th>Rady Childrens</th>
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<tbody>
<tr>
<td>Neonatal Nurse Practitioner</td>
</tr>
<tr>
<td>From: 10/12/2021 To: Present</td>
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<table>
<thead>
<tr>
<th>AMN Healthcare Inc.</th>
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<tbody>
<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>From: 01/01/2021 To: Present</td>
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**Current Affiliation Information**

<table>
<thead>
<tr>
<th>Scripps Memorial Hospital, La Jolla</th>
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<tbody>
<tr>
<td>Scripps Mercy Hospital, San Diego</td>
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<td>Scripps Mercy Hospital, Chula Vista</td>
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<td>Rady Children’s Hospital, San Diego</td>
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<td>Children’s Hospital, Los Angeles</td>
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PALOMAR HEALTH
ALLIED HEALTH PROFESSIONAL APPOINTMENT
June 2022

[Image]
**PALOMAR HEALTH**
**ALLIED HEALTH PROFESSIONAL APPOINTMENT**
**June 2022**

### PERSONAL INFORMATION

<table>
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<tr>
<th>Provider Name &amp; Title</th>
<th>Linda K. Lane, N.N.P.</th>
</tr>
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<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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### SPECIALTIES/BOARD CERTIFICATION

| Specialties                     | Neonatal Nurse Practitioner - Certified 2000 |

### ORGANIZATIONAL NAME

| Name                          | Children’s Specialists of San Diego |

### EDUCATION/AFFILIATION INFORMATION

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</tr>
<tr>
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<td>From: 08/01/1986 To: 06/10/1990</td>
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<tr>
<td></td>
<td>Bachelor of Science/Nursing</td>
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<td>Graduate Program</td>
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<td>From: 08/31/1998 To: 05/14/2000</td>
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<td>Master of Science / Nursing</td>
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<table>
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<td>Rady Childrens Hospital San Diego</td>
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<td></td>
<td>Neonatal Nurse Practitioner</td>
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<td>From: 07/18/2016 To: Present</td>
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<td>Scripps Mercy Hospital, Chula Vista</td>
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<td>Rady Children’s Hospital, San Diego</td>
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# Personal Information

<table>
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<th>Linda L. Quach, P.N.P.</th>
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<tbody>
<tr>
<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
</tr>
</tbody>
</table>

## Specialties/Board Certification

| Specialties | Pediatric Nurse Practitioner - Certified 2018 |

## Organizational Name

| Name | Children’s Specialists of San Diego |

## Education/Affiliation Information

### Education Information

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<th>University</th>
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### Employment

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<tr>
<th>Current Employment</th>
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<tr>
<td>From</td>
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<tr>
<td>From</td>
<td>04/30/2018 To: Present</td>
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| Current Affiliation Information | Rady Children’s Hospital, San Diego |
Date:       June 1, 2022
To:         Palomar Health Board of Directors – June 13, 2022 Meeting
From:       Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject:    Medical Staff Credential Recommendations – May, 2022

Provisional Appointments: (06/13/2022 – 05/31/2024)
Neil Anand, M.D., Teleradiology
Nathaniel Brown, M.D., Psychiatry
Amit Patel, M.D., Emergency Medicine

Biennial Reappointments: (07/01/2022 - 06/30/2024)
Hamed Bayat, M.D., Cardiology, Active
Amanda Caparso, D.O., Internal Medicine, Active
Justin Gooding, M.D., Diagnostic Radiology, Active
Jay Grove, M.D., General Surgery, Active
Sandra Hayes, M.D., Wound Care/Hyperbaric Medicine, Active
David Hoffman, D.O., Emergency Medicine, Active
Li Liang, M.D., Psychiatry, Active (Includes The Villas at Poway)
Mikhail Malek, M.D., Cardiology, Active
Arush Patel, M.D., Orthopedic Surgery, Active
Donald Ponec, M.D., Diagnostic Radiology, Active
Tara Quesnell, D.O., Neurology, Active

Reappointment Effective 07/01/2022 – 03/31/2024:
Emmet Lee, M.D., Internal Medicine, Affiliate with No Clinical Privileges

Reappointment Effective 07/01/2022 – 08/31/2022:
Stuart Graham, M.D., Pediatrics, Active

Advancements to Active Category:
Bryan Hyler, M.D., Psychiatry, effective 09/30/2023
Cecil Patel, M.D., Diagnostic Radiology, effective 06/13/2022 – 01/31/2023

Request for Additional Privileges:
Requests for Two-Year Leave of Absence:
Larry Chiang, M.D., Internal Medicine, effective 06/01/22 - 05/31/2024
Jihad Jaffer, M.D., Physical Medicine & Rehab, effective 05/12/2022 - 05/11/2024
Jennifer Ottino, D.O., General Surgery, effective 05/03/2022 - 05/02/2024

Voluntary Resignations:
Kristi Asante, M.D., Internal Medicine, effective 04/29/2022
Afshin Bahador, M.D., GYN Oncology, effective 06/30/2022
Noel Curcio, D.O., Critical Care, effective 04/27/2022
Megan Gatlin, D.O., Anesthesia, effective 05/31/2022
Ruhong Ma, D.O., Internal Medicine, effective 04/27/2022
Ryan Nelkin, M.D., Emergency Medicine, effective 04/25/2022
Eugene Rhee, M.D., Urology, effective 06/30/2022

Allied Health Professional Reappointments: (07/01/2022 – 06/30/2024)
Aurora D’Elia-Verrocchi, PA, Sponsor Dr. Fadhil
Vincent Lam, PA, Sponsor Dr. Friedberg

Allied Health Professional Voluntary Resignations:
Jessica Bennett, NNP, effective 06/30/2022
Melissa Burney, PA, effective 03/31/2022
Deomel Soriano, NP, effective 06/30/2022
Travis Young, PA, effective 11/15/2021

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

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

ARTICLE II
MEMBERSHIP

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

2.2 Responsibilities
The responsibilities of membership shall constitute:

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

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

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

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

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

ARTICLE III
PRIVILEGES

3.1 Application

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

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

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

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

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

ARTICLE IV
OFFICERS

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

ARTICLE V
ORGANIZATION

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

5.1.2 The duties of the Medical Advisory Committee may include

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

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

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

e) making nominations for the Chairman-Elect.

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

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

5.2 Subspecialties (Components)

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

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

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

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

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

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

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

ARTICLE VI
AMENDMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Acute Care at Home
Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

Resources

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

b. Reference Letters

c. Malpractice Coverage Limitations

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

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

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

ATTENDANCE POLICY

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

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

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

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

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

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

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

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

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

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

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

PERFORMANCE IMPROVEMENT REVIEW POLICY

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

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

ARTICLE II
MEMBERSHIP

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

2.2 Responsibilities
The responsibilities of membership shall constitute:

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

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

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

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

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

ARTICLE III
PRIVILEGES

3.1 Application

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

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

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

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

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

ARTICLE IV
OFFICERS

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

ARTICLE V
ORGANIZATION

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

5.1.2 The duties of the Medical Advisory Committee may include

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

b) receiving reports from the Department’s committees in order to evaluate, recommend and/or take action as needed.
Department of Medicine
Rules and Regulations
Page - 4

c) receiving recommendations and directives from the Executive Committee of the Medical Staff in order to disseminate same to Members with medical privileges.

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

e) making nominations for the Chairman-Elect.

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

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

5.2 Subspecialties (Components)

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

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

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

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

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

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

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

ARTICLE VI
AMENDMENTS

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

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

Provisional (Category) Member’s Responsibility

It is the responsibility of the Provisional Member

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

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

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

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

Time of Monitoring

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

Scope of Monitoring

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

Restrictions

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

Number of Cases to be Monitored

At least the first six admissions. Procedural monitoring guidelines are attached.

Location of Monitoring

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

Advancement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Acute Care at Home
Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

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

b. Reference Letters

c. Malpractice Coverage Limitations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PERFORMANCE IMPROVEMENT REVIEW POLICY

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

The purpose of the Family Medicine Department is to provide family physicians with a department for education and self-discipline, as well as a framework within which family physicians may work as a group on problems affecting the whole Department or each individual member of the Department. The Family Medicine Department in the Hospital is designed to provide family physicians with equal representation in staff policy, administration and clinical services. It is a full clinical department with all departmental rights, duties and responsibilities. The objective of the Family Medicine Department is to promote quality patient care by family physicians in the hospital.

ARTICLE II
MEMBERSHIP

2.1 Qualifications
Qualifications for membership within the Department of Family Medicine shall include those requirements specified in the Medical Staff Bylaws, Rules and Regulations.

2.2 Responsibilities
The responsibilities of membership shall constitute:
   a) providing high quality, continuing care for patients, and seeking appropriate consultation when appropriate.
   b) participating actively in continuing education and quality assessment/improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.
   c) abiding by the bylaws, rules and regulations of the Medical Staff, regulations as set forth by the Department of Family Medicine and applicable Hospital policies and procedures.
   d) compliance with the Expectations and Code of Conduct of Physicians Granted Privileges at Palomar Health.

ARTICLE III
ORGANIZATIONS

3.1 Officers
The officers of the Department will be the Chairman and the Chairman-Elect. The recommended term of office shall be two (2) years but will remain at the discretion of the individual elected.

The Chairman-Elect shall assume the duties and have authority of the Chairman in the absence of the Chairman. The Chairman-Elect shall serve as a member of the Quality Management Committee. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

3.2 The Family Medicine Peer Review Committee
3.2.1 Composition: The Family Medicine Peer Review Committee shall consist of a chairman as appointed by the Chairman of the Department of Family Medicine and at least three (3) other appointed members.

3.2.2 Duties: The Family Medicine Peer Review Committee shall perform peer review when requested to do so by the Medical Staff Peer Review Committee, the Department Chair or the Executive Committee.

3.2.3 The Family Medicine Peer Review Committee will meet as necessary and shall maintain a record of its proceedings and shall report its activity and recommendations to the Department of Family Medicine.

ARTICLE IV
PRIVILEGES

4.1 Clinical Privileges
Criteria for requesting and maintaining privileges in Family Medicine is defined on the specialty-specific delineation of privileges.
4.1.1 Application: Each applicant must complete the appropriate forms designating the privileges he/she wishes to request and the medical or surgical procedures, which he/she wishes to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Chairman of the Department of Family Medicine will review same and may meet with the applicant.

4.1.2 Scope: Privileges shall be recommended based on an individual’s qualifications, rather than on the basis of the physician’s specialty category alone. Privileges and procedures considered to be within the common realm of Family Practice Care as per the Family Medicine Clinical Privileges Checklist, will be granted by this Department. All other privileges require co-privileging per the appropriate specialty-specific clinical privileges checklist.

4.1.3 Reappointment: The members of the Department of Family Medicine will undergo provisional review and biennial reappointment in accordance with the Medical Staff bylaws.

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

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

Article V
Amendments

Proposal: A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Family Medicine meetings after which amendments shall be distributed to active members of the department thirty (30) days prior to adoption at a Department of Family Medicine meeting.

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

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

A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific clinical privileges checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy.

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

a. to identify cases for retrospective admission monitoring by a member of the Department of Family Medicine with privileges equal to or greater than the privileges held by the Provisional Member.

b. to arrange for Member (with privileges equal to or greater than the privileges held by the Provisional member) to monitor his procedural cases.

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

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

Time of Monitoring
Admission monitoring is to be completed during the Provisional period.

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

Restrictions
When monitored, not more than one-half of the work done by the applicant shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the chairman of the department may make an exception.

Number of Cases to be monitored
Specific monitoring requirements are defined on the applicable specialty-specific clinical privileges checklist(s).

Advancement
Admission monitoring must be submitted and reviewed by the Chairman of the Department of Family Medicine on at least six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active orCourtesy. The Chairman may consider acceptance of monitoring performed at Palomar Medical Center Poway but such monitoring must include at least two (2) cases performed by Active members of the Palomar Medical Center Medical Staff.

Responsibility of the Monitor
It is the responsibility of the monitor

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

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

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

d. to refrain from interacting with the patient or writing in the patient’s chart.
e. to share conclusions, recommendations or suggestions with the Provisional member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

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

**Review of Monitoring Forms by the Chairman of the Department of Family Medicine**
Once the Provisional member’s file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will present the Provisional Member’s file to the Chairman of the Department for review.

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

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

**Location of Monitoring**
Monitoring may be accepted from Palomar Medical Center Poway as long as the physician monitor is on staff at Escondido and has had his/her monitoring requirements lifted at Escondido.

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

**Emergency Department Consultation Rotation**
Completion of monitoring is not required to participate on the primary care emergency consultation rotation.

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

Requirement
The Department of Family Medicine will provide an Emergency Department Consultation panel in accordance with the Medical Staff Bylaws on a voluntary basis.

Criteria for Inclusion on Emergency Consultation Call Panel
Inclusion of the Emergency Department Consultation Panel will occur immediately upon Provisional appointment unless waived by the Chairman of the Department of Family Medicine.

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

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

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

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

Associate
An Associate (category) member is not required to provide emergency department consultation.

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

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

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

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

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

Response Time
In accordance with the Medical Staff bylaws, rules and regulations, the Member shall be able to respond by phone to the Emergency Department approximately fifteen (15) minutes from the initial attempt to contact the Member. The Member shall only be required to come to the Emergency Department if specifically requested, and if so requested, must be present in the Emergency Department within approximately thirty (30) minutes from time of phone contact.
GUIDELINES FOR PRIVILEGES

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

Responsibility of the Chairman of the Department of Family Medicine
To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested.

Acute Care at Home
Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Family Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December.)

Sanctions
Failure to satisfy the meeting attendance requirements for one (1) year shall, at a minimum, double the amount of dues required from the member of the next medical staff year. If the Member fails to satisfy attendance requirements a second time within three (3) years of the first violation, the Member’s dues shall be tripled; if he fails to satisfy attendance requirements a third time within the following three (3) years, the member’s dues shall quadruple; and each subsequent violation within a three (3) year period of the most recent violation shall result in a similar increase in the amount charged following such violation.

Department of Family Medicine
Department of Family Medicine meetings are usually held quarterly.

Family Medicine Peer Review Committee
The Family Practice Peer Review Committee meetings are scheduled as needed.
ARTICLE I
PURPOSE

The purpose of the Family Medicine Department is to provide family physicians with a department for education and self-discipline, as well as a framework within which family physicians may work as a group on problems affecting the whole Department or each individual member of the Department. The Family Medicine Department in the Hospital is designed to provide family physicians with equal representation in staff policy, administration and clinical services. It is a full clinical department with all departmental rights, duties and responsibilities. The objective of the Family Medicine Department is to promote quality patient care by family physicians in the hospital.

ARTICLE II
MEMBERSHIP

2.1 Qualifications
Qualifications for membership within the Department of Family Medicine shall include those requirements specified in the Medical Staff Bylaws, Rules and Regulations.

2.2 Responsibilities
The responsibilities of membership shall constitute:
   a) providing high quality, continuing care for patients, and seeking appropriate consultation when appropriate.
   b) participating actively in continuing education and quality assessment/improvement activities as defined by the Medical Staff Peer Review Policy and the PH Performance Improvement Plan.
   c) abiding by the bylaws, rules and regulations of the Medical Staff, regulations as set forth by the Department of Family Medicine and applicable Hospital policies and procedures.
   d) compliance with the Expectations and Code of Conduct of Physicians Granted Privileges at Palomar Health.

ARTICLE III
ORGANIZATIONS

3.1 Officers
The officers of the Department will be the Chairman and the Chairman-Elect. The recommended term of office shall be two (2) years but will remain at the discretion of the individual elected.

   The Chairman-Elect shall assume the duties and have authority of the Chairman in the absence of the Chairman. The Chairman-Elect shall serve as a member of the Quality Management Committee. Both the Chairman and the Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

3.2 The Family Medicine Peer Review Committee
3.2.1 Composition: The Family Medicine Peer Review Committee shall consist of a chairman as appointed by the Chairman of the Department of Family Medicine and at least three (3) other appointed members.

3.2.2 Duties: The Family Medicine Peer Review Committee shall perform peer review when requested to do so by the Medical Staff Peer Review Committee, the Department Chair or the Executive Committee.

3.2.3 The Family Medicine Peer Review Committee will meet as necessary and shall maintain a record of its proceedings and shall report its activity and recommendations to the Department of Family Medicine.

ARTICLE IV
PRIVILEGES

4.1 Clinical Privileges
Criteria for requesting and maintaining privileges in Family Medicine is defined on the specialty-specific delineation of privileges.
4.1.1 Application: Each applicant must complete the appropriate forms designating the privileges he/she wishes to request and the medical or surgical procedures, which he/she wishes to perform. Upon receipt of the forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Chairman of the Department of Family Medicine will review same and may meet with the applicant.

4.1.2 Scope: Privileges shall be recommended based on an individual’s qualifications, rather than on the basis of the physician’s specialty category alone. Privileges and procedures considered to be within the common realm of Family Practice Care as per the Family Medicine Clinical Privileges Checklist, will be granted by this Department. All other privileges require co-privileging per the appropriate specialty-specific clinical privileges checklist.

4.1.3 Reappointment: The members of the Department of Family Medicine will undergo provisional review and biennial reappointment in accordance with the Medical Staff bylaws.

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

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

Article V
Amendments

Proposal: A motion for amendment of these rules and regulations or amendment to policies may be introduced during Department of Family Medicine meetings after which amendments shall be distributed to active members of the department thirty (30) days prior to adoption at a Department of Family Medicine meeting.

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

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

A period of focused professional practice evaluation is implemented for all initially requested privileges. The specific mechanism for this evaluation is defined on the applicable specialty-specific clinical privileges checklist. A period of focused review may also be implemented based on the results of ongoing professional practice evaluation as defined in the Medical Staff Peer Review Policy.

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

- to identify cases for retrospective admission monitoring by a member of the Department of Family Medicine with privileges equal to or greater than the privileges held by the Provisional Member.

- to arrange for Member (with privileges equal to or greater than the privileges held by the Provisional member) to monitor his procedural cases.

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

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

Time of Monitoring
Admission monitoring is to be completed during the Provisional period.

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

Restrictions
When monitored, not more than one-half of the work done by the applicant shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In cases where there are insufficient numbers of qualified monitors to comply with this rule, the chairman of the department may make an exception.

Number of Cases to be monitored
Specific monitoring requirements are defined on the applicable specialty-specific clinical privileges checklist(s).

Advancement
Admission monitoring must be submitted and reviewed by the Chairman of the Department of Family Medicine on at least six (6) admissions during the minimum of a one (1) year period or maximum two (2) year period prior to advancement from Provisional to either Active or Courtesy. The Chairman may consider acceptance of monitoring performed at Palomar Medical Center Poway but such monitoring must include at least two (2) cases performed by Active members of the Palomar Medical Center Medical Staff.

Responsibility of the Monitor
It is the responsibility of the monitor

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

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

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

- to refrain from interacting with the patient or writing in the patient’s chart.
e. to share conclusions, recommendations or suggestions with the Provisional member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

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

**Review of Monitoring Forms by the Chairman of the Department of Family Medicine**
Once the Provisional member’s file contains the appropriate number of admission or procedural forms, the Medical Staff Services personnel will present the Provisional Member’s file to the Chairman of the Department for review.

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

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

**Location of Monitoring**
Monitoring may be accepted from Palomar Medical Center Poway as long as the physician monitor is on staff at Escondido and has had his/her monitoring requirements lifted at Escondido.

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

**Emergency Department Consultation Rotation**
Completion of monitoring is not required to participate on the primary care emergency consultation rotation.

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

Requirement
The Department of Family Medicine will provide an Emergency Department Consultation panel in accordance with the Medical Staff Bylaws on a voluntary basis.

Criteria for Inclusion on Emergency Consultation Call Panel
Inclusion of the Emergency Department Consultation Panel will occur immediately upon Provisional appointment unless waived by the Chairman of the Department of Family Medicine.

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

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

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

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

Associate
An Associate (category) member is not required to provide emergency department consultation.

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

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

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

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

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

Response Time
In accordance with the Medical Staff bylaws, rules and regulations, the Member shall be able to respond by phone to the Emergency Department approximately fifteen (15) minutes from the initial attempt to contact the Member. The Member shall only be required to come to the Emergency Department if specifically requested, and if so requested, must be present in the Emergency Department within approximately thirty (30) minutes from time of phone contact.
GUIDELINES FOR PRIVILEGES

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

Responsibility of the Chairman of the Department of Family Medicine
To determine documented and demonstrable skill, experience and education relative to the diagnostic and treatment procedures and pre-operative evaluation, technical performance and post-operative care inherent in the procedures requested.

Acute Care at Home
Acute care at home care, like inpatient care is a team based patient care process. The providers will on a day-to-day basis use telehealth communication and the designated power plans to provide this continuity of care for patients in this setting.

ATTENDANCE POLICY

In accordance with the rules and regulations of the Department of Family Medicine, 25% of the Department meetings must be attended during a Medical Staff Year (January through December.)

Sanctions
Failure to satisfy the meeting attendance requirements for one (1) year shall, at a minimum, double the amount of dues required from the member of the next medical staff year. If the Member fails to satisfy attendance requirements a second time within three (3) years of the first violation, the Member’s dues shall be tripled; if he fails to satisfy attendance requirements a third time within the following three (3) years, the member’s dues shall quadruple; and each subsequent violation within a three (3) year period of the most recent violation shall result in a similar increase in the amount charged following such violation.

Department of Family Medicine
Department of Family Medicine meetings are usually held quarterly.

Family Medicine Peer Review Committee
The Family Practice Peer Review Committee meetings are scheduled as needed.
ACUTE HOSPITAL AT HOME TELEMEDICINE 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: 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 TELEMEDICINE PRIVILEGES

To be eligible to apply for core Telemedicine privileges, 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 Practice or Internal Medicine.

AND

Current certification or active participation in the examination process, with achievement of certification within 4 years of appointment leading to certification in family practice by the American Board of Family Medicine (ABFM) or internal medicine by the American Board of Internal Medicine (ABIM) in Internal Medicine or Subspecialty or the American Osteopathic Board of Family Medicine or Internal Medicine, or another board with equivalent requirements. If providing subspecialty telemedicine services, the provider must be board certified or obtain board certification in the subspecialty for which they will practice within 4 years, as outlined in the medical staff bylaws.

Required Previous Experience: Applicants must be able to demonstrate provision of inpatient or outpatient care within the specialty for which one will provide telemedicine services to at least 30 patients, reflective of scope of privileges requested, in the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: 10 chart reviews during the provisional period will be reviewed retrospectively.
ACUTE HOSPITAL AT HOME TELEMEDICINE PRIVILEGES

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

Reappointment Requirements: To be eligible to renew core privileges in Acute Care Telemedicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 30 patients with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Volumes acquired in internal medicine subspecialty areas may count towards this volume requirement. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

TELEMEDICINE 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. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ___________________________ Date ______________
NURSE PRACTITIONER ACUTE HOSPITAL AT HOME TELEMEDICINE 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: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions, or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

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

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — TELEMEDICINE ACUTE CARE

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

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as an acute care nurse practitioner for at least 24 patients in the past 12 months, or completion of master’s /post master’s degree program in the past 12 months. If the Nurse Practitioner does not have experience as an acute care Nurse Practitioner, they may be granted privileges based on their non-acute care experience, but they must work under the direct supervision of the sponsoring/supervising physician for all patient interactions for three months and complete all applicable monitoring requirements prior to any independent patient contact.
Focused Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient’s hospitalization as applicable (management, discharge, etc.) for at least six inpatients.

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

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

Affiliation with Medical Staff Appointee / Supervision

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

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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

NURSE PRACTITIONER (NP) CORE PRIVILEGES — TELEMEDICINE ACUTE CARE

☐ Requested  Manages the health care of acutely ill, chronically ill patients within age group of sponsoring/supervising physician. Nurse practitioners may not admit patients to the hospital; may write daily progress notes, routine treatment orders, transfer orders, admission orders and discharge orders in accordance with hospital supervision and co-signature requirements. The core privileges in this specialty include the privileges on the attached core list and such other items that are extensions of the same techniques and skills.
NURSE PRACTITIONER ACUTE HOSPITAL AT HOME TELEMEDICINE PRIVILEGES

Name: ____________________________

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

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

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

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

CORE PROCEDURE LIST

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

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

- Counsel and instruct patients and significant others as appropriate
- Direct care as specified by medical staff approved protocols (e.g. Nurse Practitioner Standardized Procedures)
- Discharge summary (must be co-signed by a sponsoring/supervising physician in accordance with Medical Records guidelines and hospital policy)
- History and Physical on behalf of sponsoring/supervising physician in accordance with hospital policy (physician must see the patient and co-sign the H&P in accordance with unit specific requirements)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring/supervising physician
- Monitor and manage stable acute and chronic illnesses of population served
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Record progress notes

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ____________________________  Date __________

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed ____________________________  Date __________
Signed ____________________________  Date __________
Palomar Medical Center Escondido and Poway
Medical Staff Policy/Procedure

Title: Medical Records/Quality of Care Violations

Purpose: To establish a uniform policy and procedure that will levy fines for medical record suspension as a supplement to Medical Staff Bylaws, Medical Staff Rights Manual Section 1.4.5 (a) which outlines the procedure for suspension of a Member for medical record deficiencies.

Basis: The Palomar Medical Center Escondido and Poway Medical Staff Executive Committees stress the importance of compliance with applicable State and Federal Laws pertaining to the timely completion of medical records.

Procedure:

1. Per Bylaw, Medical Staff Rights Manual Section 1.4.5 (a): Medical Record Deficiencies: Temporary suspension of a Member’s admitting and clinical privileges… will be imposed automatically for failure to complete deficient or delinquent medical records within the time period set forth below, unless the Chief of Staff interceded on his/her behalf. All medical records shall be completed within fourteen (14) days. Failure to comply with this requirement may result in fines and/or suspension as set forth in the Medical Staff Policy, Medical Records/Quality of Care Violations.

2. A medical records delinquency fine shall be assessed at $25 per business day starting three business days prior to the date of suspension for medical records deficiency and shall continue until the delinquent records are completed. Fines will only be assessed if the physician actually goes on suspension.

3. The daily $25 fine shall only be assessed on business days and shall exclude weekend days, holidays, and Member’s vacation days when Member notifies the Medical Records Department in advance of the specific dates of vacation.

4. There shall be no differentiation of a delinquent or deficient medical record whether caused by an operative report, history and physical, discharge summary or signature.

5. Effective the second Friday after deficiencies are assigned, the Medical Records Department shall create a personalized message to the Member which will appear in his/her Clarity Inbox, authorized by the Chief of Staff, notifying a
Member that the Member’s admitting and clinical privileges shall be suspended on the date of the seventh day after the date of notification unless all delinquent medical records are completed. In addition, the Medical Records Department will email and call the Member’s personal cell phone and their Medical Director, if they have one, informing them that they will be going on suspension in one week and that they should refer to their Clarity Inbox for the specific charts they need to complete to avoid suspension. The notification shall also state that the $25 per day fine will start three days prior to the date of suspension.

6. For the first 90 days after implementation of this process, the Medical Records Department shall call the Member or his office directly notifying them of the date of suspension. The Medical Records Department shall document all attempts to contact the physician and/or office and the person that they spoke with.

7. Member vacation days that have been provided in advance to the Medical Records Department shall be excluded from the tabulation of notification or delinquency days. When a Member’s vacation starts after the second letter of notification, the date of suspension will begin the first Friday after the Member has returned. The fines will begin either on the date of return or the Tuesday prior to the suspension date, whichever is later.

8. The Medical Records Department shall keep the sign-in log of the date Member comes into the Department to complete the medical records. When a delinquent or deficient medical record is not available on the date Member intends to complete the medical record, the fourteen day notification cycle for the missing record will restart from that date. Any accrued fine or suspension days prior to that date will still apply.

9. Member may request that the Medical Records Department review the delinquency list for errors. When the Medical Records Department determines that a medical record is not delinquent or deficient, the notification days, suspension days, or fine days associated with that record shall be removed.

10. Member will be notified via certified mail on at least a quarterly basis, of fines that have been accrued. The fines will be due and payable upon receipt of the notice. Whenever a Member has accumulated $500 in fines and fails to pay within
90 days of receiving notification of same, the Member shall be considered as having voluntarily resigned their Medical Staff membership and privileges.

11. Whenever a Member has any accrued fines at the time of Member’s biennial reappointment, unless all accrued fines are paid in full, the Member shall be considered as having voluntarily resigned their Medical Staff membership and privileges.

12. A Member may appeal the fine after the fact by submitting a written request for appeal to the Executive Committee. The Executive Committee may waive a fine with an appropriate reason for the appeal and the member will be reimbursed.

13. Whenever a Member has accumulated sixty (60) consecutive days of suspension for medical records delinquencies, the Member shall be considered as having voluntarily resigned their Medical Staff membership and privileges.

14. Fines can only be paid during normal business hours.

15. In addition to the above, delinquent operative reports are required to be completed immediately following a procedure, in accordance with regulatory requirements and Medical Staff Bylaws, Rules and Regulations (R.R. 4.8). Compliance will be monitored retrospectively by the Health Information Services Department and Members who have not completed the required operative report documentation will be prohibited from scheduling any further elective cases (to include operating room, interventional radiology and cardiac catheterization cases) until all delinquent operative reports are completed.
Title: Medical Records/ Quality of Care Violations

Purpose: To establish a uniform policy and procedure as a supplement to Medical Staff Bylaws, Medical Staff Rights Manual Section 4.5 (a) which outlines the procedure for suspension of a Member for medical record deficiencies.

Basis: The Palomar Medical Center Escondido and Poway Medical Staff Executive Committees stress the importance of compliance with applicable State and Federal Laws pertaining to the timely completion of medical records.

Procedure:

1. Per Bylaw, Medical Staff Rights Manual Section 4.5 (a): Medical Record Deficiencies: Temporary suspension of a Member’s admitting and clinical privileges…. will be imposed automatically for failure to complete deficient or delinquent medical records within the time period set forth below, unless the Chief of Staff interceded on his/her behalf. All medical records shall be completed within fourteen (14) days. Failure to comply with this requirement may result in fines and/or suspension as set forth in the Medical Staff Policy, Medical Records/Quality of Care Violations.

2. There shall be no differentiation of a delinquent or deficient medical record whether caused by an operative report, history and physical, discharge summary or signature.

3. Effective the second Friday after deficiencies are assigned, the Medical Records Department shall create a message to the Member which will appear in their Clarity Inbox, authorized by the Chief of Staff, notifying a Member that the Member’s admitting and clinical privileges shall be suspended on the seventh day after the date of notification unless all delinquent medical records are completed. In addition, the Medical Records Department will email and call the Member’s personal cell phone and their Medical Director, if they have one, informing them that they will be going on suspension in one week and that they should refer to their Clarity Inbox for the specific charts they need to complete to avoid suspension.

4. Member vacation days that have been provided in advance to the Medical Records Department shall be excluded from the tabulation of notification or delinquency days. When a
Member’s vacation starts after the second letter of notification, the date of suspension will begin the first Friday after the Member has returned.

5. Member may request that the Medical Records Department review the delinquency list for errors. When the Medical Records Department determines that a medical record is not delinquent or deficient, the notification days, suspension days, associated with that record shall be removed.

6. Whenever a Member has accumulated sixty (60) consecutive days of suspension for medical records delinquencies, the Member shall be considered as having voluntarily resigned their Medical Staff membership and privileges.

7. In addition to the above, operative reports are required to be completed immediately following a procedure, in accordance with regulatory requirements and Medical Staff Bylaws, Rules and Regulations (R.R. 4.8). Compliance will be monitored retrospectively by the Health Information Services Department and Members who have not completed the required operative report documentation will be prohibited from scheduling any further elective cases (to include operating room, interventional radiology and cardiac catheterization cases) until all delinquent operative reports are completed.
1) Palomar Medical Center Escondido provides centralized credentialing services for Palomar Medical Center Escondido and Palomar Medical Center Poway. The Medical Executive Committees at both facilities have approved such. Because the two facilities have their own independent organized medical staff’s, each facility is responsible for their individual recommendation of initial applications and reappointments to the Board of Directors.

2) When a request for application to Palomar Medical Center Escondido and/or Palomar Medical Center Poway is received, a “Pre-Application Letter” is sent to the requestor via email through the Echo online application software. The letter must be completed, signed, and returned along with the applicable documentation (e.g. copy of board certification, copy of documentation from appropriate “Board” indicating active engagement in the board application and certification process, or letter from Residency Program Director confirming that a potential applicant is in the final months of his/her Residency and in good standing). The pre-application letter, when completed, provides us with, a) request in writing; b) statement by applicant that he/she is board certified or residency trained and actively engaged in the board application and certification process; c) designates the Palomar Health facilities that the potential applicant desires to apply to. Note: Allied Health Professional applicants do not have a pre-application process and are provided access to the online application upon initial request.

3) If the completed Pre-Application Letter is returned with the appropriate documentation, a link to the online application specific to the specialty of the applicant, is sent via email.

4) In addition to completion of the application itself, the following items are required (may be scanned and attached to the appropriate section of the online application or sent to the Medical Staff Office via separate mechanism):
   a. Copies of certificates of education and training (i.e. Medical School, Internship, Residency, Fellowship), as applicable if available.
   b. Documentation of Board certification (if not received with pre-application letter).
   c. Signed Applicant’s Statement – Board Certification Requirement (only if applicant is not board certified).
   d. Copy of DEA certificate and X-Ray Permit, if applicable.
   e. Copy of CPR certification, if applicable (e.g. BLS, ATLS, ACLS, PALS, NRP). Please note that certification from an on-line course will only be accepted if the course is designated for healthcare providers AND the practitioner also provides documentation that skills assessment was included.
   f. Copy of current certificate of malpractice liability coverage with minimum limits of liability in the amount $1,000,000 per occurrence/$3,000,000 annual aggregate.
   g. Professional Liability History (included in the online application).
   h. Documentation of current Tuberculin testing. If positive, a documented positive test must be submitted along with a current chest x-ray report done within the last 12 months and completed annual tuberculosis questionnaire. (Note: Physicians providing telemedicine services remotely are exempted from this requirement.)
   i. Documentation of evidence of compliance with Medical Board of California or current licensing body requirements for continuing medical education (CME).
   j. Current professional photograph(s) in an electronic format (within the past two years).
   k. Current curriculum vitae.
   l. Completed Request for Clinical Privileges (privilege checklist form provided) as well as documentation to support privileges requested, as outlined on each privilege checklist.
   m. Completed and signed Medicare Acknowledgement (form provided available for download).
   n. The following are completed as part of the online application and signed electronically:
      (1) Bylaws Acknowledgement
(2) Physician Access & Confidentiality Agreement
(3) Practice Intent after Provisional Period (N/A for AHP’s)
(4) Plans for Coverage of Patients when Unavailable (N/A for AHP’s)
(5) Disclosure and Consent Concerning Consumer and Investigative Consumer Reports
   (Investigative background checks are required to be performed on all new applicants to
   Palomar Medical Center Escondido Medical Staff effective 03/17/2004 and Palomar
   Medical Center Poway Medical Staff applicants effective 02/27/2008).
(6) Acknowledgement and agreement to abide by the Expectations of Physicians and Allied
   Health Professionals Granted Privileges/Code of Conduct at Palomar Health.
(7) Acknowledgement of receipt and review of Infection Control Education for the Medical
   Staff and Licensed Independent Practitioners
(9) Acknowledgement and agreement to abide by the Avoiding Medicare and Medicaid
   Fraud and Abuse Roadmap for Physicians.
   o. Non-refundable application fee: $550 (Medical Staff) / $250 (Allied Health Staff) if applying
      to both Palomar Medical Center Escondido and Palomar Medical Center Poway (may or may
      not include Villa Pomerado The Villas at Poway); $400 (Medical Staff) / $200 (Allied Health
      Staff) if applying to Palomar Medical Center Escondido only; $400 (Medical Staff) / $200
      (Allied Health Staff) if applying to Palomar Medical Center Poway only.
   p. Mandatory Privacy and Information Security (HIPAA) Training: All applicants must
      complete an online training in matters related to Information Privacy and Security as a
      condition of membership. The post test must be successfully completed and a certificate of
      completion printed and forwarded to Medical Staff Services.
   q. Mandatory educational training modules for regulatory compliance. New applicants will be
      required to complete the module(s) prior to the completion of credentialing or board
      approval.
   r. Mandatory Diabetes Education Training: The Medical Executive Committees of Palomar
      Medical Center Escondido and Poway voted to establish a mandatory requirement for
      education in Diabetes for new applicants to the Medical Staff. The post test must be
      successfully completed and a certificate of completion printed and forwarded to Medical
      Staff Services. New applicants will be required to complete the module prior to the
      completion of credentialing. This module is also applicable to Allied Health Providers. The
      following specialties are exempt from taking this course: Radiology, Pathology, Pediatrics,
      Pediatric Subspecialties, Remote Neuromonitors and Affiliate only category members.
   s. Clarity (Electronic Health Record) Training: All applicants must undergo an onsite training
      session with one of the IT Systems Education Specialists / Physician Onboarding.

5) Upon processing of the application, primary source verification will be sought for:
   a. Successful completion of and dates of training for Medical School, Internship, Residency,
      Fellowship (as applicable).
   b. Verification from director of training program(s) that training included privileges requested
      (if program(s) completed in last two years).
   c. All previous (last ten years) and current hospital affiliations and employment.
      a. (Note: For physicians providing teleradiology or telepsychiatry services only, ten
         (10) hospital affiliations will be verified including all local hospitals. An additional
         verification will be required for each negative or questionable response.)
   d. Board Certification.
   e. All previous and current medical licensure, including California Medical Board.
   f. DEA license, if applicable. Verification of schedules is sought by obtaining a copy of the
      valid DEA license or by querying the Drug Enforcement Administration directly. Any
      challenges to registration is obtained by viewing the National Practitioner Data Bank query
      report.
   g. Three professional (peer) references, one of which must be in same specialty/subspecialty.
   h. National Practitioner Data Bank Query.
i. Medicare Sanctions via the OIG website and verification that applicant is not on the Medi-Cal Suspended Provider website or SAM website. (Streamline Verify)

j. All applicants are required to present an acceptable valid government issued photo identification (driver’s license) in person prior to the completion of the application process. For applicants who will be providing telemedicine services only (telediagnosis, remote neuromonitoring or telepsychiatry) a mechanism may be utilized which includes submission of a notarized copy of the valid, current government issued photo identification (driver’s license, passport) and review of same via an electronic face to face meeting, i.e. skype or face time, with a Medical Staff Services Department representative.

k. All gaps in training or work history greater than 60 days, going back to graduation of medical school must be explained by the applicant.

l. Name listed in our systems shall match the name listed on California medical license.

6) When all verifications are received:
   a. Palomar Medical Center Escondido:
      (1) In accordance with Section 3.8 of the Credentials Policy Manual, all applications are reviewed by the administrator and any input communicated to the Medical Staff.
      (2) The file is presented to the Credentials Committee (usually to the Chair) for review. If Credentials Committee deems the application complete, it is presented to the appropriate Department Chair for review and recommendation regarding privileges. Please note that for applications within the Department of Surgery, most will require the approval of a subsection representative (e.g. Plastic Surgery, General Surgery, Ophthalmology) prior to approval by the Department Chair.
      (3) Once the application has been reviewed and approved by the Department Chair, temporary privileges can be considered.
      (4) The recommendation from the Department Chair is then forwarded to the Executive Committee as part of the monthly agenda.
      (5) The Executive Committee recommendation (if for approval) is then forwarded to the Board of Directors.

b. Palomar Medical Center Poway:
   (1) When a Palomar Medical Center Poway application is complete, the credentials file is sent to Palomar Medical Center Poway to begin the review process, per Palomar Medical Center Poway Medical Staff Bylaws.
   (2) The file is presented to the Department Chair for review and recommendation regarding privileges.
   (3) Once the application has been reviewed and approved by the Department Chair, temporary privileges can be considered.
   (4) The recommendation from the Department Chair is then forwarded to the Executive Committee as part of the monthly agenda.
   (5) The Executive Committee recommendation (if for approval) is then forwarded to the Board of Directors.

7) If the applicant is an Allied Health Practitioner, IPC will also review the file. The Chief Nursing Officer Executive will review all Nurse Practitioner files.

8) If an application is joint (both Palomar Medical Center Escondido and Palomar Medical Center Poway), Executive Committee recommendations must be jointly sent to the Board of Directors. There may be a delay if the application process is not complete at one facility.
PALOMAR HEALTH
Palomar Medical Center Escondido / Palomar Medical Center Poway
CREDENTIALING PROCESS
(Based on Medical Staff Bylaws)

1) Palomar Medical Center Escondido provides centralized credentialing services for Palomar Medical Center Escondido and Palomar Medical Center Poway. The Medical Executive Committees at both facilities have approved such. Because the two facilities have their own independent organized medical staff’s, each facility is responsible for their individual recommendation of initial applications and reappointments to the Board of Directors.

2) When a request for application to Palomar Medical Center Escondido and/or Palomar Medical Center Poway is received, a “Pre-Application Letter” is sent to the requestor via email through the Echo online application software. The letter must be completed, signed, and returned along with the applicable documentation (e.g. copy of board certification, copy of documentation from appropriate “Board” indicating active engagement in the board application and certification process, or letter from Residency Program Director confirming that a potential applicant is in the final months of his/her Residency and in good standing). The pre-application letter, when completed, provides us with, a) request in writing; b) statement by applicant that he/she is board certified or residency trained and actively engaged in the board application and certification process; c) designates the Palomar Health facilities that the potential applicant desires to apply to. Note: Allied Health Professional applicants do not have a pre-application process and are provided access to the online application upon initial request.

3) If the completed Pre-Application Letter is returned with the appropriate documentation, a link to the online application specific to the specialty of the applicant, is sent via email.

4) In addition to completion of the application itself, the following items are required (may be scanned and attached to the appropriate section of the online application or sent to the Medical Staff Office via separate mechanism):
   a. Copies of certificates of education and training (i.e. Medical School, Internship, Residency, Fellowship), as applicable if available.
   b. Documentation of Board certification (if not received with pre-application letter).
   c. Signed Applicant’s Statement – Board Certification Requirement (only if applicant is not board certified).
   d. Copy of DEA certificate and X-Ray Permit, if applicable.
   e. Copy of CPR certification, if applicable (e.g. BLS, ATLS, ACLS, PALS, NRP). Please note that certification from an on-line course will only be accepted if the course is designated for healthcare providers AND the practitioner also provides documentation that skills assessment was included.
   f. Copy of current certificate of malpractice liability coverage with minimum limits of liability in the amount $1,000,000 per occurrence/$3,000,000 annual aggregate.
   g. Professional Liability History (included in the online application).
   h. Documentation of current Tuberculin testing. If positive, a documented positive test must be submitted along with a current chest x-ray report done within the last 12 months and completed annual tuberculosis questionnaire. (Note: Physicians providing telemedicine services remotely are exempted from this requirement.)
   i. Documentation of evidence of compliance with Medical Board of California or current licensing body requirements for continuing medical education (CME).
   j. Current professional photograph(s) in an electronic format (within the past two years).
   k. Current curriculum vitae.
   l. Completed Request for Clinical Privileges (privilege checklist form provided) as well as documentation to support privileges requested, as outlined on each privilege checklist.
   m. Completed and signed Medicare Acknowledgement (form provided available for download)
   n. The following are completed as part of the online application and signed electronically:
      (1) Bylaws Acknowledgement
Palomar Health Credentialing Process

Page 2

(2) Physician Access & Confidentiality Agreement
(3) Practice Intent after Provisional Period (N/A for AHP’s)
(4) Plans for Coverage of Patients when Unavailable (N/A for AHP’s)
(5) Disclosure and Consent Concerning Consumer and Investigative Consumer Reports
   (Investigative background checks are required to be performed on all new applicants to Palomar Medical Center Escondido Medical Staff effective 03/17/2004 and Palomar Medical Center Poway Medical Staff applicants effective 02/27/2008).
(6) Acknowledgement and agreement to abide by the Expectations of Physicians and Allied Health Professionals Granted Privileges/Code of Conduct at Palomar Health.
(7) Acknowledgement of receipt and review of Infection Control Education for the Medical Staff and Licensed Independent Practitioners
(9) Acknowledgement and agreement to abide by the Avoiding Medicare and Medicaid Fraud and Abuse Roadmap for Physicians.

o. Non-refundable application fee: $550 (Medical Staff) / $250 (Allied Health Staff) if applying to both Palomar Medical Center Escondido and Palomar Medical Center Poway (may or may not include The Villas at Poway); $400 (Medical Staff) / $200 (Allied Health Staff) if applying to Palomar Medical Center Escondido only; $400 (Medical Staff) / $200 (Allied Health Staff) if applying to Palomar Medical Center Poway only.

p. Mandatory Privacy and Information Security (HIPAA) Training: All applicants must complete an online training in matters related to Information Privacy and Security as a condition of membership. The post test must be successfully completed and a certificate of completion printed and forwarded to Medical Staff Services.

q. Mandatory educational training modules for regulatory compliance. New applicants will be required to complete the module(s) prior to the completion of credentialing or board approval.

r. Clarity (Electronic Health Record) Training: All applicants must undergo a training session with one of the IT Systems Education Specialists / Physician Onboarding.

5) Upon processing of the application, primary source verification will be sought for:
   a. Successful completion of and dates of training for Medical School, Internship, Residency, Fellowship (as applicable).
   b. Verification from director of training program(s) that training included privileges requested (if program(s) completed in last two years).
   c. All previous (last ten years) and current hospital affiliations and employment.
      a. (Note: For physicians providing teleradiology or telepsychiatry services only, ten (10) hospital affiliations will be verified including all local hospitals. An additional verification will be required for each negative or questionable response.)
   d. Board Certification.
   e. All previous and current medical licensure, including California Medical Board.
   f. DEA license, if applicable. Verification of schedules is sought by obtaining a copy of the valid DEA license or by querying the Drug Enforcement Administration directly. Any challenges to registration is obtained by viewing the National Practitioner Data Bank query report.
   g. Three professional (peer) references, one of which must be in same specialty/subspecialty.
   h. National Practitioner Data Bank Query.
   i. Medicare Sanctions via the OIG website and verification that applicant is not on the Medi-Cal Suspended Provider website or SAM website. (Streamline Verify)
   j. All applicants are required to present an acceptable valid government issued photo identification (driver’s license) prior to the completion of the application process. A mechanism may be utilized which includes submission of a valid, current government issued photo identification (driver’s license, passport) and review of same via an electronic face to face meeting, i.e. skype or face time, with a Medical Staff Services Department representative.
k. All gaps in training or work history greater than 60 days, going back to graduation of medical school must be explained by the applicant.

l. Name listed in our systems shall match the name listed on California medical license.

6) When all verifications are received:
   a. Palomar Medical Center Escondido:
      (1) In accordance with Section 3.8 of the Credentials Policy Manual, all applications are reviewed by the administrator and any input communicated to the Medical Staff.
      (2) The file is presented to the Credentials Committee (usually to the Chair) for review. If Credentials Committee deems the application complete, it is presented to the appropriate Department Chair for review and recommendation regarding privileges. Please note that for applications within the Department of Surgery, most will require the approval of a subsection representative (e.g. Plastic Surgery, General Surgery, Ophthalmology) prior to approval by the Department Chair.
      (3) Once the application has been reviewed and approved by the Department Chair, temporary privileges can be considered.
      (4) The recommendation from the Department Chair is then forwarded to the Executive Committee as part of the monthly agenda.
      (5) The Executive Committee recommendation (if for approval) is then forwarded to the Board of Directors.
   b. Palomar Medical Center Poway:
      (1) When a Palomar Medical Center Poway application is complete, the credentials file is sent to Palomar Medical Center Poway to begin the review process, per Palomar Medical Center Poway Medical Staff Bylaws.
      (2) The file is presented to the Department Chair for review and recommendation regarding privileges.
      (3) Once the application has been reviewed and approved by the Department Chair, temporary privileges can be considered.
      (4) The recommendation from the Department Chair is then forwarded to the Executive Committee as part of the monthly agenda.
      (5) The Executive Committee recommendation (if for approval) is then forwarded to the Board of Directors.

7) If the applicant is an Allied Health Practitioner, IPC will also review the file. The Chief Nursing Executive will review all Nurse Practitioner files.

8) If an application is joint (both Palomar Medical Center Escondido and Palomar Medical Center Poway), Executive Committee recommendations must be jointly sent to the Board of Directors. There may be a delay if the application process is not complete at one facility.
ADDENDUM D
I. PURPOSE:

A. The Board of Directors of Palomar Health believes that it is good business practice to promulgate and maintain a “Succession Plan” for its Chief Executive Officer and Executive Team. Therefore, it has adopted the following policy to assist the Board in the event of:

1. An immediate vacancy, unanticipated short-term or long-term caused by the death or extended disability of the Chief Executive Officer; or key member of the Executive Team.
2. An impending vacancy that will occur within several months caused by a notice of resignation.
3. An anticipated vacancy from a long-term notice by the Chief Executive Officer or member of the Executive Team due to resignation or retirement.

B. The intent of this policy is to provide clarity to the transition process, with minimal disturbance to the performance and effectiveness of the Health District, subsidiaries and related organizations.

C. It is the further intent of this policy to encourage and enhance the professional growth and development of the Senior Leadership Team. This may take the form of guidance mentorship, consultation, support and outside educational programs.

III. TEXT / STANDARDS OF PRACTICE:

1. It is the responsibility of the Chief Executive Officer of the District in consultation with the Board Chair to develop and maintain this plan; and to review such with the Board on an annual basis as part of the incumbent's performance evaluation.

A. Chief Executive Officer incapacitation for more than thirty days but less than one year:

1. In the event of incapacitation of the Chief Executive Officer, the situation will be evaluated by the Chair and Vice-Chair of the Board in consultation with the Chiefs of Staff of Palomar Medical Center-Escondido and Palomar Medical Center-Poway, and in turn, the full Board to determine the level of incapacitation and the need for the immediate appointment of an interim Chief Executive Officer.

2. Appropriate arrangements will be made through the District's legal counsel and Chief Financial Officer for the interim Chief Executive Officer to have the necessary signing authority where required.

3. Further, a communications plan will be developed by the Board Chair in consultation with the Director of Marketing and Communications to notify the Executive Team, Board members, members of the Senior Leadership Team, Medical Staff and others in regard to the temporary appointment should such need to be made.

4. At the appropriate time during the period of incapacitation, the Board Chair, in consultation with the Chief Human Resources Officer, will determine whether the incapacitation is temporary or permanent.
a. If temporary, the interim Chief Executive Officer will continue in that role until the determination is made that the Chief Executive Officer is in a position to resume his original role.

b. If permanent, the members of the Board will confer on the process to select and appoint a Search Committee to initiate the search for a new Chief Executive Officer.

5. Once a determination has been made, it will be the responsibility of the Board Chair to communicate the plan of action with leadership, medical staffs, foundation, and employees the plan of action to be initiated in search of the new Chief Executive Officer. This may take the form of hot lines, special newsletters, e-mails, telephone calls, etc.

6. External audiences to be notified of the plan of action will include community and business leaders in the district, members of the press, affiliates and partners of Palomar Health, including Kaiser Permanente, Rady Children's Hospital, UCSD and social service agencies associated with the District.

7. During this period the Director of Marketing and Communications will serve as the spokesperson for the District. All requests for information will be directed through this individual.

8. In the event of temporary incapacitation of the Chief Executive Officer, the following list identifies the positions and order that may be considered by the Board to fill the role for the period of the Chief Executive Officer’s incapacitation.

   Chief Financial Officer;
   Director of Finance;
   Chief Administrative Officer;
   Chief Operations Officer;
   Chief Human Resources Officer;
   Chief Medical Officer;
   Chief Nurse Executive;

Other members of the Executive Team.

B. Incapacitation of a member of the Executive Team.

1. The Chief Executive Officer will determine the level and extent of incapacitation of a member of the Executive Team in consultation with the Vice President of Human Resources.

2. Should it be required that an interim Executive Team member be named, the Chief Executive Officer, after consultation with Board leadership, shall name an individual to fill the position.

3. The following table identifies positions that may be considered in filling key Executive roles:

<table>
<thead>
<tr>
<th>Position</th>
<th>Interim Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Financial Officer</td>
<td>VP, Finance</td>
</tr>
<tr>
<td>Chief Operations Officer</td>
<td>Director, Financial Planning</td>
</tr>
<tr>
<td>Chief Administrative Officer</td>
<td>VP, Continuum of Care</td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td>Identified Medical Director</td>
</tr>
<tr>
<td>Chief Human Resources Officer</td>
<td>Director, Human Resources</td>
</tr>
<tr>
<td>Chief Nurse Executive</td>
<td>Identified Inpatient Care Director</td>
</tr>
</tbody>
</table>
4. In the event that the Chief Executive Officer determines, during this period, 
that 
the incapacitation is permanent, he/she will initiate a formal search to replace 
the incumbent. This may take the form of naming the interim leader to the position or initiating a 
candidate search process to identify and select an individual for the position.

C. Impending Vacancy Caused By Resignation or Termination.

1. In the event of an impending vacancy in the Chief Executive Officer position, the Board shall meet 
as soon as practicable and initiate the following plan:
   a. In order to ensure stability at the time of an immediate vacancy (within 30 days) an interim 
      Chief Executive Officer will be named.
   b. The Board, in consultation with the leadership of the medical staffs, shall determine 
      whether the use of an outside management firm is appropriate or whether there is adequate 
      internal leadership to assume responsibilities for the Chief Executive Officer.
   c. It is anticipated that the chart of succession leadership (III.A.8 above) will be used as a 
      basis for making this decision.

2. The Chair of the Board in consultation with the Vice-Chair, Treasurer and Vice President of 
   Human Resources will determine the level and extent of compensation (including any bonuses 
   and/or benefits) to be paid to the individual assuming the interim Chief Executive Officer’s role 
   during the period in question.

3. Within 30 days of notification by the Chief Executive Officer of his impending resignation or 
   retirement or in the event of termination, the Board of Palomar Health shall form a Search Committee 
   made up of a minimum of five and not more than eleven members; with the Chair to be named by the 
   Chair of the Board of Palomar Health.
4. Representation on the Search Committee will include but may not be limited to:
   a. Members of the Health District Board;
   b. Representation from the Medical Staff Leadership of Palomar Medical Center-Escondido and Palomar Medical Center-Poway;
   c. Representation from the Palomar Health Foundation;
   d. Community Leaders;
   e. Affiliated Partners;
   f. Staff Members of Palomar Health.

5. The role of the Search Committee will be to:
   a. Manage the search process, including initiation of Request for Proposal (RFPs) for selection of a search firm;
   b. Interview and selection of a search firm, if appropriate;
   c. Review and approve the Success Profile (job description/requirements) for the Chief Executive Officer position:
      i. Interview candidates and screen references;
      ii. Recommend candidates to the Palomar Health Board for approval.

6. The Search Committee will meet within two weeks of their appointment to begin the selection process. The Vice President of Human Resources will serve as staff to the committee.

7. Should the vacancy date be later than one year or longer, a Search Committee will be formed within six months of the Chief Executive Officer leaving the position to allow time for adequate selection of the incumbent's replacement and an effective transition to occur.

8. The Chair of the Search Committee will make regular and timely reports to the Board on the progress of the search.

9. Should the Chief Executive Officer be replacing a member of the Executive Team, he/she will be expected to make regular reports to the Board and appropriate Board committees on the progress made to fill the position.

D. Palomar Health Chief Executive Officer Job Description.

1. Reporting to the Palomar Health District Board, the Chief Executive Officer is responsible for the strategic and day to day management of all programs, services and facilities of the Health District to effectively meet the health care needs of the citizens of the District, as defined in its mission and vision statement.

2. He/she is responsible for planning and goal development to ensure the effective stewardship and viability of the District, the organizational direction, control and use of resources and the effective management of staff to support and carry out the policies and directions of the Board.

3. The incumbent is further accountable for insuring that all necessary licensure, regulatory and accreditation requirements are met. He/she is responsible for developing and maintaining appropriate evaluation mechanisms to ensure the ongoing monitoring and improvement of the quality/safety of programs and services for Palomar Health in conjunction with the medical staff leadership of the District.

4. She/he is accountable for the creation of a working environment that encourages best practice, ethical management, high levels of productivity and a focus on those to be served by the District.

5. Minimum education will be a Master's Degree in Health Care Administration or related field.

6. Minimum Experience is 7-10 years progressive position growth in a Health Care District or related entity with CHE credential or equivalent. Preferred Experience will be 10-15 years progressive
growth with previous CEO experience as a Chief Executive Officer of a large hospital or health system and fellowship credential of ACHE or equivalent.

7. Skill Requirements are included as Attachment A.

E. Success Profiles for the Chief Executive Officer and Executive Member.

   1. On an annual basis the Board and Chief Executive Officer will review and update the job description and requirements for the incumbent's position. The Chief Executive Officer will do the same with his/her Executive Team. Executive Team position descriptions will be kept on file in the Chief Executive Officer's office.

   2. These job descriptions will be used as a basis for evaluating the performance of the leadership group and to identify areas for growth and development of the incumbents who hold these positions.

F. This policy will be reviewed and updated as required or at least every three years.
Policy: Succession Policy

I. PURPOSE:

A. The Board of Directors of Palomar Health believes that it is good business practice to promulgate and maintain a "Succession Plan" for its Chief Executive Officer and senior management leadership team. Therefore, it has adopted the following policy to assist the Board in the event of:

1. An immediate vacancy, unanticipated short-term or long-term caused by the death or extended disability of the Chief Executive Officer; or key member of the management team.
2. An impending vacancy that will occur within several months caused by a notice of resignation.
3. An anticipated vacancy from a long-term notice by the Chief Executive Officer or member of the senior management team due to resignation or retirement.

B. The intent of this policy is to provide clarity to the transition process, with minimal disturbance to the performance and effectiveness of the Health District, subsidiaries and related organizations.

C. It is the further intent of this policy to encourage and enhance the professional growth and development of the Leadership Team. This may take the form of guidance mentorship, consultation, support and outside educational programs.

II. DEFINITIONS:

III. TEXT / STANDARDS OF PRACTICE:

1. It is the responsibility of the Chief Executive Officer of the District in consultation with the Board Chair to develop and maintain this plan; and to review such with the Board on an annual basis as part of the incumbent's performance evaluation.

Chief Executive Officer incapacitation for more than thirty days but less than one year:

1. In the event of incapacitation of the Chief Executive Officer, the situation will be evaluated by the Chair and Vice-Chair of the Board in consultation with the Chiefs of Staff of Palomar Medical Center and Pomerado Hospital, and in turn, the full Board to determine the level of incapacitation and the need for the immediate appointment of an interim Chief Executive Officer.

2. Appropriate arrangements will be made through the District's legal counsel and Chief Financial Officer for the interim Chief Executive Officer to have the necessary signing authority where required.

3. Further, a communications plan will be developed by the Board Chair in consultation with the Chief Marketing and Communications Officer to notify senior management, Board members, members of the Leadership Council, Medical Staff and others in regard to the temporary appointment should such need to be made.

4. At the appropriate time during the period of incapacitation, the Board Chair, in consultation with the Chief Human Resources Officer, will determine whether the incapacitation is temporary or permanent.

   a. If temporary, the interim Chief Executive Officer will continue in that role until the determination is made that the Chief Executive Officer is in a position to resume his original role.
b. If permanent, the members of the Board will confer on the process to select and appoint a Search Committee to initiate the search for a new Chief Executive Officer.

5. Once a determination has been made, it will be the responsibility of the Board Chair to communicate the plan of action with the District leadership, medical staffs, foundation, and employees the plan of action to be initiated in search of the new Chief Executive Officer. This may take the form of hot lines, special newsletters, e-mails, telephone calls, etc.

6. External audiences to be notified of the plan of action will include community and business leaders in the district, members of the press, affiliates and partners of Palomar Health, including Kaiser Permanente, Children's Hospital, UCSD and social service agencies associated with the District.

7. During this period the Chief Marketing and Communications Officer will serve as the spokesperson for the District. All requests for information will be directed through this individual.

8. In the event of temporary incapacitation of the Chief Executive Officer, the following list identifies the positions and order that may be considered by the Board to fill the role for the period of the Chief Executive Officer’s incapacitation.

   Chief Financial Officer;
   Chief Administrative Officer – Palomar Medical Center;
   Chief Administrative Officer – Pomerado Hospital;
   Chief Administrative Officer -- Palomar Health Downtown Campus;
   Chief Nurse Executive;
   Other members of the senior leadership team.

C. Incapacitation of a member of the Executive Management Team.

1. The Chief Executive Officer will determine the level and extent of incapacitation of a member of the Executive Management Team in consultation with the Chief Human Resources Officer.

2. Should it be required that an interim Executive Management Team member be named, the Chief Executive Officer, after consultation with Board leadership, shall name an individual to fill the position.

3. The following table identifies positions that may be considered in filling key divisional roles:

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<tr>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Chief Administrative Officer Palomar Medical Center</td>
<td>Chief Nursing Officer, Palomar Medical Center</td>
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<tr>
<td></td>
<td>Chief Nursing Executive</td>
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<tr>
<td></td>
<td>Chief Administrative Officer, Pomerado Hospital</td>
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<td></td>
<td>Chief Financial Officer</td>
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<tr>
<td>Chief Administrative Officer Pomerado Hospital</td>
<td>Chief Nurse Executive</td>
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<tr>
<td></td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td></td>
<td>Chief Nursing Officer, Pomerado Hospital</td>
</tr>
<tr>
<td>Chief Administrative Officer Palomar Health Downtown Campus</td>
<td>Chief Nursing Officer, Palomar Medical Center</td>
</tr>
<tr>
<td></td>
<td>Chief Administrative Officer, Palomar Medical Center</td>
</tr>
<tr>
<td></td>
<td>Chief Administrative Officer, Pomerado Hospital</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>Corporate Controller</td>
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<td></td>
<td>Director of Financial Planning</td>
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<tr>
<td>Chief Nurse Executive</td>
<td>Chief Nursing Officer, Palomar Medical Center</td>
</tr>
<tr>
<td></td>
<td>Chief Nursing Officer, Pomerado Hospital</td>
</tr>
<tr>
<td></td>
<td>Director, Clinical Transformation</td>
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</tbody>
</table>
4. In the event that the Chief Executive Officer determines, during this period, that the incapacitation is permanent, he will initiate a formal search to replace the incumbent. This may take the form of naming the interim leader to the position or initiating a candidate search process to identify and select an individual for the position.

D. Impending Vacancy Caused By Resignation or Termination.

1. In the event of an impending vacancy in the Chief Executive Officer position, the Board shall meet as soon as practicable and initiate the following plan:

   a. In order to ensure stability at the time of an immediate vacancy (within 30 days) an interim Chief Executive Officer will be named.

   b. The Board, in consultation with the leadership of the medical staffs, shall determine whether the use of an outside management firm is appropriate or whether there is adequate internal leadership to assume responsibilities for the Chief Executive Officer.

   c. It is anticipated that the chart of succession leadership (III.B.8 above) will be used as a basis for making this decision.

2. The Chair of the Board in consultation with the Vice-Chair, Treasurer and Chief Human Resources Officer will determine the level and extent of compensation (including any bonuses and/or benefits) to be paid to the individual assuming the interim Chief Executive Officer’s role during the period in question.

3. Within 30 days of notification by the Chief Executive Officer of his impending resignation or retirement or in the event of termination, the Board of Palomar Health shall form a Search Committee made up of a minimum of five and not more than eleven members; with the Chair to be named by the Chair of the Board of Palomar Health.

4. Representation on the Search Committee will include but may not be limited to:

   a. Members of the Health District Board;
   b. Representation from the Medical Staff Leadership of Palomar Medical Center and Pomerado Hospital;
   c. Representation from the Palomar Health Foundation;
   d. Community Leaders;
   e. Affiliated Partners;
   f. Staff Members of Palomar Health.

5. The role of the Search Committee will be to:
a. Manage the search process, including initiation of RFPs for selection of a search firm;
b. Interview and selection of a search firm, if appropriate;
c. Review and approve the Success Profile (job description/requirements) for the Chief Executive Officer position:
   i. Interview candidates and screen references;
   ii. Recommend candidates to the Palomar Health Board for approval.

6. The Search Committee will meet within two weeks of their appointment to begin the selection process. The Chief Human Resources Officer will serve as staff to the committee.

7. Should the vacancy date be later than one year or longer, a Search Committee will be formed within six months of the Chief Executive Officer leaving the position to allow time for adequate selection of the incumbent's replacement and an effective transition to occur.

8. The Chair of the Search Committee will make regular and timely reports to the Board on the progress of the search.

9. Should the Chief Executive Officer be replacing a member of the senior management team, he will be expected to make regular reports to the Board and appropriate Board committees on the progress made to fill the position.

D. Palomar Health President and Chief Executive Officer Job Description.

1. Reporting to the Palomar Health District Board, the Chief Executive Officer is responsible for the strategic and day to day management of all programs, services and facilities of the Health District to effectively meet the health care needs of the citizens of the District, as defined in its mission and vision statement.

2. He/she is responsible for planning and goal development to ensure the effective stewardship and viability of the District, the organizational direction, control and use of resources and the effective management of staff to support and carry out the policies and directions of the Board.

3. The incumbent is further accountable for insuring that all necessary licensure, regulatory and accreditation requirements are met. He/she is responsible for developing and maintaining appropriate evaluation mechanisms to ensure the ongoing monitoring and improvement of the quality/safety of programs and services for Palomar Health in conjunction with the medical staff leadership of the District.

4. He/she is accountable for the creation of a working environment that encourages best practice, ethical management, high levels of productivity and a focus on those to be served by the District.

5. Minimum education will be a Master's Degree in Health Care Administration or related field.

6. Minimum Experience is 7-10 years progressive position growth in a Health Care District or related entity with CHE credential or equivalent. Preferred Experience will be 10-15 years progressive growth with previous CEO experience as a Chief Executive Officer of a large hospital or health system and fellowship credential of ACHE or equivalent.

7. Skill Requirements are included as Attachment A.

E. Success Profiles for the Chief Executive Officer and Executive Management Team Member.

1. On an annual basis the Board and Chief Executive Officer will review and update the job description and requirements for the incumbent's position. The Chief Executive Officer will do the same with his Executive Management Team. Executive Management Team position descriptions will be kept on file in the Chief Executive Officer's office.

2. These job descriptions will be used as a basis for evaluating the performance of the leadership group and to identify areas for growth and development of the incumbents who hold these positions.

F. This policy will be reviewed and updated as required or at least every three years.

IV. ADDENDUM:
Document History

Revision 6

Views  (Revision) (this version)
Effective  05/09/2014
Document Owner at Publication  Janine Sarti General Counsel
Description  The review date has been updated so policy will be reviewed in three years. [Owner changed from Sarti, Janine to Hemker, Bob by Avila, Julie on 04-JAN-2016][Owner changed from Hemker, Bob to Neu, Mark by Avila, Julie on 14-FEB-2017][Owner changed from Neu, Mark to Helm, Hala by Avila, Julie on 15-JUN-2018][Owner changed from Helm, Hala to Huffstutler-Henderson, Kathryn by Avila, Julie on 02-NOV-2018]
Signed By  Janine Sarti
Janine Sarti, Chief Legal Officer ( 05/08/2014 03:18PM PST )
Ted Kleiter
Ted Kleiter, Chairman, Board of Directors ( 05/09/2014 09:35AM PST )

Revision 5

Views  (Revision) (Changes)
Effective  05/01/2014
Document Owner at Publication  Janine Sarti General Counsel
Description  Reviewed and approved by the Board of Directors 4/14/14. No changes being made.
Signed By  Janine Sarti
Janine Sarti, Chief Legal Officer ( 05/01/2014 04:36PM PST )
Ted Kleiter
Ted Kleiter, Chairman, Board of Directors ( 05/01/2014 06:35PM PST )

Revision 4

Views  (Revision) (Changes)
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<th>Revision</th>
<th>Views</th>
<th>Effective</th>
<th>Document Owner at Publication</th>
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<td>3</td>
<td>(Revision)</td>
<td>07/13/2011</td>
<td>Ofer Barlev Legal Associate</td>
<td>Adding Brenda Fisher's revisions prior to Board Human Resources Committee approval. Updating section C.3.chart.</td>
<td>Ted Kleiter, Chairman, Board of Directors ( 07/11/2011 01:44PM PST ) Janine Sarti ( 07/13/2011 02:30PM PST )</td>
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<tr>
<td>2</td>
<td>(Revision)</td>
<td>12/30/2007</td>
<td>Ofer Barlev Legal Associate</td>
<td>Not included in previous reviews. Reviewed and approved by Board 12/17/07. Added at review: No material change made to text of document. Updated signatures to current signers.</td>
<td>Janine Sarti, General Counsel ( 01/06/2010 12:00AM PST ) Bruce G Krider ( 01/07/2010 12:00AM PST )</td>
</tr>
<tr>
<td>1</td>
<td>(Revision)</td>
<td>12/30/2007</td>
<td>James Neal Director of Corporate Integrity</td>
<td>Not included in previous reviews. Reviewed and approved by Board 12/17/07</td>
<td>James Neal, Director of Corporate Integrity ( 12/18/2007 12:00AM PST ) Dr. Marcelo R Rivera ( 12/30/2007 12:00AM PST )</td>
</tr>
</tbody>
</table>

*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:21780](https://www.lucidoc.com/cgi/doc-gw.pl?ref=pphealth:21780).*
Note: Please enable Macros

CLIENT INFORMATION

Please select one of the following options:

- [ ] New Resolution/Incumbency
- [x] Update Incumbency (Used to Add or Delete individual authorized signers)
- [ ] Supersede Resolution/Incumbency (Replaces any and all prior banking resolutions)

ORGANIZATION LEGAL NAME (Must match legal name indicated in company formation documents)

PALOMAR HEALTH

- This Banking Resolution and Certificate of Incumbency will apply to all accounts the Organization maintains with us.
- The Organization adopts the following Banking Resolution and Certificate of Incumbency (with specimen signatures)*

The undersigned certifies that:

1) Any individual (each an “Authorized Signer”) with any of the following Titles is authorized, acting alone, including by electronic signature, electronic record or other electronic form, to establish accounts from time to time for the Organization at Bank of America, N.A. (the “Bank”), as well as to operate and close such accounts, to enter into any and all agreements and transactions contemplated by the provision of treasury management services by the Bank, including but not limited to Electronic Funds Transfer Services, and to designate persons to operate each such account including closing the account, and to designate persons to act in the name and on behalf of the Organization/Client with respect to the establishment and operation of treasury management services.

2) the person whose signature, name, and title appear in the “AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZATION” section of the Deposit Account Documentation Signature Card or Amendment to Signature Card (“Signature Card”) and those persons listed below on the Incumbency Certificate, are Authorized Signers who are authorized, including by electronic signature, electronic record or other electronic form, to establish accounts and to designate persons to operate each such account and to execute contracts and agreements (including treasury management service agreements, including but not limited to Electronic Funds Transfer Agreements) with the Bank and that the signatures of such Authorized Signers are genuine.

3) the persons who signed in the Designated Account Signers section of the Signature Card or Amendment to Signature Card are authorized to operate any accounts opened with the deposit account documentation unless otherwise noted on the Signature Card, and that the signatures of such Designated Account Signers are genuine.

4) the foregoing is a complete, true and correct copy of the banking resolutions adopted by the Board of Directors, the Members or the General Partners, Commission, Council or Governing Board as applicable, of the Organization, government entity or authority and that the resolutions are still in full force and effect and have not been amended or revoked and do not exceed the objects or powers of the Organization, government entity, authority or the powers of its management or Governing Board, Commission or Council. For government entities, agencies or authorities, each of the individuals noted below are an officer, employee, or agent of the Organization who has plenary authority over funds (an “official custodian”) for which the official custodian is appointed or elected to serve. The authority of the official custodian(s) listed below derives from an official source, such as an ordinance or statute.

Incumbency Certificate:

<table>
<thead>
<tr>
<th>Add/Delete</th>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>AMANDA B. PAPE</td>
<td>VICE PRESIDENT OF FINANCE</td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If you choose to provide your own Banking Resolution and Certificate of Incumbency (with specimen signatures), it must be attached to the signature card.

This Banking Resolution and Certificate of Incumbency must be signed as follows:

- **Corporations:** Secretary or assistant secretary of the company must sign.
- **Any Partnership type:** One of the general partners must sign. If the general partner is an organization, show the name of the general partner and include capacity of signer.
- **Limited Liability Company:**
  - **Member Managed LLC:** One of the members or an officer of the company must sign. If the member or manager is an organization, show the...
name of the member or manager and include capacity of signer.

- **Manager Managed LLC**: The manager or managers or an officer authorized of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.

- **Other unincorporated organizations**: An officer of the organization who is authorized by the by-laws or operating agreement of the company must sign.

- **Government entities, authorities or agencies**: An authorized signer of the government entity/authority who is authorized by the statutes must sign.

**In Witness Whereof, I have hereunto set my hand as (title) of the Organization listed above**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECRETARY OF THE BOARD OF DIRECTORS</td>
<td>TERRY CORRALES, RN</td>
<td></td>
</tr>
<tr>
<td>Name of Company who is General Partner or Member, leave blank if not applicable. (Type or print Name of company including the legal name of any member, managing member, manager, or general partner who is signing and who is not an individual)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RESOLUTION NO. 06.13.22(02)-14

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH AUTHORIZING THE INVESTMENT OF MONIES IN THE LOCAL AGENCY INVESTMENT FUND

WHEREAS, the Local Agency Investment Fund is established in the State Treasury under Government Code Section 16429.1 et. seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and,

WHEREAS, the Board of Directors of Palomar Health hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code Section 16429.1 et. seq. for the purpose of investment as provided therein is in the best interests of the District;

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of Palomar Health hereby authorizes the deposit and withdrawal of District monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code Section 16429.1 et. seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following District officers holding the title(s) specified hereinbelow or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Diane L. Hansen
President & CEO

Hubert U. King
Chief Financial Officer

Sheila Brown, RN
Chief Operations Officer

Omar Khawaja, MD
Chief Medical Officer

Stephanie Baker, RN
Chief Administrative Officer

Amanda B. Pape
Vice President of Finance

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)
Section 2. This resolution shall supersede previous such resolutions and shall remain in full force and effect until rescinded by the Board of Directors by resolution, and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office.

PASSED AND ADOPTED at a meeting of the Board of Directors of Palomar Health held on June 13, 2022:

AYES:
NOES:
ABSTAINING:
ABSENT:

Dated: June 13, 2022

BY:  
Linda Greer, RN  
Chair, Board of Directors

ATTESTED:  
Terry Corrales, RN  
Secretary, Board of Directors
ADDENDUM E
Memorandum

TO: Board of Directors
FROM: Terry Corrales, RN; Chair, Board Human Resources Committee
DATE: June 13, 2022
RE: Board Human Resources Committee, May 11, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Corrales, Barry and Pacheco

INFORMATION ITEMS:

- **Human Resources Department Staff Feature**: Reviewed a presented the future state of Palomar Health Human Resources Information Services (HRIS), and an update on recruitment, retention and engagement for Palomar Health Medical Group.

- **Human Resources General Update**: Reviewed a presentation providing employee demographic highlights, turnover trends, contract labor, PTO usage, and vacancy trends.

ACTION ITEMS:

- **Minutes, February 9, 2022, Regular Committee Meeting**: Reviewed and approved the draft minutes from Wednesday, February 9, 2022, Board Human Resources Committee meeting.