BOARD OF DIRECTOR’S MEETING
AGENDA PACKET

August 8, 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 held on the second Monday of each month at 6:30 p.m., unless indicated otherwise. For an agenda, locations or further information please 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
**Board of Directors Meeting**

**Agenda**

Monday, August 8, 2022

To begin immediately following the 4:30 p.m. Special Closed Session Board Meeting

Meeting participation to be virtual pursuant to Palomar Health Board Resolution No. 01.10.22(03)-03

- Please see meeting login information below -

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</table>

I. **CALL TO ORDER**

II. **ESTABLISHMENT OF QUORUM**

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

IV. **PUBLIC COMMENTS**

V. **PRESENTATIONS** *(ADD A)*
   A. Patient Experience Moment *(Page 19)*
   B. Physician Updates Presentation
   C. Citi Presentation *(Page 24)*

VI. **APPROVAL OF MINUTES** *(ADD B)*
   A. Special Closed Session Board of Directors Meeting - Monday, July 11, 2022 *(Page 43)*
   B. Board of Directors Meeting - Monday, July 11, 2022 *(Page 49)*

VII. **APPROVAL OF AGENDA** to accept the Consent Items as listed *(ADD C)*
   A. Executed, Budgeted, Routine Physician Agreements *(Page 66)*
   B. Palomar Medical Center Escondido Medical Staff Credentialing & Reappointments *(Page 78)*
   C. Palomar Medical Center Poway Medical Staff Credentialing & Reappointments *(Page 124)*
   D. Modification to the Nurse Practitioner Clinical Privilege Checklist - hospital at Home Telemedicine Privileges *(Redline version Page 134 Clean version Page 137)*
   E. Modification to the Nurse Practitioner (NP) Clinical Privileges Checklist - Acute Care *(Redline version Page 135 Clean version Page 138)*
   F. Modification to the Physician Assistant Clinical Privileges - Surgery, OB/GYN and/or Urology *(Redline version Page 133 Clean version Page 136)*
   G. Modification to the CPR Requirements for Allied Health professional Medical Staff Policy *(Redline version Page 153 Clean version Page 156)*

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.
         i. Employee Recognition Program *(ADD D Page 160)*
IX.  *APPROVAL OF BYLAWS, ChARTERS, RESOLUTIONS* *(ADD E)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Committee</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>A. Scopes of Service for Perioperative Services PMC Poway, Gero-Psychiatric Unit (GPU) PMC Poway and for Medical Records PMC Escondido and PMC Poway</td>
<td>Policy Review</td>
<td>Review Approve</td>
</tr>
<tr>
<td>B. Resolution No. 08.08.22(01)-17 of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2022-2023 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith</td>
<td>Finance Review</td>
<td>Review Approve</td>
</tr>
<tr>
<td>C. Resolution No. 08.08.22(02)-18 of the Board of Directors of Palomar Health: Establishment of Appropriations Limit for Fiscal Year 2023</td>
<td>Finance Review</td>
<td>Review Approve</td>
</tr>
<tr>
<td>D. Resolution No. 08.08.22(03)-19 of the Board of Directors of Palomar Health Authorizing the Undertaking of a Financing in an Aggregate Principal Amount Not to Exceed $280,000,000</td>
<td>Finance Review</td>
<td>Review Approve</td>
</tr>
<tr>
<td>E. Resolution No. 08.08.22(04)-20 of the board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities &amp; Certain Other Unincorporated Entities for DVP Accounts</td>
<td>CFO Review</td>
<td>Review Approve</td>
</tr>
<tr>
<td>F. Resolution No. 08.08.22(05)-21 of the Board of Directors of Palomar Health: Bank of America Deposit Account and Treasury Management Services Banking Resolution and Certificate of Incumbency</td>
<td>CFO Review</td>
<td>Review Approve</td>
</tr>
<tr>
<td>G. California Department of Public Health (CDPH) Change of Administrator Application for Palomar Medical Center Escondido and Palomar Medical Center Poway</td>
<td>Regulatory Compliance Dept.</td>
<td>Review Approve</td>
</tr>
</tbody>
</table>

X.  COMMITTEE REPORTS *(ADD F)*

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

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=m6f0e2c958fbb8b5893571ef28ff60e1

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
July, 2022

TO: Board of Directors

MEETING DATE: Monday, August 8, 2022

FROM: Debbie Hollick, Assistant to the Board of Directors

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

Budget Impact: N/A

Staff Recommendation: Recommendation to approve the July, 2022 Regular and Special Session Board of Directors meeting minutes.

Committee Questions: N/A

COMMITTEE RECOMMENDATION: N/A

Motion:

Individual Action:

Information:

Required Time:
The following Executed, Budgeted, Routine Physician Agreement became effective as noted below:

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<tr>
<th>PHYSICIAN/GROUP</th>
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<tr>
<td>November 2021</td>
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<tr>
<td>• Arch Health Partners, Inc., dba Palomar Health Medical Group</td>
<td>• Anesthesia Coverage and Director Services Agreement</td>
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<tr>
<td>December 2021</td>
<td></td>
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<tr>
<td>• Graybill Medical Group, Inc.</td>
<td>• Agreement for Services – EKG Reading Panel</td>
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<tr>
<td>January 2022</td>
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<tr>
<td>• Karen Hanna, MD</td>
<td>• Amendment No. 2 to Medical Director Agreement – Bariatric Services</td>
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<tr>
<td>February 2022</td>
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<tr>
<td>• The Regents of the University of California San Diego (UCSD)</td>
<td>• Perinatology Services Coverage Agreement</td>
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<tr>
<td>May 2022</td>
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<tr>
<td>• Escondido Pulmonary &amp; Sleep Specialists, Inc. (EPSS), with respect to Frank Bender, MD</td>
<td>• Amendment 1 to Medical Director Agreement - Respiratory &amp; Pulmonary Services</td>
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<tr>
<td>July 2022</td>
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<tr>
<td>• OBHG California, PC</td>
<td>• First Amendment to Professional Services Agreement – OB/GYN Coverage</td>
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The standard Form A and Abstract Table are attached.

Staff Recommendation: Approval
TO: Board of Directors

MEETING DATE: August 8, 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, August 8, 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:

Form A Cred.
TO: Board of Directors

MEETING DATE: August 8, 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: Nurse Practitioner (NP) Clinical Privilege Checklist – Hospital At Home Telemedicine Privileges: Revised to take out option to allow for NP's to provide clinical activity as a NP from a non inpatient setting. New requires inpatient activity only to make it consistent with the NP Acute Care privileges.

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: August 8, 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: Nurse Practitioner (NP) Clinical Privilege Checklist – Acute Care: Revised to take out option to allow for NP’s to provide clinical activity as a NP from a non inpatient setting. New requires inpatient activity only.

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: August 8, 2022

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

Background: Physician Assistant (PA) Clinical Privilege Checklist – Surgery, OB/GYN, and Urology: Updated to remove items no longer utilized by surgical PAs.

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: August 8, 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: Medical Staff Policy: CPR Requirements for Allied Health Professionals – Revised to spell out approved accepted certifying bodies.

Budget Impact: None

Staff Recommendation: Recommend Approval

Committee Questions:

COMMITTEE RECOMMENDATION: Approval

Motion: X

Individual Action:

Information:

Required Time:
Scopes of Service

TO: Board of Directors
MEETING DATE: August 8, 2022
FROM: Tricia Kassab, Vice President Quality

Background: These are scopes of services from Medical Records, Perioperative Services, and from the Geriatric Psychiatric Unit. Each hospital clinical unit must have a Scope of Service per Title 22, Joint Commission, and CMS. The Scopes of Service require the Board of Directors approval. Palomar Health is preparing for the triannual Joint Commission survey and these three (3) Scopes of Service need this approval.

Budget Impact: N/A

Staff Recommendation: The Scope of Service’s for Medical Records, Perioperative Services, and Geriatric Psychiatric Unit are being requested by the committee/board for approval.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: 

Individual Action:

Information:

Required Time: 5 Minutes
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<td>Grendell, Bruce</td>
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<td>Myers, Donald</td>
<td>Gero-Psychiatric Unit</td>
<td>Scopes, PMC Poway</td>
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</table>
Thank you for your review.

I attested the documents listed above have been reviewed and approved by the Palomar Health Board of Directors.

Signature: _____________________  Date: _____________________
Resolution No. 08.08.22(01)-17
General Obligation Bonds – Tax Levy 2022-2023

TO: 
Board of Directors

MEETING DATE: 
Monday, August 8, 2022

FROM: 
Board Finance Committee
Wednesday, July 27, 2022

BY: 
Laura Barry, Chair, Board Finance Committee

Background: In July 2005, the first tranche of General Obligation Bonds ("GO Bonds") was issued. The Series (2005A) was priced in a negotiated sale on June 22, 2005, for $80 million PAR in Bonds. The Bond transaction closed on July 7, 2005.

In December 2007, the second tranche of GO Bonds was issued. The Series (2007A) was priced in a negotiated sale on December 4, 2007, for $241,083,318.80 PAR in Bonds. The Bond transaction closed on December 20, 2007.

In March 2009, the third tranche of GO Bonds was issued. The Series (2009A) was priced in a negotiated sale on March 11, 2009, for $110 million PAR in Bonds. The Bond transaction closed on March 18, 2009.

In November 2010, the fourth and final tranche of GO Bonds was issued. The Series (2010A) was priced in a negotiated sale on November 9, 2010, for $64,916,678.80 PAR in Bonds. The Bond transaction closed on November 18, 2010.

In October 2016, the district issued two Series of GO Refunding Bonds, both of which closed on October 27, 2016. The first Series (2016A) was priced at $48,520,000 and refunded all outstanding Series 2005A Bonds. The second Series (2016B) was priced at $164,450,000 and refunded the current interest portion of the Series 2007A Bonds.

On an annual basis, Palomar Health has requested that the County of San Diego levy and collect the taxes necessary to pay the debt service on the GO Bonds. Palomar Health calculates the tax amount to levy based upon the debt service amortization and the assessed value of the District. The assessed value is provided by the County. The County then puts the required tax onto the tax roll, collects the taxes, and remits the collected amounts to the Paying Agent, Wells Fargo, on a monthly basis. The Paying Agent makes the required principal and interest payments on a semi-annual basis.

The resolution will authorize the County of San Diego to levy and collect the required ad valorem taxes for the 2022-2023 tax roll.

Budget Impact: N/A

Staff Recommendation: Approval of Resolution No. 08.08.22(01)-17 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2022-2023 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith (attached).

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of Resolution No. 08.08.22(01)-17 Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2022-2023 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith. Approval recommended 6 to 0 by the Committee; Board members 3 to 0.

Motion:

Individual Action: X

Information:

Required Time:
Resolution No. 08.08.22(02)-18
Establishment of Appropriations Limit for Fiscal Year 2023

TO: Board of Directors

MEETING DATE: Monday, August 8, 2022

FROM: Board Finance Committee
Wednesday, July 27, 2022

BY: Laura Barry, Chair, Board Finance Committee

BACKGROUND: The Board of Directors of Palomar Health annually adopts the Appropriations Limit for the district, pursuant to Article XIIIB of the California Constitution. This action requests approval of the County’s Appropriations Limit for Fiscal Year 2023. This limit applies only to unrestricted appropriations and is not related to any appropriations that are restricted for the General Obligation Bonds.

The Appropriations Limit is calculated to be $125,892,811 for Fiscal Year 2023. The District is substantially under that limit and is expected to receive approximately $20,100,000 in unrestricted property tax revenues in Fiscal Year 2023.

BUDGET IMPACT: None

STAFF RECOMMENDATION: Approval of Resolution No. 08.08.22(02)-18 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2022 – June 30, 2023, Pursuant to Article XIII(B) of the California Constitution (attached).

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of Resolution No. 08.08.22(02)-18 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2022 – June 30, 2023, Pursuant to Article XIII(B) of the California Constitution. Approval recommended 6 to 0 by the Committee; Board members 3 to 0.

Motion:

Individual Action: X

Information:

Required Time:
TO: Board of Directors

MEETING DATE: Monday, August 8, 2022

FROM: Board Finance Committee
Wednesday, July 27, 2022

BY: Laura Barry, Chair, Board Finance Committee

Background: Palomar Health currently has $130.9 million in outstanding debt in the form of Series 2006 Certificates of Participation with variable interest rates. Interest rates are rising and, therefore, Palomar Health management expects interest rates on these bonds will increase. These variable rate bonds also have a related interest rate SWAP.

The tenth and eleventh floors of Palomar Medical Center Escondido (PMCE) were “shelled out” during the initial construction of the facility but have never been completed. The need for inpatient beds at PMCE has increased, and management believes the time has come for the tenth and eleventh floors to be completed and equipped for inpatient care.

The emergency room at Palomar Medical Center Poway (PMCP) needs to be renovated, as do other units at that facility.

- Resolution No. 08.08.22(03)-19 Authorizing the Undertaking of a Financing in an Aggregate Principal Amount Not to Exceed $280,000,000 (attached) will provide management with the ability to develop a Plan of Finance to pay the Series 2006 Certificates in full, terminate the interest rate SWAP agreement and provide approximately $100 million in funding for the completion of the tenth and eleventh floors at PMCE, the renovation of the emergency room and other units at PMCP and the replacement of cardiac catherization laboratories and other equipment. The Plan of Finance, once developed by management, will be subject to Board Approval prior to the preparation of final documents.

Budget Impact:

- NTE $280 million of Certificates of Participation (Revenue Bonds) repayment obligation
- Costs of Issuance and Debt Service Reserve Fund netted from Par proceeds resulting in approximately $100 million of project proceeds toward the completion of the tenth and eleventh floors at PMCE, the renovation of the emergency room and other units at PMCP and the purchase of cardiac catherization and other equipment at all Palomar Health locations

Staff Recommendation: Management recommended approval of the Resolution.

Committee Questions:

COMMITTEE RECOMMENDATION: The Board Finance Committee recommends approval of Resolution No. 08.08.22(03)-19 Authorizing the Undertaking of a Financing in an Aggregate Principal Amount Not to Exceed $280,000,000. Approval recommended 6 to 0 by the Committee; Board members 3 to 0.

Motion:

Individual Action: X

Information:

Required Time:
Resolution 08.08.22(04)-20 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts

TO: Board of Directors

MEETING DATE Monday, August 8, 2022

FROM: Hubert U. King, Chief Financial Officer

Background: The Finance Department currently maintains investment accounts with Morgan Stanley. Due to recent organizational changes, Morgan Stanley has requested that the District adopt their standard Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts (Attached). Although the District has a current Resolution Designating Subordinate Officers of the District, the Morgan Stanley document more narrowly defines the District officers/staff who would have control over the Morgan Stanley Accounts.

Budget Impact: N/A

Staff Recommendation: Staff recommended approval of Resolution No. 08.08.22(04)-20 of the Board of Directors of Palomar Health: Morgan Stanley Authorized Persons and Enabling Resolutions for Municipalities & Certain Other Unincorporated Entities for DVP Accounts (attached).

Committee Questions:

COMMITTEE RECOMMENDATION: The need for this documentation was brought to Management’s attention after the Board Finance Committee held their July meeting. Therefore, in the interests of time, Management is requesting that the Board act without prior review by the Finance Committee.

Motion:
Individual Action: X
Information:
Resolution 08.08.22(05)-21 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, August 8, 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. 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.

As the position title “Chief Administrative Officer” was not previously an authorized signatory for the banking accounts, BofA has requested that the Banking Resolution be completely redone, to supersede any previous Banking Resolutions. The current position titles and incumbents in those positions are listed on the attached Banking Resolution.

Budget Impact: N/A

Staff Recommendation: Staff recommends approval of Resolution No. 08.08.22(05)-21 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 request from BofA was received less than 72 hours prior to the July meeting of the Board Finance Committee and, therefore, could not be presented at that meeting. In the interests of time, Management is requesting that the Board act without prior review by that Committee.

Motion: Individual Action: X

Information:
California Department of Public Health (CDPH)
Change of Administrator Application for
Palomar Medical Center Escondido and
Palomar Medical Center Poway

TO: Board of Directors

MEETING DATE: Monday, August 8, 2022

FROM: Regulatory Compliance Department

Background: The change in administrator has been submitted to the CDPH for Palomar Escondido and for Palomar Poway, to Stephanie Baker, upon Shelia Brown’s retirement. The application does require that the Board of Directors has approved that she is replacing Shelia Brown. Our changes have been submitted, as the renewal is due soon, and we had to revise the renewal to state Stephanie Baker as administrator.

Budget Impact: N/A

Staff Recommendation: Approval

Committee Questions: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
ADDENDUM A
June 1, 2022

Palomar Cardiac Rehab
Kathy Mackessy N.P.
120 Craven Rd.
Escondido, CA 92078

C.C.: William Levanduski/ Director of Cardiac Rehab

Dear Kathy:

Finally, after many weeks past, I am able to articulate my thoughts in writing this letter to express the gratitude in my heart and to thank you and the entire Palomar Cardiac Rehab team for supporting me through the toughest and darkest moment of my life.

When I arrived for my first encounter with Lauren King for my initial intake, I could barely make it to the door because of the intense fear that took up residency in my body, mind and spirit due to the PTSD that came to visit my doorstep post open-heart surgery. Despite the immobilizing fear, I was able, with the love and support of my husband, to make it through your doors. Once there, I met Lauren King for the first time and immediately felt I was in “highly” competent skilled. The feeling of safety and security that I experienced in those first moments was deeply and profoundly healing for someone desperately trying to orient and regain her footing in her new reality post cardiac event.

Since my surgery, I felt as though I’d gone through months of feeling prodded, pushed, poked, anesthetized, and deduced to feel as though I were a machine on an assembly line needing repaired, and Lauren’s approach and the way she posed a very simple, yet profound question, made me feel human again. The question, “on a scale from 0 to Melody, where are you”? The way she presented the question invited me to feel human again and as a partner in my own healing process. It was the beginning step toward moving me out of my trauma fog of misery, to feeling a glimmer of hope that I’d not felt in quite some time. I felt genuinely cared for in that moment and actually... **seen** as a human being. Yes, it
was a simple but incredibly powerful question because of the way it was posed along with the genuine warmth of her entire demeanor. Little did she know in that very moment, the real healing of my heart began.

Needless to say, Lauren’s ability and obvious seasoned experience to read *between the lines and to pick up on what was not being said* was a pivotal moment for me on so many levels of my healing and was just the beginning of the many similar experiences I would continue to have throughout my time there, that proved over and over how Palomar Cardiac Rehab truly stands head and shoulders above other rehab centers offering similar services.

Too often in the past, I experienced other rehab centers that were staffed with people lacking any reasonable degree of emotional acuity as it relates to having the competency to understand the emotional and mental mind-set of the newly inducted and very afraid member of the cardiac world. Much to my delight this was not the case with your team. For me, and I’m sure for many patients this ability to see beyond the physical of a patient is of paramount importance and is a vital asset not to be trivialized because it is a leading-edge skill your organization offers that does make for a truly holistic care model for the cardiac patient. Again, another mark of distinction for your organization.

Additionally, I want to add that every staff member exuded professionalism that was coupled with genuine warmth and caring. Furthermore, all staff, including you, were engaging, friendly, and incredibly supportive both in providing service and in their attitudes every single class! Not once, in all the weeks I was there, did I encounter a negative or less than cheerful, positive attitude. This alone speaks volumes of management’s ability to screen out the “one bad apple that could spoil the entire bushel.” The staff’s ongoing willingness and commitment to be supportive is commendable and was always perceptible as was demonstrated many times with the staff joining in and exercising with the group versus simply instructing or worse, showing a video for them to follow for cool down or warm-up exercises. This supportive care was *consistently* present no matter what staff members were working on any given day or not. Let me say with great enthusiasm, this is rare! This caring winning attitude in addition to the high level of proficiency and skill that was always evident makes Palomar Cardiac rehab stellar!
Trust me when I say I have had a wide variety of exposure to other rehab facilities and this is an unusual asset and one not to be underestimated in terms of not only its impact on the bottom line, but also and more so, an especially important benefit that makes a huge difference for keeping patients like me motivated and committed to the successful completion of their program.

Moreso, the uniformity in attitude across the board was surprisingly refreshing and quite unique from other experiences I have had at other facilities. Unfortunately, in many of our current health care environments, it is almost expected as the norm to encounter one, two, or even an entire staff of employees with a trash can attitude and a large heaping of superficial concern that shouts, with blaring noticeability, that the paycheck is the top priority and not the desire and dedication to be of service to the paying patients that make that paycheck possible. This again was not the modus operandi with Palomar Cardiac Rehab. Every team member had an exceptional attitude and a strong willingness to hear the needs of all patients, and equally so went the extra distance to make something different happen for any patient requesting some variation in their program. Despite my requests for adjustments, I was never shut down nor made to feel like I was some brain-dead middle-aged woman being ruled by an all-knowing authoritarian unwilling to flex or bend for the needs of me the patient.

There were several times when I had approached various staff about adding or doing more as it related to my ongoing goals for the program and always felt heard, and that my request was seriously considered and not dismissed or disregarded as unimportant. This alone is a stark difference from other facilities where you are often treated like a child in romper room and not a mature, intelligent seasoned adult, and expected to go with the flow even if a particular exercise isn’t a fit. The staff at Palomar took the time to LISTEN and tried to make changes, if possible, when requested. In the event something could not be modified for whatever reason I was given a reasonable and logical explanation as to why. This again was vastly different from what I had experienced in the past.

To conclude, in addition to my testimony of praise, I would like to present a few suggestions for consideration by the managing staff. The first would be to offer to all patients exiting your program an opportunity to evaluate their experience with your organization. The valuable feedback an evaluation would provide can serve
as a type of checks and balance system that will allow for management to see, through fresh eyes and a differing perspective, what might be missed by familiar ones. To offer one, sends a positive message to those choosing your establishment for their cardiac rehab needs that their experience and input matters and is valued. While on the other hand, not providing one has the potentiality of sending the wrong message that everything that needs to be known is known by the management and there is no room or need for continued improvement.

The second suggestion that I think worthy of mentioning is to reinforce the request to all patients to arrive 15 minutes prior to the start of class. Starting on time upholds the high standard of care provided on all fronts with Palomar Cardiac Rehab. This is important especially for those patients that make the extra effort and go the extra distance to get there on time and pay for the time to fully execute the program designed specifically for them by your skilled staff. To some, this may seem insignificant and possibly be labeled as inconsequential and harshly dismissed or judged as type-A request, but for a committed patient, minutes matter. Also, not starting on time, sends a message that the patients time is of no concern, and that it is okay that we wait or shave off time from our programs because it may be falsely assumed everyone is retired and has nothing better to do with their time and five or so minutes doesn’t matter.

Allow me to say here that this has not happened every time, but enough to bring it to the attention of management because I believe it matters. Several times I had to cut minutes off my floor routine program to be able to participate in the group weight class that must start at a certain time in order to get the cool down in and prepare for the next group session that begins shortly thereafter and unfortunately that can only happen if the patient shaves minutes off their individual floor exercise program to be able to participate in the weight class.

The Palomar cardiac rehab program is excellent and its offering of an individually tailored program to meet each patient’s cardiac goals is wonderful but takes time, down to the minute, to fully execute the program before the weight class begins. Needless to say, if everything starts late what ends up getting cut is the individual floor time providing a patient wants to participate in the weight class.
This is big deal for a patient, such as me, that doesn’t have the equipment at home to do the exercises and need that floor time to meet cardiac goals. Plus, when you are paying for the sessions and the skilled expertise that is there, you want to get the full benefit by making sure you are following the program to the letter.

Again, a simple solution for this challenge would be to reinforce, more vigorously, the already in place request to arrive 15 minutes prior to class start time to all patients, especially those that come in chronically late or talk until start time or near to it then decide to get their BP or glucose done at the time the class is scheduled to begin and have held the entire class up at times as a result. It is worth keeping in mind that for those of us that make the effort to arrive on time this feels unfair and irritating. During my orientation, this request was suggested to me, especially coming from Temecula, and I thought it was a great plan to have in place and I honored it out of respect and courtesy for the staff and for other patients.

Now that I’ve gotten that puff of hot air off my chest, let me close with reiterating one more time that the services offered and the people there are truly exceptional! Let me tell you there are so many additional details I could mention that make your organization far ahead of the pack, but I had to cut it off somewhere. All of us that come to you with our “broken hearts” know the journey back to the self, which usually differs greatly from the one we knew before, is a tough one to say the least and one my heart knows well but because of the extraordinary care provided me, and countless others, by the team at Palomar Cardiac rehab I have begun to find my way home again and I am humbly grateful and so thankful to the entire Palomar Cardiac Rehab team.

Muchas Gracias!!!

With much gratitude in heart,

Melody Parke
Capital Markets Update and Opportunity Analysis
Palomar Has the Opportunity to Enter the Market from a Position of Strength

Given Palomar’s impressive financial and operational trajectory and expansion plans, now is an opportune time to enter the market to de-risk the debt portfolio and lock-in low-cost funding.

- MMD yields remain relatively low from a historical context despite increased volatility and weakening alongside treasuries throughout 2022 year-to-date
- The Federal Reserve hiked rates by 0.75% in the June meeting, representing the largest rate hike since 1994. At the June meeting they noted expectations for the Fed Funds rate to close 2022 at 3.4% (vs. the March Projection of 1.9%), rising to 3.8% in 2023 (vs. the March Projection of 2.8%)
- In recent weeks, the Treasury rate curve has risen and at times been inverted, while the tax-exempt MMD Index has come down slightly. Many economists are now forecasting a mild recession in 2023, not in 2022.
- Simultaneously, Palomar has achieved significant operational performance improvement, with EBIDA margin reaching 15% in December 2021, and has several projects planned to meet growing needs, including construction on the 10th and 11th floors of Palomar Medical Center Escondido, replacement of the cardiac catheterization laboratories at Palomar Medical Center Escondido, remodeling of the Palomar Medical Center Poway emergency room, and acquisition of other equipment (the “New Money Project”)
  – Cost of these projects could be north of $150 million in the next 5 years
- Faced with ongoing expense pressures combined with facility reinvestment needs, many systems like Palomar are evaluating bond issues to finance a combination of new money needs and refunding/restructuring opportunities to create additional cashflow, de-risk the debt portfolios, and manage increased interest expense
  – Financing long-life projects like Palomar’s parking garage and hospital floors together with a refunding of Palomar’s 2006 bonds enables the financing team to restructure the System’s debt service much more favorably for both short-term relief and long-term flexibility
Palomar Health’s Debt is 2-Tiered, with Swapped ARS Lingering in the Portfolio

### Palomar Health Debt Profile

<table>
<thead>
<tr>
<th>Series</th>
<th>Amount Outstanding</th>
<th>Average Coupon</th>
<th>Average Life</th>
<th>Underlying Structure</th>
<th>Tax Status</th>
<th>Credit Enhancement</th>
<th>Expiration</th>
<th>Call Date</th>
<th>Call Premium</th>
<th>Final Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Series 2021 COP</td>
<td>28,715,000</td>
<td>5.00%</td>
<td>5.3</td>
<td>Fixed</td>
<td>Tax-Exempt</td>
<td>None</td>
<td>N/A</td>
<td>11/1/2026</td>
<td>100%</td>
<td>11/1/2027</td>
</tr>
<tr>
<td>Series 2017 COP</td>
<td>56,060,000</td>
<td>4.29%</td>
<td>15.2</td>
<td>Fixed</td>
<td>Tax-Exempt</td>
<td>None</td>
<td>N/A</td>
<td>11/1/2027</td>
<td>100%</td>
<td>11/1/2047</td>
</tr>
<tr>
<td>Series 2017</td>
<td>151,460,000</td>
<td>5.00%</td>
<td>22.0</td>
<td>Fixed</td>
<td>Tax-Exempt</td>
<td>Insured</td>
<td>N/A</td>
<td>11/1/2027</td>
<td>100%</td>
<td>11/1/2047</td>
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<td>Series 2016</td>
<td>217,850,000</td>
<td>4.91%</td>
<td>11.1</td>
<td>Fixed</td>
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<td>N/A</td>
<td>11/1/2026</td>
<td>100%</td>
<td>11/1/2039</td>
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<tr>
<td>Series 2006A</td>
<td>43,600,000</td>
<td>3.71%</td>
<td>8.0</td>
<td>7 Day ARS</td>
<td>Tax-Exempt</td>
<td>Insured</td>
<td>N/A</td>
<td>Any IPD</td>
<td>100%</td>
<td>11/1/2036</td>
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<tr>
<td>Series 2006B</td>
<td>43,700,000</td>
<td>3.71%</td>
<td>8.0</td>
<td>7 Day ARS</td>
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<td>Any IPD</td>
<td>100%</td>
<td>11/1/2036</td>
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<tr>
<td>Series 2006C</td>
<td>43,625,000</td>
<td>3.71%</td>
<td>8.0</td>
<td>7 Day ARS</td>
<td>Tax-Exempt</td>
<td>Insured</td>
<td>N/A</td>
<td>Any IPD</td>
<td>100%</td>
<td>11/1/2036</td>
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<tr>
<td><strong>TOTAL DEBT</strong></td>
<td><strong>$585,010,000</strong></td>
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<td></td>
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</tr>
</tbody>
</table>

### Debt Service Landscape

### Underlying Product Mix

- **MADS:** $41,383,208
- **Fixed:** 454,085,000 (78%)
- **Variable:** 130,925,000 (22%)

**For illustration purposes only. Preliminary and subject to change. Outstanding amounts as of June 14, 2022. Assumes Series 2021 bonds are smoothed to create level debt service over 25 years at 30 year Bond Buyer RBI as of 7/18/2022 of 3.62%. Excludes swap cash flows. Excludes GO bonds, capital lease obligations, bank loans, mortgage obligations, and lines of credit.**
Pricing Levels Remain Attractive for Palomar

While interest rates and spreads have risen YTD 2022, Palomar could still achieve an attractive ~5% all-in cost of capital on long-term tax-exempt bonds

| Indicative Tax-Exempt Fixed Rates for Palomar as of July 18, 2022 |
|-----------------|-----------------|-----------------|-----------------|
| Maturity        | Municipal Market Data | Uninsured | Insured |
|                 | Index              | Coupron | Yield to Call | Yield to Maturity | Spread | Coupron | Yield to Call | Yield to Maturity | Spread |
| 2023            | 1.53%              | 5.00%   | 2.53%          | 2.53%           | 1.00%  | 5.00%   | 2.28%          | 2.28%           | 0.75% |
| 2024            | 1.74%              | 5.00%   | 2.79%          | 2.79%           | 1.05%  | 5.00%   | 2.54%          | 2.54%           | 0.80% |
| 2025            | 1.84%              | 5.00%   | 2.94%          | 2.94%           | 1.10%  | 5.00%   | 2.69%          | 2.69%           | 0.85% |
| 2026            | 1.94%              | 5.00%   | 3.09%          | 3.09%           | 1.15%  | 5.00%   | 2.84%          | 2.84%           | 0.90% |
| 2027            | 2.03%              | 5.00%   | 3.23%          | 3.23%           | 1.20%  | 5.00%   | 2.98%          | 2.98%           | 0.95% |
| 2028            | 2.17%              | 5.00%   | 3.42%          | 3.42%           | 1.25%  | 5.00%   | 3.17%          | 3.17%           | 1.00% |
| 2029            | 2.27%              | 5.00%   | 3.57%          | 3.57%           | 1.30%  | 5.00%   | 3.32%          | 3.32%           | 1.05% |
| 2030            | 2.32%              | 5.00%   | 3.67%          | 3.67%           | 1.35%  | 5.00%   | 3.42%          | 3.42%           | 1.10% |
| 2031            | 2.41%              | 5.00%   | 3.81%          | 3.81%           | 1.40%  | 5.00%   | 3.56%          | 3.56%           | 1.15% |
| 2032            | 2.45%              | 5.00%   | 3.90%          | 3.90%           | 1.45%  | 5.00%   | 3.65%          | 3.65%           | 1.20% |
| 2033            | 2.54%              | 5.00%   | 4.04%          | 4.11%           | 1.50%  | 5.00%   | 3.79%          | 3.88%           | 1.25% |
| 2034            | 2.60%              | 5.00%   | 4.15%          | 4.26%           | 1.55%  | 5.00%   | 3.90%          | 4.04%           | 1.30% |
| 2035            | 2.65%              | 5.00%   | 4.25%          | 4.38%           | 1.60%  | 5.00%   | 4.00%          | 4.18%           | 1.35% |
| 2036            | 2.66%              | 5.00%   | 4.31%          | 4.46%           | 1.65%  | 5.00%   | 4.06%          | 4.27%           | 1.40% |
| 2037            | 2.68%              | 5.00%   | 4.38%          | 4.54%           | 1.70%  | 5.00%   | 4.13%          | 4.35%           | 1.45% |
| 2042            | 2.84%              | 5.25%   | 4.59%          | 4.84%           | 1.75%  | 5.00%   | 4.34%          | 4.59%           | 1.50% |
| 2047            | 2.93%              | 5.25%   | 4.68%          | 4.93%           | 1.75%  | 5.00%   | 4.43%          | 4.69%           | 1.50% |
| 2052            | 2.98%              | 5.25%   | 4.73%          | 4.98%           | 1.75%  | 5.00%   | 4.48%          | 4.74%           | 1.50% |

- Citi and Kaufman Hall will continue to evaluate the benefit of insurance to Palomar in terms of all-in costs and investor demand
- At left you can see the 0.25% estimated current spread between uninsured and insured yields, and a 5% vs. 5.25% coupon in 20 to 30 years
- Insurance will require payment of an upfront insurance premium of approximately $9-$10M, but will enable a release of prior DSRF moneys, contrasted against an uninsured issuance which will require a DSRF deposit.
- Put bonds (pricing illustrated at below left) could be an alternative short/medium-term instrument if long-term rates rise beyond palatable thresholds between now and October.

| Premium Put Bond |
|-----------------|-----------------|-----------------|
|                 | Uninsured       | Insured         |
| Term | Coupon | Spread | Yield | Spread | Yield |
| 3    | 5.00%  | 1.22%  | 3.06% | 0.97%  | 2.81% |
| 5    | 5.00%  | 1.38%  | 3.41% | 1.13%  | 3.16% |
| 7    | 5.00%  | 1.52%  | 3.79% | 1.27%  | 3.54% |

Palomar’s Swap Valuation Has Improved

Swap valuation is driven by changes in the level of swap rates - as rates go down, the swap valuation becomes more of a liability to Palomar and vice versa. Swap valuation has improved as interest rates have increased this year. Swap valuation is currently near the lowest liability amount it has been since 2011.

Historical Swap Valuation (in $Mil.)

<table>
<thead>
<tr>
<th>Swap Valuation (in $Mil.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Max</td>
<td>$7.9</td>
</tr>
<tr>
<td>Avg</td>
<td>($23.9)</td>
</tr>
<tr>
<td>Min</td>
<td>($44.3)</td>
</tr>
<tr>
<td>Current</td>
<td>($11.7)</td>
</tr>
</tbody>
</table>

Swaps valuation is currently near the lowest liability amount it has been since 2011.

1 Historical swap valuation assumes PH’s entire fixed payer swap portfolio with Citibank (3 transactions). Swap valuation shown in $Millions. Positive swap valuation = Asset to PH; negative swap valuation = Liability to PH.
We are Carefully Monitoring Cost and a Rate Sensitivity Analysis

A wrap structure provides Palomar with upfront cash flow of approximately $23.5 million in cash flow savings and allows Palomar to finance $100 million in new money project needs at an All-In True Interest Cost (TIC) below 5%. A rate sensitivity is also shown in the table below, illustrating a 100bps increase in rates. The negative impact of the rise in rates is somewhat mitigated by a decrease in the swap termination payment (below right).

<table>
<thead>
<tr>
<th>Financing Comparison</th>
<th>Wrap</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Money &amp; Refunding Structure</td>
<td>Current Rates</td>
<td>Rate Sensitivity +100bps</td>
</tr>
<tr>
<td>Enhancement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Financing Overview**
- **Par Amount**: $245,925
- **Premium (Discount)**: $15,072
- **Project Fund Deposit**: $100,000
- **Capitalized Interest**: $16,256
- **DSRF Deposit (Release)**: ($3,037)
- **Insurance Premium**: $9,203

**Financing Statistics**
- **All-In True Interest Cost (TIC)**: 4.89%
- **Arbitrage Yield**: 4.79%
- **Average Coupon**: 5.00%
- **Average Life (years)**: 21.6
- **Total Debt Service**: $511,257
- **PV01 Refunding**: $101
- **Swap DV01**: ($52)

**Refunding Savings - PV at 5.0%**
- **Total Net PV Savings**: ($10,761)
- **Percentage Savings of Refunded Bonds**: -8.7%

**Post Financing Debt Profile**
- **Aggregate MADS (Current: $41,383)**: $48,815
- **Average Aggregate Annual Debt Service**: $42,079
- **2023 - 2027 Refunding Savings**: $23,537

**Taxable Movement**
- 3.00%
- 2.50%
- 2.00%
- 1.50%
- 1.00%
- 0.50%
- 0.00%

**Implied 7yr LIBOR**
- 5.91%
- 5.41%
- 4.91%
- 4.41%
- 3.91%
- 3.41%
- 2.91%
- 2.41%

**Estimated Termination**
- $2,520,000
- $321,000
- ($1,965,000)
- ($4,342,000)

**Sensitivity**
- ($6,813,000)
- ($9,382,000)
- ($11,742,000)
- ($14,837,000)
- ($17,732,000)
- ($20,746,000)
- ($23,883,000)

**PV01 Refunding =** how much the value of the bonds (or the escrow) would be changed by a basis point change in the yield.

**Swap DV01 =** termination payment changes by approximately $52k for every 0.01% parallel shift in taxable yield curve up to +100bps under current market conditions.
The Impact of $100M New Money on Palomar’s Credit Metrics is Manageable

The charts below show the moderate impact that $100MM of new money would have on key credit metrics for Palomar, and the differences between financing at current rates vs. a scenario where rates rise by 1.00%. The key MADS coverage metric remains above FY2020 levels in both scenarios.

Preliminary and subject to change. For illustration purposes only. Series 2006 bond rate assumption (4.47%) includes historical average basis risk cost of 99bps (see page 15).

Delivery date of 11/1/22. Swap termination payment of $11.7 Million priced to an assumed forward delivery date of 11/1/22. Refunding assume a DSRF. New money assumes no DSRF.

Unrealized gain/loss and property tax revenue – restricted are excluded from non operating gains/losses. Debt to Cap is using total net position.

FY 2021 MADS = Reported in financials, Current calculated MADS is $41,383,208 based on smoothing of the Series 2021 over 25 years at 30 year Bond Buyer RBI as of 7/18/2022 of 3.62%.
Next Steps to Prepare to Come to Market

- Palomar with the working group will look to finalize the plan of finance and position the System optimally in the coming months

- This will entail:
  - Evaluating the benefits and considerations of bond insurance
  - Confirming if the System will capitalize interest
  - Preparing all necessary documentation to terminate the swap
  - Conduct update sessions with the rating agency analysts, emphasizing the value of the projects and de-risking strategy
  - Obtain necessary approvals
  - Complete tax diligence on the contemplated projects
  - Update the bond and offering documents to describe Palomar’s improved financial and operating position and maximize flexibility for the System going forward
  - Construct a comprehensive marketing plan and pricing schedule for Palomar management

- Once these items are refined and confirmed, our team will move expeditiously to discuss refinements with the Board and Finance Committee and ask for approvals
## Preliminary Timeline Funds Palomar’s Needs by Mid-November

<table>
<thead>
<tr>
<th>Month</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>• Kick-off working group call</td>
</tr>
<tr>
<td></td>
<td>• Refine plan of finance and possible enhancements</td>
</tr>
<tr>
<td></td>
<td>• Schedule rating agency calls</td>
</tr>
<tr>
<td></td>
<td>• <em>FOMC Meeting (July 26-27)</em></td>
</tr>
<tr>
<td></td>
<td>• Financing Board Meeting (July 27&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>August</td>
<td>• Begin drafting Appendix A</td>
</tr>
<tr>
<td></td>
<td>• Begin drafting bond and offering documents</td>
</tr>
<tr>
<td></td>
<td>• Distribute draft documents</td>
</tr>
<tr>
<td></td>
<td>• Distribute due diligence questionnaire</td>
</tr>
<tr>
<td></td>
<td>• Financing Board Meeting (August 24&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>September</td>
<td>• Finalize plan of finance</td>
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<tr>
<td></td>
<td>• Begin drafting redemption notice</td>
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<tr>
<td></td>
<td>• Hold rating agency calls</td>
</tr>
<tr>
<td></td>
<td>• Hold due diligence Calls</td>
</tr>
<tr>
<td></td>
<td>• <em>FOMC Meeting (September 20-21)</em></td>
</tr>
<tr>
<td>October</td>
<td>• Audit committee approval</td>
</tr>
<tr>
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<td>• Mail POS</td>
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<tr>
<td></td>
<td>• Investor presentation &amp; hold 1 on 1 meetings</td>
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<tr>
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<td>• Pricing / execute BPA</td>
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<tr>
<td></td>
<td>• Mail OS / finalize documents</td>
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<tr>
<td></td>
<td>• Financing Board Meeting (October 26&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>November</td>
<td>• <em>FOMC Meeting (November 1-2)</em></td>
</tr>
<tr>
<td></td>
<td>• Pre-Closing</td>
</tr>
<tr>
<td></td>
<td>• Closing</td>
</tr>
<tr>
<td></td>
<td>• Financials go stale November 13th</td>
</tr>
</tbody>
</table>
Appendix
Our Plan of Finance Accomplishes Multiple Goals for Palomar

Our approach starts with and always maintains focus on Palomar’s near-term and long-term strategic and capital structure goals and objectives. We are currently prioritizing 3 main goals, as outlined below.

1. **Funding New Money Needs**
   - Despite the fact that interest rates and spreads have risen significantly since last Fall, Palomar can still access an attractive cost of capital of approximately 5% in today’s environment
   - Funding new money needs in conjunction with a refinancing of prior debt (see below) also allows Palomar to restructure prior debt for some upfront cash flow relief
   - The new money projects should be accretive to the organization, producing additional revenue and net income. This positive impact is not reflected in the following analysis but will be a key point that will be emphasized with the rating agencies.

2. **Capturing Savings and/or Free up Cashflow**
   - Financing new money needs with public debt blended with a refunding of Palomar’s 2006 auction rate bonds would confer multiple benefits to the System, including:
     - Potential to carve a “window” of cash flow relief by pushing out principal and freeing up ~$29 million of principal payments (~$23.5 million in debt service) over the next 5 years
     - Ability to “wrap” debt service in later years sets the foundation for lower maximum annual debt service after the next bond issue in 2026 or beyond

3. **Eliminating the Swap**
   - Palomar’s swap is integrated with the 2006 Bonds; therefore, a swap termination payment can be financed with tax-exempt bond proceeds
     - Eliminating the swap eliminates the mark to market exposure, ongoing basis risk and counterparty exposure to collateral posting:
       - Basis risk has averaged -99 basis points since inception
       - Current basis risk is near the low, at -26 bps (contrasted against the worst point, of -1,390 bps)
       - The swap valuation, or “mark-to-market” (MTM) has also come down as rates have risen, currently at -$11.7 Million

---

Preliminary and subject to change. For illustration purposes only. Swap Termination value as of COB 07/18/2022 assuming refunding delivery date of 11/01/2022. $29 million is the amount of principal scheduled on the 2006 Bonds through FY 2027.

1 Basis Risk is the risk that the floating rate received under the swap is less than the actual rate paid on the variable rate bonds hedged by the swap, resulting in a higher interest cost and lower savings.
## Optimizing Plan of Finance Costs & Structure

### Credit Enhancements

#### Insurance
- **▲** Reduces the total cost of capital (assuming the current insurance premium of 180bps)
- **▲** Insured Palomar new money bonds should not require funding a new DSRF
- **▲** May shield Palomar from new covenant requests from existing or prospective bondholders
- **▼** Requires an approx. $9MM upfront insurance premium payment paid from bond proceeds
- **▼** May require certain insurer covenants while the bonds are outstanding

#### Uninsured
- **▲** Does not require an insurance premium
- **▼** Will most likely require a DSRF deposit for the new money and results in a higher cost of capital for the financing

### Refunding Structure

#### Wrap
- **▲** Takes advantage of blending the long asset life of the new money to extend and "smooth" overall debt service, lowering MADS relative to a matched-maturity structure
- **▼** Increases all-in TIC and total debt service by shifting amortizations out long

#### Matched Maturity
- **▲** Lower all-in TIC and total debt service by keeping the refunding bonds in the existing footprint
- **▼** Increases the average annual debt service in the immediate future and results in a higher MADS relative to the wrapped structure

### New Money Amount

#### $50 Million
- **▲** Will fund the baseline estimate of Escondido new 10th and 11th floor build-out costs
- **▲** Lowest MADS Coverage impact (-0.21x) relative to current, to 1.69x

#### $100 Million
- **▲** Will fund all of Escondido and Poway contemplated projects as well as other needs
- **▼** Lowers MADS Coverage by (-0.11x) relative to $50MM Scenario, to 1.58x
$50MM to $100MM of New Money Has Marginal Ratio Impact

Increasing the par amount of the new money from $50mm to $100mm marginally increases MADS and leverage metrics for Palomar – but even at $100MM of new money, MADS coverage is more favorable for Palomar than in FY2020, due to Palomar's operational and financial trajectory.

($ in thousands)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>$50MM</th>
<th>$100MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019</td>
<td>39,185</td>
<td>39,185</td>
</tr>
<tr>
<td>FY 2020</td>
<td>40,745</td>
<td>40,745</td>
</tr>
<tr>
<td>FY 2021</td>
<td>45,800</td>
<td>45,800</td>
</tr>
<tr>
<td>Current Calculated MADS</td>
<td>$41,383,208</td>
<td></td>
</tr>
</tbody>
</table>

**Maximum Annual Debt Service (MADS)**

**MADS Coverage - EBITDA (x)**

**Debt to Capitalization (%)**

**Cash to Debt (%)**

Preliminary and subject to change. For illustration purposes only. Rates as of 7/18/22. Series 2006 bond rate assumption (4.47%) includes historical average basis risk cost of 99bps (see page 15). Delivery date of 11/1/22. Swap termination payment of $11.7 Million priced to an assumed forward delivery date of 11/1/22. Refunding assume a DSRF. New money assumes no DSRF. Unrealized gain/loss and property tax revenue – restricted are excluded from non operating gains/losses. Debt to Cap is using total net position.

FY 2021 MADS = Reported in financials, Current calculated MADS is $41,383,208 based on smoothing of the Series 2021 over 25 years at 30 year Bond Buyer RBI as of 7/18/2022 of 3.62%.
Minimizing the Impact to Maximum Annual Debt Service (MADS)

Addressing the impact to MADS will be an important consideration for any plan of finance including new money and/or a refunding of existing debt given the existing debt service structure.

- As Palomar evaluates plan of finance options, MADS will be impacted by any new money or refunding bonds
- Current MADS is $41.4 million occurring in 2024 with debt service remaining relatively flat through 2040
  - Debt Service drops to $28.3MM in 2041 and remains steady through 2048
- Since MADS occurs relatively early, the only option for Palomar to reduce MADS on existing debt is by refunding bonds with amortizations in the years that MADS occurs. The Series 2006 bonds amortize prior to 2038.
- With the addition of any new debt, the limiting factor for reducing MADS is the Series 2016 bonds
  - The Series 2016 bonds refunded the Series 2009 Bonds on a matched-maturity basis ending in 2039 with no extension of the original maturity/amortizations. This has led to a tiered debt service structure that has to be structured around going forward, for any new (additional) debt.
    - Principal amortizes in large higher amounts of between $25 to $27.5 million from 2038 to 2040, as outlined in the gold box below. The Series 2017 bonds then placed new principal in later years 2041-2048.
- Without being able to address the Series 2016 principal amortizations until the bonds are callable in 2026, any additional debt service from either new money or a refunding will add directly to the MADS occurring from 2038 to 2040. The only way to reduce the impact of that “bump” in debt service is to place principal before and after the “bump.”

Preliminary and subject to change. For illustration purposes only.
Rates as of 7/18/22. Series 2006 bond rate assumption (4.47%) includes historical average basis risk cost of 99bps (see page 15).
Delivery date of 11/1/22. Swap termination payment of $11.7 Million priced to an assumed forward delivery date of 11/1/22. Refundings assume a DSRF. New money assumes no DSRF.
Current calculated MADS is $41,383,208 based on smoothing of the Series 2021 over 25 years at 30 year Bond Buyer RBI as of 7/18/2022 of 3.62%.
New Money + Refunding Produces Upfront Cash Flow Relief

These charts compare debt service of the 2006 bonds vs. the refunding bonds. A wrapped “blend and extend” structure that places new principal in early (2028-2037) and then later (FY2049-2053) years, as shown below, creates upfront cashflow (debt service) savings of $23.5MM and $29MM in principal payment savings. This will require new projects to have asset life of >28 years.

**Current Series 2006 Debt Service**

**Refunding Debt Service – Insured Wrap**

Debt service deferral creates $23.5 mm in debt service relief through 2027

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Current calculated MADS is $41,383,208 based on smoothing of the Series 2021 over 25 years at 30 year Bond Buyer RBI as of 7/18/2022 of 3.62%.
Our Plan of Finance Lays the Foundation for Further Improvement

2026 will be the next logical entry point for Palomar to re-enter the market, when the 2016 Bonds are callable. At that time, Palomar could employ the same “blend and extend” approach to further smooth debt service and even with another $100 million of new money have the potential to bring down MADS slightly from its current level, as illustrated below. ($ in thousands)

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Series 2006 Synthetic Fixed Rate Debt Overview

In 2006, PH issued $180 Million of AGM Insured Series 2006 ARS and executed $180 Million of AGM Insured Fixed Payer Swaps to create a synthetic fixed rate cost of funds that was expected to be below traditional fixed bond rates available to PH at execution.

Overview

- Synthetic fixed rates were estimated to be 0.76% below traditional fixed insured non-callable rates in November 2006.
- Basis Risk between the variable paid on the auction rate bonds and the floating rate received on the swap (56% 1ML + 0.23%) impacts PH’s effective all-in cost of funds on the debt structure:
  - Historical basis risk has been negative 99 basis points, resulting in net negative savings of 23bps since inception.
- PH is exposed to contingent collateral-posting and termination risk to the extent that AGM is downgraded below A3 / A-:
  - AGM is currently rated A2 / AA by Moody’s & S&P.

Realized Synthetic Fixed Cost Since 2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Expected Cash Flow Savings</th>
<th>Basis Risk Benefit/(Cost)</th>
<th>Net Savings Benefit /(Cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>$1.37</td>
<td>($0.59)</td>
<td>+$0.78</td>
</tr>
<tr>
<td>2008</td>
<td>$1.35</td>
<td>($6.28)</td>
<td>($4.93)</td>
</tr>
<tr>
<td>2009</td>
<td>$1.33</td>
<td>($3.89)</td>
<td>($2.56)</td>
</tr>
<tr>
<td>2010</td>
<td>$1.31</td>
<td>($1.04)</td>
<td>+$0.26</td>
</tr>
<tr>
<td>2011</td>
<td>$1.31</td>
<td>($1.30)</td>
<td>+$0.01</td>
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<tr>
<td>2012</td>
<td>$1.31</td>
<td>($0.36)</td>
<td>+$0.94</td>
</tr>
<tr>
<td>2013</td>
<td>$1.31</td>
<td>($0.63)</td>
<td>+$0.68</td>
</tr>
<tr>
<td>2014</td>
<td>$1.31</td>
<td>($1.12)</td>
<td>+$0.19</td>
</tr>
<tr>
<td>2015</td>
<td>$1.31</td>
<td>($2.11)</td>
<td>($0.80)</td>
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<tr>
<td>2016</td>
<td>$1.27</td>
<td>($1.62)</td>
<td>($0.35)</td>
</tr>
<tr>
<td>2017</td>
<td>$1.23</td>
<td>($1.49)</td>
<td>($0.27)</td>
</tr>
<tr>
<td>2018</td>
<td>$1.18</td>
<td>($1.09)</td>
<td>+$0.09</td>
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<tr>
<td>2019</td>
<td>$1.14</td>
<td>($1.28)</td>
<td>($0.14)</td>
</tr>
<tr>
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<td>($2.09)</td>
<td>($1.00)</td>
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<td>$1.04</td>
<td>($0.45)</td>
<td>+$0.59</td>
</tr>
<tr>
<td>2022 YTD</td>
<td>$0.54</td>
<td>($0.30)</td>
<td>+$0.24</td>
</tr>
</tbody>
</table>

**TOTAL** | $19.41                      | ($25.65)                   | ($6.27)                     |

Historical Basis Risk

<table>
<thead>
<tr>
<th>Year</th>
<th>Basis Risk Benefit / (Cost)</th>
<th>Bonds</th>
<th>Swap</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>14.67%</td>
<td>3.54%</td>
<td>0.09%</td>
</tr>
<tr>
<td>2007</td>
<td>1.83%</td>
<td>0.84%</td>
<td>(0.99%)</td>
</tr>
<tr>
<td>2008</td>
<td>0.37%</td>
<td>0.28%</td>
<td>(13.90%)</td>
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Historical Synthetic Fixed Benefit/(Cost)

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**TOTAL** | $19.41                      | ($25.65)                   | ($6.27)                     |

Bonds Swap Basis Risk

Max 14.67% 3.54% 0.09%
Average 1.83% 0.84% (0.99%)
Minimum 0.37% 0.28% (13.90%)
Current 1.65% 1.39% (0.26%)

Rates as of COB 07/18/2022. Subject to market conditions. For illustration purposes only. Actual results will depend on future market conditions and may differ. Past performance may not indicate future results.

1 Historical Basis Risk calculated from 12/28/2006 to 06/13/2022. Assumes variable bond rate paid equals weighted average of Series 2006ABC ARS (CUSIP's 69753LAB3, 69753LAD9 and 69753LAC1). Assumes floating swap rate received equals 56% of 1-Month LIBOR + 0.23%.

2 Amounts shown in $Millions. Assumes PH's traditional fixed insured non-callable bond rate was 4.24% on 11/17/2006.
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ADDENDUM B
# SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, JULY 11, 2022

## AGENDA ITEM

- **DISCUSSION**

## I. CALL TO ORDER

Pursuant to Health Board Resolution No. 01.10.22(03)-03 the meeting was held virtually and called to order at 5:30 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 Tuesday, July 8, 2022 which is consistent with legal requirements.

## II. ESTABLISHMENT OF QUORUM

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

Excused Absences: None

## III. PUBLIC COMMENTS

- Jolene Crouse, Gil Milan and Susan Adams spoke about the union negotiations

## IV. ADJOURNMENT TO CLOSED SESSION

### A. *CONFERENCE WITH LABOR NEGOTIATORS* - Palomar Health designated representative: Daniel Kanter. Employee organization: California Nurses Association (CNA) and the Caregivers and Healthcare Employees Union CHEU

### B. Pursuant to California Government Code Section 54957(B): Public Employee Performance Evaluation – President and CEO

## V. RE-ADJOURNMENT TO OPEN SESSION

## VI. ACTION RESULTING FROM CLOSED SESSION DISCUSSION, IF ANY
**AGENDA ITEM**

- **DISCUSSION**
  - A. Chair Greer read Closed Session agenda item IV.A. aloud, and reported that during closed session the Board of Directors approved the union contact by a vote of five ayes, one absence and one abstention.
  - B. Chair Greer reported that Closed Session agenda item IV.B. was deferred to an upcoming meeting.

**VII. FINAL ADJOURNMENT**

There being no further business, Chair Greer adjourned the meeting at 6:21 p.m.

**SIGNATURES:**

<table>
<thead>
<tr>
<th>BOARD SECRETARY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Terry Corrales, R.N.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOARD ASSISTANT</th>
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<tbody>
<tr>
<td>Debbie Hollick</td>
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**SPECIAL CLOSED SESSION BOARD OF DIRECTOR’S MEETING MINUTES – MONDAY, JULY 11, 2022**

---

44
### Agenda Item

- **Discussion**

<table>
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<tr>
<th>Conclusion/Action/Follow Up</th>
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### NOTICE OF MEETING

Notice of Meeting was posted at the Palomar Health Administrative Office; also posted with full agenda packet to the Palomar Health website on Friday, July 8, 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 6:31 p.m. by Board Chair Linda Greer.

### II. ESTABLISHMENT OF QUORUM

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

Excused Absence: Director Griffith

### 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.
# Board of Directors Meeting Minutes – Monday, July 11, 2022

## Agenda Item

- **Discussion**

## V. APPROVAL OF MINUTES

<table>
<thead>
<tr>
<th>Item</th>
<th>Motion</th>
<th>Vote</th>
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</thead>
</table>
| A. Special Closed Session Board of Directors Meeting - Monday, June 13, 2022 | **MOTION:** By Director Edwards-Tate, 2
d by Director Pacheco and carried to approve the Monday, June 13, 2022 Special Closed Session Board of Directors Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that six board members were in favor. None opposed. No abstentions. One absence. Motion approved. |
| B. Board of Directors Meeting - Monday, June 13, 2022                | **MOTION:** By Director Barry, 2
d by Director Corrales and carried to approve the Monday, June 13, 2022 Board of Directors Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that six board members were in favor. None opposed. No abstentions. One absence. Motion approved. |
| C. Special Board FY2023 Budget Approval Meeting - Tuesday, June 14, 2022 | **MOTION:** By Director Corrales, 2
d by Director Barry and carried to approve the Tuesday, June 14, 2022 Special Board FY2023 Budget Approval Meeting minutes as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – abstain Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that five board members were in favor. None opposed. One abstention. One absence. Motion approved. |
VI. PRESENTATIONS

A. Patient Experience Moment

- Chief Administrative Officer Stephanie Baker introduced Oceanside fire captain Ryan Robinson, a former stroke patient who shared his experience with the board. He related that the care he received at every point during his stay at Palomar Health was unbelievable; outstanding care from beginning to end. He is here tonight to share his gratitude with everyone and went back to the hospital to share his appreciation with those involved.
  - Utilizing the information on page 52 of the board meeting packet, Ms. Baker shared the latest stroke program data, which illustrated the significant improvements being made in our response time with stroke patients, which enabled Mr. Robinson to make such a speedy recovery. Palomar Health is proud to be a Certified Stroke Center.
  - Chair Greer thanked Mr. Robinson for sharing his story with the board, adding that she is very happy to hear about his great recovery. She added that she is grateful for what he does every day as a first responder.

B. Physician Updates

- Chief Quality Officer Dr. Omar Khawaja introduced University California San Diego (UCSD) neurosurgeons Dr. Alexander Khalessi and Dr. Martin Pham, who have been serving our patients for approximately the past two years. They currently perform some of the most intensive cases done at Palomar Health.
  - Dr. Khalessi stated that they are delighted with the partnership between UCSD and Palomar Health, noting that Dr. Pham is very committed to developing a practice here in north county. Shared that neurosurgeon Dr. David Santiago-Dieppa, who could not be here tonight, is also one of the main providers in this group and has the distinction of being a dual trained vascular and cranial surgeon. Working with Palomar physicians, they have been able to put together a highly collaborative team that has been well equipped to manage everything that may come through the door. This team is also helping to elevate the level of care now being experience by all San Diegans through our Orthopedic and Spine Center of Excellence.
  - Dr. Pham shared that it has been a pleasure and a privilege to join this team, noting that he has an intense interest in the spine in particular and therefore appreciates that Palomar has robotic surgery capabilities that can be offered to patients. These technologies allow PH patients to have advanced surgeries here in their neighborhood rather than having to go down to San Diego, which is a great patient satisfier. Working with PH physicians has been a very collaborative effort; it offers the ability to perform more complex cases and to better care for our patients here in their own neighborhood.
  - Chair Greer thanked the physicians for their informative discussion, noting that UCSD is first class; therefore we are very happy to partner with them in order to provide an even higher level of service and care for our patients. It was also noted that PH staff who use the network have the ability to access these advanced services. She added that an office is in the works for this campus to make access for our patients even more convenient; we look forward to all of the opportunities this will provide. Marketing the Center of Excellence to the community will allow our patients to learn all about this comprehensive program.

VII.* APPROVAL OF AGENDA to accept the Consent Items as listed
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action/Follow Up</th>
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<tbody>
<tr>
<td><strong>Discussion</strong></td>
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</tr>
<tr>
<td>A. Palomar Medical Center Escondido Medical Staff Credentialing &amp; Reappointments</td>
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<tr>
<td>B. Palomar Medical Center Poway Medical Staff Credentialing &amp; Reappointments</td>
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<tr>
<td>C. Modification to the Palomar Medical Center Poway Medical Staff Bylaws</td>
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<tr>
<td>D. Modification to the Palomar Medical Center Escondido Medical Staff Bylaws</td>
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<tr>
<td>E. Emergency Department Performance Improvement and Patient Safety (PIPS) Program for Palomar Medical Center Escondido and Palomar Medical Center Poway</td>
<td>A. <strong>MOTION:</strong> By Director Barry, 2nd by Director Corrales and carried to approve the Palomar Medical Center Escondido Medical Staff Credentialing &amp; Reappointments as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – abstain Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that five board members were in favor. None opposed. One abstention. One absence. Motion approved.</td>
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<tr>
<td>F. Modification to the Emergency Medicine Clinical Privilege Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway</td>
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<td>G. Modification to the Department of Emergency Medicine Rules and Regulations for Palomar Medical Center Escondido and Palomar Medical Center Poway</td>
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<tr>
<td>H. Registered Nurse First Assist (RNFA) Surgical Clinical Privileges Checklist for Palomar Medical Center Escondido and Palomar Medical Center Poway</td>
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<td>Board of Directors Meeting Minutes – Monday, July 11, 2022</td>
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<td><strong>Agenda Item</strong></td>
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<td><strong>B. MOTION:</strong> By Director Pacheco, 2nd by Director</td>
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<td>Corrales and carried to approve the Palomar Medical</td>
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<td>Center Poway Medical Staff Credentialing &amp; Reappoints</td>
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<td>as presented. Roll call voting was utilized. Director</td>
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<td>Corrales – aye Director Griffith – absent Director</td>
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<td>Greer – aye Director Barry – aye Director Clark – aye</td>
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<td>Director Pacheco – aye Director Edwards-Tate – aye</td>
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<tr>
<td>Chair Greer announced that six board members</td>
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<td>were in favor. None opposed. No abstentions. One</td>
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<tr>
<td>absence. Motion approved.</td>
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**MOTION:** By Director Barry, 2nd by Director Corrales and carried to approve the Modification to the Palomar Medical Center Poway Medical Staff Bylaws as presented. Pursuant to discussion below, 2nd motion by Director Barry, 2nd by Director Corrales and carried to approve agenda items VII.C. – VII.H. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that six board members were in favor. None opposed. No abstentions. One absence. Motion approved.
### Board of Directors Meeting Minutes – Monday, July 11, 2022

#### Agenda Item

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<tr>
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<td>Chair Greer reported that a board member requested to review agenda items VII.C. – VII.H. individually instead of approving them all at one time, which is the true construct of Consent Agenda items. To that end, she requested that Chiefs of Staff Dr. Sabiha Pasha and Dr. Edward Gurrola provide a high level overview of each of those documents. As the board is familiar with agenda items VII.A. and VII.B., no such explanation would be needed.</td>
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<td>A. Director Clark asked why there is no financial information for May results.</td>
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<td>Outside Counsel Jessica Brown called for order stating that if a discussion of the financials is not noticed on tonight’s Board of Directors meeting agenda, pursuant to the Brown Act they may not be discussed at this time. There is a report from the Board Finance Committee at the end of the agenda but the board should not be skipping around the agenda. The board has an obligation to the Brown Act to provide adequate notice to the public of all agenda items so they may participate. If Mr. Clark has a special interest in said financials he may approach the board chair through the appropriate channels prior to the board meeting to have it agendized. She then returned the floor back to Chair Greer to continue on with the physician credentialing, which is where the board was prior to Mr. Clark’s question.</td>
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<td>B. There was no discussion.</td>
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<td>C. Director Barry noted that when she read the redline version of the bylaws it appeared to her that this was just an updating of the current bylaws with some modernizations to include email and electronic balloting. Dr. Gurrola concurred with Director Barry on those changes, adding that there were revisions to update the formal naming convention for Palomar Medical Center Poway. He added that a significant overhaul of the bylaws is currently being conducted which will take several months to complete, and will include additional nomenclature updates.</td>
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<td>Director Pacheco requested that such large board meeting packets be presented in smaller, digestible pieces.</td>
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<td>Discussion re: having the Medical Staff bylaws go through the Board Governance Committee first, then on to the full board. It was also discussed that the two campuses’ bylaws could be reviewed by the Board of Directors individually, one per monthly meeting, rather than both at the same time.</td>
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<td>Dr. Gurrola responded that this cannot be done piecemeal as the two sets of bylaws have to be standardized in many ways; therefore they would need to be reviewed / approved at the same meeting.</td>
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<td>Chair Greer asked Ms. Brown if it is appropriate for the board to vote on if the board needs to add this option to the standard reviewing process.</td>
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<td>Ms. Brown opined that pursuant to the Board Governance Committee’s function, the appropriate procedure for taking matters from the Medical Staff and bringing them to the board is to send them to Board Governance for their review, then forward to the full board for approval. The board has the option to take the above policies to the Board Governance Committee for their review at this time.</td>
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<td>Discussion as to the appropriateness of a board committee reviewing a medical policy. Ms. Brown advised that a medical staff member could attend the Board Governance Committee meeting to answer any questions / provide clarification.</td>
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<td>Dr. Pasha suggested that the Form A’s contain explanatory verbiage that addresses the revisions.</td>
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<td>Director Edwards-Tate did not want to ask the medical staff to do any more work than what is currently expected of them, and would not want to impede their progress in any way.</td>
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**Board of Directors Meeting Minutes – Monday, July 11, 2022**

### Agenda Item

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<tr>
<td>Chief Legal Officer Kevin DeBruin suggested that the board review the current limited edits to the bylaws; then review the forthcoming broadly revised version at the Board Governance Committee or provide explanatory Form A’s to the full board and send them directly there.</td>
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<td>Chair Greer agreed with the suggestion, adding that at this time the board could approve agenda items VII.C. – VII.H. in order to meet any time constraints.</td>
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### VIII. REPORTS

#### A. Medical Staffs

1. Palomar Medical Center Escondido

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

- A Joint Conference Committee was held last week, with discussion on the topics of call panels closure and the draft strategic plan created by Guidehouse. MEC physicians to provide their input to Guidehouse in the coming weeks.

- COVID update - as of today there are 22 COVID-positive patients in-house, with one patient in the ICU.

- Started a new Emergency department performance improvement and patient safety program that outlines how to evaluate and monitor the performance of the Emergency Department performance and quality care delivery at Palomar Medical Center Escondido and Palomar Medical Center Poway based on national, regional, and local standards of emergency care.

- Approved Registered Nurse First Assist Clinical Privilege checklist.

- Director Greer asked if the Medical Staff will be holding nominations and elections for the Chief of Staff Elect and Secretary/Treasurer positions this November, for which Dr. Pasha responded in the affirmative. The term for each is three years.

2. Palomar Medical Center Poway

Palomar Medical Center Poway Chief of Staff Dr. Edward Gurrola II provided the following report:

- Still challenged to fully staff the operating rooms. Anesthesiologist credentialing is ongoing as is building up nursing staff; therefore still running only three of the four operating rooms. Should be fully staffed in the fourth operating room in 3 – 4 months.

- Necrotizing fasciitis update – currently working to have trauma physicians handle the cases and get them transferred up to the Escondido campus.

- Currently COVID patients are not impacting the hospital or ICU

- Director Clark asked if there is a plan with time and date to open the fourth operating room. Dr. Gurrola replied that as soon as the above elements are achieved the room can be opened. Also working heavily to open the outpatient surgery centers on both campuses as soon as possible, which will benefit the hospital operating room staffing possibilities.
**Board of Directors Meeting Minutes – Monday, July 11, 2022**

### Agenda Item

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### B. Administrative

1. Chair of the Palomar Health Foundation

   Utilizing the attached report, Palomar Health Foundation Chair Kirk Effinger presented the July 2022 Foundation Update to the board.

   - Chair Greer thanked Mr. Effinger for his report, noting that this board and the organization as a whole are very grateful for all the wonderful work the Foundation is doing to support Palomar Health and the patients it serves. Past boards may have not acknowledged this enough, but Chair Greer wanted to make clear that the organization could not do all of the great work it does without the tireless efforts of our Foundation. She also requested that the dates for the upcoming Foundations events be forwarded to the board for their awareness and participation.

2. President and CEO

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

   - Palomar Health is proud to announce that an agreement has been reached with the collective bargaining unit. The board ratified the proposed contract at a meeting earlier in the evening; staff ratified the contract as well. Noted that we can now get back to doing the work of the organization. Shared her appreciation with the bargaining team for their many months of tireless work in this regard.

   - The FY 2023 budget was approved by the Board of Directors at a meeting held on June 14th, thus stretching the organization to push into the future with continued growth and financial sustainability. Thanked the board for their support in this process.

   - Announced the impending retirement of Chief Operations Office Sheila Brown, who has been an instrumental part of this organization and community for the past thirty years. She will continue to lend her history and expertise on special projects and as Executive Liaison to the Board Community Relations committee. A small celebration will be held in her honor later this month. We wish her all the best and give heartfelt thanks for all she has done and will continue to do for Palomar Health.

   - Director Greer shared her appreciation for Ms. Brown, noting that what she does comes from her heart and is a part of her life. We are grateful for all her contributions.

3. Chair of the Board

   - The Board is looking forward to attending the September 13–16 Association of California Healthcare Districts annual meeting in Anaheim, which will cover such topics as innovation, changing healthcare environments, social determinants of health, diversity and inclusion, health equity, and emergency response and preparedness.
### Board of Directors Meeting Minutes – Monday, July 11, 2022

#### Agenda Item

- **Discussion**

  **i. Recognition**
  
  Chair Greer presented certificates of recognition to the following staff members for their outstanding service to the board, noting that they are all examples of living the organizational mission statement and values of compassion, integrity, teamwork, excellence, service and trust. She added that this will be a monthly process going forward; requested fellow board members forward her nominees they wish to have recognized at these meetings.
  
  o Vivian Castellano, IT Support Technician
  o Luis De Castro, IT Support Technician
  o David Pape, Vice President Information Technology
  o Anis Trablisi, Chief Security Officer
  o Clayton Trosclair, Physician Relations Manager

  **ii. Board of Directors Self-Assessment**

  ii. The Board of Directors Self-Assessment was deferred to the August 8, 2022 Board of Directors meeting so additional board input could be garnered.

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

| A. Revision of Policies Policy - Lucidoc #21794 |
| B. Policies, Guidelines, & Procedures Review & Approval Policy – Lucidoc #26974 |
| C. Opening Ceremony for Board Meetings Policy - Lucidoc #21784 |
| D. Leadership and Management Policy - Lucidoc #26975 |
| E. Establishing Regular Board Meeting Dates Policy - Lucidoc #21793 |
| F. Compensation of Board Members Policy - Lucidoc #21805 |
| G. Annual Financial Audit Policy - Lucidoc #21808 |

**MOTION:** By Director Barry. 2nd by Director Corrales and carried to retire the policies listed in agenda items I.X.A. – I.X.G. Roll call voting was utilized.

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

Chair Greer announced that five board members were in favor. None opposed. One abstention. One absence. Motion approved.

- The board agreed to vote on agenda items I.X.A. – I.X.G. as one block since they contained no edits and were being retired as stand-alone policies. The policies have been subsumed into the board bylaws.

**H. Resolution No. 07.11.22(01)-15 of the Board of Directors of Palomar Health Approving Operation of NICU Service Line, Radiation Oncology Service Line and Oncology Call Panel on an Exclusive Basis**

**H. Resolution was pulled from the agenda and will be reviewed by Medical Staff. It will then be returned to the full board at the August 8, 2022 Board of Directors meeting.**

- Dr. Pasha requested the resolution be pulled for review by the Medical Staff.
Board of Directors Meeting Minutes – Monday, July 11, 2022

**Agenda Item**

- Discussion

<table>
<thead>
<tr>
<th>I. Resolution No. 07.11.22(02)-16 of the Board of Directors of Palomar Health: Bank of America Deposit Account &amp; Treasury Management Services Banking Resolution &amp; Certificate of Incumbency</th>
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<tr>
<td>Conclusion/Action/Follow Up</td>
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<tr>
<td>I. By Director Edwards-Tate, 2nd by Director Clark and carried to approve the Resolution No. 07.11.22(02)-16 of the Board of Directors of Palomar Health: Bank of America Deposit Account &amp; Treasury Management Services Banking Resolution &amp; Certificate of Incumbency as presented. Roll call voting was utilized. Director Corrales – aye Director Griffith – absent Director Greer – aye Director Barry – aye Director Clark – aye Director Pacheco – aye Director Edwards-Tate – aye Chair Greer announced that six board members were in favor. None opposed. No abstentions. One absence. Motion approved.</td>
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There was no discussion

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

- Audit and Compliance Committee
  - Committee Chair Greer reported that the committee was dark in June.

- Community Relations Committee
  - Committee Chair Corrales shared highlights from the meeting summary, which was included in the agenda packet. Thanked the committee for a very robust meeting full of valuable information.

- Finance Committee
  - Committee Chair Barry reported that the committee was dark in June.

- Governance Committee
  - In Committee Griffith’s absence, Chair Greer noted that the meeting summary was included in the agenda packet.

- Human Resources Committee
  - Committee Chair Corrales reported that the committee was dark in June.

- Quality Review Committee
**Agenda Item**

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<td>Committee Chair Greer shared highlights from the meeting summary, which was included in the agenda packet.</td>
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**G. Strategic & Facilities Planning Committee**

| Committee Chair Pacheco reported that the committee was dark in June. |                             |

**XI. FINAL ADJOURNMENT**

| There being no further business, Chair Greer adjourned the meeting at 8:24 p.m. |                             |

**Signatures:**

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<th>Board Secretary</th>
<th>Terry Corrales, R.N.</th>
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<td>Board Assistant</td>
<td>Debbie Hollick</td>
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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

Click here to check out the fun!
https://vimeo.com/716594525
CalBridge Behavioral Health Navigator

$240,000

Grant Awarded
John “Tom” McGalliard, RN, BSN, CCRN
District Manager of Interventional/Cardiac Procedures and Cardiology
Honoring Marcy Kaye ...
Germán Sarmiento Memorial
BLOOD DRIVE
Sponsored by Palomar Health Foundation

Wed., July 13 | 9:00 am - 2:00 pm
The Palomar Medical Center
Parked in the turnabout near the main lobby.
2185 Citracado Pkwy., Escondido, CA 92029

Schedule an Appointment Today!
Call (619) 400-8251
Scan QR Code
Visit sandiegobloodbank.org/donate

All donors receive a FREE Comic-Con limited-edition Thor T-shirt
(while supplies last, sizes subject to availability).

DONATE FOR PEOPLE LIKE GERMÁN
Germán Sarmiento, husband of Palomar Medical Center employee Christi Knight, was diagnosed with leukemia in 2011. During treatment, he received multiple blood and platelet transfusions, giving him strength to fight and hope for life. Donate in memory of Germán to ensure people with cancer have the blood they need to help them thrive.

Safety Measures in Place | Photo ID Required | Arrive Hydrated

San Diego Blood Bank
Float into Summer with the Palomar Health Foundation!

We have you covered ALL Summer long

July - “Float into Summer” Root Beer Float style
August - “Be the adventure” join us for S’mores
September - “Raise the Bar” Ice Cream

Catch the Wave of Giving and join the 500 Club!

Make a bi-weekly pledge of $22 for the year to ENJOY:

- Loyalty Card - GO to the "Front of the Line" for ALL Foundation events, 1 raffle entry ticket for ALL opportunity drawings during your pledge year! Plus, access to quarterly employee lunches
- Summer Beach Mat (Sand & Water Resistant!)
- Opportunity drawings for Cool Summer Prizes:
  o Beach Cruiser, Outdoor Fire Pit, Stand Up Paddle Board & More!

Need help signing up?! Want to know more?!
contact, Kim Nailon at
kimberly.nailon@palomarhealth.org
760.739.2961

Check this out!
ADDENDUM C
ANESTHESIA COVERAGE AND DIRECTOR SERVICES AGREEMENT
ARCH HEALTH PARTNERS, INC.
DBA PALOMAR HEALTH MEDICAL GROUP

TO: Board Finance Committee

MEETING DATE: Wednesday, July 27, 2022

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

Background: Hospital desires to retain Group as an independent contractor to provide on an exclusive basis through its Physicians certain administrative services and professional Anesthesia medical services in the operation of the Departments and has determined that this proposed arrangement with Group shall enhance the Departments’ and each Facility’s organization, procedure standardization, economic efficiency, professional proficiency, and provide other benefits to enhance coordination and cooperation among the Departments’ providers and users.

Group is a nonprofit public benefit corporation which has been organized and operates as a multi-site, fully integrated, multi-specialty clinic that provides for medical research and health care education, exempt from clinic licensure pursuant to California Health & Safety Code Section 1206(l). Group contracts with physician(s) who are duly qualified and licensed to practice medicine in the state of California, who are experienced and qualified to provide professional services in the specialized field of anesthesia and who are members of Hospital’s Medical Staff.

Budget Impact: Budgeted

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
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<tbody>
<tr>
<td>TITLE</td>
<td>Anesthesia Coverage and Director Services Agreement</td>
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<tr>
<td>AGREEMENT DATE</td>
<td>November 1, 2021</td>
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<tr>
<td>PARTIES</td>
<td>Palomar Health and Arch Health Partners, Inc. dba Palomar Health Medical Group</td>
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<tr>
<td>1. PURPOSE</td>
<td>Hospital desires to retain Group as an independent contractor to provide on an exclusive basis through its Physicians, certain administrative services and professional Anesthesia medical services in the operation of the Department.</td>
<td></td>
</tr>
<tr>
<td>Recital C. SCOPE OF SERVICES</td>
<td>Professional Services and Medical Director Duties</td>
<td></td>
</tr>
<tr>
<td>PROCUREMENT METHOD</td>
<td>☐ Request For Proposal</td>
<td>☒ Discretionary</td>
</tr>
<tr>
<td>12. TERM</td>
<td>November 1, 2021 – October 31, 2024</td>
<td></td>
</tr>
<tr>
<td>12. &amp; 13. RENEWAL</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>13. a) TERMINATION</td>
<td>Either party may terminate this Agreement at any time without cause by providing no less than one hundred eighty (180) days’ written notice to the other party.</td>
<td></td>
</tr>
<tr>
<td>FAIR MARKET VALUATION</td>
<td>☒ YES ☐ No 5/2/2022</td>
<td></td>
</tr>
<tr>
<td>11. b) COMPENSATION METHODOLOGY</td>
<td>The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Professional Services to be furnished hereunder without regard to the volume or value of the federal health care program or any other business generated by and among the Parties.</td>
<td></td>
</tr>
<tr>
<td>BUDGETED</td>
<td>☒ YES ☐ No – IMPACT:</td>
<td></td>
</tr>
<tr>
<td>EXCLUSIVITY</td>
<td>☒ NO ☒ YES – EXPLAIN:</td>
<td></td>
</tr>
<tr>
<td>Recital A JUSTIFICATION</td>
<td>Hospital owns and operates an emergency department and/or Trauma Center at two (2) acute care hospitals in the north San Diego community, including Palomar Medical Center Escondido and Palomar Medical Center Poway.</td>
<td></td>
</tr>
<tr>
<td>AGREEMENT NOTICED</td>
<td>☐ YES ☒ NO Methodology &amp; Response:</td>
<td></td>
</tr>
<tr>
<td>ALTERNATIVES/IMPACT</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Duties</td>
<td>☒ Provision for Staff Education ☒ Provision for Medical Staff Education ☒ Provision for participation in Quality Improvement ☒ Provision for participation in budget process development</td>
<td></td>
</tr>
<tr>
<td>COMMENTS</td>
<td>None.</td>
<td></td>
</tr>
<tr>
<td>APPROVALS REQUIRED</td>
<td>☐ VP X-CFO ☒ CEO X-BOD-Committee – Finance; X-BOD</td>
<td></td>
</tr>
</tbody>
</table>
Graybill Medical Group, Inc., has agreements with physicians who are Board certified or Board eligible with specialty training and recent experience in Cardiology. All physicians are licensed to practice medicine in the state of California, are members in good standing with the Palomar Health Medical Center medical staff with no disciplinary/probation actions in process and are approved by the Hospital medical staff to serve on the EKG reading panel. Physicians placed on the EKG reading panel are appointed by the Cardiology Committee.

Palomar Health desires to engage Graybill Medical Group, Inc., to assure uninterrupted coverage to inpatients, specifically unassigned patients who may require an EKG reading.

The parties desire this agreement to cover and be confined to services provided to emergency department and inpatient EKG readings for hospital patients who have no primary care provider on the hospital medical staff or an established practitioner-patient relationship with a member of the hospital medical staff and/or require the care of a credentialed Cardiology physician with privileges and competency for EKG interpretation.

**Budget Impact:** Budgeted

**Staff Recommendation:**

**Committee Questions:**

**COMMITTEE RECOMMENDATION:**

**Motion:**

**Individual Action:**

**Information:**

**Required Time:**
# Palomar Health – Agreement Abstract

<table>
<thead>
<tr>
<th>Section</th>
<th>Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
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<tbody>
<tr>
<td>TITLE</td>
<td></td>
<td>AGREEMENT FOR SERVICE – EKG READING PANEL</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>AGREEMENT DATE</td>
<td>12/1/2021</td>
<td></td>
</tr>
<tr>
<td>1ST Paragraph</td>
<td>PARTIES</td>
<td>Palomar Health and Graybill Medical Group, Inc.</td>
<td></td>
</tr>
<tr>
<td>B., C.</td>
<td>PURPOSE</td>
<td>To ensure that one or more medical staff members on-call are available to read EKGs for inpatients, and Palomar Health desires to engage Graybill Medical Group, Inc., to assure uninterrupted coverage to inpatients, specifically unassigned patients who may require an EKG reading.</td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>SCOPE OF SERVICES</td>
<td>Reading of EKGs per the monthly patient list provided by the Cardiology Committee.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROCUREMENT METHOD</td>
<td>□ Request For Proposal</td>
<td>X Discretionary</td>
</tr>
<tr>
<td>7.</td>
<td>TERM</td>
<td>December 1, 2021 to November 30, 2023</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>RENEWAL</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>TERMINATION</td>
<td>Either party may terminate this agreement without cause, expense, or penalty at any time after the effective date of this agreement by providing sixty (60) days’ written notice.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>FAIR MARKET VALUATION</td>
<td>X YES □ NO – DATE COMPLETED: 11/19/2021</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>COMPENSATION METHODOLOGY</td>
<td>The compensation provided to Graybill Medical Group, Inc., under this Agreement is fair market value for the items’ services provided to or on behalf of PH and does not take into account the volume or value of referrals or other business generated between the Parties. The items’ services provided to or on behalf of PH do not exceed those that are commercially reasonable and necessary for the business purposes of this Agreement.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BUDGETED</td>
<td>X YES □ NO – IMPACT:</td>
<td></td>
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<tr>
<td></td>
<td>EXCLUSIVITY</td>
<td>X NO □ YES – EXPLAIN:</td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>JUSTIFICATION</td>
<td>This service is for Hospital patients who have no primary care provider on the Hospital Medical Staff or an established Practitioner-Patient relationship with a member of the Hospital Medical Staff and/or require the care of a credentialed Cardiology physician who is able to provide professional interpretation of EKGs.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>AGREEMENT NOTICED</td>
<td>□ YES X NO Methodology &amp; Response: FMV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALTERNATIVES/IMPACT</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Duties</td>
<td>□ Provision for Staff Education</td>
<td>□ Provision for Medical Staff Education</td>
<td>□ Provision for participation in Quality Improvement</td>
</tr>
<tr>
<td>COMMENTS</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPROVALS REQUIRED</td>
<td>□ VP X-CFO □ CEO X-BOD-Committee – Finance; X-BOD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TO: Board Finance Committee

MEETING DATE: Wednesday, July 27, 2022

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

Background: Hospital owns and operates several acute hospitals and other facilities that require leadership and support of the Palomar Health’s bariatric services program.

Physician shall serve as the medical director of the program and shall be responsible for the medical direction of the program and the performance of the other medical administrative services set forth in the agreement including all of the duties customarily associated therewith to the reasonable satisfaction of the hospital. Physician shall abide by all policies and procedures of the Medical Staff.

Budget Impact: Budgeted

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
# PALOMAR HEALTH – AGREEMENT ABSTRACT

<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
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<tbody>
<tr>
<td>TITLE</td>
<td>Amendment No. 2 to Medical Director Agreement – Bariatric Services</td>
<td></td>
</tr>
</tbody>
</table>
| AGREEMENT DATE    | Original: January 1, 2020  
Amendment No. 1: January 1, 2021  
Amendment No. 2: January 1, 2022 |
| PARTIES           | Palomar Health and Karen Hanna, MD |
| A. PURPOSE        | Physician leadership and support of Palomar Health Bariatric Services |
| C. SCOPE OF SERVICES | Physician will manage, generally supervise, and direct the medical administrative operations of the program. |
| PROCUREMENT METHOD | ☑ Request For Proposal  
X Discretionary |
| 12. TERM          | Amendment No. 2: 1 year: January 2, 2022 to January 1, 2023 |
| 12. RENEWAL       | None. |
| 13. TERMINATION   | Either party may terminate this Agreement without cause upon thirty (30) days’ prior written notice. |
| FAIR MARKET VALUATION | X YES  
☐ NO – DATE COMPLETED: 12/20/2021 |
| 11. b) COMPENSATION METHODOLOGY | The Parties hereby acknowledge and agree that the compensation hereunder is the product of bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be furnished hereunder without regard to the volume or value of the federal health care program or any other business generated by and among the Parties. |
| BUDGETED          | X YES  
☐ NO – IMPACT: |
| EXCLUSIVITY       | X NO  
☐ YES – EXPLAIN: |
| A. JUSTIFICATION  | Hospital owns and operates several acute hospitals and other facilities that require physician leadership |
| AGREEMENT NOTICED | ☑ YES  
☐ NO – Methodology & Response: FMV |
| ALTERNATIVES/IMPACT | N/A |
| Duties            | ☑ Provision for Staff Education  
☑ Provision for Medical Staff Education  
☑ Provision for participation in Quality Improvement  
☑ Provision for participation in budget process development |
| COMMENTS          | None. |
| APPROVALS REQUIRED | ☑ VP  
X-CFO  
☐ CEO X-BOD-Committee – Finance; X-BOD |
UCSD MEDICAL DIRECTOR AGREEMENT FOR MEDICAL PERINATOLOGY

TO: Board Finance Committee

MEETING DATE: Wednesday, July 27, 2022

FROM: Hubert U. King, CFO

Background: The Agreement addresses the need for medical director provision specifically for Palomar Health’s Medical Perinatology/Fetal Medicine Services. Assigned Physician shall serve as medical director of the Program and shall be responsible for the medical direction of the Program and the performance of the other medical administrative services as set forth in the Agreement. Physician may perform similar duties within the scope of Physician’s responsibilities as Hospital may reasonably request to the extent permitted by applicable law. Hospital will provide Physician with a copy of its policies and procedures. Physician shall abide by all policies and procedures of the Medical Staff, provided that patient safety is not compromised and no federal, state or local laws are violated by following such policies.

Budget Impact: Budgeted

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
# Palomar Health – Agreement Abstract

<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>The Regents of the University of California San Diego (UCSD) Perinatology Services Coverage Agreement – 02.1.22</td>
<td></td>
</tr>
<tr>
<td><strong>Agreement Date</strong></td>
<td>Original agreement dated 09.01.2009</td>
<td>This agreement 02.01.22</td>
</tr>
<tr>
<td><strong>Parties</strong></td>
<td>Palomar Health, a California local healthcare district, and The Regents of the University of California San Diego, (UCSD)</td>
<td></td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>The Regents of the University of California San Diego (UCSD) to provide onsite and on call physician Medical Director services for Palomar Health Perinatology/ Fetal Medicine services</td>
<td></td>
</tr>
<tr>
<td><strong>Scope of Services</strong></td>
<td>Medical Director shall devote as much time as reasonably necessary in performing the Medical Director services required under this agreement to ensure the proper management of the Program</td>
<td></td>
</tr>
<tr>
<td><strong>Procurement Method</strong></td>
<td>☐ Request For Proposal</td>
<td>X Discretionary</td>
</tr>
<tr>
<td><strong>Term</strong></td>
<td>February 1, 2022 – January 31, 2023</td>
<td></td>
</tr>
<tr>
<td><strong>Renewal</strong></td>
<td>Automatic renewal with yearly review</td>
<td></td>
</tr>
<tr>
<td><strong>Termination</strong></td>
<td>Either party may terminate this Agreement without cause, for any reason with 120 day written notice</td>
<td></td>
</tr>
<tr>
<td><strong>Fair Market Valuation</strong></td>
<td>X YES ☐ NO – Date Completed: May 31, 2022</td>
<td></td>
</tr>
<tr>
<td><strong>Compensation Methodology</strong></td>
<td>The parties hereby acknowledge and agree that the compensation hereunder is the product of a bona fide arms-length negotiations and represents a commercially reasonable and fair market value payment for the Services to be provided hereunder without regard to the volume or value of federal health care program or any other business generated by and among the Parties</td>
<td></td>
</tr>
<tr>
<td><strong>Budgeted</strong></td>
<td>X YES ☐ NO – Impact:</td>
<td></td>
</tr>
<tr>
<td><strong>Exclusivity</strong></td>
<td>X NO ☐ YES – Explain:</td>
<td></td>
</tr>
<tr>
<td><strong>Justification</strong></td>
<td>Hospital owns and operates several acute hospitals and other facilities, which require physician leadership and support of the Medical Perinatology Program</td>
<td></td>
</tr>
<tr>
<td><strong>Agreement Noticed</strong></td>
<td>☐ YES X NO – Methodology &amp; Response:</td>
<td></td>
</tr>
<tr>
<td><strong>Alternatives/Impact</strong></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Duties</strong></td>
<td>X Provision for Staff Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Provision for Medical Staff Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Provision for participation in Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Provision for participation in budget process development</td>
<td></td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Approvals Required</strong></td>
<td>☐ VP X-CFO ☐ CEO X- BOD Committee – Finance X BOD</td>
<td></td>
</tr>
</tbody>
</table>
Addendum to Medical Director Agreement
Respiratory/Pulmonary Services
Frank Bender, M.D.

TO: Board Finance Committee

MEETING DATE: Wednesday, July 27, 2022

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

Background: This Addendum to the Medical Director Agreement of Respiratory and Pulmonary services will include the medical directorship of Outpatient Pulmonary Rehab Services (“Program”). The Medical Director shall deliver high quality services to eligible patient participants of the outpatient pulmonary rehab program along with other medical administrative responsibilities as outlined in the agreement to the reasonable satisfaction of the Hospital to include but not limited to clinical expertise and oversight to multidisciplinary pulmonary rehab staff as required, assist with program development, communicate with Palomar Health referring physicians regarding pulmonary rehab benefits for patients, provide oversight of the ITP process to ensure regulatory compliance, assist with department education of staff and patients, provide recommendations for department policies/procedures, and monitor outcomes of key program metrics.

Budget Impact: Budgeted

Staff Recommendation:

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>Section Reference</th>
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<th>Term/Condition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>Addendum No. 1 to Medical Director Agreement</td>
<td></td>
</tr>
</tbody>
</table>
| AGREEMENT DATE     | Original: September 1, 2020  
                       Amendment No. 1: May 4, 2022 |
| PARTIES            | Palomar Health and Escondido Pulmonary and Sleep Specialists, Inc. (EPSS) with respect to Frank Bender, M.D. |
| PURPOSE            | Physician leadership and support of the Respiratory/Pulmonary Program which includes the Outpatient Pulmonary Rehab medical directorship outlined in the Addendum. |
| SCOPE OF SERVICES  | Physician shall serve as medical director of Program and be responsible for the medical direction of Program and performance of all other medical administrative services set forth in this Agreement, Exh. A, including medical directorship of the Outpatient Pulmonary Rehab set forth in the Addendum. |
| PROCUREMENT METHOD | ☐ Request For Proposal  
                       ☒ Discretionary |
| TERM               | 2 years |
| RENEWAL            | None |
| 12. TERMINATION    | August 31, 2024 |
| FAIR MARKET VALUATION | ☒ YES ☐ NO – DATE COMPLETED: 8/12/2020 |
| COMPENSATION METHODOLOGY | Physician prepares and submits complete and accurate time logs, documenting separately all time spent providing Medical Director services for the Program. |
| BUDGETED           | ☒ YES ☐ NO – IMPACT: |
| EXCLUSIVITY        | ☒ NO ☐ YES – EXPLAIN: |
| JUSTIFICATION      | Hospital owns and operates several acute hospitals and other facilities which require physician leadership and support of the Respiratory/Pulmonary Services (“Program”). |
| AGREEMENT NOTICED  | ☐ YES ☒ NO Methodology & Response: |
| ALTERNATIVES/IMPACT| N/A |
| Duties             | ☒ Provision for Staff Education  
                       ☒ Provision for Medical Staff Education  
                       ☒ Provision for participation in Quality Improvement  
                       ☒ Provision for participation in budget process development |
| COMMENTS           | None. |
| APPROVALS REQUIRED | ☐ VP ☒ CFO ☐ CEO X-BOD Committee – Finance; X-BOD |
OBHG California, PC
First Amendment to Professional Services Agreement
Obstetrics and Gynecologic Physician Coverage

TO: Board Finance Committee

MEETING DATE: Wednesday, July 27, 2022

FROM: Sheila Brown, RN, MBA, FACHE, Chief Operations Officer

Background: Palomar Medical Center Escondido provides services for women in the North County, including OB/GYN. These women’s health programs require an Obstetrician and Gynecologist to be in-house on a 24-hour, 7 days per week, basis. OBHG will additionally assist with the development of an obstetrics emergency department at the Hospital’s facility.

This amendment expands the coverage to include a Certified Nurse Midwife to each 24-hour shift and includes an increase to the monthly stipend to cover those additional services.

Budget Impact: Budgeted

Staff Recommendation: Approval

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
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</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>First Amendment to Professional Services Agreement</td>
<td></td>
</tr>
</tbody>
</table>
| AGREEMENT DATE    | Original: April 30, 2021  
1st Amendment: July 1, 2022 |
| PARTIES           | Palomar Health and OBHG California |
| PURPOSE           | To provide in-house obstetrical and gynecological coverage on a 24-hour, 7 days per week basis, as well as development of an obstetrics emergency department with 2 OB/GYNs and 1 CNM in-house 24/7 |
| SCOPE OF SERVICES | Provide in-house physician coverage for unassigned or emergent obstetric patients, provide consultative services and possible surgical services for unassigned emergent gynecologic patients; respond to all unassigned walk-in obstetrical and gynecologic calls/consults in ED or elsewhere in hospital; assist with discharge planning, including assistance with arranging for follow-up consultation |
| PROCUREMENT METHOD| ☐ Request For Proposal  
☑ Discretionary |
| TERM              | April 30, 2021 – May 1, 2024 |
| RENEWAL           | None |
| §§Sections 3.4, 3.5, 3.6 | TERMINATION | 30 days if breached; termination upon bankruptcy; termination due to violation of patient health, safety. |
| FAIR MARKET VALUATION | ☑ YES ☐ NO – DATE COMPLETED: 4/28/21 |
| COMPENSATION METHODOLOGY | Monthly |
| BUDGETED | ☑ YES ☐ NO – IMPACT: |
| EXCLUSIVITY | ☑ NO ☐ YES – EXPLAIN: |
| JUSTIFICATION |  |
| AGREEMENT NOTICED | ☐ YES ☐ NO  
Methodology & Response: |
| ALTERNATIVES/IMPACT |  |
| Duties | ☑ Provision for Staff Education  
☑ Provision for Medical Staff Education  
☑ Provision for participation in Quality Improvement  
☐ Provision for participation in budget process development |
| COMMENTS |  |
| APPROVALS REQUIRED | ☐ VP ☐ CFO ☐ CEO ☐ BOD Committee _____________  
☐ BOD |
Palomar Medical Center Escondido
2185 Citracado Parkway
Escondido, CA 92029
(442) 281-1005  (760) 233-7810 fax

Medical Staff Services

July 25, 2022

To: Palomar Health Board of Directors

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

Board Meeting Date: August 8, 2022

Subject: Palomar Medical Center Escondido Credentialing Recommendations

I. Provisional Appointment (08/08/2022 – 07/31/2024)
   Alkhider, Saad K., M.D., Internal Medicine
   Azadian, Moosa M., M.D., Critical Care Medicine
   Brown, Mitchell E., M.D., Emergency Medicine
   Farraji, Hamoudi S., D.O., Internal Medicine
   Ibrahim, Tahcin A., M.D., Anesthesiology
   Kabacka, Julia A., M.D., Ob/Gyn
   Katz, Jonathan E., M.D., Urology
   Kirby, Hannah E., M.D., Orthopaedic Surgery
   Kulas, Nicholas J., D.O., Emergency Medicine
   Lim, Michael H., M.D., Anesthesiology
   Lin, Chris J., M.D., Physical Medicine & Rehab
   Malkhasian, Armen M., M.D., Internal Medicine
   Metrusias, Nicolette A., Emergency Medicine
   Movahedian, Hamid R., M.D., Pediatrics
   Nassery, Kristen M., M.D., General Surgery
   Paz, Pedro F., M.D., Pediatrics
   Prasad, Ganesh B., M.D., Anesthesiology
   Romero, Larissa, M.D., Ob/Gyn
   Schultz, Bremen K., D.O., Anesthesiology
   Wakiy, Hussna, M.D., General Surgery
   Yasin, Talha, M.D., Infectious Disease
   Ye, Xuemei, M.D., Hematology/Oncology

II. Advance from Provisional to Active Category
    Lane, Richard A., M.D., Neurology (effective 09/01/2022 – 12/31/2022)
    Laufik, Martin, M.D., Diagnostic Radiology (effective 09/01/2022 – 12/31/2022)
    Nasiri, Arian, M.D., Vascular and Interventional Radiology (effective 09/01/2022 – 12/31/2023)
III. Additional Privileges
Deng, Charles, M.D., Emergency Medicine (effective 08/08/2022)
   - Emergency Ultrasound for Emergent Conditions
Malek, Mikhail, M.D., Cardiovascular Disease (effective 08/08/2022)
   - Transcatheter Aortic Valve Replacement (TAVR)
Moats, Thomas R., M.D., Emergency Medicine (effective 08/08/2022)
   - Emergency Ultrasound for Emergent Conditions
Raney, Emerald S., M.D., Emergency Medicine
   - Emergency Ultrasound for Emergent Conditions

IV. Voluntary Resignations
Blumberg, Garrett, M.D., Emergency Medicine (effective 06/30/2022)
Green, Nella L., M.D., Infectious Disease (effective 08/31/2022)
Kermanshahi, Arash Y., M.D., Orthopaedic Surgery (effective 08/31/2022)
Khashwji, Hasanali A., M.D., General Surgery (effective 08/31/2022)
Kureshi, Sohaib A., M.D., Neurosurgery (effective 06/28/2022)
Le, Pha C., D.O., Emergency Medicine (effective 07/31/2022)
Lee, Margaret M., M.D., Diagnostic Radiology (effective 06/13/2022)
Luetzow, William F., M.D., Orthopaedic Surgery (effective 08/31/2022)
Mann, Joseph M. III, M.D., Orthopaedic Surgery (effective 07/31/2022)
Portillo, Tania M., M.D., Emergency Medicine, (effective 05/30/2022)

V. Allied Health Appointment (08/08/2022 – 07/31/2024)
Lee, Jisoo, PA-C, Physician Assistant, Medicine (Sponsor: Dr. Choudry, on behalf of The Neurology Center)
Pidding, Apryl D., FNP, Family Nurse Practitioner, Radiology (Sponsor: Dr. Volpp for PH Radiation Oncology)

VI. Allied Health Reinstatement
Bennett, Jessica L, NNP, Neonatal Nurse Practitioner, Pediatrics (effective 08/08/2022 – 06/30/2024) (Sponsor: Dr. Golembeski on behalf of Children’s Specialists of San Diego)

VII. Allied Health Professional Resignations
Dinnall, Christina M., NNP, Neonatal Nurse Practitioner (effective 07/11/2022)
Levine, Jennifer H., PA-C, Physician Assistant, (effective 07/31/2022)
Ruiz, Natasha M., NP, Nurse Practitioner, Emergency Medicine (effective 07/11/2022)

VIII. PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT
Reappointment Effective 09/01/2022 – 05/31/2024
Modhwadia, Mamta D., M.D. Psychiatry Dept of Psychiatry Active

Reappointments Effective 09/01/2022 –08/31/2024
Anthony, Julian, N., M.D. Urology Dept of Urology Active
Asgari, Amir A., M.D. Internal Medicine Medicine Active
Atchikova, Elena Y., M.D. Internal Medicine Medicine Active
Bowman, Vi Q., M.D. Infectious Disease Medicine Consulting
Chen, Kan, D.O. Internal Medicine Medicine Active
Cork, Kelly N., M.D. Ob/Gyn Dept of Ob/Gyn Active
Danque, Pamela O., M.D. Pathology Dept of Pathology Active
### Reappointments Effective 09/01/2022 – 08/31/2024 (continued)

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<tr>
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<th>Specialty</th>
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<tr>
<td>Fitzgerald, Patrick J., M.D.</td>
<td>Otolaryngology</td>
<td>Dept of Surgery</td>
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<td>Ghatan, Andrew C., M.D.</td>
<td>Orthopaedic Surgery</td>
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<tr>
<td>Kudva, Archana K., M.D.</td>
<td>General Surgery</td>
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<td>Leon, Josue D., M.D.</td>
<td>Ob/Gyn</td>
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<td>Menon, Jhavni, M.D.</td>
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<td>Miniel, Nicholas J., M.D.</td>
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<td>Nemceff, Dennis, M.D.</td>
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<td>Oh, Irene J., M.D.</td>
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<td>Polikoff, Jonathan A., M.D.</td>
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<td>Riad, Shareef M., M.D.</td>
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<td>Sampath, Neha J., M.D.</td>
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<td>Santiago-Dieppa, David R., M.D.</td>
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<td>Wu, Justin S., M.D.</td>
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### IX. Allied Health Professional Reappointments Effective 09/01/2022 – 08/31/2024

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<td>Ebersoh, Tiffany A., PA-C</td>
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<td>Sikich, Michael A., PA-C</td>
<td>Physician Assistant</td>
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</table>

(Sponsors: Drs. Grove, Hanna, Brummel, Cohen, Dutton, Palanca, A. Patel, Sharp, Sorkhi)

(Sponsors: Dr. Ghatan on behalf of Kaiser Orthopaedics)

---

**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.
TO: Board of Directors

MEETING DATE: August 8, 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:
## PERSONAL INFORMATION

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<th>Saad K. Alkhider, M.D.</th>
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| Palomar Health Facilities     | Palomar Medical Center Escondido  
                               | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                      | Internal Medicine – Not Board Certified |

## ORGANIZATIONAL NAME

| Name                          | Palomar Hospitalist Medical Group |

## EDUCATION/AFFILIATION INFORMATION

**Medical Education Information**
- University of Baghdad College of Medicine  
  From: 10/01/2007  To: 07/15/2013  
  Doctor of Medicine Degree  

**Internship Information**
- Maricopa Medical Center  
  Resident Physician  
  From: 06/20/2019  To: 06/30/2020  

**Residency Information**
- St. Joseph’s Hospital/Medical Center, Phoenix  
  Resident Physician  
  From: 07/01/2020  To: 06/30/2022  

**Fellowship Information**
- N/A  

**Current Affiliation Information**
- N/A
## PERSONAL INFORMATION

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<th>Moosa M. Azadian, M.D.</th>
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                          | Palomar Medical Center Poway |

## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Critical Care Medicine – Not Board Certified  
                          | Emergency Medicine – Certified 2021 |

## ORGANIZATIONAL NAME

| Name                        | Palomar Intensivist Medical Group |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
                          | University of Southern California  
                          | From: 06/01/2012  To: 06/01/2017  
                          | Doctor of Medicine Degree |

| Internship Information       | N/A |

| Residency Information        | Residency  
                          | Loma Linda University Medical Center  
                          | Emergency Medicine  
                          | From: 07/01/2017  To: 07/01/2020 |

| Fellowship Information       | Fellowship  
                          | Loma Linda University Medical Center  
                          | Critical Care Medicine  
                          | From: 07/01/2020  To: 06/30/2022 |

| Current Affiliation Information | Loma Linda University Medical Center |
## PERSONAL INFORMATION

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## SPECIALTIES/BOARD CERTIFICATION

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## EDUCATION/AFFILIATION INFORMATION

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**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                  | Internal Medicine – Not Board Certified |

**ORGANIZATIONAL NAME**

| Name                        | Palomar Hospitalist Medical Group |

**EDUCATION/AFFILIATION INFORMATION**

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<td>Desert Regional Medical Center</td>
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## PERSONAL INFORMATION

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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Anesthesiology - Certified 1987 (Lifetime) |

## ORGANIZATIONAL NAME

| Name                        | Anesthesia Consultants of California Medical Group |

## EDUCATION/AFFILIATION INFORMATION

<table>
<thead>
<tr>
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<th>Medical School University of Alexandria, Egypt From: 09/15/1969 To: 06/15/1976 Doctor of Medicine Degree</th>
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<td>Fellowship Information</td>
<td>Fellowship Rush University Medical Center Anesthesia From: 12/29/1983 To: 12/31/1984</td>
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<td>Current Affiliation Information</td>
<td>St. Mary Medical Center JFK Memorial Hospital</td>
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# Personal Information

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# Specialties/Board Certification

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<th>Specialties</th>
<th>Obstetrics and Gynecology - Certified 2022</th>
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# Organizational Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Kaiser Permanente</th>
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# Education/Affiliation Information

| Medical Education Information | Medical School  
University of California, Davis  
From: 09/01/2011 To: 06/11/2015  
Doctor of Medicine Degree |
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| Residency Information | Residency  
University of California, San Diego  
Obstetrics/Gynecology  
From: 07/01/2015 To: 06/30/2019 |
| Fellowship Information | N/A |
| Current Affiliation Information | Kaiser Permanente, San Diego Medical Center |
**PERSONAL INFORMATION**

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<th>Provider Name &amp; Title</th>
<th>Jonathan E. Katz, M.D.</th>
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**SPECIALTIES/BOARD CERTIFICATION**

| Specialties | Surgery, Urology – Not Board Certified |

**ORGANIZATIONAL NAME**

| Name | UCSD Dept. of Urology |

**EDUCATION/AFFILIATION INFORMATION**

| Medical Education Information | Medical School  
University of Miami Leonard Miller School Of Medicine  
From: 08/01/2013 To: 05/10/2017  
Doctor of Medicine Degree |
|-------------------------------|----------------------------------|
| Internship Information        | Internship  
Jackson Memorial Hospital  
General Surgery  
From: 07/01/2017 To: 06/30/2018 |
| Residency Information         | Residency  
Jackson Memorial Hospital  
Urology  
From: 07/01/2018 To: 06/30/2022 |
| Fellowship Information        | Fellowship  
UCSD Medical Center  
Urology  
From: 07/01/2022 To: Present |
| Current Affiliation Information | UCSD Medical Center |
## PERSONAL INFORMATION

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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Orthopaedic Surgery - Certified 2020                      |

## ORGANIZATIONAL NAME

| Name                          | Kaska Orthopaedics                                       |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
George Washington University  
From: 08/24/2009 To: 05/19/2013  
Doctor of Medicine Degree |
|-------------------------------|----------------------------------------------------------|
| Internship Information        | Internship  
Naval Medical Center, San Diego  
Orthopaedic Surgery  
From: 07/01/2013 To: 06/30/2014 |
| Residency Information         | Residency  
Naval Medical Center, San Diego  
Orthopaedic Surgery  
From: 07/01/2014 To: 06/30/2018 |
| Fellowship Information        | N/A                                                      |
| Current Affiliation Information | Tri-City Medical Center  
Veterans Administration, San Diego  
Coast Center for Orthopedic Arthroscopic Surgery  
Oasis SCA Surgery Center  
Camp Pendleton Naval Hospital |
### PERSONAL INFORMATION

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<th>Provider Name &amp; Title</th>
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| **Palomar Health Facilities** | Palomar Medical Center Escondido  
Palomar Medical Center Poway |

### SPECIALTIES/BOARD CERTIFICATION

| Specialties | Emergency Medicine – Not Board Certified |

### ORGANIZATIONAL NAME

| Name | Palomar Emergency Physicians |

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
Marian University Osteopathic School of Medicine  
From: 07/01/2014 To: 05/16/2018  
Doctor of Osteopathic Medicine |
|--------------------------------|--------------------------------------------------|
| **Internship Information** | Internship  
Chicago College of Osteopathic Medicine  
Emergency Medicine  
From: 07/01/2018 To: 06/30/2019 |
| **Residency Information** | Residency  
Swedish Covenant Hospital  
Emergency Medicine  
From: 07/01/2019 To: 06/30/2022  
Swedish Hospital Park of North Shore |
| Fellowship Information | N/A |
| Current Affiliation Information | N/A |
PAOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

| Specialties          | Anesthesiology - Certified 2000 |

## ORGANIZATIONAL NAME

| Name                  | Anesthesia Consultants of California Medical Group |

## EDUCATION/AFFILIATION INFORMATION

### Medical Education Information

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### Residency Information

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<td>From: 07/01/1996 To: 07/01/1999</td>
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### Fellowship Information

| Fellowship Information | N/A |

### Current Affiliation Information

| Current Affiliation Information | Mercy Hospital of Folsom  
|                                | Plaza Surgery Center  
|                                | Premier Surgery Center  
|                                | Marian Medical Center |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
## PERSONAL INFORMATION

<table>
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<th>Provider Name &amp; Title</th>
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<td>Palomar Medical Center Escondido</td>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Physical Medicine & Rehab - Certified 2021 |

## ORGANIZATIONAL NAME

| Name                        | Kaiser Permanente |

## EDUCATION/AFFILIATION INFORMATION

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| Fellowship Information       | N/A       |

| Current Affiliation Information | Kaiser Permanente, San Diego Medical Center |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
# Personal Information

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| Palomar Health Facilities | Palomar Medical Center Escondido  
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# Specialties/Board Certification

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# Organizational Name

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# Education/Affiliation Information

| Medical Education Information | Medical School  
|-------------------------------| University of Baghdad College of Medicine  
|                               | From: 09/01/2003 To: 07/15/2009  
|                               | Doctor of Medicine Degree |
| Internship Information | N/A |
| Residency Information | Residency  
|                        | LewisGale Medical Center  
|                        | Internal Medicine  
|                        | From: 07/01/2018 To: 06/30/2021 |
| Fellowship Information | N/A |
| Current Affiliation Information | Parkview Community Hospital Medical Center  
|                                | Riverside Community Hospital  
|                                | LewisGale Medical Center |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

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

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

| Medical Education Information | Medical School  
|-------------------------------|-----------------------------|
|                               | Michigan State University  
| From: 07/01/2013 To: 05/05/2017|
|                               | Doctor of Medicine Degree  |

<table>
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| Residency Information | Residency  
|-----------------------|-----------------------------|
|                       | Loma Linda University Medical Center  
|                       | Emergency Medicine  
|                       | From: 06/30/2017 To: 06/30/2020 |

<table>
<thead>
<tr>
<th>Fellowship Information</th>
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| Current Affiliation Information | Concord Hospital Laconia  
|---------------------------------|-----------------------------|
|                                 | Concord Hospital Franklin  
|                                 | Alvarado Hospital and Medical Center |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
### PERSONAL INFORMATION

<table>
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<tr>
<th>Provider Name &amp; Title</th>
<th>Hamid R. Movahhedian, M.D.</th>
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<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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### SPECIALTIES/BOARD CERTIFICATION

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Pediatrics, Neonatology - Certified 1991</th>
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### ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>North County Neonatology Specialists</th>
</tr>
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### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
Isfahan University of Medical Sciences & Health Services  
From: 09/21/1971 To: 10/21/1978  
Doctor of Medicine Degree |
<table>
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</table>
| Residency Information       | Residency  
The Medical Center of Delaware, Inc.  
Pediatrics  
From: 07/01/1988 To: 06/30/1991 |
| Fellowship Information      | Fellowship  
UCSD Medical Center  
Pediatric, Cardiology  
From: 07/01/1991 To: 06/30/1996  
Fellowship  
UCSD Medical Center  
Neonatology  
From: 07/01/1992 To: 06/30/1996 |
| Current Affiliation Information | Tri-City Medical Center |
# PALOMAR HEALTH
## PROVISIONAL APPOINTMENT
### August 2022

### PERSONAL INFORMATION

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

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Surgery, General - Certified 2016 Surgery, Colon &amp; Rectal – Certified 2018</th>
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### ORGANIZATIONAL NAME

<table>
<thead>
<tr>
<th>Name</th>
<th>Coastal Surgeons</th>
</tr>
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</table>

### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School
|--------------------------------| University of Louisville
|                                | From: 01/01/2007 To: 07/30/2011
|                                | Doctor of Medicine Degree |
| Internship Information         | N/A |
| Residency Information         | Residency
|                                | Univ. of Texas Southwestern Medical Ctr., Austin
|                                | General Surgery
|                                | From: 07/01/2011 To: 06/30/2016 |
| Fellowship Information        | Fellowship
|                                | University of California, Irvine
|                                | Colorectal Surgery
|                                | From: 08/01/2016 To: 07/31/2017
|                                | UC Irvine Medical Center |
| Current Affiliation Information| Scripps Memorial Hospital, Encinitas
|                                | Tri-City Medical Center |

![Image of Kristen M. Nassery, M.D.]
# PERSONAL INFORMATION

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

| Specialties | Neonatology – Certified 2016  
Pediatrics – Certified 2011 |

# ORGANIZATIONAL NAME

| Name | North County Neonatology Specialists |

# EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
Tulane University School of Medicine  
From: 08/01/2004 To: 05/17/2008  
Doctor of Medicine Degree |
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| Residency Information | Residency  
University of California, Irvine  
Pediatrics  
From: 06/24/2008 To: 06/30/2011 |
| Fellowship Information | Fellowship  
LAC/University of Southern Calif. Medical Center  
Neonatology  
From: 07/01/2011 To: 06/13/2014 |
| Current Affiliation Information | Tri-City Medical Center |
## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

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<tr>
<th>Specialties</th>
<th>Pain Management - Certified 2000</th>
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## ORGANIZATIONAL NAME

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

| Medical Education Information | Medical School  
                               Goa Medical College, Bambolim Village, India  
                               From: 07/15/1981 To: 12/30/1988  
                               Doctor of Medicine Degree |
|-------------------------------|-----------------------------------------------------------------|
| Internship Information        | Internship  
                               University of Maryland Hospital  
                               Transitional  
                               From: 07/01/1995 To: 06/30/1996 |
| Residency Information         | Residency  
                               Henry Ford Hospital  
                               Anesthesiology  
                               From: 07/01/1996 To: 06/30/1999 |
| Fellowship Information        | Fellowship  
                               Cleveland Clinic Foundation  
                               Pain Medicine  
                               From: 07/01/1999 To: 06/30/2000 |
| Current Affiliation Information | Corona Regional Medical Center  
                                  Watsonville Community Hospital  
                                  St. Mary Medical Center  
                                  Kaiser Foundation Hospital, Santa Rosa |
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Larissa E. Romero, M.D.</th>
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### SPECIALTIES/BOARD CERTIFICATION

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<thead>
<tr>
<th>Specialties</th>
<th>Obstetrics and Gynecology - Certified 2011</th>
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### ORGANIZATIONAL NAME

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<tr>
<th>Name</th>
<th>Kaiser Permanente OB/GYN</th>
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### EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
|                               | University of Texas Southwestern Med Ctr, Dallas  
|                               | From: 08/12/2002 To: 06/02/2006  
|                               | Doctor of Medicine Degree |
| Internship Information | N/A |
| Residency Information | Residency  
|                       | University of Colorado  
|                       | Obstetrics/Gynecology  
|                       | From: 06/23/2006 To: 06/30/2010 |
| Fellowship Information | N/A |
| Current Affiliation Information | Kaiser Permanente, San Diego Medical Center |
### PERSONAL INFORMATION

<table>
<thead>
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<th>Provider Name &amp; Title</th>
<th>Bremen K. Schultz, D.O.</th>
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<tbody>
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<td><strong>Palomar Health Facilities</strong></td>
<td>Palomar Medical Center Escondido&lt;br&gt;Palomar Medical Center Poway</td>
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</table>

### SPECIALTIES/BOARD CERTIFICATION

| Specialties | Anesthesiology – Not Board Certified |

### ORGANIZATIONAL NAME

| Name                    | Anesthesia Consultants of California Medical Group |

### EDUCATION/AFFILIATION INFORMATION

#### Medical Education Information

<table>
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<tr>
<th>Medical School</th>
<th>College Of Osteopathic Medicine of the Pacific</th>
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<td>From: 07/22/2002 To: 05/12/2006</td>
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#### Internship Information

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<th>National Naval Medical Center</th>
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<td>From: 07/01/2006 To: 06/30/2007</td>
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#### Residency Information

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<thead>
<tr>
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<th>Naval Medical Center, San Diego GME</th>
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<tr>
<td>Anesthesiology</td>
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<td>From: 07/21/2014 To: 07/20/2017</td>
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#### Fellowship Information

| Fellowship Information | N/A |

#### Current Affiliation Information

| Current Affiliation Information | Inland Valley Medical Center<br>Rancho Springs Medical Center<br>Loma Linda University Medical Center - Murrieta<br>Temecula Valley Hospital |

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PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Provider Name &amp; Title</th>
<th>Hussna Wakily, M.D.</th>
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<td>Palomar Health Facilities</td>
<td>Palomar Medical Center Escondido</td>
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**SPECIALTIES/BOARD CERTIFICATION**

| Specialties                  | Surgery, General - Certified 2014 |

**ORGANIZATIONAL NAME**

| Name                        | Coastal Surgeons                |

**EDUCATION/AFFILIATION INFORMATION**

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<td>New York Medical College</td>
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<td>From: 08/16/2004 To: 05/21/2008</td>
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| Internship Information       | N/A                             |

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<tr>
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<td>State University of New York at Stony Brook</td>
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<td>General Surgery</td>
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<td>From: 07/01/2008 To: 06/30/2013</td>
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<td>Beth Israel Deaconess Medical Center</td>
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<td>General Surgery</td>
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<td>From: 07/01/2013 To: 06/30/2014</td>
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<td>Clinical Fellow in Minimally Invasive Surgery</td>
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<td>Tri-City Medical Center</td>
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## PERSONAL INFORMATION

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

## SPECIALTIES/BOARD CERTIFICATION

| Specialties | Infectious Disease - Certified 2021 |

## ORGANIZATIONAL NAME

| Name | Mission Infectious Disease & Infusion Consultants |

## EDUCATION/AFFILIATION INFORMATION

| Medical Education Information | Medical School  
Services Institute of Medical Sciences  
From: 12/10/2007 To: 03/01/2013  
Doctor of Medicine Degree |
|-------------------------------|-------------------------------------------------|
| Internship Information        | Internship  
Jersey Shore Medical Center  
Internal Medicine  
From: 07/01/2016 To: 06/30/2017 |
| Residency Information         | Residency  
AtlantiCare Regional Medical Center  
Internal Medicine  
From: 07/01/2017 To: 06/30/2019 |
| Fellowship Information        | Fellowship  
University of California, Irvine  
Infectious Diseases  
From: 07/01/2019 To: 06/30/2021  
Chief Fellow 06/01/2020-06/30/2021 |
| Current Affiliation Information | Southwest Healthcare System  
Hemet Global Medical Center/kpc Health  
Menifee Global Medical Center  
Temecula Valley Hospital  
Loma Linda University Medical Center - Murrieta  
Veterans Administration-Tibor Rubin Medical Center |
Requirement for Allied Health Professionals Policy
PALOMAR HEALTH
PROVISIONAL APPOINTMENT
August 2022
**PERSONAL INFORMATION**

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<th>Provider Name &amp; Title</th>
<th>Xuemei Ye, M.D.</th>
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**SPECIALTIES/BOARD CERTIFICATION**

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<th>Specialties</th>
<th>Hematology/Oncology - Certified 2021</th>
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**ORGANIZATIONAL NAME**

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**EDUCATION/AFFILIATION INFORMATION**

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<td>Jefferson Medical College</td>
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<td>From: 08/01/2011 To: 05/31/2015</td>
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<td>Scripps Mercy Hospital, San Diego</td>
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<td>Internal Medicine</td>
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<td>From: 06/22/2015 To: 06/30/2016</td>
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<td>Scripps Clinic and Research Foundation</td>
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## PERSONAL INFORMATION

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<tr>
<th>Provider Name &amp; Title</th>
<th>Apryl D. Pidding, F.N.P.</th>
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<tbody>
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<td>Palomar Medical Center Escondido</td>
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<tr>
<td>Palomar Medical Center Poway</td>
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## SPECIALTIES/BOARD CERTIFICATION

| Specialties                  | Family Nurse Practitioner - Certified 2010 |

## ORGANIZATIONAL NAME

| Name                           | Palomar Health Medical Group - Radiation/Oncology |

## EDUCATION/AFFILIATION INFORMATION

<table>
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<tr>
<th>Education Information</th>
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<tr>
<td>University</td>
<td>University of Washington</td>
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<tr>
<td>From: 09/30/1992 To: 06/07/1996</td>
<td>Bachelor of Arts</td>
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<td>Graduate Program</td>
<td>University of San Diego</td>
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<tr>
<td>From: 01/29/2007 To: 05/22/2010</td>
<td>Master of Science in Nursing</td>
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<td>Palomar Health Radiation Oncology</td>
<td>Nurse Practitioner</td>
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<td>From: 04/25/2022 To: Present</td>
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| Current Affiliation Information | N/A |

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| **Palomar Health Facilities** | Palomar Medical Center Escondido  
Palomar Medical Center Poway |

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<th><strong>SPECIALTIES/BOARD CERTIFICATION</strong></th>
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<td><strong>Specialties</strong></td>
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<tr>
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<table>
<thead>
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<th><strong>EDUCATION/AFFILIATION INFORMATION</strong></th>
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</table>
| **Education Information** | Chapman University  
From: 01/06/2020 To: 12/31/2021  
Master of Science / Physician Assistant Studies |
| **Employment** | Current Employment  
The Neurology Center  
Physician Assistant  
From: 04/04/2022 To: Present |
| **Current Affiliation Information** | N/A |
Date: July 27, 2022
To: Palomar Health Board of Directors – August 8, 2022 Meeting
From: Edward M. Gurrola II, M.D., Chief of Staff, PMC Poway Medical Staff
Subject: Medical Staff Credential Recommendations – July, 2022

**Provisional Appointments:** (08/08/2022 – 07/31/2024)
- Saad Alkhider, M.D., Internal Medicine
- Moosa Azadian, M.D., Critical Care
- Mitchell Brown, M.D., Emergency Medicine
- Hamoudi Farraj, D.O., Internal Medicine (Includes The Villas at Poway)
- Tahcin Ibrahim, M.D., Anesthesiology
- Nicholas Kulas, D.O., Emergency Medicine
- Michael Lim, M.D., Anesthesiology
- Armen Malkhasian, M.D., Internal Medicine
- Nicolette Metrusias, M.D., Emergency Medicine
- Ganesh Prasad, M.D., Anesthesiology
- Bremen Schultz, D.O., Anesthesiology
- Taliha Yasin, M.D., Infectious Disease (Includes The Villas at Poway)

**Biennial Reappointments:** (09/01/2022 - 08/31/2024)
- Julian Anthony, M.D., Urology, Active
- Elena Atchikova, M.D., Internal Medicine, Active
- Pamela Danque, M.D., Pathology, Active
- Patrick Fitzgerald, M.D, Otolaryngology, Active
- Jeffrey Lozier, M.D., Ophthalmology, Courtesy
- Kenneth Nitahara, M.D., Urology, Courtesy
- Dennis Nemceff, M.D., Vascular Surgery, Courtesy
- Irene Oh, M.D., Neurology, Courtesy
- Shareef Riad, M.D., Teleradiology, Active
- Neha Sampath, M.D., Internal Medicine, Active
- Arturo Tolentino, M.D., Internal Medicine, Active
- Timothy Veal, M.D., Psychiatry, Courtesy

**Reappointment Effective 09/01/2022 – 08/31/2023:**
- Lan Vu, D.O., Anesthesiology, Active

**Reappointment Effective 09/01/2022 – 06/30/2024:**
- Stuart Graham, M.D., Pediatrics, Active
Advancements to Active Category:
Richard Lane, M.D., Neurology, effective 08/08/2022 – 12/31/2022
Martin Laufik, M.D., Diagnostic Radiology, effective 08/08/2022 – 12/31/2022
Arian Nasiri, M.D., Vascular & Interventional Radiology, effective 08/08/2022 – 12/31/2023

Requests for Additional Privileges:
Bertrand De Silva, M.D., Critical Care – Continuing Care (The Villas at Poway), effective 08/08/22 – 11/30/2022
Emerald Raney, M.D., Emergency Medicine – Emergency Ultrasound, effective 08/08/2022 – 12/31/2023

Requests for Two-Year Leave of Absence:
Stephen Sun, D.O., Internal Medicine, effective 04/13/2022 – 04/12/2024
Christopher Yi, M.D., Vascular Surgery, effective 08/01/2022 – 07/31/2024

Voluntary Resignations:
Charles Grant, M.D., Emergency Medicine, effective 07/23/2022
Nella Green, M.D., Infectious Disease, effective 08/31/2022
Margaret Lee, M.D., Diagnostic Radiology, effective 06/13/2022
Laurel Moyer, M.D., Neonatology, effective 07/31/2022
Charles Murchison, M.D., Emergency Medicine, effective 07/27/2022
Tania Portillo, M.D., Emergency Medicine, effective 05/30/2022

Allied Health Professional Appointments: (08/08/2022 – 07/31/2024)
Jisoo Lee, P.A., Sponsor Dr. Choudry

Allied Health Professional Reappointments: (09/01/2022 – 08/31/2024)

Allied Health Professional Voluntary Resignations:
Christina Dinnall, NNP, effective 06/30/2022
Natasha Ruiz, NP, effective 07/11/2022

PALOMAR MEDICAL CENTER POWAY: Certification by and Recommendation of Chief of Staff: As Chief of Staff of Palomar Medical Center Poway, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment, or alternation of staff membership or the granting of privileges and the policy of the Palomar Health’s Board of Directors regarding such practices have been properly followed. I recommend that the Board of Directors take the action requested in each case.
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 inpatients in the past 12 months, or completion of master’s/post master’s nursing 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.

IPC Revised 07/11/2022
Approved by Board of Directors: 06/13/2022
PALOMAR HEALTH

NURSE PRACTITIONER ACUTE HOSPITAL AT HOME TELEMEDICINE PRIVILEGES

Name: ____________________________

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

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

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

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

Affiliation with Medical Staff Appointee / Supervision

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

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be 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: ____________________________
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 ____________
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 inpatients in the past 12 months, or completion of master's /post master's nursing degree program in the past 12 months.

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

Name: ____________________________

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

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

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

Affiliation with Medical Staff Appointee / Supervision

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

In addition, the sponsoring physician must:

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

Approved by Board of Directors: 8/8/2022
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 _____________

Approved by Board of Directors: 8/8/2022
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ___________________________________________  

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

☐ Palomar Medical Center Escondido  
☐ Palomar Medical Center Poway

☐ Initial Appointment  
☐ Reappointment

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

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

Other Requirements

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

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

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — ACUTE CARE

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

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as an acute care nurse practitioner for at least 24 inpatients in the past 12 months, or completion of master's /post master's nursing 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.
Focuses Professional Practice Evaluation (FPPE) / Monitoring guidelines: Monitoring is to include all phases of a patient's hospitalization as applicable (management, discharge, etc.) for at least six inpatients.

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

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

Affiliation with Medical Staff Appointee / Supervision

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

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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

Nurse Practitioner (NP) Core Privileges — Acute Care

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

Name: ________________________________

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PHARMACOLOGIC/CHEMICAL AND NON-PHARMACOLOGIC STRESS TESTS

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

☐ Requested

TILT TABLE TESTS

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

☐ Requested

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway

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

☐ Requested The delegation to the NP to administer or dispense drugs shall include schedules II - V. The nurse practitioner dispensing scheduled controlled drugs II-V must have a DEA number in addition to a Furnishing Number
CORE PROCEDURE LIST

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

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

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ____________________________ Date ______________

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed ____________________________ Date ______________

Signed ____________________________ Date ______________
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________________________  Page 1

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

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

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

**QUALIFICATIONS FOR NURSE PRACTITIONER (NP) — ACUTE CARE**

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

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

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, as an acute care nurse practitioner for at least 24 inpatients in the past 12 months, or completion of master's /post master’s nursing degree program in the past 12 months.

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

Approved by Board of Directors: 8/8/2022
Reappointment Requirements: To be eligible to renew core privileges as a nurse practitioner in acute care, the applicant must meet the following maintenance of privilege criteria:

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

Affiliation with Medical Staff Appointee / Supervision

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

In addition, the sponsoring physician must:

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

Medical Record Charting Responsibilities

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

NURSE PRACTITIONER (NP) CORE PRIVILEGES — ACUTE CARE

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

Name: ____________________________

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

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

PHARMACOLOGIC/CHEMICAL AND NON-PHARMACOLOGIC STRESS TESTS

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

☐ Requested

TILT TABLE TESTS

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

☐ Requested

CHECK HERE TO REQUEST SKILLED NURSING FACILITY FORM.

☐ Requested The Villas at Poway

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

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

Approved by Board of Directors: 8/8/2022
NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ACUTE CARE

Name: ____________________________

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

Approved by Board of Directors: 8/8/2022

CORE PROCEDURE LIST

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

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

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

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ____________________________ Date ____________

ENDORSEMENT OF PHYSICIAN SPONSOR

Signed ____________________________ Date ____________

Signed ____________________________ Date ____________
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: ____________________________

Effective From: ______________ To: ______________

☐ Palomar Medical Center Escondido
☐ Palomar Medical Center Poway

☐ Initial Appointment
☐ Reappointment

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

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

**Other Requirements**

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

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

**QUALIFICATIONS FOR PHYSICIAN ASSISTANT — SURGERY, OB/GYN AND/OR UROLOGY**

To be eligible to apply for clinical privileges as a Physician Assistant in surgery, OB/GYN or Urology, the applicant must meet the following criteria:

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

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

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

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

- BLS certification
Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 12 patients in the past 12 months or completion of ARC-PA approved program in the past 12 months. If the Physician Assistant does not have the required experience as a surgical, OB/GYN or urology Physician Assistant, they may be granted privileges based on their other experience, but they must work under the direct supervision of the sponsoring 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: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored concurrently by the sponsoring physician.

Reappointment Requirements: To be eligible to renew core privileges as a physician assistant in Surgery, OB/GYN and/or Urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 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 designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegated Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication 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. PA Practice 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 PA must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof.
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: 

Effective From: ____________ To: ________________

are applicable to all entries made. All orders are to be countersigned by sponsoring physician in accordance with hospital policy.
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

Name: ________________________________ Page 4
Effective From: _______________ To: _______________

PHYSICIAN ASSISTANT CORE PRIVILEGES —SURGERY, OB/GYN AND/OR UROLOGY

☐ Requested

Evaluate, diagnose, and provide pre-, intra and post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and assisting in surgery for patients within age group of patients seen by collaborating/sponsoring physician. Physician Assistants may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

INSERT AND REMOVE CHEST TUBES - SIMPLE THORACIC, SIMPLE PLEURODESIS AND SET UP PRIOR TO AND DRESS FOLLOWING THE PROCEDURE

Criteria: Those technical and management skills, which qualify the PA to administer highly specialized care by virtue of training and experience. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least three (3) chest tube procedures and three (3) pleurodesis procedures in the past 12 months. FPPE: Monitoring by the sponsoring physician for appropriate technique of the first three (3) procedures and the first three (3) pleurodesis procedures. Maintenance of Privilege: Demonstrated current competence and the performance of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes]. This procedure is only to be performed under direct physician supervision.

☐ Requested

INSERT CENTRAL VENOUS CATHETERS

Criteria: Those technical and management skills, which qualify the PA to administer highly specialized care by virtue of training and experience. Required Previous Experience: Demonstrated current competence and evidence of the performance of at least three (3) procedures in the past 12 months. FPPE: Monitoring by the sponsoring physician for appropriate technique of the first three (3) procedures. Maintenance of Privilege: Demonstrated current competence and the performance of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes]. This procedure is only to be performed under direct physician supervision.

☐ Requested
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: ________________________________

Effective From: _______________ To: ___________________

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

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

CORE PROCEDURE LIST

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

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

- Anoscopy (N/A for OB/GYN Physician Assistants)
- Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon under direct supervision
- Counsel and instruct patients and significant others as appropriate
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Follow the guideline of sponsoring physician regarding referral to appropriate physician or other health care professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tube (N/A for OB/GYN Physician Assistants)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Make preoperative and postoperative teaching visits with patients
- Monitor and manage stable acute and chronic illnesses of population served
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Participate in volume replacement or autotransfusion techniques as appropriate
- Perform field infiltrations of anesthetic solutions
- Perform fundal pressure during C-Section (N/A for Surgical Physician Assistants)
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes (co signature in accordance with hospital policy)
- Remove/Place vaginal packing (N/A for Surgical Physician Assistants)
• Select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings
• Write discharge summaries (co-signature in accordance with hospital policy)

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed ____________________________ Date ____________

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

Signed ____________________________ Date ____________
Signed ____________________________ Date ____________
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: ____________________________  Effective From: _________________________ To: ____________________________

- Palomar Medical Center Escondido
- Palomar Medical Center Poway

Initial Appointment
Reappointment

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

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

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

QUALIFICATIONS FOR PHYSICIAN ASSISTANT — SURGERY, OB/GYN AND/OR UROLOGY

To be eligible to apply for clinical privileges as a Physician Assistant in surgery, OB/GYN or Urology, the applicant must meet the following criteria:

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

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

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

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

- BLS certification

Approved by Board of Directors: 8/8/2022
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: __________________________  Page 2
Effective From: _________________________To: ___________________________________

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment or services, reflective of the scope of privileges requested for at least 12 patients in the past 12 months or completion of ARC-PA approved program in the past 12 months. If the Physician Assistant does not have the required experience as a surgical, OB/GYN or urology Physician Assistant, they may be granted privileges based on their other experience, but they must work under the direct supervision of the sponsoring 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: No less than eight (8) operating room cases of varying complexity and representative of the scope of practice will be monitored concurrently by the sponsoring physician.

Reappointment Requirements: To be eligible to renew core privileges as a physician assistant in Surgery, OB/GYN and/or Urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 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 designated sponsoring physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed under the supervision of this physician/designee and in accordance with agreed upon protocols. A copy of the Delegated Services Agreement (DSA) signed by both parties is to be provided to the hospital.

In addition, the sponsoring physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication 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. PA Practice 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 PA must describe each service provided to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made. All orders are to be countersigned by sponsoring physician in accordance with hospital policy.

Approved by Board of Directors: 8/8/2022
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: __________________________  Effective From: _________________________ To: _________________________

PHYSICIAN ASSISTANT CORE PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

☐ Requested Evaluate, diagnose, and provide pre-, intra and post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and assisting in surgery for patients within age group of patients seen by collaborating/sponsoring physician. Physician Assistants may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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

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

Approved by Board of Directors: 8/8/2022
CORE PROCEDURE LIST

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

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

- Anoscopy (N/A for OB/GYN Physician Assistants)
- Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon under direct supervision
- Counsel and instruct patients and significant others as appropriate
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Follow the guideline of sponsoring physician regarding referral to appropriate physician or other health care professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tube (N/A for OB/GYN Physician Assistants)
- Make daily rounds on hospitalized patients with or at the direction of the sponsoring physician
- Make preoperative and postoperative teaching visits with patients
- Monitor and manage stable acute and chronic illnesses of population served
- Obtain and record medical/social history and perform physical examination including rectal and pelvic examination as indicated
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
- Participate in volume replacement or autotransfusion techniques as appropriate
- Perform field infiltrations of anesthetic solutions
- Perform fundal pressure during C-Section (N/A for Surgical Physician Assistants)
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short term and indwelling) e.g. Robinson, coudé, Foley
- Perform venous punctures for blood sampling, cultures and IV catheterization
- Record progress notes (co signature in accordance with hospital policy)
- Remove/Place vaginal packing (N/A for Surgical Physician Assistants)
- Select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings
- Write discharge summaries (co signature in accordance with hospital policy)
PHYSICIAN ASSISTANT CLINICAL PRIVILEGES — SURGERY, OB/GYN AND/OR UROLOGY

Name: ___________________________________________ Effective From: _________________________ To: ___________________________________

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

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

Signed __________________________ Date ______________

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

Signed __________________________ Date ______________

Signed __________________________ Date ______________
CPR Requirements for Allied Health Professionals

PURPOSE: To outline the requirements for maintenance of CPR by Allied Health Professional applicants and members in accordance with Article 6.6 of the Medical Staff Bylaws.

REQUIREMENTS: The Medical Staff Bylaws require all Allied Health Professionals to maintain applicable licenses and certificates including CPR.

CPR certification from an on-line course will only be accepted if the following are met:

1. The course is designated for healthcare providers, and
2. The member also provides documentation that skills assessment was included.

The approved acceptable certifying bodies include both the American Red Cross and the American Heart Association.
CPR Requirements for Allied Health Professionals

PURPOSE: To outline the requirements for maintenance of CPR by Allied Health Professional applicants and members in accordance with Article 6.6 of the Medical Staff Bylaws.

REQUIREMENTS: The Medical Staff Bylaws require all Allied Health Professionals to maintain applicable licenses and certificates including CPR.

CPR certification from an on-line course will only be accepted if the following are met:
1. The course is designated for healthcare providers, and
2. The member also provides documentation that skills assessment was included.

The approved acceptable certifying bodies include both the American Red Cross and the American Heart Association.

Approved by Board of Directors: 8/8/2022
ADDENDUM D
BOARD OF DIRECTORS
EMPLOYEE RECOGNITION PROGRAM

NOMINATION CRITERIA

Board members can select a staff member to receive a certificate of recognition, which will be presented at monthly Board of Director’s meetings. At the time of the meeting the board member will explain why they have selected the individual for the award, which should be based on how they live the PH Values.

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
ADDENDUM E
I. Description of Setting and Services:

A. The patient population served by the Perioperative Surgical Services includes patients aged fifteen years and older, unless the patient is under fifteen and patient care requires immediate surgery due to a threat to life, limb, or eye, or to prevent marked deterioration of health status. Perioperative staff care for patients that require operative / invasive procedures, as well as diagnostic / therapeutic interventions. Patient classification includes inpatients, outpatients, AM admits, and emergency procedures. Perioperative services provide pre-admission assessment and testing that is tailored to the individual patient's needs and in accordance to the physician's orders. Specialty services provided include but are not limited to, general surgery, vascular surgery, plastics, eye, ear, nose and throat surgery, neurological procedures, robotic surgery, bariatric surgery, orthopedics, and urology. Endoscopic Gastroenterology services are provided in the GI Lab. The Post-Anesthesia Care Unit (PACU) staff care for patients who have received any anesthesia modality, including general anesthesia, regional anesthesia, (e.g. peripheral nerve blocks, epidural anesthesia, subarachnoid blocks) and procedural sedation.

II. Physical Accommodations:

A. The Surgery Department is located on the second floor of PMC Poway. Services are provided with a four bed pre-operative holding room and four controlled access surgical suites. The four Surgical Suites dedicated to the surgical intraoperative phase, have full accommodations for surgery.

B. The PACU is a seven-bed, short term, critical care area for the recovery of post-surgical / invasive procedures for outpatient and inpatients in the post-anesthetic period. The unit is adjacent to the Operating Room and Intensive Care Unit.

C. The Endoscopy & Perioperative Surgical Services is located on the second floor of the PMC Poway. The department consists of an eight-chair surgical admission/discharge, a four-bay Endoscopy admission/discharge area, two controlled-access Endoscopy procedure rooms appropriate for anesthesia services, one controlled access area for flexible endoscope reprocessing.

D. The Sterile Processing Department is located on the third floor of the PMC Poway and is responsible for decontamination, assembly, preparation for sterilization and sterilization of instruments for surgical procedures.

III. Hours of Operation:

A. The Operating Room is available 24 hours a day, 365 days per year. Emergency surgeries are assigned the first available room. Cases are postponed or rescheduled to allow for the emergency and receive priority over add-on cases in the queue. The On Call team is composed of one Operating Room RN, one Surgical Technologist.

B. The PACU can provide post anesthesia nursing care 24 hours a day 7 days a week. Staff can be assigned during normal working hours of the Operating Room according to the OR schedule, and on alternate hours via on-call basis.

C. The Preop and Endoscopy Department hours of operation are 0530–1830 Mon-Fri. Endoscopy service provides 24-hour, seven day coverage for inpatient and outpatient gastroenterology procedures. The On Call team staffing is composed of one Endoscopy RN and One Endoscopy Tech.

D. The SPD Department is staffed Monday - Friday from 0500 - 0130. Weekend staff are available on call.

IV. Staffing and Alternative Staffing:

A. There is a budgeted number of staff scheduled to work in the department at any given time. This number is derived from a historical analysis of staffing patterns, projected future staffing need, and is adjusted based on daily projected volumes.

B. The staffing plan includes RNs, Surgical Technologists, Endoscopy Technologists, Sterile Processing Technicians and support staff to accommodate unit operations, with supplemental RNs and Interventional Technicians to support changing volume.

V. Standards of Practice:

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A. Surgery, Endoscopy, Preoperative, PACU, and Phase II Recovery are multifaceted specialties that encompass independent and collaborative practice.

B. The comprehensive practice of Surgical, Endoscopy, PACU, Preoperative, and Phase II Recovery nursing is built on a broad knowledge base, and applies clinical expertise rooted in the nursing process.

VI. Qualifications of Staff

A. The department is staffed with the appropriately qualified personnel of Registered Nurses, Technician's and support staff. The specific qualifications and competency requirements are outlined in staff job descriptions.

B. Each Surgical and endoscopic procedure is staffed with a minimum of one RN and one Endoscopy Technician.

VII. Integration with the Organization

A. Perioperative Services integrates its care and services by:
   1. Adherence to organization-wide policy and procedure.
   2. Participation in multi-disciplinary and interdisciplinary care planning processes.
   3. Participation in multi-disciplinary and interdisciplinary committees and work groups.

VIII. References

A. CMS Conditions of Participation for Critical Access Hospitals §485.635(b)

B. The Joint Commission, Standard LD.01.03.01, LD.04.03.01

C. DNV, Standard SM.3

D. Reporting Structure, Responsibilities, and Constituents of the Quality Assessment Performance Improvement (QAPI) Plan.

E. CDPH-Surgical Services-One to One RN for each Surgery Procedure.

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Document Owner: Grendell, Bruce

Approvals

- Committees: (07/13/2022) Policies & Procedures

Revision Date: [07/14/2022 Rev. 9]

Attachments: (REFERENCED BY THIS DOCUMENT)
- Discharge and Transfer of the Surgical/Procedural Patient
- Sedation Outside of the Operating Room
- Inpatient Emergency Care and Code Blue
- Reporting Structure, Responsibilities, and Constituents of the Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan
- Vendor Sales Representatives

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:12416.
I. Description

A. The Gero-Psychiatric Specialty Medical Unit (GPU) at Palomar Medical Center Poway, provides inpatient psychiatric and treatment for geriatric patients in an unlocked surgical unit for ages 60 and older. The purpose of the Gero-Psychiatric Unit is to provide psychiatric stabilization and treatment, which includes: Providing a safe environment, assessment, medication treatment and consultation, individual and group psychotherapies, psycho education, family therapy, detoxification, individualized treatment and discharge planning, and post-hospitalization referral and placement. Patients are admitted to the Gero-Psychiatric Specialty Medical Unit (GPU) upon referral from the Emergency Department (ED), attending physicians, or other health care facilities. Patients must have a DSM-5 Psychiatric Disorder to qualify for admission to this unit. Each patient's length of stay varies and is contingent on the patient's clinical need and as determined by the treatment team.

II. Hours of Operation

A. The Gero-Psychiatric Specialty Medical Unit operates 24 hours a day, seven days per week.

III. Staffing

A. The Gero-Psychiatric Specialty Medical Unit is staffed at a 1:5 RN to patient ratio. There is a budgeted number of staff scheduled to work in the department at any given time. This number is determined by analysis of staffing patterns and projected staffing needs, as well as data from the patient classification system. The registered nurse to patient ratio is based on Title 22, California Code of Regulations, Section 70217 and the Palomar Health patient acuity classification system.

B. Clinical staff with patient care assignments on the GPU will not have a concurrent assignment on any other unit.

IV. Qualifications of Staff

A. The department is staffed with appropriately qualified personnel. The specific qualifications and competency requirements are outlined in staff job descriptions. The reader is referred to these documents for further information.

V. Integration with the Organization

A. The Gero-Psychiatric Specialty Medical Unit integrates its care and services with the overall organization in the following ways:
   1. Adherence to organization-wide policy and procedure
   2. Participation in multidisciplinary and interdisciplinary care planning processes
   3. Participation in multidisciplinary committees and work groups

VI. Physical Accommodations

A. Palomar Poway Behavioral staff are providing enhanced observation and care of behavioral health patients that are screened low risk
B. Palomar performs continuous observations that do not exceed 15 minutes
C. Restrooms are locked and unlocked by staff. The staff stand by a slightly open restroom door for patient observation until patient ready to leave restroom and staff relock restroom. Staff continues to ensure the dignity and rights of the patients at all times with the door slightly open
D. Therapeutic activities will be provided in patient rooms.
E. Dining will be provided in patient rooms.
F. Hospital staff providing one to one or line of sight responsibilities will be located outside each patient Pod for direct observation of 3-4 patients simultaneously.
G. Patient room doors are open at all times to allow direct observation of patients, should privacy be required, staff will be located inside the room as a one to one with the patient.
H. Rear exit stairwell door has alarmed delayed egress.
I. Wander Guard alert system installed at unit exit entry/exit door.

VII. References

A. CMS Conditions of Participation
B. The Joint Commission

<table>
<thead>
<tr>
<th>Document Owner:</th>
<th>Myers, Donald</th>
</tr>
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<tbody>
<tr>
<td>Approvals</td>
<td>( 07/13/2022 ) Policies &amp; Procedures</td>
</tr>
<tr>
<td>- Committees:</td>
<td>Donald Myers</td>
</tr>
<tr>
<td>- Signers:</td>
<td>Donald Myers, Dir Behavioral Hlth ( 07/18/2022 09:02AM PST )</td>
</tr>
<tr>
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<td>[07/18/2022 Rev. 11]</td>
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</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:12394.*
I. Description

A. Palomar Health Medical Records department customers include patients, patient representatives, physicians, nursing and ancillary departments, attorneys, insurance companies/payors, regulatory agencies, medical staff offices, hospitals, clinics, and other health care providers. The Medical Records department provides the following services and regulatory functions:

1. Record Storage and retention guidelines for paper-based (legacy records) as well as Palomar Health business records
2. Maintenance of Medical Records and scanning of paper-based documents
3. Working collaboratively with the Information Technology Department to transition paper documents to electronic documentation
4. Transcription of Inpatient and Outpatient, Surgery, Emergency Department and Various Diagnostic and Treatment Reports
5. Release of Information
6. Cancer Registry Data Collection
7. Vital Records Registration
8. HIPAA/Privacy Regulatory Training, Investigations, and Compliance
9. HCAI Discharge Data Reporting

II. Staffing Guidelines/Hours of Operation:

A. The plan for staffing the Centralized Medical Records Department is based on total registrations.
B. Shifts are arranged so that the largest number of staff are on duty during peak weekday hours.
C. Staffing needs are evaluated and continually revised based on the above.

D. Centralized Medical Record Department

1. The Medical Records Department is staffed 6:00 a.m. - 5:00 p.m., Monday through Sunday. District Holidays, minimal staffing 6:00 a.m. - 5:00 p.m.

E. Palomar Medical Center Escondido

1. The Medical Records satellite office staffed 7:30 a.m. - 8:00 p.m., Monday-Friday, 08:00a.m.-8:00p.m. Saturday and Sunday.

F. Palomar Medical Center Poway

1. The Medical Records satellite office is staffed 6:00 a.m. - 2:30 p.m. Monday - Sunday.

III. Integration with the Organization:

1. The Medical Records Department integrates its service with the overall organization in the following ways:
   1. Adherence to organization-wide policies and procedures
   2. Participation in multi-disciplinary committees and work-groups

IV. Delineation of Responsibilities:

A. The Director of Medical Records is an RHIT or RHIA credentialed by AHIMA and is responsible for managing Medical Records. The Director of Medical Records also functions as the District Privacy Officer. This individual's responsibilities include:
   1. Acting as a resource for Privacy related issues. As the designated Privacy Officer, ensures education on privacy procedures that support compliance with State and Federal regulations.
   2. Administrative management of the Medical Records departments overseeing the selection, training and evaluation of the staff. Maintaining departmental procedures, goals, quality improvement monitors, safety, environment and infection control standards. Compliance with State and Federal regulations.
   3. Developing and monitoring the budget.
4. Promoting professional staff development and serving as a role model.

B. The **Transcription and Documentation Integrity Supervisor and Medical Records Supervisor** are responsible for creating procedures, selection, training and evaluation of staff, and ensuring proper completion of work within specified time frames for their specialized areas. Transcription Supervisor is the primary resource for record retention guidance and procedures.

C. The **Cancer (Oncology) Registrars** are responsible for maintaining the Cancer Registry by means of identifying, abstracting, coding and staging cancer cases under the guidelines of CCR-California Cancer Registry.

D. The **Health Information Services Data Integrity Analyst/Privacy Specialists** are responsible for:
   1. Providing Palomar staff education related to Privacy, database management, logging events, assisting with investigations, sending notifications to the State and affected individuals as needed, monitoring compliance with HIPAA Privacy Regulations.
   2. Acting as a subject matter expert at IT Change Control Meetings relative to medical records regulations and changes that impact the Legal Medical Record and Designated Record Set for the District.
   3. Development and maintenance of work flow management reports.
   4. Evaluating and facilitating health record amendment requests from patients according to regulatory timeframe.
   5. Ensuring timely review, correction and reporting of HCAI data to the State, as well as various regulatory data requests.
   6. Liaison with IT Department for IT projects, testing and monitoring the implementation and continued utilization of Medical Records department information systems.

E. The **Transcriptionist Quality Workflow Analyst** is responsible for importing transcribed reports from the transcription vendor, monitoring the quality of transcribed reports, interfacing with the transcription service, and resolving report errors and omissions, performing regulatory audits.

F. The **Medicolegal Specialists** are responsible for analyzing and processing subpoenas, court orders, and other legal correspondence according to applicable hospital and government policies, procedures, and regulatory requirements/statutes. Managing outside legal requests from copy services, and other document requests.

G. The **Vital Records Registration Specialists** are responsible for interviewing parents, collecting information which is required for the completion of a legal birth certificate. Ensuring timely submission of completed/signed birth certificates to the State Department of Vital Records. Completion and submission of fetal demise certificates as required. Educating parents regarding the POP-Parentage Opportunity Program, and working with parents to secure completed forms which are submitted to the District Attorney's office. Providing verification of live birth documentation to parents, and assisting with the registration of newborns with the Social Security Administration. Responsible for the timely completion of the "causes of death" portion of death certificates, and the completion of Temporary Envaultment certificates.

H. The **Imaging Specialists, Physician Liaison, and Health Information Specialists** are responsible for collecting discharge paperwork from clinical units, prepping documents, scanning documents, performing quality and validation checks before scanned documents are published in Palomar Health’s electronic health record (Clarity), analyzing records for documentation deficiencies, assisting physicians with record completion, and other duties as assigned. Imaging Specialists will prioritize paper documents which are critical to continued care and the revenue cycle, to ensure expedited scanning, QC and publication within Clarity.
   1. Record Imaging Specialist II - Performs tasks related to document capture and publication as listed above.
   2. Imaging Quality Control Specialist III/Physician Liaison - Analyzes discharge records for missing documentation, assigns deficiencies to appropriate physician, performs regulatory audits. Ensures completion of regulatory requirements via administration of the Medical Staff Suspension procedure. Collects compliance data, and reports this to the Medical Staff department.
RESOLUTION NO. 08.08.22(01)-17

Resolution of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2022-2023 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith

WHEREAS, as authorized by a ballot measure ("Measure BB"), approved by more than two-thirds of the votes cast on such ballot measure at an election held in Palomar Pomerado Health, now known as Palomar Health (the "District") on November 2, 2004, the Board of Directors of the District (the "Board of Directors") was authorized to issue $496,000,000 aggregate principal amount of general obligation bonds for the purpose of financing a portion of the hospital and health care facilities projects as referenced and described in Measure BB;

WHEREAS, in accordance with the provisions of The Local Health Care District Law of the State of California (constituting Division 23 of the California Health and Safety Code) (the "Local Health Care District Law"), the District issued:

(i) $80,000,000 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2005A" (the "Series 2005A Bonds") on July 7, 2005;

(ii) $241,083,318.80 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2007A" (the "Series 2007A Bonds") on December 20, 2007;

(iii) $110,000,000 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2009A" (the "Series 2009A Bonds") on March 18, 2009; and

(iv) $64,916,678.80 aggregate principal amount of such general obligation bonds, designated as "Palomar Pomerado Health General Obligation Bonds, Election of 2004, Series 2010A" (the "Series 2010A Bonds") on November 18, 2010;

WHEREAS, on October 27, 2016, pursuant to Articles 9 and 11 of Chapter 3 of Part 1 of Division 2 of Title 5 of the California Government Code, the District issued:

(i) $48,520,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016A (the "Series 2016A Bonds") to refund all outstanding Series 2005A Bonds; and

(ii) $164,450,000 aggregate principal amount of general obligation refunding bonds designated as "Palomar Health General Obligation Refunding Bonds, Series 2016B (the "Series 2016B Bonds") to refund the current interest portion of the Series 2007A Bonds;
WHEREAS, as provided by the Local Health Care District Law, principal and interest on the outstanding Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds as the same become due are payable from the levy and collection of *ad valorem* taxes within the District;

WHEREAS, pursuant to Section 32312 of the Local Health Care District Law, the Board of Supervisors of the County of San Diego (the "Board of Supervisors of the County") is required to levy and collect annually each year until the Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds are paid a tax sufficient to pay the principal of and interest on such Series 2007A Bonds, Series 2009A Bonds, Series 2010A Bonds, Series 2016A Bonds and Series 2016B Bonds (collectively, the "Bonds") as the same become due and payable;

WHEREAS, in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, the Board of Directors hereby notifies the Board of Supervisors of the County that principal and interest on the Bonds in the amount of $34,620,702 will become due and payable during the fiscal year commencing July 1, 2022, and ending June 30, 2023;

WHEREAS, the Board of Directors has been advised that the total net secured assessed valuation of the District is now estimated at $98,996,365,586 full value; and,

WHEREAS, also in order to facilitate the levy and collection of such *ad valorem* taxes by the Board of Supervisors of the County as provided in Section 32312 of the Local Health Care District Law, a rate of taxation of $37.00 for each one hundred thousand dollars' valuation of taxable property (full value) within the District for fiscal year commencing July 1, 2022, and ending June 30, 2023, is hereby established;

NOW, THEREFORE, BE IT RESOLVED THAT:

Section 1. Recitals. The foregoing recitals are true and correct, and this Board of Directors so finds and determines.

Section 2. Further Authorization; Ratification of Actions. The Chair of the Board of Directors, any member of the Board of Directors, the President and Chief Executive Officer of the District or any designee of the President and Chief Executive Officer of the District or the Chief Financial Officer of the District or any designee of the Chief Financial Officer of the District (each, an "Authorized District Representative") is hereby authorized and directed, for and in the name of and on behalf of the District, to do any and all things and to execute and deliver any and all documents, instruments and certificates, and to enter into any and all agreements, which such Authorized District Representative may deem necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this Resolution. All such actions heretofore taken by any such Authorized District Representative are hereby ratified, confirmed and approved.

Section 3. Effective Date. This Resolution shall take effect from the date of adoption hereof.
PASSED AND ADOPTED by the Board of Directors of Palomar Health on the 8th day of August, 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED: August 8, 2022

BY:

ATTESTED:

______________________________
Linda C. Greer, RN
Chair, Board of Directors

______________________________
Terry Corrales, RN
Secretary, Board of Directors
I, Terry Corrales, RN, the Secretary of the Board of Directors of Palomar Health (the "District"), do hereby certify that the foregoing is a true copy of a resolution adopted by the District on August 8, 2022, at the time and by the vote stated above, which resolution is on file in the offices of the District.

DATED: August 8, 2022

______________________________
Terry Corrales, RN
Secretary, Board of Directors
Palomar Health has two types of property taxes available as follows:

**SPECIAL ASSESSMENT FOR GENERAL OBLIGATION BONDS**


**OTHER PROPERTY TAXES**

A tax equal to 1% of the full cash value of property is levied each fiscal year by the county and distributed to governmental agencies within the county according to a formula mandated by the state legislature. (California Constitution Article XIII(A); Revenue and Taxation Code Section 97). The state legislature and the county place no restrictions on the tax monies granted to local government agencies, such as Palomar Health. (Part 0.5, Division 1 of the Revenue and Taxation Code.) Since these tax revenues are unrestricted, it is not necessary to inform the public regarding the intended use of the funds.

The following is a schedule reflecting our total tax revenues by fiscal year for the past forty-two years.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Received Cash Basis</th>
<th>Restricted for Bond Interest &amp; Principal</th>
<th>From Prior Year (Unrestricted) Increase (Decrease)</th>
<th>$</th>
<th>%</th>
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<tr>
<td>1977/78</td>
<td>$2,460,384</td>
<td>$445,211</td>
<td>$2,015,173</td>
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<td>1978/79</td>
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<td>518,736</td>
<td>994,818 (1,020,355)</td>
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<td>1979/80</td>
<td>1,621,350</td>
<td>428,585</td>
<td>1,192,765</td>
<td>19.90</td>
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<tr>
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<td>1,455,941</td>
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<td>2,521,689</td>
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<td>1986/87</td>
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<td>1987/88</td>
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<td>1988/89</td>
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<td>4,493,697</td>
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<td>18,903,673</td>
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<td>2017/18</td>
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<td>16,751,187</td>
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<td>19,318,949</td>
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<td>2021/22</td>
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<td>44,001,578</td>
<td>19,820,274</td>
<td>2.59</td>
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RESOLUTION NO. 08.08.22(02)-18

Resolution of the Board of Directors of Palomar Health
Establishing the Appropriations Limit of the District for
the Fiscal Year July 1, 2022 – June 30, 2023
Pursuant To Article XIII(B) of the California Constitution

WHEREAS, Government Code Section 7910 requires that each year the Board of Directors of this District shall, by resolution, establish the District’s appropriations limit for the following fiscal year pursuant to Article XIII(B) of the California Constitution; and

WHEREAS, for not less than fifteen days prior to this meeting the documentation attached hereto as Exhibit “A” used in the determination of the appropriations limit has been available to the public in accordance with Government Code 7910.

NOW THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors as follows:

Section 1. The appropriations limit of Palomar Health for fiscal year July 1, 2022 – June 30, 2023, pursuant to Article XIII(B) of the California Constitution is hereby established at $125,892,811.

Section 2. This resolution is effective immediately upon its adoption by the Board of Directors.

PASSED AND ADOPTED at the meeting of the Board of Directors of Palomar Health held August 8, 2022, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAINING:

ATTEST:

__________________________________________
Linda C. Greer, RN
Chair

__________________________________________
Terry Corrales, RN
Secretary
EXHIBIT "A"

PALOMAR HEALTH
APPROPRIATIONS LIMIT
2022/2023

2021/2022 APPROPRIATIONS LIMIT $117,124,656

PRICE FACTOR 7.55%

-- OR --

CHANGE IN LOCAL ASSESSMENT ROLL DUE TO NON-RESIDENTIAL NEW CONSTRUCTION 2.82% = 1.0755

-- AND --

POPULATION FACTOR (0.06%) = 0.9994

CALCULATION OF FACTOR FOR FY 2021/2022 1.0755 x 0.9994 = 1.0749

$117,124,656 x 1.0749 = $125,892,811

2022/2023 APPROPRIATIONS LIMIT $125,892,811
The Board of Directors of Palomar Health will establish its Appropriations Limit for the 2022/2023 fiscal year at its regularly scheduled meeting, to be held virtually at 6:30 p.m. on Monday, August 8, 2022. This Appropriations Limit is for the unrestricted appropriations and is in no way related to the appropriations for the General Obligation Bonds issued in 2007, 2009 and 2010, or for the General Obligation Refunding Bonds issued in 2016. The documentation used in the determination of the Appropriations Limit is available to the public at the office of the President and Chief Executive Officer, 2125 Citracado Parkway, Suite 300, Escondido, CA 92029.

DATED: July 22, 2022

PALOMAR HEALTH
A California Local Healthcare District

BY:
Diane L. Hansen
President & CEO
RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
AUTHORIZING THE UNDERTAKING OF A FINANCING IN AN
AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED $280,000,000.

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

WHEREAS, the District proposes to finance or reimburse itself for its prior
payment of certain costs of acquisition, construction, expansion, improvement, renovation and
equipping of its health care facilities, including but not limited to construction on the 10th and 11th
floors of Palomar Medical Center Escondido, replacement of the cardiac catheterization
laboratories at Palomar Medical Center Escondido, remodeling of the Palomar Medical Center
Poway emergency room, and acquisition of other equipment (the “New Money Project”);

WHEREAS, on December 7, 2006, the North San Diego County Health Facilities
Financing Authority executed and delivered certificates of participation, evidencing an undivided
proportionate interest of the holders thereof in certain installment payments to be made by the
District (collectively, the “Series 2006 Certificates), the proceeds of which were used by the
District to pay certain costs of acquisition, construction, expansion, improvement, renovation, and
equipping of its health care facilities, to refund all of the then-outstanding Palomar Pomerado
Hospital District Insured Revenue Bonds, Series 1993, to pay the premium on an insurance policy
relating to debt service payments with respect to the Series 2006 Certificates and a surety policy
with respect to a reserve fund established for the Series 2006 Certificates, and to pay certain costs
of delivery associated with the Series 2006 Certificates;

WHEREAS, the District proposes to refund and prepay all or a portion of the Series
2006 Certificates, which currently are outstanding in the aggregate principal amount of
$130,925,000 (collectively, the “Refunding Project”);

WHEREAS, in order to facilitate such financing, reimbursement, refunding and
prepayment (hereinafter collectively referred to as the “Financing”), the District proposes to
request the assistance of the California Municipal Finance Authority (the “Authority”), which was
created pursuant to the provisions of the Joint Exercise of Powers Act, comprising Articles 1, 2, 3
and 4 of Chapter 5 of Division 7 of Title 1 (commencing with Section 6500) of the Government
Code of the State of California (the “JPA Act”);

WHEREAS, the District is the Credit Group Representative under the Master Trust
Indenture, dated as of December 1, 2006, as amended and supplemented to the date hereof; among
the District, Arch Health Partners, Inc. and U.S. Bank Trust Company, National Association, as
successor master trustee (the “Master Trustee”);
WHEREAS, the District proposes to secure its obligations with respect to the Financing by issuing one or more Master Indenture Obligations pursuant to the Master Trust Indenture;

WHEREAS, the District proposes to engage certain professionals to assist with implementation of the Financing, including Citigroup Global Markets Inc., to serve as underwriter, Kaufman, Hall & Associates, Inc., to serve as financial adviser to the District, and Orrick Herrington & Sutcliffe LLP, to serve as special financing counsel to the District;

WHEREAS, the Board of Directors desires (i) to approve the Financing for the purpose of paying the costs of the New Money Project, the Refunding Project and costs associated with the Financing, subject to the conditions identified in this Resolution, and (ii) to authorize the taking of such other actions as shall be necessary in connection with the Financing, including preparation of one or more Purchase Agreements, Installment Sale Agreements, Trust Agreements, Certificate Purchase Agreements, offering documents, Supplemental Master Trust Indentures, Master Indenture Obligations or other documents or agreements as shall be desirable to provide for and evidence the Financing, substantially final forms of which shall be presented to the Board of Directors for approval at a meeting held no later than one year from the date of this Resolution; and

WHEREAS, all acts, conditions and things required by the Constitution and laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the actions authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the District is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such actions for the purpose, in the manner and upon the terms herein provided;

NOW, THEREFORE, BE IT RESOLVED THAT:

Section 1. Recitals. The foregoing recitals are true and correct and the Board of Directors so finds and determines.

Section 2. Authorization of Financing. The Financing, in an aggregate principal amount not to exceed $280,000,000, is hereby authorized and approved, provided that the Financing shall not be consummated prior to the approval by the Board of Directors of substantially final forms of the Purchase Agreements, Installment Sale Agreements, Trust Agreements, Certificate Purchase Agreements, offering documents, Supplemental Trust Indentures, Master Indenture Obligations or other documents or agreements as shall be desirable to provide for and evidence the Financing.

Section 3. Further Authorization. The Chief Executive Officer of the District or the Chief Financial Officer of the District (each, an “Authorized District Representative”) or any designee of either thereof, acting singly, hereby is authorized and directed, for and in the name and on behalf of the District, to do any and all things and to execute and deliver any and all documents or agreements necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this Resolution. The Secretary of the Board of Directors or an Assistant Secretary of the Board of Directors is hereby authorized to attest to any signature
of the Chair of the Board of Directors or Authorized District Representative on any of the
documents or agreements authorized by this Resolution.

Section 4. Professional Services. Citigroup Global Markets Inc. shall serve
as underwriter with respect to the Financing. Kaufman, Hall & Associates, Inc. shall serve as
financial advisor to the District in connection with the Financing. Orrick, Herrington & Sutcliffe
LLP shall serve as special financing counsel to the District in connection with the Financing.
Either Authorized Representative is hereby authorized and directed to enter into agreements with
such firms for such services.

Section 5. Ratification of Actions. All actions heretofore taken by the officers
and agents of the District, including, without limitation, the Chair of the Board of Directors and
each Authorized District Representative or any designee thereof with respect to the Financing are
hereby ratified, confirmed and approved.

Section 6. Effective Date. This Resolution shall take effect from and after its
adoption.
PASSED AND ADOPTED by the Board of Directors of Palomar Health on the 8th day of August, 2022, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAINING:

Dated: August 8, 2022.

By: ___________________________
   Linda C. Greer, RN
   Chair, Board of Directors
   Palomar Health

Attested:

_________________________________________
Terry Corrales, RN
Secretary, Board of Directors
Authorized Persons and Enabling Resolutions for Municipalities and Certain Other Unincorporated Entities for DVP Accounts

In consideration of Morgan Stanley Smith Barney LLC ("Morgan Stanley") opening and maintaining one or more DVP Accounts for the entity named below, I, the undersigned, hereby certify and agree as follows:

1. General Information
   A. The full legal name of the entity (the "Client") to which this document applies is:
      PALOMAR HEALTH
      NAME OF ENTITY
   B. Is the entity a not-for-profit entity?  [ ] Yes  [ ] No
   C. Type of Organization:
      ☑ Municipality/Government Entity  ☐ Union/Trade Association
      ☐ Educational Institution  ☐ Charitable/Religious Organization
      ☐ Private Foundation/Foundation  ☐ Business Trust
      ☐ Civic Club/Assoc.  ☐ Condo/Homeowners' Association
      ☐ Native American Tribe/Tribally Chartered Entity  ☐ Other
      DESCRIBE

2. Authorized Persons
Morgan Stanley is hereby authorized to accept investment instructions and other instructions from the officers of the Client and/or other individuals listed below ("Authorized Persons"). This authority includes, but is not limited to, the authority to make distributions (e.g., of cash or securities) and transfers to anyone, including the undersigned officers and/or other individuals.

If Morgan Stanley receives conflicting instructions from different Authorized Persons, or reasonably believes instructions from one Authorized Person might conflict with the wishes of another Authorized Person, Morgan Stanley may do any of the following: (a) choose which instructions to follow and which to disregard; (b) suspend all activity in the DVP Account until written instructions signed by all Authorized Persons are received; (c) close the DVP Account and deliver all securities and other property, net of debits or liabilities, to the address of record; and/or (d) take such other legal action deemed necessary to protect the interests of Morgan Stanley.

(ALL AUTHORIZED PERSONS MUST COMPLETE THIS SECTION, EVEN IF ALSO SIGNING ON BEHALF OF THE CLIENT AT THE END OF THIS DOCUMENT.)

DIANE L. HANSEN
NAME (PR/NT)
 presidents & CEO
TITLE
SOCIAL SECURITY NUMBER
DATE OF BIRTH
STATE OF WORK

HUBERT U. KING
NAME (PR/NT)
CFO
SOCIAL SECURITY NUMBER
DATE OF BIRTH
STATE OF WORK

**DVP** as used herein includes delivery versus payment and receive versus payment. **"DVP Account" as used herein includes delivery versus payment and receive versus payment accounts.**
3. Enabling Resolutions

The following is a full, true and correct copy of the Resolutions duly adopted by vote of the Board of Trustees, Council or other governing body, referred to as the “Board” of the Client, which Resolutions have not been rescinded or modified and are in full force and effect. The Client further represents and warrants that: (1) these Resolutions are in accord with and pursuant to the Client’s underlying charter and bylaws; (2) these Resolutions are in accord with all constitutional, statutory and regulatory provisions pertaining to the Client; (3) the Client is empowered to take the actions called for by these Resolutions; (4) the Client is duly organized, validly existing and in good standing under all applicable federal, state and/or tribal laws or the laws of a non-U.S. jurisdiction; and (5) the persons designated herein as officers of the Client have been duly installed and now hold the offices set forth by their respective names and their signatures.

RESOLVED:

FIRST, that the Authorized Persons are, and each of them hereby is, authorized and empowered to the fullest extent possible, to act on behalf of the Client, to establish and maintain with Morgan Stanley one or more DVP Accounts for the purpose of purchasing, investing in, or otherwise acquiring, selling, transferring, exchanging and generally dealing in and with, cash and any and all forms of securities and financial instruments, including, but not limited to, shares, stocks, bonds, debentures, notes, script, participation certificates, rights to subscribe, warrants and certificates of deposit.

SECOND, that, without obligation on Morgan Stanley’s part to inquire, any Authorized Person shall have the fullest authority on behalf of the Client to provide instructions or take such actions with respect to the DVP Account, including but not limited to, the authority to:

(a) give written or oral instructions to Morgan Stanley with respect to any securities, transaction or service offered in connection with the DVP Account;
(b) deposit or withdraw money, securities and other property of the Client to and from the DVP Account;
(c) bind the Client to any contract, arrangement or transaction with or through Morgan Stanley;
(d) make payments related to the DVP Account by checks and/or drafts drawn upon the funds of the Client;
(e) endorse any securities in order to pass ownership thereof or for any other purpose;
(f) direct the sale or exercise of any rights with respect to securities in the DVP Account;
(g) sign releases and powers of attorney and enter into contracts and agreements, including but not limited to, any Morgan Stanley account agreements and documentation relating to online services, electronic fund transfers and other services which are or may be offered in connection with the DVP Account, as such documents may be modified from time to time, and any documentation permitted or contemplated by such agreements, products and services, and to affix the seal of the Client to same when necessary;
(h) direct Morgan Stanley to surrender securities to the proper agent or party for the purpose of effecting any exchange, conversion, or otherwise; and

(i) take any and all action in connection with the DVP Account.

THIRD, that any Authorized Person may appoint any person(s) ("Designated Persons") to:

(a) conduct trading in the DVP Account;

(b) endorse any securities, or to make, execute and deliver, under the seal of the Client or otherwise, any instrument of assignment and/or transfer necessary or proper to pass title to such securities; or

(c) provide instructions to effect electronic fund transfers.

FOURTH, that each Authorized Person is empowered and authorized to do all things each deems necessary to implement these Resolutions.

FIFTH, that Morgan Stanley may deal with any and all of the persons directly or indirectly empowered by these Resolutions as though dealing with the Client directly.

SIXTH, that the duly designated officer is hereby authorized and empowered to certify to Morgan Stanley, under the seal of the Client or otherwise:

(a) a true, correct and complete copy of these Resolutions;

(b) specimen signatures of each Authorized Person and each Designated Person empowered by these Resolutions, if so requested by Morgan Stanley; and

(c) a certificate (which, if required by Morgan Stanley, shall be supported by an opinion of the general counsel of the Client, or other counsel satisfactory to Morgan Stanley) that the Client is duly organized and in good standing, that Client’s charter authorizes the action or business described in these Resolutions, and that no limitation has been imposed upon such powers by constitution, statute, regulation, charter, bylaw or otherwise.

SEVENTH, that Morgan Stanley may rely upon any certification given in accordance with these Resolutions as continuing fully effective unless and until Morgan Stanley shall receive written notice of an amendment, modification or rescission of these Resolutions.

Further resolved that Morgan Stanley shall not be liable for any action taken or not taken upon instruction of any Authorized Person or Designated Person prior to Morgan Stanley’s actual receipt of written notice of the termination or impairment of such person’s authority.

The failure to supply any specimen signature shall not invalidate any transaction which is in accordance with authority previously granted.

Further resolved that the Client shall indemnify and hold harmless Morgan Stanley and any of its subsidiaries and affiliates from any and all claims that a transaction was unauthorized or outside the scope of the Client’s powers, if such transaction was authorized by any of the Authorized Persons or Designated Persons.

EIGHTH, that in the event of any change in the office or powers of persons hereby empowered, the duly designated officer shall certify such changes to Morgan Stanley, in writing, which certification, when Morgan Stanley receives it, shall terminate the powers of the persons previously authorized and empower the persons thereby substituted in accordance with all the provisions of these Resolutions.

NINTH, that the Client hereby authorizes Morgan Stanley to charge any amount due to Morgan Stanley under any arrangement with the Client, against any or all of the accounts and other property of the Client held with Morgan Stanley or any of its affiliates, with the Client remaining liable for any deficiency and each Authorized Person or Designated Person is authorized and directed to pay to Morgan Stanley by checks and/or drafts drawn upon the funds of the Client such sums as may be necessary to discharge the Client’s obligations to Morgan Stanley.

TENTH, that the Client agrees that Morgan Stanley may apply these Resolutions to any DVP Accounts in the name of the Client.
The following three (3) resolutions are applicable only to Native American Tribes/Tribally Chartered Entities:

ELEVENTH, that Section 12 of the DVP Client Agreement is modified to include the following language:

"The Client agrees:

(a) that the Client expressly and irrevocably agrees to a limited waiver of its immunity from suit as well as its rights to seek or exhaust tribal remedies and that the waiver granted herein includes the arbitration of disputes as contemplated by Section 12 of the DVP Client Agreement, as well as any actions in any court of competent jurisdiction to compel arbitration and to enforce an arbitration award;

(b) that binding arbitration shall be the exclusive formal remedy for all disputes, controversies or claims between the Client and Morgan Stanley, including its agents, assigns or affiliates (collectively, "Morgan Stanley"), as further described in Section 12 of the DVP Client Agreement;

(c) that such arbitration shall provide final and binding resolution of any dispute between the parties;

(d) that the waivers of sovereign immunity and of the right to demand exhaustion of tribal remedies shall survive the expiration, termination or cancellation of the DVP Client Agreement and the closing of the Client’s DVP Account; and

(e) that, if enforcement of an arbitration award or a judicial order becomes necessary by reason of the failure of one or both parties to voluntarily comply, the Client waives its sovereign immunity from any final judgment or order of a court of competent jurisdiction enforcing such arbitration award or judicial order."

TWELFTH, that the Client certifies that none of the monies, securities, funds or other property invested or to be invested by the Client in accordance with the DVP Client Agreement and these Resolutions, or paid or to be paid to Morgan Stanley in accordance with the DVP Client Agreement and these Resolutions, constitute (a) funds held by the United States in trust for the Client or for members of the Client, or (b) funds obtained by the Client from the United States of America or any State government or agency for the purpose of carrying out projects or programs specified by the United States of America or any State government or agency, other than funds received by the Client, pursuant to one or more guarantee contracts with the United States Department of Housing and Urban Development ("HUD"), for the purpose of funding affordable housing activities under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.).

THIRTEENTH, that the Client certifies, to the extent the Client is investing funds that are part of a tribal trust fund for minor members of the Client or subject to the requirements of a tribal trust fund or a HUD depository agreement, that investment instructions provided by the Client to Morgan Stanley with respect to such funds will comply with all legal requirements applicable to such funds.

IN WITNESS WHEREOF, I have hereunto affixed my hand (and the seal of the Client).

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

© 2015 Morgan Stanley Smith Barney LLC. Member SIPC.

Morgan Stanley
Note: Please enable Macros

CLIENT INFORMATION

Please select one of the following options:

- [ ] New Resolution/Incumbency
- [ ] Update Incumbency (Used to Add or Delete individual authorized signers)
- [X] 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, (a) 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, (b) 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 (c) 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.

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>DIANE L. HANSEN</td>
<td>President &amp; Chief Executive Officer</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>HUBERT U. &quot;HUGH&quot; KING</td>
<td>Chief Financial Officer</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>STEPHANIE J. BAKER, MBA, RN, CEN</td>
<td>Chief Administrative Officer</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>OMAR KHAWAJA, MD</td>
<td>Chief Medical Officer</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>AMANDA B. PAPE</td>
<td>Vice President of Finance</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>SECRETARY OF THE BOARD OF DIRECTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type or Print Name of Certifying Individual</td>
<td>TERRY CORRALES, RN</td>
</tr>
</tbody>
</table>

**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)

| Signature: | Date: | August 8, 2022 |
## Application Details

<table>
<thead>
<tr>
<th>Online Application ID</th>
<th>Submitted Date</th>
<th>Submitted By</th>
</tr>
</thead>
<tbody>
<tr>
<td>LNC00003375</td>
<td>08/03/2022</td>
<td>Sally Valle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Medical Center</td>
<td>630013873</td>
</tr>
</tbody>
</table>

## Administrator Details

Is this change of administrator application for a distinct part facility? (i.e. Skilled Nursing Facility, Acute Psychiatric Hospital etc.)

- Yes [ ]
- No [ ]

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie</td>
<td>Baker</td>
</tr>
</tbody>
</table>

Effective Start Date: 03/01/2022

Was this individual appointed by the Governing Board?

- Yes [ ]
- No [ ]

### Criminal Record Details

- Has this individual ever been convicted of an offense that is still on their record, whether misdemeanor or felony?
  - Yes [ ]
  - No [ ]

- Has there been a judgment against this individual for Medicare or Medicaid (Medi-Cal) fraud or by a health care professional?
  - Yes [ ]
  - No [ ]

- Has there been a judgment against this individual for Medicare or Medicaid (Medi-Cal) fraud or by a technical licensing entity?
  - Yes [ ]
  - No [ ]

### Facility Involvement (in or out of California)

- Has this individual ever been involved with a business entity that operated a health facility or community care facility?
  - Yes [ ]
  - No [ ]

- Has this individual ever operated or managed (including management agreements) any facilities?
  - Yes [ ]
  - No [ ]

- Has this individual ever held a 5 percent or more beneficial ownership interest in any of the facility types above?
  - Yes [ ]
  - No [ ]

### Adverse Actions

Have you been affiliated with any facility, either past or present, that has been identified as having one or more of the following adverse actions?

- Yes [ ]
- No [ ]
CHANGE OF ADMINISTRATOR APPLICATION

<table>
<thead>
<tr>
<th>Had a final Medicaid (Medi-Cal) decertification action taken</th>
<th>Placed on probation</th>
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<td>Suspension</td>
<td>Resolved by settlement</td>
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<tr>
<td>Revoked (whether stayed or not)</td>
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</tbody>
</table>

Is the individual related to any of the individuals (Facility Owners, Board Members, Members, Facility Administrator or Facility Director of Nursing)?

- [ ] Yes
- [x] No

Disclaimer

**Release of Information Statement**

Information provided to the California Department of Public Health in an application for licensure is mandatory and necessary for licensure approval. This information will be used to determine the ability of the individual applicant or facility applicant to provide health services. Any changes must be provided to the California Department of Public Health within 10 days of the change. The California Department of Public Health requests this information in accordance with Health and Safety Code, sections 1253, 1265, and 1728, and California Code of Regulations, title 22, sections 70101, 71107, 73205, 74105, 75022, 76205, and 78205. Failure to provide the requested information may result in non-issuance of a license. Providing false or misleading information may result in non-issuance of a license or license revocation. The information you submit to the California Department of Public Health is considered public information and will be made available to the public upon request. The information will be included and maintained in the public files for each individual facility located in the Licensing and Certification district offices.

**Applicant Signature**

I agree to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- [ ] I acknowledge and agree to the above Terms of Acceptance

Electronic Signature (Please type your full legal name)  
Jami Piearson

Date  
08/03/2022

Title  
Regulatory and Accreditation Director
CHANGE OF ADMINISTRATOR APPLICATION

Application Details

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<td>080000147</td>
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Administrator Details

Is this change of administrator application for a distinct part facility? (i.e. Skilled Nursing Facility, Acute Psychiatric Hospital etc.)

- Yes
- No

First Name: Stephanie
Last Name: Baker
Effective Start Date: 03/01/2022

Was this individual appointed by the Governing Board?
- Yes
- No

Criminal Record Details

- Has this individual ever been convicted of an offense that is still on their record, whether misdemeanor or felony?
- Yes
- No

- Has there been a judgment against this individual for Medicare or Medicaid (Medi-Cal) fraud or by a health care professional?
- Yes
- No

- Has there been a judgment against this individual for Medicare or Medicaid (Medi-Cal) fraud or by a technical licensing entity?
- Yes
- No

Facility Involvement (in or out of California)

- Has this individual ever been involved with a business entity that operated a health facility or community care facility?
- Yes
- No

- Has this individual ever operated or managed (including management agreements) any facilities?
- Yes
- No

- Has this individual ever held a 5 percent or more beneficial ownership interest in any of the facility types above?
- Yes
- No

Adverse Actions

Have you been affiliated with any facility, either past or present, that has been identified as having one or more of the following adverse actions?

- Yes
- No
**CHANGE OF ADMINISTRATOR APPLICATION**

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<tr>
<td>Revoked (whether stayed or not)</td>
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</tbody>
</table>

Is the individual related to any of the individuals (Facility Owners, Board Members, Members, Facility Administrator or Facility Director of Nursing)?

- [ ] Yes
- [x] No

**Disclaimer**

**Release of Information Statement**

Information provided to the California Department of Public Health in an application for licensure is mandatory and necessary for licensure approval. This information will be used to determine the ability of the individual applicant or facility applicant to provide health services. Any changes must be provided to the California Department of Public Health within 10 days of the change. The California Department of Public Health requests this information in accordance with Health and Safety Code, sections 1253, 1265, and 1728, and California Code of Regulations, title 22, sections 70101, 71107, 73205, 74105, 75022, 76205, and 78205. Failure to provide the requested information may result in non-issuance of a license. Providing false or misleading information may result in non-issuance of a license or license revocation. The information you submit to the California Department of Public Health is considered public information and will be made available to the public upon request. The information will be included and maintained in the public files for each individual facility located in the Licensing and Certification district offices.

**Applicant Signature**

I agree to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I acknowledge and agree to the above Terms of Acceptance

<table>
<thead>
<tr>
<th>Electronic Signature (Please type your full legal name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jami Piearson</td>
<td>08/03/2022</td>
</tr>
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</table>

Title

- Regulatory and Accreditation Director
ADDENDUM F
To: Board of Directors
From: Linda Greer, Chair, Board Audit & Compliance Committee
Date: Monday, August 8, 2022
Re: Board Audit & Compliance Committee Meeting, July 28, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Chair Linda Greer, Director Laurie Edwards-Tate, Director Michael Pacheco, Diane Hansen, Helen Waishkey, and Lachlan Macleay, MD.

INFORMATIONAL ITEMS

• **Board Conflict of Interest (Form 700):** All board members have completed the Form 700 and there were no issues.

• **Review of Internal Audit Activities – HRSA 340B Audit Overview:** HRSA audited Palomar Health Escondido’s 340B program on January 19, 2022 and February 3, 2022 and received the completed report with findings for PMC Escondido on May 19, 2022. Findings for PMC Escondido included a few duplicate discounts. The Compliance Department created a Corrective Action Plan that will be completed by October 1, 2022, and the last settlement with affected manufacturers will be completed by December 31, 2022. It was determined that Palomar Health owes 21 manufacturers a combined total of $58.68. Palomar Health did very well in the HRSA audit.

• **Q1 Q2 Compliance Hotline Case Report:** Helen Waishkey, Corporate Compliance Officer, presented the Compliance Hotline Case Report for quarters one and two. The numbers are very standard and the top number of cases were in Misconduct or Inappropriate Behavior, followed by Discrimination or Harassment, Other Compliance Related Issues, and Patient Care.

• **Palomar Health 2022 Audit Planning by Moss Adams:** Stacy Stelzreide and Jessa May Sidebotham of Moss Adams presented Palomar Health 2022 Audit Plan. The purpose of the presentation was to inform Palomar Health of the plan details so Palomar Health would have a complete understanding of the audit and could provide additional risks issues to Moss Adams if necessary. No decisions needed to be made and there were no findings.

ACTION ITEMS

• **Approval of 2022 Board Audit & Compliance Committee Meeting Minutes:** The voting members reviewed and approved the April 19, 2022 Board Audit & Compliance Committee Meeting Minutes.
Memorandum

To: Board of Directors
From: Laura Barry, Chair, Board Finance Committee
Date: August 8, 2022
Re: Board Finance Committee, Wednesday, July 27, 2022, Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Barry, Pacheco & Corrales (as Alternate)

INFORMATION ITEMS

- **Pre-Audit June 2022 & YTD FY2023 Financial Statistics**: As the June 2022 financial close was extended to assure all FY2022 business transactions are recorded in the pre-audit financial statements, and consistent with prior year-end closings, full financial statements were not yet available. Statistical indicators were included in the packet for review. A formal presentation of the full Pre-Audit June 2022 and YTD FY2023 Financial Report will be made at the August meeting.

ACTION ITEMS

- **Minutes, Wednesday, April 27, 2022, Board Finance Committee Meeting**: Reviewed and approved the draft minutes from the Wednesday, April 27, 2022, Board Finance Committee meeting.

- **Executed, Budgeted, Routine Physician Agreements**: Reviewed and recommended approval of the Executed, Budgeted, Routine, Physician Agreements that had been administratively approved, signed and became effective in prior months.

- **Resolution No. 08.08.22(01)-17 of the Board of Directors of Palomar Health Concerning the Levy and Collection of Taxes by the Board of Supervisors of the County of San Diego for Fiscal Year 2022-2023 to Pay Principal and Interest on General Obligation Bonds and Authorizing the Taking of All Actions Necessary in Connection Therewith**: Management—having reviewed the effect of current economic conditions, the resultant assessed values of properties in the District, and the increase in debt service due to interest now being paid on the Series 2009 and 2010 bonds, as well as the impact of those factors on the tax levy—recommended that the rate of taxation be decreased. The Committee agreed and recommended that the Board adopt the above-referenced Resolution, with a stated rate of taxation therein of $37.00 per $100,000 of assessed valuation of taxable property.

- **Resolution No. 08.08.22(02)-18 Establishing the Appropriations Limit of the District for the Fiscal Year July 1, 2022 – June 30, 2023 Pursuant to Article Xiii(B) of the California Constitution**: Reviewed and recommended that the Board adopt the Resolution Establishing the Appropriations Limit for Palomar Health for Fiscal Year 2023.

- **Edits to §VIII.B.1.d. of the Bylaws – Finance Committee**: Reviewed and approved the changes to the non-voting membership, removing the title of Chief Operating Officer and adding the title of Chief Administrative Officer. These changes will be incorporated into the Committee’s charter, which will be presented for discussion and approval at the October 2022 meeting.

- **Resolution No. 08.08.22(03)-19 of the Board of Directors of Palomar Health Authorizing the Undertaking of a Financing in an Aggregate Principal Amount Not to Exceed $280,000,000**: Reviewed and recommended that the Board adopt the Resolution, which would provide Management with the ability to develop a Plan of Finance regarding paying the Series 2006 Certificates of Participation in full, terminate the SWAP agreement and provide approximately $100 million in funding. As noted below, further information may be reviewed elsewhere in the agenda packet; however, members of Management and our Financing Team partners will also present background documentation and the request for approval at the meeting.

---

1 Backup documentation may be reviewed elsewhere in the agenda packet
Fiscal Year 2022
Performance Indicators

Excludes Arch

June 2022
## Adjusted Discharges

### North
- Jul-21: 2,471
- Aug-21: 2,352
- Sep-21: 2,273
- Oct-21: 2,368
- Nov-21: 2,313
- Dec-21: 2,319
- Jan-22: 2,294
- Feb-22: 2,039
- Mar-22: 2,419
- Apr-22: 2,414
- May-22: 2,374
- Jun-22: 2,871

### South
- Jul-21: 1,017
- Aug-21: 968
- Sep-21: 868
- Oct-21: 885
- Nov-21: 959
- Dec-21: 999
- Jan-22: 900
- Feb-22: 835
- Mar-22: 1,016
- Apr-22: 939
- May-22: 892
- Jun-22: 1,047

### Cons
- Jul-21: 3,458
- Aug-21: 3,302
- Sep-21: 3,132
- Oct-21: 3,248
- Nov-21: 3,257
- Dec-21: 3,287
- Jan-22: 3,176
- Feb-22: 2,856
- Mar-22: 3,380
- Apr-22: 3,349
- May-22: 3,251
- Jun-22: 3,900

### FY2022 Budget
- North: 28,507
- South: 11,325
- Cons: 39,596

### Adjusted Disch Factr
- Jul-21: 1.6302
- Aug-21: 1.5797
- Sep-21: 1.6029
- Oct-21: 1.5819
- Nov-21: 1.5801
- Dec-21: 1.5264
- Jan-22: 1.5264
- Feb-22: 1.6610
- Mar-22: 1.6763
- Apr-22: 1.7021
- May-22: 1.7180
- Jun-22: 1.6145

### YTD Budget
- North: 33,909
- South: 11,413
- Cons: 44,995
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<td>Results</td>
<td>July-21</td>
<td>August-21</td>
<td>September-21</td>
<td>October-21</td>
<td>November-21</td>
<td>December-21</td>
<td>January-22</td>
<td>February-22</td>
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<td>Inpatient Routine</td>
<td>108,324,153</td>
<td>111,987,171</td>
<td>106,293,337</td>
<td>107,247,512</td>
<td>113,607,108</td>
<td>121,580,441</td>
<td>113,560,394</td>
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<td>3,677,784</td>
<td>3,471,729</td>
<td>3,545,566</td>
<td>3,370,739</td>
<td>3,854,524</td>
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<td>122,598,259</td>
<td>120,835,023</td>
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<td>127,406,413</td>
<td>131,374,027</td>
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<td>Total Inpatient</td>
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<td>242,639,744</td>
<td>232,363,325</td>
<td>230,938,965</td>
<td>232,776,428</td>
<td>244,664,273</td>
<td>256,809,567</td>
<td>246,616,597</td>
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<td>Total Outpatient</td>
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<td>140,659,365</td>
<td>140,096,114</td>
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<td>Total Gross</td>
<td>387,374,210</td>
<td>383,299,109</td>
<td>372,459,439</td>
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<td>61%</td>
<td>63%</td>
<td>62%</td>
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<td>62%</td>
<td>63%</td>
<td>66%</td>
<td>66%</td>
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<tr>
<td>OP% (High OP Ratio, Higher Factor)</td>
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<td>37%</td>
<td>38%</td>
<td>37%</td>
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<td>37%</td>
<td>34%</td>
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<tr>
<td>Total%</td>
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| Dischargers Calculation | Factor | PH NORTH - ACUTE | 1,585 | 1,556 | 1,480 | 1,539 | 1,483 | 1,522 | 1,564 | 1,381 | 1,531 | 1,481 | 1,455 | 1,739 |
| PH SOUTH - ACUTE | 475 | 468 | 419 | 455 | 480 | 483 | 469 | 441 | 442 | 460 | 400 | 595 | 481 |
| PH SOUTH - SNF | 61 | 66 | 55 | 59 | 57 | 58 | 55 | 49 | 62 | 57 | 60 | 50 | 689 |
| Total | 2,121 | 2,090 | 1,954 | 2,053 | 2,020 | 2,063 | 2,088 | 1,871 | 2,035 | 1,998 | 1,910 | 2,270 | 24,473 |


| Adjusted Patient Day Calculation | 1,6403 | 1,5886 | 1,6121 | 1,5910 | 1,6213 | 1,6021 | 1,5292 | 1,5334 | 1,6710 | 1,6881 | 1,7142 | 1,7291 | 1,6240 |

| Acute Patient Days | 7,070 | 7,213 | 6,830 | 6,736 | 6,672 | 7,064 | 8,047 | 7,146 | 6,955 | 6,062 | 6,075 | 6,197 | 62,077 |
| PH SOUTH | 2,444 | 2,523 | 2,460 | 2,335 | 2,368 | 2,366 | 2,464 | 2,245 | 2,244 | 2,149 | 2,031 | 2,259 | 27,706 |
| TOTAL ACUTE PATIENT DAYS | 9,314 | 9,736 | 9,290 | 9,071 | 9,060 | 9,430 | 10,511 | 9,391 | 9,209 | 8,211 | 8,106 | 8,456 | 109,785 |
| ACUTE ADJUSTED PATIENT DAYS | 15,278 | 15,467 | 14,976 | 14,432 | 14,689 | 15,108 | 16,073 | 14,400 | 15,388 | 13,861 | 13,895 | 14,621 | 178,188 |
| TOTAL ADJUSTED PATIENT DAYS | 18,629 | 18,669 | 17,996 | 17,463 | 17,564 | 18,204 | 19,353 | 17,216 | 18,597 | 17,062 | 16,982 | 17,471 | 216,229 |
## Admissions - Acute

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<td>1,473</td>
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<td>1,490</td>
<td>1,546</td>
<td>1,560</td>
<td>1,331</td>
<td>1,319</td>
<td>1,388</td>
<td>1,431</td>
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<td>South</td>
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<td>470</td>
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<td>456</td>
<td>472</td>
<td>492</td>
<td>471</td>
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<td>456</td>
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<td>2,054</td>
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**C/Day**

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178
Observation Discharges
Average Length Of Stay – Acute By Days

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<td>4.38</td>
<td>3.81</td>
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Average Length Of Stay – Observation By Hours

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North: 24 24 28 27 27 26 30 33 28 30 28 31
South: 27 32 28 27 26 27 29 36 34 36 40 31
Cons: 25 26 28 27 27 26 30 33 29 31 31 31

FY2022 Budget: 28 22

Total: 182
Average Daily Census - Acute

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FY2022   | Budget |
---------|--------|
North    | 225    | 227    |
South    | 76     | 74     |
Cons     | 301    | 302    |
### ER Admissions (Includes Trauma) – Inpatient Only

**North**
- Jul-21: 1,226
- Aug-21: 1,197
- Sep-21: 1,162
- Oct-21: 1,026
- Nov-21: 1,120
- Dec-21: 1,122
- Jan-22: 1,126
- Feb-22: 987
- Mar-22: 1,189
- Apr-22: 1,016
- May-22: 1,067
- Jun-22: 1,191
- YTD: 13,429
- Budget: 14,684

**South**
- Jul-21: 294
- Aug-21: 336
- Sep-21: 294
- Oct-21: 275
- Nov-21: 330
- Dec-21: 322
- Jan-22: 306
- Feb-22: 282
- Mar-22: 290
- Apr-22: 288
- May-22: 261
- Jun-22: 291
- YTD: 3,569
- Budget: 3,413

**Cons**
- Jul-21: 1,520
- Aug-21: 1,533
- Sep-21: 1,456
- Oct-21: 1,301
- Nov-21: 1,450
- Dec-21: 1,444
- Jan-22: 1,432
- Feb-22: 1,269
- Mar-22: 1,479
- Apr-22: 1,304
- May-22: 1,328
- Jun-22: 1,482
- YTD: 16,998
- Budget: 18,097

**C/Day**
- Jul-21: 49
- Aug-21: 49
- Sep-21: 49
- Oct-21: 42
- Nov-21: 48
- Dec-21: 47
- Jan-22: 46
- Feb-22: 44
- Mar-22: 48
- Apr-22: 45
- May-22: 43
- Jun-22: 43
- Jul-22: 49
- Aug-22: 47
- Sep-22: 50

**FY2022 Budget**
- North: 13,429
- South: 3,569
- Cons: 16,998
- Total: 33,996

**Budget**
- North: 14,684
- South: 3,413
- Cons: 18,097
- Total: 36,214

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**Note:** The YTD budget does not include the C/Day data.
## ER Conversion (ER Admissions as %-age of ER Visits)

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- Budget: Financial Year 2022 Budget
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### Budget and Variance

- **GoAL**: Budgeted amounts for the given periods.
- **CCMC**: Capitalized costs for medical care.
- **MCAL**: Medical cost allocations.
- **MCARSELF**: Medical care self-funded.
- **SELF**: Self-funded payments.
- **CAPITATED**: Capitated payments.
- **SUPPLEMENTAL**: Supplemental funding.

- **AVG**: Average values for each month.
- **PY AVG**: Year-to-date average values.

- **YTD**: Year-to-date totals.
- **YTD Budget**: Year-to-date budgeted amounts.
- **Var**: Variance from budgeted amounts.
- **PY YTD**: Year-to-date totals for the year.
To: Board of Directors

From: Linda Greer, R.N. Chair Board Quality Review Committee

Date: August 2, 2022

Re: Wednesday, July 27, 2022 Board Quality Review Committee – Meeting Summary

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

MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE

Dr. Sam Filiciotto provided a brief update from the most recent QMC meeting:
Reviewed and approved the organizational Capacity Management Plan, which outlines the phased approach to overcrowding and each department’s responses.

- Our last bariatric program accreditation was in 2018. We are coming up for re-accreditation in November. The bariatric program provided their report, which demonstrated great quality outcomes.
- Working with Dr. Ginther and providers on CPOE alerts to ensure Leapfrog compliance.
- Radiology and Nuclear Medicine are working with the ED on turn-around-times. There has been significant improvements. Those departments will continue to monitor radiation exposure for staff and providers.
- The new Director of Rehabilitation, Tyler Powell, was introduced.
- Reviewed the status of the Joint Commission, CDPH, and CMS deficiencies and most are moving into the green areas. Actions are having positive results.

ACTION ITEMS:

REVIEW / APPROVAL: OPEN/CLOSED SESSION MEETING MINUTES / ATTENDANCE ROSTER – June 16, 2022 - The BQRC meeting minutes from June 16, 2022, were presented for review and approval. Director Laura Barry, motioned for approval, second by Director Terry Corrales.

REVIEW / APPROVAL: APPROVAL OF CONTRACTED SERVICES - The contracts were presented for annual review. All have met indicators and expectations for the quality indicators in their contracts. Motioned by Director Corrales, second by Director Barry, to approve the contracted service reviews for San Diego Urology Mobile Services, South Coast Perfusion, Specialty Care Intraoperative Monitoring Services, UHS Surgical Services, Inc., and Davita Dialysis.
Memorandum

NEW BUSINESS:

COMMITTEE MEMBERSHIP - Sheila Brown explained that with her impending retirement her position will be removed from the Board Quality Review Committee effective this meeting. Dr. Omar Khawaja, Chief Medical Officer, will assume the liaison position in this Committee, starting in September.

This change will have to be recorded in the Bylaws.

Dr. Omar Khawaja also noted that this change will also require documentation with the Board of Pharmacy – he will have oversight of the Pharmacy. Donna Gelios indicated that the DEA would also require this change in their documentation records.

PMC POWAY OPERATING ROOM QUALITY INDICATORS - Dr. Filiciotto thanked the committee for the opportunity to present this report. He also thanked Diane Hansen, and the entire team that contributed, and collaborated to produce this report.

Dr. Filiciotto reviewed the PMC Poway Operating Room Quality Indicators for CY2021, with the committee. He explained the initiatives, metrics, performance and actions of each metric.

Highlights of the report:

- Unexpected return to the operating room. Well below the national rate.
- First Case On Time Starts (FCOTS) – In 2021, the overall rate was 71%, and recent data for June 2022, the FCOTS averaged 80%.
- Post-operative hemorrhage rate was 1.3 per 1000 admissions. Excellent result well below the national rate.
- Surgical Site Infection Rate was 0.765 which is below the national threshold
- Performance Improvement Projects:
  - The use of a pre-procedure check list
  - Pre-operative phone calls
  - Documentation of wound classes
- There has been a significant improvement in completing the Poway leadership team in the operating room. Dr. Filiciotto thanked the Human Resources team for their work in finding and hiring leaders during this unusual extraordinary time.
  - Leadership staff is being hired.
  - A new Supervisor was hired and scheduled to start in August.
  - The full time Educator position remains undecided at this time

Dr. Filiciotto, again, thanked the committee for allowing him to present and indicated he would be happy to provide any other data metrics the Board was interested in hearing about.
Memorandum

Director Greer thanked Dr. Filiciotto for his report. She noted that this was the type of high-level report the Board appreciates.

Director Barry noted that she appreciated that fact that in areas demonstrating needing improvement, there was a plan in place to move toward meeting the national average.

The Committee requested to have this report on the agenda on a bi-annual basis.

SUPPLY CHAIN EQUIPMENT ACQUISITION/END OF LIFE PROCESS - Heather Woodling and Tim Stevens presented the Equipment Acquisition Process to the Committee.

• Heather outlined the identification process of replacement or new equipment
  o The expense approval
  o Vendor(s) choice & vetting
  o Consideration of purchase vs. lease
  o Tim outlined the process of receiving, management, and maintenance of the equipment

See addendum H for further details

CENTERS OF EXCELLENCE ANNUAL REPORT – ORTHOPEDIC & SPINE SERVICES - Brian Cohen, Dr. Bried, and Dr. Nguyen presented the Orthopedic & Spine Services report.

Highlights were:
• Our joint replacement program is in the 100 best from Healthgrades, in the country for 7 years in a row. Orthopedics is 6 years in a row, and spine program for 3 years in a row.
• We are the only hospital in the county that has achieved the 100 best designation for all three service lines.
• US News says we are high performing for hips and knees, the “Blues” say we are a center of distinction, and Aetna says we are an institute of quality.
• We achieved this status due to our world-class surgeons, our commitment to continuing education events, coordination of care, continuum of care teams, maintaining patient readiness for surgery, post-operative care, and our meeting infrastructure, amongst others.
• Areas of increased focus are our surgical site infection ratio, which is above threshold at Escondido for hip replacement and Poway for knee replacement. For spine fusions, our surgical site infection ratio is better than threshold.
• Queries to hip patients demonstrated their return to limited to no disability mobility within three months post-surgery.
• Spine fusion patients go from a severe level of disability before surgery to a minimal level one-year post surgery.
• PMC P will be applying for the Joint Commission advanced accreditation for hips and knees. Plan to expand the accreditation to the Escondido campus as well.
• Dr. Bried noted that the new Outpatient Surgery Center would be more conducive to achieve same day surgeries.
Memorandum

- Dr. Nguyen noted that the success of the programs is due to the cohesiveness of the program team, Brian’s leadership, and having Dr. Bried as a role model.

Director Corrales inquired as to what was thought that was contributing to the high infection rate. Brian explained that the hip infection rate was above threshold at Escondido, and below threshold at Poway – reversed for knees. He believes there has not been one common reason contributing to infections however; their focus is on adherence to the pre-operative measures, 100% of the time to decrease the infection ratio.

*See addendum I for further details*

**REHABILITATION SERVICES** - Virginia presented the Rehabilitation Services Report to the Committee.

Highlights were:
- Outpatient Cardiac Rehabilitation team minimized the amount of time to get into the program for patients requiring immediate support. Down to 21 days from physician referral to admission to the program – the national benchmark is 31 days or less.
- In 2021, the Outpatient Rehabilitation staff maintained a cancellation/no show rate of 8% - the national average is 15%.
- Access to care measures were affected by the pandemic due to both staff and patient’s getting ill with COVID. On the average, on the inpatient side there are < 2 patient’s triaged per day, this increased up to 5 – 6 during 2021.
- On the Outpatient side, the average time to get into the program is typically just under one week. During COVID it went up to slightly over one week.
- Hiring and retention issues were encountered for the first time in more than a decade. Worked with Human Resources to re-adjust wages, and working on a loan forgiveness program.

**MEDICAL STAFF – UTILIZATION REVIEW** - Dr. Frank Martin presented a brief update of the Utilization Review Committee. He explained that the committee is a medical staff committee mandated by our Medicare Conditions of Participation. The committee reviews all Medicare admissions for appropriateness of admission and services provided.

Dr. Martin also provided the committee’s main functions, and a summary of the committee’s major activities.

Currently working on increased communications with the hospitalists to ensure appropriateness of admissions and services provided.

*See addendum L for further details*
MEDICATION MANAGEMENT REPORT (PHARMACY) - Donna Gelios presented the Medication Management Report.

Highlights were:
- Currently have 2 quality initiatives:
  - Medication purchasing optimization
    - Over the past two years the Pharmacy has worked to optimize how medications are being purchased which translates to an average savings of 14 million dollars.
    - A HRSA (Health Resources and Services Administration) audit was conducted last February. Passed with only one finding – had to do with outside state pharmacy that was not listed on the exclusion file. Passing this audit allows us to utilize the 340b program for another three years.
  - Clinical initiative on therapeutic medication interchange
    - This looks at changing IV medication formulation to the oral form when the oral form is approximately 100% bio available.
    - Want to do this as it increases nursing satisfaction and decreases the patient’s length of stay in the hospital.
    - Less expensive in most cases, to give the oral form.
    - Studies show a decrease in morbidity.
    - Already have policies in place to change the form when patient’s meet criteria
    - Pharmacy tracking over the next two years to determine savings and number of interchanges made.

ENVIRONMENT OF CARE & EMERGENCY MANAGEMENT ANNUAL EVALUATION - Dan Farrow and Anis Trabelsi presented the Environment of Care and Emergency Management Annual Evaluation.

Dan explained the Environment of Care is comprised of six different management plans. Each one has metrics tracked annually for continuous improvement. Scope encompasses all PH facilities/campuses.

Dan and Anis reported that overall the plans performance was acceptable. Education was provided in the areas below threshold.
Identification of Replacement or New Equipment

• Current equipment is identified as either
  – No longer supported due to age
  – Not meeting current standard of care requirements

  OR

• Net new equipment need is
  – Identified to support a new or expanding service line
  – Requested by a physician or clinical expert
Expense Approval

- Equipment request is submitted
  - Approved and/or submitted by Senior Leader
- CFO approves and allocates funding for the equipment procurement

Preferred Vendors/Vendor Choice

- Vendors
  - Manufacturer or Distributor
  - Identified through incumbency, GPO (HealthTrust Purchasing Group), TracManager, or referral by Palomar Health leader(s)
  - For large purchases, vendor selected through an RFP or equipment trial process
  - Vendor equipment reviewed and approved through VIP (Value Analysis) team
Purchase vs. Lease Determination

• Factors considered
  – Expected equipment lifecycle length
  – Total cost of ownership
  – Required frequency of hardware and software updates/upgrades
  – Leasing expense structure
  – Consignment based placement

Service Agreement Management

• Equipment Category
  – General Biomed = Service conducted by in house Biomed technicians
  – High Risk/Life Support
    • Obtain vendor training and then service equipment in-house, or
    • Contract service to manufacturer or 3rd party service organization
Spine and Total Joint Centers of Excellence

SITUATION
Palomar Medical Center Escondido and Poway’s COEs continue to be recognized for high quality care and patient outcomes.

BACKGROUND
Palomar Health performed 3,598 orthopedic and spine procedures in 2021. Preparing patients for surgery remains a primary goal, especially as the teams have adapted to changing protocols throughout the pandemic. This includes ensuring patients are at their best health prior to surgery, and are educated about the care journey. Our Enhanced Recovery and Pain Control Protocols ensure early mobilization, better pain control and more rapid care transitions and discharges. Many patients are ready to go home same-day, and most patients experience a full return to function within the first year. While the COEs did not have access to rates of complications, return-to-ED, and readmissions in 2021, the COE teams remained focused on other quality measures, plus the patient’s experience, and operational efficiencies.

ASSESSMENT
Spine surgery volume increased 10% over pre-pandemic levels (457 to 503). This includes over 50 robotically-assisted spine fusions, and a shift to a higher proportion of multi-level fusions. The spine fusion SIR was better than threshold for 2021. Most importantly, patients that had a fusion at Palomar went from Severe Disability to Minimal Disability within the first year after surgery.

Total Joint Replacement length of stay fell to below 1.5 days at both Palomar campuses, with 85%-92% going home before the 2nd midnight. The SIR was above threshold at PMC-Escondido Hip Replacement and at PMC-Poway for Knee Replacement in 2021. Most importantly, patients that had a total hip replacement at Palomar went from Moderate Disability to Limited to No Disability within 3-months of surgery. As a result, PMC-P is pursuing the Joint Commission’s Advanced Total Hip and Knee Replacement Accreditation (THKR).

RECOMMENDATION
Our Orthopedic Workgroups identified opportunities to improve compliance with several pre-op measures, including nasal betadine, CHG bathing and patient preparedness for surgery.
Ortho/Spine Awards

Palomar Medical Center Escondido is the ONLY hospital in San Diego County to, once again, achieve all 3 awards!

What are our True Differentiators?

- Specialized physicians and staff members
- High quality patient outcomes leading to faster recovery and less pain
- Coordinated care across Palomar Health services
- Patient readiness
- Staff education
Managing a Patient’s Risk

When Is Surgery Right for You?

Minimize health factors that increase risk for potential problems after surgery

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>Ideal Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index (BMI)</td>
<td>20 – 35</td>
</tr>
<tr>
<td>Hemoglobin (red blood cell level/anemia)</td>
<td>Greater than 12.5</td>
</tr>
<tr>
<td>Hemoglobin A1c (blood sugar level)</td>
<td>Less than 8.0 (less than 7.5 preferred)</td>
</tr>
<tr>
<td>Albumin (blood protein level)</td>
<td>Greater than 3</td>
</tr>
<tr>
<td>Prealbumin (blood protein level)</td>
<td>Greater than 18</td>
</tr>
</tbody>
</table>

Engaging Patients in their Outcome

Online CarePath

To prepare for surgery, Palomar Health offers Online CarePath, a custom roadmap to get patients prepared and organized for surgery and recovery. Patients can interact with their care team about their health, from sleeping and eating, to pain control. Palomar Health specialists can reply with recommendations.
Ortho/Spine Solutions | Engaging Patients

I've had many surgeries in the past but at no other time was I so prepared. In fact, I was over-prepared.
- *Total Knee Patient*

2,539 activated patients

83% Of enrolled patients are actively using their CarePath

98% patients felt prepared for surgery

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Quality Metrics | Joint Replacement (2021)

<table>
<thead>
<tr>
<th>Average Length of Stay (days) (lower is better)</th>
<th>US Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC Escondido</td>
<td>PMC Poway</td>
</tr>
<tr>
<td>2018 1.6</td>
<td>2018 1.5</td>
</tr>
<tr>
<td>2019 1.4</td>
<td>2019 1.4</td>
</tr>
<tr>
<td>2020 1.9</td>
<td>2020 1.4</td>
</tr>
<tr>
<td>2021 1.5</td>
<td>2021 1.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of Patients Discharged on the Day of Surgery, or the Next Day (higher is better)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMC Escondido</td>
</tr>
<tr>
<td>2018 48%</td>
</tr>
<tr>
<td>2019 65%</td>
</tr>
<tr>
<td>2020 74%</td>
</tr>
<tr>
<td>2021 85%</td>
</tr>
</tbody>
</table>
Quality Metrics | Spine Surgery (2021)

**Lumbar Fusion**

- 2021: 130 cases
- 2020: 108 cases
- 2019: 120 cases

**Cervical Fusion**

- 2021: 35 cases
- 2020: 26 cases
- 2019: 31 cases

**Score Analysis**

- +8% growth in Lumbar Fusions
- More 3+ Level Lumbar Fusions • from 12% to 17%
- +4% growth in Cervical Fusions
- More 3+ Level Cervical Fusions • from 28% to 35%
- Case times down for most procedure types:
  - 17 minutes for Lumbar Fusions
  - 21 minutes for Cervical Fusion

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Quality Metrics | Spine Surgery (2021)

**PMC-E volume-weighted Z-Score, per Healthgrades (higher is better)**

- 2019: 1.538
- 2020: 2.280
- 2021: 2.020
- 2022: 2.396

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What’s Next?

- Focus on being below threshold for rates of complications, return-to-ED, readmissions, and infections
- Achieve full compliance with evidence-based guidelines around surgical management, and patient safety (e.g., infection prevention, rehab protocols)
- Leverage the Online CarePath to complement virtual education classes, as well as to communicate COVID-19 precautions and testing requirements
- Achieve The Joint Commission’s Advanced Total Hip and Knee Replacement Accreditation (THKR) at PMC Poway
Utilization Review Committee
Biannual Report

Presented to Board Quality Review Cttee

Franklin Martin, MD      July, 2022
## Utilization Review Committee

<table>
<thead>
<tr>
<th><strong>Situation</strong></th>
<th>Admissions are reviewed for status (IP vs. Outpatient/observation) and level of care (ICU, telemetry, Med-Surg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
<td>Utilization Review Committee required by CMS COP</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>Payer specific requirements continue to evolve</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td>Continue current processes</td>
</tr>
</tbody>
</table>
UR Committee Functions

• Required by CMS Conditions of Participation
• Review admissions of Medicare patients for medical necessity, Status (Inpatient, Outpatient/Observation)
• Code 44s, “Inpatient Only” procedures
• Oversee Case Management clinical screening for medical necessity of admissions (InterQual) for all payers
• Higher level of care transfer requests
• High dollar services medical necessity reviews
• Denials/peer to peer appeals health plans
Summary of Major Activities

• Secondary reviews of admissions: > 120 month
• Short Stay Reviews: 400 JAN-APR
  – Medicare inpatient admissions 2MNs or less
  – Initial review by denials nurse
  – Cases reviewed by chairman for meeting CMS inpatient criteria
  – Notice sent to admitting physician for input
  – “Fails” converted to outpatient after 14 days
  – Patient notified by mail
Example of Self Denial Cases

• 3/8/2022 Acute Encephalopathy, Cardiogenic Shock

03/08/2022 – 03/09/2022: 88 Year-old-female transported from local care facility when staff found patient unresponsive. After examination in ED, physician had discussion with family who confirmed they did not want aggressive interventions and were interested in palliative and comfort care. Morphine to be provided and patient status noted as very grave. Less than 24 hours LOS and documented plan of care was that of comfort care. Outpatient OTHER expectant care <2MN = observation
Example Self Denial Cases

- 4/11/2022 L Ankle Fusion w/Bonegraft 04/11/2022 – 04/12/2022: 72 Year-old-male patient admitted for planned Left Ankle Fusion w/Bone Graft. CPTs listed for procedure were 27870 and 28289 and are not listed on the CMS Inpatient only 2022 list. Patient arrived to hospital at 0509 AM on 04/11/2022, admitted to Inpatient Status at 0739 AM pre-surgery. Next day at 0828 AM a discharge home order was entered Outpatient 1 MN stay post-op, not Inpatient Only.
To: Board of Directors  
From: Mike Pacheco, Chair, Board Strategic and Facilities Planning Committee  
Date: August 8, 2022  
Board Strategic and Facilities Planning Committee  
Re: July 26, 2022, Virtual Meeting Summary

BOARD MEMBER ATTENDANCE: Directors Pacheco, Barry & Corrales

INFORMATION ITEM

• Construction Project Update\(^1\): Reviewed a presentation providing updates on the status of projects across the District.

• Focus of the Strategic & Facilities Planning Committee: The Committee discussed opportunities for returning a portion of the meeting time to strategic planning, providing an opportunity for reviewing and vetting matters regarding the strategic direction of the District prior to those matters being presented to the Board. There was also an interest in reinstating service line reviews, both to determine the status of existing service lines to confirm they were performing as expected and/or to develop plans for improvements, as well as to review service gaps and what could be done to fill them. This topic will be included in discussions related to the Committee’s charter.

ACTION ITEMS

• Minutes, March 29, 2022, Meeting: Reviewed and approved the draft minutes from the Tuesday, March 29, 2022, Board Strategic & Facilities Planning Committee meeting.

• Article VIII.B.5.c. of the Bylaws: Non-voting Membership of the Board Strategic & Facilities Planning Committee: Reviewed and approved the changes to the non-voting membership, removing the title of Chief Operating Officer and adding the title of Vice President Facilities & Construction. These changes will be incorporated into the Committee’s charter, which will be presented for discussion and approval at the September 2022 meeting.

\(^1\) Attached
Strategic & Facilities Planning Committee

July 26, 2022

Diane Hansen
Chief Executive Officer

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

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

• CT Renovation – Fully licensed
Poway – Projects in Progress
• OR/HVAC Replacement
  - OSHPD Approved - Out to Bid August 2022

• Palomar Outpatient Pavilion – Outpatient Imaging Center
  - Schematic Design - Due 7/30/2022
  - Contractor secured to work with design team

• Palomar Outpatient Pavilion – Ambulatory Surgery Center
  - Construction in progress - Completion Date 7/30/2022
  - 5 OR suites
Poway – Projects In Progress

• POP ASC
• POP ASC
• POP Imaging Suite
Poway – Projects In Progress

- OB Renovation 5th floor
- Approved by OSHPD
- Out to bid July 2022
• **ED Lobby Expansion**
  General Contractor secured. Start in October 2022
POWAY – Projects In Progress

- POP Elevator Expansion
  General Contractor secured. Start in August 2022
Poway – Projects In Progress

• UPS Building
  Future site to support CT installation and new imaging equipment
Poway – Projects In Progress

- Poway Main Lobby expansion
- General Contractor secured
- Schedule pending
Poway – Projects In Progress

- Poway Campus Landscaping
• 2140 Enterprise Warehouse
  Skills Lab pictured

• Cath Lab Upgrade
  Expanded services to:
  - Interventional Radiology
  - Vascular
  - Neuro
  - Oncology
• Emergency CT Replacement

- Ultra-high resolution
- Patient focus – high image quality – low dose
- Personalized dose across a wide patient population
SMACC Renovation

• Homecare move from Valley Parkway

• Finance & Payroll move from Valley Parkway
• Exterior Signage – Palomar Health Outpatient Center II

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

• Exterior Signage – Escondido Tower
Escondido – Projects Completed in FY2022

Green Roof Landscape Renovation

Before planting

After planting
Escondido – Projects in Progress
Palomar Health Outpatient Center II

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

Palomar Health Outpatient Center II
Escondido – Projects in Progress

Palomar Health Outpatient Center II

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Escondido – Projects in Progress

Palomar Health Outpatient Center II
Escondido – Projects in Progress

Palomar Health Outpatient Center III

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

OB Emergency Department
• Will occupy the current NICU space
• In design to accommodate 6 OB ED rooms when NICU relocates
Escondido – Projects in Progress

• Escondido Shelled CT Replacement (Siemens illustration)
Escondido – Projects in Progress

Escondido Campus – Lab Automated Line (Siemens) – in OSHPD

• General Contractor secured
• Completion December 2022
Escondido – Projects in Progress

Escondido Campus Conference Center

• Conference Center/Physician Sleep Space - Completion 9/1/2022

• In Construction (Swinerton Builders - $2.6M)

CONFERENCE CENTER CONCEPTUAL DESIGN
Palomar Medical Center Escondido | 2185 Citracado Parkway | Escondido, CA 92029

![Conference Center Conceptual Design](image_url)
Escondido – Projects in Progress

Escondido Campus Conference Center
PMCE 9th floor Peds buildout

- Received OSHPD approval December 2021
- Project scope was reduced from 24 beds to 12 pediatric beds
- Grey area will be shelled space for future use
- Design ensures the least amount of disruption when we’re ready to complete the buildout of the entire unit
- Currently out to bid
Exterior Lighting

• Completion August 2022
Escondido – Projects in Progress

• Exterior Signage – Palomar Health Outpatient Center II
Parking Structure
• Completion October 2022
Parking Structure

• Completion October 2022
• Key project updates will be provided to the Board of Directors quarterly, with other updates more frequently as situations change